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, February 25, 2026, 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: 2307 937 7638; 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**			Chair
A.	Appropriate Action Regarding Minutes 2026-01-28 HOMES	3	1	
B.	Appropriate Action Regarding Minutes 2026-02-09 HOMES Advisory Board	7		
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)	13	3	Kyla Rankin
B.	Management and Finance Update (volume, revenue, expenses, overtime)	15	3	Kyla Rankin
C.	Governance Update: Organization of HOMES meetings, Upcoming Meetings (HOMES advisory board which meets the 2nd Monday of every other month)	16	3	Kyla Rankin

		PAGE	TIME (MIN)	PRESENTER(S)
D.	Review and Discuss Provisions of the Health Resources and Services Administration (HRSA)	17	3	Kyla Rankin
E.	Appropriate Action Regarding Quality Assurance Performance Improvement	19		
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 2026-01-28 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
January 28th, 2026

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, January 28th, 2026, scheduled for 12:30 pm, 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, Farida Minner, RN, Ramon Miguez, PE, Elizabeth Palacios, MD, Byron Cryer, MD, Eric G. Bing, PhD, MD, Reina Gonzalez, JD and Yasmin Simon, JD.

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

Brad Nitschke, Interim EVP Legal Affairs
Brett Moran, Chief Health Officer
Donna Richardson, EVP & Chief Nursing Officer
Edmundo Castañeda, EVP & Chief Operating Officer
Fred Cerise, President & Chief Executive Officer
Joseph Chang, Chief Medical Officer
Kareem AbdelFattah, VP & ACMO
Keri Disney-Story, VP/Clinical Finance
Kyla Rankin, HOMES Project Director
Melanie Roberts, SVP & Chief Compliance and Ethics Officer
Michelle Ng, Administrative Resident
Michael Lane, SVP & Chief Quality and Safety Officer
Morgan Simmons, Governance Program Coordinator
Natalie Garza Vasquez
Saul Cordero, SVP & Chief Governance & Strategy Officer

Additional Attendees: None

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

V. Consent Agenda

A. Appropriate Action Regarding Minutes 2025-12-17 HOMES

Vincent Hall motioned for the approval of the Consent Agenda. Byron Cryer 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 mentioned there are four FTE positions open now and her Operations Manager position has just been filled. There were various delays and unexpected site shutdowns due to the inclement weather.

B. Management and Finance Update – volume, revenue, expenses, and overtime
Kyla mentioned that the number of unduplicated patients is 8,602, which is 93% of the annual goal of 9,192 unduplicated patients. Kyla also mentioned that HRSA may get rid of the yearly count goals in the near future.

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, February 9th, 2026, at 11:30 AM with a hybrid option available.

D. Review and Discuss Provisions of the Health Resources and Services Administration (HRSA) Annual Review
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.

E. Appropriate Action Regarding Policy Approval-Privileges Requirements for HRSA Providers

Kyla reviewed the privileges and requirements for HRSA providers which are reviewed by Parkland subject matter expert and reviewed on a 3-year cycle. This policy for approval only has minor formatting changes and ensures alignment between HOMES and HRSA Health Center Program manual.

Vincent Hall motioned for the approval of the policy changes. Byron Cryer seconded the motion. The motion passed unanimously.

F. 2026 Point in Time Count

Kyla mentioned the Point in Time count occurred on Thursday January 22nd and is required under federal law to assess the extent of homelessness and changing trends. Kyla mentioned the data will typically be available for review by Spring.

G. Unit Based Council (UBC) Update

Kyla discussed the success of the 6th annual sock drive and updated the Board with a final count of 12,500 socks as compared to the goal of 10,000.

II. Action Items

A. Board May Take Action on Any Agenda Item(s) Above

VII. Adjourn

With no further business to discuss, Elizabeth Palacios adjourned the meeting at 12:40 pm.

SO RECORDED:

Marjorie D. Petty, JD	Brad Nitschke, JD
Chair	Interim Secretary

Appropriate Action Regarding Minutes 2026-02-09 HOMES Advisory Board

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 2/9/26 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

Attendees							
x	Kyla Rankin	x	Charsha Crump	x	Farida Minner	x	Wanda Wonzer
x	Dolores Diaz	x	Margie Roberts		Marjorie Petty	x	Rebecca Hickom
x	Donna Persaud		Elfreida Cole	x	Vicki Gies		
X	Micheal Gilot		Josh Ervin				
Guests							

