



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, October 29, 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 October 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 October 1, 2020 (September) Governing Board Meeting
- *Item #4ACTION.....Consider for Approval Minutes from October 22, 2020 Governing Board QA Meeting

- *Item #5**ACTION**.....Consider for Approval Quarterly Investment Report for the Period Ending September 30, 2020
- *Item #6**ACTION**.....Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
 - a) Mother Friendly Worksite Policy
- Item #7**EXECUTIVE SESSION**.....The Governing Board will enter into a closed meeting as permitted under Section 551.071 of the Texas Government Code, Consultation with Attorney, to seek the advice of legal counsel about pending or contemplated litigation, a settlement offer, or on a matter in which the duty of the attorney to the Board under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act as it pertains to the following individual: Dr. Abdul-Aziz Alhassan.
- Item #8**ACTION**.....Possible Action from Executive Session
- Item #9Executive Reports
 - (a) Executive Director
 - (b) Medical Director
 - (c) Dental Director
- Item #10**ACTION**.....Consider for Approval Preliminary September 2020 Financial Report
- Item #11**ACTION**.....Consider for Approval Submission to HRSA of the Non-Competing Progress Report and Coastal Health & Wellness 2021-2022 Budget
- Item #12**ACTION**.....Consider for Approval Revised Budget for the FCC COVID-19 Telehealth Funding Award
- Item #13**ACTION**.....Consider for Approval HRSA One-Time Supplemental Funding award and Proposed Budget in the Amount of \$29,791 to Support Quality Improvement and Health Information Technology for Quality Activities
- Item #14**ACTION**Consider for Approval Quarterly Visit and Analysis Report Including Breakdown of New Patients by Payor Source for Recent New Patients
- Item #15**ACTION**.....Consider for Approval the Coastal Health & Wellness Diagnostic Laboratory and Radiology Test Tracking and Follow-Up Policy
- Item #16**ACTION**.....Consider for Approval the Coastal Health & Wellness Credentialing and Privileging Policy
- Item #17**ACTION**Consider for Approval the Quarterly Access to Care Report for the Period Ending September 30, 2020
- Item #18**ACTION**Consider for Approval the Quarterly Patient Satisfaction Survey Report for the Period Ending September 30, 2020
- Item #19**ACTION**.....Consider for Approval the Quarterly Compliance Report for the Period Ending September 30, 2020

- Item #20 **ACTION**.....Consider for Approval the Coastal Health & Wellness 2020-2021 Environment of Care Plans
- Item #21 **ACTION**.....Consider for Approval the Coastal Health & Wellness Risk Management Report for the Quarter Ending September 30, 2020
- Item #22 **ACTION**.....Consider for Approval Board Member Nominations to the Board Quality Assurance/Risk Management Committee
- Item #23 **ACTION**.....Consider for Approval Re-Privileging Rights for Hanna Lindskog, DDS
- Item #24 **ACTION**.....Consider for Approval Privileging Rights for Liunan Li, FNP-C
- Item #25 **ACTION**.....Consider for Approval Privileging Rights for Julio Garza, PA-C
- Item #26 **ACTION**.....Consider for Approval Privileging Rights for UTMB Resident Tsai Lewis, MD
- Item #27 **ACTION**.....Consider for Approval Privileging Rights for UTMB Resident Danny Nguyen, DO
- Item #28 **ACTION**.....Consider for Approval Privileging Rights for UTMB Resident Tran Cao, MD
- Item #29 **ACTION**.....Consider for Approval Process for Finalizing Executive Director and Board Evaluations

Next Regular Scheduled Meeting: November 12, 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
October 2020
Item#2
Excused Absence(s)**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#3

Consider for Approval Minutes from October 1, 2020 (September)

Governing Board Meeting

**Coastal Health & Wellness
Governing Board
October 1, 2020 (September Meeting)**

Board Members

Conference Call:

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

Staff:

Kathy Barroso, Executive Director
Cynthia Ripsin, MD
Hanna Lindskog, DDS
Richard Mosquera

Mary Orange (phone)
Tiffany Carlson (phone)
Tikeshia Thompson Rollins
Anthony Hernandez

Excused Absence: Samantha Robinson, Dorothy Goodman

Items 1-6 Consent Agenda

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

Item #7 Executive Reports

Kathy Barroso, Executive Director, presented the September 2020 Executive Report to the Board. Kathy informed the Board that Coastal Health & Wellness was selected by HRSA for a virtual site visit review and it is scheduled for November 17th-19th, 2020. Kathy also informed the Board that the contract to provide dental services to HIV patients under a Ryan White Grant was recently signed. Next steps will be to schedule training for staff and get procedures in place.

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

Providers

- Offers accepted by Family Nurse Practitioner and Physician Assistant to fill current vacancies
- With these additions, we will now be fully staffed.

Clinical Activity

From August 23rd through September 26th, 2020

Title	Number	Comments
Completed appointments	1194	Evacuated 2 days+ Holiday
New patients	139	Average 28/week
In person appointments	599	50% of total

COVID

To date: tested 299 total CHW patients

September: 32 tested. Of those test results returned so far 2/28 or

7% were positive. Lab turnaround time is now @ 48 hours.

Preparation for influenza season

Texas so far already has one case of influenza and COVID

Goal for 2020 from ACIP and AAFP is to have everyone immunized by the end of October. Actively immunizing patients in clinic during visits

An influenza clinic is planned for Saturday, October 10th: 72 slots will be available within a 4 hour time span utilizing 3 nurses, 3 MA's and one physician; so far 62 slots are filled.

Very, very challenging to immunize large groups of patients

- Some patients are only seen annually and some only two or three times annually
- If a visit does not fall within the early part of influenza season (September - November) they need to be worked in without a visit.
- Very labor intensive

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

- We are continuing to utilize the CDC method for re-use of N95s as well as utilizing Batelle to decontaminate Moldex brand N95 respirators.
- We continue to follow all Dental State board requirements and CDC recommendations including
 - screening patients prior to and at their appointment including temperature;
 - daily screening of staff members including temperature; and
 - dentists can now go between patients if needed with donning and doffing of proper PPE
- We are increasing the number of patients that we see beginning in November with strategic two column scheduling
- Open Monday-Saturday in Texas City and Tuesday, Wednesday, and Thursday in Galveston
- If aerosols are produced, rubber dam isolation is used when possible and N95 respirators are being utilized.
- Working to get training and procedures in place to provide services under the Ryan White grant
- Dr. Lindskog will be attending the NNOHA Annual Conference virtually later this month.

Item #8 Consider for Approval August 2020 Financial Report

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

Item #9 Consider for Approval the Coastal Health & Wellness After Hours Coverage Policy

Kathy Barroso, Executive Director, presented the after-hours coverage policy to the Board. No significant changes were noted. A motion to accept the annual after-hours coverage policy as presented was made by Jay Holland. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item #10 Consider for Approval the Coastal Health & Wellness Medication Management Policy

Tiffany Carlson, Nursing Director, presented the medication management policy to the Board. A motion to accept the medication management policy as presented was made by Miroslava Bustamante and seconded by Flecia Charles. The Board unanimously approved the motion.

Item #11 Consider for Approval the Coastal Health & Wellness Medical Referral Tracking and Care Management Policy

Dr. Ripsin, Medical Director, presented the Coastal Health & Wellness Medical Referral Tracking and Care Management Policy to the Board. Dr. Ripsin explained to the Board the changes noted in the place related to the classification of referrals. A motion to accept the medical referral tracking and care management policy as

presented was made by Jay Holland. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item #12 Consider for Approval the 2020-2021 Risk Management Training Plan

Richard Mosquera, Chief Compliance Officer, presented the 2020-2021 risk management training plan to the Board. Richard informed the Board that training denoted in the plan will be facilitated from now until June 2021. A motion to accept the 2020-2021 risk management training plan as presented was made by Jay Holland. Flecia Charles seconded the motion and the Board unanimously approved.

Item #13 Consider for Approval Annual Report on Strategic Health Plan

Kathy Barroso, Executive Director, presented the annual report on progress made towards the Coastal Health & Wellness strategic health plan to the Board. Kathy informed the Board that the current strategic health plan runs from 2016-2021. A motion to accept the annual strategic health plan report as presented was made by Jay Holland. Miroslava Bustamante seconded the motion and the Board unanimously approved.

Item #14 Consider for Approval Privileging Rights for the Following UTMB Residents

Kathy Barroso, Executive Director, asked the Board to consider for approval privileging rights for Nicloe Azuogu, MD and Prava Karki, MD. Kathy informed the Board that the credentialing files had been reviewed by Dr. Ripsin, Medical Director.

A motion to accept privileging rights for UTMB resident Nicloe Azuogu, MD was made by Victoria Dougharty and seconded by Flecia Charles. The Board unanimously approved the motion.

A motion to accept privileging rights for UTMB resident Prava Karki, MD was made by Jay Holland and seconded by Elizabeth Williams. The Board unanimously approved the motion.

The meeting was adjourned at 1:10p.m.

Chair

Secretary/Treasure

Date

Date

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#4

Consider for Approval Minutes from October 22, 2020

Governing Board QA Meeting

**Coastal Health & Wellness Governing Board
Quality Assurance Committee
Meeting
October 22, 2020**

BOARD QA COMMITTEE MEMBERS PRESENT (Zoom Call):

Samantha Robinson, BSN – Chair
Milton Howard, DDS – Vice Chair

BOARD QA COMMITTEE MEMBERS ABSENT:

EMPLOYEES PRESENT:

Kathy Barroso (Executive Director), Cynthia Ripsin (Medical Director), Hanna Lindskog (Dental Director), Jason Borillo (Lead Midlevel), Rocky Mosquera (Chief Compliance Officer) Tyler Tipton (Public Health Emergency Preparedness Manager) & Tikeshia Thompson Rollins (Executive Assistant III)

EMPLOYEES PRESENT (Zoom Call): Tiffany Carlson (Nursing Director), Kristina Garcia (Patient Services Manager), Pisa Ring (Patient Information Manager) & Debra Howey (Infection Control Nurse)
(Minutes recorded by Tikeshia Thompson Rollins)

ITEM	ACTION
Patient Access / Satisfaction Reports Quarterly Access to Care Report Quarterly Patient Satisfaction Report	<u>Quarterly Access to Care Report</u> <ul style="list-style-type: none"> Kathy Barroso reviewed the quarterly access to care report for July through September 2020. In comparison to last quarter, utilization is better in all areas. Kathy mentioned that on the medical side appointment slots were changed from 20 minutes to 15 minutes and appointment utilization is based on the number of appointment slots filled. <u>Quarterly Patient Satisfaction Report</u> <ul style="list-style-type: none"> Kathy Barroso reviewed the results of the Patient Satisfaction surveys collected from July to September 2020. The QA Committee was informed of the total weighted average score of 4.64, which was an improvement from the prior quarter.
Clinical Measures Medical Quality Review	<u>Medical Quality Review Measures</u> <ul style="list-style-type: none"> Dr. Ripsin reviewed the Medical Quality Review Measures and corresponding results of the review.

<p>Quality Assurance/Risk Management/ Emergency Management Reports</p> <p>a) Quarterly Risk Management Report</p> <p>b) Environment of Care Plans</p> <ul style="list-style-type: none"> ➤ Equipment Management Plan: 2020-2021 ➤ Fire Safety Management Plan: 2020-2021 ➤ Hazardous Materials and Waste Management Plan: 2020-2021 ➤ Safety Management Plan: 2020-2021 ➤ Security Management Plan: 2020-2021 ➤ Utilities Management Plan: 2020-2021 	<p>Quarterly Risk Management Report</p> <ul style="list-style-type: none"> • The Quarterly Risk Management report was presented and discussed in comparison to current goals. All results were in line with stated goals except for the total weighted average score of patient satisfaction surveys, which was slightly lower than the stated goal. • Wendy Jones, Risk & Safety Coordinator presented the 2020-2021 Environment of Care Plans. Wendy informed the Committee that there were very minor changes made to the plans and that all plans will be presented to the full board at their meeting later this month.
<p>Emergency Operation Plan</p>	<ul style="list-style-type: none"> • Rocky Mosquera, Chief Compliance Officer, reviewed the Emergency Operation Plan and informed the Committee of the minor changes made to the plan.
<p>Quarterly Emergency Management Plan</p>	<ul style="list-style-type: none"> • The third quarter Emergency Management Report was presented, and the Committee was updated on trainings and drills that had occurred during the quarter.
<p>No Show Policy</p>	<ul style="list-style-type: none"> • Updates to the No Show Policy/Warning Notice was presented to the Committee. Kathy Barroso informed the committee that the policy initially went to the Board last year, and now needs to be reviewed based on changes due to COVID-19. Originally when this policy was approved, we had all face to face visits and now we have also added phone visits. No additional changes were recommended by the Committee and the updated policy will go to the full Board later this month.
<p>Infection Control Update</p>	<ul style="list-style-type: none"> • Kathy Barroso updated the QA Committee on Infection Control activities from January to September 2020.
<p>HRSA Site Review</p>	<ul style="list-style-type: none"> • The HRSA site visit will be conducted November 17th-19th. We are currently reviewing the guidelines, checklists and all the various program elements. • Kathy will keep the Governing Board updated on when the agenda for the site review has been received. • The Executive Director as well as the Governing Board evaluation will be on the Governing Board agenda for October 29th to review forms and set a date to return all documents to CHW Administration. • A special meeting for an Executive Session will need to be setup for the first or second week of November.
<p>Open Discussion</p>	<ul style="list-style-type: none"> • No additional comments

Next Meeting: January 14, 2021

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#5

**Consider for Approval Quarterly Investment Report for the Period
Ending September 30, 2020**

**Coastal Health & Wellness
Investment Report
For the period ending September 30, 2020**

Coastal Health & Wellness	Money Market Account		
	July	August	September
Beginning Balance	\$5,100,983	\$5,063,885	\$5,712,915
Deposits	457,100	643,000	485,000
Withdrawals	(500,000)		(400,000)
Interest Earned	5,802	6,029	6,297
Ending Balance	\$5,063,885	\$5,712,915	\$5,804,212
Current Annual Yield	1.41%	1.41%	1.41%
Previous Quarter Yield (04/2020 - 06/2020)	1.41%	1.41%	1.41%

Tex Pool Investments		
July	August	September
\$26,429	\$26,434	\$26,437
5	4	3
\$26,434	\$26,437	\$26,441
0.21%	0.18%	0.15%
0.46%	0.27%	0.22%

Summary	Interest Earned	Avg Balance	Yield
October 1, 2019 to December 31, 2019	\$19,599	\$4,680,267	0.40%
January 1, 2020 to March 31, 2020	\$17,939	\$4,815,085	0.36%
April 1, 2020 to June 30, 2020	\$17,043	\$4,910,337	0.21%
July 1, 2020 to September 30, 2020	\$18,140	\$5,181,727	0.20%
YTD Totals	\$72,721	\$4,896,854	1.17%

Coastal Health & Wellness	Q1	Q2	Q3	Q4	YTD Comparison
Interest Yield Year to Year Comparison	Oct 1-Dec 31	Jan 1-Mar 31	Apr 1-June 30	Jul 1-Sept 30	Total as of 9/30
FY2017	0.13%	0.12%	0.12%	0.13%	0.50%
FY2018	0.14%	0.20%	0.30%	0.38%	1.02%
FY2019	0.43%	0.47%	0.47%	0.46%	1.83%
FY2020 (Current year)	0.40%	0.36%	0.21%	0.20%	1.17%

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Governing Board

October 2020

Item#6

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

- a) Mother Friendly Worksite Policy

Mother Friendly Worksite Policy

Audience

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

Policy

The District recognizes that breast milk is the recommended and normal food for healthy growth and development of infants and young children. The District promotes and supports breastfeeding and the expression of breast milk by employees who are breastfeeding when they return to work.

Management staff of the District shall work with breastfeeding employees to determine mutually agreeable hours or work, assignments and breaks which support breastfeeding practices for one year after the child’s birth.

The District has a designated Mother Friendly Worksite area that is in accordance to the Texas Statutes-Section. 165.003. Business Designation as “Mother-Friendly”.

Employees that utilize the Mother Friendly Worksite area should contact Human Resources.

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**Governing Board
October 2020
Item#7
EXECUTIVE SESSION**

The Governing Board will enter into a closed meeting as permitted under Section 551.071 of the Texas Government Code, Consultation with Attorney, to seek the advice of legal counsel about pending or contemplated litigation, a settlement offer, or on a matter in which the duty of the attorney to the Board under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act as it pertains to the following individual: Dr. Abdul-Aziz Alhassan.

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COASTAL HEALTH & WELLNESS

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

**Governing Board
October 2020
Item#8
Possible Action from Executive Session**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
October 2020
Item#9
Executive Reports**

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



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

2021 Marketplace enrollment begins Nov. 1

CHW offers free application assistance

Open enrollment in the 2021 Health Insurance Marketplace begins Nov. 1 and runs through Dec. 15. Those who don't enroll by Dec. 15 cannot get 2021 coverage unless they qualify for a special enrollment period.

Coastal Health & Wellness (CHW) is here to help and offers free open enrollment application assistance.

Depending on an applicant's income, they may qualify for assistance paying monthly health care premiums.

Plans sold during open enrollment start Jan. 1, 2021.

There are three plan categories: Bronze; Silver; and Gold. The categories show how you and your plan share costs. The categories have nothing to do with quality of care.

All plans cover essential health benefits, pre-existing conditions and preventative services. That includes maternity care, mammograms and other preventative care services.

Applicants cannot be denied health coverage for having pre-existing conditions such as diabetes, hypertension and cancer.

Different plan types are designed to meet different needs.

Some plans restrict provider choices or encourage clients to get care from the plan's network of doctors, hospitals, pharmacies and other medical service providers.

Other plans pay a greater share of costs when clients use providers outside of the plan's network.

CHW staff can help you figure out what all this means for you and your family. What you pay for insurance depends on your income.

Depending on income, applicants may also qualify for an insurance plan with tax credits or for Medicaid/ Children's Health Insurance Program (CHIP). There is no open enrollment for individuals to apply for Medicaid, CHIP or the Texas Women's Health Program.

Health Insurance Marketplace is for those who do not have health coverage through a job, Medicare, Medicaid, CHIP or another source that provides qualifying health coverage.

**THE CLOCK
STARTS
NOW**



2021 coverage in
**THE HEALTH INSURANCE
MARKETPLACE**

Open enrollment ends Dec. 15 for coverage that starts Jan. 1, 2021.

We can help you meet the deadline!

**EL RELOJ
EMPIEZA
AHORA**



La cobertura de 2021 en
**EL MERCADO DE
SEGUROS MÉDICOS.**

La inscripción abierta finaliza el 15 de diciembre para la cobertura que comienza el 1 de enero de 2021.

¡Podemos ayudarlo a cumplir con la fecha de finalización!



**409. 938. 2204
COASTALHW.ORG**

Healthy lifestyle can reduce risk, impact of diabetes

Uncontrolled, diabetes can cause blindness, nerve damage, kidney disease and other health problems and affects many. One in 10 Americans have the disease and another 84 million are at high risk for developing type 2 diabetes.

Diabetes is a leading cause of disability and death in the United States. However, there is good news. Those at risk for type 2 diabetes can lower their chances if they make lifestyle changes including adopting a healthy diet, being physically active and losing weight.

November marks National Diabetes Awareness Month, a time to raise awareness about diabetes risk factors and to encourage healthy living.

“There is not a cure for diabetes, but a lifestyle with healthy eating and regular activity can reduce the impact on your life and help you stay on track,” said Dr. Philip Keiser, Galveston County local health authority.

There are three main types of diabetes – type 1, type 2 and gestational. Type 1 accounts for roughly 5 percent of all diagnosed cases in adults and can develop at any age. There is no known way to prevent type 1 diabetes.

Roughly 95 percent of adults who have diabetes have type 2, which can often be delayed or prevented with lifestyle changes. Type 2 affects a body’s ability to use insulin well and makes it unable to regulate blood sugar levels.

Early detection and treatment of diabetes can decrease the risk of developing complications from the disease. Diabetes can be managed by working with a health professional.

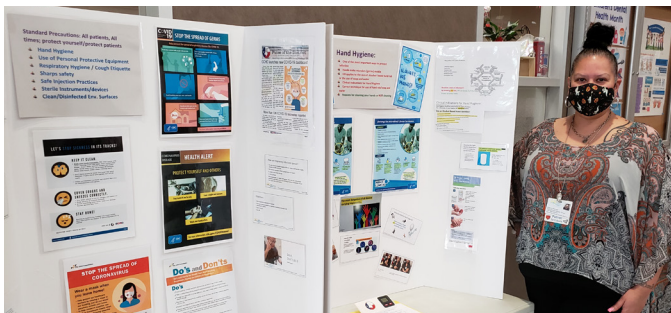
“Making small changes can have a big impact. Park farther away from the building when shopping, take the stairs instead of the elevator, replace your soda with water,” Keiser said. “Losing weight can cut the risk of developing type 2 diabetes in half. It is good to work to get your type 2 diabetes under control as it can lead to a host of other health problems down the road.”

Risk factors for developing type 2 diabetes include: being overweight; being 45 years old or older; having a parent, brother or sister with type 2 diabetes; being physically active less than three times a week; and ever having gestational diabetes or giving birth to a baby who weighed more than nine pounds. Those who show any risk signs should contact their health care provider to see if they should be tested for type 2 diabetes. Race and ethnicity also matter. African Americans, Hispanic/ Latino Americans, American Indians, Pacific Islanders and some Asian Americans are at higher risk for type 2 diabetes.

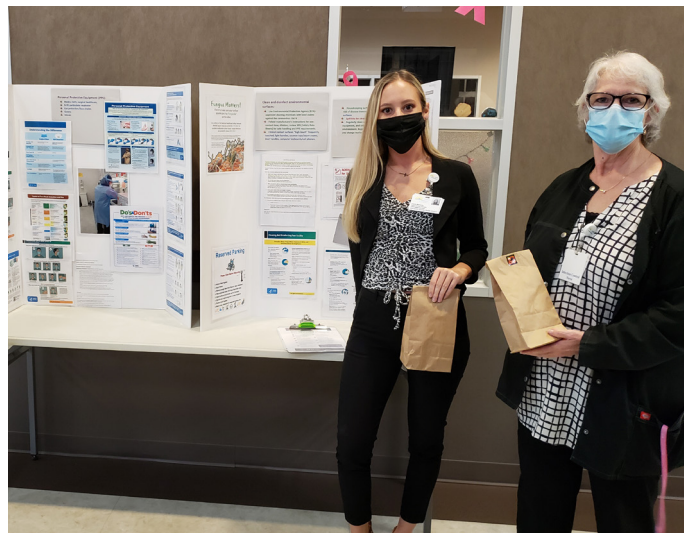
Symptoms of type 2 diabetes include: urinating often; feeling very thirsty; feeling very hungry – even though you are eating; extreme fatigue; blurry vision; cuts/ bruises that are slow to heal; Weight loss – even though you are eating more (type 1); and tingling, pain or numbness in the hands/ feet (type 2).

“The sooner you find out if you have diabetes, the sooner you can start making changes that will benefit you now and in the future,” Keiser said.

CHW celebrates International Infection Prevention Week



Coastal Health & Wellness (CHW) celebrated International Infection Prevention Week Oct. 18-24. The week highlighted the importance of infection prevention and the role it plays in protecting public health. CHW Infection Control Nurse Debra Howey put on a presentation for CHW staff on infection prevention and COVID-19.



Thank you to our CHW physician assistants, medical assistants

National Physician Assistant Week, Oct. 6-12



Thank you to our wonderful physician assistants who work tirelessly to improve our community's health. Did you know, nationwide, physician assistants have more than 400 million patient interactions each year?

We're proud to celebrate our fantastic PAs and their contribution to keeping you and our community healthy. Pictured left to right are Yaa Chere-mateng, Jacklyn Morgan, Jason Borillo and Haley McCabe.

Thank you for all you do!

National Medical Assistant Week, Oct. 19-23



Our MA's play a vital role in helping perform administrative and clinical duties to make sure our patients have a comfortable visit.

A big THANK YOU goes out to MA's Guadalupe

Resendiz, Angie Amaro, Ashley Gardner, Jonathan Ramirez, Tabetha Breaux, Latonya Jones, Cecilia Rodriguez, Brenda Orta, Jasmine Tello, Lilia Seanz and Cheryl Row.

County seeing slight increase in COVID-19 cases

While daily case totals are still relatively low, Galveston County is seeing a slight increase in the number of current COVID-19 cases reported daily.

As of Monday's case update, the seven-day average for daily positives (based on date the test was collected) was 28, compared to 16.6 just one month earlier.

The county has seen a 16.7 percent increase in cases reported 14 days prior.

As of Monday's case update, there are 695 active cases in the county, with a total of 12,404 COVID-19 cases reported since March. The health district is also reporting 11,558 of those cases have recovered. There are 151 deaths.

There have been 186,819 total tests administered through Monday's report.

As we come up on the holiday season, it is vitally important everyone continue to follow the 3 W's - wear a face covering when in public, watch your distance by staying at least six feet away from others and wash your hands frequently.

It is up to each of us to slow the spread of COVID-19.

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

Staff has investigated a few outbreaks this month including one involving a church and three at local schools. An outbreak is defined by the Centers for Disease Control and Prevention (CDC) as two or more cases of COVID-19 in a facility or group (not household) with onset of symptoms within a 14-day period.

Testing remains one of our best weapons against COVID-19 and knowing if you are infected or not allows you to take the steps needed to protect your family and friends.

Galveston County continues to partner with UTMB to offer free COVID-19 testing for county residents. 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, shortness of breath, difficulty breathing or at least two of the following symptoms: fever, chills, repeated shaking with chills,



COVID-19
GCHD.ORG/CORONAVIRUS

WHAT TO DO IF YOU GET COVID-19

SEPARATE YOURSELF FROM OTHERS.

- As much as possible, stay in a specific room and away from other people and pets in your home.
- If possible, you should use a separate bathroom.
- If you need to be around other people or animals in or outside of the home, wear a cloth face covering.



Stay home, except to get medical care. Call ahead before visiting your doctor.

Monitor your symptoms.

Cover your coughs and sneezes with a tissue and throw away the tissue.

Clean high-touch objects and surfaces everyday.
Avoid sharing personal household items.

Wash your hands frequently with soap or hand sanitizer

If you are sick, wear a cloth face covering over your nose and mouth.

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.

COVID-19 SAFETY TIPS

HALLOWEEN 2020



LOW RISK

- Carving or decorating pumpkins with members of your household
- Virtual Halloween costume contest
- Halloween movie night with members of your household
- Scavenger hunt-style trick-or-treat search with your household members in or around your home

MODERATE RISK

- Outdoor Halloween movie night with local family friends with people socially distanced
- One-way trick-or-treating with individually wrapped grab-and-go candy bags lined up for families while continuing to social distance
- Visiting pumpkin patches - be sure to use hand sanitizer before and after touching the pumpkins
- Having a small group, outdoor, open-air costume parade where people are socially distanced

HIGH RISK

- Traditional door to door trick-or-treating
- Going to indoor, crowded costume parties
- Going to indoor, crowded haunted houses
- Having trunk-or-treat where treats are handed out from trunks of cars lined up in large parking lots



[GCHD.ORG/CORONAVIRUS](https://www.gchd.org/coronavirus)



Smoking remains largest preventable cause of death

Great American Smokeout encourages smokers to stop

An estimated 32.4 million American adults still smoke cigarettes and smoking remains the single largest preventable cause of death and illness in the world.

Quitting smoking isn't easy. It takes a plan, time and hard work. But, it can be done. Nov. 19 marks the Great American Smokeout, an annual event to encourage those who smoke cigarettes to stop.

"It starts with day one. You can join the thousands of people across the country who smoke in taking this step toward a healthier life and reducing your cancer risk," said Eileen Dawley, RN, Galveston County Health District (GCHD) chief nursing officer.

Twenty minutes after quitting smoking, a person's heart rate and blood pressure drop. Two weeks to three months after, their circulation improves and lung function increases. After one year, their risk of coronary heart disease is half that of someone who still smokes, according to the American Cancer Society (ACS).

And, after 15 years, their risk for coronary heart disease is that of a non-smoker's.

"The sooner you quit, the sooner you reduce your risks of developing cancer and other diseases," Dawley said. "You could be a new smoker or someone who has smoked most of their life. It is never too late to quit."

Quitting smoking, at any age, improves health immediately and over the long term. It's time to make a plan.

Set a date

Choose the Great American Smokeout or another quit day within the next two weeks.

"Picking a date is vitally important. It's part of your commitment to yourself," Dawley said. "Put this date on your calendar. Share it with your support system."

Leading up to your quit day, throw away cigarettes, matches, lighters and ashtrays. Remove these items from your home, car and workplace.

Smokeout page 7



Thinking of quitting?

-  **20 minutes after quitting**
Your heart rate and blood pressure drop.
-  **12 hours after quitting**
Carbon monoxide level in your blood drops to normal.
-  **1-9 months after quitting**
Coughing and shortness of breath decreases.
-  **1-5 years after quitting**
Heart attack risk drops dramatically. Risk of cancer is cut in half.
-  **10 years after quitting**
Risk of dying from lung cancer is about half that of a person still smoking.

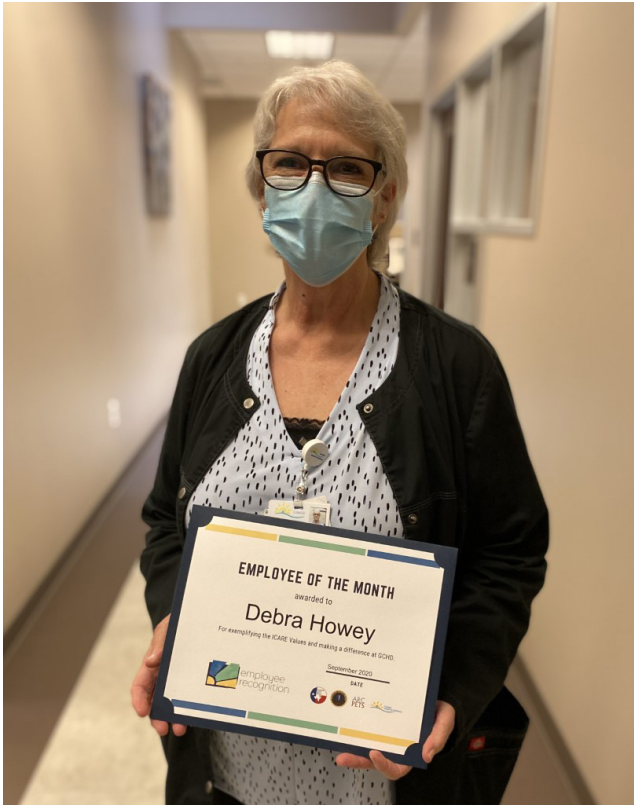


When you quit smoking:

- FOOD TASTES BETTER**
- SENSE OF SMELL RETURNS**
- YOU SMELL BETTER**
- YOU BREATHE BETTER**



GCHD names Employee of the Month



Debra Howey

Congratulations, Debra Howey, on being named the September Employee of the Month!

Debra, who works as an infection control nurse, was nominated for her dedication to Galveston County Health District's (GCHD) values, Integrity, Customer Service, Accountability, Respect, Equality (ICARE).

"Debra is an Infection Control Champion! We are so fortunate to have her.

Debra is known to give up countless hours of her time outside the office to make the clinic the safest place possible.

She has taken initiative to give trainings that were not required of her so that staff can be prepared and educated. She even spends time grading tests on those trainings at home. One of these trainings allowed the dental clinic to start seeing patients again!

On top of sharing her extensive experience, Debra is always researching ways to be cleaner, and is constantly making sure the clinic is stocked with masks and hand sanitizer.

Debra is always trying to motivate others and help them wherever needed.

She always looks for the good in things and has a way of addressing situations in a way that does not make you feel incompetent. She is great," reads Howey's nomination.

Smokeout

Old cigarette odors can cause cravings so go ahead and clean and freshen your car.

Develop a support system

Support is key to your success. Share your quit date with the important people in your life and ask for support. A daily phone call, e-mail or text message can help you stay on course and provide moral support.

"Your support system is there to help keep you accountable and to encourage you when you're struggling," Dawley.

Be prepared for challenges

The urge to smoke is short – usually only three-five minutes – but those moments can feel intense. Before your quit day, write down healthy ways to cope. Drink water, exercise, listen to music or call a friend. If you have friends and family who still smoke, ask them to not smoke around you and to not leave cigarettes where you can see them.

Know your options

Decide on your plan – will you use nicotine replacement

therapy or other medicines? Do you plan to take part in support classes or programs?

Talk to your pharmacist or doctor about quit options. Nicotine patches, gum or other approved quit medication can help with cravings. It is hard, but chances of success can be improved with help. Getting help through counseling and medications doubles or even triples chances of quitting successfully.

