

### AGENDA

Thursday, January 26, 2023, 12:30 PM

**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.

### *PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES*

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW's Executive Assistants at 409-949-3406, or via email at [trollins@gchd.org](mailto:trollins@gchd.org) or [ahernandez@gchd.org](mailto:ahernandez@gchd.org)

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288

### 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 8, 2022 Governing Board Meeting
- \*Item #5**ACTION**..... Consider for Approval Minutes from January 12, 2023 Governing Board QA Committee Meeting
- \*Item #6**ACTION**..... Consider for Approval Coastal Health & Wellness 2022-2023 Risk Management Plan
- \*Item #7**ACTION**..... Consider for Approval Quarterly Investment Report for the Period Ending 12/31/22
- \*Item #8**ACTION**..... Consider for Approval Coastal Health & Wellness Emergency Operation Plan 2023
- \*Item #9**ACTION**..... Consider for Approval Quarterly Compliance Report for the Period Ending 12/31/22
- \*Item #10..... Informational Report: Credentialing & Privileging Committee Reviewed and Approved the Following Providers Privileging Rights
  - a) Cami Stastny, DC –Chiropractor
  - b) Ariana Lerma, MD - UTMB Family Medicine Resident
  - c) Benjamin Pilgrim, MD - UTMB Family Medicine Resident
- Item #11**EXECUTIVE SESSION**..... **The Governing Board will enter into a closed meeting as permitted under Section 551.074(b) of the Texas Government Code, Personnel Matters, to hear a complaint or charge against an officer or employee; specifically, a Governing Board member**

- Item #12.....Reconvene into Regularly Scheduled Meeting
- Item #13**ACTION**.....Possible Action from Executive Session Regarding a Governing Board Member
- Item #14.....Coastal Health & Wellness Updates
- a) Operational Updates/Coastal Wave Submitted by Chief Operating Officer
  - b) Dental Updates Submitted by Dental Director
  - c) Medical Updates Submitted by Medical Director
- Item #15**ACTION**.....Consider for Approval Financial Report Submitted by Trish Bailey
- a) November 2022
  - b) December 2022
- Item #16**ACTION**.....Consider for Approval Quarterly Visits and Analysis Report Including Breakdown of New Patients by Payor Source for Recent New Patients Submitted by Ami Cotharn
- Item #17**ACTION**.....Consider for Approval Coastal Health & Wellness Policy and Procedure Regarding the Functions of the Coastal Health & Wellness Governing Board Submitted by Ami Cotharn
- Item #18**ACTION**.....Consider for Approval Purchase for Badge System Upgrade and Additions for Galveston Clinic in the Amount of \$20,000-\$30,000 Submitted by Ami Cotharn
- Item #19.....RCM Quality Project Update Submitted by Jonathan Jordan
- Item #20.....Comments from Board Members

## **Adjournment**

*Next Regular Scheduled Meeting: February 23, 2023*

## **Appearances before the Coastal Health & Wellness Governing Board**

A speaker whose subject matter as submitted relates to an identifiable item of business on this agenda will be requested by the presiding officer to come to the podium where they will be limited to three minutes (3). A speaker whose subject matter as submitted does not relate to an identifiable item of business on this agenda will be limited to three minutes (3) and will be allowed to speak before the meeting is adjourned. Please arrive prior to the meeting and sign in with Galveston County Health District staff.

## **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.

Session prior to recessing into Executive Session. The Governing Board may only enter into Executive Session if such action is specifically noted on the posted agenda.



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

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

**Governing Board**

**January 2023**

**Item#3**

**Excused Absence(s)**



# **COASTAL HEALTH & WELLNESS**

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## **GOVERNING BOARD**

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

**Governing Board**

**January 2023**

**Item#4**

**Consider for Approval Minutes from December 8, 2022**

**Governing Board Meeting**

**Coastal Health & Wellness  
Governing Board  
December 8, 2022**

**Board Members:**

Samantha Robinson  
Dr. Tello  
Elizabeth Williams  
Kevin Avery  
Rev. Walter Jones  
Ivelisse Caban  
Clay Burton  
Flecia Charles  
Sergio Cruz  
Cynthia Darby  
Sharon Hall

**Staff:**

Ami Cotharn, Chief Operations Officer  
Hanna Lindskog, Dental Director  
Trish Bailey  
Neal Pathak  
Kenna Pruitt  
Tiffany Carlson  
Jennifer Koch

Chris Davis  
Judie Olivares  
Wendy Jones  
Jonathan Jordan  
Tikeshia Thompson-Rollins  
Anthony Hernandez

**Excused Absence:** Donnie VanAckeren, Ivelisse Caban, and Dr. Thompson

**Unexcused Absence:** Victoria Dougharty, Miroslava Bustamante, and Clay Burton

**Guest:** Diana Huallpa and Gloria Marines

**Items#1 Comments from the Public**

There were no comments from the public.

**Items#2-7 Consent Agenda**

A motion was made by Kevin Avery to approve the consent agenda items two through seven. Sergio Cruz seconded the motion, and the Board unanimously approved the consent agenda.

**Item#8 Coastal Health & Wellness Updates**

- a) Update on COVID-19 Submitted by Executive Director
- b) Operational Update/Coastal Wave Submitted by Ami Cotharn
- c) Dental Update Submitted by Dental Director

Ami Cotharn, Chief Operating Officer, updated the Board on COVID-19.

- Ami informed the Board there has been an increase in the number for flu and both the Texas City and Galveston clinics are open to vaccinate the community.
- Tiffany Carlson, Nursing Director, informed the Board CHW uses a fast-track plan and all infectious patients are brought back immediately to a designated room and assisted by a medical provider.
- Samantha asked that we table the topic on chemical plants and the impact it has on the community and bring back in January when Dr. Keiser is available.

Ami Cotharn, Chief Operating Officer, presented the December 2022 Coastal Wave.

Ami Cotharn, Chief Operating Officer, updated the Board on clinical operations.

- Am informed the Board unduplicated, patients have gone up by about 20%.
- Samantha requested the Medical Director give medical updates on the clinic monthly effective January 2023.

## **Outreach**

- Two outreach events scheduled for the month of November
  - League City Health and Wellness Expo
  - Heal Turkey Trot – Texas City

Hanna Lindskog, updated the Board on dental services in the Coastal Health & Wellness Clinic:

- 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 are wearing N95 respirators for all aerosol generating procedures.
- The College of the Mainland is continuing to develop their Dental Hygiene Program. They are expecting the accreditation process to take at least a year. We do not have our next meeting scheduled until April 2023, but we are exploring partnerships with their Dental Assisting program as well.
- We had our fourth meeting for the NNOHA Teledentistry Collaborative yesterday (December 7<sup>th</sup>). This is a virtual collaborative and several dental clinic staff members are participating including one of our full-time dentists (Dr. Shetty), the Dental Director, and Dental Assistant Supervisor. The meeting yesterday included presentations from other health centers in Texas who have tried a teledental visit. We learned a lot from their presentations to help us in our implementation. We are currently looking at OttoHealth that medical uses for their televisits to see if we can use this program as well.
- Staffing: We are currently accepting applications and interviewing for a full-time dental hygienist.
- The dental clinic had a table at the TurkeyTrot event this on November 12, 2022.  
We are excited to report that our dental assistants with at least two years of experience will be attending training to receive either their Coronal Polishing or Dental Sealant certificate. This will help us be more efficient in the clinic with them being able to provide these services.

### **Item#9 Consider for Approval October 2022 Financial Report Submitted by Trish Bailey**

Trish Bailey, Chief Finance Officer, presented October 2022 Financial Report. Trish informed the Board employees were given a supplement payout a week before Thanksgiving, 3% COLA and we instituted performance evaluations with merit raises. A motion to accept the financial report as presented was made by Sergio Cruz. Rev. Walter Jones seconded the motion and the Board unanimously approved.

### **Item#10 Consider for Approval Coastal Health & Wellness Fund Balance Reserve as of September 30, 2022 Submitted by Trish Bailey**

Trish Bailey, Chief Finance Officer, asked the Board to consider for approval the Coastal Health & Wellness fund balance reserves as of September 30, 2022. A motion to accept the fund balance reserves as presented was made by Rev. Walter Jones. Sharon Hall seconded the motion and the Board unanimously approved.

### **Item#11 Consider for Approval Pharmacy Design Blueprint submitted by Ami Cotharn**

Ami Cotharn, Chief Operating Officer, asked the Board to consider for approval pharmacy design blueprint. Trish suggested discussing construction bids with the finance committee and adding to consent agenda for Board approval. A motion to accept the design blueprint as presented was made by Kevin Avery. Sergio Cruz seconded the motion and the Board unanimously approved.

### **Item#12 RCM Quality Project Update Submitted by Ami Cotharn**

Jonathan Jordan, Revenue Cycle Manager, updated the Board on the RCM Quality Project and will keep the Board informed.

**Item #13 Comments from Board Members**

Samantha Robinson, Board Chair, reminded the Board to complete there Board/Executive Director evaluations and submit by Friday, January 13th.

Samantha Robinson, and UBoH member Dr. Jenkins met and suggested setting up a meet and greet luncheon between both Boards.

Samantha Robinson, Board Chair, requested that all Board members that have not completed there required Board trainings (Open Meeting/Opening Records Act Trainings) completed them as soon as possible so that all files are up-to-date.

The meeting was adjourned at 1:47p.m.

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Chair

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Secretary/Treasurer

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Date

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Date

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### **Governing Board**

**January 2023**

**Item#5**

**Consider for Approval Minutes from January 12, 2023 Governing  
Board QA Committee Meeting**

**Coastal Health & Wellness Governing Board**  
**Quality Assurance Committee Meeting**  
**January 12, 2023**

**BOARD QA COMMITTEE MEMBERS:**

Samantha Robinson-Board Chair (Zoom)  
Kevin Avery-Consumer Member  
Sharon Hall-Community Member

**EMPLOYEES PRESENT:**

Ami Cotharn (Chief Operations Officer), Dr. Choi (Medical director), Hanna Lindskog, DDS (Dental Director), Jason Borillo (Director of Innovation and Clinical Quality), Pisa Ring (Patient Services Manager), Wendy Jones (Compliance & Risk Management Officer), Tyler Tipton (Public Health Emergency Preparedness Manager) Anthony Hernandez (Executive Assistant II) and Tikeshia Thompson-Rollins (Executive Assistant III)

*(Minutes recorded by Tikeshia Thompson-Rollins)*

ITEM	ACTION
<b>Patient Access / Satisfaction Reports</b> <ul style="list-style-type: none"> <li>➤ Quarterly Access to Care Report Submitted by Pisa Ring</li> <li>➤ Bring no Show Goal from 18% Back to 20% Submitted by Ami Cotharn</li> <li>➤ Call Quality Performance Submitted by Pisa Ring</li> <li>➤ Quarterly Patient Satisfaction Report Submitted by Pisa Ring</li> </ul>	<p><b><u>Quarterly Access to Care Report</u></b></p> <ul style="list-style-type: none"> <li>• Current goals were set utilization at 90% and no-show rate is 18%.</li> <li>• 4<sup>th</sup> quarter (October, November, and December) no-show rate is at 24%.</li> </ul> <p><b><u>Bring No-Show Goals from 18% Back to 20%</u></b></p> <ul style="list-style-type: none"> <li>• Ami asked the committee to bring the no-show rate goal from 18% back to 20% and when we constantly hit the 20% goal reevaluate. <ul style="list-style-type: none"> <li>➤ The committee agreed 20% is a more realistic goal and to move forward with the change.</li> </ul> </li> </ul> <p><b><u>Call Quality Performance</u></b></p> <ul style="list-style-type: none"> <li>• Report reviewed, No action.</li> </ul> <p><b><u>Quarterly Patient Satisfaction Report</u></b></p> <ul style="list-style-type: none"> <li>• Pisa will work on changes to the patient satisfaction survey questions for the next quarter and share with the QA Board committee at the next meeting.</li> <li>• The Committee agreed on changing the goal from 4.8 to 4.3.</li> </ul>
<b>Clinical Measures</b> <ul style="list-style-type: none"> <li>➤ Quarterly Report on UDS Medical Measures in Comparison to Goals</li> </ul>	<p><b><u>Clinical Measures</u></b></p> <ul style="list-style-type: none"> <li>• UDS measures were reviewed and will be brought back to the Committee April 2023</li> </ul>
<b>Quality Assurance/Risk/Management/Emergency Management Reports</b> <ul style="list-style-type: none"> <li>➤ Quarterly Risk Management Report</li> <li>➤ Dental Quarterly Summary</li> <li>➤ Quarterly Emergency Management Report</li> </ul>	<p><b><u>Quarterly Risk Management Report</u></b></p> <ul style="list-style-type: none"> <li>• Report reviewed.</li> <li>• Wendy will give a high-level overview on the summary of complaints and use a patient identifier or medical records number to identify patients.</li> <li>• Wendy will update the hand hygiene percentage and update the risk management report by adding data from previous Quarters.</li> </ul> <p><b><u>Dental Quarterly Summary</u></b></p> <ul style="list-style-type: none"> <li>• Quarterly water testing completed November 30, 2022 at both locations. <ul style="list-style-type: none"> <li>➤ Failed results with CFU &gt;500 for three chairs in Galveston and one chair in Texas City → closed dental chairs for any procedures utilizing the dental unit waterline. <ul style="list-style-type: none"> <li>○ Monthly testing for three consecutive months completed due to failed test will be completed</li> </ul> </li> </ul> </li> </ul> <p><b><u>Quarterly Emergency Management Report</u></b></p> <ul style="list-style-type: none"> <li>• Tyler reviewed the Emergency Management Report and gave an update on trainings and plans that occurred during the quarter.</li> </ul>
<b>Plans and Policies</b>	<ul style="list-style-type: none"> <li>• No plans or policies reviewed.</li> </ul>

Next Meeting: April 13, 2023



# **COASTAL HEALTH & WELLNESS**

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## **GOVERNING BOARD**

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

**Governing Board**

**January 2023**

**Item#6**

**Consider for Approval Coastal Health & Wellness  
2022-2023 Risk Management Plan**



-Last Approved: 12/09/2021  
By: CHW Governing Board  
-Effective 10/31/2019

## **Risk Management Plan**

### **1. PURPOSE**

The purpose of the Coastal Health & Wellness Risk Management Plan (the “Plan”) is to address visitor, third party, volunteer, and employee safety as well as potential business, operational, and property risks. The Risk Management Plan is the primary tool for outlining Coastal Health & Wellness’ (“CHW”) overall risk management procedures.

The focus of the Risk Management Plan is to provide an ongoing, comprehensive, and systematic approach to reducing exposure to risk. Risk management activities include identifying, investigating, analyzing, and evaluating risks, followed by selecting and implementing the most appropriate methods for correcting, reducing and/or eliminating risks.

### **2. GUIDING PRINCIPLES**

This Risk Management Plan supports the Coastal Health & Wellness philosophy that patient safety and risk management are everyone’s responsibility. Teamwork and participation among management, providers, volunteers, and staff are essential for an efficient and effective patient safety and risk management plan. The Plan will be implemented through the coordination of multiple organizational functions and the activities of multiple staff members.

Coastal Health & Wellness supports the establishment of a just culture that emphasizes implementing evidence-based best practices, learning from error analysis, and providing constructive feedback rather than blame and punishment. In a just culture, unsafe conditions and hazards are readily and proactively identified, medical or patient care errors are reported and analyzed, mistakes are openly discussed, and suggestions for systemic improvements are welcomed. Individuals are still held accountable for compliance with patient safety and risk management practices. As such, if evaluation and investigation of an error or event reveal reckless behavior or willful violation of policies, disciplinary actions can be taken.

Principles of this Plan provide the foundation for developing key policies and procedures for risk management activities, including but not limited to the following:

- Claims and insurance management;
- Complaint resolution;
- Confidentiality and release of information;
- Compliance efforts;
- Safe and secure use of technology;

- Event investigation, root-cause analysis, and follow-up;
- Provider and staff education, competency validation, credentialing and privileging requirements, and background checks;
- Systems for monitoring and tracking referrals (specialty care, hospital and or emergency department admissions) and diagnostic laboratory values and other tests;
- Reporting and management of adverse events and near misses;
- Trend analysis of events, near misses, and claims; and
- Implementing performance improvement strategies to mitigate risk.

## 2.1 Leadership

The success of the Coastal Health & Wellness Risk Management Plan requires top-level commitment and support. The Governing Board by majority vote authorizes adoption of this Plan.

The Governing Board and CHW executives, including but not limited to the Executive Director, Medical Director, Chief Operating Officer, Dental Director, ~~Chief Nursing Officer~~ Nursing Director and ~~Chief Compliance Officer~~ and Risk Management Officer are committed to promoting the safety of all patients, visitors, employees, volunteers, and other individuals involved in operations of the organization. The Risk Management Plan is designed to serve as an umbrella policy, in conjunction with the Risk Management Training Plan, aimed at reducing system-related errors and potentially unsafe conditions by implementing continuous improvement strategies to support an organizational culture of safety.

