

**Travis County Hospital District  
Texas Public Information Act Employee Designation Form**

1111 E. Cesar Chavez, Suite B

Austin, Texas 78702

512.972.5505/Fax 512.972.5506

Dear Travis County Hospital District Employee:

The Travis County Hospital District is subject to the Texas Public Information Act, which requires the disclosure of public information. However, the Texas Public Information Act permits you to elect to have information related to the items listed below withheld from disclosure to members of the public. If you fail to report your choice in writing on this form within 14 days after you begin employment, the information will be subject to public access.

- 13.1 The Open Records Act **excepts** peace officer information from disclosure. Are you a peace officer as defined in the Texas Code of Criminal Procedure, Article 2.12, or in the Texas education Code 51.212?

☐ Yes

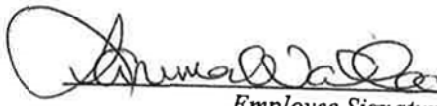
☒ No

If yes, you do not need to answer the remaining questions.

- 13.2 Will you allow the Travis County Hospital District to publish or give out the information listed below or do you request that this information be kept confidential?

Please make your election ("Confidential" or "Public") for each section listed:

|                                   |                                                  |                                 |
|-----------------------------------|--------------------------------------------------|---------------------------------|
| Home address:                     | <input checked="" type="checkbox"/> Confidential | <input type="checkbox"/> Public |
| Home telephone number:            | <input checked="" type="checkbox"/> Confidential | <input type="checkbox"/> Public |
| Social Security Number:           | <input checked="" type="checkbox"/> Confidential | <input type="checkbox"/> Public |
| Information about family members: | <input checked="" type="checkbox"/> Confidential | <input type="checkbox"/> Public |

  
Employee Signature

9/19/05  
Date

Please contact the Travis County Hospital District President/CEO at 972-5505 if you have questions.

**Travis County Healthcare District  
Personnel Action Form**

1111 E. Cesar Chavez, Suite B

Austin, Texas 78702

512.978.8150/Fax 512.978.8156

|                                                                           |                                                  |
|---------------------------------------------------------------------------|--------------------------------------------------|
| <b>Employee Name:</b> Larimen T. Wallace                                  | <b>Position Title:</b> Associate Administrator   |
| <b>Personnel Action:</b> Performance Increase and Lump Sum Pay Adjustment | <b>Effective Date of Action:</b> January 6, 2008 |
| <b>Board Action Required?</b> No                                          | <b>Date of Board Action:</b> n/a                 |

**Comments:** 5% Performance Increase

**Note:** A lump sum pay adjustment of \$106.84 will remain in effect for the next 18 pay periods.

| Category                                     | New Status (As Applicable)                                       |
|----------------------------------------------|------------------------------------------------------------------|
| <b>Position Number</b>                       | 005                                                              |
| <b>Address</b>                               |                                                                  |
| <b>Telephone Number</b>                      |                                                                  |
| <b>Marital Status</b>                        |                                                                  |
| <b>Full-Time/Part-Time</b>                   | Full-time                                                        |
| <b>Exempt (Salaried)/Non-exempt (Hourly)</b> | Exempt (Salaried)                                                |
| <b>Executive/Non-executive</b>               | Non-executive                                                    |
| <b>Number of Hours Per Week</b>              | 40                                                               |
| <b>Hourly Rate (Non-exempt, hourly)</b>      |                                                                  |
| <b>Annual Rate (Exempt, salaried)</b>        | \$131,258.40 Annual + \$106.84 per pay period for 18 pay periods |
| <b>Authorized Account</b>                    | 07.01                                                            |
| <b>Workers' Comp Code</b>                    | 8810                                                             |
| <b>Grant Period</b>                          |                                                                  |
| <b>Project Number</b>                        |                                                                  |
| <b>Other ID</b>                              |                                                                  |
| <b>Other</b>                                 |                                                                  |
| <b>Other</b>                                 |                                                                  |

|                                                                                                                         |                        |
|-------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Prepared by:</b> Ginger Baker                                                                                        | <b>Date:</b> 1/17/2008 |
| <b>H.D. President/CEO Approval:</b>  | <b>Date:</b> 1/18/08   |

**Travis County Healthcare District  
Personnel Action Form**

1111 E. Cesar Chavez, Suite B

Austin, Texas 78702

512.978.8150/Fax 512.978.8156

|                                          |                                                  |
|------------------------------------------|--------------------------------------------------|
| <b>Employee Name:</b> Larimen T. Wallace | <b>Position Title:</b> Associate Administrator   |
| <b>Personnel Action:</b> Promotion       | <b>Effective Date of Action:</b> October 1, 2006 |
| <b>Board Action Required?</b> No         | <b>Date of Board Action:</b> n/a                 |

**Comments:**

| Category                                     | New Status (As Applicable) |
|----------------------------------------------|----------------------------|
| <b>Position Number</b>                       | 005                        |
| <b>Address</b>                               |                            |
| <b>Telephone Number</b>                      |                            |
| <b>Marital Status</b>                        |                            |
| <b>Full-Time/Part-Time</b>                   | Full-time                  |
| <b>Exempt (Salaried)/Non-exempt (Hourly)</b> | Exempt (Salaried)          |
| <b>Executive/Non-executive</b>               | Non-executive              |
| <b>Number of Hours Per Week</b>              | 40                         |
| <b>Hourly Rate (Non-exempt, hourly)</b>      |                            |
| <b>Annual Rate (Exempt, salaried)</b>        | \$125,000.00               |
| <b>Authorized Account</b>                    | 07.01                      |
| <b>Workers' Comp Code</b>                    | 8810                       |
| <b>Grant Period</b>                          |                            |
| <b>Project Number</b>                        |                            |
| <b>Other ID</b>                              |                            |
| <b>Other</b>                                 |                            |
| <b>Other</b>                                 |                            |

|                                                                                                                         |                       |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Prepared by:</b> Ginger Baker                                                                                        | <b>Date:</b> 10/04/06 |
| <b>H.D. President/CEO Approval:</b>  | <b>Date:</b> 10/4/06  |

*Note: A copy of Board minutes are attached for items requiring Board approval.*

**Travis County Hospital District  
Personnel Action Form**

1111 E. Cesar Chavez, Suite B

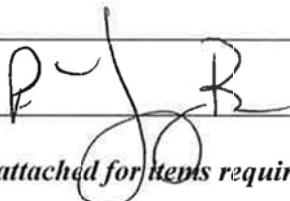
Austin, Texas 78702

512.972.5505/Fax 512.972.5506

|                                   |                                              |
|-----------------------------------|----------------------------------------------|
| Employee Name: Larimen T. Wallace | Position Title: JAT Administrator            |
| Personnel Action: New Hire        | Effective Date of Action: September 19, 2005 |
| Board Action Required? No         | Date of Board Action:                        |

Comments:

| Category                              | New Status (As Applicable) |
|---------------------------------------|----------------------------|
| Position Number                       | 0004                       |
| Address                               |                            |
| Telephone Number                      |                            |
| Marital Status                        |                            |
| Full-Time/Part-Time                   | Full-Time                  |
| Exempt (Salaried)/Non-exempt (Hourly) | Exempt (Salaried)          |
| Executive/Non-executive               | Non-executive              |
| Number of Hours Per Week              | 40                         |
| Hourly Rate (Non-exempt, hourly)      |                            |
| Annual Rate (Exempt, salaried)        | \$100,000                  |
| Authorized Account                    | 07.01                      |
| Workers' Comp Code                    | 8810                       |
| Grant Period                          |                            |
| Project Number                        |                            |
| Other ID                              |                            |
| Other                                 |                            |
| Other                                 |                            |

|                                                                                                                  |               |
|------------------------------------------------------------------------------------------------------------------|---------------|
| Prepared by: Tammy Sullivan                                                                                      | Date: 9/19/05 |
| H.D. President/CEO Approval:  | Date: 9/19/05 |

*Note: A copy of Board minutes are attached for items requiring Board approval.*



1111 E. Cesar Chavez, Ste. B  
Austin, Texas 78702  
Phone: (512) 972-5500  
Fax: (512) 972-5506

## Travis County Hospital District

# Fax

|                                   |                                  |
|-----------------------------------|----------------------------------|
| <b>To:</b> Patricia White         | <b>From:</b> Tammy Sullivan      |
| <b>Fax:</b> (512) 476-0462        | <b>Pages:</b> 5, including cover |
| <b>Phone:</b> (512) 476-0717      | <b>Date:</b> 9/19/2005           |
| <b>Re:</b> New Employee Paperwork | <b>CC:</b>                       |

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

Patricia,

I have attached new employee paperwork for:

Carolyn Konecny – Financial Manager  
Larimen Wallace – JAT Administrator

Please let me know if you need additional information. Thanks.

---

This facsimile message may contain information that may be privileged, confidential, and exempt from disclosure. It is intended for use only by the person to whom it is addressed. If you have received this message in error, please do not forward or use this information in any way, delete it immediately, and contact the sender as soon as possible by the reply option or by telephone at the telephone number listed (if available). Thank you.

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

|                   |             |
|-------------------|-------------|
| TX/RX NO          | 0074        |
| RECIPIENT ADDRESS | 94760462    |
| DESTINATION ID    |             |
| ST. TIME          | 09/19 16:04 |
| TIME USE          | 02'33       |
| PAGES SENT        | 5           |
| RESULT            | OK          |

1111 E. Cesar Chavez, Ste. B  
Austin, Texas 78702  
Phone: (512) 972-5500  
Fax: (512) 972-5506

**Travis County Hospital  
District**

# Fax

|                                   |                                  |
|-----------------------------------|----------------------------------|
| <b>To:</b> Patricia White         | <b>From:</b> Tammy Sullivan      |
| <b>Fax:</b> (512) 476-0462        | <b>Pages:</b> 5, including cover |
| <b>Phone:</b> (512) 476-0717      | <b>Date:</b> 9/19/2005           |
| <b>Re:</b> New Employee Paperwork | <b>CC:</b>                       |

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

Patricia,

I have attached new employee paperwork for:

Carolyn Konecny – Financial Manager  
Larimen Wallace – JAT Administrator

Please let me know if you need additional information. Thanks.

## Young, Trish

---

**From:** Texas New Hire [tx@mail.newhire.org]  
**Sent:** Monday, September 19, 2005 12:17 AM  
**To:** Young, Trish  
**Subject:** Texas New Hire - New Hire Submission  
  
**Importance:** High

Dear Patricia Young Brown,

This email confirms your recent New Hire Submission with our web site.

Our records indicate the following New Hire as submitted on 9/19/05 5:16:44 PM

Company Information: Travis County Hospital District New Hire Submitted: Larriman Wallace

This email has been sent automatically by our system. Future email notices may be discontinued by going to the New Hire site and deselecting the email confirmation feature under Update user settings.

You can link to our site by visiting <http://www.newhire.org/tx/>

Thank you for your New Hire submission.



# Travis County Hospital District

1111 E. Cesar Chavez, Suite B, Austin, Texas 78702  
Phone (512) 972-5505 Fax (512) 972-5506

## Board of Managers

Clarke Heidrick  
*Chair*

Carl S. Richie Jr.  
*Vice-Chair*

Victoria Hsu, PE  
*Secretary*

Thomas B. Coopwood, MD

Rose C. Lancaster

Rosie Mendoza, CPA

Donald W. Patrick, MD, JD

Frank Rodriguez

Thomas N. Young

Patricia A. Young Brown, CPA  
*President and  
Chief Executive Officer*

August 16, 2005

Mr. Larimen T. Wallace  




Dear Larry:

This letter is to confirm your conversation with me regarding the offer of a position as Joint Action Team Administrator for the Travis County Hospital District (the District), at a bi-weekly salary of \$3,846.16, equivalent to \$100,000.16 on an annual basis. You will report jointly to me, President/Chief Executive Officer for the District, and to the Chief Executive Officer for the Austin/Travis County Community Health Centers.

