Parkland

HOMES
Homeless Outreach Medical Services
Agenda

The agenda for the Board of Managers HOMES meeting of the Dallas County Hospital District is scheduled for **Wednesday, July 23, 2025, at 12:30 PM** at 5200 Harry Hines Blvd, Dallas, Texas, 75235 WISH Building 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: 2311 743 7820; 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 and reviewed and affirmed by Counsel.			Chair
II.	**Consent Agenda**			
A.	Appropriate Action Regarding Minutes 2025-06-18 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)	9	3	Kyla Rankin
B.	Management and Finance Update (volume, revenue, expenses, overtime)	10	3	Kyla Rankin
C.	Governance Update: Organization of HOMES meetings, Upcoming Meetings (HOMES advisory board which meets the 2nd Monday of every other month)	11	3	Kyla Rankin
D.	Quarterly Quality Data Review for HOMES (HRSA metrics, scorecard-safety posts, patient surveys)	16	3	Dr. Persaud

		PAGE	TIME (MIN)	PRESENTER(S)
E.	Review and discuss provisions of the Health Resources and Services Administration (HRSA) Compliance Manual Requirements: Chapter 10-Qaulity Improvement Assurance Plan	21	3	Kyla Rankin

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 2025-06-18 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
June 18th, 2025

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, June 18th, 2025, scheduled for 12:30 pm, or directly following the Quality and Safety Meeting in the WISH 02-175 Executive Conference Room at Parkland Health and via Webex. These minutes do not constitute a certified agenda for the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty noted that a quorum was physically present and called the meeting to order at 12:30 pm.

Board Member attendees included: Vincent Hall, Lisa Sutter, Todd Furniss, JD, Eric G. Bing, MD, Reina Gonzalez, JD, Farida Minner, RN, Ramon Miguez, PE, Elizabeth Palacios, MD, and Yasmin Simon, JD.

Staff Present (via Webex and in-person) included:
Anika Dachiraju, Summer Governance Intern
Bennie Miller, Manager, Supplier Diversity
Brett Moran, Chief Health Officer
Edmundo Castañeda, EVP & Chief Operating Officer
Fred Cerise, President & Chief Executive Officer
Guy Toliver, Dir Inclusion-Supply Diversity
Jeffery Giles, Sr. Associate Attorney
Jessica Hernandez, SVP & Chief Health Equity Officer
Joseph Chang, Chief Medical Officer
Katherine Yoder, VP/Government Relations
Kellee Boardingham, Executive Assistant
Keri Disney-Story, VP/Clinical Finance
Michelle Ng, Administrative Resident
Michael Lane, SVP & Chief Quality and Safety Officer
Pamela Bryant, SVP/Supply Chain
Rick Humphrey, EVP & Chief Financial Officer
Saul Cordero, SVP & Chief Governance & Strategy Officer
Steven Roth, EVP & Chief Legal Officer

Additional Attendees:
Colette Holt, MWBE Law (Webex)
Archana Murthy, Legal Resident
Chrsitopher Roy, Legal Resident
Austin Chen, Legal Resident

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 2025-05-21 HOMES

B. Appropriate Action regarding Minutes 2025-06-09 HOMES Advisory Board

Elizabeth Palacios motioned for the approval of the Consent Agenda. Ramon Miguez seconded the motion. The motion passed unanimously.

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

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

Kyla Rankin presented the operational updates for HOMES. There is one Dental FTE position opening starting the week of July 23rd. HOMES will now be located at two new sites: Metrocrest and St. Jude Advantage Point. Kyla mentioned that Parkland has implemented a new strategy for fleet management under the supply chain department. The mobile unit operational management will transition from internal management through HOMES. The driver staff management will remain within the HOMES department specifically. Kyla also mentioned the medical volume at the Stewpot location has remained steady.

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

Kyla mentioned the number of unduplicated patients is 4326, which is 47% of the annual goal of 9192 unduplicated patients. Kyla also mentioned the decrease in overtime for the month of May/June as she is working to minimize these hours.

C. Governance Update: Organization of HOMES meetings, Upcoming Meetings (HOMES advisory board, which meets on the 2nd Monday of every other month)

Kyla mentioned the next HOMES Advisory Board meeting will be held on Monday, August 11th, 2025, at 11:30 AM with a hybrid option available.

