



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, April 29, 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 April 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://zoom.us/j/91683394050?pwd=b2ZUdFJhd2EzN2pLRjhNTjBRdGVsdz09>

Meeting Password: 514615

An automated prompt should appear on your screen; when it does, click “Open Zoom Meetings”

1. 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.
2. 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 916 8339 4050# Meeting Password: 514615
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 April 1, 2021 Governing Board Meeting

- *Item #4**ACTION**.....Consider for Approval Minutes from April 15, 2021 Governing Board QA Meeting
- *Item #5**ACTION**.....Consider for Approval Minutes from April 22, 2021 Governing Board Special Meeting
- *Item #6**ACTION**.....Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
 - a) Employee Ethics, Standards of Conduct, and Conflict of Interest
- *Item #7**ACTION**.....Consider for Approval Quarterly Investment Report
- *Item #8**ACTION**Informational Reports
 - Notification of Executive Director Retirement Notice
 - Selection of GCHD Interim CEO, Dr. Philip Keiser
- Item #9.....Executive Reports
 - a) Executive Director
 - b) Medical Director
 - c) Dental Director
- Item #10**ACTION**.....Consider for Approval March 2021 Financial Report
- Item #11**ACTION**.....Consider for Approval Quarterly Visit and Collection Report Including a Breakdown by Payor Source for Recent New Patients
- Item #12.....Notice of HRSA Grant Award - American Rescue Plan Act Funding For Health Centers
- Item #13**ACTION**.....Consider for Approval Quarterly Access to Care Report for the Period Ending March 31, 2021
- Item #14**ACTION**.....Consider for Approval Quarterly Patient Satisfaction Survey Results for the Period Ending March 31, 2021
- Item #15**ACTION**.....Consider for Approval Quarterly Compliance Report for the Period Ending March 31, 2021
- Item #16**ACTION**.....Consider for Approval Amendment to the Risk Management Training Plan
- Item #17**ACTION**.....Consider for Approval Revisions to No-Show Policy
- Item #18**ACTION**.....Consider for Approval Infection Control Goals & Responsibilities for 2021
- Item #19**ACTION**.....Consider for Approval Re-Privileging Rights for Carlos Triado, MD, Providing Tele-Psychiatry Services

Next Regular Scheduled Meeting: May 27, 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
April 2021
Item#2
Excused Absence(s)**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#3

Consider for Approval Minutes from April 1, 2021

Governing Board Meeting

**Coastal Health & Wellness
Governing Board
April 1, 2021**

Board Members

Conference Call:

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

Staff:

Kathy Barroso, Executive Director
Hanna Lindskog, DDS
Richard Mosquera
Ashley Tompkins
Debra Howey (phone)
Kristina Garcia (phone)
Tiffany Carlson, RN (phone)
Anthony Hernandez

Pisa Ring (phone)
Kathy White (phone)
Tyler Tipton (phone)

Excused Absence: Dr. Thompson

Unexcused Absence: Miroslava Bustamante & Dorothy Goodman

Items 1-4 Consent Agenda

A motion was made by Virginia Valentino 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 SESSION

The Coastal Health & Wellness Governing Board will enter into Executive Session as permitted under Chapter 551 of the *Texas Government Code*, pursuant to Section 551.071, Consultation with Attorney, specifically, to discuss litigation involving Coastal Health & Wellness.

Item #6 Executive Reports

Kathy Barroso, Executive Director, presented the February 2021 Executive Report to the Board. Kathy informed the Board of the monthly appointment utilization and no-show rates. She also reported on the number of patient satisfaction survey responses and the total weighted average score of all responses. Kathy informed the Board that Coastal Health & Wellness has now been certified as a Primary Care Medical Home (PCMH) through the Joint Commission.

Kathy Barroso, Executive Director, provided the Board with the following updates on behalf of Dr. Ripsin, Medical Director:

COVID Testing

As of March 26th, 2021, we have conducted 155 COVID tests:

- Overall, the COVID + rate = $28 / 155 = 18\%$
- For the month of March = $5/27 = 19\%$

COVID Vaccinations

- Our Nursing Director, Tiffany and Electronic Health Records Manager, Pisa and their staff have managed our vaccination efforts.
- It has been challenging working with the state to obtain a steady supply of vaccine, but we hope to improve this by actively collaborating with GCHD soon.

Colorectal Cancer Screening

- As mentioned previously we are working with the University of Texas-Houston to improve our screening rates for colon cancer.
 - We have had a meeting with their electronic technical support leader who will help us make maximal use of Nextgen for tracking our screening efforts.
 - On Monday, March 29th the UT-H Project Manager will shadow our staff in the Texas City clinic and then meet with our clinical managers with the goal of providing detailed suggestions about the ways in which we can improve our efficiency and effectiveness for screening.

Hypertension Grant for Self-Monitoring of Blood Pressure

- We are in the process of purchasing our first batch of 30 home blood pressure monitors to be given to our patients with hypertension with a goal of supplying and teaching over 600 of our patients on the use of this technology.
 - The home monitors will allow the patient to transport their blood pressure values onto a website where we can view them and provide modifications in diet and medications.

Telehealth

- New computers are being installed in our clinics which will upgrade our current system and pave the way to begin our video telehealth services.

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

- The Batelle N95 decontamination program ended March 31st, 2021. We are using the CDC reuse protocol for N95 respirators.
- We continue to follow all COVID-19 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.
- A new dental assistant started on March 15th, 2021 and the same temporary dental assistant is working with us until we fill an additional vacancy.
- We have started seeing patients under the Ryan White grant. The grant was through March 31st, 2021. The Resource Group plans to renew our contract for \$100,000 for April 1, 2021- March 31, 2022.

Item #7 Consider for Approval FY2020 Independent Auditor's Report and Financial Statement and Single Audit Reports

Godwin Okoye, CPA, Partner for Bankole Okoye & Associates, P.C. presented a summary of the FY2020 Independent Auditor's Report, Financial Statements and Single Audit Reports to the Board via conference call. Mr. Okoye communicated to the Board that there were no findings. A motion to accept the FY2020 Independent Auditor's Report as presented was made by Virginia Valentino. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item #8 Consider for Approval February 2021 Financial Report

Andrea Cortinas, Chief Financial Officer, presented the February 2021 financial report to the Board. A motion to accept the financial report as presented was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item #9 Consider for Approval 2020 Bad Debt Write-off and Adjustment Report

Andrea Cortinas, Chief Financial Officer, presented the 2020 bad debt write-off and adjustment report. Andrea informed the Board that the 2020 debt write-off totals \$382,382.25 and the four-year average totals \$388,659.04. A motion to accept the 2020 bad debt write-off and adjustment report as presented was made by Jay Holland and seconded by Dr. Howard. The Board unanimously approved the motion.

Item #10 Consider for Approval Ratification of CEO Emergency Approvals Due to the Winter Storm

Andrea Cortinas, Chief Financial Officer, asked the Board to consider for approval ratification of CEO emergency approval due to the winter storm. Andrea informed the Board that CHW anticipates that the emergency pay will be reimbursed by FEMA at 75%. A motion to accept the emergency approval due to the winter storm was made by Dr. Howard and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item #11 Consider for Approval Re-Privileging Rights for Juliet McKee, MD

Kathy Barroso, Executive Director, asked the Board to consider for approval re-privileging rights for Juliet McKee, MD. Kathy informed the Board that the credentialing file has been reviewed by Dr. Ripsin, Medical Director. A motion to accept re-privileging rights for Juliet McKee, MD was made by Victoria Dougharty and seconded by Virginia Valentino. The Board unanimously approved the motion.

The meeting was adjourned at 1:02p.m.

Chair

Date

Secretary/Treasure

Date

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#4

**Consider for Approval Minutes from April 15, 2021 Governing
Board QA Meeting**

Coastal Health & Wellness Governing Board
Quality Assurance Committee
Meeting
April 15, 2021

BOARD QA COMMITTEE MEMBERS PRESENT (Zoom Call):

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

EMPLOYEES PRESENT

Kathy Barroso (Executive Director), Cynthia Ripsin (Medical Director), Hanna Lindskog (Dental Director), Rocky Mosquera (Chief Compliance Officer), Debra Howey (Infection Control Nurse), Jason Borillo (Lead Mid-level) & Tikeshia Thompson Rollins (Executive Assistant III)

EMPLOYEES (Zoom Call)

Eileen Dawley (Chief Nursing Officer), Andrea Cortinas (Chief Financial Officer), Pisa Ring (Patient Information Manager), Kristina Garcia (Patient Services Manager)

(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 Overall, the number of available appointments decreased in comparison to the last quarter due to the 4 days the clinic was closed due to the winter storm. The average no-show rate this quarter was 20.5% compared to 21.5% last quarter. <u>Quarterly Patient Satisfaction Report</u> <ul style="list-style-type: none"> Kathy reviewed the January, February, and March Patient Satisfaction Survey and the QA Committee was informed of the total weighted average score of 4.73. The current goal is 4.8.
Quarterly Report on UDS Medical Measures in Comparison to Goals	<ul style="list-style-type: none"> Jason 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 conducted from January to February 2021. Dr. Ripsin reported on the % of accuracy for each audit question and stated that any areas needing additional follow-up would be addressed with providers.

<p>Quality Assurance/Risk Management/ Emergency Management Reports</p> <ul style="list-style-type: none"> a) Quarterly Risk Management Report b) Dental Quarterly Summary c) Quarterly Emergency Management Report 	<p><u>Quarterly Risk Management Report</u></p> <ul style="list-style-type: none"> • Rocky reviewed the Quarterly Risk Management report in comparison to current goals. <p><u>Dental Quarterly Summary</u></p> <ul style="list-style-type: none"> • Dr. Lindslog presented the dental quarterly summary. <p><u>Quarterly Emergency Management Report</u></p> <ul style="list-style-type: none"> • Rocky reviewed the 2nd quarter Emergency Management Report on Tyler's behalf and gave an update on trainings that occurred during the quarter. • Samantha, Robinson, Board Chair, suggested that Rocky make sure that the loss of vaccine crossed over into risk management for auditing purposes.
<p>Infection Control Goals and Responsibilities</p>	<ul style="list-style-type: none"> • Debra Howey presented the 2021 infection control goals and responsibilities to the QA Committee. • Samantha Robinson, Board Chair, suggested that Debra put a plan in place to track numbers for staff that have received the COVID vaccine and add to the 2021-2022 goals.
<p>Learning Needs Assessment Update</p>	<ul style="list-style-type: none"> • Dr. Lindslog informed the committee that a new learning needs assessment had been put in place and informed the Board that this is a Joint Commission requirement. The new assessment is meant to assess how patients like to receive information (i.e., verbal, written or both).
<p>No-Show Policy</p>	<ul style="list-style-type: none"> • Kathy Barroso, Executive Director, reviewed the policy and informed the committee due to COVID that there were several changes that needed to be made. • The board members on the committee suggested that the policy clarify when patients would no longer be required to have to make same day appointments. • Feedback will be incorporated into the policy and brought to the full Board for approval at a future meeting.
<p>Open Discussion</p>	<ul style="list-style-type: none"> • Samantha Robinson, Board Chair, informed the QA Committee that Dr. Howard will be retiring his position with the Governing Board and thanked him for his years of services. • Samantha Robinson, Board Chair, suggested having the providers assist with referring patients for possible CHW Board members. CHW Governing Board currently has 3 open positions.

Next Meeting: July 15, 2021

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#5

**Consider for Approval Minutes from April 22, 2021 Governing
Board Special Meeting**

**Coastal Health & Wellness
Governing Board
Special Meeting
April 22, 2021**

Board Members

Zoom Call:

Samantha Robinson
Dr. Howard
Jay Holland
Virginia Valentino
Flecia Charles
Elizabeth Williams
Dr. Thompson

Staff:

Kathy Barroso, Executive Director
Dr. Ripsin, Medical Director
Dr. Lindskog, Dental Director
Dr. Philip Keiser, GCHD Interim
CEO
Tikeshia Thompson Rollins
Anthony Hernandez

Pisa Ring (Phone)
Kristina Garcia (Phone)
Tiffany Carlson (Phone)
Kathy White (Phone)
Virginia Lyle Phone)

Unexcused Absence: Victoria Dougharty, Dorothy Goodman, and Miroslava Bustamante

Samantha Robinson, Board Chair, informed the Board that Mr. Paul Ready with the Ready Law Firm and General Counsel for Galveston County, would like to address the Board. Mr. Ready assured the Board that he is available should any Board member have any questions or concerns regarding the relationship between Galveston County Health District and Coastal Health & Wellness.

Samantha Robinson, Board Chair, asked that it be noted that the agenda wording regarding the executive session be changed from United Board of Health to Coastal Health & Wellness.

A motion to include Kathy Barroso and Dr. Philip Keiser into the Executive Session was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

Executive Session

Texas Government Code Section 551.074, Personnel Matters, the Coastal Health & Wellness Governing Board will enter into an executive session as permitted under the Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.074 of the Government Code, Personnel Matters: to deliberate the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee:

Executive Director

Reconvene into Special Meeting

The Open meeting was reconvened at 1:21 p.m.

Possible Action from Executive Session Regarding the Executive Director

A motion to accept Kathy Barroso's retirement notice effective July 30, 2021 and appoint Dr. Philip Keiser as the interim Executive Director contingent upon the HRSA Project Officer agreeing to this action was made by Jay Holland and seconded by Dr. Howard. The Board unanimously approved the motion.

The meeting was adjourned at 1:25p.m.

Chair

Secretary/Treasurer

Date

Date



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#6

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

- a) Employee Ethics, Standards of Conduct, and Conflict of Interest

Employee Ethics, Standards of Conduct, and Conflict of Interest Policy

-Last Approved
UBOH 03/31/2021
-Effective 10/01/2004

Audience

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

Policy

It is the District’s policy that the highest level of ethics be maintained by employees in accomplishing their duties while serving our customers and the residents of Galveston County.

General Conduct

The District employees must avoid any action that might result in or give the appearance of:

- using their public positions for private gain;
- giving unlawful preferential treatment to anyone;
- losing objectivity or impartiality;
- making a governmental decision outside of official channels;
- adversely affecting the public’s confidence in government; or
- doing personal activities while on the District’s business and paid duty.

The District’s employees must **not**:

- participate in gambling, betting, or lotteries on the District’s property;
- intentionally subject another to mistreatment or to arrest, detention, search, seizure, dispossession, assessment, or lien that they know is unlawful;
- make a terrorist threat or threat of retaliation against another employee, supervisor, or manager;
- intentionally deny or impede another in the exercise or enjoyment of any right, privilege, power, or immunity, knowing their conduct is unlawful;
- acquire or aid another to acquire a pecuniary interest in any property, transaction, or enterprise that may be affected by information to which they have access in their official capacities and which has not been made public;
- speculate or aid another to speculate on the basis of information to which they have access in their official capacities and which has not been made public;
- coerce another public servant in the performance of his/her official duty or to violate a known legal duty;
- privately address a communication to any public servant who exercises or will exercise official discretion in an adjudicatory proceeding (court or administrative) in order to influence the outcome on a basis other than as allowed by law;
- influence a witness or prospective witness in an official proceeding to lie, withhold evidence, or fail to appear at the proceeding;
- harm or threaten to harm another person by any unlawful act in retaliation for the person being a public servant, witness, or informant;
- use Health District property for political activity;

- review, inspect, or determine eligibility of a relative seeking governmental benefits. Employees are expected to defer relative to another worker or seek supervisory review and approval of the final determination of service eligibility;
- manage, supervise or participate in the hiring process of a relative through affinity (marriage) or consanguinity (blood); or
- engage in any form of romantic relationship as a supervisor and subordinate employee that could potentially have the appearance of creating or promoting favoritism or special treatment for the subordinate employee.

Personal Interests, Employment, and Business Activity

The District employees must **not**:

- have any interest or engage in any business activity or employment that conflicts or interferes with the performance of their duties for the District;
- have, either directly or indirectly, any financial or other personal interest in any contract or subcontract in connection with a District project if authorized in their official capacity to take part in negotiating, making, accepting, or approving such contract or subcontract or performing any duty for the District in connection with such contract or subcontract;
- accept other employment or engage in business or professional activities that could require or cause them to reveal confidential information acquired through their official position;
- accept other employment or compensation that could hinder their independence of judgment in the performance of their official duties;
- make personal investments that create or could reasonably be expected to create a substantial conflict between their personal interests and the public interest;
- use official information that is not available to the public for the purpose of furthering their own private interests;
- take part in any personal or business financial transaction that relies on information obtained through their official position; or
- mis-apply anything of value belonging to the District that has come into their custody or possession by virtue of his or her employment. The employee must use government property for governmental purposes, not for personal or private purposes.

Acceptance of Honorarium

Section 36.07 of the Texas Penal Code provides in part:

- (a) A public servant commits an offense if the public servant solicits, accepts, or agrees to accept an honorarium in consideration for services that the public servant would not have been requested to provide but for the public servant’s official position or duties.

Therefore, District employees must not solicit, accept, or agree to accept an honorarium in consideration for services that the employee would not have been requested to provide but for the employee’s official position or duties. This does not prohibit an employee from accepting transportation, meals, and lodging expenses in connection with a conference or similar event when allowed by law for official District business.

A District employee may accept an honorarium if the employee is asked to provide services which are not requested because of the employee's official status. In such cases, the employee must receive advance approval, take appropriate leave, and not use District resources in performing the services (e.g., a District employee is asked to speak at a conference solely because of his/her recognition as an expert in a particular field and not because of his/her official District position).

Prohibition of Gifts, Benefits, and Favors

District employees must **not**:

- solicit, accept, or agree to accept any benefit, gift, favor, or service that might reasonably influence them in the performance of their duties;
- solicit, accept, or agree to accept any benefit, gift, favor, or service that he or she knows or should know is being offered for the purpose of influencing his or her official conduct or for having performed official duties in favor of another;
- solicit, accept, or agree to accept any benefit, gift, or favor from a person or business who is regulated by the District;
- offer, confer, or agree to confer on another person or solicit, accept, or agree to accept from another person or business any benefit as consideration for the recipient's decision, opinion, recommendation, vote, or other exercise of discretion or for a violation of a duty imposed by law on an employee;
- solicit, accept, or agree to accept any benefit from a person or business against whom the District has litigation pending or contemplated;
- solicit, accept, or agree to accept any benefit from a person or business interested in any contract, purchase, payment, claim, or transaction involving the exercise of the employee's discretion; or
- solicit, accept, or agree to accept any benefit from a person or business interested in any District matter before the employee.

District employees who are or will be witnesses in an official proceeding must **not** solicit, accept, or agree to accept any benefit on the understanding that the employee will lie, withhold evidence, or fail to appear at the hearing.

