



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

AGENDA

Thursday, February 27, 2020 – 12:00 PM

CONSENT AGENDA: ALL ITEMS MARKED WITH A SINGLE ASTERICK (*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE GOVERNING BOARD. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW’s Executive Assistant at 409-949-3406, or via email at trollins@gchd.org.

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288
REGULARLY SCHEDULED MEETING

Meeting Called to Order

- *Item #1 Agenda
- *Item #2**ACTION**..... Excused Absence(s)
- *Item #3**ACTION**..... Consider for Approval Minutes from January 30, 2020 Governing Board Meeting
- *Item #4**ACTION**..... Policies Approved by United Board of Health as Authorized Under the Shared Service Agreement
 - a) Purchasing Policy
 - b) Criminal and Motor Vehicle Record Background Check Policy
- Item #5 Executive Report
- Item #6**ACTION**..... Consider for Approval FY2019 Independent Auditor’s Report and Financial Statement and Single Audit Reports
- Item #7**ACTION**..... Consider for Approval Patient Assistance Partnership with Lone Star Legal Aid
- Item #8**ACTION**..... Consider for Approval 2020 Coastal Health & Wellness Infection Control Plan
- Item #9**ACTION**..... Consider for Approval January 2020 Financial Report
- Item #10**ACTION**..... Consider for Approval 2019 Bad Debt Write-off and Adjustment Report
- Item #11**ACTION**..... Consider for Approval 2020/2021 Sliding Fee Scale
- Item #12**ACTION**..... Consider for Approval New Coastal Health & Wellness Care Team Guide for Patients
- Item #13**ACTION**..... Consider for Approval Adding Two New Consumer Board Member Positions to the Coastal Health & Wellness Governing Board
- Item #14**ACTION**..... Consider for Approval Revisions to the Coastal Health & Wellness Mission Statement

- Item #15**ACTION**.....Review Coastal Health & Wellness Governing Board Annual Assessment Form and Determine Date for the Board to Review
- Item #16**ACTION**.....Review CEO Annual Performance Evaluation Forms and Process and Determine Date for Evaluation
- Item #17**ACTION**.....Update on Proposed Plans for Galveston Clinic and Next Steps

Adjournment

Tentative Next Meeting: March 26, 2020

Appearances before the Coastal Health & Wellness Governing Board

The Coastal Health & Wellness Governing Board meetings are conducted under the provisions of the Texas Open Meetings Act, and members of the public that wish to address the Board about an item presented on the agenda shall be offered three minutes to do so. The Board cordially requests that individuals desiring to make a such a statement notify the Board of their intention by writing their name on the sign-in sheet located at the Boardroom’s main entrance.

A citizen desiring to make comment to the Board regarding an item not listed on the agenda shall submit a written request to the Executive Director by noon on the Thursday immediately preceding the Thursday of the Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

Executive Sessions

When listed, an Executive Session may be held by the Governing Board in accordance with the Texas Open Meetings Act. An Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov’t Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting Coastal Health & Wellness advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the Governing Board shall announce the basis for the Executive Session prior to recessing into Executive Session. The Governing Board may only enter into Executive Session if such action is specifically noted on the posted agenda.



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board
February 2020
Item#2
Excused Absence(s)**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#3

**Consider for Approval Minutes from January 30, 2020 Governing
Board Meeting**

**Coastal Health & Wellness
Governing Board
January 30, 2020**

Board Members

Present:

Samantha Robinson
Jay Holland
Virginia Valentino
Dorothy Goodman
Flecia Charles
Victoria Dougharty
Miroslava Bustamante
Aaron Akins

Staff:

Kathy Barroso, Executive Director
Cynthia Ripsin, MD
Hanna Lindskog, DDS
Eileen Dawley
Andrea Cortinas
Richard Mosquera
Debra Howey
Virginia Lyle
Pisa Ring

Mary Orange
Michelle Peacock
Kristina Garcia
Tiffany Carlson
Cheryl Golla
Kenna Pruitt
Chris Davis
Tyler Tipton
Anthony Hernandez

Excused Absence: Milton Howard, DDS, Elizabeth Williams and Barbara Thompson, MD

Items 1-6 Consent Agenda

A motion was made by Virginia Valentino to approve the consent agenda items one through six with the correction of one misspelled word in the December 12, 2019 minutes. Aaron Akins seconded the motion and the Board unanimously approved the consent agenda.

Item #7 Executive Reports

Kathy Barroso, Executive Director, presented the January 2020 Executive Report to the Board.

Item #8 Consider for Approval November 2019 and December 2019 Financial Report

Mary Orange, Business Office Manager, presented the November and December 2019 financial reports to the Board. A motion to accept the financial reports as presented was made by Jay Holland. Miroslava Bustamante seconded the motion and the Board unanimously approved.

Item #9 Consider for Approval Annual Report on Infection Control

Debra Howey, Infection Control Nurse, presented the annual report on infection control and asked the Board to consider the report for approval. A motion to accept the report as presented was made by Miroslava Bustamante and seconded by Dorothy Goodman. The Board unanimously approved the motion.

Item #10 Consider for Approval Quarterly Visit and Collection Report Including a Breakdown of New Patients by Payer Source for the Period Ending 12/31/19

Mary Orange, Business Office Manager, reported on visit and payer trends during the last quarter, and in comparison, to the prior year. A motion to accept the report as presented was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item #11 Consider for Approval Quarterly Access to Care Report for the Period Ending 12/31/19

Kathy Barroso, Executive Director, presented the quarterly access to care report for the period ending 12/31/19. Kathy informed the Board that the utilization in this quarter for Medical, Dental and Dental Hygienist exceeded our goal of 90% at both locations. Counseling utilization in Texas City was slightly higher than the previous quarter while Galveston utilization was slightly lower. No show rates were consistent with the prior quarter. The new No-Show Policy went into effect January 1, 2020 so we will continue to monitor and report back to the Board. A motion to accept the report as presented was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #12 Consider for Approval Patient Satisfaction Survey Results for the Period Ending 12/31/19

Kathy Barroso, Executive Director, presented the results of the patient satisfaction survey from October 1, 2019 to December 31, 2019. Ms. Barroso reported that the number of surveys collected increased by 43% from last quarter. The total weighted average score for all categories this quarter was 4.9, with 5 being excellent. This was an increase from the 4.75 weighted average score reported last quarter. Overall, most comments were overwhelmingly favorable. A motion to accept the report as presented was made by Jay Holland and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Item #13 Consider for Approval Quarterly Compliance Report for the Period Ending 12/31/19

Richard Mosquera, Chief Compliance Officer, presented the quarterly compliance and risk management report to the Board. A motion to accept the quarterly compliance report as presented was made by Miroslava Bustamante and seconded by Aaron Akins. The Board unanimously approved the motion.

Item #14 Consider for Approval Purchase of MedTrainer Learning Management System to be split Between GCHD & CHW in the Amount of \$5994 From Each Fund

Richard Mosquera, Chief Compliance Officer, gave the board an overview of the MedTrainer Learning Management System and associated benefits, which include compliance training and tracking, contract management and credentialing management. Mr. Mosquera explained that since this software will be utilized by all District staff, the cost will be split between GCHD & CHW, with each fund contributing \$5994. A motion to accept the purchase of the MedTrainer Learning Management System in the amount of \$5994 was made by Virginia Valentino and seconded by Jay Holland. The Board unanimously approved the motion.

Item #15 Consider for Approval Re-Privileging Rights for Unsil Keiser, DDS

Dr. Lindskog, Dental Director, asked the Board to consider for approval privileging rights for Unsil Keiser, DDS. A motion to accept privileging rights for Unsil Keiser, DDS, was made by Virginia Valentino and seconded by Dorothy Goodman. The board unanimously approved the motion.

Item #16 Consider for Approval Re-Privileging Rights for Bang Nguyen, DDS

Dr. Lindskog, Dental Director, asked the Board to consider for approval privileging rights for Bang Nguyen, DDS. A motion to accept privileging rights for Bang Nguyen, DDS, was made by Virginia Valentino and seconded by Dorothy Goodman. The board unanimously approved the motion.

Item #17 Consider for Approval New CEO Evaluation Form

Samantha Robinson, Board Chair, asked the Board to consider for approval a new CEO evaluation form. Jay Holland suggested removing the UBoH and CEO columns on the form and have just one column for the Coastal Health and Wellness Governing Board. Samantha suggested the evaluation committee (Virginia Valentino, Elizabeth Williams and Samantha Robinson) work on a draft of questions to send out to staff that report to the CEO. Once the questions have been drafted, they will be sent out to the Governing Board members for their review and feedback. A motion to accept the evaluation with the removal of the UBoH and CEO columns was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion. A motion to email the Governing Board members a list of draft questions to send out to staff that report to the CEO was made by Virginia Valentino and seconded by Dorothy Goodman. The Board unanimously approved the motion.

Item #18 Discussion Regarding Galveston Clinic Lease Agreement

Kathy Barroso, Executive Director, discussed future plans by the Galveston Housing Authority related to the Galveston Clinic lease agreement. Samantha Robinson, Board Chair, suggested drafting a statement that staff could share with the public if asked about the status of the clinic. Ms. Robinson also requested that all inquiries regarding this subject be directed to Kathy Barroso, Executive Director.

Adjournment

A motion to adjourn was made by Jay Holland and seconded by Victoria Dougharty. The Board adjourned at 1:25 p.m.

Chair

Secretary/Treasurer

Date

Date

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#4

**Policies Approved by United Board of Health as Authorized Under the
Shared Service Agreement**

- a.** Purchasing Policy
- b.** Criminal and Motor Vehicle Record Background Check Policy

Purchasing Policy

AUDIENCE

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees.

PURPOSE

The purpose of the District Purchasing Policy is to comply with the laws and procedures governing District purchasing in order to provide reasonably priced, high-quality goods and services to end users, while preserving organizational and financial accountability. This policy is applicable to all procurements regardless of funding source.

STATEMENT OF GENERAL POLICY

It is the policy of the District that all purchasing shall be conducted strictly on the basis of economic and business merit. To avoid violation of or the appearance of violation of the policies, District officials and employees are prohibited from:

- Seeking or accepting, directly or indirectly, any loans, services, payments, entertainment, trips or gifts of merchandise or money in any amount from a business or an individual doing or seeking to do business with the District.
- Participating in the selection, award and administration of a contract if he or she has a real or apparent conflict of interest. A conflict of interest would arise when the employee, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other tangible personal benefit from a firm considered for a contract.

It is important to remember that the District Purchasing Department operates in full view of the public. The District intends to maintain a cost effective purchasing system conforming to good management practices.

PURCHASING AUTHORITY

Authority to make District purchases resides in the appropriate Board(s) or in Administration as delegated by the Board(s). The Purchasing Department is responsible for making purchases

of supplies, materials, equipment and for negotiating and making contracts for services and repairs to District owned and/or leased property. Purchases made using competitive bids shall be reviewed by the GCHD Chief Executive Officer or designee in accordance with the purchase contract.

GENERAL PURCHASING GUIDELINES

- A. A central supply for the use of all departments will be maintained to warehouse generally used office and operating supplies. Departments may obtain items directly from Central Supply by requisition, without the necessity of a purchase order. If an item is not stocked in Central Supply, the purchasing department staff will use the appropriate purchasing method to obtain the item.
- B. Items not normally stocked in Central Supply and not requiring competitive bids will usually be purchased through the Purchasing Department.
- C. Competitive bidding is mandatory on any purchase or combination of purchases of like items and/or component purchases, separate purchases and sequential purchases which will equal or exceed \$50,000. This applies to all contractual agreements and/or services and purchases or annual accumulative purchase of \$50,000 or more. Any purchases made with vendors listed through the Texas Procurement and Support Services (TPASS) will satisfy the bid requirements, as will purchases which are purchased through legally constituted shared services agreements that have completed the competitive bid process including, but not limited to, HGAC, TACHC or TALHO.
- D. Competition

All procurement transactions must be conducted in a manner providing full and open competition. Some of the situations considered to be restrictive of competition include but are not limited to:

- Placing unreasonable requirements on firms in order for them to qualify to do business
- Requiring unnecessary experience and excessive bonding
- Noncompetitive pricing practices between firms or between affiliated companies
- Noncompetitive contracts to consultants that are on retainer contracts
- Organization conflicts of interest

- Specifying only a “brand name” product instead of allowing “an equal” product to be offered
- Any arbitrary action in the procurement process

The District prohibits the use of statutorily or administratively imposed state, local or tribal geographical preferences in the evaluation of bids or proposals, except in cases where applicable Federal statutes expressly mandate geographical preference.

Vendors will be selected with regard to dependability and service record, nature of guarantee and warranty of product (when applicable), price and quality. The District will utilize small businesses, minority-owned firms, women’s business enterprises and labor surplus area firms when possible, provided this involves no sacrifice in quality, service or price.

E. Pursuant to Texas House Bill 89 <https://capitol.texas.gov/tlodocs/85R/billtext/html/HB00089I.htm> and Senate Bill 252 <https://capitol.texas.gov/tlodocs/85R/billtext/html/SB00252I.htm>, the District must certify and verify that any business, parent company, company, affiliate, subsidiary, or “Vendor Companies” with which we have a contractual relationship:

1. Does not boycott Israel currently;
2. Will not boycott Israel during the contract term;
3. Is not identified on the Texas Comptroller’s list of companies known to have contracts with, engaged in business with, or provide supplies/services to, Iran, Sudan, or a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State. (See Texas Government Code § 2270.808 and 2252.151-2252.154.

Contracting for-profit entities, providing goods and services, must submit a HB 89 Certification Form (see Appendix A) which provides written verification that the company/vendor does not and during the term of the contract will not boycott Israel.

The Purchase Order Terms and Conditions (see Appendix B) include a certification clause that the vendor certified that it is not a company identified on the Texas Comptroller’s list of companies known to have contracts with, or provide supplies or services to foreign organization designated as a Foreign Terrorist Organization by the US Secretary of State. The Vendor further certifies and verifies that neither Vendor, nor any affiliate, subsidiary, or parent company of Vendor, (if any the “Vendor Companies”) boycotts Israel, and Vendor agrees that Vendor and Vendor Companies will not boycott Israel during the term of this Purchase Order.

- F. Under Section 2252.908 of House Bill 1295, any business entity that enters into a contract with the District that requires Board approval must submit a “Disclosure of Interested Parties” form (see Appendix C) to the Purchasing Department. This form is mandated by the Texas Ethics Commission.
- https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm
- G. All goods, supplies, equipment and services will be purchased with prior appropriate approval.
- H. The Purchasing department will maintain records sufficient to detail the history of procurement. These records will include rationale for the method of procurement, justification for the contractor selection/rejection, selection of contract type including justification when bids are not obtained, and the basis for the contract price.
- I. Special procedures are available for and applicable to the purchase of particular goods and services, summarized under *Special Purchases*.

PURCHASE REQUISITIONS

Purchase requisitions prepared by the requesting department are required for all purchases. All purchase requisitions must be approved prior to issuing a purchase order. A purchase order is required prior to placing an order for supplies, goods, equipment and services unless pre-approved by the GCHD Chief Executive Officer or designee. Details for processing purchase requisitions are outlined in the *Purchasing Procedures Manual*.

PROCUREMENT METHODS

Materials and supplies not available from Central Supply are acquired through the Purchasing Department. Additionally, contracts for maintenance and repairs to facilities and equipment used by the District are handled by the Purchasing Department. Procedures for acquisitions through the Purchasing Department are outlined in the *Purchasing Procedures Manual*.

The District will use one of the following methods of procurement depending on the specifications of the purchase. The procurement methods are based on federal regulations, but with lower dollar thresholds to better accommodate the District’s needs.

- A. MICRO-PURCHASES (Purchases less than \$3,000):

1. Procurement by micro-purchase is the acquisition of supplies or services in which the aggregate dollar amounts does not exceed \$3,000.00. To the extent practicable, the District will distribute micro-purchases equitably among qualified suppliers.
2. Open market purchases of less than \$500.00 do not require quotes. Such purchases require staff to use their best judgement and the most appropriate and cost-effective method of acquisition on each requisition.
3. Open market purchases of \$500.00 – \$2,999.99 may be made after obtaining three verbal quotes, with the exceptions referenced below in *Vehicle, Equipment and Facility Maintenance and Repair*.
4. Vehicle, Equipment and Facility Maintenance and Repair: Open market purchases for vehicle, equipment, and facility maintenance or repair do not require three verbal quotes if the service performed is less than \$3,000. Because of the administrative cost of requesting quotes would likely be more than the amount saved on quote comparison, considering personnel time, types of services needed, immediacy of the circumstances, etc., obtaining three verbal quotes is not required. Purchases must still be consistent with purchasing ethics and even though quotes are not required, purchases must still be in GCHD's best interest

B. SMALL PURCHASES (Purchases in excess of \$3,000 but less than \$50,000):

1. Small purchases are those relatively simple and informal procurement methods for securing services, supplies or other property that do not cost more than the Simplified Acquisition Threshold. For the District's purposes, this threshold has been lowered to \$50,000.
2. When using this method, open market purchases of \$3,000.00 - \$4,999.99 may be made after obtaining three properly documented verbal quotes.
3. Open market purchases of \$5,000.00 and less than \$50,000.00 may be made after obtaining three written quotes.

4. Waiver of Requirements: GCHD Chief Executive Officer or designee, at his/her discretion, may, depending on the circumstances surrounding a request, authorize a waiver of purchase requirements outlined in this policy for purchases less than \$10,000. It is anticipated that such authorization is granted on limited occasions due to the special circumstances such as an emergency or unforeseeable circumstance.

C. SEALED BIDS AND COMPETITIVE PROPOSALS (Purchases of \$50,000 or more)

1. If the capital expenditure is budgeted and the item is \$50,000 or more, it must be competitively bid or purchased through state approved vendors, such as TPASS, HGAC, or Buy Board. Such purchases will be made after obtaining sealed competitive bids or sealed Requests for Proposals.
2. A sealed bid is a procurement method in which competing contractors, suppliers, or vendors are invited by openly advertising the scope, specifications, and terms and conditions of the proposed contract as well as the criteria by which the bids will be evaluated. Competitive bidding aims at obtaining goods and services at the lowest prices by stimulating competition, and by preventing favoritism.
3. A request for proposal (RFP) is a procurement method in which a solicitation is made often through a bidding process, by an agency or company interested in procurement of a commodity, service or valuable asset, to potential suppliers to submit business proposals. Proposals seeks the most advantageous good or services considering the price and other factors. A proposal is handled the same way as a sealed bid with the exception of the negotiation with vendor after the opening and the bid sheet states name only, no dollar amount.
4. General Information – The Procurement Agent or designee will ensure publication of the legally required notice at least twice in one or more newspapers of general circulation in the county which the work is to be performed. No specifications or unreasonable requirements will be written with the intent to exclude a potential bidder. Competitive bidding can be either lump sum or on a unit price basis. If unit price bids are solicited, the needed quantities of each item are to be estimated in the bid specifications. These estimates are to be based on the best available information. The

successful bidder's compensation, however, will be based on the actual quantities supplied, furnished or contracted.

5. Bid or Proposal Opening – Bids/proposals will be received by the Procurement Agent or designee until the date and time specified in the bid/proposal advertisement. Bids/proposals may be submitted in hard-copy format or through electronic transmission ensuring the identification, security, and confidentiality of each response and the electronic bids/proposals remain effectively unopened until the assigned time. On the specified time, date and place, the Procurement Agent or designee will open all sealed bids/proposals. The bids/proposals will be opened in an open public forum. Anyone may attend. Bids will be read aloud and recorded on a bid receipt.
6. Emergency or Unanticipated Events – In case of an emergency or unanticipated event causing GCHD to close for business on the date of a Bid/Proposal submission deadline, the bid closing will automatically be extended to the same time of day specified in the provisions on the first business day in which normal GCHD processes resume. If conditions or any other unforeseen event causes delays in carrier service operations, GCHD may issue an addendum to all known Bidders interested in the project to extend the deadline. It will be the responsibility of the Bidder to notify GCHD of its interest in the Bid if these conditions are impacting their ability to turn in a submission within the stated deadline. GCHD reserves the right to make the final judgment call to extend any deadline.
7. Cost or Price Analysis – A cost or price analysis will be performed for procurements of \$50,000 or more, including contract modifications. The method and degree of the analysis will depend on the facts surrounding the procurement. In addition, GCHD will make independent estimates before receiving bids or proposals.
8. Evaluations – Evaluations will be based on a written method and applied to all bids and proposals received and for selecting recipients.
9. Recommendations – After examining all of the bids or proposals, the Procurement Agent or designee will make recommendation to award to a vendor. The final recommendation to award will then be forwarded to the

GCHD Chief Executive Officer or Chief Financial Officer for final approval.

10. Appeal – Any actual or prospective bidder who is allegedly aggrieved in connection with the solicitation or award of the contract may appeal. The appeal will be submitted in writing to the Chief Compliance Officer within ten (10) business days of the action or decision being appealed. The protester may appeal the decision of the Chief Compliance Officer to the GCHD Chief Executive Officer who will defer policy matters to the United Board of Health. Any such appeal shall be submitted in writing within ten (10) business days of the action or decision being appealed. The decision of the Board will be final. The Galveston County United Board of Health will not consider any protests unless this procedure is followed.
11. Exceptions To Bid – Any exception to the bid specifications must be submitted in writing and attached to the bid. The GCHD Chief Executive Officer or designee will have the final decision on accepting or rejecting any exceptions, alterations.
12. Award –In determining and evaluating the best bid/proposal, the District will award to those whose bid/proposal is most advantageous. Factors that will be considered may include, but not limited to, cost, quality, equality, efficiency, utility, general terms, delivery, suitability of the service offered, and the reputation of the service in general use will also be considered with any other relevant items. In addition, consideration will be given to such matters as contractor integrity, compliance with public policy, record of past performance, and financial and technical resources.
 - a. When the District only receives one bid/proposal, the bid/proposal may be accepted if such purchase is: recommended by the requesting Department and the Procurement Agent or designee; after reviewing the specifications to determine if they were restrictive; and the bid/proposal packets were sent to all known prospective bidders.
 - b. If two or more responsible bidders/proposers submit identical bids, the bid award may be made by drawing lots.
13. Bonds – A vendor who is awarded a contract may be required to post bond. If it is required, the requirements will be included in the advertisement.

Requirements of a bond will be in accordance with requirements of the funding source or state laws as applied to Local Governments, whichever is most stringent.