D. Review and discuss provisions of the Health Resources and Services Administration (HRSA) Compliance Manual Requirements – Chapter 5 Clinical Staffing
Kyla reminded the Board of the HRSA Compliance manual, which has 21 chapters, 19 of which are requirements in four areas:

- Clinical
- Financial
- Governance
- Annual training has been added as the 20th requirement.

Kyla mentioned the demonstrated compliance with HRSA approved form 5A regarding services provided, operating procedures for all initial and recurring review of credentials and privileges for clinical staff and maintain files for all clinical staff.

E. Update and Report on Unit Based Council (UBC) Water Bottle Collection Event Timeline
The HOMES 4th annual reusable water bottle drive which will begin on July 1st. These water bottles will then be donated to shelters and HOMES clinic sites.

VII. Adjourn

With no further business to discuss, Elizabeth Palacios adjourned the meeting at 12:39 pm.

SO RECORDED:

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

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – July 2025

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- Quality Data
- HRSA Compliance-Chapter 10-Quality Improvement Assurance Plan

Operations Updates

- Staffing
  - 1.0 FTE Dentist
- Stewpot
  - Volume
  - Mobile unit parking
- Staff safety Training
- Foundation Gift
- Federal Updates/Changes

Management & Finances – June

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	5033	9192	55%	50%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	2926	2955	(29)	-1.0%	27,905	29,161	(1256)	-4.3%
Expenses	$711,458	$728,150	$16,692	2.3%	$6,387,127	$6,769,773	$382,646	5.7%
Charges	1,988,032	$2,314,699	($326,667))	-14.1%	$20,548,956	$22,841,416	($2,292,460)	-10.0%
Revenue	$39,021				$380,213			
Commercial	$1,983				$8,629			
Medicaid	$21,379				$226,075			
Medicare	$15,659				$145,509			
FTE	63.97				61.39			
FTE - OT	.95	1.11	0.16	14.6%	1.10	1.11	0.01	1.1%

- **HRSA recommendation is claims billed in less than 30 days.**
- **HRSA grant year: January 1, 2025 to December 31, 2025**