As agreed, your first day of work for the District will be Monday, September 19, 2005. When you arrive, I will arrange for you to begin orientation as soon as possible.

As discussed, you will be reimbursed \$355.00/month to cover the cost of continuation of your individual health insurance coverage and \$16.00/month to cover the cost of continuation of your individual dental insurance coverage as offered under the terms of the Consolidated Omnibus Budget Reconciliation Act (COBRA) until the District obtains other health coverage.

You will additionally be reimbursed 100% of the first \$2,000 of eligible expenses for your relocation to Austin as per District policy and will receive a reimbursement rate of \$.40.5 per mile for use of your personal car for District business.

This position is subject to a four-month introductory period. Introductory period requirements are covered under the District's Introductory Period Policy, HR 003 (copy enclosed).

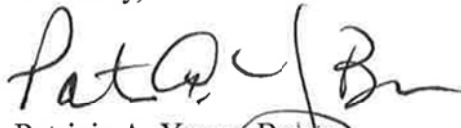
In accepting the District's offer of employment, you certify your understanding that your employment will be on an at-will basis, and that neither you nor any District representative has entered into a contract regarding the terms or the duration of your employment. As an at-will employee, you will be free to terminate your employment with the District at any time, with or without cause or advance notice.

Mr. Larimen T. Wallace  
August 16, 2005  
Page 2

Likewise, the District will have the right to reassign you, to change your compensation, or to terminate your employment at any time, with or without cause or advance notice.

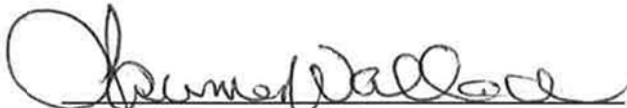
We look forward to your arrival and are confident that you will play a key role in the District's development and growth. If you have any questions or if there is anything we can do to make your transition a pleasant one, please let me know.

Sincerely,

  
Patricia A. Young Brown  
President/CEO

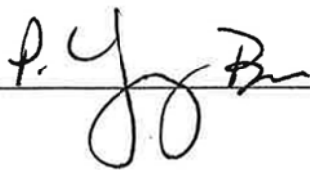
Enclosure (1)

Your signature below indicates acceptance of the above job offer. Please return a signed original in the enclosed self-addressed envelope.

  
NAME/SIGNATURE

8/30/05  
DATE

## Travis County Hospital District

|                                                                                                         |                              |
|---------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Policy Name:</b> Hiring                                                                              | <b>Policy Number:</b> HR 003 |
| <b>Approval:</b>                                                                                        |                              |
| <b>President/CEO:</b>  | <b>Date:</b> 6/29/05         |
| <b>Attachments:</b>                                                                                     |                              |
| <b>Effective Date:</b> June 30, 2005                                                                    | <b>Last Revision Date:</b>   |

### Policy:

It is the policy of the Travis County Hospital District (TCHD) to be an equal opportunity employer and to hire individuals on the basis of their qualifications and ability to perform the essential functions of the position sought. Unless otherwise provided in writing, employment with the TCHD is considered to be at-will, so that either party may terminate the relationship at any time with or without cause and with or without notice.

### Procedure:

- (1) The TCHD will use the recruitment methods and sources it considers appropriate to fill job openings.
- (2) During the recruitment, hiring, and orientation process, no TCHD employee is authorized to promise permanent or guaranteed employment and no document should be called a contract unless, in fact, an authorized written employment agreement is to be used. All employees of the TCHD should be aware that employment with the TCHD is at-will and should not make any contrary representation. Any such representation is invalid and is not binding on TCHD.
- (3) When candidates from outside the TCHD are to be considered for job openings, the following procedures should be implemented:
  - (a) A candidate for employment will become an applicant for purposes of TCHD recordkeeping upon the earlier of the time he/she submits a resume for a specific job opening or the time he/she submits a completed TCHD employment application.
  - (b) Applicants determined to be qualified for consideration for available job openings will be interviewed by appropriate TCHD staff and given any tests required for the job as appropriate under applicable law.
  - (c) Where appropriate, if the TCHD staff determines that the applicant is qualified for employment, a second interview should be arranged between the applicant, the hiring supervisor and other individuals as determined by the supervisor.

- (d) The supervisor determines whether an applicant has the technical qualifications for the open position and meets the other job-related criteria necessary to perform the job and decides whether to hire the applicant. The supervisor also makes the offer of employment to the selected applicant.
  - (e) Appropriate TCHD staff determine whether an applicant has the legal right to work in the United States and, where appropriate, will conduct credit, personal reference, driving record and criminal conviction checks. A prior conviction, taken by itself, will not necessarily disqualify an applicant.
  - (f) If the background or any other subsequent investigation discloses any misrepresentation on the application form or information indicating that the individual is not suited for employment with the TCHD, the applicant will be refused employment or, if already employed, may be terminated.
  - (h) Appropriate TCHD staff is responsible for the processing of employment forms and the supervisor is responsible for any necessary job training for a new employee.
- (4) A member of an employee's immediate family will be considered for employment by the TCHD if the applicant possesses all the qualifications for employment. An immediate family member may not be hired, however, if the employment would:
- (a) Create either a direct or indirect supervisor/subordinate relationship with a family member; or
  - (b) Create either an actual conflict of interest or the appearance of a conflict of interest.

These criteria also will be considered when assigning, transferring, or promoting an employee. For purposes of this policy, "immediate family" includes: the employee's spouse, brother, sister, parents, children, stepchildren, father-in-law, mother-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, and any other member of the employee's household.

- (5) Employees who marry or become members of the same household may continue employment as long as there is not:
- (a) a direct or indirect supervisor/subordinate relationship between the employees; or
  - (b) an actual conflict of interest or the appearance of a conflict of interest.
- Should one of the above situations occur, the TCHD will attempt to find a suitable position within the organization to which one of the affected employees may transfer. If accommodations of this nature are not feasible, the employees will be permitted to determine which of them will resign. If the employees do not make that determination within a reasonable period of time, as determined by the supervisors and President/Chief Executive Officer (CEO), the President/CEO will make that determination.
- (6) Former employees who left the TCHD in good standing may be considered for reemployment. Former employees who resigned without written notice or who were dismissed for disciplinary reasons will not generally be considered for reemployment. (See Termination of Employment, Policy Number HR 005.)



**Travis County Hospital District  
Employment Application**

1111 E. Cesar Chavez, Suite B

Austin, Texas 78702-4209

512.972.5505/Fax 512.972.5506

*The Travis County Hospital District is an equal opportunity employer and complies with the Americans with Disabilities Act. If you require an accommodation in order to complete this application, please request assistance from the Travis County Hospital District Administrator's Office.*

**Important:** Conditions of employment are defined at the end of this application form. Please read carefully before signing this application. You must fully complete the application even if you are attaching a resume.

**Instructions: Please print and complete the application in ink.**

Position applied for: ADMINISTRATOR

Date of Application: 7/19/05

**Personal Information**

Full Name: LARIMEN WALLACE

Social Security Number: [REDACTED]

Address: [REDACTED]

Home Telephone: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip: [REDACTED]

Message Telephone: [REDACTED]

If no phone, how may we contact you?

Email

Email: [REDACTED]

Are you at least 18 years of age?: yes

If under age 18, can you supply working papers?

☐ Yes ☐ No

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Upon employment, can you provide authentic documentation establishing your identity and eligibility to be legally employed in the United States? ☒ Yes ☐ No

Have you ever been convicted of a crime or violation other than a minor traffic violation? ☐ Yes ☒ No

*(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated along with your qualifications in relation to the job for which you are applying.)*

If yes, please explain **all** offenses:

Have you ever been discharged from any employment or asked to resign? ☐ Yes ☒ No

If yes, please explain:

### Military Service

Have you served in the military? ☒ Yes ☐ No

If yes, branch of service: ARMY  
 Dates of service: 1982-84

### Education

**Note:** Applicants may be required to present proof of graduation.

| Type of School            | School Name/Address<br>(City and State) | Major Subject | Circle Last Year<br>Attended | Graduated                                                           | Degree/Date<br>Earned |
|---------------------------|-----------------------------------------|---------------|------------------------------|---------------------------------------------------------------------|-----------------------|
| High School               | <u>ALIQUIPPA HIGH</u>                   |               | 9 10 11 <u>(12)</u>          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>General</u>        |
| College                   | <u>SAN ANTONIO College</u>              |               | 1 <u>(2)</u> 3 4             | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <u>mgt</u>            |
| College                   | <u>Dallas Baptist University</u>        |               | 1 2 3 <u>(4)</u>             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>BBA</u>            |
| College                   |                                         |               | 1 2 3 4                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                       |
| Graduate School           | <u>AMBERTON UNIVERSITY</u>              |               | 1 <u>(2)</u> 3 4             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>MBA</u>            |
| Business, Trade,<br>Other |                                         |               | 1 2 3 4                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                       |

### Additional Skills, Education or Qualifications

Please list any other skills, education or qualifications (e.g., bilingual, certifications or licenses) that you believe should be considered in evaluating your qualifications for employment. If you list licenses or certifications, please include the expiration date of the license.

### Attendance and Punctuality Information

Consistent attendance and punctuality are essential requirements of every job with the Travis County Hospital District. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the Hospital District?<sup>1</sup> ☐ Yes ☒ No

If yes, please explain:

<sup>1</sup> Attendance at periodic evening meetings may be required.

### Employment History

Begin with your most recent employment (including military service) and continue with all past employment relevant to the position for which you are applying (add sheets as needed)

|                                                                                        |                                                                       |         |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------|
| Job Title:                                                                             | Supervisor Name/Title:                                                |         |
| Employer:                                                                              | Number of Employees Supervised:                                       |         |
| Address:                                                                               | Employment Dates (Month/Year)                                         |         |
| City, State, Zip:                                                                      | From:                                                                 | To:     |
| Employer Telephone: (      )                                                           | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Salary: |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for leaving:                                                   |         |

Description of Work:

|                                                                                        |                                                                       |         |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------|
| Job Title:                                                                             | Supervisor Name/Title:                                                |         |
| Employer:                                                                              | Number of Employees Supervised:                                       |         |
| Address:                                                                               | Employment Dates (Month/Year)                                         |         |
| City, State, Zip:                                                                      | From:                                                                 | To:     |
| Employer Telephone: (      )                                                           | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Salary: |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for leaving:                                                   |         |

Description of Work:

### Employment History (continued)

List all employment (including military service) relevant to the position for which you are applying (add sheets as needed)

|                                                                                        |                                                                       |         |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------|
| Job Title:                                                                             | Supervisor Name/Title:                                                |         |
| Employer:                                                                              | Number of Employees Supervised:                                       |         |
| Address:                                                                               | Employment Dates (Month/Year)                                         |         |
| City, State, Zip:                                                                      | From:                                                                 | To:     |
| Employer Telephone: (      )                                                           | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Salary: |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for leaving:                                                   |         |

Description of Work:

|                                                                                        |                                                                       |         |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------|
| Job Title:                                                                             | Supervisor Name/Title:                                                |         |
| Employer:                                                                              | Number of Employees Supervised:                                       |         |
| Address:                                                                               | Employment Dates (Month/Year)                                         |         |
| City, State, Zip:                                                                      | From:                                                                 | To:     |
| Employer Telephone: (      )                                                           | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Salary: |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for leaving:                                                   |         |

Description of Work:

