

**Governing Board Meeting Agenda
 April 17, 2019 - Serve Denton Center
 Conference Call-In Number 940-293-6051, Pin 1234**

Agenda		P. 1
I. Call to Order	Judge David Garcia	
II. Consent Agenda	Judge David Garcia	P. 2
*March 2019 Board Minutes		
*March 2019 Quality Committee Minutes		
*March 2019 Financial Committee Minutes		
*March 2019 Financials		
*April 2019 Personnel / Nominating Committee Minutes		
*April 2019 Strategic Planning Committee Minutes		
*April 2019 Development Report (including approval of grants)		
III. Board Training	Teri Johnson, Staff	
Annual Report		
IV. CEO Report	Doreen Rue	P. 21
1Q2019 Dashboard		
Notice of Awards (FQHC, UWDC)		
V. Committee Reports		
Finance Committee	Michael Foster	
Report in Consent Agenda		
Quality Committee	Dr. Howard Shaw	P. 27
*Sentinel Event Policy		
*Claims Management Policy		
Strategic Planning Committee	Dr. Dean Perkins	P. 38
Review of Current Needs Assessment		
*Changes in Scope		
Personnel Committee	Gloria Herron	P. 44
*Slate of Officers and Members		
*Committee Assignments		
*Governing Board Policies		
Board Orientation and Manual		
VI. Recognition of outgoing Board Members	Judge David Garcia	
Susan Louise Baldwin		
Glen McKenzie		
VII. Old Business/New Business	Judge David Garcia	
VIII. Executive Session	Judge David Garcia	
Anjanette Lloyd Charge # 450-2019-00076		
Sarah Gibbons Demand Letter		
John Moyle Cause # 18-4895-393		
VII. Important Dates and Adjourn Meeting	Judge David Garcia	
May Board Meeting - April 15th - Serve Denton Center		
Aim 4 Health Clay Shoot 2019 - May 3rd - Fossil Point Sporting Grounds, Decatur		
* Items Requiring a Vote		

Called to order at 6:00pm by Judge David Garcia

Attendees: Judge David Garcia, Louise Baldwin, Dr. Derrell Bulls, Dr. Dean Perkins, Dale Tampke, Michael Foster (via conference call), Glen McKenzie (via conference call)

Absent: Trang Dang-Le, Gloria Herron, Clara Sanchez, James Henderson, Dr. Howard Shaw

Staff: Doreen Rue, Pam Barnes, Larry Bisno, Debra Layman

Agenda Item II: Consent Agenda - Approval of February 2019 Board Minutes, February 2019 Quality Committee Minutes, March 2019 Strategic Planning Committee Minutes, March 2019 Development Report

Motion to approve all consent items: *Derrell Bulls*

Seconded: *Dale Tampke*

Motion Passed Unanimously

Agenda Item III: Board Training – Governing Board Compliance, Doreen Rue reporting for Gloria Herron

- The approval of the new Bylaws have impacted other systems and structures, including a restructuring of the Governing Board committee structure and work plan.
- The Work Plan – color coded by committee. It incorporates HRSA, HSNT Bylaws, best practices, and needs of HSNT.
 - Hope this is a visual way of showing the work we need to do as a board.
 - My change depending on requirements of HNT’s work, we may also spread out duties in order to not overwhelm the board and committees.
 - Work currently planned out in preparation for the HRSA site visit in July.
- Committee Charges – direct correlation to the work plan. The charges include bylaw definition of committee responsibilities, essential committee actions, key policies, members, and support staff.
 - Some board members are on more than one committee, we have attempted to be strategic about placement. Want to ensure member’s time commitment is not overextended.
 - This will help as we transition to more committee work, resulting in more efficient board meetings and more oversight.

Agenda Item IV: CEO Report

- Dashboard - The dashboard is included in the board materials each month. It is not always discussed, but shows where HSNT is year to date.
 - Some of the metrics on it were discussed at the Quality Meeting.
 - You can see higher patient numbers in January and February, these are of the first visit of the year for our patients.
 - The operating margin has improved significantly from last month.

- PCMC Transition – The Board authorized me to determine the timeline for moving out of the current PCMC location. Our goal was to get through cold and flu season and then move before the usual decline in the summer months.
 - Patient visits have started to decline resulting in a loss of revenue. It is time to start the transition.
 - Patient letter included in the handout packet.
 - Cuisine for a Cure – need to communicate with the community about the move from the PCMC location to our WCMC location. We will continue to serve the children of Collin County.
 - One provider was terminated at WCMC, we will be able to move the provider currently at PCMC to WCMC to ensure continuity. Our LOCUMS provider, Dr. Sivadasan, will also transition to Wylie.
 - I have emailed our attorney and notified FBC Plano of our intention to move. I have not given a date for vacating the property and terminating the lease.
 - HSNT is required to make a public notice of our move – will be in a newspaper ad this Sunday. We decided to notify FBC Plano before the notice became public.
 - We hope to be fully moved out of PCMC before June 30th. If we can move furniture, equipment, etc. before then we will. The focus now is on connecting patients with care.
- Patient Story – Thanks to a grant from AmeriCorps VISTA, we have staff member who is story banking and focusing on community outreach. I will be bringing these stories to the board periodically. This is a great resource for connecting with our patients’ experiences.
- Traveling to Washington, D.C. – I will be going to Washington, D.C. next week to help with NACHC and TACHC’ s efforts to educate or representatives about the impact of and advocate for community health centers. Areas of focus are listed in the CEO Report. Consistent community health center funding is important for planning, staff retention, and growth.

Agenda Item V: Committee Reports

- **Finance Committee – Derrell Bulls reporting for Michael Foster**
 - Met and approved the February 2019 Financials. Also reviewed and approved the Sliding Fee Scale Schedule.
 - Pam Barnes – The only update to the policy was the Federal Poverty Guidelines. These guidelines are imbedded in our policy, they have increased. This increase may allow more patients to receive sliding fee discounts or qualify for HSNT’s nominal fees.

Finance Committee approved and moves for approval of the HSNT February 2019 Financials from the Governing Board

Governing Board: Approved Unanimously

Finance Committee approved and moves for approval of the HSNT Sliding Fee Policy from the Governing Board

Governing Board: Approved Unanimously

- **Quality Committee – Dean Perkins reporting for Howard Shaw**
 - The Quality Committee met before this meeting and reviewed the updated Peer Review forms and process.
 - The committee also reviewed and approved the quality policies included for approval in the Governing Board Packet.

Quality Committee approved and moves for approval of the selected Quality policies from the Governing Board

Discussion:

- Judge David Garcia – I have concerns over the expanded definition of “sentinel events” in the sentinel event policy. The legal implications of moving to specific details rather than a general definitions need to be considered, it may result in more scrutiny. Would like further review of the policy and definition along with the motivations behind those changes presented to the board.
- Dean Perkins – Can we approve the policy packet without the Sentinel Event policy and revisit? These are good questions and should be reviewed.
- Judge Garcia – A loose definition would be better than a specific one in terms of exposure. I am happy to work with the Quality Committee and HSNT staff.
- Doreen Rue – We can remove the Sentinel Event Policy from the packet and revisit after staff review.

Motion to remove Sentinel Event Policy from Quality Policy Packet: Dean Perkins

Seconded: Derrell Bulls

Motion Passed Unanimously

Quality Committee approved and moves for approval of the Quality Policy Packet, with the exception of the Sentinel Event Policy, from the Governing Board

Governing Board: Approved Unanimously

- **Strategic Planning Committee – Doreen Rue reporting for Dean Perkins**
 - Hours of Operations – reducing hours at our 4308 Mesa Dr. location by 3 hours per week. This is based on provider availability and patient demand.

Strategic Planning Committee approved and moves for approval of the Change in Hours of Operations from the Governing Board

Governing Board: Approved Unanimously

- Lewisville Prenatal Clinic Opportunity - HSNT was approached by Medical City Lewisville concerning their prenatal clinic. They wanted to gauge our interest in

taking over the clinic. This is the 2nd time HSNT has looked at this possibility. Currently reviewing our options, no board approval is needed at this time.

- **Personnel/Nominating Committee – Derrell Bulls reporting**
 - Potential Slate of Officers – Two members are ending their first three year term, we recommend them for a second. All officers have one year left on their term limits. Two members will terminate this year based on term limits.

Agenda Item VI: Old/New Business –

- Old Business – none to report.
- New Business –
 - Finance Committee – Board approval is required to release matching funds to participant retirement accounts.

Finance Committee approved and moves for approval of the release of matching retirement funds from the Governing Board

Governing Board: Approved Unanimously

Agenda Item VII: Executive Session

- Employee Grievance
- Moyle Case
- Nothing to report on either matter, specific case numbers and details are required for all future Executive Session topics.

Agenda Item VIII: Important Dates

- Cuisine for a Cure – 3/24/19 at Café Intermezzo in Plano
- Annual Board Meeting – 4/17/19 at the Serve Denton Center
- Aim 4 Health Clay Shoot 2019 – 5/3/19 at Fossil Point Shooting Range in Decatur.
 - HSNT needs help from board members to find new sponsors and shooters for this event.

Adjourned by Judge Garcia at 6:47pm

Board Secretary Approval _____ **Date** _____

Board President Approval _____ **Date** _____

Governing Board Quality Committee Minutes 3.20.2019

Attendees: Louise Baldwin, Dean Perkins, Doreen Rue

Absent: Howard Shaw

Guests: Louise-Weston-Ferrill, Jason Siegel

Topic	Roll Call and Acceptance of Minutes	Action	Responsible Party	Follow-Up
Welcome & Roll Call	Called to Order at 5:02pm.			
Approval of minutes	Minutes from the 2/20/19 meeting approved by Louise Baldwin and seconded by Dean Perkins.	Approved		
Peer Review				
Peer Review Process: Presented by Dr. Jason Siegel and Louise Weston-Ferrill	<ul style="list-style-type: none"> • Every quarter, each provider required to review a certain number of charts from other HSNT providers. Each provider is assigned a range of charts and they use the peer review form to review. • Areas of focus for the review: <ul style="list-style-type: none"> ○ Was the right care delivered at the right time? ○ What was the quality of the care we gave them? ○ Was documentation sufficient to justify and explain what the patient presented for? (Patient histories, etc.) • This is a non-punitive process, the intention is to give the providers a chance to communicate about challenges and opportunities. • Mandated by FTCA. • As clinical measures change, our providers can stay informed and learn new standards of care through the peer review process. • Last question on the form: was the standard of care met? <ul style="list-style-type: none"> ○ Comments required are now required – The results are both interesting and helpful. • Dr. Siegel - I review midlevel providers and they review me. Feel this is necessary and appropriate. • We do not only look at what wasn't done, but if care was applied incorrectly. Over prescription and over referrals are not quality care. We look at cost efficient health care as well. • The forms are filled out electronically. 			

	<ul style="list-style-type: none"> • Doreen Rue – How do the providers receive reviews of their work? <ul style="list-style-type: none"> ○ We emphasize that the peer review process is not punitive. This is the first quarter we've required comments. Overall the comments from peers have been appreciated, viewed as an opportunity to learn. Good to know where exceling and where we have opportunities to improve. • What if something performance related is discovered? Sentinel event, etc.? <ul style="list-style-type: none"> ○ We look for outliers and then move to a more focused chart review if needed. See if documentation is the issue, or is it quality of care? Inform providers the peer review isn't punitive, but it may raise areas of concern. Springboard to learn. High level look at each other's work. • This is a more data driven, les subjective process than what we had previously. It is a big change and improvement from where we started. • Ultimately we will be able track elements across providers. We will be able to see if certain provider groups are missing particular care elements. This will enable us to identify training opportunities. Look at this process from that viewpoint. • Everyone does peer review including care management. This year was the roll out of that as well. Medical and care management were revised. Scores are a bit lower, but that leads us to believe we've created a tool to find training opportunities. Not bothered by drop. • We are looking for consistency, not perfect scores. Important results are valid. • Want to know the work and information you are collecting is being used and valued. Recognition of quality of care. • Comments have provided those opportunities. <ul style="list-style-type: none"> ○ Example: One Provider – low scores with diabetes patients. Was able to track and see that there was a training opportunity. Now we see a great improvement in that provider's performance in that area. • Communication to providers: This is a good thing, an opportunity to talk about medicine. 			
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Quality Meeting Dashboard				
HEDIS and UDS Dashboards	<ul style="list-style-type: none"> • Error on dashboard. Diabetes A1C • UDS #s know that they take time to reduce to where they will be by the end of the year. Increase as we see more patients. Higher number of patients, changes percentages and takes time to get new patients in care and in compliance. Colorectal screens, great improvement when compared to 2018's numbers. FIT tests through Moncrieff for free. Feel good about that resource. • Patient Satisfaction - Great comments on patient satisfaction surveys. Phenomenal numbers and responses. Net promoter question – easy to answer and great results. Have some who say they wouldn't recommend but give good feedback – need to dig into. 			
Other Items				
Quality Policies	<p>Review of Policies</p> <ul style="list-style-type: none"> • Doreen Rue – HSNT did a policy project: Reviewed, reworded, reorganized, filed, etc. We wanted to make sure we have the policies we need. • Grouped policies, not one at a time. All policies have been reviewed and approved internally. Presented here for approval and recommendation to the board. • The committee approves and will present the Quality Policy Packet to the board for approval. 			
Information to Report to the Board				
All Members				

Meeting Adjourned: 5:33pm

Committee Facilitator: Debra Layman

Next Meeting: 4.17.19



Finance Committee Meeting

Meeting Facilitator: Dr. Bulls
Meeting Date: March 19, 2019
Time: 7:30 a.m.
Location: HSNT HQ Conference Room

Attendees: Dr. Bulls and Dale Tampke
Staff Present: Doreen Rue, Pamela Barnes and Debra Layman
Regrets: Michael Foster

Agenda Item I: Review and Approve February 2019 minutes
Motion to accept: Dale Tampke
Seconded: Dr. Bulls
Motion Passed 2-0

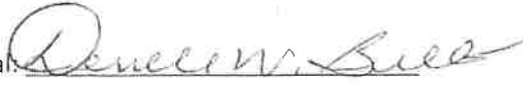
Agenda Item II: Review and Approve February 2019 Financials
Michael Foster sent his questions to the financials. He acknowledged a typo in the Statement of Financial Position Assets/Liability, Pam was able to correct this typo prior to the meeting and gave an updated copy to the committee. Michael also asked about the Patient Account Analysis process and the process stable moving forward. The patient account analysis address patient and commercial balances over 120 day and CMS accounts balance over 180 days. This month reflected a large write off and allowance for doubtful account cleanup. The upfront work and training in this process is solid and moving forward we expect to have a semiannual balance write off. Further discussion on developing a system for analyzing our earning revenue programs with a focus on activities that support required services and patient need.
Motion to accept: Dale Tampke
Seconded: Dr. Bulls
Motion Passed 2-0

Agenda Item III: Review and Approve update to Sliding Fee Scale
Pam discussed no changes to the discounts provided to patients. The update reflect the new 2019 Federal Poverty Guidelines allowing for an increase in patient income to access the sliding fee scale.
Motion to accept: Dale Tampke
Seconded: Dr. Bulls
Motion Passed 2-0

Agenda Item IV: Review and Approved 2018 HSNT Retirement Plan Match
Pam reviewed the HSNT retirement plan documents which includes a 5% match. HSNT match portion is accrued as a monthly expense. The committee discussed the value of the retirement plan to attract good candidates and retain staff.

Agenda Item V: Meeting adjourned at 8:08am

March minutes include notes to the financials.

Board Treasurer Approval: 
Dr. Bulls for Michael Foster, HSNT Board Treasurer

Health Services of North Texas, Inc.
Statement of Financial Position
As of 3/31/2019

	Current Period	Last Month	Prior Year End	\$ Chge	% Chge
ASSETS					
Current Assets					
Restricted - Retirement	46,163.24	131,676.52	131,042.29	(84,879.05)	-64.77%
Overnight Investment	0.00	0.00	0.00	0.00	100.00%
Operating Cash	<u>1,113,490.64</u>	<u>1,132,324.77</u>	<u>1,320,919.59</u>	(207,428.95)	-15.70%
Total Current Assets	1,159,653.88	1,264,001.29	1,451,961.88	(292,308.00)	-20.13%
Other Current Assets					
Grant Receivables	755,472.95	769,928.91	803,116.09	(47,643.14)	-5.93%
Medical Receivables	317,367.51	355,885.55	353,192.56	(35,825.05)	-10.14%
Campaign Receivables	0.00	(532.56)	0.00	0.00	0.00%
Deposits	16,429.25	16,429.25	19,599.50	(3,170.25)	-16.18%
Inventory	<u>17,545.78</u>	<u>17,545.78</u>	<u>17,545.78</u>	0.00	0.00%
Total Other Current Assets	1,106,815.49	1,159,256.93	1,193,453.93	(86,638.44)	-7.26%
Short Term Investments					
Investment CDs	<u>555,596.48</u>	<u>555,596.48</u>	<u>555,596.48</u>	0.00	0.00%
Total Short Term Investments	555,596.48	555,596.48	555,596.48	0.00	0.00%
Long Term Assets					
457b Retirement	0.00	0.00	0.00	0.00	#DIV/0!
Fixed Assets					
Medical Equipment	90,765.25	90,765.25	90,765.25	0.00	0.00%
Building Improvements	69,713.56	69,713.56	69,713.56	0.00	0.00%
PCMC Building	0.00	0.00	0.00	0.00	#DIV/0!
4308 Mesa Denton Office	308,335.28	308,335.28	308,335.28	0.00	0.00%
4304 Mesa Medical Center	2,324,761.13	2,324,761.13	2,324,761.13	0.00	0.00%
Software Applications	112,081.41	112,081.41	112,081.41	0.00	0.00%
Telephone Systems	95,499.55	95,499.55	95,499.55	0.00	0.00%
IT Equipment	84,974.50	84,974.50	84,974.50	0.00	0.00%
Vehicles	98,349.38	98,349.38	98,349.38	0.00	0.00%
4304 Land	257,000.00	257,000.00	257,000.00	0.00	100.00%
Accumulated Depreciation	(429,900.38)	(418,828.71)	(396,685.37)	(33,215.01)	8.37%
Total Fixed Assets	<u>3,011,579.68</u>	<u>3,022,651.35</u>	<u>3,044,794.69</u>	(33,215.01)	-1.09%
Total Long Term Assets	<u>3,011,579.68</u>	<u>3,022,651.35</u>	<u>3,044,794.69</u>	(33,215.01)	-1.09%
Total ASSETS	<u>5,833,645.53</u>	<u>6,001,506.05</u>	<u>6,245,806.98</u>	(412,161.45)	-6.60%
LIABILITIES					
Current Liabilities					
Accounts Payable	257,291.10	219,461.30	342,968.81	(85,677.71)	-24.98%
Accrued Payroll	248,119.32	232,343.90	200,793.06	47,326.26	23.57%
Accrued Retirement	46,163.24	131,676.52	108,769.41	(62,606.17)	-57.56%
Payroll Liabilities	(45,189.65)	5,497.60	2,332.56	(47,522.21)	-2037.34%
Other Current Liability	<u>364,173.94</u>	<u>364,173.94</u>	<u>353,494.15</u>	10,679.79	0.03
Total Current Liabilities	870,557.95	953,153.26	1,008,357.99	(137,800.04)	-13.67%
Long Term Liabilities					
Capital Loan	1,407,282.10	1,411,367.51	1,418,355.01	(11,072.91)	100.00
457b Retirement	0.00	0.00	0.00	0.00	#DIV/0!
Total Long Term Liabilities	<u>1,407,282.10</u>	<u>1,411,367.51</u>	<u>1,418,355.01</u>	(11,072.91)	#DIV/0!
Total LIABILITIES	<u>2,277,840.05</u>	<u>2,364,520.77</u>	<u>2,426,713.00</u>	(148,872.95)	-6.13%
NET ASSETS					
Net Assets at Beginning of Year	3,819,093.98	3,819,093.98	4,232,694.13	(413,600.15)	-9.77%
Current Net Assets(Liabilities)	(263,288.50)	(182,108.70)	(413,600.15)	150,311.65	-36.34%
Total NET ASSETS	<u>3,555,805.48</u>	<u>3,636,985.28</u>	<u>3,819,093.98</u>	(263,288.50)	-6.89%
TOTAL LIABILITIES & NET ASSETS	<u>5,833,645.53</u>	<u>6,001,506.05</u>	<u>6,245,806.98</u>	(412,161.45)	-6.60%

Health Services of North Texas, Inc.
Statement of Operations
From 3/1/2019 Through 3/31/2019

	Current Month	Last Month (02/01/2019 - 02/28/2019)	Current YTD	Prior YTD	FY2019 Budget	YTD Difference	Total Budg Percent
Patient Revenue							
Net Patient Rev	924,027.68	973,844.11	2,715,517.87	2,304,514.75	9,574,723.00	411,003.12	28.36%
Uncollectible	(456,789.22)	(395,359.03)	(1,200,868.89)	(804,238.63)	(2,745,169.00)	(396,630.26)	43.74%
Total Patient Revenue	467,238.46	578,485.08	1,514,648.98	1,500,276.12	6,829,554.00	14,372.86	22.18%
Other Revenue							
Grants	362,694.72	344,664.13	1,031,693.27	1,046,149.06	4,518,689.00	(14,455.79)	22.83%
Other	48,008.55	43,467.90	175,922.18	277,269.15	1,154,000.00	(101,346.97)	15.24%
Total Other Revenue	410,703.27	388,132.03	1,207,615.45	1,323,418.21	5,672,689.00	(115,802.76)	21.29%
TOTAL Revenue	877,941.73	966,617.11	2,722,264.43	2,823,694.33	12,502,243.00	(101,429.90)	21.77%
Expenses							
Personnel	550,254.06	567,451.37	1,737,552.82	1,693,241.34	7,194,462.00	44,311.48	24.15%
Medical Services	175,826.41	130,958.79	433,819.82	276,597.90	886,200.00	157,221.92	48.95%
Patient Care	48,479.41	49,340.02	149,518.12	168,989.91	734,106.00	(19,471.79)	20.36%
IT	57,998.83	51,776.25	170,252.44	173,934.53	820,000.00	(3,682.09)	20.76%
Occupancy	35,551.62	47,452.38	127,562.22	127,563.20	561,300.00	(0.98)	22.72%
Operating Costs	91,011.20	136,724.30	366,847.51	383,426.62	2,306,175.00	(16,579.11)	15.90%
Total Expenses	959,121.53	983,703.11	2,985,552.93	2,823,753.50	12,502,243.00	161,799.43	23.88%
Operating Income(Loss)	(81,179.80)	(17,086.00)	(263,288.50)	(59.17)	0.00	(263,229.33)	0.00%
Net Assets	(81,179.80)	(17,086.00)	(263,288.50)	(59.17)	0.00	(263,229.33)	0.00%

Health Services of North Texas, Inc.

Statement of Cash Flows

As of 3/31/2019

	<u>Current Period</u>	<u>Current Year</u>	<u>Prior Year YTD</u>
Cash Flows from Operating Activities			
Medicaid	282,040.78	958,583.37	1,389,523.26
Medicare	76,943.43	193,067.35	204,550.94
Private/Commercial	74,612.41	183,495.71	97,691.00
Self Pay	206,178.82	254,452.88	(68,203.11)
Program Income	55,051.05	160,624.50	1,673.70
Grants	376,618.12	1,079,336.41	1,227,147.71
Receipts from Contributors	48,008.55	175,922.18	290,419.15
Payments to Employees & Suppliers	<u>(1,214,393.22)</u>	<u>(3,272,738.60)</u>	<u>(2,660,185.68)</u>
Total Cash Flows from Operating Activities	<u>(94,940.06)</u>	<u>(267,256.20)</u>	<u>482,616.97</u>
Cash Flows from Capital Activities			
Capital Activity/Disposal of Assets	0.00	3,170.25	(20,145.00)
Capital Loan	<u>(9,407.35)</u>	<u>(28,222.05)</u>	<u>0.00</u>
Total Cash Flows from Capital Activities	<u>(9,407.35)</u>	<u>(25,051.80)</u>	<u>(20,145.00)</u>
Beginning Cash & Cash Equivalents			
	<u>1,819,597.77</u>	<u>2,007,558.36</u>	<u>2,275,252.91</u>
Ending Cash & Cash Equivalents	<u>1,715,250.36</u>	<u>1,715,250.36</u>	<u>2,737,724.88</u>

Health Services of North Texas, Inc.

Financial Ratios

March 2019

	FY2019 Goals	Fiscal Year 2019	Fiscal Year 2018
Quick Ratio Current Assets/Current Liabilities	9:1	3.2 : 1	3.14 : 1
Debt/Equity Total Liabilities/Total Net Assets	13.0%	64.1%	63.5%
Working Capital to Expense Ratio CA/CL divided by Expense/# month in Period	3 : 1	2.07 : 1	2.16 : 1
Long Term Debt to Equity Ratio	25%	39.6%	37.1%
Percentage of Admin & Fundraising <i>included estimate of new accounting standard</i>	12.0%	18.1%	18.2%
Number of Days - Cash	56	44	51
Number of Days - Liquidity	180	79	86
Accounts Receivable Days (Medical AR Collection Period)	50	39	42
Change In Net Assets to Expense (Net Assets/Total Expense)	3.0%	-9.3%	-3.4%
Operating Margin (Change in Net Assets/Total Revenue)	0.5%	-9.7%	-3.5%
Cash Flow	1.5%	-18.1%	16.7%
		FY2019 YTD	FY2018 YTD
Cost per Employee this month		\$5,740.00	\$7,082.47
Cost per Employee YTD		\$17,690.69	\$69,626.56
Average Hourly Rate YTD		\$34.40	\$34.00
Cost Per Medical Encounter *35,077		\$339.19	\$267.97
Cost Per Medical Patient *12,335		\$1,000.55	\$984.25
Federal Cost Per Medical Patient *12,253			\$143.23

* Cost per Medical Encounter and Cost per Patient calculations updated for 2018 year end financials moving forward.



Governing Board Personnel Committee Minutes

April 10, 2019

Attendees: Derrell Bulls, James Henderson

Staff: Doreen Rue

Absent: Gloria Herron

Called to Order: 8:26am

I. Proposed Slate of Officers and Members

- Board Member Application – Melissa Winans, Chief Nursing Officer – Texas Health Presbyterian Hospital Denton
 - i. Recommended by Louise Baldwin who is rolling off the board this year.
- Slate was preapproved but needs final approval this month from this committee and the board with the addition of Melissa Winans for the Annual Meeting.
- Consumer Members
 - i. One consumer member is rolling off the board this year, our new member is not a consumer.
 - ii. Recommend addition of another consumer member to the board. Reaching out to clinic staff and other board members for recommendations. A new application will most likely not be ready by the Annual Meeting, will address as applications come in.

Personnel Committee recommends approval of Melissa Winans’s application and the Slate of Officers and Members to the Governing Board at the Annual Meeting.

II. Committee Assignments

- Committee Structure:
 - i. Louise Baldwin rolling off the board and the Quality Committee. Recommend Melissa Winans replace her on Quality based on her skill set.
 - ii. Glen McKenzie rolling of the board, Strategic Planning Committee, and Executive Committee. Does require replacement based on current HSNT bylaw requirements.

Personnel Committee recommends approval of the updates to committee assignments to the Governing Board at the Annual Meeting.

III. Board Orientation and Manual

- The Board Orientation Manual and Binder have been updated to be in compliance with the new HSNT bylaws.
- Orientation materials will be available online in the HSNT Board Portal.
- Derrell Bulls – Are there any significant changes?



- i. Doreen Rue – No, changes include bylaw updates and updated educational forms.
- Orienting new board members – This committee can determine the process for orienting new members. Either one on one with the CEO or with board representatives also.
 - i. Doreen Rue will conduct the orientation and issue invitations to board members for involvement.
- Derrell Bulls – Recommend more interaction between board members and leadership staff.

IV. Board Policies

- Part of the larger policy and procedure review process. The following two governing board policies are new and not included in the HSNT bylaws.
- Succession Planning for CEO Policy
 - i. Modified version of HRSA recommended policy – ensures board is prepared in the event of a temporary or permanent vacancy.
 - ii. HSNT will keep an updated list of stakeholders, banks, grants, HRSA, etc. contacts that will require notification in the event of a CEO vacancy or change.
 - iii. Requires the board conduct an internal and external candidate search.
 - iv. HRSA project officer review and approval is required before a hiring decision can be made.
- Board Training and Communication Policy
 - i. Pulled from the board manual and is now a stand-alone policy.
 - ii. Board members will have orientation and ongoing training.
 - iii. List of potential training topics, not exhaustive.
 - iv. Can cross reference from board attendance to ensure all members are receiving adequate training.
 - 1. If multiple board meetings are missed, the board will need to ensure training is provided or take corrective action.
 - v. Will survey the board to compile a list of training topics most relevant and useful to the board members.

Personnel Committee recommends approval of the Governing Board Policies to the Governing Board at the Annual Meeting.

V. Summary of Board Self-Assessment and Feedback

- Feedback from the individual board member self-assessments have been incorporated into committee work and the board work plan for the coming year.

VI. Board Governance: Corporate Board Meeting Minutes

- Doreen Rue and Kelsey Moore attended a webinar on corporate board meeting minutes and best practices.
- Potential board training when viewed from a legal or liability standpoint.
- Key Points:



- i. Minutes are open record, discoverable and available to any requests. Should not include patient health information (PHI) or litigation details.
 - ii. Use less detail in routine matters, more detail in areas with more risk or liability.
- James Henderson – Did the training make recommendations for Executive Sessions?
 - i. Doreen Rue – HSNT’s actions are in line with the recommendations from the training: executive sessions only include board members and only necessary information is provided for the meeting minutes.

VII. HSNT Draft Compliance Plan

- The previous plan was incorporated into the board manual, it is now more detailed and fleshed out as a stand-alone document.
- Larry Bisno will act as the HSNT Compliance Officer.
- Seven Components of the Compliance Plan:
 - i. Written Standards and Procedures
 - ii. Designation of a Compliance Officer and Committee
 - iii. Training and Education
 - iv. Effective Lines of Communication
 - v. Conducting Auditing and Monitoring
 - vi. Publicizing Disciplinary Guidelines
 - vii. Corrective Action Initiatives
- This plan will be presented to each committee for review. Feedback from the committees and the compliance officer will be reviewed and the plan will be submitted to the board for approval in May.

VIII. Reports to the Board

- Recommend Slate of Officers and Members and Melissa Winans’s application for approval.
- Recommend Committee Assignments for approval.
- Will inform the board of the updated board orientation manual and its availability on the board portal.
- Recommend the Governing Board Policies for approval.
- Information on the Board Governance: Corporate Board Meeting Minutes Training

Adjourned 8:58am



Governing Board Strategic Planning Committee Minutes

April 12, 2019

Attendees: Dean Perkins, James Henderson, Glen McKenzie

Guest: Dale Tampke

Staff: Doreen Rue

Meeting Called to Order at: 10:08am

I. Review of Current Needs Assessment

- The Needs Assessment is an important data point for the strategic planning process. HRSA requires a new Needs Assessment every 3 years, and a yearly reviews in between reports.
- After review, the data and findings of the 2017 Needs Assessment are still accurate and relevant. However, some priorities are shifting:
 - i. As the population continues to grow in our community, the focus on Maternal and Child Health (MCH) needs to increase.

Motion for Approval: Glen McKenzie

Second: James Henderson

Unanimously Approved

The committee approves and recommends the Needs Assessment Review to the Governing Board for approval.

II. Changes in Scope

- Form 5A – shows all of HSNT’s required services and documents whether HSNT provides these services itself (Column I), through contracts (Column II), or through referrals (Column III).
 - i. Removal of Services from Column III – Referral on Form 5A
 - Diagnostic labs
 - Diagnostic radiology
 - Screenings
 - Gynecological care
 - ii. HSNT provides these services either itself or through contracts, referrals are not needed in these cases to fulfill HSNT’s required services and to serve our patients.

Motion for Approval: Glen McKenzie

Second: James Henderson



Unanimously Approved

The committee approves and recommends the removal of listed services from Form 5A Column III to the Governing Board for approval.

- Removal of PCMC Site from Scope – Form 5B – Requesting approval to remove PCMC from HSNT’s scope of care once the building is vacated.
 - i. Today last day of service. Some staff will remain on site through the month to direct patients, transfer medical records, and complete the closing process.

Motion for Approval: James Henderson

Second: Glen McKenzie

Unanimously Approved

The committee approves and recommends the removal of PCMC from Form 5B once the building has been closed and vacated to the Governing Board for approval.

III. Business Line Scorecard

- At our last meeting, we introduced the process of evaluation for cost centers, business lines, etc.
- The 2018 HSNT Annual Report reflects the move from a grant driven model to earned income.
- Business line scoring – need to see the data behind the decisions we will make moving forward. These transitions can be difficult and require buy-in from staff, patients, and stakeholders.
- This list does not include administration or accounting services.
- The process will determine whether all of the services provided by HSNT are sustainable.
- Want to look at partnerships to offset administrative and financial burdens and use areas generating revenue to fund those areas that are losing money but are required services.
- Shift our model to drive revenue to continue to grow. Allow flexibility and remain effective.
- Glen McKenzie – Through partnerships, HSNT can give funds to organizations who will provide a services to our patients at a high level, ensuring their needs are met and relieving burdens on HSNT.
 - i. Doreen Rue - HSNT’s Food pantry is a good example of this process: HSNT originally began this service to provide high protein foods to AIDS/HIV patients for medical necessities. Once circumstances changed, HSNT was able to turn food services over to other community services.
- Dale Tampke – It will be important to have tight service level agreements to ensure quality is maintained.
- Timeline for Strategic Planning Process:



- i. Present Methodology to Leadership Team
 - ii. Scoring
 - iii. Bring results back to Strategic Planning Committee
 - iv. Make recommendations to the board
 - v. Get agreements on results from the board
 - vi. Use these agreements as the basis of the strategic plan
- Other pieces running alongside – SWOT, MVV, environmental survey, etc.

IV. Draft Compliance Plan

- Draft form. Removed from board manual and given some legs. Fits more with where we are today.
- 7 elements of a compliance plan – umbrella program that ties all of this together.
- Larry Bisno is compliance officer. Need to work on committee structure. Tie to risk committee, document the work we are already doing. More information to meeting requirements for compliance.
- The plan will be presented to each committee.
- Not asking for approval this month. Want input from each committee to use in final plan. Please send feedback.
- We will present for approval at the May Governing Board Meeting.

V. Communication to the Board

- Request approval for Changes in Scope
- Information on Needs Assessment Review

Adjourned: 11:01am



**Strategic Initiatives & Development Report
April 17, 2019 Board Meeting**

1. **Current Focus Areas:** Since the last board update focus has been on AIM 4 Health Clay Shoot in Denton County May 3 and the wrap up of Cuisine For A Cure in Plano March 24; along with participation in preparation for the July HRSA audit. Additionally there have been and a are continuing meetings with PCMC donors explaining PCMC move and getting commitments to continue support of Collin County children.

2. **Cultivations:** Primary cultivations have focused on meetings/contacts/results of Cuisine for A Cure including existing donor looking at significant, major donor movement for 2019 for pediatric care and community individuals to support Collin County Pediatrics through the Wylie clinic. (Jason Ybarra, Ram Yamachilli) with upcoming meeting with James Mapes, CEO of Vivacitas Healthcare,

Donors: Donor Wall for the 4304 Capital Campaign has been finalized (sign offs by donors on how to be mentioned on wall) and is in production.

3. **Events:**

Cuisine for A Cure 2019: March 24, 2019 (Plano)

- Net approximately \$15,900-slightly better than 2018. Better quality of post interactions and interest during event also.

Clay Shoot 2019 (Denton Co)

- May 3, 2019
- Board help is appreciated in forming teams and identifying sponsors and possible teams or getting individuals to register. And buying drawing tickets.

4. **Grants: Submitted/new since last Board meeting:** *9 grant requests* were submitted with *2 to new funders* (FY 2019 total TD 17 grants submitted/2 new funders).

- a. 13 grants still awaiting decisions with a total value of: \$ 478,265
- b. Grants awarded in FY2019: \$307,502 awarded
- c. 6 grants pending submission with a value of: \$242,390

5. **Grants to Be Voted on for approval:**

*FQHC Change in Scope	Delete PCMC	n/a
*FQHC Change in Scope	Remove 4 services in Column III	n/a
*Sam's Club	Denton Back to School Event	\$2,500
*BBVA Compass	Medical visits	\$5,000
*HRSA	Behavioral health expansion	\$145,000

Federal Policy

In the past 12 months, I traveled to Washington, DC 3 times to meet with representatives from Texas regarding health care policy and funding. My most recent experience was by far the most rewarding as I was able to present Congressman Burgess with the Leadership Award from the National Association of Community Health Centers (NACHC). *See the article at the end of this report regarding the interview HSNT participated in with reporter Eric Galatas from the Public News Service.



PCMC Transition

Phase 1 of closing down PCMC is complete. April 15, 2019 was the last day of service at PCMC. Patients have been informed and many are transitioning their care to our Wylie location. Equipment and supplies have been distributed to other sites as needed. Computer and network configuration is in progress and will be ready to support the clinical workflow and increased patient care at WCMC.

Phase 2 of this transition will be to close down the building, terminate the lease, and remove the location from our FQHC scope. There will be staff in the building through April to direct patients and to fulfill medical records requests. Final packing, removal of items, and cleaning will happen at this time with a goal to terminate lease as soon as possible. There is an early termination without penalty clause in the lease. I have notified the property owner of our plan and will send official notice to terminate the lease as soon as a clear completion date is determined. At that time I will request a date for the walkthrough, turn in the keys, and request a refund of our security deposit.

Collaborative Initiatives

HSNT met with TWU Dental hygiene program director, Charlene Dickenson, to update her on the expanded work we are doing and our future Serve Denton Center (SDC) location in order to gauge interest in a potential partnership expanding access to dental services. She expressed interest in having students rotate at Serve Denton Center location, but also stated that they would need supervision by a licensed dental hygienist or dentist. They have mobile equipment that can be loaded in a van and used at SDC. TWU has plans to expand and begin construction of a dental location to grow their dental hygiene program and offer restorative dental care in the future. In addition to this potential expansion of access, we are working to update our memorandum of agreement for referral of patients to TWU dental hygiene services.

Our partnership with Texas Health Presbyterian Denton and their Clinic Connect program continues with expanded efforts focused on transition of care follow ups on discharged patients needing a medical home and management of chronic conditions. We have kicked off this initiative with increased communication and excitement in partnering to care for patients that need additional support. The engagement and support is at an all-time high and we look forward to collectively serving the people that need us the most.

Current Medical Insurance Accepted by Provider

The chart below shows the third party insurance plans our providers are currently credentialed to accept. We strive to accept the plans offered in this area and apply for new plans as needed. Some providers do not qualify or we have not enrolled them if the population they serve does not fit with the plan’s covered services (i.e. mental health, pediatrics, availability for paneling patients).

Provider	MEDICARE	MEDICAID	AETNA	AMBETTER	BCBS	UHC	CIGNA	Tricare Humana	Multiplan
Adams	Applied in progress	✓	Applied in progress	Applied in progress	Pending Application	Applied in progress	✓	Pending Application	Applied in progress
Hallock	N/A	✓	✓	✓	✓	✓	✓	Pending Application	✓
Gelber	✓	✓	✓	✓	✓	✓	✓	Pending Application	✓
Jackson	✓	✓	✓	✓	✓	✓	✓	✓	Pending Application
Kaushik	✓	✓	Pending Application	Pending Application	Pending Application	N/A	✓	N/A	N/A
Kuppannagari	✓	✓	✓	✓	✓	✓	✓	✓	✓
Loya	✓	✓	✓	✓	✓	✓	✓	Pending Application	DENIED
Mottl	✓	✓	✓	✓	✓	✓	✓	DENIED	✓
Powell	✓	✓	✓	✓	✓	✓	✓	Pending Application	✓
Siegel	✓	✓	✓	✓	✓	✓	✓	Pending Application	✓
Teran	N/A	✓	✓	✓	✓	Applied in progress	✓	Pending Application	✓
Wallace	✓	✓	N/A	N/A	N/A	N/A	✓	N/A	N/A
Whitworth	✓	✓	N/A	N/A	✓	DENIED	✓	N/A	✓
Thomas	N/A	✓	N/A	N/A	N/A	N/A	✓	N/A	N/A
Sivadasan	✓	✓	N/A	N/A	N/A	N/A	✓	N/A	N/A
Gispanski	✓	✓	N/A	N/A	N/A	N/A	✓	N/A	N/A
Muriuki	✓	✓	N/A	N/A	N/A	N/A	✓	N/A	N/A
Sallee	✓	✓	N/A	N/A	N/A	N/A	✓	N/A	N/A
Pumphrey	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Information and Follow Up

Prenatal Clinic in Lewisville

After careful review of our resources, current initiatives, and communication with our strategic planning committee, there is not sufficient resources to pursue this opportunity. We are interested in serving Lewisville, as the need for access to affordable primary care is well documented, however, we have two other new site projects (moving out of our PCMC location and the opening of the Serve Denton Center project) and do not have the resources to dedicate to this project at this time. Opportunities seem to come in waves, and as much as we want to collaborate with Medical City Lewisville, the timing does not allow us to pursue this opportunity now. However, we hope there is an opportunity to establish a Lewisville site in the future. Although not ideal, we offered, as a referral source, our location in Medical City Denton's medical office building (11 miles from MCL). If patients need a provider, we will have some capacity starting mid-April.

Family Planning Funding (Title X)

The currently funded family planning organization, Women's Health and Family Planning Association of Texas (WHFPT), was awarded the Title X funding for 3 years. We are moving forward with budgets and contracts to continue receiving support for these services.

We ended the previous grant year on March 31, 2019 and exceeded to patient target thanks to the interdisciplinary program team and outreach staff. During the reconciliation process of this grant we should receive additional payment for our over performance.

Residency Program

The architectural layout of the future HSNT space at Medial City Denton (MCD) is exceptional. With MCD's initiation of a residency program and partnership with HSNT for clinical rotations, the space design is a total revamp of the existing space. Taking into account lessons learned from workflow needs and collaborating with MCD, this space will be an outstanding and tremendous asset for the community. Not only increasing access to care to meet the needs of MDC and HSNT, but building a pipeline of family medicine physicians for North Texas communities.

Ryan White Quality Audit

A quality audit for Ryan White funding programs will begin on April 15, 2019. They only expect to be on site for 1 day to gather data and review quality program initiatives. The results of this audit will be reported to the QM committee and reported to the board.

Opioid Awareness Program

This program has been rescheduled due to availability of additional speakers and resources. It is now scheduled for May 9, 2019.

Speaker Line Up:

Intro: Dr. Jason Siegel

Dr. Lee Spencer, Psychiatrist specializing in Addiction Psychiatry- Board Certified in both Psychiatry and Addiction Psychiatry

Dr. Roxanne Cruz (TACHC) Alternatives to treating pain with opioids.

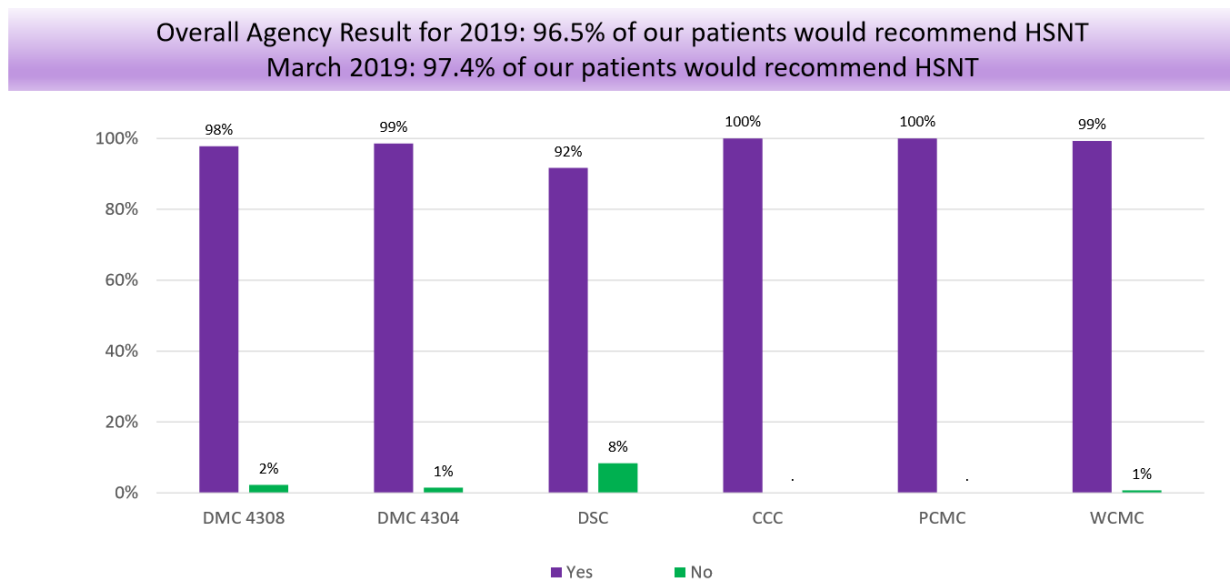
Q&A Panelists: Dr. Howard Shaw, Dr. Siegel, Dr. Cruz and Dr. Spencer

Easement Access Agreement

Filed agreement on 4/5/2019 at Denton County Clerk’s office to record HSNT’s right to access 4308 Mesa Drive parking and rear entrance by way of 4310 Mesa Drive property.

Patient Satisfaction 1Q2019

2974 surveys from our 9337 patient’s visits have been completed so far this year for a 32% collection rate. The shift this year in the survey design is to use the net promoter score as an overall satisfaction indicator as this is considered the key indicator question on satisfaction surveys.



***Public News Service Interview with Doreen Rue, CEO of HSNT**



Community health centers generate \$54.6 billion in total economic activity each year and employ more than 220,000 people across the country. (Queens University)

March 27, 2019

DENTON, Texas - Thousands of community health-center advocates, doctors, nurses, professionals and patients are headed to the nation's capital this week to urge their representatives to ensure long-term, stable funding.

