

COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA Thursday, October 26, 2023 12:30 PM

As of September 1, 2021, a quorum must be physically present at the meeting in order to utilize videoconferencing. Pursuant to § 551.127 of the Act:

A member or employee of a governmental body may participate remotely and be counted as present if the video and audio feed of the member's or employee's participation is broadcast live at the meeting.

CONNECTING VIA INTERNET:

Access the URL: https://us06web.zoom.us/j/84840846612?pwd=tYryLpXSMhjMv1WmUnFStxgNKnvkej.1 Meeting Password: **306585**

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

- 1. If you would prefer to use your computer for audio connection, please do the following:
 - a. When prompted, select "Join Audio"?
 - b. Another popup box will appear, select the tab, "Computer Audio."
 - c. Now click the box stating, "Join with Computer Audio." Your connection to the meeting will be automatically established upon doing so.
- 2. If you would prefer to utilize a phone for your audio connection, please do the following:
 - a. Mute your computer's volume.
 - b. When prompted, select "Join Audio"?
 - c. Another popup box will appear, select the tab, "Phone Call."
 - d. You will be presented with a Dial-In, Audio Code, and Participant ID. Call the Dial-In number from your phone and follow the subsequent voice prompts. Your connection to the meeting will be automatically established upon doing so.

CONNECTING VIA PHONE (AUDIO ONLY):

- 1. Dial 346-248-7799
- 2. You will be prompted to enter the Meeting ID, which is 848 4084 6612# Meeting Password: 306585
- 3. Finally, you will be instructed to enter your Participant ID. When this occurs, merely select the pound (hashtag) key without entering any numbers. Your connection to the meeting will be automatically established upon doing so.

CONSENT AGENDA: ALL ITEMS MARKED WITH A SINGLE ASTERICK (*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE GOVERNING BOARD. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

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 or 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
FItem #2ACTION	Agenda
fItem #3 ACTION	Excused Absence(s)

*Item #4ACTION	Consider for Approval Minutes from September 28, 2023 Governing Board Meeting
*Item #5ACTION	Consider for Approval Quarterly Investment Report
*Item #6ACTION	Consider for Approval Quarterly the Coastal Health & Wellness 2023-2024 Environment of Care Plans a) Equipment Assessment Plan 2023-2024 b) Hazardous Materials and Waste Management Plan 2023-2024 c) Equipment Management Plan 2023-2024 d) Fire Safety Management Plan 2023-2024 e) Safety Management Plan 2023-2024 f) Security Management Plan 2023-2024 g) Utilities Management Plan 2023-2024 h) Galveston County Health District Fire Response Plan 2023-2024
*Item #7ACTION	Consider for Approval the Coastal Health & Wellness Risk Management Report for the Quarter Ending September 30, 2023
*Item #8ACTION	Consider for Approval the Quarterly Compliance Report for the Period Ending September 30, 2023
*Item #9ACTION	Consider for Approval Coastal Health & Wellness After Hours Policy
*Item #10ACTION	Consider for Approval Quarterly Visits and Analysis Report Including Breakdown of New Patients by Payor Source for Recent New Patients
*Item #11ACTION	Consider for Approval Coastal Health & Wellness Title V Child Health & Dental Eligibility Policy
Item #12ACTION	Consider for Approval Preliminary September 2023 Financial Report Submitted by Kenna Pruitt
Item #13	 Coastal Health & Wellness Updates a) Organizational Updates Submitted by Executive Director b) Operational Updates/Coastal Wave Submitted by Director of Operations c) Dental Updates Submitted by Dental Director d) Medical Updates Submitted by Medical Director
Item #14	Discuss Coastal Health & Wellness Governing Board Committees Submitted by Samantha Robinson
Item #15	Discuss the Needs of Underserved Populations for Talk Therapy Submitted by Dr. Sharon Hall
Item #16	Discuss Outreach Such as "Health Fair" to the Hospitality Workers in Our Area Submitted by Dr. Sharon Hall
Item #17	Comments from Board Members

Adjournment

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.

COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board October 2023 Item#3 Excused Absence(s)

COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board
October 2023
Item#4
Consider for Approval Minutes from September 28, 2023
Governing Board Meeting

Coastal Health & Wellness Governing Board September 28, 2023

Board Members:

Staff:

Dr. Tello Elizabeth Williams Sergio Cruz Rev. Walter Jones Clay Burton

Flecia Charles Cynthia Darby Sharon Hall

Victoria Dougharty

Jennifer Koch, Director of Operations Christina Bates Maryann Choi, Chief Medical Officer Terry Chapa Judie Olivares Hanna Lindskog, Dental Director William Lewis Colleen McGaskey Maria Aguirre Kenna Pruitt Chris Davis Tiffany Carlson Pisa Ring

Tikeshia Thompson-Rollins

Anthony Hernandez

Zoom:

Samantha Robinson **Kevin Avery**

Excused Absence: Donnie VanAckeren, Ivelissa Caban, and Dr. Thompson

Guest: Diana Huallpa

Items#1 Comments from the Public

There were no comments from the public.

Items#2-6 Consent Agenda

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

Item#7 Consider for Approval August 2023 Financial Report Submitted by Kenna Pruitt

Kenna Pruitt, CHW Finance Accountant, presented the August 2023 Financial Report. A motion to accept the financial report as presented was made by Sergio Cruz. Sharon Hall seconded the motion and the Board unanimously approved.

Item#8 Consider for Approval Selection of FY23-FY25 Independent Auditor Submitted by Kenna Pruitt

Kenna Pruitt, CHW Finance Accountant, asked the Board to consider for approval selection of FY23-FY25 Independent Auditor. Samantha Robinson, Board Chair, requested that Coastal related things are being audited going forward. A motion to accept the selection of FY23-FY25 independent auditor as presented was made by Clay Burton. Dr. Tello seconded the motion and the Board unanimously approved.

Item#9 Coastal Health & Wellness Updates

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

Jennifer Koch, Director of Operations, presented the September 2023 Coastal Wave.

Jennifer Koch, Director of Operations, updated the Board on clinical operations.

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

- Visit Numbers
 - o August 2022: 898
 - o August 2023: 982
 - o 9.35% increase
 - We continue to see walk in patients in pain as we can fit them into our schedule.
 - o We are involving all dental staff and leadership in creative thinking and problem solving for our wait list for comprehensive exams. We are currently doing a trial with the dental assistants having their own panel on certain days to be the primary provider for patients under 10 years old for their cleaning visit. An assistant certified in coronal polishing brings the patient back, updates medical history, completes the x-rays and coronal polishing and then a dentist comes to complete the exam. Scaling is completed by the dentist or an available hygienist.
- Current projects, plans, department overview for dental
 - Sterilization Renovation We have ordered the new cabinets for the sterilization area in Texas City. This will allow us to add two more sterilizers to be more efficient and help meet sterilization needs. The dental company who bid on this has agreed to complete it over a weekend so that it will not interrupt patient care.
 - o Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board. As previously reported, their application for accreditation has been submitted to CODA and they are hoping to enroll their first class of students for Fall 2024.
 - o We continue to partner with the COM Dental Assisting School, but they had to unexpectedly cancel their Fall 2023 program. They have expressed intent to continue the partnership in the spring of 2024.
- Provider Education Opportunities
 - o All providers continue to select and participate in continuing education of their choice. They also share knowledge from these courses with the other providers during monthly meetings.
- Barriers or Needs (if applicable)
 - Staffing
 - We have one vacancy for a dental assistant.
 - As of this report submission, the dental hygienist pay increase was approved, but the applicant has not accepted the position. We are hopeful a previous applicant will accept the position by the date of the board meeting.
 - Our dental office manager starts on 9/28/2023. He has extensive knowledge of dental insurance as well as mobile dentistry. We are excited to have him on our team.

Maryann Choi, Medical Director, updated the Board on Medical services in the Coastal Health & Wellness Clinic.

- 1. Provider productivity:
 - August provider visits

Scheduled 3658, No show 899, Total visits 2759, Total charges \$956,289(July provider visits: Scheduled 3219, No show 807, Total visits 2412, Total charges \$794,363) Challenges, recruiting providers.

- MCO quality measures and performance incentives are improving: Incentive collected 5/23 to 8/23: \$34,043
- 2. Software utilization:
 - Telemedicine platform:

Doxy.me:

The telehealth visit numbers are at an all-time high

July 252, August 204, and September 9/18, 102 some patients like the option of telehealth.

• E consult platform:

ConferMed: 51 (e-consult)

- 3. School-based program: Walk-in clinic combined with telemedicine
 - Providers onsite for two full days weekly August 17 visits, September (up till 9/15) 33 visits. 50% kids and 50% adults.
- 4. Home-based care:
 - House call program for home-bound patients

Dr. Grumbles: 47 visits, Pam: 50 visits in August (July 40 visits)

6-8 new referrals per month

(UTMB house call, not meeting demand for home-bound elderly qualified house call programs) Challenges, recruiting geriatric providers.

- 5. Provider Lead Program: collaborate with public health services (HIV/STI, WIC)
 - ID care: Jacklyn Morgan, PA-C, Maria Culangan (HIV PrEP, HepC, STD)
 HIV screening 1072 (2022) -> 2481(2023)
 HepC screening 1006 (2022) -> 2207(2023)

Total revenue (PrEP and HepC meds 01-08): \$350,987

- Women's Health: Lisa Cashiola, NP: implementing a best practice and billing process.
- 6. Remote care management (Patient engagement center/care coordination)
 - Patient engagement and promoting self-care.
 - CCM (chronic care management):115, TCM (transitional care management):11
 - AWV (annual wellness visits): setting data-driven target goals.
- 7. BHI (behavioral health integration)
 - Level 4 Behavioral health /primary care integration with GCC: (Q4, 2023) Started IDT meeting in August and continue with ongoing monthly meetings.

"Strive to deliver high-quality, culturally competent, equitable, and comprehensive primary care with a focus on clinical quality, patient-centered care, and provider and staff well-being."

Item #13 Comments from Board Members

The meeting was adjourned at 1:30p.m.

Samantha Robinson, Board Chair, requested that Tikeshia and Anthony add a discussion regarding Governing Board Committees to the October agenda.

Samantha Robinson, Board Chair, requested that the Finance Committee be involved in the hiring process for the new CFO and to hold off on the market analysis until the new CFO is hired.

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Chair				Secretary/Treasurer
Date				Date

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board
October 2023
Item#5
Consider for Approval Quarterly Investment Report

Coastal Health & Wellness Investment Report For the period ending September 30, 2023

Coastal Health & Wellness	Mone	y Market Account	
	<u>July</u>	<u>Aug</u>	<u>Sept</u>
Beginning Balance	3,696,249	3,364,659	2,777,156
Deposits	425,000	-	585,000
Withdrawals	(765,000)	(595,000)	(564,551)
Interest Earned	8,411	7,497	6,801
Ending Balance	\$3,364,659	\$2,777,156	\$2,804,406
Current Annual Yield	3.04%	3.04%	3.04%
Previous Quarter Yield (4/2023 - 6/2023)	3.04%	3.04%	3.04%

Tex Pool Investments			
July	<u>Aug</u>	<u>Sept</u>	
2,801,166	2,813,356	2,826,031	
-	-	-	
-	-	-	
12,189.81	12,675.29	12,361.26	
2,813,356	2,826,031	2,838,392	
5.12%	5.30%	5.32%	
4.80%	5.00%	5.05%	

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	33,912	6,007,686	0.83%
April 1, 2023 to June 30, 2023	55,070	6,145,442	0.87%
July 1, 2023 to September 30, 2023	59,935	5,818,409	1.04%
YTD Totals	\$179,882	\$6,208,479	3.41%

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 09/30
FY2020	0.40%	0.36%	0.21%	0.20%	1.17%
FY2021	0.19%	0.14%	0.05%	0.05%	0.43%
FY2022	0.06%	0.06%	0.13%	0.32%	0.57%
FY2023 (Current year)	0.67%	0.83%	0.87%	1.04%	3.41%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board October 2023 Item#6

Consider for Approval Quarterly the Coastal Health & Wellness 2023-2024 Environment of Care Plans

- a) Equipment Assessment Plan 2023-2024
- **b)** Hazardous Materials and Waste Management Plan 2023-2024
- c) Equipment Management Plan 2023-2024
- **d)** Fire Safety Management Plan 2023-2024
- e) Safety Management Plan 2023-2024
- f) Security Management Plan 2023-2024
- g) Utilities Management Plan 2023-2024
- h) Galveston County Health District Fire Response Plan 2023-2024



Effective: 08/01/2018 Last Approved: 10/27/2022 Expires: 10/27/2023

EQUIPMENT ASSESSMENT PLAN

All equipment acquired for use by Coastal Health & Wellness will be evaluated for and assigned an Equipment Management Assessment Score (EMAS) by the applicable departmental director (e.g. Medical Director, Dental Director, Nursing Director, Laboratory Director or Director of Dental Assistants) or designee from the department in which the equipment will be used. In completing this process, the applicable director or designee will fill out an EMAS form for each piece of equipment at the time in which it is received and before it is commissioned, which shall then be forwarded to the Risk Management. or Risk Management(designee) will be responsible for retaining a copy of the form.

The EMAS system is designed to classify the risk rating of equipment in the most objective possible manner by assigning each piece of equipment an aggregate rating, utilizing the following formula: Function + Risk + Required Maintenance + Equipment Incident/Inherent Risks.

Contingent upon the assigned EMAS, clinical equipment will be categorized into one the following four classifications, which will dictate the standard of attention and care devoted to it.