### Employment History (continued)

List all employment (including military service) relevant to the position for which you are applying (add sheets as needed)

|                                                                                        |                                                                       |         |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------|
| Job Title:                                                                             | Supervisor Name/Title:                                                |         |
| Employer:                                                                              | Number of Employees Supervised:                                       |         |
| Address:                                                                               | Employment Dates (Month/Year)                                         |         |
| City, State, Zip:                                                                      | From:                                                                 | To:     |
| Employer Telephone: (     )                                                            | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Salary: |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for leaving:                                                   |         |

Description of Work:

|                                                                                        |                                                                       |         |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------|
| Job Title:                                                                             | Supervisor Name/Title:                                                |         |
| Employer:                                                                              | Number of Employees Supervised:                                       |         |
| Address:                                                                               | Employment Dates (Month/Year)                                         |         |
| City, State, Zip:                                                                      | From:                                                                 | To:     |
| Employer Telephone: (     )                                                            | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Salary: |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for leaving:                                                   |         |

Description of Work:

**Personal or Business References**

|                         |      |                         |
|-------------------------|------|-------------------------|
| 1                       | Name | Business Phone: (     ) |
| Home Address            |      | Title/Relationship      |
| City, State, Zip:       |      | How long known:         |
| Home Telephone: (     ) |      |                         |
| 2                       | Name | Business Phone: (     ) |
| Home Address            |      | Title/Relationship      |
| City, State, Zip:       |      | How long known:         |

**Notification and Agreement**

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSIFYING, MISREPRESENTING OR OMITTING FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to the Hospital District before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

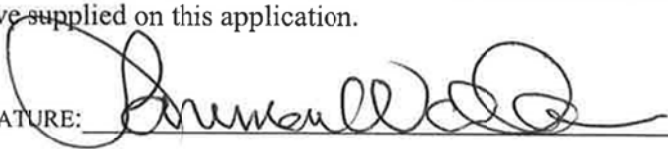
The Travis County Hospital District affords equal employment opportunity to all employees and applicants for employment without regard to age, race, religion, gender, pregnancy, disability, veteran status, national origin, , any and other characteristic protected by Federal, State, or Local law.

I authorize the investigation of all statements and information contained in this application. I release from liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the Hospital District's rules and regulations, and understand that, if employed, my employment will be at-will and may be terminated with or without cause, and with or without notice, at any time, at either the Hospital District's or my option. I further understand that no representation whether oral or written, by any representative or agent of the Hospital District at any time can constitute a contract of either the duration or terms and conditions of employment. I understand that the Hospital District Board and Hospital District Administrator shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Hospital District has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other term or condition of employment other than in a document approved by the Hospital Board or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information I have supplied on this application.

APPLICANT SIGNATURE:



DATE:

7/19/05



NORTH TEXAS AFFILIATED  
MEDICAL GROUP

February 21, 2005

To Whom It May Concern:

Re: Larry Wallace

I have worked closely with Mr. Wallace for 6 years in my role as Medical Director/Department Chair. Larry has an excellent administrative skill set, which is evidenced by his track record in the many community clinics.

Larry has integrity, good work ethic and was always able to inspire and communicate well with the physicians.

I can unequivocally recommend him.

For any further information, feel free to call me on my cell phone: 817-366-6286.

Sincerely,

Wayne Williams, MD  
Chairman, Department of Community Medicine



## SELF-ASSESSMENT OF MY PERFORMANCE

Employee Name: Larry Wallace

Date: 12/23/09

Supervisor:

**INSTRUCTIONS:** Before completing your narrative essay, review your job description, and the *guidelines* outlined below. Please provide the original of your completed self-assessment document to your **immediate supervisor** and a copy to the **President/CEO**. After you and your supervisor have met to discuss your performance and set new goals and objectives for the next assessment period, the original of this completed form, signed by you and your supervisor, will be forwarded to your personnel file and a copy provided to you, after review and signature by the President/CEO.

### QUESTIONS, COMMENTS, AND OPINIONS

1. How have you used your strengths to **enhance** or **expand** your abilities?  
My uncompromising regard for service excellence and ability to work effectively with others through collaboration has afforded me the opportunity to lead by example and proud leadership.
2. List and explain significant **accomplishments** you achieved in your job during the past year.
  - (A) Increased access to primary and specify care by adding new providers and expansion of existing service contracts.  
New Primary care/urgent care providers added in FY 08-09 are done Star Circle of Care and Nextcare. Expanded specialty clinics include gastroenterology, orthopedics, ENT, endocrinology, rheumatology, and cardiology.
  - (B) Improved Medical Assistance Program. Increased MAP enrollment by 54% during FY 08-09 implemented paperless eligibility record eliminating paper documents by using scanning technology. Launched virtual application process implementing mail-in renewal process; MAP clients are no longer required to present in person to schedule eligibility appointment. Implemented a call center greatly improving customer service for MAP clients. MAP focus, groups were conducted to obtain feedback from clients and stakeholders. Relocated eligibility staff to Chalmers building resulting in improved customer service.
  - (C) North Central Health Center participated in planning activities involving the new health center. Served on selection committee for builders representative and construction firm
3. Are your **customers** (internal and external) satisfied with your work? How do you know they are satisfied? What do you do to build and retain their trust?  
Through continued confidence expressed in my abilities and effort by internal and external partners.
4. How do you regularly seek **feedback** from your peers? How do you use the feedback you receive?  
Regular feedback is provided through formal and informal meetings
5. How have you contributed to **positive** employee morale?  
By serving as a resource as required to address employee issues and concerns. Maintain an open door policy for all staff to engage in a safe and confidential manner.
6. Which goals have you **not** improved on? Please explain **conditions** or **situations** which may have hindered your job performance in the past year.

Primary and Specialty care expansion efforts did not produce desired results. While progress was made, our goals were not achieved. Continue to face resource limitations for Specialty Care through Brackenridge clinics.

7. Are there specific **actions** that you can take to perform your job better? Do you need assistance from your supervisor or the district to accomplish these actions?  
Develop others and provide additional professional growth opportunities.
8. How do you incorporate **quality** into your job?  
Through service excellence and high self-performance expectations.
9. If you could **change** any two or three things to make the district more effective, what would they be? How would the change(s) suggested make things better?  
Strengthen communications between executive team and district staff. Share vision with practical application and staff level.
10. The Travis County Healthcare District **values** the thoughts and opinions of its employees. Are there additional comments you would like to make that may be **beneficial** to the organization as a whole or to your job here?

**SUPERVISOR'S COMMENTS:** (Supervisor to complete during assessment review meeting). Use additional sheets if necessary.

Larry has had another very successful year. In March, he assumed responsibility for the Medical Assistance Program and staff and thus, took on the integration of over 50 transferring City of Austin employees. Larry's management and leadership style is well suited to this task and he has made significant strides in bringing about cultural adjustments to match the District's mission and objectives. Larry continues to demonstrate commitment to achieving the District's annual objectives and has accomplished those objectives where external factors have not hindered progress. The improvements to the Medical Assistance Program enrollment and customer services processes have been significant and meaningful and demonstrate the commitment the District has to service improvement. These successful efforts form a strong base for continued improvement.

Larry continues to serve as a sounding board for other District executives and staff and his skill and role in this regard is highly valued. The Board of Managers' continue to express great confidence in his abilities and interpersonal skills and he plays a strong role in directly addressing Board Member concerns and questions. I consider it an honor to work with Larry and a pleasure to serve the District and our community alongside him.

**DEVELOPMENTAL AND/OR PERFORMANCE IMPROVEMENT OPPORTUNITIES:**

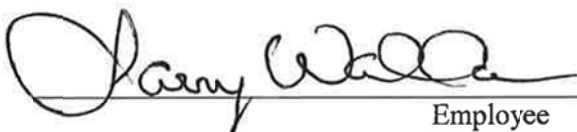
(List here any additional training needs, what improvements must be made in performance, and timeframe to review status of noted concerns.)

**MY GOALS AND OBJECTIVES (FOR NEXT REVIEW PERIOD)**

After meeting with your supervisor, a list of mutually agreed upon goals will be forwarded through the President/CEO to your personnel file. You will want to refer to this list of goals throughout the year and use it to determine your progress on your next self-assessment.

|                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Goals 09-10 -                                                                                                                                                                                                                  |
| a. Continue the development of medical management function including implementation of the first phase (?) of the Performance Improvement Plan.                                                                                |
| b. Continue development and implementation expansion strategies for Primary and Specialty Care including coordination with community partners (Seton, St. David's, LSCC, others) to maximally leverage expansion capabilities. |
| c. Continue MAP redesign initiatives including implementation of changes to the enrollment and direction of self-pay patients during the 2 <sup>nd</sup> quarter of FY2010.                                                    |
| d. Continue North Central Health center building project.                                                                                                                                                                      |
|                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                |

**SIGNATURES:**

  
Employee

1/18/2010  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
President/CEO

  
\_\_\_\_\_  
Date

# SELF-ASSESSMENT OF MY PERFORMANCE

COPY

Employee Name: Larry Wallace for period 10/1/06-9/30/07

Date: 11-12-07

Supervisor: Trish Young

**INSTRUCTIONS:** Before completing your narrative essay, review your job description, and the *guidelines* outlined below. Please provide the original of your completed self-assessment document to your **immediate supervisor** and a copy to the **President/CEO**. After you and your supervisor have met to discuss your performance and set new goals and objectives for the next assessment period, the original of this completed form, signed by you and your supervisor, will be forwarded to your personnel file and a copy provided to you, after review and signature by the President/CEO.

## QUESTIONS, COMMENTS, AND OPINIONS

### How have you used your strengths to enhance or expand your abilities?

My strengths have been used to develop effective collaborations between internal staff, district partners and members of the safety net provider community.

### List and explain significant accomplishments you achieved in your job during the past year. (Detailed in goal and objective section)

Increased access to primary and specialty care through expanded service agreements.

Worked with CCSD to develop and implement convenient care model for network wide patient services.

Developed productivity based performance measures for contracted services.

Worked with CCSD staff to develop dashboard reporting tool

### Are your customers (internal and external) satisfied with your work? Yes.

#### How do you know they are satisfied?

Through continued confidence expressed in my abilities and efforts by internal and external partners.

#### What do you do to build and retain their trust?

By demonstrating transparency and integrity and promoting win/win strategies when working together on projects.

#### How do you regularly seek feedback from your peers?

Communications through formal and informal meetings.

#### How do you use the feedback you receive?

To improve my personal performance and overall effectiveness.

**How have you contributed to positive employee morale?**

By acknowledging the work contributed by team members, providing honest feedback and being accessible as needed.

**Which goals have you not improved on?**

N/A

**Please explain conditions or situations which may have hindered your job performance in the past year.**

N/A

**Are there specific actions that you can take to perform your job better?**

N/A

**Do you need assistance from your supervisor or the district to accomplish these actions?**

N/A

**How do you incorporate quality into your job?**

Through high levels of personal accountability and excellence

**If you could change any two or three things to make the district more effective, what would they be?**

Renegotiate Seton lease agreement

Meaningful cost information from Seton

Clarify districts role related to ownership and funding of Brackenridge Hospital.

Develop strategic relationships with other area hospitals and providers

**How would the change(s) suggested make things better?**

Service expansion strategies can be implemented more effectively

Improve confidence in joint planning with Seton

Develop new clinical service provider relationships

The Travis County Healthcare District **values** the thoughts and opinions of its employees. Are there additional comments you would like to make that may be **beneficial** to the organization as a whole or to your job here?

**SPECIFIC ACCOMPLISHMENTS FOR THIS REVIEW PERIOD**

**Develop and implement strategies to increase access to primary and specialty care**

Increased access to primary care for 2007-08 fiscal budget year by amending agreements with service providers Peoples Clinic and Project Access.