Doreen Rue, chief executive of the nonprofit Health Services of North Texas, said bipartisan Congressional investments in past years have helped centers serve 28 million patients, including agricultural workers, low-income families and people experiencing homelessness.

"To have a five-year plan provides that stability that the staff need to stay with the organization, and stay with the mission and continue to grow and develop their own career paths while impacting the community in a positive way," she said.

In October 2017, Congress allowed the Community Health Center Fund to expire, which accounts for about 70 percent of the federal grants the centers rely on. In February 2018, Congress reauthorized the funds, but Rue said the delay and uncertainty created staff recruitment and retention problems, and stalled investments in additional services and facility upgrades.

Rue called the nation's community health centers "an American success story." She said centers play a critical role in keeping health costs down by providing preventive care, and are on the front lines of the opioid epidemic, natural disasters and public-health outbreaks. Rue said centers also keep local economies healthy by providing good-paying professional jobs and purchasing goods and services.

"The health centers are a business and an economic driver, not just a place to come for care," she said. "It is integrated truly in the community and is an important employer, as well as asset to the community."

According to the National Association of Community Health Centers, centers add more than \$54 billion in total economic activity each year and employ more than 220,000 people nationally. Every federal dollar invested in health centers generates \$5.73 in economic activity. Federal funding for health centers is set to expire again on Sept. 30 unless Congress acts.

ERIC GALATAS, PUBLIC NEWS SERVICE - TX

Thank you for your support,

Doreen Rue, CEO



SENTINEL EVENTS & INVESTIGATIONS POLICY

ADMIN007

PURPOSE:

The purpose of this policy is to improve patient care, promote safety and risk reduction, and increase the public confidence in health care services by reporting adverse events, near misses, and potentially unsafe conditions via incident reporting.

POLICY:

It is the policy of Health Services of North Texas that when an incident occurs, the CEO, as an agent of the Risk Management Committee, determines whether the incident is or is not considered to be a sentinel event, and if so, it is subject to Root Cause Analysis (RCA). The majority of incidents will be appropriate for investigations, which are also very thorough, rather than RCA. The RCA involves a considerable investment of time and resources and is appropriate only to a few very serious or potentially serious events.

If the event is determined by the CEO not to involve death or serious threat and is not subject to RCA, the CEO may determine:

1. That an investigation be conducted by the Risk Management Committee;
2. To review the matter for possible claims report to Public Health Service; and/or
3. To recommend that the Risk Management Committee place the matter under monitor.

If the CEO determines that a sentinel event may have occurred, an RCA is done and an intensive investigation is conducted, corrective action(s) taken, as appropriate, and the event reported to the Risk Management Committee. Events that are clearly sentinel events include death or permanent loss of function (that is not a result of the normal progress of the patient's illness), serious physical or psychological harm such as rape or sexual exploitation, or procedures performed on the wrong body part or wrong patient. Events that may be considered sentinel

events with potential serious outcomes include lack of appropriate treatment or an adverse result of treatment, and errors of omission or commission in carrying out the diagnosis or treatment plan.

The investigation of a sentinel event is conducted within forty-five (45) days of the event at the direction of the CEO, as an agent of the Risk Management Committee. If there is potential for liability claim, the event must be reported to the legal counsel consistent with HSNT policy.

It is the policy of HSNT that when an event occurs that may or may not be considered a sentinel event, it may be investigated by RCA or as an investigation at the discretion of the CEO. The response to an adverse event should be appropriate to the seriousness of the event and is a judgment call for the CEO, based upon the information provided by the incident report and other sources. For example, most medical errors may be such that there was minimal risk to the patient, whereas certain medical errors may be a serious threat. Although most medication errors are not life threatening, a serious threat might be if the patient actually received and took the wrong medication that was contraindicated and/or resulted (or could have resulted) in serious life threatening adverse outcomes. The investigation is sufficient for most errors, including medication errors.

An investigation is conducted at the direction of the CEO, as an agent of the Risk Management Committee, and may be done by the Risk Manager or other QM Committee agent and reported to the Risk Management Committee, Chief Operations Officer (COO), and Governing Board, as appropriate.

The COO, as an agent of the QM Committee, tracks events and incidents to determine measures needed to reduce risk and promote performance improvement. Reports of tracking are made to the Risk Management committee, CEO, and the Governing Board, as appropriate.

Definitions:

1. **Intensive Investigation:** An Intensive Investigation is conducted at the discretion of the CEO and includes the following actions.
 - a. Interviewing persons involved or knowledgeable;
 - b. Collecting and reviewing related documents, including Policies and Procedures;
 - c. Establishing the sequence of events;
 - d. Identifying possible causal factors involved; and
 - e. Drafting a summary of findings, conclusions, and recommendations.
2. **Sentinel Event:** A Sentinel Event (SE) (or risk thereof) means an unexpected occurrence involving unanticipated death or major permanent loss of function not related to natural course of the patient's illness or underlying condition, infant abduction, or rape.

The following may be considered Sentinel Events:

- a. A patient death, paralysis, coma, or other permanent loss of function associated with an action or omission by Staff;
- b. Rape, assault or aggravated sexual assault;
- c. Any procedure performed on the wrong body part or wrong patient;
- d. A patient's fall that results in death or permanent injury;
- e. A patient's complaint of gross negligence by the Staff;
- f. A serious medication error or adverse reaction to a drug; and/or
- g. An unscheduled hospital admission within seventy-two (72) hours of a clinic visit.

The phrase "or the risk thereof" includes any event for which a recurrence may carry a significant chance of a serious adverse outcome. A "near miss" with a significant chance of a serious adverse outcome may be considered a Sentinel Event. A SE is one that serves as a signal for immediate investigation and response.

A SE does not include an adverse outcome due to the natural course of the patient's illness.

3. **Root Cause Analysis.** A Root Cause Analysis (RCA) means an investigative process for identifying the basic or causal factors in process or procedure that underlie an occurrence of a sentinel event. The RCA investigation focuses primarily on systems and processes, not individual performance. The analysis progresses from special causes in clinical processes to common causes in organizational processes, and identifies potential for improvement in the processes or systems that would tend to decrease the likelihood of such events recurring. The RCA must include participation by Leadership and individuals closely involved in the system under review, be internally consistent (no obvious questions left unanswered), and include references to relevant literature. The RCA includes a plan for improvement and a mechanism for monitoring the effects of the actions. The RCA report includes the findings of the investigation, the plan of action, and the follow up monitoring plan.
4. **Corrective Action.** Corrective actions are measures and strategies implemented to promote performance improvement and reduce the likelihood of similar adverse events recurring in the future. These actions include the plan itself, implementation of the plan, oversight of the plan, and measures to monitor the effectiveness of the actions.

Procedure:

1. When an event occurs, an Incident Report is completed at once and given to the CEO. The CEO, as an agent of the Risk Management Committee, determines whether the event is subject to RCA and/or an investigation.
2. The RCA is conducted using, as a guide but not to limit the process, the Framework for Root Cause Analysis, see attached. The Framework for Root Cause Analysis is adapted from TJC standards. It provides a sequence for the investigation.
3. The CEO assigns the matter to a Risk Management Committee member with instructions on conducting the RCA and/or an investigation. If the issue involves criminal, illegal, unethical or unprofessional conduct, the investigation is conducted under the HSNT Standards of Conduct. The Staff member may involve other Staff members in conducting the investigation, as appropriate.

4. The RCA is reported in full to the CEO and QM Committee and is tracked along with other measures, incidents, and sentinel events to promote performance improvement, safety and effectiveness of services.
5. The QM Committee reports to the CEO and Governing Board, as appropriate, concerning the reviews and investigations conducted by the QM Program including sentinel events and investigations.
6. If the sentinel event or investigation issue is considered to be a potential liability to HSNT or its Staff, the matter is reported to the Legal Counsel consistent with HSNT policy. In this case, all documents are determined to be confidential under the attorney-client privilege, in addition to the QM Committee privilege pursuant to the Medical Practice Act. All legal recommendations and reports are shared with the Governing Board by HSNT's Legal Counsel or CEO. OSHA will be notified within eight (8) hours if three (3) or more HSNT employees require hospitalization due to a workplace incident or if a workplace incident causes a death of a HSNT employee.
7. The CEO may determine at any time that the investigation and report may warrant a review of particular individual's work or additional investigations of related or secondary issues.
8. The CEO is responsible for ensuring that the plan of correction is implemented and that the appropriate monitoring mechanisms are in place and followed up by the QM Committee.
9. Any media releases related to an incident or event at HSNT are made only at the direction of or by the CEO.

Attachment A

Framework for Root Cause Analysis

1. Describe in great detail “What happened?” Describe the possibilities of what may have happened, what questions are raised as a result, and what conclusions or findings can be determined.
2. Ask, “Why did it happen?”
3. Until the matter is thoroughly investigated, ask “Why?” again “And why did that happen?” For each question, pursue all the possibilities and questions raised, and document conclusions or findings.
 - a. It may be helpful to draft a “decision tree” to document when and why decisions were made that lead to the situation and what other options were available at the time.
 - b. The RCA is conducted based on the following characteristics:
 - i. The RCA focuses on systems and processes, not individuals;
 - ii. The RCA includes investigation of special causes and common organizational causes;
 - iii. The RCA digs deeper and deeper, asking the question “Why?” “Why?” “Why?;
 - iv. The RCA may include a review of literature or current accepted standards of practice, as well as HSNT Policies and Procedures and protocols;
 - v. The RCA identifies changes in the underlying system or processes through redesign or innovation to reduce the likelihood of a recurrence and promote performance improvement;
 - vi. The RCA includes determinations of human failure associated with the event;
 - vii. The RCA identifies risk points and their contribution to the outcome, as well as when different actions may have resulted in different outcomes;

- viii. The RCA addresses identified questions or issues and does not leave questions unanswered;
 - ix. The RCA identifies changes that can be implemented to reduce risk or states rationale for not taking such actions;
 - x. The RCA identifies a plan for performance improvement and risk management that identifies a timeline for actions, accountability, oversight, evaluation, and reporting of progress to the QM Committee; and
 - xi. All documents and processes related to the RCA are maintained confidential as products of the QM Committee.
 - xii. The RCA review and analysis may include the following:
 - xiii. Interviews with Staff and providers who may have knowledge concerning the event(s);
 - xiv. Interviews with any persons having firsthand information concerning the event(s);
 - xv. Review of all documentation related to the event(s);
 - xvi. Inspection and review of any equipment or supplies related to event(s);
 - xvii. Review of the medical record or incident reports related to the event(s); and/or
 - xviii. Review of literature or interview specialists or consultants to determine the standard of care and current best practices.
- c. Identify what strategies, corrective actions, or performance improvement actions are appropriate to prevent such an occurrence or “near miss” from happening again.
 - d. Describe indicators or measures that would enable monitoring the issue and its key elements.

- e. Summarize the plan of action, who is involved in implementation of the plan, and how the effectiveness of the corrective actions is to be monitored.

Action Plan

The product of the root cause analysis is an action plan that identifies the strategies that HSNT intends to implement in order to reduce the risk of similar events occurring in the future. The plan should address responsibility for implementation, oversight, pilot testing as appropriate, time lines, and strategies for measuring the effectiveness of the actions.

An action plan will be considered acceptable if it does the following:

- Identifies changes that can be implemented to reduce risk or formulates a rationale for not undertaking such changes
- Identifies, in situations where improvement actions are planned, who is responsible for implementation, when the action will be implemented (including any pilot testing), and how the effectiveness of the actions will be evaluated.

Chief Executive Officer

Date

Board of Directors Representative

Date

Revision to Policy:
Board approved revision:



CLAIMS MANAGEMENT POLICY

ADMIN001

POLICY:

HSNT’s Claims Management Policy is to preserve all health center documentation related to any actual or potential claim or complaint (e.g. medical records and associated laboratory and x-ray results, billing records, employment records of all involved clinical providers, clinic operating procedures). Additionally, any court complaint, notice of intent, or service of process/summons should be immediately submitted by fax or email to the U.S. Department of Health and Human Services’ (HHS) Office of General Counsel (OGC) at the address below:

U.S. Department of Health and Human Services
Office of the General Counsel
General Law Division
Claims and Employment Law Branch
330 C Street, SW
Attention: CLAIMS
Switzer Building, Suite 2600
Washington, DC 20201
Fax #: 202-619-2922
Phone #: 202-619-2155
HHS-FTCA-Claims@hhs.gov

Chief Executive Officer

Date

Board of Directors Representative

Date

Revision to Policy:

Board approved revision:

PROCEDURE:

1. Any actual or potential claim is reported to the Chief Operating Officer, who serves as the Claims Management Coordinator (CMC).
2. In the event of a notice of a claim/subpoena, the CMC will notify the Chief Compliance Officer who will implement a process of locking the relevant patient medical record(s) and notify appropriate involved parties of that action. Additionally, the CMC will notify the Chief Financial Officer who will inform all appropriate parties, including billing.
3. The CMC contacts the OGC General Law Division Claims and Employment Law Branch for advice on how to proceed with the health center's response to the claim or notice.
4. The CMC will gather and secure all records, documents, clinic operating procedures, and notes relevant to the claim, and HSNT will suspend any routine destruction of relevant documents.
5. The CMC will ensure dates of all documents correspond to the dates of the incident and ensures the following documents are available to send to HHS OGS upon request:
 - a. The summons and complaint (3 copies)
 - b. HSNT's initial deeming letter and all subsequent redeeming documentation (3 copies)
 - c. HSNT's federal section 330 grant application and forms 5A, 5B, and 5C, including the approved scope of project, delivery sites, and services for the period of time covered by the claim. (3 copies)
 - d. A statement on HSNT letterhead identifying the providers involved or named in the claim and their dates of employment at HSNT. (3 copies)
 - e. Documentation of the specialty of each provider involved or named in the claim, with evidence of their active licenses or certifications at the time of the incident.
 - f. If the incident occurred at a site outside of HSNT's approved service sites, the name and address of the outside facility and its affiliation with HSNT and its personnel.

- g. The wage and tax statements (W-2) for each individual involved in the incident for the period of time covered by the claim. (3 copies)
 - h. If the named provider was a contractor at the time of the incident, 3 copies of the 1099 form, an employment contract covering the period of time of the incident, and evidence that the provider was working full-time (average of 32.5 hours per week) or, if working part-time, was providing services only in the fields of family practice, obstetrics and gynecology, general internal medicine, or general pediatrics.
 - i. A declaration on HSNT letterhead verifying the employment of each individual involved in the incident and that the individual was not billing privately or, if they were, that they complied with the alternate billing arrangement requirements. The declarations should be signed by the individuals. (3 copies)
 - j. Any professional liability or gap insurance policy covering the dates of the incident, if applicable. If neither HSNT nor the named provider involved in the alleged incident has medical malpractice coverage other than that provided under FTCA, the CMC will submit a statement on HSNT letterhead addressing that fact. (3 copies)
 - k. All correspondence with the claimant regarding the claim.
 - l. The name and contact information of an individual at HSNT who is familiar with the certification information requested.
 - m. All the claimant's billing and medical records, including x-rays, lab results, and other results from treatment from HSNT or any private facility that might be involved. (3 copies) The original medical records will be sequestered by the health center and retained until the conclusion of the case.
6. The CMC will ensure that no new statements or records are created before consulting the OGC Claims office (to verify coverage) and/or qualified legal counsel.
7. The CMC will respond promptly to questions or requests for information from OGC.

The Governing Board of Health Services of North Texas delegated the review and approval of the Claims Management Policy and Procedure to HSNT's CEO, Doreen Rue, on May 16, 2018.



Needs Assessment Updates

Summary of Updates:

I have reviewed the most recent Community Health Needs Assessments (CHNA) for our service area. In all cases, the findings remain the consistent year over year however there are some differences in priority ranking among them. A good summary for community needs is the DFWHC Foundation analysis of the healthcare needs for the Regional Health Partnership 9 (RHP9) which includes Denton Collin, Dallas, Ellis, Fannin, Grayson, Kaufman, Rockwall and Navarro Counties. They listed the most pressing needs below as well as a comparison between 2012 and 2017.

A. Capacity and Access - More Providers and Better Health Care Coverage: Improve Access to Primary and Specialty Care in Rural Areas.

B. Chronic Diseases Care – Focused Care on Specific Chronic Diseases: Cardiovascular, Diabetes, Lung Cancer, Breast Cancer, Colorectal Cancer, and Respiratory Diseases.

C. Care Coordination- Organized Culturally Competent Patient Care: Activities and Sharing of Information Across all Patient Care Participants including Oral Health and Palliative Care.

D. Behavioral Health - Mental Health and Substance Abuse: Collaborative and Coordinated Efforts to Address Disparities Associated with Mental Health and Substance Abuse.

E. Infant and Maternal Health: Community-Level Education, Awareness, and Coordination with Social Services to Reduce Infant and Maternal Mortality.

Community Services, Inc. CHNA listed Education, Transportation, Childcare, Food, Housing and Rental Assistance as the top needs.

Overall, the needs in our community have remained the same year over year.

Louise Weston-Ferrill, LCSW, LMFT
Director of Programs

Sources:

DFWHC Foundation Analysis 2018

City of Denton 2018 Action Plan

Baylor Scott and White 2016 Denton Community Needs Assessment

Baylor Scott and White 2016 Plano Community Needs Assessment

Children's Health Plano Community Needs Assessment 2016

THR Plano Implementation Strategy for Community Needs Assessment

THR Denton Implementation Strategy for Community Needs Assessment

Community Services, Inc.

RHP9 2017 Regional Needs Assessment



ACTION:

Reviewed and Approved by:

- Doreen Rue, CEO _____ Date: _____

Governing Board Strategic Planning Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

_____ Date: _____

(Secretary)



Changes in Scope

Summary of Changes:

- Deletion of the following required services from Column III – Referral on Form 5A:
 - Diagnostic Laboratory
 - Diagnostic Radiology
 - Screenings
 - Gynecological Care
- Delete Site from Scope – Removal of PCMC from scope listed on Form 5B once the closing process has been completed and the building has been vacated.

ACTION:

Reviewed and Approved by:

- Doreen Rue, CEO _____ Date: _____

Governing Board Strategic Planning Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

_____ Date: _____

(Secretary)



Changes in Scope for Approval

Health Services of North Texas' Board of Directors approves the deletion of the following required services from Column III - Referral on Form 5A.

- Diagnostic Laboratory (will remain in Column I – Direct and Column II - Contract)
- Diagnostic Radiology (will remain in Column II - Contract)
- Screenings (will remain in Column I - Direct)
- Gynecological Care (will remain in Column I – Direct and Column II - Contract)

David Garcia, Board President

Date



Change in Scope for Approval
Delete Service Site from Scope

Health Services of North Texas' Board of Directors approves the deletion of Plano Children's Medical Clinic (Site ID: BPS-H80-014248; Address: 1407 14th Street, Plano, TX 75074-6301) as a site within the organization's FQHC scope, listed on Form 5B.

David Garcia, Board President

Date

Health Services of North Texas
GOVERNING BOARD OF DIRECTORS
PERSONAL DATA FORM

Please complete this form and return it Doreen Rue, Health Services of North Texas, 4401 N. I35, Suite 312, Denton, Texas 76207. Please note- personal information is required, data is kept confidential. If applicable, HSNT needs the board members NPI and Medicare identification numbers. This is required for Federally Qualified Health Centers to submit these numbers to CMS for informational purposes only. Please attach current résumé.

NAME: Melissa Ann Winans SS #: [REDACTED]

DATE OF BIRTH: [REDACTED]

If applicable: NPI #: Click here to enter text. Medicare #: Click here to enter text.

HOME ADDRESS: 35 County Road 154 CITY, STATE, ZIP: Gainesville, TX 76240

PLACE OF BIRTH: Minneapolis, MN HOME PHONE: 320-980-5359

BUSINESS ADDRESS: 3000 N I 35

CITY, STATE, ZIP: Denton, TX 76201 BUSINESS PHONE: 940-898-7019

E-MAIL ADDRESS: melissawinans@texashealth.org; mawinans@gmail.com

POSITION OR PROFESSION: Chief Nursing Officer

PROFESSIONAL DESIGNATION: MBA-HCM, MSN, RN, NEA-BC

RETIRED: Yes No CELL PHONE: 320-980-5359

The Board will be representative of each of the following groups. Please check the one that is appropriate to you.

- Consumer--user of medical services at HSNT at the present time**
- Non-Consumer—does more than 10% of your income come from the medical field?
 Yes No
- Consumer—plan to become a consumer of medical services

RECENT COMMUNITY ACTIVITIES: UNT PLP Mentor, ACHE Mentor, TWU CON Advisory Council Member

Briefly describe the personal interest, educational background or perspective you will contribute to the HSNT. I am privileged to serve as the chief nursing officer for Texas Health Presbyterian Hospital Denton. In my role I oversee all nursing operations including our outpatient caring clinics. I see first-hand the need that our community has for HSNT and would be honored to assist in achieving the mission and vision of HSNT as a board member. I am a Registered Nurse and am completing my doctoral degree through Texas Christian University (TCU) in May of this year (2019). I believe that my nursing background will allow me to understand the issues facing HSNT and I can be an advocate in the arena of public policy. In addition, I have personal interest and perspective that I can bring forward. In 1992, as a young mom, I was a receiver of Medicaid waiver services. I know, only too well, the stigma that is sometimes associated with needing these types of services and support. I also now have a grandson who has benefited from the pediatrician who serves through HSNT. I think that it is important to give back, but in addition, I would love the opportunity to encourage individuals that they may need the service(s) now, but that doesn't need to, and should not, limit their future potential!

The Board of Directors of Health Services of North Texas meets on the third Wednesday of each month at 6:00 p.m. in the conference room at HSNT Headquarters, 4401 N. I35, Suite 312, Denton, Texas 76207. Please bear this in mind if you offer to serve. Attendance at the meetings is critical to the smooth operation of the Center.

If elected, I do agree to serve.


Signature of Nominee

Click here to enter text.

Today's Date

3/27/2019

Referred by Susan Louise Baldwin, current HSNT board member

Melissa A. Winans MBA-HCM, MSN, RN, NEA-BC

1923 Willowcrest Loop Denton, TX 76205

(320) 980-5359

mawinans@gmail.com

Personal Mission

To influence the change necessary to achieve affordable, accessible, and safe healthcare.

