

### AGENDA

Thursday, January 25, 2024 12:30 PM

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

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

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

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

### REGULARLY SCHEDULED MEETING

#### Meeting Called to Order Pledge of Allegiance

- Item #1 ..... Comments from the Public
- \*Item #2**ACTION**..... Excused Absence(s)
- \*Item #3**ACTION**..... Consider for Approval Minutes from December 7, 2023 Governing Board Meeting
- \*Item #4**ACTION**..... Consider for Approval Minutes from January 11, 2024 Governing Board QA Committee Meeting
- \*Item #5**ACTION**..... Consider for Approval Coastal Health & Wellness 2024-2025 Risk Management Plan
- \*Item #6**ACTION**..... Consider for Approval Quarterly Compliance Report for the Period Ending 12/31/23
- \* Item #7**ACTION**..... Consider for Approval Quarterly Investment Report for the Period Ending 12/31/23
- \*Item #8**ACTION**..... Consider for Approval Coastal Health & Wellness Emergency Operation Plan 2024
- \*Item #9**ACTION**..... Consider for Approval Quality Assurance Performance Improvement Plan 2024-2025
- \*Item #10**ACTION**..... Consider for Approval Revisions to the CHW Patient Experience Policy
- \*Item #11**ACTION**..... Consider for Approval Quarterly Visits and Analysis Report Including Breakdown of New Patients by Payor Source for Recent New Patients Submitted by Ami Cotharn

- Item #12.....Informational Report  
- Resolution Recognizing Maryann Choi, MD, MPH, MS, CMD for her Dedicated Services to the Coastal Health & Wellness
- Item #13**ACTION**.....Consider for Approval Financial Report Submitted by Kenna Pruitt  
a) November 2023
- Item #14**ACTION**.....Consider for Approval Virtual Provider Equipment for SBHC  
Submitted by Ami Cotharn
- Item #15**ACTION**.....Consider for Approval Coastal Health & Wellness Provider  
Recruitment and Retention Plan Submitted by Ami Cotharn
- Item #16.....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 Chief Medical Officer
- Item #17.....Comments from Board Members

## **Adjournment**

*Next Regular Scheduled Meeting: February 22, 2024*

### **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.

**Governing Board  
January 2024  
Item#2  
Excused Absence(s)**

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# **COASTAL HEALTH & WELLNESS**

## **GOVERNING BOARD**

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

**Governing Board**

**January 2024**

**Item#3**

**Consider for Approval Minutes from December 7, 2023**

**Governing Board Meeting**

**Coastal Health & Wellness  
Governing Board  
December 7, 2023**

**Board Members:**

Samantha Robinson  
Elizabeth Williams  
Rev. Walter Jones  
Flecia Charles  
Donnie VanAckeren  
Sharon Hall  
Cynthia Darby

**Staff:**

Jennifer Koch, Director of Operations  
Maryann Choi, Chief Medical Officer  
Hanna Lindskog, Dental Director  
William Lewis, Chief Operating Officer  
Tiffany Carlson  
Judie Olivares  
John Bearden  
Maria Aguirre  
Virginia Lyle

Christina Bates  
Latoiah Williams  
Teresa De Jesus Garcia  
Debra Howey  
Chris Davis  
Tikeshia Thompson-Rollins  
Anthony Hernandez

**Excused Absence:** Dr. Tello, Sergio Cruz, Kevin Avery, Clay Burton, Ivelissa Caban, and Dr. Thompson

**Unexcused Absence:** Victoria Dougharty

**Items#1 Comments from the Public**

There were no comments from the public.

**Items#2-8 Consent Agenda**

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

**Item#9 Consider for Approval October 2023 Financial Report Submitted by Kenna Pruitt**

Maria Aguirre, Lead Accountant, asked the Board to consider for approval October 2023 financial report. A motion to accept the financial report as presented was made by Donnie VanAckeren. Flecia Charles seconded the motion and the Board unanimously approved.

**Item#10 Coastal Health & Wellness Updates**

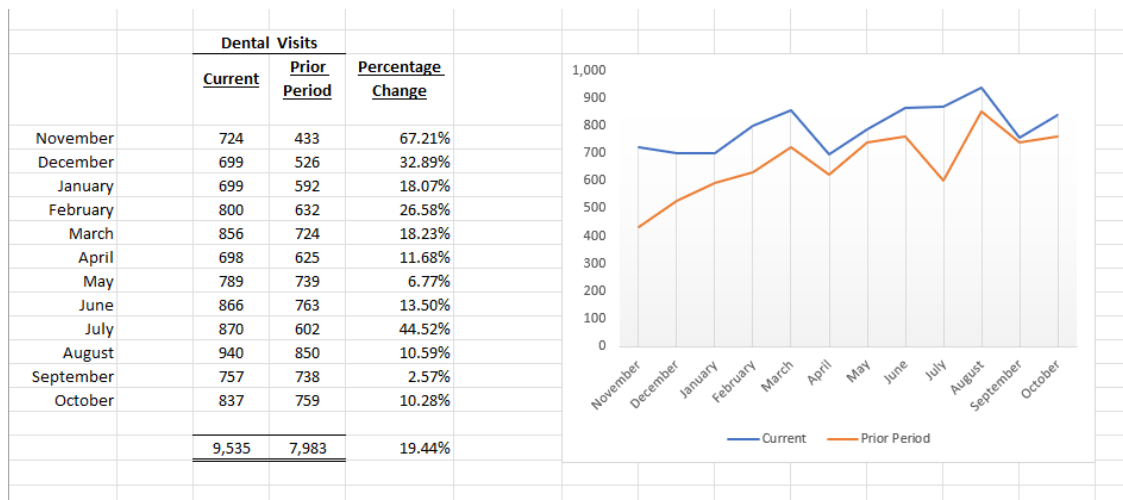
- a) Organizational Updates Submitted by Executive Director
- a) Operational Updates/Coastal Wave Submitted by Chief Operating Officer
- b) Dental Updates Submitted by Dental Director
- c) Medical Updates Submitted by Medical Director

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

- Jennifer presented a high-level overview of the Joint Commission Preliminary Report and informed the Board Ami will present the final report at the January 2024 Board meeting.

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

- Visit Numbers – Based on “FQHC Qual Enc” in NextGen –
  - We reviewed the criteria for “FQHC Qual Enc” to make sure all eligible visits are captured as encounters and now have monthly reports set up for the Dental Office Manager to review any visits that were not captured as qualifying encounters.
  - We continue to see walk in patients in pain as we can fit them into our schedule.
  - This month, we will start releasing comprehensive exams on the 15<sup>th</sup> of every month. The text message went out on November 28th to inform all current patients on the wait list of the new process. We are also posting the information on our website.



- Current projects, plans, department overview for dental
  - Sterilization Renovation – Cabinets are no longer being manufactured, but we are looking into other options
  - 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.
- Barriers or Needs (if applicable)
  - Staffing
    - The new dental hygienist and dental assistant started on November 9<sup>th</sup>. They are both doing well. The dental hygienist began seeing her own patients on December 1<sup>st</sup>.

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

#### 1. Provider productivity:

- October provider visits:  
Scheduled 3345, No show 844, Total visits 2501, Total charges \$731,299
- November provider visits  
Scheduled 2859, No show 938, Total visits 1921, Total charges \$473,650  
(lower charges are due to posting; RCM will have those after the 10th of the month, number of providers were out on vacation and holiday)

#### 2. Software utilization:

- Telemedicine platform:  
Doxy.me: 178 visits in Oct (total 1071 visits since June)
- E-consult platform:  
ConferMed: 84 (e-consult), we are considered one of the highest utilizers for the time we have been using this service)

#### 1. School-based program: Walk-in clinic combined with telemedicine

- Providers onsite for two full days weekly  
Oct: 51 visits (33 CHW existing patients, 9 student visits, 9 TCISD staff)  
Nov: 60 visits (52 CHW existing patients, 5 students, 3 TCISD staff)

#### 4. Provider Lead Program: collaborate with public health services (HIV/STI, WIC)

- ID care: Jacklyn Morgan, PA-C, Maria Culangan (HIV PrEP, HepC, STD)
- Women's health: Lisa Cashiola

#### 5. Home-based care:

- House call program for home-bound patients

October 78 visits (Dr. Grumbles:38 visits, Pam Cable: 40 visits)

6. Remote care management (Patient engagement center/care coordination lead by Teresa Garcia)
  - Patient engagement and promoting self-care
  - CCM (chronic care management), TCM(transitional care management), AWV
7. BHI (behavioral health integration)
  - Level 4 Behavioral health /primary care integration with GCC: (level 6 by the end of 2023)
  - One Care Team steering committee meeting 12/5/2023

“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 #11 Comments from Board Members**

- Dr. Hall requested a graph that shows the rate of clinical and support staff increases compared to number of staff from October 2022-October 2023.
- Samantha Robinson requested looking at the budget and updating chairs in the Lab/X-Ray clinic.
- Samantha Robinson requested scheduling a subcommittee meeting to discuss the Governing Board formal committees.

The meeting was adjourned at 1:34p.m.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Secretary/Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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# **COASTAL HEALTH & WELLNESS**

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## **GOVERNING BOARD**

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

**Governing Board**

**January 2024**

**Item#4**

**Consider for Approval Minutes from January 11, 2024 Governing  
Board QA Committee Meeting**



**Coastal Health & Wellness Governing Board**  
**Quality Assurance Committee Meeting**  
**January 11, 2024**

**BOARD QA COMMITTEE MEMBERS:**

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

**EMPLOYEES PRESENT:**

Ami Cotharn (Chief Operations Officer), Dr. Lindskog (Dental Director), Maryann Choi, (Chief Medical Officer) Jason Borillo (Director of Innovation and Clinical Quality), Tiffany Carlson (Nursing Director), Virginia Lyle (Lab/X-Ray Manager), Wendy Jones (Compliance & Risk Management Officer), Tyler Tipton (Public Health Emergency Preparedness Manager) Debra Howey (Infection Control Nurse), Anthony Hernandez (Executive Assistant II) and Tikeshia Thompson-Rollins (Executive Assistant III)

*(Minutes recorded by Tikeshia Thompson-Rollins)*

ITEM	ACTION
<b>Patient Access / Satisfaction Reports</b> <ul style="list-style-type: none"> <li>➤ Quarterly Access to Care Report Submitted by Pisa Ring</li> <li>➤ Quarterly Patient Satisfaction Report Submitted by Pisa Ring</li> <li>➤ Call Quality Performance Submitted by Pisa Ring</li> </ul>	<b><u>Quarterly Access to Care Report</u></b> <ul style="list-style-type: none"> <li>• Report reviewed; 3<sup>rd</sup> (July, August, September) &amp; 4<sup>th</sup> quarter (October, November December) no-show rate is at 22%.</li> </ul> <b><u>Quarterly Patient Satisfaction Report</u></b> <ul style="list-style-type: none"> <li>• Report reviewed; overall average for the 3rd quarter is 4.50.</li> </ul> <b><u>Call Quality Performance</u></b> <ul style="list-style-type: none"> <li>• Report reviewed; No Action</li> </ul>
<b>Clinical Measures</b> <ul style="list-style-type: none"> <li>➤ Quarterly Report on UDS Medical Measures in Comparison to Goals Submitted by Jason Borillo</li> </ul>	<b><u>Clinical Measures</u></b> <ul style="list-style-type: none"> <li>• UDS measures were reviewed. No Action</li> </ul>
<b>Quality Assurance/Risk/Management/Emergency Management Reports</b> <ul style="list-style-type: none"> <li>➤ Quarterly Risk Management Report Submitted by Wendy Jones</li> <li>➤ Dental Quarterly Summary Submitted by Dr. Lindskog</li> <li>➤ Quarterly Emergency Management Report Submitted by Tyler Tipton</li> </ul>	<b><u>Quarterly Risk Management Report</u></b> <ul style="list-style-type: none"> <li>• Wendy will update dental complaint from October once EA's add to the complaint log and bring it back to the committee.</li> </ul> <b><u>Dental Quarterly Summary</u></b> <ul style="list-style-type: none"> <li>• Report reviewed; Samantha, Board Chair, suggested not reporting quarterly to committee if all goals are met.</li> </ul> <b><u>Quarterly Emergency Management Report</u></b> <ul style="list-style-type: none"> <li>• Tyler reviewed the Emergency Management Report for 3<sup>rd</sup> and 4<sup>th</sup> quarter and gave an update on training and plans that occurred.</li> </ul>
<b>Plans and Policies</b> <ul style="list-style-type: none"> <li>➤ 2023-2024 Environment of Care Plans Submitted by Wendy Jones <ul style="list-style-type: none"> <li>○ Equipment Assessment Plan 2023-2024</li> <li>○ Hazardous Materials and Waste Management Plan 2023-2024</li> <li>○ Equipment Management Plan 2023-2024</li> <li>○ Fire Safety Management Plan 2023-2024</li> <li>○ Safety Management Plan 2023-2024</li> <li>○ Security Management Plan 2023-2024</li> <li>○ Utilities Management Plan 2023-2024</li> <li>○ Galveston County Health District Fire Response Plan 2023-2024</li> </ul> </li> </ul>	<b><u>Environment of Care Plans</u></b> <ul style="list-style-type: none"> <li>• Wendy presented a summary of changes made to the 2023-2024 Environment of Care Plans. <ul style="list-style-type: none"> <li>○ Plans reviewed. No Action</li> </ul> </li> </ul>

<b>Quality Assurance Performance Improvement "QAPI" Submitted by Jason Borillo</b>	<b><u>QA Performance Improvement Plan</u></b> <ul style="list-style-type: none"> <li>Quality Assurance Performance Improvement Plan Reviewed. No Action</li> </ul>
<b>Patient Termination</b>	<b><u>Patient Termination</u></b> <ul style="list-style-type: none"> <li>Dr. Linskog presented to the committee the decision to terminate a patient from the dental clinic. Dr. Linskog informed the committee this information is documented in the patients. Samantha Robinson, Board Chair, recommended adding documentation to the clinic's complaint log.</li> </ul>
<b>TJC on Site Report</b>	<b><u>Review of Joint Commission on site report</u></b> <ul style="list-style-type: none"> <li>CHW Management Team is currently working on a response and the final action plan is due to Joint Commission January 29, 2024.</li> </ul>

Next Meeting: April 11, 2023

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# **COASTAL HEALTH & WELLNESS**

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## **GOVERNING BOARD**

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

**Governing Board**

**January 2024**

**Item#5**

**Consider for Approval Coastal Health & Wellness  
2024-2025 Risk Management Plan**

## **Risk Management Plan**

### **1. PURPOSE**

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

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

### **2. GUIDING PRINCIPLES**

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

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

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

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

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

## **2.1 Leadership**

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

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

## **3. PLAN GOALS AND OBJECTIVES**

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

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

## **4. SCOPE AND FUNCTIONS OF THE PLAN**

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

#### 4.1 Functional Interfaces

Functional interfaces with the Risk Management Plan include areas covered under the Coastal Health & Wellness Environment of Care and Infection Control plans, as well as credentialing and privileging, information technology, event reporting and investigation, performance assessment and improvement, volunteers, infection control, and administration. All areas work together on risk reduction strategies and methods as defined in this Plan.

#### 4.2 Specific Components

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

policy/contract and FTCA requirements.

- l) Supporting quality assessment and improvement programs throughout the organization.
- m) Implementing programs that fulfill regulatory, legal, and accreditation requirements.
- n) Establishing ongoing quality assurance and risk management committee composed of representatives from key clinical and administrative departments and services.
- o) Monitoring the effectiveness and performance of risk management actions. Performance monitoring data may include the following:
  - i. Claims and claim trends;
  - ii. Culture of safety surveys;
  - iii. Event trending data;
  - iv. Ongoing risk assessment information;
  - v. Patient's or family's perceptions of how well the organization meets their needs and expectations (i.e. patient satisfaction survey data); and
  - vi. Quality performance data.
- p) Completing insurance and deeming applications.
- q) Developing and monitoring effective handoff processes for continuity of patient care.

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

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

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

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

The Quality Assurance and Performance Improvement (QA/PI) committees review risk management activities monthly. The Risk Management Officer reports activities and outcomes (e.g., claims activity, risk and safety assessment results, event report summaries, and trends) to the Governing Board and the Governing Board Quality Assurance and Quality Improvement Committee on a quarterly basis. These reports inform members of the Governing Board of efforts made to identify and reduce risks, reports on the success of these activities, and communicates outstanding issues that require input or support from the Governing Board for action or resolution. Data reporting may include event trends, claims analysis, frequency and severity data, credentialing activity, relevant provider and staff education, and risk management, emergency operation and patient safety activities. In accordance with the organization's bylaws, recommendations from the Quality Assurance and Performance Improvement (QA/PI) committee that rise to the level of requiring Board approval are submitted as needed. Goals are

organization's bylaws, recommendations from the Quality Assurance and Performance Improvement (QA/PI) committee that rise to the level of requiring Board approval are submitted as needed. Goals are developed to remain consistent with established risk management goals as determined by the Quality Assurance and Performance Improvement (QAPI) committees and/or the Governing Board.

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

## 7. CONFIDENTIALITY

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

The signatures below represent acceptance of the Risk Management Plan.

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

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

Nursing Director Approval: \_\_\_\_\_

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

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

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

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

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

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

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



**Governing Board**

**January 2024**

**Item#6**

**Consider for Approval Quarterly Compliance  
Report for the Period Ending 12/31/23**

**Coastal Health & Wellness Governing Board  
Quarter 4 (October – December)  
FY2023 Compliance Report**

<b>Internal Audits</b>		
<b>AUDITOR- DATE CONDUCTED</b>	<b>TYPE OF AUDIT &amp; FINDINGS</b>	<b>ACTION TAKEN</b>
<b>Pharmacy Program Mgr.</b> October 1 – December 31	<b>340B Medication Audit:</b> <ul style="list-style-type: none"> <li>The 2023 4<sup>th</sup> quarter 340B internal audit results will be reported at the next Governing Board meeting.</li> <li>The 340B internal audit tool has been revised and will include both contract pharmacy dispensing audits and clinic administration audits.</li> </ul>	
<b>Nursing Supervisor</b> October 1 – December 31	<b>Abnormal Pap Audit:</b> <ul style="list-style-type: none"> <li>The 2023 4<sup>th</sup> quarter internal audit results will be reported at the next Governing Board meeting.</li> </ul>	
<b>AUDITOR – DATE OCCURRED</b>	<b>TYPE OF AUDIT &amp; FINDINGS</b>	<b>ACTION TAKEN</b>
<b>Nursing Director/Designee</b> October 1 – December 31	<b>TV Well Child Audit -Screening</b> <b>Record Review encompassed review of 10 charts for ea. age group</b> <ul style="list-style-type: none"> <li>Comprehensive Health and Development History</li> <li>Laboratory Screening</li> <li>Comprehensive Physical Examination</li> </ul> <b>0-4 years</b> <ul style="list-style-type: none"> <li>92% Compliant (findings in 4 chart)</li> </ul> <b>5-11 years</b> <ul style="list-style-type: none"> <li>91% Compliant (findings in 7 charts)</li> </ul> <b>12-18 years</b> <ul style="list-style-type: none"> <li>95% Compliant (Findings in 4 charts)</li> </ul>	

**Coastal Health & Wellness Governing Board  
Quarter 4 (October – December)  
FY2023 Compliance Report**

	<b>Findings: Missed opportunities for screenings noted in:</b> <b>0-4 yrs.:</b> <ul style="list-style-type: none"> <li>Mental Health Screening, TB Screening, Developmental Screening, Vision, Hearing, Dental Referral, Blood Pressure</li> </ul> <b>5-11 yrs.:</b> <ul style="list-style-type: none"> <li>Mental Health Screening, TB Screening, Vision, Hearing, Dental Referral, Age-appropriate Health Education</li> </ul> <b>12-18 yrs.:</b> <ul style="list-style-type: none"> <li>TB Screening, Mental Health Screening, Nutrition Screening, Hearing, Vision</li> </ul>	Findings reported to the Director of Innovations and Clinical Quality
<b>External Audits</b>		
<b>AUDITOR – DATE OCCURRED</b>	<b>TYPE OF AUDIT &amp; FINDINGS</b>	<b>ACTION TAKEN</b>
Joint Commission Survey November 29 - 30, 2023	<b>Unannounced Full Event Onsite Visit:</b> The overall onsite visit was positive, with passing results. Several low, moderate and one high risk element of performances were noted in the following areas: <ul style="list-style-type: none"> <li>Ambulatory</li> <li>Primary Care Medical Home</li> <li>Behavioral Health Care and Human Services</li> </ul>	The Accreditation Activity – 60 – day Evidence of Standards Compliance was received and is being developed for a response to Joint Commission by January 29, 2024.
<b>HIPAA Breach Reports</b>		
<b>DEPARTMENT – DATE OCCURRED</b>	<b>SUMMARY</b>	<b>FOLLOW-UP</b>
Medical 11/17/2023	An unencrypted email was sent to an outside party.	Supervisor and IT addressed retraining of employee.

**Coastal Health & Wellness Governing Board  
Quarter 4 (October – December)  
FY2023 Compliance Report**

<b>Warning and Termination Letters</b>	
<b>REASON</b>	<b>TYPE OF LETTER</b>
A patient with unreasonable expectations for service provision requested to be terminated from Dental Services (only).	Termination Letter

**NOTE: 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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**Governing Board**

**January 2024**

**Item#7**

**Consider for Approval Quarterly Investment  
Report for the Period Ending 12/31/23**

**Coastal Health & Wellness  
Investment Report  
For the period ending December 31, 2023**

Coastal Health & Wellness	Money Market Account		
	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Beginning Balance	2,804,406	2,515,721	1,781,289
Deposits	415,000	-	-
Withdrawals	(710,000)	(740,000)	(255,000)
Interest Earned	6,315	5,568	4,329
Ending Balance	<u>\$2,515,721</u>	<u>\$1,781,289</u>	<u>\$1,530,618</u>
Current Annual Yield	3.04%	3.04%	3.04%
Previous Quarter Yield (7/2023 - 9/2023)	3.04%	3.04%	3.04%

Tex Pool Investments		
<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
2,838,392	2,851,311	2,863,901
-	-	-
-	-	-
12,919	12,590	13,060
<u>2,851,311</u>	<u>2,863,901</u>	<u>2,876,961</u>
5.36%	5.37%	5.37%
5.12%	5.30%	5.32%

Summary	Interest Earned	Avg Balance	Yield
October 1, 2023 to December 31, 2023	54,782	4,997,186	1.05%
January 1, 2024 to March 31, 2024	-	-	
April 1, 2024 to June 30, 2024	-	-	
July 1, 2024 to September 30, 2024	-	-	
YTD Totals	<u>\$54,782</u>	<u>\$4,997,186</u>	<u>1.05%</u>

Coastal Health & Wellness	Q1	Q2	Q3	Q4	YTD Comparison
Interest Yield Year to Year Comparison	Oct 1-Dec 31	Jan 1-Mar 31	Apr 1-Jun 30	Jul 1-Sep 30	Total as of Dec 31
FY2021	0.19%	0.14%	0.05%	0.05%	<b>0.19%</b>
FY2022	0.06%	0.06%	0.13%	0.32%	<b>0.06%</b>
FY2023	0.67%	0.83%	0.87%	1.04%	<b>0.67%</b>
<b>FY2024 (Current year)</b>	<b>1.05%</b>				<b>1.05%</b>

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**Governing Board**

**January 2024**

**Item#8**

**Consider for Approval Coastal Health & Wellness  
Emergency Operation Plan 2024**

*Coastal Health and Wellness*

**EMERGENCY OPERATIONS PLAN**



## Table of Review and Approval

Change Number	Change Entered By	Date Reviewed	Date Approved
1	Tyler Tipton	8/8/2018	8/30/2018
2	Tyler Tipton	8/16/2019	08/29/2019
3	Tyler Tipton	09/15/2020	01/28/2021
4	Tyler Tipton	9/15/2021	-
5	Tyler Tipton	1/11/2022	1/27/2022
6	Tyler Tipton	1/18/2023	1/26/2023
7	Tyler Tipton	8/3/2023	-
<u>8</u>	<u>Tyler Tipton</u>	<u>1/17/2024</u>	

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

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

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## **Coastal Health and Wellness Information**

**Facility:** Coastal Health and Wellness

**Address:** 9850 Emmett F Lowry Expy

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

**Phone Number:** 409-938-2234

**Executive Director:** Dr. Philip Keiser

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

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

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

## I. INTRODUCTION TO THE PLAN

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

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

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

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

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

CHW has been an active participant in local, regional, state and federal emergency response planning and has signed a Memorandum of Agreement with the South East Texas Regional Advisory Council (SETRAC) to become a member of the Regional Healthcare Preparedness

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

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

**Demographics:**

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

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

CHW - Galveston  
Island Community Center  
4700 Broadway F100  
Galveston, TX 77551

CHW – TCISD  
Calvin Vincent Early Childhood Center  
1805 13<sup>th</sup> Ave N  
Texas City, TX 77590

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

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

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

- C. The buildings have appropriate placement of “Exit” signs which stand readily identifiable in-person, and which are clearly marked on the attached floorplans. Coastal Health & Wellness serves as a Galveston County federally qualified health center, and the County’s largest community health center. CHW clinics provide a wide array of ambulatory medical, prenatal, dental, mental health and counseling services to the community. Changes in the scope of services offered by the clinics must be approved by the Coastal Health & Wellness Governing Board and the Health Resources and Services Administration (HRSA). During an emergency, patient population may fluctuate or include patients not typically seen or treated by CHW during normal operations.

## **II. EMERGENCY PLAN**

### **Risk Assessment**

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

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

### **Command and Control**

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

fulfilled. The IMT consists of the Executive Director, Risk and Compliance Officer, Nursing Director, Chief Financial Officer, Medical Director, Dental Director, Director of Human Resources, Executive Director of Public Health Services, IT Manager and Emergency Preparedness Manager and, if deemed necessary, other applicable parties.

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

### **Coordination**

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

### **Plan Activation**

Once warning of an actual or potential event has occurred, the person receiving the notification will inform the Executive Director. The Executive Director, in consultation with the IMT, will



determine what level of plan activation is appropriate for incident response. CHW follows a four-level incident activation system, depicted as follows:

- **Level 4:** Everyday conditions with self-limiting events (events that resolve spontaneously or without response activations, such as a fire alarm or patient requiring medical assistance).
- **Level 3:** A disaster is foreseen, or a significant event is occurring. The event may or may not pose an immediate physical threat to CHW, but the consequences of the event could cause disruption to CHW's normal environments.
- **Level 2:** A heightened state of readiness during which time proactive plans such as perimeter control, staffing and supply analysis, and potential increase in spontaneous patient load are activated. A Level 2 event is deemed one that is imminent and which will have an adverse future impact on CHW.
- **Level 1:** When CHW develops incident action plans and carries out operational actions required to accomplish the aforementioned plans. Actions such as cancellation of scheduled appointments, adjusted operating hours, or collective suspension of services altogether may be implemented during this phase.

#### **Demobilization and Transition to Recovery**

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

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

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

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

- The Incident Commander deactivating the EOP and determining when the clinic should return to normal operations;
- The establishment/bolstering of an employee support systems;
- Inventorying damages and losses;

- Assessing and documenting property damage, direct operating costs, consequential losses, damaged or destroyed equipment, and construction related expenses; and
- The completion of an After Action Report (AAR), to be finalized within 60-days upon the facility returning to normal operations.

### **Maintenance**

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

## **III. POLICIES AND PROCEDURES**

### **Facility Lockdown**

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

### **Shelter in Place (SIP)**

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

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

### **Evacuation Plan**

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

### **Suspension of Services**

- A. In the event an emergency results in the inability of the facility to continue providing services in a safe manner, the facility has will initiate its plan for continuity of services.

- B. During such circumstances, patients will be notified the facility will not be able to provide services via communication of staff, as well as through announcements made over the PA system.
- C. Preidentified facilities that can serve as temporary destinations for care of services have been denoted in **TAB 6**.

### **Continuity of Operations**

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

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

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

### **Documentation**

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

- A. During an emergency, documentation should continue for all patients in the process of treatment.
- B. During an emergency, it should be determined whether to start treatment for patients at the facility when treatment has not yet been initiated. Decisions and plan of care based on patient's condition and the facility's ability to provide treatment during the emergency will be recorded.
- C. All rules pertaining to the protection of and access to patient information, including all HIPAA provisions, must remain in effect during an emergency.

- D. During an emergency, all staff members beginning and ending their shifts are required to sign-in and sign-out on an employee tracking log to ensure tracking of on-duty staff is documented.
- E. On-duty staff will be given an *EOP Tracking Log*, to track their activities for all emergencies.
- F. Whenever possible, emergency documentation shall be logged using pencil and paper to avoid potential losses caused by power failures.