Use of Health District Vehicles

When using a District-owned vehicle, District employees will:

- only use the vehicle for official District business;
- not drive the vehicle under the influence of alcohol or illegal drugs;
- not drive the vehicle when taking medication that impairs their ability to drive safely;
- not use the vehicle to transport illegal substances;
- not smoke in the vehicle; and
- comply with other specifics listed in the *Safety and Risk Management* policy and Safety Manual.

Standards of Conduct and Conflict of Interest

District employees must adhere to the following regulation which is from Section 572.051 of the Government Code, titled *Standards of Conduct and Conflict of Interest*:

A District employee should not:

- accept or solicit any gift, favor, or service that might reasonably tend to influence the officer or employee in the discharge of official duties or that the officer or employee knows or should know is being offered with the intent to influence the officer's or employee's official conduct;
- accept other employment or engage in a business or professional activity that the officer or employee might reasonably expect would require or induce the officer or employee to disclose confidential information acquired by reason of the official position;
- accept other employment or compensation that could reasonably be expected to impair the officer's or employee's independence of judgment in the performance of the officer's or employee's official duties;
- make personal investments that could reasonably be expected to create a substantial conflict between the officer's or employee's private interest and the public interest; or
- intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised the officer's or employee's official powers or performed the officer's or employee's official duties in favor of another.

Political Contributions

No funds or assets of the District may be contributed to any political party or organization or to any individual who either holds public office or is a candidate for public office. The direct or indirect use of any funds or other assets of the District for political contributions in any form, whether in cash or other property, services, the use of facilities, or the use of any computer software or hardware, is strictly prohibited. The District also cannot be involved with any committee or other organization that raises funds for political purposes. This rule applies both inside and outside the United States, except in those cases permitted by law and expressly authorized by the Galveston County United Board of Health and/or County Judge.

Following are examples of prohibited activities:

- Contributions by an employee that are reimbursed through expense accounts or in other ways.
- Purchase by the District of tickets for political fundraising events.
- Contributions in kind, such as lending employees to political parties or using District assets in political campaigns.
- Indirect contributions by the District through suppliers, funding sources, or agents.
- Printing of political information for distribution or other political activities.

Government Officials

The District is legally prohibited from offering, promising, or bestowing money, gifts, loans, rewards, services, jobs, use of facilities, lavish or extensive entertainment, or other favors to a governmental official, employee, or potential employee with a view toward influencing or inducing such official or employee to use his/her influence to effect an action or decision.

This includes any employee of a federal, state or local government agency.

No employee of the District will offer, give, or promise to offer or give, directly or indirectly, any money, gratuities or other thing of value to any governmental employee with current or possible

responsibility on an award of the District. A gratuity includes any gift, favor, entertainment or other item having monetary value. This phrase includes services, conference fees, vendor promotional training, transportation, lodging and meals, as well as discounts and loans not available to the general public.

Bribery: As a public servant, you commit the offense of bribery if you solicit, offer, or accept a “benefit” in exchange for your decision, opinion, recommendation, vote, or other exercise of official discretion. District employees must:

- not make a payment either directly or indirectly or as a kickback to influence someone else;
- not accept anything of value from someone who wants to do business with the District; and
- report the matter to his/her supervisor immediately if he/she is asked to make or accept a payment or gift in any form prohibited by this policy.

Political Activity

The Hatch Act and the Intergovernmental Personnel Act of 1970 preclude federal funds from being used for partisan political purposes of any kind by any person involved in the administration of federally assisted programs.

Employees of the District are precluded, during periods of compensated time, from lobbying, preparing political publications or materials, making partisan political speeches or engaging in related lobbying activities intended to influence legislation or to promote a political party or candidate.

Employee Responsibilities

It is the employee’s responsibility to:

- review the District policies and procedures;
- request clarification when necessary;
- adhere to the policies;
- notify his/her supervisor of any actions that are or have the appearance of being unethical;
- defer relative to another worker or seek supervisory review and approval of the final determination of service eligibility;
- submit a written request for dual employment through his/her supervisor to Human Resources for executive management review and consideration; and
- notify their next level manager immediately, as well as the Human Resource Manager, if they are engaged in a form of romantic relationship as a supervisor and subordinate employee, at which time executive management will review on a case-by-case basis to prevent any actual or potential conflict of interest.

Supervisor Responsibilities

It is the supervisor’s responsibility to:

- understand and follow this policy;
- inform existing employees about this policy;
- refer employee’s written request for dual employment to Human Resources for executive management consideration.

- counsel employees who need guidance or redirection; and
- take or recommend appropriate corrective disciplinary action when necessary.

Exceptions

An employee may request a review of proposed activity, in writing, to the Chief Compliance Officer in advance of the start of the activity for approval. Certain activities deemed as employee betterment activities will also be considered.

Violation

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal; and/or, in some instances, a referral to federal, state and/or local law enforcement agencies.

Laws

It is the intent of this policy to be in compliance with OMB Circular A-102, Section 572.051 of the Government Code, the Texas Penal Code, the Intergovernmental Personnel Act of 1970, the Hatch Act, and all relevant provisions set forth by the Texas Ethics Commission.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#7

Consider for Approval Quarterly Investment Report

**Coastal Health & Wellness
Investment Report
For the period ending March 31, 2021**

Coastal Health & Wellness	Money Market Account		
	Jan	Feb	Mar
Beginning Balance	\$6,348,239	\$5,868,579	\$6,127,813
Deposits	125,000	403,000	633,000
Withdrawals	(612,000)	(150,000)	(475,000)
Interest Earned	7,340	6,234	1,996
Ending Balance	<u>\$5,868,579</u>	<u>\$6,127,813</u>	<u>\$6,287,809</u>
Current Annual Yield	1.40%	1.40%	0.40%
Previous Quarter Yield (10/2020 - 12/2020)	1.40%	1.40%	1.40%

Tex Pool Investments		
Jan	Feb	Mar
\$26,448	\$26,450	\$26,451
0	0	0
0	0	0
1.77	0.89	0.41
<u>\$26,450</u>	<u>\$26,451</u>	<u>\$26,452</u>
0.08%	0.04%	0.02%
0.13%	0.12%	0.09%

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	\$15,573	\$5,977,232	0.14%
April 1, 2021 to June 30, 2021	\$0	\$0	
July 1, 2021 to September 30, 2021	\$0	\$0	
YTD Totals	<u>\$35,808</u>	<u>\$5,876,434</u>	<u>0.33%</u>

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%	0.14%			0.33%

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**Governing Board
April 2021
Item#8
Informational Reports**

- a) Notification of Executive Director Retirement Notice
- b) Selection of GCHD Interim CEO, Dr. Philip Keiser

April 6, 2021

Dr. Patrick McGinnis
Chair, United Board of Health
Samantha Robinson, RN
Chair, Coastal Health & Wellness Governing Board

Dear Dr. McGinnis and Mrs. Robinson,

After much thought, I have decided to schedule my retirement from the Galveston County Health District effective July 30, 2021. Please accept this letter as my official notification.

Words cannot express how grateful I am to have been a part of this great organization for over 23 years. I am proud of our team and proud of the many accomplishments we have been able to achieve despite some very difficult challenges.

Although COVID-19 has been our primary focus over the past year, I am happy that we were able to achieve many of the goals in our strategic plan and in other program areas during the past few years. Just recently, Coastal Health & Wellness underwent a very successful HRSA and Joint Commission review and has now been certified as a patient centered medical home (PCMH), a long-standing goal. The Animal Resource Center has seen significant progress in community support and currently has the lowest euthanasia rate in its history. Despite COVID-19, our public health programs are strong, and I am proud that we were able to initiate a Healthy Eating, Active Living Program (HEAL) and start a new Healthy Concepts Clinic. GAAA is building a great team and the expansion into Kemah and Clear Lake Shores is a testament to their longevity and expertise. Despite all the many challenges we have faced, our financial position has remained strong, and we have been able to increase our fund balance significantly to provide for adequate reserves in all funds.

Of course, none of this could have been possible without a great team. It has been my pleasure to serve alongside employees who exhibit every day how much they care about others. I know of no other group of people who are better at what they do, especially when faced with a crisis.

As a lifelong resident of Galveston County and a proud BOI, it has been an honor to lead this organization and to play a part in protecting the health of my hometown community. There is no greater privilege than to help those in need and to be able to make a difference. I am thankful that I have had that privilege.

Although this chapter of my life is coming to a close, I look forward to the next chapter, and will help in any way I can to provide for a seamless transition over the next several months.

Sincerely,



Kathy Barroso



GALVESTON COUNTY HEALTH DISTRICT

Protecting and promoting the optimal health and well-being of Galveston County.

Galveston County Health District's United Board of Health convened for a special meeting on April 15, 2021

Board Members

Present on Call:

Patrick McGinnis, MD
Dr. Annette Jenkins
Della Brown, RN
Eric Froeschner
Holley Lilley
Dr. Chad Clause
Dewey Brunt III, PE
John Hackbarth, DDS
Philip Keiser, MD, Ex -Officio
Local Health Authority

Staff

Present: Kathy Barroso
Andrea Cortinas
Rocky Mosquera
Ashley Tompkins
Cheryl Golla
Ronnie Schultz
Amy Weber
Dr. Ripsin
Dr. Lindskog
Eileen Dawley
Amanda Wolff

Excused Absence(s): Barry Terrell, Ben Raimer, MD, Mary Jo Godinich, MD, and Curtis Klages, DVM

Dr. McGinnis called the meeting to order at 6:05 pm and a quorum was confirmed.

Item #1 Comments from the Public

Samantha Robinson, Governing Board Chairperson and Dr. Ripsin, Coastal Health & Wellness Medical Director, addressed the Board.

Item #2 Executive Session

Texas Government Code Section 551.071, Consultation with Attorney: the United Board of Health will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code to seek the advice of its attorney about pending or contemplated litigation, a settlement offer, or on a matter in which the duty of the attorney to the United Board of Health under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to each of the following items:

And

Texas Government Code Section 551.074, Personnel Matters, the United Board of Health will enter into an executive session as permitted under the Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.074 of the Government Code, Personnel Matters: to deliberate the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee or to hear a complaint or a charge against an officer or employee relating to each of the following items:

1. Report from independent investigator
2. Executive Director / Chief Executive Officer

Item #3 Reconvene into Regularly Scheduled Meeting

The Board reconvened into regularly scheduled meeting at 7:48 pm.

Item #4 Possible Action from Executive Session Regarding Report from Independent Investigator

The Board took no action on this Executive Session item.

Item #5 Possible Action from Executive Session Regarding the Executive Director / Chief Executive Officer

Mr. Froeschner made a motion to accept Dr. Philip Keiser as Interim Director. Dr. Jenkins seconded the motion and the Board unanimously approved the motion.

Dr. McGinnis stated “My heartfelt thanks to you, Kathy. You have been a huge help to me for the past six years in my role on this board and you have done tremendous work leading this health district. There are two forces in this transition – continuity and change. I see it as a relay race and handing off the baton. Kathy represents continuity and will be a trusted advisor and consultant to Dr. Keiser. Dr. Keiser represents the change and the runner taking the baton. I know he will lead the health district well in the interim.”

All other Board members thanked Kathy Barroso for her dedicated service to The District.

Dr. Jenkins motioned to adjourn the meeting and Mr. Brunt seconded. The Board unanimous approved.

The meeting was adjourned at 8:00 pm.

Chair/Vice-Chairperson

Secretary/Treasurer

Date

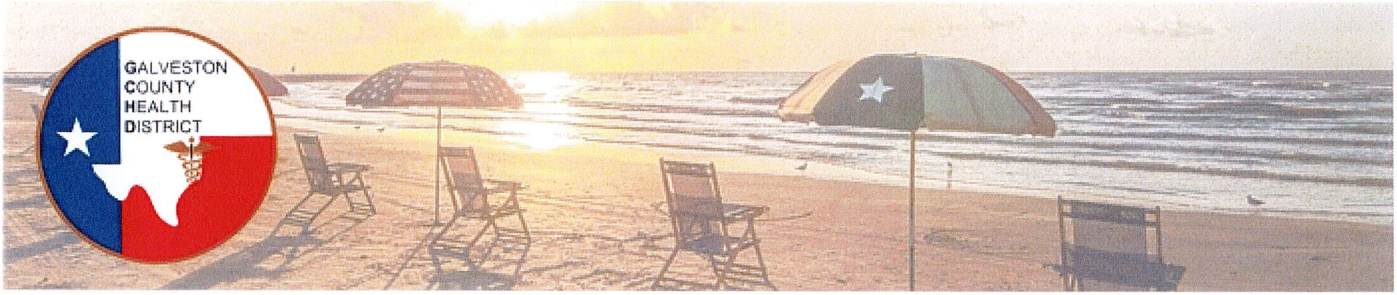
Date

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**Governing Board
April 2021
Item#9
Executive Report**

[Coastal Health & Wellness April 2021 Coastal Wave \(govdelivery.com\)](https://www.govdelivery.com)

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



Coastal Health & Wellness April 2021 Coastal Wave

Galveston County Health District sent this bulletin at 04/29/2021 09:56 AM CDT

Having trouble viewing this email? [View it as a Web page.](#)



CHW awarded Ambulatory Care and PCMH Accreditation from The Joint Commission

Coastal Health & Wellness has earned The Joint Commission's Gold Seal of Approval® for Ambulatory Care and Patient Care Medical Home by demonstrating continuous compliance with its performance standards. The Gold Seal is a symbol of quality that reflects a health care organization's commitment to providing safe and quality patient care.

CHW underwent a rigorous virtual site review, during which a team of Joint Commission reviewers evaluated compliance with Ambulatory Care and PCMH standards spanning several areas including environment of care, infection prevention and control, leadership, medication management and more.



More than 230,000 vaccine doses administered to Galveston County residents

More than 230,000 first and second doses of the COVID-19 vaccine have been administered to Galveston County residents.

As of April 26, 134,658 residents – 47.93 percent – have received at least one dose while 102,362 – 37.09 percent – are fully vaccinated, according to the Texas Department of State Health Services.

The health district kicked off its weekly vaccine clinic today. The clinic is open to anyone who missed their second doses and need to reschedule, and to those looking to schedule first doses. Clinics will be open each Wednesday, 9 a.m.-4 p.m., at 9850 Emmett F. Lowry Expressway, Suite B in Texas City.

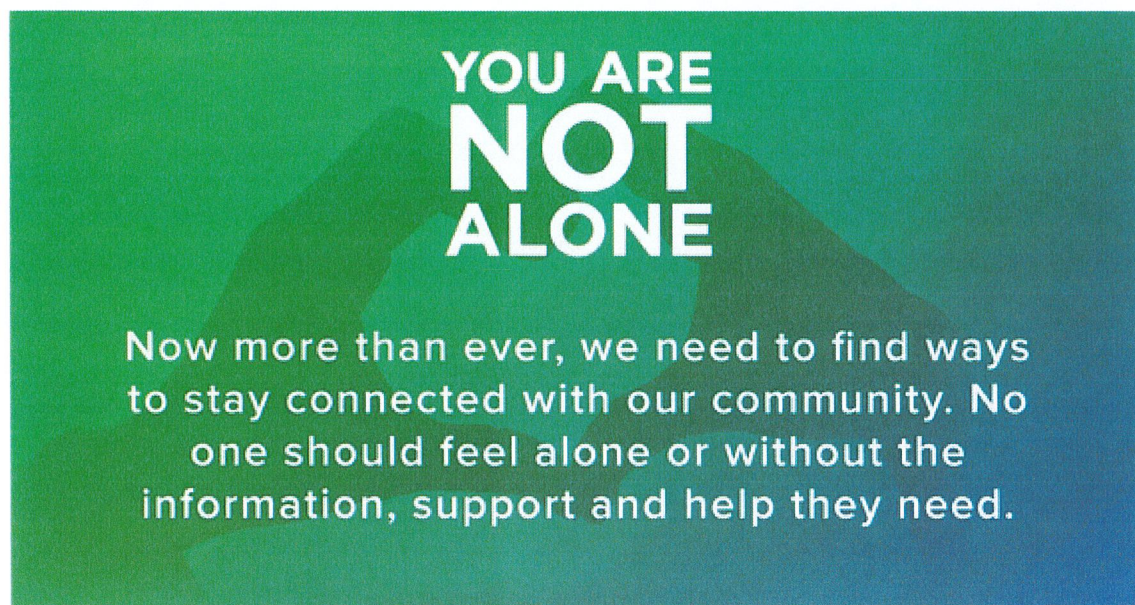
[Click here](#) for more information on vaccine availability.

Galveston County's number of active COVID-19 cases dropped to below 2,000 in April, the first time since last December.

As of the April 27 report, there were 1,795 active cases in the county with a total of 33,182 cases reported since last March. A total of 340 deaths have been reported.

Please continue to do your part to slow the spread of COVID-19: wear a face mask in public, watch your distance and wash your hands. Also, get your COVID-19 vaccine when it's your turn.

To view the latest, check out our [COVID-19 dashboard](#).



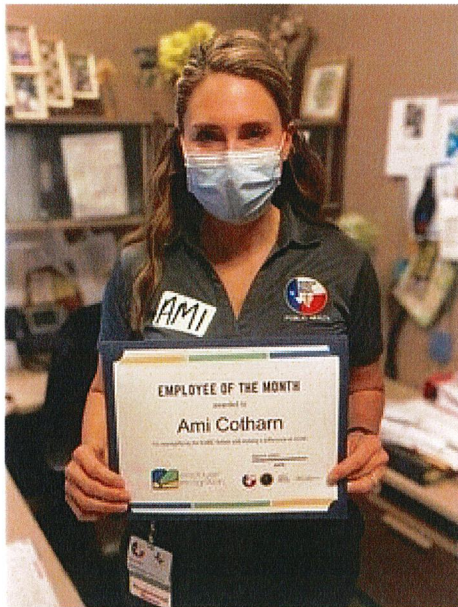
May marks Mental Health Awareness Month

Each year, millions of Americans face the reality of living with a mental illness. May marks Mental Health Awareness Month, a time to raise awareness to fight stigma, provide support, educate the public and advocate support for those with mental illness and their families.

To learn more about mental illness, visit the [National Alliance on Mental Illness](#).

GCHD names Employee of the Month

 Congratulations Ami Cotham on being named the



Congratulations, Ami Coltham, on being named the March Employee of the Month!

Ami, who works on the Community Health Services COVID-19 Team, was nominated for her dedication to her job, GCHD and the residents of Galveston County.

“Ami is a dedicated manager and employee. She has played a vital role in GCHD’s COVID-19 Operation.”

She has spent countless hours to ensure new COVID-19 patients were assigned to nurses and staff for call-outs and the operation runs smoothly.

