Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, October 25, 2023, 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.) 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: 2623 820 8516; 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 2023-09-27 HOMES	2	1	Chair
B.	Approve Minutes 2023-10-09 HOMES Advisory Board	6		
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	13	3	Kyla Rankin
B.	Management and Finance Update	14	3	
C.	Governance Update	15	3	
D.	Quality Improvement Update	16	3	
E.	HRSA Compliance Manual Requirements: The Big 20	25	3	
F.	HRSA Compliance Manual Requirements: Chapter 10: Quality Improvement Assurance Plan	29	3	
G.	Harris Health Visit	31	3	
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			
A.	Closing Remarks		1	
B.	Call to Adjourn			

Approve Minutes 2023-09-27 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
September 27, 2023

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, September 27, 2023, scheduled for 3:30 p.m. (or immediately following Board of Managers meeting) at Southeast Community Oriented Primary Care Clinic located at 9202 Elam Road, Dallas, Texas, in the Cafeteria Classroom 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 3:13 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Byron Cryer, MD; Reina Gonzalez, JD; Vincent Hall; Ramon Miguez, PE; Farida Minner, RN; Elizabeth Palacios, MD; and Lisa Sutter.

Board members Todd Furniss, JD, and John Proctor were not present.

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

DeLancey Johnson, SVP Associate Chief Talent Officer (in-person)
Donna Richardson, EVP & Chief Nursing Executive (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer (in-person)
Forrest Stovall, Governance Program Manager (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Heyab Asgedom, Administrative Resident (in-person)
Jessica Hernandez, SVP Chief DEI Officer
Kyla Rankin, HOMES Project Director (in-person)
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Pam Bryant, SVP Chief Supply Chain Officer
Rick Humphrey, EVP & Chief Financial Officer (in-person)
Roberto de la Cruz, EVP Chief Clinical Officer (in-person)
Saul Cordero, SVP & Chief Governance & Strategy Officer (in-person)
Steven Roth, EVP & Chief Legal 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 2023-08-23 HOMES

Vincent Hall motioned for the approval of the Consent Agenda. Lisa Sutter 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

Kyla Rankin reported on HOMES' staffing. There are currently two nurse, one dental assistant, one lead dental assistant, and one mobile medical unit driver positions posted. However, the two nurse positions will not be filled due to operational challenges at the Deflection Center. Patient volumes at the Deflection Center have not met initial anticipated numbers, so the nurse positions will not be filled.

Kyla informed the Board that HOMES was recently approved for additional dental positions. With the addition of one dental assistant and one lead dental assistant, HOMES' staffing ratio will increase to 1.5 dental assistants to one dentist which is closer to the national standard. Lastly, services at Promise House will also pause due to patient volume and leadership transition.

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

B. Management and Finance Update

HOMES has seen 6,298 unduplicated patients to date. The annual goal is 9,675. Expenses remain over budget which is driven by the variance to budget in patient encounters. If visits continue to surpass the budget, there is a potential to remain over budget for the year.

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

C. Governance Update

The next HOMES Advisory Board meeting is October 9, 2023. A hybrid attendance option (in-person and virtual) will remain in place with the extended time. The December meeting will also combine with Population Health.

D. HRSA Compliance Manual Requirements: The Big 20

Kyla Rankin reviewed The Big 20 manual.

E. HRSA Compliance Manual Requirements - Chapter 11: Key Management Staff
Kyla Rankin reviewed Chapter 11: Key Management Staff. She reported on the HRSA requirements and how HOMES demonstrates compliance with the HRSA requirements. She also reviewed the HOMES Organizational Chart.

F. HRSA Update: FY2023 COVID-19 Bridge Funding
Kyla Rankin informed the Board that HOMES received $85,101.00 in COVID-19 Bridge Funding. Kyla explained the award determination amount and the period of performance, which is September 2023 to December 2024. Kyla also informed the Board of allowable activities and unallowable costs for the funds. HOMES' plan is to utilize the funds to continue expanding COVID vaccine activities in 2024.

VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 3:28 p.m.

SO RECORDED:

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

Approve Minutes 2023-10-09 HOMES Advisory Board

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 10/9/23 **Time:** 11:30 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

Attendees							
x	Kyla Rankin	x	Benita Grant	x	Farida Minner	x	Wanda Wonzer
x	Sara Galvez	X	Margie Roberts	x	Michael Gilot		Sarah Khan
x	Dolores Diaz	x	W.R. Cunningham	X	Vicki Gies		Guadalupe Ramirez
x	Donna Persaud		Marjorie Petty		Elfrieda Cole	x	Forrest Stovall
Guests							