Worked closely with CCSD staff to develop service expansion strategies which will provide access to convenient care/urgent care appointments to be implemented in 2007-08 fiscal year.

Collaborated with Brackenridge staff to secure space at former Children's Hospital for specialty services expansion. Space projected to be

used during 2007-08 fiscal budget year.

Developed proposals with Brackenridge Hospital and UTMB to add additional clinics to include GI, Dermatology and Continuity Clinic. to be implemented in 2007-08 fiscal budget year.

Participated in procurement of Mediview contract which provides access to another specialty provider network.

Retina eye screening contracts reduced appointment waiting times from 1 year to 90 days. Agreements expanded to include procedures resulting in more timely access to associated services.

**Provide leadership in communitywide assessment of primary/specialty caress**

Participated in selection process for a consultant to perform communitywide assessment of primary and specialty care needs.

Provided joint leadership through JAT to develop an analysis of specialty care needs for the local provider safety network. Information will be included in contracted demand assessment for primary and specialty services.

**Develop and implement productivity based performance measures for TCHD provider partners**

Developed cost per visit reimbursement agreement with Peoples Clinic to be implemented in 2007-08 fiscal year. This cost per visit model will be used for future primary care expansion opportunities.

Redefined measurement indicators and methodology to calculate relative value of services provided through Project Access program using Medicare fee schedule.

Worked with CCSD staff to develop dashboard indicators for clinical and non-clinical operations used to measure network efficiencies. Indicators are used to improve productivity and resource utilization.

**Develop strategy to increase urgent care capacity within CCSD network**

Worked with CCSD staff to develop strategy to provide same day/urgent care appointments within the network. Plans have been submitted for approval, funding and implementation during 2007-08 fiscal year.

**Represent district in relocating Northeast Clinic**

Representing the district and providing leadership to the Northeast Clinic relocation project. Working with various disciplines to include legal representatives, brokers, CCSD staff, and city support team members to coordinate activities required for planning and execution.

**SUPERVISOR'S COMMENTS:** (Supervisor to complete during assessment review meeting). Use additional sheets if necessary.

Larry has had a successful year advancing the goals and strategies of the District, particularly with regard to the District's partnerships with service providers. He continues to be a stable force for the District as we continue to grow in both size and activity level. Larry's peers continue to seek him out for guidance, perspective and advice and his work and support in this area extend the CEO's ability to continue to support a growing staff amid the growing body of work the District is striving to accomplish. Larry has successfully created the necessary relationships with members of CCSD executive and management staff that will be supportive of the transition activities that will occur in the next year. Larry will take a leadership role in supporting the clinics through the necessary operational transformation they must undertake in order to be successful in their new 501(c)(3) organizational structure.

**DEVELOPMENTAL AND/OR PERFORMANCE IMPROVEMENT OPPORTUNITIES:**

Attend annual Medical Group Management Conference  
Enroll in American College of Healthcare Professionals program

**MY GOALS AND OBJECTIVES (FOR NEXT REVIEW PERIOD ENDED SEPTEMBER 30, 2008)**

After meeting with your supervisor, a list of mutually agreed upon goals will be forwarded through the President/CEO to your personnel file. You will want to refer to this list of goals throughout the year and use it to determine your progress on your next self-assessment.

Develop and implement strategies to increase access to primary and specialty care

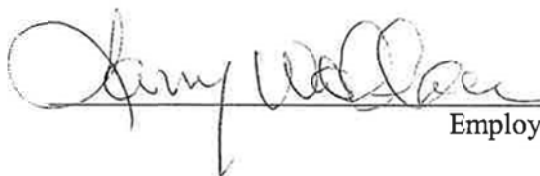
Provide leadership in communitywide assessment of primary/specialty care

Provide active leadership and direction in conjunction with CCSD transition to support the necessary operational transformation.

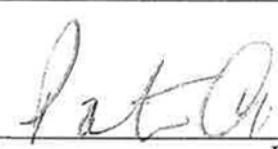
Monitor results of urgent care implementation within CCSD network

Represent the District in relocating the Northeast Clinic

**SIGNATURES:**

  
Employee

11/30/07  
Date

  
Supervisor  
  
President/CEO

                      
Date  
11/15/07  
Date



# SELF-ASSESSMENT OF MY PERFORMANCE

COPY

Employee Name: Larry Wallace

Date: 03-20-07

Supervisor: Trish Young

**INSTRUCTIONS:** Before completing your narrative essay, review your job description, and the *guidelines* outlined below. Please provide the original of your completed self-assessment document to your **immediate supervisor** and a copy to the **President/CEO**. After you and your supervisor have met to discuss your performance and set new goals and objectives for the next assessment period, the original of this completed form, signed by you and your supervisor, will be forwarded to your personnel file and a copy provided to you, after review and signature by the President/CEO.

## QUESTIONS, COMMENTS, AND OPINIONS

1. **How have you used your strengths to enhance or expand your abilities?** My strengths include extensive healthcare administration experience, strong work ethic, a visionary open to new ideas, good communication and analytical skills, exceptional collaborative and leadership skills. I have established positive working relationships at TCHD, CCSD, and Brackenridge Hospital necessary to engage collaborative strategies and team building. My strengths have been used to assist in developing strategies for the Joint Action Team and CCSD. I represent the district in maintaining and cultivating relationships with existing and potential service delivery partners.
2. **List and explain significant accomplishments you achieved in your job during the past year.** The Joint Action Team made significant progress on several initiatives and identified new opportunities to work on. Access to specialty services was expanded through development of eye screening contracts for 3 providers. This program will eliminate backlogs for eye clinic appointments at Brackenridge and reduce waiting times for appointments significantly. Participated in planning and implementation of Urgent Care Clinic located in the HealthSouth facility which provides timely access to care for patients requiring immediate care not available in the clinics. Assisted CCSD staff in developing dashboard indicators for clinic operations. Developed criteria for performance based contracting with TCHD partners.
3. **Are your customers (internal and external) satisfied with your work? Yes. How do you know they are satisfied? What do you do to build and retain their trust?** I demonstrate honesty and integrity when working with others within and outside the organization. I build trust by being available when needed, maintaining confidentiality and professionalism, and honoring my commitments. I attempt to use participative management styles in resolving conflicting viewpoints and work to achieve win-win outcomes when possible. I gain more confidence from others by seeking to understand them before trying to be understood.
4. **How do you regularly seek feedback from your peers?** I receive feedback formally and informally through individual and group meetings and written communications. **How do you use the feedback you receive?** Consistent feedback provides me the opportunity to understand the viewpoints of others and gain information needed to make adjustments.

5. **How have you contributed to positive employee morale?** By consistently demonstrating a positive attitude and promoting a professional work environment. I acknowledge the work and value of peers and create opportunities for others to succeed. I share knowledge and information to anyone who asks for it.
6. **Which goals have you not improved on?** Significantly improvement in expanding access to specialty care access has not been achieved. **Please explain conditions or situations which may have hindered your job performance in the past year.** The ability to increase access to specialty care is impacted by several factors including availability of resources and time required for strategy development. The existing lease agreement with Brackenridge is a barrier to significant progress in expanding specialty services. A comprehensive plan to expand services at Brackenridge was developed however provider resources needed for implementation remain unavailable. Existing providers serving MAP patients are limited in their ability and willingness to expand services.
7. **Are there specific actions that you can take to perform your job better?** Develop additional contacts in medical community to identify potential physician partners. Conduct additional background research on community trends to better identify opportunities and understand barriers. **Do you need assistance from your supervisor or the district to accomplish these actions?**
8. **How do you incorporate quality into your job?** By maintaining high levels of personal accountability and professionalism.
9. **If you could change any two or three things to make the district more effective, what would they be?** Demonstrate value of the district to community stakeholders and develop effective working relationships with district board and commissioners court. **How would the change(s) suggested make things better?** Increase support and value for district initiatives.
10. The Travis County Healthcare District **values** the thoughts and opinions of its employees. Are there additional comments you would like to make that may be **beneficial** to the organization as a whole or to your job here?

**SUPERVISOR'S COMMENTS:** (Supervisor to complete during assessment review meeting). Use additional sheets if necessary.

Larry's has worked hard this last year to accomplish several objectives related to the JAT and expanding access to specialty care services and in doing so has forged strong working relationships with key District partners that will facilitate future efforts. He has identified the barriers to full accomplishment of the District objectives around expanding access to specialty care services and has also identified additional strategies to close the gap. He has assumed new responsibilities related to the change in his position to that of Associate Administrator which has successfully provided additional support to the organization as a whole, in addition to the CEO. He has and will continue to provide primary staff support to the Primary Care/Mental Health and Hospital Committees of the Board and serves as a good sounding board for the Board of Managers.

I appreciate Larry's calm demeanor, thoughtfulness and the level of stability he brings to the District staff. Larry is sought out among his peers for advice and guidance and his experience and wisdom benefits the staff and the functioning and efficiency of the District as it continues to grow and evolve.

I am greatly appreciative of Larry's solid performance, his reliability and his commitment to the District and its mission. I anticipate opportunities for Larry to work more closely with the community at large in the future, particularly as we develop new sites for service implement the transition of the Community Care Services Department to the District.

**DEVELOPMENTAL AND/OR PERFORMANCE IMPROVEMENT OPPORTUNITIES:**

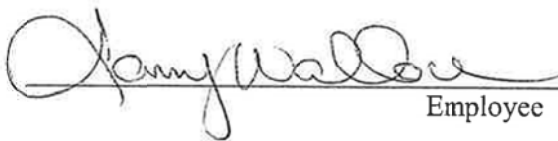
Attend annual Medical Group Management Conference  
Enroll in American College of Healthcare Professionals program

**MY GOALS AND OBJECTIVES (FOR NEXT REVIEW PERIOD ENDED SEPTEMBER 30, 2007)**

After meeting with your supervisor, a list of mutually agreed upon goals will be forwarded through the President/CEO to your personnel file. You will want to refer to this list of goals throughout the year and use it to determine your progress on your next self-assessment.

|                                                                                          |
|------------------------------------------------------------------------------------------|
| Develop and implement strategies to increase access to primary and specialty care        |
| Provide leadership in communitywide assessment of primary/specialty care                 |
| Develop and implement productivity based performance measures for TCHD provider partners |
| Develop strategy to increase urgent care capacity within CCSD network                    |
| Represent district in relocating Northeast Clinic                                        |
|                                                                                          |
|                                                                                          |

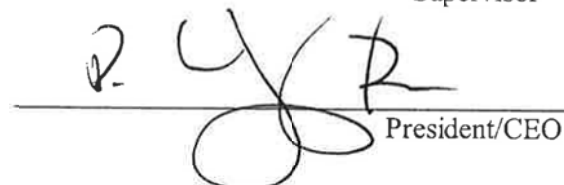
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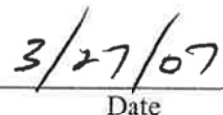
  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

  
President/CEO

  
Date

Memorandum to the file of Lariman (Larry) Wallace  
Summary of Introductory Period Review January 11, 2006  
Hire Date: September 19, 2005

Summary of Discussion:

Larry is on track and doing well having successfully completed his introductory period. Larry has established effective relationships with the JAT participants and has developed a sufficient knowledge base to prioritize activities and begin substantive work on redesign and improvement. Larry has rapidly absorbed the district's vision and mission and is demonstrating his ability to apply that vision and mission to his work. Larry will implement a standard activity reporting system for the JAT executive membership so they may stay apprised of ongoing work when not able to attend all meetings.

Larry is a strong team player and brings depth and maturity to the district's work. Larry functions independently and seeks appropriate guidance when needed. He is unflappable and a pleasure to work with.