Executive Profile

- Experienced Chief Nursing Officer with a demonstrated history of working in the hospital and healthcare industry
- High performing executive with more than 20 years of healthcare experience
- In-depth knowledge of healthcare operations at all levels
- Demonstrated proficiency in staffing, training, budgeting, and program management

Skill Highlights

- Excellent leadership and communication skills
- Process improvement
- Led initiatives to improve employee engagement and patient satisfaction
- Collaborative team player
- Fiscal Accountability and Management
- Business Acumen

Education

- Currently pursuing DNP – Texas Christian University – 2016 – anticipated completion May, 2019
- **MBA-Health Care Management** Herzing University – 2011-2012
- **MSN-Clinical Systems Management** – Excelsior College 2007-2009
- **BSN** Minnesota State University-Moorhead 2003-2005
- **ADN** Excelsior College 1998-2000
- **Practical Nursing** St. Cloud Technical College 1993-1994

Memberships and Certifications

- American College of Healthcare Executives (ACHE) – eligible for fellowship exam fall 2018
- American Organization of Nurse Executives (AONE)
- American Nurses Credentialing Center (ANCC) – Nurse Executive Advanced-Board Certified (NEA-BC)
- Sigma Theta Tau International

Professional Experience

Texas Health Presbyterian Hospital Denton

January 2012 – present

Chief Nursing Officer

November 2014 – present

- Work within a Triad Model with President, CNO, and CMO having equal accountability and responsibility for hospital operations. Responsible for all nursing operations of a 255 licensed bed community hospital. Accountable for nursing and patient outcomes and patient experience. Responsible for assuring compliance with all regulatory agency requirements and strategic planning. Accountable for assessing nursing care requirements based on nursing principles, scope of practice, and regulatory standards.

Interim Chief Nursing Officer

June 2014 – November 2014

- Continued all director level responsibilities and assumed all CNO level responsibilities.

Director Women and Infant & Critical Care Services

January 2013 – June 2014

- Accountable for our Women and Infant Service Line and our Critical Care Service Line. Responsible for all operations of both service lines, nursing and patient outcomes, and patient experience. Accountable to manage budget and meet all key performance indicators.

Director Women and Infant Services

January 2012 – January 2013

- Accountable for our Women and Infant Service Line including overall customer satisfaction, budget management, and key performance indicators.

St. Cloud Hospital

July 1997 – January 2012

Director, Family Birthing Center

May 2008 – January 2012

- Accountable for family birthing center including overall customer satisfaction. Responsibilities include: direct supervisor to 112 employees (89+ FTE), budgeting, physician relations, employee engagement, patient satisfaction, strategic planning, and overall total quality management for the family birthing center which includes 8 LDRs, 6 antepartum bed unit, 23 bed postpartum unit, 2 OR C/S suite, 2 PACUs, and a 4 bed OB triage unit.

Director, Inpatient Rehabilitation Unit & Stroke Program

September 2006 – May 2008

- Accountable for inpatient rehab unit and stroke program including overall customer satisfaction. Responsibilities include: budgeting, physician relations, employee engagement, patient satisfaction, strategic planning, and overall total quality management for the inpatient rehab unit and stroke program.

Case Manager, Neurosciences & Stroke Program

November 2003 – September 2006

Staff Nurse, Orthopedics and Neurosciences

July 2000 – November 2003

LPN, Orthopedics, Neurosciences, and Inpatient Rehab

July 1997 – July 2000

WinCare, Inc.

President

May 1994 – March 2012

- Provide care and supervision for adult foster care clients; complete state and county licensing requirements; documentation; function as QMRP (qualified mental retardation professional); attend annual team meetings; complete quarterly review of behavior modification program data; supervise direct care providers; assist with fiscal planning and management for long-term strategic planning.



**2019 – Governing Board
Proposed Slate of Officers**

Below are the nominations of officers for Health Services of North Texas – April 2019 Annual Meeting, Article II, Section 2.2 & Article III

First 3 Year Membership Term

*Melissa Winans

Second 3 year Membership Term:

*Trang Dang-Le

*Michael Foster

Proposed Slate of Officers:

President: Judge David Garcia
(One year left on term)

Vice President: Trang Dang-Le
(One year left on term)

Secretary: Gloria Herron
(One Year left on Term)

Treasurer: Michael Foster
(One year left on term)

Board Members Terminations:

*Louise Baldwin – term limits

*Glen McKenzie – term limits



Health Services of North Texas 2019 Board of Directors

Judge David Garcia, President

Trang Dang-Le, Vice-President*

Michael Foster, Treasurer

Gloria Herron, Secretary*

Derrell W. Bulls, Ph.D.*

Clara Sanchez*

M. Dean Perkins, DDS, MPH*

Dale Tampke

James Henderson*

Dr. Howard Shaw, MD

Melissa Winans, MBA-HCM, MSN, RN, NEA-BC

*Indicates Consumer Member

(Currently at 54% consumer members, HRSA and HSNT Bylaws require 51%)

2019 HSNT Governing Board Committee Assignments (Revised Bylaws 12.2018)	Executive Committee	Personnel/ Nominating Committee	Finance/Audit Committee	Strategic Plan Committee	Quality Assurance/Quality Improvement Committee	Ad Hoc
Board Members	Judge David Garcia	Gloria Herron	Michael Foster	Dr. Dean Perkins	Louise Baldwin	Assign as needed
	Trang Dang-Le	Derrell Bulls	Dale Tampke	Clara Sanchez	Dr. Dean Perkins	
	Michael Foster	James Henderson	Derrell Bulls	James Henderson	Dr. Howard Shaw	
	Gloria Herron			Glen McKenzie	Melissa Winans	
	Glen McKenzie					
Staff Support	Doreen Rue	Doreen Rue	Pam Barnes	Doreen Rue	Debra Layman	Doreen Rue
			Doreen Rue	Leadership Team	Doreen Rue	
Governing Board President	Judge David Garcia	Judge David Garcia	Judge David Garcia	Judge David Garcia	Judge David Garcia	Judge David Garcia
	Executive Committee	Personnel/ Nominating Committee	Finance/Audit Committee	Strategic Plan Committee	Quality Assurance/Quality Improvement Committee	Ad Hoc
HSNT Bylaws- committee membership size	Board Officers + Past President (if active member)	up to 5 but no more than 2 Exec. members	3 member committee Treasurer appoints members	Up to three	Up to three	Assign as Needed

Member Rolling Off

Potential New Member



SUCCESSION PLANNING FOR CEO POLICY

GB001

Policy:

A change in Chief Executive Officer leadership is inevitable for all organizations and can be a very challenging time. Therefore, it is the policy of Health Services of North Texas to be prepared for an eventual permanent change in leadership – either planned or unplanned – to insure the stability and accountability of the organization until such time as new permanent leadership is identified. The Board of Directors shall be responsible for implementing this policy and its related procedures.

To ensure that the organization’s operations are not interrupted while the Board of Directors assesses the leadership needs and recruits a permanent Chief Executive Officer, the board will appoint interim executive leadership. The interim Chief Executive Officer shall ensure that the organization continues to operate without disruption and that all organizational commitments previously made are adequately executed, including but not limited to, grant applications, loans approved, reports due, contracts, licenses, certifications, memberships, obligations to lenders of HSNT and other important project or deadlines.

It is also the policy of HSNT to develop a diverse pool of candidates to consider for its permanent Chief Executive Officer position. HSNT shall implement an external recruitment and selection process, while at the same time encouraging the professional development and advancement of current employees. The interim Chief Executive Officer and any other interested candidates are encouraged to submit their qualifications for review and consideration by the search committee according to the guidelines established for the search and recruitment process. Prior review by Department of Health and Human Services’ HRSA Division (FQHC Project Officer) is required of final candidates for the Chief Executive Officer position.

Chief Executive Officer

Date

Board of Directors Representative

Date

Revision to Policy:

Board approved revision:

HSNT Headquarters
4401 N. I-35 Suite 312
Denton, TX 76207
940-381-1501
940-566-8059 Fax

Denton Medical Center
4304 & 4308 Mesa Drive
Denton, TX 76207
940-381-5788
940-591-7830 Fax

WWW.HEALTHNTX.ORG



Denton South Center
3537 South I-35E Suite 210
Denton, TX 76210
940-381-2313
940-381-5249 Fax

Collin County Center
2540 K Avenue
Plano, TX 75047
972-424-1480
972-424-9117 Fax

PROCEDURE:

1. For a temporary change in executive leadership (i.e., illness or leave of absence for 30 days or less), the Chief Operating Officer shall temporarily be in the charge of the daily operations and essential duties of CEO.

2. In the event the CEO of HSNT is no longer able to serve in this position (i.e. leaves the position permanently), the Executive Committee of the Board of Directors shall appoint an interim CEO or acting CEO.

3. In the event that a permanent change in leadership is required, the Board Chair shall appoint an Executive Transition Committee within fifteen (15) business days. This Committee shall be comprised of at least two members of the Executive Committee, and two members of the Personnel Committee or other Board Members. It shall be the responsibility of this committee to implement the following preliminary transition plan:

- Communicate with key stakeholders regarding actions taken by the Board in naming an interim successor, appointing a transition committee, and implementing the succession policy. The organization shall maintain a current list of key stakeholders who must be contacted, such as funders (i.e., DHHS/HRSA/BPHC) and lenders of HSNT, foundations, government agencies, bank used for operating and payroll accounts, etc.
- Consider the need for consulting assistance (i.e., transition management, executive search consultant, HRSA Project Officer, Texas Association of Community Health Centers) based on the circumstances of the transition.
- Review the organization's business plan and conduct a brief assessment of organizational strengths, weaknesses, opportunities, and threats to identify priority issues that may need to be addressed during the transition process and to identify attributes and characteristics that are important to consider in the selection of the next permanent leader.
- Establish a timeframe and plan for recruitment and selection process.
- Refer to the Chief Executive Officer Job Description for sample of job description and qualifications.

4. In the event that an executive transition simultaneously involves the CEO and other key management staff, the Board may also consider temporarily subcontracting some of the other key management staff organizational functions from a trained consultant or other organizations.



Board Training and Communication Policy

GB002

Policy:

Health Services of North Texas shall ensure that the New Board Members receive orientation and training regarding the HSNT Mission, Vision and Values, Bylaws, Board functions and responsibilities, Role of the Chief Executive Officer, Compliance Plan, Code of Conduct, and other elements incorporated into the Board Orientation process. Ongoing Board training opportunities includes topics such as: corporate compliance; privacy (HIPAA and other federal and state privacy laws and regulations); Code of Conduct; Conflict of Interests; Board Roles and Responsibilities; Quality Program; Grants Management and Section 330, 340b Medication Program; FTCA, Needs Assessment; Billing and Collections; Tax Exempt Status; and HSNT-wide Policies that relate to the Governing Board’s area of responsibility and authority. Training and Board responsibilities are documented on the Board Work Plan.

Chief Executive Officer

Date

Board of Directors Representative

Date

Revision dates to Policy:

Board approved revision:

PROCEDURE:

HSNT shall conduct periodic reviews of current opportunities and challenges facing HSNT to identify training needs. The Board self-assessment recommendations will also be incorporated into the training plan as documented in the Board Work Plan. 200

The Chief Executive Officer shall maintain documentation concerning its Board Orientation and training that has been completed, and to keep a schedule of when retraining is due.

- The Chief Executive Officer reviews with those responsible for Board training to ensure that all mandated and appropriate training is provided at appointment and as needed, and that it is documented.
- The Chief Executive Officer utilizes meetings with the Board to share information that is related to HSNT operations and oversight.
- The Chief Executive Officer determines, from the Board, the need for, and availability of, communications or training regarding requirements, expectations and role performance.
- The Chief Executive Officer monitors compliance of Board member training to ensure compliance with Health Center Program Compliance Manual and other regulatory requirements.

Health Services of North Texas

Governing Board Functions, Expectations, and Duties

Federally Qualified Health Centers are required to have a Governing Board that is responsible and accountable for the oversight of Health Services of North Texas (HSNT), its finances, implementation of programs and services, and compliance with various laws and requirements. The Organizations Articles of Incorporation and the Bylaws determine the number and qualifications of the Board; however, at least fifty-one percent (51%) of the Board members must be users of HSNT services. Board members are selected by the Board consistent with the Articles of Incorporation and Bylaws. Board members volunteer their time and services.

I. Expectations of Board Members

Board members are expected to:

- A. Attend all meetings of the Board.
- B. Attend orientation and training provided.
- C. Review materials and participate in discussion of issues.
- D. Represent the interests of all persons served by the HSNT.
- E. Endorse the Code of Conduct and sign the confidentiality acknowledgement statement.
- F. Follow appropriate channels through the Chief Executive Officer to secure information and to resolve issues.
- G. Exercise authority as a Board member only as delegated by the Board.
- H. Participate in fundraising activities and make personal financial contribution at a meaningful level determined by the individual board member.

II. Duties of Governing Board

Duties of the Governing Board include, without limitation, the following:

- A. Meet on a regular basis to conduct business and keep records of meetings and actions taken;
- B. Oversee the development and updating of the HSNT Mission, Values and Vision;
- C. Hire the Chief Executive Officer to oversee and implement the day-to-day operations of the HSNT, and to employ Staff;
- D. Engage in strategic planning for immediate and long term services and for emergency circumstances;

- E. Determine the nature and scope of services to be provided, including the location and hours of service;
- F. Assure that HSNT is operated in compliance with applicable federal, state and local laws and regulations.
- G. Adopt policies for financial management including a system to assure accountability for HSNT resources, approval of the annual budget, priorities, eligibility for service criteria and long-range financial planning.
- H. Oversee and make decisions concerning the financial aspects of the HSNT.
- I. Purchase and sell real property on behalf of the HSNT.
- J. Establish personnel policies and set salary and benefit scales.
- K. Establish Staff grievance procedures and equal opportunity practices.
- L. Provide a system to ensure compliance with laws and regulations and performance improvement concerning quality of care.
- M. Receive and act, as appropriate, on various reports concerning HSNT functions.
- N. Adopt policies for granting clinical privileges based on an established peer review credentialing process and recommendations.
- O. Provide for the evaluation of aspects of HSNT services and functions including utilization, productivity, patient satisfaction, and achievement of project objectives.
- P. Establish a system for hearing and resolving patient grievances.
- Q. Ensure that HSNT operations are consistent with the compliance and privacy provisions in the law and regulations.
- R. Ensure that HSNT fulfills the various requirements for the funding grants, liability coverage by the FTCA and professional standards of practice.
- S. Establish and reinforce HSNT's Code of Conduct.
- T. Participate in training and activities to ensure compliance.

III. Board Meeting Process

- A. Meetings of the Board are posted in advance consistent with the Articles of Incorporation and Bylaws.
- B. Meetings of the Board should follow an agenda.
- C. The Board will follow the rules of order, as set forth in its Bylaws.
- D. The Board will receive reports for information and may receive recommendations that require Board action.

IV. Open Meetings

Meetings of the Board are open meetings unless the Board determines it must go into executive session (private) to consider litigation or personnel matters. For this reason reports to the Board do not include information that is confidential, such as patient information and peer review details.

V. HSNT Policies and Procedures

- A. The Board has ultimate responsibility for HSNT Policies; however, HSNT Policies are formulated with input from both the Board and its Staff.
- B. The Board should be knowledgeable about the intent and effect of HSNT Policies established by the Board and through review of Policies developed by the Staff.
- C. The Board should establish what nature of policies require Board approval and what policies do not require Board approval and may be approved by the Chief Executive Officer.
- D. The Board should develop a system for evaluating the effectiveness of HSNT Policies.

VI. Decisions of Board or Administration

The Board and Chief Executive Officer should establish guidelines for identifying issues that require Board involvement and those that are managed through the administration. The Board sets HSNT policy and the Chief Executive Officer and Staff implement the policy.

Generally, the Board is involved in decisions regarding:

- A. Issues that affect the whole HSNT (as opposed to an individual);
- B. Issues concerning fiscal responsibility and accountability;
- C. Basic Policy Issues;
- D. Actions required by law; and
- E. Recommendations presented to the Board by the Chief Executive Officer.

VII. Board Evaluation

As a function of the HSNT Compliance Program, the Board annually reviews and audits critical components of its oversight responsibilities. The Board must confirm that essential functions of the HSNT are performed in a satisfactory and efficient manner consistent with the law, accepted administrative and operational practices, and requirements of the funding entities.

The Board evaluates its Board functioning and effectiveness annually. The Board evaluation should be recorded in the minutes with reviews of other annual reports and actions.

Comments and specific plan of action to improve performance:

Chairperson, Governing Board

Date

HSNT BOARD OF DIRECTORS ROLES AND RESPONSIBILITIES

Each member of the HSNT's Governing Board ("Board") is a critical and an integral part of the HSNT's effectiveness as a non-profit corporation. The Board is responsible for ensuring that the HSNT meets its legal and compliance requirements and that it is operating in accordance with its mission and for the purpose for which it was granted tax-exemption.

The Board's responsibilities fall into the following broad categories:

I. General Board Responsibilities of the HSNT Board of Directors.

A. Determine HSNT's mission and purpose.

It is the Board's responsibility to create and review a statement of mission and purpose that articulates the organization's goals, means, and primary constituents served.

B. Select the Chief Executive Officer (CEO).

The Board must reach consensus on the Chief Executive Officer's role and responsibilities and undertake a careful search to find the most qualified individual for the position.

C. Provide proper financial oversight.

The Board must assist in developing the annual budget and ensuring that proper financial controls are in place.

D. Ensure adequate resources.

One of the Board's foremost responsibilities is to ensure that there are adequate resources for HSNT to fulfill its mission.

E. Ensure legal and ethical integrity and maintain accountability.

The Board is ultimately responsible for ensuring adherence to legal standards and ethical norms.

F. Ensure effective organizational planning.

Board members must actively participate in an overall planning process and assist in implementing and monitoring the organizational plan's goals.

G. Recruit and orient new board members and assess board performance.

Board members have a responsibility to articulate prerequisites for candidates, orient new members, and comprehensively evaluate their own performance annually.

H. Enhance HSNT's public standing.

The Board should clearly articulate HSNT's mission, accomplishments, and goals to the public and garner support from the community.

I. Determine, monitor, and strengthen HSNT's programs and services.

The Board's responsibility is to determine which programs are consistent with HSNT's mission and to monitor their effectiveness.

J. Support the Chief Executive Officer and assess his or her performance.

The Board should ensure that the Chief Executive Officer has the moral and professional support he or she needs to further the goals of the organization. Additionally, each board member shall participate in an annual written evaluation of the Chief Executive Officer.

II. Legal Responsibilities of HSNT Board of Directors.

A. Duty of Care.

The duty of care is the level of competence that is expected of a Board member, and is commonly expressed as the duty of care that an ordinarily prudent person would exercise in a like position and under similar circumstances. This means that a Board member owes the duty to exercise reasonable care when he or she makes a decision as a steward of the organization.

B. Duty of Loyalty.

The duty of loyalty is a standard of faithfulness; a Board member must give undivided allegiance when making decisions affecting the organization. This means that a Board member can never use information obtained as a member for personal gain, but must act in the best interests of the organization.

C. Duty of Obedience

The duty of obedience requires Board members to be faithful to the HSNT's mission. They are not permitted to act in a way that is inconsistent with the central goals of the organization. A basis for this rule lies in the public's trust that the organization will manage donated funds to fulfill the organization's mission.

III. Responsibilities of Individual Board Members

- A. Attend Board and committee meetings and functions, such as special events.
- B. Be informed about the organization's mission, services, policies, and programs.
- C. Review agenda and supporting materials prior to Board and committee meetings.
- D. Serve on committees or task forces and offer to take on special assignments.
- E. Inform others about the organization.
- F. Suggest possible nominees to the Board who can make significant contributions to the work of the Board and the organization.
- G. Keep up-to-date on developments relating to community needs.
- H. Comply with the "Standards of Conduct for HSNT's Employees, Consultants & Board Members," attached hereto as Attachment "A," and incorporated herein by this reference.
- I. Comply with the "Conflict of Interest Statement and Disclosure For Members of the Board of Directors";
- J. Comply with the HSNT's Corporate Bylaws, Compliance Plan, and the Policies and Procedures.
- K. Review and approve governance Policies.
- L. Refrain from making special requests of the Staff.
- M. Assist the Board in carrying out its fiduciary responsibilities, such as reviewing the HSNT's annual financial statements.

IV. Attendance Requirement

- A. Each Board member elected for a full term will serve a three (3)-year term. If they join the board prior to the annual meeting, the term will still begin at the annual meeting.

- B. Board members will make every effort to be in attendance at all Board meetings. While the Board may excuse an absence, it is expected and anticipated that Board members will not miss more than three (3) consecutive meetings per year.

- C. It is possible that a “Special Meeting” may be called by either the President of the Board or a majority of the Board members. Board members shall make every effort to attend such Special Meetings of the Board.

- D. Board members who cannot physically attend meetings may participate by telephone.

- E. A problem with Board attendance occurs if any of the following conditions exist in regard to a Board member’s attendance to board meetings:
 - 1. The member has three unexcused absences in a row.

V. Board Attendance Problem

If a Board attendance problem exists for a Board member, the President of the Board will promptly contact the Board member to discuss the problem. The Board member’s response will be shared by the President with the entire board at the next board meeting. In that meeting, the Board will decide what action(s) to take regarding the Board member’s future membership on the Board. If the Board decides to terminate the Board member’s membership, termination will be conducted as specified in the Board Bylaws. The Board will promptly initiate a process to begin recruiting a new Board member.

VI. Board Member Attestation

I acknowledge that I have read and understood the following HSNT documents: (1) "Board of Directors Roles and Responsibilities"; (2) "Standards of Conduct for HSNT' Employees, Consultants & Board Members"; (3) Corporate Bylaws; and (5) Conflict of Interest Statement and Disclosure for Members of the Board of Directors. I agree to abide by the foregoing documents, including without limitation, the HSNT "Code of Conduct" and the "Board of Directors Roles and Responsibilities."

By: _____ [Signature] _____ [Date]

Print Name: _____

Summary of Compliance Plan

The Office of the Inspector General (OIG) has issued guidance for a compliance program for individual and small group physician practices to prevent, detect and respond appropriately to any illegal, unethical or criminal conduct. A HSNT Compliance Plan is included in this manual that outlines such a program and cross-references various policies and procedures that are included in the Compliance Plan. The monitors for the compliance aspects are included in the CPI Manual along with other HSNT monitors. The OIG Compliance Program Guidance for individual and small group physician practices contains seven (7) components that provide a solid basis upon which a physician practice can create a voluntary compliance program:

1. Written Standards and Procedures
2. Designation of Compliance Officer and Committee
3. Training and Education
4. Effective Lines of Communication
5. Conducting Auditing and Monitoring
6. Publicizing Disciplinary Guidelines
7. Corrective Action Initiatives

The Chief Executive Officer is responsible for designating a Compliance Officer and/or may designate certain privacy functions to various accountable Staff members. A position description for the Compliance Officer functions is included in the Compliance Plan in this manual.

Board Member Orientation and Training Record

Name of Board Member: _____

Date of appointment: ____/____/____

Topic	Orientation Date
Articles of Incorporation and Bylaws	
Mission, Vision and Values	
Board functions and responsibilities	
Role of Chief Executive Officer <ul style="list-style-type: none"> • Management and operations • Oversight functions • Hiring and firing Staff • Implementing Policy and Procedures • Recommendations to Board 	
HSNT Compliance Plan	
Governing Board Work Plan	
Code of Conduct Acknowledgment signed	
Governing Board Orientation	

Additional Training to Include, but not Limited to the following:

Topic	Training Date
HSNT Quality Plan	
HSNT Strategic Plan	
HSNT Risk Management Plan	
HSNT Needs Assessment	
HSNT Employee Handbook	
FTCA	
340b	
Governance	
HIPPA	
Grants Management	
Billing & Collections	
Section 330	
Tax Exempt Status	