

**Governing Board Meeting Agenda
December 12, 2018 - Serve Denton Center
Conference Call-In Number 940-293-6051, Pin 1234**

Agenda		P. 1
I. Call to Order	Judge David Garcia	
II. Executive Session	Judge David Garcia	
PCMC Lease		
John Moyle vs. HSNT in case#18-4895-393 - no update		
*Incentive Plan		P. 2
III. Consent Agenda	Judge David Garcia	
*November 2018 Board Minutes		P. 5
*December 2018 Personnel Committee Minutes		P. 8
*December 2018 Development Report (including approval of grants)		P. 11
IV. CEO Report	Doreen Rue	P. 12
Medicaid Audit		
V. Board Training	Gloria Herron	
Board Self Assesment		
VI. Committee Reports		
Finance Committee	Michael Foster	
November Financials and Finance Committee Minutes		
Personnel Committee	James Henderson	
CEO Performance Evaluation Process- Board Action at January Meeting		
Quality Committee	Howard Shaw	P. 15
*Risk Management Plan		
Ad-Hoc Bylaws Committee	Glen McKenzie	
*HSNT Bylaws		
VII. Old Business/New Business	Judge David Garcia	
VIII. Important Dates and Adjourn Meeting	Judge David Garcia	
January Board Meeting - January 16th - Serve Denton Center		

*** Items Requiring a Vote**

2018 was a year of both great challenges and great accomplishments. While HSNT emerged from those challenges a stronger and more dynamic organization, it would be disingenuous not to acknowledge the areas we need to improve. HSNT did not meet the goals related to number of visits and days in cash. These are related and dependent on patient revenue. The goals were set with the expectation that provider levels would remain consistent. We have already implemented a plan to have more Providers than required, but this year we experienced a total turn in our Family Practice and Women's Health program. Although not planned, the end result is a stronger, engaged provider team and support staff. All community health centers are challenged with staffing the medical providers. Understanding this, our team's response exemplifies HSNT's commitment to improving and providing quality healthcare.

In spite of our challenges, the team continues to strive for excellence in caring for our patients and the community. With this I urge you to consider a partial distribution the accrued incentive payout.

The following is a summary of the challenges and accomplishments of 2018:

Challenges:

- Medical encounters under goal set at 42,000. Expect to end year at 82-83%
Contributing Factors:
 - Provider Turnover (termination and resignations in 1Q2018)
 - Reduced productivity at PCMC
 - Unplanned issues regarding PCMC and leased property
 - Did not fill the Plano Outreach position due to uncertainty about PCMC
- Days in Cash goal set at 56 day- at 48 days
Contributing Factors:
 - Unplanned legal fees
 - Reduced revenue medical revenue

Outcome:

Reduced staff did not interfere with developing performance of team.

- Stabilized Provider Team
- Strong professional staff
- Team Based Care model
- Improved documentation that is retrievable from the EMR
- Quality Initiatives in follow up
- Increased Patient Satisfaction (rate was already high).

2018 Key Accomplishments:

- Clinical Care and oversight
- Reengineered patient schedule templates for each Service/ Department to 6 week rolling access for Primary Care, 12 weeks for Pediatrics, added reminder log for preventative visits to further enhance patient show rate resulting in more days of "Perfect schedules", meaning all slots full and seen at the end of the day
- Utilized patient portal in more robust ways to create efficiencies for communications.

- Partnered with Outreach to touch more patients and business partners with Flu vaccine clinics at employer sponsored events
- Vaccine Program Management 100% compliance in Collin and Denton County
- Implement Interdisciplinary Team Based Care Model- Phase 1 Phase 2 planned for 2019
- Call Center Refinements overall, PDSA resulted in immediate improvement in metrics & service levels
- Payor partnerships for quality successes: Amerigroup and Superior. Care coordination occurring using the patient portals with both payors.
- Development of Teams: BOMS, LVN Leads, MA Development, PSC expanded role, Front Office Training, MA Development Program, Quality Coordinator role. Supported Teams real time in management of patient access, care delivery in the medical center and Provider support.
- Expansion of pediatrics,
- Partnership with MCD and THR-Denton for Transition of Care visits
- Quality improvement projects
- Medical Assistant Development Program- First group graduating in January 2018
- Provider Scheduling template protocols- huge improvement in access to care
- Strong Quality Program
- Incorporate Care Management in EMR as evidenced by the Ryan White audit where no patient charts were gathered for inspection.
- Expanded BH services to include Substance Abuse and expanded the scope of telehealth to include tele-counseling
- Intense focus on use of data to manage the business: Monthly Ops Dashboards that monitor and track all levels of accountability front and back office
- Successful WFPHT, independent financial audit, RW Audit
- Implemented Patient Accounts Analysis initiative providing granular insight into outstanding patient balances and plan to address
- Improved key UDS metrics from 2017 to 2018
- Exceed grant writing revenue over 2017
- Increase community collaborations in Outreach to connect more of our community to medical care
- Patient Satisfaction remained at an all-time high with 98% throughout the year with 5,782 confidential surveys collected through the 3rd quarter.
- Voted the Best of Denton County award for nonprofit medical care for the first year
- Improve efficient use of our EMR, phone systems, call center, network, Wi-Fi, computers and equipment.
- Security assessment- identify gaps and opportunities is allowing HSNT to lower our risk and improve our protection of PHI and the agency
- Data Security, HIPAA training and compliance system, Incident reporting management
- Systematic review and update to Policy and Procedures
- EMR was utilized at a higher level by both enabling more modules and by capturing and analyzing data.
- Consolidation of the medical centers at DMC (prepare for lease termination and opening of Serve Denton Center in 2019)
- Training and staff development- use of technology and remote learning platforms

