Parkland

HOMES
Homeless Outreach Medical Services
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, November 20, 2024, at 2:00 PM*** or immediately following the Board of Managers Strategic Facilities Planning Session 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.) 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: 2631 797 5630; 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. Determine the Presence of a Quorum /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* The agenda has been developed by the Chief Governance Officer in consultation with the Board Chair, CEO, and reviewed and affirmed by Counsel.			Chair
II. Consent Agenda			
A. Appropriate Action Regarding Minutes 2024-10-30 HOMES	3	1	Chair
III. Reports Requiring Deliberation(s) and/or or Possible Action			
A. Operations Update (day-to-day operations including but not limited to-staffing/operational challenges/partner site activity)	10	4	Kyla Rankin
B. Management and Finance Update (volume, revenue, expenses, overtime)	11	4	
C. Governance Update: Upcoming Meetings (HOMES advisory board which meets the 2nd Monday of every other month)	12	4	
D. Quarterly Review of HOMES Quality Improvement Data	13	4	
E. HRSA (Health Resources and Services Administration) Compliance Manual Requirements: The Big 20	20	4	

		PAGE	TIME (MIN)	PRESENTER(S)
F.	HRSA (Health Resources and Services Administration) Compliance Manual Requirements: Chapter 10: Quality Improvement Assurance Plan	24	4	
G.	HRSA (Health Resources and Services Administration) Update- OSV (Operational Site Visit) 2025	26	4	
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			
A.	Closing Remarks			
B.	Call to Adjourn			

Appropriate Action Regarding Minutes 2024-10-30 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
October 30, 2024

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, October 30th , 2024, scheduled for 12:30 pm. 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 12:30 pm.

Board Member attendees included: Reina Gonzalez, JD; Vincent Hall; Elizabeth Palacios, MD; Farida Minner, RN (via Webex), Todd Furniss, JD and Eric G. Bing, MD.

Board members John Proctor, Ramon Miguez and Byron Cryer were not present.

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

Edmundo Castañeda, EVP & Chief Operating Officer (via Webex)
Fred Cerise, President & Chief Executive Officer
James Orrison, Administrative Resident
Jessica Hernandez, Chief DEI Officer
Joseph Chang, SVP & CMO
Francesco Mainetti, SVP Operations Admin
Keri Disney-Story, VP/Clinical Finance
Kyla Rankin, HOMES Project Director
Melanie Roberts, SVP Chief Compliance Officer
Morgan Simmons, Governance Program Coordinator
Melanie Roberts, SVP/ Chief Compliance & Ethics Officer
Rick Humphrey, EVP & Chief Financial Officer (via Webex)
Pamela Bryant, SVP/Supply Chain Management
Samia Zia, Director Strategy
Saul Cordero, SVP & Chief Governance & Strategy Officer
Steven Roth, EVP & Chief Legal Officer
Vic Summers, SVP Internal Audit

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. Appropriate Action Regarding Minutes 2024-09-25 HOMES
B. Appropriate Action Regarding Minutes 2024-10-14 HOMES Advisory Board

Elizabeth Palacios motioned for the approval of the Consent Agenda. Eric Bing 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 Kyla Rankin, HOMES Project Director.

A. Operations Update (day-to-day) operations including but not limited to – staffing/operational challenges/partner site activity)

Kyla Rankin presented on the October report regarding operational updates with staffing and services as well as management and finances. Kyla updated the Board on nine vacancies, five of which have been filled while HOMES leadership alongside OTM are working to fill the remaining four positions. Regarding operations, Kyla mentioned HOMES has moved to the Tex Oak Warehouse for storage of all mobile units. One of the HOMES mobile units is being repaired for general maintenance and another is being repaired from last months accident. Kyla mentioned HOMES is working on outreach activities and has completed 18 initiatives including giving out over 276 Flu vaccinations and 100 Covid vaccines. Regarding site updates, the quarterly review has begun to ensure sites have optimal production and where the highest volume of unduplicated patients come from.

The Board asked questions and received additional information related to the Operations Update.

B. Management and Finance Update – volume, revenue, expenses, and overtime

Kyla presented on the September HOMES metrics. Kyla mentioned HOMES saw 7,222 unduplicated patients YTD which is 78% of the annual goal of 9,192 unduplicated patients leaving HOMES at 75% complete to the yearly goal. Kyla reported, HOMES will likely not meet the unduplicated patient count for 2024. Kyla mentioned the development of site reports once published should aid in the unduplicated count as it will show where the highest volume of unduplicated patients are based. Kyla updated the Board on the overtime variances in the budget which she expects to increase as there are several vacant positions that still need to be filled.