Governance

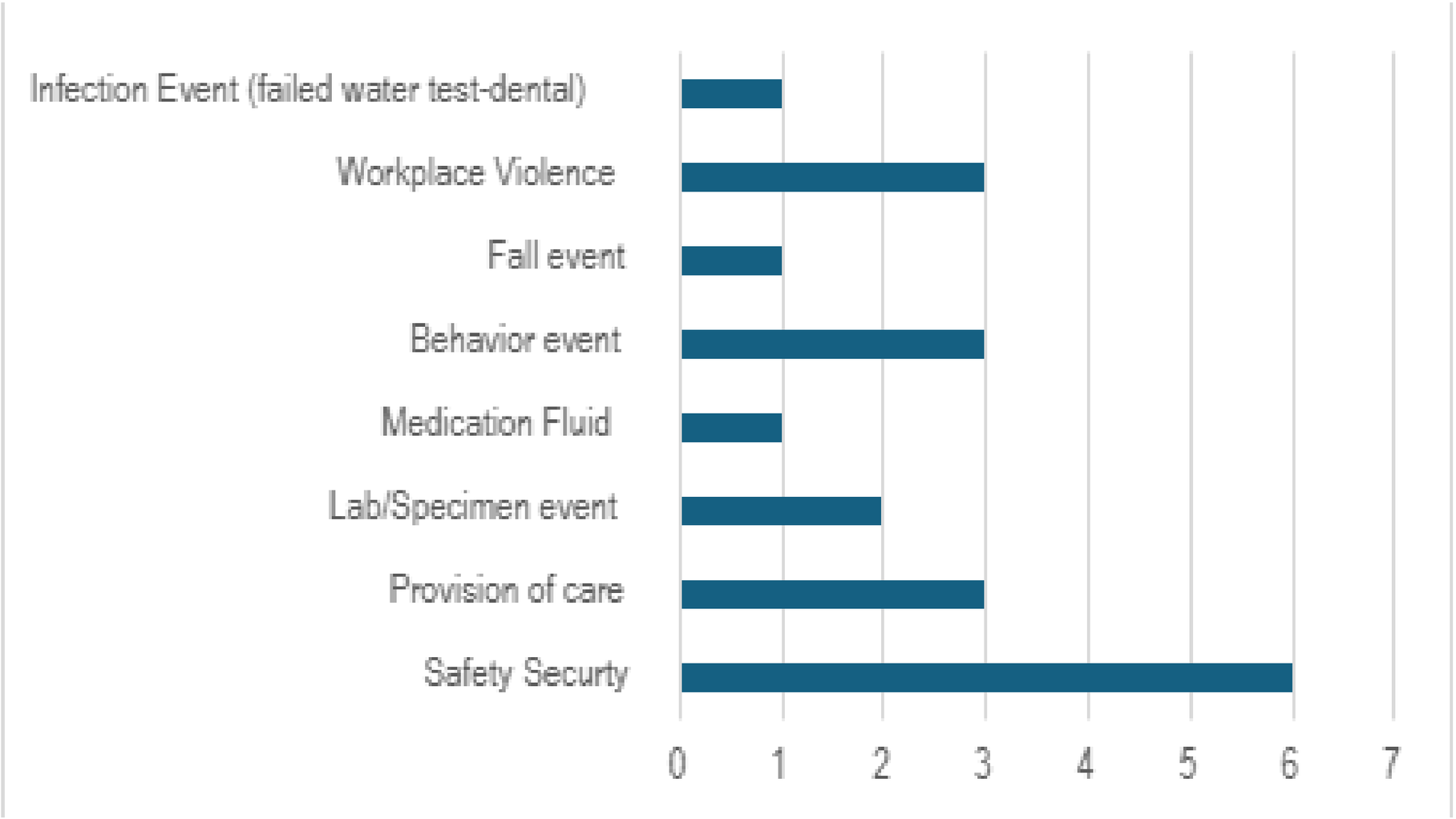
- HOMES Advisory Board Meeting
  - Next meeting

    Monday-August 11, 2025