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## 3. PLAN GOALS AND OBJECTIVES

The Risk Management Plan sets forth goals and objectives, which include the following:

- Continuously improving patient safety and minimizing or preventing the occurrence of errors, events, and system breakdowns leading to harm of patients, staff, volunteers, visitors, and others through proactive risk management and patient safety and emergency operations activities.
- Minimizing adverse effects of errors, events, and system breakdowns when they do occur.
- Minimizing losses to the organization by proactively identifying, analyzing, preventing, and controlling potential clinical, business, financial, and operational risks.
- Achieving requirements mandated by accrediting organizations.
- Protecting human and intangible resources (e.g. reputation).

## 4. SCOPE AND FUNCTIONS OF THE PLAN

The Coastal Health & Wellness Risk Management Plan interfaces with all operational departments and services offered through the clinic, as well as HRSA.

### 4.1 Functional Interfaces

Functional interfaces with the Risk Management Plan include areas covered under the Coastal Health & Wellness Environment of Care and Infection Control plans, as well as credentialing and privileging, information technology, event reporting and investigation, performance assessment and improvement,

volunteers, infection control, and administration. All areas work together on risk reduction strategies and methods as defined in this Plan.

#### 4.2 Specific Components

- a) The Risk Management Plan will include the following components: Developing systems for overseeing the reporting of adverse events, near misses, and potentially unsafe conditions.
  - i. Reporting responsibilities may include internal reporting as well as external reporting to regulatory, governmental, or voluntary agencies.
- b) Ensuring the collection and analysis of data to monitor the performance of processes that involve risk or that may result in serious adverse events, near misses, and potentially unsafe conditions; providing feedback to providers and staff; and using these data to facilitate systems improvements to reduce the probability of occurrence of future related events.
- c) Ensuring compliance with data collection and reporting requirements of governmental, regulatory, and accrediting agencies.
- d) Facilitating and ensuring the implementation of patient safety initiatives that include tracking systems for preventive screenings and diagnostic tests, medication safety systems, and emergency management programs.
- e) Facilitating and ensuring provider and staff participation in educational programs on patient safety and risk management.
- f) Facilitating a culture of safety in the organization that embodies an atmosphere of mutual trust in which all providers and staff members can talk freely about safety problems and potential solutions without fear of retribution. This ordinarily involves performing safety culture surveys and assessments.
- g) Proactively advising the organization on strategies to reduce unsafe situations and improve the overall environmental safety of patients, visitors, staff, and volunteers.
- h) Preventing and minimizing the risk of liability to the health center, and protecting the financial, human, and other tangible and intangible assets of the health center.
- i) Decreasing the likelihood of claims and lawsuits by educating patients and their families about proper health practices. This includes communicating and disclosing errors and events that occur in the course of patient care with a plan to manage any adverse effects or complications.
- j) Investigating and assisting in claim resolution to minimize financial exposure.
- k) Reporting claims and potentially compensable events to the appropriate entity, including the U.S. Department of Health and Human Services Federal Tort Claims Act (“FTCA”) claims (as appropriate) and other insurers in accordance with the requirements of the insurance policy/contract and FTCA requirements.
- l) Supporting quality assessment and improvement programs throughout the organization.
- m) Implementing programs that fulfill regulatory, legal, and accreditation requirements.
- n) Establishing ongoing quality assurance and risk management committee composed of representatives from key clinical and administrative departments and services.
- o) Monitoring the effectiveness and performance of risk management actions. Performance monitoring data may include the following:

- i. Claims and claim trends;
  - ii. Culture of safety surveys;
  - iii. Event trending data;
  - iv. Ongoing risk assessment information;
  - v. Patient's or family's perceptions of how well the organization meets their needs and expectations (i.e. patient satisfaction survey data); and
  - vi. Quality performance data.
- p) Completing insurance and deeming applications.
- q) Developing and monitoring effective handoff processes for continuity of patient care.

## 5. ADMINISTRATIVE AND COMMITTEE STRUCTURE AND MECHANISMS FOR COORDINATION

The Risk Management Plan is administered through the ~~Quality Assurance Committee~~ Quality Assurance and Performance Improvement (QA/PI) Committee (which convenes the ~~first third~~ Wednesday of each month) and is led by the CHW Chief Operating Officer, ~~and the Joint Commission Committee (which convenes the third Wednesday of each month) which is led by the Chief Nursing Officer,~~ and the Nursing Director with regular input from the Executive Director, Medical Director, Dental Director and by the ~~Chief Compliance Officer and Risk Management Officer~~. The Risk Manager, with the assistance of the ~~Risk and Safety Coordinator~~ Health Care Compliance Specialist, reports to the Executive Director and interacts with administration, staff, medical providers, and other professionals in order to meet risk related program goals and objectives, many of which are set forth in the Annual Risk Management Training Plan.

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The Risk Management Officer is responsible for overseeing day-to-day monitoring of risk management activities and for investigating and reporting to the applicable insurance carrier actual or potential clinical, operational, or business claims or lawsuits arising out of the organization, according to requirements specified in the insurance policy or contract. The Risk Management Officer ~~Manager~~ serves as the primary contact between the organization and other external parties on all matters relative to risk identification, prevention, and control, as well as risk retention and risk transfer. The Risk Management Officer ~~Manager~~ oversees the reporting of events to external organizations, per regulations and contracts, and communicates analysis and feedback of reported Risk Management information to the organization for action.

## 6. REPORTING REQUIREMENTS, MONITORING, AND CONTINUOUS IMPROVEMENT

The Quality Assurance and ~~Joint Commission~~ Quality Assurance and Performance Improvement (QA/PI) committees review risk management activities monthly. The Risk Management Officer ~~Manager~~ reports activities and outcomes (e.g., claims activity, risk and safety assessment results, event report summaries, and trends) to the Governing Board and the Governing Board Quality Assurance and Quality Improvement Committee on a quarterly basis. These reports inform members of the Governing Board of efforts made to identify and reduce risks, reports on the success of these activities, and communicates outstanding issues that require input or support from the Governing Board for action or resolution. Data reporting may include event trends, claims analysis, frequency and severity data, credentialing activity, relevant provider

and staff education, and risk management, emergency operation and patient safety activities. In accordance with the organization's bylaws, recommendations from the Quality Assurance and ~~Risk Management~~ Performance Improvement (QAPI) committees that rise to the level of requiring Board approval are submitted as needed. Goals are developed to remain consistent with established risk management goals as determined by the Quality Assurance and ~~Risk Management~~ Performance Improvement (QAPI) committees and/or the Governing Board.

Documentation is retained in the form of meeting minutes for the applicable body.

## 7. CONFIDENTIALITY

Any and all documents and records associated with the Risk Management Plan and subjected to legally permissible withholdings shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections may include attorney/client privilege, attorney work product, Joint Commission survey reports, and peer review protections.

The signatures below represent acceptance of the Risk Management Plan.

Risk Management ~~Officer~~ Approval: \_\_\_\_\_

Date: \_\_\_\_\_

~~Chief Nursing Officer~~ Nursing Director Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Chief Operating Officer Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Executive Director Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Governing Board Approval: \_\_\_\_\_

Date: \_\_\_\_\_

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**Governing Board**

**January 2023**

**Item#7**

**Consider for Approval Quarterly Investment Report  
for the Period Ending 12/31/22**

**Coastal Health & Wellness  
Investment Report  
For the period ending December 31, 2022**

Coastal Health & Wellness	Money Market Account		
	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Beginning Balance	7,575,721	7,114,017	6,455,223
Deposits	100,000	-	725,000
Withdrawals	(570,000)	(670,000)	(505,000)
Interest Earned	8,295	11,206	11,228
Ending Balance	<u>\$7,114,017</u>	<u>\$6,455,223</u>	<u>\$6,686,451</u>
Current Annual Yield	1.38%	2.02%	2.04%
Previous Quarter Yield (07/2022 - 09/2022)	0.50%	0.50%	0.60%

Tex Pool Investments		
<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
26,640.42	26,706.79	26,786.02
-	-	-
-	-	-
66.37	79.23	90.53
<u>\$26,706.79</u>	<u>\$26,786.02</u>	<u>\$26,876.55</u>
2.93%	3.61%	3.98%
1.52%	2.16%	2.41%

Summary	Interest Earned	Avg Balance	Yield
October 1, 2022 to December 31, 2022	30,966	6,862,379	0.67%
January 1, 2023 to March 31, 2023	-	-	
April 1, 2023 to June 30, 2023	-	-	
July 1, 2023 to September 30, 2023	-	-	
YTD Totals	<u>\$30,966</u>	<u>\$6,862,379</u>	<u>0.67%</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-Jun 30	Jul 1-Sep 30	Total as of 9/30
FY2020	0.40%	0.36%	0.21%	0.20%	<b>0.40%</b>
FY2021	0.19%	0.14%	0.05%	0.05%	<b>0.19%</b>
FY2022	0.06%	0.06%	0.13%	0.32%	<b>0.06%</b>
<b>FY2023 (Current year)</b>	<b>0.67%</b>				<b>0.67%</b>

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**Governing Board**

**January 2023**

**Item#8**

**Consider for Approval Coastal Health & Wellness Emergency  
Operation Plan 2023**

*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	1/27/2022
6	Tyler Tipton	1/18/2023	

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:** Dr. Philip Keiser

**Office Address:** 9850 Emmett F Lowry Expy

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

**Phone Number:** 409-938-2257      **Email:** 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	CHW - Galveston
Mid-County Annex	Island Community Center
9850-C Emmett F. Lowry Expy	4700 Broadway F100
Texas City, TX 77591	Galveston, TX 77551

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

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

- B. Each of the facilities are located in single suites, housed in one-story buildings. Floor plans of the respective facilities are attached herein (**TAB 2**). CHW’s administrative offices are located at the Texas City site.

- C. The buildings have appropriate placement of “Exit” signs which stand readily identifiable in-person, and which are clearly marked on the attached floorplans.

Coastal Health & Wellness serves as a Galveston County federally qualified health center, and the County’s largest community health center. CHW clinics provide a wide array of ambulatory medical, prenatal, dental, mental health and counseling services to the community. Changes in the scope of services offered by the clinics must be approved by the Coastal Health & Wellness Governing Board and the Health Resources and Services Administration (HRSA). During an emergency, patient population may fluctuate or include patients not typically seen or treated by CHW during normal operations.

## **II. EMERGENCY PLAN**

### **Risk Assessment**

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

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

### **Command and Control**

- A. The facility shall develop and document an organizational chart, **(TAB 4)**, which will include a Delegation of Authority to be followed in the event of an emergency. The Delegation of Authority identifies who is authorized to activate the EOP, and illustrates the chain of command to be followed during an emergency. Should an emergency occur, the Executive Director will assume the role of Incident Commander and shall be informed of the emergency immediately (via phone, email, or word of mouth). In the event the Executive Director cannot be contacted, the next individual designated by the Delegation of Authority will assume the position of Incident Commander. Command staff positions have been outlined in the organizational chart. During an emergency, staff will report to their direct supervisor (operational director for their area). With the Incident Command System (ICS) being scalable and subject to fluctuations, and based upon the specific situation and needs of the operation, staff may be asked to fill essential roles which they’re not typically assigned to do. Prior to activation, the Incident Management Team (IMT) will

convene to determine if activation is necessary, and if so, what roles shall be fulfilled. The IMT consists of the Executive Director, ~~Chief Compliance-Risk and Compliance~~ Officer, ~~Chief Nursing Officer~~Nursing Director, Chief Financial Officer, Medical Director, Dental Director, Director of Human Resources, ~~Executive~~ Director of Public Health ~~Surveillance Programs~~Services, IT Manager and Emergency Preparedness Manager and, if deemed necessary, other applicable parties.

Commented [TT1]: Change titles

- 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 [and informacast](#) (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 autoelectronic health record](#)-communication system (**TAB 10**). Vendors (**TAB 8**) scheduled to arrive at the facility will be notified via telephone and/or email of extraneous circumstances by the Procurement Agent.

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

##### External

- A. Staff is consistently instructed to call 9-1-1 for any emergency that arises which threatens the safety or life of staff, patients or visitors.
- B. This EOP contains a list of all county and local emergency management persons that should be notified (via phone or email) at **TAB 6**. Contact with emergency personnel is documented via the *Message Log* (ICS 213)(**Tab 12**), and *EOP Tracking Log* by the individual making contact (Emergency Preparedness Manager or designee). Notification and updates will be given to emergency management personnel when there is any change with operations, including: i) transitions from normal

operations; ii) activation of the EOP; iii) employment of response actions and/or recovery actions; and iv) when resuming normal operations.

- C. This EOP contains a listing of contact information for other facilities that can provide required services for patients in the case CHW is unable to do so, and a listing of nearby hospitals that can provide emergency services **(TAB 6)**.
- D. The Public Information Officer will handle any and all media inquiries.

#### **Communications with Patients and Visitors**

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

#### **Communications with Healthcare Providers**

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

#### **Surge Capacity and Resources**

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

#### **Requesting Assistance**

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

## **V. TRAINING**

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

## **VI. TESTING**

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

## TAB 1- Facility Location Plan

### Texas City Clinic



### Galveston Clinic



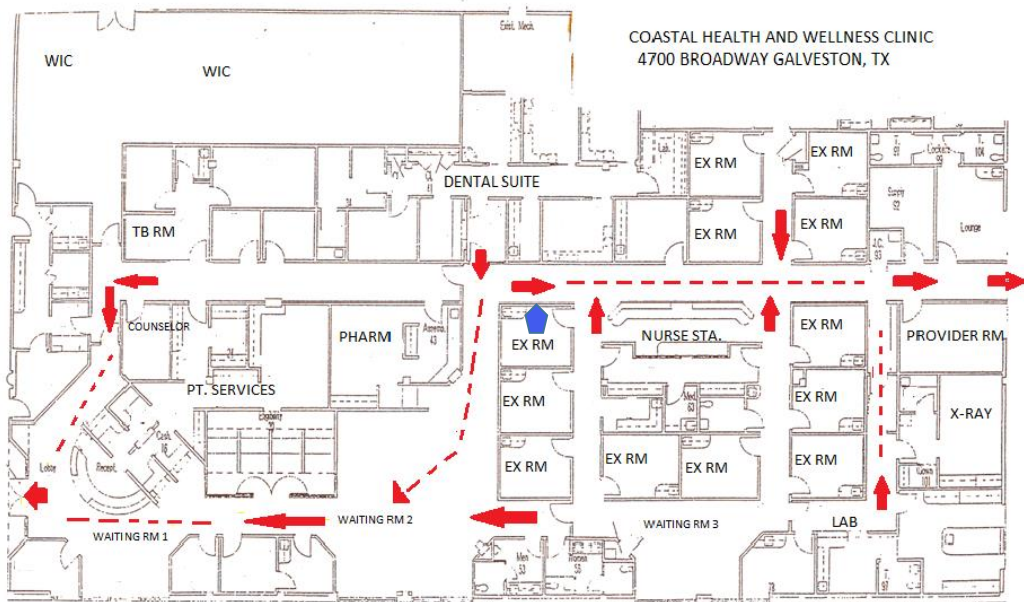
**TAB 2 - Facility Floor Plan**

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



◆ Fire Extinguisher  
◆ Defibrillator

GALVESTON COUNTY COASTAL HEALTH AND WELLNESS CLINIC  
ISLAND COMMUNITY CENTER GALVESTON



\*Arrows denote pathway to fire exits

■ Defibrillator

**TAB 3 - HVA**



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

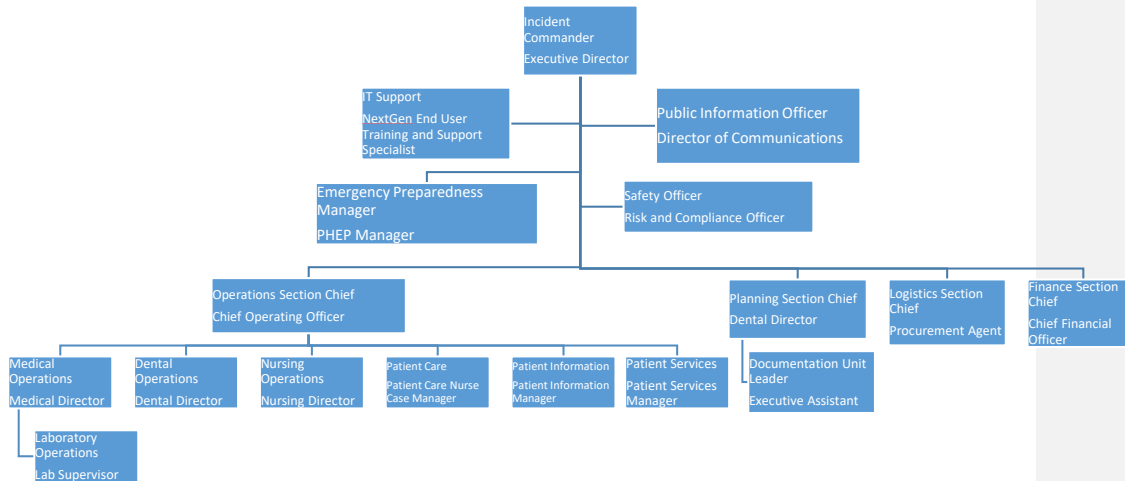
*\*Listed are the top 10 Hazards beginning with the highest risk*