The Board asked questions and received additional information related to the Management and Finance Update.

C. Governance Update

Kyla mentioned the HOMES Advisory Board meeting occurred on Monday October 14th with three Board Members and three HOMES staff present. The next advisory meeting will occur on February 10th, 2025. Kyla also mentioned Board Members will be invited to the Holiday-joint community advisory board celebration in December. Lastly, Kyla presented the HRSA Big 20 overview. The HRSA compliance manual has 21 chapters.

D. HRSA (Health Resources and Services Administration) Compliance Manual Requirements: Chapter 16-Billing and Collections

Kyla presented on the HRSA Health Center program compliance requirements and gave a summary for the Board of Managers. Kyla reviewed chapter 16 on billing and collections which includes information on the systems in place to maximize collections and reimbursement for its costs in providing health services including written billing credit and collection policies and procedures. Kyla presented the requirements on preparing a schedule of fees, reduction, or waivers for fees to assure no patient is denied services, the eligibility determination for billing and collections and reimbursement processes.

E. HRSA (Health Resources and Services Administration) Compliance and Ethics Program Activities and Requirements:

Kyla provided an informational slide on the Compliance and Ethics program activities which are a part of Parkland's policy SYS.COMP.005 outlining the framework of the compliance and ethics program in relation to the homeless outreach medical services and health resources and services administration which is consistent with other program reporting. Kyla mentioned beginning in fiscal year 2025 compliance reports to the HOMES Board will move from monthly to quarterly and will be presented by a member of the compliance and ethics department in collaboration with the homes project director.

F. HRSA (Health Resources and Services Administration) Update on OSV (Operational Site Visit)

Kyla reminded the Board that the HRSA Operational Site Visit is scheduled for January 14th-16th 2025, Kyla does not have additional details until the date approaches.

VII. Adjourn

With no further business to discuss, Marjorie Petty, JD, adjourned the meeting at 12:38pm.

SO RECORDED:

_____	_____
Marjorie D. Petty, JD	Steven Roth, JD, MPH
Chair	Assistant Secretar

Parkland

Homeless Outreach Medical Services Program Monthly Update Report –November 2024

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Staffing/Services
  - Management and Finance
- Governance
- Quality Improvement Data
- The Big 20
- HRSA compliance manual requirement
- HRSA update

Operations

- Staffing

  Posted

  - 1.0 FTE Registered Nurses (RN)
  - 1.0 FTE Dental Assistant (DA)
  - 1.0 FTE Medical Practice Assistants (MPA)
  - 1.0 FTE Peer Navigator

- Employee Engagement Scores
- Outreach events

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Management & Finances – October

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	7873	9192	85%	83%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3760	3809	(49)	-1.3%	3760	3809	(49)	-1.3%
Expenses	$756,526	$760,479	$3,953	0.5%	$756,526	$760,479	$3,953	0.5%
Charges	$2,279,790	$2,983,657	($703,866)	-23.6%	$2,279,790	$2,983,657	($703,866)	-23.6%
Revenue	$41,341				$644,803			
Commercial	$805				$805			
Medicaid	$35,008				$35,008			
Medicare	$19,598				$19,598			
FTE	59.02				66.30			
FTE - OT	1.35	1.11	(0.24)	-21.8%	1.35	1.11	(0.24)	-21.8%

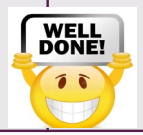
- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2024 to December 31, 2024