“She has been instrumental in bringing on outside organizations/ agencies and training them to assist GCHD staff with COVID-19 operations. This has

also given the medical and nursing volunteers experience they might need to complete their clinical hours. She has been a wonderful mentor and manager for many throughout this entire COVID-19 process.”

Congratulations Ami, and thank you for going above and beyond to benefit the district!

Enrollment in Health Insurance Marketplace open through Aug. 15

Enrollment in the 2021 Health Insurance Marketplace has been reopened through Aug. 15 during a new special COVID-19 enrollment period.

With job losses continuing to mount amid the COVID-19 pandemic, and millions of people having lost their job-based health insurance since the start of this public health and economic crisis, enrollment has reopened to give those who need health insurance a new opportunity to get covered.

Enrollment at HealthCare.gov is open through Aug. 15, giving consumers additional time to take advantage of new savings through the American Rescue Plan and to enroll or re-evaluate their coverage needs with increased tax credits available to reduce premiums.

[Click here](#) to learn more.

MAY 18

**NATIONAL
HIV VACCINE
AWARENESS DAY**



MAY 19
**NATIONAL
 ASIAN AND
 PACIFIC ISLANDER
 HIV/AIDS
 AWARENESS DAY**

Now is the time to prepare for 2021 hurricane season

Being aware isn't the same as being prepared.

That's especially true during hurricane season, which begins June 1.

May 9-15 marks National Hurricane Preparedness Week, an ideal time to start building or restocking your disaster supply kit.

Key tips include determining your risk, developing an evacuation plan, assembling your disaster supplies, checking on your insurance coverage, preparing your home, checking in on neighbors and completing a written plan to make sure everyone is on the same page.

Learn more at [Ready.gov](https://www.ready.gov).

Signing up for the Patient Portal is easy and secure

The Patient Portal is an easy way to get in touch with your Coastal Health & Wellness team. It is a secure, internet application that allows you to:

- Request and view appointments
- Send a message to your medical provider, nurse, billing, medical records, registration, or the referral department
- View a summary of your health record and lab results
- Request a prescription refill
- View and pay your statement online

[Click here to learn more.](#)

[Click here](#) to learn more about CHW services.

[Click here](#) to learn more about becoming a patient.

[Click here](#) to meet our CHW providers.

Update your subscriptions, modify your password or email address, or stop subscriptions at any time on your [Subscriber Preferences Page](#). You will need to use your email address to log in. If you have questions or problems with the subscription service, please visit subscriberhelp.govdelivery.com.

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Coastal Health & Wellness Updates

Medical

- Julio Garza, PA-C (Pending Community Health Choice)

Pending New/Evaluating Contracts:

- Bright Health – Pending; waiting for Bright Health to return the completed contract.
- Liberty Dental (Texas City) – Pending; Liberty Dental updated contract language and now in review.
- Oscar Health Plan – Pending; waiting for contract for renewal process.

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 April 7, 2021 and the quarterly meeting of the Governing Board Quality Assurance Committee was held on April 15, 2021.

- QA/Risk Management meeting - standard monthly and quarterly reports were reviewed (access to care; patient satisfaction survey results, insurance and credentialing, and lab reports). Updated guidelines related to medical care were presented for review and discussion. A new guideline on Ethylglucoronide (ETG) was also reviewed and approved. Internal dental audits were presented, and all audit results were favorable. Other items discussed included results of an internal 340b audit; 1st quarter report of medical quality of care measures; quarterly dental clinic-controlled substance report; status of 1115 waiver goals; and discussion regarding the selection of a new answering service vendor.
- 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 January to February 2021. The quarterly risk management and emergency management reports were reviewed and comparisons to established goals were discussed. A draft of the Infection Control Goals and Responsibilities for 2021 was reviewed with the committee and will be presented to the full board for approval at the next board meeting. Lastly, the committee was updated on a new Learning Needs Assessment which was put in place to determine how patients prefer to receive information (i.e., verbal, written or both).

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 April 21, 2021. The Joint Commission has notified us that there will be an on-site visit within the next few months as a follow-up to our virtual visit conducted

earlier this year. The SAFER Dashboard was also presented, and its purpose explained with the group.

- Infection control audit reports were reviewed as well as monthly environmental safety and compliance reports.
- Other reports included an anti-microbial stewardship update; process for reporting needle sticks and possible exposures; an update on supplies and PPE; and an annual review of housekeeping products used.

Patient Centered Medical Home (PCMH) Committee

- Since the Joint Commission has now certified Coastal Health & Wellness as a Primary Care Medical Home (PCMH), this committee will now meet quarterly going forward.

HRSA Deliverables / Updates –

- Through 3/31/21, we have expended all of the \$23,172 awarded to us by HRSA for one-time quality improvement (QI) funds.
- 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 3/31/21, \$817,966 has been expended. A carryover request was submitted and approved to allow funds to be extended through 9/30/2021.
- 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 3/31/21, \$137,036 had 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 3/31/21, \$19,947 had been expended. If these funds are not utilized within the initial term of the funding, then a carryover request can be made when preparing the final FFR in July.
- As part of the Biden Administration's plan to invest \$10 billion dollars to expand access to COVID-19 vaccines and build vaccine confidence in some of the hardest hit and high-risk communities, seventy-two Texas Health Centers will receive around \$400 million. Coastal Health & Wellness was recently awarded \$4,396,875 to support these efforts. This is one-time funding for a 2-year period of performance to support health centers funded under the Health Center Program to prevent, mitigate, and respond to COVID-19 and to enhance health care services and infrastructure.
- As reported to the Board previously, Coastal Health & Wellness 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, and to

increase the number of adult patients with controlled hypertension. The funding may be utilized through the end of the 2023 budget period. To date, no expenses have been incurred. Blood pressure monitors have been ordered but have not yet been received due to vendor delays, and a job description for a health educator position, which was included in the budget, is currently being drafted so that the position can be posted.

- 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 3/31/21, we have used \$107,862 to cover COVID expenses, leaving a balance of \$57,010.
- Telehealth equipment, funded through an award issued by the Federal Communication Commission last year, has been installed in some of the medical pods in Texas City. The remainder of the equipment is scheduled to be installed at a later date.
- A total of 3,407 patients have registered in the new patient portal system (Medfusion) since July 15, 2020, an increase of 186 patients from what had been reported in March. 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.
- We continue to see patients under the Ryan White Grant. Through April, we have seen a total of 5 patients and billed \$4,099 to Ryan White. We are currently in receipt of the new agreement for the April 1, 2021 to March 31, 2022 grant term. We have been notified that the total funding for this period will increase by \$25,000, bringing the total funding available for Ryan White service performed in the current grant period to \$100,000.
- The 2021 health insurance marketplace enrollment period was recently extended to August 15, 2021. Graphics advertising the extension have been made and posted on social media outlets. To date, 610 people have been assisted, resulting in 290 applications submitted and 208 people enrolled.
- Patients continue to utilize 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. We are also in the process of making a list of repairs/updates needed in the Galveston clinic (such as fresh paint and chair railing) so that it can be submitted to the Housing Authority.
- The annual Medicare cost report is due to be submitted this week. Due to COVID, the deadline to submit this report was extended to 4/30/21.

- 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.

Communications:

- The health district continues to publish its COVID-19 dashboard at noon Monday-Saturday.
- COVID-19 related communication continues to be focused on prevention steps (wearing a face mask in public, social distancing, washing your hands, staying home and testing if sick, etc.) as well as vaccine availability and education. All messages are pushed on the health district's website, through social media and to community stakeholders.
- 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 – April
 - CEO retirement, interim CEO named
 - National Infant Immunization Week
- Non-COVID-19 case update related social media posts include – April
 - 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 availability
 - COVID-19 vaccine education
 - COVID-19 vaccine FAQs
 - Photos from health district COVID-19 vaccine clinics
 - National Infant Immunization Week
 - Every Kid Healthy Week
 - Holiday closure – Good Friday
 - Marketplace Open Enrollment – new period
 - #MotivationMonday healthy tips
 - Diabetes 101 education
 - #Take10 – campaign
 - High blood pressure education
 - Heart disease education
 - Well-child visits and immunizations
 - Managing chronic diseases
 - GCHD Employee of the Month
 - We're hiring
 - Chew on This series
 - CHW services counseling
 - CHW services dental
 - CHW services medical

CHW Career Opportunities:

March 24-April 19, 2021

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
 - None to report
- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
 - M. Garcia – CHW Business Director (full-time) 4/29/21
- **Current Vacancies:**
 - CHW Vacancies:
 - Case Management
 - Recovery Coach (part-time) (1)
 - CIHCP
 - CIHCP Specialist I (full-time) (1)
 - Dental
 - Dental Assistant I (Bilingual) full-time (2)
 - Nursing
 - LVN full-time (1)
 - Nurse Case Manager / Assistant Nursing Director (full-time) (1)
 - Providers
 - Physician (1)

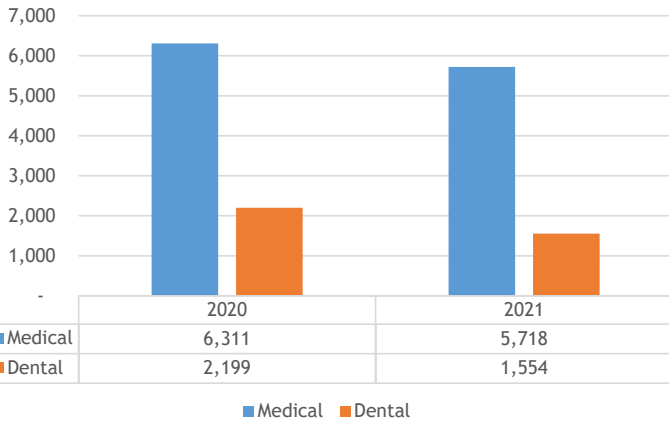
CHW Executive Contract Report: April 2021

1. Coastal Health & Wellness (“CHW”) is resuming evening clinic operations at the Galveston location. Subsequently, CHW entered into a Professional Services Agreement with the City of Galveston Police Department for security services during evening clinic. The hourly rate for the service is \$40.00.
2. To satisfy a Joint Commission recommendation mandating that the building’s generator be tested under load at least once monthly, the Health District along with Coastal Health & Wellness jointly entered into a contract with Land & Sea Generator Services. The vendor will perform monthly generator tests in accordance with Joint Commission standards and provide service records to the Risk and Safety Manager.

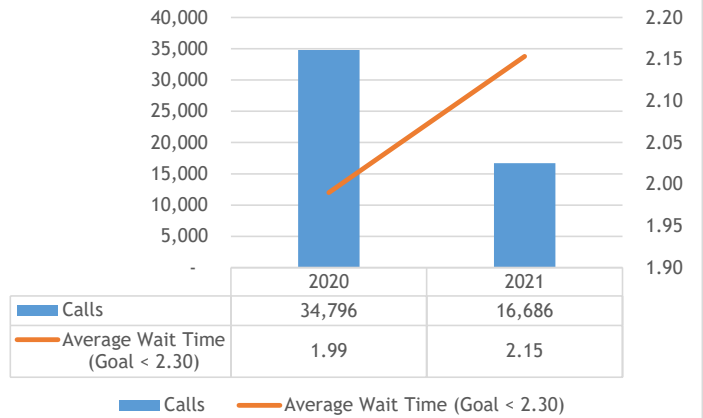
March 2021 Report
YTD Comparison Report (January-March 2021)

Patient Services - Patients Checked-In	2020	2021	% Change
Medical	6,311	5,718	-9%
Dental	2,199	1,554	-29%
Contact Center	2020	2021	% Change
Calls	34,796	16,686	-52.0%
Average Wait Time (Goal < 2.30)	1.99	2.15	8%
Electronic Records	2020	2021	% Change
Record Requests	2,723	2,710	-0.5%
County Indigent Program	2020	2021	% Change
Applied	351	325	-7%
Referrals	374	146	-61%
Avg Total Patients on Program	262	137	-48%
Case Management	2020	2021	% Change
Referrals	1638	1392	-15%

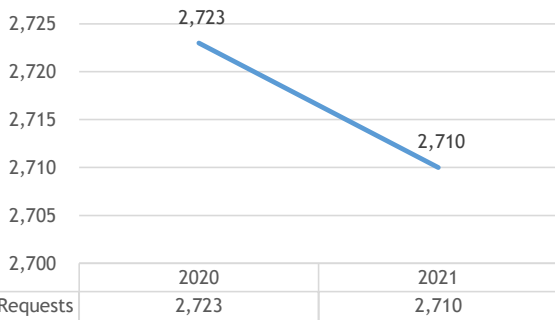
Patient Services-Total Patients Checked-In



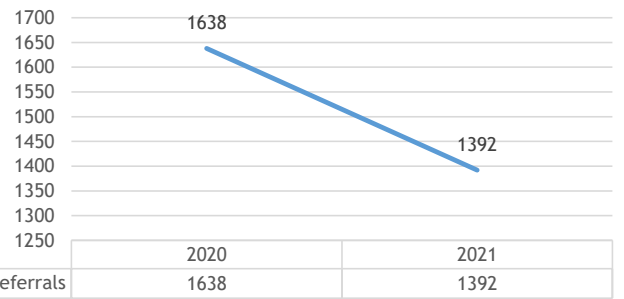
Contact Center - Calls and Wait Time



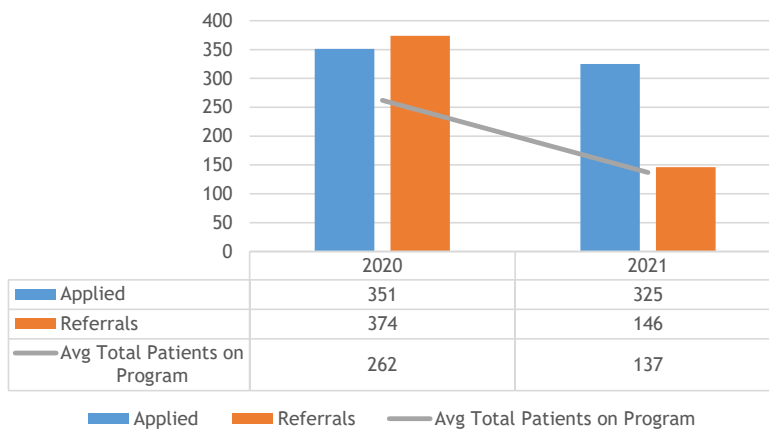
Electronic Record Requests



Case Management Referrals



County Indigent Program



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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#10

Consider for Approval March 2021 Financial Report

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

March 31, 2021

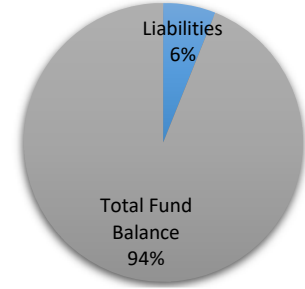
April 29, 2021

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

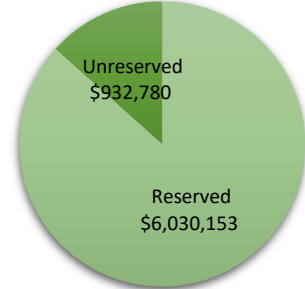
CHW - BALANCE SHEET as of March 31, 2021

	Current Month Mar-21	Prior Month Feb-21	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$6,471,932	\$6,401,372	\$70,560
Accounts Receivable	1,974,809	1,769,390	205,420
Allowance For Bad Debt	(1,080,229)	(1,047,764)	(32,465)
Pre-Paid Expenses	70,252	101,127	(30,875)
Due To / From	(21,081)	69,110	(90,192)
Total Assets	\$7,415,684	\$7,293,236	\$122,447
LIABILITIES			
Accounts Payable	\$63,412	\$121,431	(\$58,019)
Accrued Salaries	307,687	228,307	79,380
Deferred Revenues	81,652	129,760	(48,108)
Total Liabilities	\$452,751	\$479,498	(\$26,747)
FUND BALANCE			
Fund Balance	\$6,426,698	\$6,426,698	0
Current Change	536,234	387,039	149,195
Total Fund Balance	\$6,962,933	\$6,813,738	\$149,195
TOTAL LIABILITIES & FUND BALANCE	\$7,415,684	\$7,293,236	\$122,447

Current Period Assets



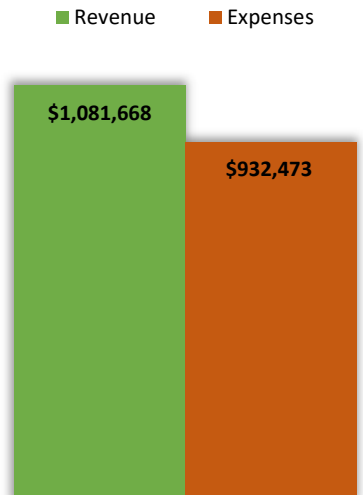
Total Fund Balance



CHW - REVENUE & EXPENSES as of March 31, 2021

	Actual Mar-21	Budgeted Mar-21	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	65,833	(65,833)	88,710
HHS Grant Revenue	523,669	260,617	263,052	1,526,614
Patient Revenue	240,463	317,112	(76,649)	(1,347,073)
Other Revenue	6,314	10,827	(4,512)	137,939
Total Revenue	\$1,081,668	\$965,611	\$116,057	\$406,190
EXPENSES				
Personnel	\$648,805	\$632,211	(\$16,594)	\$379,422
Contractual	71,673	70,723	(950)	150,815
IGT Reimbursement	0	25,747	25,747	43,483
Supplies	68,743	104,826	36,083	349,037
Travel	1,005	4,533	3,529	44,690
Bad Debt Expense	32,508	33,605	1,097	173,213
Other	109,739	93,966	(15,774)	(70,556)
Total Expenses	\$932,473	\$965,611	\$33,138	\$1,055,336
CHANGE IN NET ASSETS	\$149,195	\$0	\$149,195	\$1,461,526