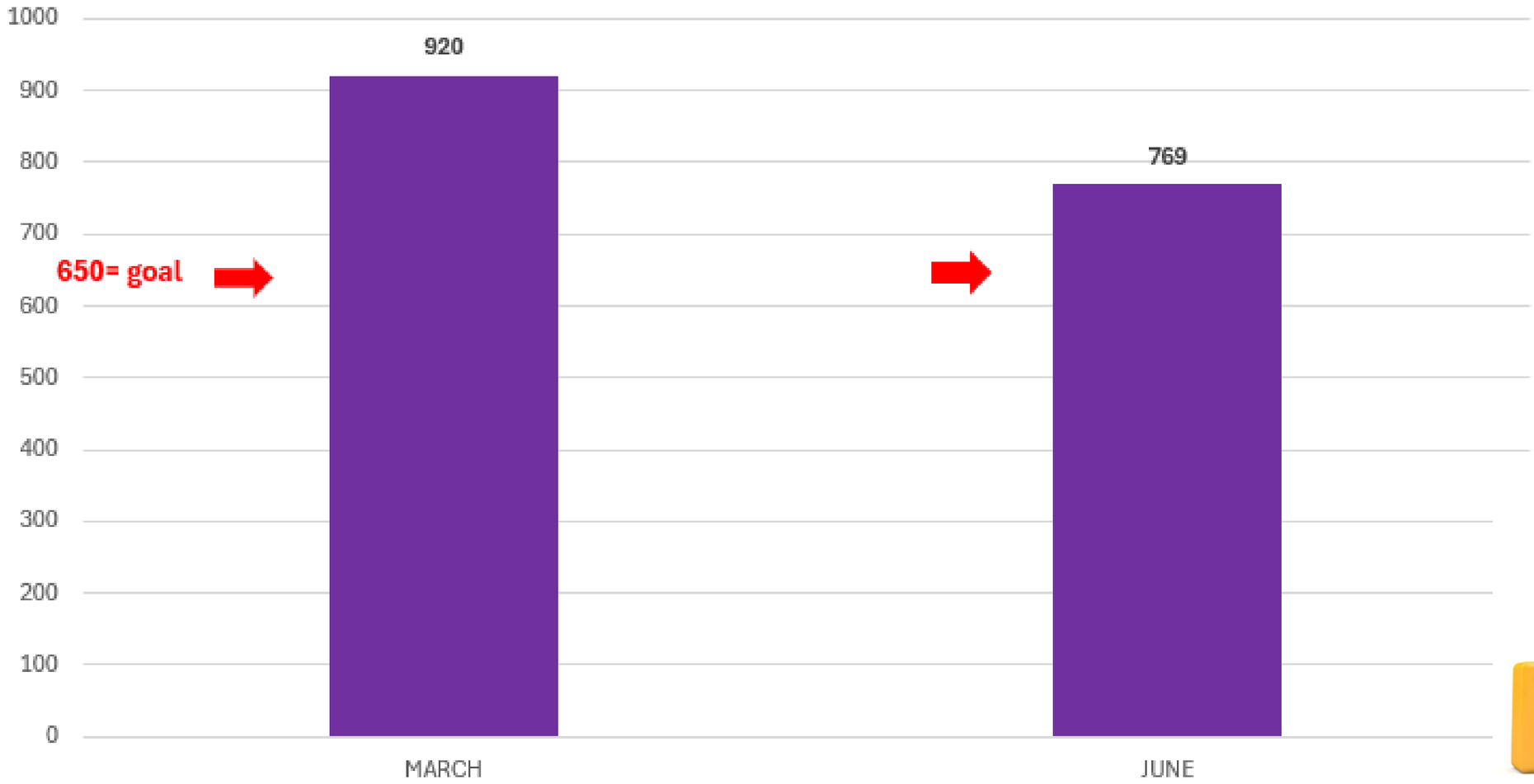
COPC Metric Balance Score Cards Patient Care & Safety Audits 2025

Measures	January	February	March	April	May	June	Goal
Staff Safety Post	2	1	9	2	2	6	Information Only
Complaints	0	0	1	0	0	0	Information Only
Grievances	0	0	0	0	0	0	Information Only
2 PT ID ERROR	100%	100%	100%	100%	100%	100%	100%
Specimen Labeling	100%	100%	100%	100%	100%	100%	100%
Hand Hygiene	100%	100%	100%	100%	100%	100%	95%
Medication Reconciliation	98%	98%	99%	97%	98%	98%	90%
Environment of care	97%	100%	93%	91%	91%	90%	90%
Patient messages 1-5-7	91%	96%	96%	96%	96%	95%	90%

Safety Post by Event Type 2025

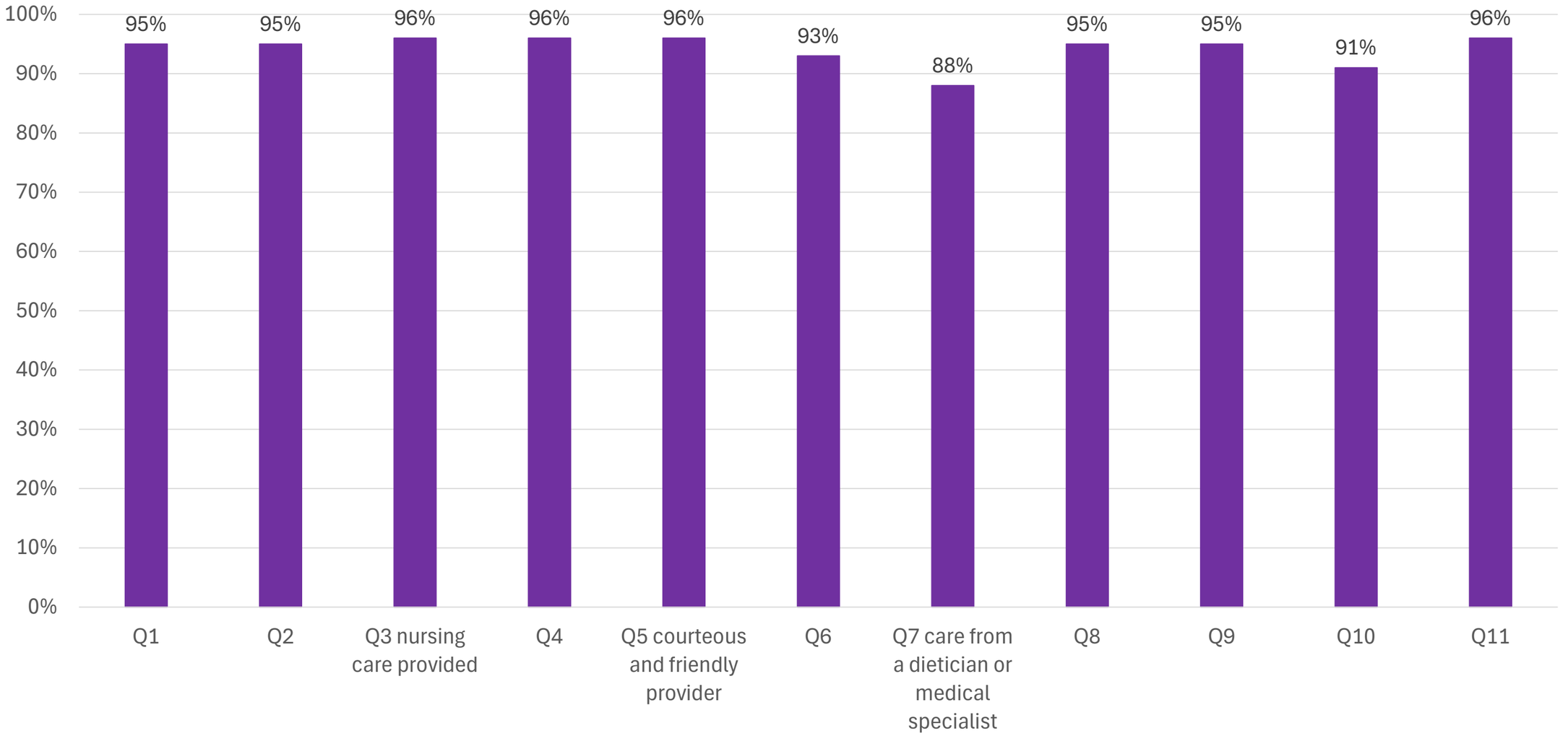


Patient Satisfaction Survey Totals 2025



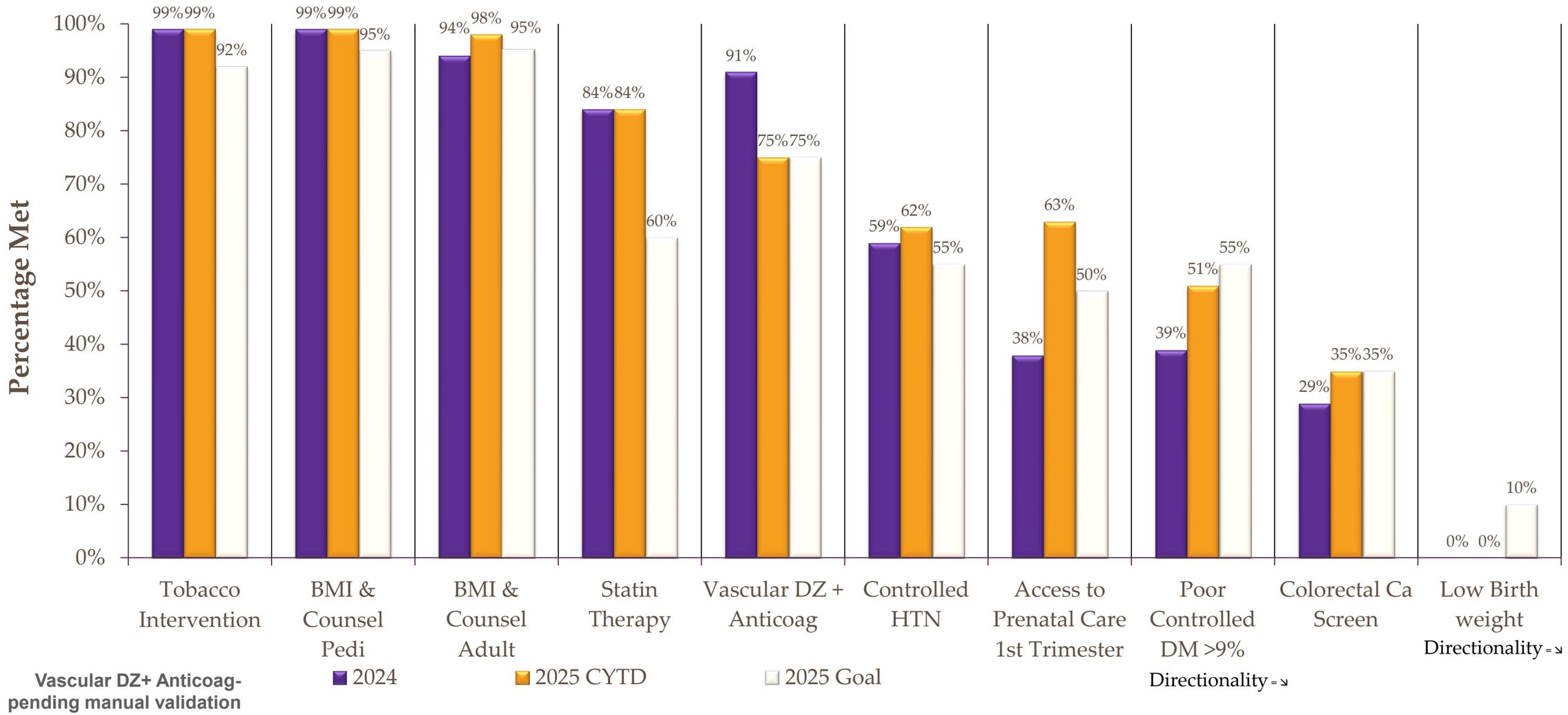
Next collection September 2025

Patient Satisfaction Survey Analysis-June 2025



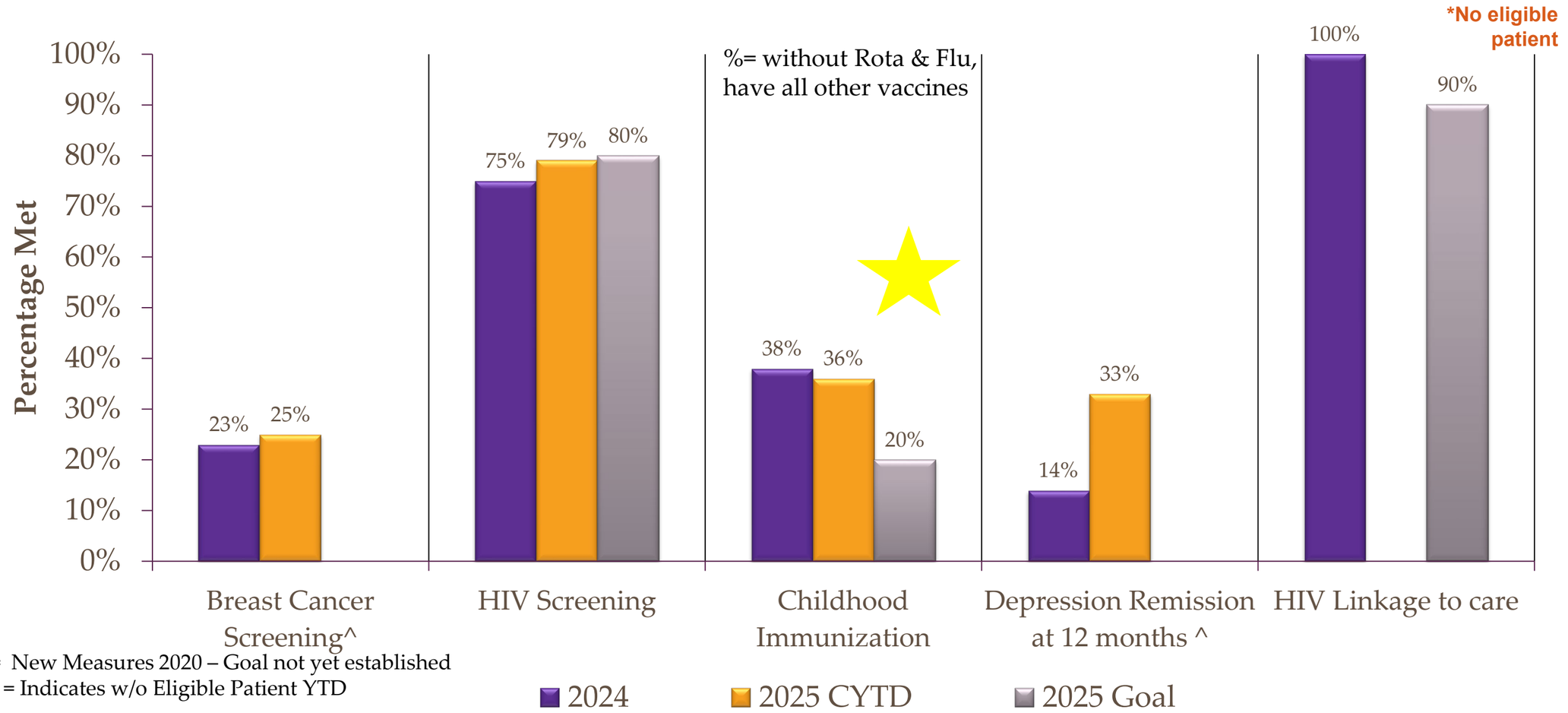
PATIENT SATISFACTION

HRSA Quality Measures at or above Goal
YTD – June 30, 2025



Vascular DZ+ Anticoag- pending manual validation

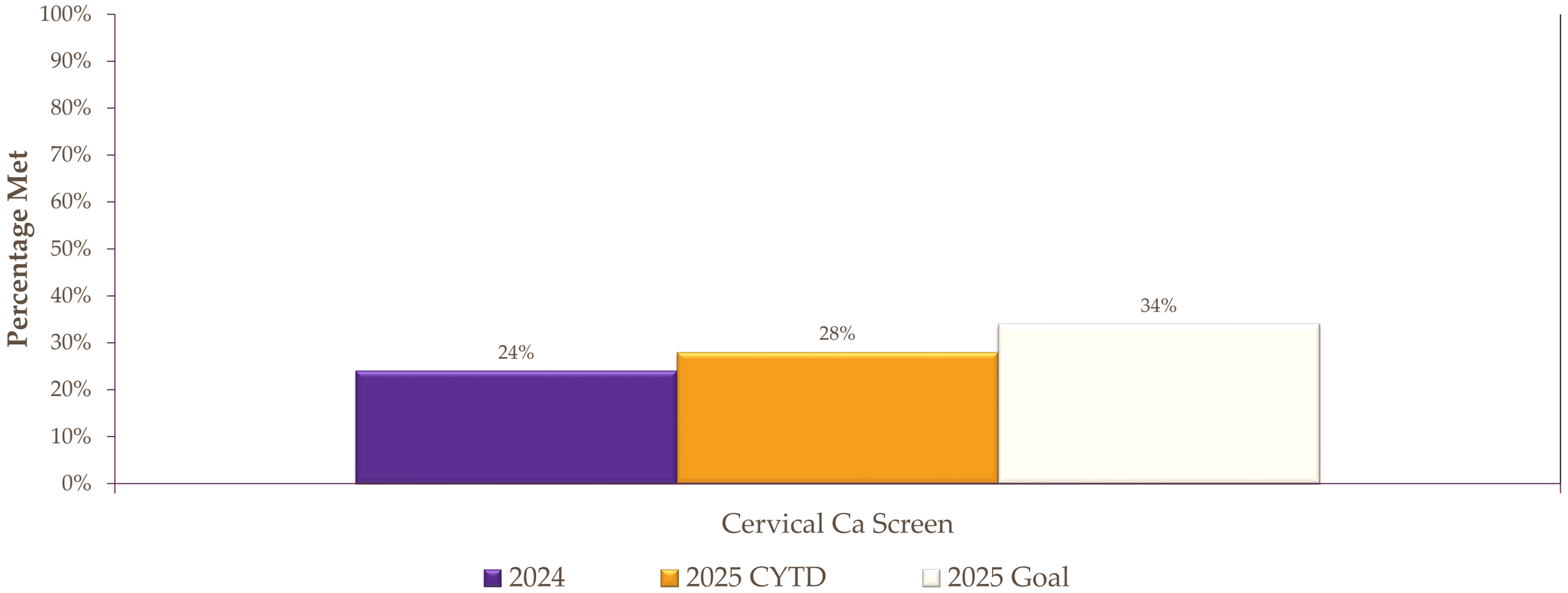
HRSA Quality Measures/ YOY Performance
YTD – June 30, 2025