Self Evaluation: Larry Wallace-Joint Action Team Administrator

01/19/06

Accomplishments:

- Successful orientation to JAT concept
- Established effective working relationships with Brackenridge and clinic staff
- Developed knowledge base required to manage projects
- Established working relationship with ICC staff
- Participated in strategic planning consultant selection process
- Served as a resource to clinic administrative team
- Hired JAT assistant
- Completed operational review of specialty clinics
  - Coordinated process improvements between clinics
  - Identified service level gaps
  - Established effective communication linkages between clinics
- Reviewed specialty clinic referral processes
  - Identified barriers with referral process
  - Participated in form revision process
- Completed operational review of prenatal records delivery processes
  - Revised processes
  - Developed monitoring tools
  - Implemented change processes
- Completed operational review of ER follow up appointment procedures
  - Developed follow up appointment guidelines
  - Communicated guidelines to management team
  - Implemented change processes
- Participated in development of Urgent Care services strategy
  - Provided input and support in plan development
  - Assisted in communicating to Brackenridge COO

## 1/17/2006

[illegible]



| Initiatives                                                                                                                                           | Primary Contact | Projected Completion Date        |        |                                                      |        |        |        |        |        |        |        |        |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------|--------|------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|                                                                                                                                                       |                 | Jan-06                           | Feb-06 | Mar-06                                               | Apr-06 | May-06 | Jun-06 | Jul-06 | Aug-06 | Sep-06 | Oct-06 | Nov-06 | Dec-06 |
| <b>6 Nextgen and Cerner</b>                                                                                                                           |                 |                                  |        |                                                      |        |        |        |        |        |        |        |        |        |
| Electronic Medical Records needed to assure timely communication between patient care partners.<br><i>Status: Plan under development</i>              | Dan Dugas       |                                  |        | Projected implementation                             |        |        |        |        |        |        |        |        |        |
|                                                                                                                                                       |                 |                                  |        | Targeting OB/Prenatal project to pilot initiative    |        |        |        |        |        |        |        |        |        |
| <b>7 Physician Telephone Communications</b>                                                                                                           |                 |                                  |        |                                                      |        |        |        |        |        |        |        |        |        |
| Lack of efficient telephone contact procedures linking providers at Brackenridge and clinics.<br><i>Status: Included in ER follow up procedures.</i>  | Marlene Soto    | Projected implementation         |        |                                                      |        |        |        |        |        |        |        |        |        |
|                                                                                                                                                       |                 |                                  |        | Will be implemented with new ER follow up initiative |        |        |        |        |        |        |        |        |        |
| <b>8 ER Follow up Appointments</b>                                                                                                                    |                 |                                  |        |                                                      |        |        |        |        |        |        |        |        |        |
| Brackenridge ER staff experience difficulties scheduling follow up appointments in clinics.<br><i>Status: Guidelines developed</i>                    | Marlene Soto    | Projected implementation         |        |                                                      |        |        |        |        |        |        |        |        |        |
|                                                                                                                                                       |                 |                                  |        |                                                      |        |        |        |        |        |        |        |        |        |
| <b>9 Frequent Flyer Case Management</b>                                                                                                               |                 |                                  |        |                                                      |        |        |        |        |        |        |        |        |        |
| Some clinic patients frequently use the ER to access services available in clinics.<br><i>Status: Addressed in ER follow up procedures.</i>           | Marlene Soto    | Projected implementation         |        |                                                      |        |        |        |        |        |        |        |        |        |
|                                                                                                                                                       |                 |                                  |        | Will be addressed in ER follow up plan               |        |        |        |        |        |        |        |        |        |
| <b>10 Urgent Care</b>                                                                                                                                 |                 |                                  |        |                                                      |        |        |        |        |        |        |        |        |        |
| ER is used inappropriately for urgent care.<br><i>Status: Proposal completed for board review.</i>                                                    | David Vliet     |                                  |        |                                                      |        |        |        |        |        |        |        |        |        |
|                                                                                                                                                       |                 |                                  |        | Plan concepts under review                           |        |        |        |        |        |        |        |        |        |
| <b>11 Brackenridge Pharmacy Services</b>                                                                                                              |                 |                                  |        |                                                      |        |        |        |        |        |        |        |        |        |
| Clinic patients receiving services at Brackenridge clinics and ER can not access Brackenridge pharmacy.<br><i>Status: Developed plan under review</i> | Elaine Carroll  | Plan developed by Elaine Carroll |        | Plan implementation                                  |        |        |        |        |        |        |        |        |        |

## JAT Initiatives

1. Call Center coordination.
2. Bridging Nextgen and Cerner. ( information sharing)
3. OB Record Transport.
4. Pharmacy for FQHC (self pay and Brackenridge)
5. Improved access to ancillary at Brackenridge for FQHC Medicare and /Medicaid patients.
6. Specialty Care log jam (availability).
7. Manual flow of information. (prior to electronic records)
8. Doctor to doctor telephone communication access. (hospital to clinic)
9. Diabetes continuum.
10. Asthma
11. Access to FQHC from Brackenridge services for follow up.
12. Urgent Care approach. (strategies)
13. Specialty Clinics appropriate referrals.
14. Appropriate usage of ED. "frequent flier case management"
15. System to identify FQHC patients.
16. Accountability for roles. (pcp/acute/specialty)



## **Joint Action Team Initiatives Update**

Jan. 15, 2006

### **Specialty Care:**

There are extended delays in accessing various Brackenridge specialty clinics by FQHC patients.

**Status:** Completed analysis of specialty clinic operations to identify service improvement opportunities.

### **Specialty Care Referrals:**

Patient referral system to access specialty clinics is not efficient or effective.

**Status:** Dr. Miller meeting with specialist to develop referral protocols for specialty services.

### **Providers Role Accountability:**

Roles of providers in patient referral process are unclear.

**Status:** To be included in specialty care referral protocols.

### **Call Center Coordination:**

Call center function could assist in management of patients.

**Status:**

**OB Records:**

Prenatal records for clinic patients are frequently unavailable to Brackenridge physicians when patients present for delivery.

**Status:** Conducted audits on prenatal record procedures to identify barriers. Brackenridge providers developing list of required patient information to be used for electronic transfer initiative.

**Nextgen and Cerner:**

Electronic Medical Records needed to assure timely communication between patient care partners.

**Status:** Plan developed to implement project.

**Physician Telephone Communications:**

Lack of efficient telephone contact procedures linking providers at Brackenridge and clinics.

**Status:** Included in ER follow up procedures.

**ER Follow up Appointments:**

Brackenridge ER staff experience difficulties scheduling MAP patients for clinic follow up appointments.

**Status:** Completed. Scheduled implementation 1-17-06.

**Frequent Flyer Case Management:**

Some MAP patients frequently use the ER to access services available in clinics.

**Status:** Addressed in ER follow up procedures.

**Urgent Care:**

ER is used inappropriately for urgent care

**Status:** Proposal completed for board review.

**Brackenridge Pharmacy Services:**

MAP patients receiving services at Brackenridge clinics and ER can not access Brackenridge pharmacy

**Status:** ICC completing database work for this initiative.

# TRAVIS COUNTY HOSPITAL DISTRICT - Employee Self-Appraisal Form

[Return to Main Menu](#)

[Print](#)

Employee Name: Larry Wallace

Job Title: JAT Administrator

Supervisor: Trish Young

Type of Review: End of Probation

Beginning Date of Review: 9/17/2005

Ending Date of Review: 1/17/2006

Date Goals Established:

Employee Signature

Date:

Rating on Competencies:

Please complete the questions and ratings below. This self-appraisal will be considered for your overall appraisal and will become an attachment to the Performance Appraisal.

1. Summarize your major accomplishments for this review period (such as proposals, assignments completed, reports, presentations, significant results etc. How do these achievements align with the goals/objectives outlined during this appraisal period?)

2. Describe any factors, positive or negative, you feel may have helped or hindered you in meeting your formal or informal goals or objectives.

3. What skills do you have that you feel could be used more effectively?

4. What types of developmental activities would you like to take advantage of (e.g. seminars, specific training classes, etc.)?

5. What goals have you set for yourself during the next year? Goals should be specific, measurable, attainable, realistic and time bound. Your goals will be reviewed by your supervisor and discussed during your performance review.

## INDIVIDUAL COMPETENCIES

### INSTRUCTIONS:

1. Evaluate yourself on the following competencies using the rating scale below:

- 1 - Well Below Performance is repeatedly below expectations  
 2 - Below Performance is sometimes below expectations  
 3 - Meets Performance meets expectations  
 4 - Above Performance is above expectations  
 5 - Well Above Performance is well above expectations

Note: Click on Key Behaviors button to the right for a list of key behavioral examples for each competency.

Key Behaviors

| Competency                            | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1 - Individual Leadership (Influence) | Using appropriate interpersonal styles and methods to inspire and guide individuals toward goal achievement; modifying behavior to accommodate tasks, situation, and individuals involved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> 4 |
| 2 - Initiative                        | Asserting ones influence over events to achieve goals; self-starting rather than accepting passively; taking action to achieve goals beyond what is required; being proactive.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> 4 |
| 3 - Decision-making/Judgment          | Independently taking action and responsibility for solving problems and making decisions designed to achieve desired outcomes; committing to an action after developing alternative courses of action that are based on logical assumptions and factual information and that take into consideration resources, constraints, and organizational values.                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> 4 |
| 4 - Planning/Managing Work            | Focusing efforts and energy on successfully attaining clear, concrete, accurate, timely and measurable outcomes of importance to the organization; persisting even when challenged by obstacles and/or opposition; establishing a course of action for self and/or others to accomplish specific goals; planning proper assignments of personnel and appropriate allocation of resources.                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 4 |
| 5 - Organizational Awareness          | Understanding and learning organizational power relationships; recognizing the real decision makers and the individuals who influence them, and demonstrating a comprehensive awareness of the impact and implications of decisions and actions throughout the organization; predicting how new events or situations will affect individuals and groups within the organization; understanding and using the organization's structure, operations, decision making channels, planning processes, and financial budgeting/control systems to identify potential organizational problems and opportunities; cultivating relationships with people and working groups throughout the organization that may facilitate the progress of | <input type="checkbox"/> 3 |
| 6 - Teamwork                          | Working effectively with others in the organization outside of formal authority (such as peers in other units or senior management) to accomplish organizational goals and to identify and resolve problems.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> 5 |
| 7 - Flexibility/Adaptability          | Working effectively with a variety of situations, individuals or groups; understanding and appreciating different and opposing perspectives on an issue; adapting one's own approach as the requirement of a situation changes, and changing or easily accepting changes in one's own organization or job requirement.                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> 4 |
| 8 - Ethics                            | Behaving in accordance with sound personal and business ethics and values through openness and candor, truthfulness and forthrightness and ensuring actions are consistent with words.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> 5 |



|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 9 - Analytical Thinking/Problem-Solving | Breaking down problems into component parts and considering or organizing parts in a systematic way; the process of looking for underlying causes or thinking through the consequences of different courses of action; securing relevant information and identifying key issues and relationships from a base of information; relating and comparing data from different sources; identifying cause-effect relationships.                                                                                                                                                      | L |
| 10 - Communication                      | Using a clear communication style to ensure that the message is understood; expressing ideas effectively in individual and group situations (including nonverbal communication); adjusting language or terminology to the characteristics and needs of the audience; listening carefully; expressing ideas clearly in memoranda and letters that have appropriate organization and structure; correct grammar and language and terminology adjusted to the characteristics and needs of the audience; leveraging available technology to facilitate communication with others. | L |
| Employee's additional comments:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |

# TRAVIS COUNTY HOSPITAL DISTRICT - Performance Appraisal Form

[Return to Main Menu](#)

[Print](#)

Employee Name Larry Wallace

Job Title: JAT Administrator

Supervisor Trish Young

Type of Review: End of Probation

Beginning Date of Review: 9/17/2005

Ending Date of Review: 1/17/2006

Date Goals Established:

Supervisor Signature:

Employee Signature

Total on Goals:

Rating on Competencies:

Overall Rating:

Supervisor Signature:

Date:

Employee Signature

Date:

(Note to Employee: Signing the form indicates only that the form has been reviewed with you, it does not imply agreement or disagreement.)