	Agenda Item/ Presenter	Discussion	Action items
	Minutes	- Minutes were approved by Ms. Hickom and Mrs. Gies. - Minutes had the wrong date and will be corrected.	
	Staffing	- Dentist position was offered and accepted but there have been challenges and HOMES will have to repost the position. Ms. Wonzer asked if this dentist would be working on the unit and will they only be seeing homeless patients. Kyla informed her that this dentist will primarily located at Stewpot and is for our patients. Ms. Wonzer was also informed of dental services at Jubilee Clinic and soon the Esperanza Clinic. She also wanted to know if a Parkland patient will need a referral. For our clinic there is no need for a referral, if they have availability they will see you or schedule you. - Mental health counselor and social worker position are managed by external HOMES leadership. Those departmental leaders conduct the first interview and send potential candidates for HOMES leadership to interview. - MPA and MMU Driver positions are posted, and leaders are actively interviewing candidates. - New Operations Manager, Shirrita Thrash will start on 2/18/26.	
	Operations	- HOMES continues regular communication with partner sites to identify challenges and improvements for our services. - Fleet management-Frank, HOMES Supervisor has continued collaboration for maintenance of vehicles. - HOMES leaders will meet with Contracts to discuss the residential substance abuse treatment contract. HOMES received three applications but eliminated one because it was limited to a single gender. - During the inclement weather shelter (IWS), HOMES provided two mobile medical units and the mobile dental unit. This year was the first time the mobile dental unit provided services, and it was well received. HOMES had approximately 100 encounters from IWS. Tina, Renee and Grant our Peer Navigators were inside Fair Park helping with non-medical needs. Mr. Gilot mentioned how the picture of the three mobile units at IWS site showed a strong force. - Parkland transitioned from Peoplesoft and Pathways to WorkDay.	

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 2/9/26 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

		- Kyla shared a floor plan for The Stewpot clinic. HOMES will have three exam rooms, 4 dental operatories and two consult rooms. Leadership collaborated to maximize the space. HOMES meets weekly with Stewpot and completion is expected by summer 2026.	
	Ambulatory Care Division Update	- Francesco Mainetti, Sr. VP left Parkland. Vivian Johnson, Sr. VP retired and Patricia Shirey, RN, VP will be leaving in a few weeks. - Goals for the division remain the same. - Mr. Gilot asked if HOMES has a behavioral health division. Kyla told him HOMES has a behavioral health team of about ten staff. - HOMES Leadership will continue to work with team around communication, safety and teamwork. Around safety, Dolores, RN Manager, really champions this with our staff. We also have staff that participates in the quarterly Workplace Safety Committee and encourage them to share information with our staff.	
	Quality Data	- HOMES Metric Balance Score card continues to trend good. - HOMES highest safety post events are around workplace violence. Mr. Gilot did ask about the workplace violence to which we stated we are the department with the highest. - We met our quarterly goal of patient satisfaction surveys. We were 20% higher this year than last year. Kyla shared some of the comments with the Board where there is good representation of all staff being highlighted. HOMES leaders feel it is important to share with the team and good for staff to see where they have been acknowledged. Ms. Gies said " I can attest that Dr. Khan is an excellent doctor."	
	HRSA Update	- Annual Uniform Data Set (UDS) is due on 2/15/26. HOMES Leadership is working to get this completed. Previously, HRSA had Project Officers (POs) and then they changed their structure to dissolve POs. Recently, HRSA decided to move back to the PO structure, HOMES leaders will meet with a new PO within the next few weeks. 2026 is HOMES next grant competition year. - HOMES did not meet the 2025 HRSA patient target, and this target has not been met for several years. Last year, Kyla reduced the target to a level that prevented any loss of funding; however, the target will need to be reviewed and potentially lowered again. Kyla believes HRSA may be shifting away from patient targets due to the increasing complexity of the patient population. As of the end of December, our patient count was 8,586, compared to a target of 9,192. - Mr. Gilot asked if it was last year when HRSA asked to talk to our board members, Yes, HRSA spoke to advisory board members in January 2025.	

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 2/9/26 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