Governance

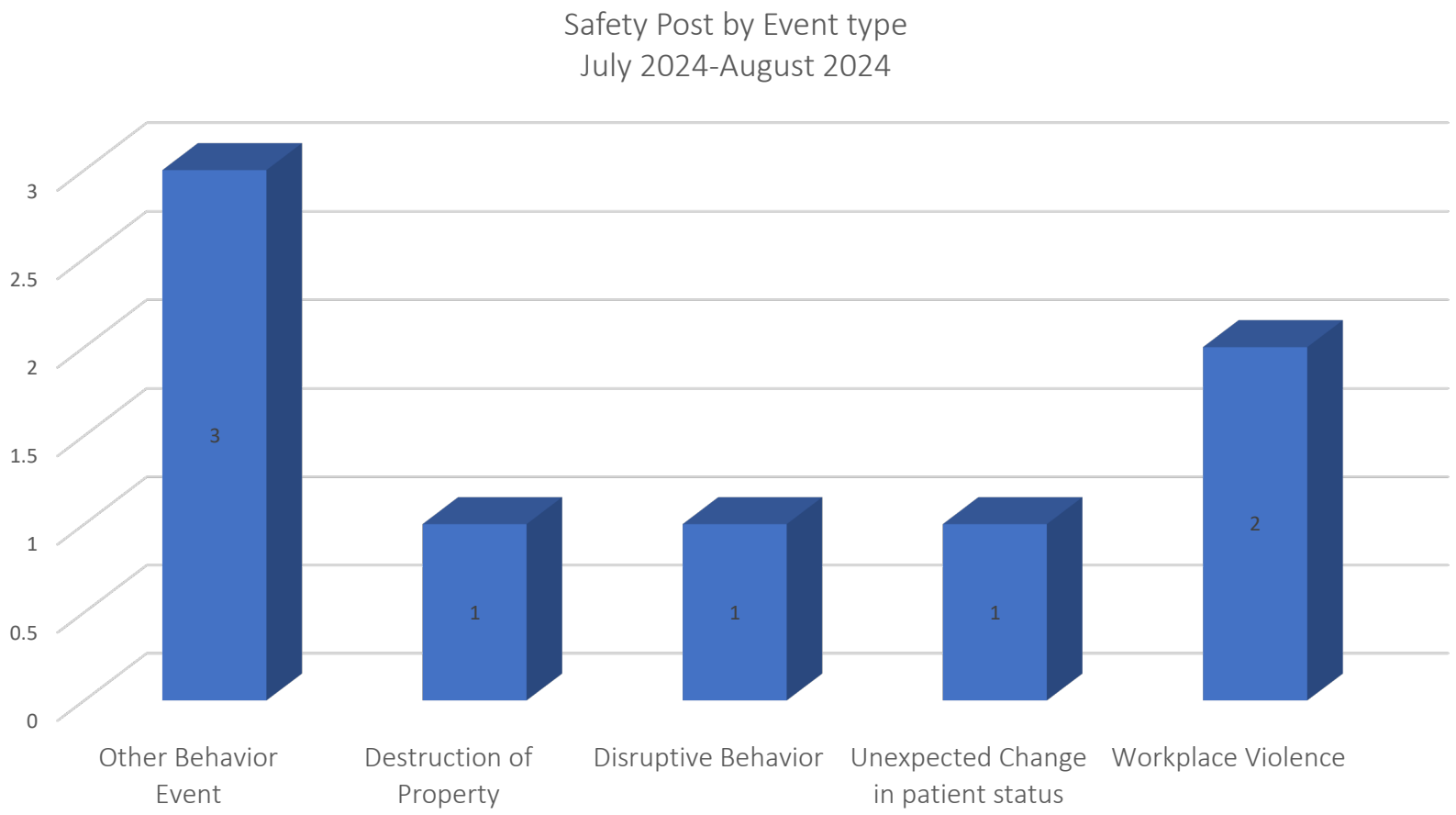
- Next Meeting:
  - Joint Community Advisory Board Meeting
    - Friday, December 6th, 12-1pm
    - Goodwill Industries

COPC Metric Balance Score Cards Patient Care & Safety Audits 2024

Measures	July 2024	August 2024	September 2024	Goal
Staff Safety Post	2	5	2	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%	95%
Medication Reconciliation (Revie wed percent)	98%	98%	98%	90.0%
Environment of Care	90%	97%	97%	90%
Patient Messages (1-5-7)	N/A	95%	95%	90.0%