## Security

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

## Volunteers

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

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

## IV. COMMUNICATIONS

### Internal

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

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

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

### External

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

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

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

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

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

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

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

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

#### **Requesting Assistance**

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

## V. TRAINING

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

## VI. TESTING

- A. Facility based full-scale exercises shall be facilitated annually by the Emergency Preparedness Manager. Community-based full-scale exercises are required the year following a facility-based exercise. This requirement does not limit CHW's capacity to develop and participate in multiple exercises in a calendar year, whether that be facility-based or community-based full-scale, functional, or tabletop exercises.
- B. After full-scale exercises, tabletops or actual events, CHW will analyze the response, identify areas for improvement, developing these into an After Action Report and Improvement Plan, and update the EOP, if necessary. A template for review is found at **TAB 13**.
- C. Emergency response exercises will incorporate hazards identified from a HVA and encompass communications, resources and assets, security, staff, utilities, and patients.

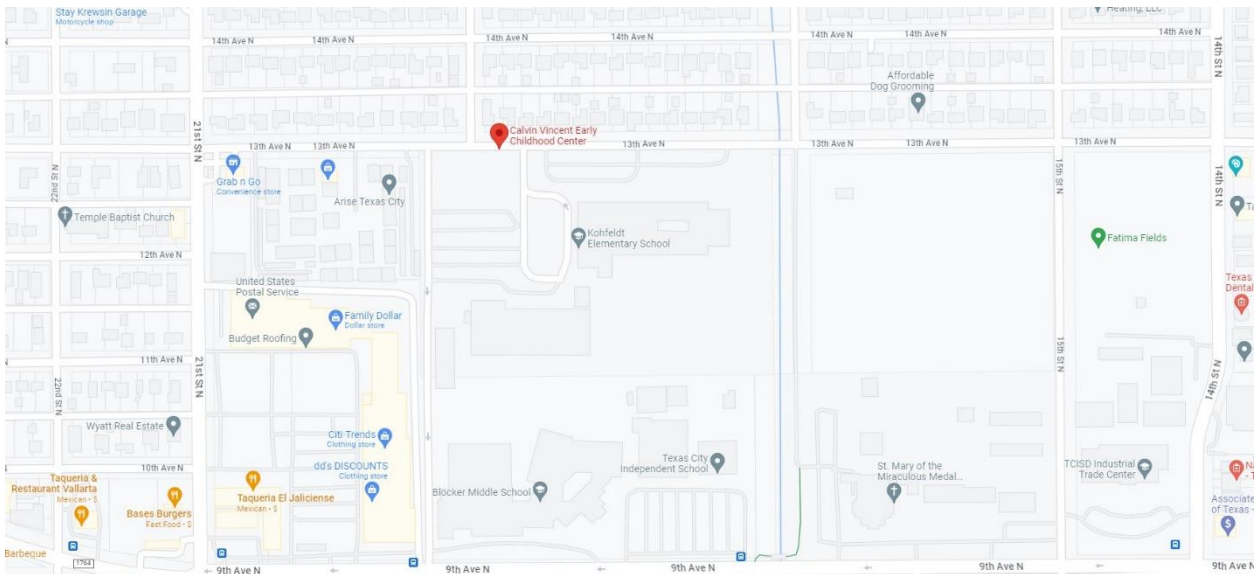


## TAB 1- Facility Location Plan

### Texas City Clinic



### Texas City ISD Clinic

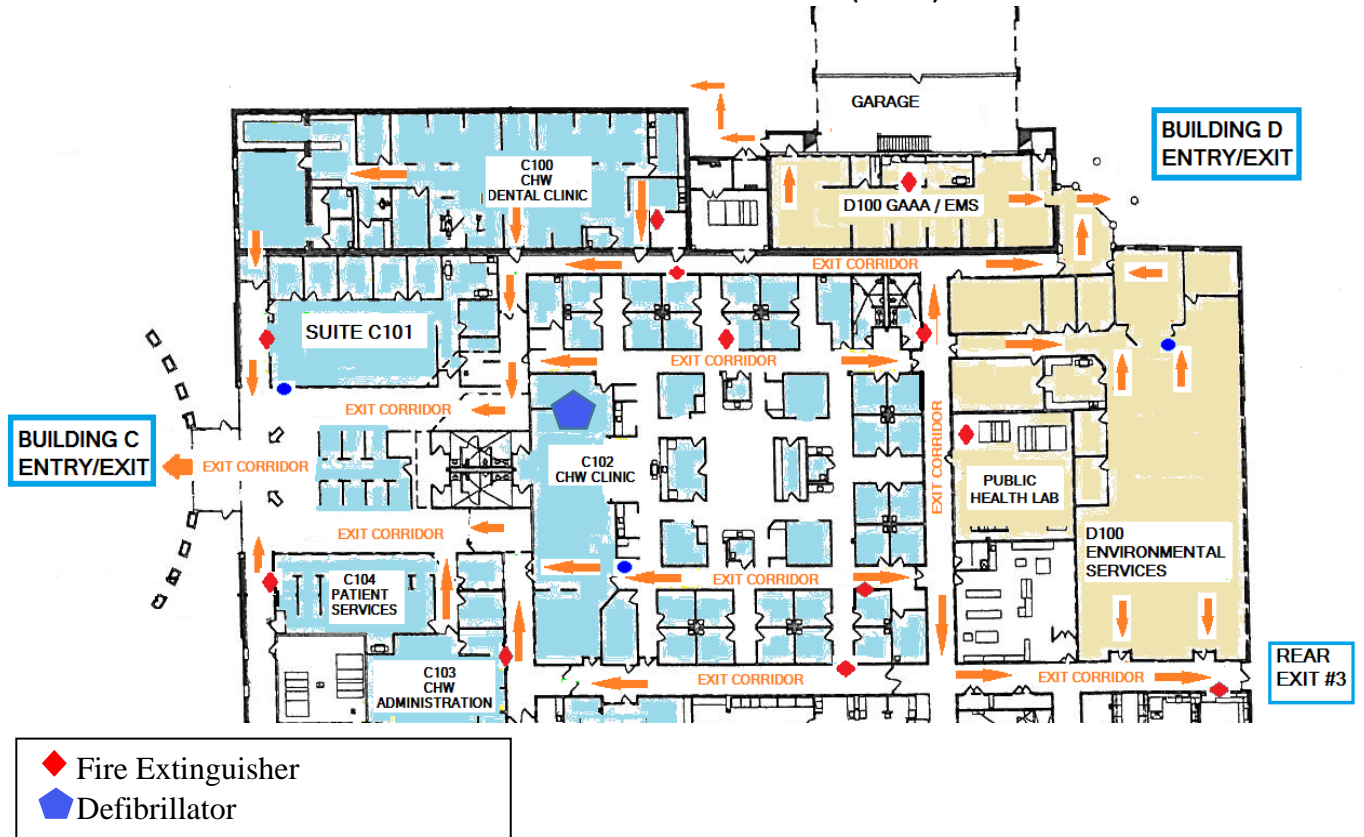


Galveston Clinic

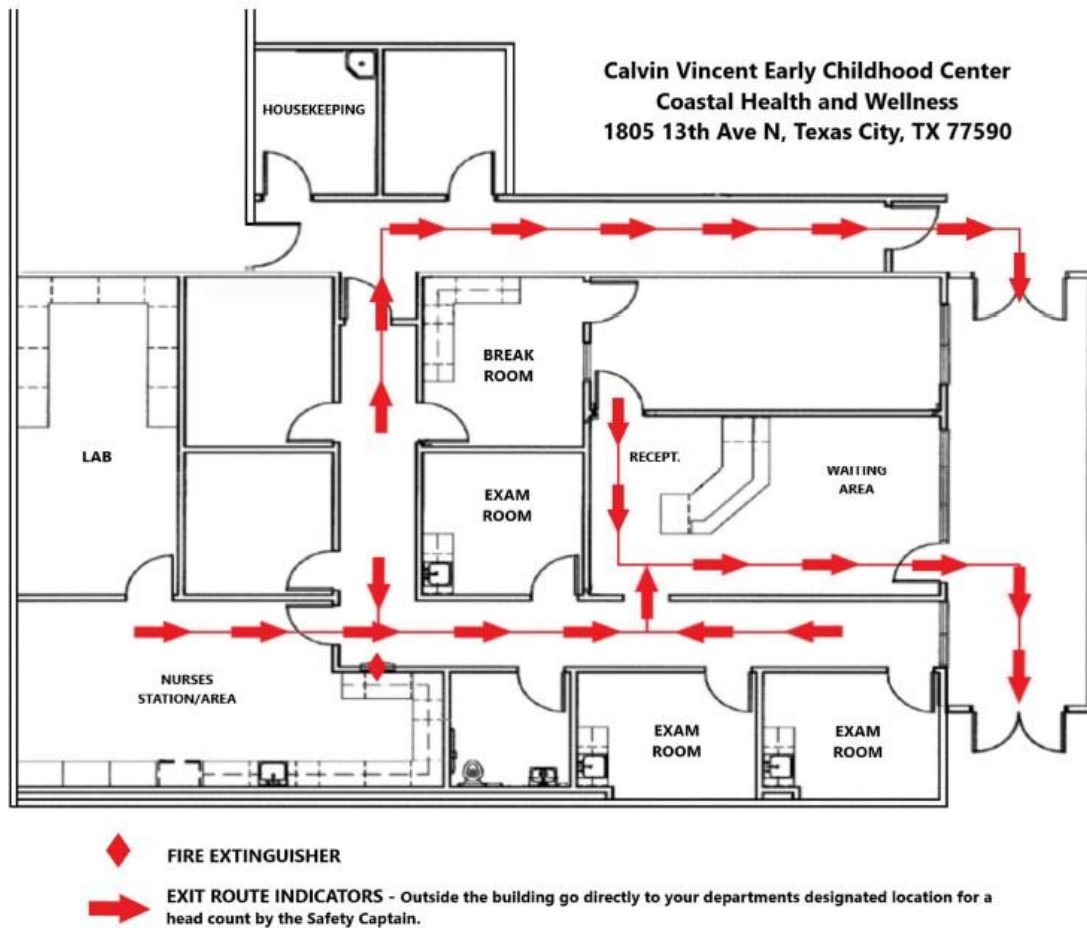


## TAB 2 - Facility Floor Plan

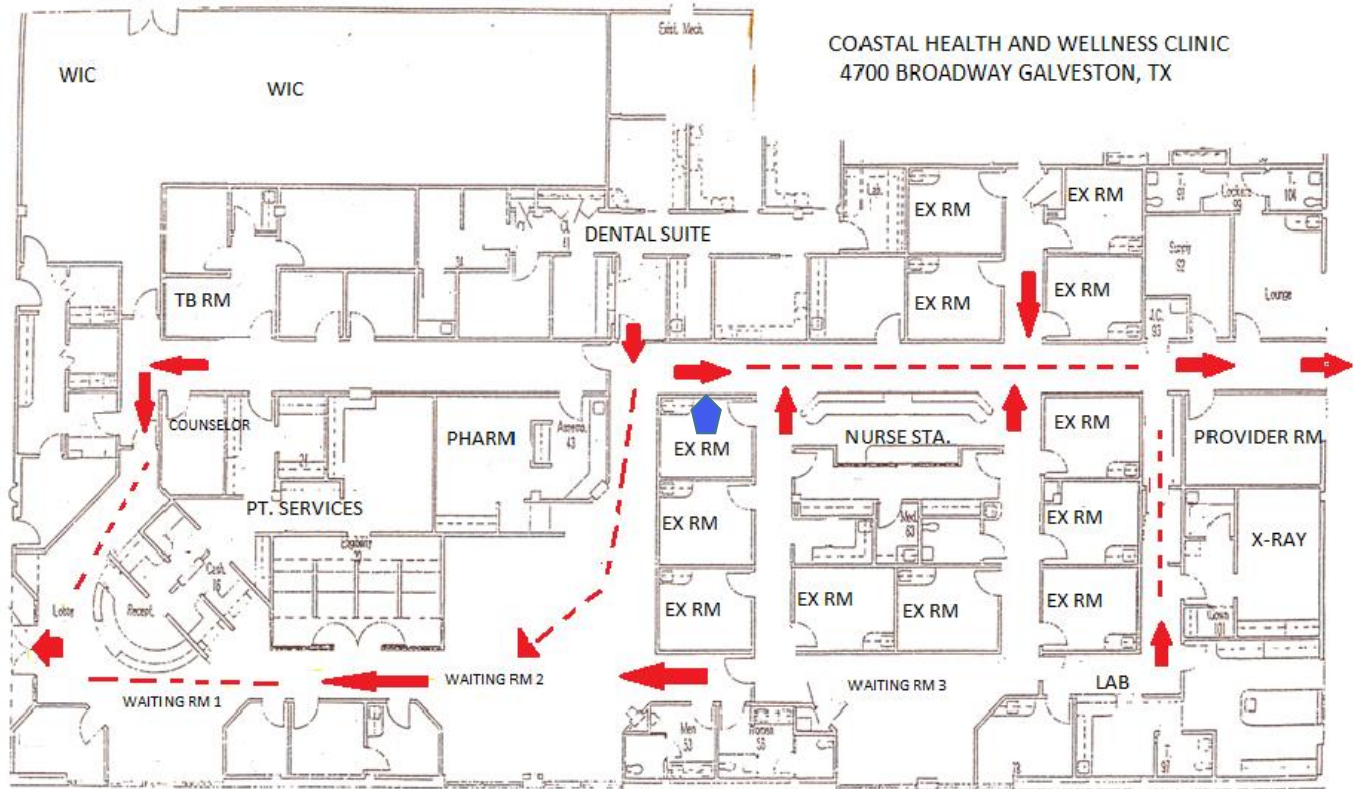
### MID COUNTY ANNEX EVAUCATION ROUTE BUILDING C (CHW)



## COASTAL HEALTH & WELLNESS TEXAS CITY ISD CLINIC



# GALVESTON COUNTY COASTAL HEALTH AND WELLNESS CLINIC ISLAND COMMUNITY CENTER GALVESTON



\*Arrows denote pathway to fire exits

 Defibrillator

**TAB 3 - HVA**

TOP 10 HVA	RANK
Hurricane	1
Flood, External	2
Explosion	3
Pandemic	4
Inclement Weather	5
Tornado	6
Air Quality Issue	7
Chemical Exposure, External	8
Epidemic	9
Utility Failure	10

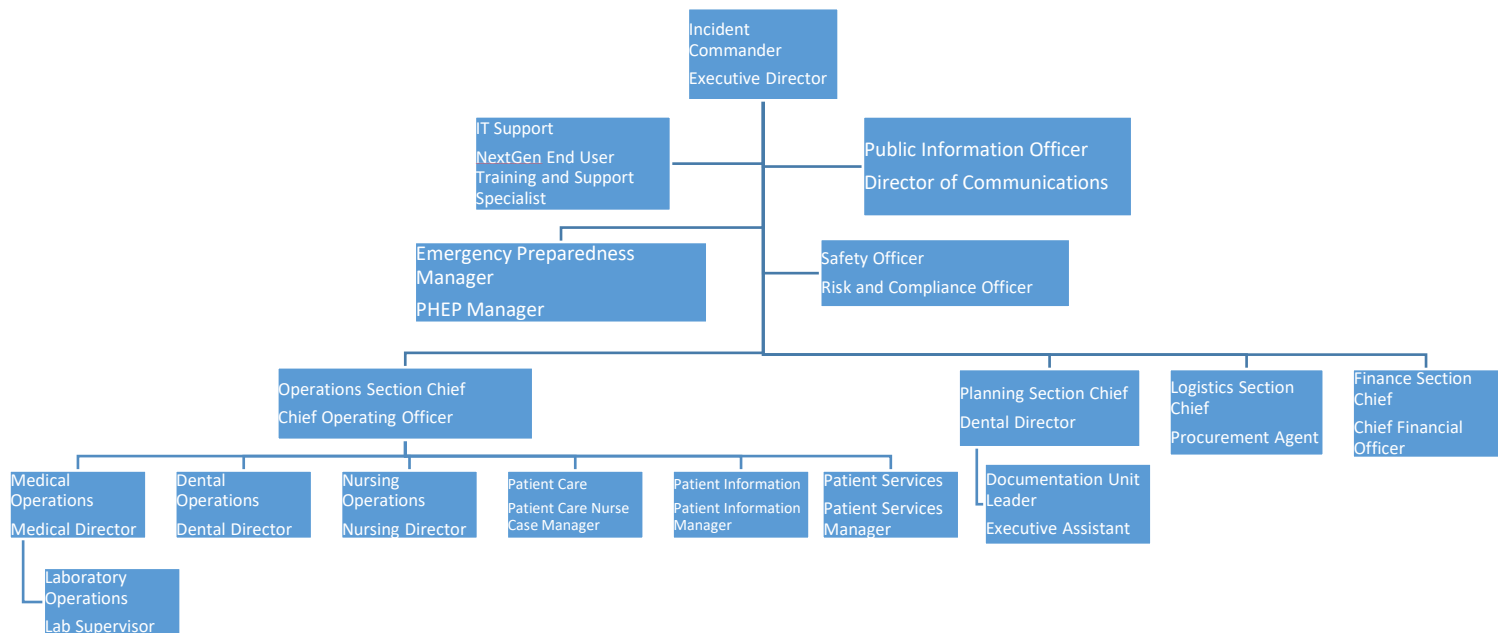
*\*Listed are the top 10 Hazards beginning with the highest risk*

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

**Delegations of Authority**

Task	Incumbent	Delegated Position	Limitations
Incident Commander	Executive Director		
Operations Section Chief	Chief Operating Officer		
Planning Section Chief	Director of Dental		
Logistics Section Chief	Procurement Agent		
Finance Section Chief	Chief Financial Officer		

**Organizational Chart**



## Activation of Disaster Organization Chart

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

### Incident Commander (IC)

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

### IT Support

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

### Public Information Officer

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

### Safety Officer

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

### Emergency Preparedness Manager

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



## Logistics

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

## Planning

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

## Finance

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

## Operations

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

## TAB 5 – Orders of Succession

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

### Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2
Incident Commander	Executive Director	Chief Operating Officer	PHEP Manager
Operations Section Chief	Chief Operating Officer	<del>Compliance and Risk Management Officer</del> <u>Director of Operations</u>	<del>Compliance and Risk Management Officer</del> <u>PHEP Manager</u>
Planning Section Chief	Director of Dental	Compliance and Risk Management Officer	PHEP Manager
Logistics Section Chief	Procurement Agent	Chief Financial Officer	Assistant Procurement Agent
Finance Section Chief	Chief Financial Officer	Billing/Finance Designee	Billing/Finance Designee

## **TAB 6 – Receiving Facilities**

### **Temporary Evacuation site for Office:**

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

Galveston  
Island Community Center  
4700 Broadway F100  
Galveston, TX 77551

### **Long Term Evacuation Site for Office:**

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

Galveston  
Island Community Center  
4700 Broadway F100  
Galveston, TX 77551

### **Receiving Hospitals and Contact Numbers:**

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

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

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

## TAB 7 - State and Local Government Contacts

### Emergency Management Contact List

Jurisdiction	Emergency Manager	Email	Cell
Galveston	Byron Frankland	<a href="mailto:bfrankland@galvestontx.gov">bfrankland@galvestontx.gov</a>	409-750-0881
Galveston County	<del>Scott Tafuri</del> Brad Burness	<del>scott.tafari@co.galveston.tx.us</del> <a href="mailto:Brad.burness@co.galveston.tx.us">Brad.burness@co.galveston.tx.us</a>	409-370-8592
Galveston County	Laura Norman	<a href="mailto:laura.norman@co.galveston.tx.us">laura.norman@co.galveston.tx.us</a>	832-278-9047
<del>Galveston County</del>	<del>Alyssa Young</del>	<del>Alyssa.young@co.galveston.tx.us</del>	<del>409-682-3125</del>
Texas City	Joe Tumbleson	<a href="mailto:jtumbleson@texascitytx.gov">jtumbleson@texascitytx.gov</a>	409-739-4799
Texas City	Mike Nations	<a href="mailto:mnations@texascitytx.gov">mnations@texascitytx.gov</a>	409-939-3995
Texas City	Jesse Rubio	<a href="mailto:jrubio@texascitytx.gov">jrubio@texascitytx.gov</a>	409-392-2858

### ESF 8 Partners

Name	Organization	Email	Phone
Calvillo, Fidel	SETRAC	<a href="mailto:fidel.calvillo@setrac.org">fidel.calvillo@setrac.org</a>	281-822-4449
<del>Valcin,</del> Randy Lewis, William	GCHD	<del>rvalcin@gchd.org</del> <a href="mailto:rwlewis@gchd.org">rwlewis@gchd.org</a>	409-938- <del>23222213</del>
Tucker, Melissa	Gulf Coast Center	<a href="mailto:MelissaT@gulfcoastcenter.org">MelissaT@gulfcoastcenter.org</a>	409-944-4382

**TAB 8 - Vendor Contacts**



2023 CHW Vendor  
List.xlsx

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

**[This page left intentionally blank]**

# ACTIVITY LOG (ICS 214)

[illegible]

## **TAB 10 - Notification Call List**

### **Staff Notification**

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

### **Patient Notification**

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

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

### **Community Resources Call Protocol**

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



### **TAB 11 – Communication Systems/Equipment**

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

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

**TAB 12 - Message Log (ICS 213)**

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

## TAB 13 – After Action Review and Improvement Plan

Incident/Event title:

Start Date:

Start Time:

End Date:

End Time:

**Type** (check one):

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

Clinical Evaluator(s):

Other Evaluator(s):

**Retesting of Change to Emergency Operations Plan?**

**Participants:**

Community Partners:

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

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

**Narrative:**

**Exercise Scenario**

### Improvement Plan Matrix

Improvement Needed:	Responsibility	Complete Status

Shared with Environment of Care Committee? ☐ No ☐ Yes

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

### Analysis of Six Critical Components

Communications EM.02.02.01

:

Resources and Assets EM.02.02.03

:

Safety and Security EM.02.02.05

:

Staff Roles and Responsibilities EM.02.02.07

:

Utilities EM.02.02.09

:

Patient Care Activities EM.02.02.11

:

## **ANNEX A – Fire**

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

### **PROCEDURE:**

**R - Rescue** anyone in immediate danger.

**A - Alert** contact the fire department by calling 911.

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

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

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

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

## ANNEX B - Bomb Threat

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

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

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

If possible, during the call:

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

Once the Police have arrived:

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

## **ANNEX C - Active Shooter**

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

### **Procedure:**

#### **Run**

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

#### **Hide**

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

#### **Fight**

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

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

## **ANNEX D - Loss of Water/Sewerage**

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

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



## **ANNEX E - Electrical Power Outages**

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

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

## **ANNEX F - Extreme Temperatures**

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

### **Definitions:**

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

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

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

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

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

### **Precautionary Procedures:**

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

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

## **ANNEX G - Severe Weather**

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

### **Definitions:**

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

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

### **Procedure:**

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

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

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

## **ANNEX H - Hurricane**

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

### **Definitions:**

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

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

### **Procedure:**

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

## **ANNEX I - Winter Storms**

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

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

### **Precautions:**

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

## **ANNEX J - External Hazmat Incident**

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

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

## **ANNEX K - Radiological Incident**

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

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

- Emergency siren system
- Emergency scanner system

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

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

## **ANNEX L - Bioterrorism Threat**

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

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

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



## **ANNEX M – Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE)**

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

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

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

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

### Governing Board

January 2024

Item#9

**Consider for Approval Quality Assurance  
Performance Improvement Plan 2024-2025**

## **COASTAL HEALTH & WELLNESS**

### **Quality Assurance and Performance Improvement Plan For 2024-2025**

#### **Introduction**

The purpose of this Quality Assurance and Performance Improvement (QAPI) is to outline how Coastal Health & Wellness (CHW) will assure that a meaningful performance improvement program is implemented with continuous monitoring, clear organizational roles and responsibilities for carrying out the Plan, and how performance improvement data will be evaluated and reported to the Governing Board Quality Assurance/Performance Improvement/Risk Management (QA/PI/RM) Committee and the CHW Governing Board (GB).

#### **Responsibilities**

##### **Coastal Health & Wellness Governing Board**

The CHW Governing Board is the policy-making authority for CHW clinical operations. The Board approves CHW operational policies, ensures CHW's continuing alignment with its vision and mission, and tracks CHW's progress to achieve goals and objectives adopted by the organization and as set forth in accordance with the Healthy People 2030.

As outlined in the Governing Board's bylaws, execution and operational aspects of Board policies are delegated to the Executive Director or his/her designee. The Health Resources and Services Administration (HRSA) mandates that a Quality Assurance/Performance Improvement/Risk Management (QA/PI/RM) Committee comprised of Governing Board members, oversee the progression and effectiveness of Coastal Health & Wellness's overarching initiatives. In doing so, the Governing Board's QA/PI/RM Committee will convene on a quarterly basis to review performance improvement data and priority indicators which shall include CHW's compliance with standards stipulated by CHW accrediting organizations including but not limited to HRSA and The Joint Commission (TJC).

The Governing Board's QA/PI/RM Committee is responsible, when necessary, for requesting that the Executive Director bring pertinent information from these meetings to the Governing Board in its entirety. The Governing Board is subsequently expected to offer feedback to CHW administration regarding these matters.

##### **Coastal Health & Wellness Quality Assurance Performance Improvement (QAPI) Committee**

The Coastal Health & Wellness Quality Assurance/Performance Improvement Committee includes the Director of Innovation and Clinical Quality, Chief Operating Officer, Chief Compliance Officer, Chief Financial Officer, Medical Director, Nursing Director, Dental Director, and all other clinic managers. The Quality Assurance/Performance Improvement Committee meets monthly to evaluate and improve upon current clinical processes as they pertain to patient care, customer service, administrative functions, and adherence to other goals and objectives subject to Governing Board oversight. Minutes from the Quality Assurance/Performance Improvement Committee are distributed to all members within five (5) business days after the meeting and reviewed with all members of the Quality Assurance Performance Improvement Committee at the start of the subsequent meeting.

Members of the Quality Assurance/Performance Improvement Committee use data presented at these meetings to establish monthly, quarterly, and annual performance matrices. The Director of Innovation and Clinical Quality and other designated staff coordinate with the Governing Board's QA/PI/RM Committee to establish organizational responsibilities required to accomplish identified goals and objectives.

### **Coastal Health & Wellness Supervisors**

All Coastal Health & Wellness managers and supervisors are responsible for capturing and tracking data essential to monitoring and evaluating the progress and quality initiatives as they relate to each supervisor's departmental purview and ensure members of their respective staff are adequately educated about their individual roles and responsibilities, and how these roles and responsibilities fit into CHW's overall objectives. When instructed by the Chief Operation Officer, supervisors will coordinate the collection of data and its subsequent aggregation and analysis, including frequency, statistical tools, historical trends, etc.

### **Approach to Quality Assurance/Performance Improvement**

The framework for the Coastal Health & Wellness Performance Improvement Plan is developed in collaboration with a broad and inclusive group of community stakeholders and takes into consideration local morbidity and mortality data. Strategic planning fosters integrated priorities across the entire organization. For 2024-2025, data will be collected on:

- a. Medical and dental productivity
- b. Access to care
- c. Patient satisfaction survey results
- d. Patient complaint data for unresolved complaints
- e. Social determinants of health
- f. Quality of care measures identified by HRSA (clinical measures), the Joint Commission, and the National Committee for Quality Assurance

Coastal Health & Wellness will enhance population health by focusing on preventative care and community engagement. Our organization will also carefully analyze external data from HRSA, as well as shared data from payers to identify care gaps and health disparities within our population. CHW will use new technologies: 1) to enhance accessibility to health care; 2) to outreach those who are due for preventative care; 3) to analyze and improve on its performance.

### **Measurements for 2024-2025**

CHW will strive to exceed the following specific measures, which will be reviewed quarterly by the Governing Board's Quality Assurance Committee.

#### **Objectives**

1. Improve the control of diabetes (as defined by the quality measure of a hemoglobin A1c of less than 9%) to 75% of all patients.
2. Promote preventative services by increasing the rate of completed Annual Wellness Visits by 15%.
3. Improve blood pressure control of our population to 70%.
4. Focus on the Care of Older Adults by facilitating advanced care planning, defining their functional status, and reconciling medication to reduce potentially harmful medication and polypharmacy.
5. Improve antibiotic stewardship by reducing the inappropriate use of antibiotics for upper respiratory infections in children and bronchitis in adults.

6. Prevent diabetes and cardiovascular disease in patients who have been prescribed an antipsychotic medication.
7. Promptly engage patients after hospitalization and provide follow-up and medication reconciliation within 7 days of discharge.
8. Continue the established peer review process for all dental providers.
9. Place dental sealants on at least 70% of eligible patients ages 6-14 years old

### **Measures from the Bureau of Primary Health Care Review**

Clinical measures in the Bureau of Primary Health Care grant and mandatory reporting system will be integrated into routine QA monitoring and improvement activities to assure baseline numbers are accurate for the Uniform Data System (UDS) reporting tool.

### **Dental Peer Review**

Dental Peer Review will continue to serve as a vehicle to evaluate and improve the quality of dental health services at Coastal Health & Wellness. Monthly measures for dental are reviewed by audit of individual records or data gathered through electronic reports generated from the system. Currently, Dental Peer Review measures are reviewed monthly by the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee, and feedback from these meetings is presented to all providers by the CHW Dental Director at their department's monthly in-service meeting.

### **Medical Peer Review**

The CHW Medical Team has modified its peer review process and is implementing the clinical education initiative for a more comprehensive approach to quality assurance.

Monthly medical chart reviews are conducted by audit of randomly selected 10% of medical records gathered through electronic reports generated from the system. Medical chart review summaries are reviewed monthly during the Coastal Health & Wellness providers monthly in-service meeting.

### **Environment of Care and Infection Control Program**

The program has predetermined measures for the effectiveness of efforts in safety, life safety, security, hazardous materials, utilities, medical equipment, emergency preparedness and infection control. Improvements are driven by identification of opportunities for enhancement through conformance with the measures and data analysis. These are reviewed and approved annually by the QA/PI/RM Committee and follow guidelines set forth by The Joint Commission, OSHA, AAMI, and CDC.

### **Staff Competencies**

Licensed independent providers are credentialed and privileged in accordance with the *CHW Credentialing and Privileging Policy for Professional Provider Staff* (attached), which is reviewed and approved annually by the Coastal Health & Wellness Governing Board. Other licensed staff are periodically credentialed and works under the applicable supervision. An assessment of all staff competency is made annually as a part of the Coastal Health and Wellness performance evaluation process.

### **Sentinel Events**

A sentinel event is a serious occurrence in CHW that results in the death or serious injury of a patient, staff or visitor. It also includes an event that causes risk of death or injury, in that if it were repeated, injury or death might occur. Injury may be physical or psychological. It is not related to the course of a patient's illness or condition. Sentinel events are preventable occurrences. Some examples are death or serious injury from a

medication error, from transmission of a nosocomial infection, and from breach of a safety measure or avoidable delay in treatment.

Sentinel events shall be reported as incidents and reviewed by the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee. In the rare instance that a sentinel event should occur, a root cause analysis focusing on improving systems and processes will be undertaken by an appropriate multi-disciplinary group assigned by the Quality Assurance/Performance Improvement Committee. Should the event mandate reporting to an external agency, such reports will be prepared by the Chief Compliance Officer, unless directed otherwise by the COO.

Incidents that do not rise to the level of a sentinel event are also thoroughly investigated, and corrective actions, when appropriate, are employed. Such incidents are important learning and improvement opportunities and are analyzed by the Quality Assurance & Performance Improvement (QAPI) Committee. Process improvements are made based upon Committee recommendations and established procedures for best practices.

**Attachments:**

- a. Patient Safety and Quality of Care Statement
- b. Clinical Peer/Midlevel Review
- c. QAPI Performance Index/Work Plan Index
- d. Galveston County Health District Coastal Health & Wellness Clinic Quality Management Program for DSHS and HHS Funded Programs
- e. Coastal Health & Wellness Credentialing and Privileging Policies for Professional Provider Staff

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Samantha Robinson, Chair  
Coastal Health & Wellness Governing Board

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Date

## **Patient Safety and Quality of Care Coastal Health & Wellness Statement**

Patient Safety and excellent quality of care are of the utmost importance to Coastal Health & Wellness staff at all levels. Patients can be assured that Coastal Health & Wellness (CHW) has all the standard systems in place for patient safety, quality assurance, and quality of care improvements.

CHW's goal is to continuously improve health care for the public by evaluating its health care processes and outcomes, and by inspiring a collective sentiment striving for excellence, safety and the highest quality of care possible among all staff. CHW strives for each of its patients to experience the safest, highest quality, best-value health care available anywhere.

Safety & Quality of Care is addressed in many ways. A few highlights include:

- **Joint Commission Accreditation** ([www.jointcommission.org](http://www.jointcommission.org)) – The Joint Commission is an independent, not-for-profit organization. The Joint Commission accredits and certifies more than 18,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.
- **Risk, Safety, Infection Control and Medication Management** guidelines are annually reviewed, and staff practices are routinely improved and monitored.
- **Investigations** of possible adverse occurrence with root cause analysis are conducted and improvements are implemented when deemed appropriate.
- **Medical Peer Reviews** of patient records are performed and are targeted at discovering ways of improving the quality of care offered.
- **Midlevel Reviews** are conducted by the Associate Medical Director, randomly selected 10% of midlevel clinical records. Midlevel providers are typically physician assistants and nurse practitioners employed at Coastal Health & Wellness.
- **Peer Reviews** of patient's dental records are performed as part of the established dental peer review process with the dentists and dental hygienists. These peer reviews are targeted at identifying opportunities for improving the quality of care offered.

Coastal Health & Wellness follows national safety guidelines and standards. Staff routinely manages CHW facilities to optimize security, fire safety, medical equipment safety, reliable power, and utility systems, and maintains a functional clinic environment. Staff also addresses medication and infection control risks, keeps accurate records, continuously ascertains the competency of staff, and provides care in accordance with recognized standards.

As a Coastal Health & Wellness patient, you should speak up if you have questions or if you wish to discuss an issue of safety or the quality of your care. You may contact Clinic Administration at (409) 949-3406. If your concerns are not addressed, you may contact The Joint Commission at (800) 994-6610.

Your health and safety are of the utmost importance to our organization.

## **COASTAL HEALTH & WELLNESS CLINICAL PEER/MIDLEVEL REVIEW**

### ***A Medical and Dental Quality of Care Improvement Program***

These guidelines are an attachment to the approved Coastal Health & Wellness Governing Board's Performance Improvement Plan.

#### **LEGAL FRAMEWORK OF PROGRAM**

Pursuant to the *Federal Tort Claims Act*, which provides liability coverage for the Coastal Health & Wellness clinics and its employees, all official Coastal Health & Wellness professional staff are subject to review to evaluate quality of services, provide feedback and be given the opportunity for improvement or corrective action as may be indicated. The *Texas Medicaid Managed Care Program* also requires that providers be subject to review, and that quality improvement and corrective actions be taken and monitored, as appropriate.

To qualify for the confidentiality and immunity protections afforded, all Peer/Midlevel Review activities must be carried out pursuant to these guidelines and must be performed at the direction of or on behalf of the Coastal Health & Wellness Quality Assurance Committee comprised of the Executive Director, Chief Nursing Officer, Chief Compliance Officer, Medical Director, Dental Director, Nursing Director, along with other business and clinical staff, as deemed necessary, based upon the issue being addressed.

The evaluation of qualifications, credentials, and privileges of licensed and certified staff are performed in accordance with *Credentialing and Privileging Policy for Professional Provider Staff*.

#### **GUIDELINES FOR TYPES OF REVIEWS**

##### **Patient Complaints, Adverse Occurrences and Sentinel Events**

1. Quality of care concerns and patient complaints that are reported to CHW employees will be thoroughly investigated by the appropriate manager.
2. The appropriate manager will gather and review documentation regarding the incident/complaint including but not limited to, medical records, logs, electronic records, witness written statements, etc.
3. The appropriate manager will draft a chronological report of key findings based on documentation and present the findings to the Executive Director for review.
4. The Executive Director will review for completeness and appropriateness of the findings and formulate recommendations, including, but not limited to, staff and practice expectations, employee corrective actions, training needs, and procedures/guideline development.
5. Depending upon the nature of the infraction, the Chief Compliance Officer may report the incident to The Joint Commission, National Practitioner Databank, Texas Medical Board, Texas Board of Nursing and/or other appropriate professional licensing boards, as well as to law enforcement if necessary.
6. CHW administration will advise appropriate staff of the incident, and any related policies or procedures implemented as a result.



## **MIDLEVEL SUPERVISORY REVIEWS**

1. On a monthly basis, at least 10% of patient visits with mid-levels are electronically selected.
2. The Medical Director or Associate Medical Director reviews these records for appropriate documentation of history, physical exam, diagnosis(es), and plan according to established clinical practice guidelines and evidence-based clinical standards of care.
3. When the Medical Director or designee finds a quality-of-care concern, he or she will document the concern and communicate with recommendations and educate the providers
4. For most frequent findings, the Medical Director or designee provides education on the topic during the monthly in-service. An alternative would be to arrange for a topic expert to present on the subject matter.

## **DENTAL PEER REVIEW PROCEDURE**

Dental reviews are conducted through a peer review process with participation from all dental providers. Reviews are conducted according to measures discussed and approved by the QA/PI Committee according to a review calendar approved by the QA/PI Committee. Dental Peer Review will continue to serve as a vehicle to evaluate and improve the quality of dental health services at CHW. Monthly measures for dental are reviewed by audit of individual records or data gathered through electronic reports generated from the system. Currently, Dental Peer Review measures are reviewed monthly by the CHW Quality Assurance/Performance Improvement Committee, and feedback from these meetings is presented to all providers by the CHW Dental Director at their department's monthly in-service meeting. Dental Peer review includes the evaluation of each type of procedure offered at CHW.

CHW's Dental Director strictly monitors the peer review process to ensure that every provider:

- Has access to up-to-date evidence for the most common and impactful dental conditions managed in CHW clinics.
- Is aware in a timely fashion of changes in evidence, technology and dental materials and the application of these advances as it relates to patient care; and
- Actively engages with other providers and the dental team to provide exemplary evidence-based care for our patients.

## **ABOUT CLINICAL PRACTICE GUIDELINES**

The QAPI Committee recommends new and updated Clinical Practice Guidelines that provide an accepted, evidence based, cost-effective standard-of-care for clinical practice at the Coastal Health & Wellness, prioritizing common conditions or prevention. Variations from the standards are acceptable for documented medical reasons. Recommendations are to be submitted in writing, by the Medical Director or Dental Director to the Coastal Health & Wellness Quality Assurance & Performance Improvement Committee for review and possible action.

Recommended Clinical Practice Guidelines should reflect the most frequently addressed health and medical problems at Coastal Health & Wellness, as well as those for which care is delegated to midlevel practitioners (APN/PA) with prescriptive authority.

## **GALVESTON COUNTY HEALTH DISTRICT COASTAL HEALTH & WELLNESS QUALITY MANAGEMENT PROGRAM FOR DSHS AND HHS FUNDED PROGRAMS**

### **Purpose**

This guideline is designed to ensure clinic compliance with contract requirements of Department of State Health Services (DSHS), and Texas Health and Human Services (HHS) funded programs and to promote quality healthcare services for clinic patients.

### **Laws, Regulations and Policies:**

All GCHD/CHW programs abide by the *Civil Rights Act*, including Title VI regarding limited English proficiency, *the Americans with Disabilities Act*, including Section 504 – the *Rehabilitation Act*. Policies pertinent to these laws and their applicability at Coastal Health & Wellness are posted on the employee extranet site. Employees are educated about these policies upon initial hire and annually thereafter.

Abortions: No federal or DSHS funds are used for abortion or for abortion-related activities. No abortion-related activities are conducted in the Coastal Health & Wellness Clinics. No members of the Coastal Health & Wellness Governing Board or administrative staff may sit on a board of an organization that performs or endorses abortions.

Child Abuse Screening, Documenting and Reporting Guidelines: Coastal Health & Wellness staff abides by the DSHS Child Abuse Screening, Documenting and Reporting Policy requirements and posts internal procedures on the employee extranet.

Human Trafficking: Coastal Health & Wellness employees are provided with annual training along with a written policy about human trafficking and resources. The resources are also made available to employees via the extranet.

Domestic and Intimate Partner Violence: Coastal Health & Wellness employees are able to review and obtain written policy/guidelines on Domestic and Intimate Partner Violence on the employee extranet site. The employee extranet also offers staff with patient resources that are transcribed in both English and Spanish.

Cultural and Linguistic Competency: Coastal Health & Wellness receives annual training about requirements for overcoming barriers presented by cultural and linguistic differences, and about best practices when handling such situations.

### **Clinic Operations**

Consent: A general consent for treatment is obtained through the Patient Services area before services are rendered. Patients sign a new general consent each time financial screening is completed. Informed consents are completed by clinical staff before an invasive procedure is performed.

Client Grievance: This procedure is covered in the Coastal Health and Wellness *Operational Policy*, approved annually by the Governing Board. Issues and complaints are addressed and resolved at the lowest possible level, in the most immediate and effective manner. Complaints that are unresolved by staff are addressed by clinic administrative staff, who report the complaint to the department supervisor/manager. The supervisor/manager will then investigate and resolve the complaint in a timely fashion. Those that are not resolved to the patient's satisfaction at the department/manager level are investigated and resolved by the Executive Director or his/her designee. The *Customer Service Policy* also discusses grievance procedures and is available on the employee extranet for review.

Release of Information: The procedures and forms that guide release of patient health information (“PHI”) from Coastal Health & Wellness Clinic is posted on the employee extranet site. Fees for documented records are approved by the Governing Board annually and coincide with the fee schedule stipulated by the Texas Medical Association.

Privacy and Confidentiality: Policies that address privacy include the *Work Environment Policy*, *HIPAA Policy*, *Computer and Electronics Usage Policy* and *Employee Ethics and Standards of Conduct Policy*. These policies can be found on the employee extranet.

Format Order Within the Record: Electronic records have specific formats within the medical and dental electronic programs, including templates and summary documents, which are adhered to by default EHR settings.

Record Retention: CHW has a Record Management Program in compliance with Title 6, Subtitle C, Local Government Code (Local Government Records Act), which includes adoption of appropriate records control schedules issued by the Texas State Library and Archives Commission, as well as DSHS and HHS medical record retention schedules. Paper records are retained both on and off-site and are destroyed according to schedule, and only after receiving approval by the Records Management Coordinator and Chief Compliance Officer. Destruction, when appropriate, is accomplished by the outside contractor per contract guidelines.

Infectious Disease Control: Coastal Health & Wellness has an *Infection Control Policy* for all staff that outlines responsibilities for using standard precautions, employee health practices, reporting contagious diseases and how employees are required to handle blood borne pathogen exposures. An *Immunization Policy* also exists for employees and volunteers. The Infection Control Nurse, with assistance from department supervisors, is responsible for the development of procedures for specific components of the infection control program. Coastal Health and Wellness outlines infection control program goals annually, identifies high risk procedures and describes monitoring activities in the *Infection Control Policy*.

### **Personnel Policies Address:**

Job descriptions containing required qualifications and licensure for all personnel including contracted positions: *Hiring Process, Performance Evaluation, Credentialing and Privileging Policy for Professional Staff*.

A written orientation plan for new staff: Orientation Plan for New Staff; Orientation Training PowerPoint presentations on the employee extranet site.

Staff development based on employee needs: Staff development activities are determined by department supervisors or by executive leadership (Executive Director, Medical and Dental Directors) through the process of developing staff in-service agendas monthly. Activities are determined by standards set forth by regulatory authorities (Joint Commission, Bureau of Primary Care, DSHS, HHS etc.), by results of quality assurance monitoring (chart audits, etc.), by clinical needs (training on new equipment, new processes), compliance with regulatory activities (HIPAA, fraud, etc.) and by organizational needs.

Annual job evaluations of personnel, to include observation of staff/client interactions during clinical, counseling and educational settings: *Performance Evaluation Policy*.

Staff who have contact with clients are appropriately identified (name badge): *Dress Code Policy*

The agency has current Protocols for Physician Assistants (PAs) and Advanced Practice Nurses (APNS), which have been reviewed, agreed upon and signed annually by the physician, PAs and APNs: Well Child Protocols  
The agency has current SDOs which have been reviewed, agreed upon and signed annually by the physician that delineates who is authorized to perform specific functions: Medical Director's SDOs for MAs that administer medications.

### **Quality Assurance / Performance Improvement**

The agency has a written and implemented internal Performance Improvement Plan used to evaluate services, processes, and operations within the agency. All Coastal Health and Wellness administrative policies and procedures pertinent to federal, state or regulatory stipulations will be reviewed and approved by the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee.

Evaluation of administrative policies and procedures and review of facilities: Approval of administrative policies is the responsibility of the Coastal Health and Wellness Governing Board when applicable and is otherwise tasked to the Galveston County Health District United Board of Health. Policies are reviewed and approved annually by the Board.

### Facility Maintenance and Environmental Safety

Review of facilities is accomplished in accordance with the *Safety Manual and Risk Management Policy*, along with Joint Commission Environment of Care policies, *GCHD/CHW Safety Manual* and *Infection Control Plan*. Reports are provided monthly to the Coastal Health & Wellness Infection Control and Joint Commission Committee, and quarterly to the GB Quality Assurance Committee.

Evaluation of eligibility and billing functions: For Title V and other potential DSHS/HHS funded programs, eligibility, and billing audits (at least 10 records) are completed at least twice yearly by staff, and results are reviewed by the CHW Quality Assurance/Performance Improvement Committee. When findings fall below 90% compliance per the review tool, quarterly eligibility and billing audits are implemented. On review and recommendation of the Quality Assurance/Performance Improvement Committee, more or less frequent audits may be resumed. It is the responsibility of the CHW Quality Assurance/Performance Improvement Committee to suggest improvement activities when compliance falls below 90%, or whenever such activities are deemed appropriate.

Clinical Record Reviews: For Title V and other potential DSHS/HHS funded programs, data is pulled from the EHR/EDR by the Medical Assistant IV/designated Dental provider and compiled by the Nursing Director and Dental Director. Results are then reviewed and discussed by the CHW Quality Assurance/Performance Improvement Committee. When audit findings demonstrate 90% or more compliance, audits are performed twice yearly with at least five Title V and five Texas Health Steps' medical visits sampled from each clinic site, along with five Title V Dental records sampled from each clinic site. The Title V and Texas Health Step audit tools are utilized for these reviews. When findings demonstrate less than 90% compliance, reviews are conducted quarterly on at least a total of ten Title V and ten Texas Health Steps records that can be from either clinic site. Records chosen for audit are from various providers and selected at random. It is the responsibility of the CHW Quality Assurance/Performance Improvement Committee to suggest improvement activities when compliance falls below 90% or whenever such activities are deemed appropriate. Corrective action may be taken as deemed appropriate.

Adverse Outcomes: Adverse outcomes are broadly defined in the Coastal Health and Wellness *Performance Improvement Plan*. Adverse outcomes include medication errors, delay in addressing lab results or other delay in diagnosis or treatment, or other adverse outcomes due to services provided.

Adverse outcomes are completely investigated by applicable supervisors as designated by the Executive Director or designee. Root causes are determined when possible, and improvement activities and follow up is completed. Outcomes may be discussed with relevant personnel in the appropriate venue. A discussion of adverse outcomes, to include improvement activities and follow-up, will be addressed in the CHW Quality Assurance/Performance Improvement Committee meetings. If there are no adverse outcomes to report, the minutes will contain documentation of no adverse outcomes.

Client Satisfaction Surveys:—A Governing Board approved survey is given to patients to complete. Survey tallies are reported to the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee monthly, and to the Governing Board on a quarterly basis.

Prepared for compliance with DSHS/HHS policies and approved by the Quality Assurance Committee on August 10, 2010. Revised per DSHS technical assistance September 3, 2010. Reviewed and approved September 21, 2011; June 14, 2012; July 23, 2013; August 20, 2014; October 21, 2015; December 07, 2017, May 22, 2018; May 18, 2019, July 29, 2020.

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Ami Cotharn MSN, RN

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Date

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Maryann Choi, MD, MPH, MPH, MS, CMD  
Coastal Health & Wellness Chief Medical Officer

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Date

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**Governing Board**

**January 2024**

**Item#10**

**Consider for Approval Revisions to the  
CHW Patient Experience Policy**

Approved:

By:

Effective:

## Coastal Health & Wellness Patient Experience Policy and Procedure

### I. Background

Coastal Health & Wellness (CHW) seeks feedback from its patients and their families regarding their experiences at the center for purposes of performance improvement. Toward that end, CHW routinely gathers formal feedback quantitatively and qualitatively to request feedback on positive as well as negative comments to improve the patient experience.

### II. Policy

It is the policy of CHW to seek formal feedback from patients regarding their perception of the safety and quality of treatment and services. CHW will obtain patient experience surveys in order to identify potential compliance or risk management issues as well as opportunities for performance improvement. CHW will also include a qualitative method of collecting patient feedback (e.g., suggestion box, **electronically**, patient walkthroughs, individual interviews and focus groups).

### III. Procedure

A. CHW adopts a patient experience survey form or forms that meet the needs of its various funding entities and that provide useful information from the center's various patient populations. CHW also integrates a way to systematically collect qualitative data on patient experience.

B. The patient experience survey(s) may be completed in written form, person-to-person interviews, via telephone, via mail, via patient portal, via email, **via text**, and/or focus groups. CHW makes surveys available in the languages of its patient population.

C. CHW maintains a schedule for routinely seeking feedback from its patients. The schedule may vary but will be done at least quarterly.

D. Data obtained from the patient experience surveys and qualitative mechanisms are calculated and summarized, and the information is reported to the CHW's Quality Assurance Performance Improvement Committee (QAPI), the Executive Director, Quality Assurance Board, and the Board of Directors. CHW establishes goals and action plans to improve patient experience. The information is also calculated and distributed to CHW's various leadership personnel for appropriate follow up and performance improvement measures.

E. The Executive Director or designee shall ensure that the patient is not discriminated against or retaliated against for expressing negative information (if any).

F. Ryan White

Program specific consumer surveys are distributed and obtained by the Dental Department. The purpose of the consumer survey is to gather information directly from clients regarding their level of satisfaction with funded services. Surveys will be distributed to ALL clients. Staff/Case Managers will not administer the survey. A board member or peer will reach out to assist the client if they need help completing the survey. Clients will be informed not to write their personal details on the form, such as names, client numbers, or identifiers. To protect privacy, use of personal information will not be collected intentionally, and all surveys will be kept in a lock box at each location where the survey is distributed. Completed surveys will be submitted to The Resource Group via mail or uploaded to the agency's shared folder.

<sup>1</sup> | This policy and procedure are designed to be consistent with the intent of the standard for the **Joint Commission Element of Performance**- LD.03.07.01 (PCMH), LD.03.08.01, PL.01.01.01.EP 30 (PCMH), PL.03.01.01.EP 11 (PCMH), Comprehensive Accreditation Manual for ambulatory Care (CAMAC) Effective January 2019.

<sup>1</sup> Centers may use a tool regarding Patient Experience Survey in the Manual. Also, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) or TACHC Patient Experience Survey (included in this Manual) or design a survey that at a minimum will evaluate patient/family experience on the following categories: a. Access; b. Communication; c. Coordination; and d. Whole person care/self-management support and comprehensiveness. This supports NCQA PCMH QI 04. The center can also modify the survey or data gathering process to support requirements for NCQA PCMH QI 05 Part B. For Joint Commission, however, health centers must collect data on all the following:

1. Access and Communication
2. Comprehensiveness
3. Coordination
4. Continuity

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### Governing Board

January 2024

Item#11

**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 September 30, 2023**

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

Total Visits by Financial Class	September 2023	September 2022	% Change	* YTD Average		% Change		* YTD Payor Mix		% Change
				2023	2022			2023	2022	
Self Pay	1,782	1,509	18%	1,805	907	99%		57.2%	66.3%	-9.1%
Medicare	335	108	210%	267	74	260%		8.5%	5.4%	3.0%
Medicaid	316	223	42%	354	143	147%		11.2%	10.5%	0.7%
Contract	102	67	52%	96	40	140%		3.1%	2.9%	0.1%
Private Insurance	601	259	132%	524	176	198%		16.6%	12.9%	3.8%
Title V	111	39	185%	108	27	304%		3.4%	2.0%	1.5%
<b>Total</b>	<b>3,247</b>	<b>2,205</b>	<b>47%</b>	<b>3,155</b>	<b>1,367</b>	<b>131%</b>		<b>100.0%</b>	<b>100%</b>	<b>0.0%</b>

Department	* YTD Total Visits		% Change
	2023	2022	
Medical	20,230	12,354	64%
Dental	7,315	6,307	16%
Counseling	846	884	-4%
<b>Total</b>	<b>28,391</b>	<b>19,545</b>	<b>45%</b>

Unduplicated Visits	* YTD Total Users		% Change
	2023	2022	
Medical	7,622	4,400	73%
Dental	2,295	1,523	51%
Counseling	186	153	22%
<b>Total</b>	<b>10,103</b>	<b>6,076</b>	<b>66%</b>

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending September 30, 2023 (based on encounter date)											Days in A/R	
	0-30	31-60	61-90	91-120	121-150	151-180	181-up	Total	%		Current Period	Last Qtr
Self Pay	\$66,152.38	\$67,378.37	\$ 25,577.57	\$ 3,283.09	\$ 477.87	\$ 1,594.49	(\$6,835.07)	\$ 157,628.70	18%		49	92
Medicare	\$47,688.22	\$33,294.87	\$ 15,496.14	\$ 12,347.05	\$ 11,596.36	\$ 7,339.95	\$27,829.71	\$ 155,592.30	18%		114	113
Medicaid	\$45,558.38	\$39,616.89	\$ 50,244.28	\$ 32,564.14	\$ 37,803.31	\$ 39,533.14	\$78,672.12	\$ 323,992.26	37%		141	121
Contract	\$3,630.85	\$4,283.24	\$ 13,683.30	\$18,405.53	\$ 5,114.05	\$ 11,706.77	\$1,002.52	\$ 57,826.26	7%		78	5
Private Insurance	\$69,848.28	\$26,906.82	\$ 21,224.27	\$ 24,776.31	\$ 19,063.31	\$ 16,650.63	\$52,873.70	\$ 231,343.32	27%		127	103
Title V	\$13,665.65	\$515.82	\$ 453.89	\$ 555.17	\$ 525.78	\$ 329.90	\$ 5,723.02	\$ 21,769.23	2%		51	112
Unapplied	(\$76,918.57)	\$0.00	-	-	-	-	-	(\$76,918.57)	-9%		(8)	(8)
<b>Totals</b>	<b>\$169,625.19</b>	<b>\$171,996.01</b>	<b>\$ 126,679.45</b>	<b>\$ 91,931.29</b>	<b>\$ 74,580.68</b>	<b>\$ 77,154.88</b>	<b>\$159,266.00</b>	<b>\$ 871,233.50</b>	<b>100%</b>		<b>79</b>	<b>77</b>

Previous Quarter Balances	\$224,843	\$184,767	\$174,270	\$192,566	\$150,282	\$129,613	(\$76,906)	\$979,435
% Change	-25%	-7%	-27%	-52%	-50%	-40%	-307%	-11%

Charges & Collections	September 2023	September 2022	% Change	* YTD 2023	YTD 2022	% Change
Billed	\$ 2,201,857.08	\$ 737,132.99	199%	\$ 9,535,233.69	\$ 4,131,620.62	131%
Adjusted	\$ (1,490,361.74)	\$ (535,339.89)	178%	\$ (6,867,871.25)	\$ (2,963,513.45)	132%
Net Billed	\$ 1,846,109.41	\$ 201,793.10	815%	\$ 2,667,362.44	\$ 1,168,107.17	128%
Collected	\$ 582,634.16	\$ 86,672.78	572%	\$ 4,447,078.54	\$ 1,563,314.20	184%
% Net Charges collected	32%	43%	-27%	167%	134%	25%

Payor	YTD Current Period				YTD Prior Year			
				(Net Billed) Net				(Net Billed)
	Visits	Payor Mix	Net Revenue per Visit	Revenue	Visits	Payor Mix	Net Revenue per Visit	Net Revenue
Self Pay	16,245	57.2%	\$53.21	\$864,442	12,784	66.3%	\$58.07	\$473,792
Medicare	2,403	8.5%	\$153.81	\$369,611.07	1,098	5.4%	\$146.08	97,582
Medicaid	3,187	11.2%	\$194.85	\$620,994.77	2,105	10.5%	\$180.62	233,003
Contract	868	3.1%	\$231.33	\$200,790.42	652	2.9%	\$343.06	124,187
Private Insurance	4,719	16.6%	\$104.40	\$492,643.82	2,556	12.9%	\$130.87	206,910
Title V	969	3.4%	\$105.15	\$115,770.31	350	2.0%	\$135.97	32,632
Total	28,391	100%	\$93.84	\$2,664,252	19,545	100%	\$94.97	\$1,168,107

Item	2023	2022
Self Pay Gross Charges	\$4,941,846	\$4,131,621
Self Pay Collections	\$1,207,475.84	\$617,708.04
% Gross Self Pay Charges Collected	24.4%	15.0%
% Net Self Pay Charges Collected	139.7%	130.4%

New Patients for Q3 (July - Sept.)