High Risk: EMAS (22-25):

This equipment is given the highest priority for testing, calibration and repair, and is classified as "High Risk." All staff and personnel who use the equipment shall be notified of its High Risk classification by their department director. Should this equipment ever malfunction or fail, it must immediately be decommissioned, fixed in accordance with the manufacturer's recommendation, and certified by a third-party inspector prior to being redeployed for use. Per EC.02.04.01, although the term "High Risk" includes all life support equipment, it applies more broadly to encompass other items that are technically not necessary to support life *but that would put the patient or staff member at risk if it fails*.

Medium Risk: EMS (19-21)

This equipment is noted as "Medium Risk." Every effort will be made to test, calibrate and repair this equipment, but only after it's ensured that all High Risk equipment requirements have been fulfilled. Formal written procedures for operating this equipment will be created only if deemed necessary by the applicable department head. Should this equipment ever malfunction or fail, it must immediately be decommissioned and fixed in accordance with the manufacturer's recommendation.

Low Risk: EMS (12-18)

This equipment is considered "Low Risk." Every effort will be made to test, calibrate and repair this equipment, but only after High and Medium Risk equipment requirements have been fulfilled. In the case of failure or malfunction, Low Risk should be fixed in accordance with the manufacturer's recommendation, unless suggested otherwise by the applicable department head.

Minimal Risk: EMS (less than 12)

Equipment with an EMAS rating of 11 is constituted as "Minimal Risk," and will thus be viewed as lower priority. This equipment will still be checked at least annually for hazards and/or faults by Facility designee and/or vendor of Procurement's choice. Equipment requiring specific or professional testing shall be performed via outside contractors in accordance with manufacturer's recommendations.

EQUIPMENT MANAGEMENT ASSESSMENT SCORING CRITERIA

All clinical equipment must be assigned a risk classification by utilizing the formula set forth below.

The four primary categories for assessment are:

1. Equipment function;

1

- 2. Physical risks associated with equipment;
- 3. Equipment maintenance requirements; and
- 4. Equipment incidents and inherent risks.

To determine the classification of each item, primary evaluation categories have been broken down into subgroups with specific subgroup characteristics. Each subgroup has been assigned a numerical value for each characteristic.

Values from each primary evaluation category are added to arrive at an overall assessment score, which is used to determine the risk classification for each piece of equipment.

Equipment Function:	2. <u>Physical Risk</u>
Therapeutic	a. Patient Death05
a. Life Support10	b. Potential to Cause Severe Injury05
b. Surgical and Intensive Care 09	c. Potential to Cause Minor Injury04
c. Physical Therapy and Treatment 08	d. Inappropriate Therapy
•	or Misdiagnosis03
Diagnostic	e. No significant Risks01
Surgical and Intensive Care	
Monitoring07	3. Maintenance Requirement
Additional Physiological	a. Extensive05
Monitoring and Diagnostic06	b. Above Average04
	c. Average03
Analytical	d. Below Average02
Analytical Laboratory05	e. Minimal01
Laboratory Accessories04	
Computer and Related03	4. Equipment Incidents and Inherent Risks
	a. Very High Inherent Risks05
Miscellaneous	b. High Inherent Risks04
Patient Related and Other02	c. Average Inherent Risks03
Non-Patient Related 01	d. Minimal Risks 02
	e. No Significant Risks01

EQUIPMENT INFORMATION FORM

Name/Type of Equipment:		
Manufacturer / Model:		
Department:		
EMAS Calculation: [FUNCTION] + [RISK] + [MAINTINAN([] + [] + [] + [] =		
Priority Classification:		
High Risk $(22-25 \text{ points})$ []	Low Risk $(12 - 17 \text{ points})$	[]
Medium Risk (18 – 21 points) []	Minimal Risk (11 points or less)	[]
Additional Notes:		
Completed By (print):	Title:	
Signature:	Date:	

Please return a completed and signed copy to Risk Management for retention.



Effective: 10/28/2021 Last Approved: 10/27/2022 Expires: 10/27/2023

ENVIRONMENT OF CARE

Hazardous Materials and Waste Management Plan: 2023 – 2024

I. PURPOSE

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

II. **DEFINITIONS:**

- a. **Hazardous Waste**: Under 29 CFR 1910.120 all substances that exposure to which results or may result in adverse effects on the health and safety of employees.
- b. **Biohazardous Waste:** Waste that has the risk of carrying infectious diseases.
- c. Other Potentially Infectious Material (OPIM), which include:
 - 1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate between them;
 - 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
 - 3. HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions.

III. OBJECTIVES

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

IV. RESPONSIBILITIES

The Quality Assurance and Quality Improvement Committee (QAPI) is responsible for developing and implementing this Plan. Risk Management is

- 1. Review sentinel events and make pertinent recommendations related to any events involving or potentially involving hazardous materials and/or waste;
- 2. Develop procedures and guidelines pertinent to specific events consistent with those set forth by The Joint Commission, the Coastal Health & Wellness Emergency Operations Plan, and other authoritative guidelines;
- 3. Implement, train, and monitor approved policies, procedures, guidelines, and recommendations in accordance with the Hazardous Material and Waste Management Plan;
- 4. Respond appropriately when conditions involving hazardous material or waste arise which may pose an immediate threat to life, human health and/or Coastal Health & Wellness property; and
- 5. Review the Hazardous Material and Waste Plan as deemed necessary, but no less than at least once annually (see *Section V. Annual Evaluation*).

b. Risk Management shall:

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

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

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

d. The Infection Control Nurse shall:

- 1. Annually facilitate the following trainings:
 - a. Personal Protective Equipment (clinical staff);
 - b. Blood Borne Pathogens (clinical staff);
 - c. Hazardous Waste Disposal (clinical staff); and
 - d. Hand Hygiene (all staff).
- 2. Present infection control reports, which incorporate hazardous waste prevention metrics, monthly to QAPI and quarterly to the Governing Board Quality Assurance Committee.

e. All staff, personnel, and volunteers shall:

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

f. Safety Data Sheets (SDS):

- 1. SDS manuals shall be stored in yellow and red binders conspicuously affixed to the wall in all clinical areas and will contain an accurate inventory of all chemicals used in the respective areas.
- 2. The chemicals listed in the SDS binders are reviewed by supervisors and directors annually, or whenever items are added to or removed from the chemical inventory. A follow-up audit to verify SDS inventory is performed twice annually by Risk Management.
- 3. Employees shall receive orientation on the use of SDS binders and chemical safety training from their direct supervisor as part of mandatory employee training, which shall be completed within thirty (30) days of the employee beginning work. Employees shall be precluded from using hazardous materials until the mandatory training has been completed and documented.
- 4. Each department will develop and train employees regarding procedures for handling hazardous materials. These procedures shall include, but not be limited to, the proper use of personal protective equipment such as gloves and masks, and the proper means by which hazardous waste should be disposed of.

g. Oxygen and Gas Cylinders:

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

h. Eyewash Stations:

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

i. Medical and Infectious Waste:

- 1. Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials must be discarded in an appropriate red biohazard bag or container.
 - a. This includes, but is not limited to, used sharps, slides and slide covers contaminated with bodily fluids, vaccine ampoules and vials that have been used, and blood-soaked dressing or other bloodsoaked materials.
 - b. Urine is not considered OPIM unless it is contaminated with blood.
 - c. Needles, syringes, contaminated slides, blood-filled test tubes, and glass ampoules and vials are to be disposed in red plastic sharps containers.
- 2. Sharps containers and used red bags must be placed in a red bag-lined transport box stored in a designated locked closet identified with the biohazard symbol (the Hazardous Waste Storage Room).
- 3. Dental amalgam is not considered infectious and is disposed of by being suctioned into traps, which are periodically replaced. Each dental operatory contains amalgam separators.
- 4. Coastal Health & Wellness currently contracts with Stericyle to remove and dispose of medical waste from its facilities.
- 5. Employees who handle biohazardous waste for disposal shall receive Department of Transportation (DOT) Hazmat training within 90 days of hire for certification (and every 3yrs thereafter) in the preparation of biohazardous waste for transport. Supervisors will ensure new hires are only permitted to shadow certified DOT staff prior to obtaining their certification. Employees shall be precluded from preparing hazardous waste for transport until the mandatory training has been completed and documented. CHW uses Stericycle's online training and certification process for DOT training.

j. Spill Procedures:

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

V. PERFORMANCE MONITORING

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

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

VI. ANNUAL EVALUATION

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

VII. PERFORMANCE MEASURES: 2023 – 2024

Performance Objective/Goal	Performance Measure/Indicator
Manage critical information related to the safe	95% SDS binders correctly maintained at work
use, storage, and disposal of hazardous	area determined through biannual audit of
chemicals available to staff.	SDS binder.
Ensure staff is knowledge on segregation of	100% of staff handling biohazardous waste
hazardous waste at the point of generation is	receive training for handling, packaging, and
effective to control the potential for exposure or	preparation of biohazardous material for
spills during collection, transport, storage, and	transport within thirty (90) days of hire through
disposal.	online DOT training.
Ensure spill kits are maintained in each	100% of clinical staff receive training on the
department where hazardous chemicals/waste	appropriate use of spill kits relating to
spills can occur.	chemical/biohazardous spills within thirty (30)
	days of hire conducted during
	department orientation.



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ENVIRONMENT OF CARE

Equipment Management Plan: 2023 – 2024

I. PURPOSE

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

II. OBJECTIVES

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

III. RESPONSIBILITIES

The Quality Assurance and Quality Improvement Committee (QAPI) is responsible for developing and implementing this Plan.

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

b. The Procurement Agent shall:

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

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

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

d. Risk Management shall:

- 1. Document and track any and all incidents, such as equipment failures or user errors.
- 2. In conjunction with the Procurement Agent, coordinate hazard notices and recalls.

- 3. Work with the Procurement Agent to maintain an updated Equipment Inventory Log;
- 4. Assist the Procurement Agent in ensuring that all received equipment classified as high-risk, or of which requires any form of maintenance or inspection, or that has an electrical cord, is inspected and approved upon delivery and annually thereafter;
- 5. During monthly Environmental Safety and Compliance Assessments, verify that equipment requiring certain inspection or maintenance is not overdue:
- 6. Oversee compliance with the Equipment Assessment Plan and ensure a valid EMAS is retained for each piece of applicable equipment;
- 7. Report all significant findings, discrepancies, observations, and noted opportunities for improvement and recommendations to QAPI for review and consideration.

e. All staff, personnel, and volunteers shall:

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

f. Incoming Equipment Inspection Procedure:

The Procurement Agent shall:

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

g. Equipment Inventory Log

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

h. Regular Inspection, Testing, & Maintenance:

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

i. Documentation of Maintenance & Testing:

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

j. Hazard Notices & Recalls:

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

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

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

1. Equipment Failures & User Errors:

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

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

m. Orientation & Education:

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

IV. PERFORMANCE MONITORING

The following processes may be used to identify, monitor, evaluate, report, and reduce

safety risks identified by individuals or the organization. Such processes shall include, but not be limited to:

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

V. ANNUAL EVALUATION

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

VI. PERFORMANCE OBJECTIVES: -2023 - 2024

Performance Objective/Goal	Performance Measure/Indicator
Ensure documentation of observed competence by medical equipment users.	100% of staff received documented training on equipment critical to job performance as designated by supervisor.
Managing r i s k through prompt preventive maintenance checks and calibration.	95% preventive maintenance and calibration completed by due dates (100% for high-risk equipment).
Product safety alerts and recall notices are documented and reported the Procurement Agent, Executive Management and Department Directors Managers	100% of received recall and safety alert notices are documented and the information dispersed within two days of receipt.

Performance Objective/Goal	Performance Measure/Indicator
Ensure EMAS forms remain current.	100% of applicable new equipment must have an EMAS on-file and be added to the Equipment Management Log before the equipment is used.



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ENVIRONMENT OF CARE

Fire Safety Management Plan: 2023 – 2024

I. PURPOSE

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

II. OBJECTIVES

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

III. RESPONSIBILITIES

The Quality Assurance and Quality Improvement Committee (QAPI) is responsible for developing and implementing this Plan. Risk Management is responsible for monitoring and enforcing this Plan.

a. QAPI shall:

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

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b. The Risk Management designee shall:

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

c. All staff, personnel, and volunteers shall:

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

d. Landlord/Maintenance Associates/Contractor

- 1. Coastal Health & Wellness does not own the facilities in which it has a practice. The Mid County Annex (MCA) is owned and maintained by the County of Galveston; the Island Community Center is owned and maintained by the Galveston Housing Authority and the Texas City Independent School District (TCISD) School Based CHW clinic is maintained by TCISD..
- 2. Landlords for these respective properties are responsible for inspecting, testing and documenting fire safety equipment, and maintaining facilities in accordance with applicable fire safety codes. Additionally, landlords shall furnish Risk Management with documentation of any inspections, maintenance activities, tests or certificates relevant to fire safety mechanisms.