INSTRUCTIONS: 1. List goals established for the review period.

2. Assign a numeric rating for each of the established goals based on the following scale:

1 = Not Achieved 2 = Partially Achieved 3 = Achieved  
4 = Surpassed 5 = Far Surpassed

## PERFORMANCE GOALS

Goal Description

Comments

Enter total number of established goals:

Rating

2

3



|   |  |  |  |
|---|--|--|--|
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

### INDIVIDUAL COMPETENCIES

#### INSTRUCTIONS:

1. Assign a numeric rating for each of the individual competencies based on the following scale:

- 1 - Well Below Performance is repeatedly below expectations
- 2 - Below expectations Performance is sometimes below
- 3 - Meets expectations Performance meets
- 4 - Above expectations Performance is
- 5 - Well Above Performance

Note: Click on Key Behaviors button to the right for a list of key behavioral examples for each competency.

Key Behaviors

| Competency                            | Description                                                                                                                                                                                                                                                                                                                                             |  |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 - Individual Leadership (Influence) | Using appropriate interpersonal styles and methods to inspire and guide individuals toward goal achievement; modifying behavior to accommodate tasks, situation, and individuals involved.                                                                                                                                                              |  |
| 2 - Initiative                        | Asserting ones influence over events to achieve goals; self-starting rather than accepting passively; taking action to achieve goals beyond what is required; being proactive.                                                                                                                                                                          |  |
| 3 - Decision-making/Judgment          | Independently taking action and responsibility for solving problems and making decisions designed to achieve desired outcomes; committing to an action after developing alternative courses of action that are based on logical assumptions and factual information and that take into consideration resources, constraints, and organizational values. |  |

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 4 - Planning/Managing Work                     | Focusing efforts and energy on successfully attaining clear, concrete, accurate, timely and measurable outcomes of importance to the organization; persisting even when challenged by obstacles and/or opposition; establishing a course of action for self and/or others to accomplish specific goals; planning proper assignments of personnel and appropriate allocation of resources.                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> |
| 5 - Organizational Awareness                   | Understanding and learning organizational power relationships, recognizing the real decision makers and the individuals who influence them, and demonstrating a comprehensive awareness of the impact and implications of decisions and actions throughout the organization; predicting how new events or situations will affect individuals and groups within the organization; understanding and using the organization's structure, operations, decision making channels, planning processes, and financial budgeting/control systems to identify potential organizations problems and opportunities; cultivating relationships with people and working groups throughout the organization that may facilitate the progress of | <input type="checkbox"/> |
| 6 - Teamwork                                   | Working effectively with others in the organization outside of formal authority (such as peers in other units or senior management) to accomplish organizational goals and to identify and resolve problems.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> |
| 7 - Flexibility/Adaptability                   | Working effectively with a variety of situations, individuals or groups; understanding and appreciating different and opposing perspectives on an issue, adapting one's own approach as the requirement of a situation changes, and changing or easily accepting changes in one's own organization or job requirement.                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |
| 8 - Ethics                                     | Behaving in accordance with sound personal and business ethics and values through openness and candor, truthfulness and forthrightness and ensuring actions are consistent with words.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |
| 9 - Analytical Thinking/Problem-Solving        | Breaking down problems into component parts and considering or organizing parts in a systematic way; the process of looking for underlying causes or thinking through the consequences of different courses of action; securing relevant information and identifying key issues and relationships from a base of information; relating and comparing data from different sources; identifying cause-effect relationships.                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> |
| 10 - Communication                             | Using a clear communication style to ensure that the message is understood; expressing ideas effectively in individual and group situations (including nonverbal communication); adjusting language or terminology to the characteristics and needs of the audience; listening carefully; expressing ideas clearly in memoranda and letters that have appropriate organization and structure, correct grammar and language and terminology adjusted to the characteristics and needs of the audience; leveraging available technology to facilitate communication with others.                                                                                                                                                    | <input type="checkbox"/> |
| Supervisor's summative or additional comments: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |
| Employee's comments:                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |

# PROFESSIONAL DEVELOPMENT PLANNING

Return to Main Menu

Print

Employee Name: Larry Wallace

Job Title: JAT Administrator

Supervisor: Trish Young

Supervisor Signature \_\_\_\_\_

Employee Signature \_\_\_\_\_

*Indicate the actions the employee should take to improve or increase his/her knowledge, skills and abilities (e.g. education/training programs, projects/committee assignments, special activities, etc.)*

No Development Activities:

Dates:

1

Results of Activity 1:

Date Set:

Date Completed

2

Results of Activity 2:

Date Set:

Date Completed

3

Results of Activity 3:

Date Set:

Date Compl

4

Results of Activity 4:

Date Set:

Date Compl

5

Results of Activity 5:

Date Set:

Date Compl



# TRAVIS COUNTY HOSPITAL DISTRICT - Employee Self-Appraisal Form

[Return to Main Menu](#)

[Print](#)

Employee Name: Larry Wallace

Job Title: JAT Administrator

Supervisor: Trish Young

Type of Review: End of Probation

Beginning Date of Review: 9/17/2005 Ending Date of Review: 1/17/2006

Date Goals Established:

Employee Signature

Date:

Rating on Competencies:

Please complete the questions and ratings below. This self-appraisal will be considered for your overall appraisal and will become an attachment to the Performance Appraisal.

1. Summarize your major accomplishments for this review period (such as proposals, assignments completed, reports, presentations, significant results etc. How do these achievements align with the goals/objectives outlined during this appraisal period?

2. Describe any factors, positive or negative, you feel may have helped or hindered you in meeting your formal or informal goals or objectives.

3. What skills do you have that you feel could be used more effectively?

4. What types of developmental activities would you like to take advantage of (e.g. seminars, specific training classes, etc.)?

5. What goals have you set for yourself during the next year? Goals should be specific, measurable, attainable, realistic and time bound. Your goals will be reviewed by your supervisor and discussed during your performance review.

## INDIVIDUAL COMPETENCIES

### INSTRUCTIONS:

1. Evaluate yourself on the following competencies using the rating scale below:

- 1 - Well Below      Performance is repeatedly below expectations  
 2 - Below      Performance is sometimes below expectations  
 3 - Meets      Performance meets expectations  
 4 - Above      Performance is sometimes above expectations  
 5 - Well Above      Performance

Note: Click on Key Behaviors button to the right for a list of key behavioral examples for each competency.

Key Behaviors

| Competency                            | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1 - Individual Leadership (Influence) | Using appropriate interpersonal styles and methods to inspire and guide individuals toward goal achievement; modifying behavior to accommodate tasks, situation, and individuals involved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> |
| 2 - Initiative                        | Asserting ones influence over events to achieve goals; self-starting rather than accepting passively; taking action to achieve goals beyond what is required; being proactive.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| 3 - Decision-making/Judgment          | Independently taking action and responsibility for solving problems and making decisions designed to achieve desired outcomes; committing to an action after developing alternative courses of action that are based on logical assumptions and factual information and that take into consideration resources, constraints, and organizational values.                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |
| 4 - Planning/Managing Work            | Focusing efforts and energy on successfully attaining clear, concrete, accurate, timely and measurable outcomes of importance to the organization; persisting even when challenged by obstacles and/or opposition; establishing a course of action for self and/or others to accomplish specific goals; planning proper assignments of personnel and appropriate allocation of resources.                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> |
| 5 - Organizational Awareness          | Understanding and learning organizational power relationships; recognizing the real decision makers and the individuals who influence them, and demonstrating a comprehensive awareness of the impact and implications of decisions and actions throughout the organization; predicting how new events or situations will affect individuals and groups within the organization; understanding and using the organization's structure, operations, decision making channels, planning processes, and financial budgeting/control systems to identify potential organizational problems and opportunities; cultivating relationships with people and working groups throughout the organization that may facilitate the progress of | <input type="checkbox"/> |
| 6 - Teamwork                          | Working effectively with others in the organization outside of formal authority (such as peers in other units or senior management) to accomplish organizational goals and to identify and resolve problems.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 7 - Flexibility/Adaptability          | Working effectively with a variety of situations, individuals or groups; understanding and appreciating different and opposing perspectives on an issue; adapting one's own approach as the requirement of a situation changes, and changing or easily accepting changes in one's own organization or job requirement.                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> |
| 8 - Ethics                            | Behaving in accordance with sound personal and business ethics and values through openness and candor, truthfulness and forthrightness and ensuring actions are consistent with words.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> |



|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 9 - Analytical Thinking/Problem-Solving | Breaking down problems into component parts and considering or organizing parts in a systematic way; the process of looking for underlying causes or thinking through the consequences of different courses of action; securing relevant information and identifying key issues and relationships from a base of information; relating and comparing data from different sources; identifying cause-effect relationships.                                                                                                                                                      | 1 |
| 10 - Communication                      | Using a clear communication style to ensure that the message is understood; expressing ideas effectively in individual and group situations (including nonverbal communication); adjusting language or terminology to the characteristics and needs of the audience; listening carefully; expressing ideas clearly in memoranda and letters that have appropriate organization and structure, correct grammar and language and terminology adjusted to the characteristics and needs of the audience; leveraging available technology to facilitate communication with others. | 1 |
| Employee's additional comments:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |

## Central Health

Name: Larry WallaceEffective Date: 6/12/17ID#: 1027ENTERED  
6/16/17Pay Period End Date: 6/24/17DOH: 9/19/2009Check Date: 6/30/17Purpose: CEO Hired - interim over. Salary changeJustification: please add \$7,000.00 car allowanceComments: based  
Salary is for on a new role.

| Previous Status                                    | Requested Status                                        |
|----------------------------------------------------|---------------------------------------------------------|
| EE Type: _____                                     | EE Type: _____                                          |
| Status: _____                                      | Status: _____                                           |
| Title: <u>Interim CEO(CH)</u>                      | Title: <u>? Enterprise Chief Administrative officer</u> |
| Manager: _____                                     | Manager: _____                                          |
| Location: _____                                    | Timekeeper: _____                                       |
| Department: _____                                  | Location: _____                                         |
| PCN #: _____                                       | Department: _____                                       |
| Evaluation Date: ____/____/____                    | PCN #: _____                                            |
| Rate of Pay: <u>11,846.16 (308,000.16)</u>         | Evaluation Date: ____/____/____                         |
| Pay Grade: _____                                   | Rate of Pay: <u>11,346.16 (295,000.00)</u>              |
| Exempt/Non-exempt: _____                           | Pay Grade: _____                                        |
| Benefits: _____                                    | Exempt/Non-exempt: _____                                |
| PTO Level: _____                                   | Benefits: _____                                         |
|                                                    | PTO Level: _____                                        |
|                                                    | PTO Bal: _____                                          |
| <u>HW</u> <u>6/16/17</u><br>HR Representative Date | Payroll Signature Date                                  |

☐ Badge
 ☐ HR Activity Report
 ☐ Benefit Class Email
 ☐ Eligible for Merit?
 ☐ Change to LOA

Central Health

Name: Larry Wallace Effective Date: 01/01/2017  
 ID#: \_\_\_\_\_ Pay Period End Date: 01/07/2017  
 DOH: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check Date: \_\_\_\_\_

Purpose: Car allowance addition for Interim CEO

Justification: \_\_\_\_\_

Comments: 7,000.<sup>24</sup> Car Allowance Annual = 269.24 per pay period

|                                                       |                                                                          |
|-------------------------------------------------------|--------------------------------------------------------------------------|
| Previous Status: <u>Car allowance: \$0.00</u>         | Requested Status: <u>Car allowance: \$7,000.<sup>24</sup> @ year m.x</u> |
| EE Type: _____                                        | EE Type: _____                                                           |
| Status: _____                                         | Status: _____                                                            |
| Title: _____                                          | Title: _____                                                             |
| Manager: _____                                        | Manager: _____                                                           |
| Location: _____                                       | Timekeeper: _____                                                        |
| Department: _____                                     | Location: _____                                                          |
| PCN #: _____                                          | Department: _____                                                        |
| Evaluation Date: ____/____/____                       | PCN #: _____                                                             |
| Rate of Pay: _____                                    | Evaluation Date: ____/____/____                                          |
| Pay Grade: _____                                      | Rate of Pay: _____                                                       |
| Exempt/Non-exempt: _____                              | Pay Grade: _____                                                         |
| Benefits: _____                                       | Exempt/Non-exempt: _____                                                 |
| PTO Level: _____                                      | Benefits: _____                                                          |
|                                                       | PTO Level: _____                                                         |
|                                                       | PTO Bal: _____                                                           |
| <u>[Signature]</u> 1/3/2017<br>HR Representative Date | <u>[Signature]</u><br>Payroll Signature Date                             |

☐ Badge ☐ HR Activity Report ☐ Benefit Class Email ☐ Eligible for Merit? ☐ Change to LOA

[Signature]

## CommUnityCare

ENTERED  
M.H.

12-20-16

Name: Larry WallaceEffective Date: 12-11-16

SS#: \_\_\_\_\_

Pay Period End Date: 12-24-16  
12/24/16

EE ID# \_\_\_\_\_

Purpose: Interim CEO Compensation Adjustment

Justification: \_\_\_\_\_

| PRESENT STATUS                                                      | REQUESTED STATUS                                                    |
|---------------------------------------------------------------------|---------------------------------------------------------------------|
| Employee Name: _____                                                | Employee Name: _____                                                |
| PCN #: _____                                                        | PCN #: _____                                                        |
| Location: _____                                                     | Location: _____                                                     |
| Department: _____                                                   | Department: _____                                                   |
| Title: _____                                                        | Title: _____                                                        |
| Manager: _____                                                      | Manager: _____                                                      |
| Evaluation Date: _____                                              | Evaluation Date: _____                                              |
| Status: _____                                                       | Status: _____                                                       |
| Rate of Pay: <u>\$283,250 Annual</u><br><u>\$10,894.23 biweekly</u> | Rate of Pay: <u>\$308,000 Annual</u><br><u>\$11,846.15 biweekly</u> |
| Grade: _____                                                        | Grade: _____                                                        |
| Current PTO Level: _____                                            | PTO Level Change: _____                                             |
| Cell Phone Stipened: _____                                          | PTO Pay Out?: _____                                                 |
|                                                                     | Cell Phone Stipened _____                                           |

Smilears 12/14/16  
HR Representative Date  
M.H. 12-20-16

Ante Pate  
Payroll Signature Date



**CENTRAL HEALTH  
PAF**

Name: Larry Wallace Effective Date: 10/1/2016  
Pay Period Date: \_\_\_\_\_

SS#: \_\_\_\_\_ Department: \_\_\_\_\_ Dept. #: \_\_\_\_\_

Purpose: change in cost center  
Justification: Per Danielle Stanley's request

**PRESENT STATUS**

Employee Name: \_\_\_\_\_

W-4: \_\_\_\_\_

Dept. #: 900010 - 900 Administrative

Title: \_\_\_\_\_

Manager: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Grade: \_\_\_\_\_

Status: \_\_\_\_\_

PTO Accrual: \_\_\_\_\_

**REQUESTED STATUS**

Employee Name: \_\_\_\_\_

DOB: \_\_\_\_\_

W-4: \_\_\_\_\_

Dept. #: 905010 - 905 Executives/Board/Legal

Title: \_\_\_\_\_

Manager: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Grade: \_\_\_\_\_

PTO Accrual change: \_\_\_\_\_

PTO Pay Out: \_\_\_\_\_

[Signature] 12/9/2016  
HR Representative Date

[Signature] \_\_\_\_\_  
Payroll Signature Date

# Central Health

Name: Larry Wallace

Effective Date: 12.24.16

ID#: 1027

Pay Period End Date: 1.7.17

DOH: / /

Check Date: 1.13.17

Purpose: Mge Change

Justification: \_\_\_\_\_

Comments: \_\_\_\_\_

| Previous Status                  | Requested Status                                        |
|----------------------------------|---------------------------------------------------------|
| EE Type: _____                   | EE Type: _____                                          |
| Status: _____                    | Status: _____                                           |
| Title: _____                     | Title: _____                                            |
| Manager: <u>Patricia Young</u>   | Manager: <u><del>Jeff Knodel</del> Susan Willard</u>    |
| Location: _____                  | Timekeeper: <u><del>Jeff Knodel</del> Susan Willard</u> |
| Department: _____                | Location: _____                                         |
| PCN #: _____                     | Department: _____                                       |
| Evaluation Date: <u>/ /</u>      | PCN #: _____                                            |
| Rate of Pay: _____               | Evaluation Date: <u>/ /</u>                             |
| Pay Grade: _____                 | Rate of Pay: _____                                      |
| Exempt/Non-exempt: _____         | Pay Grade: _____                                        |
| Benefits: _____                  | Exempt/Non-exempt: _____                                |
| PTO Level: _____                 | Benefits: _____                                         |
|                                  | PTO Level: _____                                        |
|                                  | PTO Bal: _____                                          |
| <u>M.J.</u><br>HR Representative | <u>Amie Palmb</u><br>Payroll Signature                  |
| <u>1-9-17</u><br>Date            | <br>Date                                                |

☐ Badge
 ☐ HR Activity Report
 ☐ Benefit Class Email
 ☐ Eligible for Merit?
 ☐ Change to LOA

CENTRAL HEALTH  
PAF

POSTED

Name: Wallace Laery

Effective Date: \_\_\_\_\_  
Pay Period Date: 1/24/16

SS#: \_\_\_\_\_ Department: \_\_\_\_\_ Dept. #: \_\_\_\_\_

Purpose: Market Adjustment

Justification: \_\_\_\_\_

PRESENT STATUS

REQUESTED STATUS

Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

W-4: \_\_\_\_\_

DOB: \_\_\_\_\_

Dept. #: \_\_\_\_\_

W-4: \_\_\_\_\_

Title: \_\_\_\_\_

Dept. #: \_\_\_\_\_

Manager: \_\_\_\_\_

Title: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

Manager: \_\_\_\_\_

Rate of Pay: 205,225.10  
~~205,225.1~~ (10,200.97)

Hire Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

Status: \_\_\_\_\_

Rate of Pay: 283,250.11 (10,894.21)

PTO Accrual: \_\_\_\_\_

Grade: \_\_\_\_\_

PTO Accrual change: \_\_\_\_\_

PTO Pay Out: \_\_\_\_\_

HR Representative [Signature]

Date \_\_\_\_\_

Payroll Signature [Signature]

Date 2/8/16



CENTRAL HEALTH  
PAF

POSTED

Name: Wallace Larry

Effective Date: \_\_\_\_\_  
Pay Period Date: 1/24/16

SS#: \_\_\_\_\_ Department: \_\_\_\_\_ Dept. #: \_\_\_\_\_

Purpose: 3% Merit Increase Retro  
1-10-14-7  
1-23-16  
Justification: \_\_\_\_\_

PRESENT STATUS

REQUESTED STATUS

Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

W-4: \_\_\_\_\_

DOB: \_\_\_\_\_

Dept. #: \_\_\_\_\_

W-4: \_\_\_\_\_

Title: \_\_\_\_\_

Dept. #: \_\_\_\_\_

Manager: \_\_\_\_\_

Title: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

Manager: \_\_\_\_\_

Rate of Pay: \$257,500.10 (9,903.85)

Hire Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

Status: \_\_\_\_\_

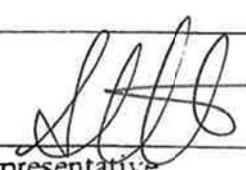
Rate of Pay: 245,225.10 (10,200.97)

PTO Accrual: \_\_\_\_\_

Grade: \_\_\_\_\_

PTO Accrual change: \_\_\_\_\_

PTO Pay Out: \_\_\_\_\_

  
HR Representative

Date

Amelia Patel  
Payroll Signature

2/8/16  
Date

**CENTRAL HEALTH  
PAF**

**POSTED**  
5-13-15

Name: Larry Wallace

Effective Date: 1-10-15

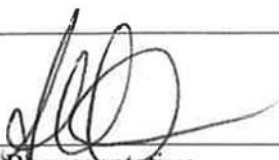
Pay Period Date: 5-2-15

SS#: \_\_\_\_\_ Department: \_\_\_\_\_ Dept. #: \_\_\_\_\_

Purpose: 3% Merit Increase

Justification: make effective on 1-10-15

| PRESENT STATUS                                                  | REQUESTED STATUS                                                |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| Employee Name: _____                                            | Employee Name: _____                                            |
| W-4: _____                                                      | DOB: _____                                                      |
| Dept. #: _____                                                  | W-4: _____                                                      |
| Title: _____                                                    | Dept. #: _____                                                  |
| Manager: _____                                                  | Title: _____                                                    |
| Evaluation Date: _____                                          | Manager: _____                                                  |
| Rate of Pay: <u>9,615.39 (bi-wkly)</u><br><u>250,000 Annual</u> | Hire Date: _____                                                |
| Grade: _____                                                    | Evaluation Date: _____                                          |
| Status: _____                                                   | Rate of Pay: <u>9,903.85 (bi-wkly)</u><br><u>257,500 Annual</u> |
| PTO Accrual: _____                                              | Grade: _____                                                    |
|                                                                 | PTO Accrual change: _____                                       |
|                                                                 | PTO Pay Out: _____                                              |

  
\_\_\_\_\_  
HR Representative                      Date

 5/13/15  
\_\_\_\_\_  
Payroll Signature                      Date



Latino Healthcare Forum ♦ 512-585-7185 ♦ P.O. Box 1271 ♦ Austin, TX 78766  
www.latinohhealthcareforum.org

## RESOLUTION

Relative to Commending

**Larry Wallace**

**WHEREAS**, the objectives of the Community Health Working Group are to provide a public forum for the purpose of gathering community views, ideas, and concerns on health issues that affect the community, and;

**WHEREAS**, the Community Health Working Group is composed of 10 community groups and serves as voices of the community and presents the interests and position of the community to the appropriate government agencies, and;

**WHEREAS**, the Community Health Working Group encourages the dissemination of information among individuals, and, community organizations, and;

**WHEREAS**, Larry Wallace served as Interim CEO and President of Central Health and as such was responsible for ensuring the objectives and duties of Central Health were carried out, and;

**WHEREAS**, Larry Wallace performed his duties as Interim CEO and President of Central Health in an outstanding and conscientious manner;

**WHEREAS**, Larry Wallace provided outstanding outreach, communication and support to the community, and;

**NOW, THEREFORE**, we, the members of the Community Health Working Group, resolve that Larry Wallace deserves recognition and honor for his outstanding service to the Vulnerable and Underserved Community; and is thereby awarded the community status of "Trusted" Community Advisor.