Safety Post by Event type



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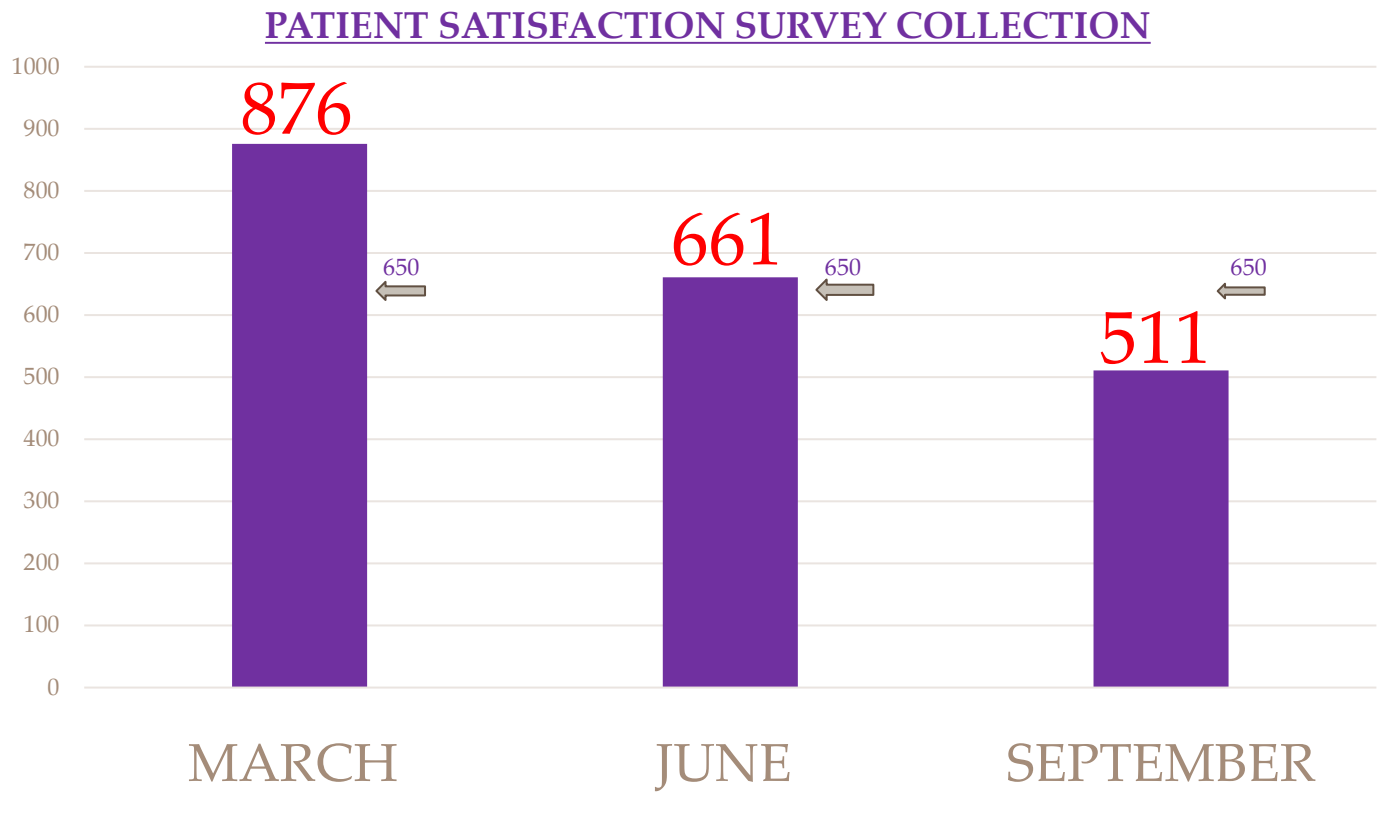
Patient Satisfaction Survey Total