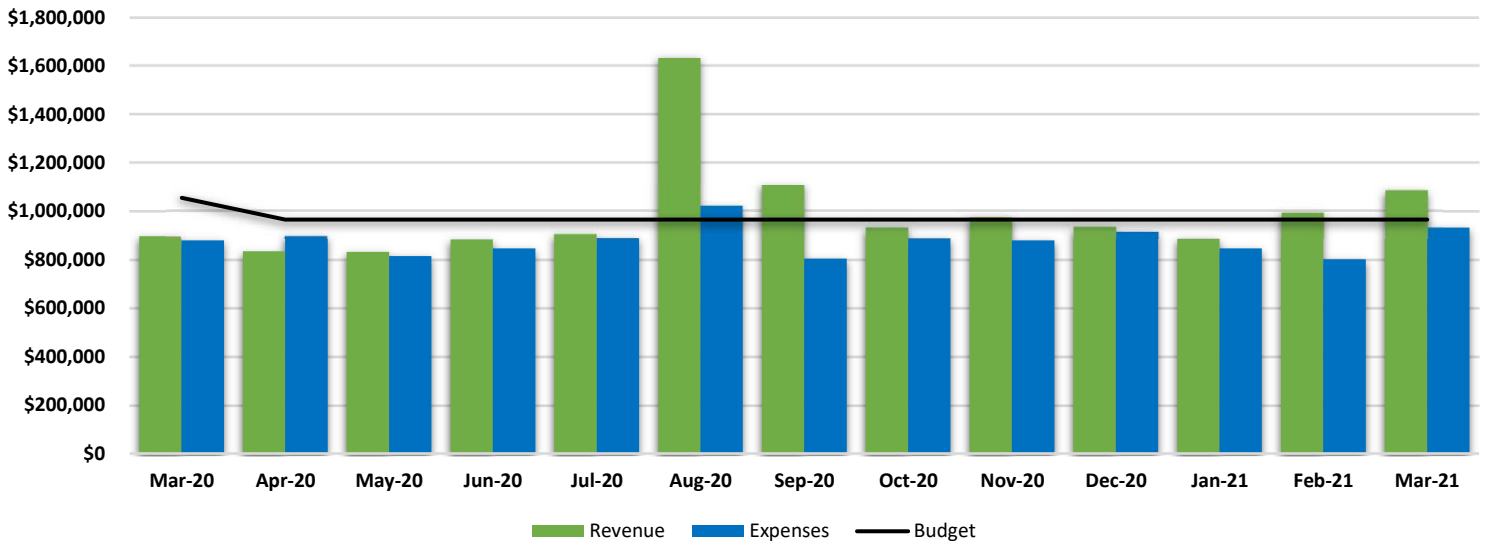
Current Month Actuals



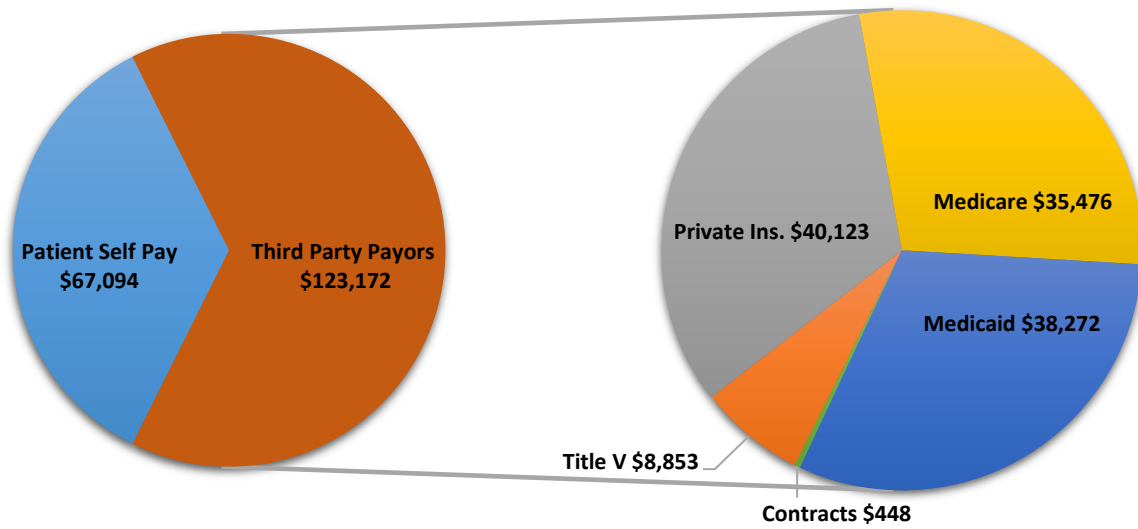
HIGHLIGHTS

- MTD increase in fund balance of \$149,195.
- MTD revenues were \$116,057 higher than budgeted due to additional QI and Covid-related grant funding, as well as the true-up of the HRSA base grant. These were offset by lower than budgeted patient revenues and interest income.
- YTD revenues were \$406,190 higher than budgeted due to higher pharmacy and DSRIP revenue, as well as additional QI, FCC, Direct Relief and Covid-related grant funding. These were offset by lower patient revenues among all payers.
- MTD expenses were \$33,138 lower than budgeted due mainly to lower pharmaceutical supply and outside lab contract expenses, as well as IGT reimbursement that was expensed in August but budgeted evenly. These offset higher than budgeted personnel expense, and auditor fees that were expensed this month but budgeted evenly.
- YTD expenses were \$1,055,336 under budget due mainly to lower personnel, outside lab contract, pharmaceutical supply and travel expenses. These offset unbudgeted equipment expenditures related to the Direct Relief and FCC grants.
- Cumulative increase in fund balance of \$536,234. Total fund balance of \$6,962,933 as of 3/31/2021.

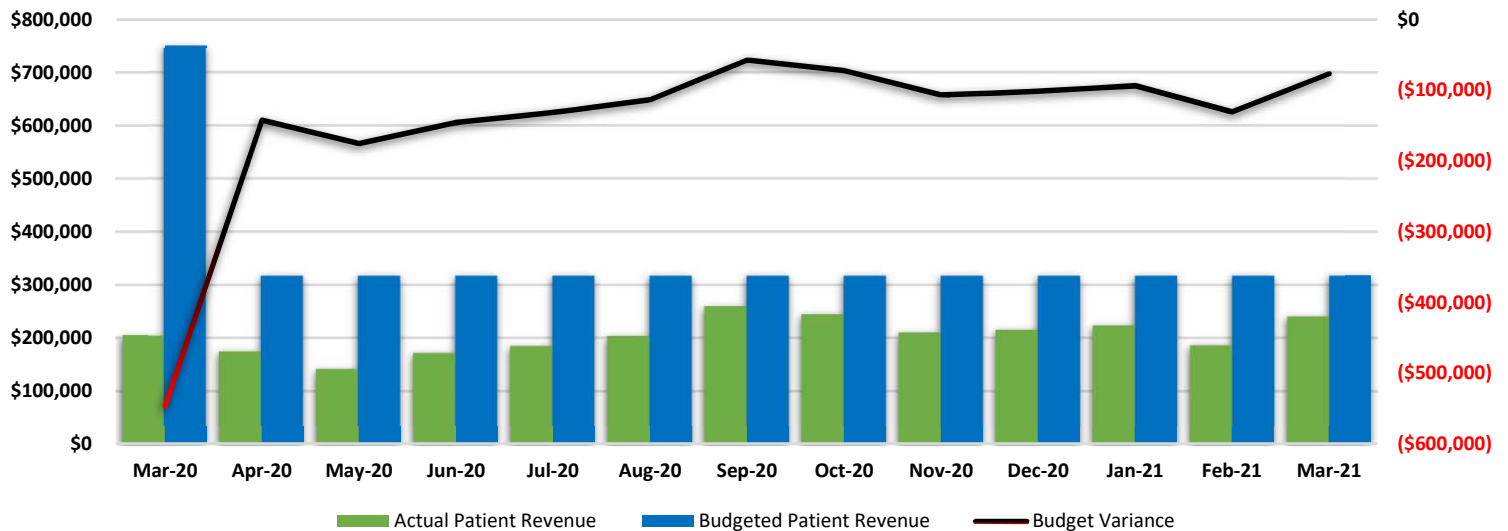
Actual Revenue & Expenses in Comparison to Budget



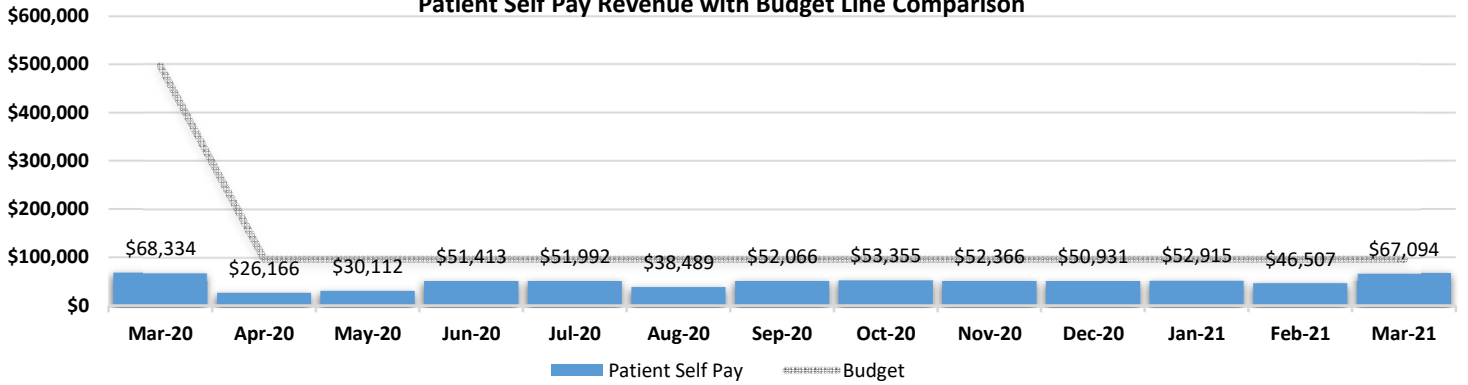
Current Period Patient Revenue with Third Party Payor Contributions Identified



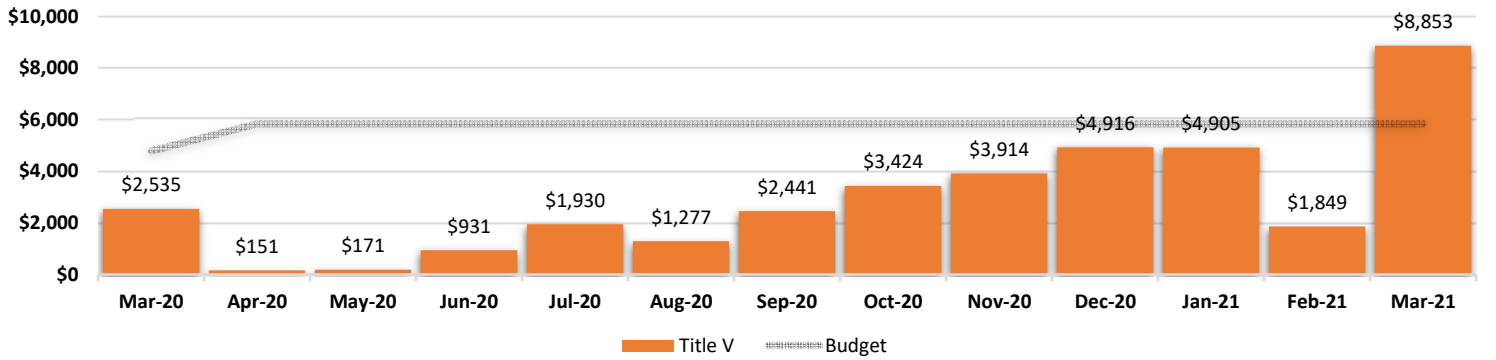
Actual Patient Revenue Rec'd vs Budget with Variance



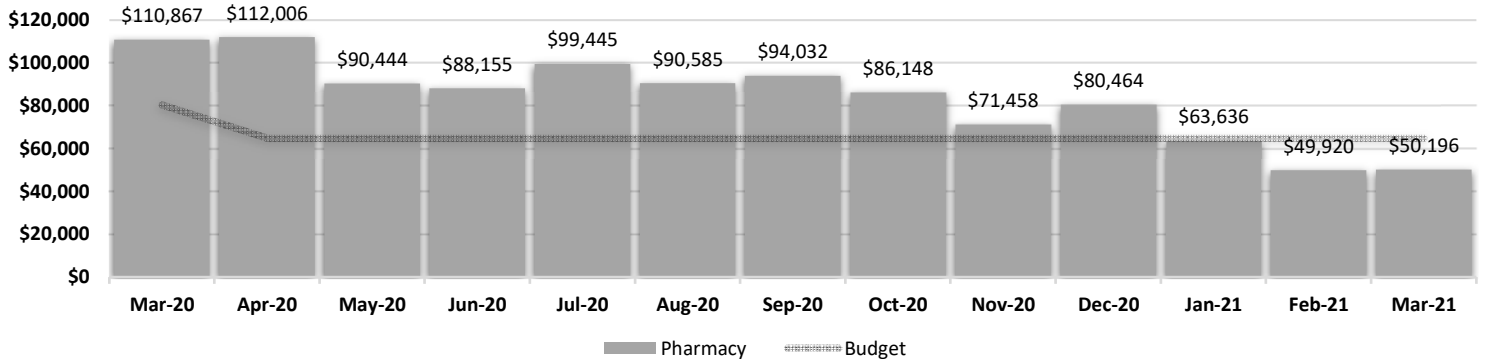
Patient Self Pay Revenue with Budget Line Comparison



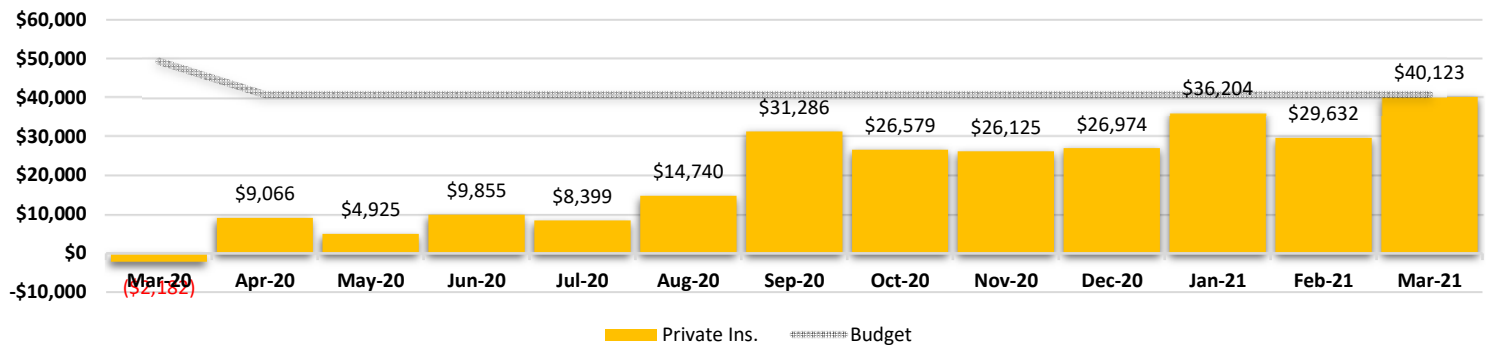
Title V Revenue with Budget Line Comparison



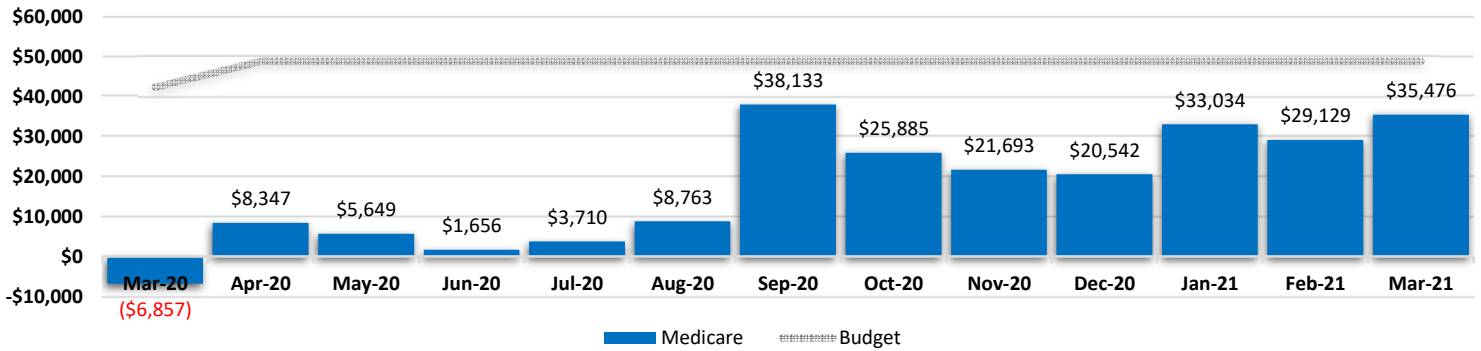
Pharmacy Revenue with Budget Line Comparison



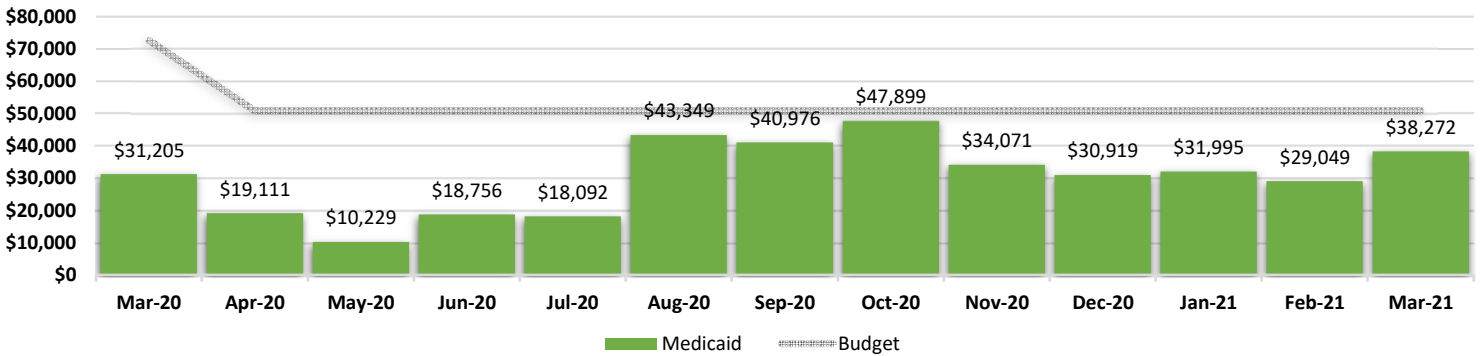
Private Insurance Revenue with Budget Line Comparison