Fire Safety Management Plan: 2022-2023

e. <u>Unobstructed Egress</u>:

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

f. Fire Drills:

- 1. Risk Management, with the assistance of facility landlords and maintenance associates, conducts and documents fire drills on an annual basis;
- 2. Fire drills are conducted annually (one year from the date of the last drill, plus or minus 30 days) at the MCA and ICC facilities;
- 3. TCISD determines the drill schedules as required by ISD and CHW participates in each drill conducted by TCISD.
- 4. All CHW staff is required to partake in fire drills; and
- 5. Results of fire drills are analyzed by Risk Management, who notify the Committee of any deficiencies or opportunities for improvement.

g. Fire Extinguishers:

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

IV. PERFORMANCE MONITORING

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

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

V. ANNUAL EVALUATION

- a. The annual review is used as an opportunity to develop or modify programs, plans, and policies; identify and implement additional or more effective controls; and enhance employee orientation and training.
- b. QAPI keeps the Plan current by reviewing it at least annually (i.e. one year

from the date of the last review, plus or minus thirty-days) and making necessary modifications based upon the results of the evaluation and changes to policies, regulations, and standards.

- c. In performing the annual review, Risk Management works with QAPI to review inspection and audit results, incident reports that could have potential fire safety implications, and other applicable tracking and evaluation reports. QAPI may also use other forms of review and input from relevant sources such as leadership, management, staff, personnel, and volunteers.
- d. The annual review includes the assessment of the plan's scope, objectives, performance, and effectiveness.

VI. PERFORMANCE OBJECTIVES: 2023-2024

Performance Objective/Goal	Performance Measurement/Indicator
Exit points (doors) and corridors will remain unobstructed during operational hours.	100% of egress paths and doors shall remain unobstructed, Audits conducted bi-monthly during unannounced ESCA observations.
Storage (boxes, etc.) shall remain less than 18" below sprinkler heads.	100% of sprinkler heads will remain at least 18" above any potential obstructions. Observations reported monthly during ESCA.
Alcohol -based rub dispensers or containers are not installed or placed within 1 inch of an ignition source	100% of all alcohol-based rub dispensers will not be placed within (1) inch of an ignition source.
Exit access doors remain free of hangings, that might confuse or conceal the direction of exit	100% of egress doors shall remain free of decorations/items that might confuse or conceal the direction of exit.



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ENVIRONMENT OF CARE

Safety Management Plan: 2023- 2024

I. PURPOSE

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

II. OBJECTIVES

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

III. RESPONSIBILITIES

The Quality Assurance and Quality Improvement Committee (QAPI) is responsible for developing and implementing this Plan. The Healthcare Compliance Specialist is responsible for monitoring and enforcing this Plan.

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

b. The Risk Management designee shall:

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

c. All staff, personnel, and volunteers shall:

- 1. Immediately notify appropriate personnel when environmental conditions pose a potential threat to human life, health or damage to CHW property;
- 2. Follow the policies, procedures, and guidelines approved by QAPI; and
- 3. Submit an Employee Incident or Injury Report through the Health Districts e- communication chain "CHW_Incidents@gchd.org within twenty-four
 - (24) hours of any event related to potential illness, injury or "near misses" to any person(s) occurring on CHW premises, or any property loss or damage.

IV. PERFORMANCE MONITORING

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

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

V. ANNUAL EVALUATION

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

VI. PERFORMANCE MEASURES: 2023 – 2024

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



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ENVIRONMENT OF CARE

Security Management Plan: 2023-2024

I. PURPOSE

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

II. OBJECTIVES

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

III. RESPONSIBILITIES

The Quality Assurance and Quality Improvement Committee (QAPI) is responsible for developing and implementing this Plan. The Risk Management's designee is responsible for monitoring and enforcing this Plan.

a. (QAPI) shall:

- 1. Review sentinel events and make recommendations regarding security related incidents;
- 2. Develop procedures and guidelines consistent with the Coastal Health & Wellness Governing Board's approved Emergency Operations Plan;
- 3. Implement and monitor approved policies, procedures, guidelines, and recommendations in accordance with the Security Management Plan;
- 4. Select and implement procedures and controls to achieve plan objectives;

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

b. The Risk Management's designee shall:

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

c. The Information Technology ("IT") Manager shall:

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

d. Ancillary Security Measures

- 1. The Texas City and Galveston clinic have a contracted full-time security guard to remain on location during all operational hours in which the clinic is open.
- 2. Staff should dial 911 to report suspect or known illegal activity that occurs in or around the Coastal Health and Wellness clinic.
- 3. Each clinic has a security camera at its main entrance, which remains active at all times, and an alarm system on all exterior doors which, when activated, immediately sends notification to the police department with jurisdictional

Security Management Plan: 2022 - 2023 Page | 2

- authority over the respective clinic's location via the security system.
- 4. Numerous ingress doors at both locations remain locked at all times, and can be opened solely through badge access, which is restricted to CHW personnel deemed to have a professional need to enter these restricted areas. Additionally, several ingress doors which serve as barriers to vital items (i.e. specific medications) can only be accessed through use of a physical key, or code that is assigned only to personnel with reason to enter the rooms.
- 5. The CHW School Based Clinic with the Texas City Independent School District (TCISD) complies with TCISD security plan. TCISD registered CHW clinic employees and issued TCISD badges for access to the building. Entrance to the clinic area remains locked and requires a TCISD badge to access. Entrance to the CHW Clinic provides controlled access permitted by the receptionist electronically opening the door from the front desk.

e. Security Sensitive Areas

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

f. Identification

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

g. Security Incidents

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

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

h. Patient Expulsion

Patients who threaten staff, other patients, visitors, or destroy property, or commit illegal activity on or around CHW property will be reported to the Coastal Health & Wellness Quality Assurance and Performance Improvement Committee(QAPI) with guidance from the Chief Operations Officer to determine whether the patient is prohibited from receiving medical or dental services at CHW facilities in the future. QAPI will ensure the Termination Guideline for terminating patient provider / clinic relations is followed.

IV. PERFORMANCE MONITORING

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

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

V. ANNUAL EVALUATION

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

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

e.

VI. PERFORMANCE IMPROVEMENTS: 2023 – 2024

Performance Objective/Goal	Performance Measure/Indicator
Ensuring staff is knowledgeable of security procedures for displaying identification badges.	<3% staff observed not properly displaying their identification badges during badge audits.
Ensuring staff is aware of how to react during potentially adverse circumstances.	Facilitate at least two facility based non-required emergency drills addressing the Emergency Operations Policy (e.g., shelter-in-place training).
Ensure staff are trained and knowledgeable about securing, Protected Health Information	< 5% of computers are observed unsecured when unmanned.
(PHI), Personal Identifiable Information (PII), and electronic equipment during all operational hours.	100 % of monitors that are observable by the public have protective screens to PHI and PII exposure.
IT Audit the Electronic Health Records (EHR) system to ensure HIPPA compliance.	IT performs quarterly audit of EHR system



Effective: 10/28/2021 Last Approved: 10/27/2022 Expires: 10/27/2023

ENVIRONMENT OF CARE

<u>Utilities Management Plan: 2023 – 2024</u>

I. PURPOSE

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

II. OBJECTIVES

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

III. RESPONSIBILITIES

The Quality Assurance and Quality Improvement Committee (QAPI) is responsible for developing and implementing this Plan. Risk Management is responsible for monitoring and enforcing this Plan.

- a. QAPI shall:
 - Review sentinel events related to any aspect outlined in the Utilities Management Plan and, as necessary, propose and implement new practices for utility improvements;
 - 2. When applicable, develop new procedures and guidelines for utility systems necessary to remain consistent with the Coastal Health & Wellness approved Emergency Operations Plan, along with relevant regulatory updates established by applicable authoritative agencies;
 - 3. Select and implement procedures and controls to achieve plan objectives; and
 - 4. Review the Utilities Management Plan as deemed necessary, and no less than once annually (see *Section V. Annual Evaluation*).

b. Risk Management shall:

1. When necessary, educate staff regarding aspects of the Utility

Utilities Management Plan: 2022-2023 P a g e | 1

- Management Plan applicable to the staff member's scope of work;
- 2. Work in conjunction with the building's landlords or maintenance associates to ensure access to a utility system inventory which identifies equipment, location, ownership, emergency power shut-off valves, and a log related to utility failure history is retained in an up-to-date fashion;
- 3. On a monthly basis, inspect facilities for deficiencies, hazards, unsafe practices, and/or potentially adverse impacts caused by utility mishaps;
- 4. Investigate, track and report utility related incidents;
- 5. Ensure generator load tests, performed in accordance with Joint Commission standards, are facilitated and documented monthly; and
- 6. Present monthly reports concerning significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations regarding utility systems to QAPI.

c. Facilities shall:

- 1. When possible, update or restore utility maintenance systems to proper order;
- 2. Contact the applicable landlord, maintenance associate (or designee), or third-party service agent when a problem with a utility system at a CHW occupied facility is realized; and
- 3. Track reported utility systems problems noting, date reported, to whom, and date system restored, and, monthly report any activities to Risk Management.
- 5. Monitor approved policies, procedures, guidelines and recommendations in accordance with the Utilities Management Plan and, notify Risk Management and/ or the Chief Operating Officer of recommended procedural revisions.

d. All staff, personnel, and volunteers shall:

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

e. Landlord/Maintenance Associates/Contractors

- 1. Coastal Health & Wellness does not own either of the facilities in which it has a practice; rather, these buildings are leased. The Texas City site is located at the Mid-County Annex, is owned and operated by the County of Galveston. The Galveston site is located at the Island Community Center, which is owned and operated by the Galveston Housing Authority.
- 2. Landlords and maintenance associates for these respective properties are responsible for inspecting, testing and retaining a list of utility systems,

Utilities Management Plan: 2022-2023

which include but may not be limited to: electrical power; heating, ventilation and air conditioning; plumbing; and gas. Landlords shall provide any requested documentation of any inspections, maintenance, or tests to CHW Facilities and to Risk Management.

f. Battery-Powered Lights

- 1. Each month, the Risk Management's designee will test battery-powered lights required for egress at the Galveston location. The test will be performed for a minimum of thirty (30) seconds. Results will be documented on the ESCA will be reported to QAPI during Compliance reports.
- 2. Annually, the Risk Managements designee will test battery-powered lights required for egress for a duration of one-and-a-half (1 ½) hours at the Galveston location. Results shall be documented, a report generated and distributed to the clinic's Chief management and to all CHW management via e-communication. The Governing Board's Quality Assurance group will also be informed of the results.
- 3. All tests performed at the Texas City site will be facilitated by the County of Galveston's Maintenance department. Risk Management and/or Facilities will work with Galveston County Maintenance personnel to ensure required tests are conducted and subsequent documentation is received.

IV. PERFORMANCE MONITORING

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

a. Investigating, identifying, and reporting incidents and trends related to utility system failures; and evaluating the outcomes of the Environment, Safety and Compliance Assessments ("ESCA") from all CHW facilities, which are conducted monthly and are reported monthly during Compliance by Risk Management.

V. ANNUAL EVALUATION

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

- c. In performing the annual review, QAPI shall utilize a variety of sources to improve inspection and audit results, accident/incident reports, and other forms of tracking reports. QAPI may also review and seek input from alternative sources of relevance including leadership, management, staff, personnel, volunteers and third parties.
- d. The annual review will include assessment of the Plan's scope, objectives, performance, and effectiveness.

VI. PERFORMANCE MEASURES: 2023 – 2024

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

OVERVIEW

Scope

District staff is responsible for knowledge of this plan. The department supervisor is responsible for training staff about department specific emergency fire response procedures. Each department head is responsible for providing department and area personnel with an orientation to emergency procedures related to their job. Additional training is provided on an annual basis as part of safety training, or on an as-needed basis.

Responsibilities

District staff share responsibility for general fire safety in their activities. Employees are also expected to respect components of fire detection and suppression systems, and to evacuate the building upon activation of its fire alarm. Tampering with or obstructing a fire alarm or sprinkler system device is expressly prohibited.

Emergency Notification

Despite the presence of automatic alarm systems, staff is expected to announce the emergency using the Emergency Phone Protocols and dialing 911 during the occurrence of any fire emergency, providing such notification does not expose the person to personal hazard.

Extinguishers

All clinics are outfitted with fire extinguishers. An annual maintenance check and monthly visual inspections are conducted on all portable extinguishers. Extinguishers are to remain in or on their mounting unless needed for firefighting. Do not remove an extinguisher for use as a door prop or for reasons other than extinguishing fires. No person should attempt to fight a fire with an extinguisher unless they have received adequate training.

Exits

The District has created and posted evacuation routes based upon the floor plans of each departmental area. Evacuation Routes provide means of egress for building occupants to evacuate the building. In the event of a fire or fire alarm, all occupants are expected to immediately evacuate the building. Fire exits include main doors, occasionally used side doors, and doors designed specifically for emergency use. Exit doors typically have lighted exit signs above them or pointing to them and emergency latch hardware designed to be easily operable. Even if locked to prevent ingress, these doors can be opened from inside by pushing on the emergency latch bar.

It is a priority of District staff to maintain the integrity of all components of the exit and access to it. No obstructions are allowed in front of, or in the pathway to, any exit door. Exit doors may not be barred or chained to prevent their opening. All employees are encouraged to report any failure of exit door lighting, obstruction of exit doors or exit pathways, or any existing hardware problems to the Risk and Safety Coordinator and the Fleet and Facilities Manager.

Open Flame and Flammable Liquids

Candles and incense or potpourri burners are prohibited. Smoking and vaping is prohibited. Pyrotechnical devices, fireworks, explosives, and any flame-lit amusement devices are prohibited. Flammable liquids are prohibited.

Fire Lanes

Fire lanes provide access to buildings and their fire protection systems. Parking or standing in fire lanes is prohibited except for emergency vehicles.

Fire Drills

The District annually conducts fire drills in conjunction with landlords and fire safety personnel.