#### **TAB 4 – Delegations of Authority & Organizational Chart**

### Delegations of Authority

Task	Incumbent	Delegated Position	Limitations
Incident Commander	Executive Director		
Operations Section Chief	Chief Operating Officer		
Planning Section Chief	<del>Chief</del> <del>Nursing Officer</del> <del>Director of Dental</del>		
Logistics Section Chief	Procurement Agent		
Finance Section Chief	<del>Clinical</del> <del>Chief</del> Financial Officer		

### 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	Chief Operating Officer	<del>Chief Compliance Officer</del> <a href="#">PHEP Manager</a>
Operations Section Chief	Chief Operating Officer	<del>Compliance and Risk Management Officer</del> <del>Chief Compliance Officer</del>	<del>Risk and Safety Coordinator</del> <a href="#">PHEP Manager</a>
Planning Section Chief	<del>Chief Nursing Officer</del> <a href="#">Director of Dental</a>	<del>Compliance and Risk Management Officer</del> <del>Chief Compliance Officer</del>	<del>Risk and Safety Coordinator</del> <a href="#">PHEP Manager</a>
Logistics Section Chief	Procurement Agent	Chief Financial Officer	Assistant Procurement Agent
Finance Section Chief	<del>Chief Financial Officer</del> <del>Clinical Financial Officer</del>	<del>Chief Financial Officer</del> <a href="#">Billing/Finance Designee</a>	<del>Budget and Grant Manager</del> <a href="#">Billing/Finance Designee</a>

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

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Commented [TT2]: Removing table, replacing with GCOEM, Texas City EM, and Galveston EM



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ESF 8 Partners

Name	Organization	Email	Phone
Salami, HilalCalvillo, Fidel	SETRAC	Hilal.salami@setrac.org fidel.calvillo@setrac.org	281-822-44439
Valcin, Randy	GCHD	rvalcin@gchd.org	409-938-2322
Tucker, Melissa	Gulf Coast Center	MelissaT@gulfcoastcenter.org	409-944-4382

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**TAB 8 - Vendor Contacts**

**Commented [TT3]:** Complete list is now embeded through excel link

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

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Stargel				713-461-5382	Copier Supplies & Repair
Stericycle				866-783-7422	Biohazard Pick-Up
X-Ray Compliance	Freeman	Randy	<a href="mailto:randyfreeman1@comcast.net">randyfreeman1@comcast.net</a>	281-844-5226	X-Ray Equipment Repair
Biochemical Diagnostics			<a href="mailto:Support@biochemicaldiagnostics.com">Support@biochemicaldiagnostics.com</a>	631-595-9200	Validity Control Product
Bound Tree	Gray	Craig	<a href="mailto:craig.gray@boundtree.com">craig.gray@boundtree.com</a>	800-533-0523	Medical/Lab Supplies
HiTouch Business	Barsch	Kyle	<a href="mailto:kyle.barsch@hitouchbusinessservices.com">kyle.barsch@hitouchbusinessservices.com</a>	866-448-6824	Office Supplies
Benco Dental	Kessner	Matt	<a href="mailto:mkessner@benco.com">mkessner@benco.com</a>	281-727-6430	Office Supplies
The Tree House		Katie	<a href="mailto:katie@thetreehouseinc.com">katie@thetreehouseinc.com</a>	800-595-6651	Cartridges/Toner



2023 CHW Vendor List.xlsx

Field Code Changed

**TAB 9 – EOP Tracking Form (ICS 214)**

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## ACTIVITY LOG (ICS 214)

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## **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 within [informacast and 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 [informacast and/or 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**

<b>Emergency Communication Equipment</b>	<b>Location</b>
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)

<b>GENERAL MESSAGE (ICS 213)</b>		Print Only
INCIDENT NAME: _____		
OPERATOR NAME: _____		
Date : _____ Time : _____		
Name of Caller: _____		<input type="checkbox"/> URGENT  <input type="checkbox"/> ROUTINE
Phone #: _____		
Address (if applicable): _____		
<b>ISSUE:</b> _____ _____ _____ _____ _____ _____ _____		
<b>ACTION TAKEN:</b>          <div style="text-align: right; padding-right: 50px;"> <input type="checkbox"/> FOLLOW UP   <input type="checkbox"/> CLOSED           </div> <div style="text-align: right; padding-right: 50px;">             Time: _____              Date: _____           </div>		
<div style="display: flex; justify-content: space-between;"> <div>             FOLLOWED UP BY: _____              POSITION/TITLE: _____           </div> <div>             SIGNATURE: _____               RECEIVED MESSAGE              DATE/TIME: _____           </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px 5px;">ICS 213</div> </div>		



### 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

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### Governing Board

January 2023

Item#9

**Consider for Approval Quarterly Compliance Report  
for the Period Ending 12/31/22**

[Back to Agenda](#)



### Governing Board

January 2023

Item#10

### **Informational Report: Credentialing & Privileging Committee Reviewed and Approved the Following Providers Privileging Rights**

- a) Cami Stastny, DC –Chiropractor
- b) Ariana Lerma, MD - UTMB Family Medicine Resident
- c) Benjamin Pilgrim, MD - UTMB Family Medicine Resident

[Back to Agenda](#)

### Governing Board

January 2023

#### Item#11

The Governing Board will enter into a closed meeting as permitted under Section 551.074(b) of the Texas Government Code, Personnel Matters, to hear a complaint or charge against an officer or employee; specifically, a Governing Board member

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**Governing Board**

**January 2023**

**Item#12**

**Reconvene into Regularly Scheduled Meeting**

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

### **Governing Board**

**January 2023**

**Item#13**

### **Possible Action from Executive Session Regarding a Governing Board Member**

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

### Governing Board

January 2023

Item#14

### Coastal Health & Wellness Updates.

- a)** Operational Updates/Coastal Wave Submitted by Chief Operating Officer
- b)** Dental Updates Submitted by Dental Director
- c)** Medical Updates Submitted by Medical Director



## CHW partners with Texas Chiropractic College to offer physical medicine services

Coastal Health & Wellness (CHW) patients may now take advantage of physical medicine, rehabilitation and chiropractic care, thanks to a recent partnership with Texas Chiropractic College (TCC).

New services include physical medicine and rehabilitation, chronic pain management, TMD (TMJ), stroke rehabilitation and other physical ailments for patients referred by their CHW provider.

"Our patients clearly needed access to these services, but many weren't following through with their doctor's referral for specialty care," said CHW Chief Operating Officer Ami Cotharn. "We decided to eliminate any barriers – transportation, affordability, understanding the process – and bring those services in-house to meet our patients' needs."

Chiropractics is progressively integrating into mainstream medicine supported by the passing of the Affordable Care Act, which created a new healthcare system that focuses on integrated, holistic, patient-centered and evidence-based primary care, Cotharn said.

The partnership is a win-win. CHW patients now have access to specialty care at their medical home while TCC chiropractic student interns get hands-on experience that is vital to their education and training. Interns work under the supervision and alongside TCC Doctor of Chiropractic licensed faculty.

[Learn more about the new services.](#)

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## CHW Lab and X-Ray team recognized for newborn screenings

Congratulations to Coastal Health & Wellness' Lab and X-Ray team – they received a perfect score from the Texas Department of State Health Services (DSHS) for newborn screenings. They collected six newborn screenings in 2022 and achieved a perfect score on each sample!

Scoring is based on quality, timing collection, transit to the DSHS lab within 72 hours of collection and obtaining all proper information concerning the childbirth and demographics.







## Circle of Excellence winners announced

Congratulations to the first quarterly Circle of Excellence winners! These employees were nominated and selected by their fellow coworkers for exemplifying performance, goals, skills and qualities that highlight and promote the mission and vision of the district.

### Jennifer Peebler, Galveston County Health District

Jennifer's nomination read, "Over the past three years, while our department was short-handed, Mrs. Peebler has completed the work of two full-time employees. All her work was completed accurately and on time. In addition, she trained our new designated representatives while overcoming technical difficulties stemming from a new computer system. Mrs. Peebler is a valuable asset to our department and is an outstanding example to the team."

### Evelyn Garcia, Coastal Health & Wellness

Evelyn's nomination read, "Evelyn does above and beyond for each patient. She has shown qualities that truly represent not just 'service', but care and understanding for the patients. She is someone I trust to handle patients in a trustworthy manner. The time she takes to explain and walk through our clinical services for patients is always professional and with the intent to help as needed with whatever the patient may need. I have seen her firsthand, and every day is as if it was her first day on the job, eager to learn and eager help and service those needing serving."

Learn more about [Evelyn](#) in our Employee Spotlight.

### Dahniah Rees, Galveston Area Ambulance Authority

Dahniah's nomination read, "Dahniah Rees is an amazing paramedic, employee and person. She can make anyone feel welcome within a few minutes of knowing them. Her medical knowledge, knowledge of operations, personality, bedside manner and respect for all makes her an excellent employee. She frequently gets patient compliments and kudos. Dahniah constantly goes out of her way for her coworkers. She has been there for all those who have been struggling in our department this past year on and off duty and has been doing so for years! Dahniah is a respected provider within this department, a great mentor and has taught many employees who have promoted up through the ranks. Dahniah is the kind of person, who if she received this award, she wouldn't understand why, because she is just being herself, which truly adds value to the kind of performance she executes every day."

Learn more about [Dahniah](#) in our Employee Spotlight.

## **CHW now offers chronic care management**

Coastal Health & Wellness launched its new chronic care management program in January, geared at helping patients with two or more chronic conditions better manage their health.

The program is open to patients who have multiple chronic conditions including high blood pressure, diabetes, arthritis and more.

Three in four Americans ages 65 and older have multiple chronic conditions that require ongoing medical attention, according to the Centers for Disease Control and Prevention. As the number of conditions increase, patients must navigate more doctor visits, take more medications and face significant out-of-pocket costs. That can often be overwhelming. Patients who enroll in the chronic care management program work closely with staff to coordinate care between doctor visits, pharmacy, specialists, hospitals and more, as well as monthly meetings to discuss any new questions and concerns.

Ask your provider for more information during your next visit or call us at 409.938.2234 to learn more.

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## **Dental sealants help protect against cavities**

Brushing and flossing your teeth are the best ways to help prevent cavities, but it's tough to reach every nook and cranny, especially your molar teeth where leftover food and bacteria often hide.

Cavities are one of the most common chronic diseases of childhood, and they're preventable. Left untreated, cavities can cause pain, infections and can lead to problems eating, speaking and learning.

Did you know there is another way to keep your teeth clean? Dental sealants are a quick, easy and painless way to prevent most of the cavities children get in the permanent back teeth, where nine in 10 cavities occur.

A dental sealant is a thin, protective coating made from plastic or other dental material that adheres to the chewing surface of back teeth. Partnered with brushing and flossing, sealants can help keep cavities from forming and may even stop early stages of decay from becoming a full-blown cavity.

Ask your child's dentist about sealants and [learn more](#) about how they work.



Talk to your health care team about the **ABCS**



**A**spirin when appropriate



**B**lood pressure control



**C**holesterol management



**S**moking cessation

### Manage cardiovascular health with help from healthcare team

Regularly monitoring your blood pressure, with support from your healthcare team, can help lower your risk for heart disease and stroke.

Nearly one in two U.S. adults have high blood pressure, but only one in four have it under control. High blood pressure - a leading cause of heart disease and stroke - is often called the silent killer because you may have elevated numbers, but no symptoms.

February marks American Heart Month, a time for us to focus on our cardiovascular health. Taking care of your heart can be as simple as the ABCS. Talk with your healthcare team about aspirin when appropriate, blood pressure control, cholesterol management and smoking cessation.

Learn more about what you can do to protect your heart.



# CHW Priorities & Goals for 2022 - 2025

Be	Priority 1: Be an Exceptional Health Center and Workplace
Scale	Priority 2: Scale Services
Address	Priority 3: Strategically Address Health Disparities
Expand	Priority 4: Expand CHW Community Reach Through Maximizing Community Stakeholder Relationships
Upgrade	Priority 5: Upgrade Technology and Processes

## Priority 1: Be an Exceptional Health Center and Workplace

Goal	Goal one: Recruit and retain top talent
Goal	Goal two: Expand facility resources
Goal	Goal three: Maintain excellent care that is patient centered



## Priority 2 : Scale Services



Goal

- Goal one: Expand Access to Specialties



Goal

- Goal two: Grow Child Health



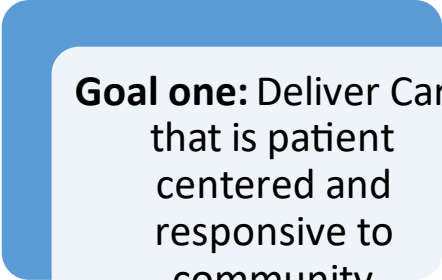
Goal

- Goal three: Grow Patient Population


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## Priority 3 : Strategically Address Health Disparities



**Goal one:** Deliver Care that is patient centered and responsive to community



**Goal two:** Identify and address health disparities

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## Priority 3 : Strategically Address Health Disparities

**Goal one:** Deliver Care that is patient centered and responsive to community

**Goal two:** Identify and address health disparities

## Priority 4 : Expand CHW Community Reach through Maximizing Community Stakeholder Relationships

**Goal one:** Expand and maintain strategic partnerships with other organizations and community leaders

**Goal two:** Execute activities with attention to maximizing impact

## Priority 5 : Upgrade Technology and Processes

### Goal

- Goal one: Upgrade technology for care improvement and efficiency

### Goal

- Goal two: Develop or update processes enhancing communication and work performance

### Goal

- Goal three: Leverage existing technologies

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### Governing Board

January 2023

Item#15

**Consider for Approval Financial Report Submitted by Trish Bailey**

**a)** November

**b)** December

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending

*November 30, 2022*

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

**CHW - BALANCE SHEET**

as of November 30, 2022

**ASSETS**

	Current Month Nov-22	Prior Month Oct-22	Increase (Decrease)
Cash & Cash Equivalents	\$6,684,276	\$7,542,595	(\$858,319)
Accounts Receivable	4,115,205	3,799,208	315,997
Allowance For Bad Debt	(1,494,100)	(1,470,131)	(23,969)
Pre-Paid Expenses	426,362	301,505	124,857
Due To / From	(452,359)	(232,567)	(219,792)
<b>Total Assets</b>	<b>\$9,279,384</b>	<b>\$9,940,609</b>	<b>(\$661,225)</b>

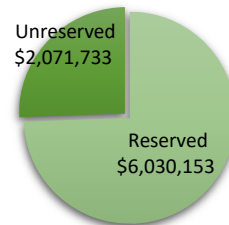
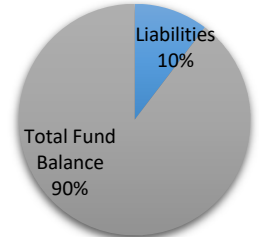
**LIABILITIES**

Accounts Payable	\$213,230	\$121,686	\$91,544
Accrued Salaries	446,770	535,320	(88,551)
Deferred Revenues	302,531	580,420	(277,889)
<b>Total Liabilities</b>	<b>\$962,531</b>	<b>\$1,237,426</b>	<b>(\$274,895)</b>

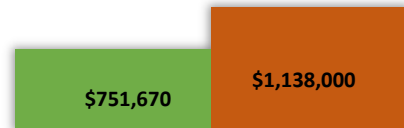
**FUND BALANCE**

Fund Balance	\$8,131,580	\$8,131,580	0
Current Change	185,273	571,603	(386,330)
<b>Total Fund Balance</b>	<b>\$8,316,853</b>	<b>\$8,703,183</b>	<b>(\$386,330)</b>

<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$9,279,384</b>	<b>\$9,940,609</b>	<b>(\$661,225)</b>
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**Total Fund Balance****Current Period Assets****Current Month Actuals**