Staff Competency:

- Staff embrace change and engage at every level
- Professionalism, willingness to do extra work, flexibility, positive attitude and an overall priority in providing continuity and quality in patient care
- Resilience - piloted many initiatives in an attempt to improve. We have struggled, slid, overcome, succeeded and failed and we have done it all together- teamwork!
- Our patients and community continue to receive better and better care from an organization comprised of passionate individuals at all levels
- Commitment to Professionalism and Quality Care.
- Respond and prepare for the unexpected: multiple evacuations (fire flood, power outage, bomb threat)

Here are a few patient comments that stand out:

- I had a very pleasant experience, felt very comfortable and overall best bedside manner. I loved the staff they were all very sweet and nice thank you for the big help you have provided to me
- The best well women's exam I have had ever. I was comfortable the whole time
- I would like to be featured in your brochure with my picture. This place has done wonders for me.
- I love everything and everyone here. I am more than pleased with my services. I would recommend this facility over any other I have ever dealt with. Thank you so much for everything you do here!
- Google – 5 stars Came in yesterday with a lot of back pain, ladies at the front desk did a lot to squeeze me in (would've been October before I could see a doc) and I am super grateful. My doctor is new to the area, but one of the best I have ever seen. Was very helpful, spent all the time needed to explain my options and path to treatment. Highly recommend this place, especially if affordable care is hard for you to find. Sliding scale worked really well with my income and lack of insurance. If there are any negative reviews, I do recommend going and experience for yourself. Thank you again to everyone up there!
- I am so impressed with the professionalism and care I received today. I was treated like everyone else even though I have a mental illness. THANK YOU SO MUCH!!!! and Nurse Comment-Spectacular. He was so professional I have been to many places, and no other family practice facility.
- Thank you for the care and service. I don't know what we would do without HSNT and Team Siegel!

HSNT's 2018 Accrued Incentive Total\$172,000

Call to order at 5:58pm by Judge David Garcia

Attendees: Judge David Garcia, Tang Dang-Le (via conference call and in person), Michael Foster, Gloria Herron, Derrell Bulls, Clara Sanchez, Dean Perkins, Glen McKenzie, James Henderson

Absent: Louise Baldwin, Dale Tampke, Dr. Howard Shaw

Staff: Doreen Rue (via Conference Call), Pam Barnes

Agenda Item II: Executive Session

- PCMC Lease –HSNT’s attorney will continue to respond to the suit, the Governing Board Standing Committee has been authorized to enter into a settlement, however it was determined by that committee that the current offer could not be accepted. Litigation will continue.
- John Moyle vs. HSNT in case #18-4895-393 – The matter is currently entering discovery, no new information or action to report.

Agenda Item III: Consent Agenda - Approval of October 2018 Board Minutes, October 2018 Financial Committee Minutes, October 2018 Financials, October 2018 QM Committee Minutes, November 2018 Development Report

Motion to approve all consent items: *Glen McKenzie*

Seconded: *Dean Perkins*

Motion Passed: *9-0*

Agenda Item V: CEO Report

- HSNT Dashboard – The October financials approved in the Consent Agenda show a strong month. HSNT is close the margin goal, but lower than needed on number of encounters for the year. HSNT is working hard to increase that number which was heavily impacted by provider turnover. This number is back on track with the addition of two new providers. In December, HSNT will provide a productivity report to the Board.
- Quality Dashboard - The Governing Board Quality Committee did not meet this month however over the last two months this committee took a deep dive into quality indicators over the last two months. This dashboard will be included in the Board Packet each month. Green indicates meeting or exceeding a goal, red is below. HSNT is using PDSAs to increase those numbers.
- HSNT Intern at the Commissioner’s Court – Yesterday an intern at HSNT spoke at the Commissioner’s Court in Denton County; her statements did not reflect HSNT’s position. Doreen received pushback from the Denton County Health Department, and Denton County Commissioners. She is working with these groups and the university to repair relationships and reiterate HSNT’s support of the Denton County Health Department. HSNT will reinforce internal policies on media communication and public policy. Judge Garcia offered to help with communication and to visit Matt Richardson at the health

department and Andy Eads, the Executive Secretary of the Court to reinforce that the comments made were not on behalf of HSNT.

Agenda Item VI: Committee Reports

• **Personnel Committee – reporting: Gloria Herron, Glen McKenzie**

- HSNT Employee Benefit Summary – HSNT used the cost savings from Blue Cross Blue Shield to add the Fresh Bennies program. The new program costs \$12,000 per year, which is still a cost savings to HSNT. No additional cost to employees, including their dependents and spouses. This program will be recruiting and retention tool. The benefit summary was reviewed and approved by Doreen Rue, CEO, and Shelby Guthrie, HR Director.

Personnel Committee approved and moves for approval by the Governing Board.

Governing Board: Approved 9-0

- HSNT Employee Handbook – Changes include updated language on affirmative action and the addition of an employee grievance policy. The handbook was reviewed and approved by Doreen Rue, CEO, Shelby Guthrie, HR Director, and HSNT’s employment attorney Shannon Norris.