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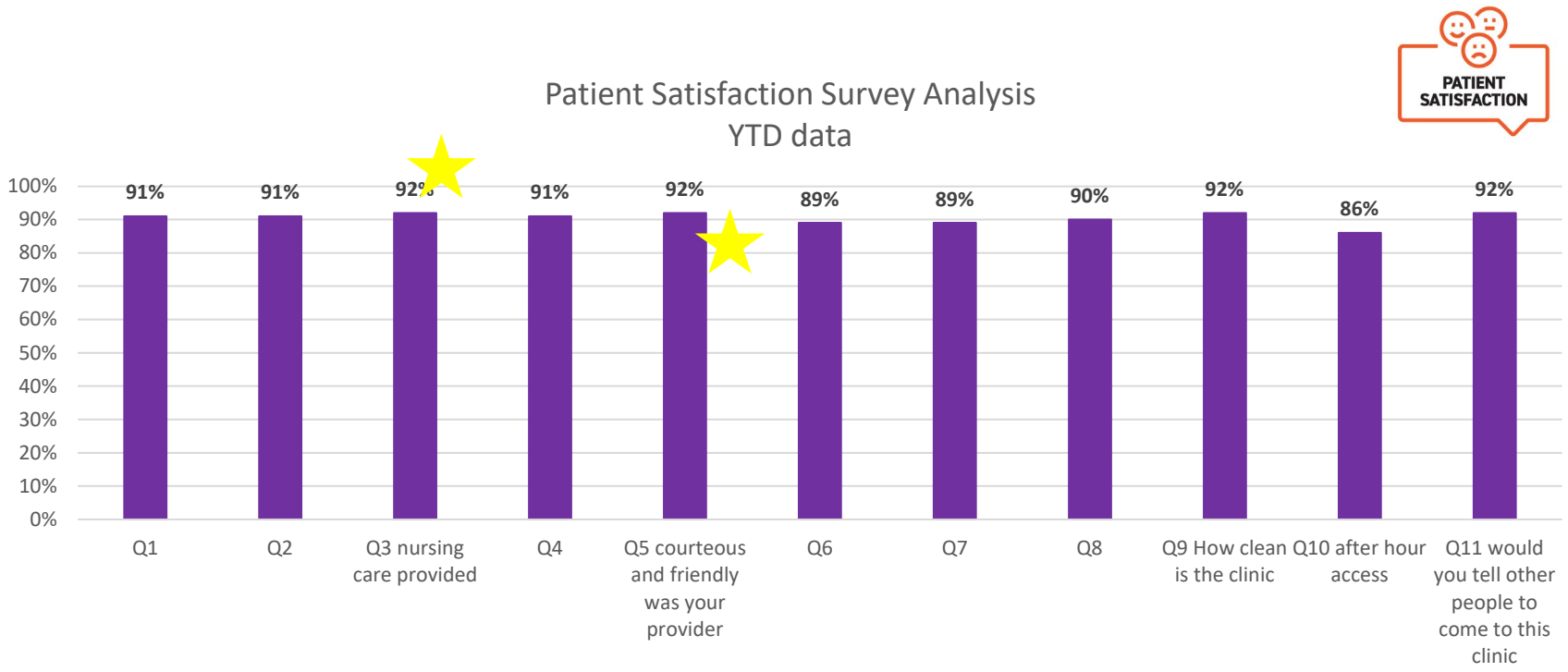
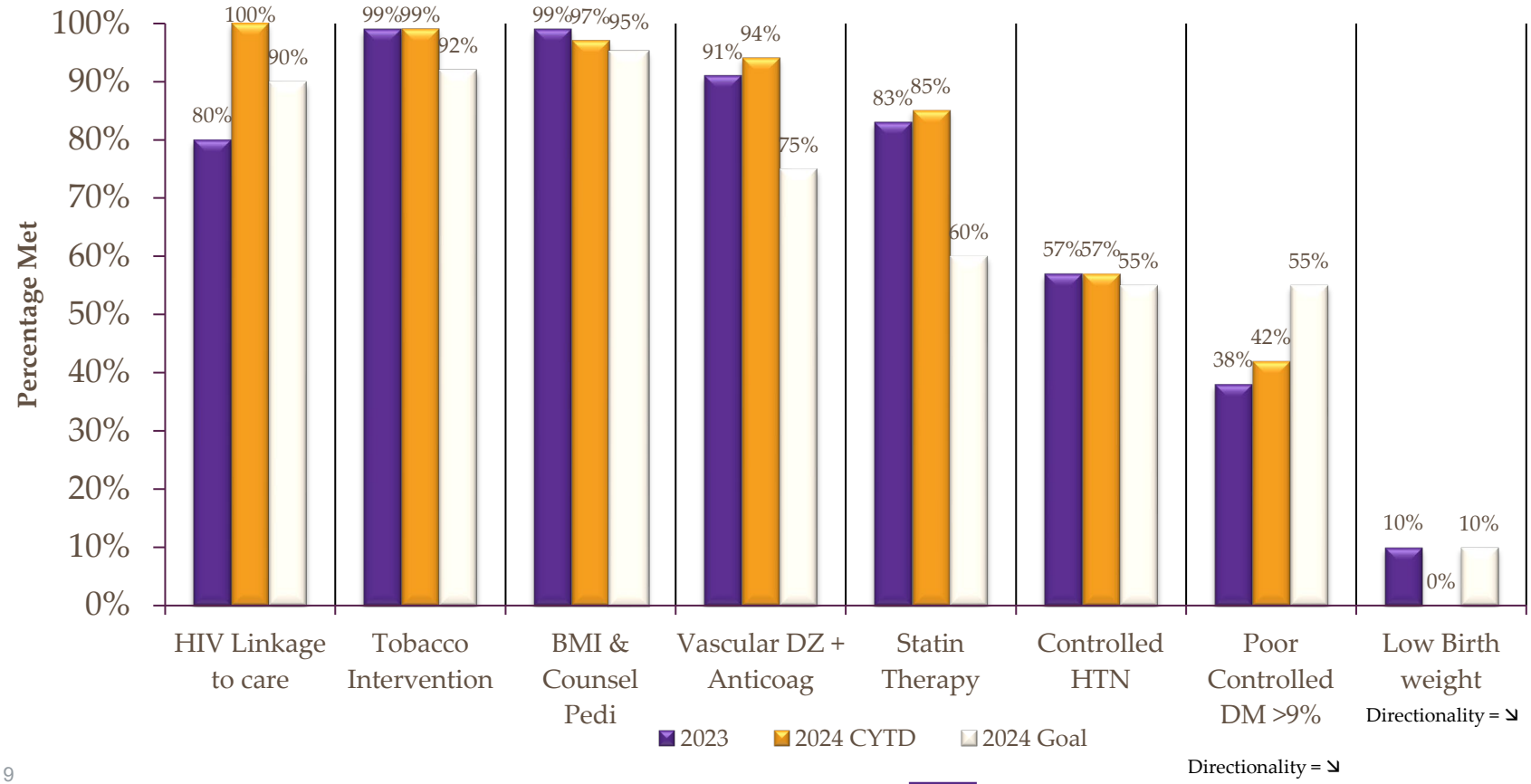
Patient Satisfaction Survey Analysis