14. Acquisition of Item After Award – Following award of a contract, the requisition is processed in the manner described in the *Purchasing Procedures Manual*.
15. Change Orders – A change order may be required when it becomes necessary to make changes after commenced contract has been made. The GCHD Chief Executive Officer or designee is authorized to approve increases to the original contract price of \$10,000 or less. Change orders requiring increases to the contract price of more than \$10,000 , must be approved by the appropriate Board. However, the original contract price may not be increased by 25% unless the change order is necessary to comply with a federal or state statute, rule, regulation, or judicial decision after the contract was made. The contract price may not be decreased by 18% or more without the contractor’s consent. All change orders must have the written consent of the District and the contractor.

SPECIAL PURCHASES

- A. Unbudgeted Capital Expenditures – Purchases of \$10,000 , or more not authorized in a Department’s current budget, or purchases necessitating an increase in Department’s current budget must be authorized by the appropriate Board and/or funding source prior to the purchase. Unbudgeted purchases less than \$10,000 may be authorized by the GCHD Chief Executive Officer as long as sufficient funds are available from operating surplus or fund balance reserves.
- B. Noncompetitive Proposals – Items otherwise required to be competitively bid may be exempted from the competitive bid process by the appropriate Board if:
 1. A prompt purchase is required, due to a public calamity, to meet a necessity of the citizens or preserve public property.
 2. The purchase is necessary to preserve public health or safety of Citizens.

3. An After Hours Emergency – In such instances the Department must take the necessary action to obtain the needed goods or services. If, however, the Department is aware that the purchase involves an expenditure of \$5,000.00 or more, a reasonable effort should be made to contact the Chief Executive Officer or Chief Financial Officer and/or Procurement Agent for notification that an emergency exists. The next working day, the Department should contact the Procurement Agent or designee for procedures to secure payment of the goods or services.
 4. A Sole Source Item - An item available from only one source may be purchased without competitive bidding, with the approval of the GCHD Chief Executive Officer or designee. Typical items in this category include, but not limited to, patented or copyrighted material, secret processes, natural monopolies, utility services, captive replacement parts or components for equipment, and films, manuscripts or books. A Sole Source letter must be attached to the Purchase Order.
- C. Work in Progress – This may be exempted by the appropriate Board and paid for by the day, after it is performed
- D. Land and Right-Of-Way Acquisition – The District generally does not purchase land. In the case that it becomes necessary, the intent to purchase must be approved by the Board and/or funding source. This is exempted by the Board from competitive bidding

INSPECTING, TESTING AND RECEIVING

Merchandise will be received at the receiving department before it is sent to or picked up by the ordering department. It is the responsibility of each Department to see that all purchased items conform to the specifications, quality and quantity on the order. Technical equipment, needing installation at that location, may be shipped directly to the department, per the direction of the IT Department. If the merchandise is not acceptable as determined by the requesting department or by receiving, the Procurement Agent or Buyer will then take action to obtain the correct merchandise.

PHARMACEUTICALS

All pharmaceuticals purchased by the District or transferred to the District for patient use, may not be given away, loaned or sold to any individual or entity.

HEALTH DISTRICT PROPERTY

- A. Receipt/Tagging of New Property – the Purchasing Department will attach a property tag to all property as defined in the *Fixed Asset Guidelines*. An Asset Record Form will be completed and forwarded to the Accounting Department along with a copy of the applicable Purchase Order.
- B. Disposal of Surplus or Salvage Property – An Asset Disposal Form will be completed for requests to dispose of equipment or property, with original being forwarded to the Accounting Department.
1. Surplus property (in excess of needs, but still useful) may be disposed by competitive bids, auction, donation, or transfer to another local government with the approval of the GCHD Chief Executive Officer or Chief Financial Officer. The Purchasing Department will attempt to realize the maximum benefit to the District in selling or disposing of surplus property. If efforts to sell or dispose of the property fail, property may be disposed of in the manner most advantageous for the District. Asset tags will be removed from property sold, disposed or transferred. District employees will be given the same opportunity afforded to other persons to bid on and purchase surplus property offered by competitive bids or auction.
 2. Salvage property (valueless property of no use) may be disposed of by the Procurement Agent or designee, with the approval of the GCHD Chief Executive Officer or Chief Financial Officer, in the manner most advantageous to the District.

Criminal and Motor Vehicle Record Background Check Policy

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority and Coastal Health & Wellness (collectively “the District”) employees.

Policy

All offers of employment at the District are contingent upon satisfactory results of the subsequently denoted background checks. Background checks shall be conducted only after a pending job offer has been made to the applicant. No applicant shall be denied employment on the basis of simply having a criminal record. Factors that will determine eligibility of hire are provided below.

Background checks will include:

- **Social Security Verification:** validates the applicant's Social Security number, date of birth and last seven years of former addresses.
- **Criminal History:** includes a review of the applicant’s criminal convictions. The following factors will be considered when determining if applicants with a criminal history shall be rendered an offer of employment:
 - The nature of the crime and its relationship to the position;
 - The time of the conviction;
 - The number (if more than one) of convictions; and
 - Whether hiring, transferring or promoting the applicant would pose an unreasonable risk to the business, or to its employees, customers and/or vendors.

The following additional background searches will be required, if applicable to the position:

- **Motor Vehicle Records:** provides a report of an individual's driving history in the state(s) requested. This search will be conducted on any employee operating a company owned vehicle. Employees subject to such checks as a condition of employment will undergo these checks annually.

Procedure

Applicants must complete a background check authorization form AFTER a pending offer of employment is extended to the applicant, and shall return the completed authorization form to Human Resources. Human Resources will order the background check upon receipt of the signed authorization form. Human Resources and/or contracted employment screening services will conduct the checks. All results will be reviewed by Human Resources.

In instances where negative or incomplete information is obtained, Human Resources shall assess the potential risks and liabilities related to the job's requirements and determine whether the applicant is fit to be hired. If a decision not to hire a candidate is made based on the results of a background check, the candidate shall receive a Fair Credit Reporting Act (FCRA) Adverse Action

letter from Human Resources that shall also notify the candidate of the contracted screening service issuing these results. Background check information will be maintained in a file separate from employees' personnel files. The District shall reserve the right to modify this policy at any time without notice.

Supervisor Responsibilities

Supervisors are responsible for communicating program specific expectations to assigned employees and providing feedback to Human Resources in the event that a supervisor becomes aware that the employee has received a traffic violation and/or been convicted of a crime.

Violation

Violation of this policy and/or a poor background check may result in corrective action up to and including termination of employment, or the revocation of the offer of employment.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board
February 2020
Item#5
Executive Report**



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#6

**Consider for Approval FY2019 Independent Auditor's Report and
Financial Statement and Single Audit Reports**



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#7

**Consider for Approval Patient Assistance Partnership with
Lone Star Legal Aid**

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Lone Star Legal Aid
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Connecting Kids to Coverage

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Thursday, February 20, 2020

LONE STAR LEGAL AID AND COASTAL HEALTH WELLNESS PARTNERSHIP PROPOSAL

Introduction:

Texas has one of the highest population of children without health insurance. There are approximately 623,000 children without health insurance in Texas. Those who lack insurance coverage typically experience far-worse health conditions than those who are insured. Uninsured children in Texas may be able to get no-cost health care from Children's Medicaid or low-cost health care from Children's Health Insurance Program (CHIP). Around 275,000 to 355,000 children in the state of Texas are eligible for Children's Medicaid or the Children's Health Insurance Program (CHIP), but are not enrolled in benefits. Research has shown that children who are insured are linked to better health, educational, and economic outcomes into adulthood. Our Public Benefit Department is working to significantly lower the number of uninsured children.

Objectives:

- Decrease the number of Texas children that are uninsured;
- Partner with FQHC clinics in the community in order to connect with uninsured population;
- Submit Medicaid and CHIP applications for eligible children and parents;
- Monitor the applications and speak to Health and Human Services on a weekly basis;
- Appeal Denials of Medicaid or termination of previously enrolled benefits to increase enrollments; and
- Assist families with renewal applications when it comes time for them to recertify their Medicaid or CHIP benefits.

Value Proposition:

This will impact CHW patients because we provide in depth assistance that takes away the stress of applying for benefits, monitoring their applications, and verifying enrollment for your patients. If necessary, we are able to represent your patients in an appeal if their application for benefits is denied by HHSC. LSLA does this for *free* as long as an individual is eligible for our assistance. To be eligible, the individual must be within 200% of the federal poverty limits. We do everything in our power to insure our clients are actually enrolled in benefits.

Partnership Process:

LSLA would supply referral forms and flyers to CHW for potential uninsured patients. CHW would inquire or observe if patients have uninsured children. If they are not insured, CHW will have them fill out the form and inform them that Lone Star Legal Aid can assist them in either submitting an application, or appealing a denial of benefits. Once a form is filled out, CHW will scan the form, and either email, fax or mail the completed form back to LSLA so that we can assist the patient as soon as possible.

Serving the East Region of Texas since 1948

Angleton, Beaumont, Bellville, Belton, Bryan, Conroe, Galveston, Houston, Longview, Nacogdoches, Paris, Texarkana, Tyler, Waco

 — "a United Way Agency" —

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#8

**Consider for Approval 2020 Coastal Health & Wellness Infection
Control Plan**

Coastal Health and Wellness (CHW)

Infection Control Plan

2020 Revisions

Responsibilities:

- Added Infection Control Nurse

Table of Contents:

- Added Supplies

Standard Precautions (section 1.1)

- make use of common-sense practices
- other potentially infectious materials (OPIM)
- designed to reduce exposure
- clean hands by handwashing with soap and water, or use alcohol-based sanitizer
- after removing gloves
- after contact with patient's environment

Personal Protective Equipment (PPE)

- Updated PPE statement
- Gloves-not a substitute for hand hygiene before and after
- Added face shield to mask section

Respiratory Hygiene/Cough Etiquette

- Added placement and maintenance of stations
- Avoid touching eyes, nose and mouth, and clean hands often

Handling of needles and other sharps

- Dental used Pro Tector/Needle Sheath Protector Prop-One handed recapper
- Sharps containers secured in place while in use in the clinical area

Tuberculosis (TB) Exposure Control Plan

- Added the new Employee Pre-hire Immunization and Screening Policy (effective 8/19/19)
- Room closed for 2 hours.

Sterilization

- Only disposable brushes are used
- BI is performed daily when the clinic is open

Coastal Health & Wellness (CHW)

Infection Control Plan

Introduction

The CHW Infection Control Plan (ICP) has been developed as part of the CHW Infection Prevention and Control Program (IPCP). Its purpose is to provide guidelines, procedures and practices to reduce the risk of spreading infectious diseases, promote safer work practices in caring for patients and others, and to assist staff in conforming to standards, evidence-based rules, regulations and practices. This plan has been developed utilizing guidelines established by the Centers for Disease Control and Prevention (CDC), and incorporates guidelines for sterilization set forth by the Association for the Advancement of Medical Instrumentation (AAMI). The ICP will be assessed annually by the Infection Control Committee (ICC) through examination of surveillance data and risk assessment.

Responsibilities

- A. All CHW staff, including volunteers and contractors, are responsible for:
 - 1. Adhering to the hand hygiene guidelines
 - 2. Adhering to the plan for the prevention and control of infections
 - 3. Notifying their supervisors or designee of infection related issues
 - 4. Reporting exposure incidents in the workplace to the Risk and Safety Coordinator and the Infection Control Nurse (ICN)

- B. Supervisors are responsible for:
 - 1. Understanding the general guidelines and principals and those that apply to their departments or programs
 - 2. Orienting their new staff to the applicable guidelines
 - 3. Periodically training staff on the guidelines
 - 4. Monitoring the practices of their staff in the workplace
 - 5. Assuring any exposure incidents in the workplace are reported to the Risk and Safety Coordinator
 - 6. Counseling employees who need guidance or redirection in infection control practices

- C. Infection Control Nurse (ICN) is responsible for:
 - 1. Surveillance monitoring of outcome and processes to plan, implement, evaluate, and improve ICP strategies
 - 2. Orientation of new CHW staff to the ICP and its components
 - 3. Education and annual staff training related to infection prevention and control activities
 - 4. Monitoring, evaluating, and reporting program effectiveness
 - 5. Expanding activities as needed in response to unusual events or to control outbreaks of disease
 - 6. Reviewing and recommending revisions of the ICP to the ICC annually or more frequently if indicated.
 - 7. Overseeing the seasonal influenza vaccination program for CHW staff

- D. The ICC will consist of CHW staff and leadership including the CEO and/or designee, the Medical Director and/or designee, Lead Mid-Level, the Dental Director and/or designee, Infection Control Nurse , Nursing Director, Lab/X-Ray Supervisor, Supervisor of Dental Assistants, Chief Nursing Officer (CNO), and the Chief Compliance Officer (CCO). The committee will be chaired by the CNO and responsibilities include the following:
1. Meet monthly to review surveillance data collected by the ICN and managers; this will include reports on handwashing data, spot audits conducted in all clinical areas (dental, lab and medical), reports on sterilization monitoring, and any other issues that might arise, such as any infectious disease trends.
 2. Report results of surveillance, data analysis and trends to the QA committee and the Governing Board (GB) QA Committee quarterly.
 3. Review any incidents that involve infection control activities.
 4. Review the annual risk assessment.
 5. Develop annual goals for the IPCP and report progress and outcomes to the GB QA and the GB annually.
 6. Review and update the IPCP annually and as needed if any special circumstances arise.

Risk Assessment

An infection control risk assessment will be conducted annually and presented to the ICC. The risk assessment will include consideration of the community and population served by the CHW clinics, care and services provided, and infection surveillance data. Based upon the annual risk assessment, infection control goals and responsibilities will be established, measured and reported upon to the ICC, the QA committee, the GB QA committee and the Governing Board.

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SECTION 1: Standards and Guidelines

Standards and guidelines are designed to proactively prevent the spread of infection in healthcare settings. The CHW clinics utilize CDC guidelines in the medical and dental clinics, and Association for Advancement of Medical Instrumentation (AAMI) guidelines for sterilization are utilized in the dental clinic.

1.1 Standard Precautions

Standard Precautions are an infection control strategy to prevent transmission of pathogens and are recommended for all patient-care delivery settings. They are based on the concept that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible pathogens.

Standard Precautions are intended to address all modes of transmission by any type of organism. They are based on a risk assessment and make use of common-sense practices and personal protective equipment that protect healthcare providers from infection and prevent the spread of infection from patient to patient.

All occupational exposures to blood and or other potentially infectious materials (OPIM) place healthcare providers at risk for infection with bloodborne pathogens. Standard Precautions are designed to reduce exposure to blood and other potentially infectious material (OPIM).

Standard Precautions include the following:

- **Hand hygiene:** During the delivery of healthcare, it is advised that healthcare workers avoid unnecessary touching of surfaces near the patient and perform hand hygiene. Clean hands by handwashing with soap and water, or use alcohol-based hand sanitizer.
 - Wash hands with soap and water:
 - When hands are visibly dirty
 - After known or suspected exposure to patients with diarrhea
 - Before eating
 - After using a restroom
 - Use an alcohol-based hand sanitizer for everything else
 - Perform hand hygiene in the following clinical situations:
 - Before having direct contact with patients
 - Before handling medication
 - Before donning gloves
 - After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressing
 - After contact with a patient's intact skin (e.g., taking a pulse)
 - If hands will be moving from a contaminated body site to a clean body site during care
 - After contact with inanimate object (including medical equipment) in the immediate vicinity of the patient
 - After removing gloves
 - After contact with patient's environment

- **Personal Protective Equipment (PPE):** Use PPE whenever there is an expectation of possible exposure to infectious material. Specialized equipment is to be worn by an employee for protection against infectious materials. Appropriate PPE is provided for employees as follows:
 - **Gloves** –Protect hands and use when touching blood, body fluids, secretions, excretions, contaminated items, and for touching mucous membranes and non-intact skin. Wearing gloves is not a substitute for hand hygiene and hands should always be cleaned before and after removing gloves.
 - **Mask, eye protection and face shield** – Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood or body fluids, secretions and excretions.
 - **Gowns** – Wear a gown to prevent soiling or contamination of clothing during procedures and patient care activities when contact with blood, body fluids, secretions or excretions is anticipated.

- **Respiratory Hygiene/Cough Etiquette:**
 - Employees are expected to contain respiratory secretions by covering the nose/mouth when coughing or sneezing, use tissues to contain respiratory secretions and dispose of used tissues in the nearest no-touch receptacle (foot-pedal-operated lid or open, plastic lined waste basket) and to perform hand hygiene after contact with respiratory secretions.
 - Signs will be posted at entrances and common meeting areas with instructions to patients to cover their mouths/noses when coughing and sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretion.
 - Respiratory stations will be stocked, cleaned and maintained at the entrance to the clinic.
 - Staff will be instructed to provide masks to patients who are actively coughing when they present at the clinic for care.
 - Patients suspected of having an airborne communicable disease should be placed in an area away from others, such as in an exam room.; this is based on the Infectious Disease Guidelines/nursing staff decision.
 - Avoid touching your eyes, nose and mouth, and clean your hands often.

- **Ensure appropriate patient placement** - Include the potential for transmission of infectious agents in patient-placement decisions.
 - Place patients who pose a risk for transmission to others in an exam room as soon as possible. This decision is based on Infectious Disease Guidelines/nursing staff decision.

- **Properly handle and properly clean and disinfect patient care equipment and instruments/devices** - Protocols and procedures should be established for containing, transporting, and handling patient-care equipment and instruments/devices that may be contaminated with blood or body fluids.
 - Remove organic material from instruments/devices using recommended cleaning agents to enable effective disinfection and sterilization processes.
 - Wear PPE (personal protective equipment), such as gloves and gowns according to the level of expected contamination, when handling patient-care equipment and instruments/devices that are visibly soiled or may have been in contact with blood or body fluids.

- **Clean and disinfect the environment appropriately**
 Establish protocols and procedures for routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling.

- Clean and disinfect surfaces likely to be contaminated with pathogens, including those near the patient and surfaces in the patient-care environment that are frequently touched (doorknobs) on a more frequent schedule compared to that for other surfaces such as horizontal surfaces in waiting rooms.
- Use EPA-registered disinfectants that have microbicide activity against the pathogens most likely to contaminate the patient care environment. Use according to manufacturer's instructions.

Follow safe injection practices

- Use aseptic technique to avoid contamination of sterile injection equipment
- Do not administer medications from a syringe to multiple patients.
- Needles, cannulas and syringes are single patient use items.
- Use single-dose vials whenever possible. If there are medications that do not come in single use vials, then the multidose vial must be discarded after the first use.
- Do not use a single-dose vial or ampule for several patients or combine contents of several vials.

Ensure healthcare worker safety including proper handling of needles and other sharps Engineering, work practice, and environmental controls have all been developed to prevent and control the spread of infection related to the use of needles and other sharps in the healthcare setting.

- Requirements for handling sharps states that **contaminated sharps** are needles, blades (such as scalpels), scissors, and other medical instruments and objects that can puncture the skin. Contaminated sharps must be properly disposed of immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on the sides and bottom, and color-coded or labeled with a biohazard symbol.
- Discard needle/syringe units without attempting to recap the needle unless it is unsafe to do so.
- If a needle must be recapped, **never** use both hands. Use the single hand "scoop" method by placing the cap on a horizontal surface, gently sliding the needle into the cap with the same hand, tipping the needle up to allow the cap to slide down over the needle, and securing the cap over the needle with the same hand. Dental uses Pro Tector/Needle Sheath Prop-One-Handed Recapper.
- Never break or shear needles.
- To move or pick up needles, use a mechanical device or tool, such as forceps, pliers, or broom and dustpan.
- Dispose of needles in labeled sharps containers only; sharps containers must be accessible and maintained upright. When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.
- When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.
- Fill the sharps container up to the fill line or two thirds full. Do not overfill the container.
- Sharps containers are secured in place while in use in the clinical area.

1.2 Transmission Based Precautions

In addition to Standard Precautions, which are used with all patients, some patients require additional precautions known as transmission-based precautions. There are three types of transmission-based precautions: Contact, Droplet and Airborne.

Contact Precautions

Contact precautions are designed to minimize transmission of organisms that are easily spread by contact with hands or objects. CDC Contact Precautions are summarized below:

Use of Personal Protective Equipment

- Put gloves on upon entry into the exam room
- Put on a gown upon entry and remove and perform hand hygiene before leaving the exam room
- After removal of gown, ensure clothing and skin do not contact environmental surfaces in the patient-care area.

Patient Transport

- Limit transport and movement of patients outside of the exam room unless medically necessary.
- If it is necessary to move the patient, ensure infected area of the patient's body is covered.
- Remove and dispose of contaminated personal protective equipment and perform hand hygiene prior to transporting.
- Don clean personal protective equipment to handle the patient at the transport destination.

Patient-Care Equipment and Instrument/Devices

- Handle equipment and instruments/devices according to Standard Precautions.
- Use disposable equipment or implement patient-dedicated use. If common use is unavoidable, clean and disinfect before use on another patient.
- Place contaminated reusable noncritical patient-care equipment in a plastic bag for transport to a soiled utility area for reprocessing.

- Droplet Precautions

Droplet precautions are designed to prevent transmission of diseases easily spread by large-particle droplets produced when the patient coughs, sneezes, talks or during the performance of procedures.

- Place suspected infectious patient in an exam room as soon as possible.
- Staff will wear a mask upon entry into the exam room.

- Airborne Precautions

Airborne Precautions are designed to prevent transmission of diseases spread by the true airborne route.

- Identify patients requiring Airborne Precautions.
- Put a surgical mask on the patient, instruct in respiratory hygiene/cough etiquette, and place in an examination room. Once the patient leaves, the room should remain vacant for two hours to allow full exchange of air.
- Caregivers should wear a mask when entering the patient's room.

1.3 Tuberculosis (TB) Exposure Control Plan

Tuberculosis has long been recognized as a risk in health care settings, and the emerging incidence of drug resistant and multi-drug resistant (MDR) TB illustrates the need to monitor for possible TB exposure in the CHW clinics. TB rates in the county are monitored by the Texas DSHS Tuberculosis Control Program and the GCHD TB Program.

The CHW clinics have been identified through a TB Risk Assessment (CDC, Texas DSHS form) as low risk settings where exposure to TB is unlikely. An annual assessment is conducted, and if any suspected/confirmed cases of TB are identified, a new assessment will be conducted at that time.

As a condition of employment, see Employee and Pre-hire Immunization and Screenings Policy (effective 8/19/19).

TB screenings for new employees: all new employees must provide a current (less than 12 months from date of hire) TST or IGRA prior to their start date. In the event a new hire employee is a prior positive reactor, a chest X-ray (done less than 12 months from date of hire) will suffice for clearance. Any employee exposed to active TB will undergo post-exposure repeat screening.