■ Revenue ■ Expenses

**CHW - REVENUE & EXPENSES**

as of November 30, 2022

**REVENUE**

	MTD Actual Nov-22	MTD Budgeted Nov-22	MTD Budget Variance	YTD Actual thru Nov-22	YTD Budget thru Nov-22	YTD Budget Variance
County Revenue	\$277,889	\$311,222	(\$33,333)	2,423,111.34	\$2,489,778	(\$66,667)
DSRIP Revenue	0	62,500	(\$62,500)	712,500	500,000	\$212,500
Grant Revenue	173,592	281,045	(\$107,453)	3,068,501	2,158,267	\$910,235
Program Revenue	284,655	278,190	\$6,465	2,173,431	2,327,615	(\$154,185)
Other Revenue	15,534	6,476	\$9,058	81,844	39,805	\$42,039
<b>Total Revenue</b>	<b>\$751,670</b>	<b>\$939,433</b>	<b>(\$187,763)</b>	<b>8,459,387</b>	<b>\$7,515,465</b>	<b>\$943,922</b>

**EXPENSES**

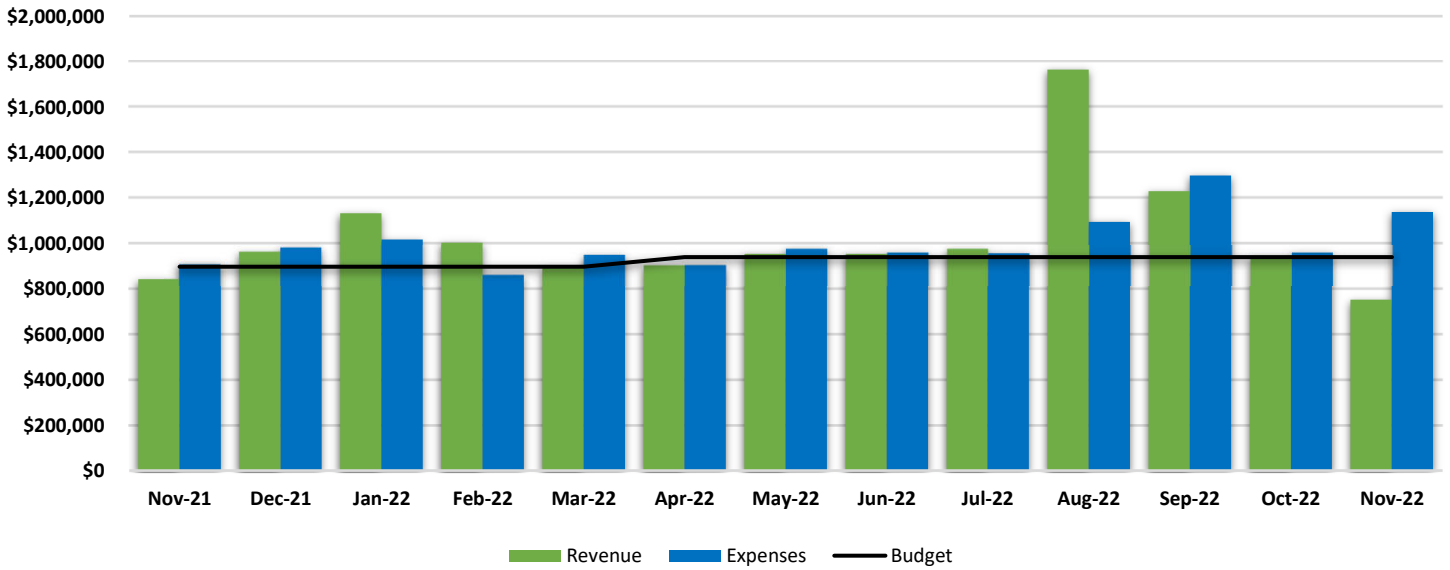
Personnel	\$778,346	\$618,574	(\$159,772)	5,423,896.08	\$4,948,589	(\$475,307)
Contractual	152,068	77,767	(74,301)	695,052	622,135	(72,918)
IGT Reimbursement	0	20,569	20,569	235,125	164,550	(70,575)
Supplies	70,908	84,323	13,416	632,002	674,587	42,585
Travel	1,033	3,278	2,245	17,957	26,223	8,267
Bad Debt Expense	23,969	33,454	9,485	322,918	267,631	(55,287)
Other	111,677	101,469	(10,208)	947,165	811,751	(135,414)
<b>Total Expenses</b>	<b>\$1,138,000</b>	<b>\$939,433</b>	<b>(\$198,567)</b>	<b>8,274,114</b>	<b>\$7,515,465</b>	<b>(\$758,649)</b>
<b>CHANGE IN NET ASSETS</b>	<b>(\$386,330)</b>	<b>\$0</b>	<b>(\$386,330)</b>	<b>185,273</b>	<b>\$0</b>	<b>185,273</b>

**HIGHLIGHTS**

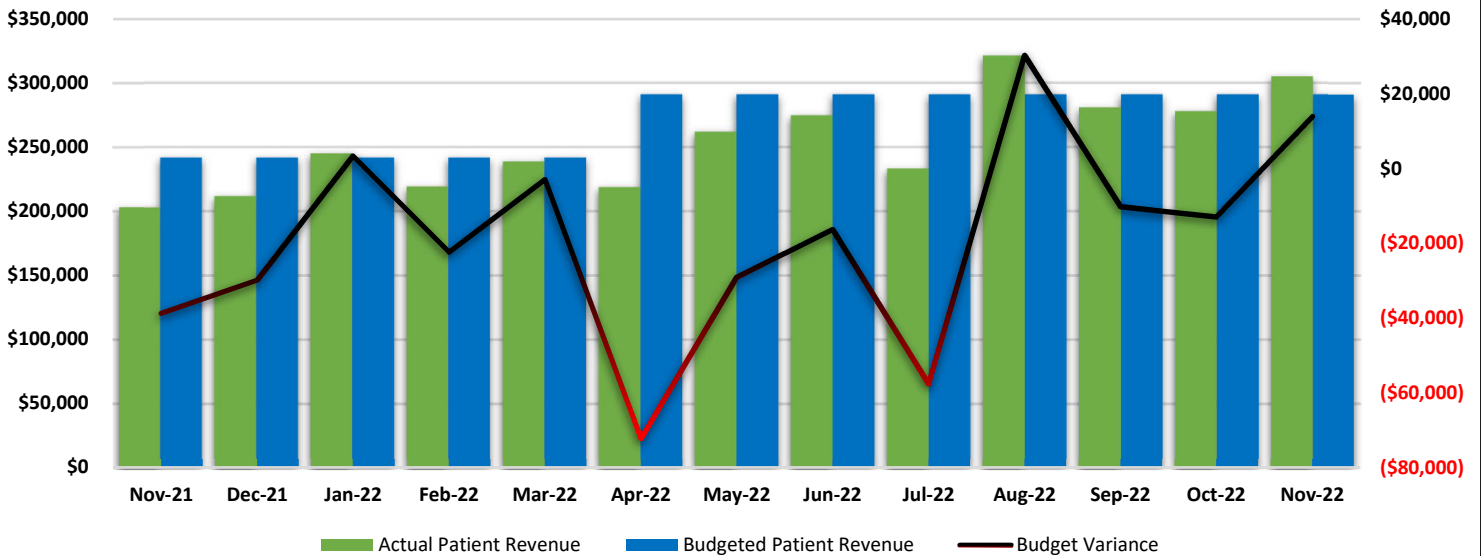
- **Fund Balance:** For the month of November the total fund balance was \$8,316,853, a decrease of \$386,330 from October.
- **Revenue:** MTD revenue was \$751,670 which is under budget by \$187,763. YTD revenue was \$8,459,387 and is over budget by \$943,922. The large difference between actual and budget for YTD is due to the extra funding from HHS and the DSRIP revenue coming in all at once.
- **Expense:** MTD expenses were \$1,138,000 which is \$198,567 over budget. YTD expenses were \$8,274,114 which are \$758,649 over budget. This difference between actual and budget is due to the increase in personal and other personal changes as well as IGT reimbursement. The overage in personnel is offset by revenue from the HRSA ARP grant and IGT Reimbursement is offset by DSRIP revenue.



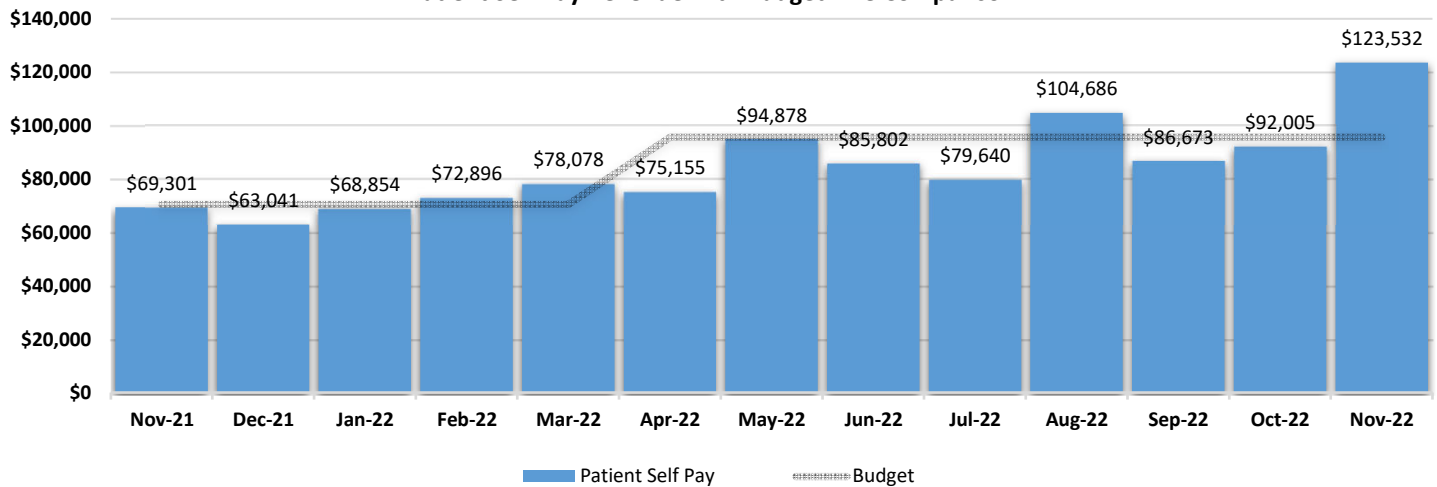
Actual Revenue & Expenses in Comparison to Budget



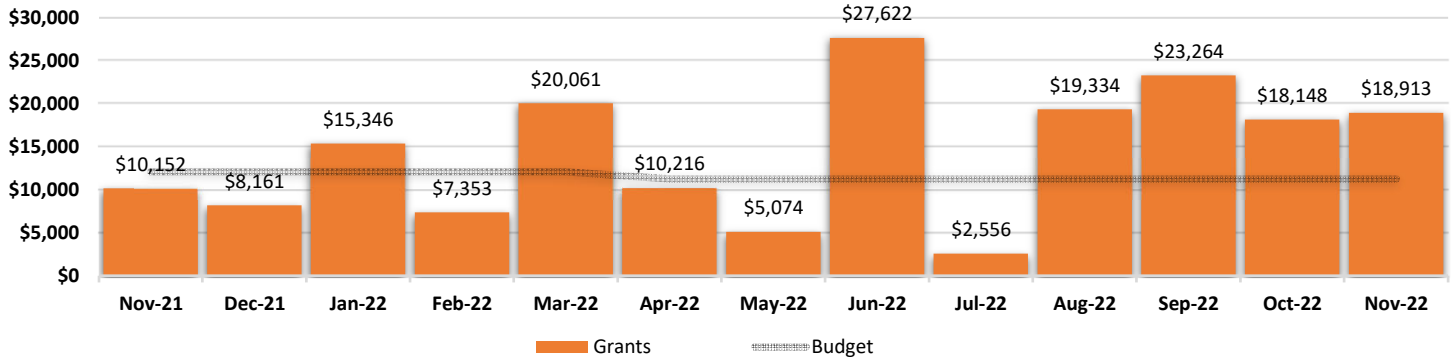
Actual Patient Revenue Rec'd vs Budget with Variance



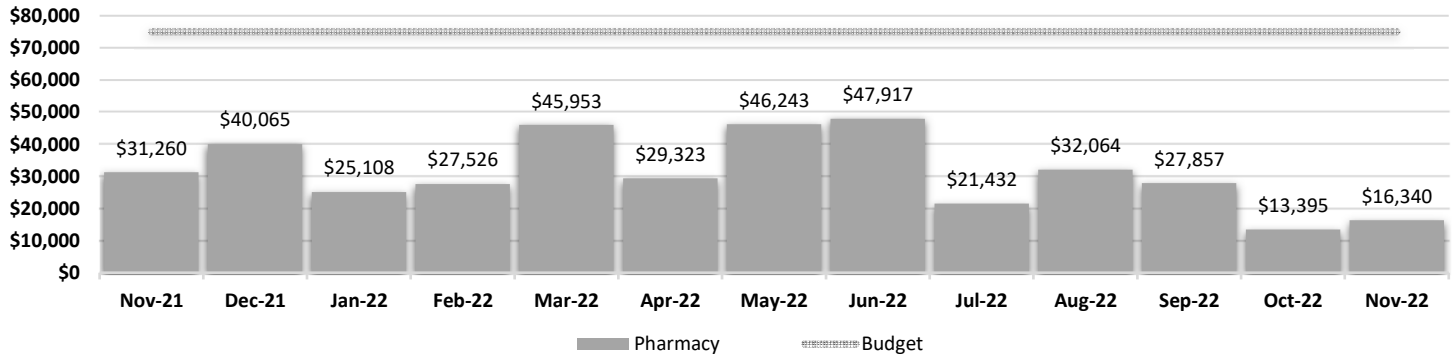
Patient Self Pay Revenue with Budget Line Comparison



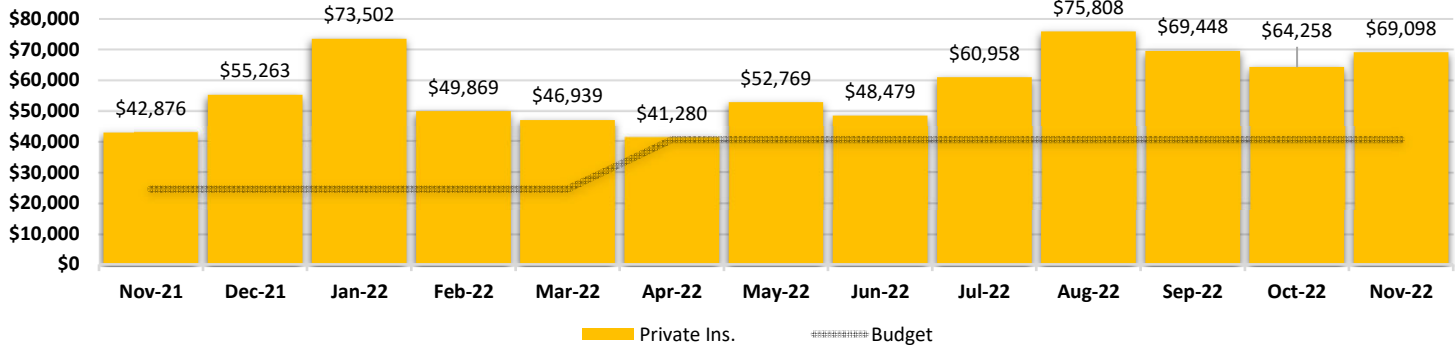
**Title V & Ryan White Revenue with Budget Line Comparison**



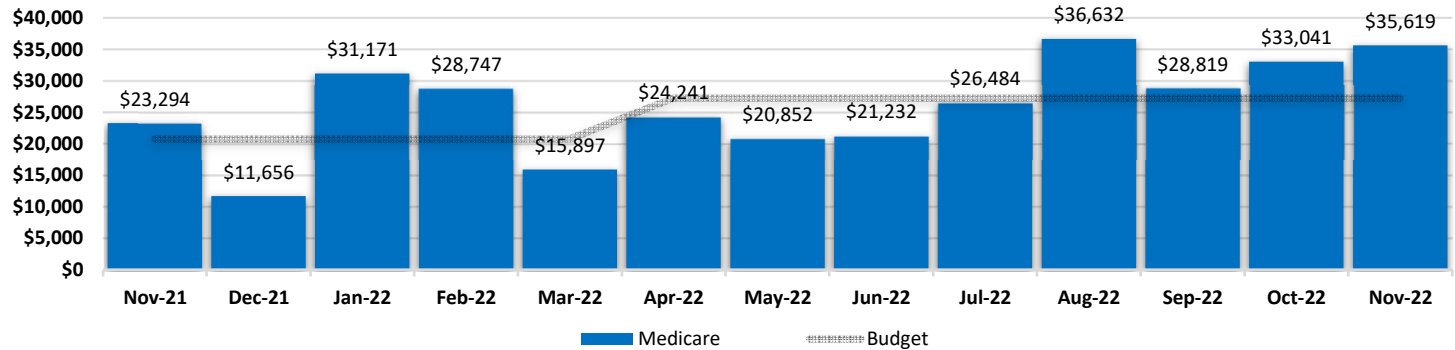
**Pharmacy Revenue with Budget Line Comparison**