Even though e-cigarettes do not contain tobacco, the Food and Drug Administration (FDA) classifies them as tobacco products, according to the ACS. E-cigarette vapor can contain nicotine and other substances that are addictive and can cause lung disease, heart disease and cancer. It's especially important to know that all JUULs and most e-cigarettes contains nicotine, the same addictive drug that is in regular cigarettes, cigars, hookah, and other tobacco products. E-cigarettes are still fairly new, and more research is needed over a longer period to know what the long-term effects may be.

Flu vaccine especially important this year

**IT'S TIME TO
SCHEDULE YOUR
FLU VACCINE!**



 | GCHD.ORG



get a flu vaccine

Everyone 6 months and older should be vaccinated for the flu before flu starts spreading in your community.

Getting a flu vaccine is especially important for certain high-risk groups including:

- people age 65 and older
- pregnant women
- young children
- 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.

 | GCHD.ORG



Both **COVID-19** and **flu illness** can result in illness and complications, especially in higher risk populations:

- Older adults
- People with certain underlying medical conditions
- Pregnant people

Protect yourself and those you love with the flu vaccine, continue wearing a face covering and stay away from others if you're sick.

 | GCHD.ORG



Flu season is coming and COVID-19 is still spreading.

Did you know the flu vaccine lowers:

- Your chances of getting the flu
- Your chances of getting very sick with the flu
- Your chances of being hospitalized
- Your chances of spreading flu to those close to you



 | GCHD.ORG



Coastal Health & Wellness Updates

Medical

- Dr. McDill – Credentialed with Community Health Choice as of 10/22/20
- Monique Swan, NP (Pending adding to all current accepted insurances)
- Liunan Li, NP (Pending adding to all current accepted insurances)
- Julio Garza, PA-C (Pending adding to all current accepted insurances)

Pending New/Evaluating Contracts:

- Patient/Physician and Cooperatives (PPC) – Contract reviewed and determined to be a capitation plan that we will not execute.
- Liberty Dental (Texas City) – Currently awaiting committee determination of the proposed increase in the fees before signature and submission.
- Evolve Dental – Preparing documents for signature and submission
- Memorial Hermann Health Plan- Contract under review
- HealthSmart Preferred Care – Requested contract information a 2nd time

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 October 7, 2020 and the Board Quality Assurance Committee was held on October 22, 2020.

- Standard monthly and quarterly reports were reviewed (access to care; patient satisfaction survey results, insurance and credentialing, lab report). Updated medical, nursing and dental guidelines were presented and approved. Internal audits reviewed included Well Child and Title V; Dental Treatment Plan Completion Report; Dental Peer to Peer Review; and Medical Peer Review Update. All audit results were favorable. Other items discussed included information related to HEDIS and 1115 measures; discussion of Hepatitis B quantitative antibody; development of a Learning Needs Assessment form and new Title V forms based on state changes.
- Quarterly reports on access to care and patient satisfaction survey results were presented to the Board QA Committee in addition to proposed changes to the 2020-2021 Environment of Care Plans, Emergency Operations Plan and No-Show Policy.

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 October 28, 2020. Infection control audit reports were presented and discussed as well as environmental safety and compliance reports. Next steps regarding a learning assessment requirement for Joint Commission was discussed. In addition, the committee was provided information regarding a Joint Commission Ambulatory Care Virtual Conference that will be held November 5-6.

Patient Centered Medical Home (PCMH) Committee

- A notice of intent to request PCMH accreditation has been submitted to HRSA.
- Staff continue to work on making sure that all PCMH requirements are in place.

HRSA Deliverables / Updates –

- Through 9/30/20, we have expended \$18,480 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 9/30/20, \$59,990 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 9/30/20, \$466,423 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 9/30/20, \$56,925 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. A budget has been developed and will be presented to the Board on October 29, 2020.
- Quarterly progress reports for the CARES, ECT, and COVID-19 grant funding received earlier this year were submitted to HRSA on October 9, 2020.
- The HRSA Noncompeting Continuation (NCC) Progress Report is due November 6, 2020 and will be submitted to the Board on October 29, 2020.
- HRSA has scheduled a virtual operational site review (OSV) for Coastal Health & Wellness for November 17-19, 2020. A pre-visit conference call was held October 28th in preparation.
- 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 9/30/20, we have used \$56,925 to cover COVID expenses related to supplies, leaving a balance of \$107,946.
- A total of 1,936 patients have registered in the new patient portal system (MedFusion) since it was implemented on 7/15/20, an increase of 501 patients since last month. This number represents approximately 14% 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 an effort to try and immunize as many patients as possible against the flu this year, we have scheduled additional flu clinics. A flu clinic is scheduled in Galveston on November 3rd from 2-6 pm and another clinic will be held on November 4th in Texas City from 2-5 pm.
- As reported last month, the contract to provide dental services to HIV patients under a Ryan White Grant has been signed and training sessions are currently ongoing. After training has been completed, written procedures will be developed to ensure processes are followed based on Ryan White guidelines. The contract in the amount of \$75,000 will be in effect until 3/31/21.
- The new Express Check-in process and drop-off boxes continue to be utilized by patients at both the Texas City and Galveston clinics.
- 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.
- Content on the CHW website continues to be reviewed as the website refresh progresses. This refresh will allow for increased flexibility in our communication with the public. The new website is planning to rollout sometime during the spring of 2021.

Communications –

- The health district continues to publish its COVID-19 dashboard at noon Monday-Saturday. The new dashboard reporting system provides more in-depth data with filter options. Data can also 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. 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.
- Communication this month rolled out its flu campaign with messaging specific COVID-19. It is likely that flu viruses and the virus that causes COVID-19 will both be spreading this fall and

winter. While the flu vaccine does not protect against COVID-19, it does help reduce flu illness and flu-related hospitalizations.

- 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 with COVID-19
 - What to do if you get COVID-19
 - National Dental Hygiene Month
 - Marketplace Open Enrollment
 - National Physician Assistant Week
 - National Medical Assistant Week
 - International Infection Prevention Week
 - National Breast Cancer Awareness Month
 - Pregnancy and Infant Loss Awareness Day
 - Flu season and COVID-19
 - Flu vaccine awareness
 - Diabetes 101 education
 - Handwashing 101
 - Heart disease awareness
 - High blood pressure education
 - Healthy Halloween treats – HEAL
 - Halloween treats and oral health
 - Safe Halloween activities
 - Vaccines – now is the time to catch up
 - GCHD Employees of the Month
 - #ChewOnThis
 - CHW is hiring
 - Oral health care
 - CHW services counseling
 - CHW services dental
 - CHW services medical

CHW Career Opportunities:

Sept. 23-Oct. 19, 2020

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
 - Shawntai Lyons – LVN I 10/1/20
 - Kayla Macomb – Patient Services Specialist 10/1/20
 - Erendira Salazar – LVN I Bilingual 10/1/20
 - Yvonne Scott - CHICP Program Specialist I 10/1/20
 - Julio Garza – Midlevel Physician Assistant IV 10/15/20
 - Liunan Li – Midlevel Nurse Practitioner IV 10/15/20
 - Aicha Martinez – Unit Receptionist I – Medical (Bilingual) 10/15/20
 - Kathy White – Nurse Case Manager/Assistant Nursing Director 10/15/20

- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
 - None currently
- **Current Vacancies:**
 - CHW Vacancies:
 - None currently

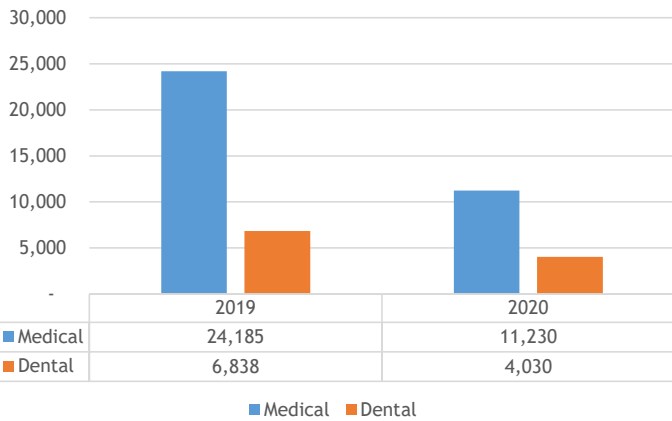
CHW report Executive Contract Report: October 2020

1. The Clinical Laboratory Improvement Amendments (“CLIA”), which is overseen by the Center for Medicare and Medicaid Services (“CMS”), renewed Coastal Health & Wellness’ (“CHW”) Certification of Provider-Performed Microscopy Procedures on October 10, 2020. Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263(a)), the certification enables CHW to continue performing standard laboratory tests and procedures.
2. A Memorandum of Understanding was renewed between Coastal Health & Wellness (“CHW”) and the Texas City Independent School District (“TCISD”). The MOU becomes effective on October 28, 2020 and is based on Medicaid’s Head Start requirements for Well-Child visits. Under this Agreement, TCISD shall pay in consideration of professional services completed for its students including the cost for physical examinations, dental examinations, and lab services.

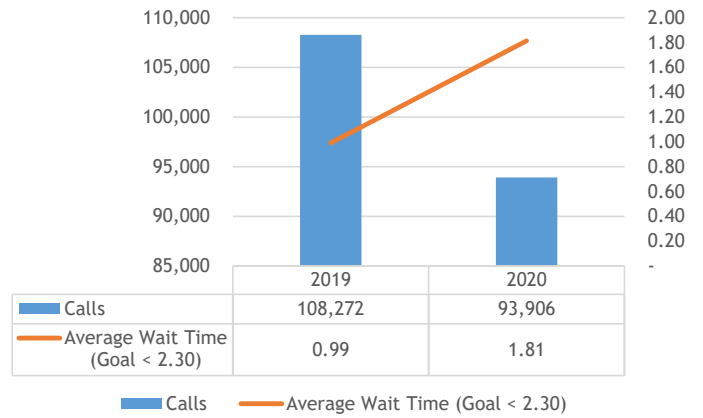
September 2020 Report
YTD Comparison Report (January - Sept 2020)

Patient Services - Patients Checked-In	2019	2020	% Change
Medical	24,185	11,230	-54%
Dental	6,838	4,030	-41%
Contact Center	2019	2020	% Change
Calls	108,272	93,906	-13.3%
Average Wait Time (Goal < 2.30)	0.99	1.81	83%
Electronic Records	2019	2020	% Change
Record Requests	8,313	8,094	-2.6%
County Indigent Program	2019	2020	% Change
Applied	1211	933	-23%
Referrals	1669	792	-53%
Avg Total Patients on Program	256	212	-17%
Case Management	2019	2020	% Change
Referrals	7282	3330	-54%

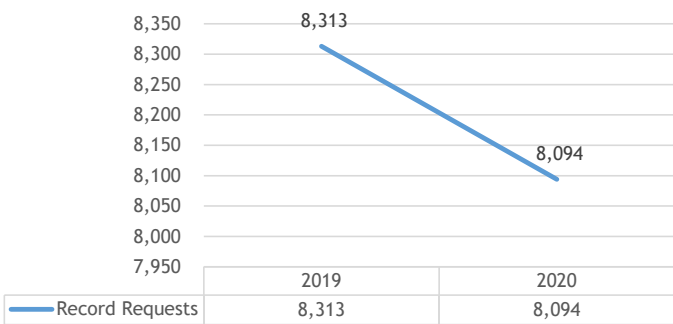
Patient Services-Total Patients Checked-In



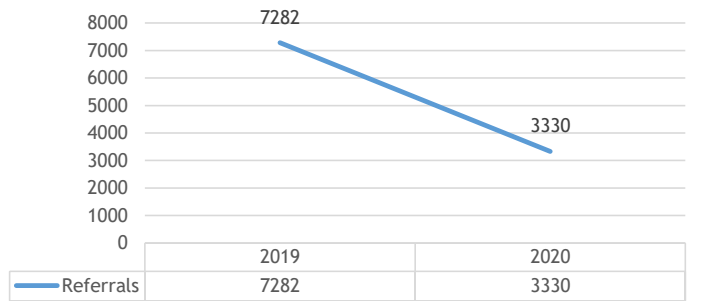
Contact Center - Calls and Wait Time



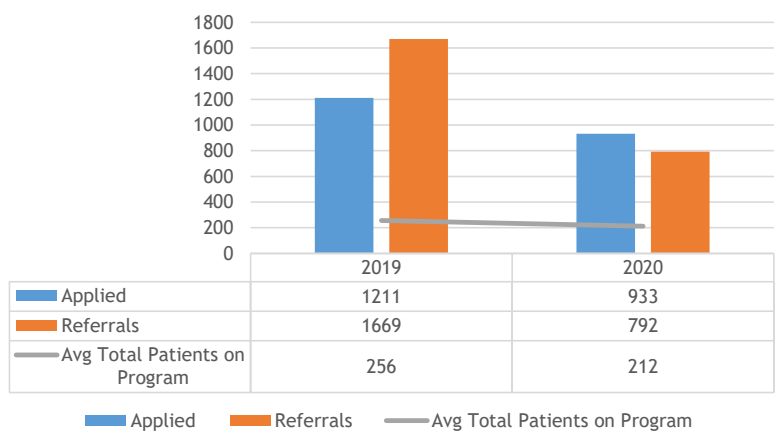
Electronic Record Requests



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

October 2020

Item#10

Consider for Approval Preliminary September 2020

Financial Report

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

September 30, 2020

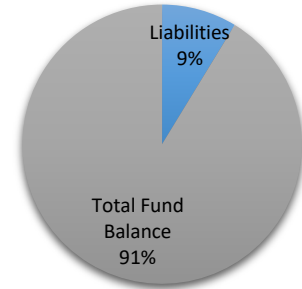
October 29, 2020

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

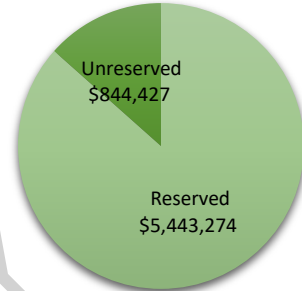
CHW - BALANCE SHEET as of September 30, 2020

	Current Month Sep-20	Prior Month Aug-20	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$6,171,614	\$5,945,748	\$225,866
Accounts Receivable	1,521,839	1,543,702	(21,863)
Allowance For Bad Debt	(924,012)	(1,012,407)	88,395
Pre-Paid Expenses	115,471	139,676	(24,205)
Due To / From	2,925	76,312	(73,387)
Total Assets	\$6,887,837	\$6,693,031	\$194,807
LIABILITIES			
Accounts Payable	\$98,224	\$92,378	\$5,845
Accrued Salaries	289,041	234,038	55,003
Deferred Revenues	212,871	244,315	(31,443)
Total Liabilities	\$600,136	\$570,731	\$29,405
FUND BALANCE			
Fund Balance	\$5,628,397	\$5,628,397	\$0
Current Change	659,304	493,902	165,402
Total Fund Balance	\$6,287,701	\$6,122,299	\$165,402
TOTAL LIABILITIES & FUND BALANCE	\$6,887,837	\$6,693,031	\$194,807

Current Period Assets



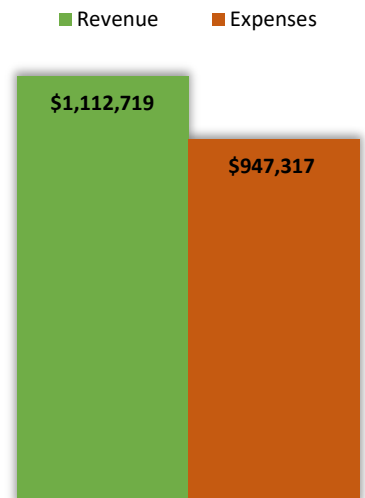
Total Fund Balance



CHW - REVENUE & EXPENSES as of September 30, 2020

	Actual Sep-20	Budgeted Sep-20	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	65,833	(65,833)	388,710
HHS Grant Revenue	531,263	260,617	270,646	682,426
Patient Revenue	259,812	317,112	(57,300)	(765,424)
Other Revenue	10,422	10,827	(404)	100,622
Total Revenue	\$1,112,719	\$965,611	\$147,109	\$406,334
EXPENSES				
Personnel	\$573,587	\$632,211	\$58,624	\$193,367
Contractual	72,248	70,723	(1,525)	128,382
IGT Reimbursement	0	25,747	25,747	(80,611)
Supplies	92,014	104,826	12,811	156,941
Travel	1,597	4,533	2,936	23,381
Bad Debt Expense	120,051	33,605	(86,446)	(17,096)
Other	87,820	93,966	6,145	(24,403)
Total Expenses	\$947,317	\$965,611	\$18,293	\$379,961
CHANGE IN NET ASSETS	\$165,402	\$0	\$165,402	\$786,294

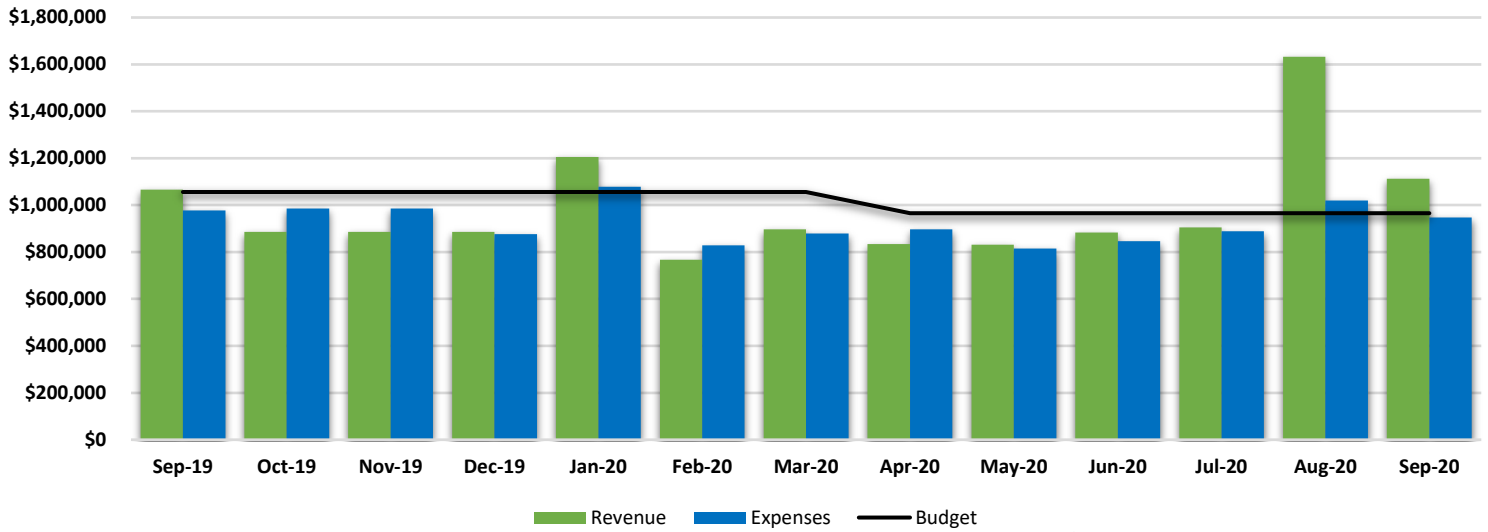
Current Month Actuals



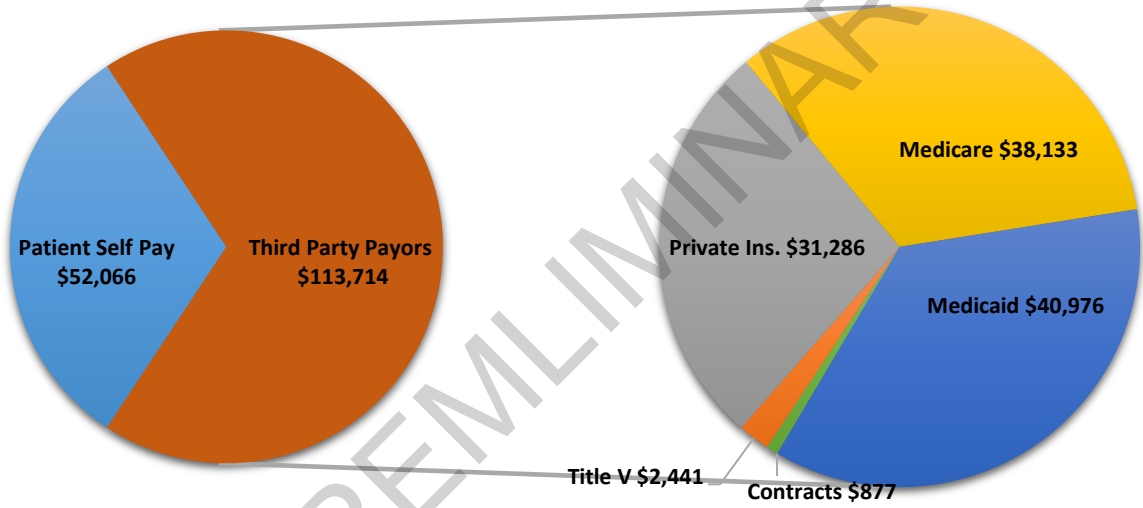
HIGHLIGHTS

- MTD Increase in Fund Balance of \$165,402.
- MTD revenues were \$147,109 higher than budget. A negative variance in patient revenues of (\$57,300) due to fewer visits is offset by a mid-year accrual for AR. Additional funding from HRSA grants and HHS Stimulus funds accounted for increased variance of \$270,646 in HHS grant revenue. A true-up of expenses was also completed. DSRIP revenue budgeted across a 12 month period accounts for the negative variance of (\$65,833) while Other Revenue was close to budget.
- YTD Revenues were \$406,334 higher than budget. Decreases in visits account for (\$765,424) variance, which was offset by higher HHS Grant Revenue variance of \$682,426, Other Revenue variance of \$100,622, and DSRIP revenue variance of \$388,710.
- MTD expenses were \$18,293 under budget. Savings were realized across Personnel, IGT, Supplies, Travel, and Other, which offset higher expenses in Contractual (\$1,525) and Bad Debt (\$86,446). Bad Debt is higher due to mid-year adjustment for AR.
- YTD Expenses were \$379,961 under budget. Savings were realized across all categories except Bad Debt, Other and IGT Reimbursement. IT equipment expenditures and dental equipment for COVID related equipment accounts for the Other category budget negative variance of (\$24,403). These expenses were offset by Direct Relief funding. IGT Reimbursement variance of (\$80,611) was offset by DSRIP Revenue, and Bad Debt is (\$17,096) over due to mid-year AR adjustment.
- YTD Increase in fund balance of \$659,304. Total Fund Balance of \$6,287,701 as of 9/30/2020.

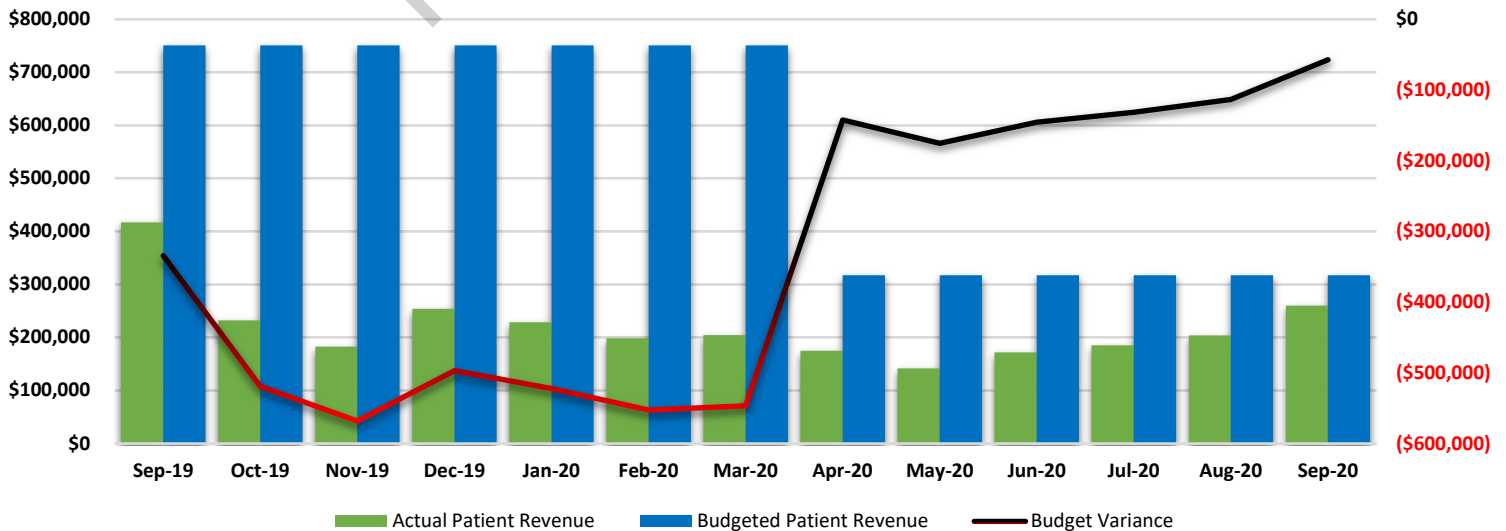
Actual Revenue & Expenses in Comparison to Budget



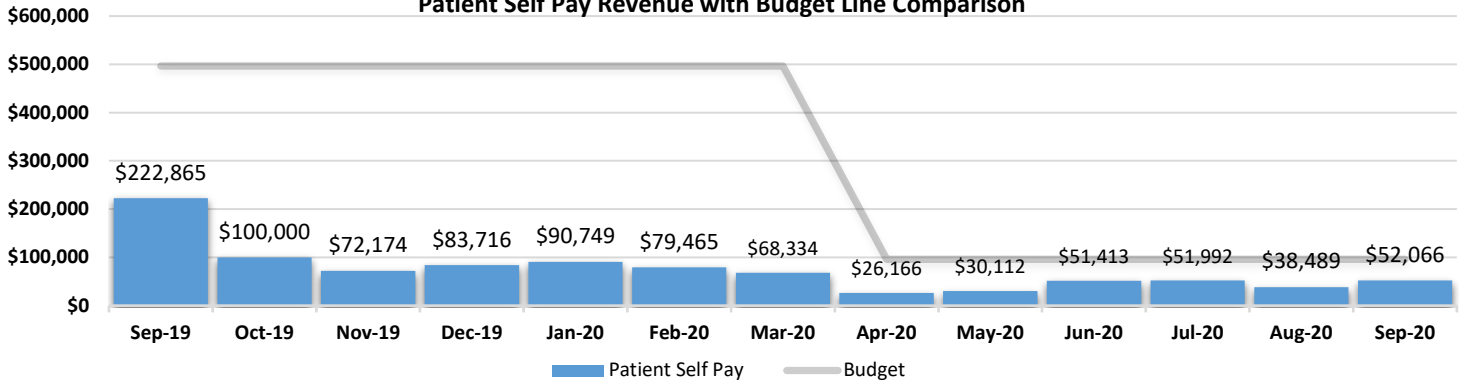
Current Period Patient Revenue with Third Party Payor Contributions Identified



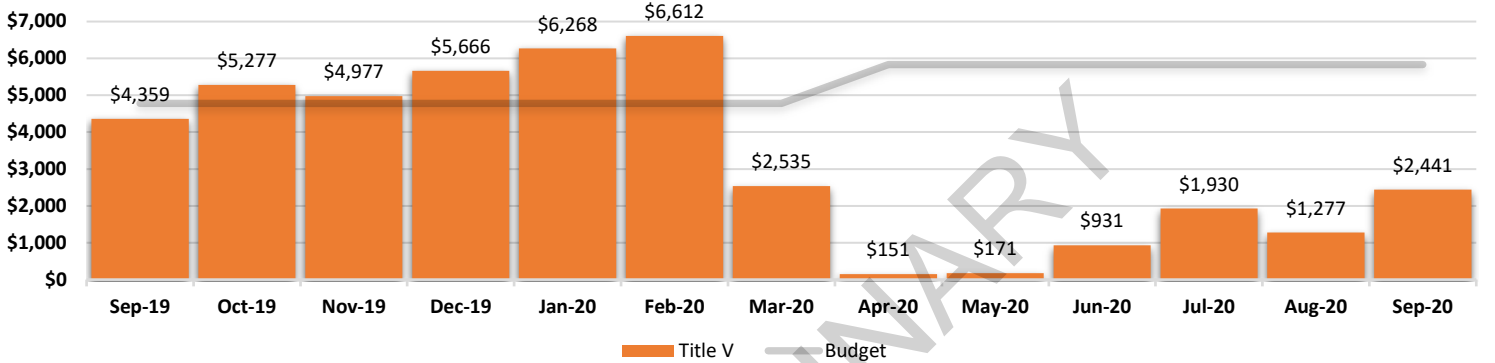
Actual Patient Revenue Rec'd vs Budget with Variance



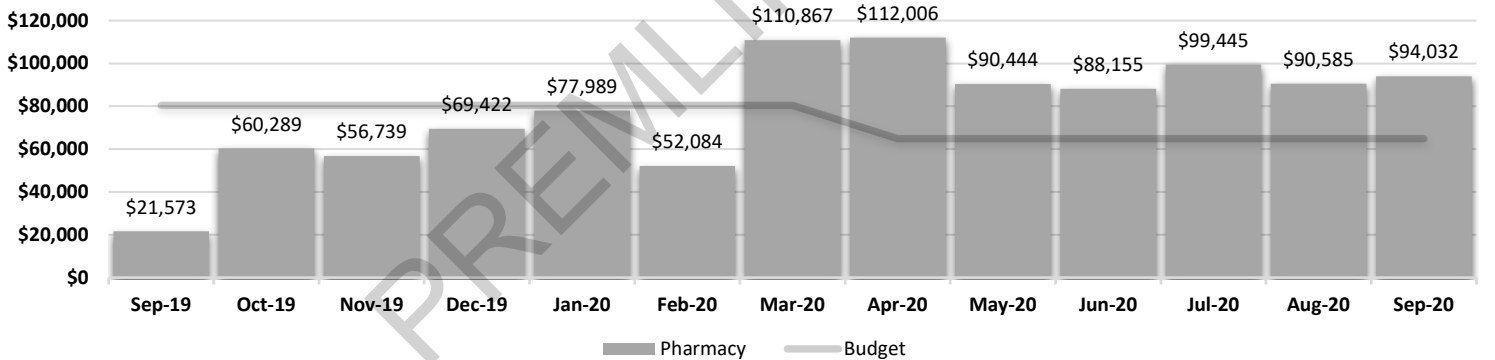
Patient Self Pay Revenue with Budget Line Comparison



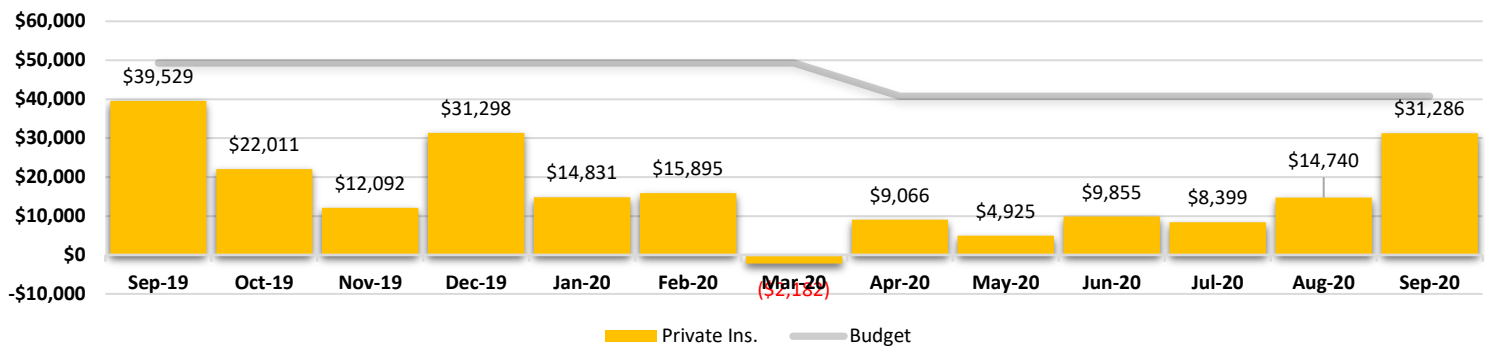
Title V Revenue with Budget Line Comparison



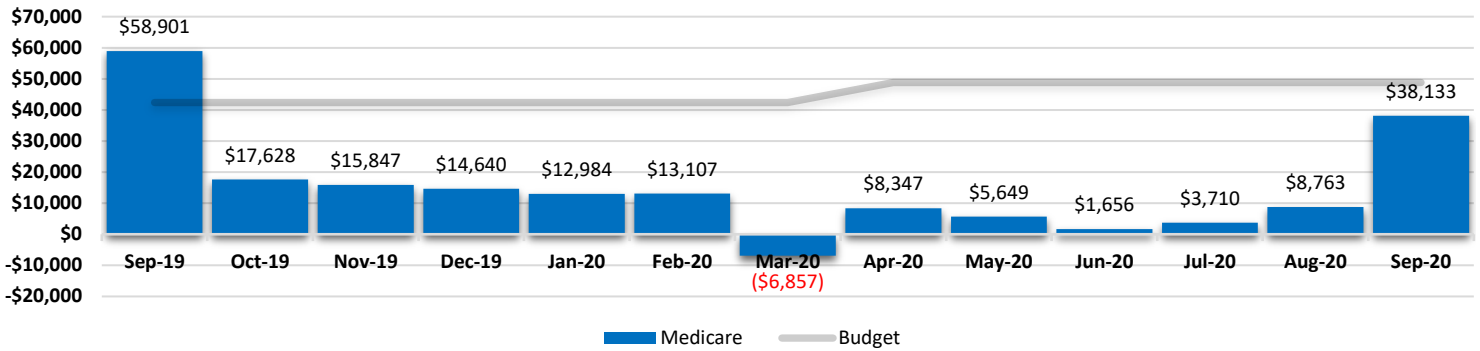
Pharmacy Revenue with Budget Line Comparison



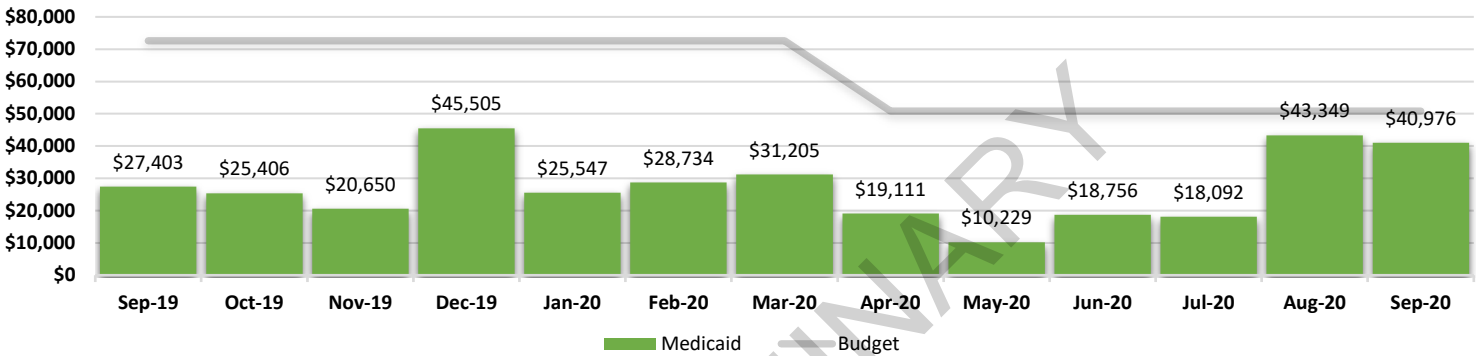
Private Insurance Revenue with Budget Line Comparison



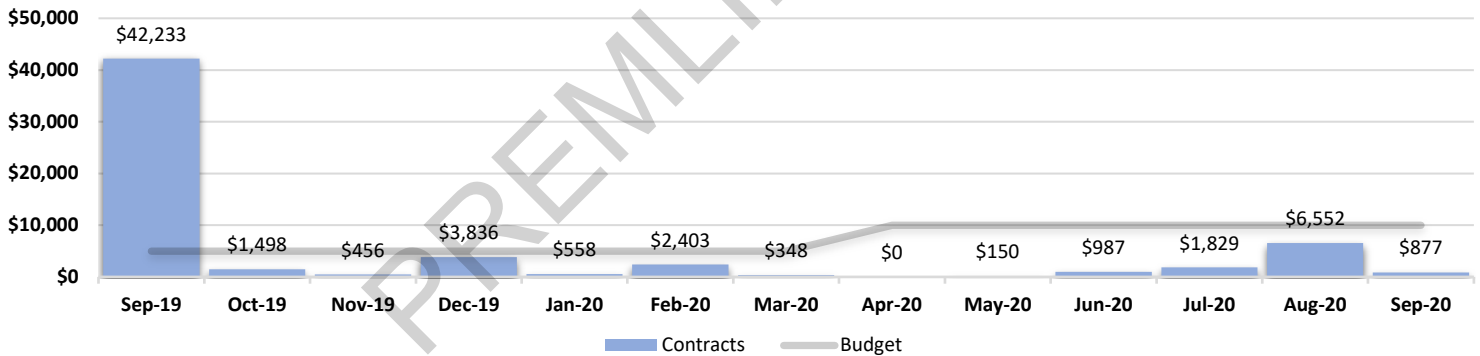
Medicare Revenue with Budget Line Comparison



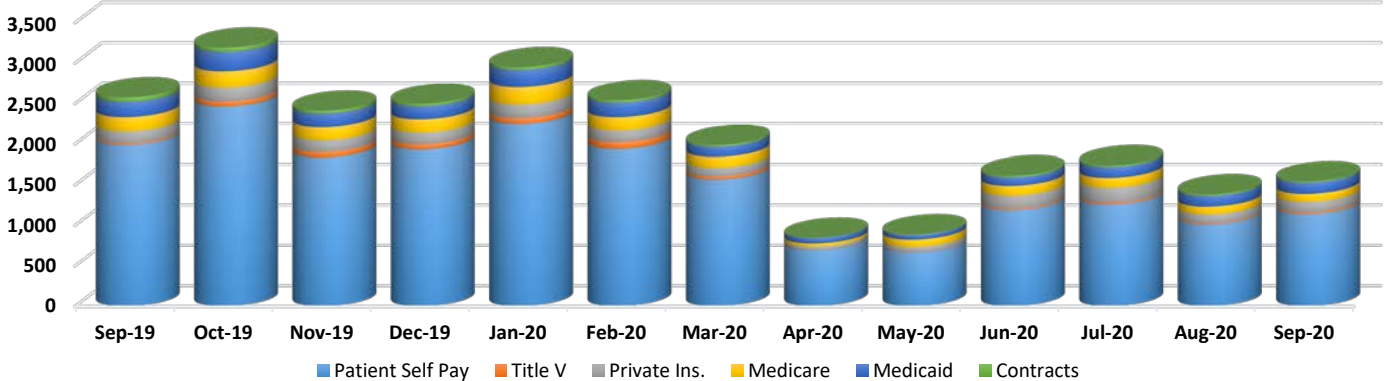
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



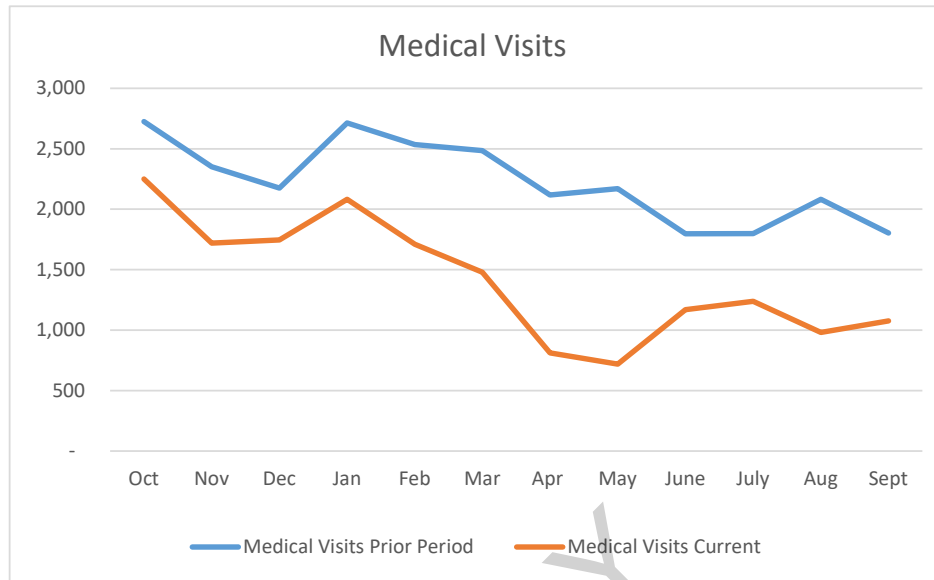
Total Number of Patient Visits



Coastal Health & Wellness								
Statement of Revenue and Expenses for the Period ending Sept 30, 2020								
		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	9/30/2020	Budget	Variance	Actual	Budget	Variance	Budget
Grouping	REVENUE							
HRSA	HHS GRANT REVENUE - Federal	\$519,920	\$260,617	\$259,303	\$2,178,452	\$1,563,700	\$614,752	\$3,127,400
	HHS GRANT REVENUE - BASE	\$404,714	\$260,617	\$144,097	\$1,532,379	\$1,563,700	(\$31,322)	\$3,127,400
	HHS GRANT REVENUE - SUD-MH	\$17,131	\$0	\$17,131	\$82,999	\$0	\$82,999	\$0
	HHS GRANT REVENUE - Care	\$0	\$0	\$0	\$13,697	\$0	\$13,697	\$0
	HHS GRANT REVENUE - QI 2019	\$799	\$0	\$799	\$2,988	\$0	\$2,988	\$0
	COVID Supplemental	\$128	\$0	\$128	\$59,941	\$0	\$59,941	\$0
	CARES ACT	\$80,858	\$0	\$80,858	\$465,597	\$0	\$465,597	\$0
	HHS GRANT REVENUE - ECT	\$16,290	\$0	\$16,290	\$20,852	\$0	\$20,852	\$0
HRSA	HHS Other Grant Revenue	\$11,343	\$0	\$11,343	\$67,673	\$0	\$67,673	\$0
Patient Rev	GRANT REVENUE - Title V	\$2,441	\$5,833	(\$3,392)	\$43,055	\$35,000	\$8,055	\$70,000
Patient Rev	PATIENT FEES	\$52,066	\$96,014	(\$43,947)	\$250,566	\$576,083	(\$325,517)	\$1,152,165
Patient Rev	PRIVATE INSURANCE	\$31,286	\$40,750	(\$9,464)	\$78,272	\$244,500	(\$166,228)	\$489,000
Patient Rev	PHARMACY REVENUE - 340b	\$94,032	\$64,874	\$29,158	\$581,244	\$389,244	\$192,000	\$778,488
Patient Rev	MEDICARE	\$38,133	\$48,826	(\$10,693)	\$66,184	\$292,955	(\$226,771)	\$585,910
Patient Rev	MEDICAID	\$40,976	\$50,828	(\$9,851)	\$150,261	\$304,965	(\$154,704)	\$609,930
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$1,351	\$0	\$76,250	\$8,104	\$68,146	\$16,208
Other Rev.	MEDICAL RECORD REVENUE	\$995	\$1,500	(\$505)	\$6,814	\$9,000	(\$2,186)	\$18,000
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$439	\$0	\$439	\$0
County	COUNTY REVENUE	\$311,222	\$311,222	\$0	\$1,867,334	\$1,867,334	\$0	\$3,734,667
DSRIP	DSRIP REVENUE	\$0	\$65,833	(\$65,833)	\$783,710	\$395,000	\$388,710	\$790,000
Other Rev.	MISCELLANEOUS REVENUE	\$1,100	\$0	\$1,100	\$6,691	\$0	\$6,691	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$6,692	\$7,500	(\$808)	\$37,470	\$45,000	(\$7,530)	\$90,000
Patient Rev	CONTRACT REVENUE	\$877	\$9,987	(\$9,110)	\$3,987	\$59,924	(\$55,937)	\$119,848
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$285	\$476	(\$191)	\$1,766	\$2,856	(\$1,090)	\$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	\$1,112,719	\$965,611	\$147,109	\$6,203,215	\$5,796,713	\$406,502	\$11,590,377
	EXPENSES							
Personnel	SALARIES	\$473,484	\$502,875	\$29,390	\$2,954,793	\$3,017,247	\$62,454	\$6,034,494
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	SALARIES, PROVIDER INCENTIVES	\$750	\$6,500	\$5,750	\$750	\$39,000	\$38,250	\$78,000
Personnel	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	SALARIES, O/T	\$1,291	\$3,750	\$2,459	\$8,386	\$22,500	\$14,114	\$45,000
Personnel	SALARIES, PART-TIME	\$15,946	\$15,788	(\$158)	\$71,479	\$94,726	\$23,246	\$189,451
Personnel	Comp Pay	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	FICA EXPENSE	\$35,353	\$40,460	\$5,107	\$222,253	\$242,763	\$20,510	\$485,525
Personnel	TEXAS UNEMPLOYMENT TAX	\$114	\$1,113	\$999	\$15,861	\$6,679	(\$9,182)	\$13,357
Personnel	LIFE INSURANCE	\$1,422	\$1,285	(\$138)	\$8,893	\$7,709	(\$1,184)	\$15,418
Personnel	LONG TERM DISABILITY INSURANCE	\$1,045	\$1,206	\$162	\$6,519	\$7,239	\$720	\$14,477
Personnel	GROUP HOSPITALIZATION INSURANCE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	WORKER'S COMP INSURANCE	(\$4,499)	\$1,586	\$6,085	\$2,546	\$9,517	\$6,971	\$19,034
Personnel	EMPLOYER PAID HEALTH INSURANCE	\$31,096	\$40,108	\$9,011	\$194,698	\$240,645	\$45,947	\$481,290
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$6,788	\$5,852	(\$936)	\$40,602	\$35,111	(\$5,492)	\$70,221
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	PENSION / RETIREMENT	\$10,796	\$11,689	\$893	\$66,877	\$70,132	\$3,255	\$140,264
Contractual	OUTSIDE LAB CONTRACT	\$10,312	\$25,125	\$14,813	\$56,717	\$150,750	\$94,033	\$301,500
Contractual	OUTSIDE X-RAY CONTRACT	\$960	\$3,000	\$2,040	\$4,656	\$18,000	\$13,344	\$36,000
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$39,235	\$16,543	(\$22,692)	\$123,506	\$99,258	(\$24,248)	\$198,516
Personnel	TEMPORARY STAFFING	\$0	\$0	\$0	\$6,242	\$0	(\$6,242)	\$0
Contractual	CHW CONTRACT BILLING SERVICE	\$4,708	\$8,000	\$3,292	\$20,871	\$48,000	\$27,129	\$96,000
IGT	IGT REIMBURSEMENT	\$0	\$25,747	\$25,747	\$235,095	\$154,485	(\$80,611)	\$308,969
Contractual	JANITORIAL CONTRACT	\$14,515	\$14,000	(\$515)	\$77,799	\$84,000	\$6,201	\$168,000
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$481	\$480	(\$1)	\$960
Contractual	SECURITY	\$2,438	\$3,975	\$1,537	\$12,096	\$23,850	\$11,754	\$47,700
Supplies	OFFICE SUPPLIES	\$2,747	\$6,883	\$4,137	\$28,227	\$41,300	\$13,073	\$82,600
Supplies	OPERATING SUPPLIES	\$18,684	\$21,900	\$3,216	\$182,899	\$131,400	(\$51,499)	\$262,800
Supplies	OUTSIDE DENTAL SUPPLIES	\$3,371	\$3,350	(\$21)	\$14,980	\$20,100	\$5,120	\$40,200
Supplies	PHARMACEUTICAL SUPPLIES	\$67,212	\$71,992	\$4,780	\$245,888	\$431,953	\$186,065	\$863,906
Supplies	JANITORIAL SUPPLIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	PRINTING SUPPLIES	\$0	\$465	\$465	\$18	\$2,790	\$2,772	\$5,580
Supplies	UNIFORMS	\$0	\$235	\$235	\$0	\$1,410	\$1,410	\$2,820
Other	POSTAGE	\$684	\$833	\$149	\$3,660	\$5,000	\$1,340	\$10,000
Other	TELEPHONE	\$3,455	\$4,405	\$950	\$21,809	\$26,430	\$4,621	\$52,860
Other	WATER	\$31	\$31	\$1	\$183	\$186	\$3	\$372
Other	ELECTRICITY	\$1,514	\$2,000	\$486	\$6,796	\$12,000	\$5,204	\$24,000
Travel	TRAVEL, LOCAL	\$68	\$383	\$315	\$970	\$2,300	\$1,330	\$4,600
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	LOCAL TRAINING	\$1,529	\$2,933	\$1,404	\$2,849	\$17,600	\$14,751	\$35,200
Travel	TRAINING, OUT OF TOWN	\$0	\$1,217	\$1,217	\$0	\$7,300	\$7,300	\$14,600
Other	RENTALS	\$2,704	\$3,200	\$497	\$18,056	\$19,200	\$1,144	\$38,400
Other	LEASES	\$43,121	\$43,122	\$1	\$258,724	\$258,732	\$8	\$517,464
Other	MAINTENANCE / REPAIR, EQUIP.	\$6,064	\$7,120	\$1,057	\$37,067	\$42,722	\$5,655	\$85,444
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	FUEL	\$0	\$0	\$0	\$0	\$0	\$0	\$0

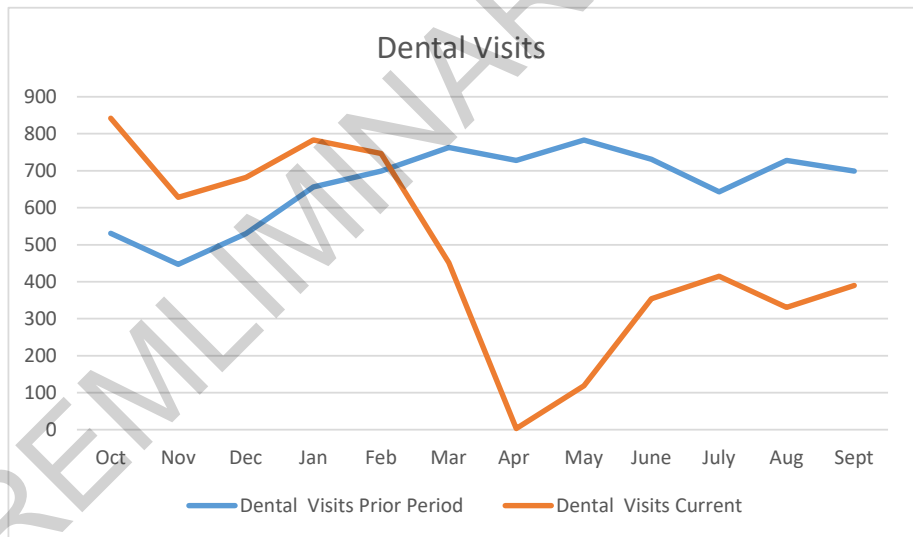
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
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
Sept	1,804	1,077
	<u>26,753</u>	<u>16,983</u>



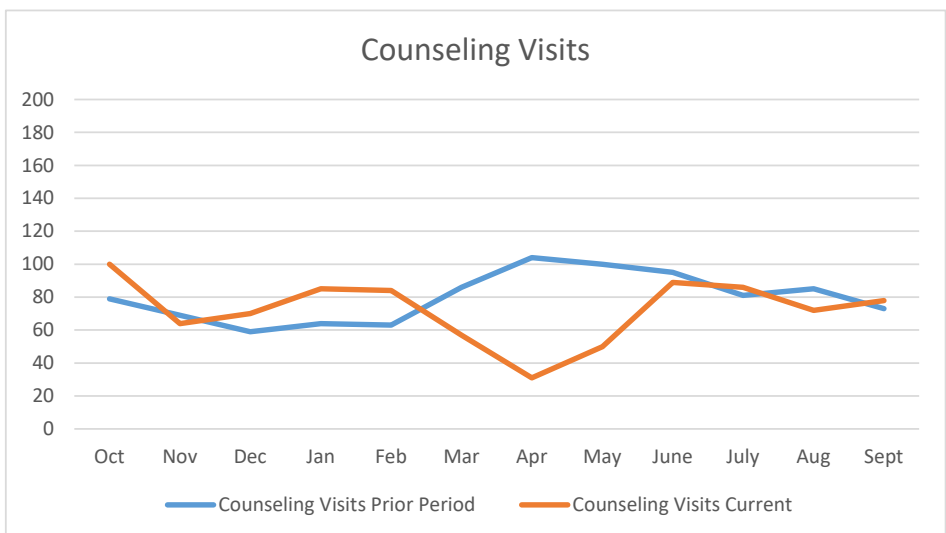
Dental Visits

	<u>Prior Period</u>	<u>Current</u>
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
Sept	699	390
	<u>7,938</u>	<u>5,745</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
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
Sept	73	78
	<u>958</u>	<u>866</u>



Vists by Financial Class - Actual vs. Budget
As of September 30, 2020 (Grant Year 4/1/2020-3/31/2021)

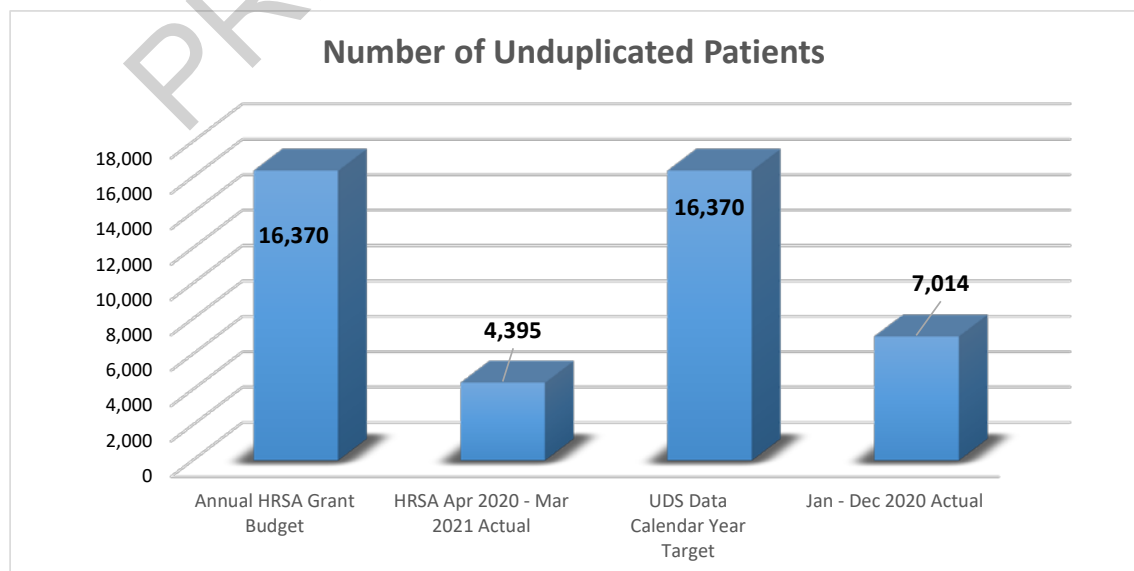
	Annual HRSA		Over/(Under)		YTD	Over/(Under)		% Over/ (Under)
	Grant Budget	MTD Actual	MTD Budget	MTD Budget		YTD Actual	YTD Budget	
Medicaid	4,518	138	377	(239)	758	2,259	(1,501)	-66%
Medicare	4,507	99	376	(277)	654	2,254	(1,600)	-71%
Other Public (Title V, Contract)	2,498	38	208	(170)	173	1,249	(1,076)	-86%
Private Insurance	3,912	130	326	(196)	710	1,956	(1,246)	-64%
Self Pay	32,919	1,140	2,743	(1,603)	5,836	16,460	(10,624)	-65%
Total	48,354	1,545	4,030	(2,485)	8,131	24,177	(16,046)	-66%

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

Current Year	Jan-Sept 2019	Jan-Sept 2020	Increase/	
			(Decrease) Prior Year	% of Annual Target
Annual Target	Actual	Actual		
Unduplicated Patients	16,370	10,631	7,014	(3,617) 43%

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 Year	% of Annual Target
Unduplicated Patients	16,370	8,228	4,395	(3,833) 27%





COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#11

**Consider for Approval Submission to HRSA of the Non-Competing
Progress Report and Coastal Health & Wellness 2021-2022 Budget**



Coastal Health & Wellness

FY22 Proposed Budget

April 1, 2021 - March 31, 2022

October 29, 2020

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2022

Budget Highlights

SUMMARY

- Budget decreased by (\$818,864) from FY21.

REVENUES

- Overall budgeted revenue decreased by (\$818,864). There are no proposed fund balance expenditures in budget.
- Decrease in Patient Revenue based on payor mix and average income per visit amounts.
- HRSA Base Grant includes additional \$110,000 added for SUD-MH Program services.
- DSRIP revenue anticipated to be earned in 2021-2022 is included with offset by IGT payment expense.
- Grant revenue includes Title V and Ryan White grant awards.

EXPENDITURES

Personnel

- Net decrease of (\$199,862) in personnel (wages decreased (\$203,074) and benefits increased \$3,212).
 - 2.8% cost of living increase for all positions effective in October 2021 with GCHD approved budget.
- Net decrease of 5.1 FTE's (additional details included in within packet).
 - Increased the Part-time Dental Hygienist to 0.6 FTE from 0.5 FTE.
 - Includes 2 positions (LVN and Recovery Coach) for SUD-MH Program services.
 - Eliminated 7 vacant positions (1 Medical, 1 Dental, 3 Nursing, 1 Case Mgmt, and 1 O&E).
- Health insurance increased approximately 4% due to increased premiums and CareHere group participants.
- Includes a 4.7% salary lapse to account for position vacancies.

Contractual

- Outside Lab and X-Ray decreased based on seeing a reduction in average cost per test as well as fewer tests.
- Increase in Misc. Contracts for Carma Health and expected expenses for NextGen OTTO Health for virtual visits.
- Reduction in IGT reimbursement associated with anticipated DSRIP revenue.

Supplies/Other

- Decrease in operating supplies based on fewer anticipated visits.
- Decrease of (\$263,906) for pharmaceutical expenses based on 2021-2022 projections.
- No budget for out of town travel is included, however funds are included for training expenses.
- Increase in subscriptions due primarily to Greater Houston Health Connect HIE annual fee not previously budgeted.

FUND BALANCE

- There are no fund balance expenditures proposed in this budget.

Budget Breakdown:	FY21	FY22	Change	%
Personnel	7,586,531	7,386,669	(199,862)	-3%
Supplies	1,255,086	961,912	(293,174)	-23%
Contract Services	856,176	693,086	(163,090)	-19%
Equipment/Capital	-	-	-	-
Other Costs	1,486,277	1,430,714	(55,563)	-4%
Bad Debt	403,258	296,083	(107,175)	-27%
Budgeted Expense Total	\$ 11,587,328	\$ 10,768,464	\$ (818,864)	-7.1%

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2022

Operating Budget

	FY21 Budget	FY22 Budget
REVENUE:		
<i>Patient Service Income</i>	3,805,341	2,900,189
<i>Local Funding</i>	3,734,667	3,734,667
<i>Other Local Funding</i>	16,208	16,208
<i>Federal BPHC 330 Grant</i>	3,127,400	3,237,400
<i>Other Revenues (DSRIP, Medical Record Fees, Interest):</i>	903,712	880,000
TOTAL REVENUE	\$ 11,587,328	\$ 10,768,464

	FY21 Budget	FY22 Budget
EXPENSES:		
Personnel:		
<i>Administration</i>	1,990,062	2,046,605
<i>Medical Staff</i>	2,209,776	2,073,239
<i>Dental Staff</i>	1,025,412	940,106
<i>Mental Health Staff</i>	117,475	121,621
<i>Enabling Staff (Case Management, Outreach & Education)</i>	881,220	853,300
<i>Salaries, Overtime</i>	45,000	42,000
<i>Salaries, Provider Incentives</i>	78,000	67,000
Fringe Benefits:		
<i>FICA Expense</i>	485,525	470,018
<i>Texas Unemployment Tax</i>	13,357	12,759
<i>Life Insurance</i>	15,418	14,961
<i>Long Term Disability Insurance</i>	14,477	13,989
<i>Health Insurance & Sponsored Healthcare Program</i>	551,511	573,785
<i>Worker's Comp Insurance</i>	19,034	18,437
<i>Pension / Retirement</i>	140,264	138,849
Total Personnel and Fringe Benefits	7,586,531	7,386,669
Travel:		
<i>Non-Local Travel</i>	14,600	-
<i>Local Travel - Staff travel b/t clinic sites, meetings, etc.</i>	4,600	3,200
Total Travel	19,200	3,200
Supplies:		
<i>Clinical Medical</i>	108,000	108,000
<i>Lab / X-ray</i>	60,000	25,000
<i>Pharmaceuticals</i>	863,906	600,000
<i>Dental</i>	90,000	90,332
<i>Outside Dental (Restorative)</i>	40,200	40,200
<i>Office, Administrative, Janitorial, & Printing Supplies</i>	92,980	98,380
Total Supplies	1,255,086	961,912
Contractual:		
Patient Care Contracts:		
<i>Outside Lab Contract (2,160 tests/month at \$5.65 avg/test)</i>	301,500	146,448
<i>Outside X-Ray Contract (125 readings/month at \$12/reading)</i>	36,000	18,000
<i>Patient Transportation Contract (transport provided to TC location)</i>	7,500	6,000
<i>Contract Ob/Gyn & Primary Care Services</i>	84,132	68,100
<i>Contract CIHCP</i>	3,600	3,360
<i>Virtual Visit Platform Services (OTTO Health)</i>	-	16,428
<i>Telehealth Opioid Treatment Contract (\$800/week for 4 hours/week)</i>	-	38,400
<i>Translation & Interpretation Services</i>	6,720	8,400

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2022

Operating Budget

	FY21 Budget	FY22 Budget
Subtotal Patient Care Contracts	439,452	305,136
Non-Patient Contracts:		
<i>Janitorial Contract (Contract for services at 2 site)</i>	168,000	168,780
<i>Security (Security services at 2 sites)</i>	47,700	43,176
<i>Pest Control (pest control services at 1 site)</i>	960	960
<i>Claim Processing</i>	1,920	19,200
<i>Statement Processing / Appointment Reminders / Patient Portal</i>	67,200	48,840
<i>Contract & Communications Management (MedTrainer, Meltwater)</i>	11,220	9,708
<i>Compliance Testing & Assessment Services (HPC & Fit-For-Duty)</i>	9,600	12,180
<i>IT Consulting (Creager, IT Works, Meriplex)</i>	6,600	6,600
<i>Interface EAP, Prehire Screenings, Tax Forms, & Medicare Exclusions</i>	7,524	6,506
<i>Billing Contract Service</i>	96,000	72,000
Subtotal Non-Patient Contracts	416,724	387,950
Total Contractual	856,176	693,086
Equipment:		
<i>None</i>	-	-
Total Equipment	-	-
Other:		
<i>Training</i>	35,200	30,135
<i>Uniforms</i>	2,820	-
<i>Postage</i>	10,000	9,000
<i>Telecommunications</i>	52,860	64,500
<i>Utilities (Water & Electricity)</i>	24,372	18,372
<i>Rentals</i>	38,400	39,240
<i>Leases - Facility</i>	517,464	517,464
Maint & Repair:		
<i>Equipment</i>	85,444	81,844
<i>Building</i>	5,000	2,400
Insurance:		
<i>General Liability</i>	13,644	11,916
<i>Building Contents</i>	18,420	18,372
<i>IGT Reimbursement</i>	308,969	259,989
<i>Newspaper Ads</i>	21,600	23,600
<i>Subscriptions, Books, etc.</i>	2,970	18,623
<i>Organizational Memberships</i>	34,186	34,710
<i>IT Software, Licensing & Usage Fees</i>	251,744	259,929
<i>Professional Fees/License/Inspections</i>	1,854	1,670
<i>Professional Services - Accounting Services</i>	26,420	22,800
<i>Med/Hazard Waste Disposal</i>	6,600	5,400
<i>Board Meeting Operations</i>	350	350
<i>Service Charge - Credit Cards</i>	8,760	7,200
<i>Bad Debt</i>	403,258	296,083
Total Other	1,870,335	1,723,597
TOTAL EXPENSES	\$ 11,587,328	\$ 10,768,464

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2022

Operating Budget

	FY21 Budget	FY22 Budget
CHW BUDGETED POSITIONS:		
<i>Admin Support</i>	51.4	51.4
<i>Medical Director</i>	0.9	1.0
<i>Family Physicians</i>	1.0	1.0
<i>Physician Assistant / Nurse Practitioner</i>	6.0	6.0
<i>Pediatrician</i>	1.0	0.0
<i>Nurses</i>	9.0	7.0
<i>Clinical Support</i>	15.5	14.5
<i>Lab</i>	5.0	5.0
<i>Dentists</i>	4.5	3.5
<i>Dental Hygienists</i>	1.5	1.6
<i>Dental Assistants</i>	9.0	9.0
<i>Behavioral Health Specialists</i>	1.5	1.5
<i>Case Management</i>	5.9	6.5
<i>Outreach & Education</i>	2.0	1.0
TOTAL FTE's	114.1	109.0

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2022

Budget Details

	FY20 Actual	FY21 Budget	FY21 Actual thru 8/31/20	FY21 Projected thru 3/31/21	FY22 Proposed Budget	Increase / (Decrease)
VISITS:	32,330	48,354	6,470	15,528	34,244	-14,110
REVENUES						
HRSA Grant Revenue	3,483,493	3,127,400	1,658,533	3,980,478	3,237,400	110,000
HHS Other Grant Revenue	-	-	46,158	110,780	-	
Grant Revenue	69,514	70,000	4,461	10,706	144,977	74,977
Patient Fees	1,157,159	1,152,165	198,173	475,614	845,950	(306,215)
Private Insurance	250,242	489,000	46,986	112,766	294,821	(194,179)
Pharmacy Revenue	840,644	778,488	480,635	1,153,525	900,000	121,512
Medicare	223,742	585,910	28,125	67,499	249,596	(336,314)
Medicaid	337,701	609,930	109,537	262,889	424,845	(185,085)
Local Grants & Foundations	90,240	16,208	121,225	290,939	16,208	-
Medical Record Revenue	17,911	18,000	5,819	13,966	15,000	(3,000)
Medicaid Incentive Payments	3,380	-	439	1,053	-	-
County Revenue	3,811,761	3,734,667	1,556,111	3,734,667	3,734,667	-
DSRIP Revenue	368,125	790,000	783,710	783,710	790,000	-
Miscellaneous Revenue	17,396	-	5,590	13,417	-	-
Gain on Fixed Asset Disposals	6,964	-	-	-	-	-
Interest Income	91,463	90,000	30,778	73,867	70,000	(20,000)
CHW Contract Revenue	56,046	119,848	9,518	22,844	40,000	(79,848)
Local Funds / Other Revenue	5,659	5,712	1,481	3,554	5,000	(712)
Fund Balance	-	-	-	-	-	-
TOTAL REVENUE	10,831,440	11,587,328	5,087,278	11,112,274	10,768,464	\$ (818,864)
EXPENSES						
Salaries	5,951,843	6,034,494	2,481,308	5,955,140	5,832,411	(202,083)
Salaries, Provider Incentives	3,652	78,000	-	-	67,000	(11,000)
Salaries, Overtime	38,284	45,000	7,094	17,026	42,000	(3,000)
Salaries, Part-Time	137,392	189,451	55,533	133,280	202,460	13,009
Comp Pay Premium	189	-	-	-	-	-
FICA Expense	442,757	485,525	186,899	448,558	470,018	(15,507)
Texas Unemployment Tax	574	13,357	15,747	37,792	12,759	(598)
Life Insurance Expense	17,767	15,418	7,471	17,929	14,961	(457)
LTD Insurance Expense	12,952	14,477	5,474	13,138	13,989	(488)
Health Insurance Expense	392,400	481,290	163,602	392,645	494,769	13,479
Worker's Comp Insurance	11,179	19,034	7,045	16,908	18,437	(597)
Sponsored Healthcare Pgm	80,481	70,221	33,814	81,154	79,016	8,795
Pension / Retirement	131,448	140,264	56,081	134,595	138,849	(1,415)
Outside Lab Contract	195,250	301,500	46,236	110,967	146,448	(155,052)
Outside X-Ray Contract	21,792	36,000	3,696	8,870	18,000	(18,000)
Misc Contract Services	231,288	198,516	84,271	202,250	237,722	39,206
Temporary Staffing	64,767	-	6,242	14,982	-	-
CHW Billing Contract Svc	78,393	96,000	16,163	38,791	72,000	(24,000)
IGT Reimbursement	145,512	308,969	235,095	235,095	259,989	(48,980)
Janitorial Contract	167,338	168,000	63,284	151,882	168,780	780
Pest Control	961	960	401	961	960	-
Security	33,427	47,700	9,658	23,180	43,176	(4,524)
Office Supplies	265,436	82,600	25,481	61,153	82,600	-
Operating Supplies	363,202	262,800	164,215	394,115	228,132	(34,668)
Outside Dental Supplies	44,212	40,200	11,609	27,862	40,200	-

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2022

Budget Details

	FY20 Actual	FY21 Budget	FY21 Actual thru 8/31/20	FY21 Projected thru 3/31/21	FY22 Proposed Budget	Increase / (Decrease)
Pharmaceutical Supplies	454,974	863,906	178,675	428,821	600,000	(263,906)
Janitorial Supplies	-	-	-	-	5,400	5,400
Printing Supplies	2,615	5,580	18	43	5,580	-
Uniform	1,198	2,820	-	-	-	(2,820)
Postage	9,013	10,000	2,976	7,142	9,000	(1,000)
Telecommunications	50,526	52,860	18,353	44,048	64,500	11,640
Water	366	372	153	366	372	-
Electricity	15,906	24,000	5,281	12,675	18,000	(6,000)
Travel, Local	4,055	4,600	901	2,163	3,200	(1,400)
Travel, Out Of Town	-	-	-	-	-	-
Training, Local	7,576	35,200	1,320	3,168	30,135	(5,065)
Training, Out Of Town	29,726	14,600	-	-	-	(14,600)
Rentals	37,161	38,400	15,352	36,846	39,240	840
Leases	517,448	517,464	215,603	517,448	517,464	-
Maint/Repair, Equip.	84,903	85,444	31,003	74,407	81,844	(3,600)
Maint/Repair, Bldg.	5,055	5,000	5	11	2,400	(2,600)
Maint/Repair, IT Equip.	46,464	-	46,129	110,711	-	-
Maint/Repair, Prev Auto	-	-	-	-	-	-
Insurance, Auto/Truck	(1,136)	144	52	125	108	(36)
Insurance, General Liability	12,463	13,500	5,254	12,610	11,808	(1,692)
Insurance, Bldg. Contents	17,381	18,420	7,149	17,157	18,372	(48)
Settlements	87,500	-	-	-	-	-
IT Equipment	-	-	-	-	-	-
Vehicles	-	-	-	-	-	-
Operating Equipment	35,537	-	6,222	14,933	-	-
Bldg. Improvements	-	-	-	-	-	-
Newspaper Ads/Advertising	17,474	21,600	675	1,620	23,600	2,000
Subscriptions, Books, Etc.	1,894	2,970	1,484	3,562	18,623	15,653
Association Dues	34,035	34,186	13,958	33,500	34,710	524
IT Software / Licenses	244,785	251,744	109,618	263,084	259,929	8,185
Prof Fees/Licenses/Inspections	1,368	1,854	1,720	4,128	1,670	(184)
Professional Services	60,028	26,420	6,856	16,454	22,800	(3,620)
Med / Hazard Waste Disposal	5,324	6,600	2,026	4,863	5,400	(1,200)
Transportation	6,028	7,500	587	1,408	6,000	(1,500)
Board Meeting Operations	4,865	350	-	-	350	-
Service Charge - Credit Cards	8,755	8,760	2,870	6,887	7,200	(1,560)
Cashier Over/Short	(5)	-	-	-	-	-
Bad Debt Expense	569,952	403,258	98,674	236,817	296,083	(107,175)
Miscellaneous Expense	4,989	-	7,050	16,920	-	-
TOTAL EXPENSES	11,210,719	11,587,328	4,466,386	10,390,192	10,768,464	\$ (818,864)
Revenue Over / (Under) Expenses	(379,279)	-	620,893	722,082	-	-

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2022

Funding Details

	<i>Federal</i>	<i>Non-Federal</i>	FY22 Operating Budget
REVENUES			
HHS HRSA Grant Revenue	3,237,400	-	3,237,400
Grant Revenue	-	144,977	144,977
Patient Fees	-	845,950	845,950
Private Insurance	-	294,821	294,821
Pharmacy Revenue	-	900,000	900,000
Medicare	-	249,596	249,596
Medicaid	-	424,845	424,845
Local Grants & Foundations	-	16,208	16,208
Medical Record Revenue	-	15,000	15,000
Medicaid Incentive Payments	-	-	-
County Revenue	-	3,734,667	3,734,667
DSRIP Revenue	-	790,000	790,000
Miscellaneous Revenue	-	-	-
Gain on Fixed Asset Disposals	-	-	-
Interest Income	-	70,000	70,000
CHW Contract Revenue	-	40,000	40,000
Local Funds / Other Revenue	-	5,000	5,000
Fund Balance	-	-	-
TOTAL REVENUE	\$ 3,237,400	\$ 7,531,064	\$ 10,768,464
EXPENSES			
Salaries	1,985,564	3,846,847	5,832,411
Salaries, Provider Incentives	-	67,000	67,000
Salaries, Overtime	-	42,000	42,000
Salaries, Part-Time	76,056	126,404	202,460
FICA Expense	157,716	312,302	470,018
Texas Unemployment Tax	4,166	8,593	12,759
Life Insurance Expense	5,050	9,911	14,961
LTD Insurance Expense	4,763	9,226	13,989
Health Insurance Expense	158,202	336,567	494,769
Worker's Comp Insurance	6,188	12,249	18,437
Sponsored Healthcare Pgm	25,262	53,754	79,016
Pension / Retirement	46,589	92,260	138,849
Outside Lab Contract	146,448	-	146,448
Outside X-Ray Contract	18,000	-	18,000
Misc Contract Services	106,500	131,222	237,722
Temporary Staffing	-	-	-
CHW Billing Contract Svc	32,196	39,804	72,000
IGT Reimbursement	-	259,989	259,989
Janitorial Contract	168,000	780	168,780
Pest Control	-	960	960
Security	24,276	18,900	43,176
Office Supplies	-	82,600	82,600
Operating Supplies	-	228,132	228,132
Outside Dental Supplies	-	40,200	40,200
Pharmaceutical Supplies	-	600,000	600,000
Janitorial Supplies	-	5,400	5,400
Printing Supplies	-	5,580	5,580
Uniform	-	-	-

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2022

Funding Details

	<i>Federal</i>	<i>Non-Federal</i>	FY22 Operating Budget
Postage	-	9,000	9,000
Telecommunications	16,440	48,060	64,500
Water	-	372	372
Electricity	-	18,000	18,000
Travel, Local	-	3,200	3,200
Travel, Out Of Town	-	-	-
Training, Local	-	30,135	30,135
Training, Out Of Town	-	-	-
Rentals	17,940	21,300	39,240
Leases	167,400	350,064	517,464
Maint/Repair, Equip.	70,644	11,200	81,844
Maint/Repair, Bldg.	-	2,400	2,400
Maint/Repair, IT Equip.	-	-	-
Insurance, Auto/Truck	-	108	108
Insurance, General Liability	-	11,808	11,808
Insurance, Bldg. Contents	-	18,372	18,372
IT Equipment	-	-	-
Vehicles	-	-	-
Operating Equipment	-	-	-
Bldg. Improvements	-	-	-
Newspaper Ads/Advertising	-	23,600	23,600
Subscriptions, Books, Etc.	-	18,623	18,623
Association Dues	-	34,710	34,710
IT Software / Licenses	-	259,929	259,929
Prof Fees/Licenses/Inspections	-	1,670	1,670
Professional Services	-	22,800	22,800
Med / Hazard Waste Disposal	-	5,400	5,400
Transportation	-	6,000	6,000
Board Meeting Operations	-	350	350
Service Charge - Credit Cards	-	7,200	7,200
Cashier Over/Short	-	-	-
Bad Debt Expense	-	296,083	296,083
Miscellaneous Expense	-	-	-
TOTAL EXPENSES	\$ 3,237,400	\$ 7,531,064	\$ 10,768,464
<i>Revenue Over / (Under) Expenses</i>	-	-	-

CATEGORICAL	<i>Federal</i>	<i>Non-Federal</i>	FY22 Operating Budget
Wages	2,061,620	4,082,251	6,143,871
Benefits	407,936	834,862	1,242,798
Travel	-	3,200	3,200
Equipment	-	-	-
Supplies	-	961,912	961,912
Contractual	495,420	197,666	693,086
Other	272,424	1,451,173	1,723,597
Total Expenses	\$ 3,237,400	\$ 7,531,064	\$ 10,768,464

Department of Health and Human Services Health Services and Resources Administration		For HRSA Use Only				
Form 3: Income Analysis Support Year 20		Applicant Name:		COASTAL HEALTH & WELLNESS		
		Grant Number:		H80CS00344		
		Application Tracking Number:		182289		
Part 1: Patient Service Revenue - Program Income						
Line #	Payer Category	Patients	Billable Visits	Income Per Visit	Projected Income	Prior FY Income Mo/Yr: March 2020
		(a)	(b)	(c)	(d)	(e)
1	Medicaid	1,588	3,147	135.00	424,845.00	337,700.50
2	Medicare	1,365	2,713	92.00	249,596.00	223,742.44
3	Other Public	376	973	149.00	144,977.00	69,513.51
4	Private	1,685	3,241	381.00	1,234,821.00	1,146,931.82
5	Self Pay	11,356	24,170	35.00	845,950.00	1,157,159.38
6	Total (lines 1-6)	16,370	34,244	84.69	2,900,189.00	2,935,047.65
Part 2: Other Income - Other Federal, State, Local and Other Income						
7	Other Federal				-	-
8	State Government				790,000.00	368,125.01
9	Local Government				3,734,667.00	3,811,760.51
10	Private Grants/Contracts				16,208.00	90,240.04
11	Contributions				-	-
12	Other				90,000.00	142,773.12
13	Applicant (Retained Earnings)				-	-
14	Total Other (lines 7-14)				4,630,875.00	4,412,898.68
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)						
15	Total Non-Federal (lines 6 + 14)				7,531,064.00	7,347,946.33
Comments/Explanatory Notes (if applicable)						
Pharmacy and Contract Revenue is included in Line 4 Private. Projected Income for current Support year is \$900,000 pharmacy and \$40,000 contracts. Prior FY Income was \$840,644 and \$56,046 respectively.						

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2021 to March 31, 2022

Budget Justification	FY 2022 Budget Period	
	Federal Grant Request	Non-Federal Resources
REVENUE – <i>Should be consistent with information presented in Budget Information: Budget Details form and Form 3: Income Analysis.</i>		
PROGRAM INCOME (<i>fees, third party reimbursements, and payments generated from the projected delivery of services</i>)	-	2,900,189.00
STATE FUNDS (<i>Projected revenue from 1115 Waiver Project</i>)	-	790,000.00
LOCAL FUNDS	-	3,734,667.00
FEDERAL 330 GRANT	3,237,400.00	-
OTHER SUPPORT	-	106,208.00
TOTAL REVENUE	\$ 3,237,400.00	\$ 7,531,064.00
EXPENSES: <i>Object class totals should be consistent with those presented in Section B of the Budget Information: Budget Details form.</i>		
PERSONNEL – <i>Salary Total from Form 2: Staffing Profile may not match the total below due to some salaries being charged as indirect costs. Include budget details for each staff position as seen in the Personnel Justification sample below.</i>		
ADMINISTRATION	373,355.00	1,673,250.00
MEDICAL STAFF	934,825.00	1,138,414.00
DENTAL STAFF	563,441.00	376,665.00
BEHAVIORAL HEALTH STAFF (<i>Mental Health/Substance Abuse</i>)	-	121,621.00
ENABLING STAFF (<i>Case Managers/Outreach & Education Staff</i>)	189,999.00	663,301.00
OTHER STAFF	-	-
SALARIES, OVERTIME	-	42,000.00
SALARIES, PROVIDER INCENTIVES	-	67,000.00
TOTAL PERSONNEL	\$ 2,061,620.00	\$ 4,082,251.00
FRINGE BENEFITS		
FICA, 7.65%	157,716.00	312,302.00
State Unemployment Tax, 1.30%	4,166.00	8,593.00
Life ADD, 0.22%	4,370.00	8,464.00
Dependent Life, \$1.71/month (<i>per eligible employee</i>)	680.00	1,447.00
Long Term Disability Insurance, 0.24%	4,763.00	9,226.00
Medical Insurance, \$471.91/month (<i>per eligible employee</i>)	183,464.00	390,321.00
Workers Compensation, 0.30%	6,188.00	12,249.00
Retirement, 2.26%	46,589.00	92,260.00
TOTAL FRINGE (20.23%)	\$ 407,936.00	\$ 834,862.00

Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2021 to March 31, 2022

Budget Justification	FY 2022 Budget Period	
	Federal Grant Request	Non-Federal Resources
TRAVEL		
Local Travel – staff travel b/t clinic sites, meetings, etc. (5,565 miles x 57.5 cents per mile)	-	3,200.00
TOTAL TRAVEL	\$ -	\$ 3,200.00
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.		
None	-	-
TOTAL EQUIPMENT	\$ -	\$ -
SUPPLIES		
Office, Administrative, Janitorial & Printing (\$8,198/month x 12 months)	-	98,380.00
Lab / X-ray (\$2,083/month x 12 months)	-	25,000.00
Medical Supplies (Based on 76% of total visits - \$4.15/visit x 26,025 visits)	-	108,000.00
Pharmaceuticals (\$50,000/month x 12 months)	-	600,000.00
Dental (Based on 24% of total visits - \$10.99/visit x 8,219 visits)	-	90,332.00
Outside Dental (Restorative) (\$3,350/month x 12 months)	-	40,200.00
TOTAL SUPPLIES	\$ -	\$ 961,912.00
CONTRACTUAL – Include sufficient detail to justify costs.		
Outside Lab Contract (\$5.65/test x 25,920 tests)	146,448.00	-
Outside X-Ray Contract (\$12.00/reading x 1,500 readings)	18,000.00	-
Ob/Gyn Contract Services (\$140/hr x 16 hrs x 12 months)	26,880.00	-
Primary Care Contract Services (\$3,435/month x 12 months)	41,220.00	-
Telehealth Opioid Treatment Services (\$200/hr x 16 hrs x 12 months)	38,400.00	-
Virtual Visit Platform (OTTO Health) Services (\$1,369/month x 12 months)	-	16,428.00
CIHCP Contract Services (\$280/month x 12 months)	-	3,360.00
Patient Transportation Contract with Gulf Coast Center (\$30.00/average per trip x 200 estimated trips)	-	6,000.00
Translation & Interpretation Services (\$700/month x 12 months)	-	8,400.00
Janitorial Contract (two sites) (\$14,065/month x 12 months) (Galveston site - \$4,000/month & Texas City site - \$10,065/month)	168,000.00	780.00
Security Services (two sites) (\$3,975/month x 12 months) (Galveston site - \$1,575/month & Texas City site - \$2,023/month)	24,276.00	18,900.00
Pest Control Services (Galveston site only - \$80/month x 12 months)	-	960.00
Claim Processing (\$1,600/month x 12 months)	-	19,200.00

Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2021 to March 31, 2022

Budget Justification	FY 2022 Budget Period	
	Federal Grant Request	Non-Federal Resources
Statement Processing, Appointment Reminders, & Patient Portal <i>(\$4,070/month x 12 months)</i>	-	48,840.00
Contract and Communications Mgmt System <i>(\$809/month x 12 months)</i> <i>(Contracts - \$525/month & Communications \$284/month)</i>	-	9,708.00
Dental HPC Compliance Testing Services <i>(\$665/month x 12 months)</i>	-	7,980.00
Fit-for-Duty Compliance Assessment Services <i>(\$350/month x 12 months)</i>	-	4,200.00
IT Consulting (Creager & IT Works) <i>(\$550/month x 12 months)</i>	-	6,600.00
Interface EAP, Prehire Screenings, Tax Forms, & Medicare Exclusions <i>(\$542/month x 12 months)</i>	-	6,506.00
Billing Contract Service <i>(5% of gross collections)</i> <i>(\$6,000/month x 12 months)</i>	32,196.00	39,804.00
TOTAL CONTRACTUAL	\$ 495,420.00	\$ 197,666.00
OTHER – Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.		
Training – CME and other types of continuing education/trainings <i>(\$2,511/month x 12 months)</i>	-	30,135.00
Postage <i>(\$750/month x 12 months)</i>	-	9,000.00
Telecommunication Services (phone, data, radio, internet) <i>(\$5,375/month x 12 months)</i>	16,440.00	48,060.00
Utilities (Water & Electricity) <i>(\$1,531/month x 12 months)</i>	-	18,372.00
Rentals (Copiers and Records Storage) <i>(\$3,270/month x 12 months)</i>	17,940.00	21,300.00
Leases – Facilities (Galveston and Texas City clinic sites) <i>(\$43,122/month x 12 months)</i>	167,400.00	350,064.00
Equipment Maintenance (inspections, calibrations, and repairs) <i>(\$6,820/month x 12 months)</i>	70,644.00	11,200.00
Building Maintenance <i>(\$200/month x 12 months)</i>	-	2,400.00
General Liability Insurance <i>(\$984/month x 12 months)</i>	-	11,808.00
Building Contents Insurance <i>(\$1,531/month x 12 months)</i>	-	18,372.00
Auto Insurance (hired/non-owned liability) <i>(\$9/month x 12 months)</i>	-	108.00
IGT Reimbursement (based on FMAP of 67.09%)	-	259,989.00
Advertising (staff recruitment and advertising costs for outreach and education program during open enrollment)	-	23,600.00
Subscriptions, Books, etc. <i>(\$1,552/month x 12 months)</i>	-	18,623.00
Organizational Memberships (TACHC, NACHC, TDA, NNOHA, HCCA, OSAP)	-	34,710.00

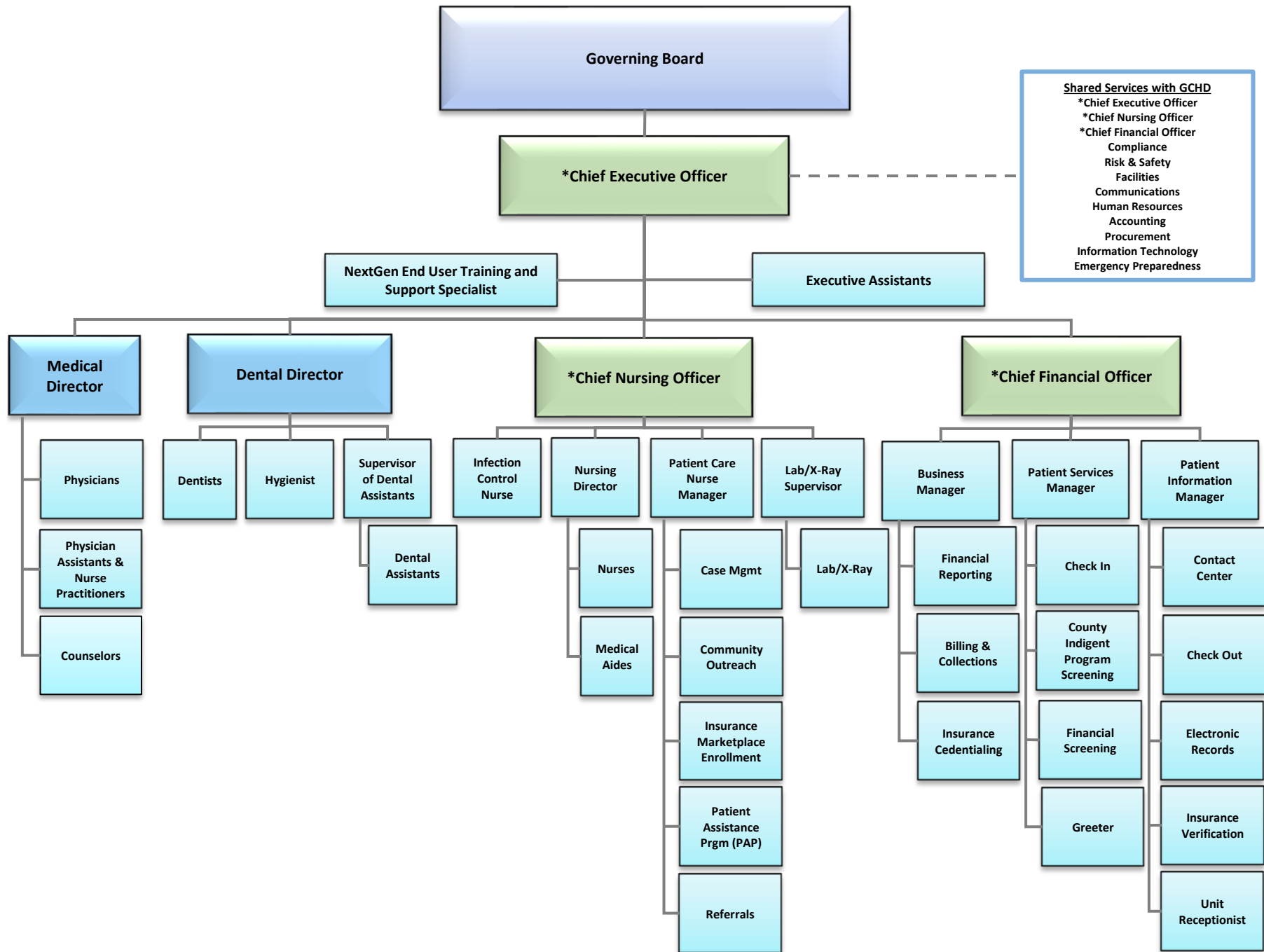
Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2021 to March 31, 2022

Budget Justification	FY 2022 Budget Period	
	Federal Grant Request	Non-Federal Resources
Computer Software, Licensing, Updates, & Usage Fees <i>(\$21,661/month x 12 months)</i>	-	259,929.00
Professional Fees/License/Inspections <i>(radiation, laboratory, notary)</i>	-	1,670.00
Professional Services (Year-end annual audit and HR verifications)	-	22,800.00
Medical/Hazard Waste Disposal <i>(\$450/month x 12 months)</i>	-	5,400.00
Board Meeting Operations	-	350.00
Service Charge – Credit Cards (processing fees for patients who pay with credit cards) and patient portal <i>(\$600/month x 12 months)</i>	-	7,200.00
Bad Debt - Uncollectible AR	-	296,083.00
TOTAL OTHER	\$ 272,424.00	\$ 1,451,173.00
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	\$ 3,237,400.00	\$ 7,531,064.00
INDIRECT CHARGES – Include approved indirect cost rate.		
0% indirect cost rate (includes utilities and accounting services)	-	-
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)	\$ 3,237,400.00	\$ 7,531,064.00

Coastal Health & Wellness Organizational Chart





Coastal Health & Wellness

FY22 Proposed HRSA Funding Submission

April 1, 2021 to March 31, 2022

October 29, 2020

SF-PPR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Health Resources and Services Administration
 PERFORMANCE PROGRESS REPORT - SF-PPR

NCC Progress Report Tracking (#) : 00182289

Grantee Organization Information

Federal Agency and Organization Element to Which Report is Submitted	Health Resources and Services Administration (HRSA)	Federal Grant or Other Identifying Number Assigned by Federal Agency	H80CS00344
DUNS Number	135951940	Employer Identification Number (EIN)	741665318
Recipient Organization (Name and complete address including zip code)	COASTAL HEALTH & WELLNESS, P.O. BOX 939, LA MARQUE Texas 77568 - 5925	Recipient Identifying Number or Account Number	182289
Project / Grant Period	Start Date : 04/01/2002 End Date : 03/31/2022	Reporting Period End Date	04/01/2022
Report Frequency	<input checked="" type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other		

Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

Typed or Printed Name and Title of Authorized Certifying Official	Kathy Barroso, Authorizing Official	Telephone (area code, number and extension)	(409) 938-2257
Email Address	kbarroso@gchd.org	Date Report Submitted (Month, Day, Year)	

SF-PPR-2 (Cover Page Continuation)	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - SF-PPR-2 (Cover Page Continuation)	NCC Progress Report Tracking (#) : 00182289

Supplemental Continuation of SF-PPR Cover Page			
Department Name		Division Name	
Name of Federal Agency	Health Resources and Service Administration	Funding Opportunity Number	5-H80-21-004
Funding Opportunity Title	Health Center Program		

Lobbying Activities

Have you paid any funds for any lobbying activities related to this grant application (progress report)? *Reminder, no Federal appropriated funds may be used for lobbying.*

Yes
 No

▼ OMB SF-LLL Disclosure of Lobbying Activities Form

No documents attached

Areas Affected by Project (Cities, County, State, etc.)	
Area Type	Affected Area(s)
TX-14	Other
TX-14	Other

Point of Contact (POC) Information			
Title of Position	Name	Phone	Email
Point of Contact	Ms. Kathy Barroso	(409) 938-2257	kbarroso@gchd.org

Health Center Program	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Health Center Program	NCC Progress Report Tracking (#) : 00182289

Section A - Budget Summary			
Grant Program Function or Activity	New or Revised Budget		
	Federal	Non Federal	Total
Community Health Centers	\$3,237,400.00	\$7,531,064.00	\$10,768,464.00
Total :	\$3,237,400.00	\$7,531,064.00	\$10,768,464.00

Section B - Budget Categories			
Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$2,061,620.00	\$4,082,251.00	\$6,143,871.00
Fringe Benefits	\$407,936.00	\$834,862.00	\$1,242,798.00
Travel	\$0.00	\$3,200.00	\$3,200.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$961,912.00	\$961,912.00
Contractual	\$495,420.00	\$197,666.00	\$693,086.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$272,424.00	\$1,451,173.00	\$1,723,597.00
Total Direct Charges	\$3,237,400.00	\$7,531,064.00	\$10,768,464.00
Indirect Charges	\$0.00	\$0.00	\$0.00
Total	\$3,237,400.00	\$7,531,064.00	\$10,768,464.00

Program Income	
Grant Program Function or Activity	Total
Community Health Centers	\$2,900,189.00
Total :	\$2,900,189.00

Section C - Non Federal Resources					
Grant Program Function or Activity	Applicant	State	Local	Other	Total
Community Health Centers	\$0.00	\$790,000.00	\$3,734,667.00	\$3,006,397.00	\$7,531,064.00
Total :	\$0.00	\$790,000.00	\$3,734,667.00	\$3,006,397.00	\$7,531,064.00

Community Health Centers	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Community Health Centers	NCC Progress Report Tracking (#) : 00182289

Section A - Budget Summary			
Grant Program Function or Activity	New or Revised Budget		
	Federal	Non Federal	Total
Community Health Centers	\$3,237,400.00	\$7,531,064.00	\$10,768,464.00
Total :	\$3,237,400.00	\$7,531,064.00	\$10,768,464.00

Program Income	
Grant Program Function or Activity	Total
Community Health Centers	\$2,900,189.00
Total :	\$2,900,189.00

Section C - Non Federal Resources					
Grant Program Function or Activity	Applicant	State	Local	Other	Total
Community Health Centers	\$0.00	\$790,000.00	\$3,734,667.00	\$3,006,397.00	\$7,531,064.00
Total :	\$0.00	\$790,000.00	\$3,734,667.00	\$3,006,397.00	\$7,531,064.00

Program Specific Form(s) - Review

00182289: COASTAL HEALTH & WELLNESS

Due Date: 11/06/2020 (Due In: 14 Days)

Announcement Number: 5-H80-21-004

Announcement Name: Health Center Program

Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00344

Target Population: Community Health Centers

Current Project Period: 4/1/2019 - 3/31/2022

Resources [↗](#)

Form 1C - Documents On File

As of 10/23/2020 03:42:10 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2021

Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	07/29/2020	
Procurement procedures.	09/02/2020	
Standards of Conduct/Conflict of Interest policies/procedures.	03/25/2020	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	09/02/2020	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. ¹ (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A).		[X]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. ² (Only applicable if your organization provides abortion services; otherwise, indicate as N/A).		[X]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	05/28/2020	
Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	09/12/2019	
Coverage for Medical Emergencies During and After Hours operating procedures.	10/01/2020	
Continuity of Care/Hospital Admitting operating procedures.	06/25/2020	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	05/28/2020	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	07/30/2020	
Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Governing Board Bylaws.	05/28/2020	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	03/29/2020	[_]

Form 3 - Income Analysis

As of 10/23/2020 03:42:10 PM

OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	1588.00	3147.00	\$135.00	\$424,845.00	\$337,700.00
2. Medicare	1365.00	2713.00	\$92.00	\$249,596.00	\$223,742.00
3. Other Public	376.00	973.00	\$149.00	\$144,977.00	\$69,514.00
4. Private	1685.00	3241.00	\$381.00	\$1,234,821.00	\$1,146,932.00
5. Self Pay	11356.00	24170.00	\$35.00	\$845,950.00	\$1,157,159.00
6. Total (Lines 1 to 5)	16370	34244	N/A	\$2,900,189.00	\$2,935,047.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$790,000.00	\$368,125.00
9. Local Government	N/A	N/A	N/A	\$3,734,667.00	\$3,811,762.00
10. Private Grants/Contracts	N/A	N/A	N/A	\$16,208.00	\$90,240.00
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$90,000.00	\$142,773.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$4,630,875.00	\$4,412,900.00
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6+14)	N/A	N/A	N/A	\$7,531,064.00	\$7,347,947.00

Comments/Explanatory Notes (if applicable)

Pharmacy and contract revenue is included in Line 4 Private. Projected income for current support year is \$900,000 pharmacy and \$40,000 contracts. Prior fiscal year income was \$840,644 and \$56,046 respectively.

As of 10/23/2020 03:42:10 PM

OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic Radiology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screenings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coverage for Emergencies During and After Hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Family Planning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Child Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecological Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Obstetrical Care			
Prenatal Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intrapartum Care (Labor & Delivery)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Postpartum Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HCH Required Substance Use Disorder Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Translation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

As of 10/23/2020 03:42:10 PM

OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Services			
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Substance Use Disorder Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Optometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recuperative Care Program Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech-Language Pathology/Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complementary and Alternative Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Enabling/Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Endocrinology	[_]	[_]	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]
Gastroenterology	[_]	[_]	[_]
Advanced Diagnostic Radiology	[_]	[_]	[_]

Form 5B - Service Sites

As of 10/23/2020 03:42:10 PM

OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Coastal Health & Wellness - Galveston (BPS-H80-001376)		Action Status: Picked from Scope	
Site Name	Coastal Health & Wellness - Galveston	Physical Site Address	4700 BROADWAY STREET STE 100, GALVESTON, TX 77551-4241
Site Type	Service Delivery Site	Site Phone Number	(409) 938-2401
Web URL	www.coastalhw.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/1/1996	Site Operational By	8/1/1996
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	451905
FQHC Site National Provider Identification (NPI) Number	1871766584	Total Hours of Operation	43
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
<div style="border: 1px solid black; padding: 5px;"> Organization Information <p style="text-align: center;">No Organization Added</p> </div>			
Service Area Zip Codes	77550, 77553, 77546, 77539, 77552, 77592, 77590, 77518, 77573, 77617, 77568, 77623, 77551, 77510, 77554, 77574, 77565, 77549, 77555, 77591, 77650, 77511, 77563, 77517		
Coastal Health & Wellness - Texas City (BPS-H80-011462)		Action Status: Picked from Scope	
Site Name	Coastal Health & Wellness - Texas City	Physical Site Address	9850-C Emmett F. Lowry Expressway STE C103, Texas City, TX 77591
Site Type	Service Delivery Site	Site Phone Number	(409) 938-2401
Web URL	www.coastalhw.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	5/22/2012	Site Operational By	5/25/2012
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	451801
FQHC Site National Provider	1578588406	Total Hours of Operation	50

Identification (NPI) Number			
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December		
Number of Contract Service Delivery Locations	Number of Intermittent Sites	0	
Site Operated by	Grantee		
Organization Information			
No Organization Added			
Service Area Zip Codes	77511, 77554, 77573, 77650, 77568, 77550, 77518, 77574, 77592, 77563, 77591, 77549, 77565, 77590, 77551, 77623, 77553, 77555, 77617, 77552, 77510, 77546, 77517, 77539		
Coastal Health & Wellness (BPS-H80-012179)			Action Status: Picked from Scope
Site Name	Coastal Health & Wellness	Physical Site Address	9850 Emmett F Lowry Expy, Texas City, TX 77591-2122
Site Type	Administrative	Site Phone Number	(409) 938-2401
Web URL	www.coastalhw.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/5/2012	Site Operational By	12/5/2012
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	0
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	Number of Intermittent Sites	0	
Site Operated by	Grantee		
Organization Information			
No Organization Added			
Service Area Zip Codes			
Mobile Van #1 (BPS-H80-013539)			Action Status: Picked from Scope
Site Name	Mobile Van #1	Physical Site Address	9850-C Emmett F. Lowry Expressway STE C103, Texas City, TX 77591
Site Type	Service Delivery Site	Site Phone Number	(409) 949-3406
Web URL			
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/13/2014	Site Operational By	4/9/2014
FQHC Site Medicare Billing Number Status	This site is neither permanent nor seasonal per CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	2
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	Number of Intermittent Sites	0	

Site Operated by	Grantee
Organization Information No Organization Added	
Service Area Zip Codes	77554, 77539, 77510, 77592, 77517, 77552, 77550, 77565, 77574, 77591, 77568, 77549, 77617, 77546, 77553, 77563, 77551, 77590, 77511, 77650, 77555, 77623, 77518, 77573

Form 5C - Other Activities/Locations

As of 10/23/2020 03:42:10 PM
OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Activity/Location Information No other activities/locations added.
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As of 10/23/2020 03:42:10 PM
OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Program Narrative Update - Organizational Capacity

▼ Organizational Capacity	
<p>Discuss current major changes, since the last budget period, in the organization's capacity that have impacted or may impact the progress of the funded project, including changes in:</p> <ul style="list-style-type: none"> • Staffing, including key vacancies; • Operations, including changes in policies and procedures as they relate to COVID-19; and • Financial status, including the most current audit findings, as applicable. 	<p>Over the past year, and especially the past 6 months, Coastal Health & Wellness (CHW) has seen an increase in the percentage of self-pay patients to 75-80% in comparison to those with insurance. The uninsured population has increased as the pandemic affected many individuals and their livelihoods. Access to healthcare will continue to be a challenge for people in Galveston County. The need for management of chronic care conditions has become even more important, as well as post-COVID care for those affected. CHW implemented changes to provide telehealth services, developed an express check-in service to allow safe access for face-to-face visits and developed a program to provide COVID testing services and care for respiratory conditions related to COVID. Additional HRSA funding for COVID response and treatment allowed CHW to retain staff, reconfigure the provision of services to their patients, and implement measures to help to assure the safety of its patients and staff. CHW also upgraded the patient portal system to better facilitate communication with patients. CHW partnered with the Galveston County Health District to provide mass testing at the start of the pandemic. CHW continues to partner with local hospitals such as UTMB and HCA-Mainland, and our case management staff play an important role in coordinating patient referrals for tertiary care with these entities. CHW is seeing an increase in individuals seeking dental services post-COVID, as services were limited to acute care. CHW has implemented new safety precautions with the re-opening of the dental clinics post-COVID to ensure the greatest amount of safety for patients and staff alike. CHW has recently added funding thru the Ryan White Program which will allow for the provision of dental services to the HIV+ population. Currently there are no key vacancies. The financial status of the clinic is stable with a designated reserve in place in the event of any emergencies or unexpected changes.</p>

Program Narrative Update - Patient Capacity and Supplemental Awards

▼ Patient Capacity

Referencing the % Change 2017-2019 Trend, % Change 2018-2019, and % Progress Toward Goal columns:

Discuss trends in unduplicated patients served and report progress in reaching the projected number of patients. In the Patient Capacity Narrative column, explain negative trends or limited progress toward the projected number of patients and plans for achievement.

Notes:

- 2017-2019 Patient Number data are pre-populated from Table 3a in the UDS Report.
- The Projected Number of Patients value is pre-populated from the Patient Target noted in the Patient Target Management Module in HRSA EHBs. If you have questions related to your Patient Target, contact the [Patient Target Response Team](#) . To formally request a change in your Patient Target, you must submit a request via the Patient Target Management Module in HRSA EHBs.

Project Period: 4/1/2002 - 3/31/2022

Unduplicated Patients	2017 Patient Number ⓘ	2018 Patient Number ⓘ	2019 Patient Number ⓘ	% Change 2017-2019 Trend ⓘ	% Change 2018-2019 Trend ⓘ	% Progress Toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative
Total Unduplicated Patients	13816	12672	12153	-12.04%	-4.10%	74.24%	16370	Unduplicated patients are at 7,019 as of 9.30.2020 which is 34% less compared to the same time last year. This is consistent with what Coastal Health & Wellness is experiencing in relation to visits as a result of the COVID-19 pandemic. After the stringent guidelines implemented at the end of March, and the change in guidelines as more was learned during the pandemic, CHW has implemented procedures to accommodate patient visits, and ensure processes are in place to guarantee the most safe environment for patients and staff. CHW is starting to see an increase in patient visits, face-to-face as well as telehealth visits.

Notes:

- 2017-2019 Patient Number data are pre-populated from Table 4 in the UDS Report.
- The Projected Number of Patients values is pre-populated from the patient projections in the Service Area Competition (SAC) that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the [BPR TA webpage](#) for details on the selected supplemental funding patient projections included.
- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

Project Period: 4/1/2002 - 3/31/2022

Special Populations	2017 Patient Number ⓘ	2018 Patient Number ⓘ	2019 Patient Number ⓘ	% Change 2017-2019 Trend ⓘ	% Change 2018-2019 Trend ⓘ	% Progress Toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative
Total Migratory and Seasonal Agricultural Worker Patients	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 0)	Total Migratory and Seasonal Agricultural Worker Patients is 0 as of 9.30.2020.

Total People Experiencing Homelessness Patients	405	355	285	-29.63%	-19.72%	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 0)	Total People Experiencing Homelessness Patients is currently at 124 as of 9.30.2020.
Total Public Housing Resident Patients	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 0)	Total Public Housing Resident Patients is 0 as of 9.30.2020.

Notes:

- 2017-2019 Patient Number data are pre-populated from Table 5 in the UDS Report.
- The Projected Number of Patients column is pre-populated from the patient projections in the SAC that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the [BPR TA webpage](#) for details on the selected supplemental funding patient projections included.
- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.
- (*)The Vision Services category was recently added to SAC, therefore there is no Projected Number of Patients data available at this time.

Project Period: 4/1/2002 - 3/31/2022

Patients and Visits by Service Type	2017 Patient Number	2018 Patient Number	2019 Patient Number	% Change 2017-2019 Trend	% Change 2018-2019 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Total Medical Services Patients	11936	11653	10586	-11.31%	-9.16%	73.56%	14391 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 14391)	Total Medical Services Patients is 5,370 as of 9.30.2020. This number is trending upwards. Process changes have been made, as a result of the pandemic, to allow for increased in face-to-face visits, continued telehealth visits, and to ensure the safety of patients and staff. CHW anticipates this number to increase as of 12.31.2020, but do not anticipate it will be at the same level as prior periods this year.
Total Dental Services Patients	2877	3134	4594	59.68%	46.59%	126.04%	3645 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 3645)	Total Dental Services Patients is 1,753 as of 9.30.2020. This number is trending upwards. Process changes have been made, as a result of the pandemic, to allow for safely increasing face-to-face visits, and to ensure the safety of patients and staff. CHW anticipates this number to increase as of 12.31.2020, but do not anticipate it will be at the same level as prior periods this year.
Total Mental Health Services Patients	294	324	391	32.99%	20.68%	142.18%	275 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 275)	Total Mental Health Services Patients is 252 as of 9.30.2020. CHW anticipates this number will continue to increase as the demand for Mental Health services increases.

Total Substance Use Disorder Services Patients	0	0	20	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 0 FY 2019 SAC = 0)	Total Substance Use Disorder Services Patients is 7 as of 9.30.2020. CHW has served more patients during the period 1.1-9.30.2020 but not all patients stay in the program. CHW anticipates this number to increase.
Total Enabling Services Patients	9941	9390	1189	-88.04%	-87.34%	11.96%	9941 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 9941)	Total Enabling Services as of 9.30.2020 is 458 as of 9.30.2020. CHW anticipates this number will increase, but do not anticipate it will be at the same level as prior periods this year due to the decrease in total visits.
Total Vision Services Patients	Data not available	Data not available	0	Data not available	Data not available	Data not available	NA*	N/A

Supplemental Awards

In the Supplemental Award Narrative column, describe the following:

- Implementation status and progress toward achieving goals, including your progress toward meeting projected outcomes (including actual versus projected patients) and implementing newly proposed sites/services, as applicable;
- Key factors impacting progress toward achieving goals, including an explanation of the impact of any new or changing environmental factors (state/local/community) on supplemental award progress; and
- Plans for sustaining progress and/or overcoming barriers (including environmental barriers) to ensure goal achievement.

Notes:

- If you did not receive a Supplemental Award, the system will not require narrative in the Supplemental Award Narrative column.
- Supplemental awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.

Type of Supplemental Award	Programmatic Goal	Supplemental Award Narrative
FY 2019 Integrated Behavioral Health Services (IBHS)	Increase access to high quality integrated behavioral health services, including prevention or treatment of mental health conditions and or substance use disorders (SUDs), including opioid use disorder (OUD) by December 31, 2020	
FY 2019 New Access Points (NAP) Satellite	Achieve operational status and increase the number of patients by December 31, 2020	
FY 2020 Ending HIV Epidemic - Primary Care HIV Prevention (PCHP)	Expand HIV prevention services that decrease the risk of HIV transmission by December 31, 2020	

Program Narrative Update - One Time Funding

One-Time Funding Awards

Use the checkboxes in the Allowable Activities column to indicate the allowable activities that are taking place or have taken place in your health center. In the Activities column discuss those activities (identified via checkmark) and their impact.

Notes:

- If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.
- One-time awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.
- (* Use the checkboxes to indicate your allowable one-time funding activities

Type of One-Time Funding Award	Allowable Activities	Activities
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Use the checkboxes in the Allowable Activities column to indicate the allowable activities that are taking place or have taken place in your health center. In the Activities column discuss those activities (identified via checkmark) and their impact.

Notes:

- If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.
- One-time awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.
- (*) Use the checkboxes to indicate your allowable one-time funding activities

Type of One-Time Funding Award	Allowable Activities	Activities
<p>FY 2019 Health Center Quality Improvement</p>	<p><input type="checkbox"/> Developing and improving health center systems and infrastructure:</p> <p><input checked="" type="checkbox"/> Training staff</p> <p><input type="checkbox"/> Developing policies and procedures</p> <p><input checked="" type="checkbox"/> Enhancing health information technology, certified electronic health record, and data systems</p> <p><input type="checkbox"/> Data analysis</p> <p><input checked="" type="checkbox"/> Implementing targeted QI activities (including hiring consultants)</p> <p><input type="checkbox"/> Developing and improving care delivery systems:</p> <p><input type="checkbox"/> Supporting care coordination, case management, and medication management</p> <p><input checked="" type="checkbox"/> Developing and implementing contracts and formal agreements with other providers</p> <p><input type="checkbox"/> Laboratory reporting and tracking</p> <p><input type="checkbox"/> Training and workflow redesign to support team-based care</p> <p><input type="checkbox"/> Clinical integration of behavioral health, oral health, HIV care, and other services</p> <p><input type="checkbox"/> Patient engagement activities</p>	<p>QI funding in the amount of \$23,172 was awarded in August 2019. Those funds were used for staff training and development (\$10,283), upgrades to the EHR (\$1,625), purchase of intraoral cameras (\$1,212), pano card upgrades (\$1,520), upgrade to clinic supplies to meet JCAHO infection control standards (\$5,157), and contract for interactive medical record information thru health information exchange (\$3,375)</p>
<p>FY 2019 Oral Health Infrastructure</p>	<p><input type="checkbox"/> Support infrastructure enhancements to provide new or enhance existing high quality, integrated oral health services:</p> <p><input type="checkbox"/> Minor alteration and renovation (A/R) to modernize existing facilities</p> <p><input type="checkbox"/> Purchase and installation of dental and radiology equipment</p> <p><input type="checkbox"/> Training and consultation to increase oral health integration</p> <p><input type="checkbox"/> Purchase of mobile dental units</p>	

Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2021 to March 31, 2022

Budget Justification	FY 2022 Budget Period	
	Federal Grant Request	Non-Federal Resources
REVENUE – <i>Should be consistent with information presented in Budget Information: Budget Details form and Form 3: Income Analysis.</i>		
PROGRAM INCOME (<i>fees, third party reimbursements, and payments generated from the projected delivery of services</i>)	-	2,900,189.00
STATE FUNDS (<i>Projected revenue from 1115 Waiver Project</i>)	-	790,000.00
LOCAL FUNDS	-	3,734,667.00
FEDERAL 330 GRANT	3,237,400.00	-
OTHER SUPPORT	-	106,208.00
TOTAL REVENUE	\$ 3,237,400.00	\$ 7,531,064.00
EXPENSES: <i>Object class totals should be consistent with those presented in Section B of the Budget Information: Budget Details form.</i>		
PERSONNEL – <i>Salary Total from Form 2: Staffing Profile may not match the total below due to some salaries being charged as indirect costs. Include budget details for each staff position as seen in the Personnel Justification sample below.</i>		
ADMINISTRATION	373,355.00	1,673,250.00
MEDICAL STAFF	934,825.00	1,138,414.00
DENTAL STAFF	563,441.00	376,665.00
BEHAVIORAL HEALTH STAFF (<i>Mental Health/Substance Abuse</i>)	-	121,621.00
ENABLING STAFF (<i>Case Managers/Outreach & Education Staff</i>)	189,999.00	663,301.00
OTHER STAFF	-	-
SALARIES, OVERTIME	-	42,000.00
SALARIES, PROVIDER INCENTIVES	-	67,000.00
TOTAL PERSONNEL	\$ 2,061,620.00	\$ 4,082,251.00
FRINGE BENEFITS		
FICA, 7.65%	157,716.00	312,302.00
State Unemployment Tax, 1.30%	4,166.00	8,593.00
Life ADD, 0.22%	4,370.00	8,464.00
Dependent Life, \$1.71/month (<i>per eligible employee</i>)	680.00	1,447.00
Long Term Disability Insurance, 0.24%	4,763.00	9,226.00
Medical Insurance, \$471.91/month (<i>per eligible employee</i>)	183,464.00	390,321.00
Workers Compensation, 0.30%	6,188.00	12,249.00
Retirement, 2.26%	46,589.00	92,260.00
TOTAL FRINGE (20.23%)	\$ 407,936.00	\$ 834,862.00

Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2021 to March 31, 2022

Budget Justification	FY 2022 Budget Period	
	Federal Grant Request	Non-Federal Resources
TRAVEL		
Local Travel – staff travel b/t clinic sites, meetings, etc. (5,565 miles x 57.5 cents per mile)	-	3,200.00
TOTAL TRAVEL	\$ -	\$ 3,200.00
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.		
None	-	-
TOTAL EQUIPMENT	\$ -	\$ -
SUPPLIES		
Office, Administrative, Janitorial & Printing (\$8,198/month x 12 months)	-	98,380.00
Lab / X-ray (\$2,083/month x 12 months)	-	25,000.00
Medical Supplies (Based on 76% of total visits - \$4.15/visit x 26,025 visits)	-	108,000.00
Pharmaceuticals (\$50,000/month x 12 months)	-	600,000.00
Dental (Based on 24% of total visits - \$10.99/visit x 8,219 visits)	-	90,332.00
Outside Dental (Restorative) (\$3,350/month x 12 months)	-	40,200.00
TOTAL SUPPLIES	\$ -	\$ 961,912.00
CONTRACTUAL – Include sufficient detail to justify costs.		
Outside Lab Contract (\$5.65/test x 25,920 tests)	146,448.00	-
Outside X-Ray Contract (\$12.00/reading x 1,500 readings)	18,000.00	-
Ob/Gyn Contract Services (\$140/hr x 16 hrs x 12 months)	26,880.00	-
Primary Care Contract Services (\$3,435/month x 12 months)	41,220.00	-
Telehealth Opioid Treatment Services (\$200/hr x 16 hrs x 12 months)	38,400.00	-
Virtual Visit Platform (OTTO Health) Services (\$1,369/month x 12 months)	-	16,428.00
CIHCP Contract Services (\$280/month x 12 months)	-	3,360.00
Patient Transportation Contract with Gulf Coast Center (\$30.00/average per trip x 200 estimated trips)	-	6,000.00
Translation & Interpretation Services (\$700/month x 12 months)	-	8,400.00
Janitorial Contract (two sites) (\$14,065/month x 12 months) (Galveston site - \$4,000/month & Texas City site - \$10,065/month)	168,000.00	780.00
Security Services (two sites) (\$3,975/month x 12 months) (Galveston site - \$1,575/month & Texas City site - \$2,023/month)	24,276.00	18,900.00
Pest Control Services (Galveston site only - \$80/month x 12 months)	-	960.00
Claim Processing (\$1,600/month x 12 months)	-	19,200.00

Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2021 to March 31, 2022

Budget Justification	FY 2022 Budget Period	
	Federal Grant Request	Non-Federal Resources
Statement Processing, Appointment Reminders, & Patient Portal (<i>\$4,070/month x 12 months</i>)	-	48,840.00
Contract and Communications Mgmt System (<i>\$809/month x 12 months</i>) (<i>Contracts - \$525/month & Communications \$284/month</i>)	-	9,708.00
Dental HPC Compliance Testing Services (<i>\$665/month x 12 months</i>)	-	7,980.00
Fit-for-Duty Compliance Assessment Services (<i>\$350/month x 12 months</i>)	-	4,200.00
IT Consulting (Creager & IT Works) (<i>\$550/month x 12 months</i>)	-	6,600.00
Interface EAP, Prehire Screenings, Tax Forms, & Medicare Exclusions (<i>\$542/month x 12 months</i>)	-	6,506.00
Billing Contract Service (<i>5% of gross collections</i>) (<i>\$6,000/month x 12 months</i>)	32,196.00	39,804.00
TOTAL CONTRACTUAL	\$ 495,420.00	\$ 197,666.00
OTHER – Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.		
Training – CME and other types of continuing education/trainings (<i>\$2,511/month x 12 months</i>)	-	30,135.00
Postage (<i>\$750/month x 12 months</i>)	-	9,000.00
Telecommunication Services (phone, data, radio, internet) (<i>\$5,375/month x 12 months</i>)	16,440.00	48,060.00
Utilities (Water & Electricity) (<i>\$1,531/month x 12 months</i>)	-	18,372.00
Rentals (Copiers and Records Storage) (<i>\$3,270/month x 12 months</i>)	17,940.00	21,300.00
Leases – Facilities (Galveston and Texas City clinic sites) (<i>\$43,122/month x 12 months</i>)	167,400.00	350,064.00
Equipment Maintenance (inspections, calibrations, and repairs) (<i>\$6,820/month x 12 months</i>)	70,644.00	11,200.00
Building Maintenance (<i>\$200/month x 12 months</i>)	-	2,400.00
General Liability Insurance (<i>\$984/month x 12 months</i>)	-	11,808.00
Building Contents Insurance (<i>\$1,531/month x 12 months</i>)	-	18,372.00
Auto Insurance (hired/non-owned liability) (<i>\$9/month x 12 months</i>)	-	108.00
IGT Reimbursement (based on FMAP of 67.09%)	-	259,989.00
Advertising (staff recruitment and advertising costs for outreach and education program during open enrollment)	-	23,600.00
Subscriptions, Books, etc. (<i>\$1,552/month x 12 months</i>)	-	18,623.00
Organizational Memberships (TACHC, NACHC, TDA, NNOHA, HCCA, OSAP)	-	34,710.00

Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2021 to March 31, 2022

Budget Justification	FY 2022 Budget Period	
	Federal Grant Request	Non-Federal Resources
Computer Software, Licensing, Updates, & Usage Fees <i>(\$21,661/month x 12 months)</i>	-	259,929.00
Professional Fees/License/Inspections <i>(radiation, laboratory, notary)</i>	-	1,670.00
Professional Services (Year-end annual audit and HR verifications)	-	22,800.00
Medical/Hazard Waste Disposal <i>(\$450/month x 12 months)</i>	-	5,400.00
Board Meeting Operations	-	350.00
Service Charge – Credit Cards (processing fees for patients who pay with credit cards) and patient portal <i>(\$600/month x 12 months)</i>	-	7,200.00
Bad Debt - Uncollectible AR	-	296,083.00
TOTAL OTHER	\$ 272,424.00	\$ 1,451,173.00
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	\$ 3,237,400.00	\$ 7,531,064.00
INDIRECT CHARGES – <i>Include approved indirect cost rate.</i>		
0% indirect cost rate (includes utilities and accounting services)	-	-
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)	\$ 3,237,400.00	\$ 7,531,064.00

Coastal Health & Wellness – Budget Narrative

Grant # H80CS00344

Funding Period: April 1, 2021 to March 31, 2022

REVENUES

Revenues shown in the operating budget request consist of program income from patients, third party reimbursement from Medicare, Medicaid, private insurance, and pharmacy services. Revenue also includes grant revenue for services provided under Title V and Ryan White as well as other revenues from medical record requests and interest income. Revenue in the form of cost reimbursements from local contracts and funding from Galveston County are used to defray costs. A detailed review of revenues is found in the INCOME ANALYSIS FORM - FORM 3.

The program revenue assumptions and estimates for the FY22 operating budget are shown to be lower in comparison to the previous budget. Over the past year, the impact from the COVID-19 pandemic has greatly affected the patient volume. There has been a decline of patients covered by a third-party payer source and an increase in the self-pay population. Estimates presented anticipate lower visit-per-patient ratios, based on current experience with in-person and telehealth visits. Coastal Health & Wellness will continue to develop plans to target patients with some form of payor source within the service area to increase these numbers. The collection rate from self-pay payers increased slightly over the last year due to an increase in the nominal fee, which was approved by the Board in June 2019, as well as payment from CARES Act funding for self-pay patients for COVID testing and treatment. Efforts continue to develop ways to increase collections from self-pay patients. Self-pay patients with outstanding balances are sent letters requesting payment and are offered the opportunity to set up a payment plan on past due balances in an ongoing effort to reduce bad debt and increase self-pay collections. Requests for payments at the time of appointment scheduling for telehealth visits, as well as in-person visits has also been successful and has increased self-pay collections. In comparison to prior year's budget, visits for all payor sources were budgeted lower based on current visit projections. Revenue from private sources includes services provided through insurance contracts and fees collected from patients for pharmaceutical services provided through a contractual agreement. Revenues are based on the current third quarter reimbursement rates for all payor categories. Other revenue sources include anticipated income from the state 1115 Waiver project, as well as revenue for shared case management services. Other revenue includes income from medical records requests, interest income, and in-kind revenue. The County of Galveston is projected to provide local support to Coastal Health & Wellness in the amount of \$3,734,667, which is consistent with prior year local support.

The revenue figures are reasonable based on data from recent billing and collection activity and projected estimates for anticipated patient visits post-pandemic. The clinic management system is used to electronically bill Medicare/Medicaid and private insurance, and billing services are outsourced. The fee schedule is reviewed and updated annually with fees determined by the annual Medicare cost report and Relative Value Units (RVU's). Recent UDS data indicates that Coastal Health & Wellness had 12,153 unduplicated total clinic visits for 2019, with most of the patient population being self-pay. This trend follows population and poverty trends within Galveston County.

EXPENDITURES

Coastal Health & Wellness operates clinic sites in Texas City and Galveston, Texas. Both are combined outpatient medical and dental clinics with adjacent WIC, Immunizations (Texas City only), and Healthy Concepts Clinic sites operated by the Galveston County Health District.

Costs between clinical departments are allocated as follows: salaries and benefits according to biweekly timesheets; office/clinical space, facility insurance, janitorial, and utility charges by periodic review of space usage and percentage (%) allocations; telephone costs by allocation reports; postage by a report generated from the postage meter; and a portion

Coastal Health & Wellness – Budget Narrative

Grant # H80CS00344

Funding Period: April 1, 2021 to March 31, 2022

of office and cleaning supplies by staff and/or space allocation.

PERSONNEL: Funding for staff is paid through a mix of Section 330 Grant, program income and local contributions (see FY22 HRSA Budget Justification Details for specifics). The current staffing pattern provides an appropriate mix of provider and support staff for the activities detailed on FORM 5 and described in the health care plan. Personnel costs were budgeted to include a 2.8% cost of living salary adjustment beginning October 1, 2021.

FRINGE BENEFITS: The staff roster (see the Personnel Object within the FY22 HRSA Budget Justification Details) lists separately the full-time and part-time project positions paid for by program revenues and local funding. Paid benefits include: FICA (7.65%), SUTA (1.30%), Workers' Compensation (0.30%), retirement plan contributions (2.26% of gross salary), employees' health coverage (\$471.91 per month per eligible employee), life insurance (0.22% of gross wages), dependent life (\$1.71 per month per employee) and disability insurance (0.24% of gross wages). Except for health coverage, fringe benefit costs remained relatively level in comparison to prior years.

TRAVEL: Funds for local travel are used for travel between clinics and outreach activities. Funds for local travel is reimbursed using the current IRS standard mileage rate as applicable. Funds for CME and other training activities are found in "Training - Local" under the "Other" category. There are no funds budgeted for out of town travel or training as it is not expected that group activities will be rescheduled during the upcoming budget period due to the pandemic.

SUPPLIES: Funds for supplies are based on recent cost experience and estimated usage derived from projected visits and are detailed in the operating budget by type (medical, lab, pharmaceutical, dental, outside dental-restorative, office, administrative and janitorial). Cost saving methods include purchasing lab and pharmacy supplies through the State of Texas Purchasing and Contract Administration (PCA), the Texas Association of Community Health Centers (TACHC), and various State and in-house bulk purchasing contracts. Dental contract services, which now include prosthetics, crowns, and root canals, are paid for in full by patients and/or third-party payers, while other supply costs are partially/fully covered by patient payments or local funding.

CONTRACTUAL: Patient care contracts include laboratory services that are provided through an outside lab under a TACHC group purchasing contract. Reading of x-rays is provided through a contract with a local radiologist. There is also a contract with Gulf Coast Center (GCC) to provide patient transportation, if requested. In addition, interpreter services are available to patients as needed through a contract that provides either phone or onsite translation services. In all cases, charges to the clinic are discounted and equal services are not available elsewhere in the community at lower costs. Non-patient contracts include janitorial, pest control, security service for an onsite security officer at the Texas City and Galveston site clinics, contract management services, clearinghouse fees for claim processing, and contract services to provide monthly statement processing and appointment voice mail reminder services through our Electronic Practice Management (EPM) service provider. Due to outsourcing medical and dental billing functions, contract services also include fees paid to the outside billing agency (United Solutions MSO) which is calculated based on 5% of gross collections. Contracts are awarded based on a competitive bidding process and established procedures.

OTHER: Costs include: Training for CME costs for 13 providers (6 mid-levels, 2 physicians, 3 dentists, 1 counselor and 1 dental hygienist), registration fees for seminars and webinars, as well as materials for on-site training of staff; postage; utilities (water and electric for Galveston); telecommunications (phone, data, radio, and internet); rental costs for copiers and records retention storage; leases for clinic space in Texas City and Galveston; routine maintenance and repair of medical/dental equipment and building facilities; IT operations (computer software including EPM system and clinic portion of the accounting software system); insurance for general liability/building contents; advertising for outreach and

Coastal Health & Wellness – Budget Narrative

Grant # H80CS00344

Funding Period: April 1, 2021 to March 31, 2022

recruiting; subscriptions/books (newsletters and books/manuals used for reference/training); organizational membership dues (including NACHC and TACHC); professional fees/license/inspections (pharmacy, lab, and Medical/Dental Director professional licenses as well as notary renewals); professional services for clinic portion of annual single agency audit and any outside legal services; med/hazard waste and trash removal; service charges (credit cards and bank fees); and board meeting operations for costs associated with holding Governing Board meetings. Totals for all are based on current expenditures with projected inflationary increases, as appropriate.

CURRENT SERVICES ADJUSTMENT: This budget does not include a request for additional 330 funding outside of the current amount provided of \$3,237,400.

PROJECT PERIOD JUSTIFICATION: This justification represents the third year of a three-year project period renewal.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#12

**Consider for Approval Revised Budget for the FCC COVID-19
Telehealth Funding Award**

Coastal Health & Wellness
 FCC Application
 FRN 0029394509 NPI 1578588406
 FINAL Budget

Item	Quantity	Cost/Unit	Total
Telehealth Setup in each Exam Room			
Texas City Clinic			
Wall mount	27	150.00	4,050.00
Monitor	26	132.00	3,432.00
Kb/M	26	135.00	3,510.00
Dock	27	145.00	3,915.00
Surface Pro	27	920.00	24,840.00
Surface Warranty	30	230.00	6,900.00
Surface Book	3	1,600.00	4,800.00
Surface Mount	27	240.00	6,480.00
Video Cable	27	25.00	675.00
		Total Texas City Clinic	58,602.00
Galveston Clinic			
Wall mount	10	150.00	1,500.00
Monitor	10	132.00	1,320.00
Kb/M	10	135.00	1,350.00
Dock	10	145.00	1,450.00
Surface Pro	10	920.00	9,200.00
Surface Warranty	10	230.00	2,300.00
Surface Mount	10	240.00	2,400.00
Video Cable	10	250.00	2,500.00
		Total Galveston Clinic	22,020.00
NextGen Otto Health			
Implementation Fee \$225/pp			
10 providers incl BH	10	225.00	2,250.00
19 Nurse/MA	19	225.00	4,275.00
3 Add'l support staff	3	225.00	675.00
Monthly fee per subscriber			
\$79/pp for 12 months (12 mos x 32 ppl)	384	79.00	30,336.00
		Total OTTO Health	37,536.00
Third Party Call Monitoring			
			26,442.00
8 Port Fax Server			
			13,500.00
Pelican Cases for equipment			
3 large cases	3	550.00	<u>1,650.00</u>
		Total	<u>159,750.00</u>
Total amount awarded			\$ 159,750.00

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Governing Board

October 2020

Item#13

**Consider for Approval HRSA One-Time Supplemental Funding award
and Proposed Budget in the Amount of \$29,791 to Support Quality
Improvement and Health Information Technology for Quality
Activities**

QI Funds 2020
Proposed Budget
Total Award \$29,791

	Quality Improvement	Health Information Technology	Total	Notes
Accuvax	18,000			One year subscription 2 machines Texas City
NOHLI Registration Fee	500			Dental NOHLI
NOHLI Registration Fee	299			Dental NNOHA Conference registration fee
NOHLI Travel	150			Dental
Cart/Projector		1,950		Luz Cart/projector/Surface Pro/Docking station/HDMI Cable
Dental Xray aprons	1,545			Dental 4 TC-3 Galv-1 \$97.75 each (staff); TC-1 Galv-1 \$405.44/each Pano Rooms; TC-2 \$83.95/each (one for each room); TC-2 Galv-1 \$87.95/each
Underlights for lab	100			Lab 2 for under cabinet lighting
Glass Cases dental	947			Dental 6'x3' \$379 Galv 8'x4' \$568 TC
MGMA Database		1,005		Acctg
HIE 2020		5,295		CHW
Total Proposed Expenses	\$ 21,541	\$ 8,250	\$ 29,791	Portion of cost for 2020

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#14

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

**Coastal Health & Wellness - Quarterly Visit & Analysis Report
for the period ending September 30, 2020**

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

Total Visits by Financial Class	September 2020	September 2019	% Change	* YTD Average		% Change		* YTD Payor Mix		% Change
				2020	2019			2020	2019	
Self Pay	1,149	1,989	-42%	963	1,673	-42%		73.8%	75.1%	-1.3%
Medicare	102	178	-43%	99	181	-45%		7.6%	8.1%	-0.6%
Medicaid	138	188	-27%	109	166	-34%		8.4%	7.4%	0.9%
Contract	17	56	-70%	15	54	-72%		1.2%	2.4%	-1.3%
Private Insurance	130	146	-11%	95	136	-30%		7.3%	6.1%	1.2%
Title V	21	19	11%	23	18	31%		1.8%	0.8%	1.0%
Total	1,557	2,576	-40%	1,305	2,228	-41%		100%	100%	0%

Department	* YTD Total Visits		% Change
	2020	2019	
Medical	11,433	19,555	-42%
Dental	3,593	6,431	-44%
Counseling	639	748	-15%
Total	15,665	26,734	-41%

Unduplicated Visits	* YTD Total Users		% Change
	2020	2019	
Medical	5,361	8,337	-36%
Dental	1,508	2,159	-30%
Counseling	150	133	13%
Total	7,019	10,629	-34%

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending September 30, 2020 (based on encounter date)											Goal is 45-75 days	
	0-30	31-60	61-90	91-120	121-150	151-180	181-up	Total	%	Days in A/R		
										Current Period	Last Qtr	
Self Pay	37,074	28,477	33,435	40,501	34,526	20,528	647,115	\$841,656	92%	466	510	
Medicare	26,271	8,910	2,350	2,246	1,655	281	3,747	\$45,459	5%	82	87	
Medicaid	31,972	3,177	2,888	468	1,646	327	6,278	\$46,756	5%	57	49	
Contract	2,136	550	621	1,469	299	473	9,649	\$15,197	2%	56	186	
Private Insurance	23,223	10,658	2,158	2,843	1,042	228	6,687	\$46,839	5%	83	86	
Title V	4,731	2,135	3,477	2,360	1,365	159	1,572	\$15,798	2%	153	63	
Unapplied	(99,410)							(\$99,410)	-11%	-----	-----	
Totals	\$25,997	\$53,907	\$44,929	\$49,887	\$40,533	\$21,995	\$675,048	\$912,295	100%	149	164	

Previous Quarter Balances	\$14,351	\$48,089	\$32,654	\$35,653	\$52,367	\$50,620	\$678,306	\$912,039
% Change	81%	12%	38%	40%	-23%	-57%	0%	0%

Charges & Collections	September 2020	September 2019	% Change	* YTD 2020	YTD 2019	% Change
Billed	\$473,798	\$737,737	-36%	\$4,321,418	\$7,369,332	-41%
Adjusted	(324,454)	(540,934)	-40%	(3,207,730)	(5,533,695)	-42%
Net Billed	\$149,344	\$196,803	-24%	\$1,113,687	\$1,835,637	-39%
Collected	\$102,422	\$139,003	-26%	\$874,862	\$1,515,360	-42%
% Net Charges collected	69%	71%	-3%	79%	83%	-5%

Payor	YTD Current Period				YTD Prior Year			
	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue
Self Pay	14,580	70.2%	\$33.46	\$487,847	23,211	73.5%	\$35.20	\$817,006
Medicare	1,650	7.9%	\$91.11	150,333	2,491	7.9%	\$129.90	323,589
Medicaid	1,714	8.2%	\$129.89	222,632	2,314	7.3%	\$135.40	313,322
Contract	971	4.7%	\$75.64	73,451	1,400	4.4%	\$82.60	115,636
Private Insurance	1,530	7.4%	\$99.06	151,564	1,953	6.2%	\$124.70	243,547
Title V	339	1.6%	\$82.18	27,861	222	0.7%	\$101.52	22,536
Total	20,784	100%	\$53.58	\$1,113,687	31,591	100%	\$58.11	\$1,835,637

Item	2020	2019
Self Pay - Gross Charges	\$2,858,145	\$5,095,322
Self Pay - Collections	\$414,748	\$725,073
% Gross Self Pay Charges Collected	14.5%	14.2%
% Net Self Pay Charges Collected	85.0%	88.7%

Coastal Health & Wellness
New Patients By Financial Class
From 1/1/2020 to 9/30/2020

Summary	Current Period		Prior Period 2019	
	New Patients	Current %	New Patients	%
Self Pay	1,041	78.9%	1,904	77.1%
Medicaid	117	8.9%	137	5.5%
Medicare	22	1.7%	108	4.4%
Private Insurance	76	5.8%	223	9.0%
Title V	41	3.1%	42	1.7%
Contracts	23	1.7%	57	2.3%
Total	1,320	100.0%	2,471	100.0%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#15

**Consider for Approval the Coastal Health & Wellness Diagnostic
Laboratory and Radiology Test Tracking and Follow-Up Policy**

Coastal Health & Wellness Diagnostic (Laboratory and Radiology) Test Tracking and Follow-Up Policy

PURPOSE:

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

POLICY:

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

PROCEDURE:

A. Ordering/Receiving Results

- a. Laboratory and radiology (X-ray) tests may be ordered by a patient's provider as deemed necessary. Orders are tracked and follow up is conducted in accordance with the procedures set forth in this policy.
- b. LabCorp results are input directly into the inbox of the provider approval queue (PAQ) and into the patient's electronic health record (EHR) within 3-10 business days.
- c. Quest Diagnostic results are faxed to the Lab/X-ray Department within 3-10 business days, and a copy is sent to the Electronic Records Department to be scanned into PAQ and into the patient's EHR.
- d. X-ray results are input into the PAQ and into the patient's electronic record (EHR) within 3-10 business days.
- e. Any other lab result or imaging result that is not input directly from the lab interface into the patient's EHR is scanned into the PAQ and the patient's EHR by the Electronic Records Department.

B. Communication of Results to the Patient:

- a. It is the responsibility of the ordering provider or designee to review, sign off and ensure appropriate follow up for all diagnostic test results.
- b. Providers are expected to review results daily during workdays in the provider approval queue (PAQ).
- c. When the ordering provider is absent, a back-up must be designated by the provider or by the Medical Director to manage all urgent diagnostic test results.

Test Results:

- a. All test results are reviewed and managed by the provider within 7 days. Urgent results are managed as soon as the provider or designee is made aware of the result.
- b. Providers will task follow up orders to the nurse or medical assistant (MA) on the color team for that provider. The nurse/MA notifies the patient or the patient's designee (in compliance with HIPAA) of the result via a phone call. When communicating with patients by phone, patients must give their full name and DOB for identification. The nurse will provide results and any education and/or follow-up as instructed by the provider.
- c. It is the responsibility of the nurse/MA to document the outcome of completed tasks in the EHR. If the patient cannot be contacted by phone after two attempts, a letter is sent to the patient's address asking the patient to contact CHW.
- d. Patients may request results through the patient portal or by calling the clinic. Nursing staff may only provide results to patients after the provider has signed off on the results. Providers may instruct patients to return to the clinic for a discussion of the results.

Abnormal Results:

- a. All urgent abnormal lab and imaging results are flagged and immediately brought to the attention of the ordering provider. If the ordering provider is absent, the backup provider as designated by the ordering provider or the Medical Director will receive and manage the lab or diagnostic test results.
- b. If the patient cannot be reached after several attempts within the same day the patient's authorized emergency contact will be contacted. If these attempts are unsuccessful, the patient will be notified through correspondence sent certified mail.

Critical Lab Results:

Clarification: A critical lab result is always urgent but all urgent lab results are not always critical.

- a. A Critical Value Log will be kept in the Texas City clinic in the Lab/X-ray Department. Critical and Alert lab results from the Galveston clinic are called in to the TC clinic and documented.
- b. When notified by phone of a critical result, the Lab/X-ray Tech will write the result verbatim on the form provided and read back the result verbatim to the reference lab caller.
- c. When notified by fax of a critical result, the Lab/X-ray Tech will use the faxed result to

- complete the log. The log information includes date and time received, patient name and DOB, critical test and critical result, and the Lab Tech's initials.
- d. As soon as it is received, the Lab/ X-ray Tech will provide the written or faxed result and the log to the Charge Nurse of the clinic where the critical result was received (Texas City or Galveston).
 - e. The Charge Nurse will immediately present the result to the provider (or Medical Director or designee) and will document the delivery of the critical result in the log by noting the provider to whom the result was given as well as the Charge Nurse's initials, date, and time received.
 - f. The ordering provider will manage the critical result immediately and place all necessary orders in Nextgen and notify the charge nurse of the plan, if necessary.
 - g. If the ordering provider is not available, the designated medical backup provider or Medical Director will be informed and ensure follow-up action is taken.
 - h. If immediate patient contact is necessary to manage the critical result, the provider places an urgent task to do so, and talks directly with the Charge Nurse to explain the plan. Nursing staff immediately attempts to contact the patient by phone two times. If unable to reach the patient by phone after the second attempt, nursing staff will call the emergency contact(s) listed in the patient's EHR. If nursing staff cannot reach the patient or the patient's emergency phone contact, the Medical Director can elect to request a welfare visit by the local police department at the patient's home.
 - i. After-hours critical results are sent by the lab service to the answering service which contacts the on-call provider.
 - j. The Lab/X-ray Supervisor will audit the Critical Value Logbook on a monthly basis for complete and timely documentation.

C. Tracking. CHW tracks all patient laboratory and imaging testing. The following information is tracked: Patient information; date test ordered; ordering provider; list of tests ordered; date test results received; provider who reviewed results; follow-up recommended by provider; and communication of results to the patient.

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

- a. **Redraws:** In the event that a patient's test must be redrawn or recollected, the Lab/X-ray Tech will contact the patient to return to the clinic, and will instruct the patient to check in. A new order will be requested from the Provider, and the original order will not be billed. The Tech/ Supervisor will send an email to the Billing Department so that charges will not be duplicated.
- b. **Contingency Plan:** For lab tests that are ordered or processed during a time of "System Down", Lab/ X-ray Techs will follow the instructions in the NextGen Contingency Plan

D. **Tracking: X-Ray:**

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

E. **Monitoring**

CHW ensures that any issues and trends are identified concerning compliance with policies and procedures related to monitoring and tracking of diagnostic tests ordered and will implement appropriate quality assurance/risk management corrective action as may be determined necessary.

COASTAL HEALTH & WELLNESS
LAB/X-RAY VERBAL CRITICAL RESULTS

Date: _____

Patient Name:

Patient ID/D.O. B:

Lab Test/Critical Value:

LabCorp Representative/Date/Time:

X-Ray Exam/Critical Report:

Radiologist (Representative)/Date/Time: _____

Information Taken By/Date/Time:

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

CRITICAL VALUE LOG

Date/Time Rcvd	Patient Name	Patient D.O.B.	Test/Value	Lab Tech Initials	Charge Nurse Given To/Time	Provider Given To	Nurse Initials/Date/Time	Lab Tech Return To/Date/Time

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#16

**Consider for Approval the Coastal Health & Wellness Credentialing
and Privileging Policy**

COASTAL HEALTH & WELLNESS CLINIC CREDENTIALING AND PRIVILEGING POLICY

POLICY: To ensure patient safety and a competent professional work force, all Coastal Health & Wellness ("CHW") practitioners (employed, volunteers and contracted) will be credentialed and privileged according to the following standards.

Practitioners are credentialed and privileged for a two-year term. Thereafter, Practitioners must be re-credentialed and have their privileges renewed for additional two-year terms in order to provide services at CHW.

CHW may contract with a credentials verification organization (CVO) to perform the credentialing activities set forth in the Credentialing and Privileging Table in this Policy.

APPLICABILITY: Except as otherwise set forth herein, any Practitioner as defined below, regardless of employment status (e.g., full-time, part-time, contracted, volunteer) must be credentialed, privileged and appointed in accordance with the procedures in this Policy before providing healthcare services to CHW patients. If CHW contracts with provider organizations or has formal, written referral managements for the provision of services that are within CHW's scope of project to CHW patients, CHW shall ensure, through provisions in the contract or CHW's review of the organization's credentialing and privileging processes, that such Practitioners shall be licensed, certified, or registered as verified through a credentialing process that meets all applicable laws, and are competent and fit to perform the contracted services as assessed through a privileging process.

DEFINITIONS:

Credentialing: Credentialing is the process of assessing and confirming the qualifications of a Practitioner.

Privileging: Privileging is the process of authorizing a Practitioner's scope of patient care services. Practitioners must request privileges that are consistent with the CHW Clinic's scope of services and are appropriate for his/her education and training.

Practitioner: An individual who is a LIP, OLCP or OCS, as applicable.

Licensed Independent Practitioner ("LIP"). An individual required to be licensed, registered, or certified by the State of Texas to provide medical or dental services to patients. These individuals include, but are not limited to, physicians, dentists, behavioral health counselors, physician assistants and nurse practitioners.

Other Licensed or Certified Practitioner ("OLCP"). An individual who is licensed, registered, or certified but is not permitted by Texas State law to provide patient care services without direction or supervision. These may include, but are not limited to, registered nurses, licensed vocational nurses, dental hygienists, X-ray technicians and dental assistants.

Other Clinical Staff ("OCS"). An individual who is involved in patient care but is not required to be licensed or certified by the State of Texas. These may include, but are not limited to, medical assistants.

APPROVAL AUTHORITY:

The CHW Governing Board (the "Board"), on the recommendation of the Medical or Dental Director, must approve the credentials and privileges for Medical Doctors, Doctors of Osteopathy, and other Licensed Independent Practitioners such as Dentists, Behavioral Health Counselors, and midlevel providers including Physician Assistants and Nurse Practitioners (collectively, "LIPs"). Approval authority for OLCPs is vested in CHW's Medical or Dental Director or through the practitioner's supervisor for Other Clinical Staff ("OCS").

CREDENTIALING & PRIVILEGING GUIDELINES:

Initial Credentialing:

1. CHW performs the credentialing activities in accordance with the **Credentialing and Privileging Table** set forth below.
2. The Texas Standardized Credentialing Application is provided to the LIP provider along with clear information about the application, required documents and deadlines. Other requested documents include the privileges request form, copies of relevant credentials including license(s), certifications, DEA and DPS certificates, Board certification, CPR and government-issued picture identification.
3. OLCPs and OCSs complete an employment application with verification activities performed in accordance with the **Credentialing and Privileging Table** below, which includes a request for professional references, attestation of fitness for duty and such other information set forth in the table.
4. Primary source verification is used by direct correspondence, telephone, fax, email, or paper reports received from original sources to verify current licensure, certification, relevant training and experience. The credentials are verified, in accordance with the **Credentialing and Privileging Table** below. If primary source verification cannot feasibly be obtained, Joint Commission-approved equivalent sources include, but are not limited to, the following: the American Medical Association Physician Masterfile, American Board of Medical Specialties, Educational Commission for Foreign Medical Graduates, American Osteopathic Association Physician Database, and Federation of State Medical Boards and the American Academy of Physician Assistants.
5. For LIP applicants, three professional references, as designated on the Texas Standardized Credentialing Application, will be required from the same field and/or specialty who are not partners in a group practice and are not relatives, as available. Professional references may be obtained from an educational program when the applicant is a recent graduate. If the applicant has had privileges at a hospital or clinic, a letter requesting verification of privileges is also used for primary source verification. References will be asked to complete a standard reference form about the applicant's clinical performance, ethical performance, history of satisfactory practice, specific knowledge about the applicant's clinical judgment and technical skills.
6. LIPs give a written statement and/or list of their requested privileges and attest to their fitness for duty and ability to perform their requested privileges which are reviewed by the Medical or Dental Director
7. A Verification of Health Fitness will be required to determine the Practitioner's (LIP, OLCP and OCS) health fitness or the ability to perform the requested privileges.

8. A query of the National Practitioner Data Bank (NPDB), as applicable to the Practitioner, the Health and Human Services Office of Inspector General List of Excluded Individuals database, and all individual state exclusionary databases will be conducted for information on sanctions or adverse actions against a Practitioner's license, as applicable.

9. Background checks will be completed on all Practitioners.

Initial Privileging: LIPs request specific privileges in writing based on their training, competence and within the scope of services of the Coastal Health & Wellness Clinic. The Medical or Dental Director recommends the LIP's privileges to the Governing Board, which has the final approval authority. The Executive Director or designee notifies the LIP in writing of the granting of specific privileges. Privileging for OLCPs and OCSs occurs through supervisory evaluation per job description. Approval authority for OLCPs is vested in CHW's Medical or Dental Director or through the practitioner's supervisor for Other Clinical Staff ("OCS").

Recredentialing: The recredentialing process is accomplished at least every two years in accordance with the Credentialing and Privileging Table set forth below.

Re-privileging: Re-privileging of LIPs, OLCPs and OCSs is accomplished at least every two years in conjunction with recredentialing. Determinations on renewal of privileges shall be based on peer review, supervisory performance evaluations or comparable methods for LIPs and supervisory evaluations per job description for OLCPs and OCSs. Other data that can be utilized include clinical data gathered over the two years, including patient satisfaction, performance improvement activities and risk management activities and training completed. A Practitioner may request privileges revisions at any time. The final approval for re-privileging for LIPs is that of the Governing Board. Approval authority for OLCPs is vested in CHW's Medical or Dental Director or through the practitioner's supervisor for Other Clinical Staff ("OCS").

Credentialing and Privileging Table. CHW performs the following credentialing and privileging activities, as applicable to the Practitioner:

CREDENTIALING	PRACTITIONER	
ACTIVITY* Required for both initial and recurring Credentialing, as applicable	LIP	OLCP and, as applicable, OCS
Examples of Staff	Physician, Dentist, Physician Assistant, Nurse Practitioner	RN, Medical Assistant, LVN, Dental Assistant, X-ray Technician, Dental Hygienist
1. Verification of identity	Completed using government issued picture ID	Completed using government issued picture ID
2. Verification of current licensure, registration, or certification*	Primary source	Primary source <i>N/A</i> for OCS
3. Verification of education and training	Primary source; Verification of graduation from medical, dental, or other clinical professional school <u>and</u> , if applicable,	Secondary source

	residency, including receipt of sealed transcripts	
4. National Practitioner Data Bank Query*	Required Copy of completed report from NPDB query or documentation of a change in provider's file (if CHW signs providers up with NPDB and receives a real-time report of any changes in a provider's file)	Required as applicable for OLCPs; Not required for OCSs
5. Drug Enforcement Administration ("DEA") registration, *	If applicable, a copy of the physician/provider's current DEA registration certificate, which indicates the issue and expiration dates.	N/A
6. Basic life support training (if applicable) *	Required Secondary source (documentation of completion of basic life support training, e.g., a copy of a certificate of completion of training or documentation of comparable/advanced training based on provider's licensure or certification standards)	Required Documentation of completion of basic life support training (e.g., a copy of certificate of completion of training, course completion dates, etc.)
Criminal Background Check	Primary source	Primary Source

PRIVILEGING ACTIVITY	PRACTITIONER	
*required for initial and re-privileging	LIP	OLCP or OCS, as applicable
I. Verification of fitness for duty to assess the ability to perform the duties of the job in a safe, secure, productive and effective manner. *	Completed statement or attestation of fitness for duty from the Practitioner that is confirmed by either the director of a training	Completed statement or attestation of fitness for duty from the Practitioner that is confirmed by a licensed physician designated by

	program, chief of staff/department at a hospital where privileges exist, or a licensed physician	GCHD, or a licensed physician
2. Verification of immunization and communicable disease* Immunizations/Communicable disease screenings that are verified according to GCHD Employee and Pre-hire Immunization Policy	Copy of immunization records/status in provider's file or provider attestation including, if applicable, any declinations (provided by GCHD Immunization Program Manager).	Copy of immunization records/status in provider's file or provider attestation, including if applicable, any declinations (provided by GCHD Immunization Program Manager).
3. Verification of current clinical competence*	For initial privileges, verification through review of training, education, and as available, reference reviews. For renewal of privileges, verification through peer review, supervisory performance reviews or other comparable methods.	Supervisory evaluation per job description.

TEMPORARY PRIVILEGES:

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

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

Temporary privileges for physicians, midlevel providers including nurse practitioners and physician assistants, other LIPs, and dentists shall be granted under the following circumstance:

1. To fulfill an important patient care need, for example, in the event of unexpected provider absences due to illness or position vacancy.
 - a. In this circumstance, temporary privileges may be granted by the CHW Executive Director or designee, upon the recommendation of the Medical or Dental Director, on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time and while the full credentials information is verified and approved; provided there is verification of current licensure; relevant training or experience; results of the National Practitioner Data Bank query have been obtained and evaluated; any involuntary termination of medical staff membership at another organization has been evaluated;

any voluntary or involuntary limitation, reduction, or loss of clinical privileges have been evaluated and current competence (as evidenced by at least two peer recommendations). In this case, temporary privileges will be approved for no more than ninety (90) days and will state the relevant patient care need.

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

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

ADVERSE ACTIONS/APPEALS:

If, during the credentialing process, substantive adverse information on the applicant is received, the Medical Director or Dental Director, in conjunction with the Director of Human Resources and the CHW Executive Director or designee, may recommend that the applicant not be hired or contracted. LIP applicants may appeal a decision made regarding denial or limitation of privileges to the Board. Such appeals must be made in writing by certified mail to the Board and must be received within thirty (30) days of the decision. The Board, at their sole discretion, may reconsider the decision made to deny or limit privileges. The LIP applicant will be informed of the Board's action.

Adverse Actions on Privileges/Process for Medical or Dental Practitioners/Appeals Process

Coastal Health & Wellness' process is developed in accordance with its status as a governmental entity and employer and in accordance with policy and bylaws established by HRSA, the Texas Medical Board, the Texas Dental Board, the Texas Board of Nursing, and in accordance with approved Coastal Health & Wellness policies.

If CHW finds that a Practitioner fails to meet appropriate standards for clinical competence and/or fitness for duty, CHW (through its Medical or Dental Director, Executive Director or the Board), as applicable, may take adverse action against a Practitioner's privileges including but not limited to suspension, limitation or termination of privileges. OLCs and OCSs shall be notified of the determination and any corrective action or follow up required in order to address the action on privileges. OLCs and OCSs shall not be entitled to review of such determination.

For LIPS, if the matter involves a compliance or quality of care issue, a comprehensive investigation will be performed to gather factual data and statements from all involved parties. The investigation will be reviewed by the CHW Executive Director or designee and Medical or Dental Director to determine if patient harm or non-compliance were substantiated by the investigation. If harm or non-compliance is questionable, the investigation will be forwarded for review by a confidential peer review committee of clinical counterparts for recommendations. The recommendations will be recorded and forwarded by the Medical or Dental Director to the involved provider for review and comment. All documentation will be kept in the providers' file. If the matter involves a substantiated violation of laws, organizations policies, or applicable licensure board regulations, the CHW Executive Director or designee and Medical or Dental Director, in consultation with the Human Resources Designee, will determine a fair and consistent corrective action in accordance with the *Health District Corrective Action Policy*.



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#17

**Consider for Approval the Quarterly Access to Care Report for the
Period Ending September 30, 2020**

Coastal Health & Wellness – Access to Care Report July, August, September 2020 (3rd Quarter)

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

March 15th = minimized face to face visits

Texas City	Available Appts Slots	# Appts Slots Filled	% Utilization	# Scheduled Appts	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	6,908*	3,524	51%	3,032	2,553	84%	479	16%
Dental	3,647	3,384	93%	861	730	85%	131	15%
Dental Hygienist	1,755	1,459	83%	272	230	85%	42	15%
Counseling	809	381	47%	280	192	69%	88	31%
Galveston	Available Appts	# Appts Slots Filled	% Utilization	# Scheduled Appts	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	2,507**	1,236	49%	1000	847	85%	153	15%
Dental	737	677	92%	170	141	83%	29	17%
Dental Hygienist	308	226	73%	43	39	91%	4	9%
Counseling	434	172	40%	132	85	64%	47	36%

April, May, June 2020 (2nd Quarter)

Texas City	Available Appts	# Appts Scheduled	% Utilization	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	8,916	2,223	25%	2,582	88%	361	12%
Dental	2,332	510(1,969)*	84%	438	86%	72	14%
Dental Hygienist	819	89(527)*	64%	74	83%	15	17%
Counseling	824	255(278)*	34%*	182	71%	73	29%
Galveston	Available Appts	# Appts Scheduled	% Utilization	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	1,490	332(335)	22%	286	86%	46	14%
Dental	217	40(156)*	72%	35	88%	5	12%
Dental Hygienist	0	0	0%	0	0	0	0
Counseling	466	77(98)*	21%*	51	66%	26	34%

NOTES: 310 COVID slots not included in Available Appts Slots in TC;

*TC Acute = 2,479

**GV Acute = 295

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#18

**Consider for Approval the Quarterly Patient Satisfaction Survey Report
for the Period Ending September 30, 2020**

Patient Satisfaction Survey Responses

July 1 - September 30, 2020

Goal: 4.8

Total Responses	140	
Galveston	45	32%
Texas City	95	68%

Type of Visit		
Medical	90	64%
Dental	38	27%
Counseling	12	9%

Appointment Time Based on Need	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	5.6%	1.1%	6.7%	28.9%	57.8%	4.32
Dental	0.0%	0.0%	7.9%	21.1%	71.1%	4.63
Counseling	0.0%	0.0%	0.0%	16.7%	83.3%	4.83

The Appointment Check-in Process	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	2.2%	4.4%	3.3%	30.0%	60.0%	4.41
Dental	0.0%	0.0%	15.8%	18.4%	65.8%	4.5
Counseling	0.0%	0.0%	0.0%	16.7%	83.3%	4.83

The Staff on Being Friendly & Helpful	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	1.1%	3.3%	6.7%	23.3%	65.6%	4.49
Dental	0.0%	0.0%	2.6%	18.4%	79.0%	4.76
Counseling	0.0%	0.0%	0.0%	16.7%	83.3%	4.83

How Well Did Staff Explain Things to You So You Could Understand	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	3.3%	3.3%	2.2%	28.9%	62.2%	4.43
Dental	0.0%	0.0%	5.3%	18.4%	76.3%	4.71
Counseling	0.0%	0.0%	0.0%	16.7%	83.3%	4.83

The Quality of Care you Received Today	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	6.7%	1.1%	3.3%	20.0%	68.9%	4.43
Dental	0.0%	0.0%	5.3%	21.1%	73.7%	4.68
Counseling	0.0%	0.0%	0.0%	8.3%	91.7%	4.92

The Clinic on Being Clean & Sanitary	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	2.2%	1.1%	5.6%	21.1%	70.0%	4.56
Dental	0.0%	0.0%	2.6%	18.4%	79.0%	4.76
Counseling	0.0%	0.0%	8.3%	8.3%	83.3%	4.75

What is the Likelihood that you Would Recommend Coastal Health & Wellness to a Friend or Family Member	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	5.6%	1.1%	11.1%	17.8%	64.4%	4.34
Dental	0.0%	0.0%	7.9%	18.4%	73.7%	4.66
Counseling	0.0%	0.0%	0.0%	16.6%	83.3%	4.83

Average All Categories - Current Quarter	1%	1%	5%	19%	74%	4.64
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Average All Categories - Previous Quarter	2.5%	0.8%	5.7%	21.3%	70%	4.55
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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#19

**Consider for Approval the Quarterly Compliance Report for the Period
Ending September 30, 2020**

**Coastal Health & Wellness Governing Board
Quarter 2, FY21**

Internal Audits		
AUDITOR- DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
Patient Services Manager - July 1, 2020 – September 30, 2020	Financial Screening Audit: <ul style="list-style-type: none"> • Financial screening audits were performed by randomly pulling ten applications monthly to establish the accuracy and completeness of said applications. • Among the 30 applications reviewed, which collectively encompassed 330 individual fields, no errors were found. 	<ul style="list-style-type: none"> • Continue operating under current protocol.
Patient Services Manager - July 1, 2020 – September 30, 2020	Title V Audit: <ul style="list-style-type: none"> • Title V audits were performed by randomly pulling Title V patient applications and charts to determine accuracy and inclusiveness of the documentation. • Among the 18 applications and charts reviewed, which collectively encompassed 162 individual fields, there were no cited flaws. 	<ul style="list-style-type: none"> • Continue operating in accordance with standard protocol.
Nursing Director/ Business Office Manager - July 1, 2020 – September 30, 2020	340B Medication Audit: <ul style="list-style-type: none"> • The Nursing Director and Business Office Manager jointly performed a 340B medication audit to determine the comprehensiveness of charting internally issued 340B meds, which requires documentation reflecting consistency in medication logs, NextGen and billing activities. • Of the 20 charts analyzed (ten at each of the two sites), no errors were identified, yielding a 100% compliance rate. 	<ul style="list-style-type: none"> • Continue operating under current protocol.

**Coastal Health & Wellness Governing Board
Quarter 2, FY21**

External Audits		
<i>AUDITOR – DATE OCCURRED</i>	<i>TYPE OF AUDIT & FINDINGS</i>	<i>ACTION TAKEN</i>
N/A	<ul style="list-style-type: none"> Due to the ongoing pandemic, no external audits were performed. 	<ul style="list-style-type: none"> Remote or “desktop” audits are presumed to recommence over the coming weeks, including the virtual HRSA site visit, scheduled to take place from November 17th to November 19th.
Warning and Termination Letters		
<i>REASON</i>	<i>TYPE OF LETTER</i>	
Debt Collection Policy	Suspensions 156; Reinstatements: 102	
Behavioral Letters Issued	Terminations: 0; Warnings: 0	

NOTE: Various issues were discussed in peer review.

Incidents involving quality of care issues, in accordance with Section 161 et seq., Health and Safety Code, are reviewed such that proceedings and records of the quality program and committee reviews are privileged and confidential.

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Governing Board

October 2020

Item#20

**Consider for Approval the Coastal Health & Wellness 2020-2021
Environment of Care Plans**

- a) Equipment Management Plan: 2020-2021
- b) Fire Safety Management Plan: 2020-2021
- c) Hazardous Materials Plan: 2020-2021
- d) Safety Management Plan: 2020-2021
- e) Security Management Plan: 2020-2021
- f) Utilities Management Plan: 2020-2021



Effective: ~~08/29/2019~~
Last Approved: ~~08/2018~~
Expires: ~~08/28/2020~~

ENVIRONMENT OF CARE
Equipment Management Plan—~~2019~~: 2020 - 2021

I. PURPOSE

The Equipment Management Plan (the “Plan”) is established to provide a safe and secure environment for all patients, staff, and other individuals who enter Coastal Health & Wellness (“CHW”) facilities. The Equipment Management Plan describes the framework to manage all medical, dental and laboratory equipment used by CHW staff. This Plan is written in accordance with Joint Commission standards EC.02.04.01 and EC.02.04.03

II. OBJECTIVES

- a. To promote safe and effective use of medical equipment used for the diagnosis, treatment, and monitoring of patient care; and
- b. To proactively mitigate risk through timely preventive equipment maintenance, servicing and calibration.

III. RESPONSIBILITIES

- a. The Infection Control and Environment of Care Committee (the “Committee”) shall:
 - 1. Review sentinel events related to any aspect outlined in the Equipment Management Plan and, as necessary, propose and implement follow-up regulations which shall be no less stringent than those designated by the manufacturer for each type of equipment utilized by Coastal providers;
 - 2. When applicable, develop new procedures and guidelines for medical equipment deemed necessary to ensure optimal levels of patient safety and care, and remain consistent with changes in The Joint Commission Environment of Care standards along with relevant regulatory updates established by other applicable authoritative agencies and/or the equipment’s manufacturer;
 - 3. Select and implement procedures and controls to achieve objectives of the Equipment Management Plan; and
 - 4. Review the Equipment Management Plan as deemed necessary, and no less than once annually (see Section V. Annual Evaluation).

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b. The Procurement Agent shall:

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

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

1. Assist the Procurement Agent during the selection and acquisition of equipment, and advise the Procurement Agent regarding pertinent specifications for acquisitions;
2. Complete an EMAS form for all equipment which poses ANY form of risk, and furnish a completed copy of the form to the Risk and Safety Coordinator;
3. Monitor equipment within their respective department and notify the Procurement Agent of all third-party maintenance, inspection and servicing required to be performed on applicable equipment; and
4. Notify and work in conjunction with the Risk and Safety Officer ~~in~~ producing to produce equipment malfunction reports and, if necessary, appropriate follow-up procedures.

d. The Risk and Safety Coordinator shall:

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

e. All staff, personnel, and volunteers shall:

1. Follow the policies, procedures, and guidelines approved by the Committee and the Coastal Health & Wellness Governing Board; ~~and~~
2. Immediately submit an incident report to his/her supervisor and the Risk and Safety Coordinator for any event related to equipment malfunction; and
3. Ensure that equipment which malfunctioned is tagged and removed from the floor until repaired; and
4. Immediately submit an Equipment Malfunction Report to his/her supervisor and the Procurement Agent.

f. Incoming Equipment Inspection Procedure:

The Procurement Agent shall:

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

~~The Department Directors shall:~~

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

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g. Equipment Inventory Log

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

h. Regular Inspection, Testing, & Maintenance:

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

i. Documentation of Maintenance & Testing:

1. All maintenance, servicing and testing of equipment will be documented in the Equipment Inventory Log, which shall denote the activity performed and the required date of follow-up.
2. Equipment denoted in the Equipment Inventory Log classified as high-risk, or of which requires any form of maintenance or inspection, or that has an electrical cord shall be denoted accordingly to ensure appropriate periodic maintenance and corrective work orders can be tracked.
3. The Procurement Agent, Risk and Safety Coordinator and Department Directors will be jointly responsible for ensuring such documentation is retained.

j. Hazard Notices & Recalls:

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

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

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

l. Equipment Failures & User Errors:

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

1. Staff will follow written procedures when medical equipment fails, including using emergency clinical interventions and back-up equipment.
2. Any defective equipment will be tagged and removed from service immediately and will remain out of service until the equipment is commissioned by a certified party as having been returned to its proper operating condition, or until the piece of equipment has been replaced.
3. All equipment failures will be reported as an incident report and sent to the Risk and Safety Coordinator. ~~Included An Equipment Malfunction Report~~ is to be completed and in the report will ~~be~~include the error/failure date, location of the equipment, cause or affected area, resolution and follow-up. The report will be retained by the Risk and Safety Coordinator and Procurement Agent.
4. The Procurement Agent and Risk and Safety Coordinator will work collaboratively to have all documented problems corrected.
5. Once the problem is corrected, the equipment will be returned to service. Equipment that cannot be repaired will be disposed of in accordance with applicable procedures.
6. In the event a problem was caused by user error, the user(s) will be retrained on the operation and use of the equipment by the Department Director or otherwise qualified trainer.

m. Orientation & Education:

1. As a part of initial employee orientation and periodic continuing education, as required, staff will be provided by their supervisors with training that addresses:
 - i. Capabilities, limitations and special applications of equipment;
 - ii. Basic operating and safety procedures for equipment use;
 - iii. Emergency procedures in the event of equipment failure;
 - iv. Information/skills necessary to perform assigned maintenance responsibilities; and
 - v. Processes for reporting equipment problems, failures and user errors.
2. Staff will periodically undergo competency assessments to determine if proficiency levels for operating equipment have been maintained. For equipment that requires documented training, staff may not utilize the equipment until documentation of successful training has been produced and a competency, if applicable, has been completed.
3. Trainings and competency assessments are to be tracked and enforced by Department Directors, or their designee.

IV. PERFORMANCE MONITORING

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

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

V. ANNUAL EVALUATION

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

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sources of relevance including leadership, management, staff, personnel, volunteers and third-parties.

- d. The annual review will include assessment of the Plan’s scope, objectives, performance, and effectiveness.

VI. PERFORMANCE ~~MEASURES~~ OBJECTIVES: 2020 - 2021

Performance Objective/Goal	Performance Measure/Indicator
Ensure documentation of observed competence by medical equipment users.	100% of staff received documented training on equipment critical to job performance as designated by supervisor.
Managing risk through prompt preventive maintenance checks and calibration.	95% preventive maintenance and calibration completed by due dates (100% for high-risk equipment).
<u>Product safety alerts and recall notices are documented and reported the Procurement Agent, Executive Management and Department Directors Managers</u>	<u>100% of received recall and safety alert notices are documented and the information dispersed within two days of receipt.</u>
<u>Ensure EMAS forms remain current.</u>	<u>95% of applicable equipment in the Equipment Inventory Log must have an EMAS no more than a year old (100% for critical equipment).</u>

ENVIRONMENT OF CARE

Equipment Management Plan: 2020 - 2021

I. PURPOSE

The Equipment Management Plan (the “Plan”) is established to provide a safe and secure environment for all patients, staff, and other individuals who enter Coastal Health & Wellness (“CHW”) facilities. The Equipment Management Plan describes the framework to manage all medical, dental and laboratory equipment used by CHW staff. This Plan is written in accordance with Joint Commission standards EC.02.04.01 and EC.02.04.03

II. OBJECTIVES

- a. To promote safe and effective use of medical equipment used for the diagnosis, treatment, and monitoring of patient care; and
- b. To proactively mitigate risk through timely preventive equipment maintenance, servicing and calibration.

III. RESPONSIBILITIES

- a. The Infection Control and Environment of Care Committee (the “Committee”) shall:
 1. Review sentinel events related to any aspect outlined in the Equipment Management Plan and, as necessary, propose and implement follow-up regulations which shall be no less stringent than those designated by the manufacturer for each type of equipment utilized by Coastal providers;
 2. When applicable, develop new procedures and guidelines for medical equipment deemed necessary to ensure optimal levels of patient safety and care, and remain consistent with changes in The Joint Commission Environment of Care standards along with relevant regulatory updates established by other applicable authoritative agencies and/or the equipment’s manufacturer;
 3. Select and implement procedures and controls to achieve objectives of the Equipment Management Plan; and
 4. Review the Equipment Management Plan as deemed necessary, and no less than once annually (see Section V. Annual Evaluation).

b. The Procurement Agent shall:

1. Assist in maintaining a current Equipment Inventory Log, to be retained in a protected shared drive accessible solely by pertinent staff, of selected items which shall include, amongst other elements, each piece of equipment's Equipment Management Assessment Score ("EMAS"), if applicable;
2. Coordinate the acquisition of equipment in conjunction with the Medical Director, Dental Director, Laboratory Director, Director of Dental Assistants, or the Nursing Director ("Department Directors") and/or designees;
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d. The Risk and Safety Coordinator shall:

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3. All equipment failures will be reported as an incident report and sent to the Risk and Safety Coordinator. An Equipment Malfunction Report is to be completed and in the report will include the error/failure date, location of the equipment, cause or affected area, resolution, and follow-up. The report will be retained by the Risk and Safety Coordinator and Procurement Agent.
4. The Procurement Agent and Risk and Safety Coordinator will work collaboratively to have all documented problems corrected.
5. Once the problem is corrected, the equipment will be returned to service. Equipment that cannot be repaired will be disposed of in accordance with applicable procedures.
6. In the event a problem was caused by user error, the user(s) will be retrained on the operation and use of the equipment by the Department Director or otherwise qualified trainer.

m. Orientation & Education:

1. As a part of initial employee orientation and periodic continuing education, as required, staff will be provided by their supervisors with training that addresses:
 - i. Capabilities, limitations and special applications of equipment;
 - ii. Basic operating and safety procedures for equipment use;
 - iii. Emergency procedures in the event of equipment failure;
 - iv. Information/skills necessary to perform assigned maintenance responsibilities; and
 - v. Processes for reporting equipment problems, failures and user errors.
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IV. PERFORMANCE MONITORING

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

V. ANNUAL EVALUATION

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

VI. PERFORMANCE OBJECTIVES: 2020 - 2021

Performance Objective/Goal	Performance Measure/Indicator
Ensure documentation of observed competence by medical equipment users.	100% of staff received documented training on equipment critical to job performance as designated by supervisor.
Managing risk through prompt preventive maintenance checks and calibration.	95% preventive maintenance and calibration completed by due dates (100% for high-risk equipment).
Product safety alerts and recall notices are documented and reported the Procurement Agent, Executive Management and Department Directors Managers	100% of received recall and safety alert notices are documented and the information dispersed within two days of receipt.
Ensure EMAS forms remain current.	95% of applicable equipment in the Equipment Inventory Log must have an EMAS no more than a year old (100% for critical equipment).



Effective: 08/29/2019
Last Approved: 08/2018
Expires: 08/28/2020

ENVIRONMENT OF CARE
Fire Safety Management Plan—~~2019: 2020 - 2021~~

I. PURPOSE

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

II. OBJECTIVES

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

III. RESPONSIBILITIES

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

a. The Committee shall:

1. Review sentinel events and make recommendations regarding fire hazards and threats;
2. Develop procedures and guidelines consistent with the Coastal Health & Wellness Governing Board approved *Emergency Operations Plan* as they pertain to fire safety;
3. Implement and monitor approved policies, procedures, guidelines and recommendations in accordance with the Fire Safety Management Plan;
4. Respond appropriately when conditions involving potential fire hazards arise which may pose a foreseeable threat to life, human health and/or Coastal Health & Wellness property; and
5. Review the Fire Safety Management Plan as deemed necessary, but no less than at least once annually (see Section V. Annual Evaluation).

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b. The Risk and Safety Coordinator shall:

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

c. All staff, personnel, and volunteers shall:

1. Follow applicable policies, procedures, and guidelines pertaining to fire safety as determined by the Committee;
2. Prohibit smoking of any form ~~in and around~~within fifty (50) feet of CHW facilities, in accordance with the Drug-Free Workplace policy;
3. In case of an emergency, follow steps set forth by the Fire Response Plan, and the *Emergency Operations Plan*;
4. ~~Transfer~~Assist patients and visitors to safe areas of refuge during building evacuations; and
5. Submit an incident report to his/her supervisor within ~~two~~one business ~~days~~day from the occurrence of any fire related event, which includes any incident that may have but did not result in the manifestation of an actual fire.

d. Landlord/Maintenance Associates/Contractor

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

of any inspections, maintenance activities, tests or certificates relevant to fire safety mechanisms.

e. Unobstructed Egress:

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

f. Fire Drills:

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

g. Fire Extinguishers:

1. ~~The~~ On a monthly basis, the Risk and Safety Coordinator inspects ~~and documents findings for~~ all fire extinguishers located on CHW premises ~~monthly and documents his/her findings.~~
2. A third-party inspects and conducts preventative maintenance on all fire extinguishers located on CHW premises annually.

IV. PERFORMANCE MONITORING

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

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

V. ANNUAL EVALUATION

- a. The annual review is used as an opportunity to develop or modify programs, plans, and policies; identify and implement additional or more effective controls; and enhance employee orientation and training.
- b. The Committee keeps the Plan current by reviewing it at least annually (i.e. one year from the date of the last review, plus or minus thirty ~~(30)~~ days) and making necessary modifications based upon the results of the evaluation and changes to policies, regulations, and standards.
- c. In performing the annual review, the Risk and Safety Coordinator works with the Committee to review inspection and audit results, incident reports that could have potential fire safety implications, and other ~~statistical information and applicable~~ tracking and evaluation reports. The Committee may also use other forms of review and input from relevant sources such as leadership, management, staff, personnel, and volunteers.
- d. The annual review includes the assessment of the plan’s scope, objectives, performance, and effectiveness.

VI. PERFORMANCE MEASURES 2019

Performance Objective/Goal	Performance Measurement/Indicator
Exit doors unobstructed.	Exit doors will be monitored and calculated monthly for obstructions. The goal is a compliance rate of 95% or greater. 95% of egress paths and doors shall remain entirely clear.
Storage (boxes, etc.) not less than 18” below sprinkler heads.	Storage not less than 18” below 95% of sprinkler heads will be monitored and calculated monthly. The goal is a compliance rate of 90% or greater remain at least 18” above any potential obstructions.
Unobstructed fire extinguishers/cabinets.	Unobstructed fire extinguisher cabinets will be monitored and calculated monthly. The goal is a compliance rate of 95% or greater. 95% of paths leading to fire extinguishers shall remain entirely unobstructed.

ENVIRONMENT OF CARE

Fire Safety Management Plan: 2020 - 2021

I. PURPOSE

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

II. OBJECTIVES

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

III. RESPONSIBILITIES

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

- a. The Committee shall:
 1. Review sentinel events and make recommendations regarding fire hazards and threats;
 2. Develop procedures and guidelines consistent with the Coastal Health & Wellness Governing Board approved *Emergency Operations Plan* as they pertain to fire safety;
 3. Implement and monitor approved policies, procedures, guidelines and recommendations in accordance with the Plan;
 4. Respond appropriately when conditions involving potential fire hazards arise which may pose a foreseeable threat to life, human health and/or Coastal Health & Wellness property; and
 5. Review the Fire Safety Management Plan as deemed necessary, but no less than at least once annually (see *Section V. Annual Evaluation*).

b. The Risk and Safety Coordinator shall:

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

c. All staff, personnel, and volunteers shall:

1. Follow applicable policies, procedures, and guidelines pertaining to fire safety as determined by the Committee;
2. Prohibit smoking of any form within fifty (50) feet of CHW facilities, in accordance with the Drug-Free Workplace policy;
3. In case of an emergency, follow steps set forth by the Fire Response Plan, and the *Emergency Operations Plan*;
4. Assist patients and visitors to safe areas of refuge during building evacuations; and
5. Submit an incident report to his/her supervisor within one business day from the occurrence of any fire related event, which includes any incident that may have but did not result in the manifestation of an actual fire.

d. Landlord/Maintenance Associates/Contractor

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

e. Unobstructed Egress:

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

f. Fire Drills:

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

g. Fire Extinguishers:

1. On a monthly basis, the Risk and Safety Coordinator inspects all fire extinguishers located on CHW premises and documents his/her findings.
2. A third-party inspects and conducts preventative maintenance on all fire extinguishers located on CHW premises annually.

IV. PERFORMANCE MONITORING

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

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

V. ANNUAL EVALUATION

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

- b. The Committee keeps the Plan current by reviewing it at least annually (i.e. one year from the date of the last review, plus or minus thirty-days) and making necessary modifications based upon the results of the evaluation and changes to policies, regulations, and standards.
- c. In performing the annual review, the Risk and Safety Coordinator works with the Committee to review inspection and audit results, incident reports that could have potential fire safety implications, and other applicable tracking and evaluation reports. The Committee may also use other forms of review and input from relevant sources such as leadership, management, staff, personnel, and volunteers.
- d. The annual review includes the assessment of the plan’s scope, objectives, performance, and effectiveness.

VI. PERFORMANCE MEASURES 2019

Performance Objective/Goal	Performance Measurement/Indicator
Exit doors unobstructed.	95% of egress paths and doors shall remain entirely clear.
Storage (boxes, etc.) not less than 18” below sprinkler heads.	95% of sprinkler heads will remain at least 18” above any potential obstructions.
Unobstructed fire extinguishers/cabinets.	95% of paths leading to fire extinguishers shall remain entirely unobstructed.



Effective: 08/29/2019
Last Approved: 08/2018
Expires: 08/28/2020

ENVIRONMENT OF CARE

Hazardous Materials and Waste Management Plan—~~2019~~: 2020 - 2021

I. PURPOSE

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

II. DEFINITIONS:

- a. **Biohazardous Waste:** Waste that has the risk of carrying infectious diseases.
- b. **Other Potentially Infectious Material (OPIM), which include:**
 1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate between them;
 2. Any unfixated tissue or organ (other than intact skin) from a human (living or dead); and
 3. HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; ~~and blood, organs, or other tissues from experimental animals infected with HIV or HBV.~~

III. OBJECTIVES

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

IV. RESPONSIBILITIES

The Infection Control and Environment of Care Committee (“the Committee”) shall:

1. Review sentinel events and make pertinent recommendations related to any events involving or potentially involving hazardous materials and/or waste;
2. Develop procedures and guidelines pertinent to specific events consistent with

those set forth by The Joint Commission, the Coastal Health & Wellness *Emergency Operations Plan*, and other ~~relevant regulatory bodies;~~authoritative guidelines;

3. Implement, train, and monitor approved policies, procedures, guidelines, and recommendations in accordance with the Hazardous Material and Waste Management Plan;
4. Respond appropriately when conditions involving hazardous material or waste arise which may pose an immediate threat to life, human health and/or Coastal Health & Wellness property; and
5. Review the Hazardous Material and Waste Plan as deemed necessary, but no less than at least once annually (see *Section V. Annual Evaluation*).

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b. The Risk and Safety Coordinator shall:

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

c. Coastal Health & Wellness employs a certified Radiation Officer whose duties include:

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

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d. The Infection Control Nurse shall:

1. Annually facilitate the following trainings:

- a. Personal Protective Equipment (Clinical Staff**);
- b. Blood Borne Pathogens (All Staff*);
- c. Hazardous Waste Disposal (Clinical Staff**);
- d. Mask Wearing (All Staff*); and
- e. Hand Hygiene (All Staff*).

** "All Staff" includes all Coastal Health & Wellness employees, regardless of department.
** "Clinical Staff" comprises all Coastal Health & Wellness employees responsible for direct patient treatment (e.g. medical providers, dental providers, nurses, medical assistants, dental assistants, lab staff, etc.).*

2. Present infection control reports, which incorporate hazardous waste prevention metrics, monthly to the Committee and quarterly to the Governing Board Quality Assurance Committee.

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

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

e.f. Safety Data Sheets (SDS):

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

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f.g. Oxygen and Gas Cylinders:

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

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g. Liquid Nitrogen:

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

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Eye Wash

h. Eyewash Stations:

1. Eyewash stations shall be maintained in readily accessible areas for all Coastal Health and Wellness personnel at both the Texas City and Galveston clinics.
2. Supervisors or designees will test the eyewash stations weekly by conducting a "bump test," to ensure proper operation of each station's functionality and will log the results of such tests accordingly. Test results will be logged in a binder located within the applicable department.
3. Supervisors or designees will flush each eyewash station on a weekly basis.

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i. Medical and Infectious Waste:

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

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that have been used, and blood-soaked dressing or other blood-soaked materials.

~~2.b.~~ Urine is not considered OPIM unless it is contaminated with blood.

~~3.c.~~ Needles, syringes, contaminated slides, blood-filled test tubes, and glass ampoules and vials are to be disposed in red plastic sharps containers.

2. Sharps containers and used red bags must be placed in a red bag-lined transport box stored in a designated locked closet identified with the biohazard symbol (the Hazardous Waste Storage Room).
- ~~3. Dental amalgam is not considered infectious and is disposed of by being suctioned into traps, which are periodically replaced. No later than July 14, 2020, amalgam separators that meet EPA guidelines will be installed in both dental clinics.~~
3. Coastal Health & Wellness currently contracts with SteriCycle to remove and dispose of medical waste from its facilities.
4. Each clinic maintains a functioning amalgam separator in the dental suite, as mandated under Title 40, Part 441 in the Code of Federal Regulations and enforced by the Texas Commission on Environmental Quality.

j. Spill Procedures:

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

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V. PERFORMANCE MONITORING

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

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

are present.

VI. ANNUAL EVALUATION

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

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VII. PERFORMANCE MEASURES—~~2019; 2020 – 2021~~

Performance Objective/Goal	Performance Measure/Indicator
Manage critical information related to the safe use, storage, and disposal of hazardous chemicals available to staff.	<ul style="list-style-type: none"> • 90% SDS binders correctly maintained at work areas. • 100% staff trained on correct usage of chemicals within their department
Ensure staff is knowledge on how segregation of hazardous waste at the point of generation is effective to respond to a hazard control the potential for exposure or spills during collection, transport, storage, and disposal.	<ul style="list-style-type: none"> • 100% staff trained on how to respond to a hazard 100% of staff handling biohazardous waste receive training for handling, packaging, and preparation of biohazardous material for transport.
Ensure spill kits are maintained in each department where hazardous chemicals/waste spills can occur.	100% of clinical staff receive training on the appropriate use of spill kits relating to chemical/biohazardous spills.

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ENVIRONMENT OF CARE

Hazardous Materials and Waste Management Plan: 2020 - 2021

I. PURPOSE

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

II. DEFINITIONS:

- a. **Biohazardous Waste:** Waste that has the risk of carrying infectious diseases.
- b. **Other Potentially Infectious Material (OPIM), which include:**
 1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate between them;
 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
 3. HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions.

III. OBJECTIVES

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

IV. RESPONSIBILITIES

The Infection Control and Environment of Care Committee (“the Committee”) shall:

1. Review sentinel events and make pertinent recommendations related to any events involving or potentially involving hazardous materials and/or waste;
2. Develop procedures and guidelines pertinent to specific events consistent with those set forth by The Joint Commission, the Coastal Health & Wellness

- Emergency Operations Plan*, and other authoritative guidelines;
3. Implement, train, and monitor approved policies, procedures, guidelines, and recommendations in accordance with the Hazardous Material and Waste Management Plan;
 4. Respond appropriately when conditions involving hazardous material or waste arise which may pose an immediate threat to life, human health and/or Coastal Health & Wellness property; and
 5. Review the Hazardous Material and Waste Plan as deemed necessary, but no less than at least once annually (see *Section V. Annual Evaluation*).
- b. The Risk and Safety Coordinator shall:
1. Conduct monthly proactive risk assessments via the Environmental Risk, Safety and Compliance Analysis (“ERSCA”) to monitor compliance with the Hazardous Material and Waste Management Plan;
 2. Identify deficiencies, hazards, unsafe practices, and potentially adverse impacts of any hazardous waste existing on or around Coastal Health & Wellness premises;
 3. Educate staff on policies, procedures and rules pertinent to hazardous materials and waste that may affect their respective worksites and job duties;
 4. Annually audit and, when necessary, update Safety Data Sheet (“SDS”) binders for all CHW departments;
 5. Respond punctually and appropriately when observations pertaining to hazardous materials arise which may pose an immediate threat to life, health and/or property; and
 6. When applicable, report significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations to the Committee for review and consideration.
- c. Coastal Health & Wellness employs a certified Radiation Officer whose duties include:
1. Annually reviewing and monitoring radiation safety procedures for compliance in accordance with the rules and regulations set forth by the Texas Department of State Health Services and other regulatory bodies;
 2. Reviewing and monitoring radiation safety procedures for compliance in accordance with the rules and regulations set forth by the Texas Department of State Health Services and other regulatory bodies, immediately upon Coastal’s acquisition of any equipment with the ability to produce radiation and in accordance with manufacturer’s guidelines thereafter; and
 3. Ensuring that radiation safety badges are consistently maintained by requisite personnel.
- d. The Infection Control Nurse shall:
1. Annually facilitate the following trainings:

- a. Personal Protective Equipment (*Clinical Staff***);
- b. Blood Borne Pathogens (*All Staff**);
- c. Hazardous Waste Disposal (*Clinical Staff***);
- d. Mask Wearing (*All Staff**); and
- e. Hand Hygiene (*All Staff**).

* "*All Staff*" includes all Coastal Health & Wellness employees, regardless of department.

** "*Clinical Staff*" comprises all Coastal Health & Wellness employees responsible for direct patient treatment (e.g. medical providers, dental providers, nurses, medical assistants, dental assistants, lab staff, etc.).

2. Present infection control reports, which incorporate hazardous waste prevention metrics, monthly to the Committee and quarterly to the Governing Board Quality Assurance Committee.

e. All staff, personnel, and volunteers shall:

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

f. Safety Data Sheets (SDS):

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

g. Oxygen and Gas Cylinders:

1. All Oxygen and gas cylinders will be secured in a container in order to

- prevent the cylinder from falling over; and
2. Oxygen and gas cylinders shall NEVER be stored near heat or open flames.

h. Eyewash Stations:

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

i. Medical and Infectious Waste:

1. Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials must be discarded in an appropriate red biohazard bag or container.
 - a. This includes, but is not limited to, used sharps, slides and slide covers contaminated with bodily fluids, vaccine ampoules and vials that have been used, and blood-soaked dressing or other blood-soaked materials.
 - b. Urine is not considered OPIM unless it is contaminated with blood.
 - c. Needles, syringes, contaminated slides, blood-filled test tubes, and glass ampoules and vials are to be disposed in red plastic sharps containers.
2. Sharps containers and used red bags must be placed in a red bag-lined transport box stored in a designated locked closet identified with the biohazard symbol (the Hazardous Waste Storage Room).
3. Coastal Health & Wellness currently contracts with Stericycle to remove and dispose of medical waste from its facilities.
4. Each clinic maintains a functioning amalgam separator in the dental suite, as mandated under Title 40, Part 441 in the Code of Federal Regulations and enforced by the Texas Commission on Environmental Quality.

j. Spill Procedures:

1. Standard precautions should be followed when a spill occurs, and the area should be blocked off from public access until it is entirely cleaned, and the affected area is deemed safe to return by the Risk and Safety Coordinator,

- Infection Control Nurse or department supervisor.
2. Staff should clean spills or leaks of most products in accordance with directions of the manufacturer of the spilled substance. In the absence of such directions, staff should immediately barricade the area and notify the department supervisor.
 3. Blood should be cleaned using appropriate PPE and approved virucidal disinfecting agents.
 4. Hazardous material incidents involving radiological, chemical or biological contaminants may require evacuation of the facility. Employees will follow procedures as outline in the Coastal Health & Wellness *Emergency Operations Plan* during such circumstances.

V. PERFORMANCE MONITORING

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

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

VI. ANNUAL EVALUATION

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

VII. PERFORMANCE MEASURES: 2020 – 2021

Performance Objective/Goal	Performance Measure/Indicator
Manage critical information related to the safe use, storage, and disposal of hazardous chemicals available to staff.	90% SDS binders correctly maintained at work areas.
Ensure staff is knowledgeable on segregation of hazardous waste at the point of generation is effective to control the potential for exposure or spills during collection, transport, storage, and disposal.	100% of staff handling biohazardous waste receive training for handling, packaging, and preparation of biohazardous material for transport.
Ensure spill kits are maintained in each department where hazardous chemicals/waste spills can occur.	100% of clinical staff receive training on the appropriate use of spill kits relating to chemical/biohazardous spills.



Effective: 08/29/2019
Last Approved: 08/2018
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ENVIRONMENT OF CARE
Safety Management Plan—2019: 2020 - 2021,

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I. PURPOSE

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

II. OBJECTIVES

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

III. RESPONSIBILITIES

- a. The Infection Control and Environment of Care Committee (the “Committee”) shall:
 - 1. Review sentinel events pertaining to potential safety issues occurring at CHW facilities or elsewhere, and make recommendations for prevention or improvement;
 - 2. Develop procedures and guidelines related to safety management issues that are consistent with or integrate the Coastal Health & Wellness Governing Board approved *Emergency Operations Plan*;
 - 3. Implement and monitor approved policies, procedures, guidelines and recommendations in accordance with the Safety Management Plan;
 - 4. Investigate and track incident reports and workers’ compensation claims to ~~seek~~identify potentially trending safety issues;
 - 5. Respond appropriately when conditions involving potential safety risks arise which may pose a foreseeable threat to life, human health and/or Coastal Health & Wellness property; and
 - 6. Review the Safety Management Plan as deemed necessary, but no less than at least once annually (see Section V. Annual Evaluation).

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b. The Risk and Safety Coordinator shall:

1. Conduct a monthly risk assessment, the Environmental Risk Safety and Compliance Audit, to monitor adherence to pertinent components of the Safety Management Plan;
2. Identify deficiencies, perils, unsafe practices, and practices potentially adverse to the promotion of safety in and around CHW facilities;
3. Educate staff on safety related policies, procedures and rules pertinent to their respective worksites and job duties;
4. Intervene when conditions immediately threaten life or human health, or threaten damage to CHW property;
5. Report monthly on significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations to the Committee for review and consideration; and
6. Manage product and equipment safety recalls.

c. All staff, personnel, and volunteers shall:

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

IV. PERFORMANCE MONITORING

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

- a. Investigating, identifying and reporting incidents and trends related to occupational illnesses or injury and/or property loss or damage.
- b. Reviewing and monitoring incident reports and workers’ compensation claims to create activities that limit perils, with a goal to reduce risk of occupational illness or injury and/or property loss or damage.
- c. Periodically inspecting clinic facilities and grounds to determine if any safety risks exist; and
- d. Constantly monitoring and reporting cleanliness of the facility.

V. ANNUAL EVALUATION

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

VI. PERFORMANCE MEASURES ~~2019: 2020 - 2021~~

Performance Objective/Goal	Performance Measure/Indicator
Ensure staff performance through safety education and training.	95% of staff has documentation asserting their annual completion of safety and incident reporting training.
Manage safety risks by promptly reporting and resolving incidents.	95 100% of incident reports are submitted within two (2) business days of the incident’s occurrence.
<u>Ensure cleanliness is practiced and maintained by housekeeping services for prevention of adverse employee and patient safety.</u>	<u>95% of reported cleanliness issues in all areas of the clinic or office setting are corrected or addressed within a 24 hour period.</u>

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ENVIRONMENT OF CARE

Safety Management Plan: 2020 - 2021

I. PURPOSE

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

II. OBJECTIVES

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

III. RESPONSIBILITIES

- a. The Infection Control and Environment of Care Committee (the “Committee”) shall:
 1. Review sentinel events pertaining to potential safety issues occurring at CHW facilities or elsewhere, and make recommendations for prevention or improvement;
 2. Develop procedures and guidelines related to safety management issues that are consistent with or integrate the Coastal Health & Wellness Governing Board approved *Emergency Operations Plan*;
 3. Implement and monitor approved policies, procedures, guidelines and recommendations in accordance with the Safety Management Plan;
 4. Investigate and track incident reports and workers’ compensation claims to identify potentially trending safety issues;
 5. Respond appropriately when conditions involving potential safety risks arise which may pose a foreseeable threat to life, human health and/or Coastal Health & Wellness property; and
 6. Review the Safety Management Plan as deemed necessary, but no less than at least once annually (see Section V. Annual Evaluation).

- b. The Risk and Safety Coordinator shall:
 - 1. Conduct a monthly risk assessment, the Environmental Risk Safety and Compliance Audit, to monitor adherence to pertinent components of the Safety Management Plan;
 - 2. Identify deficiencies, perils, unsafe practices, and practices potentially adverse to the promotion of safety in and around CHW facilities;
 - 3. Educate staff on safety related policies, procedures and rules pertinent to their respective worksites and job duties;
 - 4. Intervene when conditions immediately threaten life or human health, or threaten damage to CHW property;
 - 5. Report monthly on significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations to the Committee for review and consideration; and
 - 6. Manage product and equipment safety recalls.

- c. All staff, personnel, and volunteers shall:
 - 1. Immediately notify appropriate personnel when environmental conditions pose a potential threat to human life, health or damage to CHW property;
 - 2. Follow the policies, procedures, and guidelines approved by the Committee; and
 - 3. Submit an Incident Report Form to his/her supervisor within 24 hours of any event related to potential illness, injury or “near misses” to any person(s) occurring on CHW premises, or any property loss or damage.

IV. PERFORMANCE MONITORING

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

- a. Investigating, identifying and reporting incidents and trends related to occupational illnesses or injury and/or property loss or damage.
- b. Reviewing and monitoring incident reports and workers’ compensation claims to create activities that limit perils, with a goal to reduce risk of occupational illness or injury and/or property loss or damage.
- c. Periodically inspecting clinic facilities and grounds to determine if any safety risks exist; and
- d. Constantly monitoring and reporting cleanliness of the facility.

V. ANNUAL EVALUATION

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

VI. PERFORMANCE MEASURES: 2020 - 2021

Performance Objective/Goal	Performance Measure/Indicator
Ensure staff performance through safety education and training.	95% of staff has documentation asserting their annual completion of safety and incident reporting training.
Manage safety risks by promptly reporting and resolving incidents.	100% of incident reports are submitted within two business days of the incident’s occurrence.
Ensure cleanliness is practiced and maintained by housekeeping services for prevention of adverse employee and patient safety.	95% of reported cleanliness issues in all areas of the clinic or office setting are corrected or addressed within a 24 hour period.



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ENVIRONMENT OF CARE

Security Management Plan—~~2019: 2020 - 2021~~

I. PURPOSE

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

II. OBJECTIVES

- a. Ensuring staff is knowledgeable of security risks and procedures through effective education and training;
- b. Ensuring staff always has their CHW identification badge affixed to their person in a manner noticeable to patients and visitors; and
- c. When necessary, updating the Plan in accordance with changes or relevant implementations set forth in the Coastal Health & Wellness approved *Emergency Operations Plan*, or by applicable regulatory authorities.

III. RESPONSIBILITIES

The Infection Control and Environment of Care Committee (the “Committee”) is responsible for developing and implementing this Plan. The Risk and Safety Coordinator is responsible for monitoring and enforcing this Plan.

- a. The Infection Control and Environment of Care Committee shall:
 1. Review sentinel events and make recommendations regarding security related incidents;
 2. Develop procedures and guidelines consistent with the Coastal Health & Wellness Governing Board’s approved *Emergency Operations Plan*;
 3. Implement and monitor approved policies, procedures, guidelines, and recommendations in accordance with the Security Management Plan;
 4. Select and implement procedures and controls to achieve plan objectives;

5. Respond appropriately when potential security issues may pose a foreseeable threat to life, human health and/or Coastal Health & Wellness property; and
6. Review the Security Management Plan as deemed necessary, but no less than at least once annually (see Section V. Annual Evaluation).

b. The Risk and Safety Coordinator shall:

1. Conduct proactive risk assessments on a monthly basis ~~via the Environment~~ via the Environmental Risk, Safety and Compliance Analysis (“ERSCA”) to monitor compliance with the Security Management Plan;
2. Identify unsafe practices or potential threats within CHW facilities which may pose adverse security circumstances, and present these findings to the Committee;
3. Educate staff on best practices for responding to security threats;
4. Immediately intervene and notify proper authorities when conditions that immediately threaten life or health, or damage to property are realized;
5. With the Chief Compliance Officer, serve as a primary liaison between staff and law enforcement when security issues are reported to law enforcement agencies; and
6. On a quarterly basis, work with the Chief Compliance Officer to prepare reports which document significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations for review and consideration ~~by the~~ Governing Board’s Quality Assurance Committee.

c. The Information Technology (“IT”) Manager shall:

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

d. Ancillary Security Measures

1. The Texas City clinic has a contracted ~~a~~ full-time ~~armed~~ security guard ~~to~~ remain on location during all times at which the clinic is open.
2. The Island Community Center, which houses the Galveston clinic, has one full-time police officer present at its main entrance from 7:00 am – 4:00 pm daily.
3. During late clinic at the Galveston location (Thursday from 5:00 pm – 8:00 pm) an off-duty police officer is employed by and remains at the clinic to provide security services.
4. Each clinic has a security camera at its main entrance, which remains active

at all times, and an alarm system on all exterior doors which, when activated, immediately sends notification to the police department with jurisdictional authority over the respective clinic's location via the security system's vendor.

5. Numerous ingress doors at both locations remain locked at all times, and can be opened solely through badge access, which is restricted to CHW personnel deemed to have a professional need of entering the locked area. Additionally, several ingress doors which serve as barriers to vital items (i.e. specific medications) can only be accessed through use of a physical key, assigned only to personnel with reason to enter the rooms.

e. Security Sensitive Areas

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

f. Identification

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

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g. Security Incidents

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

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

h. Patient Expulsion

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

IV. PERFORMANCE MONITORING

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

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

V. ANNUAL EVALUATION

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

- c. In performing the annual review, the Committee uses a variety of sources such as inspections and audit results, incident reports, employee survey responses, and other statistical information and tracking reports. The Committee may also use other forms for review and input from relevant sources such as leadership, management, staff, personnel, volunteers and patients.
- d. The annual review includes assessment of the Plan’s scope, objectives, performance, and effectiveness.

VI. PERFORMANCE IMPROVEMENTS—~~2019; 2020 – 2021~~

Performance Objective/Goal	Performance Measure/Indicator
Ensuring staff is knowledge <u>knowledgeable</u> of security procedures for displaying identification badges.	<5% staff observed not properly displaying their identification badges during badge audits.
Ensuring staff is aware of how to react during potentially adverse circumstances.	Facilitate at least three non-required emergency drills addressed in the <i>Emergency Operations Policy</i> (e.g. active shooter).
Ensure staff is knowledgeable about when and how to respond to suspected human trafficking situations.	Provide training to 100% of <u>Coastal</u> employees <u>receive training</u> pertaining to <u>the</u> detection and <u>suggested</u> follow-up actions when for dealing with suspected human trafficking victims.
<u>Ensure providers know the appropriate processes and when it’s required that they report suspected cases of abuse or neglect.</u>	<u>100% of Coastal providers be trained on how to detect and report abuse and neglect.</u>

ENVIRONMENT OF CARE

Security Management Plan: 2020 - 2021

I. PURPOSE

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

II. OBJECTIVES

- a. Ensuring staff is knowledgeable of security risks and procedures through effective education and training;
- b. Ensuring staff always has their CHW identification badge affixed to their person in a manner noticeable to patients and visitors; and
- c. When necessary, updating the Plan in accordance with changes or relevant implementations set forth in the Coastal Health & Wellness approved *Emergency Operations Plan*, or by applicable regulatory authorities.

III. RESPONSIBILITIES

The Infection Control and Environment of Care Committee (the “Committee”) is responsible for developing and implementing this Plan. The Risk and Safety Coordinator is responsible for monitoring and enforcing this Plan.

- a. The Infection Control and Environment of Care Committee shall:
 1. Review sentinel events and make recommendations regarding security related incidents;
 2. Develop procedures and guidelines consistent with the Coastal Health & Wellness Governing Board’s approved *Emergency Operations Plan*;
 3. Implement and monitor approved policies, procedures, guidelines, and recommendations in accordance with the Security Management Plan;
 4. Select and implement procedures and controls to achieve plan objectives;

5. Respond appropriately when potential security issues may pose a foreseeable threat to life, human health and/or Coastal Health & Wellness property; and
6. Review the Security Management Plan as deemed necessary, but no less than at least once annually (see Section V. Annual Evaluation).

b. The Risk and Safety Coordinator shall:

1. Conduct proactive risk assessments on a monthly basis via the Environmental Risk, Safety and Compliance Analysis (“ERSCA”) to monitor compliance with the Security Management Plan;
2. Identify unsafe practices or potential threats within CHW facilities which may pose adverse security circumstances, and present these findings to the Committee;
3. Educate staff on best practices for responding to security threats;
4. Immediately intervene and notify proper authorities when conditions that immediately threaten life or health, or damage to property are realized;
5. With the Chief Compliance Officer, serve as a primary liaison between staff and law enforcement when security issues are reported to law enforcement agencies; and
6. On a quarterly basis, work with the Chief Compliance Officer to prepare reports which document significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations for review and consideration by the Governing Board’s Quality Assurance Committee.

c. The Information Technology (“IT”) Manager shall:

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

d. Ancillary Security Measures

1. The Texas City clinic has a contracted a full-time security guard to remain on location during all times at which the clinic is open.
2. The Island Community Center, which houses the Galveston clinic, has one full-time police officer present at its main entrance from 7:00 am – 4:00 pm daily.
3. During late clinic at the Galveston location (Thursday from 5:00 pm – 8:00 pm) an off-duty police officer is employed by and remains at the clinic to provide security services.
4. Each clinic has a security camera at its main entrance, which remains active

at all times, and an alarm system on all exterior doors which, when activated, immediately sends notification to the police department with jurisdictional authority over the respective clinic's location via the security system's vendor.

5. Numerous ingress doors at both locations remain locked at all times, and can be opened solely through badge access, which is restricted to CHW personnel deemed to have a professional need of entering the locked area. Additionally, several ingress doors which serve as barriers to vital items (i.e. specific medications) can only be accessed through use of a physical key, assigned only to personnel with reason to enter the rooms.

e. Security Sensitive Areas

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

f. Identification

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

g. Security Incidents

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

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

h. Patient Expulsion

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

IV. PERFORMANCE MONITORING

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

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

V. ANNUAL EVALUATION

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

inspections and audit results, incident reports, employee survey responses, and other statistical information and tracking reports. The Committee may also use other forms for review and input from relevant sources such as leadership, management, staff, personnel, volunteers and patients.

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

VI. PERFORMANCE IMPROVEMENTS: 2020 – 2021

Performance Objective/Goal	Performance Measure/Indicator
Ensuring staff is knowledgeable of security procedures for displaying identification badges.	<5% staff observed not properly displaying their identification badges during badge audits.
Ensuring staff is aware of how to react during potentially adverse circumstances.	Facilitate at least three non-required emergency drills addressed in the <i>Emergency Operations Policy</i> (e.g. active shooter).
Ensure staff is knowledgeable about when and how to respond to suspected human trafficking situations.	100% of Coastal employees receive training pertaining to the detection and suggested follow-up actions for dealing with suspected human trafficking victims.
Ensure providers know the appropriate processes and when it’s required that they report suspected cases of abuse or neglect.	100% of Coastal providers be trained on how to detect and report abuse and neglect.



Effective: 08/29/2019
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ENVIRONMENT OF CARE
Utilities Management Plan—~~2019;~~ 2020 - 2021

I. PURPOSE

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

II. OBJECTIVES

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

III. RESPONSIBILITIES

- a. The Infection Control and Environment of Care Committee (the “Committee”) shall:
 1. Review sentinel events related to any aspect outlined in the Utilities Management Plan and, as necessary, propose and implement new practices for utility improvements;
 2. When applicable, develop new procedures and guidelines for utility systems necessary to remain consistent with the Coastal Health & Wellness approved *Emergency Operations Plan*, along with relevant regulatory updates established by applicable authoritative agencies;
 3. Select and implement procedures and controls to achieve plan objectives; and
 4. Review the Utilities Management Plan as deemed necessary, and no less than once annually (see *Section V. Annual Evaluation*).
- b. The Risk and Safety Coordinator shall:
 1. When necessary, educate staff regarding aspects of the Utility Management Plan applicable to the staff member’s scope of work;
 2. Work in conjunction with the building’s landlords or maintenance

- associates to ensure access to a utility system inventory which identifies equipment, location, ownership, emergency power shut-off valves, and a log related to utility failure history is retained in an up-to-date fashion;
3. On a monthly basis, inspect facilities for deficiencies, hazards, unsafe practices, and/or potentially adverse impacts caused by utility mishaps;
 4. Investigate, track and report utility related incidents; and
 5. Present monthly reports concerning significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations regarding utility systems to the Committee.

c. The Fleet and Facilities Coordinator shall:

1. When possible, update or restore utility maintenance systems to proper order;
2. Contact the applicable landlord, maintenance associate (or designee), or third-party service agent when a problem with a utility system at a CHW leased/occupied facility is realized; and
3. Monitor approved policies, procedures, guidelines and recommendations in accordance with the Utilities Management Plan and when applicable, notify the Chief Compliance Officer of recommended procedural revisions.

d. All staff, personnel, and volunteers shall:

1. Follow the policies, procedures, and guidelines approved by the Committee; and
2. Follow safety procedures in accordance with this Plan, the Safety Management Plan, and anything directly or incidentally related to such matters as delineated in the *Emergency Operations Plan*.

e. Landlord/~~Contractor~~Maintenance Associates/Contractors

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

f. Battery-Powered Lights

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

IV. PERFORMANCE MONITORING

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

- a. Investigating, identifying, and reporting incidents and trends related to utility system failures; and
- b. ~~The performance of~~Evaluating the outcomes of the Environment, Safety and Compliance Assessments at both CHW facilities, which is conducted monthly by the Risk and Safety Coordinator.

V. ANNUAL EVALUATION

- a. The annual review is used as an opportunity to develop or modify programs, plans, and policies; identify and implement additional or more effective controls; and to enhance employee education.
- b. The Committee keeps the Utility Management Plan current by reviewing the plan at least annually (i.e. one year from the date of the last review, plus or minus 30 days) and making necessary modifications based upon the results of the evaluation and changes to policies, regulations, and standards.
- c. In performing the annual review, the Committee shall utilize a variety of sources to improve inspection and audit results, accident/incident reports, and other forms of

tracking reports. The Committee may also review and seek input from alternative sources of relevance including leadership, management, staff, personnel, volunteers and third-parties.

- d. The annual review will include assessment of the ~~plan's~~Plan's scope, objectives, performance, and effectiveness.

VI. PERFORMANCE MEASURES—: 2019 - 2020

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

ENVIRONMENT OF CARE
Utilities Management Plan: 2020 - 2021

I. PURPOSE

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

II. OBJECTIVES

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

III. RESPONSIBILITIES

- a. The Infection Control and Environment of Care Committee (the “Committee”) shall:
 1. Review sentinel events related to any aspect outlined in the Utilities Management Plan and, as necessary, propose and implement new practices for utility improvements;
 2. When applicable, develop new procedures and guidelines for utility systems necessary to remain consistent with the Coastal Health & Wellness approved *Emergency Operations Plan*, along with relevant regulatory updates established by applicable authoritative agencies;
 3. Select and implement procedures and controls to achieve plan objectives; and
 4. Review the Utilities Management Plan as deemed necessary, and no less than once annually (see *Section V. Annual Evaluation*).
- b. The Risk and Safety Coordinator shall:
 1. When necessary, educate staff regarding aspects of the Utility Management Plan applicable to the staff member’s scope of work;
 2. Work in conjunction with the building’s landlords or maintenance

associates to ensure access to a utility system inventory which identifies equipment, location, ownership, emergency power shut-off valves, and a log related to utility failure history is retained in an up-to-date fashion;

3. On a monthly basis, inspect facilities for deficiencies, hazards, unsafe practices, and/or potentially adverse impacts caused by utility mishaps;
4. Investigate, track and report utility related incidents; and
5. Present monthly reports concerning significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations regarding utility systems to the Committee.

c. The Fleet and Facilities Coordinator shall:

1. When possible, update or restore utility maintenance systems to proper order;
2. Contact the applicable landlord, maintenance associate (or designee), or third-party service agent when a problem with a utility system at a CHW occupied facility is realized; and
3. Monitor approved policies, procedures, guidelines and recommendations in accordance with the Utilities Management Plan and when applicable, notify the Chief Compliance Officer of recommended procedural revisions.

d. All staff, personnel, and volunteers shall:

1. Follow the policies, procedures, and guidelines approved by the Committee; and
2. Follow safety procedures in accordance with this Plan, the Safety Management Plan, and anything directly or incidentally related to such matters as delineated in the *Emergency Operations Plan*.

e. Landlord/Maintenance Associates/Contractors

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

f. Battery-Powered Lights

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

IV. PERFORMANCE MONITORING

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

- a. Investigating, identifying, and reporting incidents and trends related to utility system failures; and
- b. Evaluating the outcomes of the Environment, Safety and Compliance Assessments at both CHW facilities, which is conducted monthly by the Risk and Safety Coordinator.

V. ANNUAL EVALUATION

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

- d. The annual review will include assessment of the Plan’s scope, objectives, performance, and effectiveness.

VI. PERFORMANCE MEASURES: 2019 - 2020

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

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#21

**Consider for Approval the Coastal Health & Wellness Risk
Management Report for the Quarter Ending September 30, 2020**

Quarterly Risk Management Report
Coastal Health & Wellness Quality Assurance Subcommittee
July - September 2020

Objective	Goal	2019 - 2020 Results	2020 - 2021 Goal	Q1 (07/20-09/20)	Q2 (10/20-12/20)	Q3 (01/21-03/21)	Q4 (04/21-06/21)	Cumulative Total	Comments	Annual Goal Met
Customer Service and Patient Satisfaction										
Promote positive patient service experience with all staff, with a particular emphasis on treating patients in a courteous manner.	Reduce grievances by 30% from the previous year.	63	44	10 Medical: 4 Dental: 1 Patient Serv: 2 Contact Center: 2				10		
Offer optimal care for all patients throughout the entirety of their visit.	Increase weighted results of patient satisfaction survey to 4.8.	4.78	4.8	4.64				4.64		
Promote patient appointment confirmations.	Reduce the cumulative patient no-show rate to 20%.	20%	20%	20.24%				20.24%		
Ensure staff always wear their Coastal Health & Wellness issued identification cards in a readily visible manner.	Biennial audits should yield at least 95% of identification cards being worn appropriately.	100%	95%	SDS audits performed the second and fourth quarters of each year		SDS audits performed the second and fourth quarters of each year				
Minimize preventable injuries for all staff, patients and visitors.	Incur zero preventable injuries at all CHW locations.	0	0	0				0		

KEY

COLOR KEY

Missing Measures; Needs Improvement	Trending in Proper Direction; Still Needs Improvement	Compliant with Goals
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Quarterly Risk Management Report
Coastal Health & Wellness Quality Assurance Subcommittee
July - September 2020

Objective	Goal	2019 - 2020 Results	2020 - 2021 Goal	Q1 (07/20-09/20)	Q2 (10/20-12/20)	Q3 (01/21-03/21)	Q4 (04/21-06/21)	Cumulative Total	Comments	Annual Goal Met
Staff Trainings										
Train staff on appropriate responses for different emergency scenarios.	Facilitate at least three non-required emergency preparedness drills during the year.	1 (plans cancelled due to COVID). Also stood-up Galveston County's first mass drive-thru testing COVID-19 operation and tested over 5,000 patients.	2	1				1	On August 24th, the CHW EOP was activated to include hurricane response activities, modification/suspension of services, issuance of redundant communication channels (APX Radios), and to set reporting times for leadership. Normal operations were resumed on Friday, August 28th.	
All staff is trained on SDS material pertinent to his/her work area and responsibilities.	Ensure documented training rate of 100% within 30 days of hire.	N/A	100%	100%				100%	Coatal brought in five new employees during the quarter, all of whom completed their mandatory trainings within the 30-day window.	
All staff is trained on equipment critical to his/her job performance.	Ensure documented training rate of 100% within 30 days from hire.	N/A	100%	100%				100%		
All staff is trained on how to respond to hazards.	Documentation exhibiting staff received Hazardous Response Training exists.	N/A	100%	100% for new hires	Training occurs during new-hire orientation and annually in October.	Training occurs during new-hire orientation and annually in October.	Training occurs during new-hire orientation and annually in October.	100%	All employees hired by Coastal during the reporting quarter completed the new-hire hazardous response training. Annual all-staff training for the subject matter is being conducted in October 2020.	

Train staff regarding detection of and follow-up actions for suspected human trafficking victims.	Provide training to 100% of employees about how to report suspected human trafficking.	100%	100%	100% for new hires	Training occurs during new-hire orientation and annually in November.	Training occurs during new-hire orientation and annually in November.	Training occurs during new-hire orientation and annually in November.	100%	All employees hired by Coastal during the reporting quarter completed the new-hire human trafficking training. Annual all-staff training is being conducted in November 2020.
Staff receives safety and incident reporting training.	Documentation exhibiting 100% of staff received Risk Management and Safety Training.	N/A	100%	100% for new hires	Training occurs during new-hire orientation and annually in October.	Training occurs during new-hire orientation and annually each September.	Training occurs during new-hire orientation and annually each September.	100%	Due to COVID, training delayed until October. 100% of new-hires onboarded during the quarter did complete training within the thirty-day window.
Continue to promote staff knowledge of hand-hygiene practices and policies.	Maintain hand-hygiene score of at least 95%.	96%	95%	97%				97%	Data captured by Infection Control Nurse, who performs hand hygiene audits monthly.

KEY

COLOR KEY

Missing Measures; Needs Improvement	Trending in Proper Direction; Still Needs Improvement	Compliant with Goals
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Quarterly Risk Management Report
Coastal Health & Wellness Quality Assurance Subcommittee
July - September 2020

Objective	Goal	2019 - 2020 Results	2020 - 2021 Goal	Q1 (07/20-09/20)	Q2 (10/20-12/20)	Q3 (01/21-03/21)	Q4 (04/21-06/21)	Cumulative Total	Comments	Annual Goal Met
Maintenance and Reporting										
Protect patients and staff by ensuring incidents and adverse events are promptly reported.	100% of incident reports should be made within two business days of the incident's occurrence.	NA	100%	100%				100%		
Protect staff and patients by promptly reporting issues requiring landlord attention.	Report 100% of building and/or maintenance related issues to applicable landlord within 24 business hours of discovery.	100%	100%	100%				100%		
Maintain staff and patient safety by keeping equipment properly tested and maintained.	95% of equipment (100% of critical equipment) documented in Equipment Inventory Log should be inspected and calibrated in accordance with manufacturer's recommendations.	100%	95%	100%				100%	Data captured monthly by the Risk and Safety Coordinator during the Environmental Risk, Safety and Compliance Audits	
Minimize obstruction to fire exit doors.	Achieve a cumulative score for non-obstructed doors of at least 95%.	NA	95%	100%				100%		
Maintain at least 18" between storage and top of sprinkler heads.	Achieve a cumulative score of at least 95% when auditing sprinkler head ceiling clearance.	NA	95%	100%				100%		
Access to fire extinguishers shall remain clear and unobstructed.	Achieve a cumulative score for non-obstructed pathways to fire extinguishers of at least 95%.	NA	95%	100%				100%		
Maintain SDS binders with all applicable material.	Biennial audits should yield at least a 95% level of accuracy.	NA	90%	SDS audits performed the second and fourth quarters of each year		SDS audits performed the second and fourth quarters of each year				

KEY

COLOR KEY

Missing Measures; Needs Improvement	Trending in Proper Direction; Still Needs Improvement	Compliant with Goals
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Quarterly Risk Management Report
Coastal Health & Wellness Quality Assurance Subcommittee
July - September 2020

Objective	Goal	2018-2019 Total	2019-2020 Goal	Q1 (07/19- 09/19)	Q2 (10/19- 12/19)	Q3 (01/20- 03/20)	Q4 (04/20- 06/20)	Total	Comments	Goal Met
Suits, Claims and Potentially Compensable Incidents										
Take all necessary precautions to ensure an environment optimally conducive to patient safety	Incur no malpractice or risk management related suits or claims.	0	0	0				0	The Coastal Health & Wellness malpractice self-reporting procedure is scheduled to be presented to clinic staff at the December in-service. Stark Law and Anti-Kickback will also be reviewed.	
Retain open communication and promote timely reporting of adverse events	Ensure potentially compensable incidents are reported and deliberated upon by executive management within 72 business hours following their occurrence.	NA	NA	0 incidents	0 incidents	0 incidents	0 incidents	0 incidents		
Notes										

Missing Measures; Needs Improvement	Trending in Proper Direction; Still Needs Improvement	Compliant with Goals
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Governing Board

October 2020

Item#22

**Consider for Approval Board Member Nominations to the Board
Quality Assurance/Risk Management Committee**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#23

**Consider for Approval Re-Privileging Rights for
Hanna Lindskog, DDS**



Date: October 29, 2020
To: CHW Governing Board
From: Kathy Barroso, CPA
Executive Director
Re: Re-Privileging

After preparation of the credentialing file, the Coastal Health & Wellness Executive Director Kathy Barroso, CPA, has reviewed the completed file and recommends that the Governing Board approve re-privileging as follow:

Hanna Lindskog, DDS, is a general dentist who will practice full-time at both the Texas City and Galveston Coastal Health & Wellness Dental Clinics. Dr. Lindskog graduated from UT Health San Antonio School of Dentistry. Dr. Lindskog is requesting general dentistry privileges.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020


Item#24


**Consider for Approval Privileging Rights for
Liunan Li, FNP-C**



Date: October 29, 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 & Wellness Human Resources representative for Liunan Li, FNP-C who is certified by the American Academy of Nurse Practitioners to practice as an advanced practice nurse with an unrestricted license in the State of Texas, 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 Liunan Li, we are requesting privileging approval by the Governing Board.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#25

**Consider for Approval Privileging Rights for
Julio Garza, PA-C**



Date: October 29, 2020
To: CHW Governing Board
Thru: Kathy Barroso, CPA *KB*
Executive Director
From: Cynthia Ripsin, MS, MPH, MD *CR*
Medical Director
Re: Privileging

After review of the standard credentialing documents by a Coastal Health & Wellness Human Resources representative for Julio Garza, PA-C who is certified by National Commission Certification of Physician Assistant to practice medicine with an unrestricted license in the State of Texas, 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 Julio Garza, we are requesting privileging approval by the Governing Board.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#26

**Consider for Approval Privileging Rights for UTMB Resident
Tsai Lewis, MD**



Date: October 29, 2020

To: CHW Governing Board

Thru: Kathy Barroso, CPA *KB*
Executive Director

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

Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Tsai Lewis, 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. Lewis, we are requesting privileging approval by the Governing Board.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#27

**Consider for Approval Privileging Rights for UTMB Resident
Danny Nguyen, DO**



Date: October 29, 2020
To: CHW Governing Board
Thru: Kathy Barroso, CPA *KB*
Executive Director
From: Cynthia Ripsin, MS, MPH, MD *CR*
Medical Director
Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Danny Nguyen, DO, 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. Nguyen, we are requesting privileging approval by the Governing Board.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#28

**Consider for Approval Privileging Rights for UTMB Resident
Tran Cao, MD**



Date: October 29, 2020

To: CHW Governing Board

Thru: Kathy Barroso, CPA *KB*
Executive Director

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

Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Tran Cao, 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. Cao, we are requesting privileging approval by the Governing Board.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

October 2020

Item#29

**Consider for Approval Process for Finalizing Executive Director and
Board Evaluations**

Executive Director Performance Evaluation



Executive Director Performance Evaluation

Coastal Health & Wellness

Evaluation period: _____ to _____

Each member of the governing body should complete this evaluation form, sign it in the space below and return it to Tikeshia Rollins at trollins@gchd.org. The deadline for submitting this performance evaluation is _____.

DRAFT

Coastal Health & Wellness

EXECUTIVE DIRECTOR PERFORMANCE EVALUATION PROCEDURES

Purpose of Evaluation

The purpose of the performance evaluation process to be conducted by and between the Coastal Health & Wellness Governing Board and the **Executive Director** are:

1. To strengthen the relationship between the Board and **Executive Director**.
2. To provide a mechanism for regular evaluation.
3. To identify performance objectives for the **Executive Director**.
4. To provide feedback to the **Executive Director** and identify areas where improvements may be needed.

Frequency

The Board will evaluate the **Executive Director** at least annually. The schedule for the evaluation will be established jointly by the Board and **Executive Director**.

Evaluation Procedures

The evaluation procedure remains at the will and direction of the Board and may be modified at any time. In general, the evaluation process will include the following steps.

1. The Board Chair will inform the Board when the time for an annual evaluation has occurred.
2. The Board Chair will ask Board Members to complete the evaluation form prior to an evaluation session.
3. The Board Chair may ask the **Executive Director** to complete a self-assessment, including a report on various Coastal Health & Wellness operations, issues and matters pertinent to the governance and management of the organization.
4. The Board Chair and Board Members will meet in closed session to discuss the **Executive Director's** performance and to assimilate the individual performance evaluations.
5. The Board will conduct a closed session evaluation with the **Executive Director** (and all Board Members) to discuss the **Executive Director's** performance, future performance goals and objectives for the **Executive Director**, as well as the self-assessment and report prepared by the **Executive Director**.
6. If warranted, authorize the implementation of a merit increase in accordance with The District's Personnel Rules and Regulations.
7. Direct that the performance evaluation and any subsequent actions be placed in the **Executive Director's** employee personnel file.

Directions for Completing Form

If the individual completing the form wants to hand write responses and comments, the form can be printed in its "blank" state and completed by hand. If desired, this form can be completed by computer. Use the TAB key to move between form fields, click mouse or strike "x" key to mark boxes. Type any comments.

Coastal Health & Wellness

EXECUTIVE DIRECTOR'S PERFORMANCE EVALUATION

Executive Director:

Date:

Evaluation Period

From:

To:

Submitted by:

The following pages define significant areas of responsibility for the **Executive Director** position. In each section, examples of performance and responsibility are articulated to better explain each subject heading. Please rate the **Executive Director's** performance based on the following categories:

Rating	Performance	Definition
5	Excellent Exceeds all expectations	Generally, applies to the top 5-10% of all employees in the workplace. This person's overall skills and abilities greatly exceed the expectations of the position. Demonstrated strong expertise within key areas of responsibilities. Occasionally receives outstanding results beyond scope of the performance plan in some key areas of responsibility over entire performance period.
4	Exceeds Expectations Meets all expectations	Generally, applies to the next 20-25% of employees. Occasionally exceeds performance expectations of the position. Performed the most difficult parts of the job competently and thoroughly. Contributed significant results on their own initiative. Worked with a high level of independence, initiative and concern for the quality of the work or service produced by the organization
3	Meets Expectations Meets all expectations	Generally, applies to 40-50% of employees. Met all expectations of the position and is competent in the performance of responsibilities.
2	Needs Improvement Meets most expectations	Generally, applies to 20% of employees. Often failed to meet performance expectations of the position. Performance was generally adequate, but is deficient in one or more key areas, and will require additional training or assistance to fully achieve expectations.
1	Unsatisfactory Fails to meet most expectations	Generally, applies to the bottom 4% of employees. Performance was well below expectations in most areas of responsibility. Serious performance deficiencies that inhibit adequate performance in the position. Employee should be evaluated for continuation of current position, demotion or termination of employment.

I. MANAGEMENT OF THE ORGANIZATION:	CHW				
Effectively manages the operations of the organization.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Maintains a collaborative, team building environment for staff.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Recognizes the accomplishments of staff and other agencies working on behalf of the District.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Supports professional growth and opportunity within the organization.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Accepts full accountability for staff and the outcome of District projects or decisions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Identifies organizational problems and takes appropriate action.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Total:					
Average:					
Coastal Health & Wellness:					

II. EXECUTION OF POLICY:	CHW				
Understands and complies with policies and procedures governing the District.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Implements District policy fairly and consistently based upon Board decisions, goals, and applicable laws and regulations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Works toward accomplishing identified Board goals.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Presents matters in a factual, analytical way.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Coordinates Board policy decisions to staff, departments, other organizations and the community.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Total:					

Coastal Health & Wellness:

III. FINANCIAL MANAGEMENT:	CHW				
Responsible for proper preparation and management of the budget.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Demonstrates ingenuity and creativity in approaching budgetary matters, including long-range revenues and expenditures for the organization.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Met budget terms within 10% allowable variance for the fiscal year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Total:					
Average:					

Coastal Health & Wellness:

IV. RELATIONS WITH THE BOARD:	CHW				
Provides regular updates to the Board, keeping them informed about current and critical issues.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Is accessible to Board Members.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Handles issues that are brought by the Board in a consistent and timely manner.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Maintains an honest, truthful and professional relationship with you as a Board Member.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Keeps a positive attitude and approach to new ideas, issues and complaints raised by Board Members.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Total:					

Average:	
Coastal Health & Wellness:	

VI. COMMUNICATIONS:	CHW				
Ensures that Board Members receive important information in a timely and effective manner.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Prepares and presents the Board and community with clear and accurate written reports and correspondence.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The Executive Director has shown skills at analyzing and addressing problems, challenges and conflicts.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Facilitates open two-way communication and encourages mutual honesty and respect with the community, Board and staff.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Total:					
Average:					

Coastal Health & Wellness:					
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VII. LEADERSHIP:	CHW				
Provides the Board and the organization with real solutions and creative alternatives to issues and problems.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Anticipates and responds to changing circumstances.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Advises the Board to ensure that Board decisions are objective and consistent with past practices and are legal and ethical.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Makes use of sound administrative practices.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Leads the organization through effective management of people and tasks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Total:					
Average:					
Coastal Health & Wellness:					

VIII. PROFESSIONALISM:	CHW				
Deals effectively and appropriately with the public and other organizations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Demonstrates high ethical standards.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Keeps "politics" and personal perspectives out of the decision-making process.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Stays active in professional organizations and abreast of regional issues.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Total:					
Average:					
Coastal Health & Wellness:					

IX. & X. ACHIEVEMENTS (rate 1-10):	CHW				
Strategic Health Plan goals for the current rating period were met.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Total:					

Average:	
Coastal Health & Wellness:	

RECOMMENDATIONS:	
List two to three performance objectives which you feel are important for the Executive Director to work on for the upcoming rating period.	
Coastal Health & Wellness:	

ADDITIONAL COMMENTS:	
Coastal Health & Wellness:	

Name of Board Member: _____ Date: _____

DRAFT

Coastal Health & Wellness Governing Board Assessment

Please rate the Board (as a whole) for each item.

	Excellent	Good	Average	Needs Improvements	Poor
1. Understand the history and mission of the CHW clinics.					
2. Participate in planning, adoption, and evaluation of health improvement plans.					
3. Attendance at Board meetings to maintain a quorum.					
4. Focus on policy issues, not day to day management of the clinics.					
5. Open communication with the Executive Director.					
6. Annually evaluate the Executive Director.					
7. Maintains a financial committee to review and approve the budget and compare to actual expenditures.					
8. Respect Board member's opinions and constructively expresses concerns.					
9. Adopt policies and support clinic improvements.					
10. Act as an advocate for the CHW clinics in the community.					
11. Participation in committee meetings, retreats, and other CHW activities.					
12. Representation of health care needs of the community.					
13. Fulfillment of Board responsibilities in the bylaws.					
Comments on any of the above or general comments about how well the Board does its work:					

Completed forms should be turned in no later than **Friday March 13, 2020**. It can be faxed to (409) 949-3492, emailed to trollins@gchd.org, ahernandez@gchd.org or mailed to: Coastal Health & Wellness, Attn: Tikeshia Thompson Rollins & Anthony Hernandez, P.O. Box 939, La Marque, Texas 77568

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