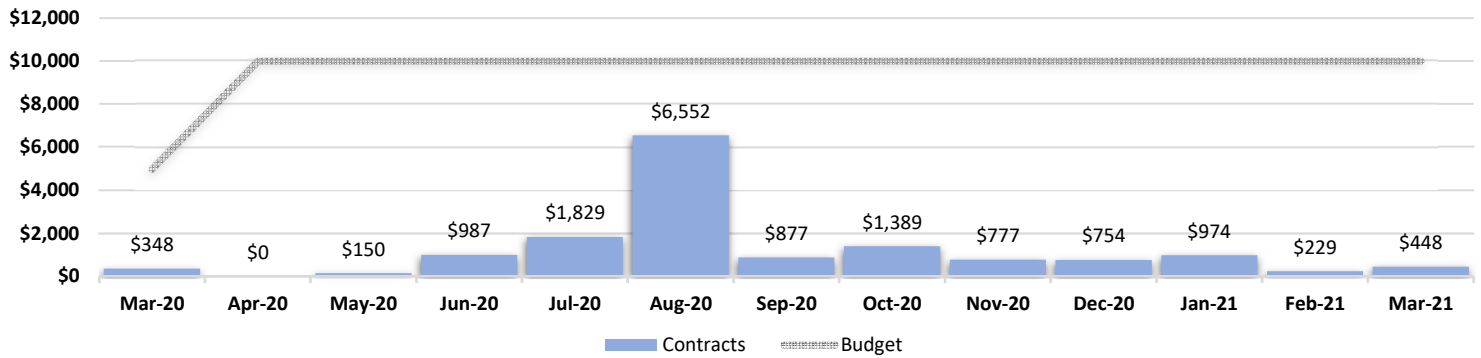
Medicare Revenue with Budget Line Comparison



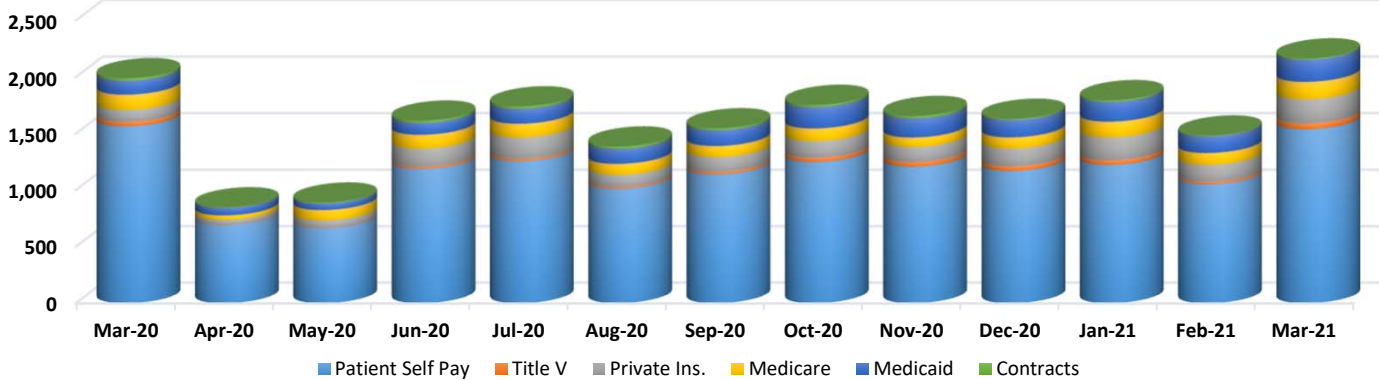
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending March 31, 2021

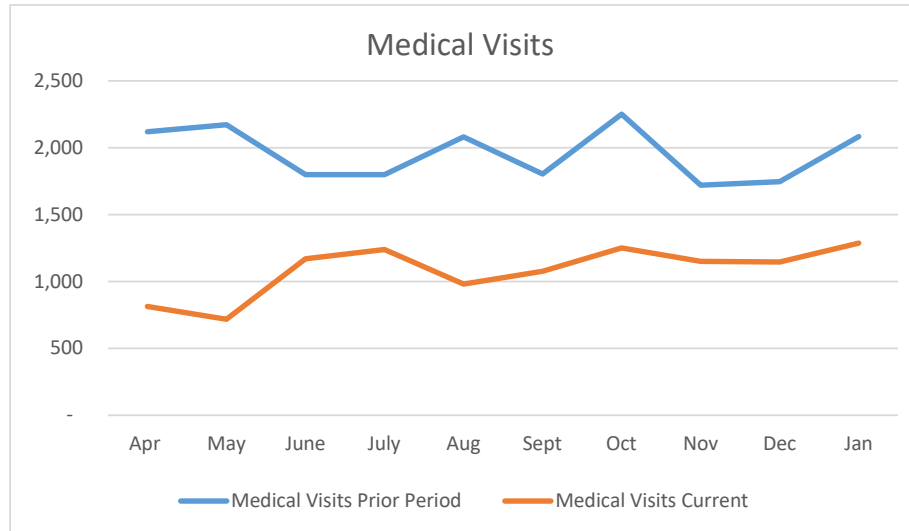
	Description	Period Ending 3/31/2021	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance	Annual Budget
Grouping	REVENUE							
HRSA	HHS GRANT REVENUE - Federal	\$496,655	\$260,617	\$236,038	\$4,458,263	\$3,127,400	\$1,330,863	\$3,127,400
	HHS GRANT REVENUE - BASE	\$413,856	\$260,617	\$153,239	\$3,216,792	\$3,127,400	\$89,392	\$3,127,400
	HHS GRANT REVENUE - SUD-MH	\$12,589	\$0	\$12,589	\$161,678	\$0	\$161,678	\$0
	HHS GRANT REVENUE - Care	(\$180)	\$0	(\$180)	\$18,432	\$0	\$18,432	\$0
	HHS GRANT REVENUE - QI 2019	\$6,639	\$0	\$6,639	\$12,680	\$0	\$12,680	\$0
	COVID Supplemental	\$0	\$0	\$0	\$79,990	\$0	\$79,990	\$0
	CARES ACT	\$53,107	\$0	\$53,107	\$817,966	\$0	\$817,966	\$0
	HHS GRANT REVENUE - ECT	\$10,644	\$0	\$10,644	\$130,778	\$0	\$130,778	\$0
	HHS GRANT REVENUE - QI 2020	\$0	\$0	\$0	\$19,947	\$0	\$19,947	\$0
HRSA	HHS Other Grant Revenue	\$27,014	\$0	\$27,014	\$195,751	\$0	\$195,751	\$0
Patient Rev	GRANT REVENUE - Title V	\$8,853	\$5,833	\$3,019	\$34,763	\$70,000	(\$35,237)	\$70,000
Patient Rev	PATIENT FEES	\$67,094	\$96,014	(\$28,919)	\$572,609	\$1,152,165	(\$579,556)	\$1,152,165
Patient Rev	PRIVATE INSURANCE	\$40,123	\$40,750	(\$627)	\$264,707	\$489,000	(\$224,293)	\$489,000
Patient Rev	PHARMACY REVENUE - 340b	\$50,196	\$64,874	(\$14,678)	\$976,489	\$778,488	\$198,001	\$778,488
Patient Rev	MEDICARE	\$35,476	\$48,826	(\$13,350)	\$232,015	\$585,910	(\$353,895)	\$585,910
Patient Rev	MEDICAID	\$38,272	\$50,828	(\$12,555)	\$362,718	\$609,930	(\$247,212)	\$609,930
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$1,351	(\$0)	\$128,674	\$16,208	\$112,466	\$16,208
Other Rev.	MEDICAL RECORD REVENUE	\$1,129	\$1,500	(\$371)	\$13,355	\$18,000	(\$4,645)	\$18,000
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$760	\$0	\$760	\$13,968	\$0	\$13,968	\$0
County	COUNTY REVENUE	\$311,222	\$311,222	\$0	\$3,734,667	\$3,734,667	\$0	\$3,734,667
DSRIP	DSRIP REVENUE	\$0	\$65,833	(\$65,833)	\$878,710	\$790,000	\$88,710	\$790,000
Other Rev.	MISCELLANEOUS REVENUE	\$100	\$0	\$100	\$31,086	\$0	\$31,086	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$456	\$0	\$456	\$1,466	\$0	\$1,466	\$0
Other Rev.	INTEREST INCOME	\$2,095	\$7,500	(\$5,405)	\$75,503	\$90,000	(\$14,497)	\$90,000
Patient Rev	CONTRACT REVENUE	\$448	\$9,987	(\$9,539)	\$14,967	\$119,848	(\$104,881)	\$119,848
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$424	\$476	(\$52)	\$3,809	\$5,712	(\$1,903)	\$5,712
	Total Revenue	\$1,081,668	\$965,611	\$116,057	\$11,993,518	\$11,587,328	\$406,190	\$11,587,328
	EXPENSES							
Personnel	SALARIES	\$526,699	\$502,875	(\$23,825)	\$5,899,700	\$6,034,494	\$134,794	\$6,034,494
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$6,500	\$6,500	\$750	\$78,000	\$77,250	\$78,000
Personnel	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	SALARIES, O/T	\$3,137	\$3,750	\$613	\$23,664	\$45,000	\$21,336	\$45,000
Personnel	SALARIES, PART-TIME	\$18,068	\$15,788	(\$2,281)	\$160,221	\$189,451	\$29,230	\$189,451
Personnel	Comp Pay	\$0	\$0	\$0	\$78	\$0	(\$78)	\$0.00
Personnel	FICA EXPENSE	\$41,223	\$40,460	(\$762)	\$443,188	\$485,525	\$42,337	\$485,525
Personnel	TEXAS UNEMPLOYMENT TAX	\$2,462	\$1,113	(\$1,348)	\$31,657	\$13,357	(\$18,300)	\$13,357
Personnel	LIFE INSURANCE	\$1,392	\$1,285	(\$107)	\$17,506	\$15,418	(\$2,088)	\$15,418
Personnel	LONG TERM DISABILITY INSURANCE	\$1,060	\$1,206	\$146	\$12,978	\$14,477	\$1,499	\$14,477
Personnel	GROUP HOSPITALIZATION INSURANCE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	WORKER'S COMP INSURANCE	\$1,470	\$1,586	\$116	\$10,780	\$19,034	\$8,254	\$19,034
Personnel	EMPLOYER PAID HEALTH INSURANCE	\$29,059	\$40,108	\$11,049	\$377,309	\$481,290	\$103,981	\$481,290
Personnel	COBRA EXPENSE	\$48	\$0	(\$48)	\$178	\$0	(\$178)	\$0
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$6,668	\$5,852	(\$816)	\$75,574	\$70,221	(\$5,353)	\$70,221
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	PENSION / RETIREMENT	\$12,358	\$11,689	(\$669)	\$135,069	\$140,264	\$5,195	\$140,264
Contractual	OUTSIDE LAB CONTRACT	\$15,631	\$25,125	\$9,494	\$144,384	\$301,500	\$157,116	\$301,500
Contractual	OUTSIDE X-RAY CONTRACT	\$1,152	\$3,000	\$1,848	\$10,776	\$36,000	\$25,224	\$36,000
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$32,577	\$16,543	(\$16,034)	\$299,945	\$198,516	(\$101,429)	\$198,516
Personnel	TEMPORARY STAFFING	\$5,162	\$0	(\$5,162)	\$18,457	\$0	(\$18,457)	\$0
Contractual	CHW CONTRACT BILLING SERVICE	\$6,086	\$8,000	\$1,914	\$58,402	\$96,000	\$37,598	\$96,000
IGT	IGT REIMBURSEMENT	\$0	\$25,747	\$25,747	\$265,486	\$308,969	\$43,483	\$308,969
Contractual	JANITORIAL CONTRACT	\$13,926	\$14,000	\$74	\$159,430	\$168,000	\$8,570	\$168,000
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$961	\$960	(\$1)	\$960
Contractual	SECURITY	\$2,221	\$3,975	\$1,754	\$23,963	\$47,700	\$23,737	\$47,700
Supplies	OFFICE SUPPLIES	\$7,245	\$6,883	(\$362)	\$137,398	\$82,600	(\$54,798)	\$82,600
Supplies	OPERATING SUPPLIES	\$33,129	\$21,900	(\$11,229)	\$308,657	\$262,800	(\$45,857)	\$262,800
Supplies	OUTSIDE DENTAL SUPPLIES	\$4,379	\$3,350	(\$1,029)	\$40,249	\$40,200	(\$49)	\$40,200
Supplies	PHARMACEUTICAL SUPPLIES	\$23,990	\$71,992	\$48,002	\$422,054	\$863,906	\$441,852	\$863,906
Supplies	JANITORIAL SUPPLIES	\$0	\$0	\$0	\$448	\$0	(\$448)	\$0
Supplies	PRINTING SUPPLIES	\$0	\$465	\$465	\$63	\$5,580	\$5,517	\$5,580
Supplies	UNIFORMS	\$0	\$235	\$235	\$0	\$2,820	\$2,820	\$2,820
Other	Controlled Assets	\$1,343	\$0	(\$1,343)	\$2,647	\$0	(\$2,647)	\$0
Other	POSTAGE	\$645	\$833	\$189	\$7,297	\$10,000	\$2,703	\$10,000
Other	TELEPHONE	\$3,818	\$4,405	\$587	\$51,791	\$52,860	\$1,069	\$52,860
Other	WATER	\$31	\$31	\$1	\$366	\$372	\$6	\$372
Other	ELECTRICITY	\$126	\$2,000	\$1,874	\$12,936	\$24,000	\$11,064	\$24,000
Travel	TRAVEL, LOCAL	\$105	\$383	\$279	\$1,335	\$4,600	\$3,265	\$4,600
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	LOCAL TRAINING	\$900	\$2,933	\$2,033	\$8,376	\$35,200	\$26,824	\$35,200
Travel	TRAINING, OUT OF TOWN	\$0	\$1,217	\$1,217	\$0	\$14,600	\$14,600	\$14,600
Other	RENTALS	\$3,136	\$3,200	\$64	\$55,537	\$38,400	(\$17,137)	\$38,400
Other	LEASES	\$43,091	\$43,122	\$31	\$517,001	\$517,464	\$463	\$517,464

Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending March 31, 2021

	<i>Description</i>	<i>Period Ending 3/31/2021</i>	<i>MTD Budget</i>	<i>MTD Budget Variance</i>	<i>YTD Actual</i>	<i>YTD Budget</i>	<i>YTD Budget Variance</i>	<i>Annual Budget</i>
Other	MAINTENANCE / REPAIR, EQUIP.	\$6,869	\$7,120	\$251	\$78,679	\$85,444	\$6,765	\$85,444
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	FUEL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	MAINTENANCE / REPAIR, BLDG.	\$0	\$417	\$417	\$1,586	\$5,000	\$3,414	\$5,000
Other	MAINT/REPAIR, IT Equip.	\$0	\$0	\$0	\$46,230	\$0	(\$46,230)	\$0
Other	MAINTENANCE / Preventative, AUTO	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	INSURANCE, AUTO/Truck	\$9	\$12	\$3	\$114	\$144	\$30	\$144
Other	INSURANCE, GENERAL LIABILITY	\$937	\$1,125	\$188	\$11,434	\$13,500	\$2,066	\$13,500
Other	INSURANCE, BLDG. CONTENTS	\$1,452	\$1,535	\$83	\$17,291	\$18,420	\$1,129	\$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	\$20,991	\$0	(\$20,991)	\$0
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	NEWSPAPER ADS	\$4,177	\$1,800	(\$2,377)	\$20,075	\$21,600	\$1,525	\$21,600
Other	SUBSCRIPTIONS, BOOKS, ETC	\$243	\$248	\$5	\$8,201	\$2,970	(\$5,231)	\$2,970
Other	ASSOCIATION DUES	\$2,667	\$2,849	\$182	\$35,888	\$34,186	(\$1,702)	\$34,186
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$20,670	\$20,979	\$309	\$270,401	\$251,744	(\$18,657)	\$251,744
Other	PROF FEES/LICENSE/INSPECTIONS	\$458	\$155	(\$304)	\$5,466	\$1,854	(\$3,612)	\$1,854
Other	PROFESSIONAL SERVICES	\$18,544	\$2,202	(\$16,342)	\$26,084	\$26,420	\$336	\$26,420
Other	MED/HAZARD WASTE DISPOSAL	\$390	\$550	\$160	\$4,666	\$6,600	\$1,934	\$6,600
Other	TRANSPORTATION CONTRACT	\$333	\$625	\$292	\$2,186	\$7,500	\$5,314	\$7,500
Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29	\$0	\$350	\$350	\$350
Other	SERVICE CHG - CREDIT CARDS	\$799	\$730	(\$69)	\$7,873	\$8,760	\$887	\$8,760
Other	CASHIER OVER / SHORT	\$4	\$0	(\$4)	(\$32)	\$0	\$32	\$0
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	BAD DEBT EXPENSE	\$32,508	\$33,605	\$1,097	\$230,045	\$403,258	\$173,213	\$403,258
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$8,205	\$0	(\$8,205)	\$0
	Total Expenses	\$932,473	\$965,611	\$33,138	\$10,531,992	\$11,587,328	\$1,055,336	\$11,587,328
	Net Change in Fund Balance	\$149,195	\$0	\$149,195	\$1,461,526	\$0	\$1,461,526	\$0

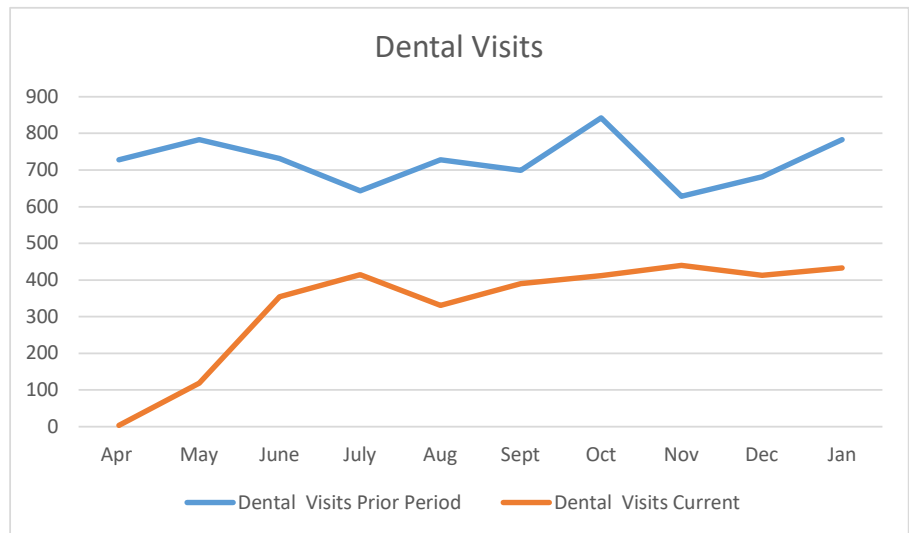
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
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
Jan	2,082	1,288
Feb	1,710	1,058
Mar	1,480	1,488
	<u>22,756</u>	<u>13,377</u>



