



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, January 28, 2021 – 12:00 PM

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 January 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/88654620029?pwd=YURFSnJqbE0yeGVtZEEwOFNOQnpHUT09>

Meeting Password: 102965

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 886 5462 0029# Meeting Password: 102965
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 December 10, 2020 Governing Board Meeting

- *Item #4**ACTION**.....Consider for Approval Minutes from January 14, 2021 Governing Board QA Meeting
- * Item #5**ACTION**.....Consider for Approval Quarterly Investment Report for the Period Ending 12/31/20
- Item #6**ACTION**.....Consider for Approval Resolution Recognizing Mary Jane Griggs, Unit Receptionist-Medical Team Leader, and her 24 Years of Service to Coastal Health & Wellness
- Item #7.....Executive Reports
 - (a) Executive Director
 - (b) Medical Director
 - (c) Dental Director
- Item #8**ACTION**.....Consider for Approval Financial Report
 - a) November 2020
 - b) December 2020
- Item #9**ACTION**.....Consider for Approval Quarterly Visit and Collection Report Including a Breakdown of New Patients by Payor Source for the Period Ending 12/31/20
- Item #10**ACTION**.....Consider for Approval Quarterly Access to Care Report for the Period Ending 12/31/20
- Item #11**ACTION**.....Consider for Approval Patient Satisfaction Survey Results for the Period Ending 12/31/20
- Item #12**ACTION**.....Consider for Approval Quarterly Compliance Report for the Period Ending 12/31/20
- Item #13**ACTION**.....Consider for Approval Coastal Health & Wellness Emergency Operation Plan
- Item #14**ACTION**.....Consider for Approval Annual Report on Infection Control Goals 2020
- Item #15**ACTION**.....Consider for Approval Revisions to the Coastal Health & Wellness Credentialing and Privileging Policy
- Item #16**ACTION**.....Consider for Approval Modification to Re-Privileging Rights for Unsil Keiser, DDS
- Item #17**ACTION**.....Consider for Approval Re-Privileging Rights for Suma Shetty, DDS

Next Regular Scheduled Meeting: February 25, 2021

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
January 2021
Item#2
Excused Absence(s)**



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2021

Item#3

Consider for Approval Minutes from December 10, 2020

Governing Board Meeting

**Coastal Health & Wellness
Governing Board
December 10, 2020**

**Board Members
Conference Call:**

Samantha Robinson
Milton Howard, DDS
Virginia Valentino
Flecia Charles
Jay Holland
Elizabeth Williams
Dorothy Goodman
Victoria Dougharty

Staff:

Kathy Barroso, Executive Director
Cynthia Ripsin, MD
Hanna Lindskog, DDS
Mary Orange (phone)
Anthony Hernandez
Eileen Dawley
Richard Mosquera

Excused Absence: Barbara Thompson, MD

Unexcused Absence: Miroslava Bustamante

Items 1-4 Consent Agenda

A motion was made by Dr. Howard to approve the consent agenda items one through four. Victoria Dougharty seconded the motion and the Board unanimously approved the consent agenda.

Item #5 Executive Reports

Kathy Barroso, Executive Director, presented the December 2020 Executive Report to the Board. Kathy informed the Board that Coastal Health & Wellness underwent a HRSA virtual operational site visit (OSV) on November 17th-19th. An OSV provides an assessment of a health center's compliance with over 90 required program elements. The preliminary report for the exit conference was favorable. The final report was received on December 9th from HRSA and it stated that there are seven program elements in which additional information will need to be provided. All responses are due by December 22, 2020.

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

	N	% of total
Total patients since inception	45	
Primary: Opioids	17	38%
Primary: Alcohol	20	44%
Primary: other	7	16%
Deceased	4	Avg age 49y

Funding for this program has been added to our base grant.

Clinic

- Volume of patients has been variable, but this is not unexpected for the holidays.
- Currently 65% of patients are being seen in person.
- In person volume is affected by the number of COVID tests we run.
- These are all done via phone and then patients are managed through the testing bay so the higher the number of COVID tests, the lower the percentage of face-to-face visits.
- We have no plans to close or limit face-to-face visits. Our sanitation processes are solid.

- Our patients are hurting, and many don't know how to verbalize their need.
- We are now adding a brief conversation about food insecurity to each encounter and have a handout for local food banks in English and Spanish.

COVID

Month of November	60	
First 8 days of December	22	
Positivity	30% December	50% last week alone

Influenza Clinics

TC = 3

Saturday = 61 over 4 hours

Weekday half days

Galveston = 1 half day

Over 100 immunized.

Set-up for this has helped us prepare for vaccinating for the coronavirus

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

- The Dental Clinic continues to use Batelle N95 decontamination program and the CDC reuse protocol for N95 respirators
- We continue to follow all Dental State Board requirements and CDC recommendations while providing all dental services
- The Galveston Dental Clinic is open Tuesday, Wednesday and Thursday and Texas City is open Monday-Saturday.
- Our part time hygienist will start working 3 days a week in January. (She is currently working two days a week)
- As mentioned, we have one vacancy in the dental assistant position. We also have two dental assistants who have notified us that they will likely be leaving us in February due to family reasons and career changes. The position for our current vacancy was posted this week.
- We have registered for the OSAP Infection Control Bootcamp which will take place in January. The infection control nurse, dental assistant supervisor and dental director will attend bootcamp sessions virtually.

Item #6 Consider for Approval October 2020 Financial Report

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

Item #7 Consider for Approval Coastal Health & Wellness Fund Balance Reserve as of September 30, 2020

Mary Orange, Business Office Manager, asked the Board to consider for approval the Coastal Health & Wellness Fund Balance Reserves as of September 30, 2020. Operating reserves increased from \$4.4M to \$4.9M, providing five months of operating reserves. A motion to accept the report as presented was made by Jay Holland and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #8 Consider for Approval Coastal Health & Wellness Risk Management Plan

Richard Mosquera, Chief Compliance Officer, asked the Board to consider for approval the Coastal Health & Wellness risk management plan. A motion to accept the plan with corrections for a typo was made by Jay Holland and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #9 Consider for Approval Coastal Health & Wellness Credit Card and Refund Policy

Mary Orange, Business Office Manager, presented the Coastal Health & Wellness Credit and Refund Policy to the Board. A motion to accept the Credit and Refund Policy with revisions noted was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #10 Consider for Approval Coastal Health & Wellness Charge Capture Policy

Mary Orange, Business Office Manager, presented the Coastal Health & Wellness Charge Capture Policy. A motion to accept the Charge Capture Policy with revisions noted was made by Virginia Valentino and seconded by Elizabeth Williams. The Board unanimously approved the motion.

Item #11 Consider for Approval Coastal Health & Wellness Payment Posting Policy

Mary Orange, Business Office Manager, presented the Coastal Health & Wellness Payment Posting Policy to the Board. A motion to accept the Payment Posting Policy with revisions noted was made by Jay Holland and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #12 Consider for Approval Re-Privileging Rights for Cynthia Ripsin, MD

Kathy Barroso, Executive Director, asked the Board to consider for approval re-privileging rights for Cynthia Ripsin, MD. A motion to accept re-privileging rights for Cynthia Ripsin, MD was made by Victoria Dougharty and seconded by Virginia Valentino. The board unanimously approved the motion.

Item #13 Consider for Approval Re-Privileging Rights for UTMB Resident Angela Abouassi, MD

Dr. Ripsin, Medical Director, asked the Board to consider for approval re-privileging rights for UTMB resident Angela Abouassi, MD. A motion to accept re-privileging rights for UTMB resident Angela Abouassi, MD was made by Virginia Valentino and seconded by Victoria Dougharty. The board unanimously approved the motion.

Item #14 Consider for Approval Privileging Rights for UTMB Resident Yi Liang, MD

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for UTMB resident Yi Liang, MD. A motion to accept privileging rights for UTMB resident Yi Liang, MD was made by Dorothy Goodman and seconded by Virginia Valentino. The board unanimously approved the motion.

The meeting was adjourned at 12:55p.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

January 2021

Item#4

Consider for Approval Minutes from January 14, 2021

Governing Board QA Meeting

Coastal Health & Wellness Governing Board
Quality Assurance Committee
Meeting
January 14, 2021

BOARD QA COMMITTEE MEMBERS PRESENT (Zoom Call):

Samantha Robinson, BSN – Chair
Milton Howard, DDS – Vice Chair
Virginia Valentino-Treasurer

EMPLOYEES PRESENT (Zoom Call)

Kathy Barroso (Executive Director), Cynthia Ripsin (Medical Director), Hanna Lindskog (Dental Director), Eileen Dawley (Chief Nursing Officer), Rocky Mosquera (Chief Compliance Officer), Tiffany Carlson (Nursing Director), Pisa Ring (Patient Information Manager) & Debra Howey (Infection Control Nurse) & Tikeshia Thompson Rollins (Executive Assistant III)

(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 reviewed the quarterly access to care report for the 4th quarter in comparison to the third quarter. <u>Quarterly Patient Satisfaction Report</u> <ul style="list-style-type: none"> Kathy reviewed the October, November, and December Patient Satisfaction Survey and the QA Committee was informed of the total weighted average score of 4.79.
Quarterly Report on UDS Medical Measures in Comparison to Goals	<ul style="list-style-type: none"> Dr. Ripsin reviewed the UDS medical measures in comparison to goals.
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 Peer to Peer education plan.
Annual Anticoagulation Report	<ul style="list-style-type: none"> Dr. Ripsin reviewed the annual anticoagulation report.
Quality Assurance/Risk Management/ Emergency Management Reports a) Quarterly Risk Management Report b) Dental Quarterly Summary c) Quarterly Emergency Management Report	<u>Quarterly Risk Management Report</u> <ul style="list-style-type: none"> Quarterly Risk Management report was presented and reviewed in comparison to current goals. Samantha Robinson, Board Chair, suggested adding that measures taken for COVID under the emergency management plan have led to an increase in complaints. <u>Dental Quarterly Summary</u> <ul style="list-style-type: none"> Dr. Lindskog will present the pediatric patient distribution to the QA Board committee quarterly. <u>Quarterly Emergency Management Report</u> <ul style="list-style-type: none"> Rocky reviewed the Emergency Management Report and gave an update on trainings that occurred during the quarter. Samantha Robinson suggested adding a drill on continuity of services (i.e., loss of power or location)
Modifications to Credentialing & Privileging Policy	<ul style="list-style-type: none"> Eileen reviewed modifications to the policy per HRSA recommendations.

Annual Process Improvement Report	<ul style="list-style-type: none">• Samantha Robinson, Board Chair, suggested adding telehealth services to the annual report.
Open Discussion	<ul style="list-style-type: none">• Eileen informed the committee of the Joint Commission site visit scheduled for January 26th & 27th.

Next Meeting: April 15, 2021, 2021

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2021

Item#5

**Consider for Approval Quarterly Investment Report for the Period
Ending 12/31/20**

**Coastal Health & Wellness
Investment Report
For the period ending December 31, 2020**

Coastal Health & Wellness	Money Market Account		
	Oct	Nov	Dec
Beginning Balance	\$5,804,212	\$6,099,658	\$5,929,372
Deposits	648,800	213,000	812,000
Withdrawals	(360,000)	(390,000)	(400,000)
Interest Earned	6,646	6,714	6,867
Ending Balance	\$6,099,658	\$5,929,372	\$6,348,239
Current Annual Yield	1.40%	1.40%	1.40%
Previous Quarter Yield (07/2020 - 09/2020)	1.40%	1.40%	1.40%

Tex Pool Investments		
Oct	Nov	Dec
\$26,441	\$26,444	\$26,446
3	3	2
\$26,444	\$26,446	\$26,448
0.13%	0.12%	0.09%
0.21%	0.18%	0.15%

Summary	Interest Earned	Avg Balance	Yield
October 1, 2020 to December 31, 2020	\$20,235	\$5,775,637	0.19%
January 1, 2021 to March 31, 2021	\$0	\$0	
April 1, 2021 to June 30, 2021	\$0	\$0	
July 1, 2021 to September 30, 2021	\$0	\$0	
YTD Totals	\$20,235	\$5,775,637	0.19%

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
FY2018	0.14%	0.20%	0.30%	0.38%	1.02%
FY2019	0.43%	0.47%	0.47%	0.46%	1.83%
FY2020	0.40%	0.36%	0.21%	0.20%	1.17%
FY2021 (Current year)	0.19%				0.19%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2021

Item#6

**Consider for Approval Resolution Recognizing Mary Jane Griggs,
Unit Receptionist-Medical Team Leader, and her 24 Years of
Service to Coastal Health & Wellness**

Resolution Recognizing Mary Jane Griggs, Unit Receptionist - Medical Team Leader Contributions to Public Health in Galveston County



WHEREAS, Mary Jane Griggs, was hired through the St. Mary's Health Center as a Medical Clerk in August 1996;

WHEREAS, in April 1999, she was transferred to the 4C's clinic payroll;

WHEREAS, in April 2015, she was promoted to Unit Receptionist-Medical Team Leader in Galveston;

WHEREAS, Over 24 years until January 20, 2021, Mary Jane Griggs, has been instrumental throughout the years assisting patients with scheduling appointments, obtaining discounted prescriptions and how to help improve the overall health of patients, all while ensuring that medical records are correctly filled out and labeled before storing them safely in their respective storage areas for the patients of Galveston County.

THEREFORE, Be it resolved by action of the Governing Board on January 28, 2021, that Mary Jane Griggs, has contributed significantly to the public's health in Galveston County for over 24 years and is commended for exceptional public service.

Samantha Robinson, BSN
Chairperson, Governing Board

Kathy Barroso, CPA
Chief Executive Officer

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
January 2021
Item#7
Executive Reports**

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



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

Tooth decay common chronic childhood dental problem

Roughly one in five children ages 5-11 have at least one untreated decayed tooth and one in seven adolescents ages 12-19 have the same problem, making tooth decay one of the most common chronic childhood conditions in the United States.

If left untreated, tooth decay can cause pain, infections and lead to future problems.

February marks National Children's Dental Health Month and Coastal Health & Wellness (CHW) is taking this opportunity to highlight what families can do to fight tooth decay. This year celebrates water fluoridation with 2020 marking the 75th anniversary of community water fluoridation.

"Tooth decay, also known as cavities, is preventable," said CHW Dental Director Hanna Lindskog, DDS. "Fluoride in water helps prevent cavities."

Fluoride is a mineral found in natural water – from oceans to lakes and ponds. For the past 70 years, fluoride has been added to city tap water. Fluoride can also be found in toothpaste and mouth rinse. It helps prevent cavities in children by making tooth enamel more resistant to tooth decay. It can even repair weakened tooth enamel.



"Babies and toddlers who don't receive enough fluoride may be at an increased risk for tooth decay," Lindskog said.

Fluoride taken in from foods, beverages and dietary supplements make tooth enamel stronger before teeth even break through the gums, according to the American Dental Association (ADA). Once teeth break through, fluoride helps to rebuild weakened tooth enamel and reverses signs of tooth decay. Fluoride taken in from foods and beverages continues to provide a topical benefit because it becomes part of your saliva, constantly bathing the teeth in tiny amounts of fluoride that also helps rebuild weakened tooth enamel.

If you have a baby or toddler, you may have questions about thumb sucking, your child's first dental visit

or how and when to clean your child's teeth.

Teeth typically begin appearing in infants at 6 months of age.

Developing good habits now may help children develop good habits for a lifetime of healthy teeth and gums.

Parents can begin cleaning their baby's mouth within the

COVID-19 vaccines arrive at health district



As 2020 came to a close, the first 200 doses of the Moderna COVID-19 vaccine arrived at the Galveston County Health District. In addition to vaccinating Coastal Health & Wellness frontline health care workers, the health district vaccinated about 100 members of the public that same week. Since then, the health district has vaccinated more than 2,600 members of the public who fall in Phases 1A and 1B of the state's vaccination plan.



GCHD named COVID-19 vaccine hub provider

Galveston County Health District earlier this month was named a COVID-19 vaccine hub provider by the State of Texas.

As of this week, the health district has received and administered roughly 2,600 vaccine doses to those who qualify under Phases 1A and 1B of the state's vaccination plan.

The health district is also partnering with UTMB Health - also a designated vaccine hub provider - and Galves-



ton County to vaccinate as many individuals, as quickly as possible, who meet the state's vaccination criteria.

On Jan. 23, all three partnered to open the county's first drive-through vaccination event at Walter Hall Park in League City. The first of many, the event ran smoothly with more than

700 vaccines administered that day.

For more information on vaccine availability and future appointments, please visit www.gchd.org/covidvaccine.

COVID-19 cases holding steady in county

COVID-19 cases in Galveston County are holding steady with nearly 8,000 active cases as of the Tuesday, Jan. 26 report, the highest number of active cases reported by the health district to date.

While the number of new cases has dropped some in recent days, the county has continued to report double-digit positivity rates for the past month, reaching 20 percent in mid-December.

As of Tuesday, there were 7,983 active cases, more than two times the 3,547 active cases reported one month ago. There have been a total of 25,863 COVID-19 cases reported since March.

There have been 291,344 total tests administered through Tuesday's report. There are 232 deaths.

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

Now is not the time to let down our guard. Please continue to do your part to slow the spread of COVID-19:

- Stay home if you are sick
- Wear a face covering in public spaces
- Stay at least 6 feet from other people
- Frequently wash your hands with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60 percent alcohol.
- Avoid touching your eyes, nose or mouth with un-

washed hands.

- Cover coughs and sneezes with a tissue and then throw the tissue in the trash. If tissues are not available, cough and sneeze in your elbow. Do not cough and sneeze in your hands.

- Frequently clean and disinfect objects and surfaces using a regular household cleaning spray or wipe.

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

The school taskforce continues to work with schools offering recommendations and assisting in identifying COVID-19 cases and their close contacts. There were several school COVID-19 outbreaks in January. From Dec. 2, 2020 - Jan. 19, 2021, there have been roughly 1,411 COVID-19 cases tied to students or school district employees.

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. Galves-

Healthy lifestyle helps lower risk of heart disease

Some might believe heart disease is only a problem for older adults. But, that's not the case. In fact, conditions that lead to heart disease are developing at a younger age.

February marks American Heart Month, the perfect time to learn about risk factors and steps to take care of your heart.

Americans, ages 35-64, are at risk for heart disease earlier in life due to high rates in obesity and high blood pressure, according to the Centers for Disease Control and Prevention (CDC).

The top three risk factors for heart disease are high blood pressure, high cholesterol and smoking or tobacco use and half of all Americans have at least one of those risk factors. Heart disease is the leading cause of death for both men and women.

Millions of Americans suffer from high blood pressure – one of the biggest risks for heart disease and stroke – and roughly half of those don't have it under control. High cholesterol may also increase the risk for heart disease.

Smoking is the leading cause of preventable death in the United States, according to the CDC. More than 37 million U.S. adults are current smokers and thousands of young people start smoking each day. Smoking also damages blood vessels and can cause heart disease.

The good news is you're in control. You're in charge of your health and healthy lifestyle changes can help lower your risk for developing heart disease.

Controlling and preventing risk factors is also important for people who already have heart disease.

Adopt healthy eating habits

Healthy meals and snack options can help you avoid

heart disease, and its complications. Fresh fruits, vegetables and foods low in saturated fats, trans fats, carbohydrates and cholesterol can help in the fight against heart disease. Most Americans eat far too much salt, which increases blood pressure. Reduce the amount of salt you consume by choosing low sodium options. Limit sugar, which can increase blood sugar levels by replacing sugary drinks like soda and juices with water or low-sugar alternatives.

Get active

Only one in five adults meets the Surgeon General's physical guidelines of getting at least 150 minutes of moderate-intensity activity a week. Aim for 30 minutes each day. You can even break up those 30 minutes into 10-minute blocks to better fit move-

ment in your schedule.

A 10-minute walk can promote heart health, improve brain function, ease depression and help you breathe easier. Plus, a shot of endorphins can help you get through your day.

Staying active helps you keep your heart and blood vessels healthy, maintain a healthy weight and lower your blood pressure, cholesterol and sugar levels. More than one in three Americans – and one in six children ages 2-19 – are considered obese. Extra weight puts stress on your heart.

Take charge

Take charge of your health. Work with your doctor and health care team to manage conditions that could contribute to a higher risk of heart disease. This includes high blood pressure and high cholesterol. Take medicines as prescribed and learn more about preventing and managing high blood pressure and high cholesterol.

If you don't smoke, keep it that way. If you do, speak to your doctor about the best way to quit.



GCHD names Employee of the Month



Hope Jensen

Congratulations, Hope Jensen, on being named the December Employee of the Month!

Hope, who works in GAAA, was nominated for her dedication to her job, GCHD and the residents of Galveston County.

“Hope has been with GAAA for around 3 years and has been rapidly promoted within the organization. She executes her responsibilities with style and grace, impressing us with her leadership skills, work ethics, integrity, and her compassion for patients, the public, and most of all her crew members. She has gone up, over, and beyond her call of duty and job description effortlessly. It is an honor to work and serve with Hope! She is genuinely a GAAA gem!”

Congratulations, Hope, and thank you for going above and beyond to benefit the district.

COVID-19

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

Residents are also encouraged to contact their primary care physician for COVID-19 testing if they have come in contact with someone who is COVID-19 positive or are experiencing symptoms including cough, shortness of breath, difficulty breathing or at least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell.

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

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

FEBRUARY 7

NATIONAL BLACK HIV/AIDS AWARENESS DAY



Ending
the
HIV
Epidemic



LOVE IS IN
THE AIR.



SO IS
THE FLU.



WASH
YOUR
HANDS.

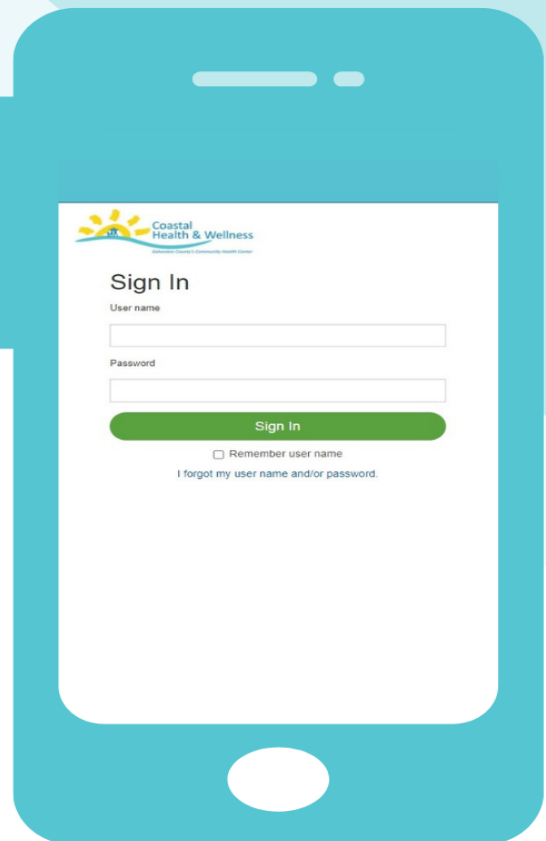


GALVESTON COUNTY
HEALTH DISTRICT



With Patient Portal you can...