Jul 2023 (3 months)	
Potential New	1,529
Actual New	1,265 (10.66%)
Established	10,599 (89.34%)
New Potential Realized	82.73%

**Coastal Health & Wellness - Quarterly Visit & Analysis Report**  
**for the period ending December 31, 2023**

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

<b>Total Visits by Financial Class</b>	<b>December 2023</b>	<b>December 2022</b>	<b>% Change</b>	<b>* YTD Average</b>		<b>% Change</b>		<b>* YTD Payor Mix</b>		<b>% Change</b>
				<b>2023</b>	<b>2022</b>			<b>2023</b>	<b>2022</b>	
Self Pay	1,394	1,455	-4%	2,094	1,466	43%		58.1%	65.8%	-7.7%
Medicare	229	155	48%	306	129	137%		8.5%	5.8%	2.7%
Medicaid	212	241	-12%	378	232	63%		10.5%	10.4%	0.1%
Contract	83	58	43%	109	61	79%		3.0%	2.7%	0.3%
Private Insurance	455	355	28%	598	296	102%		16.6%	13.3%	3.3%
Title V	116	59	97%	120	44	172%		3.3%	2.0%	1.4%
<b>Total</b>	<b>2,489</b>	<b>2,323</b>	<b>7%</b>	<b>3,605</b>	<b>2,228</b>	<b>62%</b>		<b>100.0%</b>	<b>100%</b>	<b>0.0%</b>

<b>Department</b>	<b>* YTD Total Visits</b>		<b>% Change</b>
	<b>2023</b>	<b>2022</b>	
Medical	32,891	17,365	89%
Dental	9,477	8,360	13%
Counseling	895	1,014	-12%
<b>Total</b>	<b>43,263</b>	<b>26,739</b>	<b>62%</b>

<b>Unduplicated Visits</b>	<b>* YTD Total Users</b>		<b>% Change</b>
	<b>2023</b>	<b>2022</b>	
Medical	8,814	6,716	31%
Dental	2,628	2,333	13%
Counseling	140	222	-37%
<b>Total</b>	<b>11,582</b>	<b>9,271</b>	<b>25%</b>

NextGen / Crystal Reports - Summary Aging by Financial Class												
for the period ending December 31, 2023 (based on encounter date)											Days in A/R	
	0-30	31-60	61-90	91-120	121-150	151-180	181-up	Total	%	Current Period	Last Qtr	
Self Pay	\$45,217.10	\$52,350.91	\$ 62,266.51	\$ 60,557.35	\$ 67,578.81	\$ 27,328.79	(\$5,738.85)	\$ 309,560.62	23%	75	92	
Medicare	\$18,240.28	\$17,884.33	\$ 33,929.99	\$ 23,539.68	\$ 15,403.39	\$ 12,718.04	\$45,556.01	\$ 167,271.72	12%	87	113	
Medicaid	\$15,689.74	\$9,797.60	\$ 39,831.79	\$ 39,296.75	\$ 46,947.34	\$ 53,586.48	\$187,675.05	\$ 392,824.75	29%	140	121	
Contract	\$19,740.37	\$12,003.08	\$ 4,027.31	(\$626.11)	(\$1,885.66)	\$ 6,364.99	\$34,196.83	\$ 73,820.81	5%	71	5	
Private Insurance	\$57,054.65	\$59,729.36	\$ 59,340.11	\$ 38,100.61	\$ 26,052.97	\$ 17,631.47	\$105,161.10	\$ 363,070.27	26%	127	103	
Title V	\$13,436.83	\$16,794.41	\$ 17,263.50	\$ 13,915.17	\$ 163.00	\$ 361.00	\$ 6,014.89	\$ 67,948.80	5%	111	112	
Unapplied	(\$1,305.88)	\$0.00	-	-	-	-	-	(\$1,305.88)	0%	(0)	(8)	
Totals	\$168,073.09	\$168,559.69	\$ 216,659.21	\$ 174,783.45	\$ 154,259.85	\$ 117,990.77	\$372,865.03	\$ 1,373,191.09	100%	87	77	

<b>Previous Quarter Balances</b>	\$224,843	\$184,767	\$174,270	\$192,566	\$150,282	\$129,613	(\$76,906)	\$979,435
<b>% Change</b>	-25%	-9%	24%	-9%	3%	-9%	-585%	40%

<b>Charges &amp; Collections</b>	<b>December 2023</b>	<b>December 2022</b>	<b>% Change</b>	<b>* YTD 2023</b>	<b>YTD 2022</b>	<b>% Change</b>
Billed	\$ 830,270.92	\$ 780,396.00	6%	\$ 12,441,453.08	\$ 9,119,469.56	36%
Adjusted	\$ (559,605.01)	\$ 478,767.00	-217%	(\$8,834,475.00)	\$ (6,454,382.40)	37%
Net Billed	\$ 270,665.91	\$ 301,629.00	-10%	\$ 3,606,978.08	\$ 2,665,087.16	35%
Collected	\$ 425,412.36	\$ 339,892.12	25%	\$ 1,446,323.77	\$ 1,085,227.62	33%
<b>% Net Charges collected</b>	<b>157%</b>	<b>113%</b>	<b>39%</b>	<b>40%</b>	<b>41%</b>	<b>-2%</b>

Payor	YTD Current Period				YTD Prior Year			
	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue
Self Pay	25,126	58%	\$44.19	\$1,110,319	17,596	65.8%	\$58.87	\$1,035,905
Medicare	3,675	8%	\$140.62	\$516,779	1,549	5.8%	\$164.33	254,553
Medicaid	4,537	10%	\$167.03	\$757,815	2,789	10.4%	\$194.73	543,094
Contract	1,304	3%	\$214.22	\$279,339	727	2.7%	\$315.96	229,704
Private Insurance	7,179	17%	\$107.44	\$771,324	3,548	13.3%	\$146.06	518,232
Title V	1,442	3%	\$114.54	\$165,163	530	2.0%	\$151.78	80,441
Total	43,263	100%	\$83.23	\$3,600,739	26,739	100%	\$99.55	\$2,661,929

Item	2023	2022
Self Pay Gross Charges	\$6,389,773	\$5,403,855
Self Pay Collections	\$1,570,486.42	\$1,085,227.62
% Gross Self Pay Charges Collected	24.6%	20.1%
% Net Self Pay Charges Collected	141.4%	104.8%

New Patients for Q4 (Oct.- Dec.)

Oct 2023 (3 months)

Potential New	1,255
Actual New	1,064 (10.72%)
Established	8,862 (89.28%)
New Potential Realized	84.78%

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**Governing Board  
January 2024  
Item#12  
Informational Report**

- Resolution Recognizing Maryann Choi, MD, MPH, MS, CMD for her Dedicated Services to the Coastal Health & Wellness

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

### Governing Board

January 2024

Item#13

**Consider for Approval Financial Report Submitted by Kenna Pruitt**

- November 2023

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending

*November 30, 2023*

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

January 25, 2024

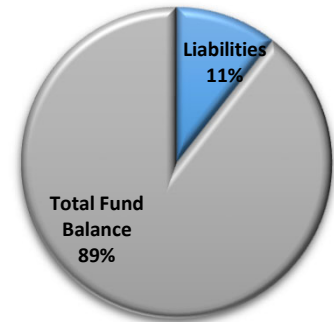


## CHW - BALANCE SHEET

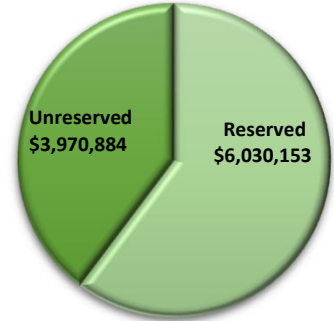
as of November 30, 2023

	Current Month Nov-23	Prior Month Oct-23	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$4,524,397	\$5,592,584	(\$1,068,187)
Accounts Receivable	7,663,557	7,024,849	638,708
Allowance For Bad Debt	(969,912)	(933,397)	(36,515)
Pre-Paid Expenses	35,510	69,832	(34,321)
Due To / From	(65,653)	106,063	(171,717)
<b>Total Assets</b>	<b>\$11,187,898</b>	<b>\$11,859,930</b>	<b>(\$672,032)</b>
<b>LIABILITIES</b>			
Accounts Payable	\$628,448	\$605,484	\$22,964
Accrued Expenses	289,217	485,480	(196,263)
Deferred Revenues	269,197	513,753	(244,556)
<b>Total Liabilities</b>	<b>\$1,186,862</b>	<b>1,604,717</b>	<b>(\$417,855)</b>
<b>FUND BALANCE</b>			
Fund Balance	\$9,562,785	\$9,562,785	\$0
Current Change	438,251	692,429	(254,177)
<b>Total Fund Balance</b>	<b>\$10,001,036</b>	<b>\$10,255,214</b>	<b>(\$254,177)</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$11,187,898</b>	<b>\$11,859,930</b>	<b>(\$672,032)</b>

Current Period Assets



Total Fund Balance

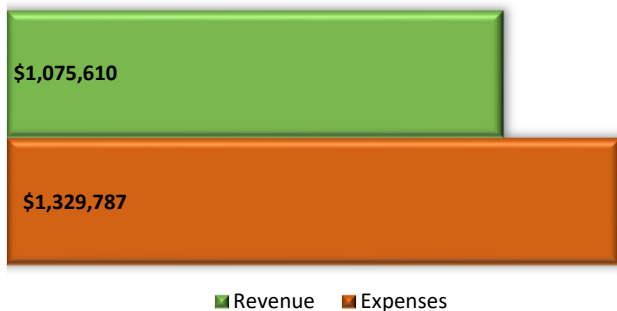


## CHW - REVENUE & EXPENSES

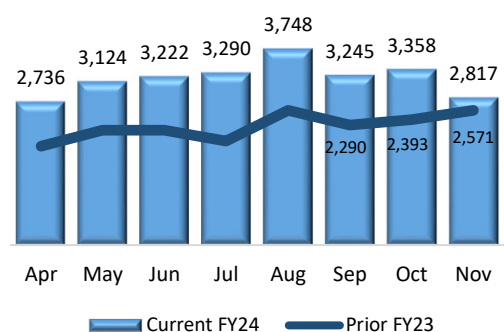
as of November 30, 2023

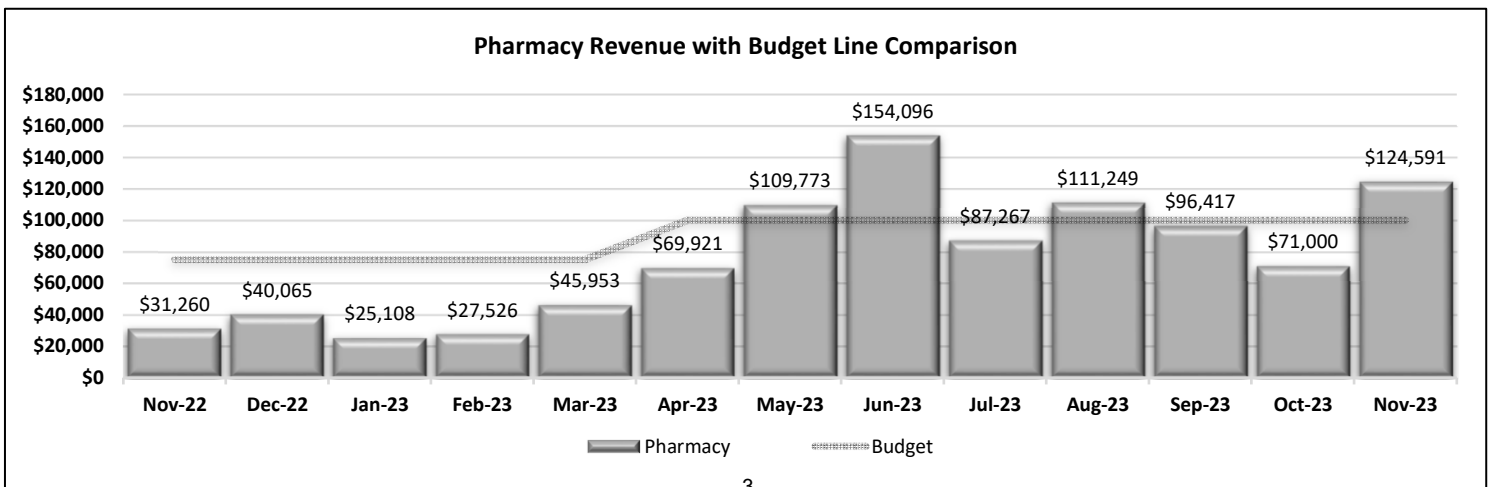
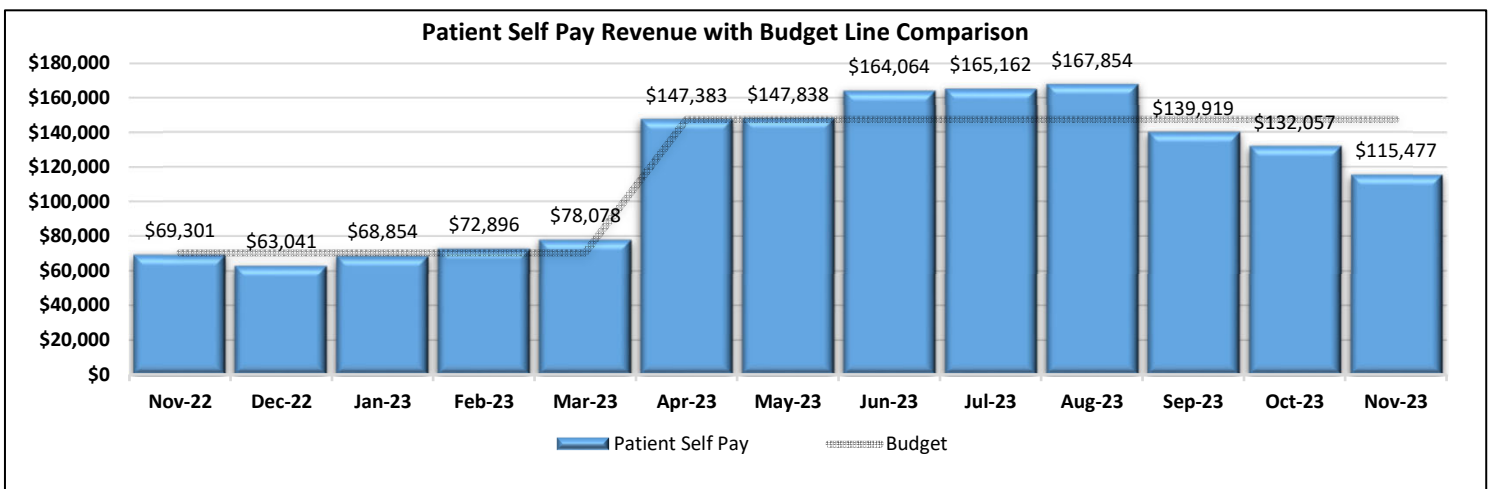
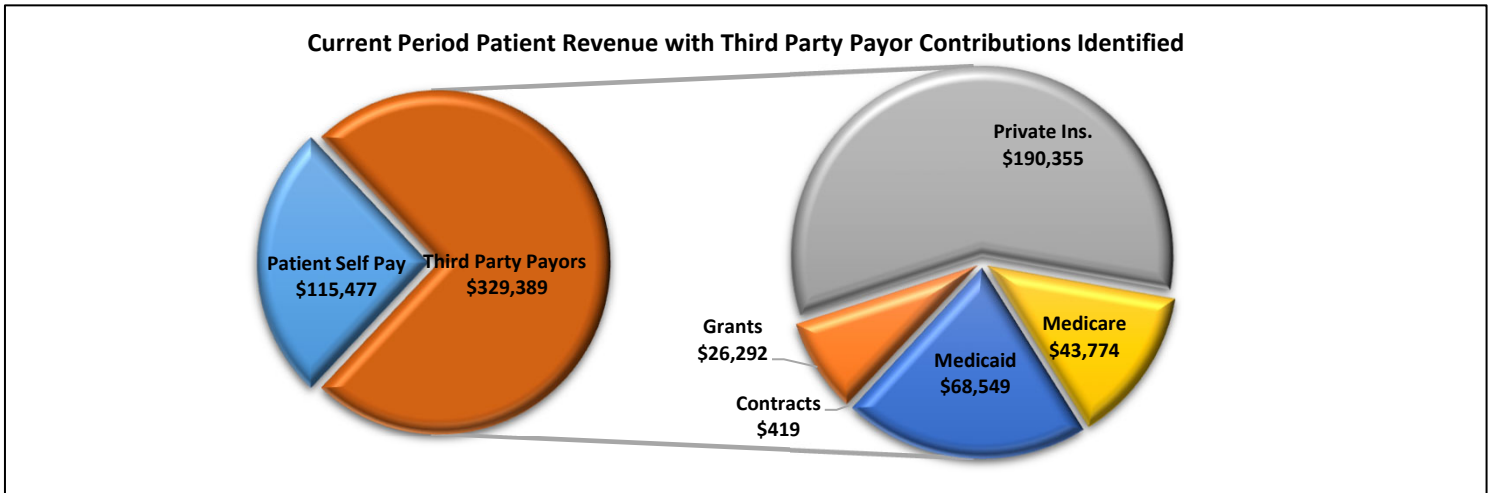
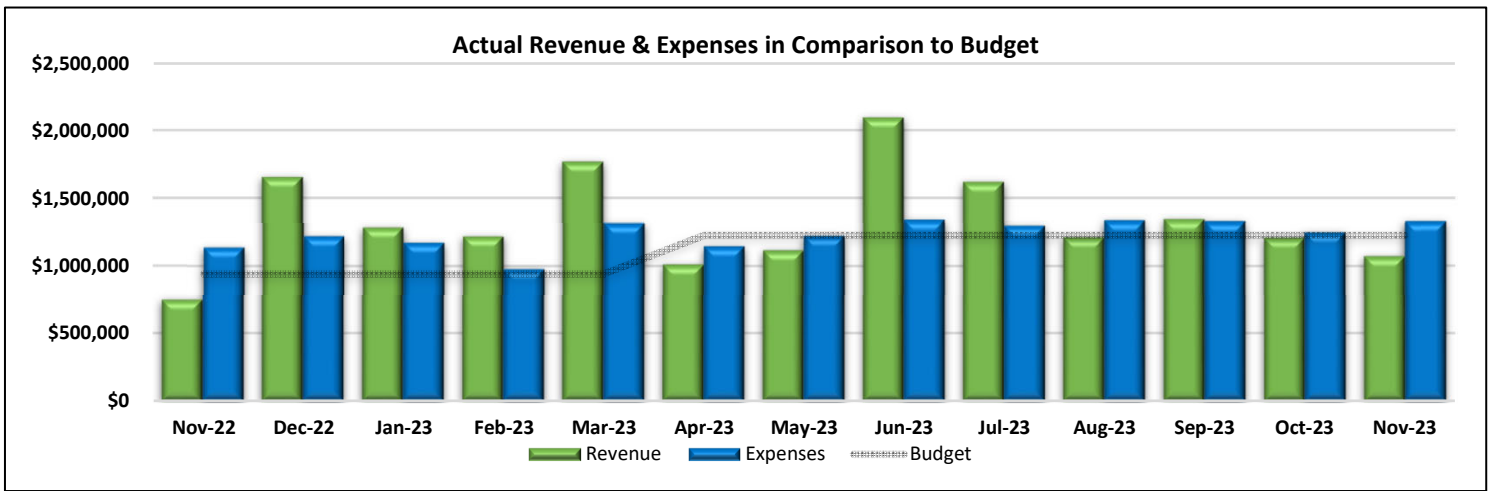
	MTD Actual Nov-23	MTD Budget Nov-23	MTD Budget Variance	YTD Actual thru Nov-23	YTD Budget thru Nov-23	YTD Budget Variance
<b>REVENUE</b>						
County Revenue	\$244,556	\$261,222	(\$16,667)	\$2,156,445	\$2,089,778	\$66,667
HHS Grant Revenue	240,400	358,564	(118,163)	3,254,958	2,868,509	386,448
Patient Revenue	569,457	592,843	(23,387)	5,124,151	4,742,747	381,405
Other Revenue	21,197	12,833	8,364	158,796	102,667	56,129
<b>Total Revenue</b>	<b>\$1,075,610</b>	<b>\$1,225,463</b>	<b>(\$149,853)</b>	<b>\$10,694,350</b>	<b>\$9,803,701</b>	<b>\$890,649</b>
<b>EXPENSES</b>						
Personnel	\$896,595	\$952,944	\$56,349	\$6,557,489	\$7,623,549	\$1,066,060
Contractual	208,681	114,626	(94,055)	1,245,622	917,007	(328,615)
Supplies	72,408	117,985	45,577	989,029	943,883	(45,146)
Travel	1,175	1,433	259	21,870	11,467	(10,403)
Bad Debt Expense	36,515	38,318	1,803	366,343	306,544	(59,799)
Other	90,088	136,959	46,870	1,075,744	1,095,670	19,926
<b>Total Expenses</b>	<b>\$1,329,787</b>	<b>\$1,362,265</b>	<b>\$32,478</b>	<b>\$10,256,098</b>	<b>\$10,898,121</b>	<b>\$642,023</b>
<b>CHANGE IN NET ASSETS</b>	<b>(\$254,177)</b>	<b>(\$136,803)</b>	<b>(\$117,375)</b>	<b>\$438,251</b>	<b>(\$1,094,420)</b>	<b>\$1,532,671</b>

Current Month Actuals

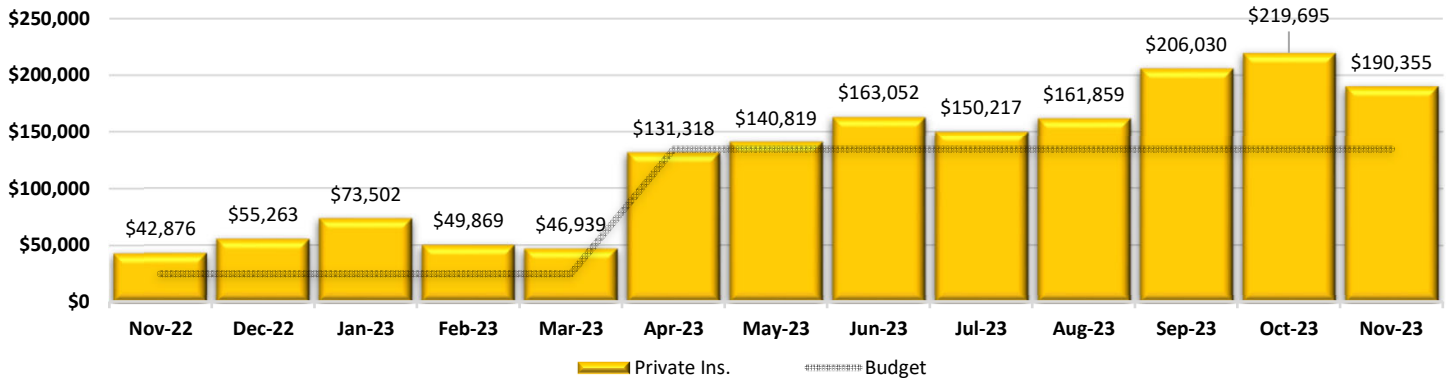


Visits

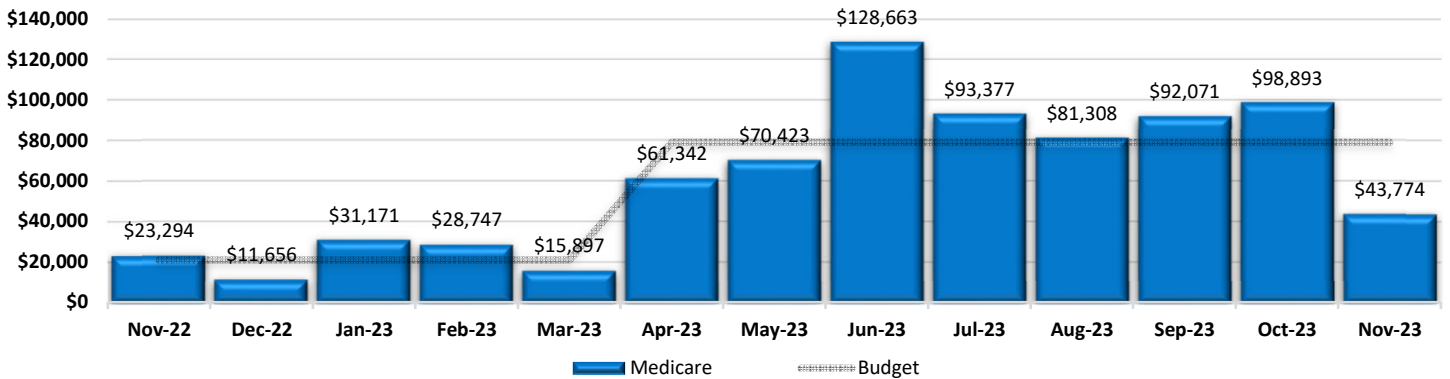




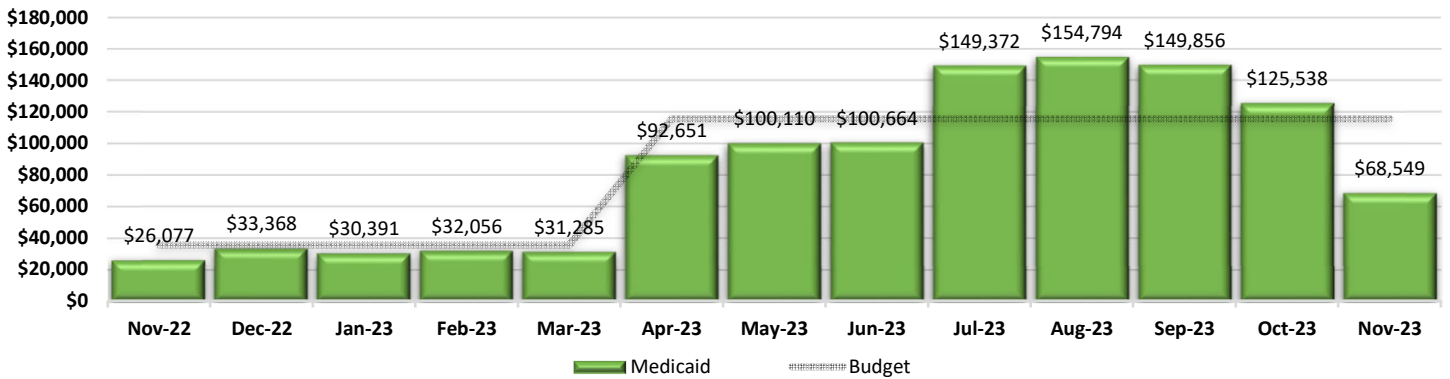
Private Insurance Revenue with Budget Line Comparison



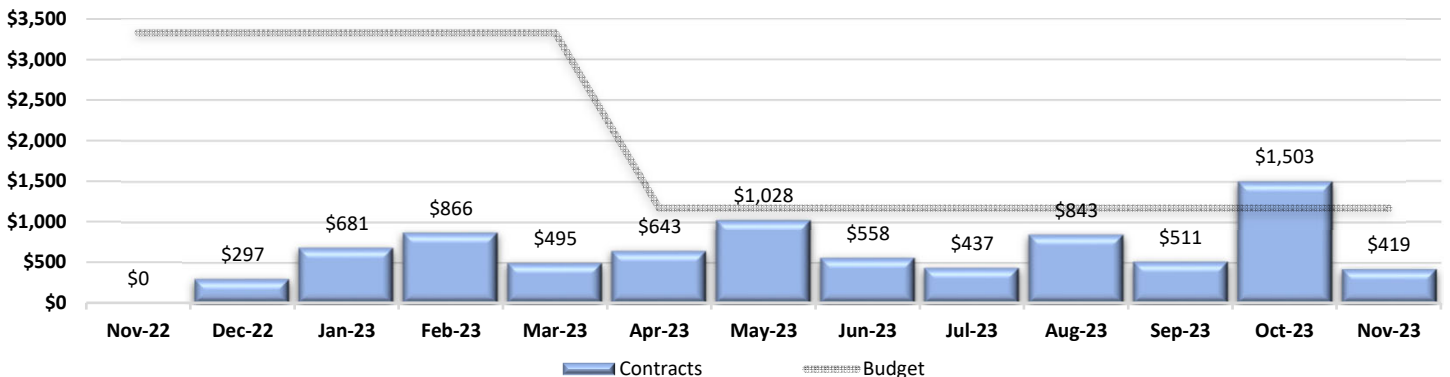
Medicare Revenue with Budget Line Comparison



Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



### **Governing Board**

**January 2024**

**Item#14**

**Consider for Approval Virtual Provider Equipment for  
SBHC Submitted by Ami Cotharn**



AMD Global Telemedicine  
100 Apollo Drive  
Chelmsford, MA, 01824  
Phone: 978 937 9021  
Web: <https://amdtelemedicine.com/>

## Quote

Order No.: 310011  
Order Date: 1/18/2024  
Delivery Date: 1/18/2024  
Expiration Date: 2/17/2024  
Customer ID: GALVESTON COUNT

**This quote is valid for 30 days from the order date above.**

FOR:	SHIP TO:	BILL TO:
Galveston County Health District 9850-A Emmett F Lowry Expy A108 Texas city TX 77591 United States of America	Galveston County Health District 9850-A Emmett F Lowry Expy A108 Texas city TX 77591 United States of America	Galveston County Health District 9850-A Emmett F Lowry Expy A108 Texas city TX 77591 United States of America

CUSTOMER P.O. NO.	TERMS	SALEREP
	Net 30	

FOB POINT	SHIPPING TERMS	SHIP VIA
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NO.	ITEM	DESCRIPTION	QTY.	UOM	PRICE	DISC.	EXT. PRICE
1	AMD CONNECT ONBOARD	Agnes Connect One Time Onboarding Fee	1.0000	EACH	1,250.00	0%	1,250.00
2	AMD-1710	Clinical Assist Cart II	1.0000	EACH	9,950.00	0%	9,950.00
3	AMD-3750	USB Connected Chestpiece With Headphones	1.0000	EACH	550.00	0%	550.00
4	AMD-2600	Multi-Scope Platform Sys (Ge, Derm, & Otoscope)	1.0000	EACH	5,095.00	0%	5,095.00
5	AMD-2650	Ophthalmoscope Lens - 40 Degree	1.0000	EACH	4,950.00	0%	4,950.00
6	AMD-2622	4.0MM Disposable Specula AMD-2620, Pack Of 1,000 Qty	1.0000	EACH	43.00	0%	43.00
7	AMD-8400	USB All In One Health Monitor	1.0000	EACH	1,200.00	0%	1,200.00
8	AMD-3460	USB Spirometer	1.0000	EACH	1,490.00	0%	1,490.00
9	AMD-3462	Disposable Turbine With Mouthpiece - Box Of 60 For USB Spirometer	1.0000	EACH	186.00	0%	186.00
10	AMD-9060-CONNECT-SAAS1	Agnes Connect Complete - 1 Yr Subscription	1.0000	EACH	3,500.00	0%	3,500.00
11	COMMENT	Includes Year One Hardware Warranty	0.0000	EACH	.00	0%	0.00
12	CLINICAL TRAIN	One Day - Onsite Training	1.0000	EACH	1,800.00	0%	1,800.00
13	NON STOCK	Travel for training not to exceed \$950	1.0000	EA	950.00	0%	950.00

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**Sales Total:** 30,964.00  
**Freight & Misc.:** 435.00  
**Less Discount:** 0.00  
**Tax Total:** 0.00  
**Total (USD):** 31,399.00



# **COASTAL HEALTH & WELLNESS**

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## **GOVERNING BOARD**

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

**Governing Board**

**January 2024**

**Item#15**

**Consider for Approval Coastal Health & Wellness Provider  
Recruitment and Retention Plan Submitted by Ami Cotharn**



# **CHW Provider Recruitment & Retention Plan**

*January 2024*

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# Coastal health & Wellness Mission, Vision, & Values

## Our Mission

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Providing high quality healthcare to all

## Our Vision

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Healthy people in healthy communities

## Our Values

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I CARE

**Integrity-** We are honest, trustworthy, and transparent in all we do.

**Customer Service-** We are committed to providing exceptional customer service.

**Accountability-** We hold ourselves to high standards and take responsibility for our actions.

**Respect-** We uphold a standard of conduct that recognizes and values the contributions of all.

**Equality-** We equally value and serve all members of the community.

**Coastal Health & Wellness** does not discriminate any person based on race, color, national origin, sex, age, religion, or disability in our programs, services, or employment.

# I. PROVIDER COMPENSATION POLICY & PROCEDURES

*Related Form:* Provider Offer Letter (Appendices A)

*Related Policy:* N/A

*Responsible Department:* Human Resources, CHW Medical and Dental Directors

*Board Approval Date:*

## Policy

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It is the policy of Coastal Health & Wellness to provide a base salary to each medical provider, behavioral health professional, and dental provider. Base salary will be calculated as an annual figure and based on fair market value for provider experience. Base salary is derived from a professional experience tier structure as defined below.

### Physicians (Medical Doctors)

Physician I	0-2 years' experience
Physician II	3-5 years' experience
Physician III	6+ years' experience
Medical Director	7+ years' experience

### Midlevel (Physician Assistant / Nurse Providers)

PA-C I / Nurse Provider I	New Graduate – 2 years' experience
PA-C II / Nurse Provider II	3 – 5 years' experience
PA-C III / Nurse Provider III	6+ years' experience

### Behavioral Health Counselors

Counselor I	0-2 years' experience
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Counselor II	3-5 years' experience
Counselor III	6+ years' experience

### Dentists

Dentist I	0-3 years' experience
Dentist II	3-5 years' experience
Dentist III	6+ years' experience
Dental Director	7+ years' experience

### Dental Hygienist

Dental Hygienist I	0-3 years' experience
Dental Hygienist II	3-4 years' experience
Dental Hygienist III	4+ years' experience

## Procedure

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The hiring director identifies a choice candidate and is to notify the hiring recommendation to Human Resources (HR) via email.

The email notification sent to HR should include position job title and description, proposed base compensation rate according to the candidate's credentials and professional experience.

HR will draft an offer letter, review with the hiring director, and when approved, send it to the choice candidate.

Coastal Health & Wellness' (CHW) standard offer letter contains compensation package includes the following benefits [specific to our benefit plan – consider also attaching a Total Compensation Statement]:

1. Eligibility to participate in the annual provider incentive bonus program, subject to the terms and conditions specified in the CHW Provider Recruitment & Retention Plan.
2. Eligibility for annual continuing education reimbursement as specified in the CHW Provider Recruitment & Retention Plan.
3. Eligibility for health and dental coverage.
4. Eligibility for company-paid benefits such as life insurance, short- and long-term disability and long-term care, subject to applicable waiting periods.
5. Paid time off (PTO) earned on an accrual basis.
6. Company-paid holidays.

## II. CONTINUING EDUCATION POLICY & PROCEDURES

*Related Form: Request and Authorization for Leave Form (Appendices B), Travel Request Form (Appendices C)*

*Related Guideline: Medical and Dental Provider Leave Request and Task Management Procedure (Appendices D)*

*Responsible Department: Human Resources, CHW Medical and Dental Directors*

*Board Approval Date:*

### Policy

It is the policy of Coastal Health & Wellness to provide continuing education units (CEU) to each medical provider, behavioral health professional, and dental provider. CEU benefits fall under two categories, leave time (paid time off), and CEU allowance (reimbursement of the cost of CEU). Reimbursement for CEUs will be calculated based on industry standard and requirements for provider specialty.

Provider Type	CEU Allotment
Physician / Medical Doctor	<p>Up to 40 hours per calendar year (5 days), \$2500 reimbursement for CEU, and travel reimbursement if required for full time providers.</p> <p>Up to 20 hours per calendar year (2.5 days), \$1500 reimbursement for CEU, and travel reimbursement if required for part time providers.</p>

	<p>Conditions:</p> <ul style="list-style-type: none"> <li>• 6+ months of service at CHW.</li> <li>• May not carry over CEU from prior year.</li> <li>• Must give a minimum of 30 days' notice for CEU leave so as not to disrupt patient care.</li> <li>• CEU reimbursement may also be used for license renewal, professional development, or any professional related expense at the discretion of the provider and the department director.</li> </ul>
Midlevel	<p>Up to 24 hours per calendar year (3 days), \$1500 reimbursement for CEU, and travel reimbursement if required for full time providers.</p> <p>Up to 12 hours per calendar year (1.5 days), \$750 reimbursement for CEU, and travel reimbursement if required for part time providers.</p> <p>Conditions:</p> <ul style="list-style-type: none"> <li>• 6+ months of service at CHW.</li> <li>• May not carry over CEU from prior year.</li> <li>• Must give a minimum of 30 days' notice for CEU leave so as not to disrupt patient care.</li> <li>• CEU reimbursement may also be used for license renewal, professional development, or any professional related expense at the discretion of the provider and the department director.</li> </ul>

Behavioral Health Counselors	<p>Up to 24 hours per calendar year (3 days), \$1500 reimbursement for CEU, and travel reimbursement if required for full time providers.</p> <p>Up to 12 hours per calendar year (1.5 days), \$750 reimbursement for CEU, and travel reimbursement if required for part time providers.</p> <p>Conditions:</p> <ul style="list-style-type: none"> <li>• 6+ months of service at CHW.</li> <li>• May not carry over CEU from prior year.</li> <li>• Must give a minimum of 30 days' notice for CEU leave so as not to disrupt patient care.</li> <li>• CEU reimbursement may also be used for license renewal, professional development, or any professional related expense at the discretion of the provider and the department director.</li> </ul>
Dentist	<p>Up to 40 hours per calendar year (5 days), \$2500 reimbursement for CEU, and travel reimbursement if required for full time providers.</p> <p>Up to 20 hours per calendar year (2.5 days), \$1500 reimbursement for CEU, and travel reimbursement if required for full time providers for part time providers.</p> <p>Conditions:</p> <ul style="list-style-type: none"> <li>• 6+ months of service at CHW.</li> <li>• May not carry over CEU from prior year.</li> <li>• Must give a minimum of 30 days' notice for CEU leave so as not to disrupt patient care.</li> </ul>

	<ul style="list-style-type: none"> <li>CEU reimbursement may also be used for license renewal, professional development, or any professional related expense at the discretion of the provider and the department director.</li> </ul>
Dental Hygienist	<p>Up to 24 hours per calendar year (3 days), \$1500 reimbursement for CEU, and travel reimbursement if required.</p> <p>Up to 12 hours per calendar year (1.5 days), \$750 reimbursement for CEU, and travel reimbursement if required for part time providers.</p> <p>Conditions:</p> <ul style="list-style-type: none"> <li>6+ months of service at CHW.</li> <li>May not carry over CEU from prior year.</li> <li>Must give a minimum of 30 days' notice for CEU leave so as not to disrupt patient care.</li> <li>CEU reimbursement may also be used for license renewal, professional development, or any professional related expense at the discretion of the provider and the department director.</li> </ul>

## Procedure

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Requesting CEU leave and reimbursement.

- Utilizing the Request and Authorization for Leave form, a provider must submit a continuing education leave request to their department director for approval, 30 business days prior to leave.
- Leave request must include printed information about the course(s), including the cost of the course(s), and reimbursement for travel using the Travel Request Form if applicable.

3. Course(s) must be at least 4 hours in length to justify the use of a full day of continuing education leave.
4. The department director will approve or deny the continuing education leave request and notify the provider accordingly.
5. If approved, the department director will work with the manager overseeing the clinic schedules to ensure that the provider's schedule is blocked during the requested leave period.
6. Upon return from CEU leave, the provider is required to submit the CME course registration and receipts to the CHW Administrative Office. CHW Administrative Office works with the respective department director to submit all forms via email to HR, Accounting, the department director, and the respective provider (for their records).
7. HR tracks provider CEU use and will provide to appropriate personnel by email request only.
8. HR and Accounting track reimbursement totals for each provider

### **III. PROVIDER PRODUCTIVITY & INCENTIVE POLICY & PROCEDURES**

*Related Form: Dental Monthly Incentive Eligibility Evaluation Form (Appendices E), Medical Monthly Incentive Eligibility Evaluation Form (Appendices F)*

*Related Policy: N/A*

*Responsible Department: Human Resources, CHW Medical and Dental Directors*

*Board Approval Date:*

#### **Policy**

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It is the policy of Coastal Health & Wellness to provide incentive pay above and beyond a provider's base salary dependent on set measures being met. Incentives will be calculated based on established key performance indicators (KPI) that are reviewed and updated annually per calendar year. Key performance indicators are periodic, repeated measurements of achievement of a particular goal. KPIs will be used to measure objectively the performance of each provider. They will be the basis for the provider incentive program, focusing on both provider productivity and quality performance.

#### **Procedure**

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On the last week of each month the respective department director will utilize CHW's electronic health/dental/BHI record to run applicable reports for KPI evaluation. Reports will be based off the prior month's data. Incentive payments will be processed on the first billing cycle of each month for the prior month's KPI evaluation.

**Coastal Health & Wellness**  
Provider RR Plan 2024



## **Medical and Behavioral Health KPIs**

**Incentive Payment for Medical Providers is \$500/month (full time) and \$250/month (part time)**

**Incentive Payment for Behavioral Health Providers is \$300/month (full time) and \$150/month (part time)**

1. Productivity – Medical providers must meet a monthly average of 18 patients per day full time and part time. 5 points for 18 patients per day, 4 points for 17 patients per day, 3 points for 16 patients per day, 2 points for 15 patients per day, and 1 point for 14 patients per day.
2. Productivity – Behavioral Health providers must meet a monthly average of 6 patients per day full time and part time.
3. Quality Measures – Annual Wellness Visits met per month. 1 – 16 AWV per month, per provider.
4. Quality Measures – Two randomized chart reviews per month reflect met and chart reflects documented positive care gap closure.
5. Performance on most recent chart audit >90% rating.
6. Satisfactory Professional Standing - no significant adverse reactions, patterns of patient complaints, or corrective actions
7. Timely and accurate completion of charts: ≤ 4 incomplete charts per month
8. Referral percentage ≤ 10%
9. Maintain satisfactory appointment cycle time as evidenced by monthly reports from EHR.
10. Unscheduled absence from clinical duties no more than 5 days per calendar year (full-time) and 2 days per calendar year (part-time)

## **Dental KPIs**

**Incentive Payment for Dentists is \$500/month (full time) and \$250/month (part time)**

### **Dentists**

1. Productivity - A monthly average of .6 procedures per hour (extractions, restorations, crowns, sealants, root canals, denture delivery)
2. No reports of preventable safety incidents or non-compliance were found in infection control audits.
3. Performance on most recent chart audits > 90%
4. Satisfactory Professional Standing - no significant adverse reactions, patterns of patient complaints, or corrective actions.

5. Timely and accurate completion of charts:  $\leq 4$  incomplete charts per month (full time) and  $\leq 3$  incomplete charts per month (part time).
6. Referral percentage  $\leq 18\%$
7. Maintain satisfactory start time.
8. Absent from clinical duties no more than 5 days per calendar year (full-time) and 2 days per calendar year (part-time).
9. Work at least one Saturday per month and complete at least 3 procedures.

#### **Dental Hygienist**

**Incentive Payment for Dental Hygienist is \$250/month (full time) and \$125/month (part time)**

1. Productivity - A monthly average of .8 patients per hour.
2. No reports of preventable safety incidents or non-compliance were found in infection control audits.
3. Performance on most recent chart audits  $> 90\%$
4. Satisfactory Professional Standing - no significant adverse reactions, patterns of patient complaints, or corrective actions.
5. Timely and accurate completion of charts:  $\leq 3$  incomplete charts per month (full time) and  $\leq 2$  incomplete charts per month (part time).
6. Maintain satisfactory report to duty time.
7. Absent from clinical duties no more than 5 days per calendar year (full-time) and 2 days per calendar year (part-time).

## **IV. SUPPORTIVE WORK ENVIRONMENT POLICY & PROCEDURES**

*Related Form:* Maslach Burnout Inventory (MBI)

*Related Policy:* N/A

*Responsible Department:* Human Resources, CHW Medical and Dental Directors

*Board Approval Date:*

## Policy

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It is the policy of Coastal Health & Wellness to be cognizant of and proactively offer provider support to prevent and address provider burnout. According to the American Medical Association, provider burnout is defined as a long-term stress reaction characterized by depersonalization. This can include cynical or negative attitudes toward patients, emotional exhaustion, a feeling of decreased personal achievement, and lack of empathy for patients.

## Procedure

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### Provider Administrative Time

Providers are offered weekly administrative time. Administrative Time is time when the physician does not provide direct patient care. This is time to catch up on the required and necessary paperwork related to the care of patients, ordering tests and labs, reviewing, and completing required forms, making telephone calls, scheduling, following up, reviewing medical records, carrying out medical staff responsibilities, committee work, and other responsibilities assigned by the medical staff or by management, and any other related administrative tasks.

### Medical and Behavioral Health Providers

1. Full time medical and behavioral health providers will receive four (4) hours per week for administrative time.
2. Part time medical and behavioral health providers will receive four (2) hours per week for administrative time.
3. The associate medical director and director of quality will be offered sixteen (16) hours per week administrative time.
4. The medical director will be offered twelve (20) hours per week administrative time.
5. The behavioral health director will be offered twelve (10) hours per week administrative time.

### Dental Providers

1. Full-time dentists will receive four (4) hours per week for administrative time.
2. Part time dentists will receive four (2) hours per week for administrative time.
3. Dental directors will be offered twelve (20) hours per week administrative time.
4. Dental hygienists will receive one (1) hour per week administrative time.

*Any provider championing an initiative will be provided an extra two (2) hours per week of administrative time.*

## Assessing Provider Burnout

Annually at a provider's performance evaluation a provider wellness assessment is given by the respective department director. Each provider will be issued a Provider Wellness Score and based on the score; the appropriate action will be taken.

The Maslach Burnout Inventory (MBI) tool will be utilized for the CHW provider wellness assessment. The MBI is a widely used validated wellness assessment tool to measure burnout for healthcare professionals.

1. To administer the MBI for health care professionals, individuals are typically asked to complete a self-report questionnaire. The questionnaire consists of 22 items that are designed to measure three dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment.
2. The results of the MBI can be used to identify individuals who are experiencing burnout and to assess the overall level of burnout within a healthcare organization. This information will be used to develop targeted interventions to address burnout and improve the well-being of healthcare professionals.
3. High burnout scores will require interventions like workload management, self-care practices, seeking professional help, providing resources for stress management and self-care, promoting work-life balance, improving communication and collaboration among team members, and addressing organizational factors contributing to burnout, such as excessive workload or lack of autonomy. The CHW Medical and Dental director respectively will develop a plan of action appropriate to the provider's subjective response to the assessment score.
4. Confidentiality: When collecting wellness scores CHW will ensure confidentiality of individual scores.
5. Data Analysis: The CHW Medical and Dental directors will analyze aggregated wellness scores to identify trends, areas of concern, and potential interventions.
6. Longitudinal Data: CHW leadership will collect wellness scores over time to track changes and improvements.
7. Effectiveness: CHW Medical and Dental directors will assess the effectiveness of any interventions or initiatives implemented to improve wellness.

8. Feedback Loop: CHW Medical and Dental directors will gather feedback from participants about the assessment process and whether it is helpful or needs improvement.

## V. PROVIDER RECRUITMENT & RETENTION POLICY & PROCEDURES

*Related Form: N/A*

*Related Policy: N/A*

*Responsible Department: Human Resources, CHW Medical and Dental Directors*

*Board Approval Date:*

### Policy

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It is the policy of Coastal Health & Wellness to proactively recruit and retain medical, dental, and behavioral health providers. The purpose of this policy is to ensure the following.

- a. Address Workforce Shortages: A provider recruitment and retention policy helps address workforce shortages by ensuring a stable and adequate supply of healthcare professionals. This is particularly important in underserved areas or specialties where there is a high demand for providers.
- b. Improve Patient Access: To improve patient access to healthcare services by attracting and retaining skilled providers. This can help reduce wait times, increase appointment availability, and enhance overall patient satisfaction.
- c. Continuity of Care: Promote continuity of care by reducing the turnover of healthcare professionals. When patients see the same provider consistently, it allows for better long-term management of chronic conditions and a stronger doctor-patient relationship.
- d. Cost Savings: Investing in provider recruitment and retention can lead to cost savings in the long run. High turnover rates can result in increased recruitment and training costs, as well as potential disruptions in patient care. By retaining providers, organizations can avoid these expenses and maintain a more efficient healthcare system.
- e. Quality of Care: Research suggests that provider continuity is associated with better health outcomes and higher quality of care. Patients who see the same provider over time tend to receive

more personalized and coordinated care, leading to improved health outcomes and patient satisfaction.

- f. **Organizational Stability:** To contribute to the overall stability of healthcare organizations. It helps create a positive work environment, reduces staff turnover, and fosters a culture of commitment and loyalty among providers, which in turn improves organizational performance.

In summary, the evidence supports the implementation of a provider recruitment and retention policy to address workforce shortages, improve patient access and continuity of care, achieve cost savings, enhance quality of care, and promote organizational stability in healthcare settings.

## Procedure

CHW will offer the following as part of the CHW Provider Recruitment & Retention Plan.

### 1. Sign-on Bonus

**New Hire. Full time provider eligible after 12 complete months of service.**

Position	Sign-on Bonus
Dentist	\$5,000
Dental Director	\$7,000
Medical Director	\$8,500
Behavioral Health Director	\$4,750
Director of Pharmacy	***
Pharmacist	***
Family Medicine Physician	\$6,500
Family Medicine Physician with OB	\$7,000
Internal Medicine Physician	\$7,500
OBGYN Physician	\$6,500
Pediatrician	\$7,000
Psychiatrist	\$5,000
Dental Hygienist	\$1,000

Nurse Practitioner	\$5,000
Physician Assistant	\$5,000
Counselor, Licensed Professional	\$3,500
Social Worker, Licensed Clinical (LCSW)	\$3,500
Clinical Psychologist	***

## 2. Longevity Bonus

Full time and Part time providers are eligible after 2 years of service, and then annually thereafter.

Position	Longevity Bonus
Dentist	\$1,500
Dental Director	\$2,000
Medical Director	\$2,500
Behavioral Health Director	\$1,500
Director of Pharmacy	***
Pharmacist	***
Family Medicine Physician	\$2,000
Family Medicine Physician with OB	\$2,000
Internal Medicine Physician	\$2,000
OBGYN Physician	\$2,000
Pediatrician	\$2,000
Psychiatrist	\$2,000
Dental Hygienist	\$500
Nurse Practitioner	\$2,000
Physician Assistant	\$2,000
Counselor, Licensed Professional	\$500
Social Worker, Licensed Clinical (LCSW)	\$500
Clinical Psychologist	***

### 3. Referral Bonus

Eligible to CHW provider after 12 complete months of service by referred hire.

Position	Referral Bonus
Dentist	\$500
Dental Director	\$1,000
Medical Director	\$1,500
Behavioral Health Director	\$500
Director of Pharmacy	***
Pharmacist	***
Family Medicine Physician	\$500
Family Medicine Physician with OB	\$500
Internal Medicine Physician	\$500
OBGYN Physician	\$500
Pediatrician	\$500
Psychiatrist	\$2,000
Dental Hygienist	\$250
Nurse Practitioner	\$500
Physician Assistant	\$500
Counselor, Licensed Professional	\$500
Social Worker, Licensed Clinical (LCSW)	\$500
Clinical Psychologist	***



#### 4. Relocation Reimbursement

Relocation reimbursement is paid after the provider successfully completes their six-month evaluation.

Position	Within Texas	Outside of Texas
Dentist	\$3,800	\$4,500
Dental Director	\$3,800	\$4,500
Medical Director	\$3,800	\$4,500
Behavioral Health Director	***	***
Director of Pharmacy	***	***
Pharmacist	***	***
Family Medicine Physician	\$3,800	\$4,500
Family Medicine Physician with OB	\$3,800	\$4,500
Internal Medicine Physician	\$3,800	\$4,500
OBGYN Physician	\$3,800	\$4,500
Pediatrician	\$3,800	\$4,500
Psychiatrist	\$3,800	\$4,500
Dental Hygienist	***	***
Nurse Practitioner	\$3,800	\$4,500
Physician Assistant	\$3,800	\$4,500
Counselor, Licensed Professional	\$3,800	\$4,500
Social Worker, Licensed Clinical (LCSW)	***	***

Clinical Psychologist	***	***
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Proposed Strategies, beyond compensation and benefits, utilized to recruit and / or retain *all* staff.

Strategies	Method
Career ladders defined	
Soft skills/customer service training	
Teaching opportunities	
Opportunities to engage with other professionals to enhance knowledge or skills (i.e. Project ECHO, Champion an initiative)	
Stay interviews	
Part time and/or flexible schedules	
Staff recognition employee appreciation	
Sabbaticals	
Quarterly lunches	
Maximizing recruitment for FQHC's via social media platforms	
Staff development trainings	

## Reference

Coastal Health & Wellness  
Provider RR Plan 2024

Texas Association of Community Health Centers

2022 Compensation and Benefits Survey

2022 TACHC, Bureau of Labor Statistics, Merritt Hawkins, 2021 TACHC and 2020 TACHC Data Comparison

Bureau of Labor Statistics (BLS), Department of Labor Source: May 2021 State Occupational Employment and Wage Estimates (Texas), [www.bls.gov/oes](http://www.bls.gov/oes)

Merritt Hawkins Source: 2021 Review of Physician and Advanced Practitioner Recruiting Incentives

2021 TACHC Source: Texas Association of Community Health Centers 2021 Compensation and Benefits Survey, conducted by Gallagher Surveys

2020 TACHC Source: Texas Association of Community Health Centers 2020 Compensation and Benefits Survey, conducted by Gallagher Survey.

*Appendices follow.*





## Template Provider Offer Letter

**[POSITION/TITLE]**

[Date]

[Candidate Name]

[Street Address]

[City, State, Zip code]

Dear [Candidate Name]:

It is with great pleasure that Coastal Health & Wellness offers you the position of [job title with grade and/or tier]. You will be reporting to [name, title], and your start date is scheduled for [date].

This is a full-time [exempt/non-exempt] position. We are offering you a starting base wage of \$\_\_\_\_\_ [per hour/week] paid [bi-weekly, semi-monthly, etc.].

In addition, your compensation package includes the following benefits [specific to our benefit plan – consider also attaching a Total Compensation Statement]:

- Eligibility to participate in the annual provider incentive bonus program, subject to the terms and conditions specified in the CHW Provider Recruitment & Retention Plan.
- Eligibility for annual continuing education reimbursement as specified in the CHW Provider Recruitment & Retention Plan.
- Eligibility for health and dental coverage.
- Eligibility for company-paid benefits such as life insurance, short- and long-term disability and long-term care, subject to applicable waiting periods.
- Paid time off (PTO) earned on an accrual basis.
- Company-paid holidays.

This job offer is contingent upon the following:

- Completion of a satisfactory background check.
- Passing a drug test.
- Satisfactory reference checks.
- Execution of an employment/noncompete/confidentiality agreement.

## REQUEST AND AUTHORIZATION FOR LEAVE

Employee:  Date of Request:

Employee Number:  Department:

Permission is requested to be absent for:

Day(s) on the following Date(s):

Hours(s) on the following Date(s):  from:  to  (time)

Type of leave requested:

<input type="checkbox"/> Administrative Leave	<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Vacation Leave
<input type="checkbox"/> CME/CEU Leave	<input type="checkbox"/> Leave Without Pay	
<input type="checkbox"/> Compensatory Time	<input type="checkbox"/> Military Leave	
<input type="checkbox"/> Family Medical Leave	<input type="checkbox"/> Personal Leave	
<input type="checkbox"/> Funeral Leave	<input type="checkbox"/> Sick Leave	

Remarks:

*If this is an extended leave of absence, please give the address and telephone number where you can be reached*

Address:

Phone:

Employee Signature

Date

### TO BE COMPLETED BY MANAGEMENT

☐ Scheduled    ☐ Approved    ☐ \*FMLA \* Do not indicate schedule or unscheduled  
☐ Unscheduled    ☐ Disapproved

Please provide reason if deemed Unscheduled or Disapproved:

Supervisor Signature

Date



## GALVESTON COUNTY HEALTH DISTRICT

### REQUEST FOR REIMBURSEMENT OF TRAVEL EXPENSES NOT PAID IN ADVANCE

Name: \_\_\_\_\_ Destination: \_\_\_\_\_ Date: \_\_\_\_\_

Date of departure (from home/office) \_\_\_\_\_ Time \_\_\_\_\_

Date of Return (to home/office): \_\_\_\_\_ Time \_\_\_\_\_

Transportation: Air ☐ Own Auto ☐ Train ☐ Bus ☐ Other (specify) \_\_\_\_\_  
Ride w/ another attendee (List name(s)) \_\_\_\_\_

Fare: \$ \_\_\_\_\_ (Receipts for paid tickets must be attached.)

Mileage: Odometer reading: Start \_\_\_\_\_ End \_\_\_\_\_ = \_\_\_\_\_ miles x \_\_\_\_\_ = \$ \_\_\_\_\_

Per Diem (food and incidentals, as near to actual as possible): \$ \_\_\_\_\_

Motel/Hotel: \$ \_\_\_\_\_ (Receipt for paid bill must be attached.)

Registration fees: \$ \_\_\_\_\_ (Receipt for paid fees must be attached.)

I the employee hereby sign that the above expenses are true and correct:

Signature \_\_\_\_\_ Date \_\_\_\_\_ Program Mgr Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach a copy of the approved Request for Travel/Continuing Education, travel advance check stub (if appropriate) & meeting agenda or schedule within 10 work days of return travel. All other required receipts must be originals.

#### BELOW FOR ACCOUNTING USE ONLY

Approved:

Fare: \$ \_\_\_\_\_  
Mileage: \_\_\_\_\_ miles @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Per Diem: \$ \_\_\_\_\_  
Hotel: \_\_\_\_\_ nights @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Registration: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Total Advance Approved: \$ \_\_\_\_\_

Less Advance: (\$ \_\_\_\_\_)

Total Reimbursements: \$ \_\_\_\_\_

#### CHARGE TO

Cost Center	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____



Effective: 03/02/2022  
Last Approved: 10/19/2022  
Expires: 10/19/2023

## **Coastal Health & Wellness Medical and Dental Provider Leave Request and Task Management Procedure**

**Purpose:** To provide a standard leave request and approval procedure for all Coastal Health & Wellness medical and dental providers. A standardized leave request and approval procedure will ensure adequate clinical coverage to meet the needs of the patients and clinic.

**Procedure:** All medical and dental providers receive vacation, personal, sick and continuing education leave as outlined in the Employee Leave Policy. A leave request form must be completed for any planned absence. The leave request form must indicate the type of leave to be used (vacation, personal, sick or continuing education) and should be submitted to the CHW executive assistants at least 2 weeks prior to the requested leave date. The CHW executive assistants will verify all leave requests have been completed in their entirety and will verify if any other providers are out during this time frame. The executive assistants will submit the leave request along with the clinic coverage information to the respective director for review. Leave requests will be approved or denied by the department director/associate director based on the needs of the clinic. The executive assistants will notify the provider of the approved/denied leave request by sending them an email with the reviewed leave request as an attachment.

For any unplanned absences (including late arrivals), the provider must notify their direct supervisor and email [CHW\\_Medical\\_Absence/CHW\\_Dental\\_Absence@gchd.org](mailto:CHW_Medical_Absence/CHW_Dental_Absence@gchd.org) as soon as the necessary absence has been identified. If the provider is unable to email [CHW\\_Medical\\_Absence/CHW\\_Dental\\_Absence@gchd.org](mailto:CHW_Medical_Absence/CHW_Dental_Absence@gchd.org), they should immediately notify the CHW Administration Office by calling (409) 949-3406 and leave a voicemail after business hours.

Before any planned absences, the provider must complete all tasks and address any urgent emails. The provider will email [CHW\\_Medical\\_Absence/CHW\\_Dental\\_Absence@gchd.org](mailto:CHW_Medical_Absence/CHW_Dental_Absence@gchd.org) to notify Patient Services staff of their absence. Dental providers will designate another provider to address any urgent tasks or emails. All urgent tasks in the Medical Clinic will be addressed by the respective "color team". Routine tasks will be addressed by the absent provider upon their return.



# Dentist KPI Incentive Monthly Eligibility Evaluation

**Name:** \_\_\_\_\_

**Month:** \_\_\_\_\_

Criteria	YES	NO	N/A
1. A monthly <u>average</u> of > .6 procedures per hour (extractions, restorations, crowns, sealants, root canals, denture delivery, etc.)			
2. No reports of preventable safety incidents or non-compliance found in infection control audits			
3. Performance on most recent chart audit >90%			
4. Satisfactory Professional Standing - no significant adverse reactions, patterns of patient complaints, or corrective actions			
5. Timely and accurate completion of charts: ≤ 4 incomplete charts per month (full-time) and ≤ 3 incomplete charts per month (part-time) (Dental Unit Receptionist Report)			
6. Referral percentage ≤ 18%			
7. Maintain satisfactory report to duty time			
8. Maintain satisfactory start time			
9. Absent from clinical duties no more than 5 days per calendar (full-time) and no more than 2 days per calendar (part-time)			
10. Work at least one Saturday per month (≥3 procedures) (full-time only)			

**Eligible:** All CHW Dentists

**Productivity Compensation:** \$ 500/month if criteria met for full-time and \$250/month if criteria met for part-time.

Dentist ☐ is ☐ is not eligible for bonus.

This evaluation is true and correct to the best of my knowledge.

\_\_\_\_\_  
Hanna Lindskog, DDS  
Dental Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ami Cotharn, MSN, RN  
Chief Operation Officer

\_\_\_\_\_  
Date

**Instructions:**

If eligible, submit the original form to HR, Accounting, and CHW COO for payment process.

*Rev: December 2023*

# Dental Hygienist KPI Incentive Monthly Eligibility Evaluation

**Name:** \_\_\_\_\_

**Month:** \_\_\_\_\_

Criteria	YES	NO
1. A monthly <u>average</u> of .8 patients per hour		
2. No reports of preventable safety incidents or non-compliance found in infection control audits		
3. Performance on most recent chart audit $\geq 90\%$		
4. Satisfactory Professional Standing - no significant adverse reactions, patterns of patient complaints, or corrective actions		
5. Timely and accurate completion of charts: $\leq 3$ incomplete charts per month		
6. Maintain satisfactory report to duty time		
7. Maintain satisfactory start time		
8. Absent from clinical duties no more than 5 days (full-time) 2 days (part-time) per calendar		

**Eligible:** All CHW Dental Hygienists

**Productivity Compensation:** \$250/month (full-time) if criteria are met and \$ 125/month (part-time) if criteria are met.

Dental Hygienist ☐ is ☐ is not eligible for bonus.

This evaluation is true and correct to the best of my knowledge.

\_\_\_\_\_  
Hanna Lindskog, DDS  
Dental Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ami Cotharn, MSN, RN  
Chief Operation Officer

\_\_\_\_\_  
Date

## Instructions:

If eligible, submit the original form to HR, Accounting, CHW COO for payment process.

*Rev: December 2023*

# Medical KPI Incentive Monthly Eligibility Evaluation

Name: \_\_\_\_\_

Month: \_\_\_\_\_

Criteria	YES	NO
1. Productivity – Medical providers must meet a monthly average of 18 patients per day full time and part time. 5 points for 18 patients per day, 4 points for 17 patients per day, 3 points for 16 patients per day, 2 points for 15 patients per day, and 1 point for 14 patients per day.		
2. Productivity – Behavioral Health providers must meet a monthly average of 6 patients per day full time and part time.		
3. Quality Measures – Annual Wellness Visits met per month. 1 – 16 AWV per month, per provider.		
4. Quality Measures – Two randomized chart reviews per month reflect met and chart reflects documented positive care gap closure.		
5. Performance on most recent chart audit >90% rating.		
6. Satisfactory Professional Standing - no significant adverse reactions, patterns of patient complaints, or corrective actions		
7. Timely and accurate completion of charts: ≤ 4 incomplete charts per month		
8. Referral percentage ≤ 10%		
9. Maintain satisfactory appointment cycle time as evidenced by monthly reports from EHR.		
10. Unscheduled absence from clinical duties no more than 5 days per calendar year (full-time) and 2 days per calendar year (part-time)		

**Eligible:** All CHW Medical Providers

**Productivity Compensation:** \$ 500/month (full-time) if criteria met. \$250/month (part-time) if criteria are met.

Medical Provider ☐ is ☐ is not eligible for bonus.

This evaluation is true and correct to the best of my knowledge.

\_\_\_\_\_  
Ami Cotharn, MSN, RN  
Chief Operation Officer

\_\_\_\_\_  
Date

## Instructions:

If eligible, submit the original form to HR, Accounting, and CHW COO for payment process. *Rev: December 2023*

## **The MBI for Medical Personnel: MBI-HSS (MP)**

Among the many human services professions that have been studied using the MBI-HSS, one of the most studied occupational settings is health care, where the recipients of care are often referred to as patients. Besides the nature of the job itself, the work context for medical personnel has been changing rapidly. New technology requires continuous learning and adaption, evolving legislation has introduced new uncertainties over reimbursement and is exposing the profession to increased market pressure. New organizational forms and new care delivery models are changing the way medical personnel deliver care, as well as the way it is experienced by patients. Thus, it is perhaps not surprising that burnout appears to be high in health care settings (e.g., see Shanafelt, Sonja, Litjen, Dyrbye, Sotile, Daniel et al., 2012; Dyrbye, Massie, Eacker, Harper, Power, & Durning (2010); Soler, Yaman, Esteva, Dobbs, Asenova, Katic, et al. 2008; Sharma, Sharp, Walker, & Monson, 2008). Furthermore burnout among physicians may be on the rise and getting worse (Shanafelt, Hasan, Dyrbye, Sinsky, Satele, Sloan & West, 2015).

Among the reasons that burnout among medical personnel is of such concern is that it has the potential to put patients at risk. The problem of patients experiencing adverse events when seeking health care services is quite costly. According to some estimates, more than 3% of hospital patients in the USA, and perhaps as many as 16% of hospital patients in Australia experience harmful episodes. Prescription errors are estimated to occur as often as 5% of the time. In addition to the medical consequences of such events, the litigation that often follows is costly for everyone in society. For example, in the UK, medical errors and related litigation are estimated to cost the National Health Service more than £3 billion (Avery, Barber, Ghaleb, Franklin, Armstrong, Crowe, et al., 2012; Health Do, 2000).

A meta-analytic review to determine whether burnout is associated with patient safety outcomes located 24 studies that examined the relationship between patient safety and burnout (Hall & Johnson, 2016). Of those studies, most assess burnout using the MBI. Overall, the authors found strong evidence that patient safety is negatively correlated with burnout. Of the few studies that found no significant relationship between burnout and patient safety, one was conducted in France using a translated version of the MBI, and the others used only a single item from the Emotional Exhaustion scale.

To administer the MBI to people working with patients in health care settings (e.g., nurses, physicians), the MBI for Medical Personnel, or MBI-HSS (MP) can be used. All items in the MBI-HSS (MP) are the same as those in the MBI-HSS except that the term “patients” is used in place of “recipients”. To date, most burnout research conducted with medical personnel has used the MBI-HSS, and several of these studies are cited in the preceding MBI-HSS section of this Manual.

### **Psychometric Properties of the MBI-HSS (MP)**

Definitive reliability and validity evidence are not yet available for the alternate wording used in the MBI-HSS (MP). However, studies using the MBI-HSS have found that the psychometric properties of that version are good when it is used with professionals working in medical settings. For example, a large multi-national study investigated the stability of the MBI's factor structure by analyzing data collected from 54,734 nurses working in 646 hospitals in 8 countries (Armenia, Canada, Germany, Japan, New Zealand, Russia, USA, and United Kingdom), using language translations as needed (Poghosyan, Aiken & Sloane, 2009).

Although a few MBI items loaded somewhat differently across countries, and two items did not exactly replicate the MBI scales as originally designed, the authors concluded that the MBI provides useful scales that can be consistently defined in all countries.

Such evidence suggests that the psychometric properties of the MBI-HSS (MP) are likely to be quite good. Given that the MBI-HSS (MP) wording is modified to be easily understood and appropriate for people whose work involves primarily addressing medical concerns, we recommend using this version of the MBI for assessing burnout in physicians, nurses and other medical personnel. When doing so, however, users are advised to assess the factor structure and scale reliabilities before using the results.

### **Administering the MBI-HSS (MP)**

The MBI-HSS (MP) takes 10 to 15 minutes to complete. No special qualifications or procedures are required of a facilitator who administers the MBI-HSS (MP). However, the facilitator should not be a supervisor or administrator who has direct authority over the respondents because this could cause respondents to be less candid in their answers. Ideally, the facilitator should be seen as a neutral person. The major responsibilities of the facilitator are:

**Provide Clear Instructions.** Generally, the MBI-HSS (MP) is administered using electronic survey tools; alternatively, paper forms can be used. The instructions provided with the MBI-HSS (MP) survey should be given to respondents regardless of how the MBI-HSS (MP) is administered. Because some respondents might have questions, they should be offered a way to contact someone who can answer their questions.

**Avoid Sensitization to Burnout.** People have widely varying beliefs about burnout. To minimize the reactive effect of such personal beliefs or expectations, it is important that respondents be unaware that the MBI-HSS (MP) is a burnout measure and that they not be sensitized to the general issue of burnout. For this reason, the labels used on the survey do not include the word "burnout." The scale should be presented as a survey of job-related attitudes and not be linked to burnout in any way. Of course, once the measure has been administered to all respondents, then an explanation about burnout and the use of the MBI-HSS (MP) to assess it is appropriate.

**Minimize Response Bias.** Response biases can be minimized in several ways. First, follow the guidelines for administering the MBI-HSS (MP) described above. Second, when introducing the survey to respondents, stress the importance of giving honest answers and reassure respondents about the confidentiality of the results.

**Ensure Respondent Confidentiality.** Because of the sensitive nature of some items, it is important that respondents are comfortable about expressing their true feelings. Ideally, they should be able to complete the MBI-HSS (MP) anonymously. If this is not possible because identification is required (for example, in a longitudinal study), then efforts should be made to use a form of identification that is not personally revealing, such as a code number or a label. Even if responses are not anonymous, respondents should be assured that their answers will be kept confidential and not be used in any way that might have adverse personal consequences for them.



**Voluntary Participation.** Ethical use of the MBI-HSS (MP) requires ensuring that respondents are providing their answers free of undue inducements or coercion. Respondents should be given sufficient information about how the data will be used so the respondent can make an informed choice to participate. Prospective respondents should be given information about any possible risks and the potential benefits of their involvement. Any questions they might have should be answered candidly. Adhere to all other applicable institutional guidelines.

## Scoring the MBI-HSS (MP)

In general, each respondent's MBI-HSS (MP) three scale scores should be calculated and interpreted separately. Note that responses to MBI-HSS (MP) items should not be combined to form a single "burnout" score.

Scores can be interpreted for individual respondents, or MBI-HSS (MP) scores for a group of respondents can be treated as aggregate data. Means and standard deviations for each scale can be computed for the entire group and compared to the normative data in this manual and to any local norms.

A scoring key is provided with your purchase of reproduction versions of the MBI-HSS (MP). You can score each respondent's survey form with the scoring key. Alternatively, you can use Mind Garden's online forms and reports which include scoring in the reports and data files. Learn about what is offered for online scoring by visiting the Mind Garden website at [www.mindgarden.com](http://www.mindgarden.com).

Using the Mind Garden scoring service makes it easy to generate a personalized report that helps each respondent understand the meaning of his or her MBI-HSS (MP) scale scores. Mind Garden can also generate group reports to assist organizations in understanding the relative degrees of burnout present across the organization, within various units, and for different demographic groups of employees.

The Mind Garden scoring service calculates scale scores using two methods, described below. Both methods are appropriate and they yield the same information. Method 1 (SUM) is often used in scientific research, while Method 2 (AVE) is often used in applied situations to make interpretation of the scores easier for respondents.

**Note of Caution:** For both Method 1 and Method 2, each respondent's three scale scores should be determined and these scale scores should be interpreted separately. It is NOT appropriate to add the three scale scores to create a total burnout score.

**Method 1 (SUM).** For ease of comparing results to research reports that have been published during the past three decades, it is best to add responses to the MBI-HSS (MP) items for each scale and use the SUM as the scale score. This method was most often used in burnout research in the human services professions. This scoring method is as follows:

*Emotional Exhaustion (SUM) = Items 1 + 2 + 3 + 6 + 8 + 13 + 14 + 16 + 20*

*Note: Higher scores indicate higher degrees of burnout.*

*Depersonalization (SUM) = Items 5 + 10 + 11 + 15 + 22*

*Note: Higher scores indicate higher degrees of burnout.*

*Personal Accomplishment (SUM) = Items 4 + 7 + 9 + 12 + 17 + 18 + 19 + 21*

*Note: Lower scores indicate higher degrees of burnout.*

--

**Method 2 (AVE).** For ease of interpretation by respondents, it is useful to calculate the mean response for the items that make up each scale. For all scales, the mean scores can range from 0 (Never) to 6 (Daily). Using Method 2, simply begin by creating the scale Sum and then divide by the number of items in the scale, as follows:

$$\text{Emotional Exhaustion (AVE)} = [\text{Items } 1 + 2 + 3 + 6 + 8 + 13 + 14 + 16 + 20] \div 9$$

*Note: Higher scores indicate higher degrees of burnout.*

$$\text{Depersonalization (AVE)} = [\text{Items } 5 + 10 + 11 + 15 + 22] \div 5$$

*Note: Higher scores indicate higher degrees of burnout.*

$$\text{Personal Accomplishment (AVE)} = [\text{Items } 4 + 7 + 9 + 12 + 17 + 18 + 19 + 21] \div 8$$

*Note: Lower scores indicate higher degrees of burnout.*

## **Interpreting the MBI-HSS (MP) Scale Scores**

Scores can be interpreted for individual respondents, or MBI-HSS (MP) scores for a group of respondents can be treated as aggregate data. With either approach, scores can be interpreted as absolute values or by comparing scores to those of a larger population to determine the individual's relative degree of burnout.

**Note of Caution:** It is important to understand that there is no definitive score that "proves" a person is "burned out."

**Absolute Values.** With this approach, the meaning of scores is straightforward. Simply use the MEAN scale score and consider where it falls along the 7-point response scale. For example, an Emotional Exhaustion MEAN scale score of 3.5 would be interpreted as indicating the respondent felt emotionally exhausted several times a month on average, but not every week; a score of 5.5 would indicate the respondent felt emotionally exhausted several times a week on average, but not every day. Using this method, judgments about whether the experience of each aspect of burnout is sufficiently frequent to be of concern and worth taking seriously are left to the respondent and/or others who are in a position to take corrective steps.

**Degrees of Burnout Relative to Others.** In some situations, when the responses of a large sample of respondents are available, it might be appropriate to compare an individual's score to the scores of other respondents in the sample. Using the publisher's online scoring service, users can easily obtain reports that include normative data for their particular sample of users. Users who are interested in obtaining reports that include normative data can learn more at [www.mindgarden.com](http://www.mindgarden.com).

As with Method 1, comparing a respondent's score to the scores of others leaves the responsibility for making judgments about whether the experience of each aspect of burnout is sufficiently frequent to be of concern with the respondent and/or other people who are in a position to take corrective steps.

Scale Items	Factors		
	I	II	III
<b><i>I. Emotional Exhaustion</i></b>			
1. I feel emotionally drained from my work.	.74	.06	.02
2. I feel used up at the end of the workday.	.73	.04	.03
3. I feel fatigued when I get up in the morning and have to face another day on the job.	.66	.18	.15
6. Working with people all day is really a strain for me.	.61	.22	-.10
8. I feel burned out from my work.	.84	.19	-.09
13. I feel frustrated by my job.	.65	.23	-.12
14. I feel I'm working too hard on my job.	.56	.08	.07
16. Working with people directly puts too much stress on me.	.54	.31	-.06
20. I feel like I'm at the end of my rope.	.65	.21	-.08
<b><i>II. Depersonalization</i></b>			
5. I feel I treat some recipients as if they were impersonal objects.	.11	.67	-.09
10. I've become more callous toward people since I took this job.	.23	.66	-.13
11. I worry that this job is hardening me emotionally.	.37	.55	-.10
15. I don't really care what happens to some recipients.	.12	.62	-.16
22. I feel recipients blame me for some of their problems.	.13	.41	-.04
<b><i>III. Personal Accomplishment</i></b>			
4. I can easily understand how my recipients feel about things.	.11	-.06	.50
7. I deal very effectively with the problems of my recipients.	-.01	-.07	.54
9. I feel I'm positively influencing other people's lives through my work.	-.02	-.17	.58
12. I feel very energetic.	-.30	-.04	.43
17. I can easily create a relaxed atmosphere with my recipients.	-.06	-.08	.51
18. I feel exhilarated after working closely with my recipients.	.00	-.23	.55
19. I have accomplished many worthwhile things in this job.	-.10	-.17	.57
21. In my work, I deal with emotional problems very calmly.	-.07	.07	.59

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Note: Occupations represented in this scale development analysis included 142 police officers, 132 nurses, 125 agency administrators, 116 teachers, 97 counselors, 91 social workers, 68 probation officers, 63 mental health workers, 43 physicians, 40 psychologists and psychiatrists, 31 attorneys, and 77 others.

## Back to Agenda



**Governing Board  
January 2024  
Item#16  
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 Chief Medical Officer



# Coastal Health & Wellness

*Galveston County's Community Health Center*

2023

Organizational Highlights & Operational Summary

# THANK YOU FOR ANOTHER GREAT YEAR!!

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We could not serve our community and be as impactful as we are without YOU!



# Mission, Vision, Values, & Culture Recap

## **Mission**

- Providing high quality healthcare to all

## **Vision**

- Healthy people in healthy communities

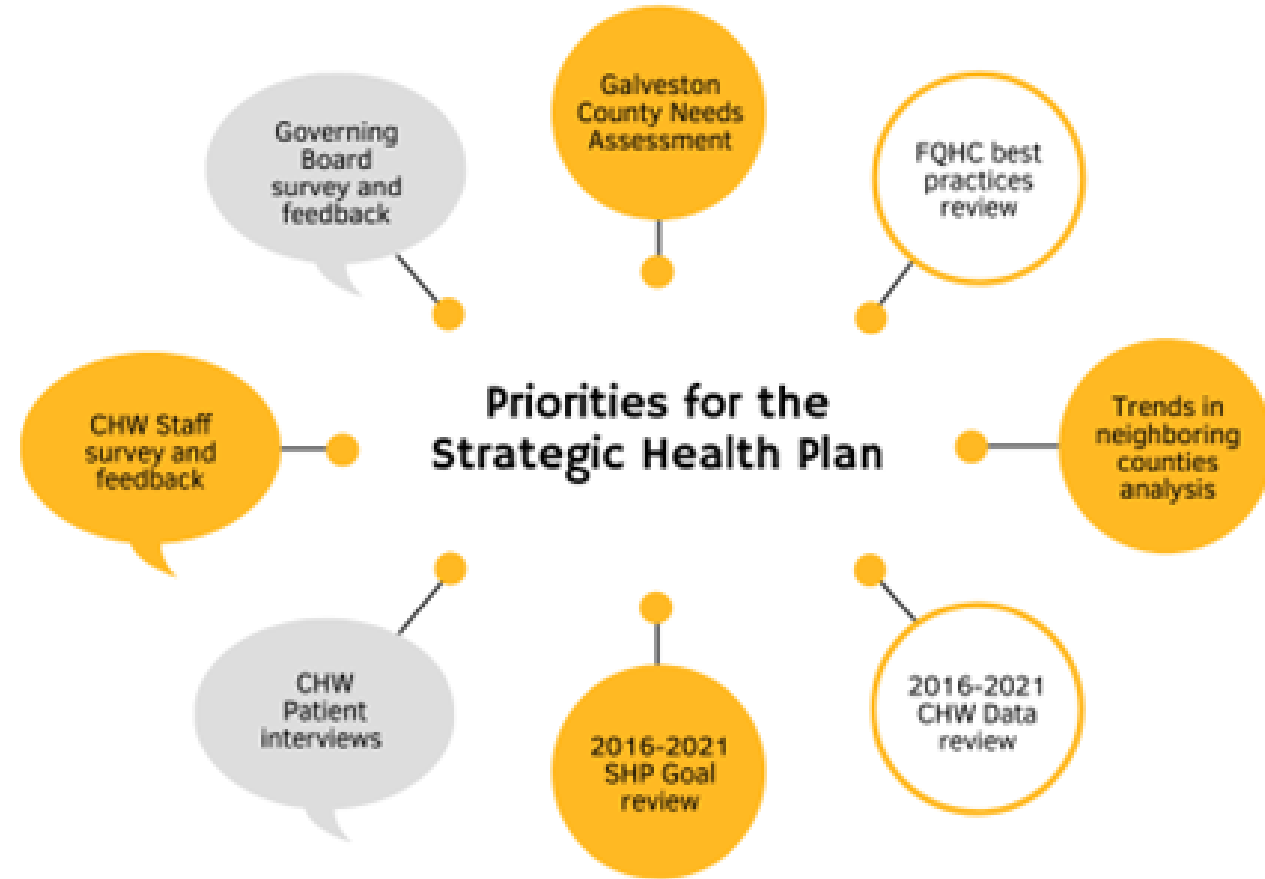
## **Values**

- I CARE –Integrity, Customer Service, Accountability, Respect, and Equality

## **Culture**

- A progressive thinking and acting yes culture.
- One that manages performance in a changing environment; helps to align goals and top initiatives; creates a culture of accountability and expectations on results; clearly defines goals and objectives in relation to organization-wide communication and demonstrates a commitment to progress monitoring with a comprehensive review of performance.

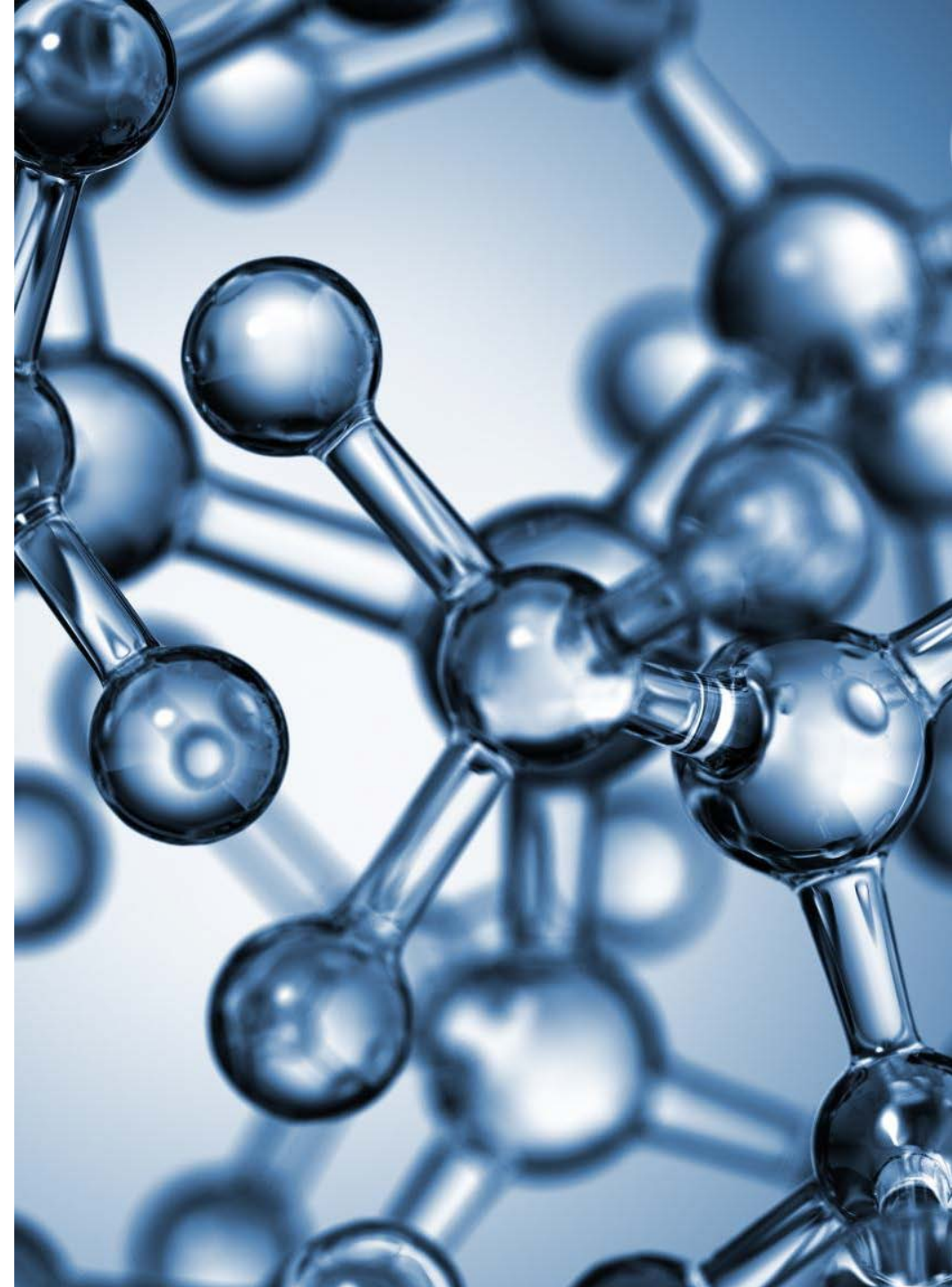
# Strategic Health Plan Tracker – *What we accomplished in 2023*



Priority & Goal Review for the 2022 – 2025 SHP

# CHW Priorities & Goals for 2022 - 2025

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





# Priority 1: Be an Exceptional Health Center and Workplace

---

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





## Priority 2 : Scale Services

### Goal

- Goal one: Expand Access to Specialties

### Goal

- Goal two: Grow Child Health

### Goal

- Goal three: Grow Patient Population

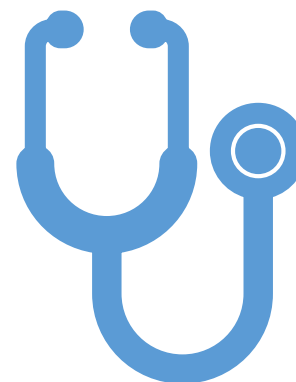




## Priority 3 : Strategically Address Health Disparities



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

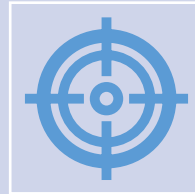


**Goal two:** Identify and address health disparities

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



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



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

## Priority 5 : Upgrade Technology and Processes

1

### Goal

- Goal one: Upgrade technology for care improvement and efficiency

2

### Goal

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

3

### Goal

- Goal three: Leverage existing technologies



# Operational Overview for 2023

# *HRSA Recognized*

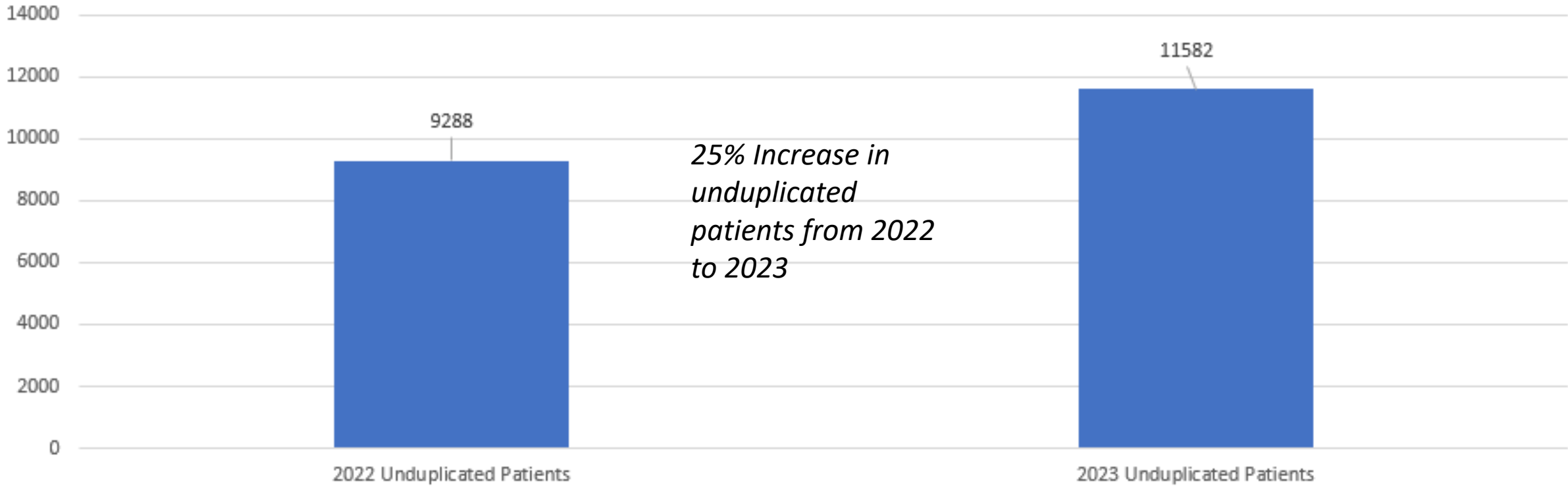




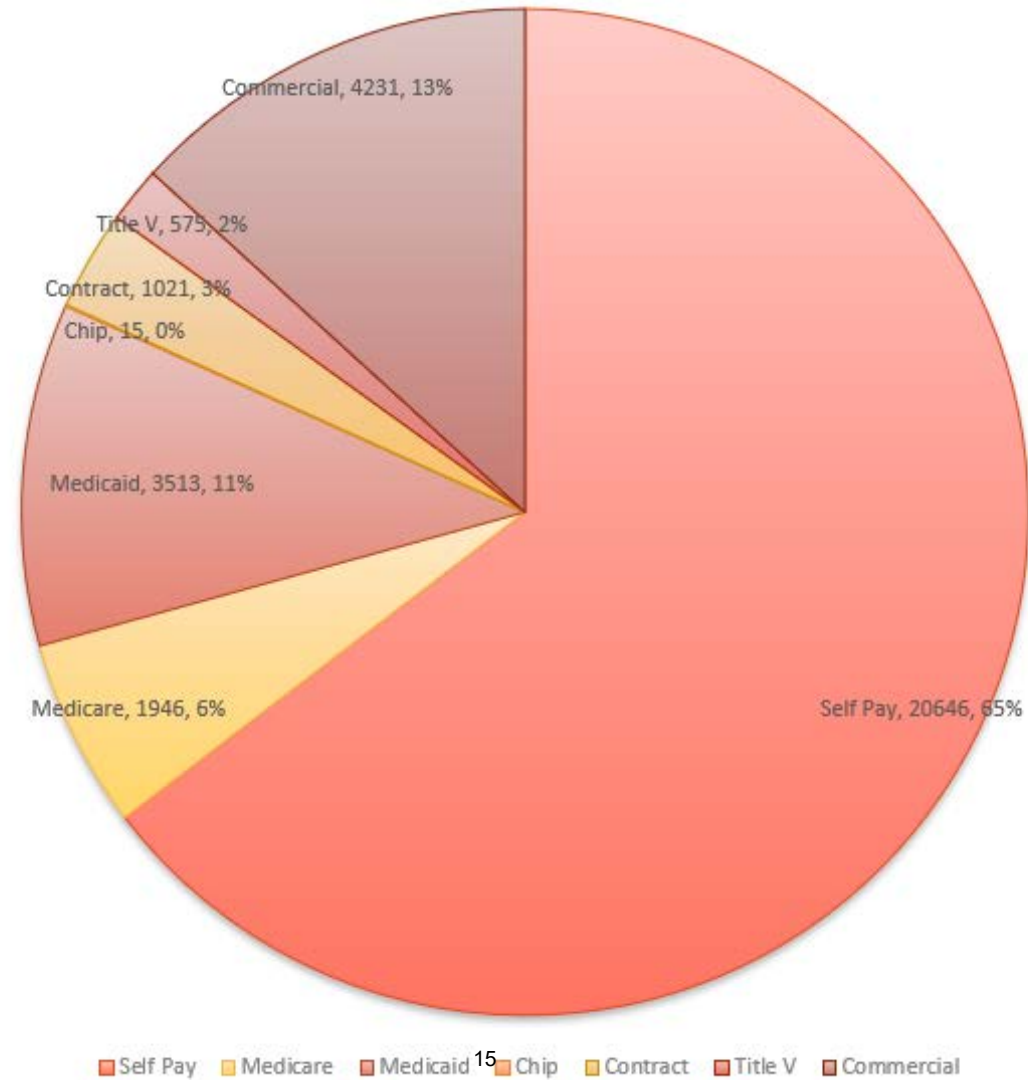
# *Summary of Top Accomplishments*

Metric	2022	2023	Change
Unduplicated Patients	9,288	11,582	25% Increase
Visits	31,947	43,304	36% Increase
New Patients	3,335	4,741	42% Increase
Charges	\$9,002,652.20	\$12,554,637.86	39% Increase
Year End Fund Balance	\$ 8,753,915.96	\$ 10,358,291.00	18% Increase
New Hires	29	38	31% Increase

2022 vs. 2023  
Unduplicated Patients  
Comparison



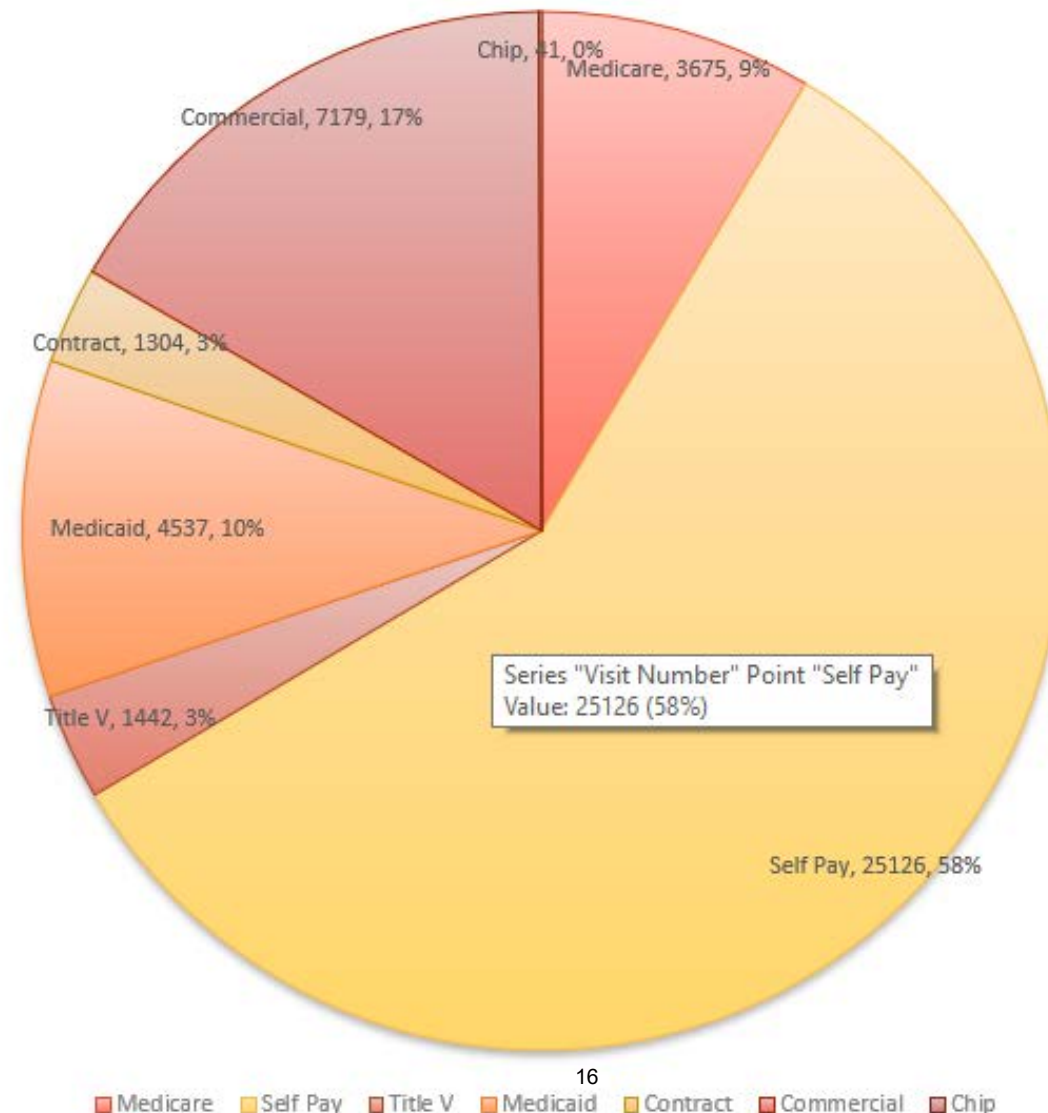
**2022 Total Visits  
(Billed Encounters by FC)  
31,947**







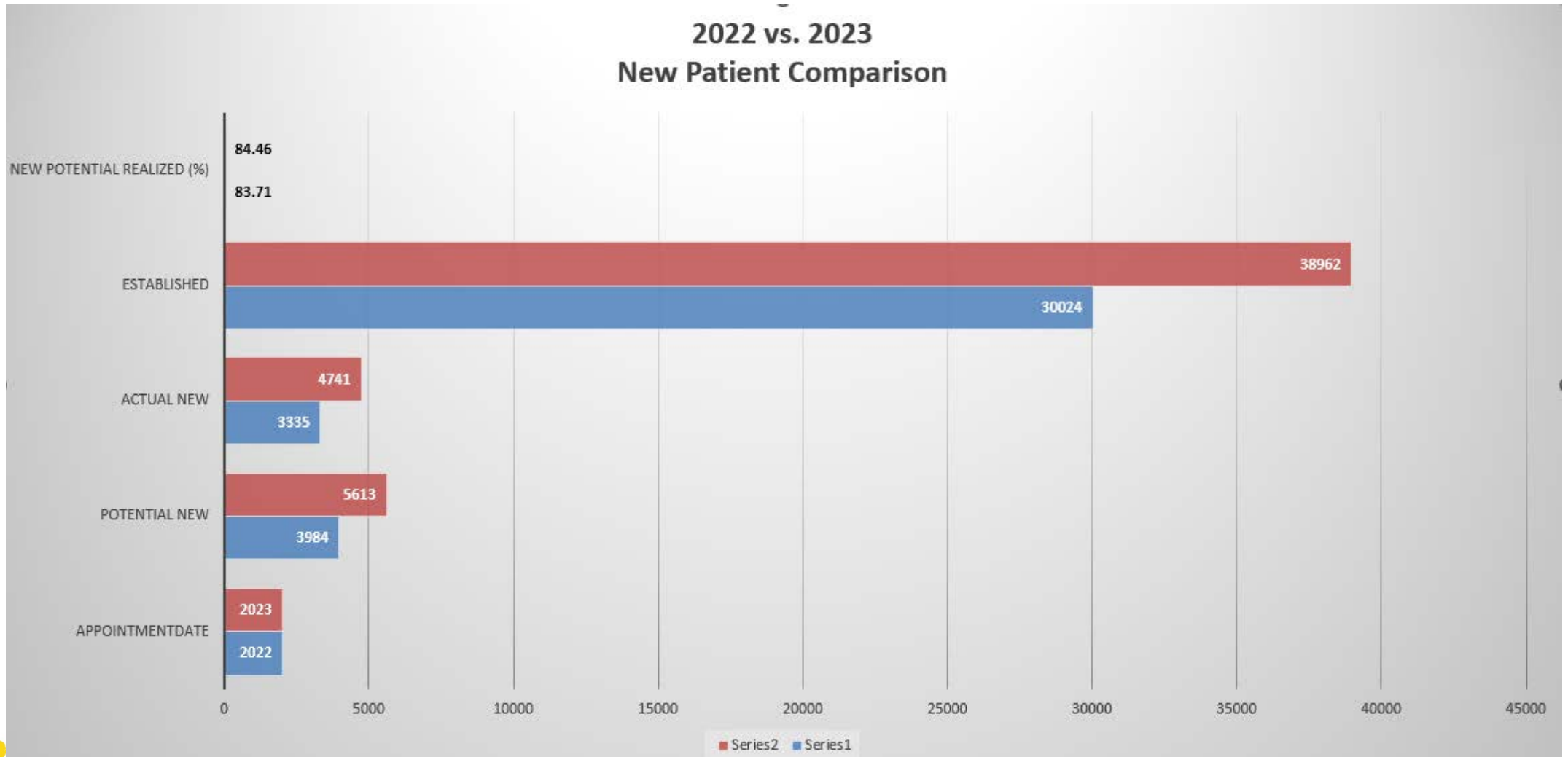
# 2023 Total Visits (Billed Encounters by FC) 43,304



A 36% increase  
in 2023 \*Visits  
when compared  
to 2022.  
\* Billed Encounters

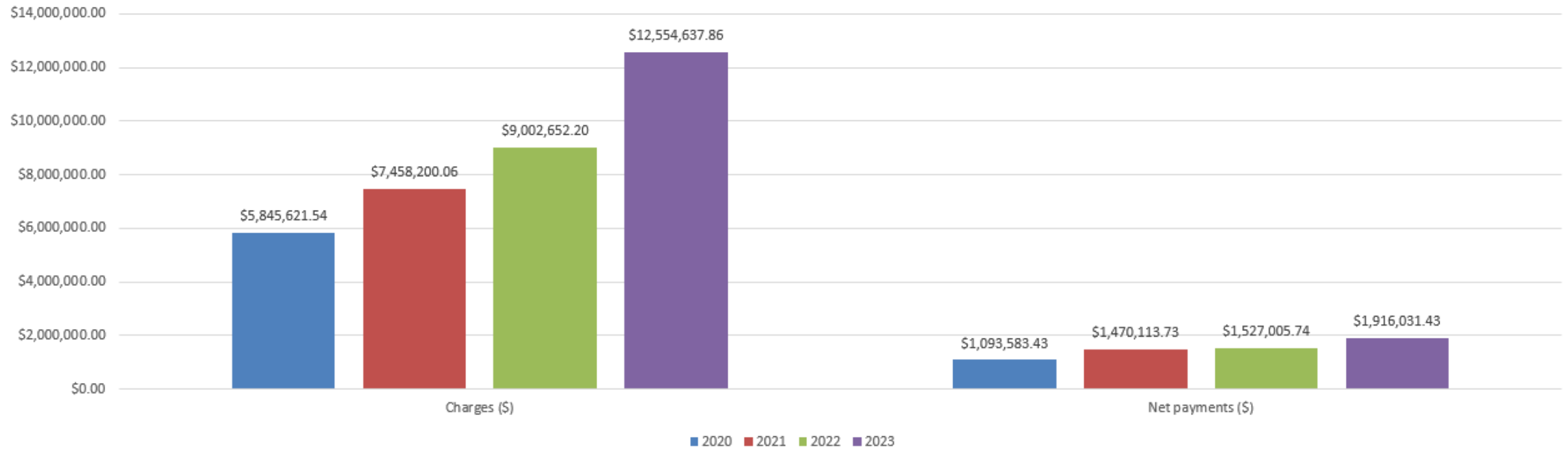
Payer	2022 Visits	2023 Visits	Difference
Medicare	1946	3675	89%
Self Pay	20646	25126	22%
Title V	575	1442	151%
Medicaid	3513	4537	29%
Contract	1021	1304	28%
Commercial	4231	7179	70%
Chip	15	41	173%
Total Visits	31947	43304	36%

2022 3335 New Pts. vs. 2023 4741 New Pts.  
*A 42% increase in new patients over the prior year*





2020 - 2023  
Clinic Charges & Collections Comparison

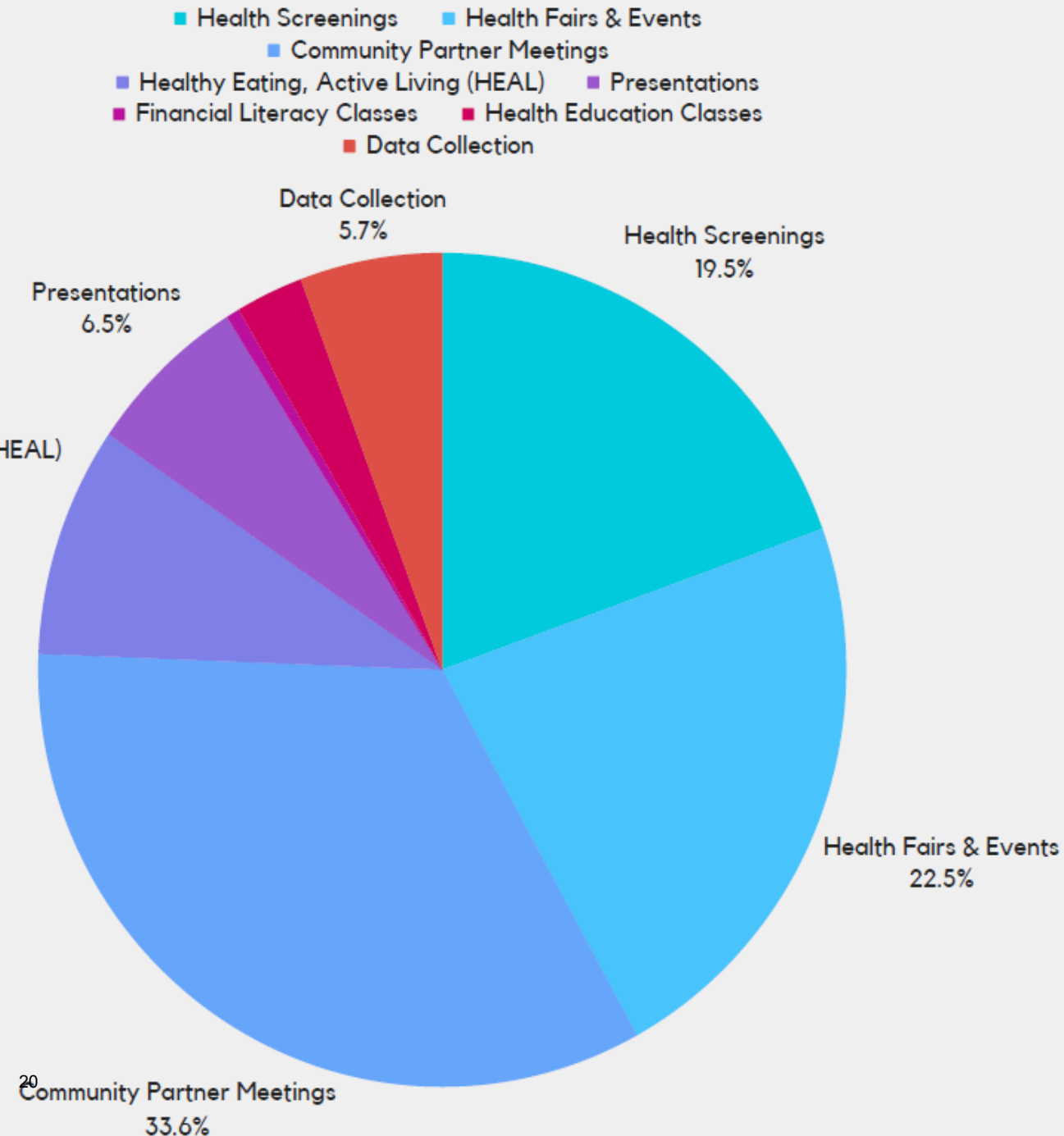


# COMMUNITY ENGAGEMENT

**2023 - A Year in Review**

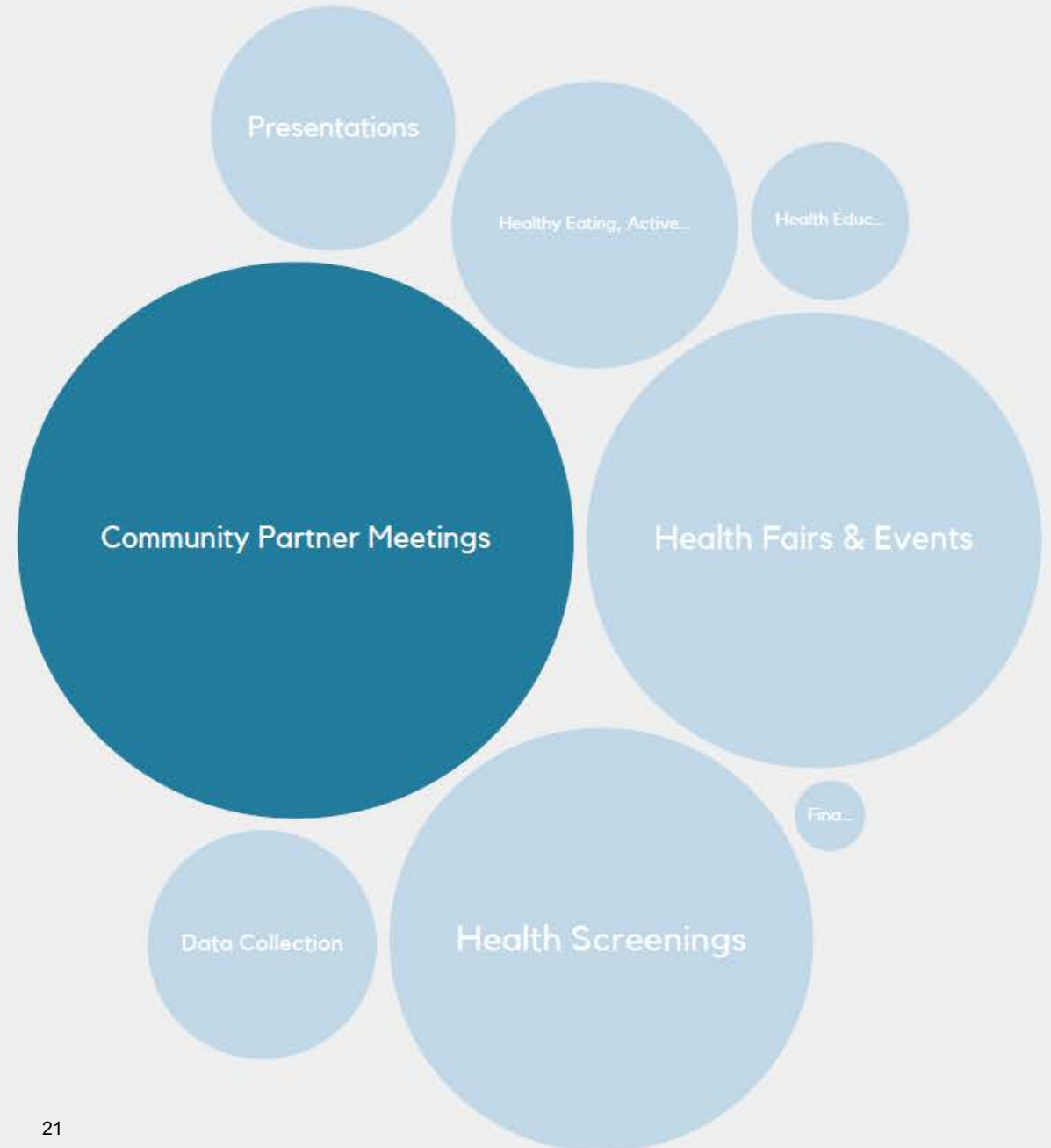
# OUTREACH ANALYSIS

In 2023, the Galveston County Health District's Community Engagement Team (CET) interacted with local community members and agencies through **369 community engagement opportunities**. This ranged from meeting with community-based organizations to facilitating HEAL lessons, resulting in CET leaving a lasting impact across the county.



# COMMUNITY PARTNERS

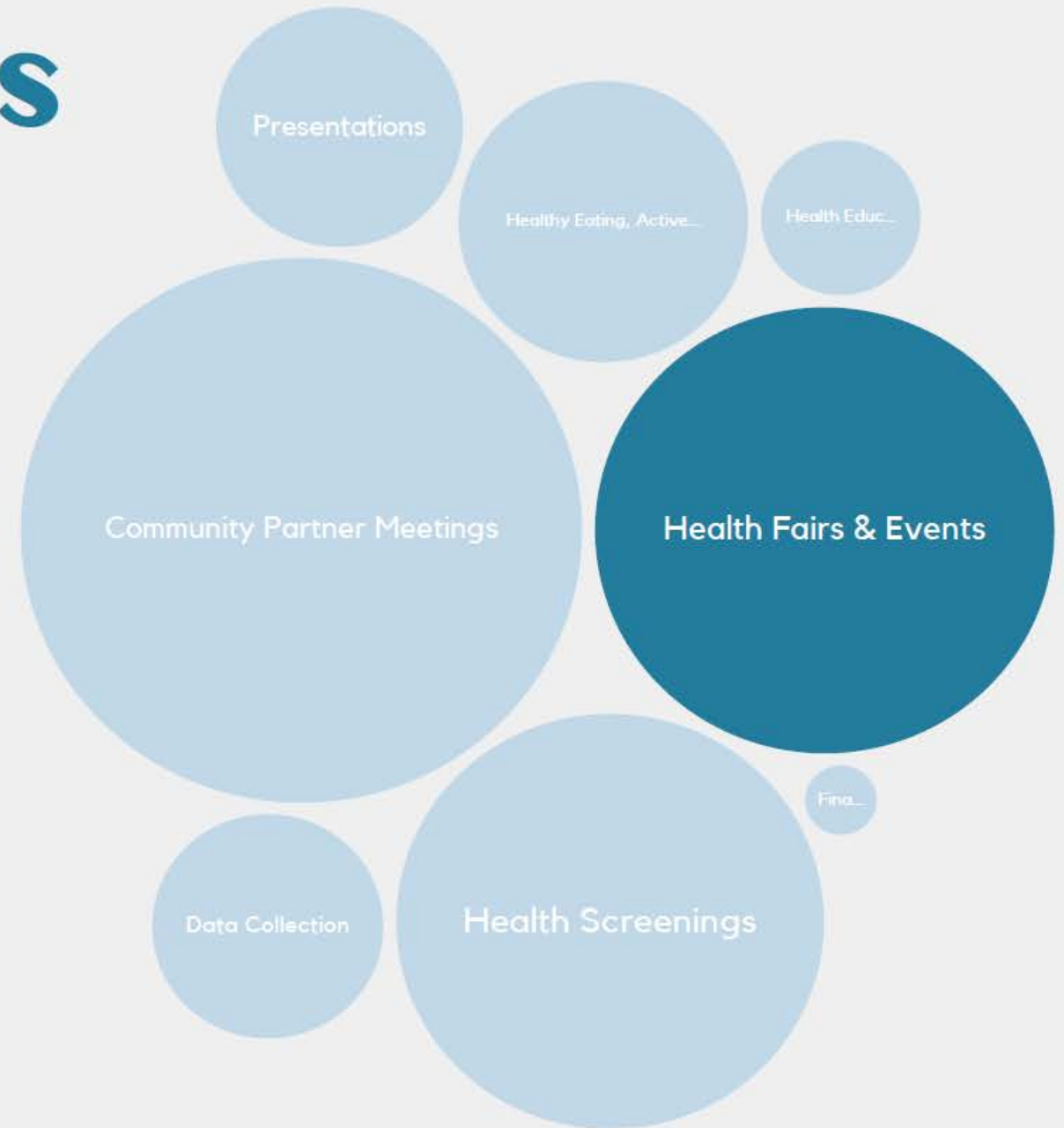
Throughout the year, CET engaged with community partners at 124 events, functions, and 1-on-1 meetings. Our efforts on building relationships with these local agencies help to facilitate cross-sector collaboration to address health disparities in Galveston County.





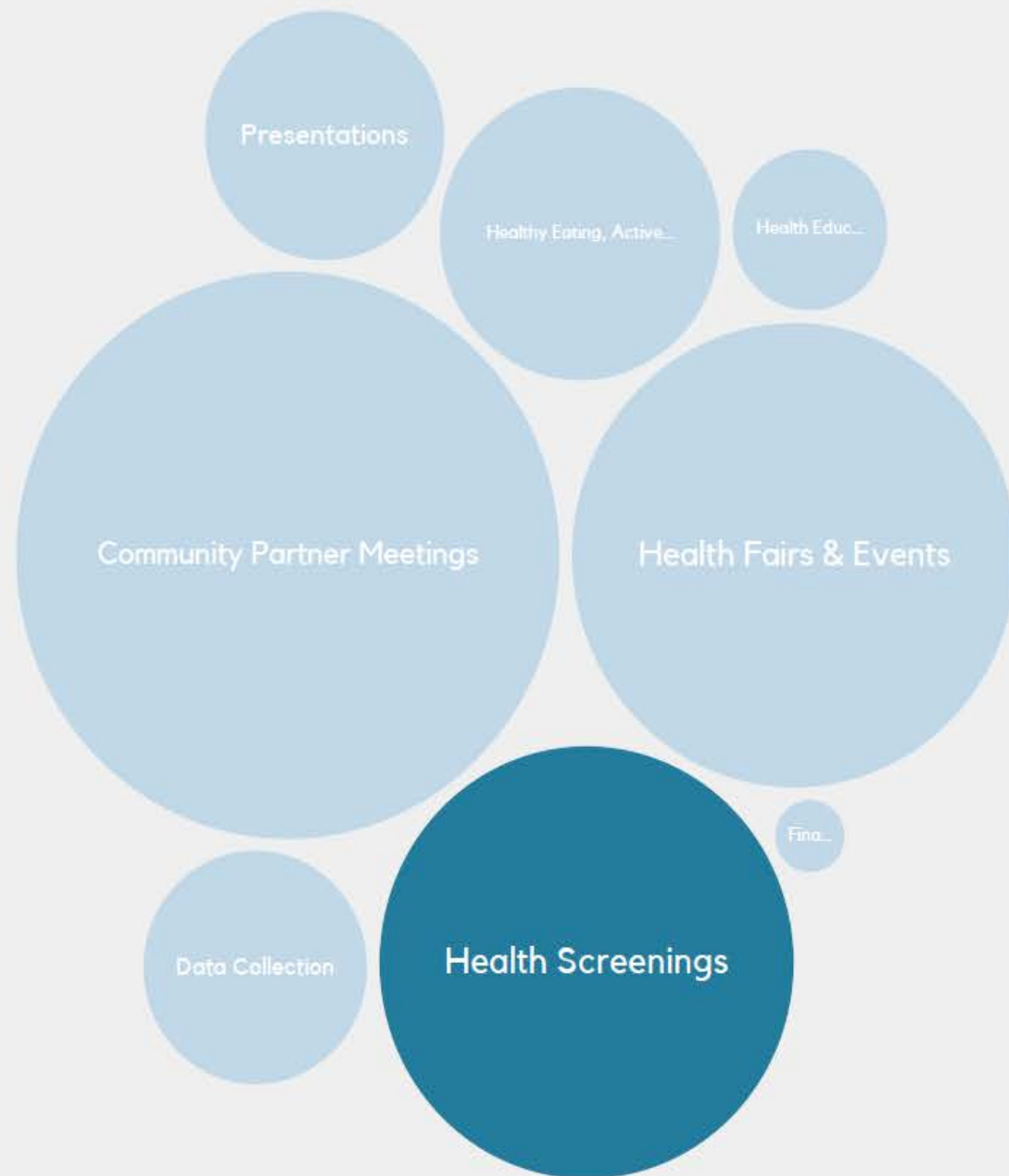
# HEALTH FAIRS & COMMUNITY EVENTS

Given the name, CET is also best known for the local resource fairs or community events! It's no wonder that we have either hosted or attended **83 events** across the county. The goal of these types of outreaches is to disseminate information on important health topics, GCHD services & programs, and other relevant resources.



# HEALTH SCREENINGS

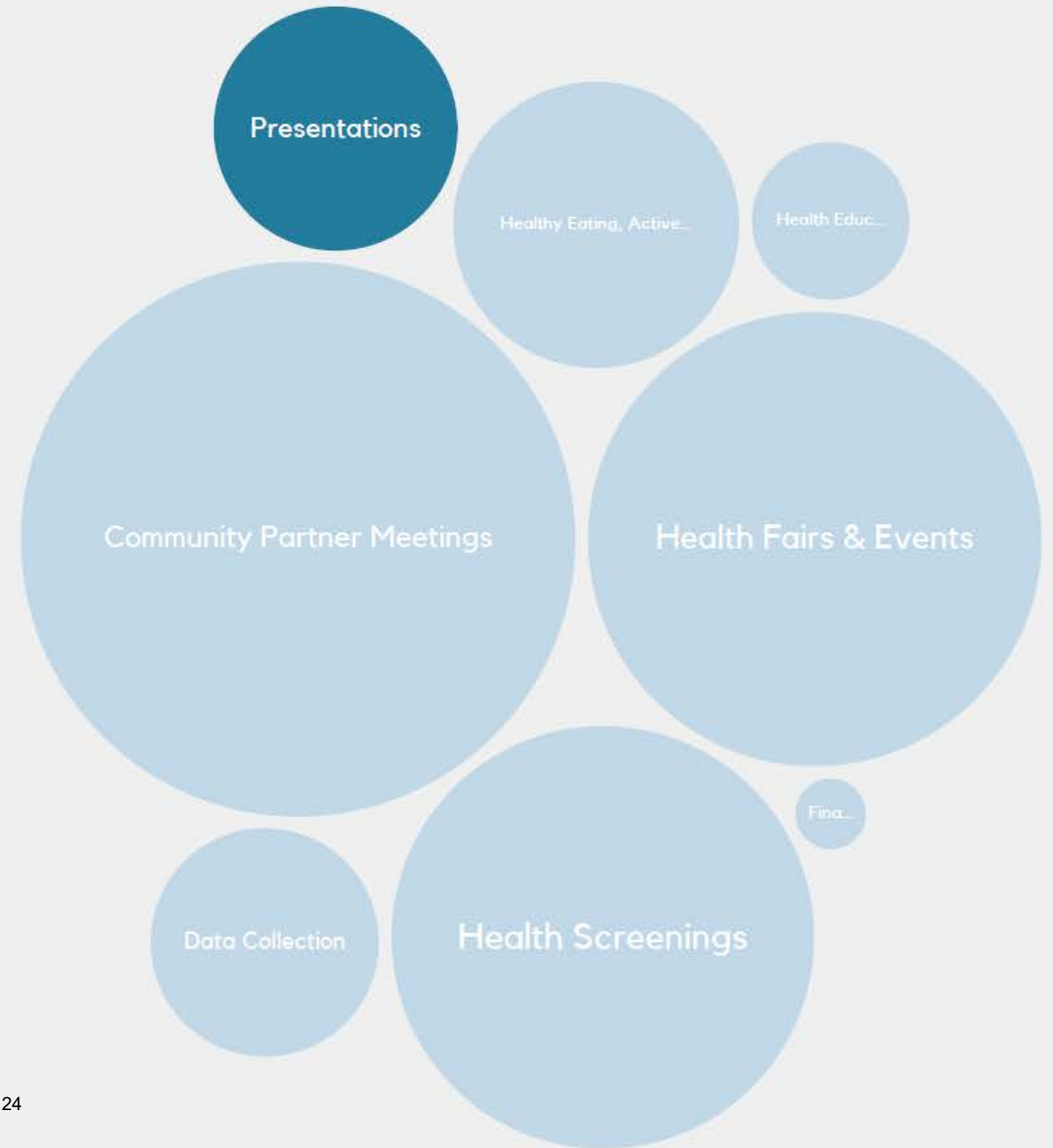
For chronic disease prevention, CET makes monthly visits to community centers and hubs across Galveston County to offer basic health screenings (BP, O2, HR, & BS). For any questions or concerns regarding the results, our Community Health Workers (CHWs) are trained to provide resources and linkage to care for their communities. CET completed **72 opportunities to offer health screenings** at numerous community events.





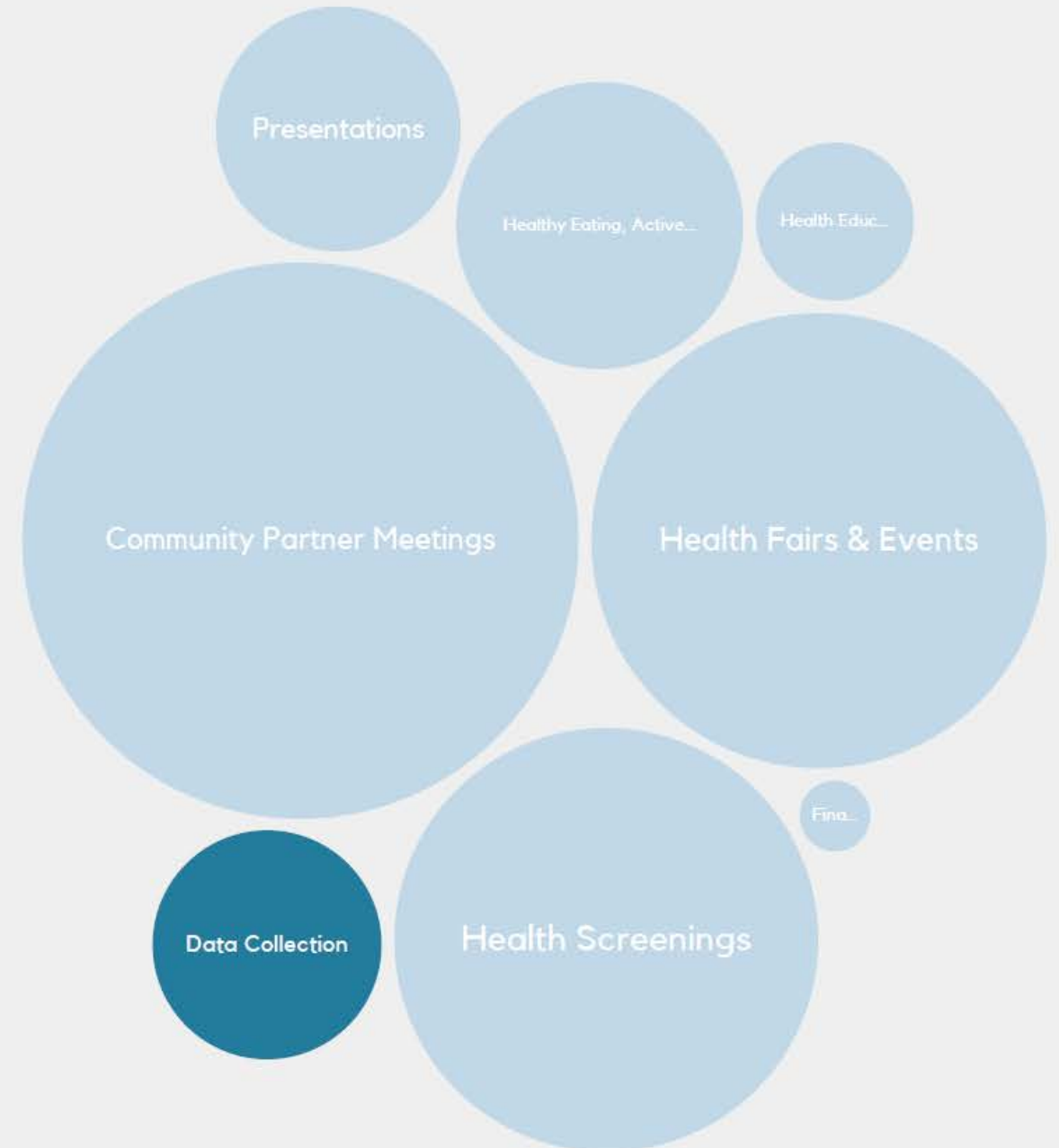
# PRESENTATIONS

There's no better way to get the word out than word-of-mouth presentations. Offered virtually and in-person, CET and its CHWs are skilled in discussing chronic disease prevention, as well as promoting the programs and resources offered by the Galveston County Health District. CET completed **24 presentations** to diverse audiences across the county.



# DATA COLLECTION

Alongside the Galveston County Health Equity Advisory Council, CET began to collect qualitative and quantitative data for the Community Needs Assessment (CNA) to understand and address health disparities in our local communities. Since July of this year, CET has completed **21 data collection activities**: focus groups, surveys, and in-vivo listening sessions with community members.





# HEALTH EDUCATION CLASSES

Lastly, CET began to partner with community-based organizations and other experts this year to offer health education classes on a variety of topics. From breast cancer to men's health, CET **organized and facilitated 10 classes** to community members involved in their local library, school, fraternity, and more.





# 2024 GOALS

- *Work hard and have fun!*
- *Increase unduplicated patient count and revenue centers by implementing and maximizing:*
  - Billing and Coding Maximization
  - Integrated Primary/Behavioral Health Care Services
  - 340B Pharmacy Program and Revenue
  - Senior Care Program
  - Residency Program
  - School-Based Clinic Program
  - Medicaid PPS and APM Design / MCO / Managed Care Contracts Program
  - IT Systems – Data Hygiene, Analysis, and Data Driven Decision Making

## 2024 Theme – *Customer Service Centric... Continued*

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- “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” –Maya Angelou





# Core Competencies of Customer Service

Understanding	Understanding customer service in healthcare as a patient-centered approach
Understanding	Understanding what customers [patients] want and need
Encouraging	Encouraging adequate self-reflection
Developing and strengthening	Developing and strengthening interpersonal skills
Developing	Developing support for practicing skills and for building in reflection time

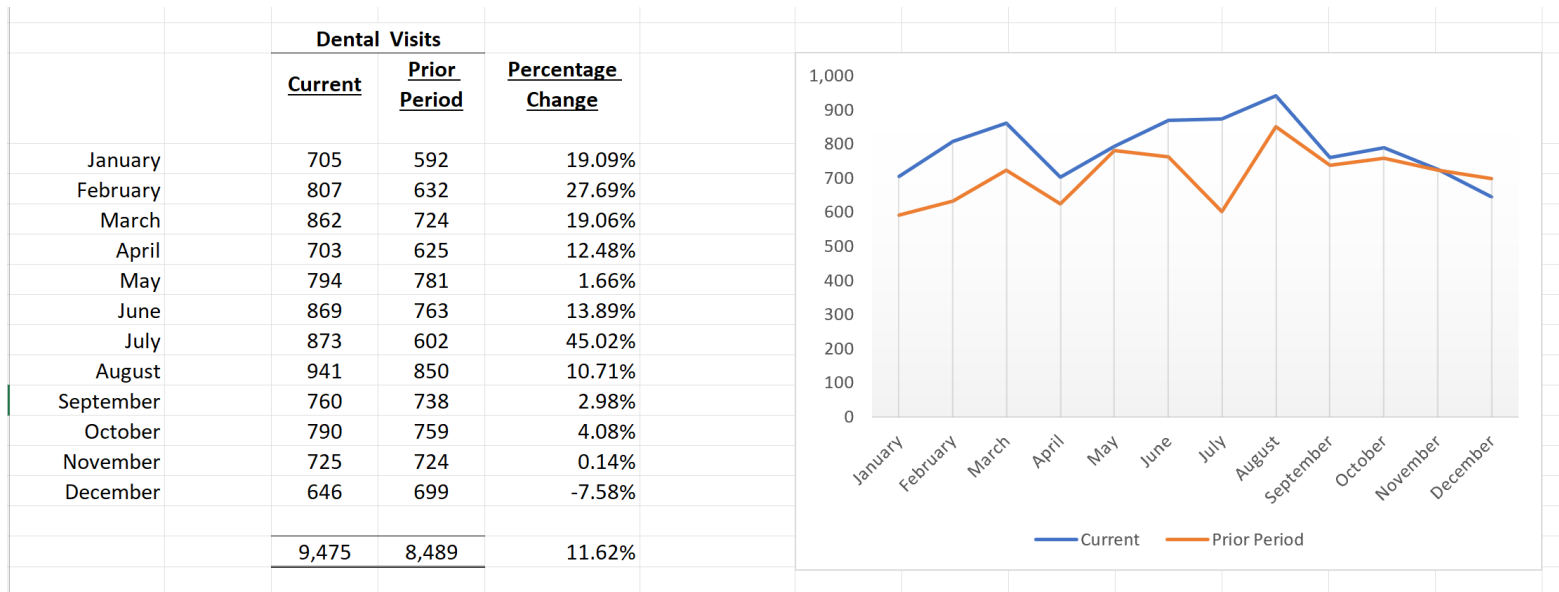
*More to come in 2024 on being a  
“Customer Service Centric”  
organization*





## Dental Clinic Board Update 1/25/2024

- Visit Numbers – Based on “FQHC Qual Enc” in NextGen –
  - We reviewed the criteria for “FQHC Qual Enc” to make sure all eligible visits are captured as encounters and now have monthly reports set up for the Dental Office Manager to review any visits that were not captured as qualifying encounters.
  - We continue to see walk in patients in pain as we can fit them into our schedule.
  - We started releasing comprehensive exams on the 15<sup>th</sup> of every month, with December being the first month. The appointments were full within 90 minutes. We posted the information about scheduling comprehensive exams on our website.
  - Visit numbers were down in December 2023. However, we had over 20 PTO days from multiple providers during the month. We also closed early one day for the Employee Appreciation Party and had an Administrative Day on December 26, 2023.
  - We finished the year with a 11.62% increase in visit numbers for 2023 compared to 2022.



- Current projects, plans, department overview for dental
  - Sterilization Renovation – We have identified another manufacturer for our sterilization cabinets and the order has been placed.
  - Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board. We had an Advisory Board call on December 12, 2023. They will be having their CODA Site Visit on April 9<sup>th</sup> and 10<sup>th</sup>. They are planning to start Fall 2024 with their first class.
- 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.
- Barriers or Needs (if applicable)
  - Staffing
    - Dr. Nguyen will be retiring February 29, 2024
    - Dr. Tatsch started January 4<sup>th</sup> and began seeing patients with a limited schedule on January 24<sup>th</sup>, 2024



January 25, 2023

## Governing Board Meeting

### 1. Provider productivity:

- December provider visits:

Scheduled 2580, No show 730, Total visits 1850, Total charges \$ 512,914

- November provider visits

Scheduled 2859, No show 938, Total visits 1921, Total charges \$ 473,650

### 2. Software utilization:

- Telemedicine platform:

Doxy.me: 96 total visits

- E-consult platform:

ConferMed: 97 (e-consult), we are considered one of the highest utilizers for the time we have been using this service)

Total Referrals by month = 802 (Breakdown: 537 Specialty, 195 Diagnostic)

- NextGen mobile platform pilot: NextGen Mobile is a cloud-based platform for documenting care, charting

### 3. School-based program: Walk-in clinic combined with telemedicine

- Providers onsite for two full days weekly

Dec: 13 student visits, 2 TCISD staff

Nov: 5 students, 3 TCISD staff

### 4. Provider Lead Program: collaborate with public health services (HIV/STI, WIC)

- ID care: Jacklyn Morgan, PA-C, Maria Culangan (HIV PrEP, HepC, STD)
- Women's health: Lisa Cashiola

### 5. Home-based care:

- House call program for home-bound patients

Dec visits (Dr. Grumbles: 36 visits, Pam Cable: 36 visits)

### 6. Remote care management (Patient engagement center/care coordination lead by Teresa Garcia)

- Patient engagement and promoting self-care
- CCM (chronic care management), TCM(transitional care management), AWW

7. BHI (behavioral health integration)

- Interdisciplinary team meeting 1/18/2024
- One Care Team project, ongoing

8. CHW Population Health:

Lead by Jason Borillo, PA-C, Director of Innovation and Clinical Quality

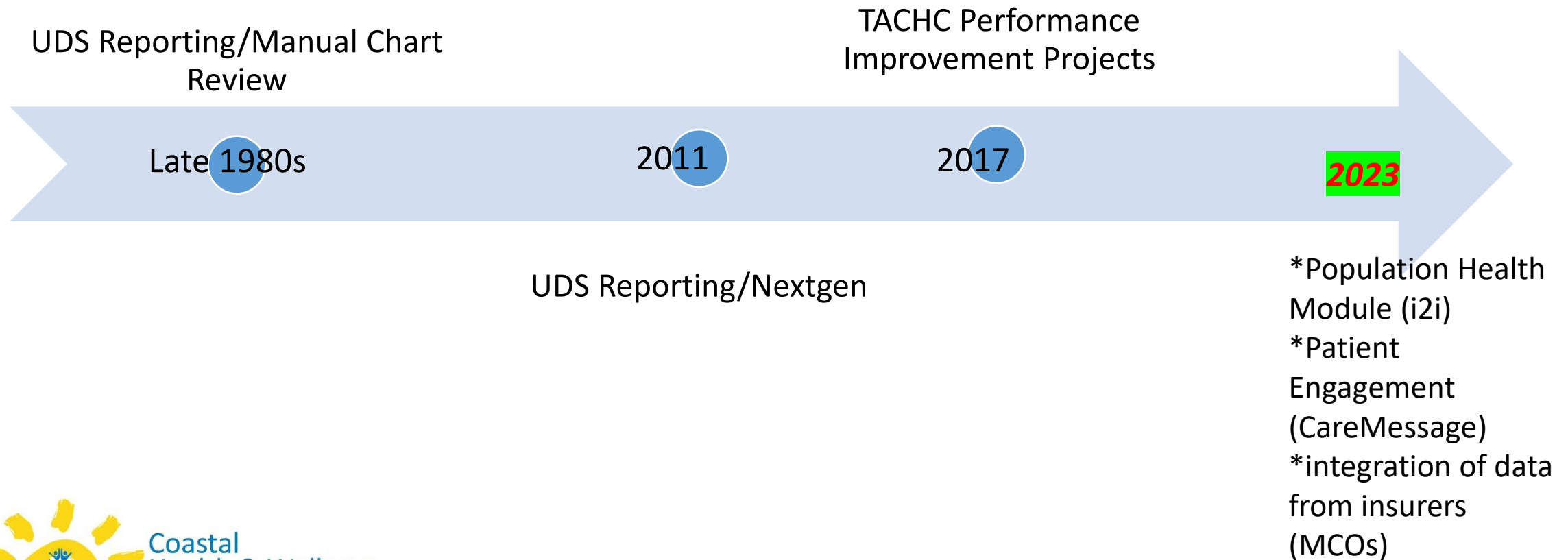
9. CHW Associate Medical Director Chris Garcia, MD, will provide leadership during the transition.

“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 wellbeing.”

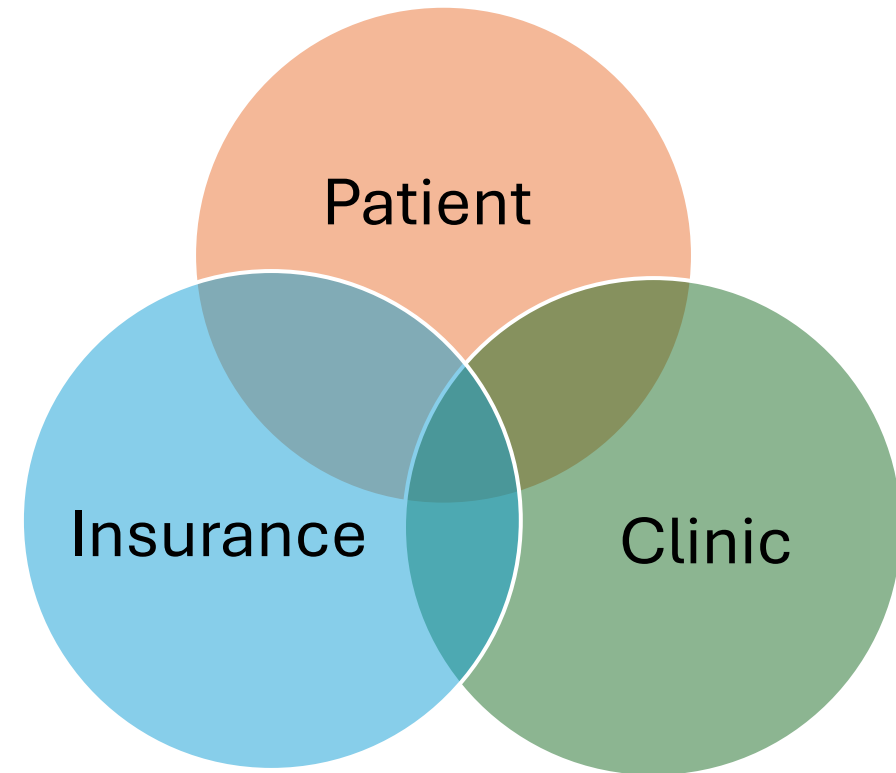
# Population Health: Using Data to Improve Health Outcomes

January 2024

# Using Data for Performance Improvement



- We must think of shared goals for patients, clinics, and insurers.
  - Decrease in hospitalizations
  - Improve health outcomes aka closure of care gaps, for example:
    - Control of diabetes
    - Blood pressure control
    - Cancer screenings
    - Improved medication adherence
  - Identify and reduce barriers to health (Social Determinants of Health)
  - Improve access to primary care
- MCOs have robust data collection on patient health **THEY SHARE DATA**
  - Hospital claims data
  - Clinical data (primary and secondary care)
  - Pharmacy claims
  - Home health/DME claims
- Financial Incentives



# CHW Quality Scorecard (United Health Care-Medicare)

Type	Year-Over-Year		
	Dec 2022 PCOR	Dec 2023 PCOR	Trend
Total Patients	210	270	↑ +29%
Annual Care Visit (ACV) Completion Rate	12%	35%	↑ +192%
Quality Measure	Quality Rating	Quality Rating	Trend
C01-Breast Cancer Screening	3	5	↑
C02-Colorectal Cancer Screening	3	3	→
C06-Care for Older Adults - Medication Review	2	3	↑
DMC10-Care for Older Adults - Functional Status Assessment	2	3	↑
C07-Care for Older Adults - Pain Assessment	2	4	↑
C08-Osteoporosis Management in Women who had a Fracture**	1	3	↑
C09-Eye Exam for Patients With Diabetes	4	3	↓
C10-Kidney Health Evaluation for Patients With Diabetes	2	4	↑
C11-Hemoglobin A1C Control for Patients With Diabetes	2	4	↑
C12-Controlling Blood Pressure	2	4	↑
DMC15-Follow-up after Emergency Department Visit for Patients with Multiple Chronic Conditions	2	2	→
DMC18-Transitions of Care-Patient Engagement After Inpatient Discharge	4	5	↑
DMC16-Transitions of Care - Medication Reconciliation Post-Discharge	1	1	→
C16-Statin Therapy for Patients With Cardiovascular Disease**	5	4	↓
D08-Medication Adherence for Diabetes Medications	3	4	↑
D09-Medication Adherence for Hypertension (RAS antagonists)	2	3	↑
D10-Medication Adherence for Cholesterol (Statins)	2	3	↑
D11-MTM Program Completion Rate for CMR	5	5	→
D12-Statin Use in Persons with Diabetes	5	5	→
P01-Getting Needed Care	2	4	↑
P02-Care Coordination	5	3	↓
P03-Doctor Patient Conversations	5	5	→
<b>Average Star Rating</b>	2.92	3.47	↑

## Financial (Pay for Performance)

- As of 1/19/2024, CHW providers have received \$80,000 from MCO pay for performance programs
- 2023 Q4 performance has yet to be awarded

# 2023 Progress Report

# 2024 Goals/Outlook

- **ENGAGE PATIENTS**

- Identify patients at greater risk
  - Transitional Care Management (hospital and ER follow-ups): data from MCOs
  - Chronic Care Management enrollment
- Outreach to new patients
  - Unregistered patient program in i2i
- Care gap closure
  - MCO data/ i2i data → CareMessage outreach

- Nextgen Improvements/ OSIS consultation

- Continued partnership/ expanded partnership with MCOs



**Governing Board  
January 2024  
Item#17  
Comments from Board Members**

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