RESPONSE

What To Do In Case Of Fire

All fire alarms are to be treated as actual fires. The presence of smoke or flame, or the activation of a building's fire alarm requires immediate action. The safest actions for personnel to take in the event of a fire are those that you have already considered and practiced. First priority is to immediately evacuate the building. Staff should know where the nearest exit is and be aware of a secondary escape route.

"RACE"

Rescue anyone directly affected by the fire.

Alarm by pulling the fire alarm, calling 911, and using the Emergency Phone Protocol. **Contain** or Close Doors to contain smoke and the products of combustion.

Extinguish the fire if you can do so safely and have received sufficient training for the use of a fire extinguisher.

Rescue

Ensure that all people who may be in danger are warned, and that action is taken to guarantee their safety, before any steps are taken to prevent the spread of the hazard, to secure assets, or to eliminate the hazard.

Don't panic. Staff should help and direct patients to the nearest exit and leave the building. If that exit is not accessible or is blocked by smoke, heat, or flame, staff should go to a secondary exit. Do not breathe smoke. Since smoke often tends to rise, cooler, cleaner air may be found near the floor. Crawl if you must.

Never evacuate into another area of the building. Staff should exit the building and meet in a designated location.

Alarm

If you know there is a fire in the building, but the alarm has not activated, trigger a fire alarm pull station as you leave the building, only if doing so will not delay your own escape.

If you are unable to evacuate the building due to mobility restrictions or obstruction to your escape path, call 911 and report the problem and your exact whereabouts. Stay on the line, if possible, until the dispatcher tells you to hang up.

Contain or Close Doors

Control fire within the room or building to minimize its release into the environment. If you are the last person exiting the area, yell out loud "Is there anyone in this room?" If no response is received, turn the lights off and close the door as you exit the room. As you are exiting the building, check rest rooms for occupants by yelling out loud, "Is there anyone in this room?"

Extinguish

If possible, staff may try to eliminate the fire by extinguishment if there is no risk to personal safety. Extinguishers can be operated by remembering the acronym "PASS."

Pull the pin at the neck of the extinguisher.

Aim the hose at the base of the fire.

Squeeze the trigger on the handle of the extinguisher.

Sweep the hose from side to side aiming at the base of the fire.

Once Outside

Once safely out, do not congregate near the affected building, but move to your designated meeting location.

From outside of the building, designated supervisors will call 911 and report the fire or alarm if the fire department or other emergency agencies are not already on the scene. Do not make repeated calls to prevent tying up emergency phone lines. Notify others that the call has already been made.

Safety captains will conduct a head count of all persons known to have been in the building.

Do not re-enter the building until told by the fire department or an "all clear" announcement is made by safety officials.

Do not attempt to fight a fire with an extinguisher unless you are trained and competent in its use and limitations.

First Aide Kits

First aide kits are available in each departmental area.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board October 2023 Item#7

Consider for Approval the Coastal Health & Wellness Risk Management Report for the Quarter Ending September 30, 2023

Quarterly Risk Management Report Coastal Health & Wellness Quality Assurance Subcommittee July - September 2023 Cumulative Q1 Q2 Q3 Q4 2022 2023 (01/23 -(04/23 -(07/23-(10/23-Total or Quarterly 03/23) Goal Met Objective Goal Results Goal 06/23) 09/23) 12/23) Average Comments Customer Service and Patient Satisfaction Promote positive patient Reduce grievances by 30% from service experience with all staff, with a particular the previous year. *see Summary 24 <34 <26 6 13 5 emphasis on treating complaints patients in a courteous manner. Offer optimal care for all Increase weighted patients throughout results of patient satisfaction the entirety of 4.77 4.69% 4.58% 4.50% 4.63% 4.30 their visit. survey to 4.3 Promote patient Reduce the Trending in direction of appointment cumulative improvement 18.00% 25% 26% 23% 24% × 20% confirmations. patient no-show rate to 20%. Ensure staff Biennial audits always wear their Coastal should yield 100% Badge audits occur Health & Wellness issued of identification 100% 100% 100% biennially 100% N/A 100% N/A identification cards in a cards being worn Q1 and Q3 readily visible manner. appropriately. Minimize preventable Incur zero injuries to all staff, preventable Clean quarter, no 0 0 0 1 0 1 patients and visitors. injuries at all reported injuries CHW locations. KEY Compliant Trending in **Missing** Proper Direction; with Goals Measures; Needs **COLOR KEY** Still Needs mprovement

	Quarterly Risk Management Report Coastal Health & Wellness Quality Assurance Subcommittee July - September 2023									
Objective	Goal	2022 - 2022 Results	2023 - 2023 Goal	Q1 (01/23 - 03/23)	Q2 (04/23 - 06/23)	Q3 (07/23- 09/23)	Q4 (10/23- 12/23)	Cumulative Total or Average	Quarterly Comments	Quarterly Goal Met
Staff Trainings Train staff on appropriate responses for different emergency scenarios.	Facilitate at least nine non-required emergency preparedness drills during the year.	9	9	3 Trainings	3 Trainings	3 Trainings		9	July: Network Outage and Boil Water Notice August: Severe Weather Prep /Patient& Emp. Tracking Sept: Active Shooter Training	✓
All staff is trained on SDS material pertinent to his/her work area and responsibilities.	Ensure documented training rate of 100% within 30 days of hire.	100%	100%	100%	100%	100%		100%	Hazardous Materials and DOT Training provided during New Hire Orientation. Annual Training will be provided in October - All staff.	✓
All staff is trained on equipment critical to his/her job performance.	Ensure documented training rate of 100% within 30 days from hire.	100%	100%	100%	100%	100%		100%	Managers/Supervisors present training to staff during monthly Inservice training. Documentation of trainings are sent to HR.	✓
All staff is trained on the Coastal Emergency Operations Plan.	Documentation exhibiting all staff received Emergency Operations training.	100%	100%	100%	100%	100%		100%	Emergency Operations Training is provided by PHEP Manager during new hire orientation. Annual training occurred in March 2023	✓
Train staff regarding detection of and follow-up actions for suspected human trafficking victims.	Provide training to 100% of employees about how to report suspected human trafficking.	100%	100%	100%	100%	100%		100%	All Coastal employees including new hires complete on line training documented in MedTrainer. report and work with suspected sex trafficking victims.	✓
Staff receives safety and incident reporting training.	Documentation exhibiting 100% of staff received Risk Management and Safety Management Training	100%	100%	100%	100%	100%		100%	Training provided during New Hire Orientation. Annual Training provided in October.	✓
Continue to promote staff knowledge of hand-hygiene practices and policies.	Maintain hand- hygiene score of at	98%	95%	96%	95%	97%		96%	Data captured from Hand Hygiene monthly audits. July 95% Aug 98% Sept 98%	✓
	R KEY			Missing Measures; Needs	Trending in Proper Direction;	Compliant with Goals				

Quarterly Risk Management Report Coastal Health & Wellness Quality Assurance Subcommittee July - September 2023										
Objective	Goal	2022 - 2022 Results	2023 - 2023 Goal	Q1 (01/23 - 03/23)	Q2 (04/23 - 06/23)	Q3 (07/23- 09/23)	Q4 (10/23- 12/23)	Cumulative Total or Average	Quarterly Comments	Quarterly Goal Met
Staff Trainings Train staff on appropriate responses for different emergency scenarios.	Facilitate at least nine non-required emergency preparedness drills during the year.	9	9	3 Trainings	3 Trainings	3 Trainings		9	July: Network Outage and Boil Water Notice August: Severe Weather Prep /Patient& Emp. Tracking	✓
All staff is trained on SDS material pertinent to his/her work area and responsibilities.	Ensure documented training rate of 100% within 30 days of hire.	100%	100%	100%	100%	100%		100%	Hazardous Materials and DOT Training provided during New Hire Orientation. Annual Training will be provided in October - All staff.	✓
All staff is trained on equipment critical to his/her job performance.	Ensure documented training rate of 100% within 30 days from hire.	100%	100%	100%	100%	100%		100%	Managers/Supervisors present training to staff during monthly Inservice training. Documentation of trainings are sent to HR.	✓
All staff is trained on the Coastal Emergency Operations Plan.	Documentation exhibiting all staff received Emergency Operations training.	100%	100%	100%	100%	100%		100%	Emergency Operations Training is provided by PHEP Manager during new hire orientation. Annual training occurred in March 2023	✓
Train staff regarding detection of and follow-up actions for suspected human trafficking victims.	Provide training to 100% of employees about how to report suspected human trafficking.	100%	100%	100%	100%	100%		100%	All Coastal employees including new hires complete on line training documented in MedTrainer, report and work with suspected sex trafficking victims.	✓
Staff receives safety and incident reporting training.	Documentation exhibiting 100% of staff received Risk Management and Safety Management Training	100%	100%	100%	100%	100%		100%	Training provided during New Hire Orientation. Annual Training provided in October.	✓
Continue to promote staff knowledge of hand-hygiene practices and policies.	Maintain hand- hygiene score of at least 95%.	98%	95%	96%	95%	97%		96%	Data captured from Hand Hygiene monthly audits. July 95% Aug 98% Sept 98%	✓
COLO	DR KEY			Missing Measures; Needs Improvement	Trending in Proper Direction; Still Meeds	Compliant with Goals				

	Quarterly Risk Management Report Coastal Health & Wellness Quality Assurance Subcommittee July - September 2023									
Objective	Goal	2022 - 2022 Results	2023 - 2023 Goal	Q1 (01/23 - 03/23)	Q2 (04/23 - 06/23)	Q3 (07/23- 09/23)	Q4 (10/23- 12/23)	Cumulative Total or Average	Quarterly Comments	Quarterly Goal Met
Maintenance and Repe Protect patients and staff by ensuring incidents and adverse events are promptly reported.	100% of incident reports are submitted within two business days of the incident's occurrence.	100%	100%	100%	100%	100%		100%	Data captured monthly by Healthcare Compliance Specialist through	✓
Protect staff and patients by promptly reporting issues requiring landlord attention.	Report 100% of building and/or maintenance related issues to applicable landlord within 24 business hours of discovery.	100%	100%	100%	100%	100%		100%	various means through monthly (ESCA) Environmental, Safety and Compliance Audits and through	✓
Maintain staff and patient safety by keeping equipment properly tested and maintained.	95% of equipment (100% of critical equipment) documented in Equipment Inventory Log should be inspected and calibrated in accordance with manufacturer's recommendations in a timely fashion.	100%	95%	100%	100%	100%		100%	Calibration of critical equipment and Inspections of non-critical equipment occurred in September	✓
Minimize obstruction to fire exit doors.	Achieve a cumulative score for non-obstructed doors of at least 100%.	100%	100%	100%	100%	100%		100%	B	✓
Maintain at least 18" between storage and top of sprinkler heads.	Achieve a cumulative score of at least 95% when auditing sprinkler head ceiling clearance.	100%	100%	100%	100%	100%		100%	Data captured monthly through various means but notably through the monthly (ESCA)	√
Unobstructed electrical panels in clinic areas and in storage closets.	A 3 foot clearance shall be maintained at all times in front of and adjacent to panelboards at all times. 100%	100%	100%	100%	100%	100%		100%	Environmental, Safety and Compliance audits	✓
Maintain SDS binders with all applicable material.	Biennial audits should yield at least a 95% level of accuracy.	100%	95%	SDS audits performed during Q2 and Q4	Medical: 100% Lab 96% Dental 97%	SDS audits performed during Q2 and Q4		98%	Goal 95% compliance with Hazardous Management plan	✓
COLO	R KEY			Missing Measures; Needs Improvement	Trending in Proper Direction; Still Needs	Compliant with Goals				

Quarterly Risk Management Report Coastal Health & Wellness Quality Assurance Subcommittee July - September 2023

				July - Septe	IIIOCI EULU					
		2022 -	2023 -	Q1	Q2	Q3	Q4	Cumulative		
		2022	2023	(01/23 -	(04/23 -	(07/23-	(10/23-	Total or	Quarterly	Quarterly
Objective	Goal	Results	Goal	03/23)	06/23)	09/23)	12/23)	Average	Comments	Goal Met
Suits, Claims and Potentially	Compensable Incidents									
Take all necessary	Incur no malpractice or risk									
precautions to ensure an	management related suits	0	0	0	0	0		0		
environment optimally	or claims.	U	U	U	U	0		0		V
conducive to patient safety									No potentially	
Retain open communication	Ensure potentially								compensable	
and promote timely	compensable incidents are								incidents (PCIs)	
reporting of adverse events	reported and deliberated								incurred during the	
	upon by executive	0.1	0.1	0.1	01	01			quarter.	
	management within 72	0 Incidents	0 Incident	0 Incidents	0 Incidents	0 Incidents			quarter.	V
	business hours following									
	their occurrence.									

Notes

Very clean quarter. FTCA, AKB and Stark training provided during April in-service and is provided to all new Providers upon hiring orientation.

