Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, July 27, 2022 at 12:30 PM*** at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) A quorum will be physically present at the location of the meeting. Videoconferencing access is also possible via Webex. That application is available at https://www.webex.com/downloads.html. Teleconferencing access is possible by calling +1-415-655-0001. Both virtual access forms require inputting (meeting number: 2622 231 3281; meeting password: 1234) to join the meeting. The ***Board of Managers HOMES*** reserves the right to exercise discretion and may convene in Executive Session as permitted by Texas Government Code §§551.071 (consultation with attorney), 551.072 (deliberations regarding real estate), 551.074 (personnel matters), 551.076 (deliberations regarding security devices or security audits), 551.078 and/or 551.0785 (deliberations by medical committee or by governmental body that administers a public insurance, health or retirement plan regarding individuals' medical or psychiatric records), 551.085 (deliberation by governing board of certain providers of health care services), 551.087 (deliberation regarding economic development negotiations), 551.088 (deliberation regarding test item); Texas Government Code §418.183 (deliberation of information under §§418.175 – 418.182 for purposes of disaster management or disaster planning); Texas Health & Safety Code §161.032 (medical committee or medical peer review committee records, information or reports; and/or medical committee or medical peer review committee proceedings under Tex. Health & Safety Code Chapter 161 and/or Tex. Occ. Code Chapters 151 and 160); and/or as otherwise authorized by law on any item listed below. The ***Board of Managers HOMES*** may consider any of the agenda items in open or executive session and may continue the meeting as necessary to accomplish the business at the time and place designated by the Chair to reconvene.

		PAGE	TIME (MIN)	PRESENTER(S)
I.	**Declare a Quorum Present/Call to Order/Mission Statement** ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity **Public Comments Regarding Agenda Items** *See public comment registration information and rules at* *https://www.parklandhospital.com/board-of-managers*			Chair
II.	**Consent Agenda**			
A.	Approve Minutes 2022-06-29 HOMES	2	1	Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	8	2	Kyla Rankin
B.	Management and Finance Update	9	2	
C.	Governance Update	11	2	
D.	Quality Improvement Update	12		
E.	HRSA Compliance Manual Requirements: The Big 20	19	3	
F.	HRSA Compliance Manual Requirements - Chapter 5: Clinical Staffing	23	4	
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			

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Approve Minutes 2022-06-29 HOMES

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MINUTES

Dallas County Hospital District Board of Managers

HOMES
June 29, 2022

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, June 29, 2022, scheduled for 3:30 p.m. in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty, JD, noted that a quorum was physically present and called the meeting to order at 3:38 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Todd Furniss, JD; Ramon Miguez, PE; Farida Minner, RN; Elizabeth Palacios, MD; Lisa Sutter; and Jeff Tillotson, JD, attended via Webex.

Board members Robert Martinez, JD; Don O'Bannon, Esq; and John Proctor were not present.

Staff Present (via Webex and in-person) included:

Forrest Stovall, Governance Program Coordinator (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Kyla Rankin, HOMES Project Director (in-person)
Saul Cordero, VP & Chief Governance Officer (in-person)

II. Mission Statement

Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Conflicts of Interest

After review of the agenda, the Chair noted zero conflicts of interest for Board Members present.

V. Consent Agenda

A. Approve Minutes 2022-05-25 HOMES

B. Approve Minutes 2022-06-13 HOMES Advisory Board

Todd Furniss, JD, motioned for the approval of the Consent Agenda. Eric G. Bing, MD, PhD, seconded the motion. The motion passed unanimously.

VI. Reports Requiring Deliberation(s) or Approval(s)

The Board received information for the following updates presented by HOMES Project Director Kyla Rankin.

A. Operations Update
Kyla Rankin first reported on HOMES' staffing. There are 5.5 FTEs that remain vacant. Some driver positions are filled but several remain vacant. HOMES has given 4,884 COVID vaccines as of May 31, 2022. Kyla provided an update on HOMES' upcoming move from shed to temporary location for mobile unit facilities. Kyla also provided updates on Pathways Forward (collaboration with Salvation Army) and Dallas Deflection Center (collaboration with Homeward Bound) go-live.