Personnel Committee approved and moves for approval by the Governing Board.

Governing Board: Approved 9-0

- HSNT Bylaws – the HSNT Ad-Hoc Bylaw Committee reviewed the changes and sent the bylaws to TACHC for review and input. The Board has thirty days to review before voting on approval. All board members will receive an email with a redlined copy of the bylaws.

• **Finance Committee reporting Michael Foster, Pam Barnes**

- 2019 Budget – The 2019 budget includes an increase in professional fees stemming from the anticipated increase in attorney’s fees with PCMC and the removal of the PCMC building from HSNT’s assets. The building at 4308 Mesa Dr. will also be deeded back to HSNT from the Foundation. This asset movement will show as a loss at the end of the year but will not affect the cash flow of the organization. HSNT is proud of the work done by the staff on the 2019 Budget. Staff members who actually performed the services listed in the budget were able to contribute real world expertise to what is required to deliver our services and generate revenue. Although encounters are down, revenue and write offs have increased due to staff training on documenting services and treatment in patient charts. The 2019 Budget is balanced, including the increased attorney fees and the removal PCMC. Judge Garcia encourages any board members with questions or an interest in learning more about the finances of HSNT to attend the monthly Finance Committee meetings.

Finance Committee approved and moves for approval by the Governing Board.

Governing Board: Approved 9-0

Agenda Item VII: Old/New Business –

- Old Business – none to report

- New Business - none to report

Agenda Item VIII: Important Dates

- December Board Meeting – the Board will consider moving the date of the next Board Meeting to Wednesday December 12, 2018 (via email).
- Wreath Soiree on December 1, 2018 – Invitations have been prepared and will be sent to Board Members.

Adjourned by Judge Garcia at 6:40pm

Board Secretary Approval _____ **Date** _____

Board President Approval _____ **Date** _____



Governing Board Personnel Committee Minutes

December 6, 2018

Attendees: Derrell Bulls, James Henderson

Staff: Doreen Rue

Absent: Gloria Herron

Called to Order: 8:38

I. CEO Performance Evaluation

- Doreen Rue Self Evaluation – Doreen will walk through the packet and will leave at any time the committee deems appropriate to allow for discussion of performance. HSNT has a new performance review form. (Handout) The form is electronic and Judge Garcia will fill out the final version after feedback from this committee and the Governing Board. This is the same form used for all HSNT employee performance reviews.
- Self-Assessment Highlights
 - i. Majority of the year has focused on the issues with FBC Plano and the PCMC lease. This process has been challenging but also a learning experience.
 - ii. Loop 288 – development and planning.
 - iii. Media mentions – Serve Denton, events, legislative, work in our community, etc.
 - iv. Mitchell Hamline School of Law – Certificate in Law and Leadership in Healthcare Administration. - More rigorous than anticipated, included a complete overview of healthcare laws and healthcare administration. Different than expected, but extremely beneficial, incorporated in HSNT staff training.
 - v. TACHC board member – active on legislative side, providing support for community health centers in Washington, D.C.
 - vi. Financial and Health Center Management Overview – very proud of no finding result on 2017 audit. (Usually findings in sliding fee scale) result of team planning structure, self-auditing, etc. Quality Award – last four years, indicative of planning and increase in quality, Dr. Siegel, Debra Layman built and lead a strong team.
 - vii. Strengths – agility, able to shift and move as things happen
 - viii. Development opportunities – same as last year, always can improve team building. Bigger than internal teams, includes the community as a whole.
 - ix. Will let the committee review, will send to entire board if committee deems approves.

Personnel Committee Approves Presentation of CEO Self-Evaluation to the Governing Board at the December Meeting.



- Board Evaluation Form – feedback form for the committee and the board. The form is short - one page, but with room for comments. The comments are especially helpful with low or high ratings. This form will be sent to the Governing Board via email.
 - i. Collecting Board Feedback. Propose sending the completed forms to James Henderson via email, board members can also drop off completed forms with Kelsey Moore and she will forward to James. James and Derrell Bulls will aggregate the data and send to Judge Garcia who will fill out the final CEO performance review.

Committee Approves the Distribution and Collection of the Board Feedback Form for the Purposes of the CEO Performance Evaluation.

- Compensation Sources and Information
 - i. Last year HSNT provided compensation review with salary ranges for all positions to the board, would like to move away from that format. Our industry is experiencing rapid change and competition for talent. Sources reviewed have a more philosophical approach to planning compensation. Several years ago, the board decided to be at or above the 75th percentile of compensations, opportunity to attract talent. Have been moving toward that goal.
 - ii. TACHC page – survey of health centers (44 participated, 61% of Texas Health Centers) – decide how we want to fall on this range, what make sense for our size and structure, some numbers are out of range of what we can do.
 - iii. Bureau of Labor and Statistics, Payscale, Glassdoor – none are the end all be all, but allow a starting place. Links have been provided for transparency. 4 sources for planning salary adjustment.
 - iv. Current salary \$190,000 last incentive pay was \$25,000. – When Doreen started as CEO, the salary was much lower, had increases based on performance, size, and complexity of organization. 2017 salary: \$176,000.