- **REQUEST** AND VIEW APPOINTMENTS
- **SEND** A MESSAGE TO YOUR MEDICAL PROVIDER AND CHW TEAM
- **VIEW** A SUMMARY OF YOUR HEALTH RECORD AND LAB RESULTS
- **REQUEST** PRESCRIPTION REFILLS
- **PAY** STATEMENTS



Ask our staff how to register!

coastalhw.org

Coastal Health & Wellness Updates

Medical

- Monique Swan, NP (Pending: Community Health Choice- Set for approval meeting on 01/28/2021)
- Julio Garza, PA-C (Pending Community Health Choice and Superior Health Plan)

Pending New/Evaluating Contracts:

- Bright Health – Contract signed and sent to insurance. Awaiting processing
- Liberty Dental (Texas City) – Contract signed and sent to insurance. Awaiting processing
- Evolve Dental – Contract signed and sent to insurance. Awaiting processing
- Memorial Hermann Health Plan- Sent for approval/signature process.
- Oscar Health Plan – Currently in-network with insurance through Cigna (Cigna+Oscar). Waiting for response on contract language edits to participate in all plans offered by Oscar.

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 January 6, 2021 and the quarterly meeting of the Governing Board Quality Assurance Committee was held on January 14, 2021.

- QA/Risk Management meeting - standard monthly and quarterly reports were reviewed (access to care; patient satisfaction survey results, insurance and credentialing, case management and lab reports). Updated guidelines related to nursing and infectious disease were presented for review and discussion. Internal dental audits were presented, and all audit results were favorable. Other items discussed included information on 340b drugs; listing of CHW process improvements in 2020; an overview of the new CHW telehealth workflow process; patient information about advance directives; and a draft of the CHW infection control risk assessment for 2021.
- Quarterly Board QA Committee - meeting included reviews of the quarterly access to care report and quarterly patient satisfaction report in comparison to prior periods. An update was also given on UDS medical measures in comparison to established goals as well as the results of a medical peer review chart audit that was conducted from August to December 2020. The quarterly risk management and emergency management reports were reviewed and comparisons to established goals were discussed. Lastly, revisions to the Credentialing & Privileging Policy, which had been suggested during the HRSA virtual site review, was presented to the committee for their awareness; and a listing of process improvements accomplished in the Coastal Health & Wellness clinics in 2020 was also reviewed.

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 January 20, 2021. Annual infection control reports and plans were reviewed as well as infection control audit reports for the period. Updates were also given on supplies, such as cleaning/disinfecting wipes and soap/hand sanitizer. In addition, the Environmental Safety and Compliance Report was presented and compared against established goals.

Patient Centered Medical Home (PCMH) Committee

- We are currently in a holding period related to PCMH certification. A notice of intent to request PCMH accreditation has been submitted to HRSA, but the initial PCMH review must be in-person and the Joint Commission is primarily conducting virtual visits at this time.
- Staff continue to work on making sure that PCMH requirements are in place.

HRSA Deliverables / Updates –

- Through 12/31/20, we have expended \$16,280 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 12/31/20, \$79,607 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 12/31/20, \$660,356 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 12/31/20, \$83,421 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. As of 12/31/2020, \$1,852 has been expended.
- Coastal Health & Wellness underwent a HRSA virtual operational site visit (OSV) on Nov.17-19. An OSV provides an assessment of a health center's compliance with over 90 required program elements. The final report denoted one element (Documentation of Hospital Admitting Privileges or Arrangements) that will need to be submitted with 90 days. Documentation must support that the health center has obtained provider hospital admitting privileges or have at least one formal arrangement in place with a hospital or entity for the purpose of admitting health center patients to a hospital.
- Coastal Health & Wellness recently applied for and was awarded \$187,080 for the 2021 National Hypertension Control Initiative: Addressing Disparities among Racial and Ethnic Minority Populations. This award provides one-time funding to increase provider and staff engagement in implementing evidence-based practices, including using advanced self-measured blood

pressure technology, to increase the number of adult patients with controlled hypertension. The funding may be utilized through the end of the 2023 budget period.

- 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 12/31/20, we have used \$64,896 to cover COVID expenses related to supplies, leaving a balance of \$99,975.
- A total of 2,706 patients have registered in the new patient portal system (Medfusion) since July 15, 2020, an increase of 367 patients from what had been reported in December. Staff is currently in the process of making sure that we have valid email addresses on file so that patients are sent an invitation to enroll in the portal. 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.
- As reported previously, the contract to provide dental services to HIV patients under a Ryan White Grant has been signed and training sessions are currently ongoing. Written procedures have been 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.
- Communication this month began a heavy focus on COVID-19 vaccine messaging through its website with the addition of a new page – www.gchd.org/covidvaccine - and through social media and community stakeholders.

- Communication continues to focus on COVID-19 with daily case updates, vaccine updates, testing information, prevention and overall education on the ever-changing situation.
- Communication staff is working with webhost Granicus on a complete redesign for the health district and CHW websites. A design has been agreed on and work is underway. This redesign will give the health district a more modern, user-friendly website. The health district plans to launch the redesigned website in spring 2021. This redesign project also includes the CHW website.
- The website continues to evolve with COVID-19 information being updated daily.
- Press releases – December
 - Marketplace open enrollment
- 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, caring for those with COVID-19, etc.
 - Various COVID-19 testing opportunities in the county
 - COVID-19 vaccine education
 - Caring for someone with COVID-19
 - What to do if you get COVID-19
 - COVID-19 and stress
 - Marketplace open enrollment
 - World AIDS Day
 - National Handwashing Awareness Week
 - Flu season and COVID-19
 - Flu vaccine awareness
 - Flu and high blood pressure
 - Diabetes and risk for stroke
 - Diabetes 101 education
 - Diabetes and eye health
 - Christmas and COVID-19 guidance
 - Christmas celebration risk levels with COVID-19
 - Tips for dealing with holiday-related stress
 - New Year's Eve and COVID-19 guidance
 - New Year's Eve celebration risk levels with COVID-19
 - #Take10 – move your body
 - #Take10 – manage stress
 - GCHD Employee of the Month
 - Christmas closure
 - New Year's Day closure
 - Chew on This series
 - CHW services counseling
 - CHW services dental
 - CHW services medical

CHW Career Opportunities:

Dec. 1, 2020-Jan. 20, 2021

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):

- None
- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
 - None currently.
 - Contingent Job offers have been extended for the following positions pending background checks and drug screenings:
 - None currently.
- **Current Vacancies:**
 - Dental
 - Dental Assistant I (Bilingual) full-time (3)
 - Providers
 - Midlevel (1)
 - Nursing
 - LVN full-time (1)
 - Medical Records
 - Unit Receptionist – Medical (Galveston) (1)
 - Patient Services
 - Patient Services Specialist – (1)
 - Medical Admin
 - Manager – CHW Business Office (1)

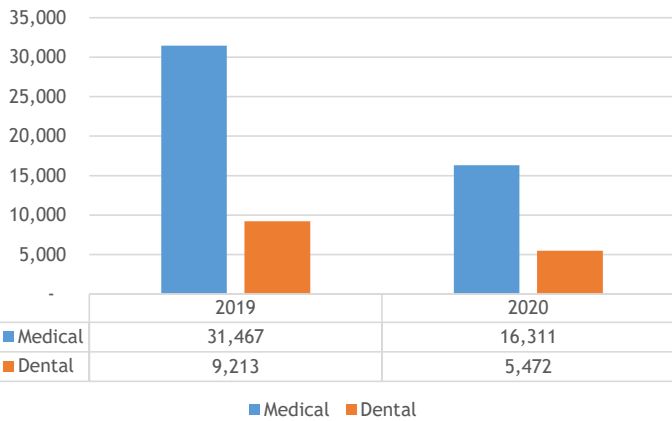
CHW Executive Board Reports December 2020/ January 2021:

1. Health and Human Services Commission entered into a grant contract with Coastal Health and Wellness (“CHW”) to provide funding for the Women’s Health Program, which include breast and cervical cancer services. The contract became effective on January 01, 2021 and extends through August 31, 2021. The total grant amount for the agreement is \$70,788.20.
2. Coastal Health and Wellness (“CHW”) was selected to assist Nextgen in the final stages of its updated product launch at no cost to CHW and entered into the Beta Program Participation Agreement. The program started in January 2021 and allows a quality assurance process for bringing high quality and well performing solutions to EHR marketing.
3. Coastal Health & Wellness (“CHW”) entered into a Donation Agreement on December 17, 2020 with United Healthcare Services, Inc. (“UHS”). The donation is in connection with the COVID-19 health emergency response for the sole purpose of protecting health care workers and the treatment of patients. UHS donated a total of 10,000 surgical masks to CHW.
4. A Professional Services Agreement for Screening and Diagnostic Services was executed on December 21, 2020 between Coastal Health & Wellness (“CHW”) and the University of Texas Medical Branch (“UTMB”) for mobile mammography services. UTMB will provide professional services by performing mammography screening services for women who live in the GCHD service area and are eligible for participation as patients within GCHD’s health care services program. UTMB has received a service grant through the Kempner fund which will cover expenses that would otherwise be incurred by CHW patients.

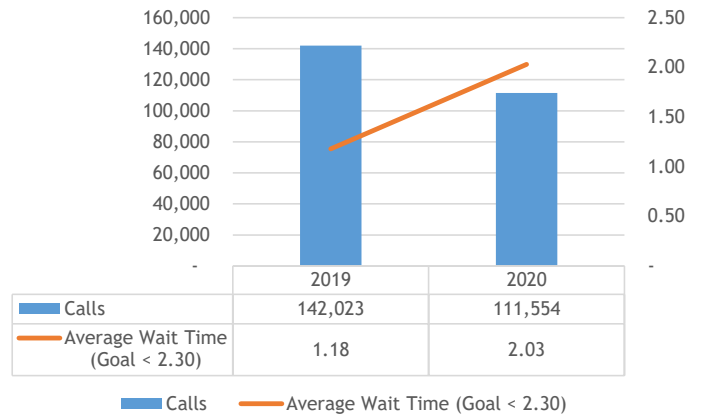
December 2020 Report
YTD Comparison Report (January - December 2020)

Patient Services - Patients Checked-In	2019	2020	% Change
Medical	31,467	16,311	-48%
Dental	9,213	5,472	-41%
Contact Center	2019	2020	% Change
Calls	142,023	111,554	-21.5%
Average Wait Time (Goal < 2.30)	1.18	2.03	72%
Electronic Records	2019	2020	% Change
Record Requests	10,923	10,742	-1.7%
County Indigent Program	2019	2020	% Change
Applied	1578	1257	-20%
Referrals	2093	977	-53%
Avg Total Patients on Program	256	199	-22%
Case Management	2019	2020	% Change
Referrals	9279	4765	-49%

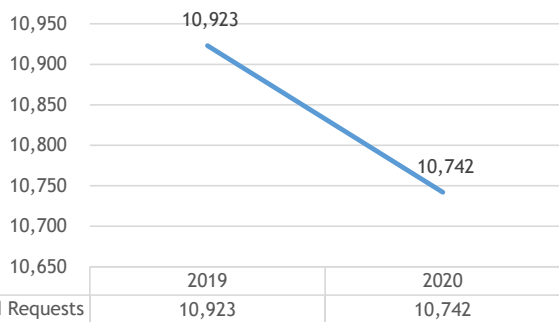
Patient Services-Total Patients Checked-In



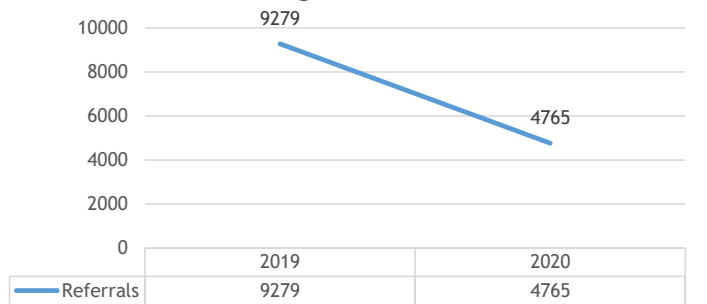
Contact Center - Calls and Wait Time



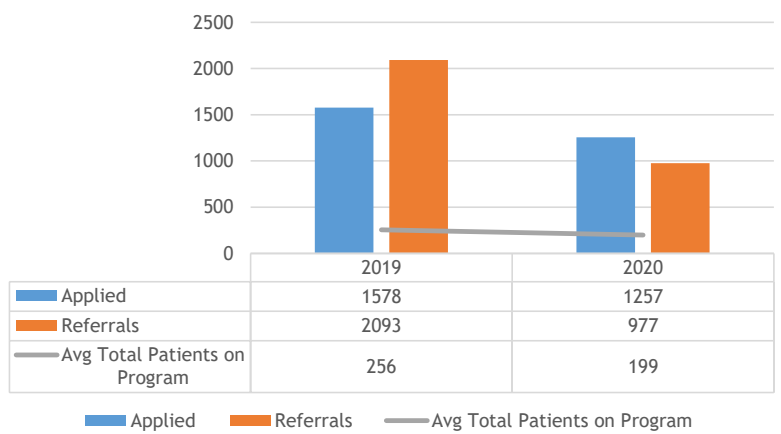
Electronic Record Requests



Case Management Referrals



County Indigent Program



[Back to Agenda](#)

**Governing Board
January 2021
Item#8
Consider for Approval Financial Report**

- a) November 2020**
- b) December 2020**

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

November 30, 2020

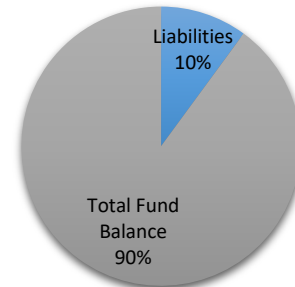
January 28, 2021

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

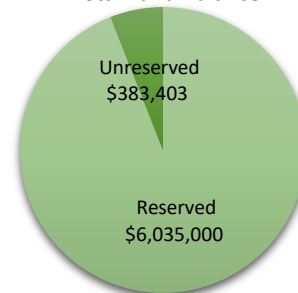
CHW - BALANCE SHEET as of November 30, 2020

	Current Month Nov-20	Prior Month Oct-20	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$6,422,135	\$6,361,903	\$60,232
Accounts Receivable	1,515,544	1,405,712	109,833
Allowance For Bad Debt	(975,524)	(949,622)	(25,902)
Pre-Paid Expenses	245,453	264,171	(18,718)
Due To / From	(70,505)	(27,567)	(42,937)
Total Assets	\$7,137,103	\$7,054,595	\$82,507
LIABILITIES			
Accounts Payable	\$85,290	\$114,315	(\$29,025)
Accrued Salaries	418,633	396,887	21,747
Deferred Revenues	214,777	218,145	(3,368)
Total Liabilities	\$718,700	\$729,347	(\$10,646)
FUND BALANCE			
Fund Balance	\$6,281,694	\$6,281,694	\$0
Current Change	136,709	43,555	93,154
Total Fund Balance	\$6,418,403	\$6,325,249	\$93,154
TOTAL LIABILITIES & FUND BALANCE	\$7,137,103	\$7,054,595	\$82,507

Current Period Assets



Total Fund Balance

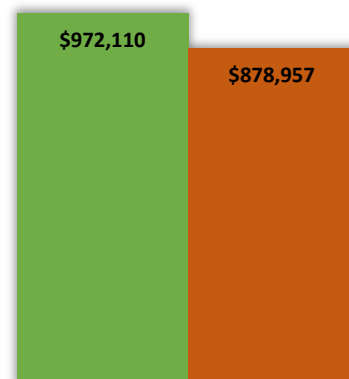


CHW - REVENUE & EXPENSES as of November 30, 2020

	Actual Nov-20	Budgeted Nov-20	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	65,833	(65,833)	257,044
HHS Grant Revenue	432,685	260,617	172,068	947,182
Patient Revenue	210,403	317,112	(106,708)	(944,566)
Other Revenue	17,800	10,827	6,973	114,984
Total Revenue	\$972,110	\$965,611	\$6,500	\$374,644
EXPENSES				
Personnel	\$583,733	\$632,211	\$48,478	\$264,782
Contractual	55,327	70,723	15,396	134,474
IGT Reimbursement	0	25,747	25,747	(29,116)
Supplies	120,459	104,826	(15,634)	173,110
Travel	2,361	4,533	2,172	29,420
Bad Debt Expense	25,902	33,605	7,703	(1,463)
Other	91,174	93,966	2,791	(28,854)
Total Expenses	\$878,957	\$965,611	\$86,654	\$542,352
CHANGE IN NET ASSETS	\$93,154	\$0	\$93,154	\$916,995

Current Month Actuals

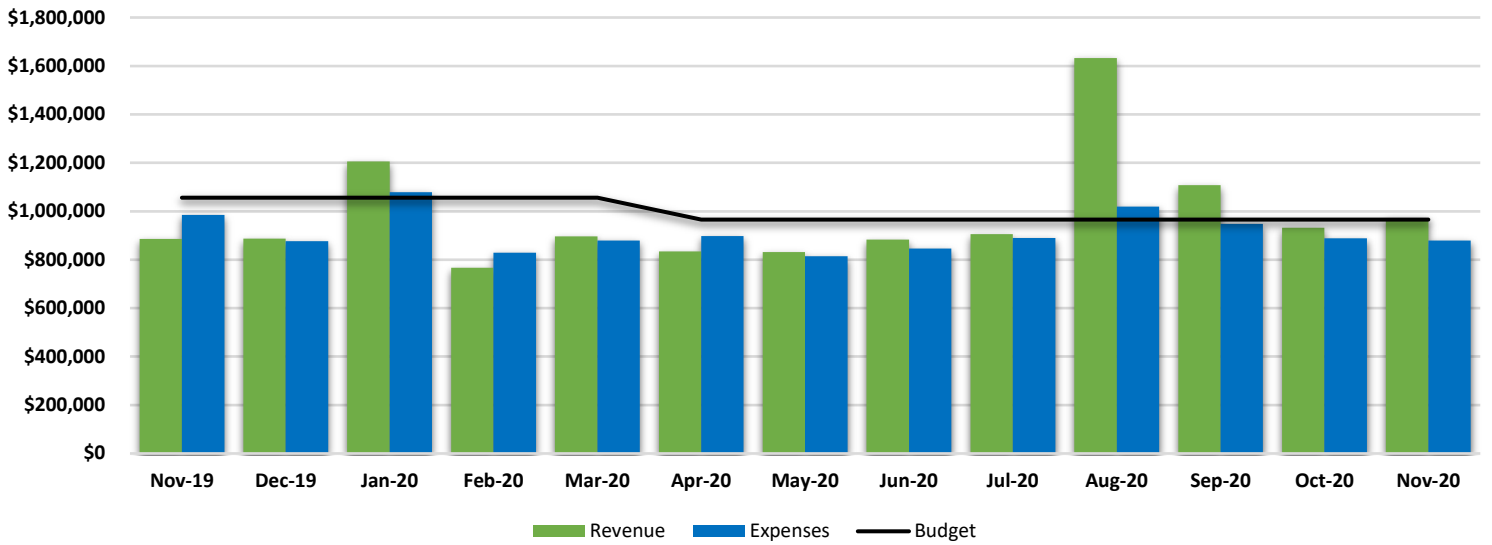
■ Revenue ■ Expenses



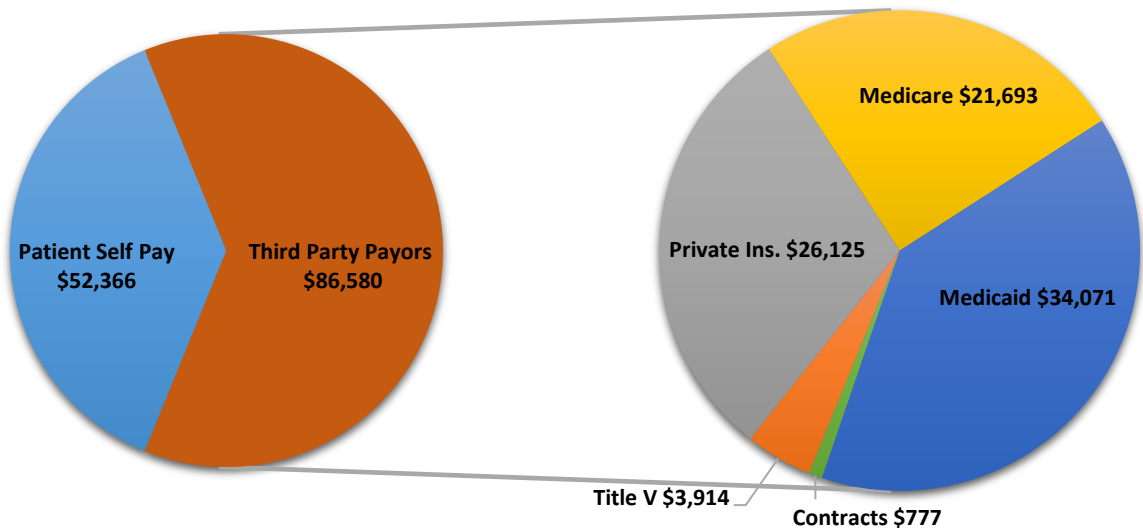
HIGHLIGHTS

- MTD Increase in Fund Balance of \$93,154.
- MTD revenues were \$6,500 higher than budget. A negative variance in patient revenues of (\$106,708) due to fewer visits is offset by an increase in HHS Grant Revenue of \$172,068. DSRIP revenue budgeted across a 12 month period accounts for the negative variance of (\$65,833) while Other Revenue was over budget by \$6,973.
- YTD Revenues were \$374,644 higher than budget. Decreases in visits account for (\$944,566) variance, which was offset by higher HHS Grant Revenue variance of \$947,182, Other Revenue variance of \$114,984 for items purchased and covered by Direct Relief funding, and DSRIP revenue variance of \$257,044 for funds received in August.
- MTD expenses were \$86,654 under budget. Savings were realized across Personnel, Contractual, IGT, Travel, Bad Debt and Other, which offset higher expenses in Supplies (\$15,634). Purchases for Surface Pro's, secure enclosures and wall mounts account for the negative variance. These expenses totalled \$71,259 and are reimbursable thru the FCC Grant.
- YTD Expenses were \$542,352 under budget. Savings were realized across all categories except IGT Reimbursement, Bad Debt and Other. IGT Reimbursement variance of (\$29,116) is offset by DSRIP Revenue, Bad Debt is (\$1,463) over due to mid-year AR adjustment. Other expenses have a negative variance of (\$28,854) and are over budget due to IT equipment expenditures and covid-related dental equipment, ads for Open Enrollment, and payment for 2019 HIE contract account.
- YTD Increase in fund balance of \$136,709. Total Fund Balance of \$6,418,403 as of 11/30/2020.