Positive reactors will be evaluated by the GCHD TB Program Manager. Any employee found to have active pulmonary TB will be excluded from the workplace while contagious.

TB Exposure Control Procedures for Suspected or Known Active TB Cases

Provide a surgical mask for the person to wear to contain droplets. Recognize the signs and symptoms of active TB - these include hemoptysis, fatigue, fever, chills, night sweats, loss of appetite and weight loss.

Any suspected or known case of tuberculosis in a patient or employee must be reported to the GCHD TB Program (ext. 2217). After hours reporting number is 1-888-241-0442.

The examining room used as a holding area should be closed for 2 hours and terminally cleaned after the patient has left and then disinfected with an EPA registered disinfectant, used according to manufacturer instructions.

SECTION 2: Medical Surveillance

Healthcare workers face risks to their own health when taking care of patients. The elements of a medical surveillance program are used to establish an initial baseline of workers' health and then monitor their future health as it relates to their potential exposure to hazardous agents. This information can be used to identify and correct prevention failures leading to disease. Early identification of health problems can also benefit individual workers.

2.1 Employee Health

- All employees will follow established policies regarding immunizations and tuberculosis skin tests. Refer to "Employee and Pre-Hire Immunizations" policy.
- Employees who may be infected with a communicable disease transmitted through airborne or casual contact may not return to work until released by their medical provider who deems them non-infectious. Supervisors who suspect that an employee has a communicable illness may require the employee seek medical attention and a release to return to work.
- Employees are strongly encouraged to obtain a yearly seasonal influenza vaccine; if an employee is unwilling or unable to be vaccinated, they will be required to wear a surgical mask while engaged in direct patient contact during flu season.

2.2 Infectious Diseases and Occupational Health Strategies

Several standards and directives are directly applicable to protecting workers against transmission of infectious agents: These include

- Bloodborne Pathogens Training
- CDC Guidelines
- Personal Protective Equipment

Bloodborne Pathogens Training

CHW provides bloodborne pathogens training for all workers who may encounter blood and other potentially infectious materials (OPIM) in their jobs.

- This training includes information on bloodborne pathogens and diseases, methods used to minimize risk and control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures.
- CHW offers this training for new hires, annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure.

CDC Guidelines

- To prevent transmission of bloodborne pathogens to healthcare workers, the CDC recommends:
 - Strict adherence to sharps safety guidelines and Standard Precautions
 - Hepatitis B vaccination of healthcare worker
 - Post-exposure prophylaxis and counseling in the event of exposure incident.

Personal protective equipment

- Surgical masks are used as a physical barrier to protect the user from hazards, such as splashes of large droplets of blood or body fluids; they also protect other people against infection from the person wearing the surgical mask. Such masks trap large particles of body fluids that may contain bacteria or viruses expelled by the wearer.

- When there is identified potential occupational exposures, staff will don appropriate PPE, including gloves, gowns, face shields, masks, and eye protection.
 - Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and clean hands immediately to avoid transfer of microorganisms to other people or environments.
 - Wear a gown (a clean, nonsterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Disposable gowns are utilized in the CHW clinics. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove and dispose of soiled gowns as promptly as possible and clean hands to avoid transfer of microorganisms to other people or environments.
 - Wear a mask and eye protection or a face mask to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.

2.3 Exposure Control Plan

Protecting healthcare workers from disease is accomplished in many ways, including:

- Use of Standard Precautions with all patients, especially hand hygiene
- Use of additional transmission precautions (e. g., Contact, Airborne and Droplet)
- Vaccination (e.g., influenza and hepatitis B)
- Post-exposure control plan and prophylaxis
- Environmental hygiene to reduce exposure to pathogens in healthcare settings
- For all sharps exposures, post-exposure evaluation by a medical provider is necessary, which must include a discussion and documentation of the risks and benefits of post-exposure prophylaxis follow-up as indicated by the exposure
- Procedures for evaluating the circumstances surrounding an exposure incident
- Communication of hazards to employees
- Training and recordkeeping

If a healthcare worker has an on the job exposure to a communicable disease, the supervisor and Risk/Safety Coordinator should be notified without delay. This will allow for evaluation of the circumstances and prevent exposure of others, as well as coordinate with appropriate medical follow-up.

2.4 Healthcare Workers and Communicable Diseases

Healthcare workers are responsible for reporting to their supervisor when they have any **signs or symptoms of a communicable disease**. Symptoms that should be reported and evaluated typically include:

- Fever
- Unusual rash
- Skin infections, such as boils and impetigo
- Exudative (weeping) dermatitis

- Sore throat with fever
- Gastrointestinal symptoms (vomiting, diarrhea)
- Jaundice
- Symptoms suggesting active tuberculosis (chronic cough with unexplained weight loss, fever, night sweats and hemoptysis).

Preventing transmission of infection is the responsibility of the facility and the individual healthcare worker.

2.5 Emergency Procedures for Exposure to Blood and Body Fluids

Employers are required to implement these preventative measures to reduce or eliminate the risk of exposure to bloodborne pathogens.

EMERGENCY STEPS FOLLOWING AN OCCUPATIONAL EXPOSURE

If an occupational exposure to blood or other body fluids occur, the following steps should immediately be taken:

1. Wash needle stick injuries and open wounds with soap and water
2. Flush splashes to nose, mouth, or skin with water
3. If exposed, irrigate eyes with clean water, saline or sterile irrigation
4. Use eye wash stations if exposed in clinical areas
5. Report the incident to the supervisor
6. Immediately seek medical treatment

Emergency: Seek immediate medical care at the nearest facility or **call 911**

Non-emergency: find a provider within the *Alliance Directory* <http://www.pswca.org>

During Business Hours: Contact Risk and Safety Coordinator by phone (409) 938-2425 or email, and to the employee's supervisor or designee immediately.

After Business Hours: It is the employee's responsibility to seek immediate medical attention at a local emergency room for blood borne pathogen exposures. Notify your supervisor or designee immediately.

Injured Employee:

1. Get a prescription "First Fill Card" if necessary
2. Complete an *Employee Incident/Injury Report* even if no medical treatment is sought
3. Labs for all hepatitis and HIV need to be drawn within the first 24 hours and then repeated based upon stated recommendations, usually in 3 months, 6 months and 1 year
4. A notarized affidavit in exposure situations must be submitted to the Risk and Safety Coordinator within 10 days
5. If medical treatment was sought, obtain a Work Status Report from your doctor and submit to the Risk and Safety Coordinator or HR before returning to work

Supervisors:

1. Assist employees in obtaining medical attention
2. Ensure notification to Risk and Safety Coordinator
3. Ensure an Employee Incident/Injury Report is completed and sent to Risk and Safety Coordinator
4. If a worker sustains several occupational exposures, the direct supervisor and the worker should review the duties and procedures of the job.
5. Modifications of procedures and appropriate corrective action should be taken in accordance with policy and circumstances.
6. Work with HR on the employee returning to work

Risk and Safety Coordinator:

If applicable, coordinates reports of employee injury to the workers' compensation insurance carrier, notifies the Clinical Compliance Specialist, the applicable department head, CNO, and the Director of Epidemiology of the incident; and tracks and trends employee exposures, review and or revise exposure control plan yearly and as

needed.

SECTION 3: Waste Management

Medical waste requires careful disposal and containment. Standards are designed to protect workers who generate medical waste and those who manage the wastes from point of generation to disposal. Personnel responsible for waste management must receive appropriate training in handling and disposal methods.

Regulated medical waste includes:

- Liquid or semiliquid blood or other potentially infectious materials
- Items contaminated with blood or OPIM and which would release these substances in a liquid or semiliquid state if compromised
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood or OPIM

3.1 Handling Waste

Regulated waste must be placed in containers that are:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping
- Labeled or color-coded
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage transport, or shipping.

If outside contamination of the regulated waste container occurs, it must be placed in a second container meeting the above standard.

3.2 Needles, Syringes and Other Sharp Objects

Sharps should be placed in containers that are labeled with the universal biohazard symbol and the word *biohazard* or be color-coded red. Sharps containers must be maintained upright throughout use, locked in place, replaced routinely, and not be allowed to overfill. Sharps containers should not be filled past the marked "fill line", over $\frac{3}{4}$ full, or if there is any difficulty disposing of the sharp. Nothing should be allowed to hang outside or protrude outside of the sharps container.

Sharp materials must be placed in a puncture-resistant container designated for sharps waste. All sharps containers must be properly closed "locked" prior to being placed in a secondary container. No loose sharps are permitted outside of sharps containers.

Regulated Waste

Containers must be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- Placed in a secondary container if leakage is possible; the second container must be:
 - Closeable
 - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping
 - Labeled or color-coded
- Reusable containers must not be opened, emptied, or cleaned manually or in any other manner that would expose employees to risk by percutaneous injury.
- All closed sharps containers and small red biohazard bags (twisted and tied) are placed inside large red biohazard bag lining the cardboard box.

- When large box is ¾ full or at a maximum weight limit of 50 pounds, the red bag is to be twisted several times, folded over and tied to prevent leakage.
- Cardboard boxes (secondary containers) must be closed and sealed with tape on the top and bottom. Closed bags must not be visible once the secondary container is closed and the box must not be bulging. The outside of the box must be clearly labeled with a biohazard mark, and the clinic bar code label is attached to the outside of the box in the indicated area.
- All regulated medical waste is stored in a locked Biohazard room, monitored by the ICN and Risk & Safety Coordinator.

3.3 Biohazard Warning Labels

Biohazard warning labels are to be affixed to containers of regulated waste; refrigerators and freezers containing blood or OPIM; and other containers used to store, transport, or ship blood or OPIM. These labels are fluorescent orange, red or orange-red. Bags used to dispose of regulated waste must be red or orange-red, and they too must have the biohazard symbol in a contrasting color readily visible upon them.

3.5 Practices and Controls

In addition to the precautions described above, CHW has other practices and controls in place to prevent and control infection. These include:

- Engineering Controls
 - Work practice Controls
 - Environment Controls
- **Engineering Controls** refer to measures that isolate or remove a hazard from the workplace and that must be used when feasible. These include the following:
 - Sharps disposal containers
 - Self-sheathing needles
 - Sharps with engineered sharps injury protections
 - **Work practice controls** reduce the likelihood of exposure to pathogens by changing the way a task is performed, such as:
 - Practices for handling and disposing of contaminated sharps
 - Handling specimens
 - Cleaning contaminated surfaces and items
 - Performing hand hygiene
 - **Environmental controls** help prevent the transmission of infection by reducing the concentration of pathogens in the environment. Such measures include but are not limited to:
 - General housekeeping
 - Cleaning and disinfecting strategies
 - Sterilizing patient equipment
 - Disposal of regulated medical waste

SECTION 4: Good Work Practices

4.1 Handwashing

- Hand hygiene shall be practiced before and after routine patient care activities, including entering and exiting the patient care environment, before and after removing gloves, and after hand-contaminating activities
- Hand hygiene shall be practiced before handling medication

- All employees are required to wash, rinse, and dry their hands or apply an alcohol hand rub before beginning work, after using the rest room, and prior to leaving work
- When not visibly soiled, an alcohol-based hand rub (ABHR) may be used routinely for hand hygiene in place of an antimicrobial soap handwash
- Hands that are grossly contaminated must be washed with soap and water or antimicrobial soap and water
- Antimicrobial-impregnated wipes are not as effective as ABHRs or washing hands with antimicrobial soap and water for reducing bacterial counts on the hands of healthcare workers and will not be used as a substitute for using an alcohol-based hand rub or antimicrobial soap

Procedures:

- A. Handwashing procedure with antimicrobial soap and water:
 1. Wet hands first with warm water
 2. Apply an amount of product recommended by manufacturer to hands
 3. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers
 4. Rinse thoroughly by keeping hands down so that run off will go into the sink and not down the arm
 5. Dry well with paper towels and use paper towel to turn off faucet
 6. Discard paper towels into the appropriate container

- B. Hand antiseptic procedure with ABHR
 1. If hands are visibly soiled, wash hands with antimicrobial soap and water according to procedure prior to applying alcohol hand rub
 2. Apply enough alcohol hand rub to cover the entire surface of hands and fingers
 3. Rub the solution vigorously into hand until dry
 4. Use of alcohol hand rubs may result in a sticky residue on the hands. Wash with soap and water periodically to remove the hand rub residue
 5. Nails should be kept clean and nail polish should be in good repair (no chipped nail polish). Attention must be given to cleaning around the base of the nails, cuticles, and nail tips when washing hands
 6. Healthcare workers with direct patient care must keep nails short. Natural nails shall be trimmed so they are no longer than 1/4 inch past the tip of the finger.
 7. Artificial fingernails or extenders (including resin bonding, extensions, tips, gels, acrylic overlays, resin wraps, or acrylic nails) shall not be worn by healthcare providers that provide direct patient care

- C. Lotions
 1. Use moisturizing lotion to maintain healthy hand skin integrity and prevent dryness or irritation
 2. Moisturizing lotion must be an approved hand lotion to avoid risk of incompatibility and/or inactivation of the active ingredients in hand hygiene products and gloves

Process and Outcome Measurement

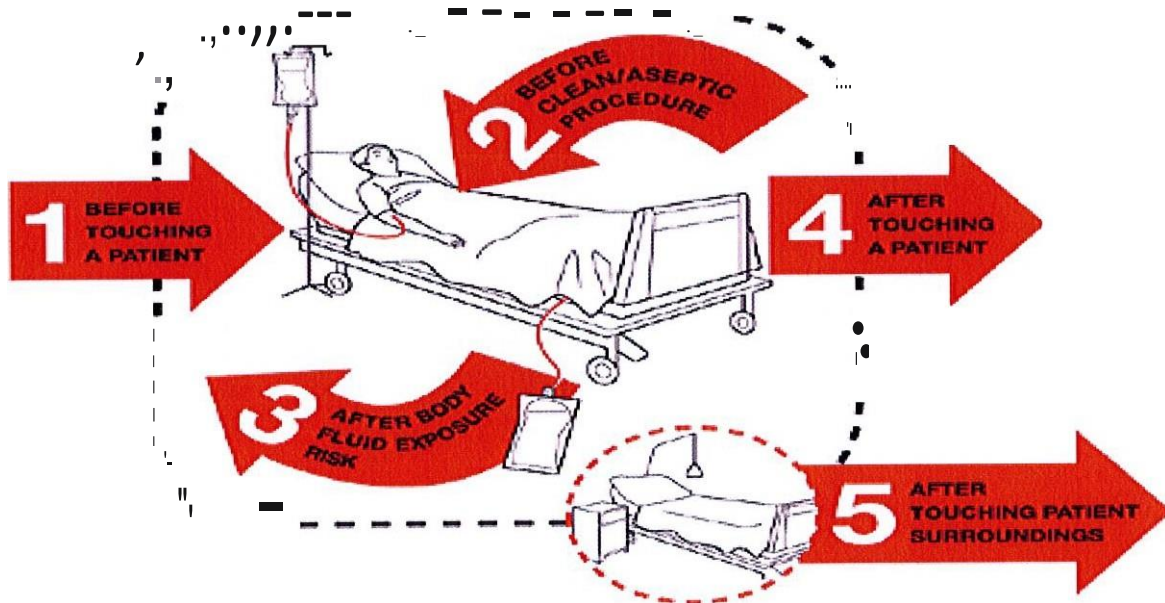
It is the responsibility of staff and managers to monitor and remind others of hand hygiene procedures. Hand hygiene audits are performed according to the 5 Moments of Hand Hygiene, as outlined in this procedure (see graphic).

Hand hygiene audits:

- a. Should reflect a cross section of clinic staff
- b. Should reflect a cross section of the patient care episodes in a range of settings and not prolonged

observation of single episode of patient care

c. Audits will be reviewed in Infection Control Committee and action plans will be developed to improve compliance



4.2 Personal Protective Equipment

Gloves are the most common type of PPE. They are used for patient care as well as environmental service. Gloves can be sterile or nonsterile and single use or reusable. Because of allergy concerns, latex products have been eliminated in the CHW clinics, and materials used for gloves are synthetics such as vinyl or nitrile.

Most patient-care activities require the use of single pair of nonsterile gloves. Vinyl gloves are frequently available and work well if patient contact is limited. However, some gloves do not provide a snug fit on the hand, especially around the wrist, and should not be used if extensive contact is likely. Gloves should not tear or damage easily, as they are sometimes worn for several hours, and need to stand up to the task.

Sterile surgical gloves are worn when performing sterile patient procedures.

Proper glove use includes:

- Working from clean to dirty
- Limiting touch contamination (e.g., adjusting eyeglasses, touching light switches, etc.) when wearing gloves that have been in contact with the patient.
- Changing gloves during use if torn or when heavily soiled and after use on each patient.
- Disposing of gloves in proper receptacle
- Performing hand hygiene before putting on and following removal of gloves
- Never washing or reusing disposable gloves

The CDC describes when and how to wear gloves and states that wearing gloves is not a substitute for hand hygiene. Hands should always be cleaned after removing gloves.

- **Gloves** - Steps for glove use:
 - Choose the right size and type of gloves for the task.
 - Wear disposable medical examination gloves for providing direct patient care.

- Wear disposable medical examination gloves or reusable utility gloves for cleaning the environment and medical equipment.
- Put on gloves before touching a patient's non-intact skin, open wounds, or mucous membranes, such as the mouth, nose and eyes.
- Change gloves during patient care if the hands will move from a contaminated body site (e.g., perineal area) to a clean body site (e.g., face).
- Remove gloves after contact with patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination.
- Clean hands before putting on gloves for a sterile procedure.
- Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
- Remove gloves promptly after use and perform hand hygiene immediately.

Gowns - Wear a gown that is appropriate to the task to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.

- Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.
- Remove gown and perform hand hygiene before leaving the patient's room.
- Do not reuse gowns, even for repeated contacts with the same person.

Masks, Eye Protection and Face Shields

- Face and eye protection are used during patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
- Masks protect the nose and mouth and should fully cover them to prevent fluid penetration.
- Goggles protect the eyes and should fit over and around them snugly. Personal prescription glasses are not a substitute for goggles.
- Face shields protect the face, nose, mouth and eyes. A face shield should cover the forehead, extend below the chin, and wrap around the sides of the face

Putting on and Removing PPE

- Specific procedures to be followed when putting on and removing PPE include:
- PPE should be donned in the following sequence:
 1. Gown
 2. Mask
 3. Face shield or goggles
 4. Gloves
- Contaminated PPE should be removed in the following sequence:

Either-

 1. Gloves
 2. Face shield or goggles
 3. Gown
 4. Mask or respirator

Or-

 1. Gown and gloves
 2. Goggles or face shield
 3. Mask or respirator

Hand hygiene must be performed immediately after removing all PPE.

4.3 Eyewash Station and Spill Clean Up Supplies

Employees will be trained where the emergency eyewash stations are in each clinical area. Eyewash stations are monitored, checked/tested by clinical staff to ensure that water flows through each correctly and actions are logged appropriately. Staff are also trained on where the chemical and biological spill supplies are located in each clinical area and where other safety equipment is located.

4.4 Refrigerators:

There must be separate refrigerators for food, specimens and medications, each with a cleaning schedule. Signs must be affixed to indicate its designated use. A biohazard label must be affixed to the outside of refrigerators used to store specimens. Refrigerators must be monitored for temperature and cleanliness, which includes daily or twice daily temperature checks, weekly and as needed cleaning, and routine inspection of contents. Laboratory specimens requiring refrigeration while awaiting transport may not be stored in the same refrigerator as medications, juices or water stored for the purpose of dispensing with medication.

4.5 Food and Drink Precautions

Confine food and drink to designated employee break areas. Covered drinks may be acceptable in some non-patient care areas.

4.6 Storage of Sterile Solutions:

Upon opening sterile solutions, staff may write the date on the label. All open solutions will be discarded on the first working day of the month or upon expiration date, whichever is the earliest. Sterile stock solutions should be checked prior to use for turbidity, leaks, cracks, particle matter, discoloration, and expiration date.

SECTION 5: Cleaning, Disinfecting, and Sterilizing.

5.1 General Environmental Surface Cleaning

Environmental cleaning is critical for reducing pathogen contamination of surfaces. Environmental cleaning involves physical action of cleaning surfaces to remove organic and inorganic material, application of a disinfectant, and employing monitoring strategies to ensure that these practices are carried out appropriately.

Healthcare environment surfaces can be divided into two groups: 1) those with minimal hand contact, such as floors and ceilings, and 2) those with frequent hand contact, such as doorknobs and light switches, that require cleaning and/or disinfecting more frequently than those with minimal hand contact.

The number and type of pathogens present on environmental surfaces are affected by:

- Number of people in the environment
- Amount of activity
- Amount of moisture
- Presence of material able to support microbial growth
- Rate at which organisms suspected in the air are removed
- Type of surface and orientation (horizontal or vertical)

Horizontal surfaces with infrequent hand contact (e.g., windowsills, hard-surface flooring) in routine patient-care areas require cleaning on a regular basis, when soiling or spills occur. Disinfectants used in environmental cleaning are not sporicidal or tuberculocidal but can kill most other microorganisms.

Cleaning solutions should be replaced frequently, and soiled or disposable cloths and mop head should be replaced each time a bucket of detergent/disinfectant is emptied and refilled.

5.2 Cleaning up spills

All environmental and working surfaces must be cleaned and decontaminated after contact with blood or OPIM. Protective gloves and other PPE should be worn as necessary, and an appropriate disinfectant should be used. Such disinfections can be a diluted bleach solution or EPA-registered antimicrobial products such as tuberculocidal, sterilant, or products registered against HIV/HBV.

After putting on personal protective equipment:

- Block off area to protect patients and other staff if the spill is large.
- Wipe up the spill with paper towels or other disposable absorbent material and discard the contaminated materials in an appropriate, labeled container.
- Use a spill kit to clean up the spill if it contains sharps such as needles, scalpels, broken glass, blood tubes or capillary tubes, or if there is a large volume of liquid.
- Clean up all blood thoroughly before applying the disinfectant.
- Apply the disinfecting solution onto all contaminated areas of the surface.
- Let surface remain in contact with disinfectant for the number of minutes based on the manufacturer's directions. (When using a diluted bleach solution, contact time is the length of time it takes for the solution to dry.)

If a spill involves a chemical, refer to SDS and follow appropriate procedures.

5.3 Medical Instruments

It is the practice of CHW to use only disposal sterilized instruments in the medical clinics; no sterilization of medical equipment is done.