	HOMES in the Community	- HOMES vaccinated 29 people with flu vaccine for the Feast of Sharing event. There was rainy weather that day of the event that impacted turnout. - In December during Operation Care, HOMES vaccinated 52 people with flu vaccine. Ms. Wonzer asked if we gave Covid vaccines. Dolores said we did not give Covid. Ms. Wonzer asked if we had Covid. Kyla stated we do have the vaccine but did not take to event as there has not been a big ask for it at our clinics. Leaders clarified the vaccine is available to or patient population upon request. - Picture of the Joint Community Advisory Board annual holiday luncheon was shared where some of our advisory board members were in attendance. - Dallas Point in Time (PIT) Count was held on January 22nd. Dr. Persaud was part of the Parkland team, and they filled out about 15-20 surveys and gave out care packages. The group was out until midnight in their assigned area. Ms. Hickom shared that data will be available in April. - Stewpot asked us to participate in their fundraising video. HOMES had to get permission from Corporate Communication. Our nurse Rachelle Floyd is in the video, A Story to Tell: Frederick, Mike, and Writers Workshop at The Stewpot. We also cannot forget we have our resident writer on this board Mrs. Gies. You can find the video on YouTube.	
	Unit Based Council (UBC)	- HOMES recently completed our 6th Annual Sock & Glove drive. The goal was 10,000 and the final count was for 12,500. Patients are thankful to have socks and gloves and received very positive feedback. Dolores was very intentional to distribute them. HOMES took about three boxes to the inclement weather site. One of our staff members told Dolores that a patient that received some socks stated "I can always count on Parkland." Most of the socks and gloves are gone now but we are still receiving them. - Kyla and Dolores were on a call recently with a Parkland employee resource group asking if they could donate feminine products for Women's month. - During the holiday season, a volunteer group brought mobile unit team members a snack basket just to show appreciation for the work HOMES does in the community. - Debbie Howard, Rn was the recipient of the Parkland ICARE Quarterly Award – Integrity.	
	Next meeting	- Next meeting will be April 13, 2026.	

The minutes, records and improvement activities operate under HB 4495b and the Texas Health & Safety Code, Sec. 161.031 & 161.032 affording protection from disclosure or discovery. Records of these committees are not public and are not subject to court subpoena. Records may be made available to persons who have a right to review the records and who are required to keep the information confidential.

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – February 2026

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- HRSA Update
- Policy Approval-Quality Assessment/Performance Improvement (QAPI)

Operational Updates

Staffing

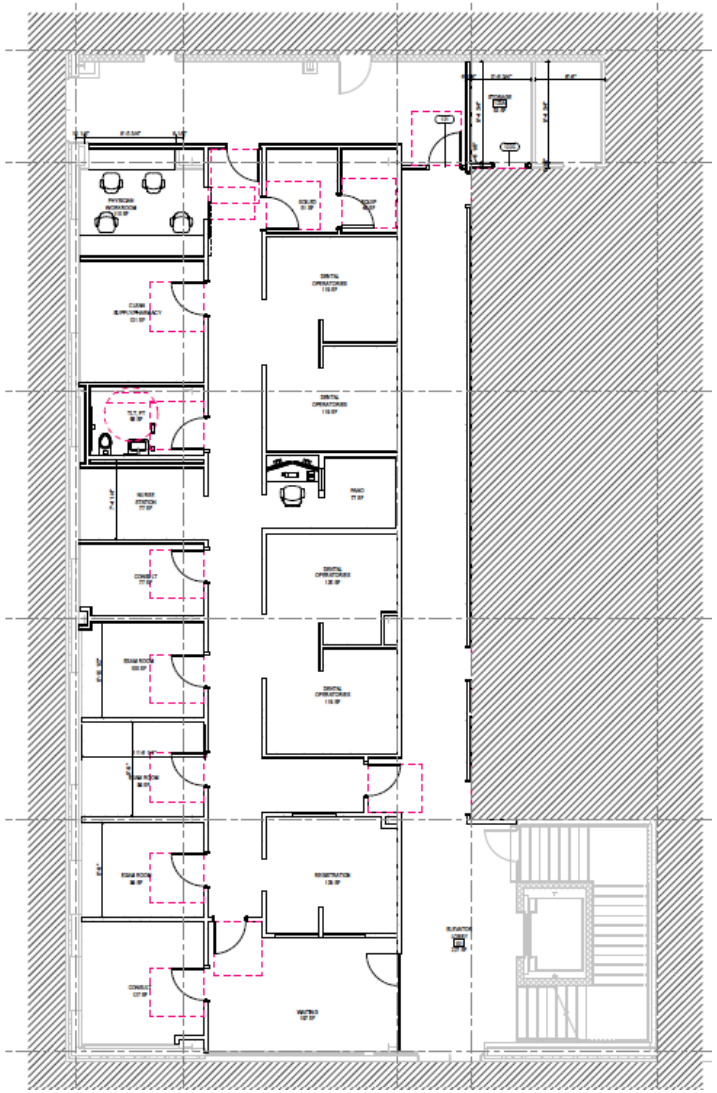
- 1.0 FTE Dentist
- 1.0 FTE Dental Assistant Supervisor
- 1.0 FTE Mobile Medical Unit Driver (MMU)
- 1.0 FTE Medical Practice Assistance (MPA) (offer pending)
- 1.0 FTE Social Worker
- 1.0 FTE Mental Health Counselor

Operations

- Inclement Weather
- Site updates
  - Stewpot
  - The Salvation Army

Parkland | Care. Compassion. Community.

