

AGENDA

Thursday, January 27, 2022 – 12:30 PM

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

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

CONNECTING VIA INTERNET:

Access the URL: <https://us06web.zoom.us/j/81249222665?pwd=ZWxUN0lubmpsYmxqMXVmeko5U2dHZz09>

Meeting Password: **226026**

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 **812 4922 2665** Meeting Password: **226026**
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 Pledge of Allegiance

Item #1 Comments from the Public

*Item #2 **ACTION** Agenda

*Item #3 **ACTION** Excused Absence(s)

*Item #4 **ACTION** Consider for Approval Minutes from December 9, 2021 Governing Board QA Meeting

*Item #5 **ACTION** Consider for Approval Minutes from January 13, 2022 Governing Board QA Meeting

- * Item #6**ACTION**.....Consider for Approval Quarterly Investment Report for the Period Ending 12/31/21 Submitted by Marlene Garcia
- *Item #7**ACTION**.....Consider for Approval Coastal Health & Wellness Emergency Operation Plan Submitted by Tyler Tipton
- *Item #8**ACTION**.....Consider for Approval Quarterly Compliance Report for the Period Ending 12/31/21 Submitted by Richard Mosquera
- Item #9.....Executive Director will report on Coastal Health & Wellness/COVID-19 Updates Submitted by Dr. Keiser
 - a) Executive Director
 - b) Dental Director
- Item #10**ACTION**.....Consider for Approval Financial Report Submitted by Marlene Garcia
 - a) November 2021
 - b) December 2021
- Item #11**ACTION**.....Consider for Approval Quarterly Visit and Collection Report Including a Breakdown of New Patients by Payor Source for the Period Ending 12/31/21Submitted by Marlene Garcia
- Item #12**ACTION**.....Consider for Approval MedTrainer Credentialing Submitted by Richard Mosquera
- Item #13**ACTION**.....Consider for Approval Re-Privileging Rights for Bang Nguyen, DDS Submitted by Dr. Hanna Lindskog
- Item #14**ACTION**.....Consider for Approval Employee Satisfaction Survey by Samantha Robinson/Dr. Southerland
- Item #15.....Update on County Indigent Program related to Federal Poverty Level Submitted by Ann O'Connell
- Item #16.....Comments from Board Members

Adjournment

Next Regular Scheduled Meeting: February 24, 2022

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.

**Governing Board
January 2022
Item#3
Excused Absence(s)**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2022

Item#4

**Consider for Approval Minutes from December 9, 2021 Governing
Board QA Meeting**

**Coastal Health & Wellness
Governing Board
December 9, 2021**

Board Members:

Samantha Robinson
Virginia Valentino
Flecia Charles
Kevin Avery
Elizabeth Williams
Miroslava Bustamante

Staff:

Philip Keiser, Executive Director
Ann O'Connell, Chief Operations Officer
Richard Mosquera, Chief Compliance Officer
Dr. Lindskog, Dental Director
Ami Cotharn, Chief Nursing Officer
Chantelle Smith
Kristina Garcia

Pisa Ring
Martha Vallin
Jonathan Jordan
Kenna Pruitt
Regina Brown
Tiffany Carlson
Anthony Hernandez

Excused Absence: Dorothy Goodman, Dr. Southerland, Dr. Thompson, and Victoria Dougharty

Items#1 Comments from the Public

There were no comments from the public.

Items#2-6 Consent Agenda

A motion was made by Virginia Valentino to approve the consent agenda items two through six. Elizabeth Williams seconded the motion, and the Board unanimously approved the consent agenda.

Item#14 Consider for Approval Coastal Health & Wellness 2021 -2022 Risk Management Plan Submitted by Richard Mosquera.

Richard Mosquera, Chief Compliance Officer, asked the Board to consider for approval the Coastal Health & Wellness 2021-2022 Risk Management Plan. A motion to accept the plan as presented was made by Virginia Valentino. Flecia Charles seconded the motion and the Board unanimously approved.

Item#18 Consider for Approval Default Opt-In Policy for Newly Registering CHW Patients Submitted by Richard Mosquera.

Richard Mosquera, Chief Compliance Officer, asked the Board to consider for approval the Default Opt-In Policy for Newly Registering CHW Patients. A motion to accept the policy was made by Miroslava Bustamante and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item#7 Executive Director will Report on Coastal Health & Wellness/COVID-19 Updates Submitted by Dr. Keiser

Dr. Keiser, Executive Director, presented an update on COVID-19 to the Board.

Ann O'Connell, Chief Operations Officer, presented an update on the services provided at Coastal Health & Wellness including number of Medical and Counseling visits.

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

- Dr. Lindskog was appointed to serve as a delegate (representing Texas) to the Academy of General Dentistry (AGD) 2021 House of Delegates (HOD) during AGD's annual meeting, held November 19-21, 2021. As the AGD's governing body, the HOD dictates the organization's policy and votes on issues that affect the dental community, as well as the AGD's 40,000 members in the United States, its territories, and Canada.

- The dental clinic continues to follow CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel which has a section dedicated to Dental Facilities. We continue to use N95s for all aerosol generating procedures. Thank you to Deb for providing fit testing for our two new staff.
- The dental clinic is using the HRSA expansion/stabilization grant to expand all dental services to both locations. We are now offering root canals and crowns in Galveston. We completed our first root canal and began re-doing a patient's bridge on December 6th.
- Staffing: We hired a new dentist, Dr. Bishai, who started on Monday, November 29th. Thank you to Ami for participating in the interview process.
- There are not any updates regarding the partnership with the College of the Mainland Dental Hygiene Program. They have not hired their new program director yet, but the curriculum was recently approved.
- The Head Start program visit was put on hold by their request as they evaluate their student's needs for services
- Dr. Lindskog completed the National Oral Health Leadership Institute in November in San Antonio. This year-long, in-person and online training provides core knowledge and competencies that health center/safety-net oral health leaders need to develop as effective managers, directors, and advocates for oral health and their communities. Topics covered include Leadership and Excellence; Health Center Fundamentals; Workforce and Staffing; Risk Management; Quality; Public Speaking; Managing Change; Leading a Team; Maximizing your Strengths as a Leader; Public Health 101; Financials; Patient-Centered Health Home; and Innovations in Delivery. NOHLI also provides opportunities for scholars to apply these skills using case studies and group discussions under the direction of outstanding oral health educators from across the country.
- We are currently in the process of applying for the NNOHA Oral Health Workforce Learning Collaborative. This collaborative will focus on developing a recruitment and retention plan for the oral health workforce.

Item#8 Consider for Approval October 2021 Financial Report Submitted by Marlene Garcia

Ann O'Connell, Chief Operations Officer, presented the October 2021 financial report to the Board. A motion to accept the financial report as presented was made by Virginia Valentino. Miroslava Bustamante seconded the motion and the Board unanimously approved.

Item#9 Consider for Approval the Purchase of a New HR Software Platform Split Between GCHD and CHW in the Amount of \$10, 971.45 From Each Fund \$21, 942.90 Total Submitted by Chantelle Smith

Chantelle Smith, HR Director, gave the board an overview of the BambooHR Software system. The cost will be split between GCHD & CHW, with each fund contributing \$10,971.45. A motion to accept the purchase of the HR Software in the amount of \$10,971.45 was made by Virginia Valentino and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Item#10 Consider for Approval Coastal Health & Wellness Fund Balance Reserve as of September 30, 2021 Submitted by Marlene Garcia

Samantha Robinson, Chair, stated that this item was put on the agenda in error and asked the Board to take no action since it was presented and approved by the Board. No action was taken on this item by the Board.

Item#11 Consider for Approval Coastal Health & Wellness Credit Card and Refund Policy Submitted by Marlena Garcia

Ann O'Connell, Chief Operations Officer, presented the Coastal Health & Wellness Credit Card and Refund. A motion to accept the Credit Card and Refund Policy as presented was made by Virginia Valentino and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Item#12 Consider for Approval Coastal Health & Wellness Charge Capture Policy Submitted by Marlene Garcia

Ann O'Connell, Chief Operations Officer, presented the Coastal Health & Wellness Charge Capture Policy. A motion to accept the Charge Capture Policy as presented was made by Miroslava Bustamante and seconded by Flecia Charles. The Board unanimously approved the motion.

Item#13 Consider for Approval Coastal Health & Wellness Payment Posting Policy Submitted by Marlene Garcia

Ann O'Connell, Chief Operations Officer, presented the Coastal Health & Wellness Payment Posting Policy to the Board. A motion to accept the Payment Posting Policy as presented was made by Flecia Charles and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Item#15 Consider for Approval Re-Privileging Rights for UTMB Resident Nadie Abraham, MD Submitted by Dr. Keiser

Dr. Keiser, Executive Director, asked the Board to consider for approval privileging rights for UTMB Resident Nadie Abraham, MD. A motion to accept privileging rights for Nadie Abraham, MD, was made by Virginia Valentino, and seconded by Elizabeth Williams. The Board unanimously approved the motion.

Item #16 Consider for Approval Privileging Rights for John David Walsh, NP Providing Tele-Psychiatry Services Submitted by Dr. Keiser

Dr. Keiser, Executive Director, asked the Board to consider for approval privileging rights for John Walsh, NP providing Tele-Psychiatry. A motion to accept privileging rights for John David Walsh, NP was made by Elizabeth Williams, and seconded by Kevin Avery. The Board unanimously approved the motion.

Item #17 Consider for Approval Privileging Rights for Shady Bishai, DDS, Submitted by Dr. Keiser

Dr. Linskog, Dental Director, asked the Board to consider for approval privileging rights for Shady Bishai, DDS. A motion to accept privileging rights for Shady Bishai, DDS was made by Virginia Valentino, and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Item #19 Consider for Approval Employee Satisfaction Survey by Samantha Robinson/Dr. Southerland

Samantha Robinson, Chair, asked the Board to defer the Employee Satisfaction Survey until the January Board meeting. A motion to defer the item was made by Samantha Robinson and seconded by Virginia Valentino. The board unanimously approved the motion.

Item #20 Comments from Board Members

No comments

The meeting was adjourned at 2:08p.m.

Chair

Secretary/Treasurer

Date

Date

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

January 2022

Item#5

**Consider for Approval Minutes from January 13, 2022 Governing
Board QA Meeting**

Coastal Health & Wellness Governing Board
Quality Assurance Committee Meeting
January 13, 2022

BOARD QA COMMITTEE MEMBERS (Zoom Call):

Samantha Robinson, BSN – Chair
 Virginia Valentino-Treasurer
 Kevin Avery- Consumer Member

EMPLOYEES PRESENT:

Ann O’Connell (Chief Operations Officer), and Tikeshia Thompson Rollins (Executive Assistant III)

EMPLOYEES (Zoom Call):

Philip Keiser, MD (Executive Director), Dr. Lindskog (Dental Director), Jason Borillo (Lead Mid-Level), Ami Cotharn (Chief Nursing Director), Richard Mosquera (Chief Compliance Officer), Pisa Ring (Patient Information Manager), Marlene Garcia (Clinic Finance Officer), Virginia Lyle (Lab and X-Ray Supervisor), Shelby Evans (Policy Specialist), & Tyler Tipton (Public Health Emergency Preparedness Manager)

(Minutes recorded by Tikeshia Thompson-Rollins)

ITEM	ACTION
<p>Patient Access / Satisfaction Reports</p> <p>Quarterly Access to Care Report Submitted by Pisa Ring</p> <p>Quarterly Patient Satisfaction Report Submitted by Pisa Ring</p> <p>New Patient Satisfaction Survey Tool Submitted by Ami Cotharn</p>	<p><u>Quarterly Access to Care Report</u></p> <ul style="list-style-type: none"> Quarterly Access to Care Report was reviewed. Ann and Pisa will work together on what needs to be addressed, what we are trying to improve and compare to goals. <p><u>Quarterly Patient Satisfaction Report</u></p> <ul style="list-style-type: none"> Quarterly Patient Satisfaction Survey for October, November, and December reviewed, and QA Committee informed of the total weighted average score of 4.7. The current goal is 4.8. <p><u>New Patient Satisfaction Tool</u></p> <ul style="list-style-type: none"> QA Committee was informed CHW collaborated with TACHC to customize an evidence-based patient survey that is utilized by other Texas FQHC’s and meets both HRSA and Joint Commission/PCMH requirements. <ul style="list-style-type: none"> Four versions of the patient experience survey that CHW will rotate between, all meet HRSA and PCMH requirements. CHW will utilize iPads in clinic, as well as post the survey on the CHW website, and email links to patients to allow patients every opportunity to take part in the CHW Patient Survey. Initially, CHW will allow each survey to run for six months, this may be subject to change. TACHC will provide CHW with weekly reports of the survey results. Changes will be made based on these reports / results. Flyers will be placed at check-out and in each exam, room promoting the patient survey and will offer a QR code for the patient to scan, connecting the patient directly to the patient survey.

<p>Action Plans</p> <ul style="list-style-type: none"> ➤ No Show ➤ Telephone Abandonment 	<p><u>Action Plans</u></p> <p>No Show:</p> <ul style="list-style-type: none"> • Ann informed the committee that the no-show rates for Q4 2021 equals 18% and our goal for 2022 is 15% or less. <p><u>Recommendations</u></p> <ul style="list-style-type: none"> ➤ Call patient back immediately: Staff will call patients 15 minutes after a missed appointment and will coordinate with the patient a new upcoming appointment. ➤ Leverage Current Technology: Patient will be contacted by phone or text two weeks prior to the appointment, 48 hours before the appointment, and the day of the appointment. ➤ Overbook to the no-show rate: Will provide additional access for urgent/acute appointments to be scheduled same day. ➤ Do not automatically book patients to return in 2 weeks or 4 weeks: If the clinic/provider is running late, the clinic will implement methods to notify the patients of why they are waiting, and an approximate time will be provided. • Committee was informed of the relaunch of telemedicine visits. This will also help with the no-show rates. <p>A motion to accept the no-show action plan as presented was made by Kevin Avery. Virginia Valentino seconded, and the QA Board unanimously approved.</p> <p><u>Telephone Abandonment Rate Action Plan</u></p> <ul style="list-style-type: none"> • Ann informed the committee that the current telephone abandonment rate for December (Medical/Counseling) line = 10.54% and Dental = 4.59% <p><u>Recommendations</u></p> <ul style="list-style-type: none"> ➤ Know and understand the caller/patient experience and build a proactive message: The team will listen to the current message and make recommendations for improvement based upon patient and staff feedback. CHW will continue to change the telephone message to reflect the best possible patient experience. ➤ Know our patient data: Clinic will work with IT to obtain additional telephone data to better understand the patients' entire experience on the phones. In addition to abandonment rate, the clinic will begin measuring and creating actionable interventions for the following: total calls/staff member and average speed to answer. ➤ Leverage current technology: The plan is to reduce abandonment rates using in-call rescue and automatic callbacks. This technology will allow the caller to choose an option to be called back rather than wait on hold in the phone queue. When an agent becomes available, the system will call the patient and connect them directly to an agent. ➤ Front office staff cross-training: Cross-training of front office staff began in October of 2021 and is expected to be completed by March 31, 2022. The Patient Services Manager has agreed to staff the incoming telephone lines with enough agents to attend to the incoming calls and to hold the abandonment rate at 5% or less. A mid-course review of cross-training is set for February 7, 2022. <p>A motion to accept the telephone abandonment action plan as presented was made by Virginia Valentino. Kevin Avery seconded, and the QA Board unanimously approved.</p>
<p>Clinical Measures</p> <p>Quarterly Report on UDS Medical Measures in Comparison to Goals Submitted by Dr. Keiser</p>	<p><u>Medical Quality Review Measures</u></p> <ul style="list-style-type: none"> • UDS measures were reviewed and will be brought back to the Committee April 2022
<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. Lindskog presented the dental quarterly summary. <p><u>Quarterly Emergency Management Report</u></p> <ul style="list-style-type: none"> • Tyler reviewed the 4th quarter Emergency Management Report and gave an update on trainings that occurred during the quarter.

Plans and Policies	<ul style="list-style-type: none"> • No plans or policies reviewed.
Open Discussion	<ul style="list-style-type: none"> • Ann recommended bringing an update and progress report on the no-show and abandonment rate plans to the next QA Board meeting. • Ami will look at the patient satisfaction survey implementation and bring back results to the next QA Board meeting. • Samantha Robinson, Board Chair, recommended a summary of all CHW internal meetings be brought to the QA committee quarterly. • Samantha Robinson, Board Chair, requested looking at Board member terms. • Ann informed the committee that we have some great recommendation for community and consumers members.