II. Incentive Plan

- 2018 Accomplishments Summary
 - i. It is important to understand that the HSNT is still striving to achieve the patient encounter goal although we will likely end the year below 2018 goals.
 - ii. In light of this the committee and board are asked to consider a partial distribution of the accrued incentive payout.
 - iii. Encounters – will end 82 to 83% of goal (consistent with actual to budget revenue) – significant turnover of providers in the first quarter of the year. We now have a strong WH team at DSC. Still have some loss in FP. Our community faces a shortage of providers. FP providers working at a community health center do not have an easy job. They do more than the average FP provider – cardiology, diabetes, etc. It can be hard to find resources for patients. Two providers left for maternity leave and will not return. We know it is more cost effective for us to have additional providers to help maintain when turnover occurs (Recruiting time, training, etc.) Dr. Siegel’s clinical leadership has created a strong team.



- iv. FBC issue affected patient numbers at PCMC.
- v. These factors also affected days in cash – legal fees, recruiting fees, and Lower patient numbers also affected revenue.
- vi. These challenges did not prevent our staff from working hard and providing quality care and reaching out to the community.
- vii. Accomplishments listed for the committee’s review (see packet).
- viii. Accrued \$172,000 for the incentive is already accounted for.
- ix. HSNT is asking the committee to present the incentive plan to the board next week. Needs approval either way, if the committee does not approve, the money stays in the organization, and if a reduced amount is approved HSNT may change language to year-end bonus instead of incentive.
- x. Currently do not have prediction for days in cash, had legal fees but also events (H&H and WS) that were revenue pieces.
- xi. James Henderson: Are we just voting yes or no on this year, not planning for next year? Correct, not asking for a decision on next year at this time.
- xii. Board will set incentive goals, will have data prepared for the January meeting. Data already out, but with the shortened time before meeting, hard to compile this early in the month.
- xiii. Derrell Bulls –The demand for our services will continue over the next 20 to 30 yrs. HSNT needs to be in the best position to meet those needs.

Personnel Committee Approves the Presentation of the Proposed Incentive Program to the Governing Board.

III. Board Member Self Evaluation

- Governing Board Self Evaluation
 - i. Board is required to annually evaluate themselves – used this form for a few years. Form is electronically fillable, could put in Survey Monkey however due to time constraints that may not be possible. The form can be presented however the committee would like it to be. Opportunity for more narrative feedback – recommended form tweaked to fit our board from HRSA or other health centers.
 - ii. Is in the training portion for the next board meeting.
 - iii. Send email with form the day of the board meeting, will have paper copies available also. Information will come back to this committee as well.

Personnel Committee Approves the Distribution and Collection of the Board Member Self Evaluation Form.

IV. Report for the Governing Board

- Committee recommends the following process to complete the CEO performance review (distribute CEO self-assessment and board member feedback form, gather data from board members, President to complete Manager’s Performance Review, discuss with board at January meeting, determine salary/incentive level, President to communicate with CEO.
- Move incentive discussion to executive session.
- Board Self Evaluation will be in the training portion of the Board Agenda.

Adjourned 9:21am



**Strategic Initiatives & Development Report
December 12, 2018 Board Meeting**

1. **Current Strategic Focus Areas:** a) Development of grants, corporate and individual donor actions for 2019 and beyond. Plans and materials being developed for creating multi-point sponsorships of not just events but also programs.

b) Importantly for the agency, steps are being identified and developed to lead HSNT into maximizing and optimizing individual relationships as relational instead of transactional over time. For some donors the process may result in strengthened transactional giving though the goal is to create a stronger relationship to the Agency’s mission and community need that is being met and is growing.

2. **Cultivations:** New meetings and scheduled tours of PCMC with Levi Hwang of New York Life Insurance and Nathan Hue, New York Life Securities. Also Ben Davis, Founder of the Gents Place Salon Franchise. He will be touring first week of January 2019.

3. **Events:**

Wreath Soiree 2018: December 1, (Denton): A successful engagement event that has potential to be built upon in 2019.

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

- Acquisition of sponsors has begun.

Clay Shoot 2019 (Denton Co)

- May 3, 2019

4. **Grants: Submitted/new:** 3 grant requests were submitted with 0 to new funders (YTD 60 grants submitted/13 to new funders).

- a. 10 grants still awaiting decisions with a total value of: \$ 430,618 (2018 submissions)
- b. Grants awarded in FY2018: \$2, 695,716
- c. 3 grants pending submission with a value of: \$372,000

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

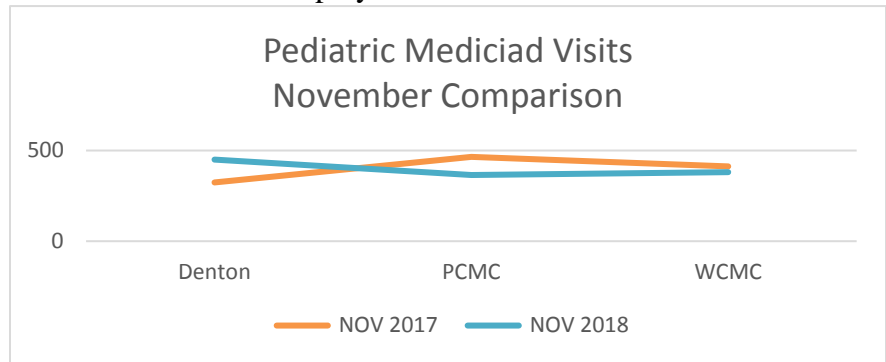
*FQHC Change in Scope	Add Nutrition- Contract Service	n/a
*City of Denton	Denton medical visits	\$ 60,000
*Title X	Family Planning	\$ 225,000



Targeted Pediatric Outreach/Marketing

Targeted outreach for pediatric services at our Denton sites is improving access. All HSNT pediatric patients served in the past 24 months have been mapped and we are analyzing the data to focus our outreach efforts to engage high need communities and make families and social service organizations aware of our programs and services. Our work continues as we reach out to patients who are enrolled with HSNT but have not received services this year.