The Stewpot



- 1900 Sq Feet
- 3 exam rooms
- 4 dental operatories
- 2 consult rooms
- Provider workstation
- Lab area
- Registration area
- 10-11 staff daily (existing FTEs)

Management & Finances – January

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	1576	9192	17%	8%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	2627	3068	(441)	-14.4%	11,865	12,147	(281.79)	-2.3
Expenses	$753,804	$934,501	$180,697	19.3%	$2,815,948	$3,221,873	$405,925	12.6%
Charges	$2,430,147	$2,134,829	$295,318	13.8%	$10,702,169	$8,451,434	$2,250,735	26.6%
Revenue	$60,256				$313,405			
Commercial	$1,079				$5,405			
Medicaid	$39,130				$211,432			
Medicare	$20,047				$96,568			
FTE	58.32				50.36			
FTE - OT	.56	1.12	0.57	50.6%	1.04	1.12	0.09	7.7%

- HRSA grant year: January 1, 2026 to December 31, 2026
- HRSA recommendation is claims billed in less than 30 days.

Governance

- HOMES Advisory Board Meeting
  - February 9, 2026-11:30am
  - 5 community members
- Next HOMES Advisory Board Meeting:
  - April 13, 2026-11:30 am
  - Hybrid option available

HRSA Update

- Annual Uniform Data System (UDS) Reporting
  - Report due February 15th
    - Patient demographics, services provided, staffing, clinical processes & results, patients' use of services, costs, and revenue
    - Primary collaboration with Grants management, Finance and Revenue cycle
  - HRSA review and corrections- mid February to mid March 2026
  - Final data-April 2026

HOMES Patient Overview

- 61% Male, 39% Female
- 47% White, 47% African American, 6% Other
- Majority adults (92%) are between 25yo to 64yo
- Uninsured, below 100% FPL
- Live in shelters, TH, PSH, unsheltered

- Top Diagnosis
  - Hypertension
  - Overweight & Obesity
  - Depression and Other Mood Disorders
  - Tobacco Use
  - Diabetes

HOMES HRSA Policy Approval

Quality Assessment and Performance Improvement (QAPI)

- Reviewed by Parkland subject matter experts
- 2-year review cycle
- Minor formatting changes
- Ensures alignment between Parkland, HOMES and HRSA Health Center Program Manual

Appropriate Action Regarding Quality Assurance Performance Improvement

Homeless Outreach Medical Services (HOMES) QAPI	POP.PI.002	Published: 12/19/24
POPULATION HEALTH - Performance Improvement		Page 1 of 8

PURPOSE:

The Homeless Outreach Medical Services (HOMES) Program promotes the mission, vision and values of Parkland Health ~~and Hospital System~~ by implementing and maintaining an ongoing quality improvement/assurance (QI/QA) system that includes clinical services and clinical management and maintains the confidentiality of patient records. The HOMES Quality Assessment and Performance Improvement (QAPI) plan is aligned and integrated with the enterprise-wide QAPI.

The HOMES QAPI provides for the following:

- Organizational arrangements, including a focus of responsibility, to support the quality assurance program and the provision of high-quality patient care; and
- Periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by HOMES. Assessments must:
    - 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;
    - Assess patient satisfaction, achievement of project objectives, and include a process for hearing and resolving patient grievances; and
    - Identify and document the necessity for change in the provision of services by the center and result in the institution of such change, where indicated.

SCOPE:

All Parkland Health (“Parkland”) Workforce members in Federally Qualified Health Center (FQHC) HOMES service locations. HOMES, a Section 330(h) of the Public Service Act Health Care for the Homeless health center designation under the Health Resources and Services Administration (HRSA), serves individuals:

- Who lack housing (without regard to whether the individual is a member of a family);
- Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
- Who reside in transitional housing;
- Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations; and/or
- Who are children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.

PROCEDURE:

1. Structure and Accountability: HOMES Board of Managers

   A. HOMES is governed by the Dallas County Hospital District's Board of Managers (Board). The Board has full power and authority to oversee and provide direction regarding the affairs of HOMES. The Board sets priorities and policies for the HOMES program, assists the program in promoting its goals, and provides input and feedback to generally assist the development, implementation, and evaluation of the program.

2. HOMES Quality Leadership Committee Structure:

   A. Chair - The HOMES Medical Director will serve as Chair.

   B. Co-Chair.

   C. HOMES Project Director.

   D. HOMES Quality Nurse.

   E. HOMES Nurse Manager.

3. HOMES QAPI Program

A. The framework of the HOMES QAPI includes:

1) Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of HOMES services, as applicable;

2) Identifying, analyzing, and addressing patient safety and adverse events and implementing following up actions, as necessary;

3) Addressing patient satisfaction;

4) Hearing and resolving patient grievances;

5) Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of HOMES services, as appropriate;

6) Producing and sharing reports on the QI/QA to support decision-making and oversight by HOMES key management staff, the HOMES Advisory Board, and the Board regarding the provision of HOMES services;

7) Monthly QAPI meetings; and

8) HRSA clinical and financial measures as part of Uniform Data System (UDS) annual reporting.

B. QI/QA Assessments

1) The HOMES Medical Director conducts QI/QA assessments on at least a quarterly basis, using data systematically collected from patient records to ensure provider adherence to current evidence-based clinical guidelines, standards of care, and/or standards of practice in the provision of HOMES services. The Program identifies patient safety and adverse events, participates in investigation of these events, and develops and implements appropriate action plans when indicated.

2) Data from all quality and safety activities are reviewed and analyzed by the Medical Director, the Project Director, Nursing leadership, and HOMES Quality Nurse.

3) Findings are discussed at monthly staff meetings, the monthly QAPI meeting, and no less than quarterly at the Board meeting.

4) HOMES Advisory Board meetings are held bi-monthly and are used to gather data on reported health needs. Feedback is analyzed from the consumer meetings and reported to HOMES Quality Leadership Committee quarterly. Focus Groups are held annually and as needed.

C. Patient Safety

1) All clinical events falling outside the usual course of care, including “near misses”, at HOMES sites are reported using Parkland’s Safety Center reporting system. (See Parkland’s QAPI policy SYS.PI.001) Examples of reported events include but are not limited to falls, medication errors, equipment failures, assaults, property theft, treatment events, and good catches/near misses. This process mirrors Parkland’s QAPI.

2) Serious safety events are reviewed immediately by the Nurse Manager and sent to the Medical Director for review. The investigation is conducted by HOMES leadership in partnership with Parkland’s Patient Safety and Risk management team. Root Cause Analysis (RCA2) may be conducted to identify system or process issues that may have contributed to the event and develop an action plan for preventing similar occurrences in the future.

3) Medical Error Reduction:

a) All medical errors are reviewed by the Medical Director and Project Director and discussed with HOMES team members. Trends in errors are reviewed by the Medical Director and Project Director and immediate efforts are made to intervene with measurable improvement indicators.

D. Quality and Utilization of HOMES Services:

1) The Medical Director and Project Director provide oversight of quality measures to evaluate the effectiveness and safety of services and quality of care. (Reference – UDS Resources)

2) The quality measures include, but are not limited to, the UDS clinical quality measures. (Reference – UDS Resources)

3) The metrics included on the HOMES Dashboards must be geared toward measuring and improving quality outcomes.

4) The goal is meeting the quality measure benchmarks, outlined in the HRSA grant, that are reported annually in the UDS.

E. Quality Improvement Projects:

1) The Medical Director and Project Director provide oversight of the quality improvement projects, the number and scope of which shall be proportional to the scope and complexity of the services offered. HOMES uses standardized Plan, Do, Study, Act (PDSA) methodology for all quality improvement-related activities. The PDSA Model is used to ensure a consistent and thorough approach and consists of the following steps:

a) Plan— observe and assess problem, create plan for improvement;

b) Do— test intervention on a small scale;

c) Study— analyze the data and study the effect of the intervention;

d) Act—Refine based on findings, operationalize (adapt or adopt); and Cycle is repeated until desired state is achieved.

F. Prioritization:

1) The Medical Director, Project Director, and Nursing Leadership prioritize performance improvement activities that:

a) Focus on high-risk, high-volume, or problem prone areas;

b) Consider the incidence, prevalence, and severity of problems on those areas; and

c) Affect health outcomes, patient safety and quality of care.

G. Patient Satisfaction and Patient Grievances Processes

1) Patient Satisfaction Surveys are conducted by the HOMES staff at the point of care. The results are reviewed by leadership and program staff to develop planned actions. Reports are provided at the HOMES Board of Directors, the HOMES Quality Leadership Committee, and the HOMES Advisory Board.

2) Patient Complaint and Grievance processes are followed by the system-wide policy SYS.RR.004. This policy also addresses 25 Tex. Administrative Code §133.42 (2016) (Dept of State Health Services, Patient Rights), The Joint Commission, Patient Rights and Responsibility Standard. RI.01.07.01 (2016), , the beneficiary billing complaint related to rights and limitations provided by 42 CFR 489 and Condition of Participation 42.C.F.R § 482.13 (a)(2).

H. Infection Prevention

1) The Infection Prevention (IP) Department in collaboration with HOMES leadership oversees the implementation and sustainability of the Infection Prevention and Control Program (IP Program) throughout Parkland. The goal of the IP Program is to eliminate or reduce the risk of acquisition and transmission of healthcare acquired infections (HAI), including multi-drug resistant bacteria and infections of public health importance. The IP program is governed by the Infection Prevention and Control Committee (IPCC), a multidisciplinary medical staff committee comprised of representatives from various service lines and health system departments. The IPCC is charged with the oversight of infection control processes and policies throughout the health system. The IP Department facilitates the development of an annual IP risk assessment and work plan that informs the IP Program and is approved through the IPCC, QCPSC (Hospital Quality of Care & Patient Safety Committee) and the QBOM (Quality of Care & Patient Safety Committee of the Board of Managers).

2) IP collaborates with several areas including but not limited to nursing, medical staff, facilities, sterile processing, environmental services (EVS), occupational health and pharmacy in order to regularly and consistently evaluate the environment of care, proactively identify evolving infection-related risks, enhance adherence to existing infection control processes, promote

antimicrobial stewardship and facilitate ongoing infection control process improvement.

I. HOMES and Vaccines

1) HOMES follows the established guidelines for ordering, storage, handling, contingency plans and administration of vaccines for clinics participating in the Texas Vaccine for Children (TVFC) Program (procedure POP.MM.001).

J. Pharmacy

1) Medication Storage: All medication within Parkland Class D pharmacies follows the appropriate guidelines for the storage of drugs and/or devices (policy PHR- CD-006).

2) Receiving of Drugs and Devices: All medication within Parkland Class D pharmacies follows the appropriate process to receive drugs/devices (policy PHR-CD-016).

3) Delivery of Drugs and Devices: All medication within Parkland Class D pharmacies follows the appropriate process on how drugs and devices are delivered (policy PHR-CD-017).

K. Confidentiality of Medical Records:

1) HOMES maintains the confidentiality of patient records, including all information as to personal facts and circumstances obtained by the HOMES staff about recipients of services. Specifically, HOMES must not divulge such information without the individual's consent except as may be required by law or as may be necessary to provide service to the individual or to provide for medical audits by the Secretary of Health and Human Services (HHS) or his/her designee with appropriate safeguards for confidentiality of patient records.

2) HOMES maintains a retrievable health record (Epic electronic health record) for each patient, the format and content of which are consistent with both Federal and state laws and requirements.

3) HOMES has implemented systems for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with Federal and state requirements.

L. Approval:

1) The HOMES QAPI Plan is reviewed and approved no less than annually by the HOMES Quality Leadership Committee and the Board. Any revisions intra-year will be presented to the HOMES Quality Leadership Committee and the Board.

DEFINITIONS:

Uniform Data System (UDS): The UDS is a core set of information appropriate for reviewing the operation and performance of health centers. The UDS annually collects a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues.

Workforce member: An Officer, board member, employee, volunteer, contractor, vendor, trainee, or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland, whether or not he or she is paid by Parkland. “Workforce member” also includes all physicians, other members of the medical staff, and non-physician clinical providers, whether or not employed by Parkland.

REFERENCES:

Health Resources & Services Administration, Health Center Program Compliance Manual; https://bphc.hrsa.gov/programrequirements/compliancemanual

Health Resources & Services Administration, Uniform Data System Resources; https://bphc.hrsa.gov/datareporting/reporting

Homeless Outreach Medical Services (HOMES) QAPI	POP.PI.002	Published: 12/19/24
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PURPOSE:

The Homeless Outreach Medical Services (HOMES) Program promotes the mission, vision and values of Parkland Health by implementing and maintaining an ongoing quality improvement/assurance (QI/QA) system that includes clinical services and clinical management and maintains the confidentiality of patient records. The HOMES Quality Assessment and Performance Improvement (QAPI) plan is aligned and integrated with the enterprise-wide QAPI.

The HOMES QAPI provides for the following:

- Organizational arrangements, including a focus of responsibility, to support the quality assurance program and the provision of high-quality patient care; and
- Periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by HOMES. Assessments must:
    - 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;
    - Assess patient satisfaction, achievement of project objectives, and include a process for hearing and resolving patient grievances; and
    - Identify and document the necessity for change in the provision of services by the center and result in the institution of such change, where indicated.