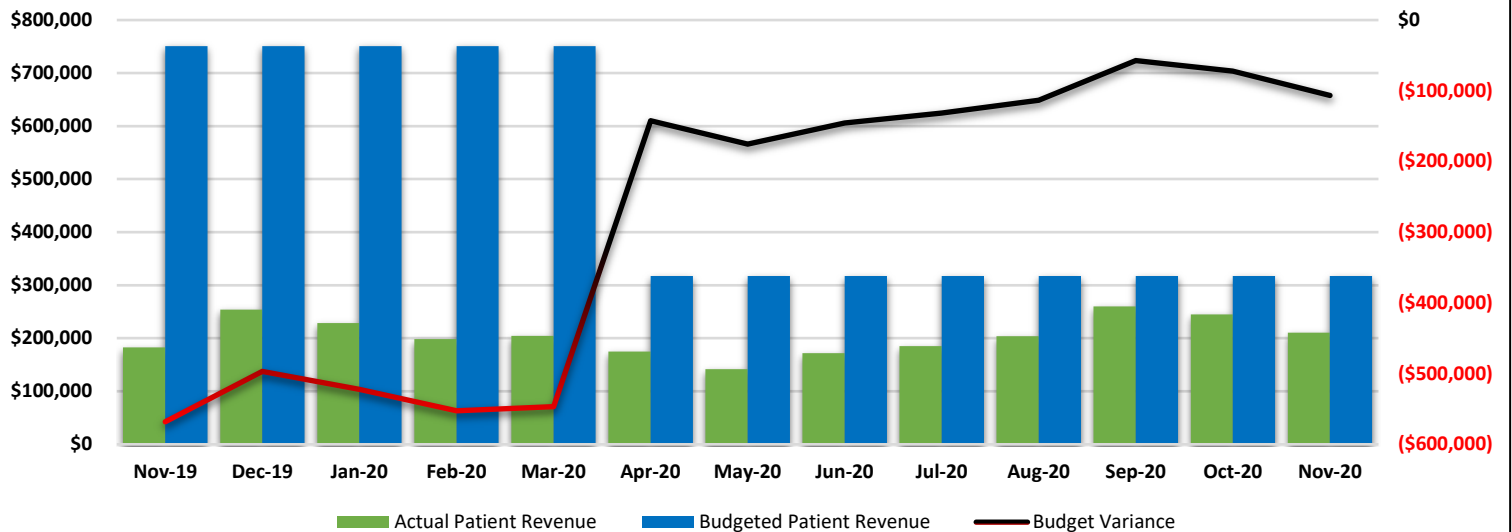
Actual Revenue & Expenses in Comparison to Budget



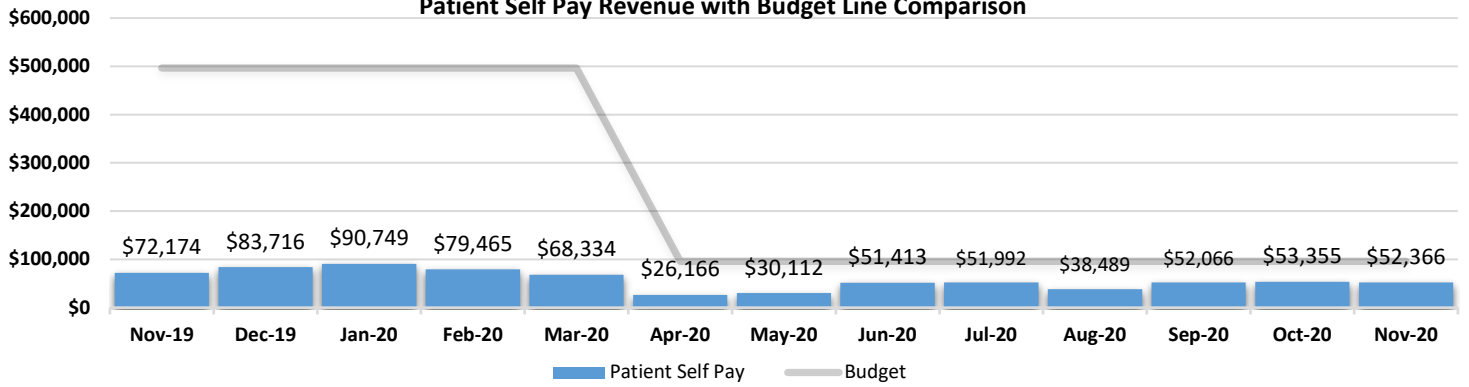
Current Period Patient Revenue with Third Party Payor Contributions Identified



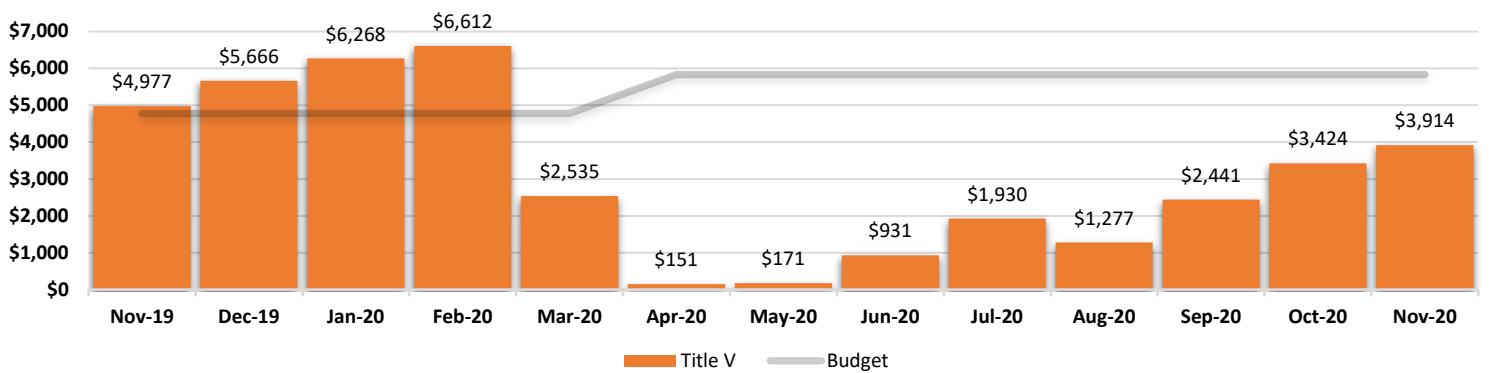
Actual Patient Revenue Rec'd vs Budget with Variance



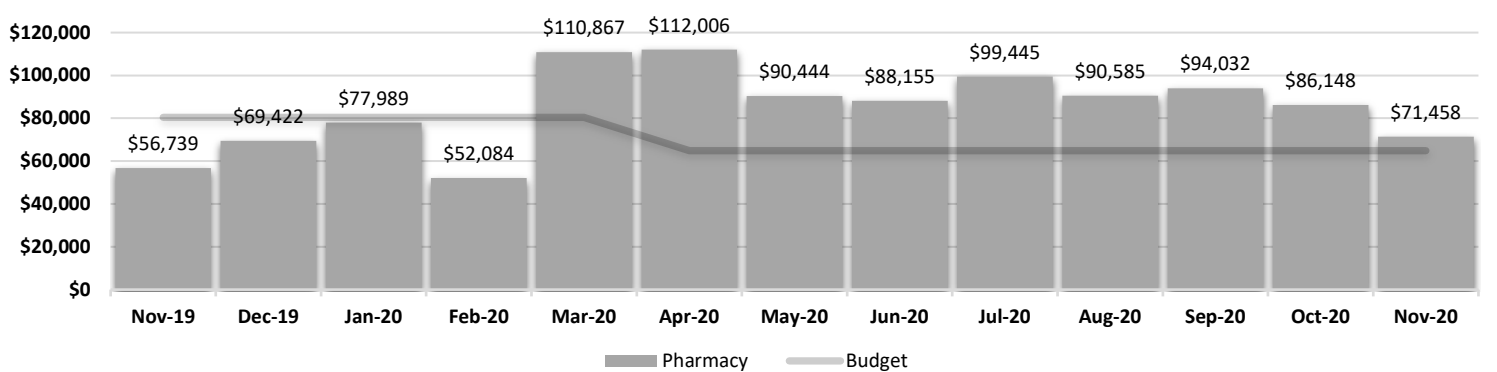
Patient Self Pay Revenue with Budget Line Comparison



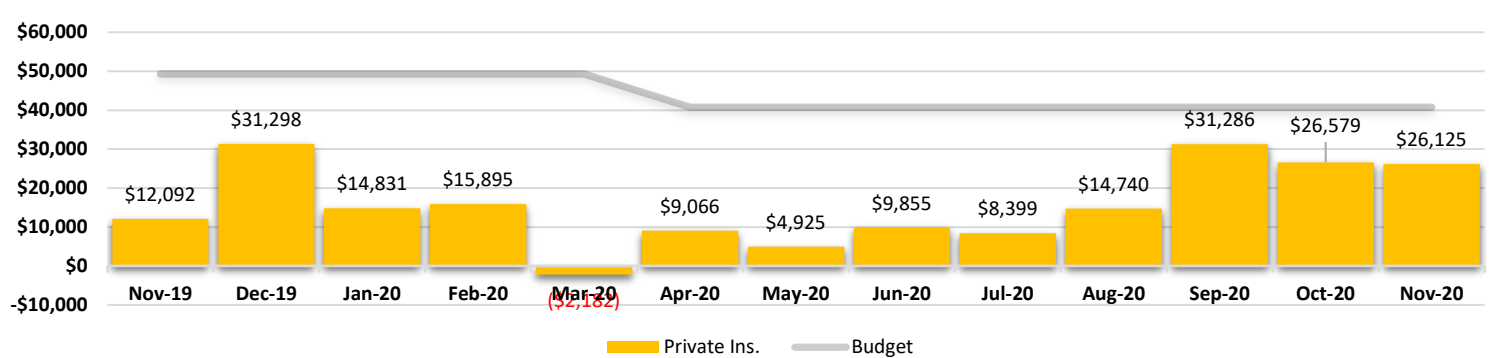
Title V Revenue with Budget Line Comparison



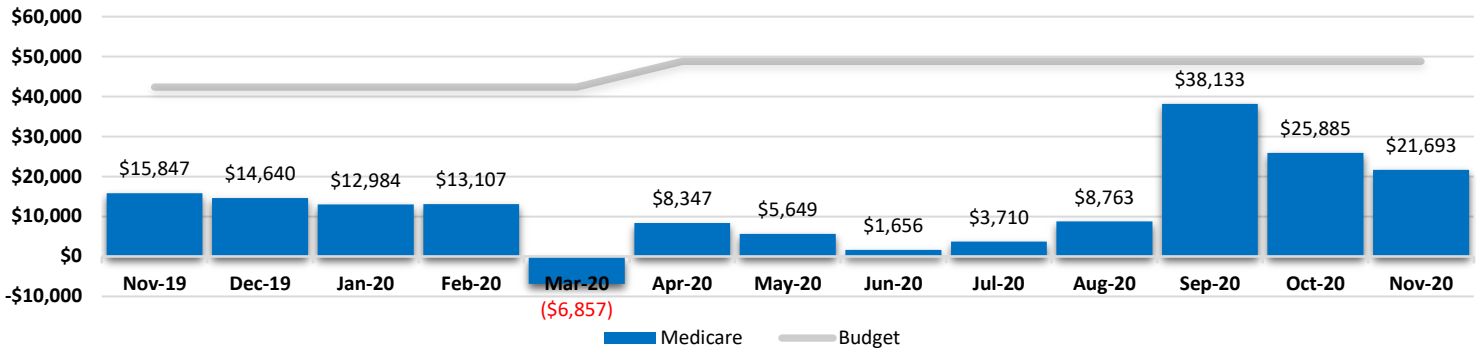
Pharmacy Revenue with Budget Line Comparison



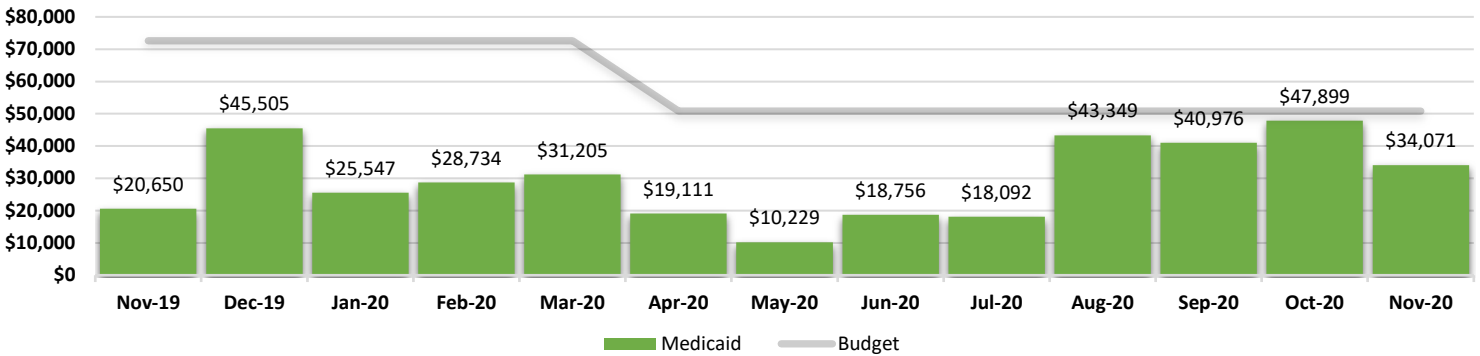
Private Insurance Revenue with Budget Line Comparison



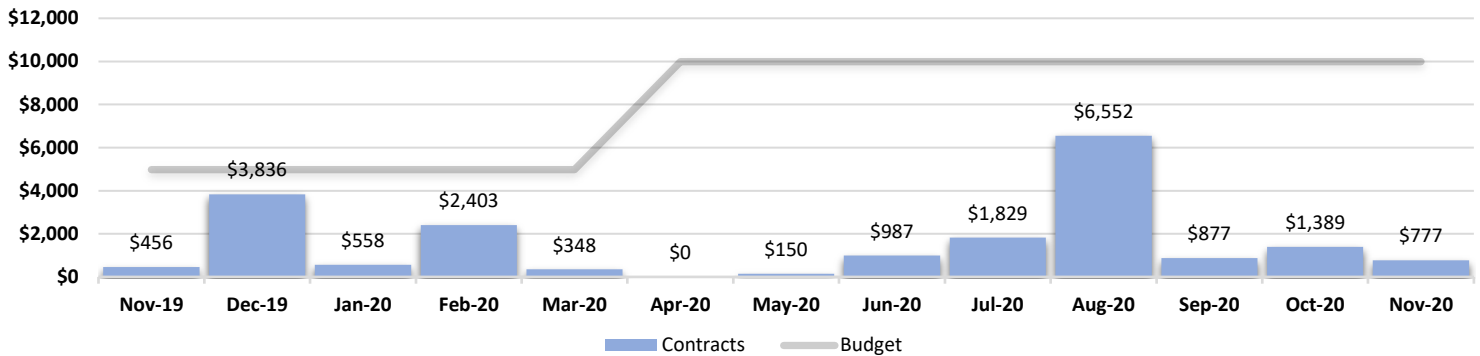
Medicare Revenue with Budget Line Comparison



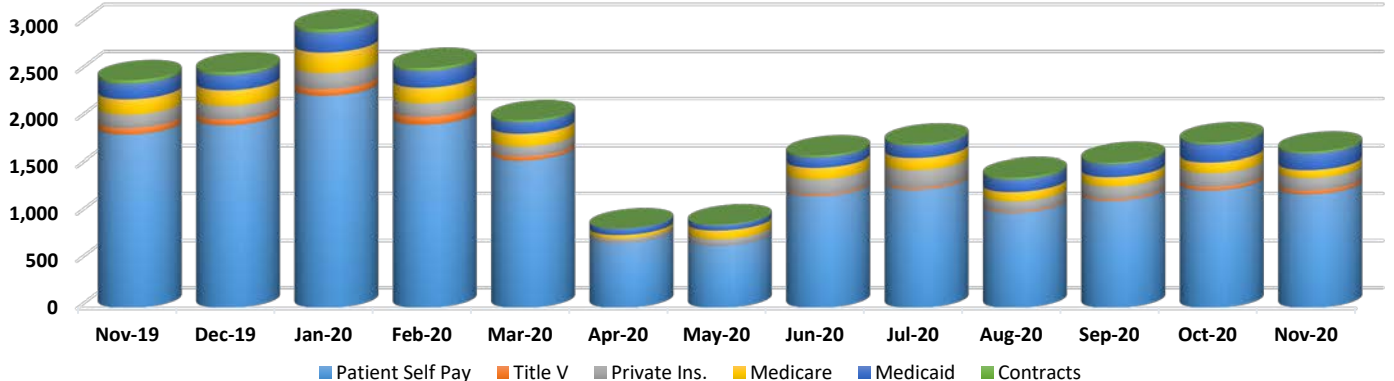
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness								
Statement of Revenue and Expenses for the Period ending November 30, 2020								
		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	11/30/2020	Budget	Variance	Actual	Budget	Variance	Budget
Grouping	REVENUE							
HRSA	HHS GRANT REVENUE - Federal	\$359,409	\$260,617	\$98,792	\$2,905,957	\$2,084,933	\$821,024	\$3,127,400
	HHS GRANT REVENUE - BASE	\$264,656	\$260,617	\$4,039	\$2,048,294	\$2,084,933	(\$36,639)	\$3,127,400
	HHS GRANT REVENUE - SUD-MH	\$10,071	\$0	\$10,071	\$107,202	\$0	\$107,202	\$0
	HHS GRANT REVENUE - Care	\$0	\$0	\$0	\$18,432	\$0	\$18,432	\$0
	HHS GRANT REVENUE - QI 2019	\$0	\$0	\$0	\$5,788	\$0	\$5,788	\$0
	COVID Supplemental	\$6,201	\$0	\$6,201	\$72,678	\$0	\$72,678	\$0
	CARES ACT	\$60,053	\$0	\$60,053	\$596,415	\$0	\$596,415	\$0
	HHS GRANT REVENUE - ECT	\$18,428	\$0	\$18,428	\$57,149	\$0	\$57,149	\$0
HRSA	HHS Other Grant Revenue	\$2,017	\$0	\$2,017	\$54,899	\$0	\$54,899	\$0
HHS	HHS - FCC Grant	\$71,259	\$0	\$71,259	\$71,259	\$0	\$71,259	\$0
Patient Rev	GRANT REVENUE - Title V	\$3,914	\$5,833	(\$1,919)	\$14,240	\$46,667	(\$32,426)	\$70,000
Patient Rev	PATIENT FEES	\$52,366	\$96,014	(\$43,648)	\$355,959	\$768,110	(\$412,151)	\$1,152,165
Patient Rev	PRIVATE INSURANCE	\$26,125	\$40,750	(\$14,625)	\$130,976	\$326,000	(\$195,024)	\$489,000
Patient Rev	PHARMACY REVENUE - 340b	\$71,458	\$64,874	\$6,584	\$732,273	\$518,992	\$213,281	\$778,488
Patient Rev	MEDICARE	\$21,693	\$48,826	(\$27,133)	\$113,835	\$390,607	(\$276,772)	\$585,910
Patient Rev	MEDICAID	\$34,071	\$50,828	(\$16,756)	\$232,483	\$406,620	(\$174,137)	\$609,930
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$1,351	\$0	\$123,272	\$10,805	\$112,466	\$16,208
Other Rev.	MEDICAL RECORD REVENUE	\$825	\$1,500	(\$675)	\$8,926	\$12,000	(\$3,075)	\$18,000
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$8,314	\$0	\$8,314	\$8,773	\$0	\$8,773	\$0
County	COUNTY REVENUE	\$311,222	\$311,222	\$0	\$2,489,778	\$2,489,778	\$0	\$3,734,667
DSRIP	DSRIP REVENUE	\$0	\$65,833	(\$65,833)	\$783,710	\$526,667	\$257,044	\$790,000
Other Rev.	MISCELLANEOUS REVENUE	\$0	\$0	\$0	\$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	\$7,082	\$7,500	(\$418)	\$51,626	\$60,000	(\$8,374)	\$90,000
Patient Rev	CONTRACT REVENUE	\$777	\$9,987	(\$9,210)	\$12,561	\$79,899	(\$67,337)	\$119,848
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$228	\$476	(\$248)	\$2,311	\$3,808	(\$1,497)	\$5,712
Other Rev.	CONVENIENCE FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	Fund Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Revenue	\$972,110	\$965,611	\$6,500	\$8,099,529	\$7,724,885	\$374,644	\$11,587,328
	EXPENSES							
Personnel	SALARIES	\$481,626	\$502,875	\$21,249	\$3,935,530	\$4,022,996	\$87,466	\$6,034,494
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$6,500	\$6,500	\$750	\$52,000	\$51,250	\$78,000
Personnel	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	SALARIES, O/T	\$1,144	\$3,750	\$2,606	\$14,180	\$30,000	\$15,820	\$45,000
Personnel	SALARIES, PART-TIME	\$12,888	\$15,788	\$2,900	\$101,447	\$126,301	\$24,854	\$189,451
Personnel	Comp Pay	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	FICA EXPENSE	\$34,988	\$40,460	\$5,472	\$294,151	\$323,683	\$29,532	\$485,525
Personnel	TEXAS UNEMPLOYMENT TAX	\$477	\$1,113	\$636	\$16,867	\$8,905	(\$7,962)	\$13,357
Personnel	LIFE INSURANCE	\$1,461	\$1,285	(\$176)	\$11,776	\$11,279	(\$1,498)	\$15,418
Personnel	LONG TERM DISABILITY INSURANCE	\$1,074	\$1,206	\$133	\$8,638	\$9,651	\$1,014	\$14,477
Personnel	GROUP HOSPITALIZATION INSURANC	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	WORKER'S COMP INSURANCE	\$1,370	\$1,586	\$216	\$4,831	\$12,689	\$7,858	\$19,034
Personnel	EMPLOYER PAID HEALTH INSURANCE	\$31,926	\$40,108	\$8,181	\$256,956	\$320,860	\$63,904	\$481,290
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$5,787	\$5,852	\$65	\$52,178	\$46,814	(\$5,364)	\$70,221
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	PENSION / RETIREMENT	\$10,992	\$11,689	\$697	\$89,358	\$93,509	\$4,152	\$140,264
Contractual	OUTSIDE LAB CONTRACT	\$13,895	\$25,125	\$11,230	\$87,436	\$201,000	\$113,564	\$301,500
Contractual	OUTSIDE X-RAY CONTRACT	\$1,788	\$3,000	\$1,212	\$7,812	\$24,000	\$16,188	\$36,000
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$19,263	\$16,543	(\$2,720)	\$181,078	\$132,344	(\$48,734)	\$198,516
Personnel	TEMPORARY STAFFING	\$0	\$0	\$0	\$6,242	\$0	(\$6,242)	\$0
Contractual	CHW CONTRACT BILLING SERVICE	\$4,928	\$8,000	\$3,072	\$33,421	\$64,000	\$30,579	\$96,000
IGT	IGT REIMBURSEMENT	\$0	\$25,747	\$25,747	\$235,095	\$205,979	(\$29,116)	\$308,969
Contractual	JANITORIAL CONTRACT	\$13,866	\$14,000	\$134	\$105,683	\$112,000	\$6,317	\$168,000
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$641	\$640	(\$1)	\$960
Contractual	SECURITY	\$1,506	\$3,975	\$2,469	\$15,240	\$31,800	\$16,560	\$47,700
Supplies	OFFICE SUPPLIES	\$75,465	\$6,883	(\$68,581)	\$111,537	\$55,067	(\$56,470)	\$82,600
Supplies	OPERATING SUPPLIES	\$15,958	\$21,900	\$5,942	\$217,815	\$175,200	(\$42,615)	\$262,800
Supplies	OUTSIDE DENTAL SUPPLIES	\$4,749	\$3,350	(\$1,399)	\$22,594	\$26,800	\$4,206	\$40,200
Supplies	PHARMACEUTICAL SUPPLIES	\$24,037	\$71,992	\$47,955	\$313,055	\$575,937	\$262,883	\$863,906
Supplies	JANITORIAL SUPPLIES	\$224	\$0	(\$224)	\$448	\$0	(\$448)	\$0
Supplies	PRINTING SUPPLIES	\$27	\$465	\$438	\$45	\$3,720	\$3,675	\$5,580
Supplies	UNIFORMS	\$0	\$235	\$235	\$0	\$1,880	\$1,880	\$2,820
Other	POSTAGE	\$504	\$833	\$329	\$4,815	\$6,667	\$1,852	\$10,000
Other	TELEPHONE	\$3,639	\$4,405	\$766	\$29,238	\$35,240	\$6,002	\$52,860
Other	WATER	\$31	\$31	\$1	\$244	\$248	\$4	\$372
Other	ELECTRICITY	\$1,153	\$2,000	\$847	\$8,799	\$16,000	\$7,201	\$24,000
Travel	TRAVEL, LOCAL	\$0	\$383	\$383	\$1,038	\$3,067	\$2,029	\$4,600
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	LOCAL TRAINING	\$2,361	\$2,933	\$572	\$5,809	\$23,467	\$17,658	\$35,200
Travel	TRAINING, OUT OF TOWN	\$0	\$1,217	\$1,217	\$0	\$9,733	\$9,733	\$14,600
Other	RENTALS	\$1,814	\$3,200	\$1,386	\$23,109	\$25,600	\$2,491	\$38,400
Other	LEASES	\$43,121	\$43,122	\$1	\$344,607	\$344,976	\$369	\$517,464
Other	MAINTENANCE / REPAIR, EQUIP.	\$5,961	\$7,120	\$1,159	\$51,500	\$56,963	\$5,463	\$85,444
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	FUEL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	MAINTENANCE / REPAIR, BLDG.	\$135	\$417	\$282	\$1,404	\$3,333	\$1,929	\$5,000