This chart shows the contrast between November 2017 and November 2018 pediatric Medicaid visits. You can see in this comparison that Medicaid visits for Denton are up by 39%. As a side note: Denton serves more uninsured children than our other pediatric sites. In 2018, Plano and Wylie show decreases in Medicaid visits from 2017. In all cases it is important to note that the flu season has not hit yet and we can expect an increase in all locations when that occurs. As described last month, the data in the charts are related to pediatric providers and do not take into account the children seen in Family Practice.



Collaborations

Serve Denton: The New Market Tax Credit Funding is ready for closing! Construction costs and funding shifts have delayed the closing but as of 12/5/18, the remaining issues have been resolved. HSNT requested an extension of our FQHC Scope Verification due to delays in construction start date.

HSNT is working with Children’s Advocacy Center for Denton County (CACDC) to determine how we can collaborate and share space for the necessary medical visits in cases of sexual assault investigations. We are exploring what is needed for CACDC to use exam room space at the Serve Denton Center. Issues to verify include use of space in FQHC facility and insurance coverage requirements (malpractice and liability) that CACDC will need to carry.

Program Audits

Ryan White Site Visit November 26-30: Dallas County Health and Human Services coordinated a comprehensive review of Ryan White funded services for the period ending February 2018. The visit included a review of service delivery for 7 programs, fiscal management of those services, quality programs for Ryan White programs, and adherence to Texas Department of State Health Services (TDSHS). A recent change in the standards of care prompted this coordinated approach to the regularly scheduled audits. The

Chief Executive Officer Report

goal is to set a base line and work with all of the AIDS Service Organizations to provide training and technical assistant to support compliance with the new standards. We will receive a written report of the audit results in 30 days. There were several things from each program that stood out as opportunities for growth and improvement. Also, there were some new requirements that we will need to integrate into our current workflow and systems. Overall, the audit went well. Dallas County understands that we will need some training in order to be in full compliance with all of the new standards and they are committed to providing that training. From a fiscal and unit testing and eligibility standpoint, no issues were identified.

Independent Audit: 2018 is the final year in current contract. Received Bids for Independent Audit- Finance committee to review and determine audit firm for 2019.

Board Recruitment

An informational flyer was distributed to care managers for their use in identifying consumers interested in board service. As we prepare for the Annual Meeting in April 2019, we need to consider additional board members and total board composition. Any interested consumer board applicants will be forwarded to the Personnel Committee for review and consideration. Flyer is attached to this report.

Information and Follow Up

- Planning for the Residency program continues. Debra Layman and I met with Sherri Morgan regarding the proposed expenses to delineate the costs that are associated entirely with the resources for the residency program. Because HSNT does not have Family Practice at this location, we were able to delineate and justify proposed expenses needed to support the residents. We are expecting a draft floor plan of the renovated space this week. As we work our way through the planning, we are looking to other FQHC's to see how they have integrated residency programs in to their operations. More to come.
- Data for 2019 goals will be presented at the January board meeting. The 2019 budget approved last month was built on the medical encounter projection for each provider. Each corresponding board committee will present recommendations for other organizational goals.
- Wreath Soiree: The December 1, 2018 event was well attended. Thanks to enhanced artist involvement, this year's selection of wreaths impressed and delighted the attendees. The atmosphere and care put into the event created a networking and social opportunity to visit with community leaders about HSNT. This fresh and unique event was well received. We contract with Dr. Tony Asis to supervise our prenatal program and as you can see, he enjoyed the event.
- Hearts and Heroes: Net revenue from the 2018 event will be reported at the board meeting. The planning committee's recommendation is to discontinue the event. We can still recognize heroes and bring back the event if there is a renewed interest and support. The committee discussed other potential events but emphasized that a creative,





HEALTH SERVICES
— OF NORTH TEXAS —
Medical Care for You

Do you want to improve the health of your community?

Are you passionate about Health Services of North Texas's mission to provide quality health care to all North Texans, regardless of ability to pay?

Are you looking for a way to help?

HSNT is looking for volunteers to serve on our Governing Board of Directors!

Requirements:

- ♦ **Must be a patient of HSNT**
- ♦ **Governing Board Meeting once per month.**
- ♦ **Board Committee participation (varies)**

We are looking for passionate, dedicated people with the time to devote to determining the future of HSNT.



For more information please contact Kelsey Moore at kmoore@healthntx.org



Risk Management Plan: Patient Safety and Risk Management Program 2019

Summary of Changes:

- Page 2: Removed Bullet List of Policies
- Page 3: Risk Identification - Spelling correction
- Page 10: reworded item #21 for clarification
- Page 11: last paragraph, removed "such as Active Shooter training,"
- Overall formatting was updated
- Attachments: updated

ACTION:

Reviewed and Approved by:

- Doreen Rue, CEO _____ Date: _____

Governing Board Quality Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

_____ Date: _____

(Secretary)



RISK MANAGEMENT PLAN: PATIENT SAFETY & RISK MANAGEMENT

PURPOSE:

The Risk Management Plan is designed to support the mission and vision of Health Services of North Texas (HSNT) as it pertains to clinical risk and patient safety as well as visitor, third party, volunteer, and employee safety and potential business, operational, and property risks.