HRSA Quality Measures at or above Goal YTD – September 30, 2024



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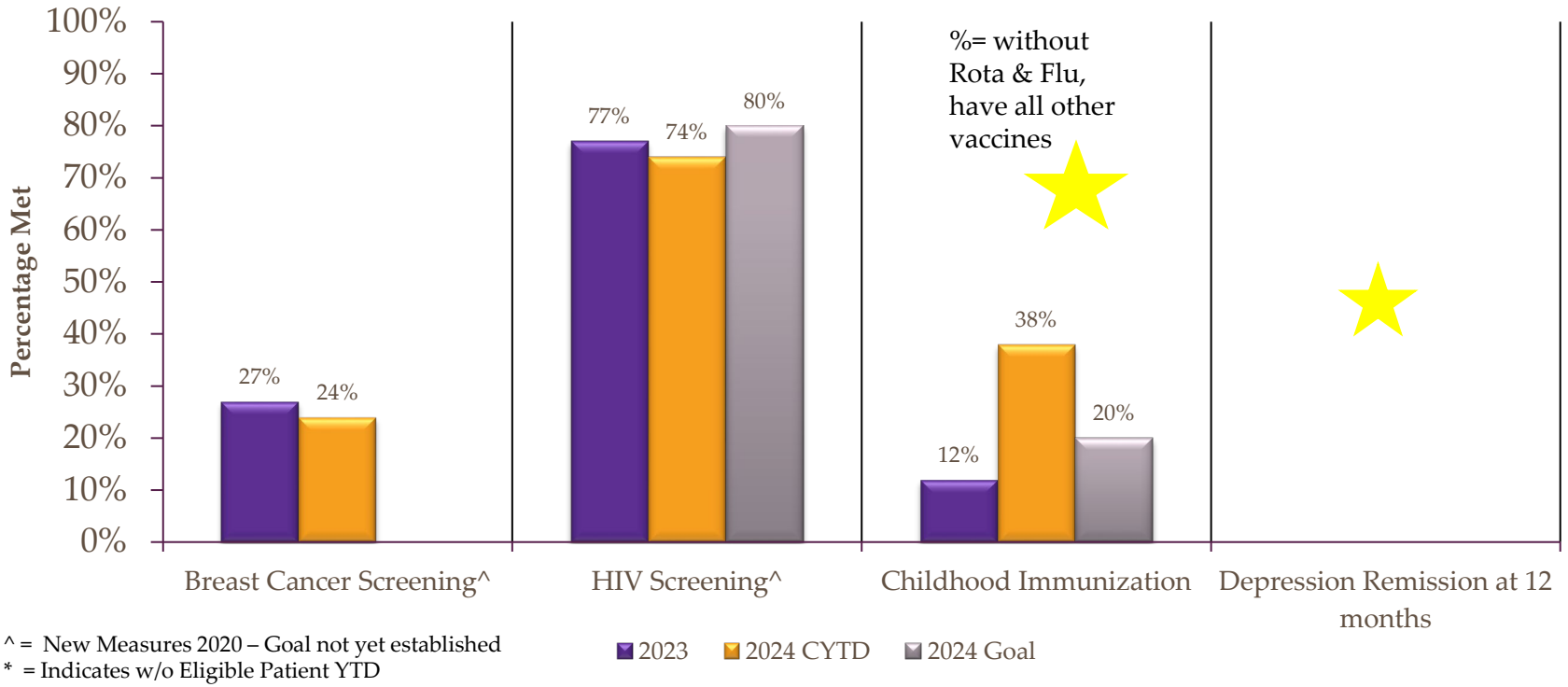
HRSA Quality Measures/ YOY Performance YTD – September 30, 2024