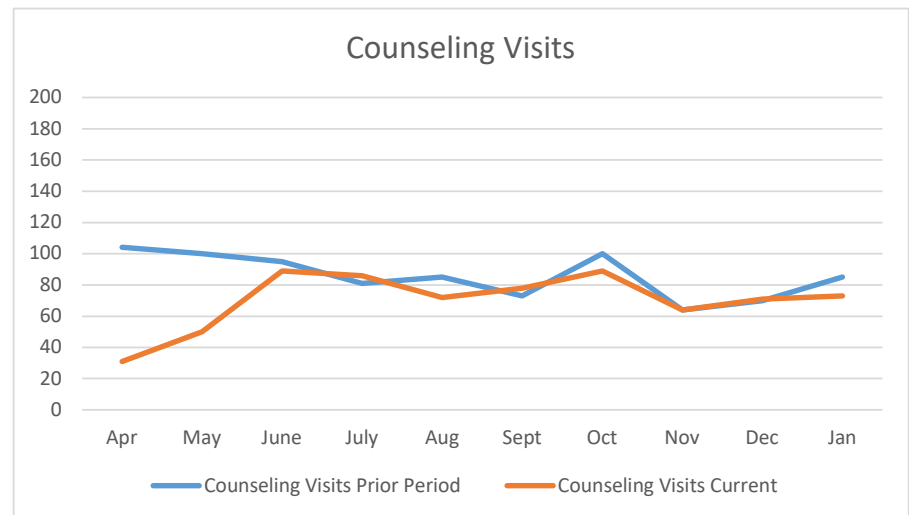
Dental Visits

	<u>Prior Period</u>	<u>Current</u>
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
Jan	783	433
Feb	747	361
Mar	451	582
	<u>8,445</u>	<u>4,253</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
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
Jan	85	73
Feb	84	62
Mar	57	93
	<u>998</u>	<u>858</u>



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

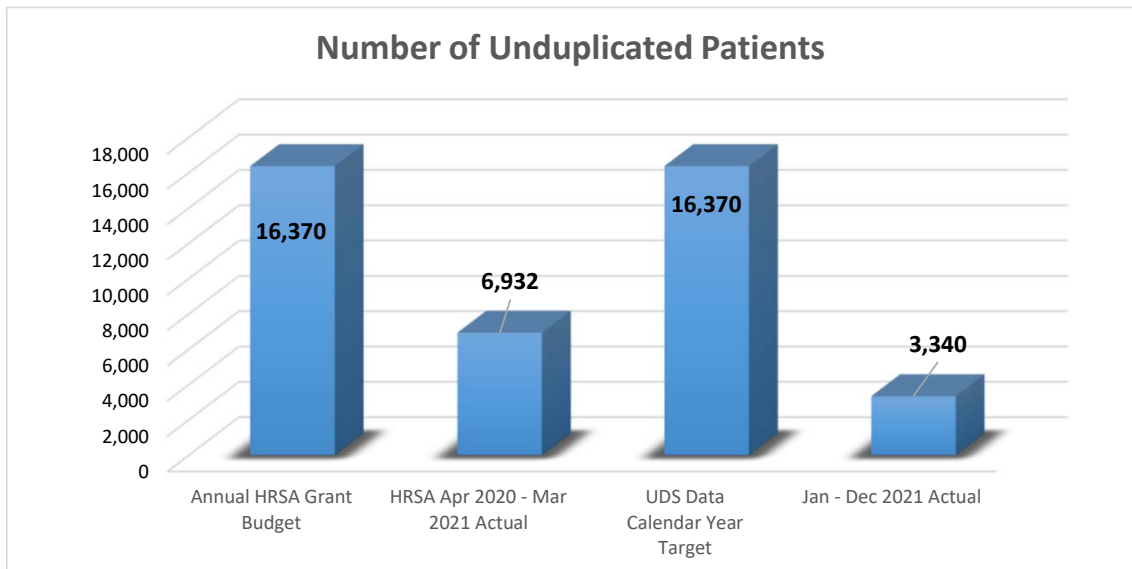
	Annual HRSA		Over/(Under)		YTD	Over/(Under)	% Over/ (Under)	
	Grant Budget	MTD Actual	MTD Budget	MTD Budget				YTD Actual
Medicaid	4,518	196	377	(181)	1,938	4,518	(2,580)	-57%
Medicare	4,507	155	376	(221)	1,373	4,507	(3,134)	-70%
Other Public (Title V, Contract)	2,498	62	208	(146)	491	2,498	(2,007)	-80%
Private Insurance	3,912	212	326	(114)	1,736	3,912	(2,176)	-56%
Self Pay	32,919	1,538	2,743	(1,205)	13,215	32,919	(19,704)	-60%
Total	48,354	2,163	4,030	(1,867)	18,753	48,354	(29,601)	-61%

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

	Current Year		Increase/		% of Annual Target
	Annual Target	Jan-Mar 2020 Actual	Jan-Mar 2021 Actual	(Decrease) Prior Year	
Unduplicated Patients	16,370	4,994	3,340	(1,654)	20%

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

	Current Year		Increase/		% of Annual Target
	Annual HRSA Grant Budget	Apr 2019 - Mar 2020 Actual	Apr 2020 - Mar 2021 Actual	(Decrease) Prior Year	
Unduplicated Patients	16,370	11,590	6,932	(4,658)	42%





COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#11

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

**Coastal Health & Wellness - Quarterly Visit & Analysis Report
for the period ending March 31, 2021**

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

Total Visits by Financial Class	March 2021	March 2020	% Change	* YTD Average		% Change	* YTD Payor Mix		% Change
				2021	2020		2021	2020	
Self Pay	1,538	1,565	-2%	1,267	1,918	-34%	69.9%	76.8%	-7.0%
Medicare	155	136	14%	138	175	-21%	7.6%	7.0%	0.6%
Medicaid	196	122	61%	173	170	2%	9.5%	6.8%	2.7%
Contract	10	22	-55%	10	30	-66%	0.6%	1.2%	-0.6%
Private Insurance	212	104	104%	188	138	36%	10.4%	5.5%	4.8%
Title V	52	39	33%	37	66	-43%	2.1%	2.6%	-0.6%
Total	2,163	1,988	9%	1,814	2,497	-27%	100%	100%	0%

Department	* YTD Total Visits		% Change
	2021	2020	
Medical	3,839	5,285	-27%
Dental	1,376	1,980	-31%
Counseling	228	226	1%
Total	5,443	7,491	-27%

Unduplicated Visits	* YTD Total Users		% Change
	2021	2020	
Medical	2,581	3,728	-31%
Dental	673	1,161	-42%
Counseling	86	85	1%
Total	3,340	4,974	-33%

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending March 31, 2021 (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	28,147	34,819	32,521	26,455	28,991	36,106	627,657	\$814,695	87%	443	464	
Medicare	30,129	10,837	4,357	3,031	1,960	2,311	1,318	\$53,942	6%	70	88	
Medicaid	24,310	6,660	7,357	2,660	6,101	9,529	6,206	\$62,823	7%	62	90	
Contract	147	1,827	1,021	312	1,079	983	9,958	\$15,328	2%	45	78	
Private Insurance	30,280	13,081	6,778	2,510	2,580	1,988	6,403	\$63,620	7%	78	124	
Title V	6,049	6,063	4,849	6,576	5,374	6,448	16,648	\$52,007	6%	276	264	
Unapplied	(127,565)							(\$127,565)	-14%	-----	-----	
Totals	(\$8,503)	\$73,286	\$56,884	\$41,543	\$46,085	\$57,365	\$668,189	\$934,849	100%	162	185	

Previous Quarter Balances	(\$10,708)	\$88,344	\$76,676	\$63,475	\$41,622	\$36,494	\$667,421	\$963,324
% Change	-21%	-17%	-26%	-35%	11%	57%	0%	-3%

Charges & Collections	March 2021	March 2020	% Change	* YTD 2021	YTD 2020	% Change
Billed	\$645,778	\$513,093	26%	\$1,606,813	\$2,073,978	-23%
Adjusted	(462,438)	(376,009)	23%	(1,159,128)	(1,550,392)	-25%
Net Billed	\$183,339	\$137,083	34%	\$447,686	\$523,586	-14%
Collected	129,537	\$117,300	10%	356,178	\$385,282	-8%
% Net Charges collected	71%	86%	-17%	80%	74%	8%

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	5,098	64.5%	\$32.45	\$165,434	6,769	73.8%	\$35.85	\$242,640
Medicare	863	10.9%	\$80.54	69,503	642	7.0%	\$119.18	76,517
Medicaid	731	9.2%	\$125.26	91,563	621	6.8%	\$139.57	86,675
Contract	319	4.0%	\$96.27	30,709	412	4.5%	\$82.47	33,976
Private Insurance	772	9.8%	\$95.22	73,507	506	5.5%	\$120.74	61,097
Title V	126	1.6%	\$134.68	16,969	225	2.5%	\$100.81	22,682
Total	7,909	100%	\$56.60	\$447,686	9,175	100%	\$57.07	\$523,586

Item	2021	2020
Self Pay - Gross Charges	\$979,559	\$1,442,701
Self Pay - Collections	158,344	\$191,596
% Gross Self Pay Charges Collected	16.2%	13.3%
% Net Self Pay Charges Collected	95.7%	79.0%

Coastal Health & Wellness
New Patients By Financial Class
From 1/1/2021 to 3/31/2021

Summary	Current Period		Prior Period 2020	
	New Patients	Current %	New Patients	%
Self Pay	229	68.2%	588	80.0%
Medicaid	24	7.1%	55	7.5%
Medicare	13	3.9%	11	1.5%
Private Insurance	56	16.7%	40	5.4%
Title V	5	1.5%	30	4.1%
Contracts	9	2.7%	11	1.5%
Total	336	100.0%	735	100.0%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#12

**Notice of HRSA Grant Award - American Rescue Plan Act Funding For
Health Centers**



Recipient Information

1. Recipient Name
COASTAL HEALTH & WELLNESS
9850 EMMETT F LOWRY EXPY
TEXAS CITY, TX 77591-2122

2. Congressional District of Recipient
14

3. Payment System Identifier (ID)
1741665318A1

4. Employer Identification Number (EIN)
741665318

5. Data Universal Numbering System (DUNS)
135951940

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator
Kathy Barroso
Chief Operating & Financial Officer
kbarroso@gchd.org
(409)938-2257

8. Authorized Official
Kathy Barroso
kbarroso@gchd.org

Federal Agency Information

9. Awarding Agency Contact Information
Vera Windham
Grants Management Specialist
Health Resources and Services Administration
vwindham@hrsa.gov
(301) 443-6859

10. Program Official Contact Information
Rishelle Anthony
Project Officer
Health Resources and Services Administration
RAnthony@hrsa.gov
(301) 443-1082

Federal Award Information

11. Award Number
1 H8FCS40352-01-00

12. Unique Federal Award Identification Number (FAIN)
H8F40352

13. Statutory Authority
American Rescue Plan Act (P.L. 117-2)

14. Federal Award Project Title
American Rescue Plan Act Funding for Health Centers

15. Assistance Listing Number
93.224

16. Assistance Listing Program Title
Community Health Centers

17. Award Action Type
New

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 04/01/2021 - End Date 03/31/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$4,396,875.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$4,396,875.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$4,396,875.00
26. Project Period Start Date 04/01/2021 - End Date 03/31/2023	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$4,396,875.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Elvera Messina on 03/26/2021

30. Remarks



Notice of Award
Award Number: 1 H8FCS40352-01-00
Federal Award Date: 03/26/2021

Health Resources and Services Administration

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$4,396,875.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$4,396,875.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$4,396,875.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$4,396,875.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$4,396,875.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$4,396,875.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
	Not applicable

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.51

37. BHCNIS#
061610

38. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 398A160	93.224	21H8FCS40352C6	\$4,396,875.00	\$0.00	CH	21H8FCS40352C6

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
2. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
3. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**

You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pms.psc.gov/grant-recipients/access-newuser.html>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.

Program Specific Term(s)

1. This notice of award provides one-time funding for a 2-year period of performance to health centers funded under the Health Center Program to: (1) Plan, prepare for, promote, distribute, administer, and track COVID–19 vaccines, and carry out other vaccine-related activities; (2) Detect, diagnose, trace, and monitor COVID–19 infections and related activities necessary to mitigate the spread of COVID–19, including activities related to, and equipment or supplies purchased for, testing, contact tracing, surveillance, mitigation, and treatment of COVID-19; (3) Purchase equipment and supplies to conduct mobile testing or vaccinations for COVID–19, purchase and maintain mobile vehicles and equipment to conduct such testing or vaccinations, and hire and train laboratory personnel and other staff to conduct such mobile testing or vaccinations, particularly in medically underserved areas; (4) Establish, expand, and sustain the health care workforce to prevent, prepare for, and respond to COVID–19, and to carry out other health work force-related activities; (5) Modify, enhance, and expand health care services and infrastructure; and (6) Conduct community outreach and education activities related to COVID–19.

HRSA authorizes you to charge allowable pre-award costs of carrying out activities described above that were incurred before the effective date of this award, dating back to January 31, 2020. Funds have been made available for this purpose by the American Rescue Plan Act (P.L. 117-2), available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>.

As provided for in OMB Memorandum M-21-20: *Promoting Public Trust in the Federal Government through Effective Implementation of the American Rescue Plan Act and Stewardship of the Taxpayer Resources*, available at https://www.whitehouse.gov/wp-content/uploads/2021/03/M_21_20.pdf, HRSA may waive the procurement requirements contained in 45 CFR § 75.328(a) (2 CFR § 200.319(b)) regarding geographical preferences and 45 CFR § 75.330 (2 CFR § 200.321) regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms. Recipients must maintain appropriate records and documentation to support the charges against the Federal awards. HRSA approved this waiver on March 23, 2021.

HRSA determined your award amount using the following formula: (1) \$500,000, plus, (2) \$125 per patient reported in the 2019 Uniform Data System (UDS), and (3) \$250 per uninsured patient reported in the 2019 UDS.

2. This award must be used in alignment with your Health Center Program operational grant (H80) scope of project. Funding must be used for the purposes described above, as set forth in the applicable law, and may support a wide range of in-scope activities in the following categories consistent with those purposes:
 - **COVID-19 Vaccination Capacity** — Support to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and to carry out other vaccine-related activities, including outreach and education.
 - **COVID-19 Response and Treatment Capacity** – Support to detect, diagnose, trace, monitor, and treat COVID-19 infections and related activities necessary to mitigate the spread of COVID-19, including outreach and education.
 - **Maintaining and Increasing Capacity** – Support to establish, modify, enhance, expand, and sustain the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and vulnerable patient populations.
 - **Recovery and Stabilization** – Support for ongoing recovery and stabilization, including enhancing and expanding the health care workforce and services to meet pent up demand due to delays in patients seeking preventive and routine care; address the behavioral health, chronic conditions, and other needs of those who have been out of care; and support the well-being of personnel who have been on the front lines of the pandemic.
 - **Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles** – Modify and improve physical infrastructure, including minor A/R and purchase of mobile units and vehicles, to enhance or expand access to comprehensive primary care services, including costs associated with facilitating access to mobile testing and vaccinations, as well as other primary care activities. As noted under H8F ineligible costs, for purposes of this award, “infrastructure” does not include construction and capital improvement costs in excess of the minor alteration and renovation threshold.

For additional information, see the [H8F Award Submission Guidance](#) and the complete list of [example activities](#) at the [H8F technical assistance webpage](#).
3. You must update or request prior approval from HRSA, as appropriate, to ensure that your Health Center Program operational grant (H80) scope of project accurately reflects any changes needed to implement your H8F activities. This includes: (1) Form 5A: Services provided, (2) Form 5B: Service Sites, and (3) Form 5C: Other Activities/Locations. For additional information, see the scope of project resources available at <https://bphc.hrsa.gov/programrequirements/scope.html>, COVID scope of project-related FAQs at <https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-scope-project>, and consult the program official listed on this notice of award as needed.
4. Funding provided under this award is restricted and, except as described in this paragraph, may not be drawn down from the Payment Management System until the required H8F Award Submission has been approved by HRSA. Funds may be draw down prior to the approval of your H8F Award Submission to meet immediate cash needs to prepare for, promote, distribute, administer, and track COVID-19 vaccines, and activities necessary to mitigate the spread of COVID-19. If you draw down funds before your H8F Award Submission (including budget) is approved, your submitted budget must include costs that were drawn down from the date of award until submission of the budget to HRSA.
5. You may not use this funding for: purchasing or upgrading an electronic health record that is not certified by the Office of the National Coordinator for Health Information Technology; new construction activities, including additions or expansions; major alteration and renovation (A/R) projects valued at \$500,000 or greater in total federal and non-federal costs (excluding the cost of allowable moveable equipment); installation of a permanently affixed modular or prefabricated building; facility or land purchases; or significant exterior site work such as new parking lots or storm water structures. Additionally, these funds may not be used for costs already paid for by other state or federal programs (e.g., COVID-19 vaccine), your Health Center Program operational grant (H80), or COVID-19 (H8C), CARES (H8D), or ECT (H8E) funding. You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including, but not limited to, statutory restrictions on use of funds for lobbying, executive salaries, gun control, and abortion. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.
6. You may rebudget H8F funding without prior approval except as noted in this paragraph. You do not need prior approval to rebudget H8F funds if the proposed use of funding aligns with the H8F funding intent and Health Center Program operational grant (H80) scope of project, avoids ineligible uses of funding as outlined in this notice of award, and complies with 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. If the amount of the costs to be rebudgeted exceeds 25% of the total federal award or shifts funds to a line item in your approved budget that previously had no federal funds, you must submit a prior approval rebudgeting request for review and approval by HRSA.
7. You must submit a quarterly progress report into the HRSA Electronic Handbooks (EHBs). Reports will describe the status of the activities and use of H8F funds, and include submissions related to minor A/R-related activities, if applicable. Details about progress reporting will be posted to the [H8F technical assistance webpage](#) when available.
8. If you cannot use all or part the funding provided under this award for the approved activities noted, you should relinquish all or part of the

award back to HRSA. If this is the case, you should contact the program and grants management contacts noted on page 1 of this notice of award regarding the process to relinquish your award within 90 days of award release date.

9. You are expected to monitor and use available resources (e.g., guidance, technical assistance webinars, tip sheets, shared promising practices), such as those available from the Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>). Health center-specific resources and more information are available at the following webpages: Emergency Preparedness and Recovery Resources for Health Centers (<https://bphc.hrsa.gov/emergency-response>), Health Center Resource Clearinghouse COVID-19 (<https://www.healthcenterinfo.org/priority-topics/covid-19>), and through Health Center Program Strategic Partners (<https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/index.html>).
10. Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).
11. Consistent with Departmental guidance, health centers that purchase, are reimbursed, or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products to maximize results for the health center and its patients. Health centers that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audits regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
12. The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising, and donations/contributions.