Guiding Principles:

The Risk Management Plan is a framework that guides the development of a program for risk management and patient safety initiatives and activities. The plan is operationalized through a formal, written risk management and patient safety program.

The Patient Safety and Risk Management Program supports the Health Services of North Texas philosophy that patient safety and risk management is everyone's responsibility. Teamwork and participation among management, providers, volunteers, and staff are essential for an efficient and effective patient safety and risk management program. The program will be implemented through the coordination of multiple organizational functions and the activities of multiple departments.

Health Services of North Texas supports the establishment of a just culture that emphasizes implementing evidence-based best practices, learning from error analysis, and providing constructive feedback. In a just culture, unsafe conditions and hazards are readily and proactively identified, medical or patient care errors are reported and analyzed, mistakes are openly discussed and suggestions for systemic improvements are welcomed. Individuals are still held accountable for compliance with patient safety and risk management practices. As such, if evaluation and investigation of an error or event reveal reckless behavior or willful violation of policies, disciplinary actions can be taken.

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The HSNT Risk Management Plan stimulated the development, review, and revision of the organization's practices and protocols in light of identified risks and chosen loss prevention and reduction strategies. Principles of the Plan provide the foundation for developing key policies and procedures for day-to-day risk management activities.

Governing Body Leadership

The success of the HSNT Patient Safety and Risk Management Program requires top-level commitment and support. The governing board authorizes the formal program and adoption of this Plan through a resolution documented in board meeting minutes. HSNT's Risk Management Plan will be reviewed annually and updated every two years, as necessary.

The governing board is committed to promoting the safety of all patients, visitors, employees, volunteers, and other individuals involved in organization operations. The Patient Safety and Risk Management Program is designed to reduce system-related errors and potentially unsafe conditions by implementing continuous improvement strategies to support an organizational culture of safety. The governing body empowers the organization leadership and management teams with the responsibility for implementing performance improvement and risk management strategies.

DEFINITIONS

- Adverse event or incident: An undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.
- Legal claims management: Activities undertaken by the risk manager to exert control over potential or filed legal claims against the organization and/or its providers. These activities include identifying such potential claims early, notifying the organization's liability insurance carrier and/or defense counsel of potential claims and lawsuits, evaluating liability and associated costs, identifying and mitigating potential damages, assisting with the defense of claims by scheduling individuals for deposition, providing documents or answers to written interrogatories, implementing alternate dispute-resolution tactics, and investigating adverse events or incidents. interrogatories,

implementing alternate dispute-resolution tactics, and investigating adverse events or incidents.

- Failure mode and effects analysis: A proactive method for evaluating a process to identify where and how a system or process might fail and assessing the relative impact of different failures in order to identify the parts of the process that are most need of improvement.
- Loss control/loss reduction: The minimization of the severity of losses through methods such as claims investigation and administration, early identification and management of events, and minimization of potential loss of reputation.
- Loss prevention: The minimization of the likelihood (probability) of a loss through proactive methods such as risk assessment and identification; staff and volunteer education, credentialing and development; policy and procedure implementation, review and revision; preventive maintenance; quality/performance review and improvement; root-cause analysis; and others.
- Near miss: an event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient due to lapse in verification of patient identification but caught at the last minute by chance). Near misses are opportunities for learning and afford the chance to develop preventative strategies and actions. Near misses receive the same level of scrutiny as adverse events that result in actual injury.
- Patient Safety Goals: National Patient Safety Goals (NPSGs) for ambulatory care, and Behavioral Health care are established by the Joint Commission. The purpose of NPSGs is to improve patient safety by focusing on problems in healthcare safety and how to solve them. 2016 goals are included as an attachment to this document
- Potentially compensable event (PCE): An unusual occurrence or serious injury for which there is neither an active claim nor institution of formal legal action but that, in the organization's judgment, is reportable to the party (or parties) providing the medical malpractice insurance. Examples include a fall with injuries, delay or failure in

diagnosing a patient's condition, an adverse reaction to treatment, and significant complaints from a patient or family regarding care or treatment, and an attorney request for medical records.

- Risk analysis: Determination of the causes, potential probability, and potential harm of an identified risk and alternatives for dealing with the risk. Examples of risk analysis techniques include failure mode and effects analysis, systems analysis, root-cause analysis, and tracking and trending of adverse events and near misses, among others.
- Risk assessment: Activities undertaken in order to identify potential risks and unsafe conditions inherent in the organization or within targeted systems or processes.
- Risk avoidance: Avoidance of engaging in practices or of hazards that expose the organization to liability.
- Risk control: Treatment of risk using methods aimed at eliminating or lowering the probability of an adverse event (i.e., loss prevention) and eliminating, reducing, or minimizing harm to individuals and the financial severity of losses when they occur (i.e., loss reduction).
- Risk financing: Analysis of the cost associated with quantifying risk and funding for it.
- Risk identification: The process used to identify situations, policies, or practices that could result in the risk of patient harm and/or financial loss. Sources of information include proactive risk assessments, closed claims data, adverse event reports, past accreditation or licensing surveys, medical records, clinical and risk management research, walk-through inspections, safety and quality improvement committee reports, insurance company claim reports, risk analysis methods such as failure mode and effects analysis and systems analysis, and informal communication with healthcare providers.
- Risk management: Clinical and administrative activities undertaken to identify, evaluate, prevent, and control the risk of injury to patients, staff, visitors, volunteers, and others and to reduce the risk of loss to the organization itself. Activities include the process of making and carrying out decisions that will prevent or minimize clinical, business, and operational risks.