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

Depression Remission +/- 12 mos: Due to timing in validation needed, data will be presented at the next BOM presentation.

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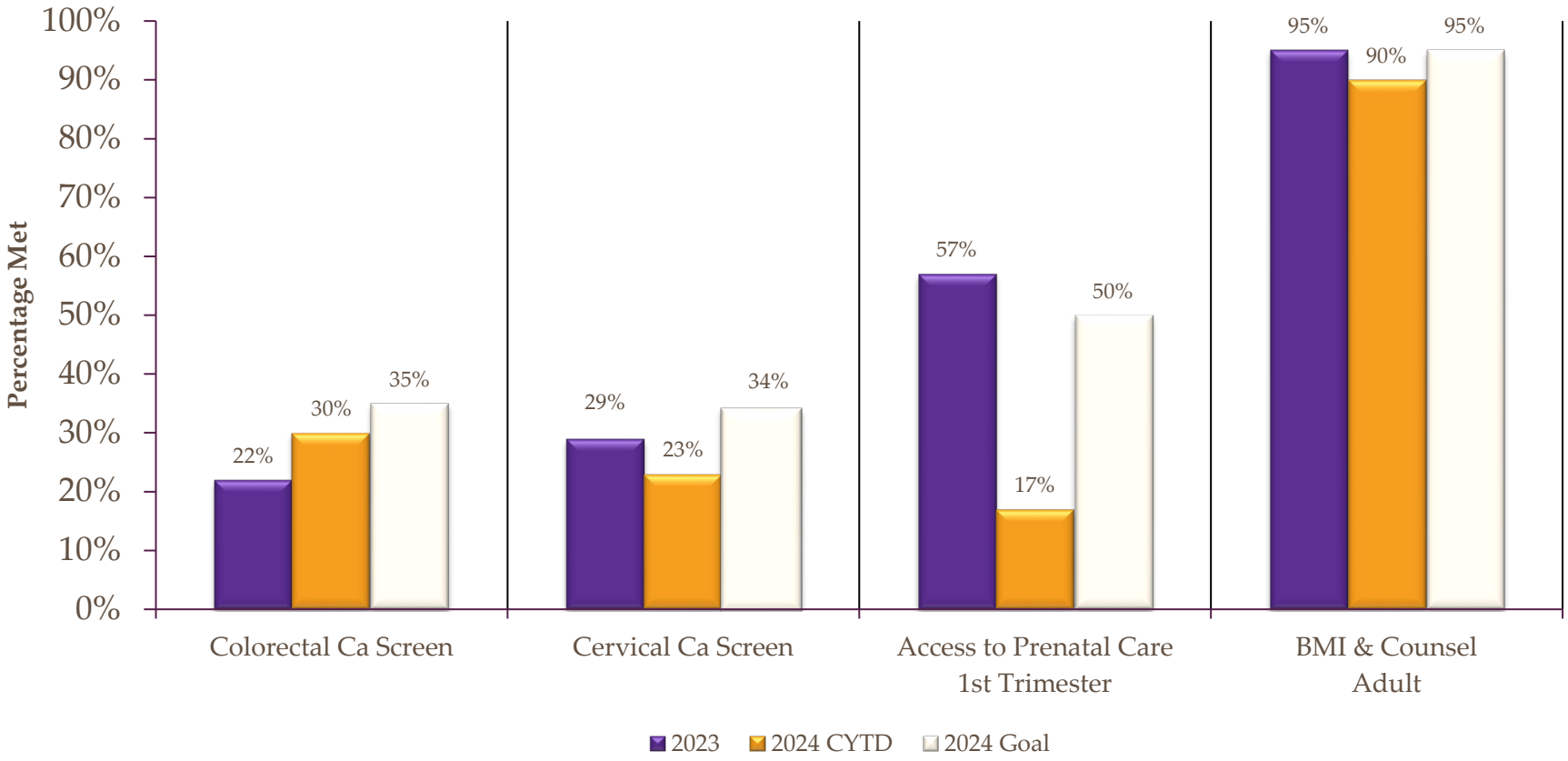
HRSA Quality Measures Needing Improvement
YTD – September 30, 2024