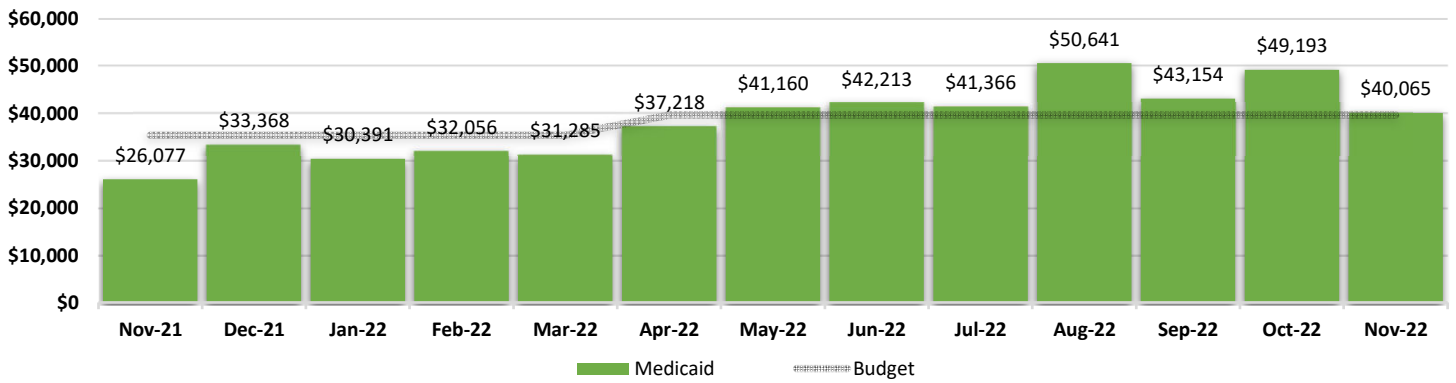
**Private Insurance Revenue with Budget Line Comparison**



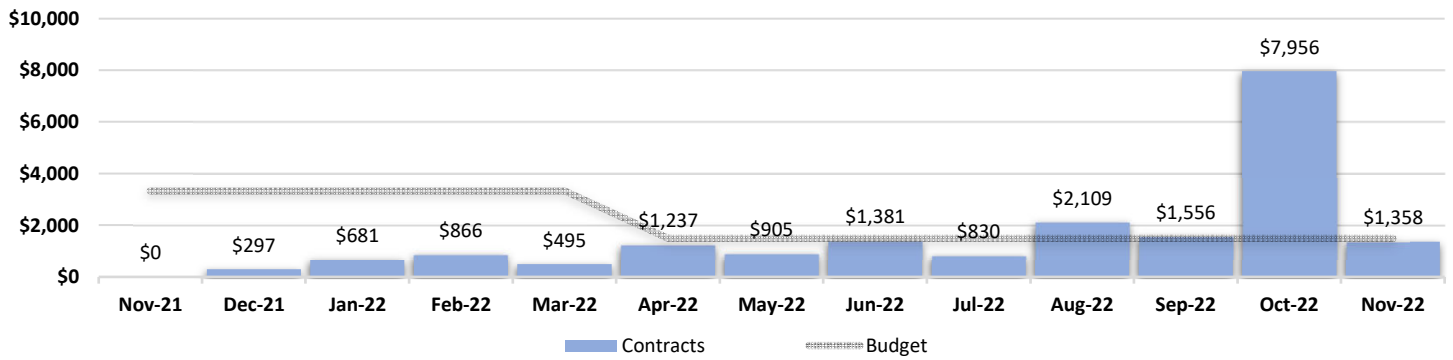
**Medicare Revenue with Budget Line Comparison**



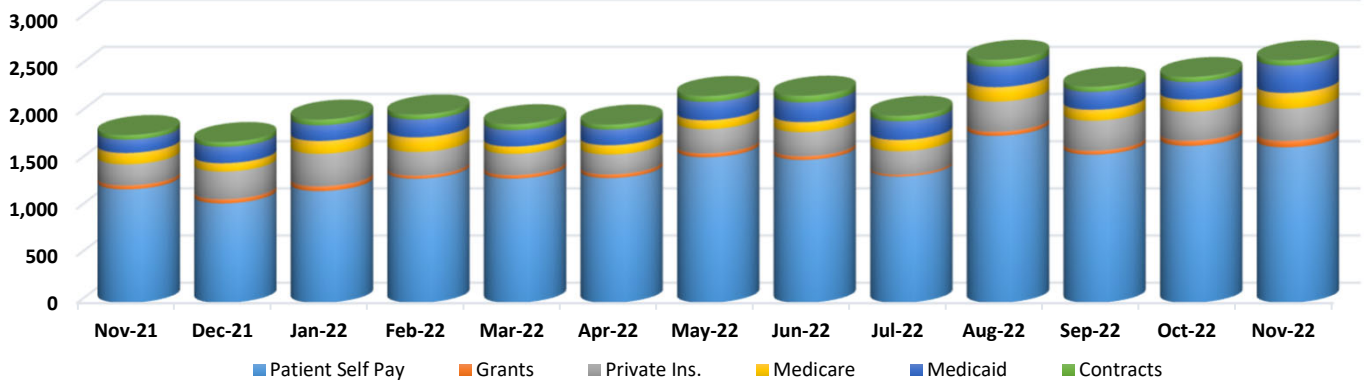
### Medicaid Revenue with Budget Line Comparison



### Contract Revenue with Budget Line Comparison

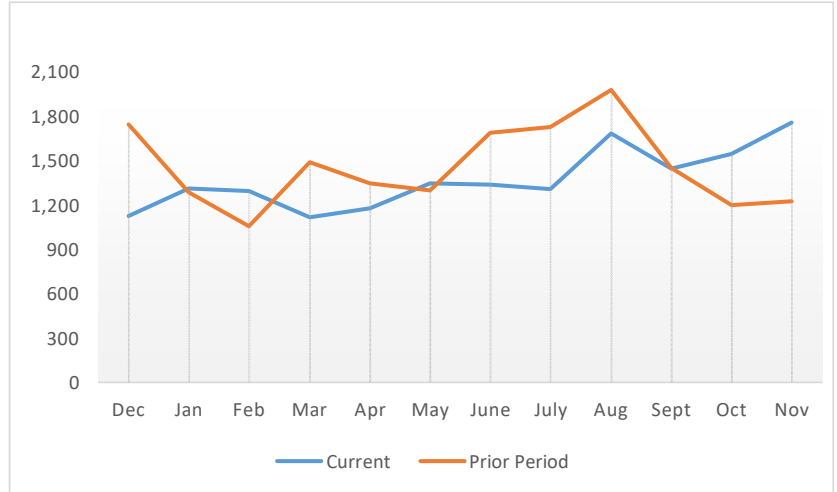


### Total Number of Patient Visits



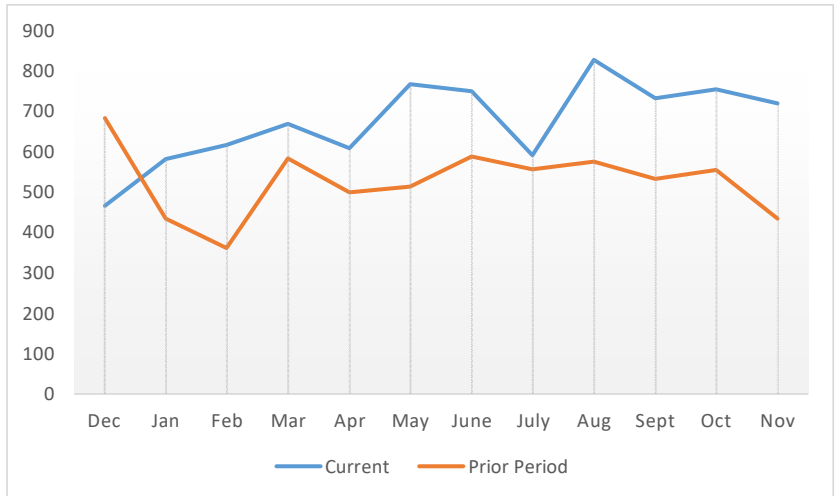
### Medical Visits

	<u>Current</u>	<u>Prior Period</u>
Dec	1,124	1,745
Jan	1,311	1,288
Feb	1,294	1,058
Mar	1,119	1,488
Apr	1,178	1,345
May	1,345	1,299
June	1,337	1,689
July	1,309	1,727
Aug	1,684	1,980
Sept	1,445	1,450
Oct	1,547	1,198
Nov	1,759	1,227
	<u>16,452</u>	<u>17,494</u>



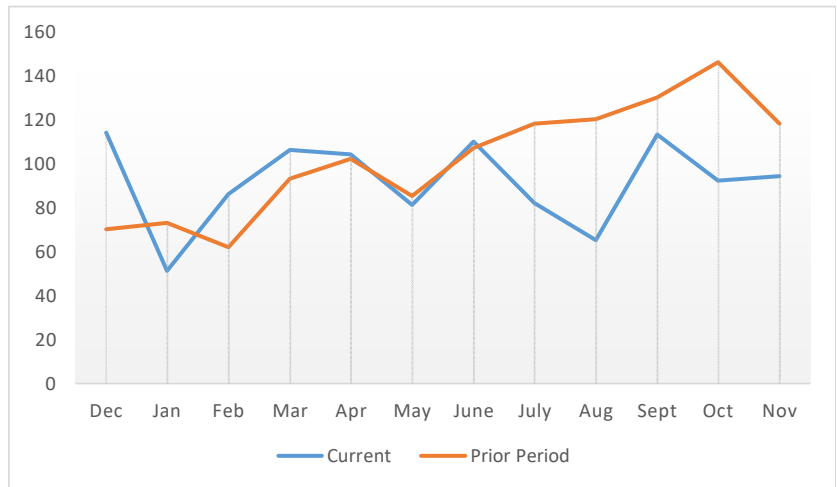
### Dental Visits

	<u>Current</u>	<u>Prior Period</u>
Dec	466	682
Jan	580	433
Feb	616	361
Mar	668	582
Apr	607	499
May	766	512
June	748	587
July	591	555
Aug	827	574
Sept	732	532
Oct	754	554
Nov	718	433
	<u>8,073</u>	<u>6,304</u>



### Counseling Visits

	<u>Current</u>	<u>Prior Period</u>
Dec	114	70
Jan	51	73
Feb	86	62
Mar	106	93
Apr	104	102
May	81	85
June	110	107
July	82	118
Aug	65	120
Sept	113	130
Oct	92	146
Nov	94	118
	<u>1,098</u>	<u>1,224</u>



**Vists by Financial Class - Actual vs. Budget**  
**As of November 30, 2022 (Grant YTD 04/01/22 - 11/30/22)**

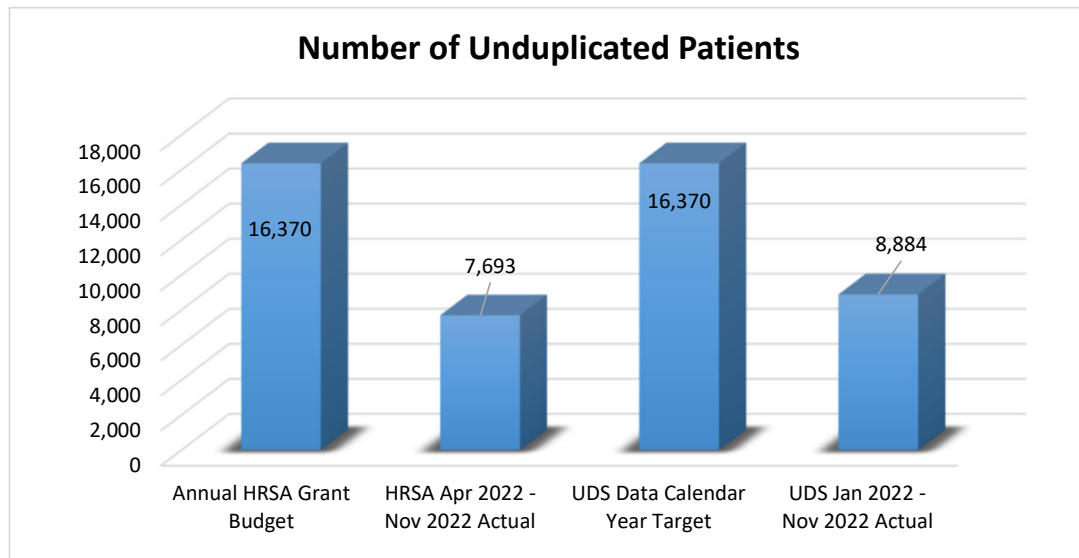
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/(Under) YTD Budget
Medicaid	3,400	290	283	7	1,950	2,267	(317)	-14%
Medicare	2,425	167	202	(35)	1,024	1,617	(593)	-37%
Other Public <i>(Title V, Contract, Ryan White)</i>	993	125	83	42	832	662	170	26%
Private Insurance	4,435	340	370	(30)	2,336	2,957	(621)	-21%
Self Pay	24,404	1,649	2,034	(385)	12,211	16,269	(4,058)	-25%
	<b>35,657</b>	<b>2,571</b>	<b>2,971</b>	<b>(400)</b>	<b>18,353</b>	<b>23,771</b>	<b>(5,418)</b>	<b>-23%</b>

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

	Current Year Annual Target	Jan 2021 - Nov 2021 Actual	Jan 2022 - Nov 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	7,981	8,884	903	54%

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

	Annual HRSA Grant Budget	Apr 2021 - Nov 2021 Actual	Apr 2022 - Nov 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	7,059	7,693	634	47%



# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending

*December 31, 2022*

**CHW - BALANCE SHEET**

as of December 31, 2022

**ASSETS**

	Current Month Dec-22	Prior Month Nov-22	Increase (Decrease)
Cash & Cash Equivalents	\$6,852,531	\$6,684,276	\$168,255
Accounts Receivable	4,335,709	4,115,205	220,504
Allowance For Bad Debt	(1,529,857)	(1,494,100)	(35,757)
Pre-Paid Expenses	546,420	426,362	120,058
Due To / From	(646,758)	(452,359)	(194,399)
<b>Total Assets</b>	<b>\$9,558,045</b>	<b>\$9,279,384</b>	<b>\$278,661</b>

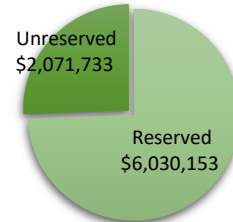
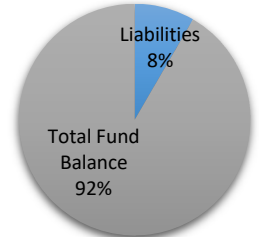
**LIABILITIES**

Accounts Payable	\$294,904	\$213,230	\$81,673
Accrued Salaries	484,584	446,770	37,814
Deferred Revenues	24,642	302,531	(277,889)
<b>Total Liabilities</b>	<b>\$804,129</b>	<b>\$962,531</b>	<b>(\$158,401)</b>

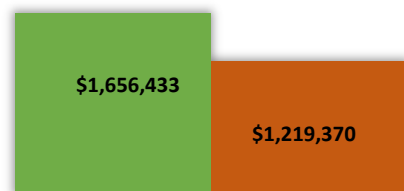
**FUND BALANCE**

Fund Balance	\$8,131,580	\$8,131,580	0
Current Change	622,336	185,273	437,063
<b>Total Fund Balance</b>	<b>\$8,753,916</b>	<b>\$8,316,853</b>	<b>\$437,063</b>

<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$9,558,045</b>	<b>\$9,279,384</b>	<b>\$278,661</b>
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**Total Fund Balance****Current Period Assets****Current Month Actuals**

■ Revenue ■ Expenses

**CHW - REVENUE & EXPENSES**

as of December 31, 2022

**REVENUE**

	MTD Actual Dec-22	MTD Budgeted Dec-22	MTD Budget Variance	YTD Actual thru Dec-22	YTD Budget thru Dec-22	YTD Budget Variance
County Revenue	\$277,889	\$311,222	(\$33,333)	2,701,000.26	\$2,801,000	(100,000)
DSRIP Revenue	0	62,500	(62,500)	712,500	562,500	150,000
HHS Grant Revenue	953,198	269,783	683,415	4,021,700	2,428,050	1,593,650
Patient Revenue	403,363	290,952	112,411	2,576,794	2,618,567	(41,773)
Other Revenue	21,983	4,976	17,007	103,827	44,781	59,046
<b>Total Revenue</b>	<b>\$1,656,433</b>	<b>\$939,433</b>	<b>\$717,000</b>	<b>10,115,821</b>	<b>\$8,454,899</b>	<b>1,660,922</b>