Resolution 2013-A, presented this day, September 11, 2013, at Austin, Texas:

Signed:

*Members of the Community Health Working Group*

*For Larry's  
Empl. File*



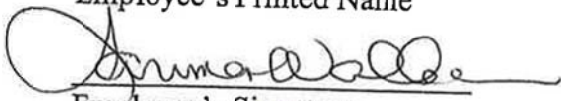
## EMPLOYEE ACKNOWLEDGMENT

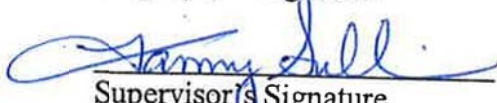
I have received a copy of the Travis County Hospital District's ("TCHD") Personnel Policies and Procedures. I realize that it is my responsibility to read and familiarize myself with the content of the Personnel Policies and Procedures. I understand that the contents of the Personnel Policies and Procedures summarize current policies of TCHD, that they are intended as guidelines only, and that they may be amended at anytime. I further understand that the contents of the TCHD's Personnel Policies and Procedures do not constitute the terms of a contract of employment, and that nothing contained in the Personnel Policies and Procedures can be construed as a guarantee of continued employment. I understand that employment with TCHD is on an at-will basis, which means that either TCHD, or me, with or without reason may terminate the employment relationship at any time. I understand my supervisor or manager will answer any questions I have about these policies.

The policies, procedures and guidelines contained in these Personnel Policies and Procedures supersede all other policies in circulation.

I specifically acknowledge receipt of TCHD's Drug-Free Workplace Policy and agree to abide by its terms. I understand that a violation of that Policy and any other TCHD policy may result in my termination.

LARIMEN WALLACE  
Employee's Printed Name

  
Employee's Signature

  
Supervisor's Signature

9/17/05  
Date

9/19/05  
Date

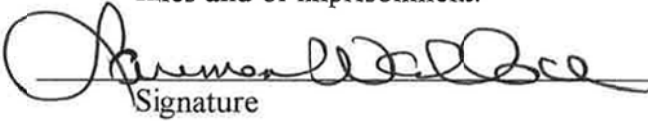
**To be signed, dated and placed in the employee's personnel file.**

## Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

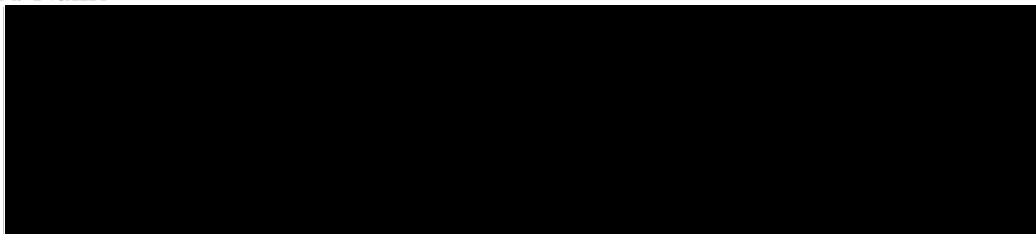
1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995, extension 2880 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

  
Signature

5/17/07  
Date

LARIMEN WALLACE  
Printed Name

I live at:



City

State

Zip Code

Name of Employer: TRAVIS COUNTY HEALTH CARE DISTRICT

Name of Network: *Texas Star Network<sub>SM</sub>*

**Network service areas are subject to change.**

**Call (800) 381-8067 if you need a network treating provider.**

Please indicate whether this is the:

☒ Initial Employee Notification

☐ Injury Notification (Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_)

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL  
INSURANCE COMPANY UNLESS REQUESTED**

**EMPLOYEE ACKNOWLEDGMENT**  
**Purchasing and Purchasing Card Policies and Procedures**

I have received instructions concerning where I can access the Travis County Healthcare District's ("TCHD") Purchasing and Purchasing Card Policies and Procedures, which are located on our computer network. I acknowledge that it is my responsibility to read and familiarize myself with the content of the Purchasing and Purchasing Card Policies and Procedures and to adhere to them as outlined. I further understand that it is my responsibility to maintain Purchasing Card records in accordance with the Policy, and that my failure to follow these policies and procedures will affect my performance evaluation.

I understand that the contents of the Purchasing and Purchasing Card Policies and Procedures are current policies of TCHD and that they may be amended at anytime. I acknowledge that it is my responsibility to remain up to date on these policies.

I understand that a violation of the Purchasing and/or Purchasing Card Policies or any other TCHD policy may result in disciplinary action up to and including termination of employment with Travis County Healthcare District.

LARRY WALLACE  
Employee's Printed Name

[Signature]  
Employee's Signature

[Signature]  
Supervisor's Signature

3/25/2010  
Date

4/12/10  
Date

**To be signed, dated and placed in the employee's personnel file.**



CENTRAL HEALTH  
PAYMENT CARD PROGRAM  
CARDHOLDER APPLICATION, AGREEMENT AND APPROVAL FORM

Applicant's Name: LARIMEN WALLACE

Phone Number: 9788152 Cost Center:

Department Name: ADMIN

Supervisor: YOUNG, TRISH

As a cardholder, I agree to comply with the following terms and conditions regarding my use of the card.

I understand that I am being entrusted with a Purchasing Card and will be making financial commitments on behalf of Central Health.

I understand that Central Health is liable to JP Morgan Chase Bank for all charges made on the Card. I understand that I am liable for all charges not in compliance with this Agreement or with the Central Health Purchasing Card Program Policy.

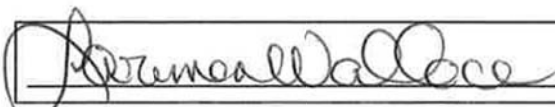
I agree to use the Purchasing Card for purchases in compliance with the Policy and agree not to make personal purchases or any purchase in violation of the policy set forth in the Policy. I understand that Central Health will audit the use of the Purchasing Card and that appropriate actions will be taken to enforce this Agreement and violations of the Policy. Failure to follow the Policy may result in the revocation of my use of the Purchasing Card and other possible disciplinary actions.

I have received a copy of the Policy and understand the requirements of the use of the Purchasing Card. I understand that it is my responsibility to safeguard the Purchasing Card and account number to the same degree that I safeguard my personal credit information. I agree to return the Purchasing Card immediately upon request or upon termination of my employment (including retirement).

If the Purchasing Card is lost or stolen, I agree to notify the Purchasing Card Program Administrator and JP Morgan Chase Bank immediately. If the Purchasing Card is used in a manner not authorized by Policy, I agree to notify the Purchasing Card Program Administrator immediately.

I understand that the burden of proof will be upon me to show that the items purchased were made in compliance with the Policy as set forth in the Policy. I agree to comply with competitive procurement policies and will obtain the best value when using the Purchasing Card to make a purchase.

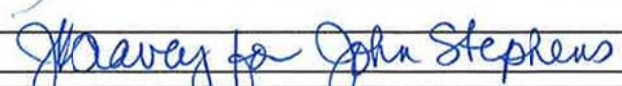
**Purchases made in violation of the policy set forth in the Policy will subject me to disciplinary action, as well as liability for the total dollar amount of such unauthorized purchase(s), including any administrative fees charged by the bank or other associated costs in connection with the misuse.**

Employee Signature and Date: 

Social Security: [REDACTED] Date of Birth: [REDACTED]

Mother's Maiden Name: [REDACTED]

Supervisor Signature and Date:

CFO Signature and Date:  3.24.10

**OBJECTIVE**

**Healthcare Administration**

Senior Administrator position with a progressive, community based, quality results oriented health care organization.

**EXPERIENCE**

**Tarrant County Hospital District, Fort Worth, Texas**

***Senior Executive, Ambulatory Operations* (2004- Present)**

- As a member of the ambulatory care senior leadership team, provides administrative and operational support to increase access to health care and improve quality performance at all health centers and clinics.
- Serves as lead consultant in system wide reengineering plan to convert clinical sites to International Quality of Care (ICQC) service model.
- Develops and conducts training programs for site administrators and physicians.
- Administrative responsibility for multiple health centers and clinics.
- Responsible for oversight of all activities associated with opening new practices to include strategic planning, program development, construction, recruitment and policy development.

***Vice President, Community Health Services Division* ( 1992-2004)**

Provided leadership in the development and implementation of hospital district corporate initiative to increase access to health care in Tarrant County through decentralization of services and collaboration with other community service providers. Responsible for the organization-wide development, operations, and results of 18 ambulatory centers, hospital based specialty clinics, urgent care clinics, 5 dental clinics and 4 school based clinics.

- Develops strategic plans, objectives, and staffing models for ambulatory services.
- Develops and maintain relationships with community leaders and other service agencies involved in community health services.
- Collaborate with community service providers to reduce duplication of services.
- Develops and ensures compliance on network clinical operational policies.
- Develops and ensures fulfillment of strategic goals and objectives ambulatory care.
- Develops policies and guidelines to eliminate barriers to care.
- Implemented multiple urgent care and after hours clinics.
- Works with other departments and providers to assure continuity of patient care.

*Administrator, Hospital Operations* (1989-1992)

*Administrative Resident* (1988-1989)

*Director, Business Operations* (1985-1988)

**University of Texas Health Science Center, Dallas Texas**

Director, Patient Accounting (1984-1985)

**Parkland Hospital, Dallas, Texas (1982-1984)**

*Assistant Director, Business Services*

## **SUMMARY**

Accomplished senior level healthcare executive with extensive experience in developing and implementing strategies for health care delivery systems with emphasis in ambulatory services serving indigent populations. Demonstrated knowledge in FQHSs, practice management, strategic planning, new program implementation and management, policy development, financial management, budgeting, quality improvement, and multidisciplinary team building.

### **Operations Summary**

- Directed development of 18 county owned outpatient facilities.
- Increased access to outpatient services by 32% within 24 months.
- Reduced cost per visit at clinical sites by 18% through creative staffing and scheduling models.
- Average patient cycle time reduced from 2 hours to 60 minutes.
- Improved patient satisfaction at clinical sites by 26% by providing training and implementing new performance standards
- Developed and managed 63M division operating budget.
- Administrative responsibility for 630 FTEs.
- Lead consultant for system wide reengineering project to implement International Quality of Care (ICQC) model at all clinical sites.

### **Collaborations**

- Lead multiple collaborative initiatives to increase access to services in Tarrant County.
- Collaborated with 4 community agencies to develop a homeless clinic serving 4 shelters in Fort Worth.
- Developed 8 school based clinics with area school districts.
- Collaborated with Public Health Department to develop health services for adolescent pregnancy program.
- Served as co-chair for North Texas regional planning committee to improve access to indigent care.
- Provided leadership in planning first FQHC in Tarrant County.
- Provided leadership in county wide dental screening program for elementary schools in Fort Worth and Arlington.
- Served as lead sponsor for county wide IT integration project.

- Serves on multiple community boards and committees.

## EDUCATION

**Dallas Baptist University, Dallas Texas Bachelors Business Admin**  
**Amberton Univerity, Dallas, Texas Masters Business Admin**

## PROFESSIONAL AFFILIATIONS

- ♦ Medical Group Management Association
- ♦ American College of Health Care Professionals

## \_\_\_ Collaborative Partners (documented and verifiable)

- ♦ Tarrant County Public Health Department
- ♦ Fort Worth Public Health Department
- ♦ Urban Intertribal Center of Texas
- ♦ Salvation Army of Tarrant County
- ♦ Presbyterian Homeless Shelter
- ♦ United Way of Tarrant County
- ♦ Aids Outreach Center
- ♦ Fort Worth Independent School District
- ♦ Arlington Independent School District
- ♦ Dental Health of Arlington
- ♦ Mission Arlington
- ♦ Prevent Blindness

*References and contact names available upon request*