	Agenda Item/ Presenter	Discussion	Action items
	Approval of October Minutes	-Motion to approve August minutes. Approved by Michael Gilot and second by Farida Minner	
	Staffing	- 1 FTE Dental Assistant (DA) positions open; actively interviewing - 1 FTE Lead DA-actively interviewing - 1 FTE DA to start tentatively at end of October - 1 FTE MMU Driver-Processing candidate offer - 1 FTE RN position open; actively interviewing	
	Operations	- Men of Nehemiah-site currently on pause due to patients with out of network coverage for Parkland. Many signed up through ACA. This pause was requested by Men of Nehemiah. Awaiting the new year for new marketplace plans to see if they are in network with Parkland which will prevent patients from receiving large bills. - Mobile unit is being sent to 24 hour club in the interim while Men of Nehemiah is on pause. - Promise House site is on pause while they expand services. This clinic spot is being filled with PAP Clinics. Over 100 PAP clinic visits-to screen women for cervical cancer have been completed. - Encampment decommission-next anticipated date is October/November with the possibility of 2 sites. Awaiting needs assessment from Housing Forward. 15 different sites have been decommissioned; with every guest being offered housing. - Telehealth- Twice a week; once during the week from HWB location and Friday mornings via Sprinter. Over 100 telehealth visits have been completed in calendar year 2023. HOMES leadership will continue to work through IT issues-connectivity, challenges with backpack equipment. - Deflection Center- Nursing staff has transitioned to covering 12 hour shifts. There are ongoing meetings with HOMES and HWB staff to work through processes/issues/challenges. Labs will be drawn on site by nursing any day of the week. There have been improvements in process, communication, and overall collaboration over the last year. 12-hour nurse coverage does not require an increase in staffing	

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 10/9/23 **Time:** 11:30 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

		- Dental-HOMES continues to have a shortage of dental assistants. Current access for Dental is, Mon-Thursday, HOMES Stewpot Clinic & Jubilee Dental is on rotating Fridays. Ms. Wonzer asked if appointments had to be made for Stewpot dental clinic or first come/first served. Sara shared it's a combination of both. Appointments are made from medical/internal referrals- any slots that are no shows or not filled, will be for walk-ins. Ms. Wonzer asked about dental scope of practice. Dr. Persaud shared dental does most things except complicated root canals, cleanings, deep cleanings, simple root canals, extractions and dentures but no crowns. For clarification, Kyla added, Parkland/HOMES does not pay for dentures, dentures are funded by First Presbyterian Church; which go based on referrals from HOMES dental team. Funding is limited. - New Mobile Unit (PH 32); still working on getting it ready. Hope to get it on the road within the next month. - Continue to have challenges with mobile units, maintenance, and mechanical issues. Summers are challenging with the heat. - Safety- in the last 4 to 6 months; leadership has talked about strategies on how to address workplace violence and other issues. HOMES uses a huddle board-emailed to staff every Friday. Red-Yellow-Green. Talks about issues in clinics, mobile units, different projects. Recently added additional section to share with staff patient behavioral issues that happen in clinic. - Most areas in clinic use physical huddle boards to promote HRO (high reliability organization), due to HOMES logistics, we have permission to use the virtual method mentioned above.	
	Patient Target	- Annual goal is 9765, we will not meet this goal. Kyla has requested this number to be reduced in 2024 Service Area Competition (SAC). HOMES is waiting to hear back from HRSA on the SAC.	
	Quality	- Metric score cards-combination of audits that look for trigger issues of safety. Patient Safety posts are WPV, 2 patient ID errors, patient falls. We continue to look at ways to increase prevention. - Patient messages 1-5-7 are handled by nurses. - Patient satisfaction surveys are collected quarterly. September goal was 600; 612 were collected. Survey analysis-nursing care is always high preforming. After hour access is the lowest performing item.	
	Advisory Board Membership	- HOMES can still use additional members for the advisory board. Leadership will reach out to community partners to recruit new members. Looking for someone who utilizes HOMES services/familiar with our services. Members who missed 2 or more meetings will be sent a letter; according to the by-laws.	

Parkland

HOMES ADVISORY BOARD MEETING MINUTES

Date: 10/9/23 **Time:** 11:30 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