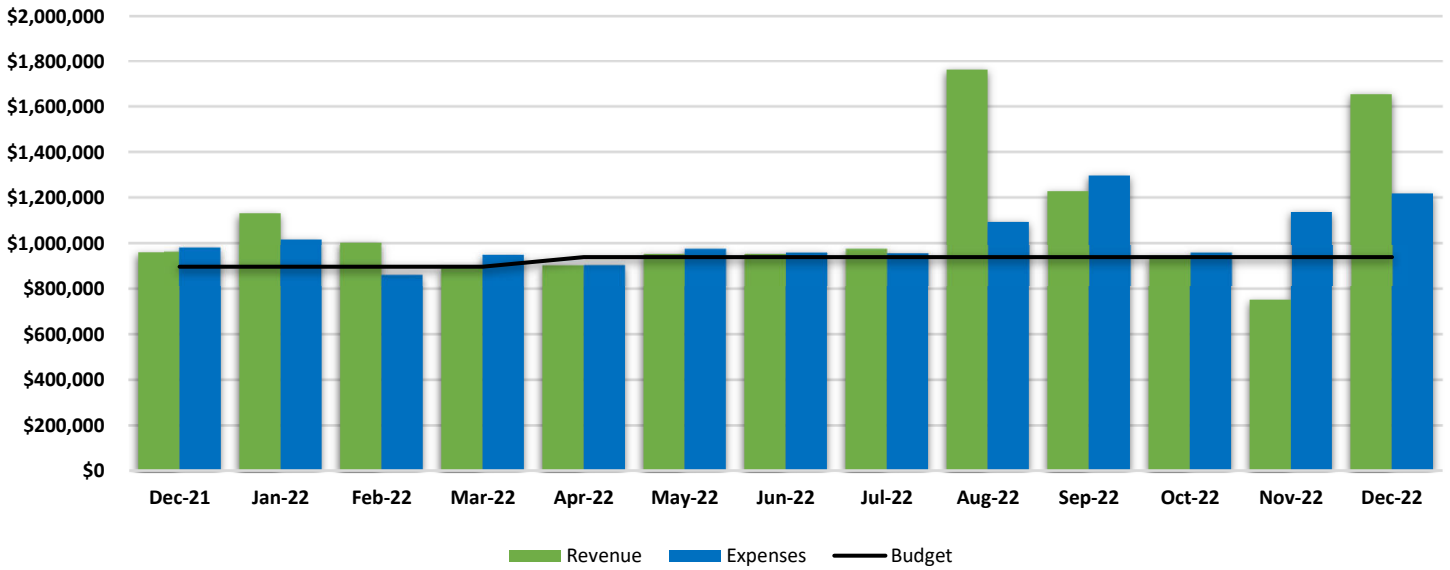
**EXPENSES**

Personnel	\$755,594	\$618,574	(\$137,021)	6,179,490.41	\$5,567,162	(\$612,328)
Contractual	169,956	77,767	(92,189)	865,008	699,902	(165,106)
IGT Reimbursement	0	20,569	20,569	235,125	185,119	(50,006)
Supplies	96,138	84,323	(11,815)	728,139	758,910	30,771
Travel	967	3,278	2,311	18,923	29,501	10,578
Bad Debt Expense	35,757	33,454	(2,303)	358,674	301,085	(57,590)
Other	148,259	101,469	(46,790)	1,108,124	913,220	(194,904)
<b>Total Expenses</b>	<b>\$1,219,370</b>	<b>\$939,433</b>	<b>(\$279,937)</b>	<b>9,493,485</b>	<b>\$8,454,899</b>	<b>(\$1,038,586)</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$437,063</b>	<b>\$0</b>	<b>\$437,063</b>	<b>622,336</b>	<b>\$0</b>	<b>622,336</b>

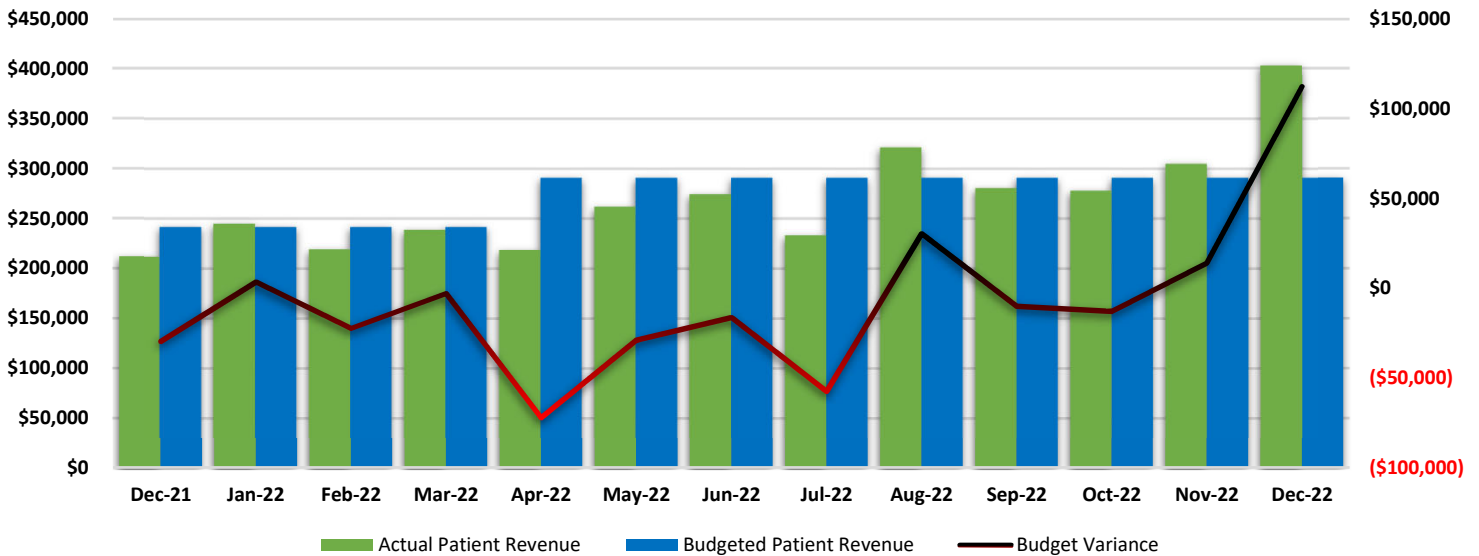
**HIGHLIGHTS**

- **Fund Balance:** For the month of December the total fund balance was \$8,753,916, an increase of \$437,063 from November.
- **Revenue:** MTD revenue was \$1,656,433 which is over budget by \$717,000. YTD revenue was \$10,115,821 and is over budget by \$1,660,922. The large difference between actual and budget for YTD is due to the extra funding from HHS and the DSRIP revenue coming in all at once.
- **Expense:** MTD expenses were \$1,219,370 which is \$279,937 over budget. YTD expenses were \$9,493,485 which are \$1,038,586 over budget. This difference between actual and budget is due to the increase in personal and other personal changes as well as IGT reimbursement. The overage in personnel is offset by revenue from the HRSA ARP grant and IGT Reimbursement is offset by DSRIP revenue.

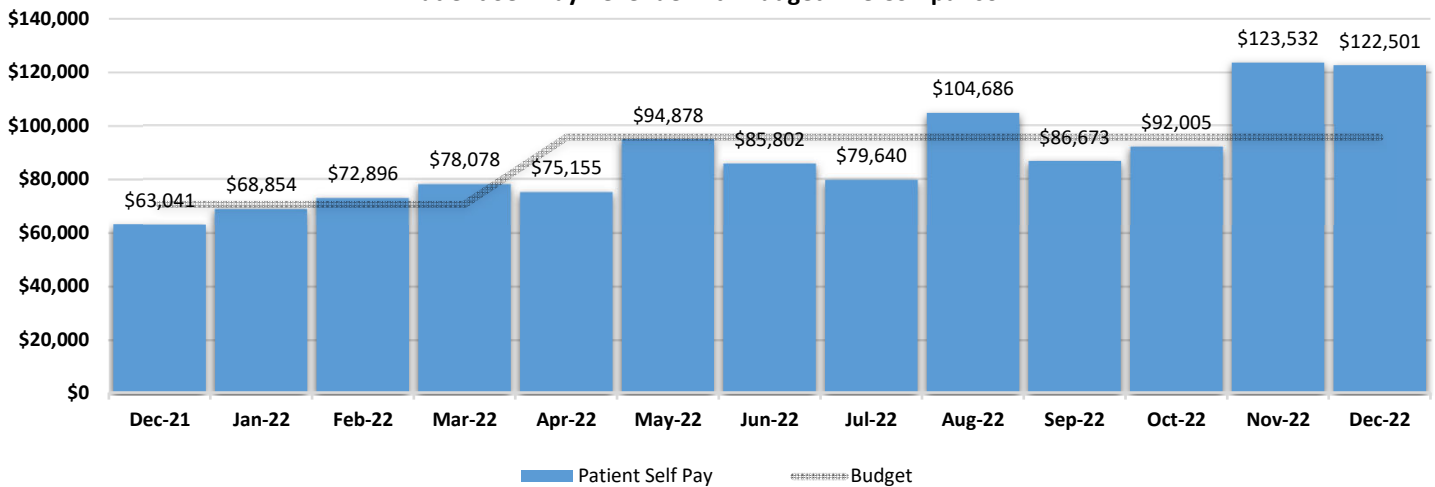
Actual Revenue & Expenses in Comparison to Budget



Actual Patient Revenue Rec'd vs Budget with Variance

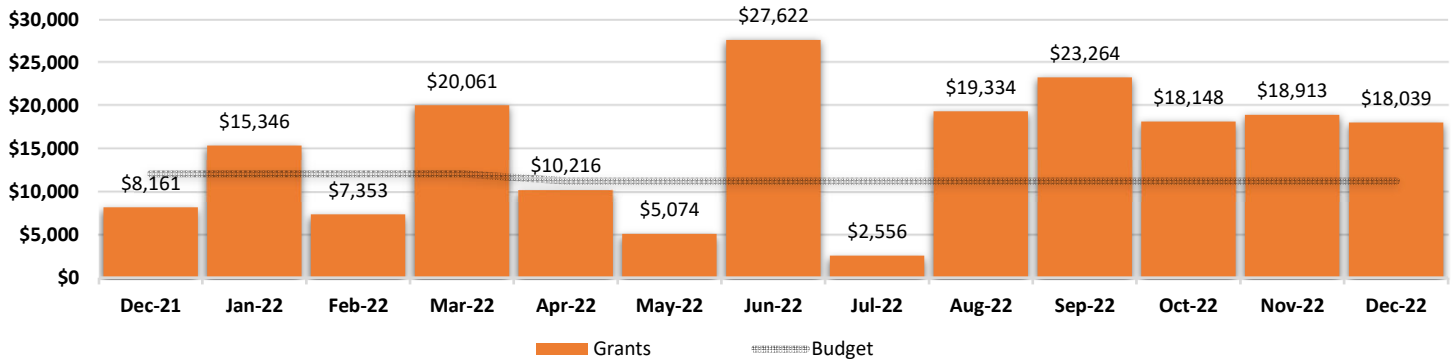


Patient Self Pay Revenue with Budget Line Comparison

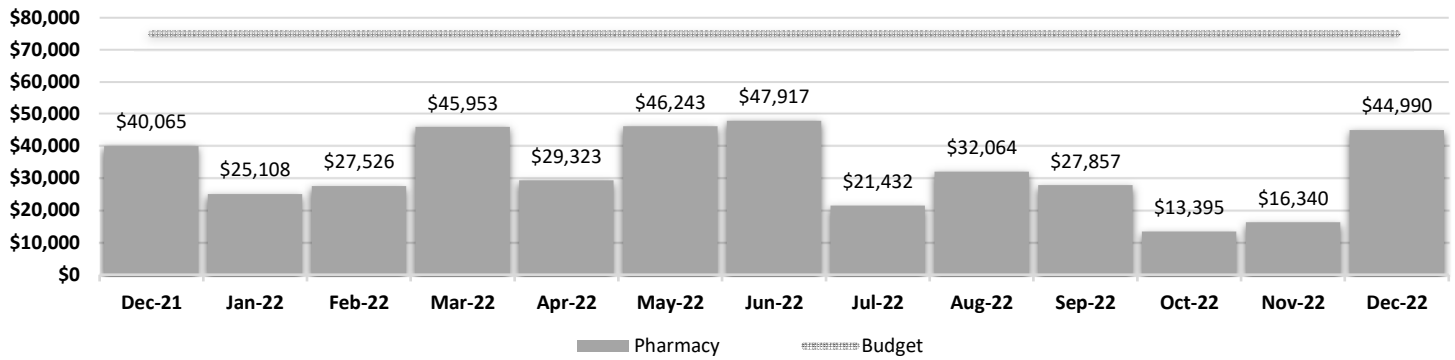




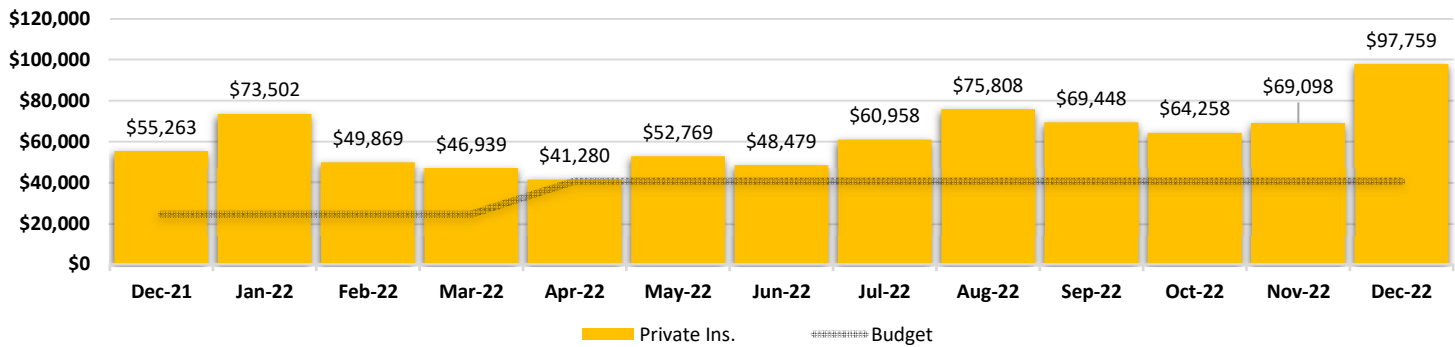
**Title V & Ryan White Revenue with Budget Line Comparison**



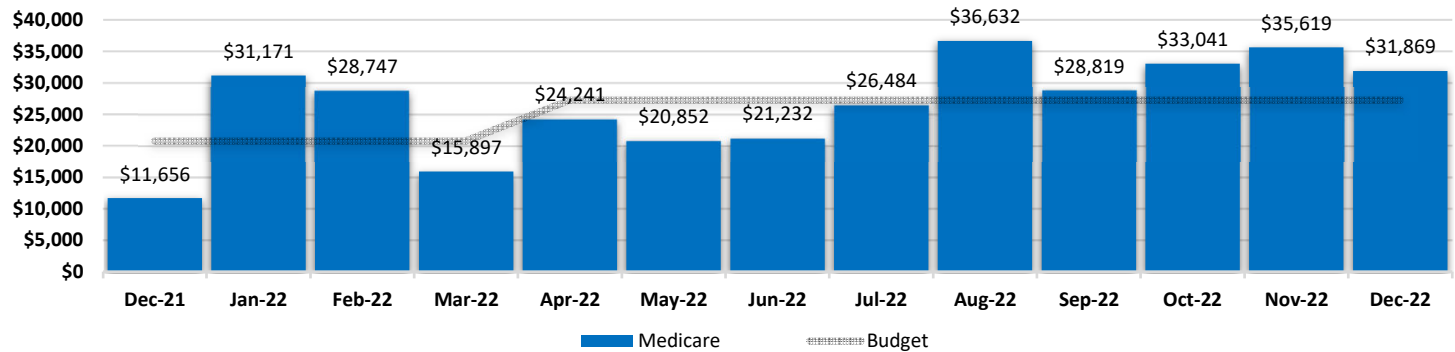
**Pharmacy Revenue with Budget Line Comparison**



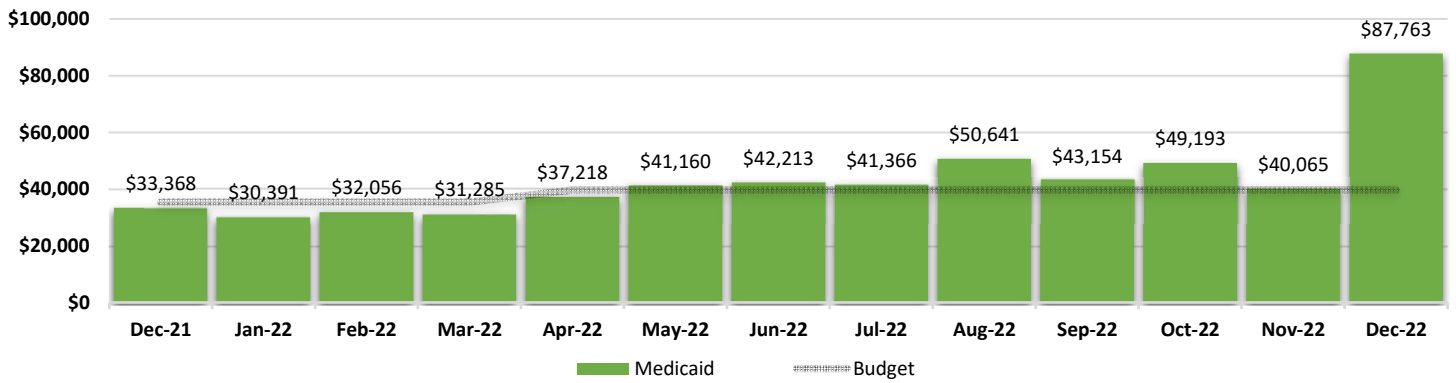
**Private Insurance Revenue with Budget Line Comparison**



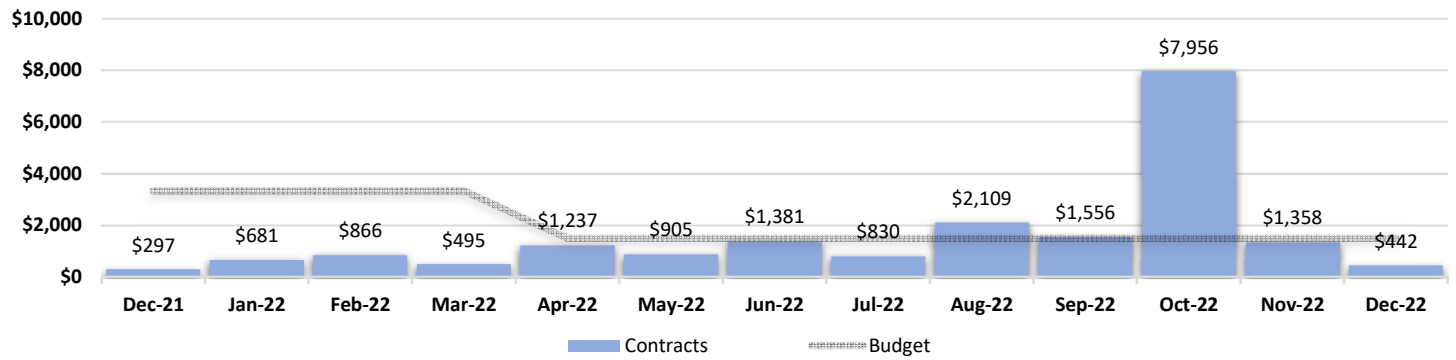
**Medicare Revenue with Budget Line Comparison**



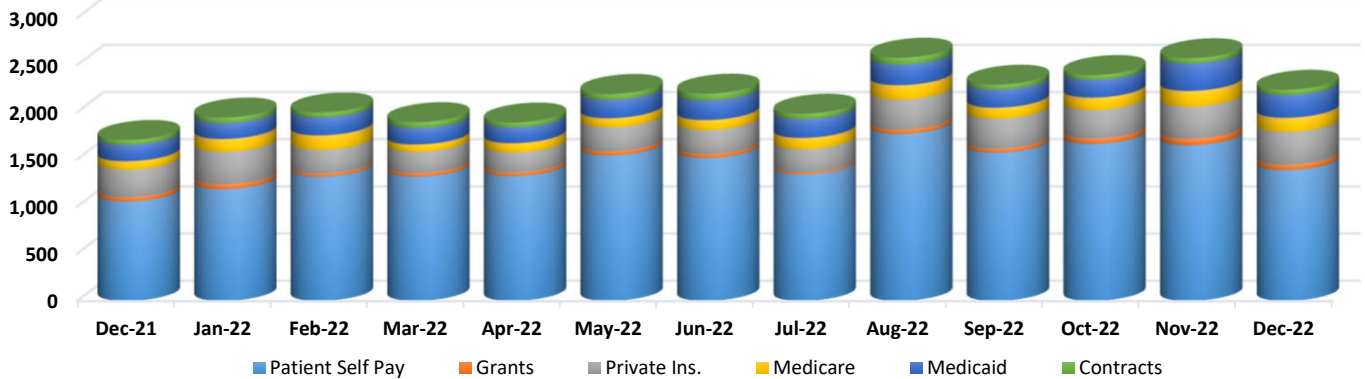
### Medicaid Revenue with Budget Line Comparison



### Contract Revenue with Budget Line Comparison

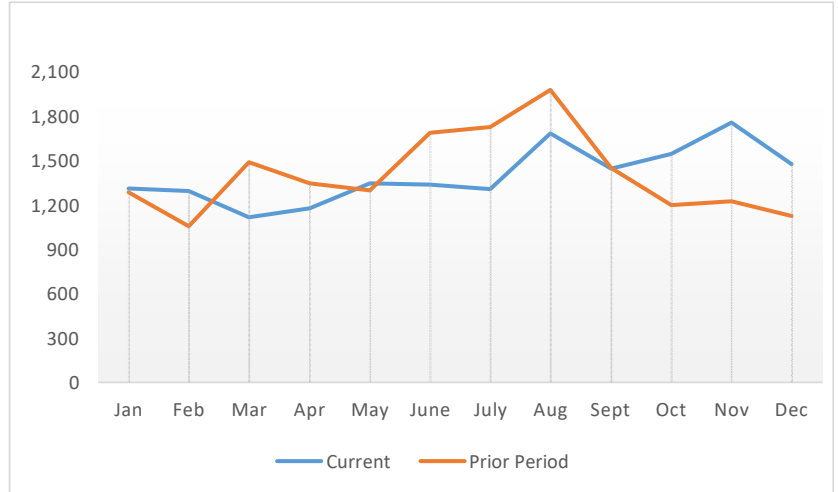


### Total Number of Patient Visits



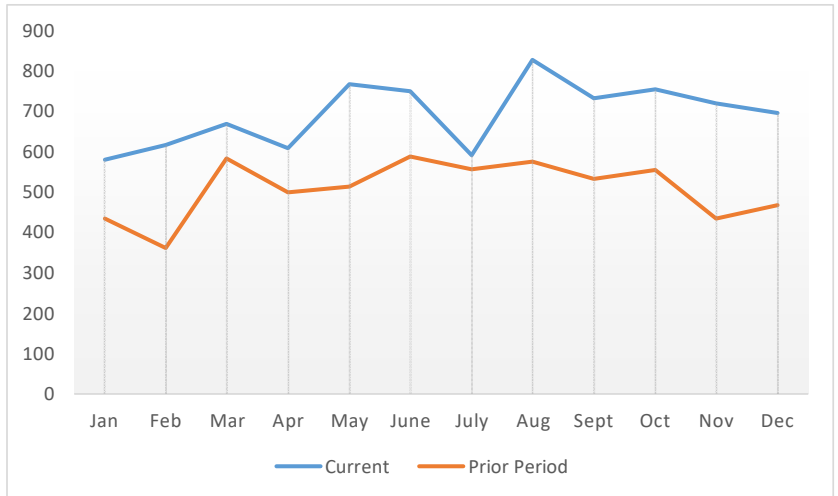
### Medical Visits

	<u>Current</u>	<u>Prior Period</u>
Jan	1,311	1,288
Feb	1,294	1,058
Mar	1,119	1,488
Apr	1,178	1,345
May	1,345	1,299
June	1,337	1,689
July	1,309	1,727
Aug	1,684	1,980
Sept	1,445	1,450
Oct	1,547	1,198
Nov	1,759	1,227
Dec	1,478	1,124
	<u>16,806</u>	<u>16,873</u>



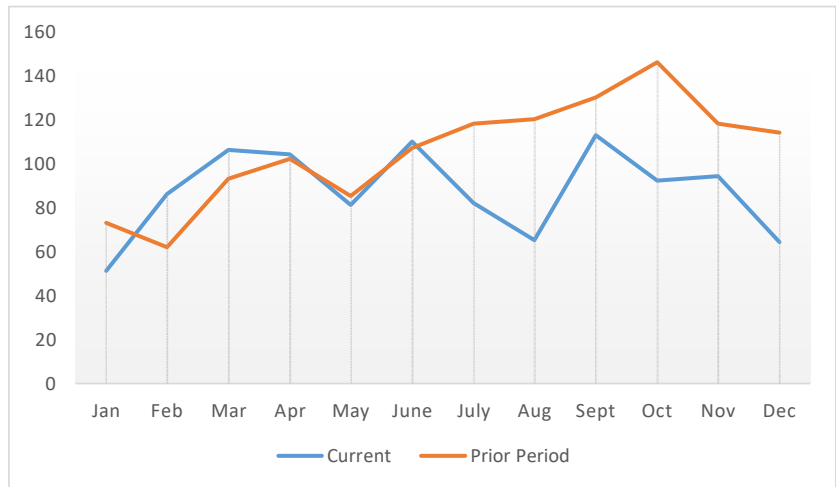
### Dental Visits

	<u>Current</u>	<u>Prior Period</u>
Jan	580	433
Feb	616	361
Mar	668	582
Apr	607	499
May	766	512
June	748	587
July	591	555
Aug	827	574
Sept	732	532
Oct	754	554
Nov	718	433
Dec	695	466
	<u>8,302</u>	<u>6,088</u>



### Counseling Visits

	<u>Current</u>	<u>Prior Period</u>
Jan	51	73
Feb	86	62
Mar	106	93
Apr	104	102
May	81	85
June	110	107
July	82	118
Aug	65	120
Sept	113	130
Oct	92	146
Nov	94	118
Dec	64	114
	<u>1,048</u>	<u>1,268</u>



**Vists by Financial Class - Actual vs. Budget**  
**As of December 31, 2022 (Grant YTD 04/01/22 - 12/31/22)**

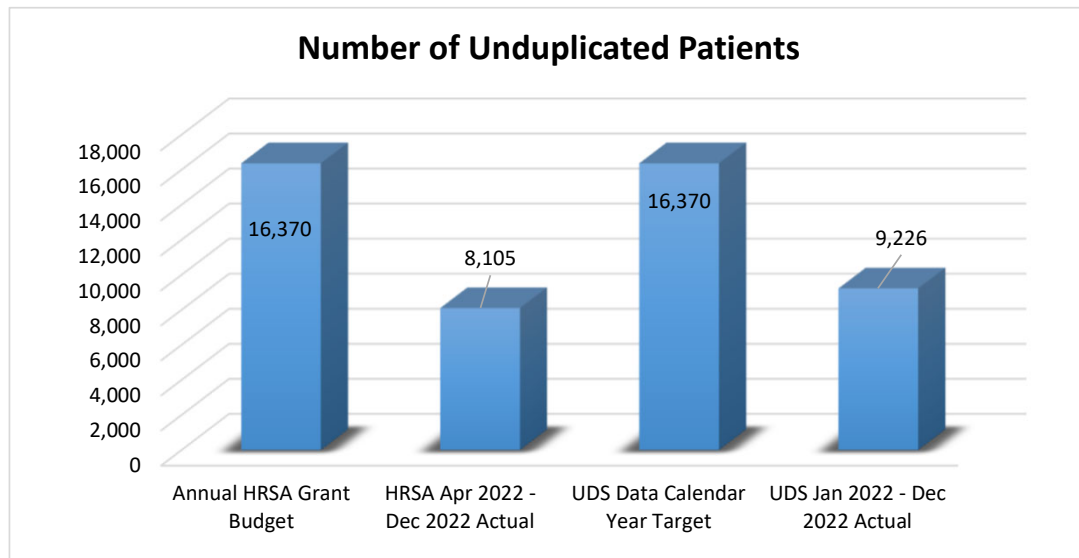
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/(Under) YTD Budget
Medicaid	3,400	241	283	(42)	2,191	2,550	(359)	-14%
Medicare	2,425	150	202	(52)	1,174	1,819	(645)	-35%
Other Public <i>(Title V, Contract, Ryan White)</i>	993	112	83	29	944	745	199	27%
Private Insurance	4,435	348	370	(22)	2,684	3,326	(642)	-19%
Self Pay	24,404	1,386	2,034	(648)	13,597	18,303	(4,706)	-26%
	<b>35,657</b>	<b>2,237</b>	<b>2,971</b>	<b>(734)</b>	<b>20,590</b>	<b>26,743</b>	<b>(6,153)</b>	<b>-23%</b>

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

	Current Year Annual Target	Jan 2021 - Dec 2021 Actual	Jan 2022 - Dec 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	8,316	9,226	910	56%

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

	Annual HRSA Grant Budget	Apr 2021 - Dec 2021 Actual	Apr 2022 - Dec 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	7,434	8,105	671	50%



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### **Governing Board**

**January 2023**

**Item#16**

**Consider for Approval Quarterly Visits and Analysis Report Including  
Breakdown of New Patients by Payor Source for Recent New Patients  
Submitted by Ami Cotharn**

**Coastal Health & Wellness - Quarterly Visit & Analysis Report  
for the period ending December 31, 2022**

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

Total Visits by Financial Class	December 2022	December 2021	% Change	* YTD Average		% Change		* YTD Payor Mix		% Change
				2022	2021			2022	2021	
Self Pay	1,455	1,054	38%	1,466	1,378	6%		65.8%	67.8%	-2.0%
Medicare	155	89	74%	129	135	-5%		5.8%	6.7%	-0.9%
Medicaid	241	174	39%	232	196	18%		10.4%	9.7%	0.8%
Contract	58	50	16%	61	32	88%		2.7%	1.6%	1.1%
Private Insurance	355	293	21%	296	234	26%		13.3%	11.5%	1.8%
Title V	59	44	34%	44	56	-21%		2.0%	2.7%	-0.8%
<b>Total</b>	<b>2,323</b>	<b>1,704</b>	<b>36%</b>	<b>2,228</b>	<b>2,031</b>	<b>10%</b>		<b>100%</b>	<b>100%</b>	

Department	* YTD Total Visits		% Change
	2022	2021	
Medical	17,365	16,928	3%
Dental	8,360	6,157	36%
Counseling	1,014	1,280	-21%
<b>Total</b>	<b>26,739</b>	<b>24,365</b>	<b>10%</b>

Unduplicated Patients	* YTD Total Users		% Change
	2022	2021	
Medical	6,716	6,340	6%
Dental	2,333	1,736	34%
Counseling	222	228	-3%
<b>Total</b>	<b>9,271</b>	<b>8,304</b>	<b>12%</b>

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending December 31, 2022 (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	\$ 51,296.10	\$ 60,008.97	\$ 56,633.88	\$ 49,976.41	\$ 58,921.50	\$ 51,310.44	\$ 285,399.28	\$613,547	31%		213	264
Medicare	\$ 22,820.74	\$ 33,155.54	\$ 12,620.02	\$ 8,576.93	\$ 10,546.64	\$ 6,157.28	\$ 281,861.67	\$375,739	19%		531	899
Medicaid	\$ 47,010.28	\$ 33,496.90	\$ 29,921.93	\$ 16,216.29	\$ 19,833.26	\$ 4,248.47	\$ 134,366.77	\$285,094	14%		189	202
Contract	\$ 4,224.64	\$ 8,054.92	\$ 8,611.02	\$ 38.05	\$ 13,913.77	\$ 1,136.30	\$ 2,285.59	\$38,264	2%		60	42
Private Insurance	\$ 54,617.38	\$ 36,012.19	\$ 26,885.10	\$ 20,609.90	\$ 20,858.05	\$ 22,367.00	\$ 378,551.26	\$559,901	28%		389	631
Title V	\$ 8,765.14	\$ 10,308.43	\$ 10,681.19	\$ 6,339.23	\$ 6,086.76	\$ 504.35	\$ 85,632.55	\$128,318	6%		574	835
Unapplied	(\$118,399.72)	-	-	-	-	-	-	\$ (118,399.72)	-6%		(16)	(27)
<b>Totals</b>	<b>\$ 70,334.56</b>	<b>\$181,037</b>	<b>\$145,353</b>	<b>\$101,757</b>	<b>\$130,160</b>	<b>\$85,724</b>	<b>\$1,168,097</b>	<b>\$1,882,462</b>	<b>100%</b>		<b>277</b>	<b>407</b>