Next Meeting: April 14, 2022

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Governing Board

January 2022

Item#6

**Consider for Approval Quarterly Investment Report for the Period
Ending 12/31/21 Submitted by Marlene Garcia**

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

Coastal Health & Wellness	Money Market Account		
	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Beginning Balance	6,899,625	6,501,865	6,729,208
Deposits	-	975,150	-
Withdrawals	(400,000)	(750,000)	(30,000)
Interest Earned	2,241	2,193	2,278
Ending Balance	<u>\$6,501,865</u>	<u>\$6,729,208</u>	<u>\$6,701,486</u>
Current Annual Yield	0.40%	0.40%	0.40%
Previous Quarter Yield (07/2021 - 09/2021)	0.40%	0.40%	0.40%

Tex Pool Investments		
<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
26,454.00	26,454.89	26,455.79
-	-	-
-	-	-
0.89	0.90	0.89
<u>\$26,454.89</u>	<u>\$26,455.79</u>	<u>\$26,456.68</u>
0.04%	0.04%	0.04%
0.02%	0.02%	0.03%

Summary	Interest Earned	Avg Balance	Yield
October 1, 2021 to December 31, 2021	6,714	6,683,321	0.06%
January 1, 2022 to March 31, 2022	-	-	
April 1, 2022 to June 30, 2022	-	-	
July 1, 2022 to September 30, 2022	-	-	
YTD Totals	<u>\$6,714</u>	<u>\$6,683,321</u>	<u>0.06%</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
FY2019	0.43%	0.47%	0.47%	0.46%	1.83%
FY2020	0.40%	0.36%	0.21%	0.20%	1.17%
FY2021	0.19%	0.14%	0.05%	0.05%	0.43%
FY2022 (Current year)	0.06%				0.06%

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Governing Board

January 2022

Item#7

**Consider for Approval Coastal Health & Wellness Emergency
Operation Plan Submitted by Tyler Tipton**

Coastal Health and Wellness

EMERGENCY OPERATIONS PLAN

Table of Review and Approval

Change Number	Change Entered By	Date Reviewed	Date Approved
1	Tyler Tipton	8/8/2018	8/30/2018
2	Tyler Tipton	8/16/2019	08/29/2019
3	Tyler Tipton	09/15/2020	01/28/2021
4	Tyler Tipton	9/15/2021	
5	Tyler Tipton	1/11/2022	

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

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

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Coastal Health and Wellness Information

Facility: Coastal Health and Wellness

Address: 9850 Emmett F Lowry Expy

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

Phone Number: 409-938-2234

Executive Director: ~~Kathy Barroso~~ [Dr. Philip Keiser](#)

Office Address: 9850 Emmett F Lowry Expy

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

Phone Number: 409-938-2257 **Email:** ~~kbarroso~~[pkeiser](#)@gchd.org

I. INTRODUCTION TO THE PLAN

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

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

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

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

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

CHW has been an active participant in local, regional, state and federal emergency response planning and has signed a Memorandum of Agreement with the South East Texas Regional

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

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

Demographics:

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

CHW- Texas City

Mid-County Annex

9850-C Emmett F. Lowry Expy

Texas City, TX 77591

CHW - Galveston

Island Community Center

4700 Broadway F100

Galveston, TX 77551

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

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

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

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

& Wellness Governing Board and the Health Resources and Services Administration (HRSA). During an emergency, patient population may fluctuate or include patients not typically seen or treated by CHW during normal operations.

II. EMERGENCY PLAN

Risk Assessment

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

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

Command and Control

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

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

Coordination

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

Plan Activation

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

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

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

Demobilization and Transition to Recovery

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

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

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

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

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

Maintenance

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

III. POLICIES AND PROCEDURES

Facility Lockdown

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

Shelter in Place (SIP)

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

- D. If sheltering is used in the event of a hazardous chemical incident, windows and doors will be shut and all fans, air conditioners and ventilators will be turned off where appropriate (and where possible). Cloths or comparable material (i.e. t-shirts) will be stuffed around gaps at the bottom of doors.
- E. The facility shall remain sheltered until designated authorities provide an “all-clear” or until the emergency threat has ended as determined by the Incident Commander.

Evacuation Plan

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

Suspension of Services

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

Continuity of Operations

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

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

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

Documentation

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

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

- E. On-duty staff will be given an *EOP Tracking Log*, to track their activities for all emergencies.
- F. Whenever possible, emergency documentation shall be logged using pencil and paper to avoid potential losses caused by power failures.

Security

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

Volunteers

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

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

IV. COMMUNICATIONS

Internal

- A. A list of all employees, including their contact number(s) and a party designated as the employee's emergency contact is located in the Human Resources department and online through i-Info (digitally).
- B. In the event of an emergency or activation of the EOP, notification of staff is achieved through email, text, and phone calls by the Emergency Preparedness Manager, or designee. The PA system is also utilized for immediate notification to staff, patients, and visitors. A list of Emergency Phone Protocols for the Texas City site and Galveston site can be found on the employee extranet.

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

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

External

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

Communications with Patients and Visitors

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

Communications with Healthcare Providers

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

Surge Capacity and Resources

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

Requesting Assistance

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

V. TRAINING

- A. Current CHW staff (including contractors) will be trained on the new or updated EOP at the time of its publication and revisions.
- B. All new CHW staff will be informed of and trained on the EOP during their initial thirty-day orientation period.

- C. Emergency preparedness training will be conducted annually.
- D. Documented EOP training and annual emergency preparedness training shall be stored in each employee's personnel file, as maintained by Human Resources.

VI. TESTING

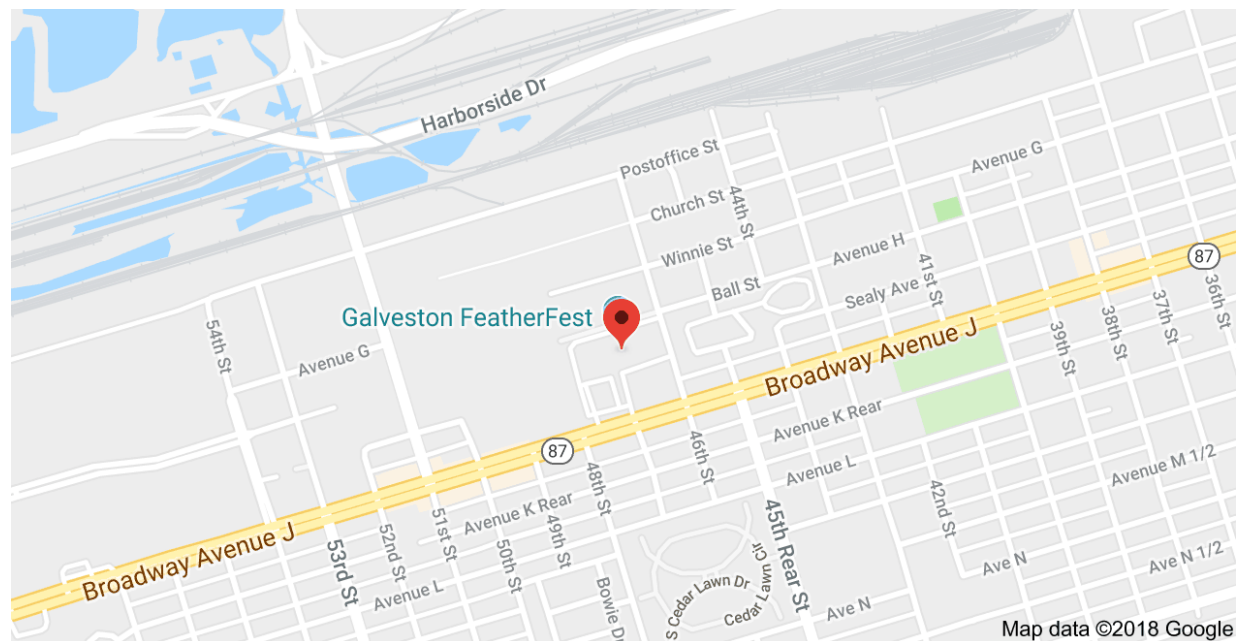
- A. Facility based full-scale exercises shall be facilitated annually by the Emergency Preparedness Manager.
- B. After full scale exercises, tabletops or actual events, CHW will analyze the response, identify areas for improvement and update the EOP, if necessary. A template for review is found at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

TAB 1- Facility Location Plan

Texas City Clinic

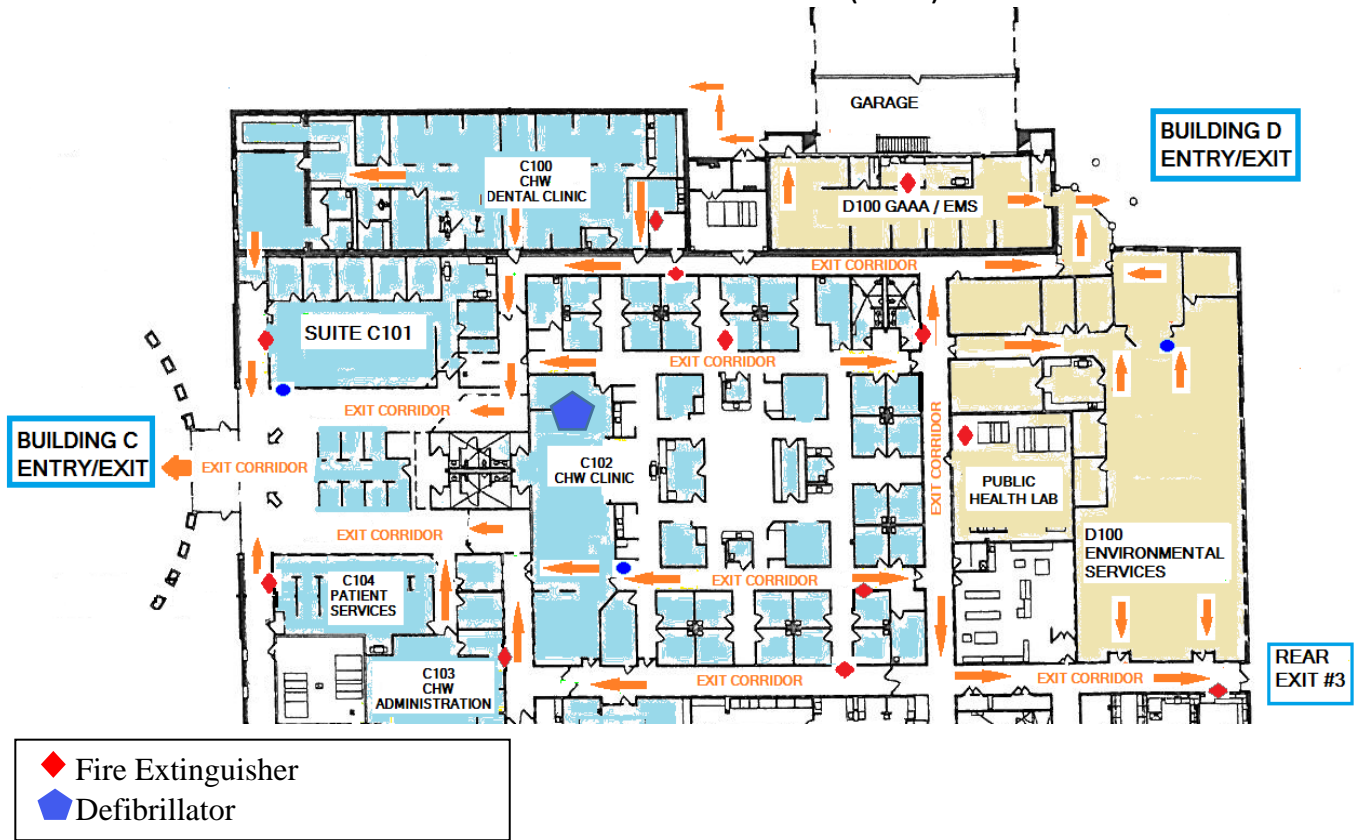


Galveston Clinic

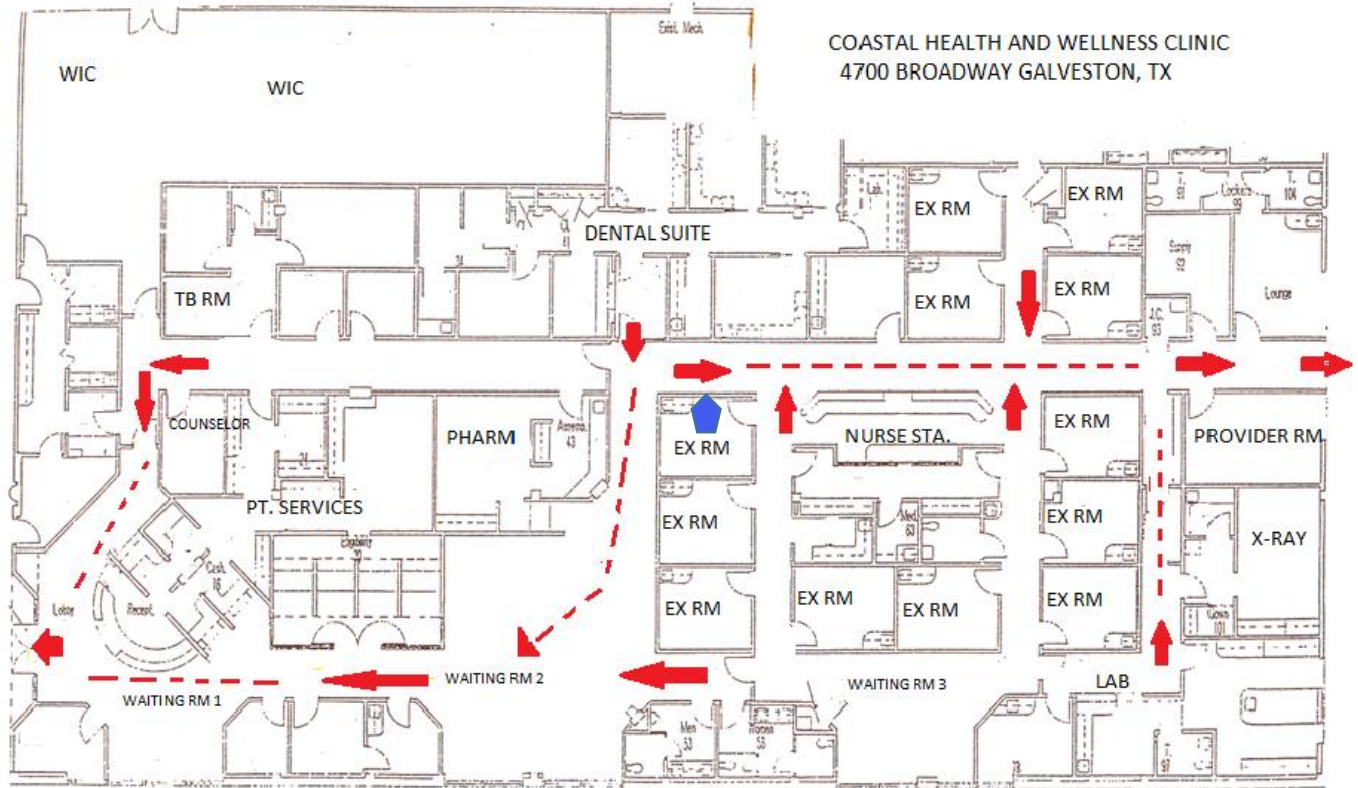


TAB 2 - Facility Floor Plan

**MID COUNTY ANNEX
EVAUCATION ROUTE BUILDING C (CHW)**



GALVESTON COUNTY COASTAL HEALTH AND WELLNESS CLINIC ISLAND COMMUNITY CENTER GALVESTON



*Arrows denote pathway to fire exits

 Defibrillator

TAB 3 - HVA

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

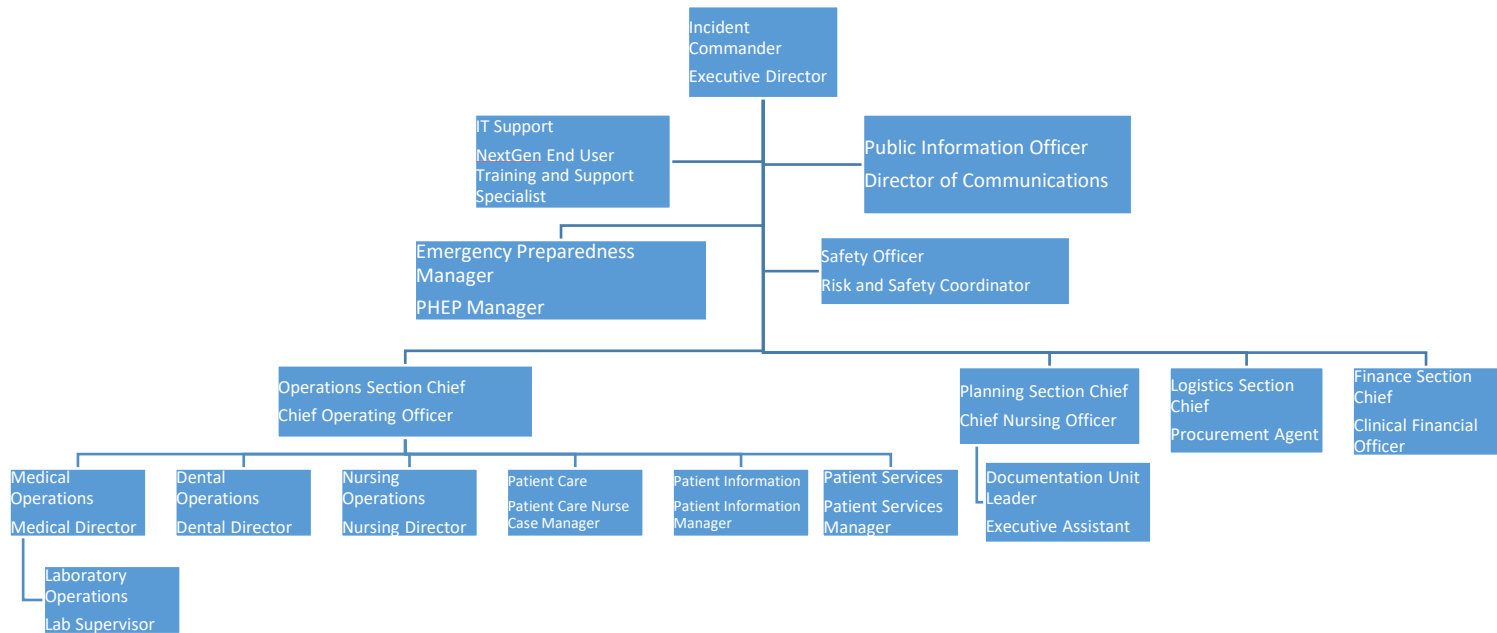
**Listed are the top 10 Hazards beginning with the highest risk*

TAB 4 – Delegations of Authority & Organizational Chart

Delegations of Authority

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

Organizational Chart



Activation of Disaster Organization Chart

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

Incident Commander (IC)

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

IT Support

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

Public Information Officer

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

Safety Officer

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

Emergency Preparedness Manager

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

Logistics

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

Planning

- Schedule and facilitate planning meetings
- Supervise development of action plans
- Ascertain need for subject-matter experts to support response efforts

- Coordinate business continuity
- Assess current and potential impacts on facility

Finance

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

Operations

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

TAB 5 – Orders of Succession

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

Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2
Incident Commander	Executive Director	Medical Director Chief Operating Officer	Chief Compliance Officer

Essential Function	Primary	Successor 1	Successor 2
Operations Section Chief	Clinical Compliance Coordinator Chief Operating Officer	Chief Compliance Officer	Risk and Safety Coordinator
Planning Section Chief	Chief Compliance Nursing Officer	Clinical Compliance Coordinator Chief Compliance Officer	Risk and Safety Coordinator
Logistics Section Chief	Procurement Agent	Controller Chief Financial Officer	Assistant Procurement Agent
Finance Section Chief	Business Office Manager Clinical Financial Officer	Controller Chief Financial Officer	Budget and Grant Manager

TAB 6 – Receiving Facilities

Temporary Evacuation site for Office:

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

Galveston
Island Community Center
4700 Broadway F100
Galveston, TX 77551

Long Term Evacuation Site for Office:

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

Galveston
Island Community Center
4700 Broadway F100
Galveston, TX 77551

Receiving Hospitals and Contact Numbers:

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

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

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

TAB 7 - State and Local Government Contacts

Emergency Management Contact List

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

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

ESF 8 Partners

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

TAB 8 - Vendor Contacts

VENDOR/COMPANY	CONTACT LAST NAME	CONTACT FIRST NAME	EMAIL ADDRESS	TELEPHONE	SERVICES PROVIDED
AMI Dental	Chew	Joy	amidental@yahoo.com	713-777-3422	Dental Supply/Equipment
Ovol	Jordan	Joe	jtjordan@ovol.us	713-253-3773	Paper/Envelopes
CDW	Frederick	Charlie	chafred@cdwg.com	312-547-2663	Electronics
Competitive Solutions	Shepherd	Fred	fshepherd@competitive-solutions.com	832-586-9000	Electronics
Darby Dental	DiBella	Joe	joedibella@darby.com	800-645-2310	Dental Supply/Equipment
Dream Ranch	de Wet	Sheila	sheri@dreamranchtx.com	940-591-6565	Cartridges/Toner
GHA Technologies	Barany	Craig	cbarany@gha-associates.com	405-241-4209	Electronics
Greater Houston Office Supply	Tidwell	Russell	rtidwell@myghop.com	281-724-1533	Office Supplies
Henry Schein	Jefferies	Joe	Joe.Jefferies@henryschein.com	800-845-3550	Medical/Lab Supplies
Kleen Janitorial	O'Conner	Russell	russelloconnor@att.net	409-762-0557	Janitorial Supplies
McKesson	Johnson	Doug	douglas.johnson@mckesson.com	800-545-5097	Medical/Lab Supplies
Migali Industries	Rappaport	Jerry	jerry@migaliscientific.com	855-464-4254	Refrigerator/Freezer
Patterson Dental	Wilde	Melody	melody.wilde@pattersondental.com	713-853-6828	Dental Supply/Equipment
Quill	Glinsey	Floyd	floyd.glinsey@quill.com	877-413-0011	Office Supplies
Southern Computer	Reardon	Josh	joshreardon@scw.com	877-468-6729	Electronics & Cartridges
Sparklettes	Amaya	Bladmire		800-4-waters	Drinking/Distilled Water
Stargel				713-461-5382	Copier Supplies & Repair

Stericycle				866-783-7422	Biohazard Pick-Up
X-Ray Compliance	Freeman	Randy	randyfreeman1@comcast.net	281-844-5226	X-Ray Equipment Repair
Biochemical Diagnostics			Support@biochemicaldiagnostics.com	631-595-9200	Validity Control Product
Bound Tree	Gray	Craig	craig.gray@boundtree.com	800-533-0523	Medical/Lab Supplies
HiTouch Business	Barsch	Kyle	kyle.barsch@hitouchbusinessservices.com	866-448-6824	Office Supplies
Benco Dental	Kessner	Matt	mkessner@benco.com	281-727-6430	Office Supplies
The Tree House		Katie	katie@thetreehouseinc.com	800-595-6651	Cartridges/Toner

TAB 9 – *EOP Tracking Form* (ICS 214)

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ACTIVITY LOG (ICS 214)

[illegible]

TAB 10 - Notification Call List

Staff Notification

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

Patient Notification

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

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

Community Resources Call Protocol

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

TAB 11 – Communication Systems/Equipment

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

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

TAB 12 - *Message Log* (ICS 213)

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

ICS 213

TAB 13 – After Action Review and Improvement Plan

Incident/Event title:

Start Date:

Start Time:

End Date:

End Time:

Type (check one):

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

Clinical Evaluator(s):

Other Evaluator(s):

Retesting of Change to Emergency Operations Plan?

Participants:

Community Partners:

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

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

Narrative:

Exercise Scenario

Improvement Plan Matrix

Improvement Needed:	Responsibility	Complete Status

Shared with Environment of Care Committee? ☐ No ☐ Yes

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

Analysis of Six Critical Components

Communications EM.02.02.01

:

Resources and Assets EM.02.02.03

:

Safety and Security EM.02.02.05

:

Staff Roles and Responsibilities EM.02.02.07

:

Utilities EM.02.02.09

:

Patient Care Activities EM.02.02.11

:

ANNEX A – Fire

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

PROCEDURE:

R - Rescue anyone in immediate danger.

A - Alert contact the fire department by calling 911.

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

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

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

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

ANNEX B - Bomb Threat

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

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

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

If possible, during the call:

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

Once the Police have arrived:

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

ANNEX C - Active Shooter

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

Procedure:

Run

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

Hide

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

Fight

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

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

ANNEX D - Loss of Water/Sewerage

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

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

ANNEX E - Electrical Power Outages

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

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

ANNEX F - Extreme Temperatures

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

Definitions:

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

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

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

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

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

Precautionary Procedures:

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

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

ANNEX G - Severe Weather

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

Definitions:

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

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

Procedure:

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

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

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

ANNEX H - Hurricane

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

Definitions:

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

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

Procedure:

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

ANNEX I - Winter Storms

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

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

Precautions:

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

ANNEX J - External Hazmat Incident

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

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

ANNEX K - Radiological Incident

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

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

- Emergency siren system
- Emergency scanner system

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

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

ANNEX L - Bioterrorism Threat

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

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

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

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

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

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

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

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

Governing Board

January 2022

Item#8

**Consider for Approval Quarterly Compliance Report for the Period
Ending 12/31/21 Submitted by Richard Mosquera**

Coastal Health & Wellness Governing Board Quarter 3, FY22 Compliance Report

Internal Audits		
AUDITOR- DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
Patient Services Manager - October 1, 2021 – December 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 30 applications reviewed, which collectively encompassed 330 individual fields, four errors were cited, yielding a 98.7% rate of compliance. 	<ul style="list-style-type: none"> The errors, all of which were minor and clerical in nature, were immediately corrected by the Patient Services Manager. The Patient Services Manager reminded all representatives to remain constantly attentive while completing intake applications, and to review applications in their entirety upon completion to ensure accuracy.
Nursing Director October 1, 2021 – December 31, 2021	340B Medication Audit: <ul style="list-style-type: none"> The Nursing Director performed a 340B medication audit to determine the comprehensiveness of charting internally issued 340B meds, which requires documentation reflecting consistency in medication logs, NextGen and billing activities. Of the 20 charts analyzed (ten from each of the two sites), no errors were identified – yielding a 100% compliance rate. 	<ul style="list-style-type: none"> Continue operating under current protocol.

Coastal Health & Wellness Governing Board Quarter 3, FY22 Compliance Report

Dental Director July 1, 2021 – September 30, 2021 (Audit performed in October 2021)	Ryan White Quality Review <ul style="list-style-type: none"> • In accordance with stipulations issued by the Ryan White dental grant, charts for all twenty-seven patients receiving dental services funded by Ryan White during the denoted period were surveyed to verify provider adherence with appropriate protocols. • Of the 351 required elements evaluated, 320 were adequately completed, yielding a 91% compliance rate. 	<ul style="list-style-type: none"> • The most prevalent non-compliant finding stemmed from patients failing to return for a hygiene visit, despite all being contacted and/or scheduled for a hygiene appointment. Patient Services will continue reaching out to these individuals in order to schedule them for a cleaning.
--------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

External Audits

<i>AUDITOR – DATE OCCURRED</i>	<i>TYPE OF AUDIT & FINDINGS</i>	<i>ACTION TAKEN</i>
-------------------------------------------	--------------------------------------------	----------------------------

NO EXTERNAL AUDITS PERFORMED DURING OCTOBER, NOVEMBER OR DECEMBER OF 2021.

Warning and Termination Letters

<i>REASON</i>	<i>TYPE OF LETTER</i>
Debt Collection Policy	Suspensions 116; Reinstatements: 103
Behavioral Letters Issued	Terminations: 2 (both for behavior); 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.

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

Governing Board

January 2022

Item#9

Executive Director will report on Coastal Health & Wellness/COVID-19 Updates Submitted by Dr. Keiser

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

Governing Board

January 2022

Item#10

**Consider for Approval Financial Report Submitted
by Marlene Garcia**

- a) November 2021**
- b) December 2021**

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

November 30, 2021

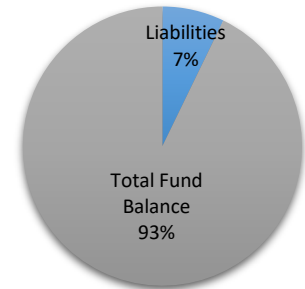
January 27, 2022

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

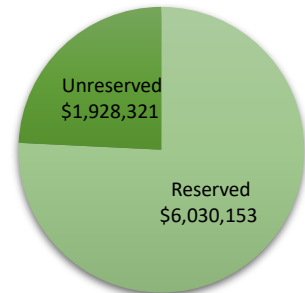
CHW - BALANCE SHEET as of November 30, 2021

	Current Month Nov-21	Prior Month Oct-21	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$7,452,459	\$7,350,316	\$102,144
Accounts Receivable	1,918,868	1,901,127	17,740
Allowance For Bad Debt	(1,034,364)	(1,001,069)	(33,295)
Pre-Paid Expenses	259,266	296,474	(37,207)
Due To / From	(20,864)	(22,492)	1,628
Total Assets	\$8,575,365	\$8,524,355	\$51,010
LIABILITIES			
Accounts Payable	\$119,956	\$79,646	\$40,310
Accrued Salaries	457,252	381,220	76,032
Deferred Revenues	39,682	41,033	(1,351)
Total Liabilities	\$616,890	\$501,899	\$114,991
FUND BALANCE			
Fund Balance	\$6,426,698	\$6,426,698	0
Current Change	1,531,776	1,595,758	(63,982)
Total Fund Balance	\$7,958,474	\$8,022,456	(\$63,982)
TOTAL LIABILITIES & FUND BALANCE	\$8,575,365	\$8,524,355	\$51,010

Current Period Assets



Total Fund Balance

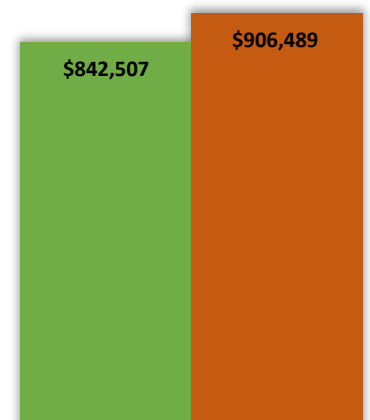


CHW - REVENUE & EXPENSES as of November 30, 2021

	Actual Nov-21	Budgeted Nov-21	MTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	65,833	(65,833)	417,418
HHS Grant Revenue	321,120	269,783	51,336	708,209
Patient Revenue	202,960	241,682	(38,722)	(112,973)
Other Revenue	7,205	8,851	(1,646)	2,733
Total Revenue	\$842,507	\$897,372	(\$54,865)	\$1,015,388
EXPENSES				
Personnel	\$663,446	\$615,556	(\$47,890)	\$153,103
Contractual	53,186	57,257	4,071	(85,942)
IGT Reimbursement	0	21,666	21,666	(128,687)
Supplies	57,383	80,159	22,776	136,022
Travel	1,834	2,778	944	12,154
Bad Debt Expense	33,295	24,674	(8,622)	(85,139)
Other	97,344	95,283	(2,061)	(21,185)
Total Expenses	\$906,489	\$897,372	(\$9,117)	(\$19,672)
CHANGE IN NET ASSETS	(\$63,982)	\$0	(\$63,982)	\$995,715

Current Month
Actuals

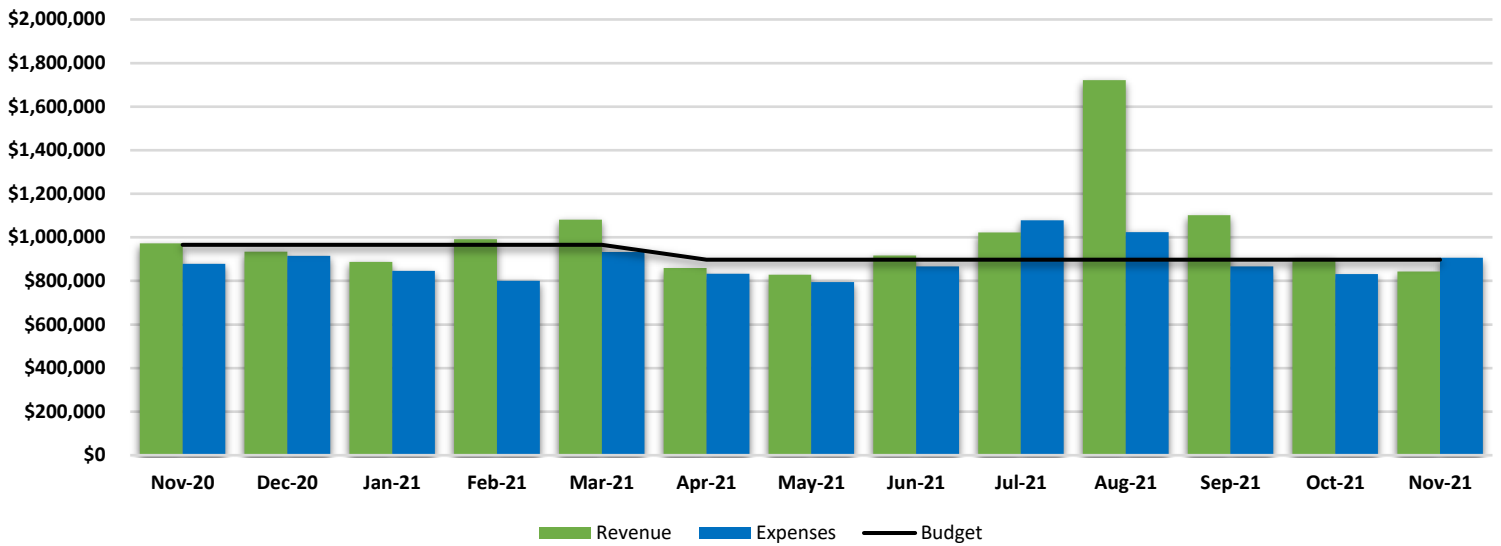
■ Revenue ■ Expenses



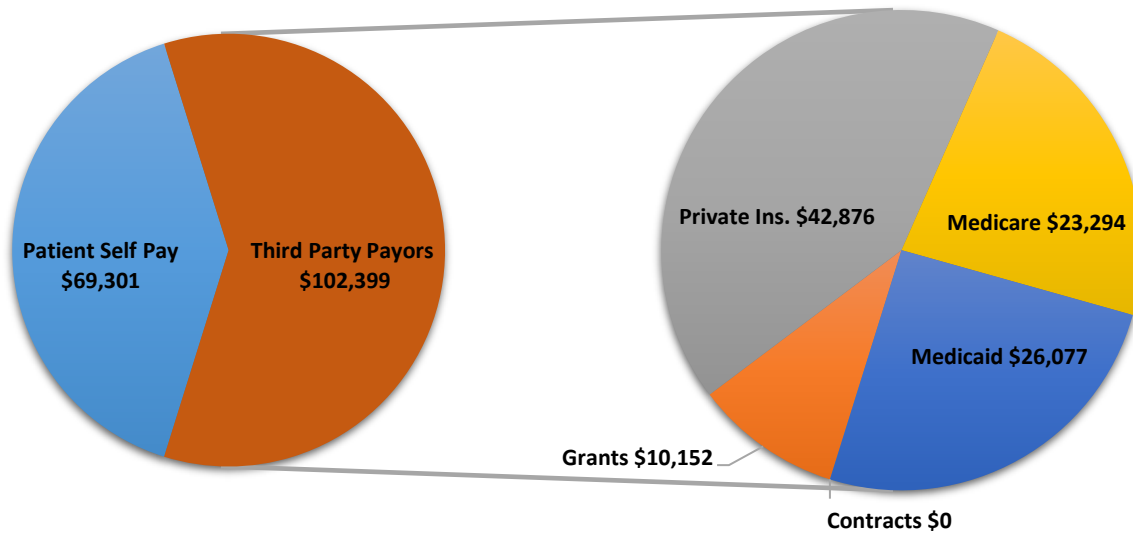
HIGHLIGHTS

- MTD decrease in fund balance of \$63,982.
- All HHS Grant revenue for Nov was accrued equal to the expenses for the month in the amount of \$321,119.67.
- Total Revenue is underbudget for the month by \$54,865. DSRIP revenue is budgeted monthly; however there wasn't any revenue received from this entity in November.
- Total Expense for Nov 21 is overbudget by \$9,117.
- IGT Reimbursement was not paid out in October. It was paid in the first week of January 2022 in the amount of \$31,350 and will be reflected at that
- Overall payroll items for Nov is overbudget. However, Overtime is underbudget for the month. Supplemental payroll bonus on 11/24/21 for employees that have been here 6 months.