	HRSA Updates	- HOMES received additional 85K to continue essential COVID 19 related services. Time frame is Sept 23-Dec 24. We will continue to do outreach efforts with partners and other community requests. We can do testing, vaccines, therapeutics, other support services, pay for supplies and personnel. With this money we cannot purchase mobile units, any facility purchases or other projects. Community Development Specialist (CDS) continues to spearhead these efforts.	
	Community Engagement	- Mammogram Outreaches: 2 dates are secured each year just for HOMES patients. For 2024; dates TBD. One outreach will be held in Moody. The other will be with the mobile unit going to one of the bigger shelter sites, Dallas Life Foundation, Austin Street, Nexus, Bridge. - In Sept 2023. 14 Austin Street ladies received mammograms at CV Roman COPC-HOMES provided shuttle service. - HIV team continues to expand outreach efforts. Every 3rd Thursday is dedicated to rounding partners to provide education and testing. 4th Friday is reserved for Our Calling Women's Group. - Renee (peer navigator) and Benita (CDS) went to HIV conference in DC (USCHA). - CDS and behavioral health staff did an engagement with Dallas Police in the southern sector of Dallas to engage with the unsheltered homeless in that area. More to come.	
	Recognition and Celebrations	- Unit Based Council- Employee of the Quarter winner was Driver, Clara Jackson. - September 2023 Daisy award winner, Salomy (Sally) Paulose, RN - Dolores Diaz, provided background on both awards	
	Looking Ahead	- New Shed location move is Spring 2024 - Staff yearly performance appraisals are in progress - Parkland did One Survey which is an employee engagement survey. Results are being reviewed and leadership will come together to develop an action plan addressing results/concerns.	
	Miscellaneous	- HOMES will present services to Baylor Case Management inpatient staff-October 2023. - Mrs. Gies asked about encampment services. Housing forward does not have a schedule of when they provide services to encampments. - All neighbors collation meeting; monthly every 4th Tuesday. - Mrs. Gies is a journalist for StreetZine paper	Kyla to follow up with Housing Forward about encampments Send all neighbors info. Send copy of StreetZine to advisory board members.
	Next meeting	- Dec is the Joint Advisory Board meeting; tentatively it will be Friday, Dec 1st. Location TBD.	

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 10/9/23 **Time:** 11:30 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

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 –October 2023

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Staffing/Services
  - Management and Finance
- Governance
- Quality Improvement/Assurance
- The Big 20
- HRSA compliance manual requirement
- Healthcare for the Homeless-Harris Health tour

Operations

- Staffing

  Posted

  - 1.0 FTE RN
  - 1.0 FTE Dental Assistant
  - 1.0 FTE Lead Dental Assistant
  - 1.0 FTE Mobile Medical Unit Driver
  - 1.0 FTE Community Development Specialist

- Dental
- Telehealth
- Mobile medical unit parking

Management & Finances – September

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	6868	9,675	70%	75%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3013	2441	572	23.5%	40,209	29,097	11,112	38.2%
Expenses	$742,627	$599,969	($142,658)	-23.8%	$7,619,954	$7,239,199	($380,755)	-5.3%
Charges	$2,606,627	$2,098,624	$508,003	24.2%	$28,441,970	$25,020,214	$3,421,756	13.7%
Revenue	$64,609				$748,378			
Commercial	$1036				$5913			
Medicaid	$43.039				$522,718			
Medicare	$20,534				$219,747			
FTE	63.53				59.95			
FTE - OT	1.63	1.90	0.28	14.6%	1.09	1.38	0.29	20.9%

- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2023 to December 31, 2023

Governance

- HOMES advisory Board meeting
- Monday, October 9, 2023
  - 5 members in attendance
    - 3 in-person/2 virtual
  - December meeting-Friday, December 1, 2023-joint luncheon with Population Health advisory boards