Saved to this PC RY OF COMPLAINTS (3rd QUARTER) July - September 2023

Complaint Summary

Date Received	Complaint	Addressed By	Resolution	Date of Resolution
July				
7/5/2023	Patient complained, prescription from 6/26 appt had not been called in to pharmacy. As of 7/5 diabetic medication had not been received.	Nursing Staff	PCP called in the prescription on 7/3/23, however the insurance provider required a prior authorization. PA was submitted and on 7/5, pharmacy received an approval from the insurance carrier. Hometown Pharmacy delivered meds to patient.	
7/6/2023	Patient filed a complaint about issues with PCP - she has experienced since 2022. Complained she was referred to specialist for a problem she did not have and feels like her provider talks down to her and is rude to women. Requested to change her PCP.	Dr. Garcia	Patient was granted a change of providers and was pleased.	7/11/2023
August				
8/1/2023	Patient complained her crowns were loose; her bite was off and one crown had fallen off. Did not want to sign another contract for services but wanted dental to fix the problems she was having with the crowns.	Dr. Lindskog.	In 2018 patient received dental service for a partial denture and not crowns. The last documented visit was in 2020. An appt. was scheduled with the patient and services were provided to remake the partial denture.	8/4/2023
September				
9/14/2023	Patient complained because her provider was running behind schedule. Patient came in fasting for lab service and a medical visit. Patient concern was that she is a diabetic. Pt's appt. was for 10:20 am and checked in at 9:53 am. The patient was roomed and a nurse explained to the patient her provider was running behind. The patient decided to leave after lab services and asked the nurse to get the provider to call in her prescription refills. Patient left at 11:10 w/out seeing her provider.	Dr. Garcia, Tiffany/Dana	PCP provided the prescription refill and a nurse informed the patient. Patient's PCP was also changed to an Internal MD. Information was communicated to the patient on 9/15/2023.	9/15/2023
9/16/2023	Patient complained her husbands prescriptions had not been called in and his appt. was on 9/11/23. Patients husband was a transfer patient for clinic services and the prescriptions had not been prescribed by a CHW provider. Patient was also going out of town and needed meds by 9/18/23.	Dr. Garcia, Yaa	Medical provider spoke with the Assistant Medical Director and the prescriptions were called in to the pharmacy	9/16/2023

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board
October 2023
Item#8
Consider for Approval the Quarterly Compliance Report
for the Period Ending September 30, 2023

Coastal Health & Wellness Governing Board Quarter 3 (July - September), FY2023 Compliance Report

Internal Audits		
AUDITOR- DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
Nursing Director July 1, 2023 – September 30, 2023	 340B Medication Audit: Audited to determine fullness of charting 340B ordered meds,	Nursing staff will receive additional training on medication documentation to correct findings.
Nursing Supervisor July 1, 2023 – September 30, 2023	Abnormal Pap Audit: • MCA: 23 charts audited for follow up care: 96% compliant Finding: One patient was unable to be reached with results • ICC: 9 charts audited for follow up care: 89% compliant Finding: One patient was unable to be reached with results	 Multiple letters were mailed to patients to inform them of the need to communicate regarding abnormal PAP. The Nursing Director communicated findings with the Director of Clinical Quality for review and discussion with providers.
AUDITOR – DATE OCCURRED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
Nursing Director/Designee July 1, 2023 – Sept. 30, 2023	TV Well Child Audit -Screening Record Review encompassed review of 10 charts for ea. age group Comprehensive Health and Development History Laboratory Screening Comprehensive Physical Examination 0-4 years 98% Compliant (findings in 1 chart) 5-11 years	Continue operating under

Submitted by: Wendy Jones, Compliance Officer

Coastal Health & Wellness Governing Board – October 2023

Coastal Health & Wellness Governing Board Quarter 3 (July - September), FY2023 Compliance Report

	95% Compliant (findings in 3 charts)	
	12-18 years	
	 92% Compliant (Findings in 3 charts) Findings: Missed opportunities for screenings noted in: 0-4 yrs.: Dental referral, mental health screening and autism screening 5-11 yrs.: TB screening, Dental referral, Blood pressure, Vision, Hearing, 	
	12-18 yrs.:Dyslipidemia , HIV Screening, Risk-Based Test	
External Audits	bysilpluetilla, filv screetillig, kisk-baseu rest	
AUDITOR – DATE OCCURRED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
TACHC Site Visit July 13, 2023	Quality Axis visit: Observed patient flow operations at MCA and talked to staff. Offered Plan-do-study-act (PDSA) recommendations to assist with workflow modifications.	Management will work with staff to incorporate suggestions to improve workflow operations in: • Workforce development • Front Desk • Scripting • No shows
Nuvem (Formerly 340 Basics) September 13, 2023	Onsite visit: • No information has been received, waiting for the final report.	
HIPAA Breach Report	ts	
DEPARTMENT – DATE OCCURRED	SUMMARY	FOLLOW-UP

Coastal Health & Wellness Governing Board Quarter 3 (July - September), FY2023 Compliance Report

HIM and Patient Services 9/25/2023	An investigation conducted by the EHR System Compliance Officer and HR revealed sever District HIPAA policy and HIPAA Security Pemployee's EHR without a business need a sharing PHI amongst co-workers. HR provided counsel for corrective actions is continuing to audit the NextGen system staffs' need to access areas of the EHR system.	Compliance will compromise letter to individual whose EHR was breached. And will report to			
Warning and Termin	ation Letters				
	REASON	TYPE OF LETTER			
Inappropriate communic	cation with Medical Provider	Warning Letter			

NOTE: Various issues were discussed in peer review.

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

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board
October 2023
Item#9
Consider for Approval Coastal Health & Wellness
After Hours Policy



By: Governing Board -Approved: 10/27/2022 -Effective:10/1/2015

Coastal Health & Wellness After Hours Coverage Policy

Purpose

The provision of comprehensive and continuous care includes care during hours in which the center is closed. All centers are required to establish firm arrangements for afterhours coverage and whenever possible this coverage should include the center providers.

Policy

It is the policy of Coastal Health & Wellness to provide clinic patients with access to a clinic representative and/or healthcare professionals for management of urgent health matters during hours in which the clinic is not open.

Procedure

Coastal Health & Wellness patients seeking to speak with a healthcare professional for an urgent health problem after normal business hours will

- Dial the main line at (409) 938-2234
- Hear a recorded message notifying the caller that the clinic is closed and if this is an emergency to call 911.
- The after-hours message will offer the caller the option to connect directly to the Answering Service for an urgent health matter
- For urgent health matters the Answering Service will text the on-call provider first and follow up with a call if message is not read, during on-call provider hours and:
 - \circ States the callers' name and reason for the call and \circ
 - Connects the on-call provider with the caller
- For urgent matters, patients calling outside of on-call provider hours will be instructed to seek care at an after-hours emergency clinic.

• For non-urgent matters such as refills on medications, appointment requests, and other non-urgent health questions will be directed to call back the following business day.

Medical and Dental providers qualified to triage patient clinical situations are scheduled to rotate on call duties during designated times that the center is closed. The Answering Service is provided an up-to-date schedule of on-call providers and their contact numbers All calls received by the on-call providers will be documented in the CHW electronic medical or dental record of the patient:

Information documented in the electronic medical or dental record of the patient:

- Name of the patient or representative making the call
- Phone number of the caller
- Reason(s) for the call
- Assessment/triage findings
- Disposition of the call encounter

An administrative staff person will compare the Answering Service logs with the provider documentation from the electronic medical or dental record of the patient to assure that all calls were documented by the on-call provider within 24-hours.

COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board October 2023 Item#10

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

Coastal Health & Wellness - Quarterly Visit & Analysis Report for the period ending Sept 30, 2023

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

	3rd Qtr	3rd Qtr	%	* YTD	Average	%	* YTD Payor		%
Total Visits by Financial Class	July - Sept	July - Sept	Change			Change	Mix		Change
	2023	2022							
PM - qualifying encounter listing report type				Jan - Sept 2023	Jan - Sept 2022		Jan - Sept 2023	Jan - Sept 2022	
Self Pay	5,810	4,632	25%	1,814	1,421	28%	58%	65.4%	-11.8%
Medicare	955	414	131%	256	122	110%	8.1%	5.6%	45.1%
Medicaid	1008	751	34%	351	233	51%	11.1%	10.7%	4.0%
Contract	329	207	59%	93	72	29%	3.0%	3.3%	-11.3%
Private Insurance	1787	939	90%	522	284	84%	16.6%	13.1%	27.0%
Title V	361	108	234%	107	39	176%	3.4%	1.8%	90.8%
CHIP	8	4	100%	2	1	42%	0.1%	0.1%	-2.2%
Total	10.258	7.055	45%	3.146	2.172	45%	100%	100%	

Danautusaut	* YTD Total	%	
Department	Visits	Change	
UDS Table 5 Staffing and Utilization	Jan - Sept 2023	Jan - Sept 2022	
Medical	19,718	7,829	152%
Dental	7,274	4,117	77%
Counseling	718	545	32%
Total	27,710	12,491	122%

Unduplicated	* YTD Total	%	
Visits	Users	Change	
UDS Table 5 Staffing and Utilization	Jan - Sept 2023	Jan - Sept 2022	
Medical	8,360	6,364	31%
Dental	3,116	2,612	19%
Counseling	338	331	2%
Total	11,814	9,307	27%

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending September 30, 2023 (based on encounter date)											NG Financial Analytics
PM - AR/Aging Analysis by Enc report type	0-30	31-60	61-90	91-120	121-150	151-180	181-up	Total		Current Period	Last Qtr
Self Pay	\$ 46,429.02	\$82,433.90	\$71,066.14	\$52,506.87	\$51,114.44	\$46,382.66	¢(4 070 02)	% \$ 345,854.20	23%	278	92
Medicare	\$ 102,300.99	\$42,004.88	\$23,093.65	\$18,983.72	\$23,695.74	\$23,795.62		\$ 250.136.04	17%	81	113
Medicaid	\$ 95,683.91	\$63,483.75	\$64,603.40	\$44,834.11	\$59,050.61	\$53,894.04	\$121,824.00	,,	34%	105	121
	' '			' '							121
Contract	\$ (23,673.04)	\$14,337.70	\$15,208.29	\$21,257.93	\$8,891.05	\$14,865.77	\$6,321.12		4%	29	5
Private Insurance	\$ 96,217.56	\$38,396.69	\$32,724.55	\$36,260.52	\$24,900.74	\$20,279.72	\$56,805.36	\$ 305,585.14	21%	79	103
Title V	\$ 13,673.94	\$16,303.78	\$16,241.39	\$21,092.67	\$11,370.11	\$14,872.89	\$4,775.75	\$ 98,330.53	7%	119	112
CHIP	\$719.68	\$604.68	\$ 470.84	\$ 4.00	\$ 174.84	\$ 0.00	(172.87)	\$ 1,801.17	0%	61	not captured
Unapplied	(76,877.95)	-	-	-	-	-	-	(76,877.95)	-5%	no data	(8)
Totals	\$254.474.11	\$257.565.38	\$ 223,408,26	\$ 194,939,82	\$ 179.197.53	\$ 174.090.70	\$215,969,51	\$ 1.485.411.77	100%	77	169

Previous Quarter Balances	\$224,843.49	\$184,767.15	\$174,269.83	\$192,565.98	\$150,282.20	\$129,612.62	(76,906.07)	\$979,435.20
% Change	13%	39%	28%	1%	19%	34%	-381%	52%

Charges & Collections	3rd Qtr July - Sept 2023	3rd Qtr July - Sept 2022	% Change	* YTD Jan - Sept 2023	YTD Jan - Sept 2022	% Change
PM - Service Item w/extended amt & Transactions report type		3ept 2022				
Billed	\$3,430,232	\$2,500,448	37%	\$9,469,072	\$6,637,649	43%
Adjusted	(2,139,685)	(1,895,232)	13%	(\$6,449,215.02)	(\$ 5,032,980.12)	28%
Net Billed Collected	\$1,290,547	\$605,217	113%	\$3,019,857	\$1,604,669	88%
% Net Charges collected						
Payor	YTD Current Period	Jan - Sept 2023	YTD Prior Year	Jan - Sept 2022		
PM - qualifying encounter listing report type	Visits	Payor Mix	Visits	Payor Mix		
Self Pay	16,327	57.7%	12,788	65.4%		
Medicare	2,307	8.1%	1098	5.6%		
Medicaid	3,155	11.1%	2,094	10.7%		
Contract	838	3.0%	652	3.3%		
Private Insurance	4,701	16.6%	2,555	13.1%		
Title V	967	3.4%	350	1.8%		
CHIP	17	0.1%	12	0.1%		
Total	28,312	100%	19,549	100%		

Item	Jan - Sept 2023	Jan - Sept 2022
PM - Service Item w/extended amt &		
Transactions report type		
Self Pay - Gross Charges	\$4,961,419	\$3,916,721
Self Pay - Collections	865,395	695,965
% Gross Self Pay Charges	17.4%	17.8%
Collected	17.470	17.6%

Q3 New Pts. By Financial Class						
Payor - Financial Class	Q3 2023 # of New Pts.					
PM - Service Item w/extended amt &						
Transactions report type (sorted by FC, Prov, new						
pt)						
CIHCP	3					
Commercial - Dental	20					
Commercial - Medical	225					
Contract	8					
Medicaid - Medical	110					
Medicaid - Dental	13					
Medicare	65					
Self Pay	765					
Title V Medical	33					
Title V Dental	25					
Total New Pts. Q2 2023	1267					
Total New Pts. Charges Q2 2023	\$403,133.57					

COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board
October 2023
Item#11
Consider for Approval Coastal Health & Wellness
Title V Child Health & Dental Eligibility Policy



-Approved: 10/27/2022 By: CHW Governing Board

-Effective: 09/26/2016

Coastal Health & Wellness Title V Child Health & Dental Eligibility Policy

Purpose

Coastal Health & Wellness (CHW) provides Title V Child Health and Dental services. As a Title V Contractor, CHW is required to perform Title V eligibility screening assessments on pediatric clients who present for services at the clinic.