5.4 Low-level disinfection

Items that touch intact skin for a brief period are usually considered non-critical surfaces. **Noncritical items** include environmental surfaces and equipment such as:

- Echocardiogram
- Nebulizers
- Sphygmomanometer/Blood pressure cuffs
- Thermometers
- Pulse Oximeters
- Stethoscopes
- Otoscope/Ophthalmoscope

Most noncritical reusable items may be decontaminated where they are used. Virtually no risk has been documented for transmission of infectious agents to patients through noncritical items if they do not contact non-intact skin and/or mucous membranes.

Noncritical items are disinfected using low-or intermediate-level disinfectants, which include:

- Ethyl or isopropyl alcohol
- Sodium hypochlorite
- Diluted household bleach solution
- Phenolic germicidal detergent
- Iodophor germicidal detergent
- Quaternary ammonium, germicidal detergent solution (low level only)

5.5 Intermediate-level disinfection

Intermediate-level disinfection kills most viruses, bacteria and mycobacteria using a chemical germicide registered as tuberculocidal by the EPA. It does not kill bacterial spores. It is often used to clean up blood spills and other environmental cleaning and is not licensed for disinfection of patient-care equipment that touches mucous membranes. These disinfectants are typically labeled as tuberculocidal to give evidence that they kill the bacterium that causes tuberculosis as well as HBV and HIV. They may be available as a liquid or as disposable wipes.

Intermediate-level disinfectants include:

- Ethyl or isopropyl alcohol
- Sodium hypochlorite
- Diluted household bleach solution
- Phenolic germicidal detergent
- Iodophor germicidal detergent

5.6 Dental Equipment Procedures

Reusable devices become soiled and contaminated when used and must undergo reprocessing, which is a detailed, multistep process to clean and then disinfect or sterilize them. Devices can be safely used more than once if reprocessing is done correctly following labeled instructions.

Reprocessing involves three steps:

1. Initial decontamination and cleaning at point of use to prevent drying of blood, tissue, other biological debris and contaminants.
2. Transfer of the device to the reprocessing work area, where it is thoroughly cleaned.
3. Either disinfection or sterilization, depending on the intended use of the device, and the materials from which it is made. The device is then stored or routed back into use.

The dental clinic at CHW utilizes the Spaulding Classification System, which is an instrument classification system used for reprocessing decisions (see table below).

Classification	Definition	Examples	Requirements
Critical	Where there is entry or penetration into sterile tissue, cavity or blood stream	<ul style="list-style-type: none"> • Extraction kit • Forceps • Burs • Surgical handpiece • Scalpel blades • Periodontal scalers 	Cleaning followed by Sterilization
Semi-Critical	Where there is contact with intact non-sterile mucosa or non-intact skin	<ul style="list-style-type: none"> • Mouth mirrors • Restorative instruments • Dental tweezers, probes • Metal impression trays • Auto matrix 	Cleaning followed by High-Level Disinfection
Non-Critical	Where contact is made with intact skin	<ul style="list-style-type: none"> • Protective eyewear • Blood pressure cuff • Light handles • Instrument trays • Bracket table • Chair controls • Environmental surfaces: Floors, walls, doors, handles, high-touch surfaces 	Cleaning followed by Low-Level Disinfection

5.7 Sterilization

Sterilization is required for reusable patient-care instruments that touch sterile tissue or the vascular system and require the absence of microbial contamination. Most of these should be purchased as sterile or be sterilized with steam.

Steam sterilization is the most widely used and the most dependable method. It is used whenever possible on all critical and semi-critical items that are heat-and moisture-resistant. Steam sterilization is rapidly microbicide, sporicidal, and

rapidly heats and penetrates fabrics. Each item is placed in a steam sterilizer (autoclave) and exposed to direct steam at the required temperature and pressure for a specific time.

Sterilization will be performed by manufacturer's recommendation for the steam sterilizers accordingly along with manufacturer's recommendations of instrumentation.

- A. All reusable instruments, equipment, and used surfaces will be decontaminated, disinfected, or sterilized prior to use on a patient. The infection control guidelines for cleaning, disinfecting and sterilization of patient care equipment, instruments and patient care environment will be determined according to the Spaulding Classification System.
- B. Manufacturers' directions and facility policies and procedures for reprocessing reusable instruments and equipment, including directions for use of the reprocessing equipment will be followed.
- C. Personnel
 - Personnel wear clean scrub attire and no outer wear (i.e. jackets)
 - Wear a fluid resistant cover gown (tied in back) and heavy-duty gloves during the decontamination process
 - Wear mask or mask with face shield, goggles, hair cover, or a face shield to protect against splashes or sprays
 - Staff will follow the hand hygiene guidelines
 - Personnel must have proper training on processing instruments with competency testing during orientation to their jobs. Documentation of training should be maintained in the employees personnel file. Continuing education (including training for all new instrumentation, devices, and equipment) is conducted at regular intervals.
 - Utility gloves are utilized during designated steps of the sterilization process.

Design

Location: Sterile processing area will be divided into two (2) areas, designated as "clean" and "dirty," physically divided, and the integrity of each area will be maintained through traffic and instrument/equipment flow

- The "dirty" area will be used for decontamination of all soiled instruments
- The "clean" area will be used for processing and sterilization of clean items, to include the preparation and packaging of instruments. Sterilizers are in this area.

Procedures:

- A. Pre-Cleaning
 - Contaminated items should be wiped or sprayed at point of use to keep them moist prior to cleaning; they should not be cleaned or decontaminated in the scrub or hand sinks
- B. Transport
 - Contaminated items will be contained during their transport from the point of use to the decontamination area in covered containers marked as "bio hazardous"
 - Sharps and delicate instruments should be kept separate from other items
 - Items will be kept moist until cleaning and decontamination can be performed
- C. Cleaning in decontamination area
 - Cleaning of patient care items must occur prior to beginning of sterilization and/or decontamination, should remove all visible soil, and should occur as soon as practical after use. Cleaning solutions

and/or detergents should be measured, mixed, labeled, and discarded appropriately according to the manufacturer's directions for use and should be compatible with the instruments and equipment for which they are used.

- Proper protective equipment (PPE) must be used when cleaning an item if a risk of aerosolization exists (spraying of particles into air) and for protection against exposure to the chemicals used as directed by the Safety Data Sheet (SDS)
 - The manufacturers' specifications for the quality of water used for cleaning should be followed (i.e., sterile, distilled, de-ionized)
 - Completely disassemble each item prior to cleaning; all jointed instruments must be open and/or unlocked from transport to the completion of sterilization
 - The brushes used for cleaning should be disposable or decontaminated at least once a day. Worn out brushes should be disposed. All brushing should be done underwater.
 - Mechanical cleaning equipment should be used whenever possible according to IFU; test and maintain equipment as per manufacturer's instructions
 - If lubrication is necessary, instrument will be wiped down according to IFU and placed in lubricating/cleaning machine or a non-toxic or water-soluble spray will be used
 - Appropriate sharps which are contaminated with blood or other potentially infectious materials should not be stored or processed in a manner which requires employees to reach by hand into the container where these sharps have been placed; rather, such instruments should be placed in drainage type baskets prior to submerging in cleaning solutions
 - Traffic between the decontamination, preparation, and assembly areas must be minimized; decontamination attire should be removed, and personnel should wash their hands upon leaving the decontamination area
 - Visually inspect each item (using magnifying light if necessary) to be certain they are clean prior to placing in dryer
 - If the item is visually soiled at the point of inspection, it will be manually cleaned and/or reprocessed in the ultrasonic machine

D. Inspection

Suitable lighting will be provided for optimal inspection

- Each instrument needs to be clean and dry prior to packaging
- Each item will be inspected for functionality, safety, and sharpness prior to packaging
- If an item is not suitable to use, it will be removed from service

E. Packaging

- Assure adequate drying time of instruments and equipment prior to packaging for sterilization
- Review and follow the manufacturer's instructions for type of wrap or container that may be used, shelf life, and storage recommendations; wrap all packages separately
- Internal and external steam indicator will be used for all peel-pack pouches
- Hinged instruments must be in open position when processed
- Peel packs should not be placed inside of packages or containerized sets
- Document on the plastic side (on label) of sterilization pouches:
 - Assistant's Initials
 - Cycle Number, including the name of the sterilizer
 - Operatory number
 - Date of Sterilization

F. Sterilization

- Select the appropriate method of sterilization according to the instrument or equipment manufacturer's instructions.
- Steam is the preferred method for sterilization of critical instruments not damaged by heat
- Loading of Sterilizer:
 - Position biological indicator according to sterilizer and monitoring IFU
 - Arrange on rack or carriage to present least possible resistance to the passage of steam; textile packages on top, peel pouches on edge, instrument sets flat, rigid containers under wrapped packages
 - Do not overload sterilizer; items should never touch sterilizer chamber walls
 - Basins, trays, test tubes, etc. must be set on edge or upside down so air will flow out freely as steam flows in
- Removing Load from Sterilizer:
 - Proper temperature and exposure time must be known; chart and temperature gauge must be checked to see that these are achieved
 - Load should be dry and cool when removed
 - It is critical to follow the recommendations and time frames for drying the instruments and trays that have been sterilized
 - If packs are wet when removed, they must be re-sterilized
 - Care must be taken to keep sterile items separated from non-sterile items
- Documentation
 - The sterilizer identification
 - The type of sterilizer and cycle used
 - Load Contents
 - The critical parameters such as time, temperature, and pressure
 - The results of the sterilization process monitors
 - The operator's name, initials, or identification
 - The results of BI testing will be documented in the logbooks in the sterilization area
- Immediate-Use sterilization will not be performed

G. Storage and Distribution

- Integrity of clean and sterile equipment and supplies shall be assessed prior to use
- Determination of shelf life of packaged items:
 - Inspect all packages before use; if intact, they are considered sterile
 - Packaging will be considered non-sterile (compromised) when certain events occur:
 - Holes/tears
 - Broken or no seal
 - Dropped
 - Moisture
 - Unsealed dust cover
 - Store items in a manner that prevents crushing or binding together so packaging is not compromised
 - Place lighter items on heavier ones
 - Store items in closed cabinets; if this is not possible, store items on wire shelves in a restricted storage area with the bottom shelf being solid

- Arrange storage areas in a manner that prevents splashing from personnel or housekeeping
- Rotate stock so that older items are used first
- Store liquids below dry sterile goods or in a separate section
- Store materials at least 18" below the ceiling and/or sprinkler head
- Do not store sterile items under plumbing valves and traps
- Cleaned delivery carts shall be used to transport clean and sterile supplies
- Sterile storage area will be a well-ventilated area that provides protection against dust, moisture, insects, and temperature and humidity extremes

H. Quality Assurance

- Monitoring

Mechanical (physical), chemical, and biological monitors must be used to assure that the sterilization process has been effective

- Physical monitors include time, temperature, and pressure gauges, displays, recorders, and digital printouts. At the end of each cycle, the operator should read and sign the printout to verify that:
 - a. The printer is functioning properly
 - b. The cycle identification number has been recorded
 - c. All cycle parameters have been met
- Chemical indicators (internal and external) should be used with every load
- Use a biological indicator as follows:
 - a. Steam sterilization: BI is performed daily when the clinic is open and instruments are quarantined until the BI is read
 - b. Same lot number for biological indicator in the load and for the control
 - c. Biological control will be processed prior to disposal
- Recall Process:
 - a. Upon notification that a physical, chemical or biological indicator demonstrates a lack of sterility, or sterilizer cycle did not meet expectations, an incident report will be completed as soon as reasonably possible.
 - b. Notify Dental Director and Dental Assistant Supervisor immediately.
 - c. In the case of a failed spore test, remove the sterilizer from service; review sterilization procedures and work practices to determine whether the failed test could be the result of operator error.
 - d. After correcting any identified procedural problems, retest the sterilizer by using biological, mechanical and chemical indicators.
 - e. If the repeat spore test now verifies that mechanical and chemical indicators are within normal limits, put the sterilizer back in service.
 - f. If the repeat spore test also fails, do not use the sterilizer until it has been inspected and/or repaired.
 - g. Dental assistants will check all shelf supplies and instruments in the clinic and pull from inventory any item with a corresponding date, autoclave number, and cycle number, from all loads since last negative biological indicator.
 - h. All recalled supplies and instruments will be repackaged and re-sterilized
 - i. For any supply or instrument that is not located, begin the investigation to identify potential patients that may have been affected by a breach of sterilization and notify the Dental Director.

- j. The cycle/autoclave indicator tag will be retained and attached on the incident report as noted by positive biological indicator.
 - k. After reviewing all available data, the Dental Director will determine if the autoclave will remain in service or be taken out of service until causative factors are resolved through service, repair, and validation.
 - l. After correction of identified cause, immediately re-challenge
 - m. Documentation of sterilizer details, causative factors, follow-up action and results of validation testing will be maintained in the sterilizer repair log, as well as on the sterilization log.
- Maintenance
 - Cleaning, maintenance, and record keeping/documentation of equipment will be performed according to manufacturer's IFU.

SECTION 6: Specific Dental Practices

6.1 Dental Unit Waterline Quality

- CHW routinely tests and documents dental unit water quality to verify the dental unit water measures less than or equal to 500 colony forming units of heterotrophic bacteria per milliliter (≤ 500 CFU/mL) of water, the standard set for drinking water by the Environmental Protection Agency (EPA)
- CHW employs multiple methods to aid in reducing the amount of biofilm in the dental unit water lines (DUWLs)
 - Use self-contained water bottle delivery systems
 - Use spring water as the 'source water'
 - Use sterile water or saline for the 'source water' when completing surgical procedures
 - Discharge water and air for a minimum of 20-30 seconds after each patient from any device connected to the dental water system that enters a patient's mouth (handpieces, ultrasonic scalers)
 - Use approved products to complete periodic 'shocking' of DUWLs
 - Use approved products to maintain DUWLs between shocking procedures
- See "Protocol for Use of the A-Dec Self Contained Water System", "Monitoring Waterline Quality procedures according to A-Dec recommendations" and "Procedure for collecting water sampling" for more information regarding specific procedures

6.2 Dental Operatory Disinfection

- All members of the healthcare team will comply with the current Center for Disease Control and Prevention (CDC) recommendations for proper usage of surface disinfecting agents
- Barriers must be used on clinical contact surfaces which are 'difficult to clean', including, but not limited to
 - Air/water control buttons
 - Suction control levers
 - Overhead light handles
 - Chair control buttons
- All clinical contact surfaces that are not barrier-protected are cleaned and disinfected by utilizing a two-wipe process after each patient
 - Step 1: The first "cleaning" wipe removes visible debris and large numbers of microorganisms from surfaces
 - Step 2: The second "disinfecting" wipe kills organisms on surfaces and items that cannot be heat sterilized. Follow manufacturer's Instructions for Use (IFU) for the recommended contact time of how long the surface needs to remain "wet" to achieve the TB Kill Time

- Between Step 1 and 2, gloves must be removed, hand hygiene performed, and new gloves must be donned

6.3 Dental Radiation Safety

- CHW follows Texas State guidelines to implement radiation safety through the ALARA (“as low as reasonably achievable”) principles
- Dental radiographs are prescribed based on the American Dental Association dental radiographic recommendations
- Individuals who operate only dental x-ray machines are exempt from individual monitoring requirements (Texas Administrative Code §289.232(d))
- Appropriate barriers, PPE and patient shielding are used while taking x-rays
- In order to maintain the integrity of the protective shields (aprons/capes), they should be
 - Hung with no crimping or folding
 - Visually inspected before each use
- All dental radiation equipment is certified by a qualified radiation inspector on a regular basis

Section 7: Medication and Safety Injection Practices

7.1 Sharps and Injection Related Practices and Controls

Engineering, work practice and environmental controls have all been developed to prevent and control the spread of infection related to the use of needles and other sharps in the healthcare setting.

7.2 Sharps Handling

Contaminated sharps are needles, blades (such as scalpels), scissors, and other medical instruments and objects that can puncture skin. Contaminated sharps must be properly disposed of immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on the sides and bottom and color-coded or labeled with a biohazard symbol.

- Discard needle/syringe units without attempting to recap the needle whenever possible.
- If a needle must be recapped, NEVER use both hands. Use the single-hand “scoop” method by placing the cap on a horizontal surface, gently sliding the needle into the cap with the same hand, tipping the needle up to allow the cap to slide down over the needle, and securing the cap over the needle with the same hand.
- Never break or shear needles.
- To move or pick up needles, use a mechanical device or tool, such as forceps, pliers, or broom and dustpan.
- Dispose of needles in labeled sharps containers only; sharps containers must be accessible and maintained upright. When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.
- When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.
- Fill a sharps container up to the fill line or two thirds full. Do not overfill the container

7.3 Safe Injection Practices

Unsafe injection practices put patients and healthcare providers at risk for infection. Safe injection practices are part of Standard Precautions and are aimed at maintaining a basic level of patient safety and provider protections.

Recommended practices for injection:

- To the extent possible, prepare medications in dedicated medication rooms.
 - Draw up medications in the medication room or a designated clean area, free of any items potentially contaminated with blood or body fluids (e.g., syringes, needles, blood collection tubes and needle holders).

- Multi-dose vials should not be accessed in the immediate patient treatment area. If a multi-dose vial enters the immediate patient-care area, it should be dedicated to that patient and discarded after use.
- Use an aseptic technique to access parenteral medications.
- Perform hand hygiene before handling the medication.
- Disinfect the rubber septum with alcohol and allow alcohol to dry prior to piercing. This includes newly opened medication (either multi-vial or single dose) as well.
- Always use a new sterile syringe and sterile needle to draw up medication and avoid contact with a nonsterile environment during the process.
- Never leave a needle inserted into the septum, of a vial for multiple draws.
- Ensure that any device inserted into the septum is used in accordance with the manufacturer's instructions and does not compromise the integrity of the remaining vial contents.
- Discard medications:
 - According to the manufacturer's expiration date (even if not opened) and whenever sterility is compromised or questionable.
 - Single dose vials that have been opened or accessed should be discarded according to the manufacturer's time specifications or at the end of the case/procedure for which it is being used. Do not store for future use.
 - Multi-dose vials that have been opened or accessed should be dated with the date opened and discarded within 28 days. The disposal date should also be included on the vial.
- Never administer medications from the same syringe to more than one patient, even if the needle is changed.
- Never enter a vial with a used syringe or needle.
- Never use medications packaged as single-dose vials for more than one patient.
- Assign medications packed in multi-dose vials to a single patient whenever possible.

Safe injection practices include:

- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below. Shearing or breaking of contaminated needles is prohibited.
- If an employer can demonstrate no alternative that is feasible or that such an action is required by specific medical or dental procedure, bending, recapping, or needle removal must be accomplished using a mechanical device or one-handed "scoop" technique.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. Reusable sharps are that contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the container.

SECTION 8: Reporting Communicable Diseases

The list of communicable notifiable conditions required by Texas Department of State Health Services to be reported is attached. In addition to these conditions, any outbreaks, exotic diseases, and unusual group outbreaks of disease must be reported. All cases shall be reported by name of patient, age, sex, race/ethnicity, DOB, address, telephone number, disease, date of onset, method of diagnosis, and name, address, and telephone number of providers.

The list indicates when to report each condition. Cases or suspected cases of illness considered being public health emergencies, outbreaks, exotic diseases, and unusual group expressions of disease must be reported to the GCHD epidemiology department immediately (ext. 2238, 2208, or 2215). These incidents are also to be reported to the Medical Director, Dental Director (if a dental patient), the CEO and the CNO. Other diseases for which there must be a quick public health response must be reported within one working day. All other conditions must be reported to the epidemiology department within one week. After hours reporting number is 1-888-241-0442.

SECTION 9: Emergency Management and Planning

Emergency management of infectious patients is directed at early detection and swift isolation. In the event an emergency results in the inability of the facility to continue providing services in a safe manner, CHW will initiate its plan for continuity of services as described in the “CHW Emergency Operations Plan”.

References:

- a. Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care, Center for Disease Control, version 2.3-September 2016
- b. AAMI-Association for the Advancement of Medical Instrumentation. ANSI/AAMI ST79-Comprehensive Guide to Steam Sterilization and Sterility Assurance in the Health Care Facilities. Arlington, VA: Association for the Advancement of Medical Instrumentation; 2017.
- c. Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care, Center for Disease Control
- d. Updated U. S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Post exposure Prophylaxis, MMWR June 29, 2001/Vol. 50/ No. RR-11
- e. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post exposure Prophylaxis, MMWR September 30, 2005 / Vol. 54 / No. RR—9
- f. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings, MMWR, December 30, 2005/Vol.re/No. RR-17
- g. Guidelines MMWR June 6, 2003 / Vol. 52 / No. RR--10
- h. Guidelines for Infection Control in Health Care Personnel, 1998 CDC Special Article
- i. La Esperanza Clinic, Inc. Infection Control Manual, revised 2018
- j. <http://www.nnoha.org/nnoha-content/uploads/2018/10/IPC-NNOHA-Power-Point-2018.pdf>

Appendices:

- a. GCHD Plan for Pandemic Influenza and Highly Infectious Respiratory Diseases
 - i. <https://www.gchd.org/home/showdocument?id=5108>
- b. GCHD Employee and Pre-Hire Immunization Policy
 - i. <https://www.gchd.org/home/showdocument?id=6069>
- c. GCHD Volunteer Policy
 - i. <https://www.gchd.org/home/showdocument?id=5194>
- d. GCHD Safety Manual Overview
 - i. <https://www.gchd.org/home/showdocument?id=4570>
- e. U. S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Post exposure Prophylaxis
 - i. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
- f. GCHD 24/7 Disease Reporting Protocol
 - i. www.gchd.org/notify
- g. CHW Emergency Operations Plan
<https://www.gchd.org/home/showdocument?id=6151>

Forms

1. Employee Incident or Injury Report:
 - a. <http://www.gchd.org/home/showdocument?id=5448>
2. Infectious Disease Reporting Form
 - a. www.gchd.org/reports
3. Notifiable Conditions

- a. www.gchd.org/notify
- 4. DSHS Congregate Settings Tuberculosis Risk Assessment form

Annual reviews by Infection Control Committee, QA & GB QA conducted Jan/Feb 2020

Approved by the Coastal Health & Wellness Governing Board:

Chairman, Coastal Health & Wellness Governing Board

Date

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#9

Consider for Approval January 2020 Financial Report

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending January 31, 2020

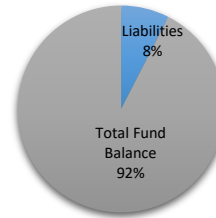
February 27, 2020

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

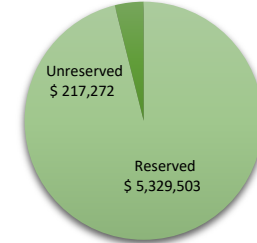
CHW - BALANCE SHEET as of January 31, 2020

	Current Month Jan-20	Prior Month Dec-19	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$5,119,478	\$5,271,184	(\$151,706)
Accounts Receivable	1,879,196	1,483,639	395,557
Allowance For Bad Debt	(992,146)	(946,654)	(45,492)
Pre-Paid Expenses	103,814	85,798	18,017
Due To / From	(110,470)	47,779	(158,249)
Total Assets	\$5,999,873	\$5,941,746	\$58,127
LIABILITIES			
Accounts Payable	\$102,257	\$227,522	(\$125,264)
Accrued Salaries	223,911	165,049	58,862
Deferred Revenues	126,929	128,957	(2,028)
Total Liabilities	\$453,098	\$521,528	(\$68,430)
FUND BALANCE			
Fund Balance	\$5,628,397	\$5,628,397	\$0
Current Change	(81,622)	(208,179)	126,557
Total Fund Balance	\$5,546,775	\$5,420,218	\$126,557
TOTAL LIABILITIES & FUND BALANCE	\$5,999,873	\$5,941,746	\$58,127

Current Period Assets



Total Fund Balance



CHW - REVENUE & EXPENSES as of January 31, 2020

	Actual Jan-20	Budgeted Jan-20	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$311,222	\$324,070	(\$12,848)	(\$51,388)
DSRIP Revenue	368,125	79,167	288,958	(423,542)
HHS Grant Revenue	284,075	260,617	23,459	313,127
Patient Revenue	228,926	368,553	(139,628)	(1,153,036)
Other Revenue	13,233	23,635	(10,402)	(69,843)
Total Revenue	\$1,205,581	\$1,056,042	\$149,539	(\$1,384,682)
EXPENSES				
Personnel	\$638,465	\$680,896	\$42,431	\$689,031
Contractual	64,215	85,808	21,592	251,028
IGT Reimbursement	143,974	37,500	(106,474)	231,026
Supplies	96,528	121,986	25,458	242,980
Travel	3,320	2,519	(801)	(13,626)
Bad Debt Expense	45,492	35,045	(10,447)	(194,608)
Other	87,030	92,289	5,259	(147,858)
Total Expenses	\$1,079,024	\$1,056,042	(\$22,982)	\$1,057,972
CHANGE IN NET ASSETS	\$126,557	\$0	\$126,557	(\$333,910)

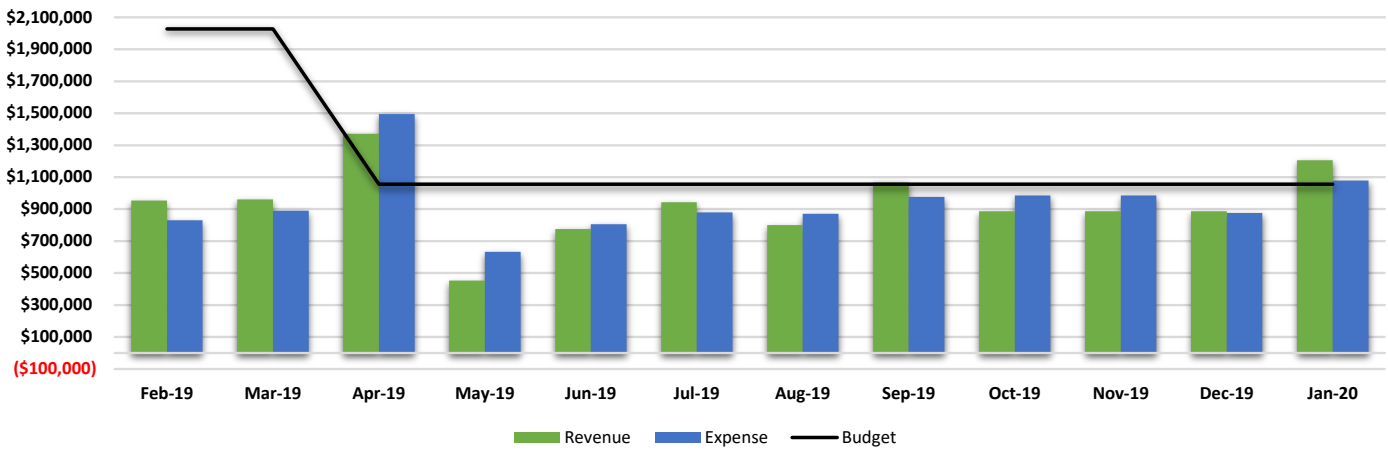
**Current Month
Revenue & Expenses
Actual**



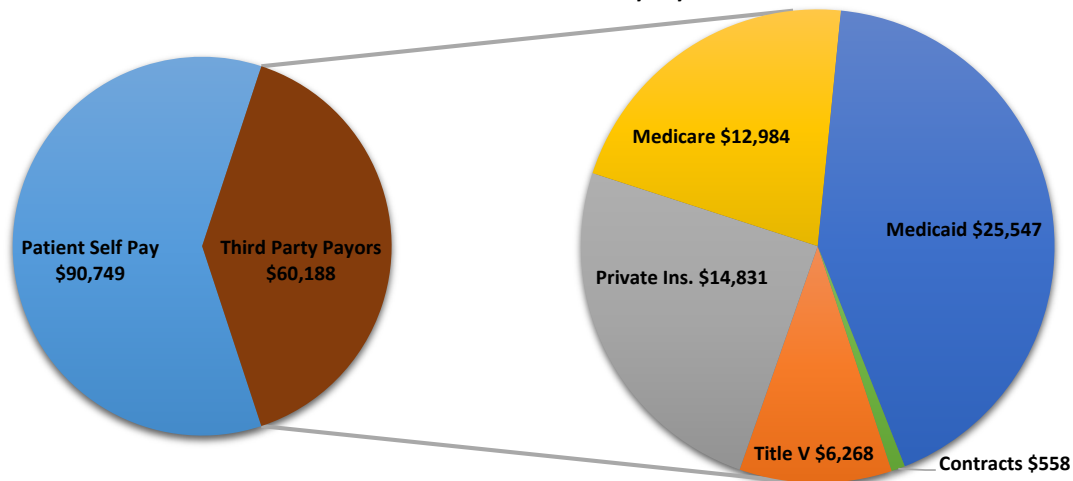
HIGHLIGHTS

- MTD increase in Fund Balance of \$126,557.
- MTD revenues are \$149,539 higher than budget due to DSRIP Payment of \$368,125, which offset lower Patient revenues (\$139,628) and Other Revenue (\$10,402). Revenue for Fund Balance Reserve purchases is included in the Other Revenue Budget but not Actual.
- YTD revenues are (\$1.4M) lower than budgeted due to Patient Revenue (\$1.1M), DSRIP Revenue (\$423K), County Revenue (\$51K) and Other (\$70K). This is offset by the increase in HHS Grant Revenue of \$313K. Revenue for Fund Balance Reserve purchases are included in the Other Revenue Budget but not Actual.
- MTD Expenses are (\$23K) over budget due to the IGT Reimbursement of (\$144K) and higher Bad Debt expense (\$10K).
- YTD Expenses are \$1.057M lower than budgeted due to lower Personnel, Contractual, IGT and Pharmaceutical supplies expense. This offsets overages in Travel, Bad Debt, and Other expenses. YTD Overages in Office, Operating, Outside Dental supplies, and Operating equipment are covered by CARE Grant funding.
- YTD decrease in Fund Balance of (\$81,622). Total Fund Balance is \$5,546,775 as of 1/31/2020.

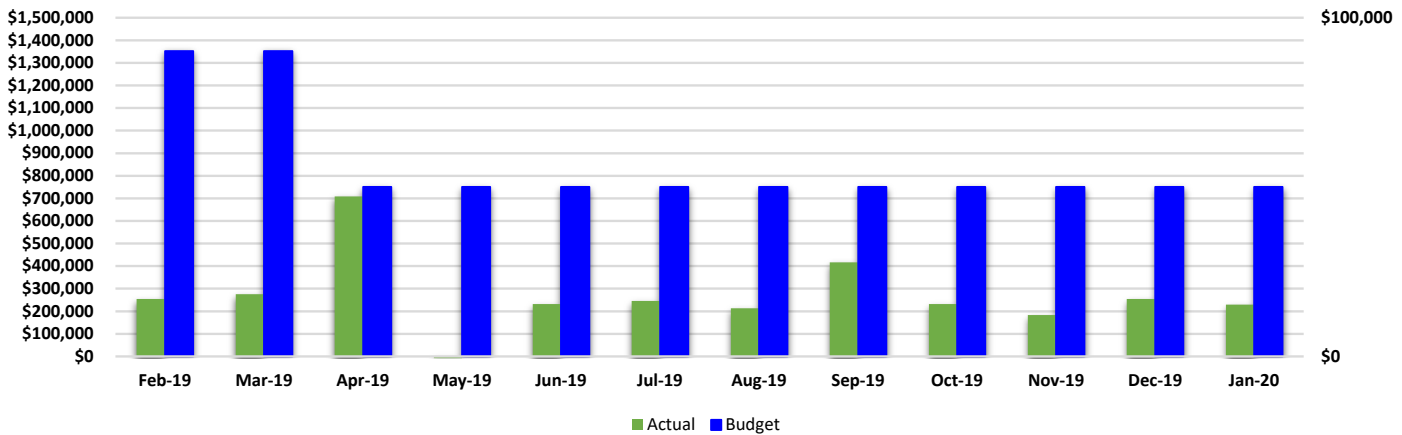
Actual Revenue & Expenses in Comparison to Budget

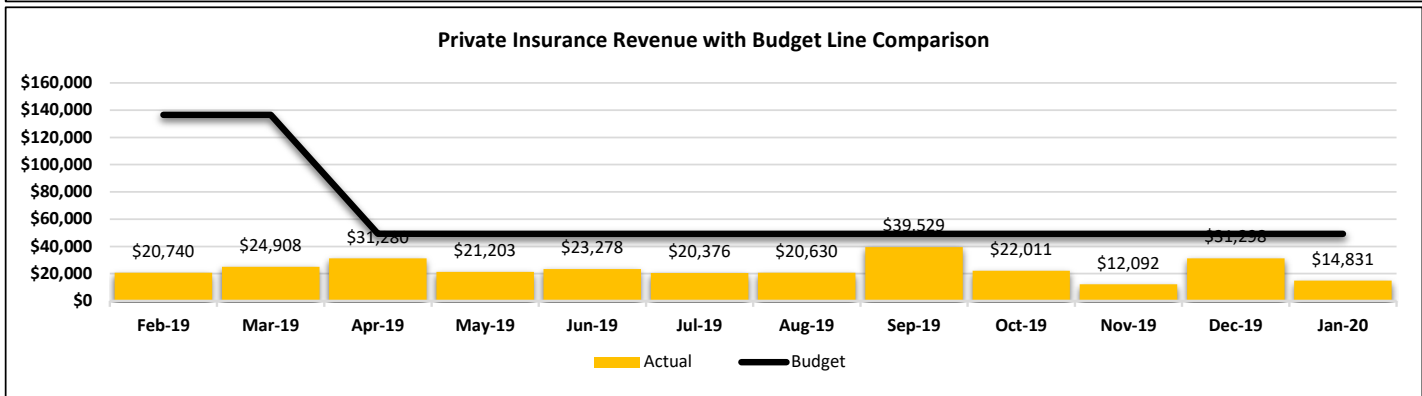
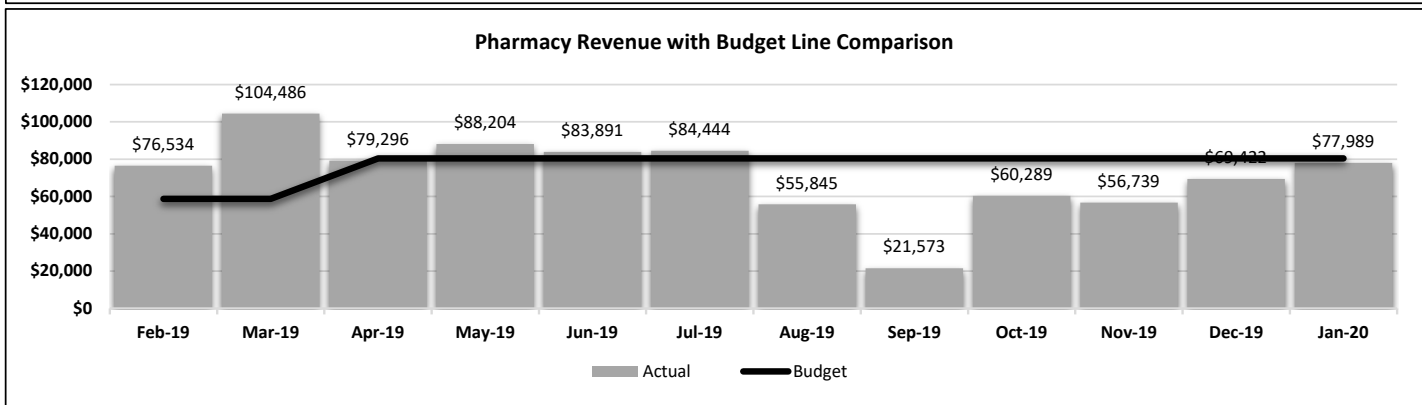
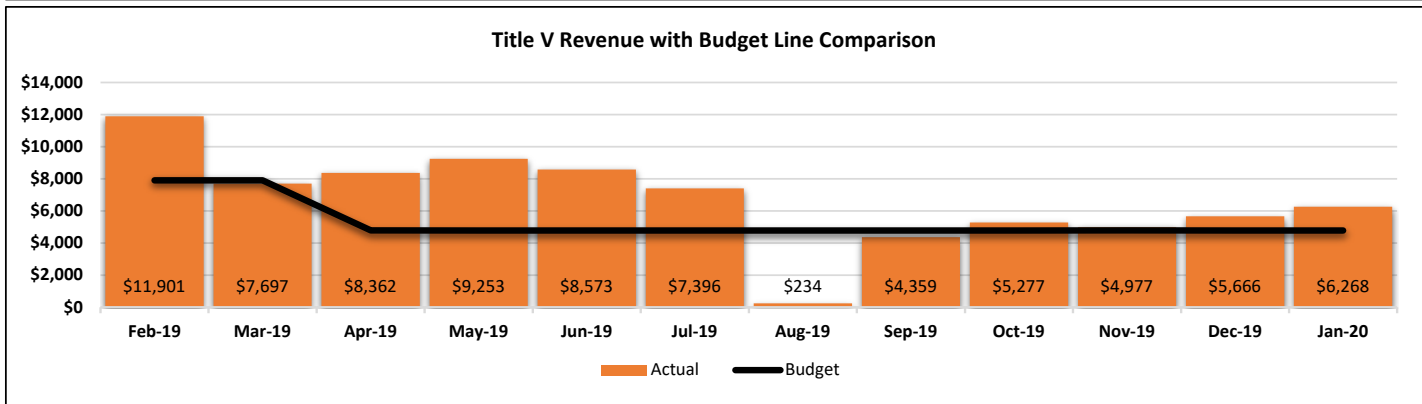
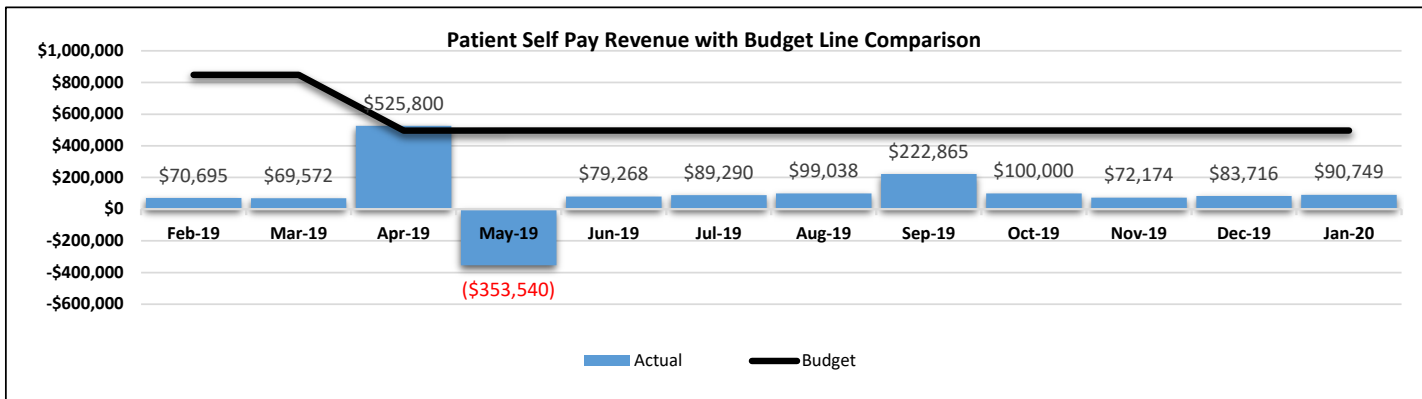


Current Period Patient Revenue with Third Party Payor Contributions Identified

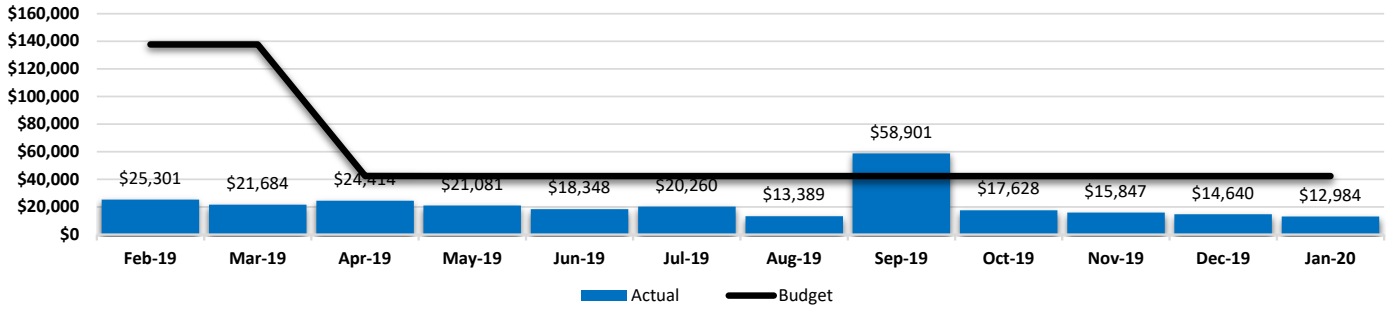


Actual Patient Revenue Rec'd vs Budget

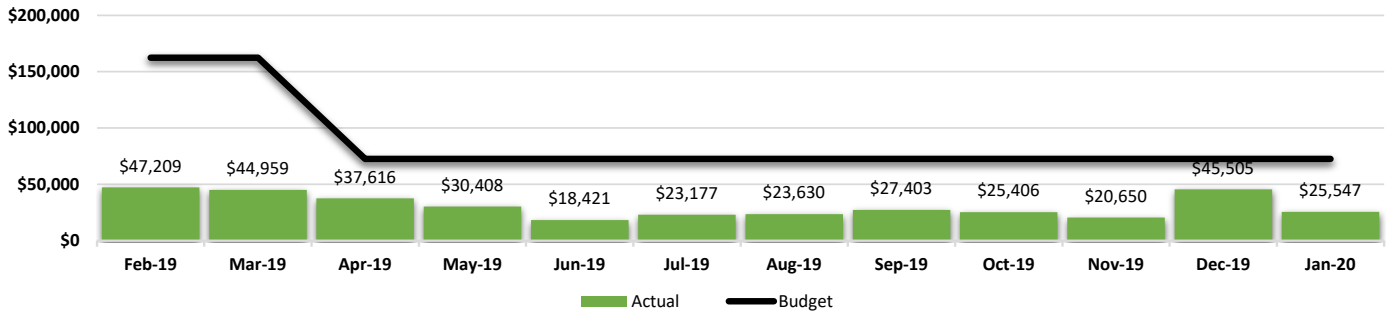




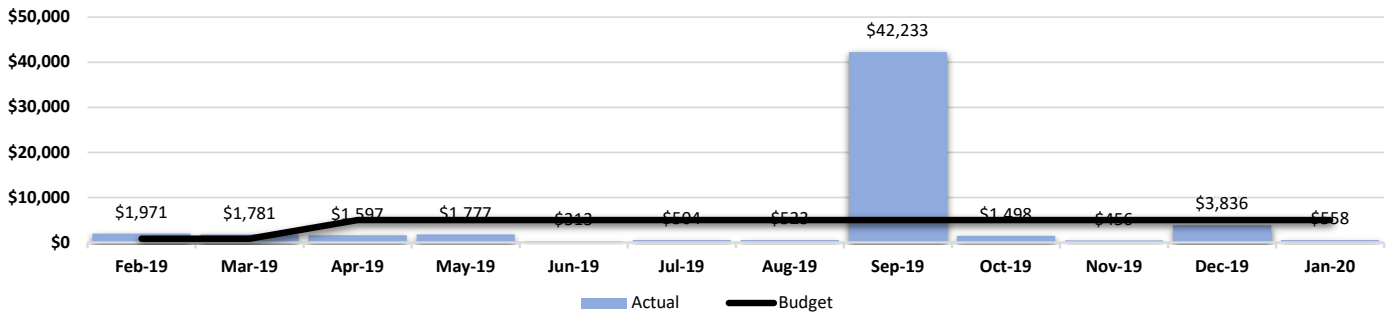
Medicare Revenue with Budget Line Comparison



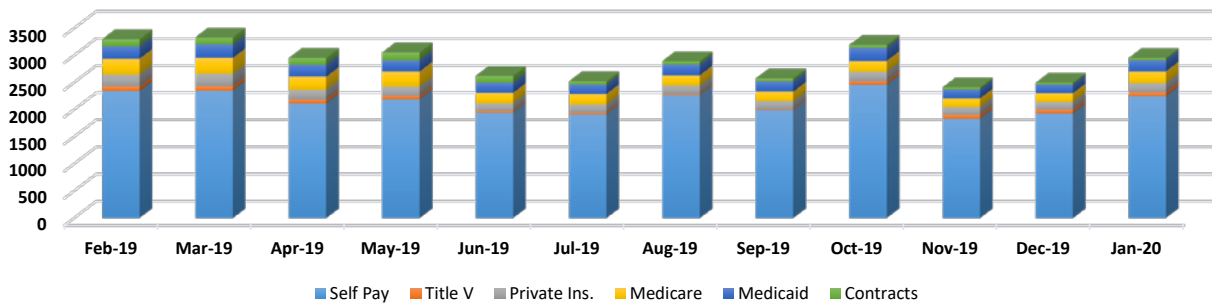
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending Jan 31, 2020

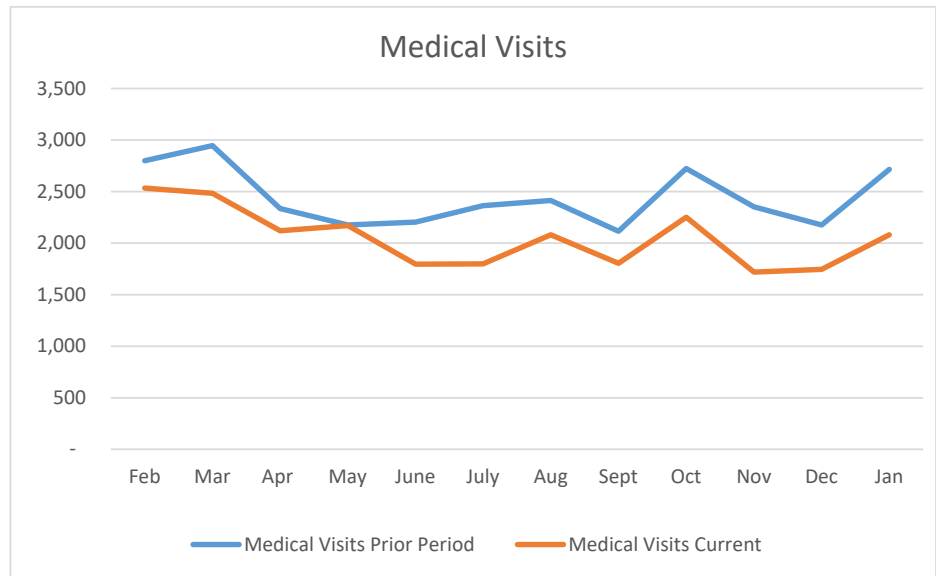
Code	Description	Period Ending 1/31/2020	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance	Annual Budget	
REVENUE									
4001	HRSA	HHS GRANT REVENUE - Federal	\$284,075	\$260,617	\$23,459	\$2,919,294	\$2,606,167	\$313,127	\$3,127,400
		HHS GRANT REVENUE - BASE	\$253,637	\$260,617	(\$6,980)	\$2,574,630	\$2,606,167	(\$31,537)	\$3,127,400
		HHS GRANT REVENUE - SUD-MH	\$12,471	\$15,417	(\$2,946)	\$96,078	\$154,167	(\$58,088)	\$185,000
		HHS GRANT REVENUE - Care	\$17,424	\$28,084	(\$10,661)	\$248,029	\$280,843	(\$32,814)	\$337,012
		HHS GRANT REVENUE - QI 2019	\$544	\$1,931	(\$1,387)	\$557	\$19,310	(\$18,753)	\$23,172
4005	Patient Rev	GRANT REVENUE - Title V	\$6,268	\$4,780	\$1,489	\$60,366	\$47,796	\$12,570	\$57,355
4011	Patient Rev	PATIENT FEES	\$90,749	\$114,102	(\$23,354)	\$1,009,360	\$1,141,021	(\$131,661)	\$1,369,225
4012	Patient Rev	PRIVATE INSURANCE	\$14,831	\$49,289	(\$34,458)	\$236,529	\$492,893	(\$256,365)	\$591,472
4016	Patient Rev	PHARMACY REVENUE - 340b	\$77,989	\$80,417	(\$2,428)	\$677,692	\$804,167	(\$126,475)	\$965,000
4020	Patient Rev	MEDICARE	\$12,984	\$42,380	(\$29,396)	\$217,493	\$423,798	(\$206,306)	\$508,558
4031	Patient Rev	MEDICAID	\$25,547	\$72,608	(\$47,061)	\$277,762	\$726,080	(\$448,318)	\$871,296
4313	Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$2,028	\$1,351	\$677	\$35,419	\$13,507	\$21,913	\$16,208
4331	Other Rev.	MEDICAL RECORD REVENUE	\$1,265	\$1,354	(\$89)	\$15,485	\$13,542	\$1,944	\$16,250
4335	Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$3,380	\$0	\$3,380	\$0
4405	County	COUNTY REVENUE	\$311,222	\$324,070	(\$12,848)	\$3,189,316	\$3,240,704	(\$51,388)	\$3,888,845
4407	DSRIP	DSRIP REVENUE	\$368,125	\$79,167	\$288,958	\$368,125	\$791,667	(\$423,542)	\$950,000
4510	Other Rev.	MISCELLANEOUS REVENUE	\$2,784	\$0	\$2,784	\$14,113	\$0	\$14,113	\$0
4511	Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$6,964	\$0	\$6,964	\$0
4520	Other Rev.	INTEREST INCOME	\$6,611	\$5,750	\$861	\$78,941	\$57,500	\$21,441	\$69,000
	Patient Rev	CONTRACT REVENUE	\$558	\$4,978	(\$4,420)	\$53,295	\$49,778	\$3,518	\$59,733
4943	Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$544	\$0	\$544	\$5,003	\$0	\$5,003	\$0
4943	Other Rev.	CONVENIENCE FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Other Rev.	Fund Balance	\$0	\$0	\$0	\$144,600	\$144,600	\$0	\$182,160
		Total Revenue	\$1,205,581	\$1,040,862	\$164,719	\$9,313,136	\$10,553,219	(\$1,240,083)	\$12,672,502
EXPENSES									
6111	Personnel	SALARIES	\$520,641	\$526,677	\$6,036	\$4,959,744	\$5,266,770	\$307,026	\$6,320,124
	Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
6117	Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$4,400	\$4,400	\$3,652	\$44,000	\$40,348	\$52,800.00
	Personnel	SALARIES, supplemental	\$0	\$0	\$0	\$40,750	\$0	(\$40,750)	\$0.00
6113	Personnel	SALARIES, O/T	\$2,966	\$5,000	\$2,034	\$27,278	\$50,000	\$22,722	\$60,000.00
6114	Personnel	SALARIES, PART-TIME	\$11,041	\$36,141	\$25,100	\$114,693	\$361,412	\$246,719	\$433,694.00
	Personnel	Comp Pay	\$0	\$0	\$0	\$189	\$0	(\$189)	\$0.00
6211	Personnel	FICA EXPENSE	\$39,623	\$43,775	\$4,152	\$369,749	\$437,747	\$67,997	\$525,296.33
6213	Personnel	TEXAS UNEMPLOYMENT TAX	\$458	\$1,215	\$757	\$152	\$12,153	\$12,002	\$14,584.05
6221	Personnel	LIFE INSURANCE	\$1,515	\$1,380	(\$135)	\$14,753	\$13,798	(\$955)	\$16,557.68
6223	Personnel	LONG TERM DISABILITY INSURANCE	\$1,111	\$1,284	\$173	\$10,751	\$12,843	\$2,092	\$15,411.28
6224	Personnel	GROUP HOSPITALIZATION INSURANC	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
6225	Personnel	WORKER'S COMP INSURANCE	\$1,453	\$2,861	\$1,408	\$8,176	\$28,611	\$20,435	\$34,333.12
	Personnel	EMPLOYER PAID HEALTH INSURANCE	\$32,447	\$46,032	\$13,585	\$327,893	\$460,319	\$132,427	\$552,383.31
	Personnel	EMPLOYER SPONSORED HEALTHCARE	\$7,582	\$0	(\$7,582)	\$66,994	\$0	(\$66,994)	\$0.00
6227	Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
6231	Personnel	PENSION / RETIREMENT	\$11,814	\$12,131	\$317	\$109,685	\$121,310	\$11,625	\$145,572.38
7017	Contractual	OUTSIDE LAB CONTRACT	\$16,344	\$30,475	\$14,131	\$169,772	\$304,750	\$134,978	\$365,700.00
7018	Contractual	OUTSIDE X-RAY CONTRACT	\$1,944	\$4,428	\$2,484	\$18,900	\$44,275	\$25,375	\$53,130.00
	Contractual	MISCELLANEOUS CONTRACT SERVICES	\$22,213	\$23,990	\$1,776	\$185,025	\$239,895	\$54,870	\$287,874.00
	Personnel	TEMPORARY STAFFING	\$7,815	\$0	(\$7,815)	\$65,473	\$0	(\$65,473)	\$0.00
	Contractual	CHW CONTRACT BILLING SERVICE	\$6,733	\$9,000	\$2,267	\$66,645	\$90,000	\$23,355	\$108,000.00
	IGT	IGT REIMBURSEMENT	\$143,974	\$37,500	(\$106,474)	\$143,974	\$375,000	\$231,026	\$450,000.00
7032	Contractual	JANITORIAL CONTRACT	\$13,926	\$13,926	\$0	\$138,034	\$139,258	\$1,223	\$167,109.24
7033	Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$801	\$800	(\$1)	\$960.00
7034	Contractual	SECURITY	\$2,975	\$3,910	\$935	\$27,872	\$39,100	\$11,228	\$46,920.00
8011	Supplies	OFFICE SUPPLIES	\$21,940	\$5,115	(\$16,825)	\$255,529	\$51,147	(\$204,382)	\$61,376.00
8012	Supplies	OPERATING SUPPLIES	\$32,025	\$24,032	(\$7,993)	\$311,787	\$240,318	(\$71,469)	\$288,382.00
8013	Supplies	OUTSIDE DENTAL SUPPLIES	\$5,321	\$2,000	(\$3,321)	\$38,369	\$20,000	(\$18,369)	\$24,000.00
8014	Supplies	PHARMACEUTICAL SUPPLIES	\$37,227	\$89,889	\$52,662	\$367,575	\$898,890	\$531,315	\$1,078,668.00
8016	Supplies	JANITORIAL SUPPLIES	\$0	\$333	\$333	\$0	\$3,333	\$3,333	\$4,000.00
8017	Supplies	PRINTING SUPPLIES	\$16	\$200	\$185	\$2,419	\$2,000	(\$419)	\$2,400.00
8018	Supplies	UNIFORMS	\$0	\$417	\$417	\$1,198	\$4,167	\$2,969	\$5,000.00
8115	Other	POSTAGE	\$759	\$667	(\$93)	\$7,863	\$6,667	(\$1,196)	\$8,000.00
8121	Other	TELEPHONE	\$3,449	\$4,066	\$617	\$33,295	\$40,658	\$7,363	\$48,790.00
8132	Other	WATER	\$31	\$31	\$0	\$305	\$313	\$8	\$375.00
8133	Other	ELECTRICITY	\$1,433	\$2,083	\$650	\$13,825	\$20,833	\$7,008	\$25,000.00
8141	Travel	TRAVEL, LOCAL	\$277	\$383	\$106	\$3,587	\$3,833	\$246	\$4,600.00
8142	Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
8151	Travel	LOCAL TRAINING	\$0	\$417	\$417	\$7,111	\$4,167	(\$2,944)	\$5,000.00
8152	Travel	TRAINING, OUT OF TOWN	\$3,042	\$1,719	(\$1,324)	\$28,115	\$17,187	(\$10,928)	\$20,624.00
8161	Other	RENTALS	\$3,010	\$3,290	\$280	\$31,113	\$32,900	\$1,787	\$39,480.00
8171	Other	LEASES	\$43,121	\$43,702	\$581	\$431,206	\$437,020	\$5,814	\$524,424.00
8181	Other	MAINTENANCE / REPAIR, EQUIP.	\$6,376	\$6,977	\$601	\$71,964	\$69,767	(\$2,197)	\$83,720.00
8182	Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$0	\$417	\$417	\$500.00
8183	Other	FUEL	\$0	\$42	\$42	\$0	\$417	\$417	\$500.00
8184	Other	MAINTENANCE / REPAIR, BLDG.	\$14	\$417	\$403	\$4,655	\$4,167	(\$488)	\$5,000.00
	Other	MAINT/REPAIR, IT Equip.	\$773	\$1,273	\$500	\$4,545	\$12,729	\$8,185	\$15,275.00
	Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$10	\$417	\$406	\$500.00
8191	Other	INSURANCE, AUTO/Truck	\$10	\$208	\$198	(\$1,168)	\$2,083	\$3,251	\$2,500.00
8192	Other	INSURANCE, GENERAL LIABILITY	\$913	\$1,029	\$117	\$10,361	\$10,292	(\$69)	\$12,350.00

Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending Jan 31, 2020

Code	Description	Period Ending 1/31/2020	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance	Annual Budget
8193	Other INSURANCE, BLDG. CONTENTS	\$1,379	\$1,633	\$254	\$14,490	\$16,329	\$1,839	\$19,595.00
	Other Settlements	\$0	\$0	\$0	\$87,500	\$0	(\$87,500)	\$0.00
8211	Other COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
8214	Other OPERATING EQUIPMENT	\$0	\$0	\$0	\$35,537	\$0	(\$35,537)	\$0.00
8215	Other BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
8301	Other NEWSPAPER ADS	\$4,843	\$1,500	(\$3,343)	\$16,957	\$15,000	(\$1,957)	\$18,000.00
8302	Other SUBSCRIPTIONS, BOOKS, ETC	\$210	\$125	(\$85)	\$1,474	\$1,250	(\$224)	\$1,500.00
8303	Other ASSOCIATION DUES	\$2,667	\$2,883	\$216	\$28,751	\$28,827	\$75	\$34,592.00
	Other IT SOFTWARE, LICENSES, INTANGIBLES	\$12,667	\$18,355	\$5,688	\$214,607	\$183,554	(\$31,053)	\$220,265.00
8311	Other PROF FEES/LICENSE/INSPECTIONS	\$0	\$203	\$203	\$886	\$2,025	\$1,139	\$2,430.00
8312	Other PROFESSIONAL SERVICES	\$3,721	\$1,875	(\$1,846)	\$41,276	\$18,750	(\$22,526)	\$22,500.00
8321	Other MED/HAZARD WASTE DISPOSAL	\$372	\$483	\$112	\$4,581	\$4,833	\$252	\$5,800.00
8324	Other TRANSPORTATION CONTRACT	\$324	\$650	\$326	\$4,686	\$6,500	\$1,814	\$7,800.00
8328	Other BOARD MEETING OPERATIONS	\$131	\$29	(\$102)	\$2,489	\$292	(\$2,197)	\$350.00
8331	Other SERVICE CHG - CREDIT CARDS	\$829	\$685	(\$144)	\$7,143	\$6,850	(\$293)	\$8,220.00
8337	Other CASHIER OVER / SHORT	\$0	\$0	\$0	(\$0)	\$0	\$0	\$0.00
8339	Other BAD DEBT EXPENSE	\$45,492	\$35,045	(\$10,447)	\$545,056	\$350,448	(\$194,608)	\$420,537.00
8340	Other MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$2,394	\$0	(\$2,394)	\$0.00
	Total Expenses	\$1,079,024	\$1,056,042	(\$22,982)	\$9,502,446	\$10,560,419	\$1,057,973	\$12,672,502
	Net Change in Fund Balance	\$126,557	(\$15,180)	\$141,737	(\$189,310)	(\$7,200)	(\$182,110)	(\$0)
					Expenses Fund Bal. Reserve	(\$144,600)		
						(\$333,910)		

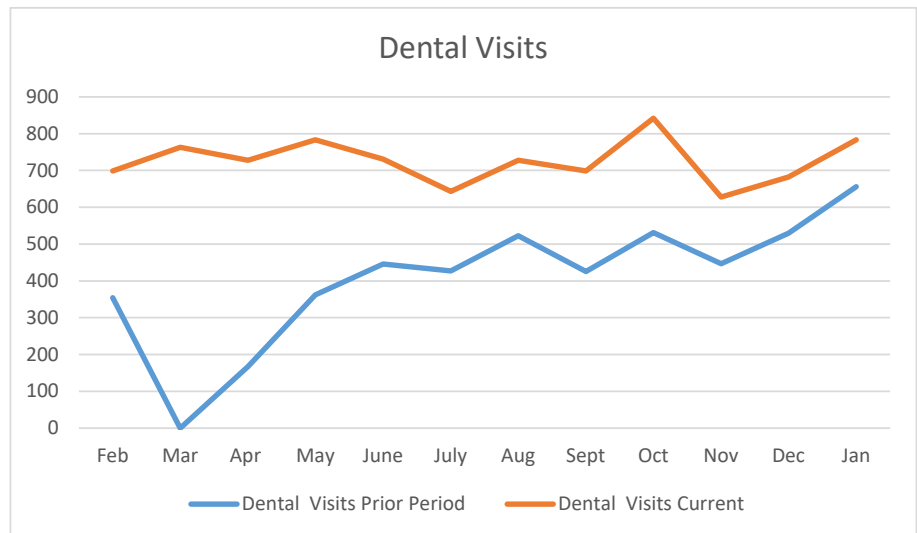
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
Feb	2,798	2,534
Mar	2,946	2,484
Apr	2,334	2,119
May	2,177	2,171
June	2,205	1,797
July	2,363	1,798
Aug	2,413	2,081
Sept	2,115	1,804
Oct	2,725	2,250
Nov	2,351	1,719
Dec	2,175	1,745
Jan	2,714	2,082
	<u>29,316</u>	<u>24,584</u>



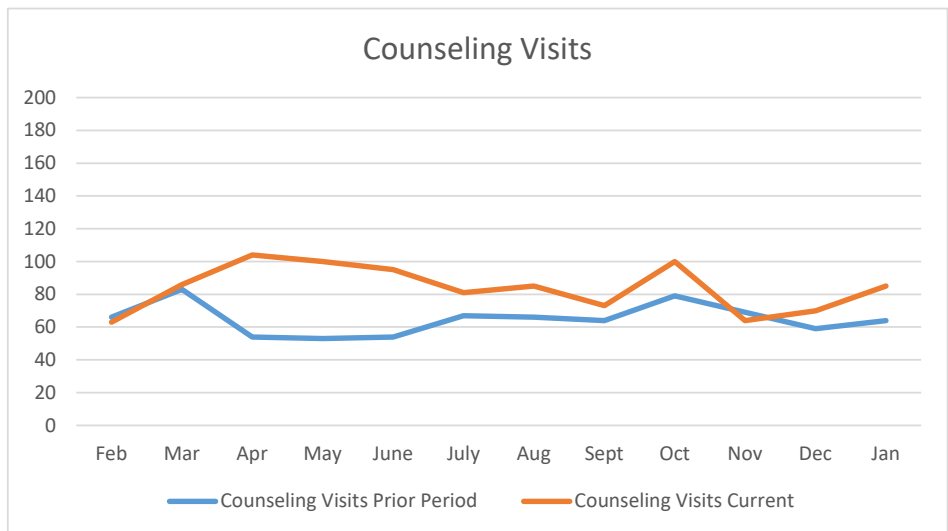
Dental Visits

	<u>Prior Period</u>	<u>Current</u>
Feb	354	699
Mar	0	763
Apr	167	728
May	362	783
June	446	731
July	427	643
Aug	523	728
Sept	426	699
Oct	531	842
Nov	447	628
Dec	530	682
Jan	656	783
	<u>4,869</u>	<u>8,709</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
Feb	66	63
Mar	83	86
Apr	54	104
May	53	100
June	54	95
July	67	81
Aug	66	85
Sept	64	73
Oct	79	100
Nov	69	64
Dec	59	70
Jan	64	85
	<u>778</u>	<u>1,006</u>



Vists by Financial Class - Actual vs. Budget
As of January 31, 2020 (Grant Year 4/1/19-3/31/20)

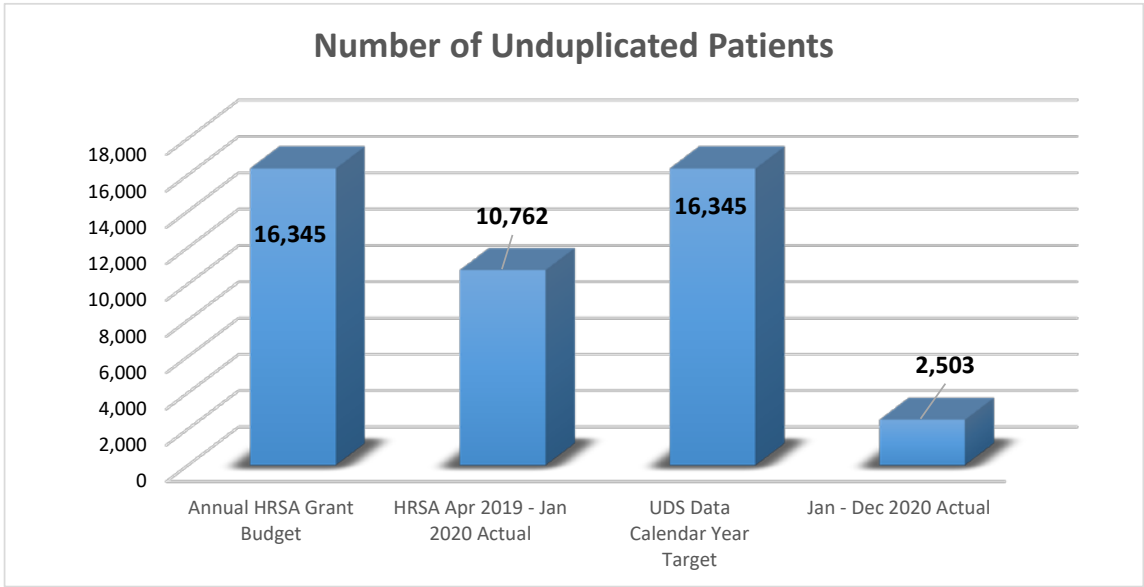
	Annual HRSA		Over/(Under)		YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
	Grant Budget	MTD Actual	MTD Budget	MTD Budget				
Medicaid	5,442	209	454	(245)	2,005	4,535	(2,530)	-56%
Medicare	3,640	219	303	(84)	2,050	3,033	(983)	-32%
Other Public (Title V, Contract)	1,728	108	144	(36)	951	1,440	(489)	-34%
Private Insurance	4,718	167	393	(226)	1,593	3,932	(2,339)	-59%
Self Pay	31,361	2,247	2,613	(366)	21,145	26,134	(4,989)	-19%
	46,889	2,950	3,907	(957)	27,744	39,074	(11,330)	-29%

Unduplicated Patients - Current vs. Prior Year
UDS Data Calendar Year
January through December

	Current Year Annual Target	Jan-Dec 2019 Actual	Jan-Dec 2020 Actual	Increase/ (Decrease) Prior Year	% of Annual Target

Unduplicated Patients - Current vs. Prior Year
HRSA Grant Year
April through March

	Annual HRSA Grant Budget	Apr 2018 - Jan 2019 Actual	Apr 2019 - Jan 2020 Actual	Increase/ (Decrease) Prior Year	% of Annual Target



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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#10

**Consider for Approval 2019 Bad Debt Write-off
and Adjustment Report**

**Coastal Health & Wellness
Adjustment - Primary Payer
From 1/1/2019 to 12/31/2019**

	Adj Amt
Totals for Deceased Patient Adjustments (14)	\$ (474.38)
Totals for Non-Covered Services (1)	(2.99)
Totals for Billing Errors - United Solutions	(254.14)
Totals for Billing Write-offs	(10,361.28)
*Totals for Bad Debt Credit (14847)	(478,526.90)
Total	<u>\$ (489,619.69)</u>

* Bad Debt Writeoffs	Amount
2016	\$ 1,007,748.00
2017	\$ 313,318.00
2018	\$ 392,919.00
2019	\$ 489,619.69
4 Year Average	<u>\$ 550,901.17</u>

Detail for Totals for Billing Write-Offs

KEPRO EAP	\$ 835.00
Wellcare Health Plan	507.82
BCBS of Texas Blue Adv HMO	653.00
Humana Gold Plus HMO Medicare	131.00
United HealthCare HMO Medicare	644.00
DentaQuest	473.12
Liberty Dental	191.00
MCNA Dental	232.11
National Government Services	6,694.23
Total	<u>\$ 10,361.28</u>

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#11

Consider for Approval 2020/2021 Sliding Fee Scale

APPENDIX A

Coastal Health & Wellness
 9850-C Suite C 103 E. F. Lowry Expressway
 Texas City, Texas 77591
 H80CS00344

I. CHW's DISCOUNT ELIGIBILITY SCHEDULE 2020-2021

% OF POVERTY PAY CODE:	GROSS ANNUAL INCOME												100	-	
	0	100%	20	125%	40	150%	60	175%	80	200%	100	-			
	From	To	From	To	From	To	From	To	From	To	From	To	Over		
FAMILY SIZE	1	0	12,760	12,761	15,950	15,951	19,140	19,141	22,330	22,331	25,520	25,520 +	3190	12760	
	2	0	17,240	17,241	21,550	21,551	25,860	25,861	30,170	30,171	34,480	34,480 +	4310	17240	
	3	0	21,720	21,721	27,150	27,151	32,580	32,581	38,010	38,011	43,440	43,440 +	5430	21720	
	4	0	26,200	26,201	32,750	32,751	39,300	39,301	45,850	45,851	52,400	52,400 +	6550	26200	
	5	0	30,680	30,681	38,350	38,351	46,020	46,021	53,690	53,691	61,360	61,360 +	7670	30680	
	6	0	35,160	35,161	43,950	43,951	52,740	52,741	61,530	61,531	70,320	70,320 +	8790	35160	
	7	0	39,640	39,641	49,550	49,551	59,460	59,461	69,370	69,371	79,280	79,280 +	9910	39640	
	8	0	44,120	44,121	55,150	55,151	66,180	66,181	77,210	77,211	88,240	88,240 +	11030	44120	

For each added family member add: (to max. income) 4,480 5,600 6,720 7,840 8,960

Effective Date 3/1/2020

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#12

**Consider for Approval New Coastal Health & Wellness Care Team
Guide for Patients**

1. Patient Guide

Available to: All patients and the public online.

- Registration
- Checking in for appointment
- Welcome Center

2. Care Team Folder

PURPOSE

The Care Team Folder was designed to:

- Encourage patients to take an active role in their own healthcare
- Help prepare patients for upcoming appointments (write down questions)
- Provide a place to record health information (BP log, Glucose log, food intake, exercise, etc.)
- Organize educational resources
- Learn about supportive care services available
- Identify the patient's Care Team color

INCLUDES

- Patient Guide

DISTRIBUTION – Patient Services - NextGen mark receipt

Questions: Who would benefit most from a Care Team Folder?

Pilot 1st- Target - Established Medical Chronic patients

Patient Services

Acknowledgement of Receipt - Documents/Notices

Registration documents

A: Coastal Health & Wellness: Application for Discounted Services OR

B: Client New Intake (insured or waiving financial screening-100% responsible)

FORM: Consenting Rights and Access to Medical information of a Child (Registering or Checking in Minors)

Electronic Acknowledgement of Receipt (signatures required)

- Financial Responsibility (annually) 100% responsibility OR Insured patients
- Patient Rights, Responsibilities, and Notice of Privacy Practices (annually)
- Consent to Treatment (annually)
- Financial Screening outcome (annually) (Discount Program)

FORM: Patient Authorization for Greater Houston HealthConnect (HIE) (1X unless change mind)

FORM: No Show Policy (1X)

FORM: Guidelines on Advance Directives (1X)

FORM: Patient Rights and Responsibilities (annually)

FORM: Notice of Privacy Practices (annually)

FORM: Patient Complaint Procedure/Notice Concerning Complaints (annually)

Informational

FORM: Information for New & Established Patients: Medication

FORM: Important Tips (replaced with Patient Guide)

Coastal Health & Wellness



Patient Guide

CHW website: www.coastalhw.org

Mailing address: P.O. Box 939, La Marque, Texas 77568

Access the Patient Portal: <https://www.gchd.org/clinical-services/patient-portal>

Contact Center: 409-938-2234

WELCOME TO

Coastal Health & Wellness

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Welcome to Coastal Health & Wellness

Thank you for choosing us to be your primary healthcare provider. We are excited to offer you high-quality, coordinated, primary and preventative medical, dental, and behavioral health services. At Coastal Health & Wellness (CHW), you will be at the center of our team approach, and we will encourage and support you to play an active role in your own health care.

Our Mission: To provide access to high-quality primary health care to all that we serve.

Our Values: I CARE

- **Integrity** - We are honest, trustworthy and transparent in all we do.
- **Customer Service** - We are committed to providing exceptional customer service.
- **Accountability** - We hold ourselves to high standards and take responsibility for our actions.
- **Respect** - We uphold a standard of conduct that recognizes and values the contributions of all.
- **Equality** - We equally value and serve all members of the community.

Our Goal is to guide you through the patient experience before your visit, during your visit and after your visit so that you feel well-connected to your provider and care team.

Our Commitment is to provide you and your family with **high quality care** which includes treatment of acute illnesses, chronic health conditions and personalized preventative care. We focus on “best practice” medicine which means our care is based on the best available clinical evidence, research, care concepts, and techniques for optimal care.

Your Care Team

Your care team will listen to you and by getting to know you, your team can help you understand your healthcare needs and provide you with information and assistance to manage your own health.

WE FOLLOW THE PATIENT-CENTERED MEDICAL HOME MODEL

We are striving to be a Patient Centered Medical Home (PCMH), which is an innovative program designed to improve the primary care of our patients. We are focused on organizing care around your needs, working in teams, and coordinating and tracking your care over time. Our goal is to be easily accessible and responsive to your healthcare needs. **You are at the center of our team approach.**

The Joint Commission’s Gold Seal of Approval™.

We pride ourselves on quality services, so we want you to know our state-of-the art clinics are recognized by and have earned **Accreditation by the Joint Commission**. This Accreditation is considered the gold standard in healthcare and is the best measure and validation of processes for health care organizations striving for excellence.



Our Services

Coastal Health & Wellness provides a full range of comprehensive health care services that include:

- **Adult Primary Care** – Diagnosing and treating acute conditions and chronic diseases; wellness exams, screening tests for diabetes and pre-diabetes, high blood pressure, high cholesterol and cancer; promoting healthy lifestyles with education and special programs; and providing immunizations.
- **Pediatric Services** – Primary care from birth through age 21; Well Child visits, acute care, chronic care management; and immunizations.
- **Women’s Health Services** – Well Woman exams; breast and cervical cancer screenings; screening for sexually transmitting infections; contraception, pregnancy tests, family planning, and low-risk prenatal care.
- **Behavioral Health Services** – Licensed counselors provide confidential one-on-one therapy sessions for mild to moderate mental health conditions including depression and anxiety, grief counseling and behavioral management plans to improve health.
- **Substance Use Disorder – Mental Health (SUD-MH) Program** - Care to those who struggle with opioid addiction, alcohol and other substance use disorders.
- **Dental Services** – Preventative services for children and adults such as dental exams, X-rays, dental cleanings, oral hygiene instructions and dental sealants; dental fillings; dental extractions; special contracted services for dental crowns, root canals, and dentures.
- **Support Services** – Laboratory, X-ray, case management, and referrals for specialty care.

Your Care Team

Whatever your need, preventative and wellness care, acute care or chronic care, YOU have a dedicated care team where quality, comprehensive care is provided.

The Coastal Health & Wellness “Care Teams” have several members, each with a different function. The teams are identified by colors (Blue Team, Green Team, and Red Team). You will belong to one of these three care teams.

Your Care Team:

- Consists of healthcare professionals (physicians, physician assistants, nurse practitioners, registered nurses, certified medical assistants and licensed behavior health counselors)
- Focuses on helping you improve and maintain your health and prevent illness.
- Meets regularly to oversee and plan your treatment and check on your progress.
- Works together to provide healthcare based on a trusted partnership with YOU.

Additional CHW staff that play an important role in your access to comprehensive care include dental providers, dental assistants, dental hygienists, unit receptionists, and staff from check-out, Patient Services, Case Management, Referrals, the Galveston County Indigent Health Care Program (CIHCP), Electronic Records and Billing.

How to Communicate with Us

The Patient Portal is the **MOST EFFECTIVE WAY** to communicate with your Care Team and gain convenient access to your medical information. Using the portal, you can:

- Send a message to your medical provider, nurse, or the billing department.
- Request and view appointments.
- Request medication refills.
- Access your lab and X-ray results.
- View a summary of your health record.
- Look up information about health topics.
- Review your billing statement and send secure payments online.

All you need is an email address. Our staff will enroll you in the Patient Portal and assist you with the log in process.

Access the Patient Portal through www.coastalhw.org. Refer to the Patient Portal Brochure for additional information. <https://www.gchd.org/clinical-services/patient-portal>.

For technical support, call our IT Help Desk at 409-938-2210 or email us at coastalportal@gchd.org.

**Call our CHW main number for assistance:
Contact Center 409-938-2234**

After Hours / Emergencies

For any EMERGENCY, day or night, call 911 or have someone take you to the nearest emergency room.

For URGENT medical concerns that occur after business hours, call 409-938-2234 and the answering service will contact the on-call provider regarding your issue.

Becoming Our Patient

To become a Coastal Health & Wellness patient,

- 1) Complete the Coastal Health & Wellness Application (annually) or when there is a change in your insurance status, financial status or household size.
- 2) Provide proof of photo identification (State ID, Drivers' License, Passport, Foreign Consular, etc.).
- 3) Provide proof of your current mailing address (Current Driver's License, Utility Bill, Lease, etc.).
- 4) Provide your current health insurance identification card.
- 5) If you DO NOT have health insurance coverage OR your plan is LIMITED, you may request to be financially screened for our **Sliding Fee Discount Program**. Eligibility is determined by your family size and proof of gross household income (before taxes and deductions).

Please review the Requirements for the Discounted Services Program that lists all the acceptable forms of documentation for proof of your identity, income and address.

- 6) If you DO NOT have health insurance coverage AND you DO NOT wish to provide your household income, you can WAIVE the financial screening process. You would pay for services at the Governing Board approved rates and pay the REQUIRED deposit before each provider visit.

Sliding Fee Discount Program

If you are *uninsured or under-insured*, Coastal Health & Wellness offers *reduced clinic fees* adjusted according to the Sliding Fee Discount Program. For each provider visit, depending on your discount, a *nominal fee or deposit will be requested* at the time of service; and any remaining charges, based on your discounted rate, will be billed to you.

Cost of Clinic Services:

The sliding fee discount is determined based on your household income level and the number of members in your household. Using this information, our staff computes the amount of the discount based on Federal Poverty guidelines. **At the time of provider service, the deposit amount will be as follows:**

If your discount is _____%,	You will pay _____% of all charges
0%	100%
20%	80%
40%	60%
60%	40%
80%	20%
100%	0% (only a nominal fee is paid)

How does the Sliding Fee Discount Program work?

Cost of Services: If you qualify for a 60% discount, you will be responsible for paying 40% of the charges, AND at each provider visit, a \$30.00 deposit will be requested.

Example:

If the total charges for medical, dental, counseling and lab services are \$100.00, our clinic will apply the 60% discount (\$60.00).

\$100 charges - \$60 discount = \$40.00 charges

You will be responsible for \$40.00

The \$30.00 deposit collected at the time of service will be applied, and you will receive a bill for the additional \$10.00 owed.

NOTE: No deposit for Lab only or Nurse only visits. These services are billed to you.

Medication Discounts

Under the federal **340B Drug Discount Program**, drug manufacturers are required to provide outpatient drugs to eligible health care organizations at significantly reduced prices. As a benefit to you, Coastal Health & Wellness has contracted with selected Walgreens Pharmacies to offer you certain medications under this program.

Prescription Assistance Program (PAP) enables patients without medical insurance or who have exhausted all other insurance resources to apply for low-cost prescription drugs.

Clinic Fees

The itemized **Medical and Dental Fee Schedule** for services performed is available on our website: <https://www.gchd.org/clinical-services/coastal-health-wellness-governing-board/approved-policies>.

PAYMENT OPTIONS - CHW accepts CASH, CHECKS, CREDIT CARDS (Visa, MasterCard, & Discover) and MONEY ORDERS. For your convenience, you can make your payment online using the Patient Portal.

Coastal Health & Wellness collects insurance co-pays, nominal fees, deposits, and payments on outstanding balances at the time of service. Payments can also be made online by logging on to the Patient Portal or by contacting the Business Office at 409-938-2248, Monday through Friday between 8:00 am and 5:00 pm. Payments can be made at both clinic locations during hours of operation.

Please review on our website the [Coastal Health & Wellness Financial Guide](#) for more information.

Billing and Collections

If you have any questions regarding your billing statement, please call 1-888-354-4767 Extension 1.

Budget Payment Plan

If you have an outstanding balance, **please call 409-938-2248**. We will assist you in creating a budget plan. In addition, you can walk into either clinic location during hours of operation to discuss the option of a payment plan.

For Patients with Insurance:

- It is your responsibility to understand the terms of your insurance coverage. Please call the phone number on the back of your health insurance identification card if you have questions about your insurance coverage.
- If you have a **high deductible amount** that has not been met, CHW will collect \$50.00 at the time of service until your deductible amount is paid in full.
- If you qualify for the Sliding Fee Discount Program, your patient responsibility portion may be adjusted.

Primary Care Provider (PCP)

If your insurance plan requires a primary care provider (PCP), you must choose Coastal Health & Wellness or a CHW provider as your PCP from the plan's list of in-network PCPs. If you do not, your plan will assign you one. CHW can only provide you with care if we are your PCP.

We will submit claims to your insurance company for you. However, insurance copays and deductibles are due at the time of check-in for provider visits.

Your Rights and Responsibilities

As a Coastal Health & Wellness patient, **YOU HAVE THE RIGHT:**

- **TO BE HEARD IF PROBLEMS, COMPLAINTS OR CONCERNS ARISE.**

- **TO BE TREATED WITH RESPECT AND DIGNITY** regardless of race, religion, sex, national origin, physical or mental handicap or disability, age, or other grounds as applicable under federal, state and local laws or regulations.
- **TO RECEIVE CARE IN AN ENVIRONMENT COMMITTED TO PATIENT SAFETY.**
- **TO RECEIVE A COPY OF THE PATIENT PRIVACY NOTICE** describing our privacy practices and the ways that we use, disclose and safeguard your patient information. The Patient Privacy Notice details the various rights granted to you under the Health Insurance Portability and Accountability Act (HIPAA).
- **TO EXPECT THAT ALL COMMUNICATIONS AND RECORDS** pertaining to your health will be treated as confidential and safe guarded.
- **TO DECIDE WHAT MAY BE DONE TO YOUR BODY DURING THE COURSE OF TREATMENT.** Your provider will discuss with you the nature of your condition, the proposed treatment and any alternate procedures that are available. Your provider will provide you with information about the risks associated with certain medical or dental procedures. This information will be in terms you can understand so you can make an informed decision about the kind of treatment you want to receive.
- **TO HAVE AN ADVANCED DIRECTIVE** which are legal documents that ensure your health care wishes are respected. Please discuss this with your provider.
- **TO REFUSE TREATMENT** to the extent permitted by law, after being informed of the risks and potential consequences of refusing such recommended care. You are responsible for the outcome of refusing treatment.
- **TO HAVE INTERVIEWS, EXAMINATIONS AND TREATMENT CONDUCTED IN PRIVATE.**
- **TO HAVE HEALTH CARE TREATMENT THAT IS REASONABLE FOR YOUR CONDITION AND WITHIN OUR CAPABILITY;** however, CHW is not an emergency care facility. You have a right to be transferred or referred to another facility for services that we cannot provide. Please note, we DO NOT PAY for any services you receive from another healthcare provider.
- **TO HAVE AN APPROPRIATE ASSESSMENT AND MANAGEMENT OF PAIN** within the available clinic resources.
- **TO REQUEST AND BE PROVIDED WITH LAUGUAGE ASSISTANCE,** if you are not fluent in English or if you are hearing impaired. To help you actively participate in your care, this service will be provided at no cost.
- **TO REQUEST AND RECEIVE AN EXPLANATION OF YOUR CLINIC BILL.** You must pay or arrange to pay all agreed fees; if you cannot pay right away, please contact our billing office at 409-938-2248 so that we can continue to provide care to you as we work out a budget payment plan.
- **TO ACCESS YOUR HEALTH RECORDS.** Both state and federal law gives you the right to access your medical record and billing information. These laws also allow disclosure of your information to legally authorized representatives.

As Coastal Health & Wellness patient, **YOU HAVE A RESPONSIBILITY:**

- **TO PROVIDE ACCURATE INFORMATION** including:
 - **CONTACT INFORMATION.** Being able to communicate effectively with you is essential. You must provide current information regarding your phone/cell number, mailing address, email address, and your emergency contact.
 - **HEALTH INSURANCE COVERAGE.** You must provide your current health insurance information and insurance identification card at registration. It is important that CHW be able to verify the details of your health plan for billing purposes.
 - **SLIDING FEE DISCOUNT PROGRAM.** If you are applying for our discount services program, you must be truthful and accurate about your household income and family size. You must report any changes to your financial status within 14-business days.
- **TO CONFIRM YOUR APPOINTMENT.** Our Clinic will send an appointment reminder, to you via text message, phone call, or email, 48-business hours prior to your scheduled appointment. You MUST RESPOND according to the instruction to confirm or cancel.
- **TO KEEP YOUR APPOINTMENT** to improve your health.
- **TO CANCEL YOUR APPOINTMENT.** Give at least a 24-hour notice, if you need to cancel your appointment. Failure to cancel your appointment will have consequences according to our No Show Policy.
- **TO GIVE PRIOR NOTICE TO SCHEDULERS WHEN INTERPRETOR SERVICES ARE NEEDED.**
- **TO ARRIVE 20 MINUTES PRIOR TO YOUR APPOINTMENT** to verify the information we have in your record for billing and communication purposes and to pay your nominal fee or deposit.
- **TO ARRIVE 1 HOUR PRIOR TO YOUR APPOINTMENT IF YOU NEED TO REGISTER** before your appointment. Registration must be completed annually. It is your responsibility to know the date your clinic registration expires.
- **TO BRING A RESPONSIBLE ADULT TO WATCH YOUR CHILDREN.** You are responsible for the safety and protection of your children. **Children are not allowed in the exam room during your visit or during lab services.** Children cannot be left unaccompanied in the waiting room unless they are at least 12 years of age. **Children under 12 years of age,** must have a responsible adult (Age 18 or older) to supervise them in the waiting room during the parent's medical, dental, or counseling visit. When scheduling appointments for your minor children, the **limit is two children per day.** No other children will be allowed in the exam room or lab area.
- **TO PROVIDE YOUR PAST HEALTH HISTORY, MEDICATIONS, AND ALLERGIES.**
- **TO ASK QUESTIONS** regarding your diagnosis or treatment for a clear understanding.
- **TO FOLLOW THE TREATMENT PLAN OR THE PROVIDER'S ADVICE.**
- **TO CALL YOUR PROVIDER** if your symptoms are not improving or if your symptoms worsen.

As Coastal Health & Wellness patient, YOU HAVE A RESPONSIBILITY:

- **TO PAY FOR THE SERVICES RENDERED**, including any charges not covered by your insurance.
- **TO UNDERSTAND YOUR HEALTH INSURANCE BENEFITS, COPAYS AND DEDUCTIBLES.**
- **TO RECOGNIZE THE IMPACT OF YOUR LIFESTYLE CHOICES ON YOUR PERSONAL HEALTH.**
- **TO BE COURTEOUS AND RESPECTFUL TO CLINIC STAFF AND OTHER PATIENTS.**
- **TO REFRAIN FROM USING YOUR CELL PHONE DURING YOUR VISIT.**
- **TO REFRAIN FROM EATING AND DRINKING IN THE CLINICAL AND LAB AREAS.** The only exception allowed is bottled or covered water.

Warnings, Suspensions and Terminations

WARNING LETTER

If you are reported to show inappropriate behavior, you will receive a letter warning you that such behavior will not be tolerated, and you are at risk of being terminated as a Coastal Health & Wellness patient. Examples of inappropriate behavior that are unacceptable in our clinic would be the use of abusive or offensive language (including raising your voice, swearing, cursing, shouting).

SUSPENSION LETTER

If you have an outstanding balance on your account, you will receive a statement. If you are unable to pay your balance in full, you may establish a budget payment plan as outlined above on page 5. If there is no response after 30 days, a first Debt Warning Notice will be issued. After 60 days from the second Debt Warning Notice, if there is no response or if you have failed to initiate or comply with a payment plan, you will be sent a Notice to Suspend Access for services to Coastal Health & Wellness based on non-payment.

TERMINATION LETTER

If you commit a major behavioral infraction, you will receive a letter terminating you as a CHW patient.

RIGHT TO APPEAL

If you are issued a termination letter, you will have a right to appeal the decision to the Coastal Health & Wellness Governing Board by writing the CHW Executive Director at P.O. Box 939, La Marque, TX 77568. You will also be informed whether your termination is for one year (non-criminal infractions) or permanent (criminal infractions). All criminal infractions will be reported to the police.

Potentially Terminable Offenses:

- Failure to follow Coastal Health & Wellness rules and requirements.
- Threatening the safety or well-being of any staff member, patient or visitor.
- Intentional failure to accurately report your financial status or income.
- Intentional failure to report accurate information concerning your health.
- Intentional failure to follow the health care program such as instruction about taking medications, personal health practices, or follow-up appointments, as recommended by your provider.
- Forging or altering a prescription and/or other criminal acts.

Before Your Visit

This information is to help you prepare for your upcoming appointment with Coastal Health & Wellness.

Scheduling Appointments

You can schedule an appointment: (1) Online through the **Patient Portal**, (2) Calling the **Contact Center**, or (3) **In-person** at our two clinics locations. Our Contact Center is available Monday through Friday from 7:30 am to 5:00 pm. In addition, we have extended clinic hours on Mondays and Thursdays until 8 pm. On Saturdays, you can schedule an appointment by phone or in-person at our Texas City clinic location between 8:00 am and noon.

Language Assistance Services

To ensure effective communication during your visit, we provide qualified interpreters for all languages and for Sign Language (ASL) at no cost to you. If you need spoken language interpretation or American Sign Language services, please inform our staff during registration and when scheduling your clinic visit.

Canceling Your Appointment/No Show Policy

You must call within 24 hours in advance to cancel your appointment.

When you do not show up for your scheduled appointment, it creates an unused appointment slot that could have been used for another patient in need of healthcare.

For your convenience, you may cancel/reschedule an appointment online by visiting our Patient Portal at <https://www.gchd.org/clinical-services/patient-portal>.

Confirming Appointments

Our clinic will send an **Appointment Reminder**, (via text message, phone call, or email), 48 business hours prior to your scheduled appointment.

You must confirm your appointment using the automated system protocol or it may be cancelled.

- Via-Text – you can confirm by texting “Yes”
- Via-Voice – you must press “1”
- Via -Email – you can select “confirm”
- Opt-out (you must call and confirm or cancel your appointment)

Please bring the following with you to your clinic visit.

- ✓ Photo identification card
- ✓ All medication bottles (prescriptions and over-the-counter bottles, inhalers, ointments, etc.)
- ✓ Health history (current conditions and past surgeries or illnesses).
- ✓ Immunization records.
- ✓ Hospital discharge paperwork, if applicable.
- ✓ A responsible adult to watch your children under 12 years of age.
- ✓ Durable Power of Attorney for Healthcare or Letters of Guardianship.
- ✓ **BRING YOUR INSURANCE CARD**, if you have insurance coverage.

If you are on the Sliding Fee Discount Program:

- ✓ Bring your nominal fee or deposit depending on the financial responsibility percentage.
THE DEPOSIT PAID AT THE TIME OF SERVICE will be applied to the final charges billed to you.

During Your Visit

Arrival time is IMPORTANT: You must arrive 20 minutes prior to your scheduled appointment or 1-hour prior to your appointment if you need to register with our clinic.

Our Check in staff must have enough time prior to your scheduled visit to verify your billing information, your contact information, obtain required signatures, collect your co-pay, nominal fee or deposit and they will need additional time to complete a financial screening or to verify your insurance coverage.

Self-Management

Being an active member in your care team ensures you receive the highest quality of care. Being actively involved in your health means being prepared, asking questions, making informed decisions about your care, following the recommended treatment plan, making well exam visits and engaging in healthy behaviors. Your care team will provide support so you will have the skills and confidence to take charge of your health.

Helpful Tips:

- Be open and honest with your provider and the care team.
- Listen and take notes
- Bring someone to help you take notes
- If you don't understand or you are confused about instructions, ask your provider to explain again.
- Keep your scheduled appointments to ensure good health care.

**YOU ARE NOT ALLOWED TO BRING FOOD OR USE A CELL PHONE
ONCE YOU ARE INSIDE THE CLINIC AREA.**

Hours of Operation

Lab ONLY visits, dropping off specimens, OR Nurse ONLY visits:

(*Indicates Late Clinic hours) (**Wednesday hours) (**Saturday hours)

Texas City Clinic Hours of Operations:			Galveston Clinic Hours of Operations:		
*Monday	8am – 11am	1pm-7pm	Monday	8am – 11am	1pm-4pm
Tuesday	8am – 11am	1pm-4pm	Tuesday	8am – 11am	1pm-4pm
**Wednesday	9am – 11am	1pm-4pm	**Wednesday	9am – 11am	1pm-4pm
Thursday	8am – 11am	1pm-4pm	*Thursday	8am – 11am	1pm-7pm
Friday	8am – 11am	1pm-4pm	Friday	8am – 11am	1pm-4pm
***Saturday	8am – 11am				

Extended Hours available - Late Clinic: Monday, Texas City Clinic and Thursday, Galveston Clinic

Every Wednesday – Clinic visits start at 9:00am, with the exception, every 2nd Wednesday of each Month Clinic doors open at 12:30pm. First appointments start at 1pm.

Saturday Clinic may be closed during holiday weekends.

After Your Visit

Scheduling Follow-up Appointments

Schedule your next appointment with one of our checkout staff before you leave the clinic. Our goal is to provide you with timely access to appointments when you need them.

Check-out Services

At check-out, you will receive an **After-Visit Summary** of the services you just received. In addition, Check-out staff will schedule any required **follow-up appointments** and give you an **Appointment Reminder** which will identify all your future (medical, dental, counseling) appointments. You can obtain a **Patient Satisfaction Survey**, enroll in the **Patient Portal**, and make **Health Records Requests**.

Patient Satisfaction Survey

Your Feedback Is Important to Us

Our goal is to deliver an exceptional patient experience before, during and after your scheduled appointment. We aim to be your medical home of choice that you recommend to your family and friends.

Your feedback is an essential component of successfully achieving this goal. We depend on you to keep us informed on what we are doing well and where we can improve. By sharing your candid thoughts and comments, we are able to either recognize members of our care team for their successes or implement changes in areas where we can improve.

You can respond to the confidential two-minute Patient Satisfaction Survey questions immediately at checkout after your appointment. You will have two options: Electronic Survey on an iPad or a paper survey card. Your feedback will help us continuously improve the quality of our services.

Connecting you to Support Services

Our case management staff will give you guidance on various social service programs and local resources. Many support services including nutrition education, behavioral health counseling, case management, care coordination, and free enrollment assistance to help you with Medicaid and Marketplace insurance coverage.

Specialty Care Referrals

Your CHW Provider may decide that your health condition requires additional care from a specialist. Examples of specialty care are General Surgery, Gastroenterology, Oncology (cancer), Ear, Nose, and Throat (ENT), Cardiology, Orthopedic Surgery, etc.

- **Insured patients:** Once your provider places the order for a specialist, our referral staff will coordinate with your insurance company to ensure compliance with referral authorization requirements and to locate specialists that are in network with your insurance plan.
- **Self-pay patients:** If you do not have health insurance, the referral staff will contact the staff of external specialists in our area in order to get pricing for the initial specialist appointment. The referral staff will contact you with the referral details and the initial out of pocket cost to you.

When you need the attention of a specialist, we will help with referrals to qualified local and regional medical and allied health professionals. To discuss the need for a referral, speak with your provider (physician, nurse practitioner or physician assistant).

Galveston County Indigent Health Care Program (CIHCP)

This program provides **medically necessary specialty care and hospitalization** to Galveston County residents who meet the income, resource, residency, and household criteria; and who are ineligible for the Texas Medicaid Program or any other state or federal health care assistance program.

The CIHCP Eligibility Specialists will explain the eligibility requirements and assist you with the program's application. The Eligibility Specialists will inform you of the next steps after receiving notification of program approval or denial. If approved, the Referral Coordinator will contact the specialist's office that is in network with the health plan administered by Boon-Chapman in order to coordinate your specialty care through the CIHCP. If you receive a denial, (for example, due to income or resources), staff will help you understand the steps you need to take to obtain specialty care. If you have questions, call 409-949-3439.

Lab or X-ray Results

When can you expect your lab and X-ray results?

- Please allow your provider one week to review your results.
- Once the results have been reviewed by your provider, the results will be available for you to view on your Patient Portal.
- When medically necessary or if any follow-up is needed (abnormal/out of range results), you will receive a phone call from a clinical care team member in order to discuss your test results.

Patient Portal: Please allow at least one week to be able to request your lab results. Your provider must review and sign off on your labs results for your results to become available. Once you review your results, you are welcome to send your provider any questions you have using the Patient portal. If you have questions you do not want to discuss using the portal, you can make an appointment with your provider to discuss your questions face to face.

Prescription Refills

To request a prescription refill, please contact your pharmacy directly. If you have no refills remaining, the pharmacy will send a request for a new prescription to your care team. If approved by your provider, a refill will be submitted to your local pharmacy. Your local pharmacy will contact you when your prescription is ready for pick up.

Prescription refill requests typically take three business days to fill. If you have requested a refill and it has been more than three business days, please call (409) 938-2234 to learn the status of your prescription refill.

- If your prescription refill is not approved, please contact our clinic 409-938-2234 to schedule an appointment.
- Schedule your next appointment in advance with adequate time to receive a prescription refill.
- Confirm with your care team that your correct local or mail order pharmacy information is on file.

If you are seen at an **acute visit** your routine prescriptions will NOT be filled during this appointment. Schedule a routine visit with your provider to discuss prescription refills.

The Patient Portal is the best way to request your prescription refills. Calling the Contact Center at 409-938-2234 to message your care team is another option.

Electronic Health Records

You are Assured Privacy

Your privacy and the privacy of your health information are very important to us. We will not disclose your medical record information unless you direct us to do so, or unless the law authorizes or compels us to do so. Our staff and providers only access patient information as it is necessary to do their jobs and they are annually trained on the Health Insurance Portability and Accountability Act (HIPAA) to maintain the highest standards of patient privacy. If you ever feel like your privacy has been violated, please contact Compliance at 409-938-2492.

Your Health Information

Having this electronic health record helps both you and your provider keep track of any medical conditions, concerns, medications, etc., which all help you to become partners in improving your overall health.

- YOU HAVE THE RIGHT to access your health information, request for amendments to be made to it, and to indicate if anyone else may access it. CHW is required by law to maintain the privacy of your health information, provide you with a notice of our legal duties and privacy practices, and follow the information practices described in the Notice of Privacy Practices.
- YOU HAVE THE RIGHT to receive a copy of your health information that we maintain, with some limited exceptions. Our staff can help you obtain a copy of your medical record. You may request access to your information in writing or in an electronic format. You also have the right to request that your health information be sent to a specific person or entity.

How to Request Access to Your Health Information

To start the process, please review on our website the Authorization for Disclosure forms.

[Authorization for Disclosure Form \(English\)](#)

[Authorization for Disclosure Form \(Spanish\)](#)

Where to Send Your Completed Form

Mail or fax your completed Authorization for Disclosure Form to:

P.O. Box 939, La Marque, Texas 77568

Fax: 409-949-3465

Cost: Copies for patients or their representatives may have a reasonable, cost-based fee.

Processing Time: Please allow up to 10 business days for processing.

Marketplace Insurance & Medicaid Enrollment

Galveston County residents with questions about the Federal Health Insurance Marketplace are encouraged to call Coastal Health & Wellness' certified application counselors at 409-978-4225 or visit our Texas City clinic Monday through Friday. We also have a counselor available in our Galveston clinic on Fridays.

You may qualify for a special enrollment period if you experience certain "qualifying life events" like marriage, relocation, income change, or birth, for example, at any time during the year. There is no open enrollment for individuals to apply for Medicaid, Children's Health Insurance Program, or the Healthy Texas Women's Program. Open enrollment period is Nov. 1 through Dec. 15. Depending on your income, you may qualify for assistance with paying the monthly health care premiums.

Clinic Locations and Hours of Operation

Texas City Clinic

Mid-County Annex
9850-C Emmett F. Lowry Expressway
Texas City, TX 77591



Hours of Operations:

Monday: 8:00 am – 8:00 pm
Tuesday - Friday: 8:00am – 5:00pm
Saturday: 8:00 am – 12:00 pm

2nd Wednesday of the Month Clinic doors open at 12:30 pm

Saturday Clinic may be closed during holiday weekends with prior notice provided to the public.

Galveston Clinic

Island Community Center
4700 Broadway F100
Galveston, TX 77551



Hours of Operations:

Monday - Wednesday, Friday: 8:00 am – 5:00pm
Thursday: 8:00 am – 8:00 pm

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2nd Wednesday of each month Clinic doors open at 12:30 pm



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#13

**Consider for Approval Adding Two New Consumer Board Member
Positions to the Coastal Health & Wellness Governing Board**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#14

**Consider for Approval Revisions to the Coastal Health & Wellness
Mission Statement**



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#15

**Review Coastal Health & Wellness Governing Board Annual
Assessment Form and Determine Date for the Board to Review**

Coastal Health & Wellness Governing Board Assessment

Please rate the Board (as a whole) for each item.

	Excellent	Good	Average	Needs Improvements	Poor
1. Understand the history and mission of the CHW clinics.					
2. Participate in planning, adoption, and evaluation of health improvement plans.					
3. Attendance at Board meetings to maintain a quorum.					
4. Focus on policy issues, not day to day management of the clinics.					
5. Open communication with the Executive Director.					
6. Annually evaluate the Executive Director.					
7. Maintains a financial committee to review and approve the budget and compare to actual expenditures.					
8. Respect Board member's opinions and constructively expresses concerns.					
9. Adopt policies and support clinic improvements.					
10. Act as an advocate for the CHW clinics in the community.					
11. Participation in committee meetings, retreats, and other CHW activities.					
12. Representation of health care needs of the community.					
13. Fulfillment of Board responsibilities in the bylaws.					
Comments on any of the above or general comments about how well the Board does its work:					

Completed forms should be turned in no later than **Wednesday March 13, 2020**. It can be faxed to (409) 949-3492, emailed to trollins@gchd.org, ahernandez@gchd.org or mailed to: Coastal Health & Wellness, Attn: Tikeshia Thompson Rollins & Anthony Hernandez, P.O. Box 939, La Marque, Texas 77568

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

Governing Board

February 2020

Item#16

**Review CEO Annual Performance Evaluation Forms and Process and
Determine Date for Evaluation**

Coastal Health & Wellness Departmental Director Questionnaire

Please answer questions regarding the CEO under items related to your department

	Yes	No	N/A
1. Does the CEO maintain a collaborative, team building environment for staff?			
2. Does the CEO recognize the accomplishments of you and staff working in your department?			
3. Does the CEO support action plans or provide alternative solutions for identified organizational problems?			
4. Does the CEO coordinate and communicate Board policy decisions and new JCAHO/Medicare/Medicaid/Insurance regulation changes to departmental staff leadership?			
5. Does the CEO coordinate and communicate decisions on departmental budgetary matters including annual and monthly revenues and expenditures—new equipment requests, new program implementation budgets, etc.?			
6. Is CEO accessible, facilitate open two-way communication and respect?			
7. Does the CEO handle issues that are brought to them in a consistent and timely manner?			
8. Does the CEO maintain an honest, truthful, and professional relationship with you as a departmental leader?			
9. Does the CEO provide your department with real solutions and creative alternatives to issues and problems?			
10. Does the CEO anticipate and respond timely to changing circumstances?			
Comments on any of the above or general comments about how well the CEO supports the mission through your department:			

The Governing Board of Coastal Health and Wellness values your opinion. All information provided including comments will remain confidential. Completed forms should be turned in no later than **Friday March 13, 2020**. It can be faxed to (409) 949-3492, emailed to trollins@gchd.org, ahernandez@gchd.org or mailed to: Coastal Health & Wellness, Attn: Tikeshia Thompson Rollins & Anthony Hernandez, P.O. Box 939, La Marque, Texas 77568

CEO Performance Evaluation



Galveston County Health District

CEO Performance Evaluation

Galveston County Health District

Evaluation period: _____ to _____

Board Member's Name

Each member of the governing body should complete this evaluation form, sign it in the space below and return it to _____. The deadline for submitting this performance evaluation is _____. Evaluations will be summarized and included on the agenda for discussion at the work session on _____.

Board Chairman's Signature

Date

Board Member's Signature

Date Submitted

Galveston County Health Care District

CEO PERFORMANCE EVALUATION PROCEDURES

Purpose of Evaluation

The purpose of the performance evaluation process to be conducted by and between the Galveston County United Board of Health and the Chief Executive Officer are:

1. To strengthen the relationship between the Board and Chief Executive Officer.
2. To provide a mechanism for regular evaluation.
3. To identify performance objectives for the Chief Executive Officer.
4. To provide feedback to the Chief Executive Officer and identify areas where improvements may be needed.

Frequency

The Board will evaluate the Chief Executive Officer at least annually. The schedule for the evaluation will be established jointly by the Board and Chief Executive Officer.

Evaluation Procedures

The evaluation procedure remains at the will and direction of the Board and may be modified at any time. In general, the evaluation process will include the following steps.

1. The Board will inform the Board Chairman when the time for an annual evaluation has occurred.
2. The Board Chairman will ask Board Members to complete the evaluation form prior to an evaluation session.
3. The Board chairman may ask the Chief Executive Officer to complete a self-assessment, including a report on various Health District operations, issues and matters pertinent to the governance and management of the organization.
4. The Board chairman and Board Members will meet in closed session to discuss the Chief Executive Officer's performance and to assimilate the individual performance evaluations.
5. The Board will conduct a closed session evaluation with the Chief Executive Officer (and all Board Members) to discuss the Chief Executive Officer's performance, future performance goals and objectives for the Chief Executive Officer, as well as the self-assessment and report prepared by the Chief Executive Officer.
6. If warranted, authorize the implementation of a merit increase in accordance with The District's Personnel Rules and Regulations and the Employment Agreement with the Chief Executive Officer.
7. Direct that the performance evaluation and any subsequent actions be placed in the Chief Executive Officer's employee personnel file.

Directions for Completing Form

If the individual completing the form wants to hand write responses and comments, the form can be printed in its "blank" state and completed by hand. If desired, this form can be completed by computer. Use the TAB key to move between form fields, click mouse or strike "x" key to mark boxes. Type any comments.

Galveston County Health District

CEO'S PERFORMANCE EVALUATION

Chief Executive Officer:

Date:

Evaluation Period

From:

To:

Submitted by:

The following pages define significant areas of responsibility for the Chief Executive Officer position. In each section, examples of performance and responsibility are articulated to better explain each subject heading. Please rate the CEO's performance based on the following categories:

Rating	Performance	Definition
5	Excellent Exceeds all expectations	Generally applies to the top 5-10% of all employees in the workplace. This person's overall skills and abilities greatly exceed the expectations of the position. Demonstrated strong expertise within key areas of responsibilities. Occasionally receives outstanding results beyond scope of the performance plan in some key areas of responsibility over entire performance period.
4	Exceeds Expectations Meets all expectations	Generally applies to the next 20-25% of employees. Occasionally exceeds performance expectations of the position. Performed the most difficult parts of the job competently and thoroughly. Contributed significant results on their own initiative. Worked with a high level of independence, initiative and concern for the quality of the work or service produced by the organization
3	Meets Expectations Meets all expectations	Generally applies to 40-50% of employees. Met all expectations of the position, and is competent in the performance of responsibilities.
2	Needs Improvement Meets most expectations	Generally applies to 20% of employees. Often failed to meet performance expectations of the position. Performance was generally adequate, but is deficient in one or more key areas, and will require additional training or assistance to fully achieve expectations.
1	Unsatisfactory Fails to meet most expectations	Generally applies to the bottom 4% of employees. Performance was well below expectations in most areas of responsibility. Serious performance deficiencies that inhibit adequate performance in the position. Employee should be evaluated for continuation of current position, demotion or termination of employment.

I. MANAGEMENT OF THE ORGANIZATION:	CHW
Effectively manages the operations of the organization.	
Maintains a collaborative, team building environment for staff.	
Recognizes the accomplishments of staff and other agencies working on behalf of the District.	
Supports professional growth and opportunity within the organization.	
Accepts full accountability for staff and the outcome of District projects or decisions.	
Identifies organizational problems and takes appropriate action.	
Total:	
Average:	
Coastal Health & Wellness:	

II. EXECUTION OF POLICY:	CHW
Understands and complies with policies and procedures governing the District.	
Implements District policy fairly and consistently based upon Board decisions, goals, and applicable laws and regulations.	
Works toward accomplishing identified Board goals.	
Presents matters in a factual, analytical way.	
Coordinates Board policy decisions to staff, departments, other organizations and the community.	
Total:	
Average:	
Coastal Health & Wellness:	

III. FINANCIAL MANAGEMENT:	CHW
Responsible for proper preparation and management of the budget.	
Demonstrates ingenuity and creativity in approaching budgetary matters, including long-range revenues and expenditures for the organization.	
Met budget terms within 10% allowable variance for the fiscal year.	
Total:	
Average:	
Coastal Health & Wellness:	

IV. RELATIONS WITH THE BOARD:	CHW
Provides regular updates to the Board, keeping them informed about current and critical issues.	
Is accessible to Board Members.	
Handles issues that are brought by the Board in a consistent and timely manner.	
Maintains an honest, truthful and professional relationship with you as a Board Member.	
Keeps a positive attitude and approach to new ideas, issues and complaints raised by Board Members.	
Total:	
Average:	
Coastal Health & Wellness:	

VI. COMMUNICATIONS:	CHW
Ensures that Board Members receive important information in a timely and effective manner.	
Prepares and presents the Board and community with clear and accurate written reports and correspondence.	
The CEO has shown skills at analyzing and addressing problems, challenges and conflicts.	
Facilitates open two-way communication and encourages mutual honesty and respect with the community, Board and staff.	
Total:	
Average:	
Coastal Health & Wellness:	
VII. LEADERSHIP:	CHW
Provides the Board and the organization with real solutions and creative alternatives to issues and problems.	
Anticipates and responds to changing circumstances.	
Advises the Board to ensure that Board decisions are objective and consistent with past practices and are legal and ethical.	
Makes use of sound administrative practices.	
Leads the organization through effective management of people and tasks.	
Total:	
Average:	
Coastal Health & Wellness:	

VIII. PROFESSIONALISM:	CHW
Deals effectively and appropriately with the public and other organizations.	
Demonstrates high ethical standards.	
Keeps "politics" and personal perspectives out of the decision-making process.	
Stays active in professional organizations and abreast of regional issues.	
Total:	
Average:	
Coastal Health & Wellness:	

IX. & X. ACHIEVEMENTS (rate 1-10):	CHW
Strategic Health Plan goals for the current rating period were met.	
Total:	
Average:	
Coastal Health & Wellness:	

RECOMMENDATIONS:

List two to three performance objectives which you feel are important for the CEO to work on for the upcoming rating period.

Coastal Health & Wellness:

ADDITIONAL COMMENTS:

Coastal Health & Wellness:

CEO:

Name of Rater: _____ Date: _____

UBOH Chair Signature: _____ Date: _____

Coastal Health & Wellness Board Chair: _____ Date: _____

CEO Signature: _____ Date: _____

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board
February 2020
Item#17
Update on Proposed Plans for Galveston Clinic
and Next Steps**

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