Previous Quarter Balances	\$21,270	\$128,214	\$89,236	\$83,029	\$82,497	\$64,786	\$980,568	\$1,449,599
% Change	231%	41%	63%	23%	58%	32%	19%	30%

Charges & Collections	December 2022	December 2021	% Change	* YTD 2022	YTD 2021	% Change
Billed	\$780,396	\$568,310	37%	\$9,119,470	\$7,343,868	24%
Adjusted	478,767	377,920	27%	(\$6,454,382.40)	(\$4,965,523.24)	30%
Net Billed	\$301,629	\$190,390	58%	\$2,665,087	\$2,091,883	27%
Collected	339,892	\$171,786	98%	\$ 1,085,227.62	\$818,811	33%
% Net Charges collected	113%	90%	25%	41%	39%	4%

<i>Payor</i>	YTD Current Period				YTD Prior Year			
	<i>Visits</i>	<i>Payor Mix</i>	<i>Net Revenue per Visit</i>	<i>(Net Billed) Net Revenue</i>	<i>Visits</i>	<i>Payor Mix</i>	<i>Net Revenue per Visit</i>	<i>(Net Billed) Net Revenue</i>
Self Pay	17,596	65.8%	\$58.87	\$1,035,905	16,536	67.8%	\$22.60	\$813,388
Medicare	1,549	5.8%	\$164.33	254,553	1,622	6.9%	\$84.13	212,605
Medicaid	2,789	10.4%	\$194.73	543,094	2,354	9.7%	\$84.43	373,363
Contract	727	2.7%	\$315.96	229,704	386	1.6%	\$163.06	171,869
Private Insurance	3,548	13.3%	\$146.06	518,232	2,806	11.3%	\$57.62	327,241
Title V	530	2.0%	\$151.78	80,441	668	2.7%	\$51.64	88,153
<b>Total</b>	26,739	100%	\$99.55	\$2,661,929	24,372	100%	\$81.51	\$1,986,620

Item	2022	2021
<i>Self Pay - Gross Charges</i>	\$5,403,855	\$4,508,526
<i>Self Pay - Collections</i>	1,085,228	\$818,811
<i>% Gross Self Pay Charges Collected</i>	20.1%	18.2%
<i>% Net Self Pay Charges Collected</i>	104.8%	100.7%

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### **Governing Board**

**January 2023**

**Item#17**

**Consider for Approval Coastal Health & Wellness Policy and  
Procedure Regarding the Functions of the Coastal Health & Wellness  
Governing Board Submitted by Ami Cotharn**



## **COASTAL HEALTH & WELLNESS**

### **Policy and Procedure**

#### **Regarding the Functions of the Coastal Health & Wellness Governing Board**

##### **I. Background**

The CHW Governing Board (Board) acts as the oversight authority for the health center. The Board of a not-for-profit organization is responsible for ensuring that the not-for-profit organization meets its legal and compliance requirements and is operating in accordance with its mission, code of conduct, and charitable purposes.

The Internal Revenue Service (IRS) sets forth the recommended practices for the governance of nonprofit organizations in a manner like what Sarbanes-Oxley requires of for-profit companies.<sup>1</sup> Centers are required to have a Board that is responsible and accountable for the oversight of the center, its finances, implementation of programs and services, and compliance with various laws and requirements. The center organizational documents and Bylaws determine the number and qualifications of the Board members; however, at least fifty-one percent (51%) of the Board members must be users of the center.<sup>2</sup> Board members are selected by the Board consistent with the Bylaws. Board members volunteer their time and services.

##### **II. Policy<sup>3</sup>**

The Board will provide leadership and oversight to the center, following the center Bylaws and establishing and following center policies and procedures.

##### **III. Procedure**

###### **Expectations of Board members:**

- A. The Board will be engaged, informed and independent. The Board must assure proper use of and safeguard its assets (policies and practices) that:
  - 1. Address executive compensation.
  - 2. Protect against conflicts of interest.
  - 3. Support independent financial reviews.
- B. An organization must be transparent via:
  - 1. Board's decisions reflected in minutes.
  - 2. Records retained for a reasonable time.
  - 3. Whistleblowers protected.

<sup>1</sup> See [IRS tools for charitable nonprofits](https://www.irs.gov/charities-non-profits) like health centers at <https://www.irs.gov/charities-non-profits>. Last accessed March 2018.

<sup>2</sup> See [42 USC 254b\(k\)\(3\)\(H\)](#). This supports requirements for NCQA PCMH 2017 TC 04. Centers should also include Board Bylaws and Board roster displaying consumer members as evidence. Last accessed March 2018.

<sup>3</sup> This policy and procedure meets the requirements for the Joint Commission Element of Performance LD.01.01.01 CAMAC Update , July 2016 "The organization has a leadership structure." Last accessed March 2018.

C. Board members will sign a Board Roles and Responsibilities form. Board members are expected to:

1. Attend all meetings of the Board.
2. Attend orientation and training provided.
3. Review materials and participate in discussion of issues.
4. Represent the interests of all persons served by the center.
5. Endorse the Code of Conduct and sign the confidentiality acknowledgement statement.
6. Follow appropriate channels through the Executive Director to secure information and to resolve issues.
7. Exercise authority as a Board member only as delegated by the Board.

### **Duties of Governing Board:<sup>4</sup>**

Duties of the Governing Board include, without limitation, to be informed, loyal to the center mission and free of conflicts of interests, such that the members are working in the best interests of the corporation to do the following<sup>5,6</sup>:

#### **A. Govern**

1. Meet once a month.<sup>7</sup>
2. Board Secretary must take minutes of the Board meeting.
3. Establish general policies for the center, except in the case of a public center.
4. Must adopt and periodically review Bylaws.
5. Must have authority to establish clinic policies and procedures.
6. Must evaluate its performance regularly.

#### **B. Handle select personnel matters**

1. Select and dismiss the Executive Director for the center.
2. Grant privileges to providers (usually done through approval of provider agreement and a following recommendation by Executive Director upon credentialing)<sup>8</sup>.
3. Establish Personnel policies & procedures including:
  - a. Salary and benefit scales;
  - b. Personnel management procedures; and
  - c. Provisions for compliance with Equal Opportunity Laws<sup>9</sup>.

#### **C. Monitor center finances<sup>10</sup>**

1. Adopt policies for financial management.
2. Adopt system for fiscal accountability.
3. Approve annual budget.
4. Approve managed care contracts.

<sup>4</sup> See [42 CFR §51c.304\(d\)](#); also review [Health Center Program Compliance Manual ch. 19](#) on Board Authority for more detail. Last accessed March 2018.

<sup>5</sup> This policy and procedure meets the requirements for The Joint Commission Element of Performance LD.01.07.01, CAMAC Update July 2016 "Individual leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles".

<sup>6</sup> This policy and procedure meets the requirements for The Joint Commission Element of Performance APR.01.03.01, CAMAC Update 1, July 2016.

<sup>7</sup> The organization reports changes in the information provided in the application for accreditation and any changes made between surveys".

<sup>8</sup> [42 CFR §51c.304\(d\)\(2\)](#).

<sup>9</sup> Please review [Chapter 5: Clinical Staffing](#) of [the Health Center Compliance Manual](#) and the Physician Employment Agreement tool in this manual.

<sup>10</sup> See [42 CFR §51c.304\(d\)\(3\)\(ii\)](#).

<sup>10</sup> This policy and procedure meets the requirements for The Joint Commission Element of Performance LD.04.01.03 CAMAC Update July 2016. "The organization develops an annual operating budget and when needed, a long term capital expenditure plan".

5. Establish fiscal priorities.
6. Must have conflict of interest and whistleblower policies.
7. Must review audit.

**D. Evaluate clinic operations<sup>11</sup>**

1. Adopt policies & procedures for referral, after hours care, protocols, and a medical record system.
2. Adopt Patient's Bill of Rights & Responsibilities.
3. Assure that center is compliant with applicable laws and regulations.
4. Select the scope, location, and availability of services to be provided by the center.
5. Schedule hours during which such services are provided.
6. Review productivity.
7. Establish Quality of Care Audit Procedures, including peer review, credentialing, and competency procedures.
8. Review health care services plan.
9. Review utilization patterns.
10. Review patient satisfaction.
11. Ensure achievement of program objectives.
12. Review patient grievances.

**E. Oversee compliance and performance improvement**

1. Be informed – request reports.
2. Adopt resolution to establish CPI Program.
3. Adopt a center Code of Conduct.
4. Designate a CPI Officer.
5. Oversight of center policies and procedures
  - a. The Board has ultimate responsibility for center policies and procedures. However, the center policies and procedures are formulated with input from both the Board and its staff.
  - b. The Board should be knowledgeable about the intent and effect of center policies and procedures established by the Board and through review of policies and procedures developed by the staff.
  - c. The Board should establish what types of policies require Board approval and what policies do not require Board approval and may be approved by the Executive Director.
  - d. The Board should develop a system for evaluating the effectiveness of center policies and procedures.
6. Ensure representation at training sessions.
7. Follow up on actions -- must enforce the discipline.

**Board meeting process:<sup>12</sup>**

- A.** Meetings of the Board are set in advance consistent with the entity's Bylaws.

---

<sup>11</sup> This policy and procedure meets the requirements for The Joint Commission Element of Performance LD.04.04.05 CAMAC Update July 2016 "The organization has an organization-wide integrated patient safety program".

<sup>12</sup> All nonprofit Board activities in Texas must conform to the requirements in [Texas Business Organizations Code Chapter 22](#).

- B. Meetings of the Board should follow an agenda.
- C. The Board will follow the rules of order, as set forth in its Bylaws.
- D. The Board will receive reports for information and may receive recommendations that require Board action.
- E. The Chair of the Board may invite visitors to Board meetings. Should there be visitors at the meetings, the Board should go into executive (private) session to consider CPI, litigation, personnel, or other confidential or proprietary matters.

**Decisions of Board or administration:**

The Board and Executive Director should establish guidelines for identifying issues that require Board involvement and those that are managed through the administration. The Board guides center policy and the Executive Director and staff implements the policy.

Generally, the Board is involved in decisions regarding:

- A. Issues that affect the whole center (as opposed to an individual);
- B. Issues concerning fiscal responsibility and accountability;
- C. Issues that are basic policy issues (dictating what the center will or will not do);
- D. Actions required by law (such as expenditure of resources and granting clinical privileges); and
- E. Recommendations presented to the Board by the Executive Director.

**Board evaluation:**

As a function of the center's CPI Program, the Board annually reviews and audits critical components of its oversight responsibilities. The Board must confirm that essential functions of the center are performed in a satisfactory and efficient manner consistent with the law, accepted administrative and operational practices, and requirements of the funding entities. This review includes the annual reports of the CPI Program and the approval of the CPI Plan for the next year.

The Board evaluates its functioning and effectiveness annually along with other center CPI evaluations and monitors. The Board evaluation should be recorded in the minutes with reviews of other annual reports and actions.

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### **Governing Board**

**January 2023**

**Item#18**

**Consider for Approval Purchase for Badge System Upgrade and  
Additions for Galveston Clinic in the Amount of \$20,000-\$30,000  
Submitted by Ami Cotharn**

D. LEE KOEHLER

OFFICE: (409) 763-3877  
FAX: (409) 763-3299  
www.alertalarms.com

2308 BALL  
GALVESTON, TEXAS 77550-2209



24 HOUR SERVICE  
STATE LICENSE NO. 508

October 26, 2022

Michael Ring  
Galveston County Health District  
4700 Broadway  
Galveston, Texas 77551

**Re Estimate for Access Control**

**CURRENT CARDS: ValuProx 26-bit cards**

**CONTROL COMPONENTS:**

- (1) DSX1042PKG NV Controller package
- (1) 1040E Enclosure
- (1) 1042NV two door controller
- (1) 1040CDM Communication module
- (1) 1040PDP Power distribution module

**ADDITIONAL COMPONENTS:**

- (3) 1042 two door controller
- (1) DSXLAN Network module
- (1) DSX1040PE Power supply enclosure
- (1) SWS150/28 12-volt locks power supply
- (4) PC12120 12-volt 12-amp hour standby battery

**SOFTWARE:**

- (1) DSXWINSTART – DSX Software

**MEDICAL NURSES' STATION: EXISTING HARDWARE**

- (1) 5395CW100 – proximity reader
- (1) 941WG – recessed contact

**DENTAL:**

- (1) 5395CW100 – proximity reader
- (1) 941WG – recessed contact
- (1) 8300 12/24D – 630 Fire rated electrical strike

**WAITING ROOM C:**

- (1) 5395CW100 – proximity reader
- (1) 941WG – recessed contact
- (1) 8300 12/24D – 630 Fire rated electrical strike

**MEDICAL ROOM:**

- (1) 5395CW100 – proximity reader
- (1) 941WG – recessed contact
- (1) 8300 12/24D – 630 Fire rated electrical strike

**EAST EXIT**

- (1) 9600 electric strikes
- (1) 5395CW100 - R10 reader

**MAIL COPY ROOM:**

- (1) 600LB – single mag lock with bond sensor
- (1) 5395CW100 – proximity reader
- (1) 941WG – recessed contact
- (1) HEWMO-2 - hands free egress button with emergency override button

D. LEE KOEHLER

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www.alertalarms.com

2308 BALL  
GALVESTON, TEXAS 77550-2209



24 HOUR SERVICE  
STATE LICENSE NO. 508

**NORTH DOOR TO COMMUNITY POD 1:**

- (1) 600LB – single mag lock with bond sensor
- (1) 5395CW100 – proximity reader
- (1) 941WVG – recessed contact
- (1) HEWMO-2 - hands free egress button with emergency override button

**SCOPE OF WORK:**

- Run access cable to each door from IT room across from gymnasium
- Install all the above hardware
- Training included for operating software
- System shall be connected to the fire alarm relay to release locks upon the fire alarm activation

**PURCHASE PRICE OF EQUIPMENT: \$ 11,900.00**

**INSTALLATION LABOR: \$ 7,500.00**

**TOTAL INSTALLATION: \$ 19,400.00**

ACCEPTED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

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# **COASTAL HEALTH & WELLNESS**

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## **GOVERNING BOARD**

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

**Governing Board**

**January 2023**

**Item#19**

**RCM Quality Project Update Submitted by Jonathan Jordan**





# RCM Update

Update 1/19/2023

# Overview

- Coastal has implemented an RCM department that is now fully operational. All RCM roles have been brought in-house and staff are carrying out functions daily.
- Staff is still in ramp-up phase and knowledge transfer is taking place via trainings, as well as weekly discussions and updates.
- EDI technology is live and fully functional. RCM and EDI departments are in lock-step to ensure issues are resolved in as real-time as possible.
- Staff morale has been positive. Members have adjusted to their new roles.
- RCM roles and processes have been defined, documented, and implemented.

# Key Updates -Billing

- We have made a concerted effort to ensure billing is done on a timely and consistent basis. As of 11/15/2022, RCM has been submitting EDI claims daily.
- Due to effort on multiple fronts and initiatives, Dec 2022 ended with \$1.1M in billed charges.
- Billing is now managed by 2 FTE rather than the initial 4 FTEs.
- Training is on-going as staff continue to come forward with unfamiliar scenarios.

# Key Updates -EDI

- RCM is transmitting all claims electronically through Waystar and Claim Remedi. Claims are successfully reaching payers with an 86% perfect pass rate.
- RCM is receiving ERAs via Waystar, and they have successfully integrated with NextGen to automatically post to patient accounts.
- Zero-Dollar Remits are automatically posting to NextGen via ERAs allowing for another level of denial management.
- Batch eligibility is not up and running as Waystar has not fully integrated that portion of NextGen yet. Process is still manual.

# Key Updates – Denial Management / AR Follow-up

- Staff have been focused on billing claims to assist with getting accustomed to certain expectations once they begin following up on claims from the AR report.
- Contracted resource that onboarded 12/21, with the purpose of shifting through Waystar denial volume while focused training on denial workflows and concepts take place with existing staff.
- Anticipate staff to be functional in denials and AR by end of January.

# Key Updates – Cash Posting / Management

- Cash is being tracked daily via newly implemented cash posting log.
- 75% of cash from third-party payers is being posted electronically. Majority of manual posting effort are for paper checks and virtual credit cards. On occasion, some payments posted electronically will still require user correction due to systematic errors.
- RCM now has its own hard close at the end of the month. Due to newly implemented EDI technology, all payments from third-party payers post within the same period that they were received resulting in minimal carryover.
- Cash posting log now reconciles with posting report in NextGen.

# Next Steps

- Continue to strengthen staff skillsets through training specific to Denials and AR in an effort to drive cash collections.
- Develop, implement Audit and KPI program that will be used to measure quality and productivity of work produced by staff.
- Continue to partner with EDI to optimize processes and automate wherever possible.

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