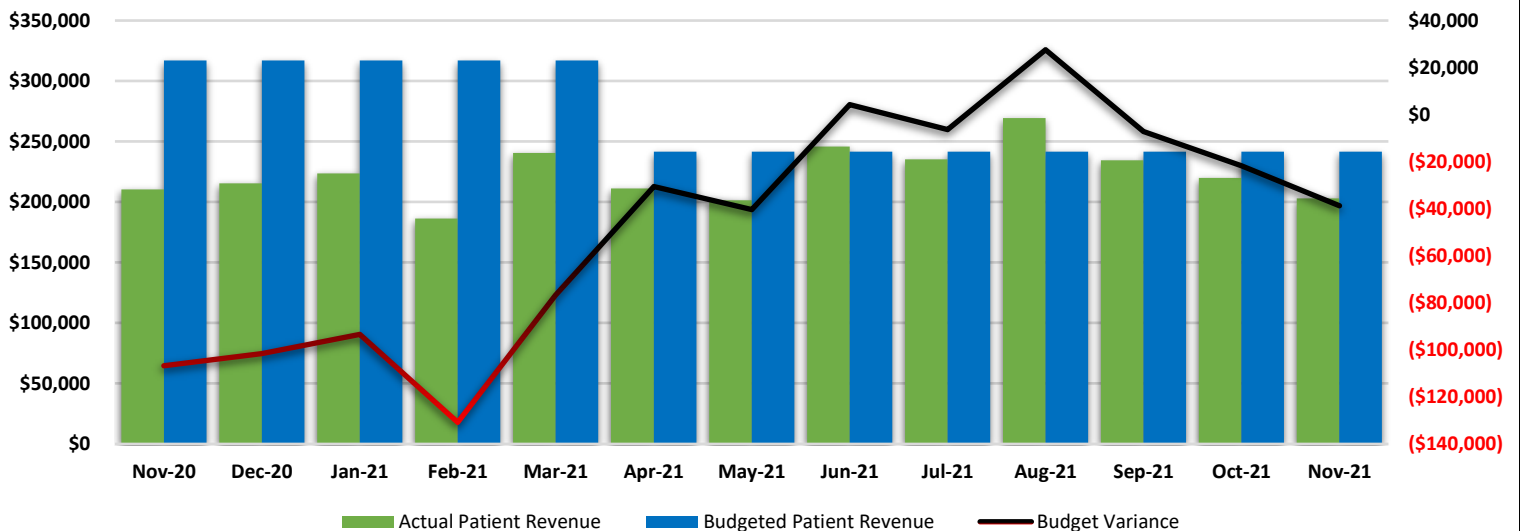
Actual Revenue & Expenses in Comparison to Budget

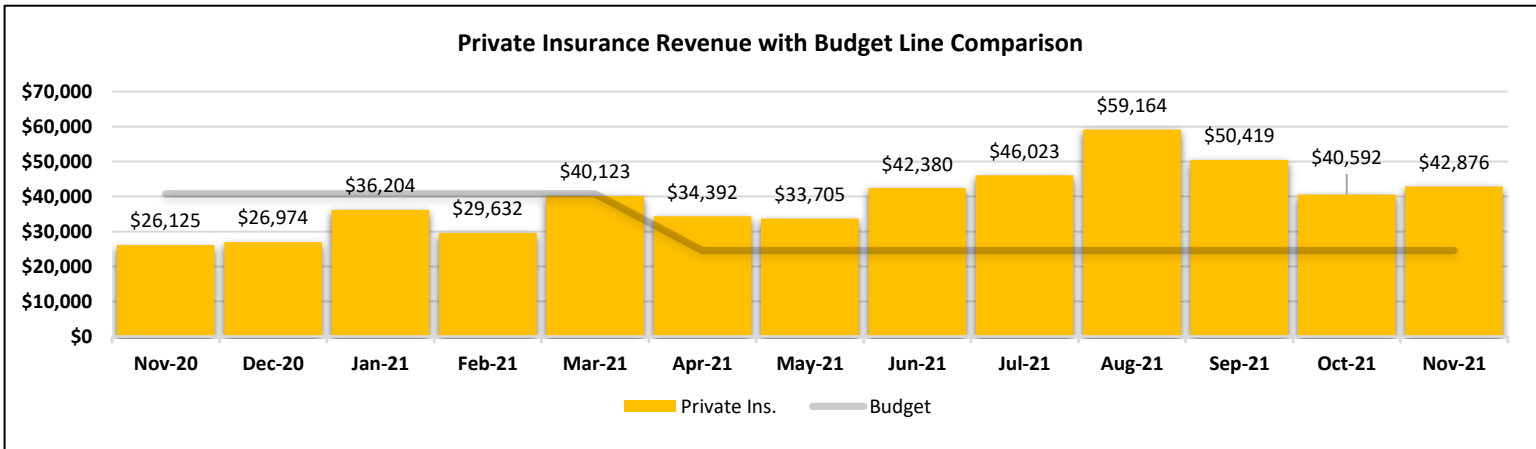
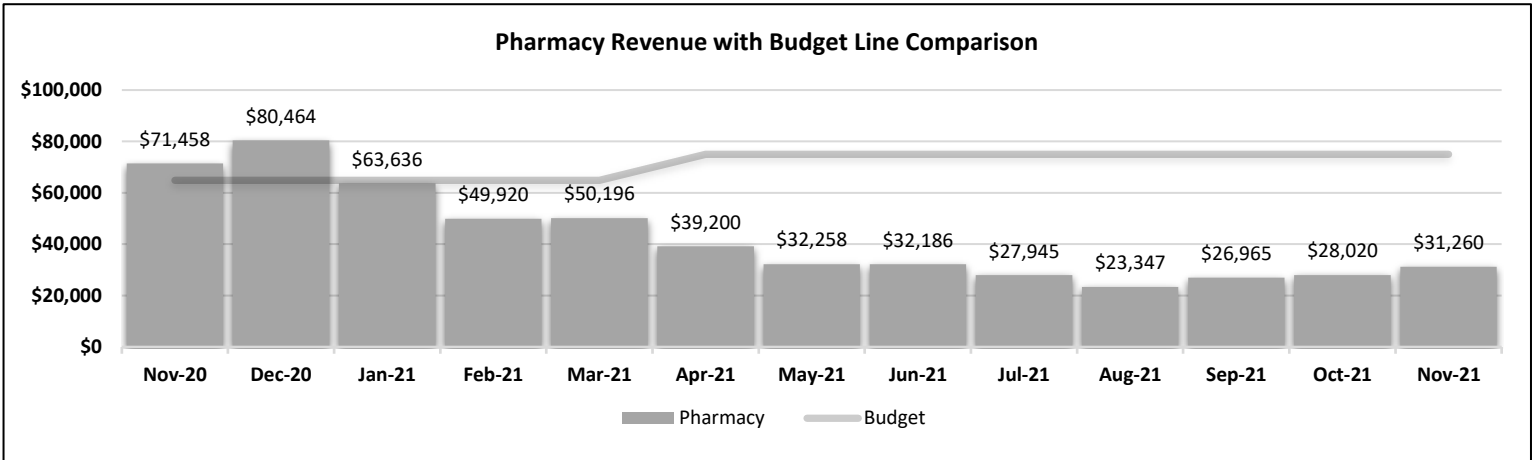
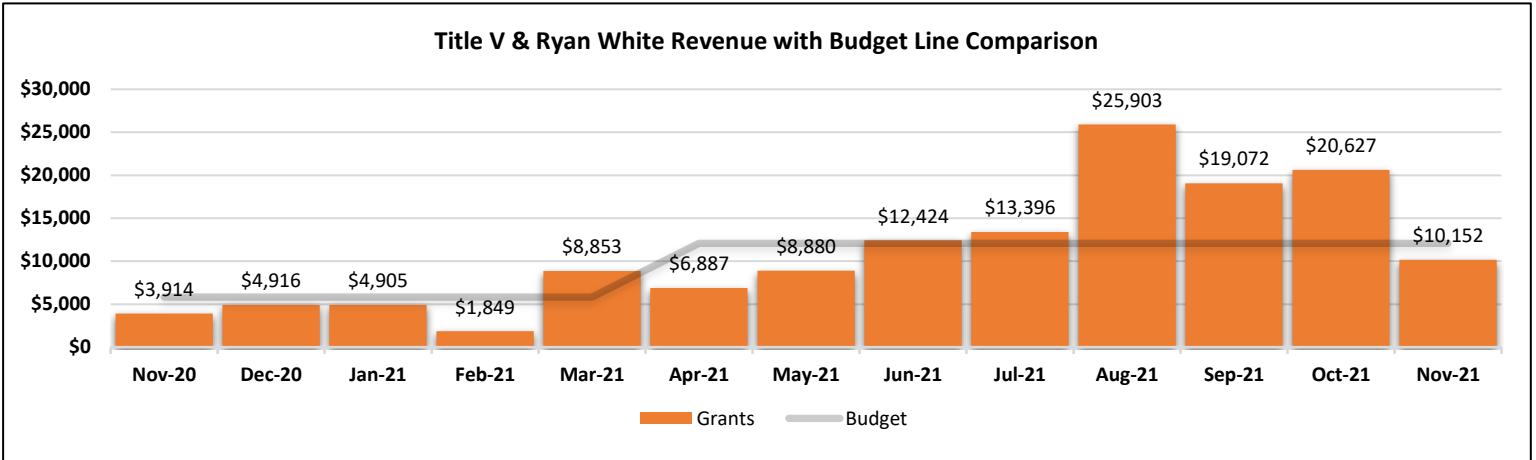
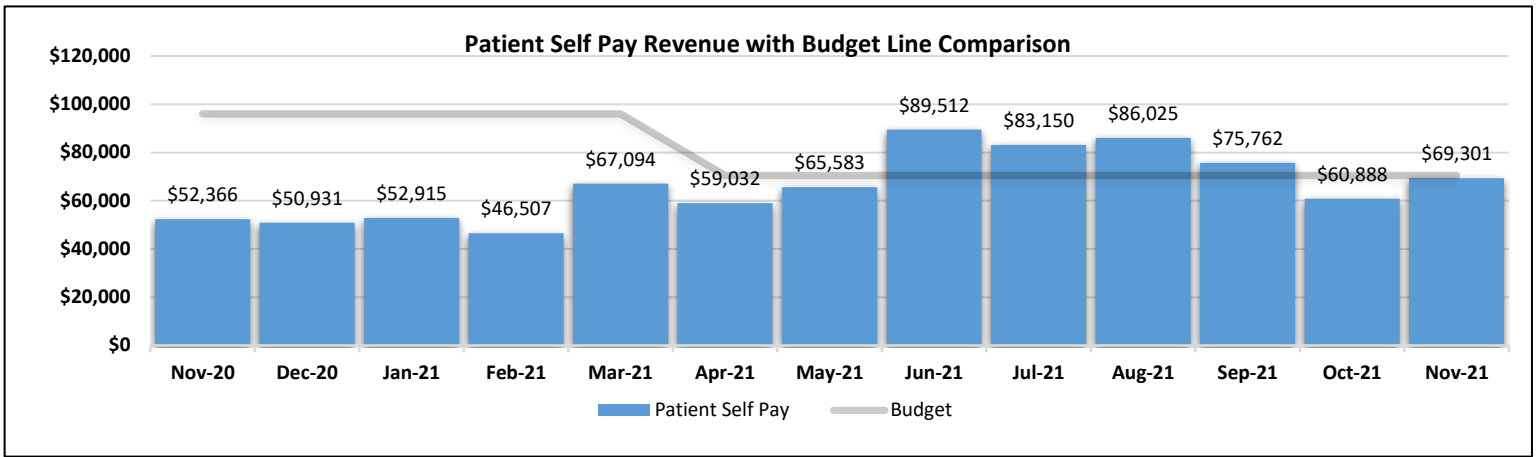


Current Period Patient Revenue with Third Party Payor Contributions Identified

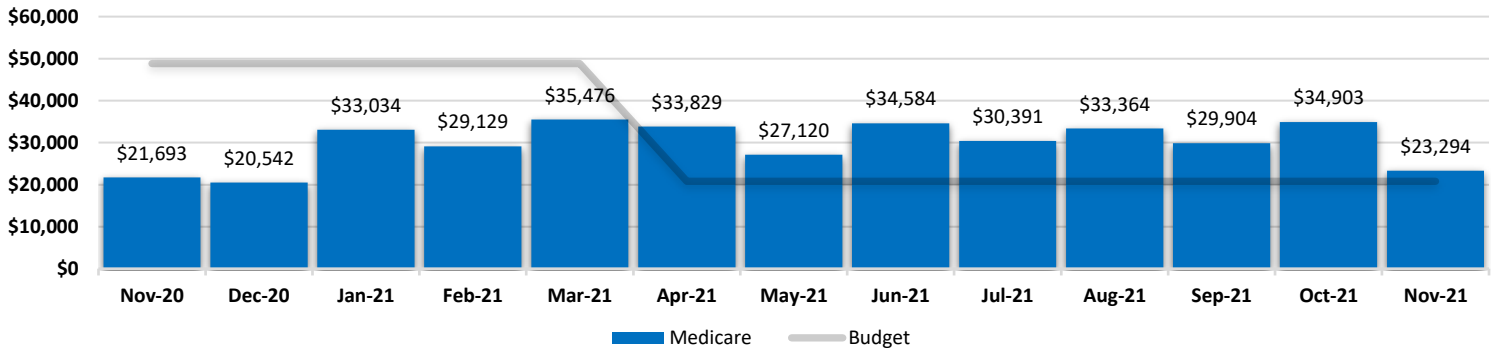


Actual Patient Revenue Rec'd vs Budget with Variance

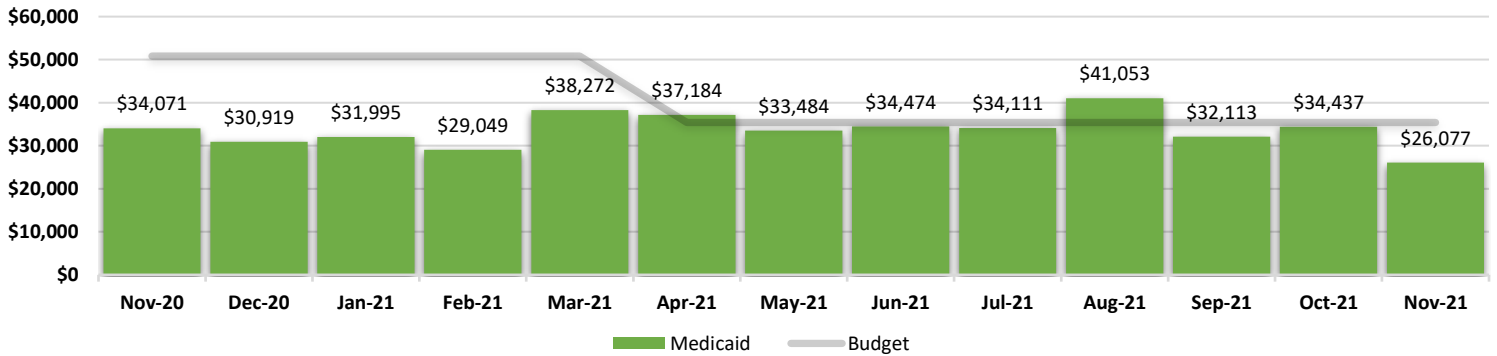




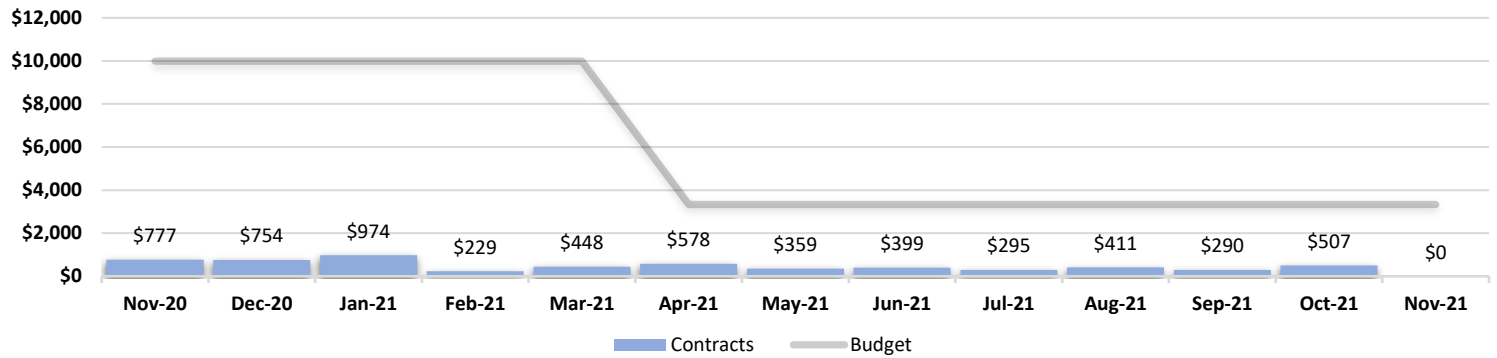
Medicare Revenue with Budget Line Comparison



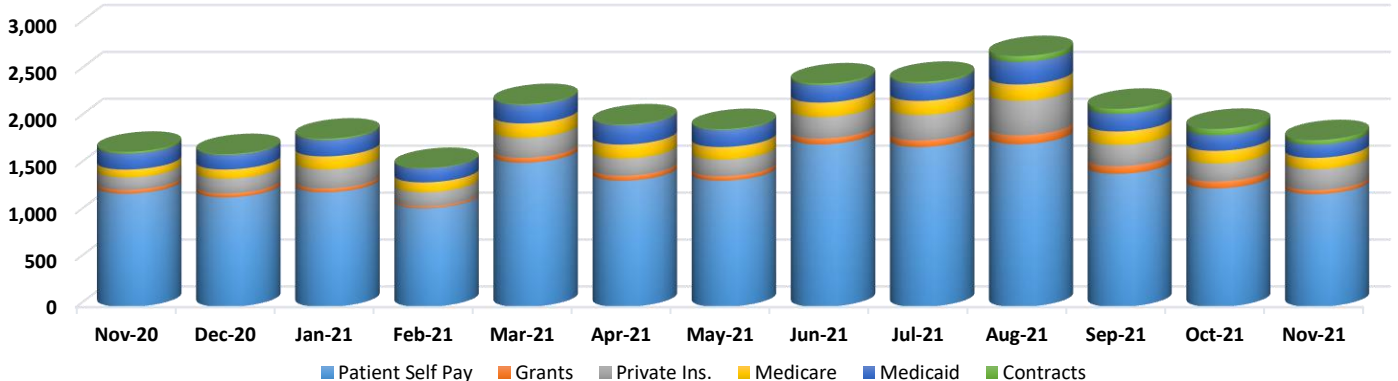
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending November 30, 2021

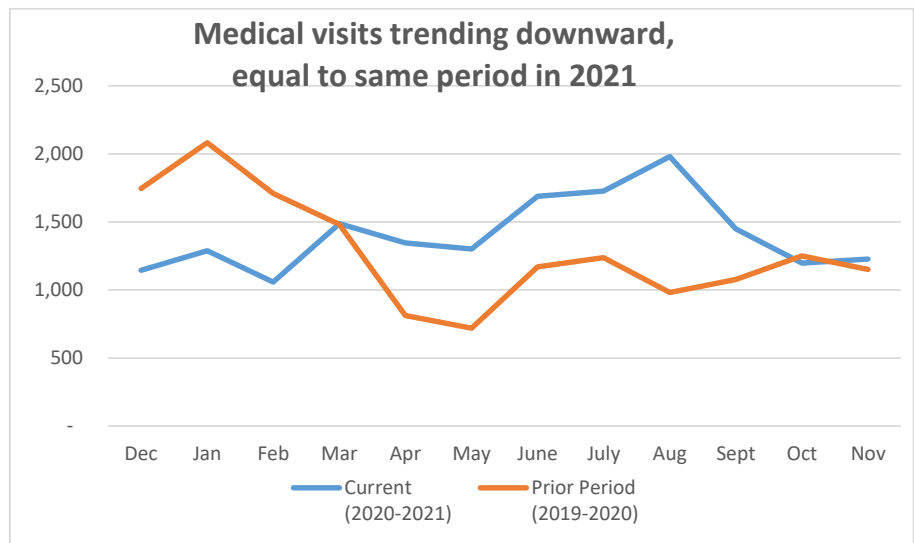
Cost Category	Account Description	Annual Budget	Period Ending 11/30/2021	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
<u>Grouping</u>	<u>Revenue</u>							
HHS	HHS Grant Revenue - HRSA	3,237,400	321,120	269,783	51,336	2,839,200	2,158,267	680,934
	Base Funding	3,237,400	219,727	269,783	(50,057)	2,172,329	2,158,267	14,062
	HHS QI 19	-	-	-	0	-	-	-
	COVID Supplemental	-	-	-	0	-	-	-
	COVID CARES	-	-	-	0	153,395	-	153,395
	COVID ECT	-	1,241	-	1,241	88,772	-	88,772
	HHS QI 20	-	-	-	0	8,425	-	8,425
	Hypertension (HTN)	-	-	-	0	1,589	-	1,589
	COVID ARP	-	100,152	-	100,152	414,691	-	414,691
HHS	HHS Grant Revenue - Other	-	-	-	0	27,275	-	27,275
Patient	Grant Revenue (Title V, Ryan White)	144,977	10,152	12,081	(1,930)	117,339	96,651	20,688
Patient	Patient Fees	845,950	69,301	70,496	(1,194)	589,254	563,967	25,287
Patient	Private Insurance	294,821	42,876	24,568	18,307	349,551	196,547	153,003
Patient	Pharmacy Revenue - 340b	900,000	31,260	75,000	(43,740)	241,181	600,000	(358,819)
Patient	Medicare	249,596	23,294	20,800	2,494	247,389	166,397	80,992
Patient	Medicaid	424,845	26,077	35,404	(9,327)	272,933	283,230	(10,297)
Other	Local Grants & Foundations	16,208	3,351	1,351	2,000	14,805	10,805	4,000
Other	Medical Record Revenue	15,000	482	1,250	(769)	5,044	10,000	(4,956)
Other	Medicaid Incentive Payments	-	737	-	737	32,093	-	32,093
County	County Revenue	3,734,667	311,222	311,222	0	2,489,778	2,489,778	-
DSRIP	DSRIP Revenue	790,000	-	65,833	(65,833)	944,085	526,667	417,418
Other	Miscellaneous Revenue	-	94	-	94	510	-	510
Other	Gain on Fixed Asset Disposals	-	-	-	0	656	-	656
Other	Interest Income	70,000	2,330	5,833	(3,503)	17,703	46,667	(28,964)
Patient	CHW Contract Revenue	40,000	-	3,333	(3,333)	2,840	26,667	(23,827)
Other	Local Funds / Other Revenue	5,000	212	417	(205)	2,727	3,333	(607)
	Total Revenue	\$ 10,768,464	\$ 842,507	\$ 897,372	(54,865)	\$ 8,194,364	\$ 7,178,976	\$ 1,015,388
	<u>Expenses</u>							
Personnel	Hourly Pay	5,832,411	501,671	486,034	(15,637)	3,785,934	3,888,274	102,340
Personnel	Supplemental/Merit Compensation	-	38,500	-	(38,500)	43,500	-	(43,500)
Personnel	Provider Incentives	67,000	750	5,583	4,833	4,750	44,667	39,917
Personnel	Overtime	42,000	1,692	3,500	1,808	20,538	28,000	7,462
Personnel	Part-Time Hourly Pay	202,460	23,124	16,872	(6,252)	166,786	134,973	(31,812)
Personnel	Comp Pay Premium	-	-	-	0	11	-	(11)
Personnel	FICA Expense	470,018	39,630	39,168	(461)	295,912	313,345	17,433
Personnel	Texas Unemployment Tax (SUTA)	12,759	678	1,063	385	16,280	8,506	(7,774)
Personnel	Life Insurance Expense	14,961	1,471	1,247	(224)	11,246	9,974	(1,272)
Personnel	Long Term Disability Coverage	13,989	1,130	1,166	36	8,551	9,326	775
Personnel	Employer Paid Health Insurance	494,769	30,585	41,231	10,646	231,926	329,846	97,920
Personnel	Worker's Comp Insurance	18,437	1,438	1,536	99	5,236	12,291	7,055
Personnel	Cobra Expense	-	(612)	-	612	1,876	-	(1,876)
Personnel	Employer Sponsored Healthcare	79,016	4,902	6,585	1,683	41,856	52,677	10,822
Personnel	Pension/Retirement	138,849	12,802	11,571	(1,231)	90,990	92,566	1,576
Contractual	Outside Lab Contract	146,448	14,142	12,204	(1,938)	137,147	97,632	(39,515)
Contractual	Outside X-Ray Contract	18,000	1,128	1,500	372	11,232	12,000	768
Contractual	Misc Contract Services	237,722	13,566	19,810	6,244	203,633	158,481	(45,151)
Personnel	Temporary Staffing	-	5,686	-	(5,686)	45,952	-	(45,952)
Contractual	CHW Billing Contract Services	72,000	5,924	6,000	76	55,884	48,000	(7,884)
IGT	IGT Reimbursement	259,989	-	21,666	21,666	302,013	173,326	(128,687)
Contractual	Janitorial Contract	168,780	16,395	14,065	(2,330)	118,908	112,520	(6,388)
Contractual	Pest Control	960	80	80	(0)	641	640	(1)
Contractual	Security	43,176	1,951	3,598	1,647	16,554	28,784	12,230
Supplies	Office Supplies	82,600	6,084	6,883	800	66,612	55,067	(11,545)
Supplies	Operating Supplies	228,132	20,880	19,011	(1,869)	225,733	152,088	(73,645)
Supplies	Outside Dental Supplies	40,200	4,493	3,350	(1,143)	30,702	26,800	(3,902)
Supplies	Pharmaceutical Supplies	600,000	23,404	50,000	26,596	160,518	400,000	239,482
Supplies	Janitorial Supplies	5,400	1,632	450	(1,182)	4,880	3,600	(1,280)
Supplies	Printing Supplies	5,580	-	465	465	2,516	3,720	1,204
Supplies	Uniform Supplies	-	-	-	0	-	-	-

Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending November 30, 2021

Cost Category	Account Description	Annual Budget	Period Ending 11/30/2021	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Supplies	Controlled Assets (i.e. computers)	-	891	-	(891)	14,291	-	(14,291)
Other	Postage	9,000	373	750	377	4,481	6,000	1,519
Other	Telecommunications	64,500	5,144	5,375	231	44,708	43,000	(1,708)
Other	Water	372	31	31	1	244	248	4
Other	Electricity	18,000	1,125	1,500	375	10,270	12,000	1,730
Travel	Travel, Local	3,200	124	267	143	704	2,133	1,429
Travel	Travel, Out Of Town	-	-	-	0	489	-	(489)
Travel	Training, Local	30,135	200	2,511	2,311	6,501	20,090	13,589
Travel	Training, Out Of Town	-	1,511	-	(1,511)	5,570	-	(5,570)
Other	Rentals	39,240	4,043	3,270	(773)	28,389	26,160	(2,229)
Other	Leases	517,464	43,327	43,122	(205)	345,199	344,976	(223)
Other	Maint/Repair, Equip.	81,844	6,442	6,820	378	63,321	54,563	(8,759)
Other	Maint/Repair, Bldg.	2,400	325	200	(125)	8,874	1,600	(7,274)
Other	Maint/Repair, IT Equipment	-	-	-	0	-	-	-
Other	Insurance, Auto/Truck	108	8	9	1	67	72	5
Other	Insurance, General Liability	11,808	865	984	119	7,355	7,872	517
Other	Insurance, Bldg. Contents	18,372	1,171	1,531	360	9,237	12,248	3,011
Other	Settlements	-	-	-	0	-	-	-
Other	IT Equipment	-	-	-	0	-	-	-
Other	Operating Equipment	-	-	-	0	-	-	-
Other	Building Improvements	-	-	-	0	-	-	-
Other	Newspaper Ads/Advertising	23,600	1,374	1,967	593	11,707	15,733	4,027
Other	Subscriptions, Books, Etc.	18,623	295	1,552	1,257	13,799	12,415	(1,384)
Other	Association Dues	34,710	3,849	2,893	(956)	23,807	23,140	(667)
Other	IT Software / Licenses	259,929	27,165	21,661	(5,504)	188,176	173,286	(14,890)
Other	Prof Fees/Licenses/Inspections	1,670	-	139	139	1,114	1,113	(0)
Other	Professional Services	22,800	227	1,900	1,673	1,601	15,200	13,599
Other	Med/Hazard Waste Disposal	5,400	410	450	40	3,199	3,600	401
Other	Transportation	6,000	216	500	284	3,219	4,000	781
Other	Board Meeting Operations	350	52	29	(23)	418	233	(184)
Other	Service Charge - Credit Cards	7,200	895	600	(295)	7,779	4,800	(2,979)
Other	Cashier Over/Short	-	-	-	0	1	-	(1)
Bad Debt	Bad Debt Expense	296,083	33,295	24,674	(8,622)	282,528	197,389	(85,139)
Other	Miscellaneous Expense	-	9	-	(9)	3,287	-	(3,287)
	Total Expenses	\$ 10,768,464	\$ 906,489	\$ 897,372	(9,117)	\$ 7,198,648	\$ 7,178,976	\$ (19,672)
	Net Change in Fund Balance	\$ -	\$ (63,982)	\$ -	(63,982)	\$ 995,715	\$ -	\$ 995,715

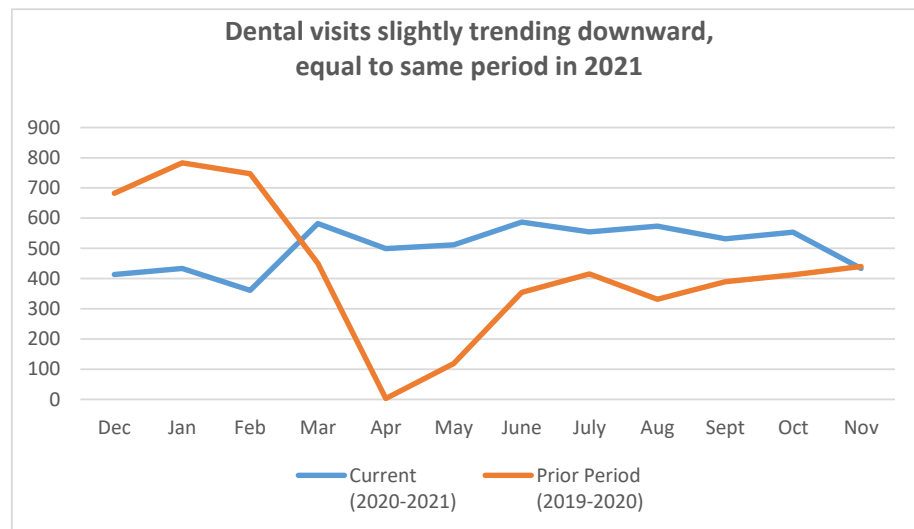
Medical Visits

	<u>Current</u> (2020-2021)	<u>Prior Period</u> (2019-2020)
Dec	1,145	1,745
Jan	1,288	2,082
Feb	1,058	1,710
Mar	1,488	1,480
Apr	1,345	812
May	1,301	719
June	1,689	1,170
July	1,727	1,238
Aug	1,980	981
Sept	1,450	1,077
Oct	1,198	1,251
Nov	1,227	1,150
	<u>16,896</u>	<u>15,415</u>



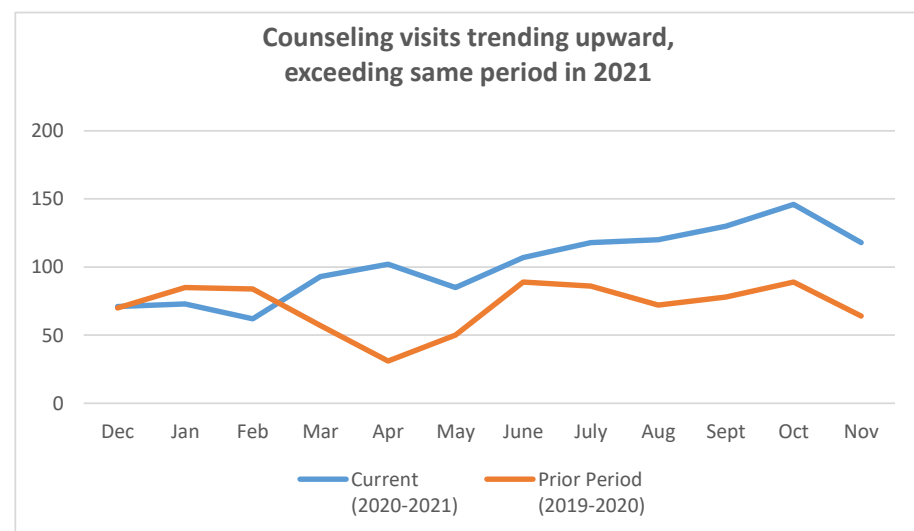
Dental Visits

	<u>Current</u> (2020-2021)	<u>Prior Period</u> (2019-2020)
Dec	413	682
Jan	433	783
Feb	361	747
Mar	582	451
Apr	499	3
May	512	119
June	587	354
July	555	415
Aug	574	331
Sept	532	390
Oct	554	412
Nov	433	440
	<u>6,035</u>	<u>5,127</u>



Counseling Visits

	<u>Current</u> (2020-2021)	<u>Prior Period</u> (2019-2020)
Dec	71	70
Jan	73	85
Feb	62	84
Mar	93	57
Apr	102	31
May	85	50
June	107	89
July	118	86
Aug	120	72
Sept	130	78
Oct	146	89
Nov	118	64
	<u>1225</u>	<u>855</u>



Vists by Financial Class - Actual vs. Budget
As of November 30, 2021 (Grant Year 4/1/2021 -3/31/2022)

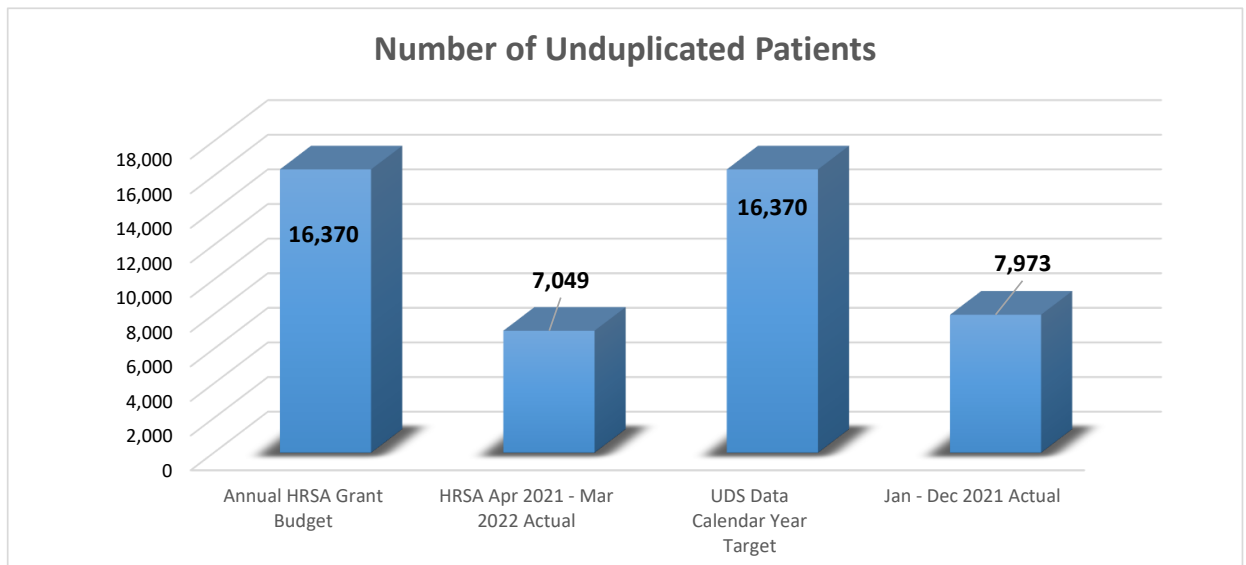
	Annual HRSA		Over/(Under)		Over/(Under)		%
	Grant Budget	MTD Actual	MTD Budget	MTD Budget	YTD Actual	YTD Budget	Over/ (Under)
Medicaid	3,147	141	262	(121)	1,280	2,885	(1,605)
Medicare	2,713	121	226	(105)	913	2,487	(1,574)
Other Public (Title V, Contract, Ryan White)	1,273	90	106	(16)	596	1,167	(571)
Private Insurance	2,941	223	245	(22)	1,461	2,696	(1,235)
Self Pay	24,170	1,203	2,014	(811)	9,186	22,156	(12,970)
	34,244	1,778	2,854	(1,076)	13,436	31,390	(17,954)
							-57%

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

	Current Year	Jan-Nov 2020	Jan-Nov 2021	Increase/	%
	Annual Target	Actual	Actual	(Decrease) Prior	of Annual Target
				Year	
Unduplicated Patients	16,370	7,736	7,973	237	49%

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

	Annual HRSA	Apr-Nov 2020	Apr-Nov 2021	Increase/	%
	Grant Budget	Actual	Actual	(Decrease) Prior	of Annual Target
				Year	
Unduplicated Patients	16,370	5,445	7,049	1,604	43%



COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

December 31, 2021

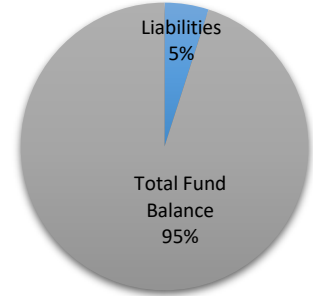
January 27, 2022

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

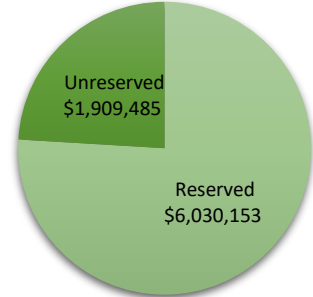
CHW - BALANCE SHEET as of December 31, 2021

	Current Month Dec-21	Prior Month Nov-21	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$6,995,180	\$7,452,459	(\$457,280)
Accounts Receivable	2,084,280	1,918,868	165,412
Allowance For Bad Debt	(1,064,624)	(1,034,364)	(30,260)
Pre-Paid Expenses	107,980	259,266	(151,286)
Due To / From	230,369	(20,864)	251,233
Total Assets	\$8,353,184	\$8,575,365	(\$222,181)
LIABILITIES			
Accounts Payable	\$109,364	\$119,956	(\$10,593)
Accrued Salaries	265,851	457,252	(191,401)
Deferred Revenues	38,331	39,682	(1,351)
Total Liabilities	\$413,546	\$616,890	(\$203,345)
FUND BALANCE			
Fund Balance	\$6,426,698	\$6,426,698	0
Current Change	1,512,940	1,531,776	(18,836)
Total Fund Balance	\$7,939,638	\$7,958,474	(\$18,836)
TOTAL LIABILITIES & FUND BALANCE	\$8,353,184	\$8,575,365	(\$222,181)

Current Period Assets



Total Fund Balance

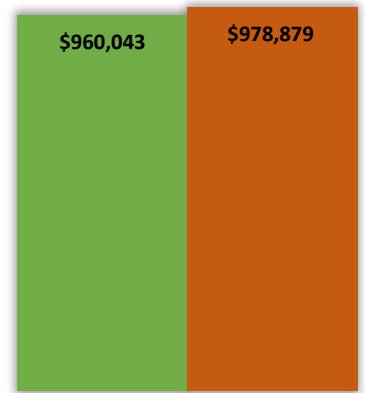


CHW - REVENUE & EXPENSES as of December 31, 2021

	Actual Dec-21	Budgeted Dec-21	MTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	65,833	(65,833)	351,585
HHS Grant Revenue	430,285	269,783	160,502	868,711
Patient Revenue	211,850	241,682	(29,832)	(142,805)
Other Revenue	6,686	8,851	(2,165)	568
Total Revenue	\$960,043	\$897,372	\$62,671	\$1,078,059
EXPENSES				
Personnel	\$682,230	\$615,556	(\$66,675)	\$86,429
Contractual	52,680	57,257	4,577	(81,365)
IGT Reimbursement	0	21,666	21,666	(107,021)
Supplies	72,593	80,159	7,566	143,589
Travel	962	2,778	1,816	13,970
Bad Debt Expense	30,260	24,674	(5,586)	(90,725)
Other	140,154	95,283	(44,871)	(66,056)
Total Expenses	\$978,879	\$897,372	(\$81,507)	(\$101,179)
CHANGE IN NET ASSETS	(\$18,836)	\$0	(\$18,836)	\$976,879

Current Month
Actuals

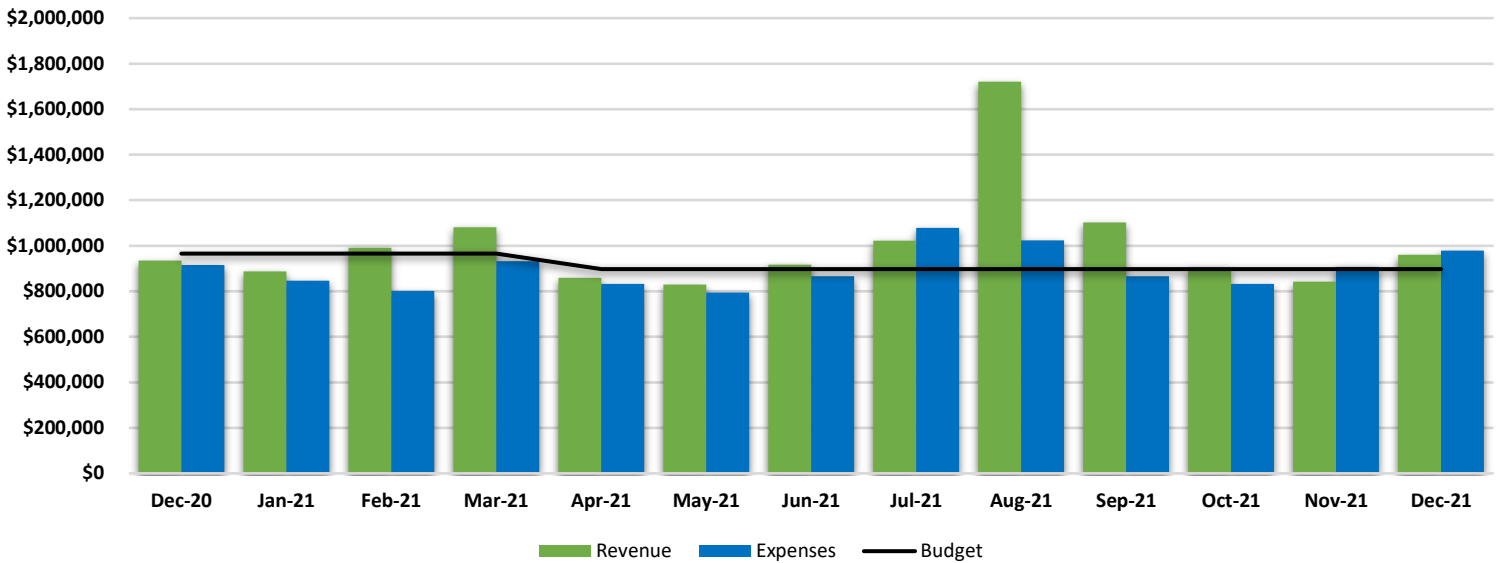
■ Revenue ■ Expenses



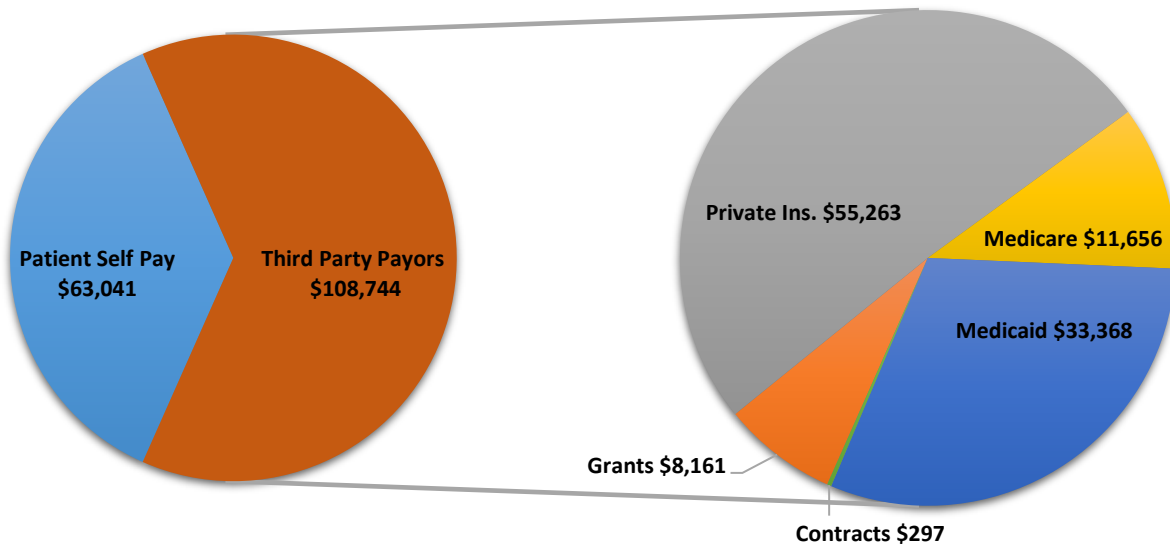
HIGHLIGHTS

- MTD decrease in fund balance of \$18,836.
- HHS Grant revenue for Dec was overbudget for the month in the amount of \$160,502.
- Total Revenue is overbudget for the month by \$62,671.15. Grant Revenue, Patient Fees, Pharmacy Revenue, Medicare, Medicaid, Medical Record Revenue, DSRIP Revenue, Interest Income, and Contract Revenue are all underbudget for Dec 21.
- Total Expense for Dec 21 is overbudget by \$81,507.06.
- Expenses overbudget for Dec 21 include: payroll, NextGen hosting and PopHealth coded on ARP Grant, LabCorp, HR Bamboo software, Marketplace Open Enrollment Ads also coded on ARP Grant, refrigerator repairs and dental equipment to name a few of the larger items.
- Overall payroll items for Dec is overbudget. However, Overtime is underbudget for the month.

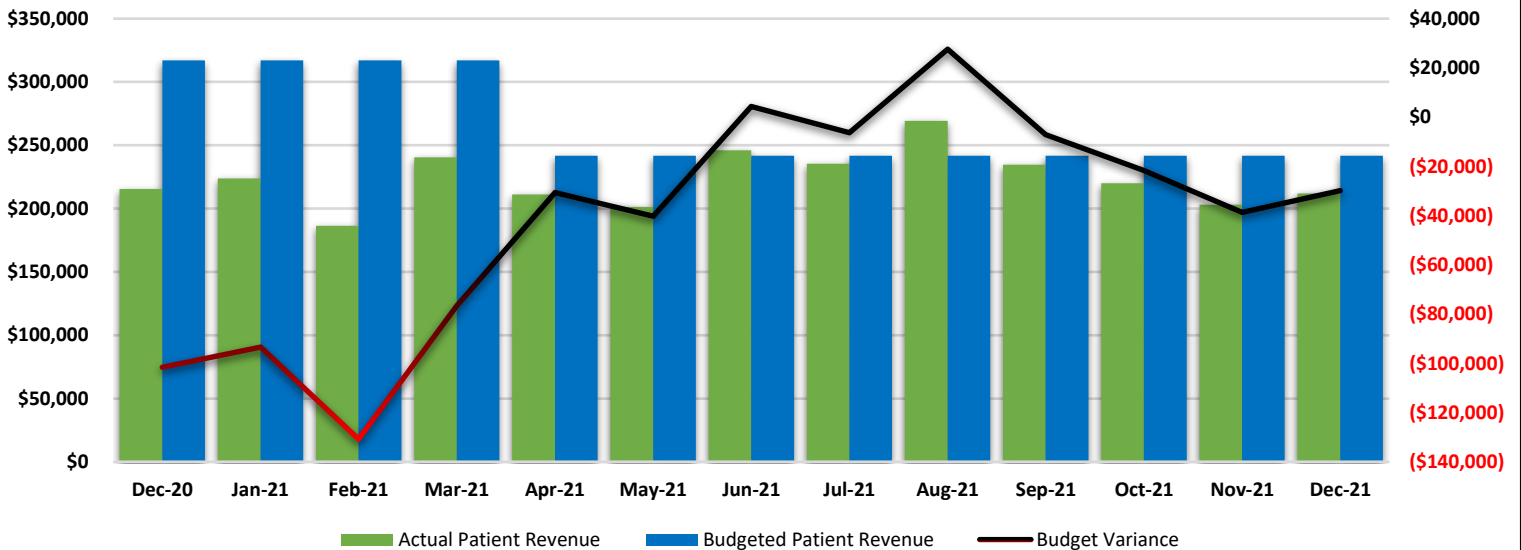
Actual Revenue & Expenses in Comparison to Budget

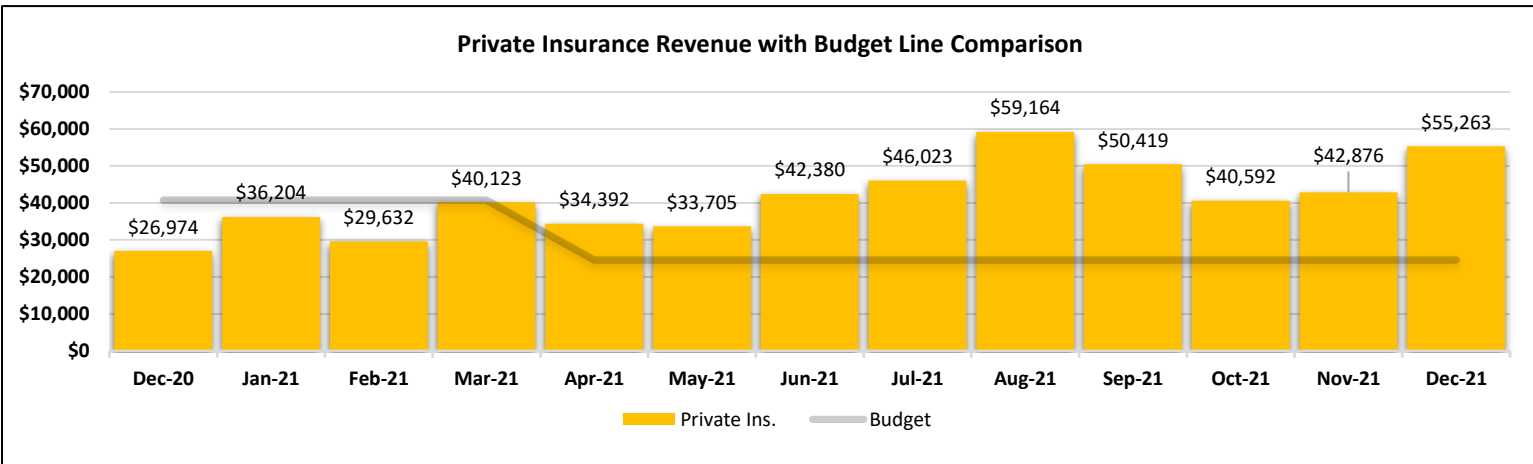
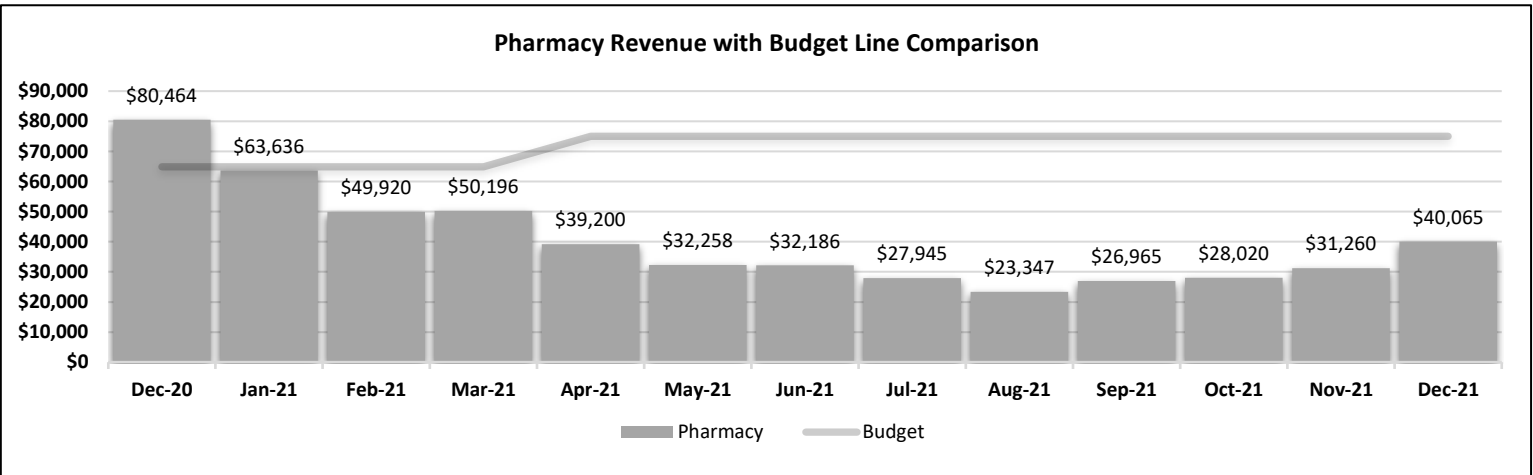
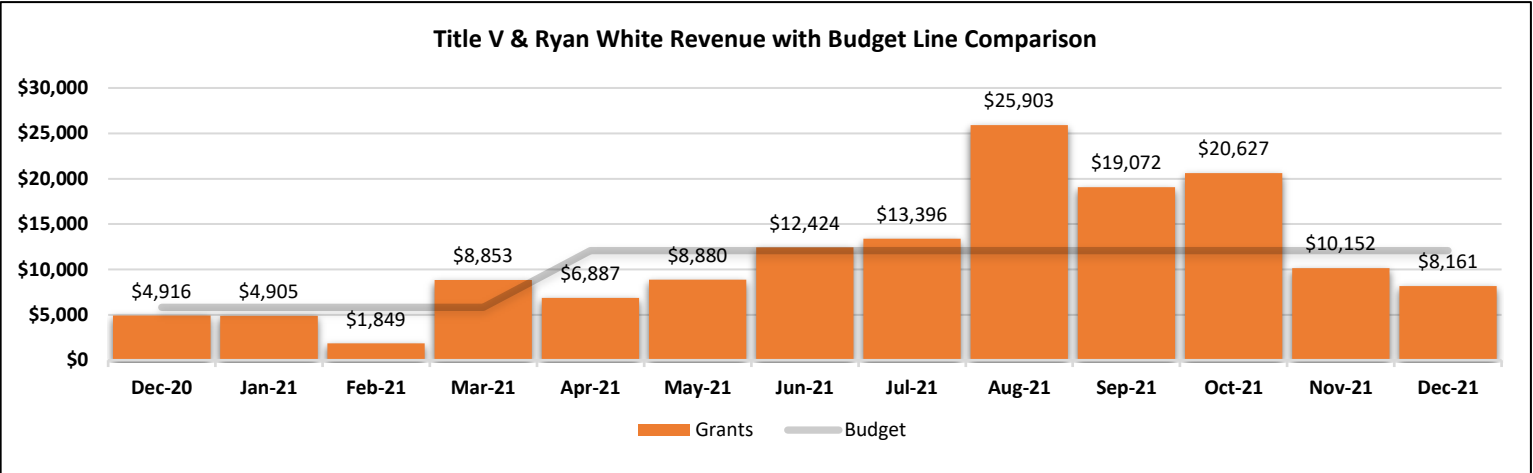
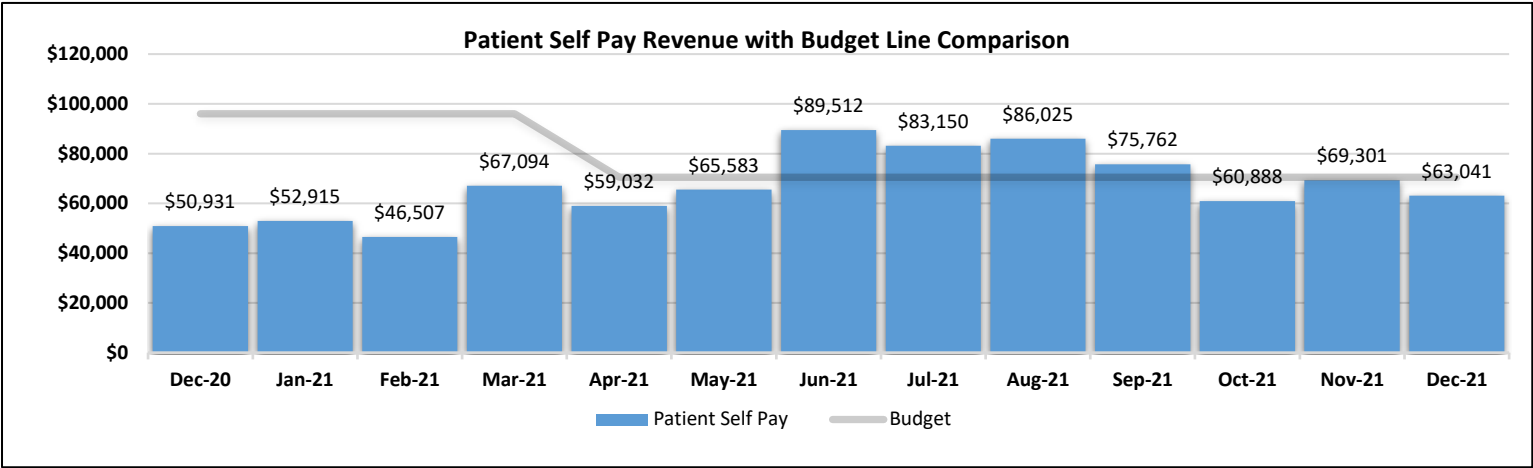


Current Period Patient Revenue with Third Party Payor Contributions Identified

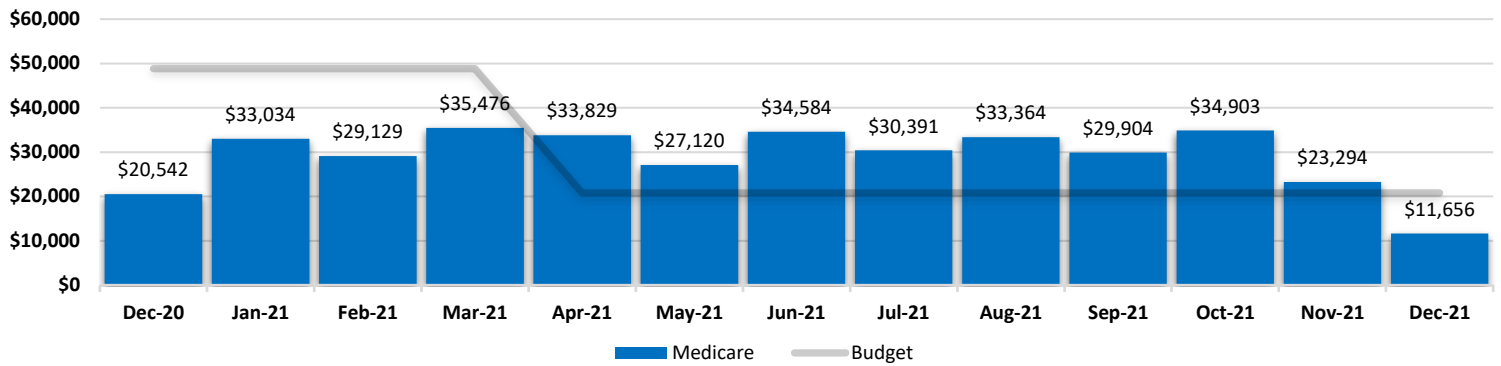


Actual Patient Revenue Rec'd vs Budget with Variance

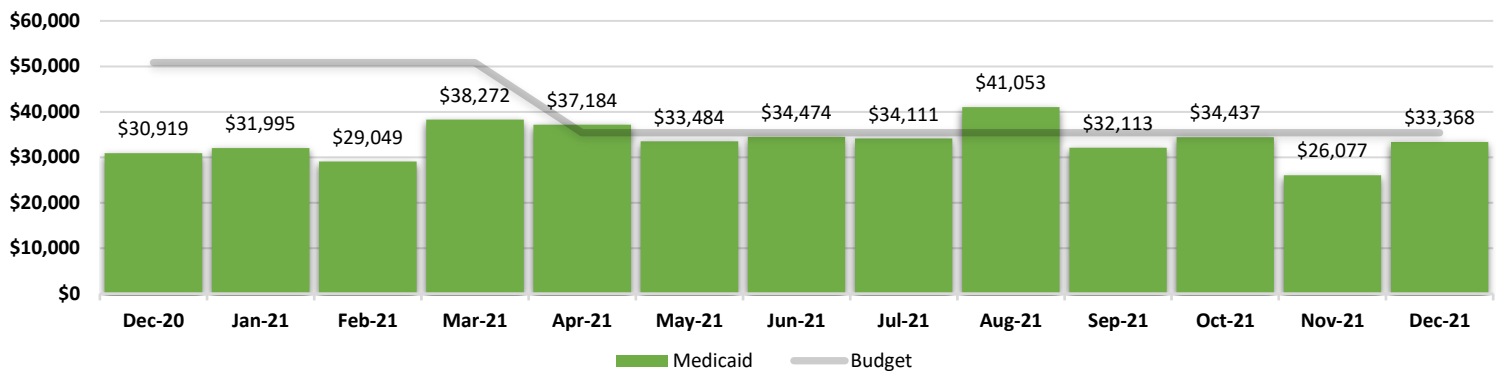




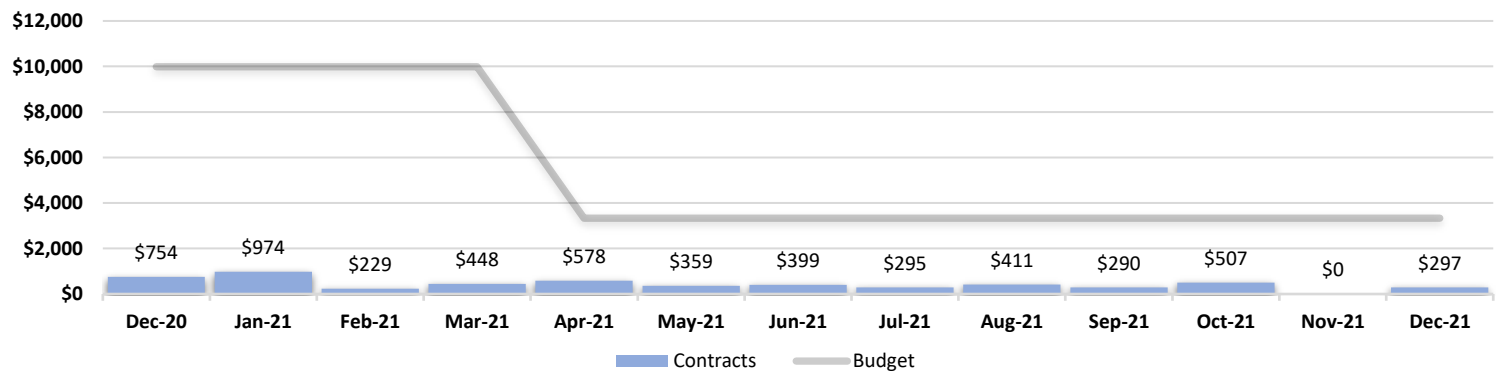
Medicare Revenue with Budget Line Comparison



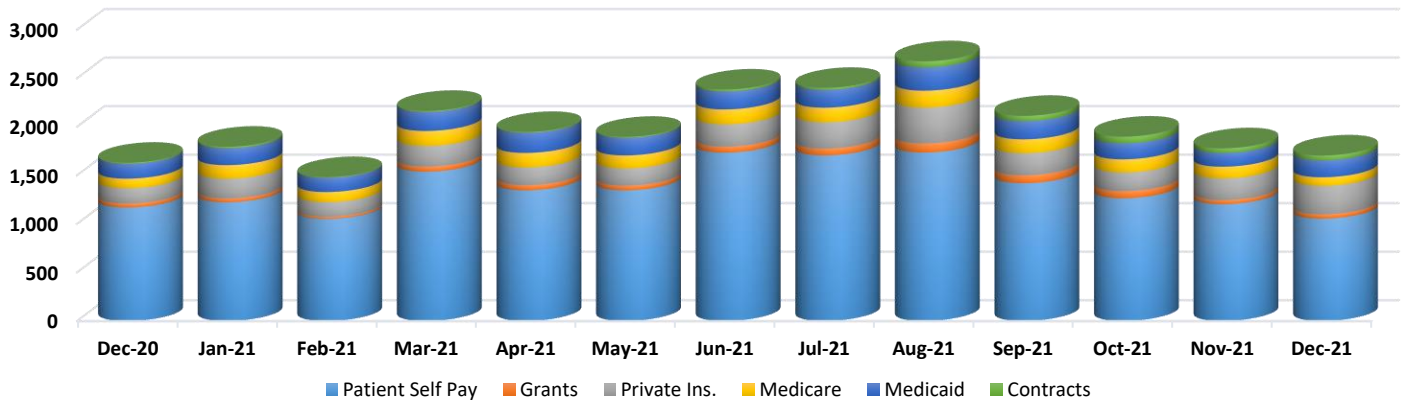
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



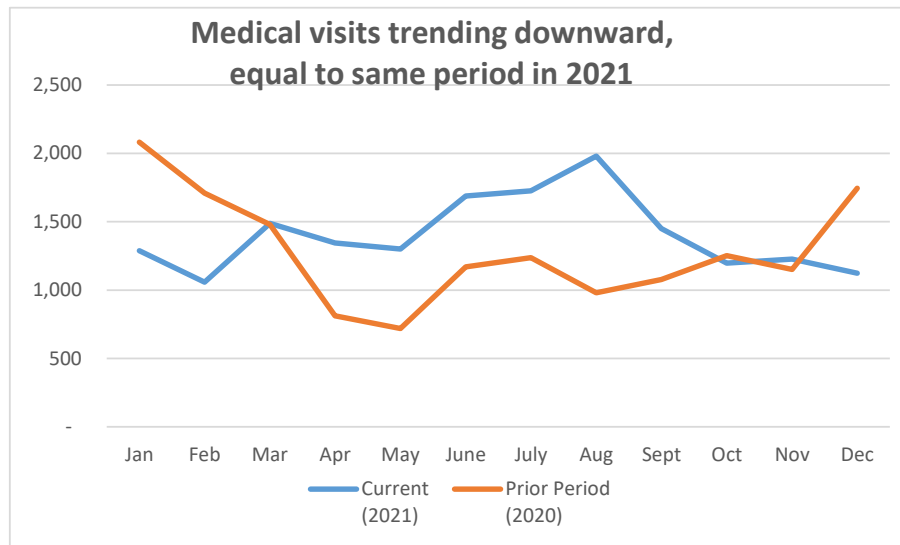
Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending December 31, 2021

Cost Category	Account Description	Annual Budget	Period Ending 12/31/21	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
<u>Grouping</u>	<u>Revenue</u>							
HHS	HHS Grant Revenue - HRSA	3,237,400	430,285	269,783	160,502	3,269,486	2,428,050	841,436
	Base Funding	3,237,400	286,642	269,783	16,858	2,458,971	2,428,050	30,921
	HHS QI 19	-	-	-	0	-	-	-
	COVID Supplemental	-	-	-	0	-	-	-
	COVID CARES	-	-	-	0	153,395	-	153,395
	COVID ECT	-	1,666	-	1,666	90,438	-	90,438
	HHS QI 20	-	-	-	0	8,425	-	8,425
	Hypertension (HTN)	-	-	-	0	1,589	-	1,589
	COVID ARP	-	141,977	-	141,977	556,668	-	556,668
HHS	HHS Grant Revenue - Other	-	-	-	0	27,275	-	27,275
Patient	Grant Revenue (Title V, Ryan White)	144,977	8,161	12,081	(3,920)	125,500	108,733	16,767
Patient	Patient Fees	845,950	63,041	70,496	(7,455)	652,295	634,463	17,833
Patient	Private Insurance	294,821	55,263	24,568	30,694	404,814	221,116	183,698
Patient	Pharmacy Revenue - 340b	900,000	40,065	75,000	(34,935)	281,246	675,000	(393,754)
Patient	Medicare	249,596	11,656	20,800	(9,144)	259,045	187,197	71,848
Patient	Medicaid	424,845	33,368	35,404	(2,036)	306,301	318,634	(12,333)
Other	Local Grants & Foundations	16,208	1,351	1,351	0	16,156	12,156	4,000
Other	Medical Record Revenue	15,000	706	1,250	(544)	5,750	11,250	(5,500)
Other	Medicaid Incentive Payments	-	1,400	-	1,400	33,493	-	33,493
County	County Revenue	3,734,667	311,222	311,222	0	2,801,000	2,801,000	-
DSRIP	DSRIP Revenue	790,000	-	65,833	(65,833)	944,085	592,500	351,585
Other	Miscellaneous Revenue	-	-	-	0	510	-	510
Other	Gain on Fixed Asset Disposals	-	-	-	0	656	-	656
Other	Interest Income	70,000	2,428	5,833	(3,405)	20,131	52,500	(32,369)
Patient	CHW Contract Revenue	40,000	297	3,333	(3,036)	3,137	30,000	(26,863)
Other	Local Funds / Other Revenue	5,000	801	417	384	3,528	3,750	(222)
	Total Revenue	\$ 10,768,464	\$ 960,043	\$ 897,372	62,671	\$ 9,154,407	\$ 8,076,348	\$ 1,078,059
	<u>Expenses</u>							
Personnel	Hourly Pay	5,832,411	551,171	486,034	(65,136)	4,337,104	4,374,308	37,204
Personnel	Supplemental/Merit Compensation	-	-	-	0	43,500	-	(43,500)
Personnel	Provider Incentives	67,000	1,250	5,583	4,333	6,000	50,250	44,250
Personnel	Overtime	42,000	2,110	3,500	1,390	22,648	31,500	8,852
Personnel	Part-Time Hourly Pay	202,460	27,274	16,872	(10,403)	194,060	151,845	(42,215)
Personnel	Comp Pay Premium	-	-	-	0	11	-	(11)
Personnel	FICA Expense	470,018	41,010	39,168	(1,842)	336,922	352,514	15,591
Personnel	Texas Unemployment Tax (SUTA)	12,759	5,396	1,063	(4,333)	21,677	9,569	(12,108)
Personnel	Life Insurance Expense	14,961	1,494	1,247	(247)	12,740	11,221	(1,520)
Personnel	Long Term Disability Coverage	13,989	1,149	1,166	16	9,700	10,492	792
Personnel	Employer Paid Health Insurance	494,769	29,672	41,231	11,559	261,598	371,077	109,479
Personnel	Worker's Comp Insurance	18,437	1,564	1,536	(27)	6,800	13,828	7,028
Personnel	Cobra Expense	-	(362)	-	362	1,513	-	(1,513)
Personnel	Employer Sponsored Healthcare	79,016	4,902	6,585	1,683	46,758	59,262	12,504
Personnel	Pension/Retirement	138,849	15,600	11,571	(4,029)	106,590	104,137	(2,453)
Contractual	Outside Lab Contract	146,448	14,540	12,204	(2,336)	151,687	109,836	(41,851)
Contractual	Outside X-Ray Contract	18,000	1,188	1,500	312	12,420	13,500	1,080
Contractual	Misc Contract Services	237,722	13,564	19,810	6,246	217,197	178,292	(38,906)
Personnel	Temporary Staffing	-	-	-	0	45,952	-	(45,952)
Contractual	CHW Billing Contract Services	72,000	4,881	6,000	1,119	60,764	54,000	(6,764)
IGT	IGT Reimbursement	259,989	-	21,666	21,666	302,013	194,992	(107,021)
Contractual	Janitorial Contract	168,780	16,395	14,065	(2,330)	135,303	126,585	(8,718)
Contractual	Pest Control	960	80	80	(0)	721	720	(1)
Contractual	Security	43,176	2,032	3,598	1,566	18,587	32,382	13,795
Supplies	Office Supplies	82,600	6,086	6,883	798	72,697	61,950	(10,747)
Supplies	Operating Supplies	228,132	21,677	19,011	(2,666)	247,410	171,099	(76,311)