This policy outlines the Title V Child Health & Dental eligibility requirements.

Definitions

Below are some general definitions of terms or phrases that are used throughout this policy.

- Case Management An individualized approach for each person that involves the integration of personal, social and vocational support services. Case management aims to assist clients to navigate social service systems and attain the highest quality of care.
- Children Health Insurance Program (CHIP) A child health insurance program for non-Medicaid eligible children with family incomes up to 200% Federal Poverty Level (FPL).
- Children and Adolescents A person from his/her 1st birthday through the 21st year of age.
- **Client** An individual who has been screened, determined to be eligible for services, and has successfully completed the eligibility process.
- **Contractor** Any entity HHSC has contracted with to provide services. The contractor is the responsible entity even if there is a subcontractor involved who implements the services.
- **Department of State Health Services (DSHS)** The agency responsible for administering physical and mental health-related prevention, treatment, and regulatory programs for the State of Texas.
- Eligibility Date Date the individual submits a completed application to the provider and is deemed eligible. The eligibility expiration date will be twelve months from the eligibility date.
- Family Composition A person living alone or a group of two or more persons related by birth, marriage (including common law) or adoption, who reside together and who are legally responsible for the support of the other person. Unborn children are also included in family size.
- Federal Poverty Level (FPL) The set minimum amount of income that a family needs for food, clothing, transportation, shelter, and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs define eligibility income limits as some percentage of FPL.

- **Health and Human Services Commission (HHSC)** The state agency that has oversight responsibilities for designated health and human services agencies, including DSHS, and administers certain health and human services programs.
- Medicaid Title XIX of the Social Security Act; reimburses for health care services delivered to low-income clients who meet eligibility guidelines.
- **Minor** A person who has not reached his/her 18th birthday and who has not had the classification of minor removed in court, or who is not or never has been married or recognized as an adult by the state of Texas.
- Payer Source Programs, benefits or insurance that pays for the service provided.
- **Provider** An individual clinician or group of clinicians who provide services.
- **Re-certification** The process of re-screening and determining eligibility for the next year.
- **Texas Resident** An individual who resides within the geographic boundaries of the state.

Policy

It is the Policy of Coastal Health & Wellness to perform Title V eligibility screening assessments on individuals from birth up to their 22nd birthday who present for services and meet the Title V eligibility criteria of (1) Texas residency (2) Gross family income at or below 185% Federal Poverty Level (FPL); and (3) Not eligible for other programs/benefits providing the same services (for example Medicaid/CHIP or other payor sources).

Title V Child Health and Dental Services performed at CHW

A. Child Health Preventive and Primary Health Services

Child Health Infant/child/adolescent preventive and primary health services are provided for ages birth to their 22nd birthday. These services include well child checkups with labs, immunizations and minimal sick care and case management.

B. Child Dental Services

Child Dental Infant/child/adolescent dental services are provided for ages birth to their 22nd birthday. These services include comprehensive and periodic oral evaluations, radiographs; preventative services including cleanings, fluoride treatment, placement of dental sealants to any tooth at risk of dental decay; and therapeutic services including restorative treatment.

Contractor Responsibilities

- A. Ensure the eligibility process is complete and include documentation of the following:
 - 1. Applicant/household member's name, current address, date of birth and whether the

- applicant/household members are currently eligible for Medicaid or other benefits.
- 2. Health insurance policies, if applicable, providing coverage for the applicant, spouse, and dependent(s).
- 3. Gross monthly household income of applicant and spouse.
- 4. Other benefits available to the household or applicant; and
- 5. Any specified or other supporting documentation necessary for the contractor to determine eligibility.
- B. Ensure the applicant's household income is at or below 185% of the FPL, documented in the client's record.
- C. Assist the applicant with accurately completing the application for screening and eligibility determination.
- D. Ensure the documentation the applicant provides is sufficient to make an eligibility decision.
- E. Accept reasonable documentation provided by the applicant.
- F. Determine eligibility for Title V services based on the required Title V eligibility criteria.
- G. Provide the eligible applicant information regarding the Title V services his/her household is entitled to receive and his/her household's rights and responsibilities.

Applicant/Client Responsibilities

- A. Complete <u>Form 3029 Office of Primary and Specialty Health Application for Program</u> **Benefits** with the assistance of Patient Services.
- B. Provide documents requested by the contractor. Failure to provide all required information will result in dental of eligibility.
- C. Report Changes (within 30-days) to CHW in the following areas: income, family composition, residence, address, employment, types of medical insurance coverage, and receipt of Medicaid and/or other third-party coverage benefits.

Texas Health and Human Services Title V Eligibility Screening Forms:

- A. Form 3029, Office of Primary and Specialty Health Application for Program Benefits
- B. <u>Form 3051</u>, **Statement of Self-Employment Income** (with Instructions Form) (English and Spanish)
- C. **Form 3049**, **Employment Verification** (English and Spanish)
- D. <u>Form 3056</u>, **Request for Information** may be used to assist applicants with requested verification requirements for all programs. (English and Spanish)
- E. Form 3046, Statement of Applicant's Rights and Responsibilities

F. Form 3048, Notice of Eligibility (English and Spanish)

Title V- Child Health & Dental Eligibility Process:

Coastal Health & Wellness will perform an eligibility screening assessment on all clients who present for services at a clinic supported by Title V services. If the client has a Medicaid card, this documents their Medicaid eligibility.

A. The eligibility process has two steps in determining and maintaining services:

- 1. Screening and Eligibility Determination:
 - a. Completion of the required screening forms.
 - b. Applicant/Client submission of required verification.
 - c. Determination of eligibility.
 - d. Completion of Statement of Applicant's Rights and Responsibilities.
 - e. Completion of Notice of Eligibility.
 - f. Applicant/Client will be given copies of (1) Statement of Applicant's Rights and Responsibilities and (2) Notice of Eligibility.
- 2. <u>Annual Re-Certification</u>: Individual client eligibility will be determined on an annual basis, prompted by the anniversary the client was deem eligible. Coastal Health & Wellness will track the clients' status and renewal eligibility through the clients' Electronic Health Record.

Family Composition

- **A. Documentation of Client's Family Composition** If family relationship appears questionable, one of the following items shall be provided:
 - 1. Birth Certificate
 - 2. Baptismal certificate
 - 3. School records
 - 4. Other documents or proof of family relationship determined valid by the contractor to establish the dependency of the family member upon the client or head of household.

B. Determine Family Composition/Household size as follows:

- 1. If married (including common-law marriage), include applicant, spouse, and any mutual or non-mutual children (including unborn).
- 2. If not married, include applicant and children (including unborn).
- 3. If not married and living with a partner with whom applicant has mutual children, include applicant, partner, and children (including unborn).
- 4. A Child who is 18 years of age or older and resides with his/her parent(s)/guardian(s), but is not currently attending high school, GED classes, or vocational or technical training is considered a family of one.
- 5. The contractor has discretion to document special circumstances in the calculation of family composition. For example, a child may be considered part of a family when living with relatives other than natural parents if documentation can be provided that verifies the relationship.

C. Documentation of Client's Date of Birth shall include one of the following:

1. Birth Certificate

- 2. Baptismal certificate
- 3. School records
- 4. Other documents or proof of date of birth valid by the contractor

Residency

A. Texas Residency Requirement:

An individual must be physically present within the geographic boundaries of Texas and:

- 1. Has the intent to remain within the state, whether permanently or for an indefinite period.
- 2. Does not claim residency in any other state or country; and/or
- 3. Is less than 18 years of age and his/her parent, managing conservator, caretaker, or guardian is a resident of Texas.
- **B.** There is no requirement regarding the amount of time an individual must live in Texas to establish residency for the purposes of Title V eligibility.
- C. Although the following individuals may reside in Texas, they are not considered Texas residents for the purpose of receiving Title V services and are considered ineligible:
 - 1. Persons who move into the state solely for the purpose of obtaining health care services.
 - 2. Student primarily supported by their parents; whose home residence is in another State.
- **D.** The following individuals are NOT considered Texas residents for the purpose of receiving services and are considered ineligible:
 - 1. Inmates of correctional facilities.
 - 2. Residents of state schools
 - 3. Patients in state institutions or state psychiatric hospitals

E. Verification/Documentation of Residency will include one of the following:

- 1. Valid Texas Driver's License
- 2. Current voter registration
- 3. Rent or utility receipts for one month prior to the month of application
- 4. Motor vehicle registration
- 5. School records
- 6. Medical cards or other similar benefit cards
- 7. Property tax receipt
- 8. Mail addressed to the applicant, his/her spouse, or children if they live together
- 9. Statement from landlord, neighbor, other reliable sources
- 10. Other documents considered valid by the contractor
- **F.** Temporary Absences from State Individuals do not lose their Texas residency status.

Income

All household income received must be included. Household income is calculated before taxes (gross). Income is reviewed and determined either countable or exempt (based on the source of the income), as defined in Office of Primary and Specialty Health (OPSH) Definition of Income (available via the Provider Portal on the HHS website).

A. Documentation of income

The pay periods must accurately reflect the individual's usual and customary earnings. Proof may include, but is not limited to:

- 1. Copy(ies) of the most recent paycheck stub (at least 2 consecutive pay periods) or monthly earnings statement(s);
- 2. Employer's written verification of gross monthly income;
- 3. Award letters:
- 4. Domestic relation printout of child support payments;
- 5. Statement of Support;
- 6. Unemployment benefits statement or letter from the Texas Workforce Commission;
- 7. Award letters, court orders, or public decrees to verify support payments;
- 8. Notes for cash contributions; and
- 9. Other documents or proof of income are determined valid by the contractor.

B. Types of income that are Countable:

- 1. <u>Earned Income</u> income a person receives for a certain degree of activity or work— related to employment: counted in the month received
- 2. <u>Unearned income</u> payments received without performing work-related activities: counted in the month received.

C. Income Countable toward gross family income:

- 1. Cash gifts and Contributions
- 2. Child Support payments
- 3. Disability insurance benefits
- 4. Dividends, Interest and Royalties
- 5. Loans (non-educational)
- 6. Lump-sum payments—count as income in the month received if the person receives it or expects to receive it more than once a year
- 7. Military Pay
- 8. Mineral rights
- 9. Pensions and annuities
- 10.Reimbursements
- 11.RSDI Payments
- 12.Self-Employment Income—must be annualized if intended for family support.
- 13.SSDI
- 14. Unemployment Compensation
- 15. Veteran's Administration (except Exempt VA special needs payments, such as annual clothing allowances or monthly payments for an attendant for disabled veterans).
- 16. Wages and Salaries, Commissions
- 17. Worker's Compensation

D. Types of income that are Exempt:

- 1. Adoption Payments
- 2. Child's Earned Income
- 3. Crime Victim's Compensation
- 4. Educational Assistance
- 5. Energy Assistance
- 6. Foster Care Payment

- 7. In-Kind Income
- 8. Job Training
- 9. Lump-Sum Payments –received once a year or less.
- 10.SSI Payments
- **11.TANF**
- 12.VA Payments –special needs payments

Income Determination Procedure

- A. Count income already received and any income the household expects to receive. If the household is not sure about the amount expected or when the income will be received, Coastal Health and Wellness will use the best estimate.
- B. Coastal Health and Wellness will count terminated income in the month received and use actual income, not the conversion factors if terminated income is less than a full month's income.
- C. Use at least two consecutive, current pay periods to calculate projected monthly income. If client is paid one time per month and receives the same gross pay each month, then one pay period will suffice.
- D. If actual or projected income is not received monthly, convert it to a monthly amount using one of the following methods:
 - 1. Weekly income is multiplied by 4.33.
 - 2. Income received every two weeks is multiplied by 2.17.
 - 3. Income received twice monthly is multiplied by 2.

Income Deductions

- A. Dependent childcare or adult with disabilities care expenses shall be deducted from total income in determining eligibility, if paying for the care is necessary for the employment of a member of the household.
- B. Allowable deductions:
 - 1. Actual expenses up to \$200.00 per child per month for children under age 2
 - 2. Actual expenses up to \$175.00 per child per month for children age 2 or older, and
 - 3. Actual expenses up to \$175.00 per adult with disabilities per month
- C. Child support payments made by a member of the household group will also be deducted. Payments made weekly, every two weeks or twice a month must be converted to a monthly amount by using one of the conversion factors in the Income Calculation form.

Self-Employment Income

- A. If an applicant earns self-employment income, it must be added to any income received from other sources.
- B. Annualize (annual return on investment) self-employment income that is intended for an

individual or family's annual support, regardless of how frequently the income is received.

- C. **Determine the costs of producing self-employment income by allowing the following deductions:** Capital asset improvements; Capital asset purchases, such as real property, equipment, machinery and other durable goods (in the last 12 months); Fuel; Identifiable costs of seed and fertilizer; Insurance premiums; Interest from business loans on income producing property; Labor; Linen service; Payments on the principal of loans for income producing property; Property taxes; Raw materials; Rent; Repairs that maintain income-producing property; Sales tax; Stock; Supplies; Transportation costs (50 cents per mile), Utilities.
- D. If the applicant conducts a self-employment business in his home, consider the cost of the home (rent, mortgage, utilities) as shelter costs, not business expenses, unless these costs can be identified as necessary for the business separately.
- E. If the self-employment income is only intended to support the individual or family for part of the year, average the income over the number of months it is intended to cover.
- F. If the individual has had self-employment income for the past year, use the income figures from the previous year's business records or tax forms.
- G. If current income is substantially different from income the previous year, use more current information, such as updated business ledgers or daybooks. Remember to deduct predictable business expenses.
- H. If the individual or family has not had self-employment income for the past year, average the income over the period of time the business has been in operation and project the income for one year.
- 4. If the business is newly established and there is insufficient information to make a reasonable projection, calculate the income based on the best available estimate and follow-up at a later date-
- J. A signed Self declaration of Income from individuals who are self-employed and have no documentation of their income will be accepted with manager approval. Title V coverage cannot be extended on subsequent applications without formal verification and documentation of selfemployment income.

Seasonal Employment

Include the total income for the months worked in the overall calculation of income. The total gross income for the year can be verified by a letter from the individual's employer, if possible.

Statements of Support

The Statement of Support is used to document income when no supporting documentation is available or when income is irregular. If questionable, the Contractor may document proof of identification such as a Texas Driver's License, Social Security card, or a birth certificate of the supporter.

Reporting Changes

A. Coastal Health & Wellness will advise the client of his/her responsibility to report changes; and

- determine the effect reported changes have on the client's eligibility by re-screening and completing the eligibility determination process.
- B. Coastal Health & Wellness will explain to the client that they must report changes in the following areas: income, family composition, residence, address, employment, types of medical insurance coverage, and receipt of Medicaid and/or third-party coverage benefits.
- C. Coastal Health & Wellness will encourage client to report changes by mail, telephone, in-person, or through someone acting on the individual's behalf no later than 30 days after the client is aware of the change.

No Co-pays

Coastal Health & Wellness will not charge clients co-pays for Title V medical and dental services.

COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board
October 2023
Item#12
Consider for Approval Preliminary September 2023
Financial Report Submitted by Kenna Pruitt

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

September 30, 2023

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

October 26, 2023

CHW - BALANCE SHEET

as of September 30, 2023

	Current Month	Prior Month	Increase
	Sep-23	Aug-23	(Decrease)
<u>ASSETS</u>			
Cash & Cash Equivalent	s \$5,548,111	\$6,170,600	(\$622,489)
Accounts Receivable	e 6,337,092	5,824,173	512,919
Allowance For Bad Deb	t (889,988)	(845,244)	(44,744)
Pre-Paid Expense	s 69,728	277,527	(207,799)
Due To / Fron	10,318	(194,942)	205,260
Total Asset	s \$11,075,262	\$11,232,114	(\$156,852)
<u>LIABILITIES</u>			
Accounts Payable	\$226,739	\$190,495	\$36,244
Accrued Expense	s 465,589	461,407	4,182
Deferred Revenue	s 24,642	302,531	(277,889)
Total Liabilitie	s \$716,970	954,433	(\$237,462)
FUND BALANCE			
Fund Balance	\$9,562,869	\$9,562,869	\$0
Current Change	e 795,422	714,812	80,610
Total Fund Balanc	e \$10,358,291	\$10,277,681	\$80,610
		•	
TOTAL LIABILITIES & FUND BALANC	E \$11,075,262	\$11,232,114	(\$156,852)





CHW - REVENUE & EXPENSES

as of September 30, 2023

	MTD Actual	MTD Budget	MTD Budget
	Sep-23	Sep-23	Variance
<u>REVENUE</u>			_
County Revenue	\$277,889	\$261,222	\$16,667
HHS Grant Revenue	232,431	358,564	(126,132)
Patient Revenue	706,920	592,843	114,077
Other Revenue	19,582	12,833	6,749
Total Revenue	\$1,236,823	\$1,225,463	\$11,360
<u>EXPENSES</u>			
Personnel	\$771,394	\$952,944	\$181,549
Contractual	122,996	114,626	(8,370)
Supplies	109,836	117,985	8,149
Travel	5,467	1,433	(4,034)
Bad Debt Expense	44,744	38,318	(6,426)
Other _	101,775	136,959	35,184
Total Expenses	\$1,156,212	\$1,362,265	\$206,053
CHANGE IN NET ASSETS	\$80,610	(\$136,803)	\$217,413

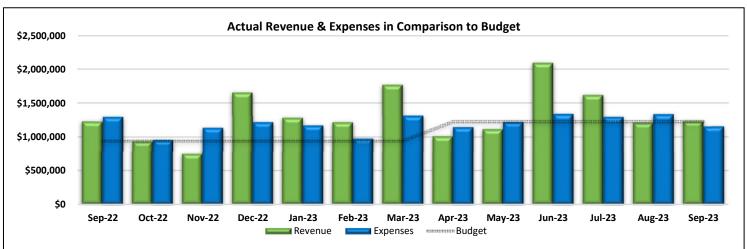
YTD Actual thru Sep-23	YTD Budget thru Sep-23	YTD Budget Variance
\$1,667,334	\$1,567,334	\$100,000
2,630,378	2,151,382	478,996
3,884,006	3,557,060	326,946
117,456	77,000	40,456
\$8,299,173	\$7,352,776	\$946,398
\$4,833,190	\$5,717,662	\$884,472
743,163	687,756	(55,407)
861,319	707,913	(153,406)
22,106	8,600	(13,506)
286,419	229,908	(56,511)
757,555	821,753	64,198
\$7,503,751	\$8,173,591	\$669,839
\$795,422	(\$820,815)	\$1,616,237

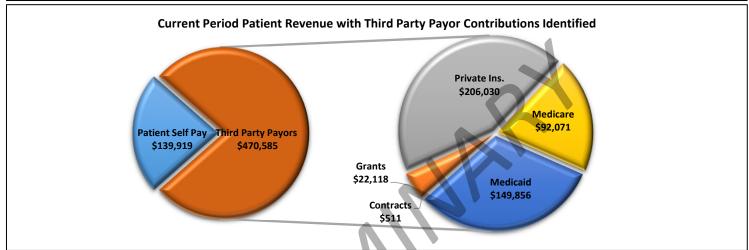


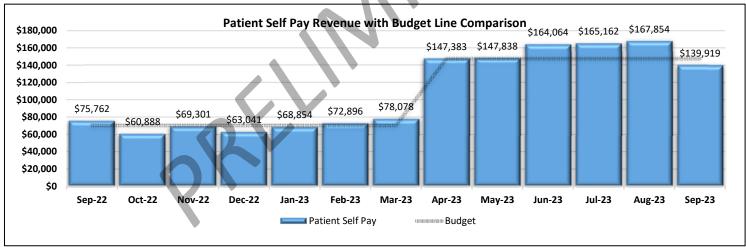
Current Month Actuals

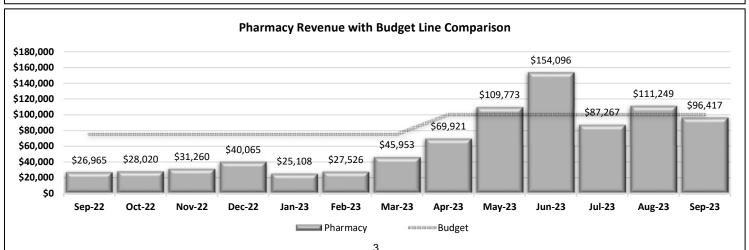


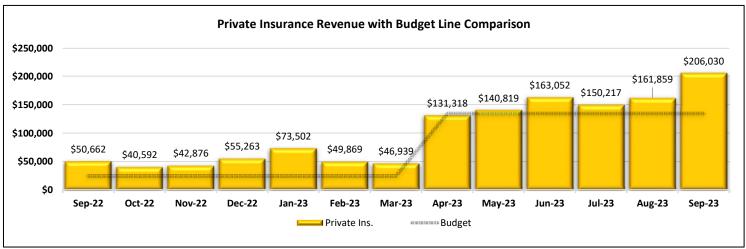


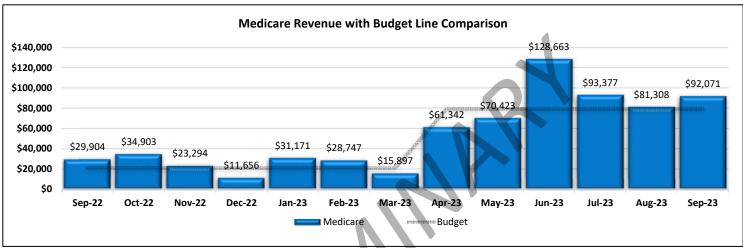


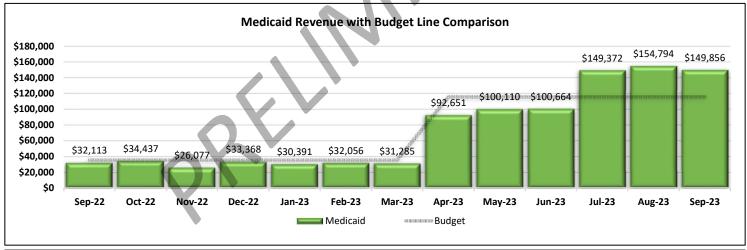


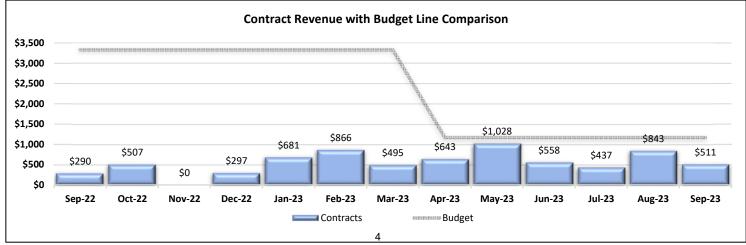












COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board October 2023 Item#13 Coastal Health & Wellness Updates

- a) Organizational Updates Submitted by Executive Director
- b) Operational Updates/Coastal Wave Submitted by Director of Operations
- c) Dental Updates Submitted by Dental Director
- d) Medical Updates Submitted by Medical Director

Coastal Health & Wellness October 2023 **Health Center** Update



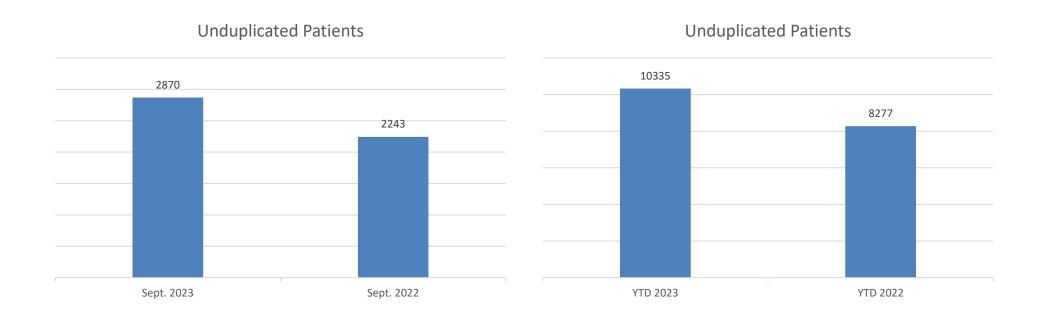


Providing access to high-quality primary care to any and all individuals in need.

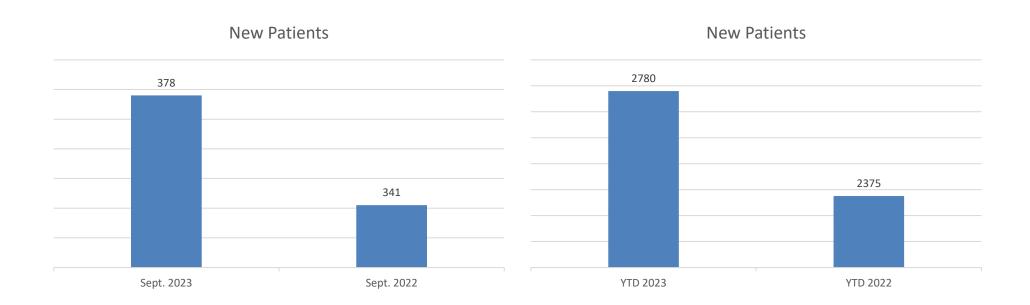
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September 2023 Operational Report –Unduplicated Patients



September 2023 Operational Report – New Patients Medical/Dental/Behavioral Health





The Community Engagement Team "CET" and CHW Outreach participated and/or hosted,

- Outreach visits to local senior centers to provide basic health screenings. 33 individuals were screened.
- Provided basic health screenings at the M.I. Lewis Social Services Center in Dickinson and Our Daily Bread in Galveston. 5 individuals were screened.
- Community health fair in League City. 256 members engaged.
- ROSC 1st Annual Galveston County Recovery Rally, an event which brought local agencies and coalitions focused on trauma and substance abuse recovery. 61 individuals engaged.
- Bingo & Health Fair at Wright Cuney Recreation Center in Galveston. 46 people were met.

2023 Project Updates

Pharmacy In-house Texas City – In progress School- Based Health Center launched 8/8 – 142 patients seen

New staff hired to meet the needs of patients!

Market Analysis – In progress ETA 4-6 months NextGen Optimization— In progress

Joint Commission Survey, BE READY!! – In progress

New Staff Updates

- Dianna Oliver Director of Revenue Cycle Management
- John Bearden Pharmacy Program Manager
- Joshua Williams Dental Office Manager
- LaToiah Williams RN Care Coordinator, Special Programs Manager
- Lisa Garceau Payor Contracting and Credentialing Manager

Thank you!!!





Providing access to high-quality primary care to any and all individuals in need.