- Risk transfer: Techniques involving the process of shifting the financial burden of losses to an external party or parties (e.g., insurance, contracts).
- Root-cause analysis: A process for identifying the basic or causal factor(s) that underlie the occurrence or possible occurrence of an adverse event.
- Sentinel event: Defined by the Joint Commission as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse event.
- Trigger methodology: A method of measuring harm related to the occurrence of adverse events. The method utilizes a clearly defined list of patient events (also known as a “trigger tool”) against which patient medical records are screened. Screening criteria are based on high-risk areas, or those areas identified as “red flags” through event reporting or as a result of a severe adverse event (e.g., new diagnosis of cancer, nursing home placement, use of more than five medications, high-risk pregnancy).
- Unsafe and/or hazardous condition: Any set of circumstances (exclusive of a patient’s own disease process or condition) that significantly increases the likelihood of a serious adverse outcome for a patient or of a loss due to an accident or injury to a visitor, employee, volunteer, or other individual.

PROGRAM GOALS AND OBJECTIVES

The Patient Safety and Risk Management Program goals and objectives are to:

- Continuously improve patient safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.
- Minimize adverse effects of errors, events, and system breakdowns when they do occur.
- Minimize losses to the organization overall by proactively identifying, analyzing, preventing, and controlling potential clinical, business, and operational risks.

- Facilitate compliance with regulatory, legal and accrediting agency requirements (e.g., HRSA, BPHC).

SCOPE AND FUNCTIONS OF THE PROGRAM

The Health Services of North Texas Patient Safety and Risk Management Program interfaces with many operational departments and services throughout the organization.

Functional Interfaces

Functional interfaces with the patient safety and risk management program include the following:

- Buildings and grounds
- Claims management
- Corporate/regulatory compliance
- Credentialing of providers
- Disaster preparation and management
- Employee health
- Event/incident/accident reporting and investigation
- Finance/billing
- Human resources
- Infection control
- Information technology
- Legal and contracts
- Marketing/advertising/public relations
- Patient and family education
- Patient satisfaction
- Pharmaceuticals and therapeutics
- Product/materials management

- Quality/performance assessment and improvement
- Safety and security
- Social service programs
- Staff education
- Volunteers

Risk Management Program Functions

Risk management functional responsibilities include:

1. Developing systems for and overseeing the reporting of adverse events, near misses, and potentially unsafe conditions. Reporting responsibilities may include internal reporting as well as external reporting to regulatory, governmental, or voluntary agencies. This includes the development and implementation of event-reporting policies and procedures.
2. Ensuring the collection and analysis of data to monitor the performance of processes that involve risk or that may result in serious adverse events (e.g., preventative screening, diagnostic testing, medication use processes). Proactive risk assessment can include the use of failure mode and effects analysis, system analysis, and other tools.
3. Overseeing the organizational data collection and processing, information analysis, and generation of statistical trend reports for the identification and monitoring of adverse events, claims, finances, and effectiveness of the risk management program.

This system may utilize and include, but is not limited to, the following:

- a. Attorney requests for medical records, x-rays, laboratory reports
- b. Committee reports and minutes
- c. Criteria-based outcome studies
- d. Event, incident, or near miss reports
- e. Medical record reviews
- f. Monitoring systems based on objective criteria

- g. Notice letters, lawsuits
 - h. Nursing reports
 - i. Patient complaints
 - j. Physician and other medical professionals' input
 - k. Results of failure mode and effects analysis of high risk processes
 - l. Root-cause analyses of sentinel events
4. Analyzing data collected on adverse events, near misses, and potentially unsafe conditions; providing feedback to providers and staff; and using this data to facilitate systems improvements to reduce the probability of occurrence of future related events. Root-cause analysis and systems analysis can be used to identify causes and contributing factors in the occurrence of such events.
 5. Ensuring compliance with data collection and reporting requirements of governmental, regulatory, and accrediting agencies.
 6. Facilitating and ensuring the implementation of patient safety initiatives such as improved tracking systems for preventive screenings and diagnostic tests, medication safety systems, and falls prevention programs.
 7. Facilitating and ensuring provider and staff participation in educational programs on patient safety and risk management.
 8. Facilitating a culture of safety in the organization that embodies an atmosphere of mutual trust in which all providers and staff members can talk freely about safety problems and potential solutions without fear of retribution.
 9. Proactively advising the organization on strategies to reduce unsafe situations and improve the overall environmental safety of patients, visitors, staff, and volunteers.
 10. Reducing the probability of events that may result in losses to the physical plant and equipment (e.g., biomedical equipment maintenance, fire prevention)
 11. Preventing and minimizing the risk of liability to the organization, and protecting the financial, human, and other tangible and intangible assets of the organization.