SCOPE:

All Parkland Health (“Parkland”) Workforce members in Federally Qualified Health Center (FQHC) HOMES service locations. HOMES, a Section 330(h) of the Public Service Act Health Care for the Homeless health center designation under the Health Resources and Services Administration (HRSA), serves individuals:

- Who lack housing (without regard to whether the individual is a member of a family);
- Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
- Who reside in transitional housing;
- Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations; and/or
- Who are children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.

PROCEDURE:

1. Structure and Accountability: HOMES Board of Managers
   A. HOMES is governed by the Dallas County Hospital District's Board of Managers (Board). The Board has full power and authority to oversee and provide direction regarding the affairs of HOMES. The Board sets priorities and policies for the HOMES program, assists the program in promoting its goals, and provides input and feedback to generally assist the development, implementation, and evaluation of the program.
2. HOMES Quality Leadership Committee Structure:
   A. Chair - The HOMES Medical Director will serve as Chair.
   B. Co-Chair.
   C. HOMES Project Director.
   D. HOMES Quality Nurse.
   E. HOMES Nurse Manager.
3. HOMES QAPI Program

A. The framework of the HOMES QAPI includes:

1) Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of HOMES services, as applicable;

2) Identifying, analyzing, and addressing patient safety and adverse events and implementing following up actions, as necessary;

3) Addressing patient satisfaction;

4) Hearing and resolving patient grievances;

5) Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of HOMES services, as appropriate;

6) Producing and sharing reports on the QI/QA to support decision-making and oversight by HOMES key management staff, the HOMES Advisory Board, and the Board regarding the provision of HOMES services;

7) Monthly QAPI meetings; and

8) HRSA clinical and financial measures as part of Uniform Data System (UDS) annual reporting.

B. QI/QA Assessments

1) The HOMES Medical Director conducts QI/QA assessments on at least a quarterly basis, using data systematically collected from patient records to ensure provider adherence to current evidence-based clinical guidelines, standards of care, and/or standards of practice in the provision of HOMES services. The Program identifies patient safety and adverse events, participates in investigation of these events, and develops and implements appropriate action plans when indicated.

2) Data from all quality and safety activities are reviewed and analyzed by the Medical Director, the Project Director, Nursing leadership, and HOMES Quality Nurse.

3) Findings are discussed at monthly staff meetings, the monthly QAPI meeting, and no less than quarterly at the Board meeting.

4) HOMES Advisory Board meetings are held bi-monthly and are used to gather data on reported health needs. Feedback is analyzed from the consumer meetings and reported to HOMES Quality Leadership Committee quarterly. Focus Groups are held annually and as needed.

C. Patient Safety

1) All clinical events falling outside the usual course of care, including “near misses”, at HOMES sites are reported using Parkland’s Safety Center reporting system. (See Parkland’s QAPI policy SYS.PI.001) Examples of reported events include but are not limited to falls, medication errors, equipment failures, assaults, property theft, treatment events, and good catches/near misses. This process mirrors Parkland’s QAPI.

2) Serious safety events are reviewed immediately by the Nurse Manager and sent to the Medical Director for review. The investigation is conducted by HOMES leadership in partnership with Parkland’s Patient Safety and Risk management team. Root Cause Analysis (RCA2) may be conducted to identify system or process issues that may have contributed to the event and develop an action plan for preventing similar occurrences in the future.

3) Medical Error Reduction:

a) All medical errors are reviewed by the Medical Director and Project Director and discussed with HOMES team members. Trends in errors are reviewed by the Medical Director and Project Director and immediate efforts are made to intervene with measurable improvement indicators.

D. Quality and Utilization of HOMES Services:

1) The Medical Director and Project Director provide oversight of quality measures to evaluate the effectiveness and safety of services and quality of care. (Reference – UDS Resources)

2) The quality measures include, but are not limited to, the UDS clinical quality measures. (Reference – UDS Resources)

3) The metrics included on the HOMES Dashboards must be geared toward measuring and improving quality outcomes.

4) The goal is meeting the quality measure benchmarks, outlined in the HRSA grant, that are reported annually in the UDS.

E. Quality Improvement Projects:

1) The Medical Director and Project Director provide oversight of the quality improvement projects, the number and scope of which shall be proportional to the scope and complexity of the services offered. HOMES uses standardized Plan, Do, Study, Act (PDSA) methodology for all quality improvement-related activities. The PDSA Model is used to ensure a consistent and thorough approach and consists of the following steps:

a) Plan— observe and assess problem, create plan for improvement;

b) Do— test intervention on a small scale;

c) Study— analyze the data and study the effect of the intervention;

d) Act—Refine based on findings, operationalize (adapt or adopt); and Cycle is repeated until desired state is achieved.

F. Prioritization:

1) The Medical Director, Project Director, and Nursing Leadership prioritize performance improvement activities that:

a) Focus on high-risk, high-volume, or problem prone areas;

b) Consider the incidence, prevalence, and severity of problems on those areas; and

c) Affect health outcomes, patient safety and quality of care.

G. Patient Satisfaction and Patient Grievances Processes

1) Patient Satisfaction Surveys are conducted by the HOMES staff at the point of care. The results are reviewed by leadership and program staff to develop planned actions. Reports are provided at the HOMES Board of Directors, the HOMES Quality Leadership Committee, and the HOMES Advisory Board.

2) Patient Complaint and Grievance processes are followed by the system-wide policy SYS.RR.004. This policy also addresses 25 Tex. Administrative Code §133.42 (2016) (Dept of State Health Services, Patient Rights), The Joint Commission, Patient Rights and Responsibility Standard. RI.01.07.01 (2016), , the beneficiary billing complaint related to rights and limitations provided by 42 CFR 489 and Condition of Participation 42.C.F.R § 482.13 (a)(2).

H. Infection Prevention

1) The Infection Prevention (IP) Department in collaboration with HOMES leadership oversees the implementation and sustainability of the Infection Prevention and Control Program (IP Program) throughout Parkland. The goal of the IP Program is to eliminate or reduce the risk of acquisition and transmission of healthcare acquired infections (HAI), including multi-drug resistant bacteria and infections of public health importance. The IP program is governed by the Infection Prevention and Control Committee (IPCC), a multidisciplinary medical staff committee comprised of representatives from various service lines and health system departments. The IPCC is charged with the oversight of infection control processes and policies throughout the health system. The IP Department facilitates the development of an annual IP risk assessment and work plan that informs the IP Program and is approved through the IPCC, QCPSC (Hospital Quality of Care & Patient Safety Committee) and the QBOM (Quality of Care & Patient Safety Committee of the Board of Managers).

2) IP collaborates with several areas including but not limited to nursing, medical staff, facilities, sterile processing, environmental services (EVS), occupational health and pharmacy in order to regularly and consistently evaluate the environment of care, proactively identify evolving infection-related risks, enhance adherence to existing infection control processes, promote

antimicrobial stewardship and facilitate ongoing infection control process improvement.

I. HOMES and Vaccines

1) HOMES follows the established guidelines for ordering, storage, handling, contingency plans and administration of vaccines for clinics participating in the Texas Vaccine for Children (TVFC) Program (procedure POP.MM.001).

J. Pharmacy

1) Medication Storage: All medication within Parkland Class D pharmacies follows the appropriate guidelines for the storage of drugs and/or devices (policy PHR- CD-006).

2) Receiving of Drugs and Devices: All medication within Parkland Class D pharmacies follows the appropriate process to receive drugs/devices (policy PHR-CD-016).

3) Delivery of Drugs and Devices: All medication within Parkland Class D pharmacies follows the appropriate process on how drugs and devices are delivered (policy PHR-CD-017).

K. Confidentiality of Medical Records:

1) HOMES maintains the confidentiality of patient records, including all information as to personal facts and circumstances obtained by the HOMES staff about recipients of services. Specifically, HOMES must not divulge such information without the individual's consent except as may be required by law or as may be necessary to provide service to the individual or to provide for medical audits by the Secretary of Health and Human Services (HHS) or his/her designee with appropriate safeguards for confidentiality of patient records.

2) HOMES maintains a retrievable health record (Epic electronic health record) for each patient, the format and content of which are consistent with both Federal and state laws and requirements.

3) HOMES has implemented systems for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with Federal and state requirements.

L. Approval:

1) The HOMES QAPI Plan is reviewed and approved no less than annually by the HOMES Quality Leadership Committee and the Board. Any revisions intra-year will be presented to the HOMES Quality Leadership Committee and the Board.

DEFINITIONS:

Uniform Data System (UDS): The UDS is a core set of information appropriate for reviewing the operation and performance of health centers. The UDS annually collects a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues.

Workforce member: An Officer, board member, employee, volunteer, contractor, vendor, trainee, or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland, whether or not he or she is paid by Parkland. “Workforce member” also includes all physicians, other members of the medical staff, and non-physician clinical providers, whether or not employed by Parkland.

REFERENCES:

Health Resources & Services Administration, Health Center Program Compliance Manual; https://bphc.hrsa.gov/programrequirements/compliancemanual

Health Resources & Services Administration, Uniform Data System Resources; https://bphc.hrsa.gov/datareporting/reporting

Questions?