Quality Assurance/ Improvement

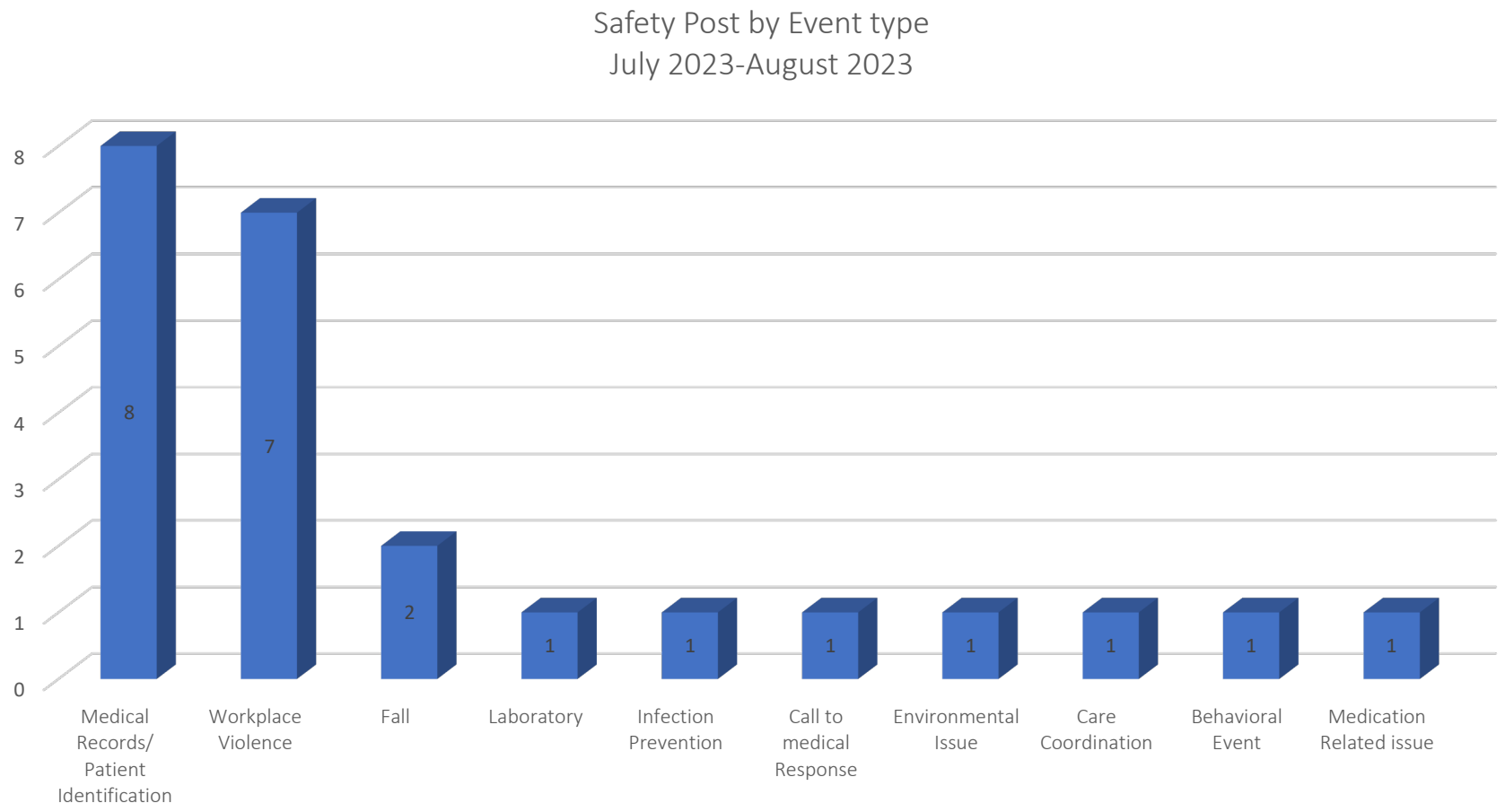
- 3rd Quarter 2023 QA/QI data

COPC Metric Balance Score Cards Patient Care & Safety Audits

Measures	July 2023	August 2023	September 2023	Goal
Staff Safety Post	5	11	8	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	95.6%	96.5%	99.1%	95%
Medication Reconciliation (Reviewed percent)	99%	99%	99%	90.0%
Environment of Care	100%	93.4%	93.4	90%
Patient Messages (1-5-7)	**90.5%**	**97.7%**	**96.3%**	90.0%

Parkland | *Care. Compassion. Community.*

Safety Post by Event type



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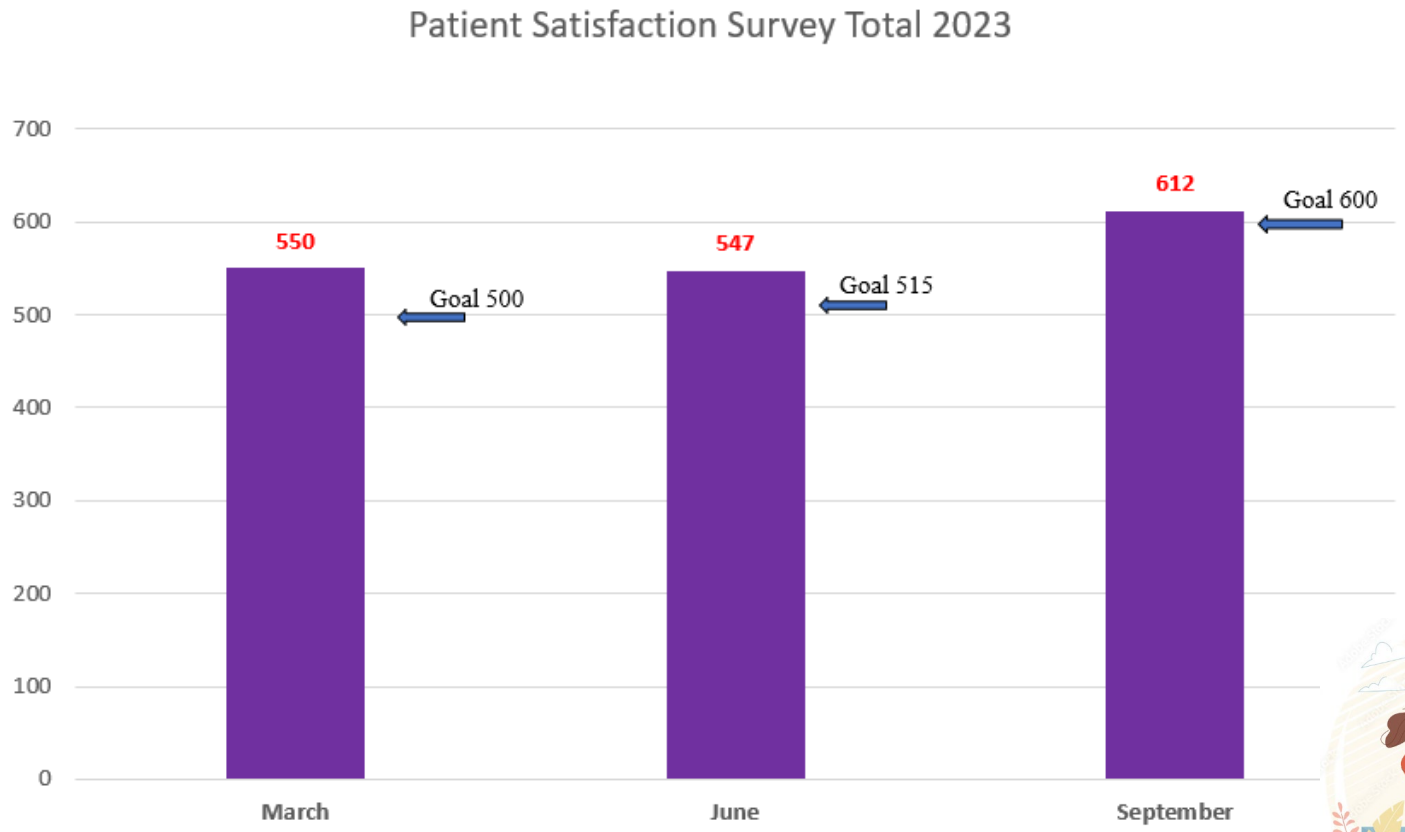
Patient Satisfaction Survey Totals= Quarterly Report



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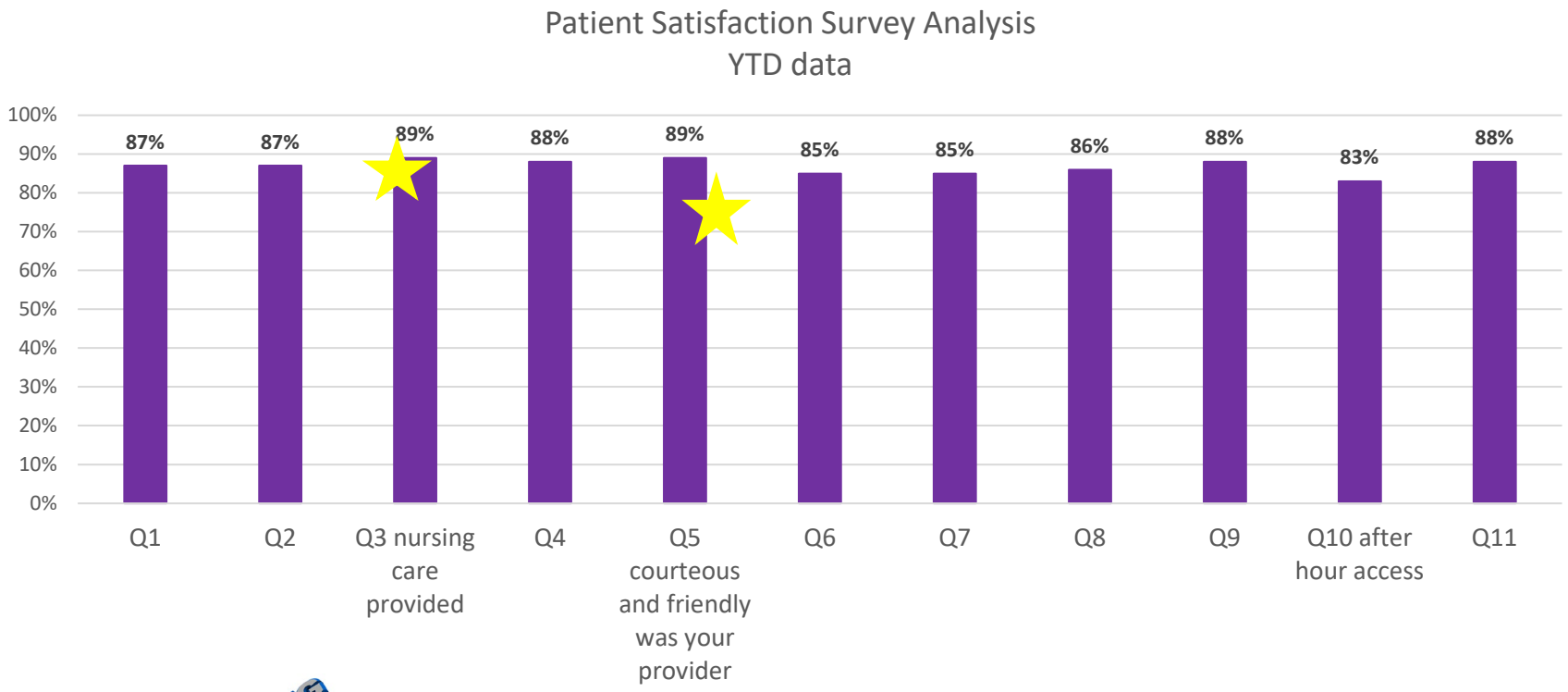
Patient Satisfaction Survey Analysis



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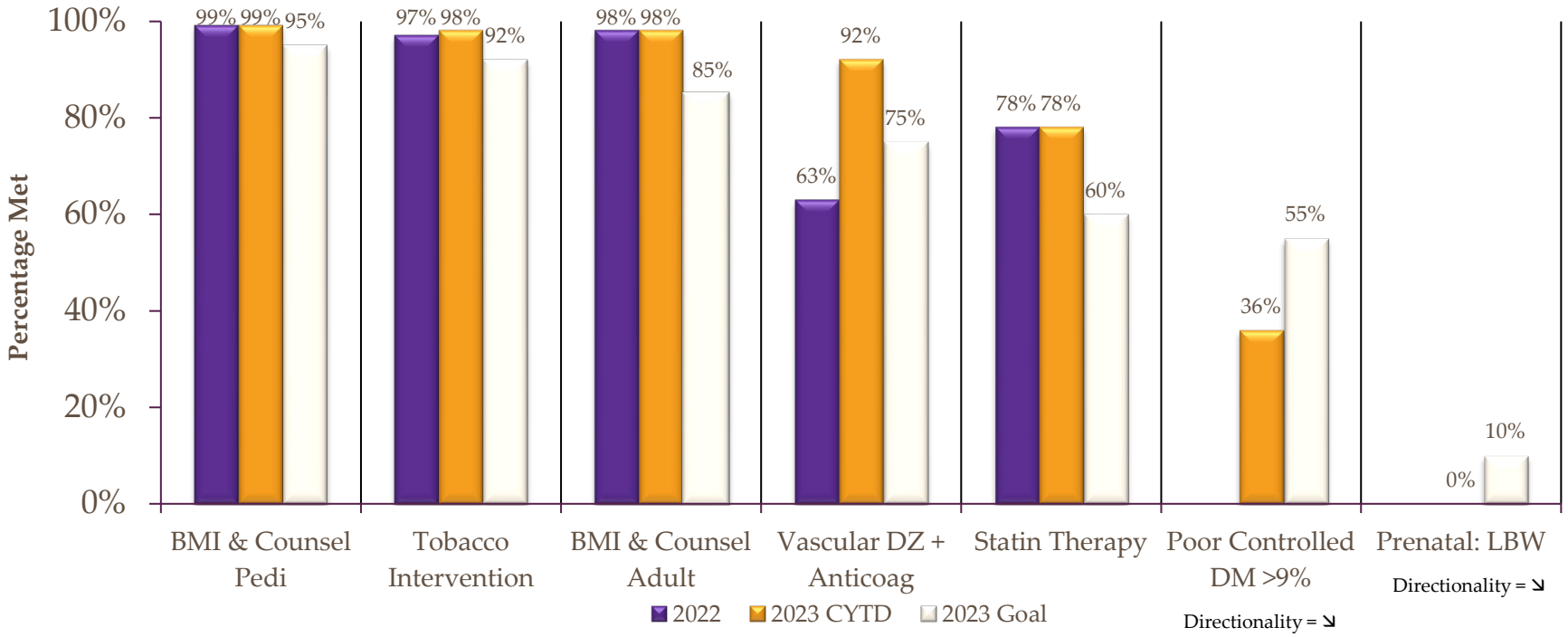
HRSA Quality Measures at or above Goal
YTD – September 30, 2023



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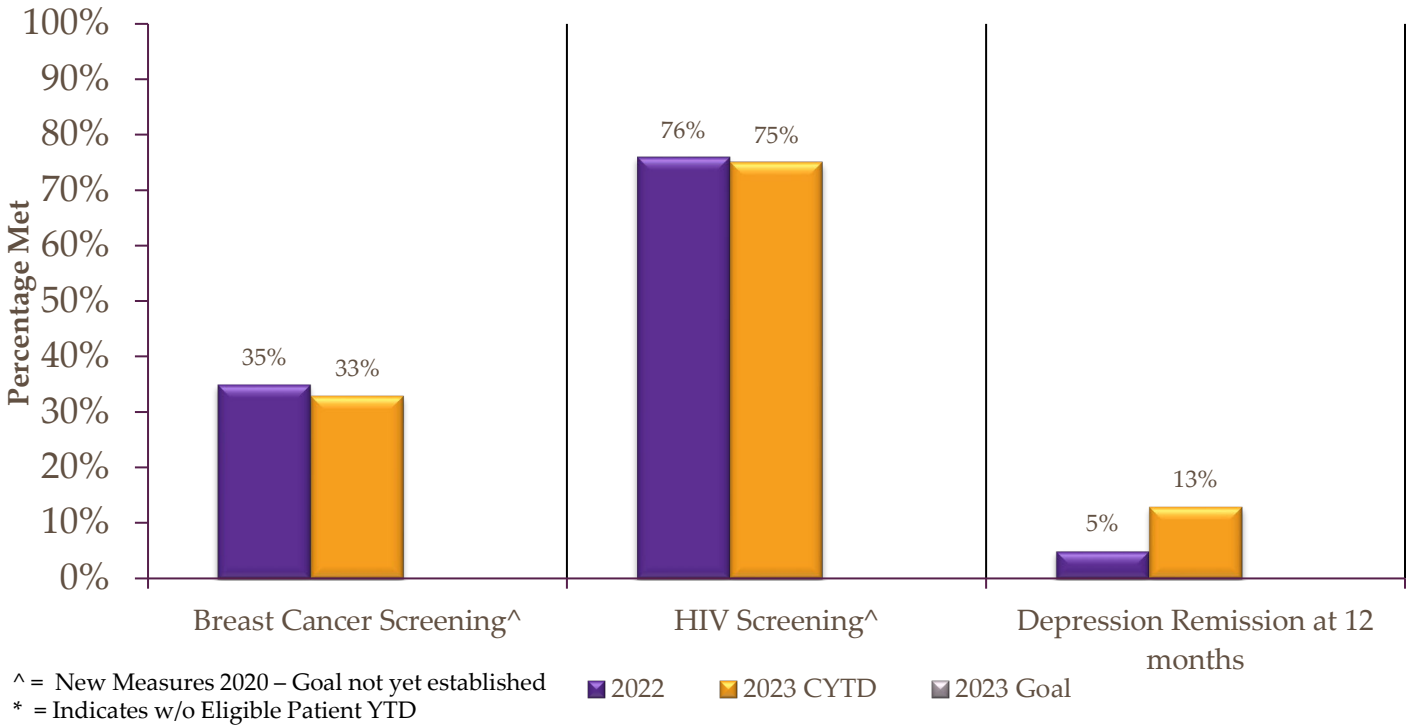
HRSA Quality Measures/ YOY Performance

YTD– September 30, 2023



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

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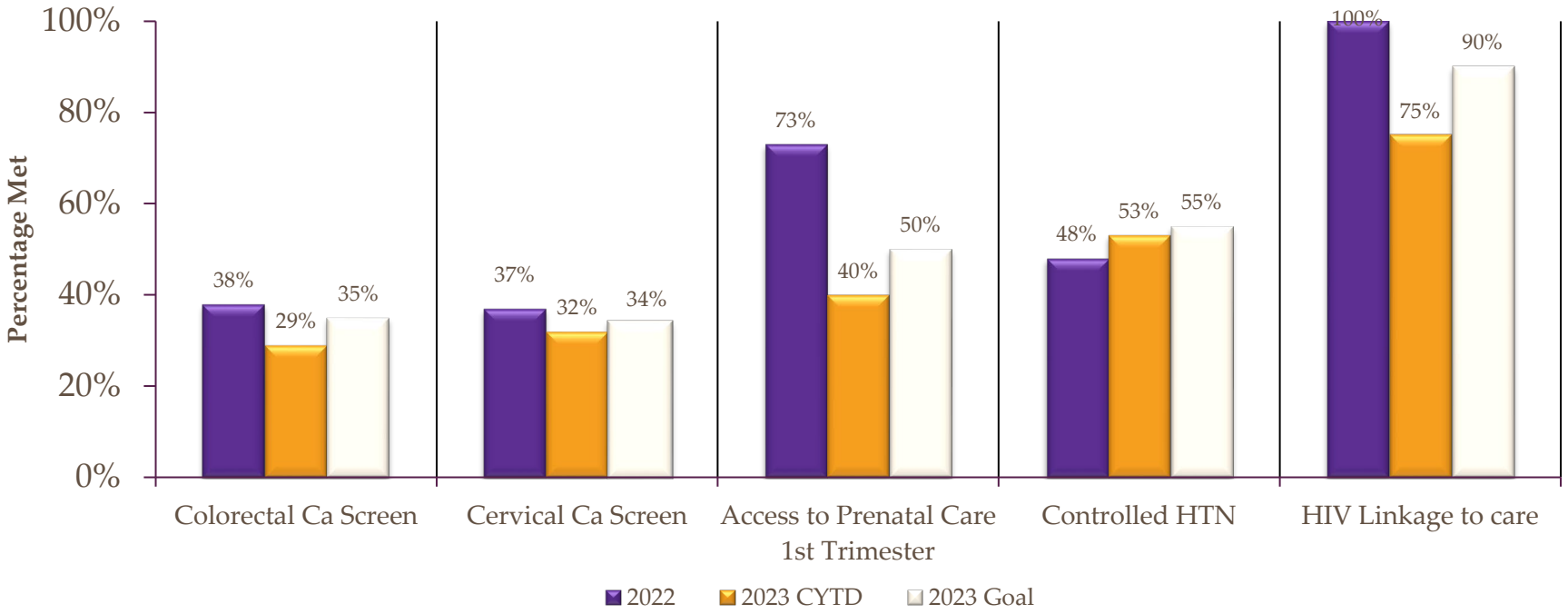
HRSA Quality Measures Needing Improvement
YTD – September 30, 2023



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HOMES Telehealth to Improve Healthcare Access in Dallas County Shelters

Donna Persaud MD, Vanessa Martinez BSN,RN , Carmin Zambrano BSN, RN, Dolores Diaz MSN
Homes, Parkland Health, Dallas, Texas

Background

The Homeless Outreach Medical Services (HOMES) program has been in existence for over 30 years to provide care for the unhoused population of Dallas County. With our mobile health clinic vans, we provide healthcare to patients at local shelters. One avenue to best achieve our goal of providing care for this very vulnerable patient population was telehealth. Telehealth applications have been in use in medicine to varying degrees for years. However, with the advent of the COVID-19 pandemic, efforts to increase their use intensified. New applications were developed and used to increase the reach of physicians in this period of overwork with the heavy influx of sick patients.

With nurses using telehealth backpacks to examine patients, we can increase the value of our exams for our patients by having a physician remotely connected. Additionally, nurses can leverage their degree to a high level since they conduct the patient examination. Use of this technology can expand our footprint for the treatment of the unhoused population in Dallas County. Therefore, in April 2023, we purchased two telehealth backpacks for use in performing medical exams for homeless patients.

Aim

Our goal is to determine if the use of telehealth backpacks is a viable means to provide patient care to our homeless population in Dallas County, Texas.

Methods

We purchased two GlobalMed transportable exam backpacks, built to provide telemedicine capabilities to remote patients. This backpack is shown in **Figure 1A & B**. It includes a TotalVitals® health monitor capable of capturing a patient's temperature, blood pressure, heart rate, and pulse oximetry. Additionally, it has a TotalExam® 3.2 camera and otoscope attachment capable of taking high-resolution images of the eyes, ears, throat, and skin. A USB digital stethoscope is included for heart and lung exams, along with a 12-lead digital ECG device. A nurse conducts the patient exam using the backpack, with a physician online to watch and provide feedback during the exam.

Visits are conducted in two fixed shelters and in a mobile medical sprinter van. This van, which can be seen in **Figure 2**, has a full bed to accommodate the nursing intake, medical assessment, and patient at the shelter during the visit. The nurses can draw blood, administer medications and immunizations, and implement point-of-care testing (**Figure 3A&B**). We started by sending staff and the telehealth backpacks out to the shelters three days a week at different times and locations to best capture our patient population.

Methods continued

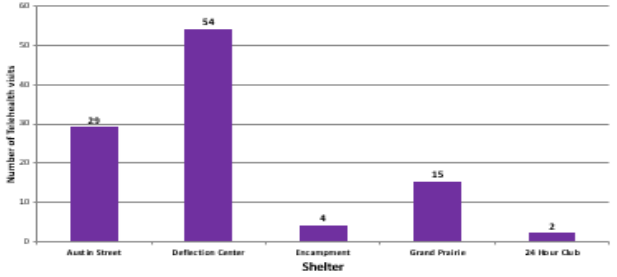
Figure 1. GlobalMed Transportable exam backpack. A. Image of the backpack closed on a chair and **B.** this same backpack open showing the various components of the system.

Figure 2. HOMES Sprinter Van. This van is sent out to the shelters or out in the field.

Figure 3. Patient Exam. Image A and B show a patient being examined using components of the telehealth backpack.

Results

From April 2023 to September 2023, we have had a total of 104 telehealth visits facilitated by the use of telecommunication for clinical examinations, as shown by the location in the graph below (Number of telehealth visits per clinic).



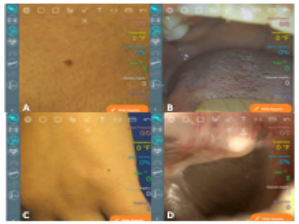


Figure 4. Screenshots of telehealth patient images of the skin (A&C), throat (B), and ear (D). Images were taken by a nurse using the telehealth backpack. These images are typical of the ones the physician would see during the exam while they are remote from the patient's location.

Conclusion and Next Steps

- Using the telehealth approach, two extra clinics have been added to the weekly schedule, and more clinics monthly outside the metro area can be accommodated.
- Currently, we are collecting data and getting patient and staff feedback to determine the efficacy of our program.
- We are working to ensure internet connectivity is functioning before beginning health assessments.
- We are developing a training program to make sure all staff are well-versed in using this telehealth backpack system.

Websites

https://www.fcc.gov/general/telehealth-telemedicine-and-telecare-whats-what

https://www.globalmed.com/transportable-exam-backpack/

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

Harris County-Healthcare for the Homeless

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Questions?