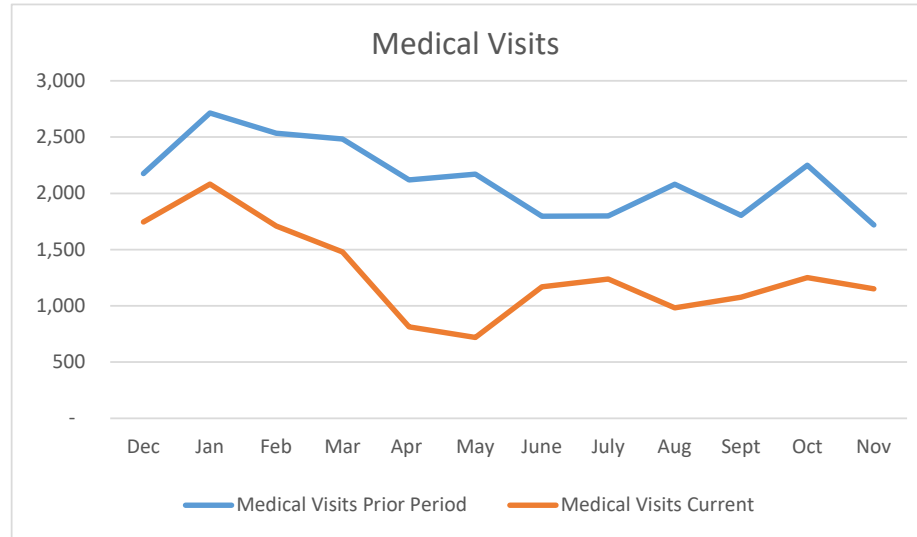
Coastal Health & Wellness

Statement of Revenue and Expenses for the Period ending November 30, 2020

		<i>Period Ending</i>	<i>MTD</i>	<i>MTD Budget</i>	<i>YTD</i>	<i>YTD</i>	<i>YTD Budget</i>	<i>Annual</i>	
	<i>Description</i>	<i>11/30/2020</i>	<i>Budget</i>	<i>Variance</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Budget</i>	<i>Budget</i>
Other	MAINT/REPAIR, IT Equip.	\$0	\$0	\$0	\$46,129	\$0	(\$46,129)	\$0	\$0
Other	MAINTENANCE / Preventative, AUTO	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	INSURANCE, AUTO/Truck	\$9	\$12	\$3	\$80	\$96	\$16	\$16	\$144
Other	INSURANCE, GENERAL LIABILITY	\$937	\$1,125	\$188	\$7,685	\$9,000	\$1,315	\$13,500	\$13,500
Other	INSURANCE, BLDG. CONTENTS	\$1,452	\$1,535	\$83	\$11,483	\$12,280	\$797	\$18,420	\$18,420
Other	Settlements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$6,222	\$0	(\$6,222)	\$0	\$0
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	NEWSPAPER ADS	\$6,390	\$1,800	(\$4,590)	\$13,714	\$14,400	\$686	\$21,600	\$21,600
Other	SUBSCRIPTIONS, BOOKS, ETC	\$0	\$248	\$248	\$7,354	\$1,980	(\$5,374)	\$2,970	\$2,970
Other	ASSOCIATION DUES	\$2,667	\$2,849	\$182	\$22,716	\$22,791	\$74	\$34,186	\$34,186
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$20,936	\$20,979	\$43	\$173,323	\$167,829	(\$5,493)	\$251,744	\$251,744
Other	PROF FEES/LICENSE/INSPECTIONS	\$888	\$155	(\$734)	\$4,234	\$1,236	(\$2,998)	\$1,854	\$1,854
Other	PROFESSIONAL SERVICES	\$2	\$2,202	\$2,200	\$7,485	\$17,613	\$10,128	\$26,420	\$26,420
Other	MED/HAZARD WASTE DISPOSAL	\$390	\$550	\$160	\$2,956	\$4,400	\$1,444	\$6,600	\$6,600
Other	TRANSPORTATION CONTRACT	\$519	\$625	\$106	\$1,297	\$5,000	\$3,703	\$7,500	\$7,500
Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29	\$0	\$233	\$233	\$350	\$350
Other	SERVICE CHG - CREDIT CARDS	\$627	\$730	\$103	\$4,958	\$5,840	\$882	\$8,760	\$8,760
Other	CASHIER OVER / SHORT	\$0	\$0	\$0	(\$16)	\$0	\$16	\$0	\$0
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	BAD DEBT EXPENSE	\$25,902	\$33,605	\$7,703	\$270,302	\$268,839	(\$1,463)	\$403,258	\$403,258
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$7,245	\$0	(\$7,245)	\$0	\$0
	Total Expenses	\$878,957	\$965,611	\$86,654	\$7,182,533	\$7,724,885	\$542,352	\$11,587,328	\$11,587,328
	Net Change in Fund Balance	\$93,154	\$0	\$93,154	\$916,995	\$0	\$916,995	\$0	\$0

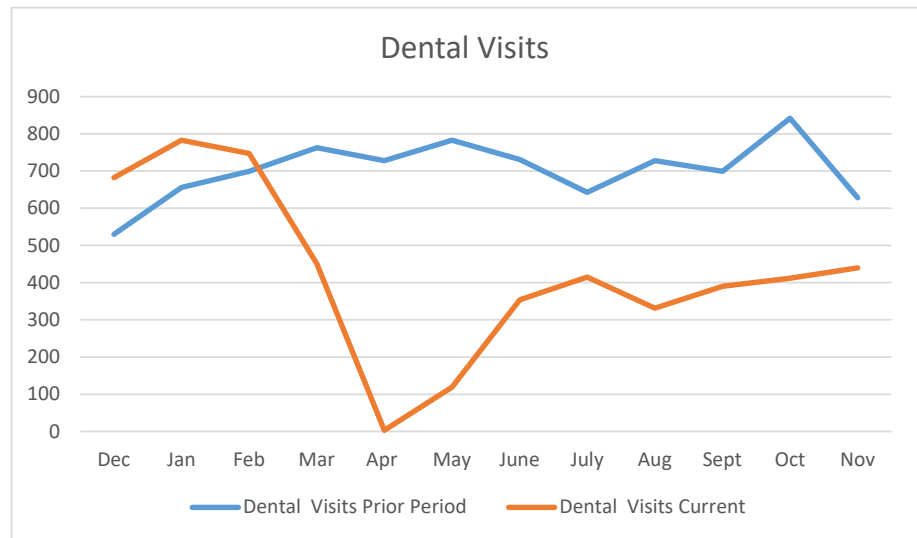
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
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
Oct	2,250	1,251
Nov	1,719	1,150
	<u>25,646</u>	<u>15,415</u>



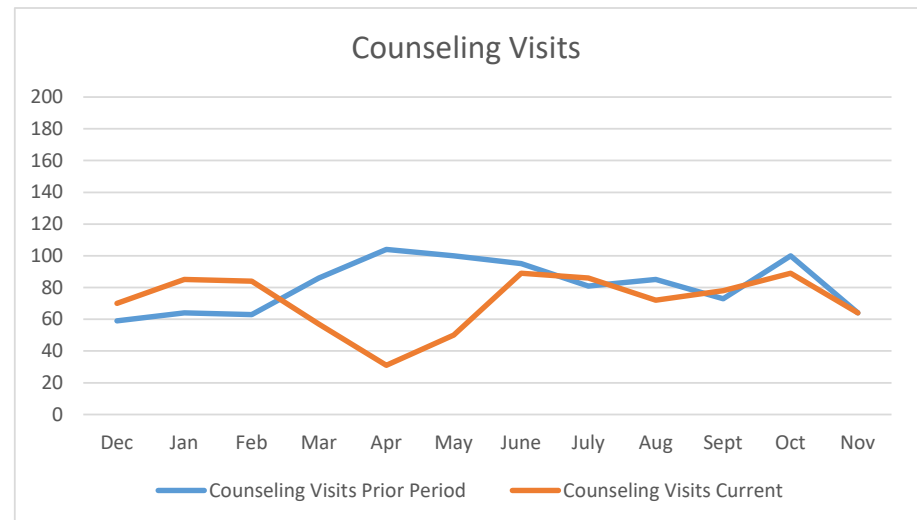
Dental Visits

	<u>Prior Period</u>	<u>Current</u>
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
Oct	842	412
Nov	628	440
	<u>8,430</u>	<u>5,127</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
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
Oct	100	89
Nov	64	64
	<u>974</u>	<u>855</u>



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

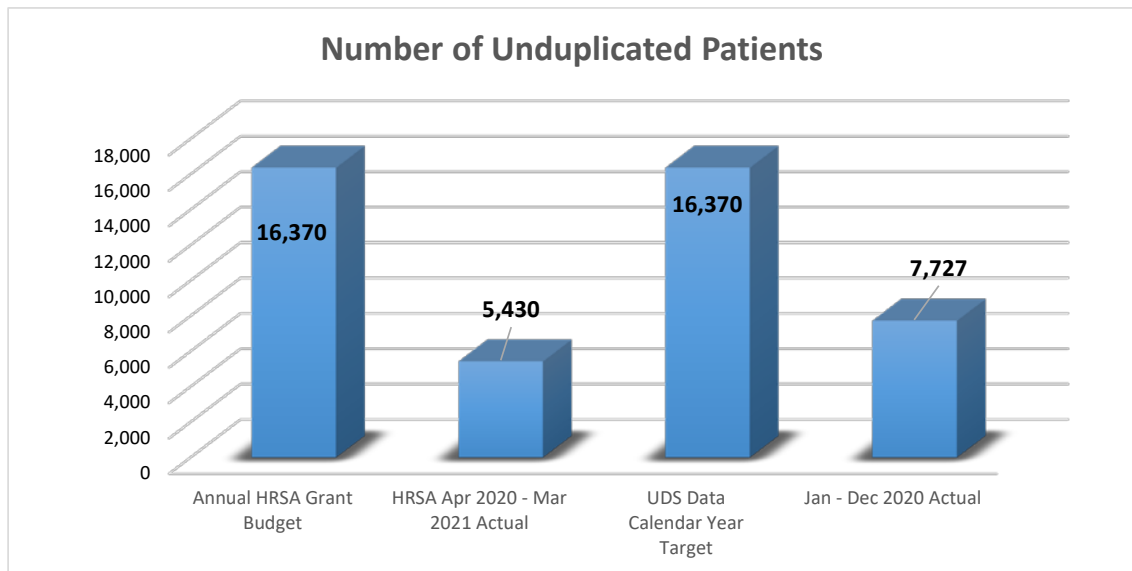
	Annual HRSA		Over/(Under)		YTD	Over/(Under)		% Over/ (Under)
	Grant Budget	MTD Actual	MTD Budget	MTD Budget		YTD Actual	YTD Budget	
Medicaid	4,518	168	377	(209)	1,162	3,012	(1,850)	-61%
Medicare	4,507	84	376	(292)	859	3,005	(2,146)	-71%
Other Public (Title V, Contract)	2,498	61	208	(147)	288	1,665	(1,377)	-83%
Private Insurance	3,912	133	326	(193)	995	2,608	(1,613)	-62%
Self Pay	32,919	1,208	2,743	(1,535)	8,248	21,946	(13,698)	-62%
Total	48,354	1,654	4,030	(2,376)	11,552	32,236	(20,684)	-64%

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

	Current Year Annual Target	Jan-Nov 2019 Actual	Jan-Nov 2020 Actual	Increase/	% of Annual Target
				(Decrease) Prior Year	
Unduplicated Patients	16,370	11,708	7,727	(3,981)	47%

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/	% of Annual Target
				(Decrease) Prior Year	
Unduplicated Patients	16,370	9,604	5,430	(4,174)	33%



COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

December 31, 2020

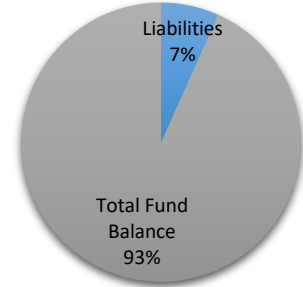
January 28, 2021

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

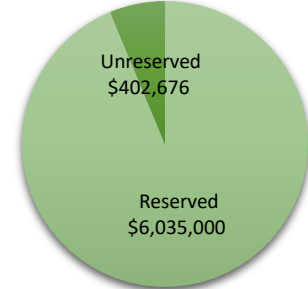
CHW - BALANCE SHEET as of December 31, 2020

	Current Month Dec-20	Prior Month Nov-20	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$6,594,734	\$6,422,135	\$172,599
Accounts Receivable	1,526,328	1,515,544	10,783
Allowance For Bad Debt	(999,998)	(975,524)	(24,473)
Pre-Paid Expenses	99,009	245,453	(146,444)
Due To / From	(320,068)	(70,505)	(249,563)
Total Assets	\$6,900,005	\$7,137,103	(\$237,098)
LIABILITIES			
Accounts Payable	\$106,707	\$85,290	\$21,417
Accrued Salaries	218,804	418,633	(199,829)
Deferred Revenues	136,817	214,777	(77,960)
Total Liabilities	\$462,328	\$718,700	(\$256,372)
FUND BALANCE			
Fund Balance	\$6,281,694	\$6,281,694	\$0
Current Change	155,982	136,709	19,274
Total Fund Balance	\$6,437,676	\$6,418,403	\$19,274
TOTAL LIABILITIES & FUND BALANCE	\$6,900,005	\$7,137,103	(\$237,098)

Current Period Assets



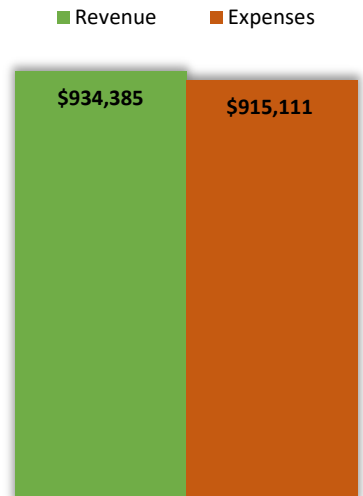
Total Fund Balance



CHW - REVENUE & EXPENSES as of December 31, 2020

	Actual Dec-20	Budgeted Dec-20	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	65,833	(65,833)	191,210
HHS Grant Revenue	396,727	260,617	136,110	1,083,293
Patient Revenue	215,501	317,112	(101,611)	(1,046,177)
Other Revenue	10,935	10,827	108	115,092
Total Revenue	\$934,385	\$965,611	(\$31,226)	\$343,418
EXPENSES				
Personnel	\$642,240	\$632,211	(\$10,029)	\$254,753
Contractual	74,866	70,723	(4,143)	130,331
IGT Reimbursement	0	25,747	25,747	(3,369)
Supplies	67,804	104,826	37,022	210,132
Travel	891	4,533	3,642	33,062
Bad Debt Expense	24,473	33,605	9,131	7,668
Other	104,836	93,966	(10,871)	(39,725)
Total Expenses	\$915,111	\$965,611	\$50,500	\$592,852
CHANGE IN NET ASSETS	\$19,274	\$0	\$19,274	\$936,269

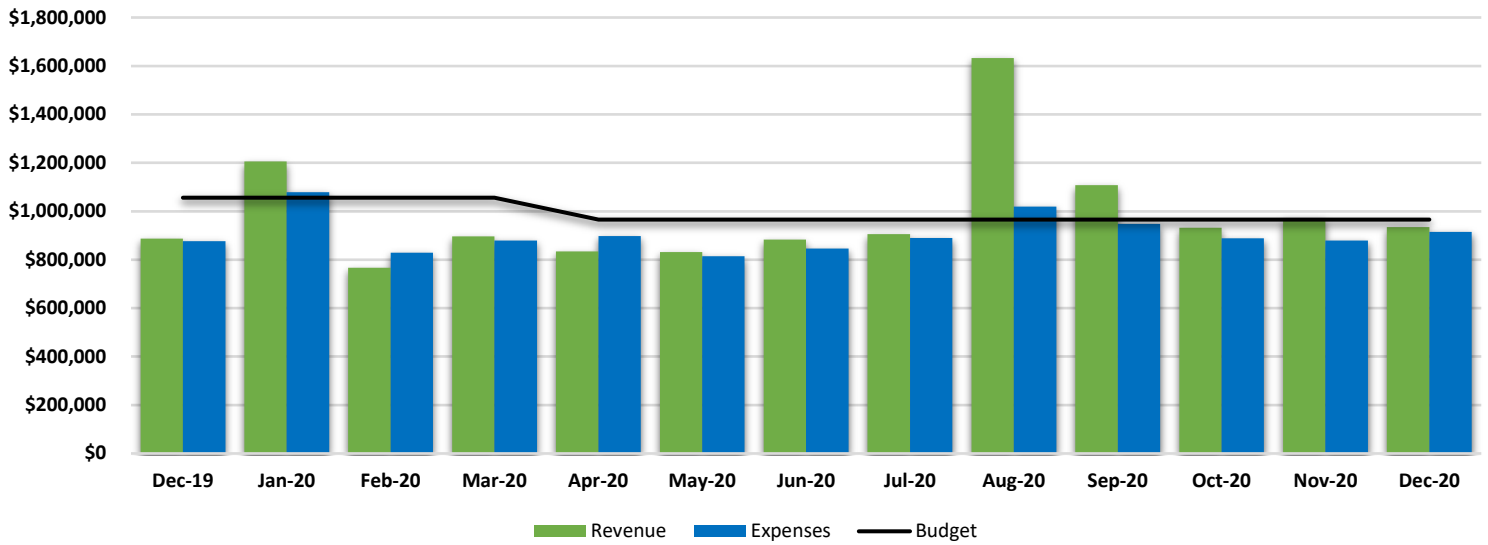
Current Month Actuals



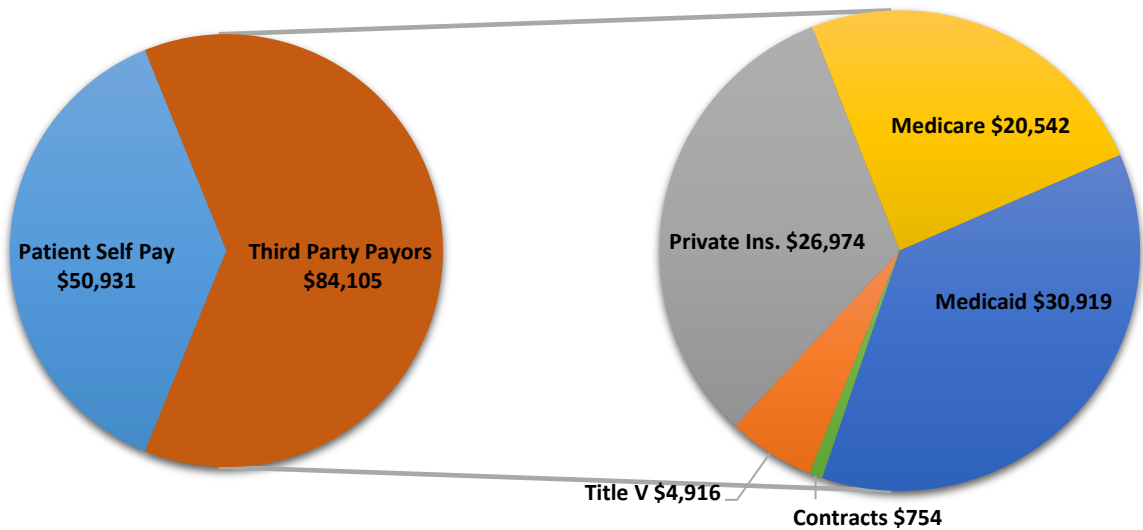
HIGHLIGHTS

- MTD Increase in Fund Balance of \$19,274.
- MTD revenues were (\$31,226) lower than budget. A negative variance in patient revenues of (\$101,611) due to fewer visits is offset by an increase in HHS Grant Revenue of \$136,110. DSRIP revenue budgeted across a 12 month period accounts for the negative variance of (\$65,833) while Other Revenue remains about equal to budget.
- YTD Revenues were \$343,418 higher than budget. Decreases in visits account for (\$1,046,177) variance, which was offset by higher HHS Grant Revenue variance of \$1,083,293, Other Revenue variance of \$115,092 for items purchased and covered by Direct Relief funding, and DSRIP revenue variance of \$191,210 for funds received in August.
- MTD expenses were \$50,500 under budget. Savings were realized across IGT, Supplies, Travel, and Bad Debt, which offset higher expenses in Personnel (\$10,029), Contractual (\$4,143), and Other (\$10,871). Payments for Locum Tenens, and Carma Health from prior months account for the variance in Contractual, and equipment for telehealth in the amount of \$15,305 covered by the FCC grant accounts for the variance in the Other category.
- YTD Expenses were \$592,852 under budget. Savings were realized across all categories except IGT Reimbursement, and Other. IGT Reimbursement variance of (\$3,369) is offset by DSRIP Revenue, and Other expenses are over budget due to IT equipment expenditures and covid-related dental equipment, ads for open enrollment, payment for 2019 HIE contract account, and equipment for telehealth in the amount of \$15,305 covered by the FCC grant.
- YTD Increase in fund balance of \$155,982. Total Fund Balance of \$6,437,676 as of 12/31/2020.