B. Management and Finance Update
Kyla Rankin shared that HOMES annual unduplicated patient goal is 9,675. HOMES has currently seen 4,003 patients this year, which is 41% of the goal. HOMES continues to be under budget for over-time.

C. Governance Update
The next HOMES Advisory Board is Monday, August 8, 2022. The meeting will be offered both in-person and virtual.

D. HRSA Compliance Manual Requirements: The Big 20
Kyla Rankin reviewed The Big 20 manual.

E. HRSA Compliance Manual Requirements: Chapter 8: Continuity of Care & Hospital
Kyla Rankin reviewed Chapter 8: Continuity of Care & Hospital. She reported the requirements from HRSA and reported how HOMES demonstrates compliance. Kyla reviewed Form 5A and the direct required services that HOMES provides. Kyla indicated HOMES experiences less barriers meeting the requirements of Chapter 8 due to the relationship with Parkland Health.

F. Approve Privileges-Requirements for HRSA Providers Policy
Kyla introduced the Privileges-Requirements for HRSA Providers Policy for approval. She highlighted the changes to the policy noting no significant changes.

Ramon Miguez, PE, motioned for the approval of the Privileges-requirements for HRSA Providers Policy. Farida Minner, RN, seconded the motion. The motion passed unanimously.

VII. Adjourn

With no further business to discuss, the Chair adjourned the meeting at 3:50 p.m.

SO RECORDED:

Marjorie D. Petty, JD Chair	Steve Roth, JD, MPH Assistant Secretary

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Homeless Outreach Medical Services Program Monthly Update Report – July 2022

Kyla Rankin, Project Director

Agenda

- Operational Updates
- Management and Finance
- Governance
- Quality Improvement
- HRSA: The Big 20
  - Chapter 5: Clinical Staffing
- HOMES UBC

Staffing

- Accepted
  - 1.0 FTE MPA
- Posted
  - 3.0 FTE Drivers
  - 2.0 FTE Peer Navigator
  - 1.0 FTE LVN
  - 1.0 FTE RN
  - 1.0 FTE Dental Assistant
  - 0.5 FTE Business Intelligence Specialist (ARPA)
  - 1.0 FTE Social Work (ARPA)

Operations

- COVID
  - Shelter partner surge
  - Vaccines
- EPIC WISDOM
- Telehealth

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Management & Finances – June 2022

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	4653	9,675	48%	50%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3460	1872	1588	84.8%	27,391	19,725	7666	38.9%
Expenses	$617,524	$608,791	($8733)	-1.4%	$4,918,354	$5,513,305	$594,951	10.8%
Charges	$2,640,280	$922,545	$1,717,735	186.2%	$19,232,222	$9,720,723	$9,511,499	97.8%
Revenue	$9589				$112,505			
Commercial	$68				$2151			
Medicaid	$5760				$75,496			
Medicare	$3761				$34,858			
FTE	57.16	62.78	5.62	9.0%	56.17	62.95	6.77	10.8%
FTE - OT	1.75	0.51	(1.24)	-244.0%	1.36	1.32	(0.04)	-2.8%

- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2022 to December 31, 2022

Governance

- Next Meeting: Monday, August 8, 2022
  - Hybrid option

COPC Metric Balance Score Cards Patient Care & Safety Audits

Measures	April 2022	May 2022	June 2022	Goal
Staff Safety Post	6	6	6	Information Only
Complaints	0	0	0	Information Only
Grievances	0	0	0	Information Only
2 Pt ID Error	100%	100%	100%	100.0%
Specimen Labeling	100%	100%	100%	100.0%
Hand Hygiene	100%	100%	100%	100.0%
Medication Reconciliation	97.7%	97.7%	97.6%	90.0%
Environment of Care	96%	97.1%	94.5%	Information Only
Patient Messages (1-5-7)	96.5%	88.7%	97.3%	90.0%

Clinical Quality Metrics

18 HRSA Metrics- National Quality Standards

YTD 2022 Summary Performance

10 measures above goal

- Includes 3 measures that are "hardwired" = 98% performance
- Includes pregnancy tracking; prenatal care 1st trimester and Low Birth Weight

4 measures YOY improvement, without goal established

- Breast cancer screen, HIV testing, Dental Sealants, Depression Remission at 12 months

4 measures need improvement

- Use of Aspirin or Antiplatelet
- Depression Remission at 12 months (new measure, no goal, documentation opportunities)
- Depression: Screening & Follow-up (Planning PI project with HOMES Clinical Psychologist Dr. Fisher, documentation opportunities)
- Hypertension Control 51% vs Target 55% (Pending approval of IRB chart review)

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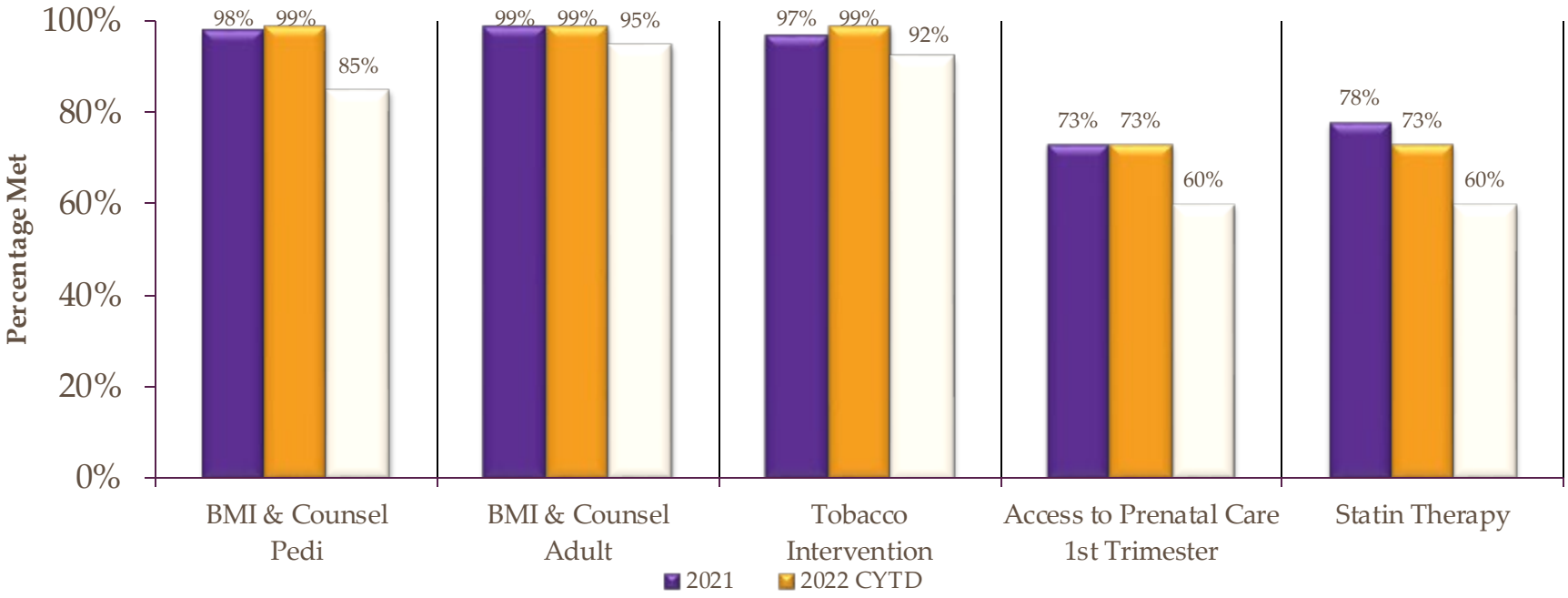
HRSA Quality Measures at or above Goal 1 of 2 YTD – June 30, 2022



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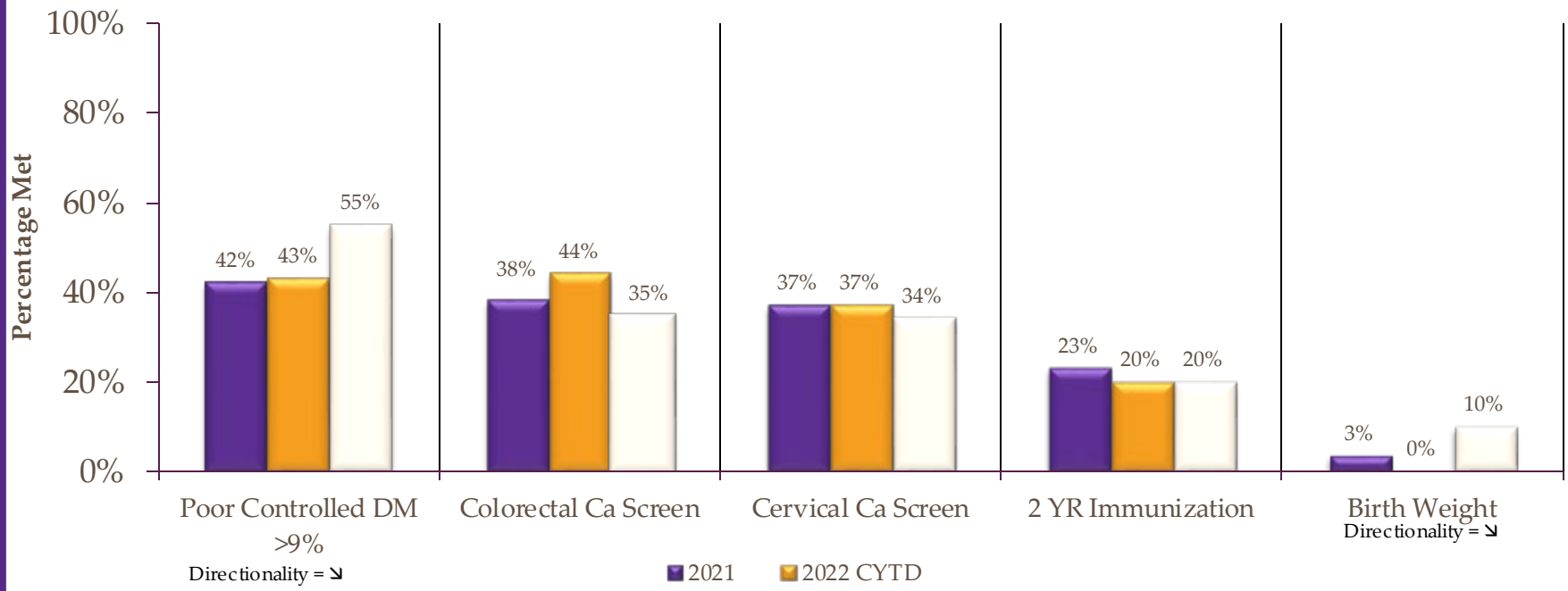
HRSA Quality Measures at or above Goal 2 of 2
YTD – June 30, 2022



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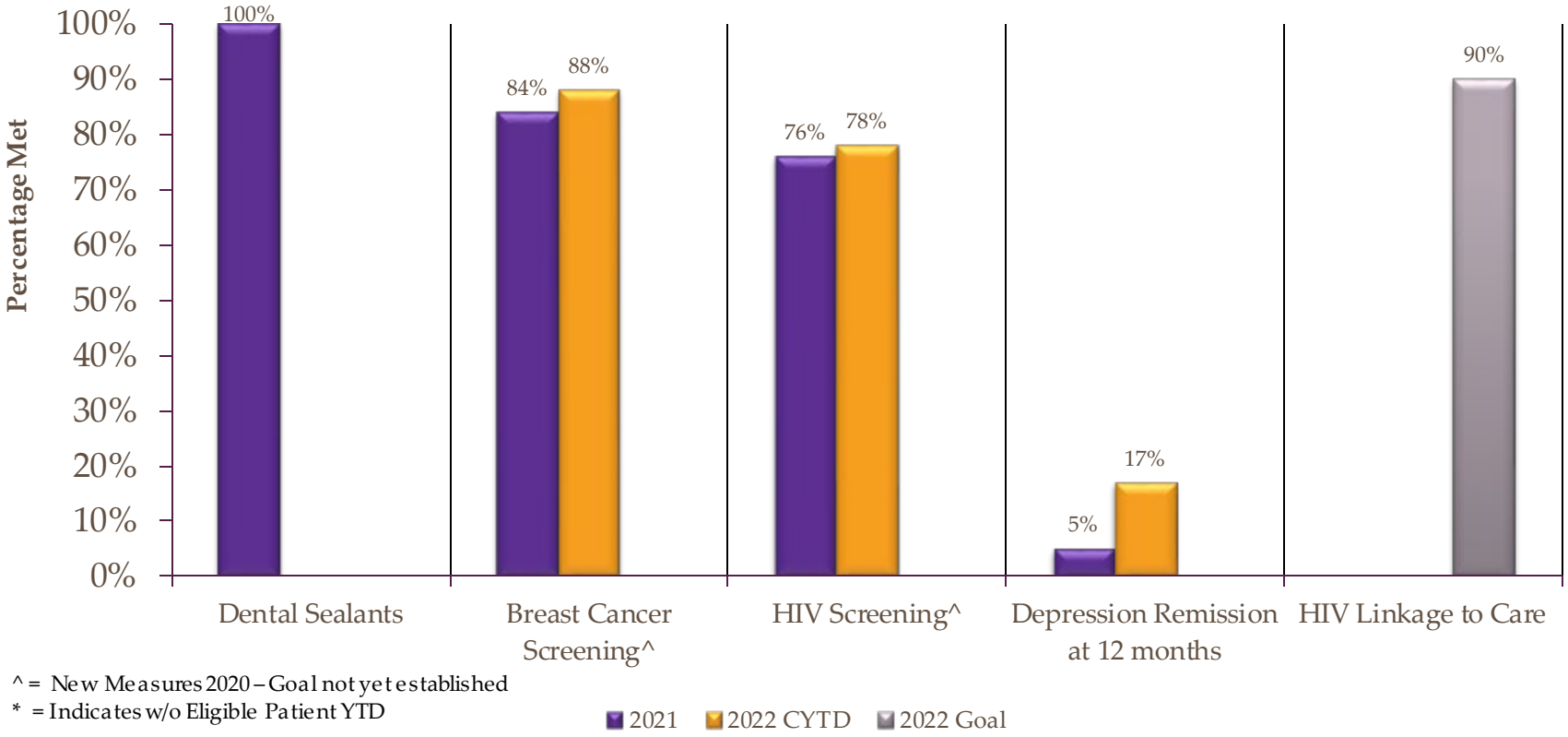
HRSA Quality Measures/ YOY Improvement

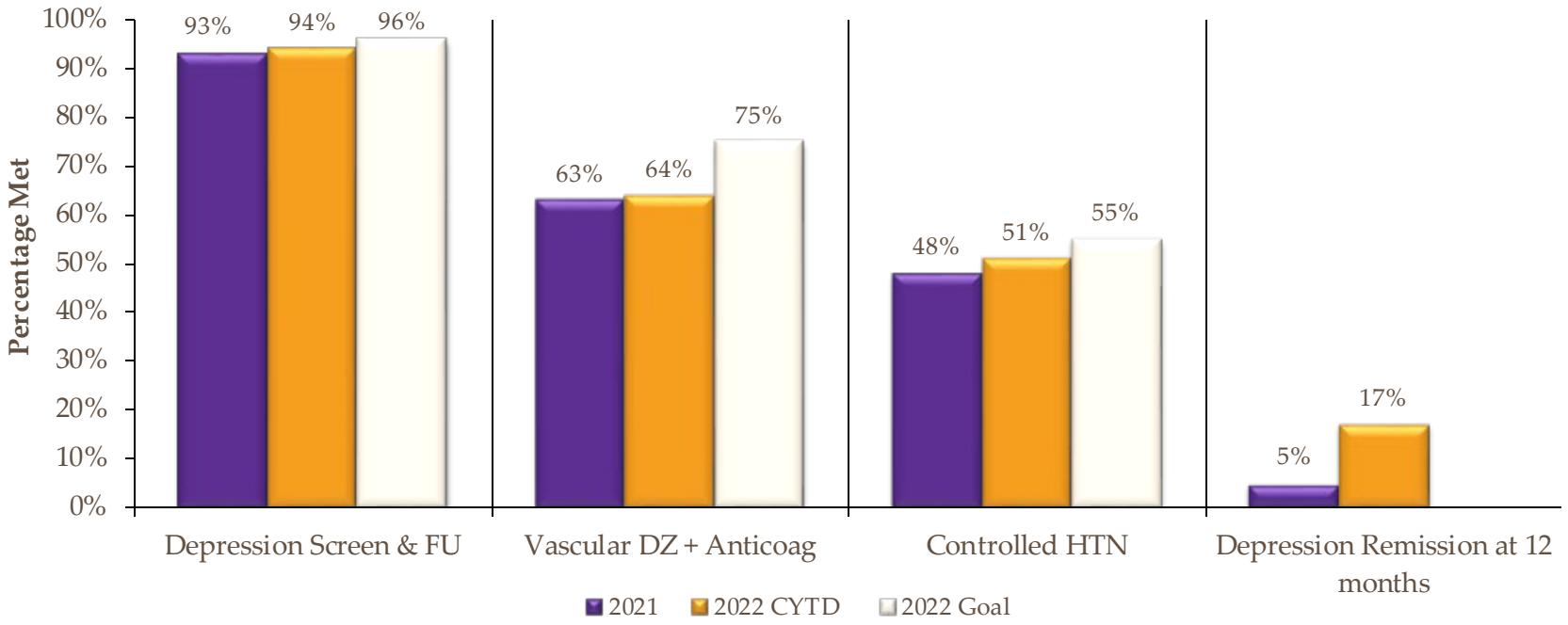
YTD – June 30, 2022



^ = New Measures 2020 – Goal not yet established
* = Indicates w/o Eligible Patient YTD

Dental Sealants: No Qualifying Patients YTD
HIV Follow-up: No Qualifying Patients YTD
HIV Screening: Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV

HRSA Quality Measures Needing Improvement
YTD – June, 30 2022



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Recognitions- Katie Bistransin

Ready, Set, PrEP

Katie Bistransin, Clinical Pharmacy Specialist, HOMES
Accepted to National PrEP Preceptorship 2022!
Passed Ambulatory Pharmacy Board Exam on first attempt (pass rate is 60% for first timers)

NATIONAL CLINICIAN CONSULTATION CENTER

The Big 20

The HRSA Compliance Manual has 21 chapters which cover 19 requirements in the four (4) areas:

1. Need
2. Services
3. Management & Finance
4. Governance
5. Annual training was added as a 20th requirement

Developed a calendar to review each chapter with the Board of Managers.

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

HRSA Requirement	Description	Board Month
1. Needs Assessment (Ch. 3)	Demonstrates and documents the needs of its target population, updating its service area, when appropriate. Community Needs Assessment	September Every 3 years (2019)
2. Required & Additional Services (Ch. 4)	Provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.	May
3. Staffing (Ch. 5)	Maintains a core staff as necessary to carry out all required health services either directly or through arrangements and referrals. Staff must be appropriately licensed, credentialed, and privileged.	June
4. Accessible Hours of Operation / Locations (Ch. 6)	Provides services at times and locations that assure accessibility and meet the needs of the population.	May
5. Coverage for Medical Emergencies During & After Hours (Ch. 7)	Provides professional coverage for medical emergencies during regularly scheduled hours and when the center is closed.	April
6. Hospital Admitting Privileges & Continuum of Care (Ch. 8)	Physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.	June and update as needed

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

7. Sliding Fee Discounts (Ch. 9)	A system is in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. • This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income. • No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines. • No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived.	September
8. Quality Improvement/ Assurance Plan (Ch. 10)	A Quality Improvement/Quality Assurance (QI/QA) program is in place which includes clinical services and management, and confidentiality of patient records. The QI/QA program must include: • A clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care; • periodic assessment of the appropriateness of the utilization of services, quality of services provided or proposed to be provided to individuals served by the health center; assessments shall: – be conducted by physicians or by other licensed health professionals under the supervision of physicians; – be based on the systematic collection and evaluation of patient records; and – identify and document the necessity for change in the provision of services by the health center where indicated.	February May August November
9. Key Management Staff (Ch. 11)	Maintains a fully staffed team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required.	April and update as needed
10. Contractual/Affiliation Agreements (Ch. 12)	Exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center program requirements.	Ongoing
11. Collaborative Relationships (Ch. 14)	Makes effort to establish and maintain collaborative relationships with other health care providers, and health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers in the service area or provides an explanation for why such letter(s) of support cannot be obtained.	February and ongoing
12. Financial Management and Control Policies (Ch. 15)	Maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. An annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.	February

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

13. Billing and Collections (Ch. 16)	Systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures.	September
14. Budget (Ch. 17)	Develops a budget that reflects the costs of operations, expenses, and revenues necessary to accomplish the service delivery plan, including the number of patients to be served.	August
15. Program Monitoring & Data Reporting Systems (Ch. 18)	Have systems in place to accurately collect and organize data for program reporting and support management decision making.	April
16. Scope of Project	Maintains its funded scope of project (sites, services, service area, target population, and providers); including any increases based on recent grant awards.	September
17. Board Authority (Ch. 19)	Governing board maintains appropriate authority to oversee the operations of the center, including: • holding monthly meetings; • approval of the health center grant application and budget; • selection/dismissal and performance evaluation of the health center CEO; • selection of services to be provided and the health center hours of operations; • measure and evaluate the organization's progress in meeting its annual and long-term programmatic and financial goals and develop future plans for the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and • establish policies for the health center.	October
18. Board Composition (Ch. 20)	Governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group represents the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically: • Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization. • The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. • No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.	October
19. Conflict of Interest Policy (Ch. 13)	Bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center. No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the board.	October
20. Annual Board Training	Annual training of governing board. New governing board members will be trained during board orientation.	December

For additional information on these requirements, please review:

- Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b)
- Program Regulations: 42 CFR Part 51c and 42 CFR Parts 56.201-56.604
- Grants Regulations: 45 CFR Part 74

HRSA Health Center Program Compliance Requirements – Chapter 5: Clinical Staffing

Requirements

- Provide the required primary health services and approved additional health services
- Services are available and accessible promptly and in a manner that will assure continuity of services
- Utilize staff that are qualified by training and experience

HRSA Health Center Program Compliance Requirements – Chapter 5: Clinical Staffing

Demonstrating Compliance

- HRSA Approved Form 5A: Services Provided
- Considered the size, demographics, and health needs of its population
  - Community Needs Assessment
  - Staffing Profile
- Operating procedures for all initial and recurring review of credentials and privileges for all clinical staff members
  - Policy: Privileges – Requirements for HRSA Providers
  - Policy: Credential and Privilege Requirements for HOMES Other Clinical Staff
  - Policy: Verification of Privileges
- Maintain files or records for its clinical staff
  - Medical Staff Professional Services
  - Office of Talent Management: Employee files

HOMES UBC

- Inaugural reusable water bottle drive
  - 1100 water bottles collected
- Distributed to patients and community partners

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Questions?

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