The description of "Authorized Treatment of Program Income" under the "Addition" alternative, as cited elsewhere in this notice of award, is superseded by the requirements in section 330(e)(5)(D) of the PHS Act relating to the use of nongrant funds. Under this statutory provision, health centers shall use nongrant funds, including funds in excess of those originally expected, "as permitted under section 330," and may use such funds "for such purposes as are not specifically prohibited under section 330 if such use furthers the objectives of the project."

Under 45 CFR § 75.351(a), subrecipients (entities that receive a subaward from a pass-through entity for the purpose of carrying out a portion of a Federal award received by the pass-through entity) are responsible for adherence to applicable Federal program requirements specified in the Federal award.

13. With receipt of this notice of award, you acknowledge that a federal interest exists in real property and equipment which will be maintained in accordance with 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. You must maintain adequate documentation to track and protect the federal interest. For real property, adequate documentation includes communications between the lessor and the lessee related to protecting such interest, in accordance with the standard award terms and conditions. Such documentation should be available for subsequent review by HRSA.
14. Up to \$500,000 of the funding included in this notice of award may be used for minor alteration/renovation (A/R) activities. Minor A/R activities must occur at an in-scope Health Center Program operational grant (H80) site(s) and the total site-specific project cost must be less than \$500,000. You must submit the required minor A/R information to HRSA before drawing down funds for minor A/R activities. See the [H8F technical assistance webpage](#) for details regarding required minor A/R project information.
15. New and/or improved space resulting from minor A/R activities may only be used for in-scope activities consistent with Section 330 of the Public Health Service Act (42 U.S.C. § 254b).
16. The availability of the H8F funds for use through the 2-year period of performance is dependent on continued status as a current Health Center Program (H80) award recipient.

Standard Term(s)

1. Your organization must comply with all HRSA [Standard Terms](#) unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

1. Due Date: Within 60 Days of Award Release Date

Within 60 days of award release date, you must submit the following in EHBs: (1) SF-424A Budget Form, (2) Budget Narrative, (3) Federal Object Class Categories Form, (4) H8F Project Overview Form, (5) Equipment List Form (if applicable), and (5) Minor A/R Project Information (if applicable). Instructions to support your submission, as well as technical assistance resources to address your submission questions, are available at the [H8F technical assistance webpage](#).

2. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access, should be directed to the Help Desk at PMSFFRSupport@psc.hhs.gov.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

3. Due Date: Within 90 Days of Project End Date

Within 90 days after the project end date, submit the SF-428 (Tangible Personal Property Report) with the SF-428B (Final Report Attachment) and, if applicable, the SF-428S (Supplemental Sheet). These documents must be completed using the HRSA Electronic Handbooks (EHBs). You must report federally-owned property, acquired equipment with an acquisition cost of \$5,000 or more for which HRSA has reserved the right to transfer title, and residual unused supplies with total aggregate fair market value exceeding \$5,000. Records for equipment acquired with federal funds shall be retained for three years after final disposal.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Kathy Barroso	Program Director, Authorizing Official	kbarroso@gchd.org
Mary Orange	Point of Contact	morange@gchd.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#13

**Consider for Approval Quarterly Access to Care Report for the Period
Ending March 31, 2021**

Coastal Health & Wellness – Access to Care Report
January, February and March 2021 (1st 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	7,013*	4,717	67%	3,996	3,195	80%	801	20%
TC Nurse Only	2,066	822	40%	824	789	96%	35	4%
TC Lab Only	1,544	1,033	67%	1,037	840	81%	197	19%
Dental	2,658	2,466	92%	1,230	1,017	83%	213	17%
Dental Hygienist	1,796	1,553	86%	278	241	87%	37	13%
Counseling	876	362	41%	262	195	74%	67	26%
Galveston	Available Appts	# Appts Slots Filled	% Utilization	# Scheduled Appts	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	2,326**	1,436	62%	1,061	848	80%	213	20%
GV Nurse Only	764	89	12%	91	85	93%	6	7%
GV Lab Only	759	219	29%	219	189	86%	30	14%
Dental	630	571	91%	288	240	83%	48	17%
Dental Hygienist	424	348	82%	63	55	87%	8	13%
Counseling	420	114	27%	92	57	62%	35	38%

NOTES: 420 COVID slots not included in Available Appts Slots in TC; *TC Acute = 1,969 **GV Acute = 340

October, November and December 2020 (4th Quarter)

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

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#14

**Consider for Approval Quarterly Patient Satisfaction Survey Results
for the Period Ending March 31, 2021**

Patient Satisfaction Survey Responses

January 1 - March 31, 2021

Goal 4.8

Total Responses	300	
Galveston	66	22%
Texas City	234	78%

Type of Visit

Medical	199	66%
Dental	92	31%
Counseling	9	3%

Telemedicine/Phone Visit	28	9.33%
In Person Visit	272	90.67%

Appointment Time Based on Need	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	2.55%	0.00%	3.18%	24.20%	70.06%	4.59
Dental	6.02%	0.00%	3.61%	13.25%	77.11%	4.55
Counseling	0.00%	0.00%	0.00%	11.11%	88.89%	4.89

The Appointment Check-in Process	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	2.55%	0.00%	2.55%	24.20%	70.70%	4.61
Dental	4.82%	0.00%	2.41%	13.25%	79.52%	4.63
Counseling	0.00%	0.00%	0.00%	11.11%	88.89%	4.89

The Staff on Being Friendly & Helpful	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	2.55%	0.00%	1.91%	18.47%	77.07%	4.68
Dental	4.82%	1.20%	3.61%	7.23%	83.13%	4.63
Counseling	0.00%	0.00%	0.00%	11.11%	88.89%	4.89

How Well Did Staff Explain Things to You So You Could Understand	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	3.18%	0.00%	1.91%	16.56%	78.34%	4.67
Dental	4.82%	0.00%	3.61%	10.84%	80.72%	4.63
Counseling	0.00%	0.00%	0.00%	11.11%	88.89%	4.89

The Quality of Care you Received Today	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	1.91%	2.55%	1.27%	16.56%	77.71%	4.66
Dental	4.82%	1.20%	3.61%	4.82%	85.54%	4.65
Counseling	0.00%	0.00%	0.00%	11.11%	88.89%	4.89

The Clinic on Being Clean & Sanitary	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	0.64%	6.40%	3.82%	12.10%	82.80%	4.76
Dental	1.20%	0.00%	6.02%	7.23%	85.54%	4.76
Counseling	0.00%	0.00%	0.00%	22.22%	77.78%	4.78

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	3.18%	0.00%	3.82%	17.83%	75.16%	4.62
Dental	6.02%	1.20%	2.41%	3.61%	86.75%	4.64
Counseling	0.00%	0.00%	0.00%	0.00%	100.00%	5

Average All Categories - Current Quarter	2.34%	0.60%	2.08%	12.76%	82.49%	4.73
Average All Categories - Previous Quarter	0.50%	0.50%	3.00%	11.00%	85.00%	4.79

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#15

**Consider for Approval Quarterly Compliance Report for the Period
Ending March 31, 2021**

**Coastal Health & Wellness Governing Board
Quarter 3, FY21**

Internal Audits		
AUDITOR- DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
Patient Services Manager - January 1, 2021 – March 31, 2021	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 32 applications reviewed, which collectively encompassed 352 individual fields, one error was cited. 	<ul style="list-style-type: none"> • The error, which did not affect the patient’s permissible discount percentage, was corrected by the Patient Services Manager. • The Patient Services Manager reviewed the income calculations procedure with all staff to mitigate the chances of similar errors recurring.
Patient Services Manager - January 1, 2021 – March 31, 2021	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 42 applications and charts reviewed, which collectively encompassed 378 individual fields, there were three errors – all of which stemmed from the failure to enter Title V information into the Uniform Data System. 	<ul style="list-style-type: none"> • Corrections were made immediately by the Patient Services Manager, and staff was counseled about steps for ensuring proper completion of the Title V application process.

**Coastal Health & Wellness Governing Board
Quarter 3, FY21**

<p>Nursing Director January 1, 2021 – March 31, 2021</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. <p>Of the 20 charts analyzed (ten at each of the two sites), no errors were identified, yielding a 100% compliance rate.</p>	<ul style="list-style-type: none"> • Continue operating under current protocol.
<p>Dental Director/Patient Services Manager – March 19, 2021</p>	<p>Ryan White Oral Health Grant</p> <ul style="list-style-type: none"> • The Dental Director and Patient Services Manager performed audits to determine conformance with the Ryan White Oral Health Grant stipulations, administered to CHW by the Resource Group. • All 22 required elements for each of the three patients treated under this grant were satisfactorily completed, and the parties will continue performing these audits quarterly. 	<ul style="list-style-type: none"> • Continue operating under current protocol.

**Coastal Health & Wellness Governing Board
Quarter 3, FY21**

External Audits		
AUDITOR – DATE OCCURRED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
<p>Department of State Health Services (DSHS) – January 29, 2021</p>	<ul style="list-style-type: none"> • The DSHS Radiation Control Program performed an unannounced site visit at the Galveston clinic on January 28. • There were two issues cited: <ul style="list-style-type: none"> ○ The equipment performance evaluation certificate expired prior to CHW’s contracted X-ray technician supplying an updated copy, which is required biannually. This lapse occurred between March and July 2020, during which time the X-ray technician was not working due to COVID. ○ A chart depicting radiology techniques was dated and did not depict appropriate current practices. 	<ul style="list-style-type: none"> • Reminders regarding machine recertifications have been posted in a number of areas, including on the Chief Compliance Officer’s Outlook calendar. • Updated technique charts were posted where necessary throughout the lab. • Corrective measures were sent to DSHS in a follow-up letter and accepted wholly.

**Coastal Health & Wellness Governing Board
Quarter 3, FY21**

<p>Department of State Health Services (DSHS) – February 25, 2021</p>	<ul style="list-style-type: none"> • The DSHS’ Texas Vaccines for Children Program (TVFC) performed a site visit in February to ensure all TVFC requirements are being adhered to. • The audit yielded only one finding, which stemmed from a failure to screen all patients under the age of 19 appearing for medical or nurse visits to see if they were TVFC eligible. 	<ul style="list-style-type: none"> • The Patient Services Manager prepared a detailed memo and instructional guide for staff to follow when checking-in all patients under the age of 19, which includes determining patient eligibility for state supplied vaccines and properly documenting eligibility statuses. • The Patient Services Manager will also begin performing monthly audits to monitor compliance with this corrective action policy. • This information was presented to and accepted by DSHS on March 22, 2021.
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Warning and Termination Letters

<i>REASON</i>	<i>TYPE OF LETTER</i>
Debt Collection Policy	Suspensions 121; Reinstatements: 113
Behavioral Letters Issued	Terminations: 0; Warnings: 3

NOTE: Various issues were discussed in peer review.

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



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#16

**Consider for Approval Amendment to the
Risk Management Training Plan**



Coastal Health & Wellness
Risk Management Training Plan
2020 -- 2021
Approved: September 2020
[Revised: April 2021](#)

Article I Risk Management Training Program Goals

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

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

Article II Process for Selection of Training Requirements

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

Article III Training Courses

1. All staff will be trained on risk management topics applicable to their scope of work upon hire and thereafter on an annual basis. This includes providers, clinicians, managers, volunteers and support staff.

2. CHW has identified required courses for all staff and specialized training to mitigate or minimize risk of injury to patients and potential for liability to CHW, as set forth in Paragraphs 3 and 4 of this Article.
3. **Required Courses for All Staff.** All staff will be required to complete risk management training on the following in accordance with the schedule/due dates outlined in CHW's Risk Management Training Log (see, Risk Management Training Log):

COURSE NAME (TENTATIVE DATE OF TRAINING**)

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

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

4. **Specialized Courses for Select Staff.** In addition to the required courses outlined above, staff in the following professions/fields will also be required to attend and complete specialized risk management courses applicable to these professions/fields, in accordance with the schedule/due dates outlined in CHW's Risk Management Training Log (see, Risk Management Training Log):
 - i. All practitioners must complete their continuing medical education requirements or other applicable licensure requirements to maintain licensure, registration or certification.

- ii. Obstetrics/Gynecology: Prenatal and postpartum care providers are required to complete risk management training specific to this type of care. ***Please note CHW does not provide prenatal, postpartum or labor/delivery services. Patients are referred to the University of Texas Medical Branch for such procedures.**
 - iii. Dental Instrument Sterilization Training for select staff, as applicable. *CHW exclusively uses disposable instruments for all medical and laboratory procedures, therefore only members of the dental staff are required to undergo instrument sterilization training.*
 - iv. CHW requires specific risk management trainings for groups of providers that perform various services which may lead to potential risk including:
 - 1. Behavioral Health
 - 2. Dental
 - 3. ~~OB/GYN~~
 - v. Staff that handle hazardous materials must complete Hazardous Waste and Disposal training within thirty (30) days of hire and every three years thereafter.
 - vi. Providers will be trained on reporting potential malpractice claims that could invoke litigious action, and the Anti-Kickback and Stark Laws.
5. **Other Courses/Training.** The Risk Manager may identify and require additional courses/training for some or all staff, as appropriate, to address any incident, identified trend, near miss, patient complaint or any other circumstance.

Commented [A1]: OB/GYN should be excluded from this list since all such services are handled by UTMB.

Article IV Tracking Training Attendance and Completion

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

2. Performance Reviews/Credentialing and Privileging

- a. Compliance with training requirements will be documented in staff personnel records and considered during performance reviews and/or credentialing and privileging determinations.

3. Non-Compliance with Training Requirements

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

4. Appropriate Sources of Training/Mode of Delivery

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

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#17

Consider for Approval Revisions to No-Show Policy



NO SHOW AND CANCELLATION POLICY

PURPOSE:

To maximize open access to care for patients by reducing No-Shows, late arrivals ~~arriving late to appointments~~, and late cancellations.

POLICY:

It is the policy of Coastal Health & Wellness (CHW) to educate our inform patients about the importance of keeping their scheduled appointments, and the expectation of notifying the center of any cancellations ~~or rescheduling~~ within the allotted timeframe. Failure to comply with this policy may result in appointment limitations and/or restrictions.

PROCEDURE:

1. Each patient will receive and sign the *No Show and Cancellation Agreement* at the time of check-in or registration.
2. CHW's automated system will send a reminder 48 business hours prior ~~to the schedule visit~~, to remind patients of their ~~scheduled~~ appointments. Patients will be required to CONFIRM the ~~ir~~ appointments by using the automated system protocol or by calling (409) 938-2234. Appointments **NOT** confirmed within **24** hours may be canceled and replaced with another patient in need of the appointment.
3. The patient must notify CHW **24** hours in advance if they are unable to attend their scheduled appointment and notify CHW of any changes in the preferred contact method. Cancellations with less than 24 hours cancellation notice will be considered a No Show.
4. Patients will be required to arrive 20 minutes prior to their appointment time. ~~or 1 hour prior if the patient must be financially screened~~. If a patient arrives late to their appointment, they may be asked to reschedule, and the appointment will be considered a No Show.
5. A warning notice will be sent to the patient if a patient fails to keep **2** consecutive scheduled appointments. If they miss 3 consecutive or 3 out of 5 scheduled appointments are missed, the patient will only be allowed to schedule appointments on the same day, and only if -if and- only if- a cancellation is available. ~~In addition, a report will be generated on the 15th of each month to include consecutive No-Shows from the first of the previous month to present. Case Management staff will contact patients to determine if any barriers that are preventing the patient from keeping their scheduled appointments and attempt to assist patients in mitigating those barriers, and will report findings to management.~~
6. This policy will be enforced uniformly and consistently by all Medical and Dental staff and administration of Coastal Health & Wellness.

Commented [CR1]: Let's consistently call it this so patients don't erroneously think if they call to cancel it won't count against them.

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No-Show and Cancellation Agreement

At Coastal Health & Wellness (CHW) we ~~sincerely~~^{highly} value you, our patients. ~~To provide you with the highest quality care and the importance of providing quality accessible care. For that reason, it is important that you keep scheduled appointments and/or inform CHW of any changes in a timely manner we must be sure that all patients keep their scheduled appointments and show up on time, or cancel appointments within the time period listed below.~~ ~~When you fail to keep your scheduled appointment without informing us, this prevents other patients from obtaining timely health care. Please understand that a No Show appointment or late cancellation prevents CHW from providing care to additional patients who may need an appointment.~~

Commented [CR2]: Making it personal with "you" statements helps the patients understand it is all about their care.

This is our policy:

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- ~~If you~~ ~~Please understand that our policy states patients that~~ fail to keep **3 consecutive scheduled appointments**,

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OR

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- ~~we~~ miss **3 out of 5 appointments**

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you will not be able to pre-schedule future appointments. This means in order to access care here at our clinic you will need to call each day until there is a same-day appointment available for you.

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An appointment is considered a "no show" if:

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- You fail to show up for the appointment without calling

OR

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- You fail to call to cancel your appointment **within** 24 hours **prior to** of the appointment time

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OR

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- You arrive so late to your appointment that we are unable to accommodate your visit.

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Our Policy Requires:

- You must reschedule your appointment ~~Appointments must be rescheduled within at least 24 hours prior to the scheduled appointment.~~ **Initials**

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Commented [CR3]: "Within" in this context means less than 24 hours



- You must cancel your scheduled appointment at least 24 hours prior to the scheduled appointment.

Initials

- You must arrive on time for your appointment or it may be canceled and it will be considered a "no show"

Coastal Health & Wellness thanks you for your understanding and cooperation to continue to provide quality care to all our patients.

I understand and agree to abide by this No-Show and Cancellation Policy.

Patient or Parent/Guardian Signature

Date

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Date:

Dear:

We value you as a patient and thank you for choosing Coastal Health & Wellness as your healthcare provider.

Our records indicate that you have failed to keep 2 consecutive scheduled appointments. Please understand that our policy states if you patients do fail to keep 3 consecutive scheduled appointments OR we miss 3 out of 5 appointments OR show up so late to an appointment that we cannot see you then you will only be allowed to schedule appointments on the same day, if and only if, a cancellation is available and may cause a disruption in having your medication refilled or having treatment completed. Under special circumstances or urgent matters, you will have to speak with the Patient Information Manager. If you have any questions, please contact our office at 409-938-2234.

We want to work with you to ensure that you are aware of all the resources available to you so you do not miss any further appointment. We really want to continue caring for you but cannot effectively do so if you continue to miss appointments.

Please give us a call and let us know if there is any way we can assist you in keeping your appointments.