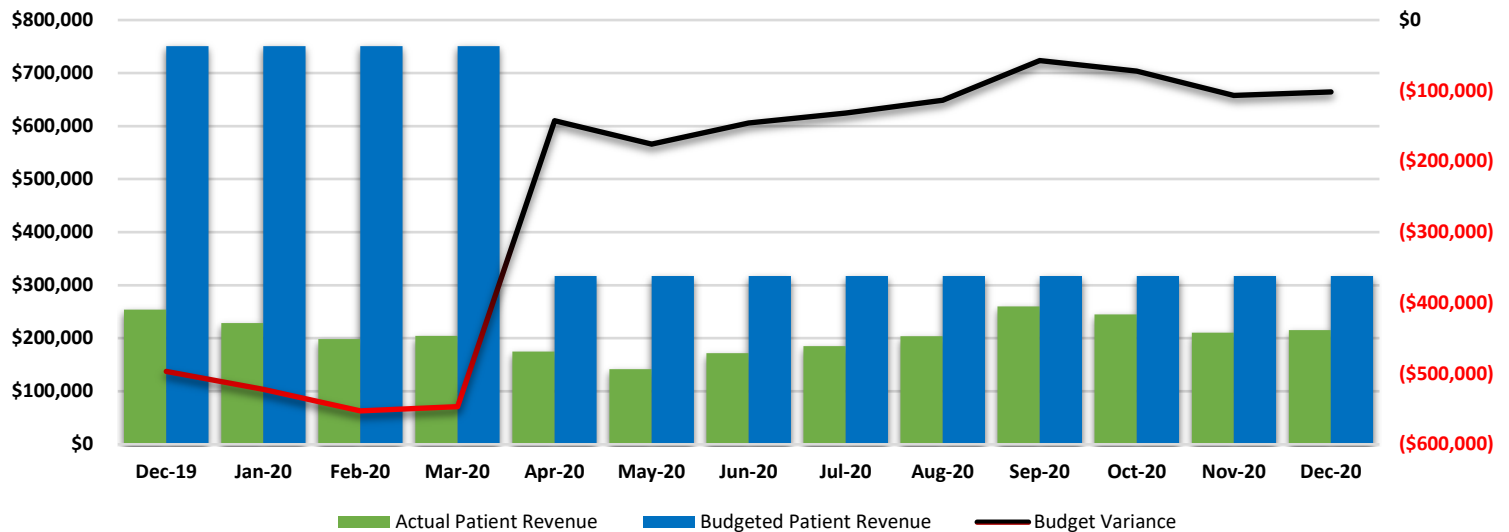
Actual Revenue & Expenses in Comparison to Budget



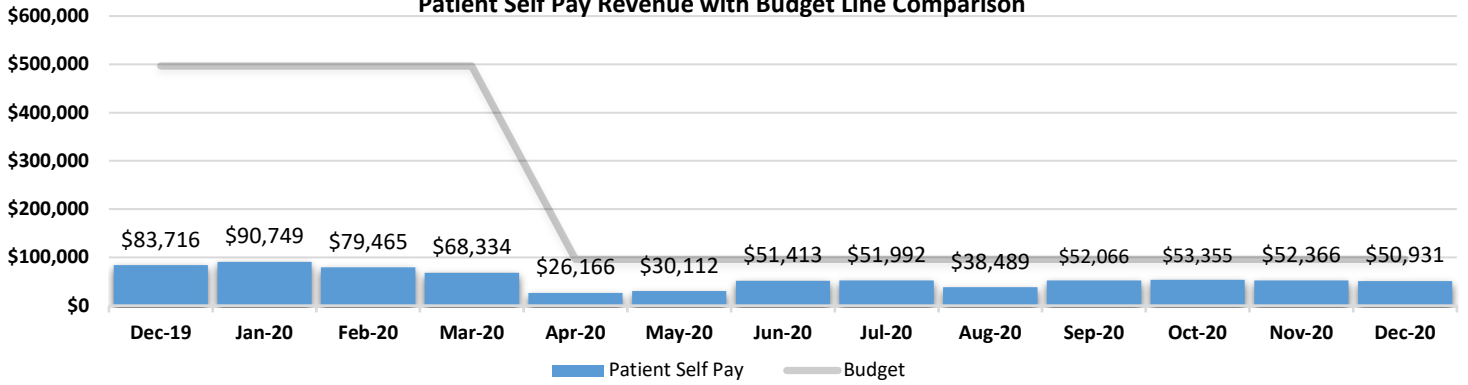
Current Period Patient Revenue with Third Party Payor Contributions Identified



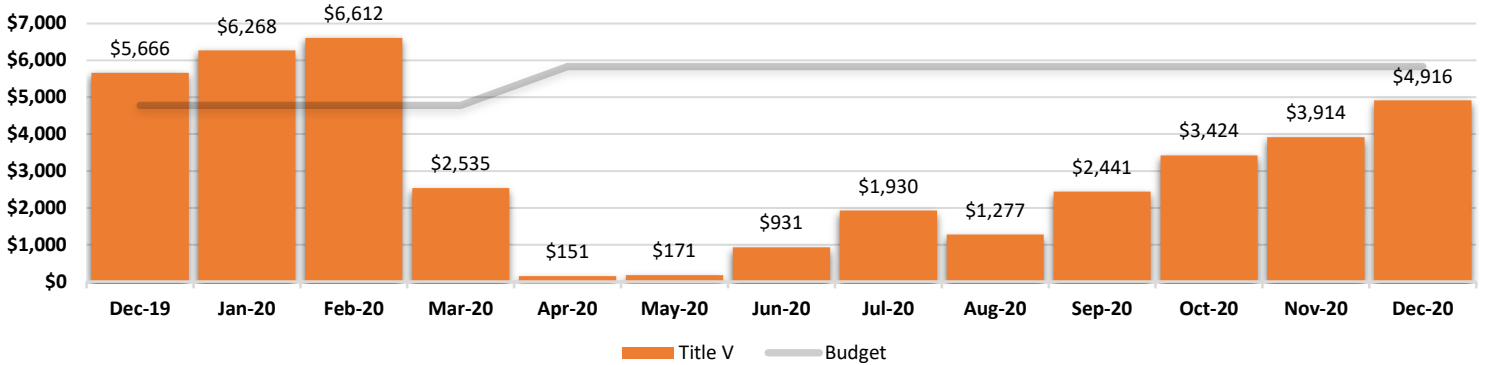
Actual Patient Revenue Rec'd vs Budget with Variance



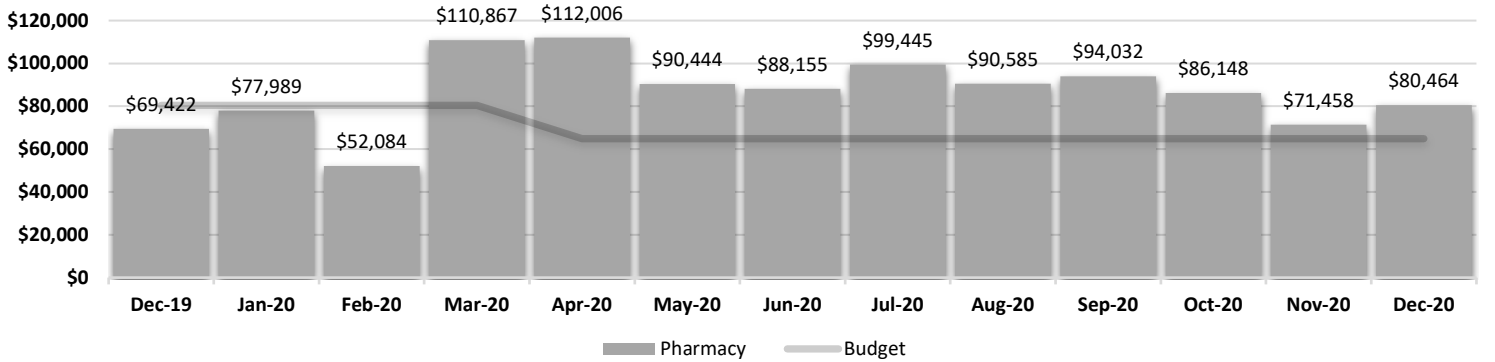
Patient Self Pay Revenue with Budget Line Comparison



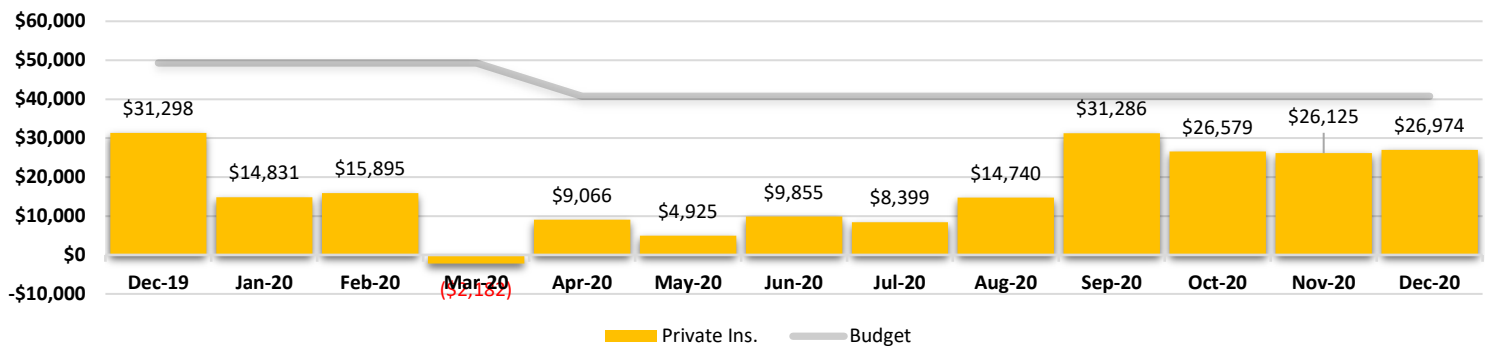
Title V Revenue with Budget Line Comparison



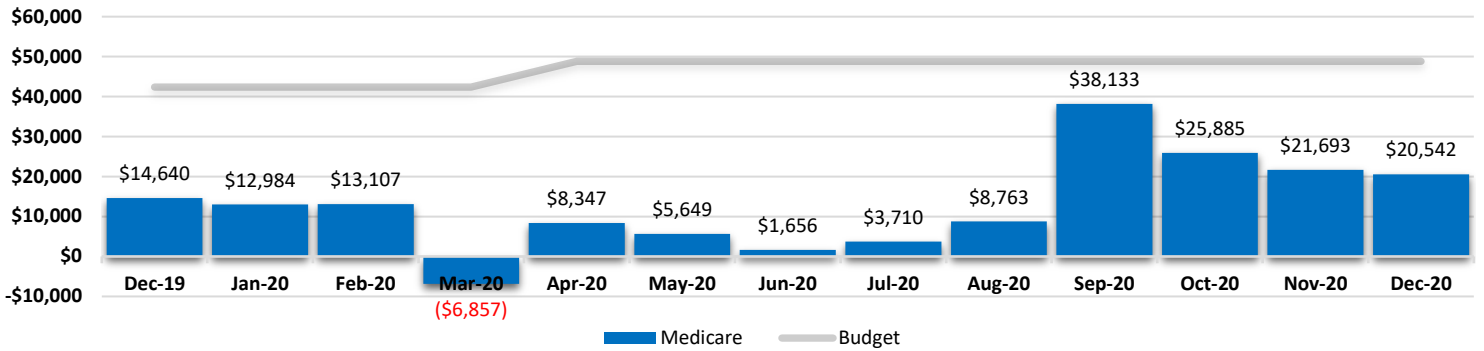
Pharmacy Revenue with Budget Line Comparison



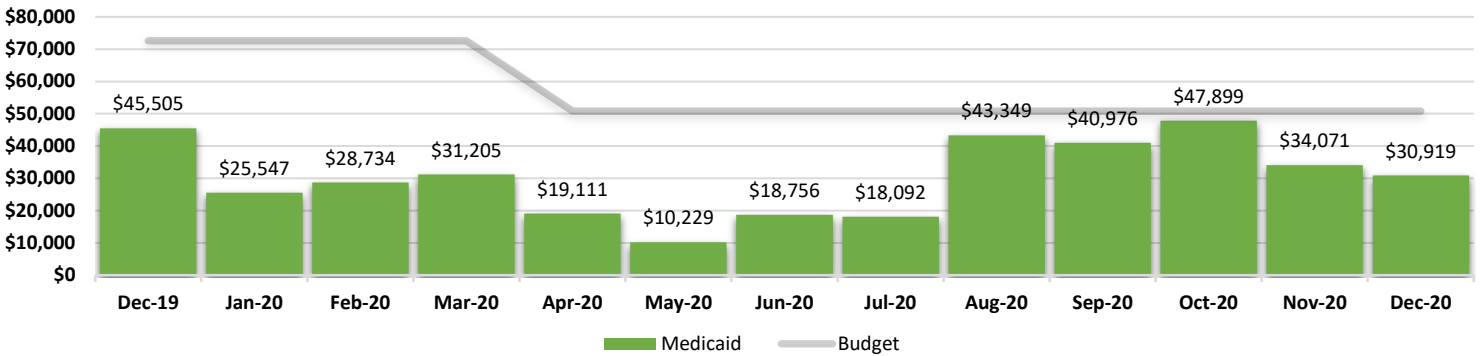
Private Insurance Revenue with Budget Line Comparison



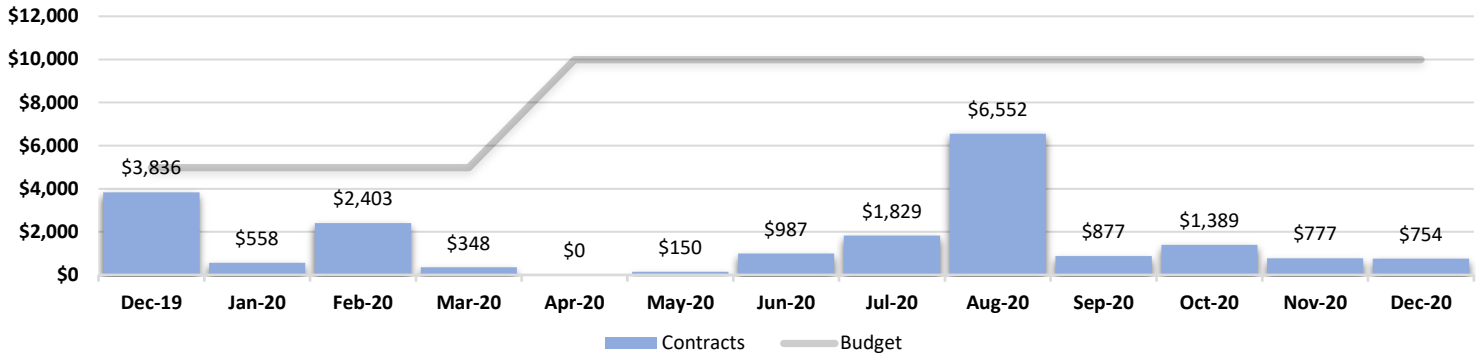
Medicare Revenue with Budget Line Comparison



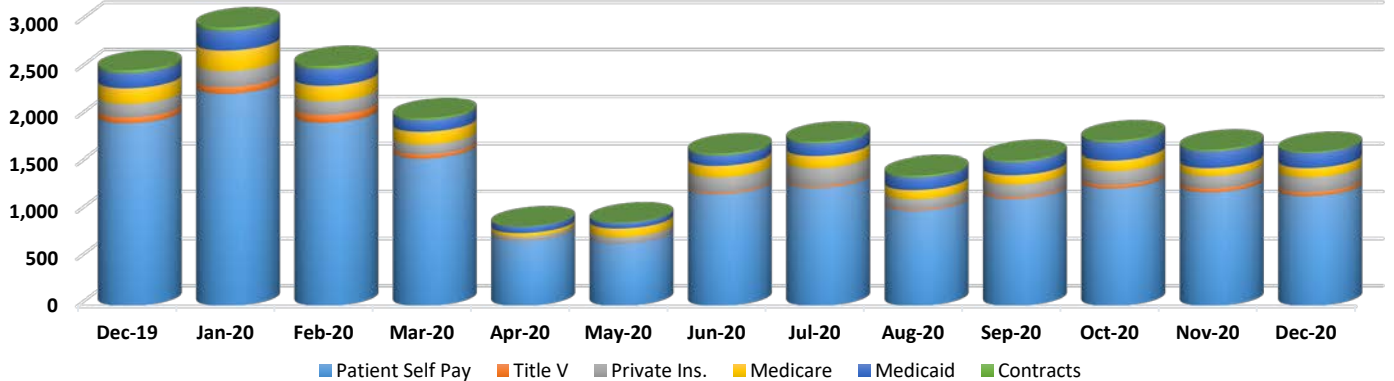
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness									
Statement of Revenue and Expenses for the Period ending December 31, 2020									
		Period Ending	MTD	MTD Budget		YTD	YTD	YTD Budget	Annual
	Description	12/31/20	Budget	Variance		Actual	Budget	Variance	Budget
Grouping	REVENUE								
HRSA	HHS GRANT REVENUE - Federal	\$379,573	\$260,617	\$118,956		\$3,285,530	\$2,345,550	\$939,980	\$3,127,400
	HHS GRANT REVENUE - BASE	\$264,744	\$260,617	\$4,127		\$2,313,038	\$2,345,550	(\$32,512)	\$3,127,400
	HHS GRANT REVENUE - SUD-MH	\$17,687	\$0	\$17,687		\$124,889	\$0	\$124,889	\$0
	HHS GRANT REVENUE - Care	\$0	\$0	\$0		\$18,432	\$0	\$18,432	\$0
	HHS GRANT REVENUE - QI 2019	\$0	\$0	\$0		\$5,788	\$0	\$5,788	\$0
	COVID Supplemental	\$6,930	\$0	\$6,930		\$79,607	\$0	\$79,607	\$0
	CARES ACT	\$63,941	\$0	\$63,941		\$660,356	\$0	\$660,356	\$0
	HHS GRANT REVENUE - ECT	\$26,272	\$0	\$26,272		\$83,421	\$0	\$83,421	\$0
HRSA	HHS Other Grant Revenue	\$1,849	\$0	\$1,849		\$56,748	\$0	\$56,748	\$0
HHS	HHS - FCC Grant	\$15,305	\$0	\$15,305		\$86,564	\$0	\$86,564	\$0
Patient Rev	GRANT REVENUE - Title V	\$4,916	\$5,833	(\$918)		\$19,156	\$52,500	(\$33,344)	\$70,000
Patient Rev	PATIENT FEES	\$50,931	\$96,014	(\$45,082)		\$406,092	\$864,124	(\$458,031)	\$1,152,165
Patient Rev	PRIVATE INSURANCE	\$26,974	\$40,750	(\$13,776)		\$158,748	\$366,750	(\$208,002)	\$489,000
Patient Rev	PHARMACY REVENUE - 340b	\$80,464	\$64,874	\$15,590		\$812,737	\$583,866	\$228,871	\$778,488
Patient Rev	MEDICARE	\$20,542	\$48,826	(\$28,284)		\$134,376	\$439,433	(\$305,056)	\$585,910
Patient Rev	MEDICAID	\$30,919	\$50,828	(\$19,909)		\$263,402	\$457,448	(\$194,045)	\$609,930
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$1,351	\$0		\$124,622	\$12,156	\$112,466	\$16,208
Other Rev.	MEDICAL RECORD REVENUE	\$1,437	\$1,500	(\$63)		\$10,363	\$13,500	(\$3,137)	\$18,000
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0		\$8,773	\$0	\$8,773	\$0
County	COUNTY REVENUE	\$311,222	\$311,222	\$0		\$2,801,000	\$2,801,000	\$0	\$3,734,667
DSRIP	DSRIP REVENUE	\$0	\$65,833	(\$65,833)		\$783,710	\$592,500	\$191,210	\$790,000
Other Rev.	MISCELLANEOUS REVENUE	\$270	\$0	\$270		\$6,961	\$0	\$6,961	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$7,403	\$7,500	(\$97)		\$59,029	\$67,500	(\$8,471)	\$90,000
Patient Rev	CONTRACT REVENUE	\$754	\$9,987	(\$9,233)		\$13,316	\$89,886	(\$76,570)	\$119,848
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$474	\$476	(\$2)		\$2,785	\$4,284	(\$1,499)	\$5,712
Other Rev.	CONVENIENCE FEE	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other Rev.	Fund Balance	\$0	\$0	\$0		\$0	\$0	\$0	\$0
	Total Revenue	\$934,385	\$965,611	(\$31,226)		\$9,033,914	\$8,690,496	\$343,418	\$11,587,328
	EXPENSES								
Personnel	SALARIES	\$531,560	\$502,875	(\$28,685)		\$4,467,090	\$4,525,871	\$58,780	\$6,034,494
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$6,500	\$6,500		\$750	\$58,500	\$57,750	\$78,000
Personnel	SALARIES, supplemental	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Personnel	SALARIES, O/T	\$2,069	\$3,750	\$1,681		\$16,249	\$33,750	\$17,501	\$45,000
Personnel	SALARIES, PART-TIME	\$13,409	\$15,788	\$2,379		\$114,856	\$142,088	\$27,233	\$189,451
Personnel	Comp Pay	\$0	\$0	\$0		\$0	\$0	\$0	\$0.00
Personnel	FICA EXPENSE	\$38,355	\$40,460	\$2,106		\$332,506	\$364,144	\$31,638	\$485,525
Personnel	TEXAS UNEMPLOYMENT TAX	\$2,330	\$1,113	(\$1,217)		\$19,197	\$10,018	(\$9,179)	\$13,357
Personnel	LIFE INSURANCE	\$1,512	\$1,285	(\$227)		\$13,288	\$11,564	(\$1,725)	\$15,418
Personnel	LONG TERM DISABILITY INSURANCE	\$1,114	\$1,206	\$93		\$9,752	\$10,858	\$1,106	\$14,477
Personnel	GROUP HOSPITALIZATION INSURANC	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Personnel	WORKER'S COMP INSURANCE	\$1,464	\$1,586	\$122		\$6,296	\$14,276	\$7,980	\$19,034
Personnel	EMPLOYER PAID HEALTH INSURANCE	\$32,645	\$40,108	\$7,463		\$289,601	\$360,968	\$71,366	\$481,290
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$5,619	\$5,852	\$233		\$57,797	\$52,666	(\$5,131)	\$70,221
Personnel	HRA EXPENSE	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Personnel	PENSION / RETIREMENT	\$12,164	\$11,689	(\$475)		\$101,522	\$105,198	\$3,677	\$140,264
Contractual	OUTSIDE LAB CONTRACT	\$13,576	\$25,125	\$11,549		\$101,012	\$226,125	\$125,113	\$301,500
Contractual	OUTSIDE X-RAY CONTRACT	(\$84)	\$3,000	\$3,084		\$7,728	\$27,000	\$19,272	\$36,000
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$38,994	\$16,543	(\$22,451)		\$220,072	\$148,887	(\$71,185)	\$198,516
Personnel	TEMPORARY STAFFING	\$0	\$0	\$0		\$6,242	\$0	(\$6,242)	\$0
Contractual	CHW CONTRACT BILLING SERVICE	\$6,329	\$8,000	\$1,671		\$39,750	\$72,000	\$32,250	\$96,000
IGT	IGT REIMBURSEMENT	\$0	\$25,747	\$25,747		\$235,095	\$231,727	(\$3,369)	\$308,969
Contractual	JANITORIAL CONTRACT	\$13,958	\$14,000	\$42		\$119,641	\$126,000	\$6,359	\$168,000
Contractual	PEST CONTROL	\$80	\$80	(\$0)		\$721	\$720	(\$1)	\$960
Contractual	SECURITY	\$2,013	\$3,975	\$1,962		\$17,253	\$35,775	\$18,522	\$47,700
Supplies	OFFICE SUPPLIES	\$2,241	\$6,883	\$4,643		\$113,777	\$61,950	(\$51,827)	\$82,600
Supplies	OPERATING SUPPLIES	\$26,288	\$21,900	(\$4,388)		\$244,103	\$197,100	(\$47,003)	\$262,800
Supplies	OUTSIDE DENTAL SUPPLIES	\$3,425	\$3,350	(\$75)		\$26,019	\$30,150	\$4,131	\$40,200
Supplies	PHARMACEUTICAL SUPPLIES	\$35,850	\$71,992	\$36,142		\$348,905	\$647,930	\$299,025	\$863,906
Supplies	JANITORIAL SUPPLIES	\$0	\$0	\$0		\$448	\$0	(\$448)	\$0
Supplies	PRINTING SUPPLIES	\$0	\$465	\$465		\$45	\$4,185	\$4,140	\$5,580
Supplies	UNIFORMS	\$0	\$235	\$235		\$0	\$2,115	\$2,115	\$2,820
Other	Controlled Assets	\$1,304	\$0	(\$1,304)		\$1,304	\$0	(\$1,304)	\$0
Other	POSTAGE	\$686	\$833	\$147		\$5,501	\$7,500	\$1,999	\$10,000
Other	TELEPHONE	\$3,459	\$4,405	\$946		\$32,696	\$39,645	\$6,949	\$52,860
Other	WATER	\$31	\$31	\$1		\$275	\$279	\$5	\$372
Other	ELECTRICITY	\$1,453	\$2,000	\$547		\$10,252	\$18,000	\$7,748	\$24,000
Travel	TRAVEL, LOCAL	\$59	\$383	\$325		\$1,097	\$3,450	\$2,353	\$4,600
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Travel	LOCAL TRAINING	\$833	\$2,933	\$2,101		\$6,642	\$26,400	\$19,758	\$35,200
Travel	TRAINING, OUT OF TOWN	\$0	\$1,217	\$1,217		\$0	\$10,950	\$10,950	\$14,600
Other	RENTALS	\$3,316	\$3,200	(\$116)		\$26,425	\$28,800	\$2,375	\$38,400
Other	LEASES	\$43,121	\$43,122	\$1		\$387,728	\$388,098	\$370	\$517,464
Other	MAINTENANCE / REPAIR, EQUIP.	\$8,353	\$7,120	(\$1,233)		\$59,853	\$64,083	\$4,230	\$85,444
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other	FUEL	\$0	\$0	\$0		\$0	\$0	\$0	\$0

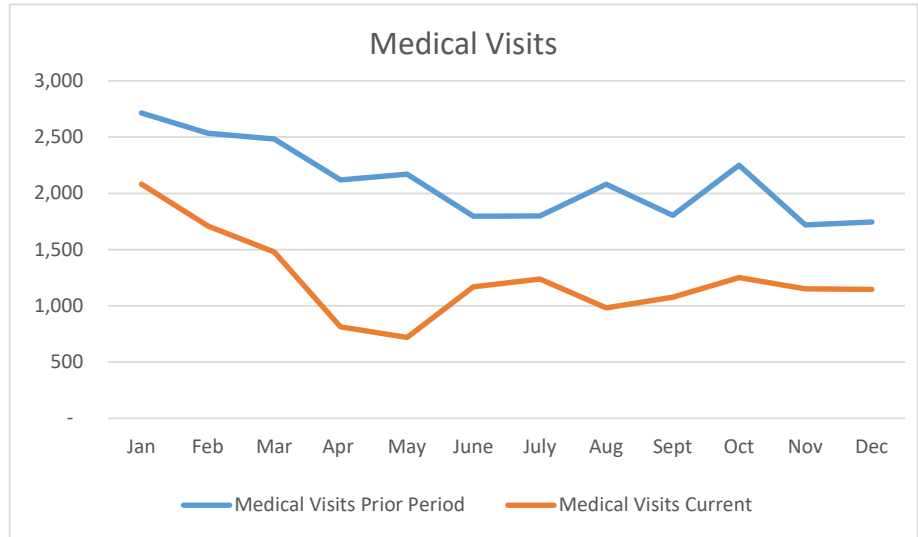
Coastal Health & Wellness

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

		<i>Period Ending</i>	<i>MTD</i>	<i>MTD Budget</i>	<i>YTD</i>	<i>YTD</i>	<i>YTD Budget</i>	<i>Annual</i>
	<i>Description</i>	<i>12/31/20</i>	<i>Budget</i>	<i>Variance</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Budget</i>
Other	MAINTENANCE / REPAIR, BLDG.	\$150	\$417	\$267	\$1,554	\$3,750	\$2,196	\$5,000
Other	MAINT/REPAIR, IT Equip.	\$101	\$0	(\$101)	\$46,230	\$0	(\$46,230)	\$0
Other	MAINTENANCE / Preventative, AUTO	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	INSURANCE, AUTO/Truck	\$9	\$12	\$3	\$88	\$108	\$20	\$144
Other	INSURANCE, GENERAL LIABILITY	\$937	\$1,125	\$188	\$8,622	\$10,125	\$1,503	\$13,500
Other	INSURANCE, BLDG. CONTENTS	\$1,452	\$1,535	\$83	\$12,935	\$13,815	\$880	\$18,420
Other	Settlements	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$6,222	\$0	(\$6,222)	\$0
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	NEWSPAPER ADS	\$136	\$1,800	\$1,664	\$13,850	\$16,200	\$2,350	\$21,600
Other	SUBSCRIPTIONS, BOOKS, ETC	\$19	\$248	\$229	\$7,373	\$2,228	(\$5,146)	\$2,970
Other	ASSOCIATION DUES	\$3,840	\$2,849	(\$991)	\$26,556	\$25,640	(\$916)	\$34,186
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$35,078	\$20,979	(\$14,100)	\$208,401	\$188,808	(\$19,593)	\$251,744
Other	PROF FEES/LICENSE/INSPECTIONS	\$207	\$155	(\$53)	\$4,441	\$1,391	(\$3,050)	\$1,854
Other	PROFESSIONAL SERVICES	\$2	\$2,202	\$2,200	\$7,487	\$19,815	\$12,328	\$26,420
Other	MED/HAZARD WASTE DISPOSAL	\$390	\$550	\$160	\$3,346	\$4,950	\$1,604	\$6,600
Other	TRANSPORTATION CONTRACT	\$232	\$625	\$393	\$1,529	\$5,625	\$4,096	\$7,500
Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29	\$0	\$263	\$263	\$350
Other	SERVICE CHG - CREDIT CARDS	\$561	\$730	\$169	\$5,519	\$6,570	\$1,051	\$8,760
Other	CASHIER OVER / SHORT	\$0	\$0	(\$0)	(\$16)	\$0	\$16	\$0
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	BAD DEBT EXPENSE	\$24,473	\$33,605	\$9,131	\$294,775	\$302,444	\$7,668	\$403,258
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$7,245	\$0	(\$7,245)	\$0
	Total Expenses	\$915,111	\$965,611	\$50,500	\$8,097,644	\$8,690,496	\$592,852	\$11,587,328
	Net Change in Fund Balance	19,274	\$0	\$19,274	\$936,269	\$0	\$936,269	\$0

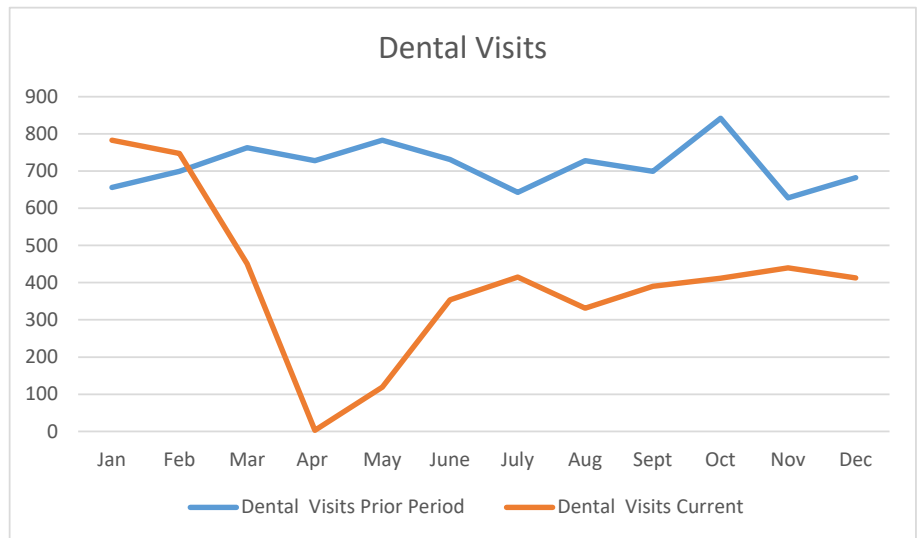
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
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
Oct	2,250	1,251
Nov	1,719	1,150
Dec	1,745	1,145
	<u>25,216</u>	<u>14,815</u>



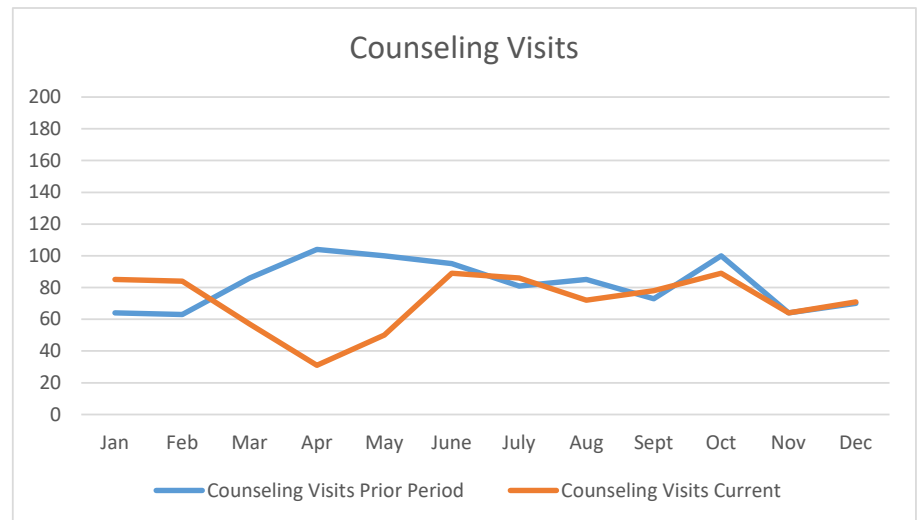
Dental Visits

	<u>Prior Period</u>	<u>Current</u>
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
Oct	842	412
Nov	628	440
Dec	682	413
	<u>8,582</u>	<u>4,858</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
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
Oct	100	89
Nov	64	64
Dec	70	71
	<u>985</u>	<u>856</u>



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

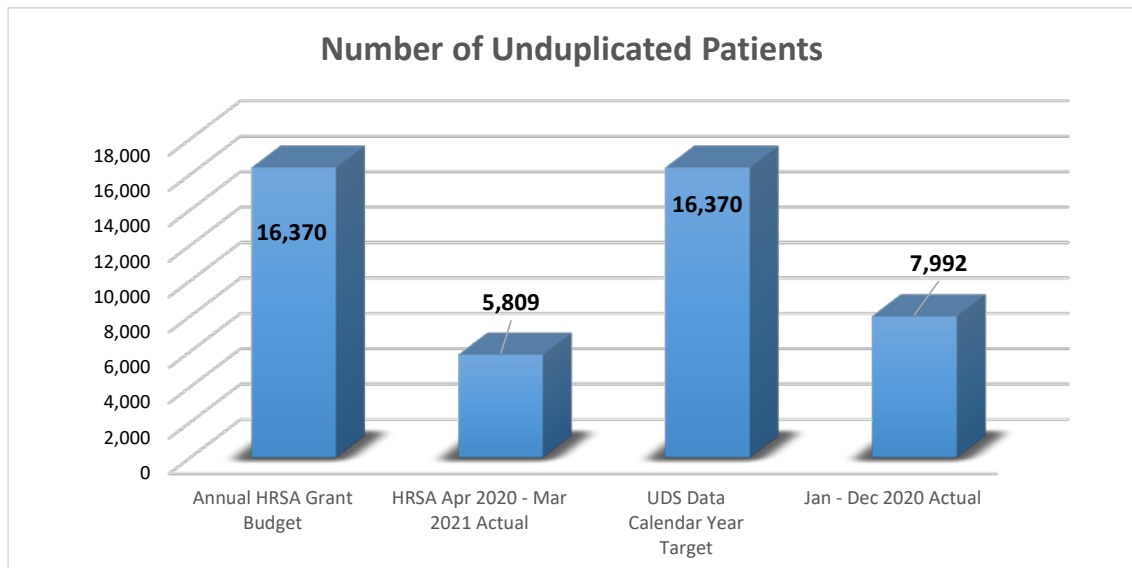
	Annual HRSA		Over/(Under)		YTD	Over/(Under)	% Over/ (Under)	
	Grant Budget	MTD Actual	MTD Budget	MTD Budget				YTD Actual
Medicaid	4,518	153	377	(224)	1,344	3,389	(2,045)	-60%
Medicare	4,507	99	376	(277)	958	3,380	(2,422)	-72%
Other Public (Title V, Contract)	2,498	51	208	(157)	340	1,874	(1,534)	-82%
Private Insurance	3,912	157	326	(169)	1,156	2,934	(1,778)	-61%
Self Pay	32,919	1,169	2,743	(1,574)	9,387	24,689	(15,302)	-62%
Total	48,354	1,629	4,030	(2,401)	13,185	36,266	(23,081)	-64%

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

	Current Year Annual Target	Jan-Dec 2019 Actual	Jan-Dec 2020 Actual	Increase/	% of Annual Target
				(Decrease) Prior Year	
Unduplicated Patients	16,370	12,156	7,992	(4,164)	49%

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/	% of Annual Target
				(Decrease) Prior Year	
Unduplicated Patients	16,370	10,134	5,809	(4,325)	35%





COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2021

Item#9

**Consider for Approval Quarterly Visit and Collection Report Including
a Breakdown of New Patients by Payor Source for the Period Ending 12/31/20**

**Coastal Health & Wellness - Quarterly Visit & Analysis Report
for the period ending December 31, 2020**

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

Total Visits by Financial Class	December 2020	December 2019	% Change	* YTD Average		% Change		* YTD Payor Mix		% Change
				2020	2019			2020	2019	
Self Pay	1,169	1,934	-40%	1,256	2,189	-43%		72.8%	75.4%	-2.6%
Medicare	99	166	-40%	124	226	-45%		7.2%	7.8%	-0.6%
Medicaid	153	161	-5%	160	215	-26%		9.2%	7.4%	1.8%
Contract	10	31	-68%	20	34	-43%		1.1%	1.2%	0.0%
Private Insurance	157	142	11%	133	175	-24%		7.7%	6.0%	1.7%
Title V	41	63	-35%	33	64	-48%		1.9%	2.2%	-0.3%
Total	1,629	2,497	-35%	1,726	2,903	-41%		100%	100%	0%

Department	* YTD Total Visits		% Change
	2020	2019	
Medical	14,986	25,268	-41%
Dental	4,858	8,583	-43%
Counseling	863	982	-12%
Total	20,707	34,833	-41%

Unduplicated Visits	* YTD Total Users		% Change
	2020	2019	
Medical	6,064	9,489	-36%
Dental	1,764	2,510	-30%
Counseling	165	155	6%
Total	7,993	12,154	-34%

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending December 31, 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	30,414	33,307	36,804	31,832	28,905	29,936	634,051	\$825,249	86%	464	466	
Medicare	22,203	8,562	5,410	4,885	2,722	578	1,819	\$46,179	5%	88	82	
Medicaid	19,527	20,088	18,204	10,248	3,906	1,557	7,004	\$80,535	8%	90	57	
Contract	2,186	2,303	1,010	2,520	507	621	12,262	\$21,409	2%	78	56	
Private Insurance	21,771	18,137	9,636	9,042	3,107	557	7,017	\$69,266	7%	124	83	
Title V	5,794	5,946	5,611	4,948	2,475	3,245	5,269	\$33,288	3%	264	153	
Unapplied	(112,602)							(\$112,602)	-12%	-----	-----	
Totals	(\$10,708)	\$88,344	\$76,676	\$63,475	\$41,622	\$36,494	\$667,421	\$963,324	100%	185	149	

Previous Quarter Balances	\$25,997	\$53,907	\$44,929	\$49,887	\$40,533	\$21,995	\$675,048	\$912,295
% Change	-141%	64%	71%	27%	3%	66%	-1%	6%

Charges & Collections	December 2020	December 2019	% Change	* YTD 2020	YTD 2019	% Change
Billed	\$470,799	\$726,236	-35%	\$5,827,487	\$9,699,392	-40%
Adjusted	(334,419)	(524,289)	-36%	(4,332,302)	(7,339,235)	-41%
Net Billed	\$136,381	\$201,946	-32%	\$1,495,185	\$2,360,156	-37%
Collected	93,395	\$163,912	-43%	1,143,672	\$1,855,062	-38%
% Net Charges collected	68%	81%	-16%	76%	79%	-3%

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	19,311	68.9%	\$33.16	\$640,263	30,460	73.4%	\$35.07	\$1,068,155
Medicare	2,187	7.8%	\$85.98	188,037	3,162	7.6%	\$126.70	400,637
Medicaid	2,509	9.0%	\$128.27	321,823	3,012	7.3%	\$135.40	407,816
Contract	1,352	4.8%	\$73.15	98,894	1,416	3.4%	\$83.82	118,686
Private Insurance	2,157	7.7%	\$93.41	201,493	2,533	6.1%	\$116.35	294,719
Title V	494	1.8%	\$91.86	45,378	908	2.2%	\$77.26	70,153
Total	28,010	100%	\$53.41	\$1,495,889	41,491	100%	\$56.88	\$2,360,166

Item	2020	2019
Self Pay - Gross Charges	\$3,788,360	\$6,695,996
Self Pay - Collections	\$539,228	\$796,363
% Gross Self Pay Charges Collected	14.2%	11.9%
% Net Self Pay Charges Collected	84.2%	74.6%

Coastal Health & Wellness
New Patients By Financial Class
From 1/1/2020 to 12/31/2020

Summary	Current Period		Prior Period 2019	
	New Patients	Current %	New Patients	%
Self Pay	1,320	77.7%	2,736	78.9%
Medicaid	160	9.4%	235	6.8%
Medicare	31	1.8%	96	2.8%
Private Insurance	103	6.1%	228	6.6%
Title V	52	3.1%	103	3.0%
Contracts	32	1.9%	71	2.0%
Total	1,698	100.0%	3,469	100.0%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2021

Item#10

**Consider for Approval Quarterly Access to Care
Report for the Period Ending 12/31/20**

Coastal Health & Wellness – Access to Care Report October, November and December (4th Quarter)

Goals: Utilization % = 90% (minus Counseling); No Show % = 20%
March 15th = minimized face to face visits; October 16th = medical restriction lifted

Texas City	Available Appts Slots	# Appts Slots Filled	% Utilization	# Scheduled Appts	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	7,331*	4,121	56%	3,617	3,003	83%	614	17%
TC Nurse Only	1,577	342	22%	346	304	88%	42	12%
TC Lab Only	1,600	1,104	69%	1,101	903	82%	198	18%
Dental	3,184	2,935	92%	1,135	969	85%	166	15%
Dental Hygienist	1,775	1,497	84%	268	233	87%	35	13%
Counseling	775	368	47%	278	200	72%	78	28%
Galveston	Available Appts	# Appts Slots Filled	% Utilization	# Scheduled Appts	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	2,260**	1,448	64%	1,062	840	79%	222	21%
GV Nurse Only	794	95	12%	95	80	84%	15	16%
GV Lab Only	820	333	41%	333	286	86%	47	14%
Dental	741	660	89%	249	208	84%	41	16%
Dental Hygienist	308	253	83%	45	32	71%	13	29%
Counseling	438	126	29%	102	70	67%	32	33%

NOTES: 480 COVID slots not included in Available Appts Slots in TC; *TC Acute = 2,871 **GV Acute = 276

July, August and September 2020 (3rd Quarter)

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%

NOTES: 310 COVID slots not included in Available Appts Slots in TC; *TC Acute = 2,479 **GV Acute = 295

Change in Comparison to Prior Quarter

	Available Appointments		Utilization Rate		No Show Rate	
	Texas City	Galveston	Texas City	Galveston	Texas City	Galveston
Medical	423	(247)	5%	15%	1%	6%
Dental	(463)	4	-1%	-3%	0%	-1%
Dental Hygienist	20	0	1%	10%	-2%	20%
Counseling	(34)	4	0%	-11%	-3%	-3%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2021

Item#11

**Consider for Approval Patient Satisfaction Survey Results
for the Period Ending 12/31/20**

Patient Satisfaction Survey Responses

October 1 - December 31, 2020

Goal: 4.8

Total Responses	264	
Galveston	29	11%
Texas City	235	89%

Type of Visit		
Medical	185	70%
Dental	71	27%
Counseling	8	3%

Appointment Time Based on Need	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	2.2%	0.5%	6.0%	15.7%	75.7%	4.62
Dental	1.4%	1.4%	4.2%	16.9%	76.1%	4.65
Counseling	0.0%	0.0%	0.0%	0.0%	100.0%	5

The Appointment Check-in Process	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	1.6%	1.6%	4.9%	17.8%	74.1%	4.61
Dental	0.0%	0.0%	4.2%	11.3%	84.5%	4.8
Counseling	0.0%	0.0%	0.0%	12.5%	87.5%	4.88

The Staff on Being Friendly & Helpful	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	0.5%	1.1%	4.3%	16.8%	77.3%	4.69
Dental	0.0%	0.0%	4.2%	7.0%	88.7%	4.85
Counseling	0.0%	0.0%	0.0%	0.0%	100.0%	5

How Well Did Staff Explain Things to You So You Could Understand	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	1.1%	0.5%	3.8%	17.3%	77.3%	4.69
Dental	1041.0%	0.0%	4.2%	11.3%	83.1%	4.75
Counseling	0.0%	0.0%	0.0%	0.0%	100.0%	5

The Quality of Care you Received Today	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	1.1%	1.6%	3.8%	16.2%	77.3%	4.67
Dental	2.8%	0.0%	2.8%	11.3%	83.1%	4.72
Counseling	0.0%	0.0%	0.0%	0.0%	100.0%	5

The Clinic on Being Clean & Sanitary	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	0.0%	0.0%	3.2%	13.5%	83.3%	4.8
Dental	0.0%	0.0%	0.0%	15.5%	84.5%	4.85
Counseling	0.0%	0.0%	0.0%	12.5%	87.5%	4.88

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	2.7%	1.1%	6.0%	14.6%	75.7%	4.59
Dental	0.0%	1.4%	9.9%	8.5%	80.3%	4.68
Counseling	0.0%	0.0%	0.0%	12.5%	87.5%	4.88

Average All Categories - Current Quarter	0.5%	0%	3%	11%	85%	4.79
Average All Categories - Previous Quarter	1.0%	1.0%	5.0%	19.0%	74%	4.64

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2021

Item#12

**Consider for Approval Quarterly Compliance Report
for the Period Ending 12/31/20**

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

Internal Audits		
AUDITOR- DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
Patient Services Manager - October 1, 2020 – December 31, 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, one error was cited. 	<ul style="list-style-type: none"> • The error was corrected by the Patient Services Manager and the employee responsible for making it has since left Coastal. • Patient Services staff were reminded about the importance of remaining vigilant while charting.
Patient Services Manager - October 1, 2020 – December 31, 2020	Title V Clerical Audit: <ul style="list-style-type: none"> • Title V clerical audits were performed by randomly pulling Title V patient applications and charts to determine accuracy and inclusiveness of the documentation. • Among the 30 applications and charts reviewed, which collectively encompassed 270 individual fields, there were four errors. 	<ul style="list-style-type: none"> • All four errors resulted from incidents of Patient Services staff members neglecting to affix sibling records when necessary. • Corrections were made immediately by the Patient Services Manager, and staff was notified of the findings and instructed on the requirements for completing Title V charts at the subsequent month's in-service.
Nursing Director – October 1, 2020 – December 31, 2020	Title V Well Child Clinical Audit <ul style="list-style-type: none"> • The Title V Well Child Clinical audit evaluated provider adherence to the 46 elements set forth by the Texas Health Steps clinical record review tool, and the records of ten children subject to the metric were reviewed. • The aggregate rate of compliance with these measures was 90%, the highest number achieved since Q3 of the 2019 calendar year. 	<ul style="list-style-type: none"> • Providers who see pediatric patients reviewed the audit during the most recent provider in-service/peer review gathering, and elements exhibiting a pattern of non-compliance were addressed.

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

<p>Nursing Director/ Business Office Manager - October 1, 2020 – December 31, 2020</p>	<p>340B Medication Audit:</p> <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.
External Audits		
AUDITOR – DATE OCCURRED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
<p>Human Resources Services Administration (HRSA) November 17 – 19, 2020</p>	<ul style="list-style-type: none"> • HRSA performed an inclusive three-day virtual site-audit, during which time they diligently inspected Coastal’s compliance with the 92 federally required protocols. • Six deficiencies were cited during the review, but five were rectified within the permissible fourteen-day “corrections window.” 	<ul style="list-style-type: none"> • HRSA applied one grant condition to Coastal’s award, stemming from a finding pertaining to continuity of care and hospital admitting privileges. • Per the condition, Coastal has 90 days to provide documentation to HRSA that the health center has obtained provider hospital admitting privileges or at least one formal arrangement between Coastal and a hospital or entity for the purpose of admitting health center patients to a hospital.
Warning and Termination Letters		
REASON	TYPE OF LETTER	
Debt Collection Policy	Suspensions 155; Reinstatements: 116	
Behavioral Letters Issued	Terminations: 1; Warnings: 0	

NOTE: Various issues were discussed in peer review.

Submitted by Richard Mosquera, Chief Compliance Officer
Coastal Health & Wellness Governing Board – January 28, 2021

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

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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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2021

Item#13

**Consider for Approval Coastal Health & Wellness
Emergency Operation Plan**

Coastal Health and Wellness

EMERGENCY OPERATIONS PLAN

Table of Review and Approval

Change Number	Change Entered By	Date Reviewed	Date Approved
1	Tyler Tipton	8/8/2018	8/30/2018
2	Tyler Tipton	8/16/2019	08/29/2019
3	Tyler Tipton	09/15/2020	

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

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

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Coastal Health and Wellness Information

Facility: Coastal Health and Wellness

Address: 9850 Emmett F Lowry Expy

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

Phone Number: 409-938-2234

Executive Director: Kathy Barroso

Office Address: 9850 Emmett F Lowry Expy

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

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

I. INTRODUCTION TO THE PLAN

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

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

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

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

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

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

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

Demographics:

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

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

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

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

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

Coastal Health & Wellness serves as a Galveston County federally qualified health center, and the County’s largest community health center. CHW clinics provide a wide array of

ambulatory medical, prenatal, dental, mental health and counseling services to the community. Changes in the scope of services offered by the clinics must be approved by the Coastal Health & Wellness Governing Board and the Health Resources and Services Administration (HRSA). During an emergency, patient population may fluctuate or include patients not typically seen or treated by CHW during normal operations.

II. EMERGENCY PLAN

Risk Assessment

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

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

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

Command and Control

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

- B. Depending upon the type of emergency, the Incident Commander will enact the Orders of Succession (**TAB 5**) for the appropriate emergency policy and procedure. The Incident Commander shall ensure safety captains, designated by department, record and retain documentation of all staff members and contractors present in the safety captains' area of oversight. Patients shall be accounted for by the check-in clerks. The patient check-in list should be printed during the declaration of an emergency in the event that electricity is lost or evacuation is required. Staff members are identified by CHW issued ID badges during both normal operations and emergencies.
- C. Based upon the emergency and other relevant conditions, the Incident Commander will determine whether to lockdown the facility, shelter in-place or evacuate. If the facility must be evacuated, the temporary location for evacuation and facilities for patient transfer are listed in the designated receiving facilities list (**TAB 6**). The policy for tracking patients evacuated/transported to a receiving facility is on the employee extranet.
- D. Only the Incident Commander can issue an "all clear" for the facility, indicating that the facility is ready to resume normal operations.

Coordination

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

Plan Activation

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

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

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

Demobilization and Transition to Recovery

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

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

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

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

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

Maintenance

The CHW EOP will be maintained by the Emergency Preparedness Manager. The plan includes an all hazards approach to implementation and response to incidents and event specific guidelines. CHW will review and, if necessary, update this plan at least annually. Revisions will reflect changes in procedures, improved methods, identified “best practices,” changes in availability of resources, and corrections of any deficiencies or omissions.

III. POLICIES AND PROCEDURES

Facility Lockdown

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

Shelter in Place (SIP)

- A. Shelter in Place means that the staff, patients and/or visitors will remain in the facility’s building(s). Sheltering can be called due to severe storms, tornados, and violence/terrorism or hazard material exposure conditions in nearby areas.
- B. During a SIP, windows and doors shall be firmly closed. Storm shutters, if available, should also be closed. If weather conditions pose a threat to the integrity of exterior windows, staff, patients and/or visitors will be moved to interior rooms and hallways.
- C. In the event of a tornado warning, staff, patients and visitors will move to interior hallways, away from all glass and windows.
- D. If sheltering is used in the event of a hazardous chemical incident, windows and doors will be shut and all fans, air conditioners and ventilators will be turned off

where appropriate (and where possible). Cloths or comparable material (i.e. t-shirts) will be stuffed around gaps at the bottom of doors.

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

Evacuation Plan

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

Suspension of Services

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

Continuity of Operations

It is the policy of Coastal Health and Wellness to maintain continuity of service and to restore healthcare services as rapidly as possible following an emergency that disrupts such services. As soon as the safety of patients, visitors, and staff has been assured, CHW will give priority to providing or ensuring patient access to health care.

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

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

Documentation

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

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

- F. Whenever possible, emergency documentation shall be logged using pencil and paper to avoid potential losses caused by power failures.

Security

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

Volunteers

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

Additionally, nurses and other qualified medical personnel staffed by the Galveston County Health District may be tasked by the Medical Director (or designee) under such circumstances to assist in the provision of patient care so long as the individual has successfully received and completed the formal educational requirements to perform the allotted task.

IV. COMMUNICATIONS

Internal

- A. A list of all employees, including their contact number(s) and a party designated as the employee’s emergency contact is located in the Human Resources department and online through i-Info (digitally).

- B. In the event of an emergency or activation of the EOP, notification of staff is achieved through email, text, and phone calls by the Emergency Preparedness Manager, or designee. The PA system is also utilized for immediate notification to staff, patients, and visitors. A list of Emergency Phone Protocols for the Texas City site and Galveston site can be found on the employee extranet.

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

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

External

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

Communications with Patients and Visitors

- A. During an emergency, the departmental supervisors, unless designated otherwise by the Incident Commander, are responsible for notifying patients and visitors of the emergency and what actions to take. Communications will be facilitated via the

emergency phone-chain, PA system, safety captain announcements (word of mouth), and through the NextGen communication system.

Communications with Healthcare Providers

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

Surge Capacity and Resources

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

Requesting Assistance

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

V. TRAINING

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

VI. TESTING

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

TAB 1- Facility Location Plan

Texas City Clinic





Galveston Clinic



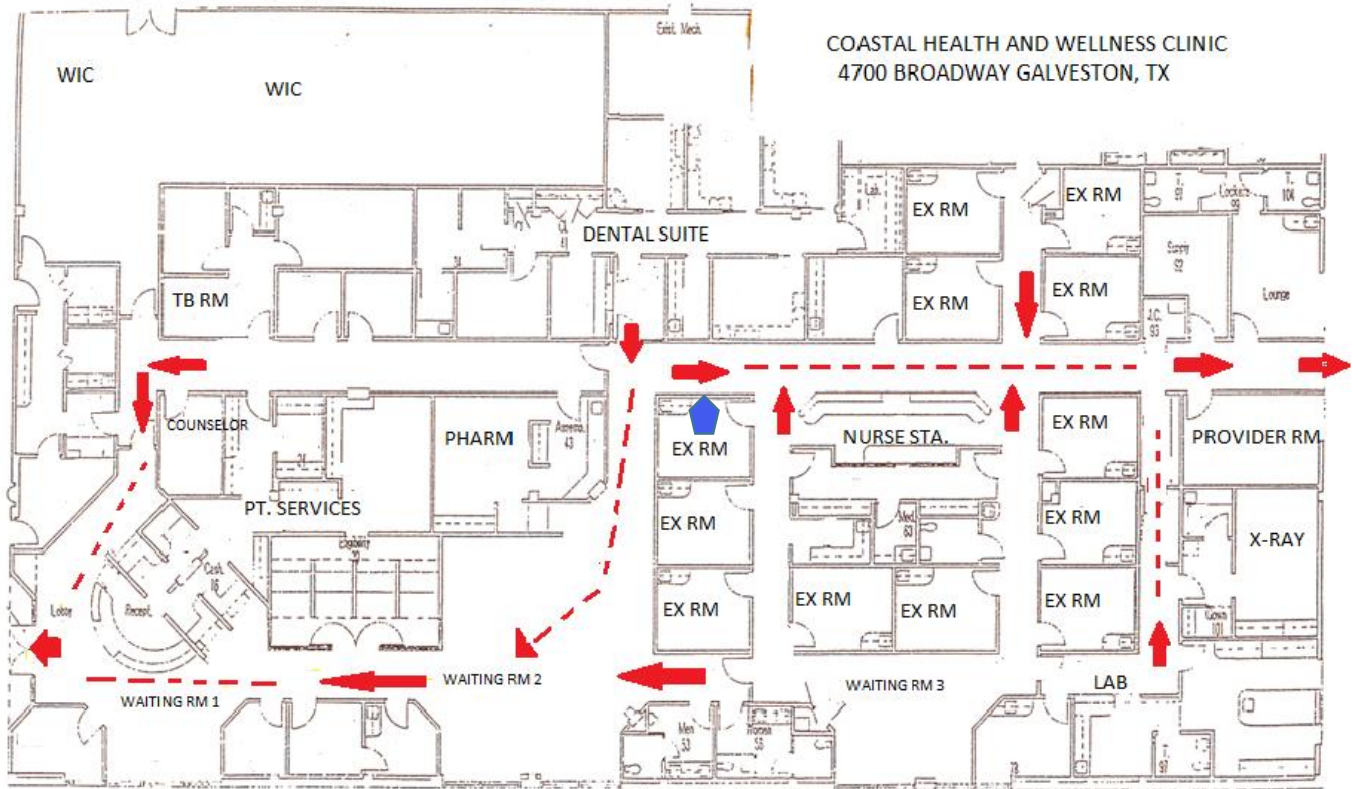
TAB 2 - Facility Floor Plan


MID COUNTY ANNEX EVAUCATION ROUTE BUILDING C (CHW)



 Fire Extinguisher
 Defibrillator

GALVESTON COUNTY COASTAL HEALTH AND WELLNESS CLINIC
ISLAND COMMUNITY CENTER GALVESTON



*Arrows denote pathway to fire exits
 Defibrillator

TAB 3 - HVA

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

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

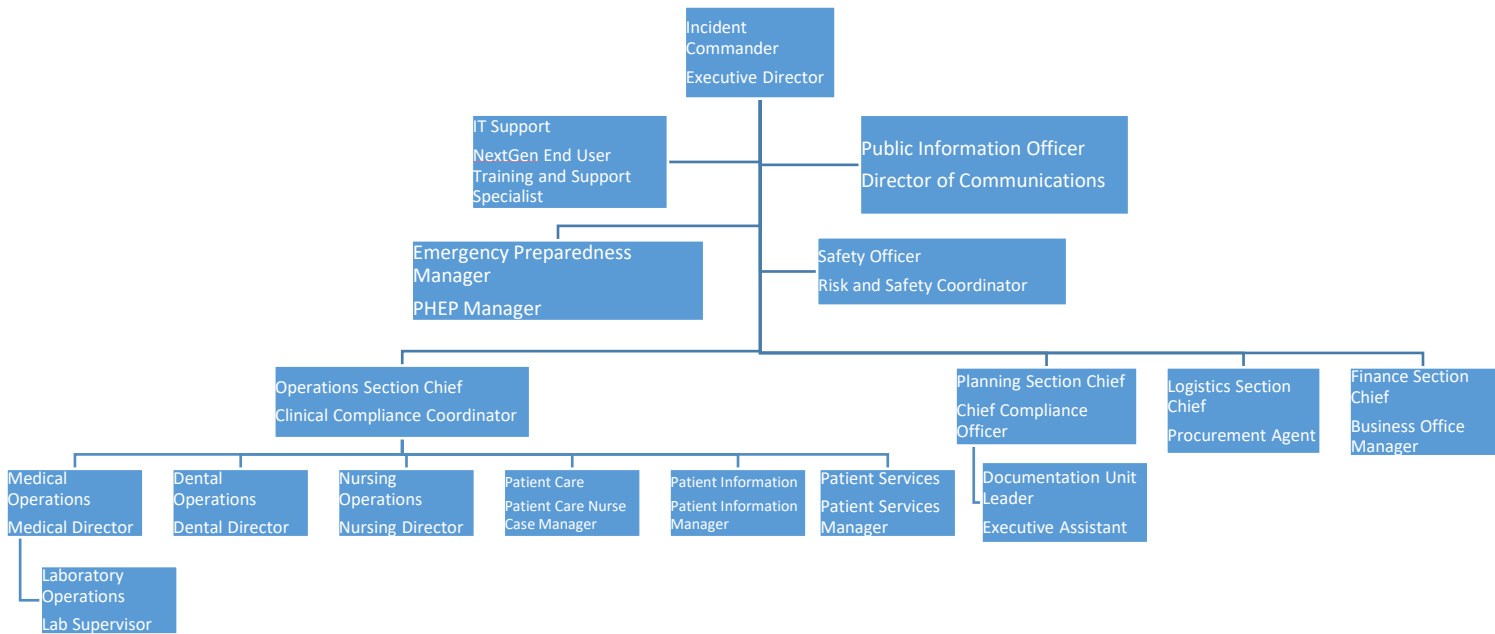
TAB 4 – Delegations of Authority & Organizational Chart

Delegations of Authority

Task	Incumbent	Delegated Position	Limitations
Incident Commander	Executive Director		

Task	Incumbent	Delegated Position	Limitations
Operations Section Chief	Chief Nursing Officer		
Planning Section Chief	Chief Compliance Officer		
Logistics Section Chief	Procurement Agent		
Finance Section Chief	Business Office Manager		

Organizational Chart



Activation of Disaster Organization Chart

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

Incident Commander (IC)

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

IT Support

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

Public Information Officer

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

Safety Officer

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

Emergency Preparedness Manager

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

Logistics

- Provide resources for support personnel, systems, and equipment:
 - Meeting space
 - Media briefing center
 - Transportation
 - Communications equipment
 - Food, water, shelter, and first aid

- Facilitate communications between staff/local officials/licensing and emergency agencies
- Provide logistics input at planning meetings and updates on resources (availability, response time, deployment)

Planning

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

Finance

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

Operations

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

TAB 5 – Orders of Succession

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

Key Personnel and Orders of Succession

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

TAB 6 – Receiving Facilities

Temporary Evacuation site for Office:

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

Galveston
Island Community Center
4700 Broadway F100
Galveston, TX 77551

Long Term Evacuation Site for Office:

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

Galveston
Island Community Center
4700 Broadway F100
Galveston, TX 77551

Receiving Hospitals and Contact Numbers:

HCA Houston Healthcare Mainland
6801 Emmett F Lowry Expy, Texas City, TX 77591
409-938-5000

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

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

TAB 7 - State and Local Government Contacts

Emergency Management Contact List

-----BEGINS ON THE FOLLOWING PAGE -----

Jurisdiction	Emergency Manager	Email	Cell
Bayou Vista	Chief Jimmy Gillane	jgillane@comcast.net	409-457-8945
Clear Lake Shores	Brent Spier	bspier@clearlakeshores-tx.gov	(281) 334-2799
Dickinson	dhunt@ci.dickinson.tx.us	dhunt@ci.dickinson.tx.us	dhunt@ci.dickinson.tx.us
Friendswood	Brian Mansfield	bmansfield@ci.friendswood.tx.us	832-875-2365
Friendswood	Steven Simmons	ssimmons@ci.friendswood.tx.us	972-921-9606
Friendswood	Niki Bender	nbender@ci.friendswood.tx.us	281-352-6948
Friendswood	Steve Ruthstrom	sruthstrom@ci.friendswood.tx.us	281-709-5863
Friendswood	Chief Bryan Holmes	bholmes@friendswood.tx.us	713-254-1177
Galveston	Mark Morgan	MMorgan@galvestontx.gov	409-750-0881
Galveston County	Scott Tafuri	scott.tafuri@co.galveston.tx.us	409-370-8592
Galveston County	Laura Norman	laura.norman@co.galveston.tx.us	832-278-9047
Galveston County	Alyssa Young	Alyssa.young@co.galveston.tx.us	409-682-3125
Hitchcock	Chief Wilmon Smith	wsmith@hitchcockpd.com	409 316-7245
Hitchcock	Tim Underwood	tunderwood@hitchcockpd.com	409-750-3469
Jamaica Beach	Sean Hutchison	shutchison@ci.jamaicabeach.tx.us	920-572-4073
Kemah/Clear Lake Shores			281-709-7614
Kemah	wgant@kemah-tx.com	wgant@kemah-tx.com	wgant@kemah-tx.com
La Marque	Charlene Warren	c.todaro@cityoflamarque.org	409-457-7511
La Marque	Kyle Hunter	k.hunter@cityoflamarque.org	409-682-2157
League City	Ryan Edghill	ryan.edghill@leaguecity.com	979-450-5857
League City	wgant@kemah-tx.com	wgant@kemah-tx.com	wgant@kemah-tx.com
Santa Fe	Chief Philip Meadows	philip@ci.santa-fe.tx.us	409-354-3330
Texas City	Tom Munoz	tmunoz@texascitytx.gov	409-739-4799
Texas City	Dio Gonzalez	dgonzalez@texascitytx.gov	409-939-3995
Texas City	Jesse Rubio	jrubio@texascitytx.gov	409-392-2858
Tiki Island	George Graham	tikiemc@comcast.net	832-444-0716
Baytown	Jamie Galloway	jamie.galloway@baytown.org	281-838-9169
Nassau Bay	Chief Tom George	tom.george@nassaubay.com	281-333-4211
Seabrook	Jeff Galyean	jgalyean@seabrooktx.gov	281-291-5700
Webster	Chief Patrick Shipp	pshipp@websterfd.com	281-316-3730
Pearland	Peter Martin	pmartin@pearlandtx.gov	281-997-4648

ESF 8 Partners

Name	Organization	Email	Phone
Salami, Hilal	SETRAC	Hilal.salami@setrac.org	281-822-4443
Valcin, Randy	GCHD	rvalcin@gchd.org	409-938-2322
Tucker, Melissa	Gulf Coast Center	MelissaT@gulfcoastcenter.org	409-944-4382

TAB 8 - Vendor Contacts

VENDOR/COMPANY			EMAIL ADDRESS	TELEPHONE
----------------	--	--	---------------	-----------

	CONTACT LAST NAME	CONTACT FIRST NAME		
AMI Dental	Chew	Joy	amidental@yahoo.com	713-777-342
Ovol	Jordan	Joe	jtjordan@ovol.us	713-253-377
CDW	Frederick	Charlie	chafred@cdwg.com	312-547-266
Competitive Solutions	Shepherd	Fred	fshepherd@competitive-solutions.com	832-586-900
Darby Dental	DiBella	Joe	joedibella@darby.com	800-645-232
Dream Ranch	de Wet	Sheila	sheri@dreamranchtx.com	940-591-656
GHA Technologies	Barany	Craig	cbarany@gha-associates.com	405-241-420
Greater Houston Office Supply	Tidwell	Russell	rtidwell@myghop.com	281-724-153
Henry Schein	Jefferies	Joe	Joe.Jefferies@henryschein.com	800-845-355
Kleen Janitorial	O'Conner	Russell	russelloconnor@att.net	409-762-055
McKesson	Johnson	Doug	douglas.johnson@mckesson.com	800-545-509
Migali Industries	Rappaport	Jerry	jerry@migaliscientific.com	855-464-425
Patterson Dental	Wilde	Melody	melody.wilde@pattersondental.com	713-853-682
Quill	Glinsey	Floyd	floyd.glinsey@quill.com	877-413-002
Southern Computer	Reardon	Josh	joshreardon@scw.com	877-468-672
Sparklettes	Amaya	Bladimire		800-4-wate
Stargel				713-461-538
Stericycle				866-783-742
X-Ray Compliance	Freeman	Randy	randyfreeman1@comcast.net	281-844-522
Biochemical Diagnostics			Support@biochemicaldiagnostics.com	631-595-920
Bound Tree	Gray	Craig	craig.gray@boundtree.com	800-533-052
HiTouch Business	Barsch	Kyle	kyle.barsch@hitouchbusinessservices.com	866-448-682
Benco Dental	Kessner	Matt	mkessner@benco.com	281-727-642
The Tree House		Katie	katie@thetreehouseinc.com	800-595-665

TAB 10 - Notification Call List

Staff Notification

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

Patient Notification

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

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

Community Resources Call Protocol

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

TAB 11 – Communication Systems/Equipment

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

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

TAB 13 – After Action Review and Improvement Plan

Incident/Event title:

Start Date:

Start Time:

End Date:

End Time:

Type (check one):

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

Clinical Evaluator(s):

Other Evaluator(s):

Retesting of Change to Emergency Operations Plan?

Participants:

Community Partners:

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

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

Narrative:

Exercise Scenario

Improvement Plan Matrix

Improvement Needed:	Responsibility	Complete Status

Shared with Environment of Care Committee? No Yes

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

Analysis of Six Critical Components

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

ANNEX A – Fire

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

PROCEDURE:

R - Rescue anyone in immediate danger.

A - Alert contact the fire department by calling 911.

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

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

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

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

ANNEX B - Bomb Threat

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

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

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

If possible, during the call:

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

Once the Police have arrived:

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

ANNEX C - Active Shooter

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

Procedure:

Run

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

Hide

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

Fight

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

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

ANNEX D - Loss of Water/Sewerage

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

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

ANNEX E - Electrical Power Outages

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

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

ANNEX F - Extreme Temperatures

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

Definitions:

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

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

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

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

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

Precautionary Procedures:

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

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

ANNEX G - Severe Weather

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

Definitions:

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

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

Procedure:

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

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

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

ANNEX H - Hurricane

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

Definitions:

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

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

Procedure:

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

ANNEX I - Winter Storms

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

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

Precautions:

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

ANNEX J - External Hazmat Incident

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

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

ANNEX K - Radiological Incident

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

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

- Emergency siren system
- Emergency scanner system

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

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

ANNEX L - Bioterrorism Threat

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

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

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

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

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

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

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

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2021

Item#14

**Consider for Approval Annual Report on
Infection Control Goals 2020**

COASTAL HEALTH AND WELLNESS CLINIC

Infection Prevention and Control Program

2020 Evaluation/Compliance Report

Goals and Responsibilities-2020 Update 1/09/2021

GOAL	COMPLIANCE	MEASURABLE OBJECTIVES	INTERVENTIONS	EVALUATION/COMMENT
<p>1. Compliance with:</p> <ul style="list-style-type: none"> • HRSA/FQHC requirements • DSHS Annual TB Risk Assessment/Exposure Plan • Risk Management Annual Assessment • Infection Control Plan/Changes and Updates 	<p>100%</p> <p>2020 Goal Met</p>	<p>HRSA/FQHC Requirements</p> <ul style="list-style-type: none"> ▪ Administration Review <p>DSHS Annual TB Risk Assessment/Exposure Plan</p> <ul style="list-style-type: none"> ▪ Completed yearly/update as needed ▪ CHW Infection Control Plan 	<p>HRSA Site Review/Virtual</p> <p>Texas Department of State Health Services/Congregate Tuberculosis Risk Assessment for 2020</p>	<ul style="list-style-type: none"> ✓ HRSA review November 2020 ✓ TB 2020 Risk Assessment/Low Risk. ✓ TB 2019 rate: Galveston County 3.2 Texas State 4.0 (county less than state rate). ✓ CHW Infection Control Plan-presented, CHW Board approved and signed 2/27/2020. Update for 2021 pending.
<p>2. Prevent Surgical Site/Procedural Infections</p>	<p>95%</p> <p>2020 Goal Met</p>	<p>Review reports of infection after any procedures completed at CHW.</p>	<p>CHW Surgical/Procedural Checklist/Debriefing:</p> <ul style="list-style-type: none"> ➤ Post op instructions with signs of infection 	<ul style="list-style-type: none"> ✓ CHW Guidelines Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong person Surgery. 3/4/2020 ✓ CHW Guideline Antibiotic Prophylaxis for Dental Visits. (5/6/2020) ✓ No reported surgical/procedure site infections reported.
<p>3. Maintain Hand Hygiene Compliance</p>	<p>95%</p> <p>2020 Goal Met</p>	<p>Hand Hygiene in Healthcare Settings Program: ABHR/Soap and water/Sani-Hands</p> <ul style="list-style-type: none"> • CHW Annual Mandatory training • Orientation CHW/GCHD • Monthly Surveillance in clinical areas, report results IC meetings. Minimum 10, in each area • Amount of Alcohol based hand Sanitizer used. 	<p>Surveillance: CDC Hand Hygiene: Before patient contact, before clean/aseptic procedure, after body fluid exposure risk, after patient contact, after contact with the patient's environment.</p> <p>On the spot training</p> <ul style="list-style-type: none"> ➤ Report to Manager, as needed ➤ General training as needed ➤ On the spot training 	<ul style="list-style-type: none"> ✓ Annual training due July 2020 ✓ Orientation 2XMonth;included in BBP. HR e-mails names CHW 16 /GCHD 10 employees ✓ Clinical soap GOJO Antibacterial Plumb Foam Handwash/Benzalkonium Chloride with expiration dates, ✓ All soap products triclosan free ✓ Patient/staff RR: Whisklotion157 free, with "use by dates" ✓ ABHR: 62-90% (most 70%) ✓ 100% CHW staff completed training Hand Hygiene certificate in Med Trainer, completed by July 2020. All new CHW Staff complete Hand Hygiene training: Written and Observed Competencies, within 30 days of orientation

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<p>4. Maintain Compliance:</p> <ul style="list-style-type: none"> • Standard Precautions • Personal Protective Equipment • ID Transmission Precautions 	<p>90%</p> <p>2020 Goal Met</p>	<p>Standard precautions/PPE:</p> <ul style="list-style-type: none"> • Monthly Surveillance rounds • Trainings 	<p>Training Yearly for Clinical Staff:</p> <ul style="list-style-type: none"> ➤ PPE: gloves ,gowns, eye protection, masks. ➤ Added N-95 respirators for clinical staff March 2020 	<ul style="list-style-type: none"> ✓ PPE: Written/Demonstration Competencies July 2020 Clinical staff and orientation clinical staff, within 30 days ✓ Addendum to CHW IC Plan: Respiratory Protection Plan based on OSHA standard 1910.134.for fit testing N-95 respirators ✓ N-95 respirators fit testing for all clinical staff for Mass COVID testing and any aerosolized procedures: CHW 50 staff fit tested or re-fit tested to use 2 or 3 different models. ✓ Battelle decontamination N-95 start 6/2020, Dental staff training. Sent 273 returned 258: 95% through 12/31/2020.
<p>5. Appropriate Prophylactic/Antimicrobial Stewardship:</p> <ul style="list-style-type: none"> • Medical • Dental future 2021 	<p>100%</p> <p>2020 Goal Met</p>	<p>Set at least one annual antimicrobial stewardship goal by 1/1/2020</p> <ul style="list-style-type: none"> • Committee to develop goal in 2019, for 2020. 	<ul style="list-style-type: none"> ➤ Committee formed: Medical Director oversee, Medical Provider, lab, and IC ➤ 1 goal for 2020 ➤ Protocol for Evaluation and Management of Dysuria or UTI Symptoms via Telephone Appointment (9/2020) 	<p>Meetings:</p> <ul style="list-style-type: none"> ✓ 10/30/2019 committee members: Medical Director, Lead PA, Lab Supervisor, and Infection Control Nurse ✓ 11/27/2019 Goal set for 2020: More effective utilization of antibiotics for treatment of UTI ✓ 1/22/2020: review of all + urine cultures for 6 months/antibiotic prescribed ✓ Ongoing meetings 6 in 2020, full committee members ✓ Nursing Director developed/presented Clean Catch Specimen Guidelines with instructions written/pictures (S/E),Comp
<p>6. Compliance with Safe Injection, Sharps, Practices/Point of Care Testing/Medication Administration</p>	<p>100%</p> <p>2020 Goal Met</p>	<p>CHW Medication Management Policy:</p> <ul style="list-style-type: none"> • Yearly Competencies for Nursing Staff • IC monthly surveillance rounds in clinical areas: Lab, dental and medical. 	<p>Dental:</p> <ul style="list-style-type: none"> ➤ Pro Tector Needle Sheath Prop ➤ Tip protectors, sharp instruments for sterilization ➤ CS pro heavy utility gloves, single use, for instrument decontamination <p>All Clinical</p> <ul style="list-style-type: none"> ➤ No re-capping needles (scoop method if necessary) 	<p>CHW- No sharps injuries reported to risk and Safety.</p>

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			<ul style="list-style-type: none"> ➤ Sharps containers at point of use/not past fill line 	
<p>7. Compliance Bloodborne Pathogens Plan:</p> <ul style="list-style-type: none"> • Regulated Medical Waste • Exposure Control Plan • DOT • OSHA's Standard Title 29 Code of Fed Regs: 1910.1030 	<p>100%</p> <p>2020 Goal Met</p>	<p>Bloodborne Pathogens:</p> <ul style="list-style-type: none"> • Orientation • Mandatory yearly training 	<p>Trainings:</p> <ul style="list-style-type: none"> ➤ Yearly All clinical CHW Staff. ➤ CHW Orientation all new staff within 30 days ➤ Surveillance Biohazard Room TC/Gal 	<ul style="list-style-type: none"> ✓ Stericycle on-line training with certificate for Med Trainer, (on-line due to COVID) 100% July 2020 ✓ New staff on-line Stericycle training, on-going 100% Certificate for Med Trainer, within 30 days ✓ Any non-compliance for Biohazard rooms reported at monthly IC meetings, on the spot trainings
<p>8. Maintain Compliance monitoring with Sterilization:</p> <ul style="list-style-type: none"> • Cleaning/Decontamination • Monitoring (Biological) • Packaging/Storage • Following IFU's • Room Temperature/Humidity 	<p>95%</p> <p>2020 Goal Met</p>	<p>Review CHW Dental Guidelines:</p> <ul style="list-style-type: none"> • Monthly Surveillance by IC. • Daily monitoring Dental Supervisor • Trainings 	<ul style="list-style-type: none"> ➤ Dental Supervisor reviewed and updated all dental equipment according to IFU-cleaning/sterilization/storage ➤ One source for IFU's ➤ Logbooks maintained and reviewed ➤ Unit training monthly or as needed. ➤ Yearly updates and or new guideline for new equipment or procedures. 	<p>All IC monthly surveillance compliance presented at IC meetings.</p> <p>On-the -spot training for any non-compliance with logs.</p>
<p>9. Maintain Consistent Cleaning of Reusable Patient Equipment</p> <ul style="list-style-type: none"> • Low Level/Intermediate • High-level disinfection 	<p>95%</p> <p>2020 Goal Met</p>	<p>Review CHW clinical Guidelines:</p> <ul style="list-style-type: none"> • Low/intermediate Cleaning • High-level disinfection - only sterilization in Dental 	<ul style="list-style-type: none"> ➤ Low level/reusable medical equipment/ BP machines/cuff- disinfecting wipes/proper contact time ➤ High-level see sterilization ➤ IC surveillance 	<p>All IC monthly surveillance compliance presented at IC meetings.</p>
<p>10. Maintain Clean Environment</p>	<p>90%</p> <p>2020 Goal Met</p>	<p>Environmental Rounds/daily Clinical surface cleaning/High touch surfaces. Using list of disinfectants "N" list effective for SARS-CoV-2 COVID-19</p>	<ul style="list-style-type: none"> ➤ Training ➤ IC and Risk and Safety surveillance Rounds 	<p>All IC monthly surveillance compliance presented at IC meetings.</p> <p>Chart of approved Disinfectants.</p>

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<p>11. Infection Control Notify Staff about Construction/Renovation/or Alteration in Facility before beginning work.</p> <ul style="list-style-type: none"> • ICRA 	<p>100% 2020 Goal Met</p>	<p>ICRA for all construction projects by IC:</p>	<p>Log of all construction projects:</p> <ul style="list-style-type: none"> ➤ ICRA by IC Reviewed by administration/signed by CHW Maintenance ➤ Copy of signed ICRA to department ➤ Logbook of all in IC 	<ul style="list-style-type: none"> ✓ Permit numbers: month day year, no spaces. ✓ All ICRA's reviewed at IC meetings, as needed. ✓ 3 ICRA: 2 filter changes dental and 1 Chillers changed, checked temp/humidity and all sterile packages dental for condensation (dental)
<p>12. Maintain Medication/Vaccine Storage logs/Refrigerator/Freezer</p> <ul style="list-style-type: none"> • Mitigation Plan 	<p>100% 2020 Goal Met</p>	<p>CHW Medication Inventory procedure.</p>	<p>Review logs Update procedure yearly/Nursing</p>	<p>All IC monthly surveillance compliance presented at IC meetings</p>
<p>13. Maintain Dental Water Quality/Testing.</p>	<p>100% 2020 Goal Met</p>	<p>Dental Water:</p> <ul style="list-style-type: none"> • Meets EPA standards for drinking water(less than 500 CFU/ml of heterotrophic water bacteria) • Water testing 	<p>Quarterly testing in Galveston and Texas City follow Guidelines for testing</p> <ul style="list-style-type: none"> ➤ For all dental chair lines. ➤ October changed to Pro Edge ➤ Mitigation plan if over standard. <p>Guideline for Maintaining Dental chair water lines. Daily/weekly/monthly log</p>	<p>All IC monthly surveillance compliance presented at IC meetings</p>
<p>14. Increase/Maintain Immunizations in Organization:</p> <ul style="list-style-type: none"> • Influenza • Employee/Volunteer/Pre-hire Minimal Immunizations/Screenings. 	<p>95% 2020 Goal Met</p>	<p>CHW staff required Yearly flu vaccine:</p> <ul style="list-style-type: none"> • Decline/Mask flu season • COVID 100% Mask 	<p>Training:</p> <ul style="list-style-type: none"> ➤ October Standard precautions Poster training flu "Gold Star" ➤ Power Point Annual Flu review December 2020 	<p>Training:</p> <ul style="list-style-type: none"> ✓ October 95% make-ups complete ✓ Annual Flu Training 84/87= 97% compliance. ✓ Staff yearly Flu Vaccine:95%

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<p>15. Prevent Transmission of Infectious Diseases in the Organization.</p>	<p>95%</p> <p>2020 Goal Met</p>	<p>Develop Infectious Disease Guidelines:</p> <ul style="list-style-type: none"> • Scheduling appointments • Maintain Respiratory Stations. 	<p>Guideline developed/approved by CHW board</p> <p>Training for Contact Center</p>	<p>Infectious Disease Guidelines:*</p> <ul style="list-style-type: none"> ✓ Approved 1/15/2020 ✓ Plan of Care ✓ Transmission Type <p>Added COVID screening questions February 2020</p>
<p>16. Prepare for the Response:</p> <ul style="list-style-type: none"> • Influx or Risk of Influx of Infectious Patients • Community Outbreak Infectious Patients • Bioterrorism Agents • County Emergency Disaster Plan 	<p>100%</p> <p>2020 Goal Met</p>	<p>Review and follow GCHD Plans: Public Health Preparedness</p> <ul style="list-style-type: none"> ▪ Emergency Operations Plan: Response for Pandemic Influenza and Highly Infectious Respiratory Diseases ▪ GCHD All Hazards Emergency Management Plan ▪ GCHD Emergency Information/Natural Disasters Medical Reserve Corp ▪ Emergency Operations Policy ▪ Public Health Preparedness 	<p>Review GCHD/Coastal Health and Wellness: Quarterly for updates:</p> <ul style="list-style-type: none"> ➤ WEB Page ➤ Employee Extranet ➤ CHW QA meetings ➤ CHW Monthly In-service Admin updates 	<p>Updates:</p> <ul style="list-style-type: none"> ✓ Emergency Operations Plan: Response for Pandemic Influenza and Highly Infectious Respiratory Diseases 3/14/2019 ✓ GCHD All Hazards Emergency Management Plan 1/29/2020 ✓ Emergency Operations Policy 1/29/2020 ✓ COVID-19 February 2020

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2021

Item#15

**Consider for Approval Revisions to 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”) Clinic provider staff (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 arrangements 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.

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 N/A for OCS
3. Verification of education and training	Primary source; Verification of graduation from medical, dental or other clinical professional school and, if applicable, residency, including receipt of sealed transcripts	Secondary source
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 LIPs 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 OCS Copy of completed report from NPDB query or documentation of a change in OLCP's file (if CHW signs providers up with NPDB and receives a real-time report of any changes in a provider's file)
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	Required Documentation of completion of basic life support training (e.g., a copy of certificate of completion of training, course completion dates, etc.)

	comparable/advanced training based on provider's licensure or certification standards)		8. A query of the National Practitioner Data Bank (NPDB), as applicable to the Practitioner, the Health and
Criminal Background Check	Primary source	Primary Source	

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:

PRIVILEGING ACTIVITY	PRACTITIONER	
	LIP	OLCP or OCS, as applicable
*required for initial and re-privileging		
1. 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* <u>Immunizations/Communicable disease screenings that are verified</u> according to GCHD Employee and Prehire 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 Providers/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. OLCPs and OCSs shall be notified of the determination and any corrective action or follow up required in order to address the action on privileges. OLCPs 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*.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2021

Item#16

**Consider for Approval Modification to Re-Privileging
Rights for Unsil Keiser, DDS**



Date: January 28, 2021
To: CHW Governing Board
From: Hanna Lindskog, DDS *HL*
Dental Director
Thru: Kathy Barroso, CPA *KB*
Executive Director
Re: Modifications to Privileging

After preparation of the credentialing file, the Coastal Health & Wellness Dental Director Hanna Lindskog, DDS, has reviewed the completed file and recommends that the Governing Board approve modifications to privileging as follow:

Unsil Keiser, DDS, is a general dentist who will practice part-time at both the Texas City and Galveston Coastal Health & Wellness Dental Clinic. Dr. Keiser graduated from University of Maryland School of Dentistry. Dr. Keiser 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

January 2021

Item#17

**Consider for Approval Re-Privileging
Rights for Suma Shetty, DDS**



Date: January 28, 2021

To: CHW Governing Board

From: Hanna Lindskog, DDS *HL*
Dental Director

Thru: Kathy Barroso, CPA *KB*
Executive Director

Re: Re-Privileging

After preparation of the credentialing file, the Coastal Health & Wellness Dental Director Hanna Lindskog, DDS, has reviewed the completed file and recommends that the Governing Board approve re-privileging as follow:

Suma Shetty, DDS, is a general dentist who will practice full-time at both the Texas City and Galveston Coastal Health & Wellness Dental Clinic. Dr. Shetty graduated from the New York University College of Dentistry in 2004. Dr. Shetty is requesting general dentistry privileges.

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