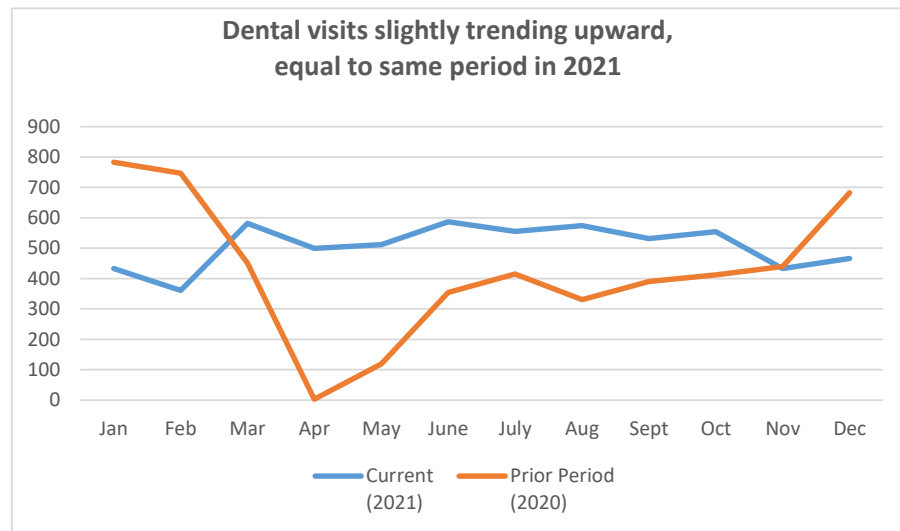
Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending December 31, 2021

Cost Category	Account Description	Annual Budget	Period Ending 12/31/21	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Supplies	Outside Dental Supplies	40,200	4,593	3,350	(1,243)	35,295	30,150	(5,145)
Supplies	Pharmaceutical Supplies	600,000	32,941	50,000	17,059	193,459	450,000	256,541
Supplies	Janitorial Supplies	5,400	-	450	450	4,880	4,050	(830)
Supplies	Printing Supplies	5,580	-	465	465	2,516	4,185	1,669
Supplies	Uniform Supplies	-	-	-	0	-	-	-
Supplies	Controlled Assets (i.e. computers)	-	7,297	-	(7,297)	21,588	-	(21,588)
Other	Postage	9,000	377	750	373	4,858	6,750	1,892
Other	Telecommunications	64,500	5,405	5,375	(30)	50,113	48,375	(1,738)
Other	Water	372	31	31	1	275	279	5
Other	Electricity	18,000	1,484	1,500	17	11,754	13,500	1,747
Travel	Travel, Local	3,200	57	267	210	762	2,400	1,638
Travel	Travel, Out Of Town	-	-	-	0	489	-	(489)
Travel	Training, Local	30,135	905	2,511	1,606	7,406	22,601	15,195
Travel	Training, Out Of Town	-	-	-	0	5,570	-	(5,570)
Other	Rentals	39,240	3,758	3,270	(488)	32,147	29,430	(2,717)
Other	Leases	517,464	43,327	43,122	(205)	388,526	388,098	(428)
Other	Maint/Repair, Equip.	81,844	9,572	6,820	(2,752)	72,893	61,383	(11,510)
Other	Maint/Repair, Bldg.	2,400	-	200	200	8,874	1,800	(7,074)
Other	Maint/Repair, IT Equipment	-	-	-	0	-	-	-
Other	Insurance, Auto/Truck	108	8	9	1	74	81	7
Other	Insurance, General Liability	11,808	865	984	119	8,220	8,856	636
Other	Insurance, Bldg. Contents	18,372	1,171	1,531	360	10,407	13,779	3,372
Other	Settlements	-	-	-	0	-	-	-
Other	IT Equipment	-	-	-	0	-	-	-
Other	Operating Equipment	-	-	-	0	-	-	-
Other	Building Improvements	-	-	-	0	-	-	-
Other	Newspaper Ads/Advertising	23,600	12,842	1,967	(10,875)	24,549	17,700	(6,849)
Other	Subscriptions, Books, Etc.	18,623	295	1,552	1,257	14,094	13,967	(127)
Other	Association Dues	34,710	3,840	2,893	(947)	27,647	26,033	(1,615)
Other	IT Software / Licenses	259,929	51,527	21,661	(29,866)	239,703	194,947	(44,756)
Other	Prof Fees/Licenses/Inspections	1,670	3,378	139	(3,239)	4,492	1,253	(3,240)
Other	Professional Services	22,800	-	1,900	1,900	1,601	17,100	15,499
Other	Med/Hazard Waste Disposal	5,400	410	450	40	3,608	4,050	442
Other	Transportation	6,000	357	500	143	3,576	4,500	924
Other	Board Meeting Operations	350	600	29	(571)	1,018	263	(755)
Other	Service Charge - Credit Cards	7,200	907	600	(307)	8,686	5,400	(3,286)
Other	Cashier Over/Short	-	(1)	-	1	-	-	-
Bad Debt	Bad Debt Expense	296,083	30,260	24,674	(5,586)	312,787	222,062	(90,725)
Other	Miscellaneous Expense	-	3	-	(3)	3,289	-	(3,289)
	Total Expenses	\$ 10,768,464	\$ 978,879	\$ 897,372	(81,507)	\$ 8,177,527	\$ 8,076,348	\$ (101,179)
	Net Change in Fund Balance	\$ -	\$ (18,836)	\$ -	(18,836)	\$ 976,879	\$ -	\$ 976,879

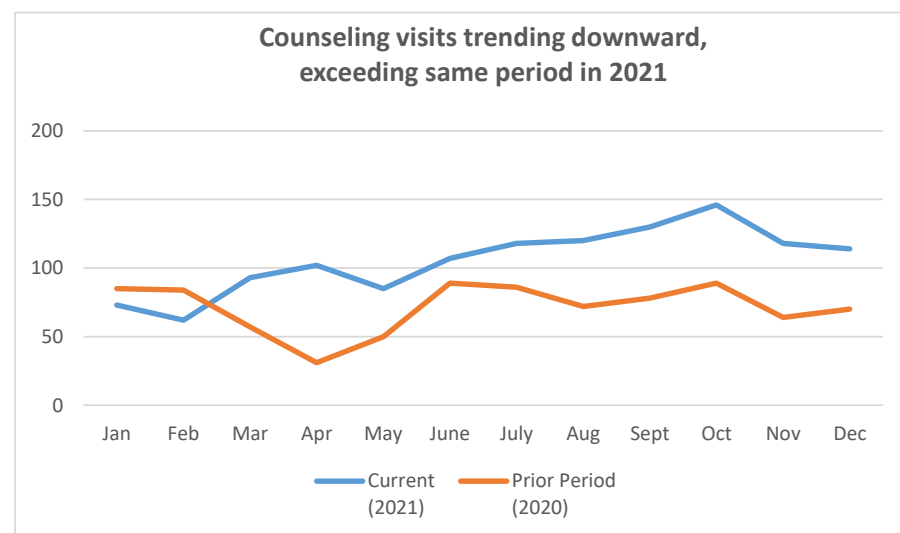
	Medical Visits	
	Current	Prior Period
	(2021)	(2020)
Jan	1,288	2,082
Feb	1,058	1,710
Mar	1,488	1,480
Apr	1,345	812
May	1,301	719
June	1,689	1,170
July	1,727	1,238
Aug	1,980	981
Sept	1,450	1,077
Oct	1,198	1,251
Nov	1,227	1,150
Dec	1,124	1,745
	16,875	15,415



	Dental Visits	
	Current	Prior Period
	(2021)	(2020)
Jan	433	783
Feb	361	747
Mar	582	451
Apr	499	3
May	512	119
June	587	354
July	555	415
Aug	574	331
Sept	532	390
Oct	554	412
Nov	433	440
Dec	466	682
	6,088	5,127



	Counseling Visits	
	Current	Prior Period
	(2021)	(2020)
Jan	73	85
Feb	62	84
Mar	93	57
Apr	102	31
May	85	50
June	107	89
July	118	86
Aug	120	72
Sept	130	78
Oct	146	89
Nov	118	64
Dec	114	70
	1268	855



Vists by Financial Class - Actual vs. Budget
As of December 31, 2021 (Grant Year 4/1/2021 -3/31/2022)

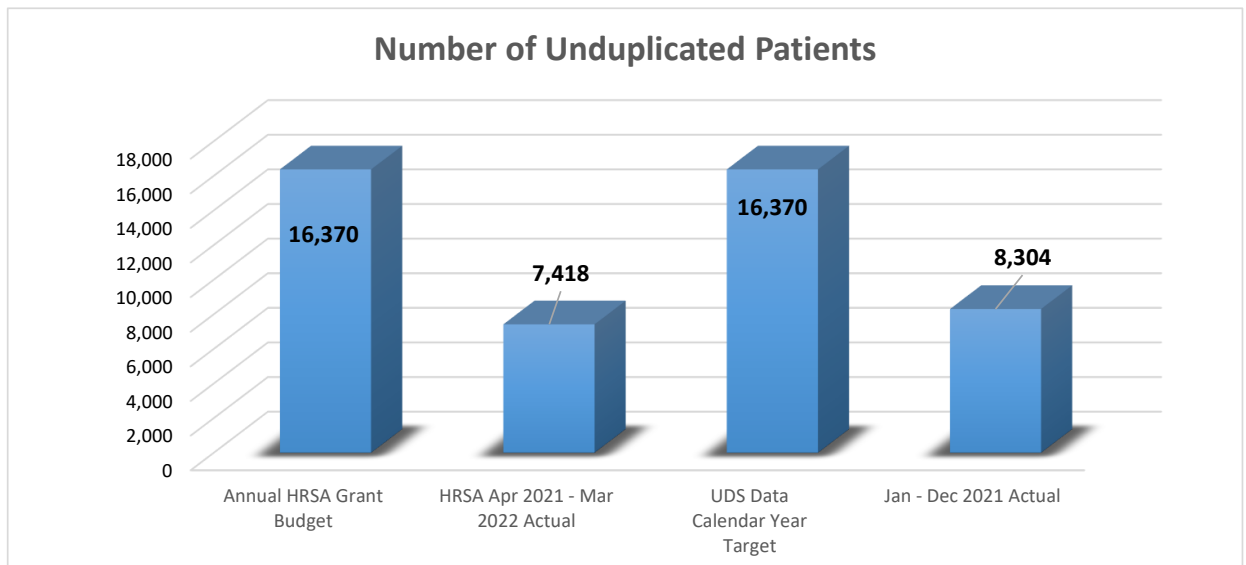
	Annual HRSA		Over/(Under)		Over/(Under)		%
	Grant Budget	MTD Actual	MTD Budget	MTD Budget	YTD Actual	YTD Budget	Over/ (Under) YTD Budget
Medicaid	3,147	174	262	(88)	1,280	3,147	(1,867) -59%
Medicare	2,713	89	226	(137)	913	2,713	(1,800) -66%
Other Public (Title V, Contract, Ryan White)	1,273	94	106	(12)	596	1,273	(677) -53%
Private Insurance	2,941	293	245	48	1,461	2,941	(1,480) -50%
Self Pay	24,170	1,054	2,014	(960)	9,186	24,170	(14,984) -62%
	34,244	1,704	2,854	(1,150)	13,436	34,244	(20,808) -61%

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

	Current Year	Jan-Dec 2020	Jan-Dec 2021	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	Annual Target	Actual	Actual	Year	
	16,370	8,008	8,304	296	51%

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

	Annual HRSA	Apr-Dec 2020	Apr-Dec 2021	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	Grant Budget	Actual	Actual	Year	
	16,370	5,831	7,418	1,587	45%



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Governing Board

January 2022

Item#11

**Consider for Approval Quarterly Visit and Collection Report Including
a Breakdown of New Patients by Payor Source for the Period Ending
12/31/21 Submitted by Marlene Garcia**

Coastal Health & Wellness - Quarterly Visit & Analysis Report

for the period ending December 31, 2021

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

Total Visits by Financial Class	December 2021	December 2020	% Change	* YTD Average		% Change		* YTD Payor Mix		% Change
				2021	2020			2021	2020	
Self Pay	1,054	1,169	-10%	1,378	1,256	10%		67.8%	72.8%	-5.0%
Medicare	89	99	-10%	140	124	13%		6.9%	7.2%	-0.3%
Medicaid	174	153	14%	196	160	23%		9.7%	9.2%	0.4%
Contract	50	10	400%	33	20	68%		1.6%	1.1%	0.5%
Private Insurance	293	157	87%	229	133	72%		11.3%	7.7%	3.6%
Title V	44	41	7%	56	33	69%		2.7%	1.9%	0.8%
Total	1,704	1,629	5%	2,030	1,726	18%		100%	100%	

Department	* YTD Total Visits		% Change
	2021	2020	
Medical	16,928	14,986	13%
Dental	6,157	4,858	27%
Counseling	1,280	863	48%
Total	24,365	20,707	18%

Unduplicated Visits	* YTD Total Users		% Change
	2021	2020	
Medical	6,340	6,064	5%
Dental	1,736	1,764	-2%
Counseling	228	165	38%
Total	8,304	7,993	4%

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending December 31, 2021 (based on encounter date)											Days in A/R	
	0-30	31-60	61-90	91-120	121-150	151-180	181-up	Total	%		Current Period	Last Qtr
Self Pay	44,241	50,498	49,179	53,820	47,187	40,269	564,802	\$849,996	65%		819	589
Medicare	17,866	15,976	6,070	7,922	5,528	1,655	8,188	\$63,205	5%		161	102
Medicaid	20,697	12,623	8,524	8,536	8,879	4,110	19,711	\$83,080	6%		151	92
Contract	3,345	12,782	8,783	13,082	2,009	83	11,296	\$51,380	4%		289	135
Private Insurance	42,068	16,071	24,447	31,373	18,530	6,927	25,908	\$165,325	13%		377	173
Title V	4,250	9,815	14,628	15,573	4,214	148	43,083	\$91,712	7%		954	547
Unapplied	-							\$0	0%		-----	-----
Totals	\$132,467	\$117,765	\$111,631	\$130,306	\$86,346	\$53,193	\$672,989	\$1,304,698	100%		458	273

Previous Quarter Balances	\$39,967	\$98,175	\$72,290	\$67,364	\$39,029	\$40,409	\$647,430	\$1,004,664
% Change	231%	20%	54%	93%	121%	32%	4%	30%

Charges & Collections	December 2021	December 2020	% Change	* YTD 2021	YTD 2020	% Change
Billed	\$568,310	\$470,799	21%	\$7,343,868	\$5,827,487	26%
Adjusted	(377,920)	(334,419)	13%	(4,965,523)	(4,332,302)	15%
Net Billed	\$190,390	\$136,380	40%	\$2,378,344	\$1,495,185	59%
Collected	171,786	\$93,395	84%	1,936,576	\$1,143,672	69%
% Net Charges collected	90%	68%	32%	81%	76%	6%

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	16,530	67.8%	\$22.60	\$373,599	19,311	68.9%	\$15.41	\$297,504
Medicare	1,678	6.9%	\$84.13	141,165	2,187	7.8%	\$37.70	82,449
Medicaid	2,352	9.7%	\$84.43	198,586	2,509	9.0%	\$43.59	109,363
Contract	393	1.6%	\$163.06	64,081	1,352	4.8%	\$29.49	39,869
Private Insurance	2,742	11.3%	\$57.62	157,994	2,157	7.7%	\$34.59	74,601
Title V	670	2.7%	\$51.64	34,599	494	1.8%	\$27.84	13,755
Total	24,365	100%	\$39.81	\$970,024	28,010	100%	\$22.05	\$617,540

Item	2021	2020
Self Pay - Gross Charges	\$4,297,459	\$3,788,360
Self Pay - Collections	770,207	\$539,228
% Gross Self Pay Charges Collected	17.9%	14.2%
% Net Self Pay Charges Collected	206.2%	181.3%

Coastal Health & Wellness
New Patients By Financial Class
From 1/1/2021 to 12/31/2021

Summary	Current Period		Prior Period 2020	
	New Patients	Current %	New Patients	%
Self Pay	1,466	66.9%	1,320	77.7%
Medicaid	231	10.5%	160	9.4%
Medicare	69	3.1%	31	1.8%
Private Insurance/Commerc.	323	14.7%	103	6.1%
Title V	87	4.0%	52	3.1%
Contracts	16	0.7%	32	1.9%
Total	2,192	100.0%	1,698	100.0%

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Governing Board

January 2022

Item#12

**Consider for Approval MedTrainer Credentialing Submitted
by Richard Mosquera**

Governing Board

January 2022

Item#13


Consider for Approval Re-Privileging Rights for Bang Nguyen, DDS


Submitted by Dr. Hanna Lindskog



Date: January 27, 2022

To: CHW Governing Board

From: Hanna Lindskog, DDS 
Dental Director

Thru: Philip Keiser, MD 
Executive Director

Re: Re-Privileging

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

Bang Nguyen, DDS, is a general dentist who will practice full-time at both the Texas City and Galveston Coastal Health & Wellness Dental Clinic. Dr. Nguyen graduated from UT Dental School in Houston, Texas. Dr. Nguyen is requesting general dentistry privileges.

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Governing Board

January 2022

Item#14

**Consider for Approval Employee Satisfaction Survey by Samantha
Robinson/Dr. Southerland**

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Governing Board

January 2022

Item#15

Update on County Indigent Program related to Federal Poverty Level

Submitted by Ann O'Connell

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**Governing Board
January 2022
Item#16
Comments from Board Members**

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