Sincerely,

Coastal Health & Wellness ~~Staff,~~

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#18

Consider for Approval Infection Control Goals & Responsibilities for 2021

COASTAL HEALTH AND WELLNESS CLINIC
Infection Prevention and Control Program
Goals and Responsibilities-2021 Update 3/26/2021

GOAL	GOAL/COMPLIANCE	MEASURABLE OBJECTIVES	INTERVENTIONS/ACTION PLAN	EVALUATION/COMMENT
<p>1. Compliance with:</p> <ul style="list-style-type: none"> • HRSA/FQHC requirements • DSHS Annual TB Risk Assessment/Exposure Plan • IC 2021 Risk Management Annual Assessment • Infection Control Plan/Changes and Updates 2021 • CHW Performance Improvement Plan 2020-2021: Infection Control Program/Infectious Disease Control 	<p>100%</p>	<p>HRSA/FQHC Requirements</p> <ul style="list-style-type: none"> ▪ Administration Review <p>Complete DSHS Annual TB Risk Assessment/Exposure Plan</p> <ul style="list-style-type: none"> ▪ Completed 12/2020 yearly/update as needed, due 12/21. <p>Complete 2021 IC Risk Assessment</p> <p>Complete Infection Prevention and Control Program Goals and Responsibilities 2021</p> <p>CHW 2021 Infection Control Plan</p>	<p>HRSA Site Review/Virtual</p> <p>Texas Department of State Health Services/Congregate Tuberculosis Risk Assessment for 2020 complete, due 12/21.</p> <p>Complete Draft for Jan. 6 QA</p> <p>Complete Draft for Jan 6 QA</p> <p>Complete final draft for QA board Meeting April 15th, 2021</p> <p>Complete Draft for IC Meeting 1/20/21</p>	<p>Completed 11/2020.</p> <p>Completed 12/1/2020- Low Risk Facility</p> <p>Complete</p> <p>Complete</p> <p>2/25/2021 Approved CHW IC plan and signed Chairman Governing Board Samantha Robinson</p>
<p>2. Prevent Surgical Site/Procedural Infections</p> <p>NPSG .07.05.01 STD</p>	<p>95%</p>	<p>Review reports of infection after any procedures completed at CHW:</p> <ul style="list-style-type: none"> ▪ Dental: ▪ Medical 	<p>CHW Surgical/Procedural Checklist/Debriefing:</p> <ul style="list-style-type: none"> ➤ Post op instructions with signs of infection <p>Educate staff involved in surgical procedures about surgical site infections and importance of prevention:</p> <ul style="list-style-type: none"> ➤ Upon hire ➤ Annually 	<ul style="list-style-type: none"> ✓ CHW Guidelines Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong person Surgery. 3/4/2020 Posted in Dental and Medical. ✓ CHW Guideline Antibiotic Prophylaxis for Dental Visits. (5/6/2020)
<p>3. Maintain compliance with current CDC Hand Hygiene in Health Care Settings guidelines.</p> <p>IC 03.01.01 EP 3</p> <p>IC 01,04.01 EP 5</p> <p>NPSG.07.01.01 STD</p>	<p>95%</p>	<p>Implement program that follows CDC Hand Hygiene guidelines in Healthcare Settings:</p> <p>CHW Mandatory training</p> <ul style="list-style-type: none"> • Orientation and yearly all CHW staff. • As needed training. • Monthly Surveillance in clinical areas, report results IC meetings. Minimum 10, in each clinical area <p>Make Hand Hygiene an institutional priority.</p> <p>Surgical Hand Hygiene/ Antisepsis</p> <p>Post H. H. Soap and water signs S/E in all rest rooms and sinks clinical areas.</p> <p>Check sink splash zones</p>	<p>Surveillance: 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> <ul style="list-style-type: none"> ➤ On the spot training ➤ Report to Manager, as needed ➤ General training as needed. ➤ Ensure supplies are readily accessible (Soap and water/ABHR) ➤ Provide surgical hand- scrub product that meets FDA TFM requirements with immediate and persistent effect. ➤ HH soap/water, surveillance DA Cleaning/refill A-Dec Self Contained Water System 	<p>Comment: COVID-19 Hand Hygiene Recommendations:</p> <ul style="list-style-type: none"> ✓ ABHR (Alcohol-based Hand Rub) 60-90% alcohol ✓ Hands washed with soap and water for at least 20 seconds. Dedicated hand washing rooms in each TC Medical POD ✓ Lab: sinks in each draw station and ABHR ✓ Dental: Sinks each operatory and ABHR ✓ Alcare Hand Sanitizer/Foamed Antiseptic Handrub/Surgical scrub 5.4 oz, 1 container for each dental room. (1/21/2021)

COASTAL HEALTH AND WELLNESS CLINIC
Infection Prevention and Control Program
Goals and Responsibilities-2021 Update 3/26/2021

GOAL	GOAL/COMPLIANCE	MEASURABLE OBJECTIVES	INTERVENTIONS/ACTION PLAN	EVALUATION/COMMENT
<p>4. Maintain organization use of CDC based Standard Precautions. To reduce the risk of infection for all patient care. AHC IC.02.01.01 EP#2</p> <p>The organization implements Transmission-based precautions. AHC IC.02.01,01 EP #3</p>	<p>90%</p>	<p>Standard Precautions for all Patient Care:</p> <ul style="list-style-type: none"> • Perform Hand Hygiene (see goal#3) • Use PPE • Follow Respiratory Hygiene/cough etiquette • Ensure appropriate patient placement (Transmission-based precautions) • Properly clean/handle patient equipment • Clean/disinfect environment • Follow safe injection practices • Ensure HC worker safety proper handling of needles/other sharps <p>Transmission-based precautions as second tier used in addition to Standard Precautions:</p> <ul style="list-style-type: none"> • Contact • Droplet • Airborne <p>Protecting Workers from Exposures</p> <ul style="list-style-type: none"> • Hierarchy of Controls 	<p>Training Yearly for Clinical Staff: (non-clinical as appropriate)</p> <ul style="list-style-type: none"> ➤ PPE: gloves, gowns, eye protection (face shields/goggles), masks. Donning/Doffing ➤ Added N-95 respirators for N-95 respirators fit testing for all clinical staff as needed ➤ Battelle decontamination N-95 start 6/2020, Dental staff training clinical staff. Contract -ends March 18, 2021 ➤ Placement, stocking, staff training for Respiratory Hygiene Stations ➤ Transmission based precautions (contact, droplet or airborne) ➤ Cleaning/disinfecting patient care equipment and environment ➤ Safe injection practices ➤ HC worker proper handling of Needles and other sharps. ➤ Break Chain of Infection <p>Surveillance: CDC Observation Standard Precautions and transmission-based if indicated.</p>	<ul style="list-style-type: none"> ✓ PPE: Written/Demonstration Competencies July 2021 Clinical staff and orientation clinical staff, within 30 days ✓ Addendum to CHW IC Plan: Respiratory Protection Plan based on OSHA 29 CFR standard 1910.134.for fit testing N-95 respirators. ✓ Dental HEPA Filter Units-each dental op.500 CFM (14X10X10). Room air exchange 4X/hour (per plant op) with filter on increases to 21.4 X per hour.
<p>5. Maintain Antimicrobial Stewardship as an organizational priority:</p> <ul style="list-style-type: none"> • Medical 2020 • Dental 2021 <p>JC Standard MM.09.01.03</p>	<p>100%</p>	<p>Elements of performance:</p> <ul style="list-style-type: none"> • Identifies individuals • Set at least one annual antimicrobial stewardship goal by 1/1/2020 and annual. • Use of evidence-based practices • Provide educational resources • Reports analyzed data <p>CDC Facility and Clinician checklist for Core Elements: Commitment, Action, tracking and reporting, education, and expertise.</p>	<ul style="list-style-type: none"> ➤ Committee formed: Medical Director oversee, Medical Provider, lab, and IC (continue for 2021) ➤ Continue Medical goal 2020. ➤ Dental goal for 2021, based on ADA standard 1st Meeting 3/31/21 ➤ For Medical/Dental providers ➤ Report data at QA/IC and Providers. ➤ Complete and review checklists 	<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.

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		<ul style="list-style-type: none"> Provide Medical Director Summary report including data, and any protocols/guidelines. 		<ul style="list-style-type: none"> ✓ Continue education for Medical Providers on Protocol for Evaluation and Management of Dysuria or UTI Symptoms via Telephone Appointment. ✓ Continue to monitor: CLEAN Catch Urine Specimen Guidelines. <p>January 11, 2021 Provided Medical Director 2020 Summary Report</p>
<p>6. Maintain Compliance with Safe Injection, Sharps, Practices/Point of Care Testing/Medication Administration</p> <p>MM.O5.01.07</p>	<p>100%</p>	<p>CHW Medication Management Policy: Approved 10/01/2020</p> <ul style="list-style-type: none"> Yearly Competencies for Nursing Staff IC monthly surveillance rounds in clinical areas: Lab, dental and medical <p>Staff uses clean or sterile techniques and maintains clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medication.</p> <p>One needle, One syringe, Only one time</p> <p>CDC Sharps Injury prevention program</p> <p>CDC Sharps Safety for Healthcare Professionals</p>	<p>Dental:</p> <ul style="list-style-type: none"> ➤ PRO Tector Needle Sheath Prop ➤ Tip protectors, sharp instruments for sterilization ➤ CS PRO or heavy utility gloves, used according to IFU for instrument decontamination <p>All Clinical: IC Surveillance/Training</p> <ul style="list-style-type: none"> ➤ No re-capping needles/if necessary one-handed scoop method ➤ Sharps containers at point of use ➤ Medication Preparation, clean sterile technique ➤ Visually inspect medication Returned/expired meds by policy 	<p>CHW Sharps injury review</p>
<p>7. Maintain Compliance Bloodborne Pathogens Plan:</p> <ul style="list-style-type: none"> Regulated Medical Waste/DOT Exposure Control Plan OSHA's Standard Title 29 Code of Fed Regs: 1910.1030 <p>EC.02.02.01</p> <p>The organization manages risk related to hazardous materials and waste.</p>	<p>100%</p>	<p>Bloodborne Pathogens:</p> <ul style="list-style-type: none"> Orientation Mandatory yearly training <p>Regulated Medical Waste Training: orientation/yearly/ on the spot</p> <p>Environment of Care/Hazardous Materials and Waste Management Plan:2020-2021</p> <p>Section D: The IC Nurse shall:</p> <p>Annually Facilitate trainings:</p> <ul style="list-style-type: none"> PPE (clinical staff) Blood Borne Pathogens (CS) Hazardous Waste Disp. (CS) Mask wearing (all CHW Staff) <p>Hand Hygiene (All CHW Staff)</p>	<p>Trainings and Surveillance:</p> <ul style="list-style-type: none"> ➤ Yearly All clinical CHW Staff, July 2021, Med Trainer ➤ CHW Orientation all new staff ➤ Surveillance Biohazard Room TC/Gal <p>Phlebotomy 9 infection prevention practices/JC lab</p>	<ul style="list-style-type: none"> ✓ All non-compliance for Biohazard rooms reported at monthly IC meetings. ✓ Present infection Control Reports, which incorporate hazardous waste prevention: monthly to IC and quarterly to Governing Board. <p>Galveston/Texas City Biohazard Room Log</p>

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<p>8. Maintain Compliance with Sterilization:</p> <ul style="list-style-type: none"> • Cleaning/Decontamination • Monitoring • Biological indicator • Packaging/Storage • Following IFU's • Room Temperature/Humidity • Sterilizers <p>IC.02.02.01 EC.02.04.03 This organization manages equipment</p>	<p>95%</p>	<p>Review CHW Dental Guidelines:</p> <ul style="list-style-type: none"> • Monthly Surveillance by IC. • Daily monitoring Dental Supervisor • Trainings <p>Testing and Maintains all sterilizers.</p> <p>Sterilization Guidelines based on ANSI/AAMI ST79:2017 Comprehensive guide to steam sterilization and sterility assurance in health care facilities</p> <p>CDC Guideline for Disinfection and Sterilization in Healthcare Facilities 2008, Dental Instruments (No updates)</p>	<ul style="list-style-type: none"> ➤ Dental Supervisor reviewed and updated all dental equipment according to IFU's for cleaning/sterilization/storage ➤ One source for IFU's ➤ On the spot training for any non-compliance with logs. ➤ Logbooks maintained and reviewed/performance testing of and maintains sterilizers ➤ Unit training monthly or as needed. ➤ Yearly updates and or new guideline for new equipment or procedures. 	<p>All IC monthly surveillance compliance review at IC meetings.</p>
<p>9. Maintain Consistent Cleaning of Reusable Patient Equipment</p> <ul style="list-style-type: none"> • Low Level/Intermediate • High-level disinfection • Critical/Semicritical/Noncritical <p>IC.02.02.01</p>	<p>95%</p>	<p>Follow E.H. Spaulding's classification for cleaning/disinfection.</p> <p>Review CHW clinical Guidelines:</p> <ul style="list-style-type: none"> • Low/intermediate Cleaning • High-level disinfection/sterilization in Dental • Storing medical equipment and supplies 	<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 ➤ Training ➤ No re-processing of single-use device ➤ High level disinfecting BOBCAT (IFU) 	<p>IC monthly surveillance compliance review at IC meetings.</p>
<p>10. Maintain Clean Environment CHW Clinic Texas City and Galveston</p> <ul style="list-style-type: none"> • Areas used by patients are clean <p>EC.02.06.01</p>	<p>90%</p>	<p>Review ICP (2021) "Clean and disinfect the Environment Appropriately"</p> <p>Environment of Care, Safety Management Plan (2020-2021):</p> <ul style="list-style-type: none"> • Environmental Rounds: monitoring and reporting cleanliness of the facility practiced and maintained by staff and housekeeping • Clinical surface cleaning and disinfecting/High touch surfaces • Review Patient Satisfaction Survey Responses: "The clinic on being Clean and Sanitary" Goal 4.8 or above, scale 1-5, (Very Poor to Excellent) 	<ul style="list-style-type: none"> ➤ Training ➤ IC and Risk and Safety surveillance Rounds ➤ For all clinical surfaces, high touch surfaces and workstations use of cleaning disinfecting wipes on List N: Disinfectants for use Against SARS-CoV-2 (COVID-19) Quarterly Environmental Infection Prevention Assessment tool/2018 JC Resources 	<p>All IC monthly surveillance compliance review at IC meetings.</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/Infection Control Risk Assessment <p>EC 02.06.05</p>	100%	<p>ICRA for all construction projects by IC: Review Infection Control Risk Assessment and fill out work sheet Matrix of Precautions for Construction & Renovation.</p> <p>Develop the Infection Control Permit:</p> <ul style="list-style-type: none"> • Manage space during any construction, renovation • Take action to minimize risk 	<p>Log of all construction projects: ICRA and Infection Control Construction Permit:</p> <ul style="list-style-type: none"> ➤ ICRA by IC Permit Reviewed by administration/signed by CHW Maintenance ➤ Copy of signed ICRA to department ➤ Logbook of all in IC ➤ Monitor plan during project ➤ IC training “Construction Trades Best Practices Awareness Training” Workbook May 2018 	<ul style="list-style-type: none"> ✓ Permit numbers: month day year, no spaces. ✓ All ICRA’s reviewed at IC meetings, as needed.
<p>12. Maintain Medication/Vaccine Storage logs/Refrigerator/Freezer</p> <ul style="list-style-type: none"> • Mitigation Plan 	100%	CHW Medication Inventory procedure.	<p>Review logs Update procedure yearly (as needed)/Nursing</p>	All IC monthly surveillance compliance review at IC meetings
<p>13. Maintain Dental Water Quality/Testing. All Dental Water lines properly and regularly maintained</p>	100%	<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 follows 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>2020 100% Compliance</p>
<p>14. Increase/Maintain Immunizations in Organization:</p> <ul style="list-style-type: none"> • Influenza • Employee/Volunteer/Pre-hire Minimal Immunizations/Screenings <p>TB Screening</p>	95%	<p>CHW staff required Yearly flu vaccine:</p> <ul style="list-style-type: none"> • Decline/Mask flu season • COVID 100% Mask <p>CHW Pre-hire immunizations/screenings</p>	<p>Training:</p> <ul style="list-style-type: none"> ➤ October Standard precautions Poster training flu “Gold Star” ➤ Power Point Annual Flu review ➤ Count of CHW staff that have completed COVID vaccine. 	<p>Employee and Pre-Hire Immunizations and screenings: UBOH approved 09/02/2020 (employee Extranet):</p> <ul style="list-style-type: none"> ✓ Required immunizations/proof MMR, Tdap, Varicella, Category 1 employees Hepatitis B ✓ TB Screening

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<p>15. Prevent Transmission of Infectious Diseases in the Organization</p> <p>IC.02.01.01 EP #7,8,9 EC.02.05.01</p>	<p>100%</p>	<p>Develop Infectious Disease Guidelines:</p> <ul style="list-style-type: none"> • Scheduling appointments <p>Maintain Respiratory Stations with hand sanitizer, masks, tissue, receptacle for used. Poster information: Cover Cough</p> <p>CDC Hand washing signs in all restrooms (updated 20 seconds), Spanish English.</p> <p>Reports surveillance, prevention, and control to appropriate staff Report</p> <p>Texas Notifiable Conditions-2020 chart on unit (expires 1/31/21). Galveston County Epi Services Infectious Disease Report/employee extranet. Reported conditions for Galveston Co. employee extranet</p> <p>Epidemiology Services for Galveston County Contact information. TB Services Contact information</p> <p>Control Airborne contaminants/ infections</p>	<p>Guideline developed/approved by CHW board Training for Contact Center Clinical staff.</p> <p>Posted Texas City and Galveston.</p> <p>Reported at Infection Control meetings:</p> <ul style="list-style-type: none"> ➤ IC Audits Summary 2020 ➤ Monthly IC Environment Safety and Compliance Report For details. <p>Follow reports of notifiable diseases and other conditions in Galveston Co. and national.</p> <ul style="list-style-type: none"> ➤ See 4-year reports <p>Review Employee Extranet</p> <p>Review Transmission Based Precautions, provide training</p>	<p>Infectious Disease Guidelines:*</p> <ul style="list-style-type: none"> ✓ Approved 1/15/2020 ✓ Approved 1/6/2021 ✓ Plan of Care ✓ Transmission based precautions: contact, droplet, airborne
<p>16. Prepare for the Response/ Emergency Management Plans:</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>EM.02.01.01</p>	<p>100%</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 ▪ GCHD IC Plan 2020 	<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>Update 2021</p>	<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 <p>COVID-19 February 2020</p>



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2021

Item#19

**Consider for Approval Re-Privileging Rights for Carlos Tirado, MD
Providing Tele-Psychiatry Services**



Date: April 29, 2021

To: CHW Governing Board

Thru: Kathy Barroso, CPA *KB*
Executive Director

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

Re: Re-Privileging

After review to determine that Carlos Tirado, MD has an active and unrestricted license to practice medicine in the State of Texas, we are requesting re-credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD of the re-privileging documents submitted by Carlos Tirado, MD, we are requesting re-privileging approval by the Governing Board.

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