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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 10: Quality Improvement Assurance Plan

Requirements

- Ongoing quality improvement/assurance (QA/QI) system
- Focus of responsibility to support the QA/QI program
- Periodic assessment of appropriate utilization of services
- Maintain confidentiality of patient records

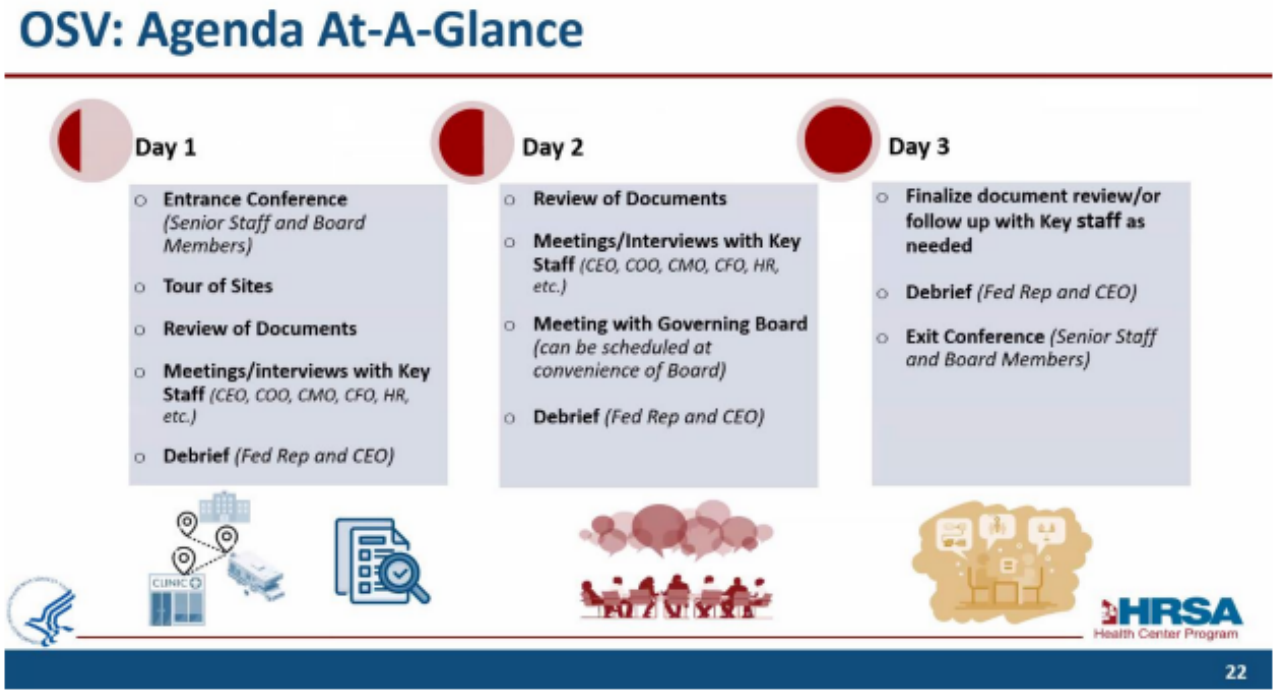
HRSA Health Center Program Compliance Requirements – Chapter 10: Quality Improvement Assurance Plan

Demonstrating Compliance

- Board-approved policy(ies) that establishes a QI/QA program that addresses
  - Quality and utilization of health center services
  - Patient satisfaction and patient grievance processes
  - Patient safety and adverse events
- Designated individual to oversee the QI/QA program established by board-approved policy(ies)
- Operating procedures or processes that addresses :
  - Clinical Practice Guidelines, standards of care, practice, provision of services
  - Identify, analyze address, patient safety, adverse events
  - Assessment of patient satisfaction
  - Hearing & resolving patient grievances
  - Quarterly QI\QA assessments, producing reports and sharing to support decision-making and oversight
- Maintenance of certified EHR and systems with protection and safeguarding of patient information consistent with Federal and state requirements

HRSA Update

- Operational Site Visit
  - January 14-16, 2025



Entrance Presentation -30 mins max

Questions?

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