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Dental Clinic Board Update 10/26/2023

Visit Numbers

- September 2022: 781September 2023: 798
- o 2.2 % increase for September 2023 compared to September 2022
- We continue to see walk in patients in pain as we can fit them into our schedule.
- We are involving all dental staff and leadership in creative thinking and problem solving for our wait list for comprehensive exams. We have discussed closing the waiting list and opening comprehensive exam appointments on a set day/time every month. We are evaluating how that will impact patient services staff with call volume and drafting a letter to inform all patients.
- Current projects, plans, department overview for dental
 - Sterilization Renovation We have ordered the new cabinets for the sterilization area in Texas City. This will allow us to add two more sterilizers to be more efficient and help meet sterilization needs. The dental company who bid on this has agreed to complete it over a weekend so that it will not interrupt patient care.
 - Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board. There are not any updates regarding this program.
- Provider Education Opportunities
 - All providers continue to select and participate in continuing education of their choice.
 They also share knowledge from these courses with the other providers during monthly meetings.
 - Dr. Bishai and Dr. Lindskog attended the American Dental Association in Orlando in early October.
- Barriers or Needs (if applicable)
 - Staffing
 - We have one vacancy for a dental assistant.
 - The new dental hygienist is scheduled to start on November 9th.

October 26, 2023

Governing Board Meeting

- 1. Provider productivity:
- September provider visits Scheduled 3217, No show 779, Total visits 2438, Total charges \$832,940. (August provider visits Scheduled 3658, No show 899, Total visits 2759, Total charges \$956,289)
- 2. Software utilization:
- Telemedicine platform:

Doxy.me: 173 visits in Sept (total 789 visits since June)

E consult platform:

ConferMed: 63 (e-consult), we are considered one of the highest utilizers for the time we have been using this service)

- 3. School-based program: Walk-in clinic combined with telemedicine
- Providers onsite for two full days weekly Sept 74 visits (42 existing CHW patients, 23 students, 9 TCISD staff)



	August	September	October	YTD Total Volume:
Students	12	23	2	37
TCISD Employees	1	9	2	12
TCISD Family	0	0	0	0
Other (Est. CHW, Community Walk-in)	6	42	9	57
Monthly Total Volume:	19	74	13	106



Providing access to high-quality primary care to any and all individuals in need.

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- Provider Lead Program: collaborate with public health services (HIV/STI, WIC) 4.
- ID care: Jacklyn Morgan, PA-C, Maria Culangan (HIV PrEP, HepC, STD) Total revenue (PrEP and HepC meds): \$375,000 HIV screening, HepC screening

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	23-Aug	23-Sep	Oct-23
fetime HIV screening	4401	4566	4642	4836	4972	5072	5154	5324	5476	5560
	lifetim	e HIV scr	reening							
6000						-				
5000										
4000						-				
3000						-				
2000										
1000						-				
0						,				
Jan-23 Feb-23 N					p-23 Oct-23					

5. Home-based care:

• House call program for home-bound patients

Sept 60 visits (Dr. Grumbles: 30 visits, Pam: 30 visits)

Challenges, recruiting geriatric providers.

- 6. Remote care management (Patient engagement center/care coordination)
- Patient engagement and promoting self-care
- CCM (chronic care management):127, TCM (transitional care management):15
- AWV (annual wellness visits): setting data-driven target goals.
- 7. BHI (behavioral health integration)
- Level 4 Behavioral health /primary care integration with GCC: (level 6 by the end of 2023)
- CHW/GCC workshop- planning session (10/17): Felicia Jeffery, CEO and GCC team
 Discussed strategic planning on the BH integration project with one care team model
 Shared services and resources, expansion of services, provider recruitment
 (GCC hired Dr. Valdez as Chief Medical Officer and the project team leader as care coordinator)

"Strive to deliver high-quality, culturally competent, equitable, and comprehensive primary care with a focus on clinical quality, patient-centered care, and provider and staff well-being."



Marketplace Open Enrollment starts Nov. 1

Open Enrollment for 2024 Health Insurance Marketplace coverage kicks off Nov. 1. If you don't have health insurance through your job, Medicare, Medicaid, the Children's Health Insurance Program (CHIP) or another source that provides qualifying health coverage, Health Insurance Marketplace can help you get coverage.

All offered plans cover essential health benefits, pre-existing conditions and preventive services including maternity care, mammograms and other preventive care services. You cannot be denied health coverage for having pre-existing conditions such as diabetes, hypertension and cancer.

The certified application counselors at Coastal Health & Wellness stand ready to assist Galveston County residents apply for coverage in the 2024 Marketplace. Give us a call at 409.949.3439 for assistance.

Learn more about Open Enrollment for 2024 Marketplace.



Don't wait to get flu vaccine

The flu vaccine is the best way to prevent becoming sick with the seasonal illness. Don't wait to get vaccinated. Flu outbreaks can start as early as October, and it takes about two weeks after vaccination for antibodies that protect against the flu to develop in the body.

People 6 months and older should be vaccinated against the flu. Children who need two doses of vaccine to protect against the flu should start the vaccination process sooner as the two doses must be given at least four weeks apart. Vaccination is especially important for certain high-risk groups including those age 65 and older, pregnant women, young children and those with chronic health conditions who are at higher risk for complications or even death if they get the flu.

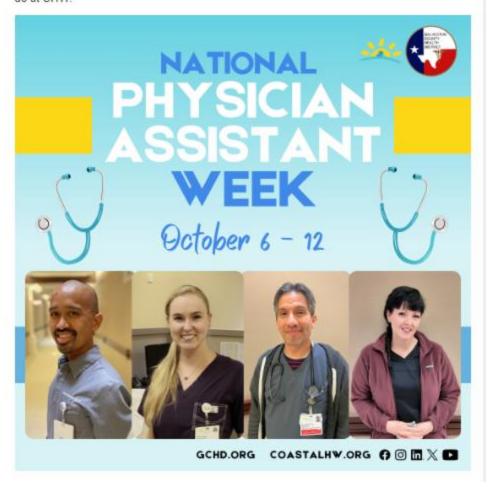
Vaccination is also important for health care workers and others who live with or care for high-risk people to keep from spreading the flu to them.

Call us today at 409.938.2234 to schedule your flu vaccine appointment.



National Physician Assistant Week, Oct. 6-12

Coastal Health & Wellness celebrated National Physician Assistant Week, Oct. 6-12. PAs are one of the fastest-growing healthcare provider professions, with 168,300+ PAs working in communities nationwide. We're proud to celebrate our fantastic PA team - Jason Borillo, Jacklyn Morgan, Julio Garza, Kristy Cooley- O'Brien, and Yaa Cheremateng (not pictured) - and their dedication to keep you and our community healthy. Thank you for everything you do at CHW!



Medical Assistants Recognition Week, Oct. 16-20

Coastal Health & Wellness celebrated Medical Assistants Recognition Week, Oct. 16-20. Our MA's play a vital role in helping perform administrative and clinical duties to make sure our patients have a comfortable visit. A big THANK YOU goes out to MA's Ashley Gardner, Brenda Gonzalez, Brittany Jones, Cecilia Rodriguez, Joana Gama, Karen Trevino, Karina Herrera, LaTonya Jones, Lilia Saenz, Tabetha Breaux, and Guadalupe Resendiz. Thank you for all you do!



Happy National Dental Hygiene Month!

National Dental Hygiene Month is observed every October to celebrate the work of dental hygienists and raise awareness of the importance of good oral health. Thank you to our dental team for all you do to keep our patients' teeth squeaky clean!



Stay away from sticky candy this Halloween

If your planned Halloween festivities involve candy, you may want to check out these tips to enjoy the spooky holiday, and keep your teeth healthy.

Stay away from candy and treats that stick. Unless it's sugar free, candies that stay in the mouth for a long time lead to an increased risk for tooth decay. Avoid beverages with added sugar and think twice before picking hard candies. The length of time sugary food is in your mouth plays a role in developing cavities.



GCHD, CHW wear pink in support of Breast Cancer Awareness Month

One in eight women in the United States will develop breast cancer in her lifetime. Breast cancer screening cannot prevent breast cancer, but it can help find breast cancer early, when it is easier to treat. Talk to your doctor about which breast cancer screening tests are right for you, and when you should have them.





Go Purple Day for Domestic Violence Awareness

Purple Thursday or "Go Purple Day" is a national day of action each October during Domestic Violence Awareness Month. Everyone is encouraged to wear all things purple as a symbol of peace, courage, survival, honor, and personal dedication to domestic violence awareness.

Anyone can be a victim of domestic violence, regardless of age, race, gender, sexual orientation, faith or class. Victims of domestic abuse may also include a child or other relative, or any other household member.





Smoking remains largest preventable cause of death

Nov. 16 marks the Great American Smokeout, an annual event to encourage those who smoke to stop.

Quitting smoking isn't easy. It takes a plan, time and hard work. But, it can be done. You don't have to stop smoking in one day, but choosing a date to stop is key to your success.

Thinking of quitting?

- 20 minutes after quitting, your heart rate and blood pressure drop
- 12 hours after quitting, carbon monoxide levels in your blood return to normal
- 1-9 months after quitting, coughing and shortness of breath decreases
- 1-5 years after quitting, your risk for heart attack drops dramatically and risk of cancer is cut in half
- 10 years after quitting, risk of dying from lung cancer is about half that of a person still smoking

November marks National COPD Awareness Month

Chronic obstructive pulmonary disease, or COPD, refers to a group of diseases that cause airflow blockage and breathing-related problems.

November marks National COPD Awareness Month. With early diagnosis and treatment, people with COPD can improve their quality of life, and breathe

Some signs and symptoms include ongoing coughing, shortness of breath, wheezing and chest tightness. Symptoms can start slowly, so pay attention to what your body is telling you.

While COPD is most common among current and former smokers, 15 percent of COPD cases are caused by exposure to certain dusts, gases, chemical fumes or other pollutants in the workplace.

Learn more about COPD, risk factors, signs and symptoms and more and talk to your health care team if you have any concerns.

Click here to learn more about CHW services. Click here to learn more about becoming a patient.

Click here to meet our CHW providers.

COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board
October 2023
Item#14
Discuss Coastal Health & Wellness Governing Board Committees
Submitted by Samantha Robinson

Coastal Health & Wellness Governing Board Committees

GB Finance Committee Members

Sergio Cruz Donnie VanAckeren Victoria Dougharty

QA Board Committee

Samantha Robinson Kevin Avery Sharon Hall

GB Appointing Committee

Samantha Robinson Elizabeth Williams Flecia Charles

Executive Committee

Samantha Robinson Dr. Tello Elizabeth Williams

Credentialing Committee

Elizabeth Williams Kevin Avery

COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board
October 2023
Item#15
Discuss the Needs of Underserved Populations for Talk Therapy
Submitted by Dr. Sharon Hall

Sharon Hall items for the Board of 10-26-2023.

Two agenda items I requested may be addressed over time, by an ad hoc committee OR Staff may know about my questions already and can answer quickly.

I thought that a list of my questions and by addressing the parts I know, Staff would be apprised before our regular Board meeting. Thus, they may know which action option makes the most sense to them before our discussion.

My hope in bringing this first question is that the worrisome difficulty of retaining Behavioral Medicine therapists might be alleviated or eased. QUESTION 1—ARE STAFF AWARE THAT TALK THERAPY IS OFTEN NOT SUPPORTED SCIENTIFICALLY IN UNDERSERVED POPULATIONS? "Underserved" in this instance is a reference to people's financial status being lower SES. These data have been known in psychology for about two decades. There are a few exceptions.

Otherwise, the research supports the following which I have summarized below. These potential "treatment options" are known to Social Workers and to those who conduct research with people after traumatic events. Poverty is considered an ongoing risk factor that depletes peoples' ability to cope with any negative events that they experience daily and could be considered by many as traumatic. Their resilience is tough to tap into because of this. Not absent, certainly, but reserves may be low. PLEASE NOTE THAT TALK THERAPY AS AN OPTION IS LISTED LAST.

SUMMARY of PSYCHOLOGICAL FIRST AID in an ordered list of Suggested Treatment. The appropriate place to begin will depend on the patient and presenting problem.

- 1. Contact and engagement. Goal: Respond to or initiate services to those affected with an open but not intrusive manner.
- 2. Safety and comfort. Goal: Assess immediate safety and attend to physical and emotional comfort.
- 3. Stabilization. Goal: Provide calming presence to survivors. Assist their orientation if needed.
- 4. Information gathering. Goal: Assess immediate practical needs and concerns.
- 5. Practical assistance. Goal: Offer practical help for immediate needs.
- 6. Connection with social support. Goal: Help survivors connect with their primary support persons and other resources, including community agencies.
- 7. Information on coping support. Goal: Provide information about responses to and coping with a stressful event and its aftermath.
- 8. Linkage with collaborative services. Goal: Link survivors with services, including (therapy).

Hall. S. K. (2009). Disasters and psychological risk in children. In Children, Law and Disasters. Oren, L.E. and Marrus, E. (Eds). American Bar Association.

QUESTION 2

Has CHW provided any kind of health fair event for people in the hospitality sector? These folks often work two jobs because restaurants and bars will not hire them full time, their hours are unwieldy, etc.

I was introduced to this issue at a Vision Galveston event and was on a team that had two hospitality workers. They did a quick poll with their phones and found many of these workers lack health care and one of my team members had no awareness of CHW services. I told them I would ask CHW staff this question.

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

Governing Board
October 2023
Item#16
Discuss Outreach Such as ''Health Fair'' to the Hospitality
Workers in Our Area Submitted by Dr. Sharon Hall

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

Governing Board
October 2023
Item#17
Comments from Board Members