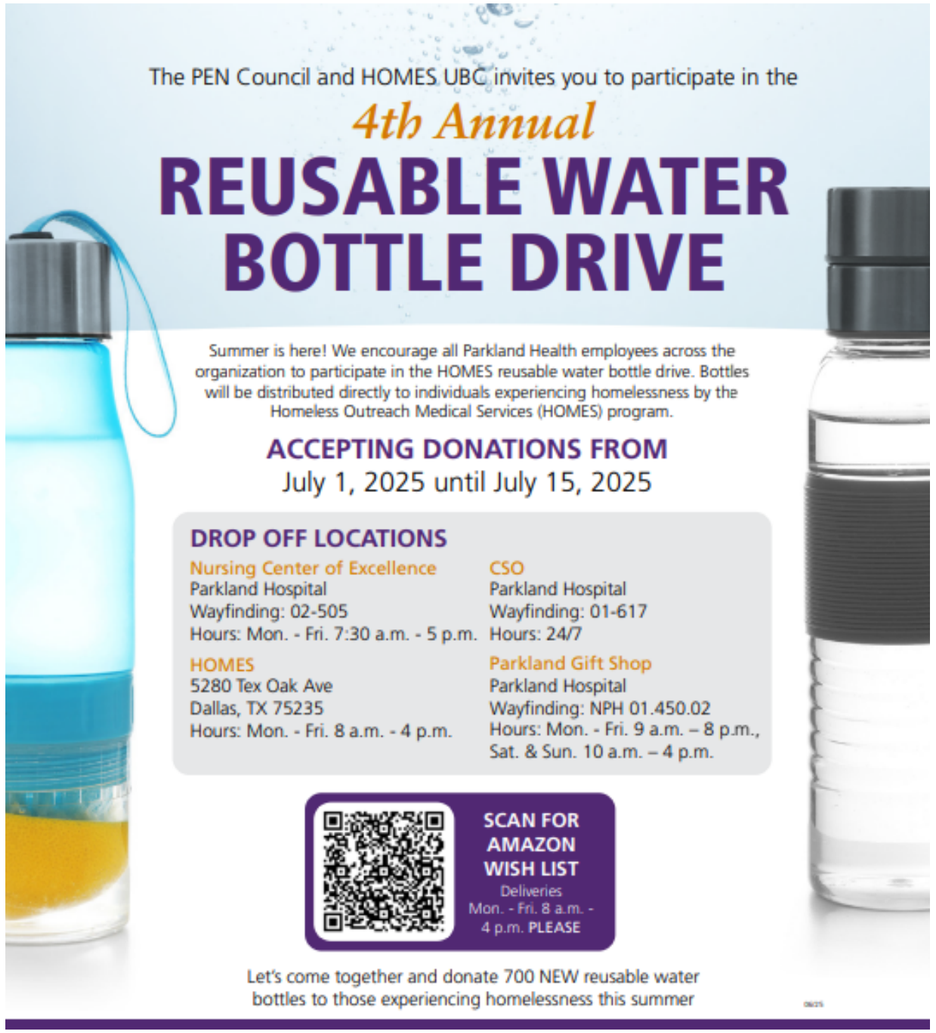
= New Measures 2020 – Goal not yet established
* = Indicates w/o Eligible Patient YTD

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

HRSA Quality Measures Needing Improvement
YTD – June 30, 2025



Fourth Annual Reusable Water Bottle Drive



HRSA Compliance manual

The HRSA Compliance Manual has 21 chapters which cover 19 requirements in the three (3) areas:

1. Clinical
2. Finance
3. Governance
4. Annual training has been added as a 20th requirement

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

Questions?