12. Decreasing the likelihood of claims and lawsuits by developing a patient and family communication and education plan. This includes communicating and disclosing errors and events that occur in the course of patient care with a plan to manage any adverse effects or complications.
13. Decreasing the likelihood of lawsuits through effective claims management, and investigating and assisting in claim resolution to minimize financial exposure in coordination with the liability insurer and its representatives.
14. Reporting claims and PCEs to medical malpractice insurance providers and other insurers in accordance with the requirements of the insurance policy/contract.
15. Supporting quality assessment and improvement programs throughout the organization.
16. Implementing programs that fulfill regulatory, legal, and accreditation requirements.
17. Establishing an ongoing patient safety/risk management committee composed of representatives from key clinical and administrative departments and services.
18. Monitoring the effectiveness and performance of risk management and patient safety actions. Performance monitoring data may include:
 - a. Legal claims and claim trends
 - b. Culture of safety surveys
 - c. Event trending data
 - d. Ongoing risk assessment information
 - e. Patient's and/or family's perceptions of how well the organization meets their needs and expectations
 - f. Quality performance data
 - g. Research data
19. Completing insurance and deeming applications.
20. Developing and monitoring effective handoff processes for continuity of patient care.

21. Conducting an analysis of incidents involving employees to assess risk and address system or process issues in a values-supportive system of shared accountability where HSNT is responsible for the systems in place and for responding to the behaviors of employees in a fair and just manner.

ADMINISTRATIVE AND COMMITTEE STRUCTURE AND MECHANISMS FOR COORDINATION

The Patient Safety and Risk Management Program is administered through the risk manager and/or designee, who reports to the administrator/chief executive officer (CEO)/executive director. The risk manager interfaces with administration, staff, medical providers, and other professionals and has the authority to cross operational lines in order to meet the goals of the program. The risk manager (or alternate as designated by the administrator/CEO) chairs the activities of the Patient Safety/Risk Management Committee. The committee meets regularly and includes representatives from key clinical and services. The composition of the Patient Safety/Risk Management Committee is designed to facilitate the sharing of risk management knowledge and practices across multiple disciplines and to optimize the use of key findings from risk management activities in making recommendations to reduce the overall likelihood of adverse events and improve patient safety. The Committee's activities are an integral part of a patient safety and quality improvement and evaluation system. The committee keeps meeting minutes and is responsible for providing a summary to the Quality Management Committee monthly. This summary does not contain confidential information.

Documentation of the designation of the risk manager is contained in the Patient Safety Risk Management Plan. The risk manager is responsible for overseeing day-to-day monitoring of patient safety and risk management activities and for investigating and reporting to the insurance carrier actual or potential clinical, operational, or business claims or lawsuits arising out of the organization, according to requirements specified in the insurance policy and/or contract. The risk manager serves as the primary contact between the organization and other external parties on all matters relative to risk identification, prevention, and control, as well as risk retention and risk transfer. The risk manager oversees the reporting of events to external organizations, per regulations and contracts, and communicates analysis and feedback of reported risk management and patient safety information to the organization for action.

MONITORING AND CONTINUOUS IMPROVEMENT

The Patient Safety/Risk Management Committee reviews risk management activities monthly. The risk manager reports activities and outcomes (e.g., claims activity, risk and safety assessment results, event report summaries and trends) regularly to the Quality Management Committee (QMC). This report informs the QMC of efforts made to identify and reduce risks and the success of these activities and communicates outstanding issues that need input and/or support for action or resolution. Data reporting may include event trends, claims analysis, frequency and severity data, credentialing activity, relevant provider and staff education, and risk management/patient safety activities. In accordance with the organization's bylaws, recommendations from the Patient Safety/Risk Management Committee are submitted as needed to the QMC for action or non-action. Performance improvement goals are developed to remain consistent with the stated risk management and patient safety goals and objectives. Documentation is in the form of monthly risk management reports to the COO and Quality Management committee on risk management activities and outcomes.

All health center staff will review a General Risk Management training presentation annually. Specific trainings are offered annually. Based on their role, all HSNT medical providers are required to take Medical Malpractice training. The General Risk Management training consists of: the benefits and strategies of risk management; HSNT potential risk; incident reports and reporting; local safety providers; accident prevention; informing patients of potential risks; prevention strategies; and sentinel events.

The above trainings are available to all employees at any time and are delivered through training documents saved in the HSNT Share Drive, which all staff have access to. All staff will be reminded by Human Resources when they are due to review the annual training.

CONFIDENTIALITY

Any and all documents and records that are part of the patient safety and risk management process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections can include attorney client privilege, attorney work product, and peer review protections.

Medical providers may be able to apply the federal privilege and confidentiality protections granted by the Patient Safety and Quality Improvement Act of 2005 to its patient safety events, data, and reports—referred to in the law as patient safety work product—by creating a patient safety evaluation system, through which the organization collects patient safety work product with the intent of providing it to one or more patient safety organizations for analysis and feedback. Care must be taken to ensure that the patient safety evaluation system is developed within the context of the provider’s state laws for legal privilege and peer review as well as the new federal law.

ATTACHMENTS

1. Incident Reporting Policy
2. 2018 National Patient Safety Goals for Ambulatory Care
3. 2018 National Patient Safety Goals for Behavioral Health Care

Chief Executive Officer

Date

Board of Directors Representative

Date

Revision to Policy:
Board approved revision: