

## Board of Managers Meeting

Cypress Conference Room  
First Floor, University Hospital

Tuesday, 5/19/2020

2:00 - 4:00 PM CT

1. Call to Order and Record of Attendance *Presented By: Jim Adams, Chair* (:01)
2. Invocation - Julie Rowe, Spiritual Care, University Health System *Presented By: Jim Adams, Chair* (:03)
3. Pledge of Allegiance *Presented By: Jim Adams, Chair* (:01)
4. Public Comment: (:05)
5. Special Recognition - In Appreciation of their Service and Leadership: *Presented By: George B. Hernández, Jr./Board Members* (:10)  
Dianna M. Burns, MD, Secretary, Board of Managers  
Ms. Janie Barrera, Member, Board of Managers
6. Approval of Minutes of Previous Meetings (:03)  
April 21, 2020 (Regular Meeting)  
*4.21.20 minutes - Page 4*
7. Report from UT Health San Antonio *Presented By: William Henrich, MD, President* (:10)
  - A. Acknowledgement of Staff
  - B. Upcoming Events
8. New Business: *Presented By: Jim Adams, Chair* (:15)  
Consent Agenda
  - A. Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Staff Membership and Delineation of Privileges *Presented By: Rajeev Suri, MD, President, Medical/Dental Staff*  
*5.19.20 Medical Dental Staff Membership - Page 22*
  - B. Consideration and Appropriate Action to Appoint Dr. Monica Verduzco-Gutierrez as the Clinical Department Chair of Rehabilitation Medicine *Presented By: Rajeev Suri, MD, President, Medical/Dental Staff*  
*5.19.20 Monica Verduzco-Gutierrez PMR Chair - Page 79*  
*5.19.20 Monical Gutierrez - CV - Page 80*
  - C. Consideration and Appropriate Action Regarding an Extension of the Agreement with ABM Healthcare Support Services for Management of Food and Nutritional Services at University Hospital *Presented By: Jim Willis*  
*5.19.20 ABM Healthcare Support - Food-Nutrition - Page 85*
  - D. Consideration and Appropriate Action Regarding an Extension of a Lease Agreement with 700LP for the Refugee Clinic located at the Westside Professional Building, 700 S. Zarzamora, San Antonio, TX 78207 *Presented By: Don Ryden*  
*5.19.20 -Lease with 700L for Refugee Clinic-Westside Prof Bldg - Page 88*

- E. Consideration and Appropriate Action Regarding Policy 9.27, Managing the Care of Patients in the Emergency Department Awaiting Admission or Observation *Presented By: Juan Garza, MD*  
*5.19.20 Policy 9.27 Onboarding ED Patients - Page 90*  
*5.19.20 Policy No. 9.27 ED Boarding - Page 92*
- F. Consideration and Appropriate Action Regarding Policy 7.16, Bexar County Hospital District Pension Plan Funding Policy *Presented By: Reed Hurley*  
*5.19.20 - 7.16 Pension Plan Funding Write Up - Page 95*  
*5.19.20 Policy 7.16 BCHD Pension Funding Policy - Page 97*
- G. Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) *Presented By: Antonio Carrillo/Travis Smith*  
*5.19.20 Purchasing Activities - Page 101*

9. Action Items: (:30)

- A. Consideration and Appropriate Action Regarding the External Auditor's Report on the Audited Financial Statements for 2019 (BKD, LLP/Robert Engberg, Chair, Audit Committee)  
*5.19.20 Audit - Page 115*
- B. Consideration and Appropriate Action Regarding Selected Purchasing Items:
  - (1) Consideration and Appropriate Action Regarding a Consulting Agreement with Pivotpoint Consulting Associates for Help Desk Support for the Epic Electronic Health Record Project  
*Presented By: Bill Phillips*  
*5.19.20 Epic Help Desk - Pivotpoint Consultants - Page 116*
  - (2) Consideration and Appropriate Action Regarding a Guaranteed Maximum Price Proposal (GMP #10) for the Women's and Children's Hospital Structure and Infrastructure for the Construction Manager at Risk Agreement with Joeris/Dunn Joint Venture *Presented By: Don Ryden*  
*5.19.20 GMP10 - Joris+JE Dunn - Page 120*
  - (3) Consideration and Appropriate Action Regarding a Contract with Philips North America for the Purchase and Installation of Two MRI Scanners at University Hospital and Robert B. Green Campus *Presented By: Jim Willis*  
*5.19.20 MRI Scanners-Philips - Page 123*
  - (4) Consideration and Appropriate Action Regarding Assignment of Transplant Outreach Clinics in Support of the Transplant Program at University Hospital *Presented By: Michael Roussos*  
*5.19.20 Transplant Clinic Assignment - Page 127*
- C. Consideration and Appropriate Action Regarding the Financial Report for April 2020 *Presented By: Reed Hurley*  
*5.19.20 April Financial Highlights and Ex A - Page 130*  
*5.19.20 Financial Activities - Page 134*

10. Presentations and Education:

- A. COVID-20 Operations Report *Presented By: Ed Banos/Bryan Alsip, MD*  
*5.19.20 COVID-19 Operations - Page 141*

11. Information Only:

- A. 2020 Quarter I Supplier Diversity Report *Presented By: Edward Cruz, Jr./Antonio*

*Carrillo/Travis Smith*

*5.19.20 Supplier Diversity - Page 148*

B. Epic Electronic Health Record Project Update *Presented By: Bill Phillips*

*5.19.20 Epic Update - Page 155*

*5.19.20 Epic Update - Schedule A - Page 159*

*5.19.20 Epic Update - Schedule B and C - Page 160*

C. Update on the Women's and Children's Hospital and Associated Projects *Presented By: Don Ryden*

*5.19.20 Womens and Childrens Update - Page 162*

D. University Health System Foundation Update *Presented By: Leni Kirkman*

*5.19.20 Foundation Update - Page 168*

E. Report on Recent Recognitions and Upcoming Events *Presented By: Leni Kirkman*

*5.19.20 Recognitions and Events - Page 170*

12. Adjournment *Presented By: James Adams, Chair*

The Board of Managers may recess during the open meeting in order to hold a closed meeting. Alternatively, a closed meeting may be held before the open meeting or after its adjournment.

Closed Meeting: A closed meeting will be held pursuant to TEX. GOV'T CODE, Section 551.085 to receive information regarding pricing, market data and/or financial and planning information relating to the arrangement or provision of proposed new services and/or product lines.

Closed Meeting: A closed meeting will be held pursuant to TEX. GOV'T CODE, Section 551.085 to receive information regarding pricing or financial planning information relating to a bid or negotiation for the arrangement or provision of services or product lines to another person if disclosure of the information would give advantage to competitors of the hospital district.

Courtesy Notice: A closed meeting will be held pursuant to TEX. HEALTH & SAFETY CODE, Section 161.032 to evaluate the quality of medical and/or health care services and receive records, information, or reports provided by a medical committee, medical peer review committee, or compliance officer.



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

By Telephone  
Tuesday, April 21, 2020  
2:00 p.m.  
Board Room  
Cypress Room, University Hospital  
4502 Medical Drive  
San Antonio, Texas 78229

### MINUTES

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#### **BOARD MEMBERS PRESENT:**

James R. Adams, Chair  
Dianna M. Burns, M.D., Secretary  
Ira Smith, Vice Chair  
Roberto L. Jimenez, M.D, Immediate Past Chair  
Robert Engberg  
James C. Hasslocher  
Janie Barrera

#### **OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health System  
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health System  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System  
Antonio Carrillo, Executive Director, Procurement Services, University Health System  
Ted Day, Executive Vice President/Strategic Planning, University Health System  
Theresa De La Haya, Senior Vice President, Health Promotion/Clinical Prevention, University Health System  
Roe Garrett, Vice President/Controller, University Health System  
Rob Hromas, MD, Dean, School of Medicine, UT Health San Antonio  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System  
Daverick Isaac, Vice President/Chief Financial Officer, Community First Health Plans, Inc.  
Leni Kirkman, Senior Vice President, Strategic Communications, Patient Relations, University Health System; and Interim President, University Health System Foundation  
Bill Phillips, Senior Vice President/Information Services, University Health System  
Serina Rivela, Vice President/General Counsel, Legal Services, University Health System  
Michael Roussos, Administrator, University Hospital  
Don Ryden, Vice President, Project, Design and Construction, University Health System  
Armando J. Sandoval, III, Chief of Police/Protective Services, University Health System  
Theresa Scepaniski, Interim President/Chief Executive Officer, Community First Health Plans, Inc.  
Travis Smith, Deputy Chief Financial Officer, University Health System  
Allen Strickland, Vice President/Hospital Administration-Fiscal, University Health System

Rajeev Suri, MD, Professor/Department of Radiology, UT Health; and President/Medical-Dental Staff, University Health System  
Janet Tracy, Spiritual Care Services, University Hospital  
And other attendees.

**CALL TO ORDER:**

Mr. Adams called the meeting to order at 2:02 pm. He yielded the floor to the Recording Secretary for the roll call to confirm a quorum. All Board members indicated “present.” Upon confirmation of a quorum, Mr. Adams asked Board members to hold their questions until after each presentation. Voting today will be conducted by individual roll call to clearly identify each Board member by name and vote. Mr. Adams addressed the audience and noted that while members of the public are not able to ask questions during today’s meeting, should any citizen or member of the media have any questions or comments, please email them to [Public.Relations@uhs-sa.com](mailto:Public.Relations@uhs-sa.com). This email address is on the Health System’s corporate website in the Contact Us section. A staff member will follow up within a day or two.

**INVOCATION AND PLEDGE OF ALLEGIANCE**

Mr. Adams introduced Chaplain Janet Tracy, Spiritual Care Services, University Hospital, for the invocation, and he led the pledge of allegiance.

**CITIZENS’ PARTICIPATION:** None.

**EMPLOYEE RECOGNITION:**

The staff listed below were recognized by the Board of Managers as Employees of the First Quarter, 2020. In lieu of in-person recognition, Board members were provided with a link to employee videos earlier in the week. The employees were provided with their recognition gifts.

Professional:                   Michaela Rojas-Duarte  
(Nursing)                        Health Informatics Specialist, Preventative Health & Disease

Professional:                   Rebecca Charlton  
(Non-Nursing)                 Family Support Specialist, Life Support Palliative Care

Management:                 Veronica Saldana  
Sales & Marketing Manager, Pharmacy Services

Technical:                     Shauun Prather  
Mental Health Technician, Psychiatry Unit

Clerical                         Joshua Bacho  
Unit Clerk, Newborn Nursery

Service:                        David Hapney  
Police Officer, Protective Services

Volunteer:                    Amy Sanchez & Harry  
Volunteer, Volunteer Services

Physician: Leticia Aguilar, MD  
UMA Medical Director, Express Med Clinic

Team: One Act of Kindness Team  
Genevieve Sanchez, Robin Skogg

All of this year's quarterly recipients will be our special honored guests at the Annual Recognition Awards Ceremony at the Omni on Thursday, February 25, 2021. Employees of the Quarter receive a plaque, embossed pen and an opportunity to select one of numerous awards valued at \$100 on the Employee Recognition website.

**APPROVAL OF MINUTES OF PREVIOUS MEETING(S): MARCH 24, 2020 (REGULAR MEETING) AND MARCH 31, 2020 (REGULAR MEETING)**

SUMMARY: The minutes for the regular meetings of March 24, 2020, and March 31, 2020 were submitted for Board approval.  
RECOMMENDATION: Staff recommends approval of the minutes as submitted.  
ACTION: There being **NO OBJECTION**, the minutes were **APPROVED** as submitted.  
EVALUATION: None.  
FOLLOW-UP: None.

*Mr. Ira Smith joined the Board meeting at 2:11 pm.*

**REPORT FROM UT HEALTH SAN ANTONIO — BY ROB HROMAS, MD, FOR WILLIAM HENRICH, M.D., PRESIDENT**

SUMMARY: Dr. Hromas reported extraordinary cooperation and team effort between University Health System and UT Health San Antonio in facing COVID-19 together. Both Chief Medical Officers have spearheaded this effort and have maintained joint screening, joint protective personal equipment (PPE) efforts, and joint policies for allocation of resources. It has been a remarkable exercise on team-based care. San Antonio has been fortunate in that it has slightly over 1,000 cases, which is 1/5th of what Houston has, and 1/200th of what New York City has. At the present time, neither organization is taking anything for granted and every patient, guest, and provider that walks into any UT Health or Health System facility is encouraged to wear a mask, practice social distancing, and practice good hand washing. Another area of remarkable cooperation between the two entities is testing. At the present time, UT Health and the Health System are jointly able to test up to 200 per day, but by mid-April the staff will be able to test up to 2,000 per day, which will be one of the highest numbers in the state of Texas.

The Long School of Medicine class of 2020's will keep the original graduation date of Sunday, May 17, 2020. The leadership had considered graduating this class early so that they could work as scribes at University Hospital, but they are not really needed since there has not been a surge of patients. Initially, for PPE utilization, medical students were removed from University

Hospital. However, next week they are being phased back in, as appropriate, with University Hospital or the Veterans' Administration Hospital. Residents and fellows have been eager to work during the pandemic. In addition, both institutions are working on a phased in plan to restart the more urgent of elective surgeries, such as those in ophthalmology ; and we are considering restart of the research program.

Dr Jimenez asked why the daily COVID-19 updates by Bexar County Judge Wolff and Mayor Nirenberg rely on a faculty epidemiologist from The University of Texas at San Antonio, and not someone from UT Health San Antonio. He was not aware that UTSA has such a department. Mr. Hernandez clarified for Dr. Jimenez that the consultant is actually Juan Gutierrez, Ph.D., Professor and Chairman of the Math Department at The University of Texas at San Antonio who produced a COVID-19 mathematical model. However, Dr. Hromas interjected that thus far, many of the models have proven to not be reality. Dr. Gutierrez has worked for ten years as a post-doctoral fellow in the area of infectious diseases, mainly malaria. Before this pandemic, he had recently published an article on asymptomatic carriers of COVID-19, and he is now actively working with STRAC and sharing this type of information. Dr. Jimenez stated that it is important for community leaders to keep in mind the unfortunate situation that over half of the deaths in the people infected with COVID-19 are Latinos and African Americans which demonstrates the sad state of health in the United States. Dr. Hromas agreed, and reported that several faculty at UT Health are indeed involved at the city level offering expert guidance and solutions. Dr. Ruth Bergren is helping the nursing homes, and Dr. Barbara Taylor is assisting with plans to re-open Bexar County

Dr.Hromas yielded the floor to Dr. Suri for an update on Medical-Dental staff matters. He welcomed the physician leaders who might be listening to the proceedings by telephone. He strongly agreed with Dr. Hormas, that the Health System and UT Health are enjoying a wonderful partnership and have proven that the two entities can lead together ; the partnership is very strong at this time. Many of the faculty, such in the Radiology Department, have cross trained across the various specialties to relief physicians who need to be at the front lines. Further, Professional Staff Services is now able to activate an emergency credentialing process, a process that use to take up to 6 months can now happen in less than six hours. The Medical/Dental Staff are prepared for the long haul, and future surges of patients. He thanked the leadership for its support.

RECOMMENDATION:	This report was provided for informational purpose only.
ACTION:	No action was required by the Board of Managers
EVALUATION:	None.
FOLLOW-UP	None.

**NEW BUSINESS**

**CONSENT AGENDA – JIM ADAMS, CHAIR**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR STAFF MEMBERSHIP AND DELINEATION OF PRIVILEGES — RAJEEV SURI, M.D., PRESIDENT, MEDICAL/DENTAL STAFF –RAJEEV SURI, MD, PRESIDENT, MEDICAL-DENTAL STAFF**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT WITH UT HEALTH SAN ANTONIO FOR PROFESSIONAL ORTHOTIC AND PROSTHETIC SERVICES — ALLEN STRICKLAND**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A LEASE RENEWAL WITH HIGHPOINT LIFEHOPE PARKING SPE, LLC FOR CLASSROOM AND TRAINING SPACE AT HIGH TOWER 1, 4801 DATA POINT DRIVE, SAN ANTONIO, TEXAS 78229 — DON RYDEN**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PROFESSIONAL SERVICES AGREEMENTS WITH ALAMO AREA RESOURCE CENTER (AARC) FOR THE FOLLOWING:**

**RYAN WHITE PROGRAM, PART B, EARLY INTERVENTION SERVICES, MEDICAL CASE MANAGEMENT, MEDICAL NUTRITION AND OTHER WRAP-AROUND SERVICES; AND**

**STATE REBATE FUNDED RYAN WHITE PROGRAM FOR HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE, MEDICAL CASE MANAGEMENT, REFERRAL FOR HEALTHCARE AND SUPPORT SERVICES AND OTHER WRAP-AROUND SERVICES. — ROBERTO VILLARREAL, M.D.**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE 1ST QUARTER 2020 INVESTMENT REPORT — ROE GARRETT/REED HURLEY**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING ACTIVITIES (SEE ATTACHMENT A) — ANTONIO CARRILLO/TRAVIS SMITH**

SUMMARY:

Medical/dental Staff Recommendations for Staff Membership and Delineation of Privileges — Rajeev Suri, M.D., President, Medical/Dental Staff –Rajeev Suri, MD, President, Medical-Dental Staff - Monthly Credentials Committee Report (listing of providers in accordance with the Health System’s Credentialing and Privileging Process); and Focused/Ongoing Professional Performance Evaluation Reports submitted to the Board of Managers for approval.

Consideration and Appropriate Action Regarding an Agreement with UT Health San Antonio for Professional Orthotic and



Prosthetic Services — Allen Strickland - The purpose of this agreement is to continue to secure prosthetic and orthotic services for inpatients who are either uninsured or whose insurance will not pay for the devices due to their inpatient status. Services include actual appliances as well as the services of certified orthotists. Prosthetic and orthotic devices are essential for stabilization, proper recovery, and timely discharge following surgical procedures and/or injury and disease treatments. The orthotic devices include spine braces, upper and lower extremity devices that allow early mobilization of the patient and efficient discharge from the hospital. Select devices also assist in preventing the diabetic patient from developing foot and leg ulcerations. The cost of this agreement is \$325,000 per year, the same as last year. This is a planned expense and is included in the 2020 operating budget. Significant savings are achieved by reducing the length of stay of approximately 400 patients per year who would be required to stay in the hospital but for the application and use of these devices. The initial term of this agreement will be a 16-month period from May 1, 2020 through August 31, 2021 at a cost of \$433,333. It will include a single option to renew for an additional 12-month period at a cost of \$325,000. The workforce composition data was provided for the Board’s review. Staff recommends Board of Managers’ approval to execute a 16-month Agreement with UT Health San Antonio through its Department of Rehabilitation Medicine for the provision of orthotic and prosthetic services at a cost of \$433,333, with an option to renew for an additional twelve month period at a cost of \$325,000, for a total value not to exceed \$758,333.

Consideration and Appropriate Action Regarding a Lease Renewal with Highpoint Lifehope Parking SPE, LLC for Classroom and Training Space at High Tower 1, 4801 Data Point Drive, San Antonio, Texas 78229 — Don Ryden - In 2014, the Health System entered into a lease agreement with Highpoint Tower due to the ongoing need for space to accommodate various, large training programs such as Advanced Cardiac Life Support, Basic Cardiac Life Support, Pediatric Life Support and other key programs. The current lease agreement is for 4,265 square feet. Continued use of this space allows the Center for Learning Excellence (CLE) to offer large training programs to the workforce. The lease was renewed in 2017 for a three (3) year term. During the last 3-year period, the CLE has utilized the Highpoint Tower space to meet all training demands for our staff. Staff has negotiated a fair rental rate to retain the needed space for an additional 3-year term renewal at a cost of \$301,704. Current base rental rate is \$21.50 per sq. ft. or \$7,641.46 per month. This is a planned expense and funding has been included in the 2020 Annual Operating Budget. The lease cost per year for the renewal term is outlined as follows:

<u>Year</u>	<u>Time Period</u>	<u>Rent /SF</u>	<u>Monthly Rent</u>	<u>Annual Rent</u>
1	5/1/20 – 4/30/21	\$23.00	\$8,174.58	\$ 98,095.00
2	5/1/21 – 4/30/22	\$23.575	\$8,378.95	\$100,547.37
3	5/1/22 – 4/30/23	\$24.164	\$8,588.29	<u>\$103,061.46</u> \$301,703.83

The workforce composition data for Highpoint Lifehope SPE, LLC was provided for the Board's review. Staff recommends Board of Managers' approve the lease agreement with Highpoint Lifehope SPE, LLC, for a 3 year term for a total cost of \$301,704.

Consideration and Appropriate Action Regarding Professional Services Agreements with Alamo Area Resource Center (AARC) for Ryan White Program, Part B, Early Intervention Services, Medical Case Management, Medical Nutrition and Other Wrap-Around Services - Roberto Villarreal, MD: AARC offers a wrap-around care model with a holistic approach to treatment. This includes medical providers, a provider, social workers, mental health counselors, housing specialists, and supportive services on-site. They help clients by managing all aspects of living with HIV through counseling, nutritional advice, and transportation support. They also provide an on-site pharmacy. They are located at 303 North Frio, San Antonio, TX, 78207. The term of this agreement is April 1, 2020 through March 31, 2021. The contract amount for Ryan White Part B Service Delivery is \$356,483. The funding source is TDSHS, contract number HHS000084600001. HIV services shall be invoiced monthly for actual costs incurred, and will be reimbursed. The Ryan White Program is a payer of last resort. This program provides financial and social services to those not covered by other resources. . The workforce composition data for the Alamo Area Resource Center was provided for the Board's review. Staff recommends approval of a new agreement with the Alamo Area Resources Center, a sub-recipient of Ryan White HIV/AIDS Program funds, to enhance services for Ryan White-eligible patients, for a total of \$356,483.00.

Consideration and Appropriate Action Regarding Professional Services Agreements with Alamo Area Resource Center (AARC) for State Rebate Funded Ryan White Program for Health Insurance Premium and Cost Sharing Assistance, Medical Case Management, Referral for Healthcare and Support Services and Other Wrap-Around Services. — Roberto Villarreal, MD -The term of this agreement is April 1, 2020 through March 31, 2021. The contract amount for the State Rebate is \$236,149. The contract amount for the State Rebate Supplemental is \$215,306.00 for a total of \$415,455. AARC offers a wrap-around care model with a holistic approach to treatment. This includes medical providers, a provider, social workers, mental health counselors, housing specialists, and supportive services on-site. They help clients by managing all aspects of living with HIV through counseling, nutritional advice, and transportation support. They also provide an on-site pharmacy. They are located at 303 North Frio, San Antonio, TX, 78207. The funding source is TDSHS, contract number HHS000084600001. HIV services shall be invoiced monthly for actual costs incurred, and will be reimbursed. The RW Program is a payer of last resort. This program provides financial and social services to those not covered by other resources. The workforce composition data for Alamo Area

Resource Center was provided for the Board’s review. Staff recommends approval of a new agreement with the Alamo Area Resources Center (AARC), a sub-recipient of Ryan White HIV/AIDS Program funds, to enhance services for Ryan White-eligible patients, for a total of \$415,455.00.

Consideration and Appropriate Action Regarding the 1st Quarter 2020 Investment Report — Roe Garrett/Reed Hurley – Staff provided the Investment Portfolio Summaries for the University Health System and Community First Health Plans, Inc., for the first quarter of 2020. In total, the value of all invested funds as of March 31, 2020, was \$1,587,394,106 consisting of Health System, Project, Certificate and CFHP Funds. The reports include all information required by the Texas Public Funds Investment Act (PFIA). In addition, the Health System and CFHP portfolio reports were provided separately. The portfolios earned \$6,575,534 in interest income in the first quarter, a 20 percent decline from \$8,267,309 in the same period one year ago, reflecting the decline in market rates in the last six months. The portfolio’s unrealized gain grew to \$6,472,007. This report was provided for informational purposes, only.

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) — Antonio Carrillo/Travis Smith – A total of 26 contracts with a value of \$48,800,567 were presented to the Board of Managers during today’s meeting. The following contracts require approval by the BCHD Board of Managers: 19 consent contracts with a total value of \$14,721,725; and seven (7) presented contracts with a total value of \$34,078,842. During the month of April 2020, there were 12 contracts classified as Small, Minority, Woman, or Veteran-Owned Business Enterprises (SMWVBE). The April 2020 SMWVBE Status Report reflects items being submitted for Board approval today.

RECOMMENDATION: Staff recommends approval of the items listed on the consent agenda.

ACTION: A **MOTION** to approve staff’s recommendation as made by Mr. Engberg, **SECONDED** by Ms. Barrera, and **PASSED UNANIMOUSLY**.

EVALUATION: Mr. Engberg noted the total amount invested is \$1.5 billion, a large amount of money bringing in several millions per month, even with the low interest rates. Mr. Smith was interesting in knowing the reason for the increase from \$21.50 per sq. ft. to \_\$24.16 per sq. ft. during Year 3 of the lease renewal with Highpoint Lifehope Parking SPE, LLC. This increase is market driven, commonly known as incremental annual bumps on commercial property, which account for increases in property taxes, utilities, insurance, and is comparable to other properties leased by the Health System.

FOLLOW-UP: None.

**ACTION ITEMS:**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING COMMISSIONING OF A PEACE OFFICER FOR BEXAR COUNTY HOSPITAL DISTRICT — CHIEF A.J. SANDOVAL, III/ED BANOS**

- SUMMARY:** The Health System is authorized by the Texas Health & Safety Code to appoint and commission peace officers to provide a safe and secure environment for patients, visitors, staff, and facilities. A peace officer's authority is limited to property owned or controlled by the Health System, including an abutting street, right of way or easement in the property. The Texas Code of Criminal Procedure identifies persons commissioned by the Board of Managers of the Health System as peace officers. The credentials of Mr. Abel Vasquez have been examined and certified by the Chief of Police as meeting all of the requirements of a University Health System Peace Officer. As required of all Health System peace officers, Mr. Vasquez has completed all necessary training requirements.
- RECOMMENDATION:** Staff recommends Board approval to commission Mr. Abel Vasquez as a Bexar County Hospital District Peace Officer.
- ACTION:** A **MOTION** to approve staff's recommendation as made by Mr. Hasslocher, **SECONDED** by Mr. Engberg, and **PASSED UNANIMOUSLY**.
- EVALUATION:** None.
- FOLLOW-UP:** None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING ANNUAL OPERATING AGREEMENTS WITH UT HEALTH SAN ANTONIO — ED BANOS**

- SUMMARY:** The Health System contracts with UT Health San Antonio for oversight and direction of clinical and quality functions that enhance patient care. These agreements are based on timesheets submitted by UT Health providers and verified by the Health System's designated staff member. The negotiated 2020 Annual Operating Agreements total \$18,511,211 vs. \$16,955,417 for the 2019 agreements. This represents an increase of \$1,555,974 or 9.2 percent. This term of the proposed agreement is for 20 months from January 1, 2020 through August 31, 2021 for a total of \$30,852,018.

Medical Directors are selected by their department chair or service chief in consultation with Health System leadership. Mr. Banos elaborated regarding the Medical Directors' duties and responsibilities in his written report. The amount for Medical Director Services is \$7,612,443 vs. \$6,635,900 in 2019. This represents an increase \$976,543 or 14.7 percent. New and expanded Medical Director positions for Anesthesia, Cystic

Fibrosis, Pathology, and Integrated Medicine account for this increase.

General services consist of direct patient care services rendered to patients through non-physician medical staff employed by UT Health. Within the General Services portion of the agreement, funding is allocated to support personnel to assist with the navigation of patients to resources within the Health System. The amount for General Services is \$10,898,768 vs. \$10,319,517 in 2019. This represents an increase of \$579,251 or 5.6 percent. New and expanded positions in Ophthalmology and Trauma Research account for this increase. The following services are included in the General Services section:

- Residency Program Educational Funds - Funding for this item in 2020 is budgeted for \$625,000, equal to the 2019 agreement.
- House Staff Medical Malpractice - Funding for this category in 2020 is budgeted for \$713,616, equal to the 2019 agreement.
- University Medicine Associates Malpractice Insurance - Funding for this category in 2020 is budgeted for \$67,716, equal to the 2019 agreement.

The workforce composition data for UT Health San Antonio was provided for the Board's review, as well as a chart presented as Attachment A, which highlights Annual Operating Agreement expenses beginning 2012 through present for medical directorships and general services.

RECOMMENDATION: Staff recommends Board of Managers' approval and authorization for the President/Chief Executive Officer to execute the 2020 Annual Operating Agreements for Medical Director Services and General Services with UT Health San Antonio for a 20-month period beginning January 1, 2020 and ending August 31, 2021 in the combined amount not to exceed \$30,852,018.

*Dr. Jimenez left the Board meeting at 2:35 pm*

ACTION: A **MOTION** to approve staff's recommendation as made by Mr. Hasslocher, **SECONDED** by Mr. Engberg, and **PASSED UNANIMOUSLY**. Dr. Jimenez did not vote.

EVALUATION: None.

FOLLOW-UP: None.

*Dr. Jimenez returned to the Board meeting at 2:39 pm.*

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH TEJAS PREMIER BUILDING CONTRACTOR, INC. TO PROVIDE CONSTRUCTION SERVICES FOR INTERIOR RENOVATIONS AT THE SOUTHWEST CLINIC — DON RYDEN**

SUMMARY: University Family Health Center - Southwest (UFHC-SW) opened in 1994, without significant interior renovation in over 20 years. The purpose of this facility investment project is to create an

updated and modern environment that is consistent with the newest ambulatory clinics, i.e., Robert B. Green Campus and Dr. Robert L.M. Hilliard Center. The primary focus areas for this renovation will be to update public areas (public entrance, reception area, and restrooms). A significant portion of the project will be the replacement/upgrade of the existing front desk and the demolition of existing flooring and wall finishes and installation of new terrazzo flooring, wall tile and paint finishes in all public corridors. Also included in this project will be replacement of all drinking fountains and the demolition and replacement of all flooring, wall tile, paint finishes, plumbing fixtures and toilet partitions in four restrooms on level 1 and two restrooms on level 2. Staff will also work with the contractor to complete the project in various phases to accommodate continued clinical operations and facilitate patient access to services at UFHC-Southwest. The Health System solicited and received five (5) formal bids as follows:

Azteca Designs	\$ 972,665	55 Calendar Days
Bryco Construction	\$ 923,899	140 Calendar Days
Falkenberg Construction	\$ 837,749	300 Calendar Days
Tejas Premier	\$ 708,649	140 Calendar Days
Valla Construction	\$ 484,091	94 Calendar Days

The proposals were evaluated based on the criteria provided to the firms in the RFP. Of the firms that proposed, Tejas Premier Building Contractor was selected based on their competitive pricing, proposed schedule, healthcare experience and safety record. The project budget summary is as follows:

Scope	Cost
Design Services	\$ 27,500.00
General Contractor Construction Services ( <b>This request</b> )	\$ 708,649.00
Pre-construction services (Estimated)	\$ 35,000.00
Furniture (Estimated)	\$ 220,000.00
<b>Total</b>	<b>\$ 991,149.00</b>

The workforce composition data for Tejas Premier was provided for the Board’s review. This purchase is to be funded from 2020 operational funds.

RECOMMENDATION: Staff recommends Board of Managers’ approval of the selection of Tejas Premier Building Contractor for interior renovations at the Southwest Clinic in the amount of \$708,649.

ACTION: A **MOTION** to approve staff’s recommendation as made by Mr. Smith, **SECONDED** by Dr. Jimenez, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW-UP: None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING RATIFICATION OF A PROFESSIONAL SERVICES CONTRACT FOR PROTIVITI TO PROVIDE COMMUNITY FIRST HEALTH PLANS WITH THE MANAGEMENT’S REPORT OF INTERNAL CONTROL OVER FINANCIAL REPORTING (MAR), ENTERPRISE RISK MANAGEMENT REPORT (ERM), AND OWN RISK AND SOLVENCY ASSESSMENT (ORSA) — DAVERICK ISAAC**

**SUMMARY:**

The Model Audit Rule (MAR) serves as the cornerstone for monitoring, regulation and governance over the insurance industry. Officially known as the Annual Financial Reporting Model Regulation, the Model Audit Rule “requires nonpublic insurers to comply with stringent regulatory provisions, increase transparency and improve corporate governance.” In January 2010, the National Association of Insurance Commissioners (NAIC) issued an amendment to the MAR with revisions that addressed three key factors: Independence of auditors; corporate governance; and internal control over financial reporting. Specifically, the amendment requires the management of certain insurers or HMOs (e.g., those that have \$500 million or more of annual direct written and assumed premium) to annually prepare and file a management’s report of internal control of financial reporting with the NAIC and to document and make available upon financial condition examination, the basis of management’s opinions. Community First Health Plans exceeded the \$500 million threshold in 2018. Additionally, Community First Health Plans is required to provide to the NAIC an annual written communication prepared by an independent accountant that describes any unremediated material weaknesses in its internal controls over financial reporting noted during the audit, no later than the 60th day after filing the annual audit report required by the Insurance Code Chapter 401, Subchapter A, with NAIC. Community First Health Plans, Inc., through the Health System’s Procurement Department, obtained proposals for professional services in accordance with Act requirements for the development of: 1) Management’s Report of Internal Control over Financial Reporting; 2) Enterprise Risk Report – Form F; and 3) Own Risk and Solvency Assessment (ORSA). Based on these three (3) requirements, Protiviti submitted the most suitable proposal:

Phase	Service Description	Estimated Hours	Estimated Fees
1	Management's Report Over Financial Reporting (MAR)	2,250	\$ 348,750
2	Enterprise Risk Report (Form F)	<i>Included with ORSA Readiness Phase below</i>	
3	Own Risk and Solvency Assessment Readiness (ORSA)	395	\$ 88,350
3.1	Own Risk and Solvency Assessment Implementation (ORSA)	Note 1	\$225,000 - \$250,000

*Note 1: The results of the ORSA Readiness effort will influence the approach, timing and pricing of the Implementation and ORSA draft. The estimated pricing provided (\$225K to \$250K) is the maximum price from our experience in similar past projects, in addition to the required level to implement an ORSA process/ERM framework and draft an ORSA*

- RECOMMENDATION:** Community First Health Plans, Inc., received approval from its Board of Directors at its regular board meeting on Friday, March 27, 2020, to proceed with Protiviti for these professional services Staff recommends ratification by the Board of Managers' to retain Protiviti at an estimated cost of \$687,100 for services described herein.
- ACTION:** A **MOTION** to approve staff's recommendation as made by Ms. Barrera, **SECONDED** by Dr. Burns, and **PASSED UNANIMOUSLY**.
- EVALUATION:** Mr. Engberg noted the cost of \$687,000 suggests that there is a lot of work that needs to be done, and asked if additional staffing would be required. Mr. Hernandez responded that additional staff is not required and that Protiviti will provide quarterly reports to CFHP leadership, and also serve as the internal auditor for the 2020 financial audit. The retention of Protiviti is a clean up issue for CFHP. The scope of services will ensure the development of a series of policies and procedures that relate to the maintenance of records, assurance that transactions have been recorded as necessary to permit preparation of the financial statements; and prevention or timely detection of unauthorized acquisition, use, or disposition of assets. CFHP leadership will monitor the progress, and Ms. Scepanski informed the Board that CFHP has implemented an internal audit function jointly with the Health System. Mr. Adams urged the staff to tap the expertise of BCHD Board members as needed.
- FOLLOW-UP:** None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORTS FOR MARCH 2020 — REED HURLEY**

- SUMMARY:** In March, Health System operations were significantly impacted by the beginning of the COVID-19 crisis resulting in stay at home and social distancing directives reducing in and outpatient activity. Clinical activity (as measured by inpatient discharges) was down 6.3 percent for the month compared to budget. Community First Health Plans (CFHP) fully-insured membership was down 2.0 percent to budget. On a consolidated basis, loss from operations was \$1.5 million, \$6.2 million lower than budget. The consolidated bottom line loss (before financing activity) was \$2.6 million, \$3.2 million lower than the budgeted gain of \$587,000. Lower patient revenue resulted in performance below budget. CFHP experienced a bottom line loss of \$2.1 million which was \$1.8 million lower than the budgeted loss of \$279,000. Higher claims expense accounted for the performance to budget. Debt service revenue was \$5.9 million which was equal to budget. Mr. Hurley reviewed in detail, notable increases and/or decreases from the December 31, 2019 Consolidated Balance Sheet, and significant items from the Monthly Consolidated Statement of Revenues and Expenses.



- RECOMMENDATION: Staff recommends acceptance of the finance reports subject to audit.
- ACTION: A **MOTION** to approve staff's recommendation as made by Mr. Hasslocher, **SECONDED** by Mr. Engberg, and **PASSED UNANIMOUSLY**.
- EVALUATION: From a volume standpoint, by mid-March, some of the hospitals in the country were overwhelmed with additional volume, while other hospitals lost volume. On March 14, the U.S. Surgeon General asked hospitals stop all elective cases. By the following week hospitals started to receive more rules and guidance about performing elective procedures from the Surgeon General's office. In the last two weeks of March University Hospital saw a decrease in most elective, surgical procedures, and invasive testing procedures slowed down. The Emergency Department also slowed down and inpatient volume decreased shortly after that. The month of April continues at that pace; with 30 percent less volume than in prior months. However, this week has picked up slightly on the outpatient side. The Health System closed some of the smaller clinics in late March and transitioned to televisits. It took a while to make that transition, but the providers are now seeing more patients per day than they did before the pandemic because no shows are not a problem. Payer mix dropped slightly for the month of March to 72.2 percent. Variance for the month of April will be magnified; for now net patient revenue is off budget by \$8.8 million, and year to date is off by \$7.5 million. Supplies were over budget in the pathology lab, which has to do with COVID-19 testing. January and February were very good months for the Health System. Regarding the federal CARES act, a \$2 trillion coronavirus response bill intended to speed relief across the American economy, Mr. Hurley reported that it provides \$100 billion for hospitals responding to the coronavirus. The government wanted to get those funds out as soon as possible, so they used a Medicare allocation methodology sending payments worth \$30 billion based on the amount each hospital typically bills Medicare. The Health System received a payment of \$11 million last week, it is a grant with many stipulations on what the funds can pay for. The staff is working in consultation with the external auditors to recognize the \$11 million going forward and are waiting for a definition on "loss revenue," The next stimulus package is for \$7 billion and will be steered to States that have been impacted by COVID-19 on a patient count. The CARES Action also temporarily suspends the 2 percent payment adjustment currently applied to all Medicare fee-for-service claims due to sequestration. Many things will impact the Health System's supplemental funding. Mr. Hernandez noted that Health Systems had just reached an \$484 billion deal on additional corona virus funding. Dr. Jimenez noted that the state, county and city have all issued projections of the economic impact of COVID 19. Does the staff have an estimate for impact on the Health System? Not at this time due to the clarity needed on all four federal stimulus bills regarding the definition of "revenue." Staff will research to find the impact amount, independent of the federal aid

received. Dr. Jimenez also wanted to know if telemedicine psych consultations are billable, to which Mr. Hurley replied that they are and Dr. Burns informed him that private insurances have been very cooperative in that regard, and she has experienced no issues with billing.

FOLLOW-UP:

None.

*Dr. Jimenez departed the Board meeting at 3:19 pm*

## **PRESENTATIONS:**

### **COVID-19 REPORT — BRYAN ALSIP, M.D.**

SUMMARY:

On January 30, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a Public Health Emergency of International Concern, acknowledging that cases had been reported in five WHO regions within one month. Early detection, contact tracing, isolation of cases, and social distancing measures were emphasized as ways to interrupt the virus spread. While the full name of the virus is Severe Acute Respiratory Syndrome (SARS) Coronavirus 2 (SARS-CoV-2), the WHO officially re-named the disease resulting from the virus as COVID-19 on February 11. The Health System began responding to the COVID-19 situation very early. Planning and response to this emerging infection began with preparations to manage American evacuees brought to Lackland Air Force Base for quarantine. This included U.S. citizens from Wuhan, China as well as two subsequent cohorts of American evacuees from the Diamond Princess and Grand Princess cruise ships. Initial meetings between the Health System response group and the Southwest Texas Regional Advisory Council (STRAC) began during the week of January, 20, 2020. The Health System Infectious Disease Response Group began meeting on January 29, 2020, six weeks before COVID-19 was officially declared a pandemic by the WHO. Since that time, University Health System, in collaboration with local, state, and federal partners has been responding to this ongoing pandemic. Stay at home orders were issued by the Mayor and County Judge Nelson Wolff on March 23. Dr. Alsip summarized several significant actions taken by the Health System regarding its operations, planning, communications, and community activities and support, to include four nursing homes for which licenses the Health System owns; and Bexar County Detention Healthcare Services. The Health System has played a key role during the first few months of the COVID-19 pandemic to effectively treat patients, protect staff and providers, and serve the community in response to this ongoing outbreak.

RECOMMENDATION: This report was provided for informational purposes only.

ACTION: No action by the Board of Managers was required.

EVALUATION: Mr. Smith thanked Ms. Scepanski for how she is handling COVID-19 testing at Bexar County Detention Healthcare Services and for covering on an interim basis at CFHP, she is doing a great job juggling things. Ms. Barrera echoed Mr. Smith sentiments about Ms. Scepanski, and asked if the Health System and UT Health would have a voice in the City and County plan to transition sensibly in re-opening the city. Dr. Alsip informed the Board that the COVID-19 Health Transition Team will be chaired by Dr. Barbara Taylor, associate professor of infectious diseases and associate dean for the MD/MPH Program at UT Health San Antonio. The team includes Dr. Bryan Alsip, Dr. Jason Morrow, medical director of Inpatient Palliative Care Services at University Health System. UT Health San Antonio partners on the task force include Dr. Ruth Berggren, infectious disease specialist, and Dr. Tom Patterson, chair of Infectious Diseases. This task force of medical and public health experts will develop and recommend strategies for slowly reopening the local economy while continuing to combat the spread of coronavirus. The members are all local leaders in public health whose expertise is leading the way to keep San Antonio healthy and safe. Ms. Barrera then asked Dr. Alsip's professional opinion on whether it is too soon to open up. Dr. Alsip has reviewed 8-10 re-opening plans and most are built around the economy; however, re-opening the city must happen in a way that allows monitoring of how things are going so that adjustment are needed we can resume interventions or social distancing precautions. Most plans also speak to a period of decline in new cases for about two weeks, and the ability of local health systems to handle acute levels. In addition, significantly increasing the amount of testing to know where the disease is occurring when people are less isolated. It is critical to follow up on test results with contact tracing and follow parameters and guidance provided by the experts in the community. Mr. Banos thanked Dr. Bryan Alsip, Dr. Emily Volk, Mr. Mike Roussos, Ms. Theresa De La Haya, and Mr. Antonio Carrillo for their leadership. As soon as staff became aware of the stay at home orders, the Health System kicked off a daily 8 am call in preparation for the surge of patients that we thought we would have. The Health System has one weekly management call and there are daily communications to the staff re-assuring them and letting them know we are doing everything possible. In addition, every governmental entity across the country was held responsible for knowing how many ventilators were available as well as supplies, and reported to the Governor's Office. The Health System initiated tight labor controls on the ambulatory side when services were consolidated. When ambulatory staff decided not to take time off during the pandemic, they were assigned to do screenings at the hospital or the Freeman Coliseum.

After the COVID-19 update, Ms. Barrera wanted to know if the Women's and Children's Hospital was on schedule. Yes, the new

hospital is still on schedule on the construction side. Construction workers are practicing safe protocols and have been very cooperative, they undergo daily screenings before entering the jobsite. The lower volume of hospital patients has provided an opportunity for the construction team to make some of those connections and tie ins with minimal impact to patient areas. Progress is tracked daily and weekly as it relates to the supply chain. Nothing on the supply chain at side has impacted or slowed down the progress. The designed schedule has changed a little bit, since all architects have been working from home for the last 6-8 weeks.

Mr. Adams welcomed a brief update from Mr. Bill Phillips regarding Epic. July 11, 2020 is the go live for the Health System. He reported that about 98 percent of the scheduled training will be done by video, both live and recoded and will be finalized by May 11. One great benefit about the delay in going live is that the Health System will receive the most recent version of Epic. Extension of the Epic and consultants contracts could increase cost because the Health System is ahead of the deadline, however, no negative impact expected. Mr. Phillips reassured Mr. Smith that every staff member and clinic will have the ability to do what they need to do. Before the July go-live date, the staff will have completed a total of four dry run rehearsals.

Mr. Hernandez thanked the Board of Manager for their service to the University Health System and the community.

FOLLOW-UP

None.

**INFORMATION ONLY ITEMS:**

**EPIC ELECTRONIC HEALTH RECORD PROJECT UPDATE — *BILL PHILLIPS***

**UPDATE ON THE WOMEN’S AND CHILDREN’S HOSPITAL AND ASSOCIATED PROJECTS — *DON RYDEN***

**UNIVERSITY HEALTH SYSTEM FOUNDATION UPDATE — *LENI KIRKMAN*  
**REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — *LENI KIRKMAN*****

SUMMARY:	Mr. Adams directed his colleague’s attention to three informational reports above and urged them to contact staff members directly with questions and/or comments.
RECOMMENDATION:	These reports were provided for informational purposes only.
ACTION:	No action was required by the Board.
EVALUATION:	None
FOLLOW-UP:	None.

**ADJOURNMENT — JIM ADAMS, CHAIR**

There being no further business, Mr. Adams adjourned the Board meeting at 3:480 pm.

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James R. Adams  
Chair, Board of Managers

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Dianna M. Burns, M.D.  
Secretary, Board of Managers

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Sandra D. Garcia, Recording Secretary



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### **Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Staff Membership and Delineation of Privileges**

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#### **Background:**

The Board of Managers of University Health System has approval authority for the appointment of clinical providers to the Medical-Dental Staff and the granting of clinical privileges for overseeing the quality of care and provision of treatment to patients. University Health System's Professional Staff Services department (PSS) is responsible for ensuring compliance regarding all applicants for the credentialing and privileging of providers. Operating under the strict standards, Professional Staff Services handles the Health System's credentialing and privileging process from beginning to end as outlined below.

#### **Credentialing Process:**

Requests for the credentialing and privileging of clinical providers are collected and reviewed by UHS Medical-Dental Staff Coordinators who ensure that all necessary information is included in the application. A properly completed application is then sent to the Central Verifications Office (CVO) staff, within the UHS Professional Staff Services department, to perform primary source verifications of all professional activities from graduation of medical school to the present.

Once the CVO staff has completed the primary source verifications, the UHS PSS staff assembles a complete file to be reviewed by the appropriate clinical Department Chair at the UT Health School of Medicine. Once approved by the Department Chair, the complete file is presented to the appropriate Medical-Dental Staff Committee – either the UHS Allied Health or UHS Physician Credentials Committee for review and approval.

**Bexar County Hospital District Board of Managers - Medical-Dental Staff Recommendations for Staff Membership and Delineation of Privileges**

**May 19, 2020**

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Upon approval, Professional Staff Services for UHS will request temporary privileges for the provider. Approval from the following are required in order to grant the Pendency of Application for Temporary Privileges: Chief of Medical-Dental Staff; the Director of UHS Professional Staff Services department; the VP of Legal Services; President/CEO of the Health System or designee (Chief Medical Officer); and the Executive Committee of the Medical-Dental Staff. The UHS Board of Managers has final approval of all applicant files.

If final approval is received from the Board of Managers, the provider is placed on a two-year reappointment cycle. After 12 months' provisional review, the provider's status changes from Provisional to Active or Courtesy Staff depending on board certification and the frequency of patient encounters during the previous 12 months.

In accordance with UHS Professional Practice Evaluation Policy (10.025) and the Joint Commission, the Professional Staff Services department has established a systematic process to conduct and evaluate an ongoing and focused assessment of the professional practice of practitioners' performance of clinical privileges.

Ongoing Professional Practice Evaluation (OPPE), conducted every nine months and retrospectively between reappointments, is an ongoing evaluation period that identifies professional practice trends that could have an impact on quality of care and patient safety.

Focused Professional Practice Evaluation (FPPE) is a process whereby medical-dental staff member(s) are evaluated in regards to his/her competency and professional performance. New privileges, results of Peer Review, and assessment of Supervision all warrant a FPPE.

Pursuant to Article III, Section 3.3-1 of the Medical-Dental Staff Bylaws, initial appointments and reappointments to the Staff shall be made by the Board of Managers. The Board of Managers shall act on initial appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Executive Committee.

**Bexar County Hospital District Board of Managers - Medical-Dental Staff Recommendations for Staff Membership and Delineation of Privileges**

May 19, 2020

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The Credentials Committee met on April 27, 2020 and reviewed the credential files of the individuals listed on the attached Credentials Report and the Professional Performance Evaluation Report. In its meeting of May 5, 2020, the Executive Committee of the Medical-Dental Staff recommended approval of the following:

- 1) Credentials Committee Report
- 2) Delineation of Privileges
  - a) University Health System
    - i. Emergency Medicine - Toxicology (Revised)
- 3) Focused/Ongoing Professional Performance Evaluation Report

**Recommendation:**

The following list of providers have been reviewed and approved in accordance with the Health System's credentialing and privileging process. We recommend the Board of Managers approve clinical privileges for the attached list of providers.



\_\_\_\_\_  
Bryan J. Alsip, M.D., M.P.H.  
Executive Vice President/  
Chief Medical Officer



\_\_\_\_\_  
Rajeev Suri, M.D.  
President, Medical-Dental Staff



\_\_\_\_\_  
George B. Hernández, Jr.  
President/Chief Executive Officer





# University Health System

## CREDENTIALS COMMITTEE

April 27, 2020

Revised May 5, 2020

Initial Appointments			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Dengler, Bradley, MD	Pending	Neurosurgery	
Hernandez, Rose, FNP	Pending	Neurology	
Madan, Pankaj, MD	Pending	Medicine/Cardiology	
Mahadevan, Daruka, MD	Pending	Medicine/Hematology-Oncology	
Meier, Marshall J., DO	Pending	Medicine/Hospital Medicine	
Merovic, Aurora, RA	Pending	Medicine/Internal Medicine	
Morris, Kelsey, RA	Pending	Medicine/Infectious Disease	
Pillai, Ganesh M., CRNA	Pending	Anesthesiology	
Reynero, Erick, RA	Pending	Family & Community Medicine	
Subramanian, Sujata, MD	Pending	Cardiothoracic Surgery	
Verduzco-Gutierrez, Monica, MD	Pending	Rehabilitation Medicine	
Walsh, Rachel, PA	Pending	Neurology	

### The Emergency Temporary Applications listed below were presented in an ad hoc committee

Campbell Jr., William T., MD	Temporary	Medicine/Hospital Medicine	
Curiel, Tyler, MD	Temporary	Medicine/Infectious Disease	
Gallagher, Margaret E., MD	Temporary	Pediatric Surgery	
Kasinath, Balakuntalam S., MD	Temporary	Medicine/Hospital Medicine	
Keeton, James Z., MD	Temporary	Medicine/Hospital Medicine	
Shahid, Noor-E-Ain, MD	Temporary	Neurology	
Verduzco-Gutierrez, Monica, MD	Temporary	Rehabilitation Medicine	

### ASC Medical Center

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Kitano, Mio, MD	Pending	Surgery	
Pillai, Ganesh M., CRNA	Pending	Anesthesiology	

### The initial applications listed below were presented in an ad hoc committee on 04/13/2020

Echavarria, Juan F., MD	Temporary	Medicine/Gastroenterology	
Hubbard, Hopeth, MD	Temporary	Medicine/Gastroenterology	
Wright, Randy, MD	Temporary	Medicine/Gastroenterology	

### ASC Robert B. Green

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Pillai, Ganesh M., CRNA	Pending	Anesthesiology	

**REAPPOINTMENTS**  
(May 26, 2020 – March 31, 2022)

<b>ASC- Medical Center - Reappointment</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Anderson, Kent L., MD	Active	Ophthalmology	
Bhavaraju-Sanka, Ratna K., MD	Active	Neurology	Addition to Privileges
Earley, Marisa A., MD	Active	Otolaryngology - H & Ns	
Fry, Constance L., MD	Active	Ophthalmology	
Goetz, Jessica T., DO	Provisional	Urology	
Rosende, Carlos A., MD	Active	Ophthalmology	
Taylor, Christine B., MD	Active	Otolaryngology - H & Ns	

<b>ASC- Robert B. Green - Reappointment</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Earley, Marisa A., MD	Active	Otolaryngology - H & Ns	
Goetz, Jessica T., DO	Provisional	Urology	
Taylor, Christine B., MD	Active	Otolaryngology - H & Ns	

<b>Anesthesiology</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Dentchev, Dimitar L., MD	Active	Anesthesiology	

<b>Cardiothoracic Surgery</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Das, Nitin A., RA	Research Associate	Cardiothoracic Surgery	Voluntary Reduction of Privileges

<b>Emergency Medicine</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Husby, Luke F., DO	Active	Emergency Medicine	Voluntary Reduction of Privileges
Joseph, Ryan J., DO	Provisional	Emergency Medicine	
Katz, Elijah J., MD	Active	Emergency Medicine	Voluntary Reduction/ Addition of Privileges
King, Kevin M., MD	Active	Emergency Medicine	
Lee, Monica I., MD	Active	Emergency Medicine	
Martin, Amy R., MD	Active	Emergency Medicine	
Paquette Iii, Roland J., PA-C	Physician Assistant	Emergency Medicine	
Parker, Brian K., MD	Active	Emergency Medicine	
Raczek, Katherine K., MD	Provisional	Emergency Medicine	Reduction to Privileges
Retzloff, Chad R., PA-C	Physician Assistant	Emergency Medicine	
Stricklin, Andrew L., MD	Active	Emergency Medicine	Reduction of Privileges

<b>Family &amp; Community Medicine</b>			
<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Agboola, Iyunoluwa O., MD	Active	Family & Community Medicine	
Burgin, Tiffani D., PA	Physician Assistant	Family & Community Medicine	
Wayser-Erfurth, Jozett, NP	Advance Practice Nurse	Family & Community Medicine	

Lomboy, Juanito Q., MD	Active	Family & Community Medicine	Addition of Privileges
Medina Cueva, Andrea F., RA	Research Associate	Family & Community Medicine	
Sam, Bindu, FNP-BC	Advance Practice Nurse	Family & Community Medicine	
Lasquez, Veronica M., MD	Active	Family & Community Medicine	
Whiteley, Katherine T., MD	Active	Family & Community Medicine	
Wiemers, Marcy R., MD	Active	Family & Community Medicine	

Hospital Dentistry			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Ojeda Diaz, David L., DDS	Provisional	Hospital Dentistry	
Taft, Robert M., DDS	Active	Hospital Dentistry	Voluntary Reduction of Privileges

Medicine			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Abdul-Ghani, Muhammad, RA	Research Associate	Medicine/Diabetes	
Agan, Todd S., HCA	Clinical Associate	Medicine/Hospital Medicine	
Bansal, Shweta, MD	Active	Medicine/Nephrology	
Becker, Emily M., MD	Active	Medicine/Dermatology	
Bhattarai, Manoj, MD	Active	Medicine/Nephrology	Crossed Appointment in Hospital Medicine/ Reduction of Privileges
Draeger, Hilda T., MD	Active	Medicine/Rheumatology	
Fiazuddin, Faraz, MD	Active	Medicine/Hospital Medicine	
Glass, Kristen R., MD	Active	Medicine/Hospital Medicine	
Jha, Anupam, PA-C	Physician Assistant	Medicine/Hospital Medicine	
Kunavarapu, Chandrasekhar R., MD	Active	Medicine/Cardiology	
Lacoss, Jennifer J., MD	Active	Medicine/Geriatrics	
Lawitz, Eric J., MD	Courtesy	Medicine/Gastroenterology	
Leverence, Robert R., MD	Active	Medicine/Hospital Medicine	
Mushtaq, Uzair, MD	Active	Medicine/Hospital Medicine	
Pham, Son V., MD	Active	Medicine/Cardiology	
Poullard, Natalie, MS	Clinical Associate	Medicine/Hematology & Oncology	
Sadi-Ali, Vajeaha, MD	Provisional	Medicine/Hospital Medicine	Dean's Waiver
Rodriguez, Raudel S., MD	Provisional	Medicine/Hospital Medicine	
Salehi, Marzieh, MD	Active	Medicine/Diabetes	
Sharma, Shirin, MD	Active	Medicine/Nephrology	Voluntary Reduction to Privileges
Stephens, Benjamin E., MD	Active	Medicine/Hospital Medicine	
Stewart-Reyes, Gwenda M., FNP	Advance Practice Nurse	Medicine/Cardiology	
Tomasini, Maggie E., RA	Research Associate	Medicine/Hematology & Oncology	
Tong, Lijuan, MD	Active	Medicine/Nephrology	
Wiseman, Alison C., MD	Active	Medicine/General Medicine	Voluntary Reduction of Privileges

Neurology			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Bhavaraju-Sanka, Ratna K., MD	Active	Neurology	

**Neurosurgery**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Mascitelli, Justin R., MD	Provisional	Neurosurgery	
Leifi, Ali, MD	Courtesy	Neurosurgery	Voluntary Reduction of Privileges

**Ophthalmology**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Anderson, Kent L., MD	Active	Ophthalmology	
Fry, Constance L., MD	Active	Ophthalmology	
Rosende, Carlos A., MD	Active	Ophthalmology	

**Orthopaedics**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Butler, Mary K., PA	Physician Assistant	Orthopaedics/General	
Pesek, Rachel D., RN	Research Associate	Orthopaedics/General	
Rhame, Benjamin W., PA-C	Physician Assistant	Orthopaedics/General	

**Otolaryngology**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Earley, Marisa A., MD	Active	Otolaryngology - H & Ns	
Taylor, Christine B., MD	Active	Otolaryngology - H & Ns	

**Pediatrics**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Aguilar, Christine, RA	Research Associate	Pediatrics/Hematology-Oncology	
Anzueto Guerra, Diana G., RA	Research Associate	Pediatrics/Neonatology	
Jones, Woodson S., MD	Active	Pediatrics/General Pediatrics	Addition to Privileges
Kallberg, Jeffrey L., PT	Clinical Associate	Pediatrics/Hematology-Oncology	
Neish, Steven R., MD	Active	Pediatrics/Cardiology	
Ranch, Daniel, MD	Active	Pediatrics/Nephrology	
Sandate, Irene G., NNP	Advance Practice Nurse	Pediatrics/Neonatology	
Svatek, Mandie A., MD	Active	Pediatrics/Inpatient Pediatrics	Addition to Privileges

**Psychiatry**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Mathew, Nisha S., NP	Advance Practice Nurse	Psychiatry	

**Radiology**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Brown, Teresa J., FNP	Advance Practice Nurse	Radiology	
Lally, Jason E., MD	Active	Radiology	
Tall, Michael A., MD	Active	Radiology	

**Surgery**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Gray, Gina A., MD	Active	Surgery/Hyperbaric Medicine	
Saathoff, Lori G., RN	Clinical Associate	Surgery/Transplant	Reduction of Privileges
Stone, Kelsie L., RA	Research Associate	Surgery/Transplant	

**Urology**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Goetz, Jessica T., DO	Provisional	Urology	

**Request for Waiver – Board Certification**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Sadi-Ali, Vajeeha, MD	Provisional	Medicine/Hospital Medicine	Board Waiver

**Updated DOP Form**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Husby, Luke F., DO	Active	Emergency Medicine	

**Request for Additional Privileges/Voluntary Reduction**

NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
Bhattarai, Manoj, MD	Active	Medicine/Nephrology	<b>Reduction:</b> <b>Medicine/Hospital Medicine:</b> Nasogastric Tube Insertion and Gastric Lavage.
Bhavaraju-Sanka, Ratna K., MD	Active	Neurology	<b>Addition:</b> UHS: Occipital Nerve Blocks
Das, Nitin A., RA	Research Associate	Cardiothoracic Surgery	<b>Reduction:</b> Maintains specimen inventory and ensures appropriate storage conditions and security; Provides participant education and instruction on use of study medication, including administration, storage, side effects and how to notify researcher of adverse drug reactions; Enters research documentation progress notes into electronic medical records, under appropriate heading or titles; Obtains and organizes data such as test results, diaries/cards or other necessary information for the study
Jones, Woodson S., MD	Active	Pediatrics/General Pediatrics	<b>Addition:</b> Circumcision
Lomboy, Juanito Q., MD	Active	Family & Community Medicine	<b>Addition:</b> Newborn & Obstetrics & Gynecology Core Ambulatory Privileges

Katz, Elijah J., MD	Provisional	Emergency Medicine	<b>Addition:</b> Special Emergency Medicine Privileges: Adnexal evaluation; Testicular evaluation; Bowel Evaluation; ENT evaluation; Regional Anesthesia; Advanced ECHO evaluation <b>Reduction:</b> Emergent cranial burrhole placement.
Raczek, Katherine K., MD	Provisional	Emergency Medicine	<b>Reduction:</b> Gastric Lavage and Sexual assault examination
Saathoff, Lori G., RN	Clinical Associate	Surgery/Transplant	<b>Reduction:</b> Kidney and Liver Biopsies; center line insertions.
Seifi, Ali, MD	Courtesy	Neurosurgery	<b>Reduction:</b> Diagnostic or Therapeutic Bronchoscopy
Svatek, Mandie A., MD	Active	Pediatrics/Inpatient Pediatrics	<b>Addition:</b> Tympanometry and audiometry
Sharma, Shirin, MD	Active	Active	<b>Reduction:</b> Removal of a tunnel cuffed catheter (TCC)
Stricklin, Andrew L., MD	Active	Emergency Medicine	<b>Reduction:</b> Regional Anesthesia.
Taft, Robert M., DDS	Active	Hospital Dentistry	<b>Reduction:</b> Lip surgery, minor; Repair minor lacerations; Excision minor benign tumors; Excision minor cysts; Root resections; Tongue surgery, minor; Torus mandibularis, minor; Torus palatinus, minor; Apicoectomy; Frenectomy
Wiseman, Alison C., MD	Active	Medicine/General Medicine	<b>Reduction:</b> Peripheral Nerve Block; Placement of anterior and posterior nasal hemostatic packing; Placement of peripheral venous line; Removal of nonpenetrating foreign body from the eye, nose, or ear; Minimal Sedation (Anxiolysis) – a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected

**Change of Status**

<b>NAME</b>	<b>STATUS</b>	<b>DEPARTMENT/SECTION</b>	<b>COMMENTS</b>
Farber, Scott J., MD	Provisional	Surgery/Plastic Surgery	Military Leave of Absence 04/04/2020 Returning 05/05/2020



Villarreal, Robert, RA	Research Associate	Psychiatry	Change of Department/ Supervisor to Anesthesiology and Maxim Eckmann, MD
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Medical Records Suspensions			
NAME	STATUS	DEPARTMENT/SECTION	FROM - TO
None			

Suspensions			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
None			

Reinstatements			
NAME	STATUS	DEPARTMENT/SECTION	COMMENTS
None			

Ending of appointments		
NAME	DEPARTMENT/SECTION	ENDING DATE
Adams, Bruce, MD	Emergency Medicine	03/31/2020
Ahmad, Mohammed, MD	Medicine/Hospital Medicine	04/01/2020 (Hospital Medicine Only)
Anderson, Kent L., MD	Ophthalmology	04/20/2020 - ASC -RBG only
Badam, Manjulatha, MD	Internal Medicine/Hyperbaric Medicine	0325/2020
Baquero, Maria, CRNA	Anesthesiology	03/23/2020 -ASC-MC and ASC-RBG
Bonilla, Juan, MD	Otolaryngology - H & NS	04/24/2020
Browning, John C, Jr., MD	Pediatrics	03/16/2020
Brunin, Gregory, MD	Ophthalmology	10/17/2019 ASC-MC
Dumitru, Daniel, MD	Rehabilitation Medicine	03/31/2020
Garza, Rosa	Medicine/Diabetes	03/31/2020
Gordon, Mathew C., MD	Oral & Maxillofacial Surgery	06/26/2020
Grota, Patti G., CNS, RA	Rehabilitation Medicine	04/15/2020
Percival, Thomas James, MD	Cardiothoracic Surgery	11/30/2019
Reyna Kellie, PA-C	Medicine/Gastroenterology	03/24/2020
Shieh, Cindy, DO	Family & Community Medicine	04/01/2020
Syms III, Charles A., MD	Otolaryngology - H & NS	4/24/2020
Warden, Julie, MD	Anesthesiology	02/21/2020 ASC-MC and ASC-RBG

The above listed files have been reviewed by the members of the Credentials Committee and approved as submitted.

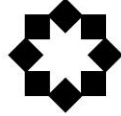
Prepared by:

 5/5/2020  
Date

Gay Lynn Heaney  
Medical-Dental Staff Coordinator

 5/5/2020  
Date

Mark T. Nadeau, MD  
Chairman, Credentials Committee



# University Health System

## **BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS**

**Tuesday, May 19, 2010**

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Supporting documentation for Medical-Dental Staff items contain Personal Identifiable Information protected by law. Individuals interested in obtaining redacted copies of the supporting documents should contact Corporate Communications at [Corporate.Communications@uhs-sa.com](mailto:Corporate.Communications@uhs-sa.com)”

Thank you.





# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### Consideration for Rehabilitation Medicine Department Chair

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#### **Background:**

The Executive Committee recommends approval of Dr. Monica Verduzco-Gutierrez as Clinical Department Chair for the Department of Rehabilitation Medicine.

#### 12.4 APPOINTMENT OF DEPARTMENT OFFICERS

##### 12.4-1

The recommendation of Clinical Department Chairman is a joint decision between University Health System and the School of Medicine. The goal to select the best qualified candidate whose personal qualifications and clinical practice experience can best lead the department's operations, assure high quality care, patient satisfaction and efficiency. The recommended Clinical Department Chairman is subject to Executive Committee and Board of Managers approval. All Chairman must be members in good standing of the Active or Provisional Staff at the time of nomination and appointment. They must remain active members in good standing during their term of office.

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Bryan J. Alsip, M.D., M.P.H.  
Executive Vice President/  
Chief Medical Officer

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Rajeev Suri, M.D.  
President, Medical-Dental Staff

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George B. Hernández, Jr  
President/Chief Executive Officer



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### **Consideration and Appropriate Action Regarding an Extension of the Agreement with ABM Healthcare Support Services, Inc., for Management of Food and Nutritional Services at University Hospital**

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#### **Background:**

On February 21, 2017 the Board of Managers approved a contract with ABM Healthcare Support Services to provide management services for the Food and Nutritional Services (FNS) at University Hospital. The Board approved an initial three year contract with the option for two (2) one year renewals. Under this agreement, ABM provides University Hospital with seven FTEs of leadership to include Food Service Director, Patient Services Manager, Retail Manager, Clinical Manager, Executive Chef, Patient Services Supervisor, and Production Supervisor. In addition to contracting for leadership FTEs, the contract also includes fees for office operations, administrative support services, and management fees.

Under the terms of the contract, ABM provides direct management and supervision of all hourly FNS personnel representing approximately 135 FTEs. ABM responsibilities also include oversight for inpatient meal preparation, inpatient room service and call center, retail cafeteria food operations, inventory management, hospital catering, and fiscal responsibility to meet operational budgets. In addition, ABM provides University Hospital with computer software that interfaces with the hospital electronic medical record to manage dietary orders.

ABM provides approximately 470,000 inpatient meals and 935,000 retail cafeteria transactions per year.

#### **Analysis:**

ABM and other qualified vendors bid on RFP 216-02-004-SVC in early 2017 to provide management services for FNS. ABM was awarded the contract by an UHS evaluation committee due to their demonstrated ability to provide the best value to

the Health System. During the term of this first three year contract, ABM has met all contractual obligations while providing excellent service. Leadership therefore recommends the execution of both two (2) one year renewal options.

**Quality Note:**

ABM Healthcare Support Services will continue to provide high quality meals and management services for all University Hospital patients, visitors, and staff. Quality food and leadership services enhance the patient experience. ABM has meet or exceeded established metrics for patient's perception of food quality, food temperature, courtesy of staff, and delivery times.

**Fiscal Impact:**

The initial three year contract was awarded in the amount of \$962,834 per year with a rate increase of four percent per year for years two through five. This contract renewal is for a total of \$2,213,000 to cover the remaining two years of the contract.

**Strategic Note:**

This contract with ABM aligns with all aspects of the Health System's Triple Aim Plus. Patient experience and quality are enhanced by the provision of prompt hot and tasty meals. Efficiency is improved through ABM providing the hospital with professional food service operational expertise in a cost efficient manner.

**Workforce Composition:**

ABM Healthcare Support Services has a total of 1,102 employees and is headquartered in St. Claire Shores, Michigan.

**BCHD Board of Managers - Extension of the Agreement with ABM Healthcare Support Services, Inc. for Management of Food and Nutritional Services at University Hospital  
 Tuesday, May 19, 2020  
 Page 3 of 3**

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<b>NON PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>Total</b>
	8	18	227	58	426		737
	<b>1.1 %</b>	<b>2.4 %</b>	<b>30.8 %</b>	<b>7.9 %</b>	<b>57.8 %</b>		<b>100%</b>
<b>PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
	3	6	81	31	244		365
	<b>.8 %</b>	<b>1.6 %</b>	<b>22.2%</b>	<b>8.5 %</b>	<b>66.8 %</b>		<b>100%</b>
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
	11	24	308	89	670		1102
	<b>1%</b>	<b>2.2%</b>	<b>27.9 %</b>	<b>8.1 %</b>	<b>60.8 %</b>		<b>100.0%</b>

**Recommendation:**

Staff recommends the Board of Managers approval of \$2,213,000 for the renewal of the existing ABM Healthcare Support Services contract for the remaining two years.

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James Willis  
 Vice President, Associate Administrator  
 University Hospital

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Michael Roussos  
 Hospital Administrator  
 University Hospital

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Edward Banos  
 Executive Vice President  
 Chief Operating Officer

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George B. Hernández, Jr.  
 President/Chief Executive Officer  
 University Health System



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### **Consideration and Appropriate Action Regarding an Extension of the Lease Agreement with 700LP for the Refugee Clinic located at the Westside Professional Building, 700 S. Zarzamora, San Antonio, Texas 78207**

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#### **Background:**

Effective January 30, 2014 University Health System entered into a lease agreement with the owner of Westside Professional Building located at 700 S. Zarzamora, San Antonio, Texas 78207 to provide clinical services for patients through the UHS grant by the U.S. Committee on Refugees and Immigrants (USCRI).

#### **Analysis:**

The clinic provides screenings, adult health assessments, well child checks, referrals, vaccines and labs for refugees, Cubans/Haiti, asylums, victims of trafficking, and Special Immigrant Visas (SIV). On April 1, 2015 the clinic was relocated from the 3<sup>rd</sup> floor (suite 302) to the 2<sup>nd</sup> floor (suite 206) to accommodate the increase in patient flow.

Since January 31, 2017, the United States Committee on Refugee and Immigrants (USCRI) has provided oversight and funding for the state refugee programs from the federal Office of Refugee Resettlement (ORR).

#### **Quality:**

University Health System is responsible for meeting the program standards delineated in Section VI of the United States Committee for Refugees and Immigrants (USCRI) base contract number 2020-BEXTX-04.

#### **Fiscal Impact:**

UHS has ten (10) one-year renewal options. This is the first renewal term beginning April 1, 2020. The current base rental rate is \$15.50 per sq. ft. or \$3,422.92 per

month for an annual cost of \$41,075.04. The lease payments over the renewal term have a 3% increase and are as follows:

<u>Time Period</u>	<u>Rent / SF</u>	<u>Monthly Rent</u>	<u>Annual Rent</u>
4/1/20 – 3/31/21	\$15.86	\$3,502.00	\$42,024.00

This is a planned expense and funding has been included in 2020 Annual Operating Budget and is expensed through the USCRI grant contract 2020-BEXTX-04.

**Strategic Note:**

The leasing of this property supports our Triple-Aim Plus objectives by improving access to care, efficiencies, and the patient experience.

**Workforce Composition:**

700LP is an investment single purpose entity. It has zero employees; only contract labor.

**Recommendation:**

Staff recommends Board of Managers' approval of a one year lease agreement with 700LP in the amount of \$42,024.00

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Don Ryden  
Vice President  
Planning, Design and Construction

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Edward Banos  
Executive Vice President  
Chief Operating Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### **Consideration and Appropriate Action Regarding Policy No. 9.27, Managing the Care of Patients in the Emergency Department Awaiting Admission or Observation**

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#### **Background:**

The Emergency Department Policy provides guidance for the care of patients waiting for an inpatient or observation bed once the decision for admission has been made and the order placed in the Electronic Health Record. This is a new policy.

#### **Analysis:**

In order to ensure safe continuation of medical management of patients waiting for an inpatient or observation status bed while still in the Emergency Department once the decision for admission has been made and the admission order placed in the Electronic Health Record.

This policy formalizes the practices and procedures utilized in the Emergency Department. It outlines and specifies the duties and responsibilities of the clinical team, provides definitions for methods of care and establishes references to national accreditation standards as well as UHS bylaws.

#### **Fiscal Impact:**

This new policy does not have a fiscal impact to the University Health System.

**Strategic Note:**

This policy conveys the University Health System's dedication in providing timely and appropriate patient centered care by ensuring that patients are monitored at every step by the Emergency Department clinical providers.

**Recommendation:**

Staff recommends approval of the revised Policy No. 9.27, Managing the Care of Patients in the Emergency Department Awaiting Admission or Observation.

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Bryan J. Alsip, MD, MPH  
Executive Vice President  
Chief Medical Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer



**TITLE: MANAGING THE CARE OF PATIENTS IN THE EMERGENCY DEPARTMENT AWAITING ADMISSION OR OBSERVATION**

**PURPOSE:** To provide guidance for the care of patients waiting for an inpatient or observation bed once the decision for admission has been made and the order placed in the Electronic Health Record (EHR). This is a new policy. [Key Words: ED Boarder, Boarder Policy, Boarder]

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**POLICY STATEMENT:**

University Health System provides timely and appropriate care to patients in the Emergency Department (ED) that are awaiting a hospital bed for admission or observation.

**POLICY ELABORATION:**

In order to ensure safe continuation of medical management of patients waiting for an inpatient or observation status bed while still in the ED once the decision for admission has been made and the admission order placed in the Electronic Health Record (EHR).

**I. DEFINITIONS**

**Admitting Team** – a team of clinical providers with admitting privileges who place orders for the continuation of patient care once the decision for admission or observation status has been decided.

**Boarder Patient** – a patient that remains in the ED after an order for observation or inpatient bed has been placed in the Electronic Health Record (EHR).

**Clinical Provider** – a physician, dentist, podiatrist, or allied health professional currently licensed in Texas to provide patient care services within the scope of that license.

**Emergency Care** – care that addresses immediate threats to life, limb, or eyesight.

**Sign and Hold Order** – an order placed in the EHR that has been signed by a clinical provider but has not been released.

## **II. CLINICAL PROVIDER RESPONSIBILITIES**

- A.** Providers admitting patients to an inpatient or observation status will place orders using the Sign and Hold order function in the EHR.
- B.** Emergency care will be provided to patients awaiting admission or observation inpatient bed by Emergency Department clinical providers.
- C.** Admitting team clinical providers are responsible for all non-emergency care for patients with Sign and Hold orders while they remain in the Emergency Department including ordering consults, transfer or discharge orders, or other services required to maintain safe and appropriate care.

## **III. NURSING RESPONSIBILITIES**

- A.** Emergency Department nurses will manage the care of patients in the Emergency Department that are awaiting a hospital bed for admission or observation.
- B.** Emergency Department nurses will contact Emergency Department clinical providers for patients requiring emergency care.
- C.** Emergency Department nurses will contact the Admitting Team provider for patients requiring non-emergency care while awaiting an inpatient or observation bed after a Sign and Hold order has been placed.

- D.** Nurses managing inpatients or observation patients will release all Sign and Hold orders once the patient has arrived to their unit.

**REFERENCES/BIBLIOGRAPHY:**

University Health System Medical-Dental Staff Bylaws

The Joint Commission Hospital Accreditation Standards.

**OFFICE OF PRIMARY RESPONSIBILITY:**

**Executive Vice President/Chief Medical Officer**



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### **Consideration and Appropriate Action Regarding Policy No. 7.16, Bexar County Hospital District Pension Plan Funding Policy**

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#### **Background:**

During the 2019 Texas legislative session, chapter 802 of the Texas Government code was amended adding a new requirement for governing bodies which manage a Public Retirement System. This new statute, Section 802.2011, requires governing boards to adopt a written funding policy that details the governing bodies plan for achieving a funded ratio for the system that is equal to or greater than 100%.

The Bexar County Hospital District Pension Plan (Plan) was originally established on January 1, 1974. In January of 1989, the Plan was amended and restated with the name University Health System Pension Plan. The defined benefit plan was closed to new participants on June 30, 2012, and as of December 31, 2019, had 2,835 active participants. All qualifying new hires after June 30, 2012, participate in a defined contribution plan.

The University Health System Pension Plan qualifies as a “Public Retirement System” and falls under the new requirement mentioned above. A draft of this policy was approved by the Audit Committee on April 27 and sent to the Pension Review Board. Approval by the Board of Managers is required to be in compliance with the new legislation.

#### **Analysis:**

The new legislation requires the Board of Managers to adopt a policy that details the governing bodies plan to achieve a 100% funded ratio but does not specify a time frame for achieving the goal. The funded ratio is calculated as a percent, the numerator is the value of assets in the pension fund and the denominator is the actuarial projected total pension liability. The Health System’s Plan has maintained

a fairly consistent funded ratio over the past five years, ranging from 63.9% in 2016 to 74.8% at the December 31, 2019 measurement date. The December 2019 funded ratio was calculated as \$437 million in asset value divided by \$584 million in pension liability equaling a funded ratio of 74.8%. The funded ratio has been impacted over the past few years by changing accounting standards and variations in the fund's investment performance.

Each year the Health System has an outside actuarial firm prepare a detailed analysis on the pension plan's liability including the calculation of the funded ratio. As a result of this actuarial work, an Actuarially Determined Contribution (ADC) is developed each year. If all the actuarial assumptions in the calculation are achieved, paying the ADC each year will improve the funded ratio. The attached funding policy states that at a minimum, the ADC will be contributed to the fund annually.

**Fiscal Impact:**

The adoption of this policy does not impact the Health System's financial position as the long standing practice has been to fully fund the annual ADC amount.

**Strategic Note:**

The nine-member Pension Board of Trustees is comprised of: two members of the Bexar County Hospital District's Board of Managers, the Health System's Chief Financial Officer and Chief Administrative Officer, and five members from the community that are investment professionals. The Pension Board works closely with the Fund Manager Consultant to ensure the pension fund achieves the targeted allocations based on the Plan's investment policy. The pension fund investment policy is reviewed on a regular basis to ensure a sound strategy.

**Recommendation:**

Staff recommends approval of the revised Policy No. 7.16, Bexar County Hospital District Pension Plan Funding Policy.

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Reed Hurley  
Executive Vice President/  
Chief Financial Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer

**TITLE: BEXAR COUNTY HOSPITAL DISTRICT PENSION PLAN FUNDING POLICY**

**PURPOSE:** To outline University Health System’s long-term strategy for achieving a funded ratio that is equal to or greater than 100 percent for its active members in its defined benefit plan. [Key Words: Defined Benefit, Pension, Retirement Plan.]

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**POLICY STATEMENT:**

This funding policy will formalize the Health System’s long-term strategic goal for financing the pension obligations at a 100 percent funded ratio in compliance with the requirements of Section 802.2011 of the Texas Government Code. This will be accomplished through the Health System contributing, at a minimum, the Actuarially Determined Contribution (ADC) to the University Health System Pension Plan (Plan) annually. <sup>1</sup>

**POLICY ELABORATION:**

**I. ACTUARIAL METHODS**

A. In accordance with GASB 67 and 68, the cost method was changed from the Projected Unit Credit method to the Entry Age Normal (EAN) cost method in conjunction with the January 1, 2014 valuation. Normal cost will be calculated using utilizing the following:

1. Economic assumptions based upon the latest applicable experience study.
  - a. Investment rate of return;
  - b. Assumed wage inflation rate; and
  - c. Patterns of merit and longevity salary increases among active participants.
2. Non-economic assumptions based upon the latest applicable experience study including the following:
  - a. Rates of termination among active participants;

- b. Rates of retirements; and
- c. Rates of mortality

- B. Entry Age Normal Cost Method- Under the EAN method, benefits are assumed to accrue as a level percentage of pay over the period from a participant's entry into the Plan until his or her assumed termination or retirement.
- C. The Projected Benefits at retirement or termination are determined for each individual included in the actuarial valuation. For each such individual, the individual Service Cost is the actuarial present value of projected benefits at entry age, divided by the actuarial present value of valuation earnings at entry age, multiplied by the individual's valuation earnings for the valuation year. The sum of all individual Service Costs is the Service Cost for the valuation year.
- D. The Total Pension Liability is the excess, on the valuation date, of the actuarial present value of projected benefits for all individuals included in the actuarial valuation over the sum of the actuarial present values of future individual normal costs. The Net Pension Liability is the excess of the Total Pension Liability over the Fiduciary Net Position.
- E. The actuarial gain (loss) is a measure of the difference between the Net Pension Liability based on actual experience and that expected based upon the actuarial assumptions between two actuarial valuation dates.
- F. Adjustments to the Net Pension Liability can result from changes in actuarial assumptions and Plan provisions. Such adjustments are determined by calculating, as of the actuarial valuation date, the increase or decrease in the Net Pension Liability resulting from the change.

## **II. CALCULATION OF ACTUARIAL VALUE OF PLAN ASSETS**

- A. The actuarial value of Plan assets is based on the market-related value of Plan assets, with five-year smoothing of unexpected returns. The market-related value is equal to the value of the fair value of assets held in trust for pension benefits as of the valuation date, plus contributions receivable. Amortization of under or over funded status will be determined based upon the following:

1. Actuarial assets will be determined using a five-year smoothed market-related basis with a 10% corridor to market value;
2. Amortization will be based on a level percentage of payroll of the active participants; and
3. The amortization period is 24 years as of the January 1, 2020, decreasing each year until reaching 20 years on January 1, 2024. Thereafter the amortization period will remain at 20 years.

B. No actuarial liability is accrued for non-vested terminated employees, even if a break in service had not occurred as of the actuarial valuation date. An actuarial liability is accrued for all other terminated employees, even if a claim for benefits has not been made.

### **III. ROADMAP TO ACHIEVE FUNDING OBJECTIVES**

A. At a minimum, the ADC will be funded annually. The ADC is calculated as the sum of normal cost, amortization of the unfunded actuarial accrued liability and interest. The Health System's contribution to the Plan as a percent of salaries varies annually due to market conditions. This percentage normally falls into a range of 4.5 to 6.5%.

B. Employees eligible for Plan participation are required to contribute to the Plan at a rate of 2 percent of compensation.

C. Benefit and Contribution Change Parameters are considered in the annual calculation of the ADC.

### **IV. ACTIONS TO ADDRESS FUTURE GAINS AND LOSSES**

The Pension Board of Trustees, which includes two board members of the Board of Managers of the Bexar County Hospital District, works closely with the Fund Manager Consultant to ensure the pension fund achieves the fund's targeted allocations based on the Plan's investment policy. The pension fund investment policy is reviewed on a regular basis to ensure a sound strategy.



**REFERENCES/BIBLIOGRAPHY:**

Texas Government Code §802.2011  
Texas Pension Review Board/Resource Center

**OFFICE OF PRIMARY RESPONSIBILITY:**  
Executive Vice President/Chief Financial Officer

<sup>1</sup> The Bexar County Hospital District d/b/a/ University Health System closed its defined benefit plan to new participants on June 30, 2012. As of December 31, 2019, the defined benefit plan has approximately 2,835 active members .



**BCHD BOARD OF MANAGERS  
Tuesday, May, 19, 2020  
CONSIDERATION OF PURCHASING ACTIVITIES**

**THE FOLLOWING CONTRACTS ARE PRESENTED FOR APPROVAL BY THE BOARD OF MANAGERS AS CONSENT ITEMS:**

<b>PAGE</b>	<b>COMPANY</b>	<b>CATEGORY</b>	<b>P.O./ CONTRACT#</b>	<b>TOTAL AWARD</b>	<b>AWARD BASIS</b>
3	3M HEALTH INFORMATION SYSTEMS, INCORPORATED	CONTRACT FOR SOFTWARE MAINTENANCE SERVICE AGREEMENT - CODING AND REIMBURSEMENT	22004098-IE	\$1,301,002	Exempt
4	ARXIUM, INCORPORATED	CONTRACT FOR AUTOMATED EQUIPMENT - RIVA COMPOUNDING IV ROBOT	TBD	\$998,219	Exempt
5	CDW GOVERNMENT SOLUTIONS	CONTRACT FOR SOFTWARE SERVICE AGREEMENT - DATA SECURITY	22004099-IG	\$509,000	Exempt, GPO
6	HOLOGIC, INCORPORATED	CONTRACT FOR REAGENT, SUPPLY & TESTING AGREEMENT- MICROBIOLOGY	22004088-E	\$1,740,520	Exempt
7	IMPACT ADVISORS, LLC	CONTRACT FOR PROFESSIONAL SERVICES - EPIC DATA CONVERSION ANALYST	21905141-IE Mod #1	\$155,500	Exempt
8	MAYO MEDICAL LABORATORIES	CONTRACT FOR SERVICE AGREEMENT- REFERENCE LABORATORY TESTING	22004105-IE	\$1,500,000	Exempt
9	ORACLE AMERICA, INCORPORATED	CONTRACT FOR SOFTWARE MAINTENANCE SERVICE AGREEMENT - ORACLE LICENSES	22004100-IE	\$685,585	Exempt, DIR
10	QUIDEL CORPORATION	CONTRACT FOR SUPPLY AGREEMENT- MICROBIOLOGY	22005107-E	\$350,451	Exempt
11	SEFLA LANGUAGES, INCORPORATED	CONTRACT FOR SERVICE AGREEMENT- INTERPRETER SERVICES	22005120-IE	\$1,600,000	Exempt
12	SIRIUS COMPUTER SOLUTIONS, INCORPORATED	CONTRACT FOR SOFTWARE MAINTENANCE SERVICE AGREEMENT - VIRTUAL SERVER	22004102-IG	\$843,481	Exempt, GPO
13	VANTAGE POINT LOGISTICS, INCORPORATED	CONTRACT FOR SERVICE AGREEMENT - THIRD PARTY FREIGHT MANAGEMENT	21708133-E Mod #1	\$1,450,000	Exempt, GPO
14	VVC HOLDING CORPORATION	CONTRACT FOR SOFTWARE MAINTENANCE SERVICE AGREEMENT - IDX SOFTWARE	22004103-IE	\$1,007,873	Exempt
<b>GRAND TOTAL FOR BOARD APPROVAL</b>				<b>\$12,141,631</b>	

**SUMMARY OF PURCHASING ACTIVITY**

A total of 17 contracts with a value of \$133,301,755 are being presented to the Board of Managers during the May 2020 meeting.

The following contracts require approval by the BCHD Board of Managers

12 Consent Contracts with a total value of \$12,141,631

5 Presented Contracts with a total value of \$121,160,124

**During the month of May 2020 there were 2 contracts classified as a Small, Minority, Woman, or Veteran Owned Business Enterprises (SMWVBE).**

May 2020 SMWVBE Status Report (reflects items being submitted for Board approval)

Available Opportunity Proposed Award	SMWVBE	% SMWVBE	Local	% Local	SMWVBE Breakout		
\$126,206,166	\$3,050,000	2.4%	\$116,634,441	92.4%	Small	\$ 1,450,000.00	47.5%
					Hispanic	\$ 1,600,000.00	52.5%
					African American	\$ -	0.0%
					Asian	\$ -	0.0%
					Other/Minority	\$ -	0.0%
					Woman	\$ -	0.0%
					Veteran	\$ -	0.0%
Non-Opportunity Awarded	Local	% Local	Non Profit	Non Profit %			
\$7,095,589	\$0	0.0%	\$0	0			

Board Approved YTD SMWVBE Status Report as of the May 2020 Board of Managers Meeting.

Available Opportunity Awarded	SMWVBE	% SMWVBE	Local	% Local	SMWVBE Breakout		
\$131,225,559	\$11,947,694	9.1%	\$102,891,145	78.4%	Small	\$2,860,364	
					Hispanic	\$3,117,096	
					African American		
					Asian	\$2,193,800	
					Other Minority		
					Woman	\$3,776,433	
					Veteran		
Non-Opportunity Awarded	Local	% Local	Non Profit	Non Profit %			
\$46,235,140	\$34,918,173	75.5%	\$23,346,988	13.2%			

**RECOMMEND APPROVAL:**

\_\_\_\_\_  
Travis Smith  
Deputy Chief Financial Officer

\_\_\_\_\_  
Reed Hurley  
Executive Vice President  
Chief Financial Officer

**RECOMMEND APPROVAL:**

\_\_\_\_\_  
George Hernández, Jr.  
President/Chief Executive Officer

**BCHD BOARD OF MANAGERS**

May 2020

**COMPANY TO BE AWARDED:**

3M Health Information Systems,  
Incorporated

**TOTAL AWARD:**

\$1,301,002

**CONTRACT PERIOD:**

One Year

Your approval is requested for a one year coding and reimbursement software maintenance and support contract. This contract supports the Health System Medical Records department by providing coding and reimbursement software to ensure proper identification and assignment of ICD-10 codes for billing. This agreement also includes computer assisted edition software which is used to enhance the coding process by providing technological assistance in the uniform assignment of valid codes and descriptions. In addition, the system enables coders, case managers, and providers to work together in providing complete documentation to allow optimal coding that appropriately reflects the risk of mortality and severity of illness metrics. Each of these metrics determine quality outcome measurements and reimbursement. The agreement also provides 24x7 support, any required upgrades, and closely works with Epic to provide seamless documentation records for our patients.

**CATEGORY**

Software Maintenance Service Agreement - Coding and Reimbursement

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

This contract is being awarded as exempt because 3M Health Information Systems, Inc. owns the proprietary rights to this high end technology software.

**CONTRACT #:**

22004098-IE

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2020 Operating Budget.
2. This is a new contract with the same vendor. Compared to the previous contract there is an average annual increase of 18.65%, \$204,458, due to advanced technology required for Epic integration.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Annual Cost	% change
Original	3M Health Information Systems, Inc.	6/5/2019	6/4/2020	\$ 1,096,543	1	\$ 1,096,543	
Proposed	3M Health Information Systems, Inc.	6/5/2020	6/4/2021	\$ 1,301,002	1	\$ 1,301,002	
						Ave Increase/Decrease per Contract Year	\$ 204,459 18.65%

**SUPPLIER DIVERSITY:**

1. 3M Health Information Systems, Incorporated has an Affirmative Action Policy in effect.
2. 3M Health Information Systems, Incorporated has a total of 34,710 employees. The Workforce Composition Data is as follows:

Category	American Indian		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Non Professional	129	0.4%	992	2.9%	1,146	3.3%	1,205	3.5%	13,268	38.2%
Professional	74	0.2%	1,241	3.6%	578	1.7%	726	2.1%	15,351	44.2%
Total	203	0.6%	2,233	6.5%	1,724	5.0%	1,931	5.6%	28,619	82.4%

BCHD BOARD OF MANAGERS

May 2020

**COMPANY TO BE AWARDED:**

Arxium, Incorporated

**TOTAL AWARD:**

\$998,219

**CONTRACT PERIOD:**

N/A, Capital

Your approval is requested for the purchase of the RIVA Automated IV Compounding Robot in support of the Health System's Pharmacy department. Pharmacy currently compounds over 1,000 IV patient specific sterile products per day and is expected to continue increasing as the Health System completes construction of the Women's and Children's Hospital. In addition, the continued national medication shortages and backorders has necessitated the Health System pharmacy to manually compound previously commercially available products. Manually compounding IV products is the least transparent process in the pharmacy, the most technically challenging and the most critical. RIVA would mitigate potential patient safety risks as the machine operates at over 99.999% accuracy. This is accomplished through bar code verification at every point in the compounding process coupled with gravimetric validation. In addition, the closed system environment ensures optimal sterility which is only obtainable under robotic preparation. All product details such as lot number, expiration and operators are recorded during compounding satisfying regulatory agency requirements such as The Joint Commission and Texas State Board of Pharmacy.

**CATEGORY**

Automated Equipment - RIVA Compounding IV Robot

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

This contract is being awarded as exempt because Arxium owns the proprietary rights to this high end technology that the Health System has standardized to.

**PURCHASE ORDER #**

TBD

**FISCAL NOTES:**

1. Capital funds are available for this acquisition which is included as a priority item on the 2020 Routine Capital Prioritization List.

**SUPPLIER DIVERSITY:**

1. Arxium, Incorporated has an Affirmative Action Policy in effect.
2. Arxium, Incorporated has a total of 175 employees. The Workforce Composition Data is as follows:

Category	American Indian		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Non Professional	0	0.0%	2	1.1%	4	2.3%	19	10.9%	51	29.1%
Professional	1	0.6%	12	6.9%	6	3.4%	5	2.9%	75	42.9%
Total	1	0.6%	14	8.0%	10	5.7%	24	13.8%	126	72.0%

**BCHD BOARD OF MANAGERS**

May 2020

**COMPANY TO BE AWARDED:** CDW Government Solutions      **TOTAL AWARD:** \$509,000      **CONTRACT PERIOD:** Three Years

Your approval is requested for the renewal of a vulnerability scanning and analytics software contract. This software is used to scan the Health System's servers, network devices, printers, medical devices, cameras and other critical equipment to detect known vulnerabilities that can be exploited by hackers putting the Health System's data at risk. Timely detection of these risks allows the Health System to quickly remediate risks and protect assets.

**CATEGORY**

Software Service Agreement - Data Security

**COMPETITIVELY BID:** Exempt, GPO      **AWARD BASIS:** This contract is being awarded based on the best value, which includes favorable Group Purchasing Organization pricing.

**CONTRACT #:**  
22004099-IG

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2020 Operating Budget.
2. This is a new contract with the same vendor. Compared to the previous contract there is an average annual decrease of 15.1%, \$30,083, due to negotiating better pricing under a longer term contract.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Annual Cost	% change
Original	CDW Government Incorporated	6/24/2019	6/23/2020	\$ 199,750	1	\$ 199,750	
Proposed	CDW Government Incorporated	6/24/2020	6/23/2023	\$ 509,000	3	\$ 169,667	
						Ave Increase/Decrease per Contract Year	\$ (30,083) -15.1%

**SUPPLIER DIVERSITY:**

1. CDW Government Solutions has an Affirmative Action Policy in effect.
2. CDW Government Solutions has a total of 51 employees. The Workforce Composition Data is as follows:

Category	American Indian		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Non Professional	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.0%
Professional	1	2.0%	2	3.9%	5	9.8%	3	5.9%	39	76.5%
Total	1	2.0%	2	3.9%	5	9.8%	3	5.9%	40	78.4%

**BCHD BOARD OF MANAGERS**

May 2020

**COMPANY TO BE AWARDED:** Hologic, Incorporated      **TOTAL AWARD:** \$1,740,520      **CONTRACT PERIOD:** One Year

Your approval is requested for a one (1) year reagent and supply contract for the Health System's Microbiology department. The Health System currently performs over 60,000 microbiological tests annually on the existing Panther instrument to diagnose Chlamydia, Neisseria Gonorrhoea, Human Papillomavirus, and Zika virus testing. As COVID-19 testing was being developed, Hologic announced availability of Research Use Only (RUO) reagents that can be used for testing straight off the Panther itself instead of requiring a new Fusion equipment upgrade. This contract provides the RUO supplies to perform COVID testing using the existing Panthers, which would allow up to 2,000 tests per day.

**CATEGORY**

Reagent, Supply & Testing Agreement- Microbiology

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

This contract is exempt because Hologic has the proprietary rights to reagents, supplies and equipment.

**CONTRACT #:**

22004088-E

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2020 Operating Budget.
2. This is a new contract with the same vendor.

**SUPPLIER DIVERSITY:**

1. Hologic, Incorporated does not have an Affirmative Action Policy in effect. However, the vendor has provided a copy of their Equal Opportunity Statement and Policy.
2. Hologic, Incorporated has a total of 4,124 employees. The Workforce Composition Data is as follows:

Category	American Indian		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Non Professional	2	0.0%	165	4.0%	72	1.7%	146	3.5%	713	17.3%
Professional	4	0.1%	254	6.2%	62	1.5%	123	3.0%	2,014	48.8%
Total	6	0.1%	419	10.2%	134	3.2%	269	6.5%	2,727	66.1%

Category	Other	
	#	%
Non Professional	206	5.0%
Professional	363	8.8%
Total	569	13.8%

**BCHD BOARD OF MANAGERS**

May 2020

**COMPANY TO BE AWARDED:**                      **TOTAL AWARD:**                      **CONTRACT PERIOD:**  
 Impact Advisors, LLC                              \$155,500                                      One Year

Your approval is requested for a modification for a one-month extension and to add additional funds to the consultant agreement for the Epic Data Conversion Analyst. The Epic implementation was delayed, so this contract allows for continued staffing support through the new implementation date and it also provides additional funding for a more senior consultant to assist data conversion efforts through the final processes prior to go-live.

**CATEGORY**

Professional Services - Epic Data Conversion Analyst

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

This contract is being awarded as exempt because Impact Advisors, Limited Liability Company, is providing project management staffing for Epic implementation and has an experienced Epic Data Conversion Analyst who is currently providing services for the Health System.

**CONTRACT #:**

21905141-IE Mod #1

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2020 Operating
2. The original contract in the amount of \$249,120 was approved April 2019. Modification #1 in the amount of \$155,500 is extending the contract one-month and adding additional funds. The total value of the contract with Modification #1 is \$404,620.
3. As compared to the previous contract value there is an increase of 62.4%, \$155,550, due to one month contract extension and to correct consultant's hourly rate starting in March 2020.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Total Cost	% change
Original	Impact Advisors, LLC	5/22/2019	6/30/2020	\$ 249,120	1	\$ 249,120	
Proposed	Impact Advisors, LLC	3/15/2020	7/31/2020	\$ 155,500	4.5 months	\$ 404,620	62.4%
<b>Total Contract Value</b>				<b>\$ 404,620</b>			

**SUPPLIER DIVERSITY:**

1. Impact Advisors, Limited Liability Company, does not have an Affirmative Action Policy in effect. However, the vendor has provided a copy of their Equal Opportunity Statement and Policy.
2. Impact Advisors, Limited Liability Company, has a total of 251 employees. The Workforce Composition Data is as follows:

Category	American Indian		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Professional	1	0.4%	14	5.6%	8	3.2%	3	1.2%	225	89.6%
Total	1	0.4%	14	5.6%	8	3.2%	3	1.2%	225	89.6%



**BCHD BOARD OF MANAGERS**

May 2020

**COMPANY TO BE AWARDED:**

Mayo Medical Laboratories

**TOTAL AWARD:**

\$1,500,000

**CONTRACT PERIOD:**

Three Years

Your approval is requested for a three (3) year lab referral contract for encephalitis and central nervous system lab testing. These are very specialized tests that cannot be performed in-house or by either of the Health System's existing primary or secondary contracted referral laboratories. Since 2018, there has been a 92.7% increase in test activity due to enhanced testing protocols for patients with unexplained altered mental status and the Health System being a regional tertiary referral center. These numbers are expected to continue to rise over the next few years along with increases in patient volumes.

	2018 (12 months)	2019 (12 months)
Total # tests performed	180	347
Total annual expenses	\$206,587	\$373,221

**CATEGORY**

Service Agreement- Reference Laboratory Testing

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

Mayo is the only reference lab that performs Encephalitis panel testing and is the preferred reference lab to evaluate central nervous system demyelinating disease.

**CONTRACT #:**

22004105-IE

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2020 Operating Budget.
2. This is a new contract with the same vendor. Compared to the previous contract there is an average annual increase of 68.8%, \$203,813, due to a 92.7% estimated increase in the number of tests for the new term of the agreement. The negotiated rates of the encephalitis tests, ENSI and ENCI, have decreased by 27% and 5% respectively. The resulting cost per test decrease should result in annual savings of \$58,000 compared to prior rates. The other test pricing remains unchanged.

	Encephalitis Testing		Central nervous system testing	
	ENSI	ENCI	MOG FACS Titer	CNS Demyelinating Disease
Previous Price	\$1,500.00	\$1,000.00	\$75.00	\$712.00
New Price	\$1,100.00	\$950.00	\$75.00	\$712.00
Price Difference (Savings)	\$400.00	\$50.00	No change	No change

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Annual Cost	% change
Original	Mayo Medical Laboratories	6/1/2017	5/31/2020	\$ 888,560	3	\$ 296,187	
Proposed	Mayo Medical Laboratories	6/1/2020	5/31/2023	\$ 1,500,000	3	\$ 500,000	
						Ave Increase/Decrease per Contract Year	\$ 203,813 68.81%

**SUPPLIER DIVERSITY:**

1. Mayo Medical Laboratories has an Affirmative Action Policy in effect.
2. Mayo Medical Laboratories cannot provide Workforce Composition data due to their confidential policy.

**BCHD BOARD OF MANAGERS**

May 2020

**COMPANY TO BE AWARDED:** Oracle America, Incorporated      **TOTAL AWARD:** \$685,585      **CONTRACT PERIOD:** One Year

Your approval is requested for a software license and support contract. This contract provides the Health System with the continued use of the Peoplesoft, Oracle Database and MicroFocus software for the Human Resources and Information Technology departments. The new license and support agreement will also include any required upgrades during the term of the agreement.

**CATEGORY**

Software Maintenance Service Agreement - Oracle licenses

**COMPETITIVELY BID:**

Exempt, DIR

**AWARD BASIS:**

This contract is being awarded based on the best value which includes favorable pricing utilizing State of Texas Department of Information Resources (DIR Contract). Also, Oracle owns the proprietary rights to this high end technology software.

**CONTRACT #**

22004100-IE

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2020 Operating Budget.
2. This is a new contract with the same vendor. Compared to the previous contract there is an average annual increase of 13.4%, \$80,887, due to the addition of 860 licenses. The cost per license remains unchanged.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Annual Cost	% change
Original	Oracle America, I	6/1/2019	5/31/2020	\$ 604,698	1	\$ 604,698	
Proposed	Oracle America, I	6/1/2020	5/31/2021	\$ 685,585	1	\$ 685,585	
						<b>Ave Increase/Decrease per Contract Year</b>	<b>\$ 80,887 13.4%</b>

**SUPPLIER DIVERSITY:**

1. Oracle has an Affirmative Action Plan in effect.
2. Oracle has a total of 23,105 employees. The Workforce Composition Data is as follows:

Category	American Indian		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Non Professional	4	0.0%	354	1.5%	152	0.7%	184	0.8%	3,274	14.2%
Professional	41	0.2%	7,006	30.3%	513	2.2%	829	3.6%	10,748	46.5%
Total	45	0.2%	7,360	31.9%	665	2.9%	1,013	4.4%	14,022	60.7%

BCHD BOARD OF MANAGERS

May 2020

**COMPANY TO BE AWARDED:**

Quidel Corporation

**TOTAL AWARD:**

\$350,451

**CONTRACT PERIOD:**

Three Years

Your approval is requested for a three (3) year supply contract for Quidel Corporation, formerly known as Diagnostic Hybrids, for the Microbiology department. This contract provides supplies used for respiratory screening, to include Covid-19, the flu, and various other viruses. Due to the demand increase from Covid and other respiratory viruses, the volume of tests expected in the next contract cycle has increased significantly.

**CATEGORY**

Supply Agreement- Microbiology

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

Exempt contract is being requested due to standardization of laboratory equipment and supplies.

**CONTRACT #:**

22005107-E

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2020 Operating
2. This is a new contract with the same vendor. Compared to the previous contract there is an average annual increase of 286.5%, \$86,595, due to the estimated testing volume increases from developing respiratory viruses including Covid-19. There is no increase in cost per supply item from previous contract.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Annual Cost	% change
Original	Quidel Corporation	6/1/2015	5/31/2020	\$ 151,109	5	\$ 30,222	
Proposed	Quidel Corporation	6/1/2020	5/31/2023	\$ 350,451	3	\$ 116,817	
Ave Increase/Decrease per Contract Year						\$ 86,595	286.5%

**SUPPLIER DIVERSITY:**

1. Quidel Corporation has an Affirmative Action Policy in effect.
2. Quidel Corporation cannot provide Workforce Composition data due to their confidentiality policy.

BCHD BOARD OF MANAGERS

May 2020

**COMPANY TO BE AWARDED:**

SEFLA Languages, Incorporated

**TOTAL AWARD:**

\$1,600,000

**CONTRACT PERIOD:**

Three Years

Your approval is requested for a new contract for on-site Spanish interpreters for the Health System. CMS, Joint Commission and ACA standards mandate that the Health System provide interpretation services at no cost to our Limited English Proficiency (LEP) patients. Effective communication is vital to the delivery of high quality, safe and compassionate care. Currently, LEP patients represent about 25% of the patient population and the growing success of our interpretation program have increased the demand for interpretation services. While in-person interpretation is reserved for specific encounters, such as end-of-life discussions, we have seen appropriate utilization increases overall. We continue to utilize other vendors for on-site interpreter services in various languages but, we have found SEFLA to be very responsive and to consistently provide high quality Spanish interpretation, which is our greatest area of need. We continue to work in partnership with end users across the organization to ensure that we are providing the best mode of interpretive service for each encounter. This agreement is structured as fee-for-service, paid at a per hour rate. Calculated monthly usage averages are estimated at \$45,000 per month. This request is for \$1,600,000 for 36 months of service.

**CATEGORY**

Service Agreement- Interpreter Services

**COMPETITIVELY BID:**

Exempt

**AWARD BASIS:**

This contract is being awarded as exempt as a Professional Service pursuant to Texas Local Government Code 262.024

**CONTRACT #:**

22005120-IE

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2020 Operating Budget.
2. This is a new contract with the same vendor. Compared to the previous contract there is an average annual increase of 168.3%, \$533,333 due to anticipated increase in usage although the new contract is based on usage rate from 2019. This is a fee-for-service agreement paid at an hourly rate. The rate per hour remains unchanged.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Annual Cost	% change
Original	SEFLA Languages, Inc.	8/1/2016	7/31/2020	\$ 795,000	4	\$ 198,750	
Proposed	SEFLA Languages, Inc.	8/1/2020	7/31/2023	\$ 1,600,000	3	\$ 533,333	
						Ave Increase/Decrease per Contract Year	\$ 334,583 168.3%

**SUPPLIER DIVERSITY:**

1. SEFLA Languages, Incorporated has an Affirmative Action Policy in effect.
2. SEFLA Languages, Incorporated is classified as a SMWVBE vendor.
3. SEFLA Languages, Incorporated has a total of 57 employees. The Workforce Composition Data is as follows:

Category	Asian American		Hispanic		White	
	#	%	#	%	#	%
Non Professional	0	0.0%	4	7.0%	0	0.0%
Professional	16	28.1%	22	38.6%	15	26.3%
Total	16	28.1%	26	45.6%	15	26.3%

**BCHD BOARD OF MANAGERS**

May 2020

**COMPANY TO BE AWARDED:** Sirius Computer Solutions, Incorporated      **TOTAL AWARD:** \$843,481      **CONTRACT PERIOD:** Three Years

Your approval is requested for a three (3) year VMware vSphere software maintenance agreement. This software is used to create the server virtualization environment which allows physical servers to run various smaller virtual servers on the same physical hardware. The design is much more cost effective since only 85 physical servers are required to run 1,200 smaller virtual servers supporting the 350 applications used by the Heath System.

**CATEGORY**

Software Maintenance Service Agreement - Virtual Server

**COMPETITIVELY BID:**

Exempt, GPO

**AWARD BASIS:**

This contract is being awarded based on the best value which includes favorable pricing utilizing State of Texas Department of Information Resources (DIR Contract).

**CONTRACT #:**

22004102-IG

**FISCAL NOTES:**

1. This is a planned expense, and funding has been included in the Year 2020 Annual Operating Budget.
2. This is a new contract with the same vendor. Compared to the previous contract there is an average annual decrease of 4%, \$11,780, due to a decrease in licenses and a renewal discount.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Annual Cost	% change
Original	Sirius Computer Solutions, Inc.	6/30/2019	6/29/2020	\$ 292,940	1	\$ 292,940	
Proposed	Sirius Computer Solutions, Inc.	6/30/2020	6/29/2023	\$ 843,481	3	\$ 281,160	
						Ave Increase/Decrease per Contract Year	\$ (11,780) -4.0%

**SUPPLIER DIVERSITY:**

1. Sirius has an Affirmative Action Policy in effect.
2. Sirius has a total of 2,348 employees. The Workforce Composition Data is as follows:

Category	American Indian		Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%
Non Professional	1	0.0%	17	0.7%	32	1.4%	103	4.4%	259	11.0%
Professional	10	0.4%	145	6.2%	77	3.3%	110	4.7%	1,594	67.9%
Total	11	0.5%	162	6.9%	109	4.6%	213	9.1%	1,853	78.9%

**BCHD BOARD OF MANAGERS**

May 2020

**COMPANY TO BE AWARDED:**                      **TOTAL AWARD:**                      **CONTRACT PERIOD:**  
 Vantage Point Logistics, Incorporated                      \$1,450,000                      Two Years

Your approval is requested to exercise the final two one (1) year renewal options of the third party freight management contract. The contract provides a third party freight service that provides lower Texas State FedEx contracted rates and ensures the delivery of routine and capital orders for all departments. The service also streamlines the invoicing and accounting processes, including seamless electronic invoicing and contract rate matching with no manual intervention from Health System staff.

**CATEGORY**

Service Agreement - Third Party Freight Management

**COMPETITIVELY BID:**

Exempt, GPO

**AWARD BASIS:**

This initial contract was awarded based on the best value, which included favorable Group Purchasing Organization pricing. The Health System has also made a decision to standardize to this freight management system.

**CONTRACT #:**

21708133-E Mod #1

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2020 Operating Budget.
2. The original contract value in the in the amount of \$1,240,452 was approved by the Board of Managers in August 2017. The total value of this contract including Modification #1 is \$2,690,452.
3. As compared to the previous average annual cost there is an increase of 37.2%, \$171,008, due to an increase of 45% in shipments through this program. The cost increase in this contract is offset by a larger offsetting reduction in shipping costs with various vendors outside of a contract.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Annual Cost	% change
Original	Vantage Point Logistics	9/1/2017	8/31/2020	\$ 1,240,452	2.7	\$ 459,427	
Proposed	Mod 1 Add Funds & Renew	5/1/2020	8/31/2022	\$ 1,450,000	2.3	\$ 630,435	
						Ave Increase/Decrease per Contract Year	\$ 171,008 37.2%

**SUPPLIER DIVERSITY:**

1. Vantage Point Logistics, Incorporated does not have an Affirmative Action Policy in effect. However, the vendor has provided a copy of their Equal Opportunity Statement and Policy.
2. Vantage Point Logistics, Incorporated has a total of 34 employees. The submitted Workforce Composition Data was not broken out by professional and non-professional staff.

Category	American Indian		Asian American		African American		Hispanic		White	
Total	1	2.9%	4	11.8%	1	2.9%	27	79.4%	1	2.9%

**BCHD BOARD OF MANAGERS**

May 2020

**COMPANY TO BE AWARDED:**                      **TOTAL AWARD:**                      **CONTRACT PERIOD:**  
 VVC Holding Corporation                      \$1,007,873                      One Year

Your approval is requested for the annual maintenance of the IDX Software System. This system is used throughout the Health System to support patient business processes, patient scheduling, arrivals, dismissals, Carelink operations, admitting, patient provider billing, financial, and other activity reporting. The agreement also provides 24x7 support and any required upgrades during the term of the agreement.

**CATEGORY**

Software Maintenance Service Agreement - IDX Software

**COMPETITIVELY BID:**                      **AWARD BASIS:**  
 Exempt                      This contract is being awarded as exempt because VVC Holding Corporation owns the proprietary rights to this high end

**CONTRACT #:**  
 22004103-IE

**FISCAL NOTES:**

1. This is a planned expense and operating funds have been included in the Year 2020 Operating
2. This is a new contract with the same vendor. Compared to the previous contract there is an average annual decrease of 36.3%, \$573,390, due to a reduction in the number of licenses and removal of software that will no longer be in use after Epic implementation.

Contract	Vendor	Start Date	Term Date	Total Amount	# of Years	Annual Cost	% change
Original	VVC Holding Corporation	7/1/2019	6/30/2020	\$ 1,581,262	1	\$ 1,581,262	
Proposed	VVC Holding Corporation	7/1/2020	6/30/2021	\$ 1,007,873	1	\$ 1,007,873	
						Ave Increase/Decrease per Contract Year	\$ (573,389) -36.3%

**SUPPLIER DIVERSITY:**

1. VVC Holding Corporation has an Affirmative Action Policy in effect.
2. VVC Holding Corporation has a total of 739 employees. The Workforce Composition Data is as follows:

Category	Asian American		African American		Hispanic		White	
	#	%	#	%	#	%	#	%
Non Professional	0	0.0%	0	0.0%	1	0.1%	11	1.5%
Professional	80	10.8%	32	4.3%	28	3.8%	587	79.4%
Total	80	10.8%	32	4.3%	29	3.9%	598	80.9%



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### **Consideration and Appropriate Action Regarding the External Auditor's Report on the Audited Financial Statements for 2019**

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The Audit Committee met with the BKD audit partners, who were engaged to examine the financial statements of the Health System on Tuesday May 12, 2020. BKD presented the required communication, a draft of the audited financial statements and other documents to the Audit Committee. BKD reported that the Health System's audit is complete and they plan to issue an unmodified or clean opinion. The Audit Committee voted unanimously to recommend approval of the 2019 Independent Auditors Report and Financial Statements to the Board of Managers.

BKD also performed audits on five other entities: CFHP, Pension Plan, OPEB Plan, Foundation and Financial Assistance Programs.

- The CFHP audit report was presented to and approved by the CFHP Board on April 24, 2020.
- The Pension Plan and OPEB Plan audit reports were presented to and approved by the Pension Trustees on May 14, 2020. The Pension Plan and OPEB financial statements are included in the Health System audit report.
- The Foundation audit report was presented to and approved by the executive committee of the Foundation Board on Thursday, May 7, 2020.

**The 2019 audited financial statements will be presented for discussion, deliberation, and approval by the Board of Managers at its regular meeting on Tuesday, May 19, 2020.**

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Reed Hurley, Executive Vice President/  
Chief Financial Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer





# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### **Consideration and Appropriate Action Regarding Agreement with Pivotpoint Consulting Associates for Help Desk Support for the Epic Electronic Health Record Project**

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#### **Background:**

In September 2018, the Health System Board of Managers approved the recommendation to transition the Health System to the Epic Electronic Health Record (EHR) suite. The Epic EHR Project will be transformational for the Health System, UT Health – San Antonio and our patients. The quality of clinical and operational functions will improve standardization of clinical workflows, data entry and reporting across all Health System and UT facilities. The Epic enterprise suite will enhance the patient experience through a better appointment process, single portal access to medical information and improved communication with providers. After implementation, the Health System will benefit from improved clinical productivity and better documentation. This will result in a reduction of accounts receivable days and misdirected claims while increasing revenue cycle efficiencies.

#### **Analysis:**

As we prepare for our approaching go-live, one aspect is to provide Help Desk support for our user community, which includes our providers. This service will assist users with access, questions, issue resolution and provide problem tracking/escalation so we can quickly resolve complex issues as they arise. We know at go-live and for a few months following go-live we will have a large increase in call volumes until the organization settles into the new environment. Instead of adding additional individuals to our existing Help Desk team, we wanted to be good stewards and gain a clear understanding of what call volumes will be once we stabilize before adding additional staff.

To assist the Health System with this critical Help Desk function an RFP was created to acquire consulting services for a period of four months. After three months we

will have a better understanding of what normal call volumes are. At that point we will appropriately staff our existing Help Desk with fulltime Health System employees.

There were eleven (11) respondents to the RFP. Each respondent submitted detailed qualifications, references, resumes of the team members and an all-inclusive cost proposal. After deliberate considerations, the RFP scoring team was unanimous in recommending approval of Pivot Point Consulting combined with Paragon Development Systems, Inc. Pivot Point Consulting has a contractually structured alliance with Pargon Development Systems and currently provides Help Desk services for 28 Epic clients. This vendor was selected for the following reasons:

- Excellent references on company and team
- The Director of Support Services has over 30 years of experience
- Supported 40 Epic implementation projects in the last five years
- Involved in large Epic implementation support projects similar to ours
- Extensive knowledge of Epic’s application suite of products
- Strong relationship with and recommended by Epic
- Help Desk support team is based in Madison, Wisconsin
- Highly competent
- Number one in 2020 Best in KLAS for Healthcare IT Services
- Ranked as one of the top three vendors in KLAS for implementation, staffing and support in 2015, 2016, 2017, 2018 and 2019
- Received several other accolades for services

**Quality Note:**

The Health System’s quality clinical outcomes initiative and revenue are dependent on the results, documentation, and coding in the Epic System. Acquiring Epic experienced Help Desk services will help ensure we have the appropriate support infrastructure available to support our user base.

**Fiscal Impact:**

The total cost of this acquisition of the described services is not to exceed \$765,000 for a period of 4 months based on tiered volume pricing. We only incur costs for calls placed to the Help Desk. Based on other Epic implementations, we expect approximately 45,000 calls over the four month period. This contract will provide

for approximately 45,000 calls during the period of the contract. This vendor was the lowest cost qualified respondent. The following is the tiered monthly volume based pricing:

<b>TIER MONTHLY VOLUME</b>	<b>INCIDENT PRICING</b>
1-999	\$21.00
1,000 – 1,499	\$20.00
1,500 – 1,999	\$19.50
2,000 – 2,499	\$19.00
2,500 – 2,999	\$18.50
3,000 – 3,499	\$18.00
3,500 – 3,999	\$17.50
<b>4,000+</b>	<b>\$17.00</b>

**Strategic Note:**

The proposed acquisition of Epic Help Desk services for the Epic EHR Project will help enhance the Health System’s strategic partnership with UT Health – San Antonio by assuring a quality support structure is in place to provide needed assistance.

**Community Outreach Plan/Workforce Composition:**

Pivotpoint Consulting has a total of 37 employees. The workforce composition data is as follows:

<b>NON PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
N/A							
	%	%	%	%	%		%
<b>PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
	0	0	0	0	37		37
	0.00%	0.00%	0.00%	0.00%	100.00%		100.00%
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
	0	0	0	0	37		37
	0.00%	0.00%	0.00%	0.00%	100.00%		100.00%

Paragon Development Systems (PDS) Consulting Associates has a total of 290 employees. The workforce composition data is as follows:

<b>NON PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>Total</b>
	1	11	14	7	117	6	152
	.3%	3.8%	4.8%	2.4%	40.3%	2.1%	53.7%
<b>PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
	1	10	0	5	111	7	134
	.03%	3.4%	0.0%	1.7%	38.8%	2.7%	45.63%
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
	2	21	14	12	228	13	290
	.07%	7.2%	4.8%	4.1%	78.6%	4.5%	100.0%

**Recommendation:**

Staff recommends the Board of Managers approve procurement of Epic Help Desk services from Pivotpoint Consulting in an amount not to exceed \$765,000.

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William A. Phillips Jr.  
 Senior Vice President/  
 Chief Information Officer

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Edward Banos  
 Executive Vice President/  
 Chief Operating Officer

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Reed Hurley  
 Executive Vice President/  
 Chief Financial Officer

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George B. Hernández Jr.  
 President/Chief Executive Officer



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### **Consideration and Appropriate Action Regarding a Guaranteed Maximum Price (GMP #10) Proposal for the Women's and Children's Hospital Structure and Infrastructure for the Construction Manager at Risk Agreement with Joeris+JE Dunn, a Joint Venture**

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#### **Background:**

The architectural and engineering (A/E) team of Marmon Mok L.L.P. (a.k.a. Marmon Mok|ZGF) was selected by University Health System (Health System) for the design and planning services for the Women's and Children's Hospital, Garage, and Heart/Vascular & Endoscopy Center (Project). The A/E team was authorized and engaged in March 2018 to provide the first phase (Phase I) of design and planning services. Phase I included master planning, program validation, scope alignment, site investigations, and budget development. In July 2018 the A/E team commenced full architectural and engineering design services for the Project.

The Project's design phase is on schedule. The A/E team has completed construction documents for the Heart/Vascular & Endoscopy Center (HVE) which is currently underway. The Underground Utility Reroute is complete. Design for the Garage and the Women's and Children's Hospital is also in progress and on schedule. A phasing strategy has been developed for the main components of the Project including HVE.

For the construction of the project, the Health System has determined that using the construction-at-risk delivery method will provide the best value for delivery of the Project. This method will produce a series of Guaranteed Maximum Pricing (GMP) packages to be established through design packages for each of the facilities or major components comprising the Project. The Board of Managers has previously approved GMP's 1 through 9. The Construction Manager at Risk (CM) selected in November 2018 is Joeris+JE Dunn, a Joint Venture.

#### **Analysis:**

The sitework, excavation, retention and foundations are underway which will allow for construction of the Women's and Children's Hospital, Parking Garage and Podium Expansion Core and Shell. This will allow the structure and infrastructure

to commence associated with Joeris+JE Dunn GMP #10 which is anticipated to take approximately twenty-two (22) months.

**Fiscal:**

Joeris+JE Dunn GMP #10 – Structure and Infrastructure is a Guaranteed Maximum Price (GMP) not to exceed \$112,740,960.

Scope of work consist of primary trades critical to the continuing progress of construction and includes the following:

- Structural and Miscellaneous Steel – Excluding steel truss mill order approved in prior GMP #8 and equipment support steel to be included in future GMP.
- Exterior Framing and Sheathing
- Exterior Vapor Barrier / Waterproofing
- Exterior Metal Panels
- Fire Protection System
- Exterior Glass & Glazing
- Overhead Coiling Doors
- Loading Dock Equipment
- Mechanical & Plumbing – Long lead equipment and rough-in
- Electrical – Long lead equipment and rough-in

GMP #1 Transfusion Services	\$ 726,234
GMP #2 Heart Vascular Endoscopy Center Early Release	\$ 6,396,000
GMP #3 Underground Utility Reroute	\$ 3,878,000
GMP #4 West Garage Renovation	\$ 1,689,580
GMP #5 Demolition North Garage	\$ 2,818,092
GMP #6 HVE Build Out	\$ 12,768,865
GMP #7 Sitework, Excavation, Retention and Foundations	\$ 13,139,516
GMP #8 Structural Steel Mill Order and Detailing Early Release	\$ 966,478
GMP #9 Superstructure	\$ 86,525,337
GMP #10 Structure and Infrastructure	\$ 112,740,960
<b>Total Contract Value</b>	<b>\$ 241,649,062</b>

**Quality Note:**

The Women’s and Children’s Hospital will serve as a large regional referral center for Bexar County and all of South Texas while meeting the growing needs of our community, particularly for maternal and pediatric care.

**Strategic Note:**

This Project will achieve Triple Aim Plus objectives by improving quality, safety, the patient experience, and access to care.

**Community Outreach Plan/Workforce Composition:**

For Joeris+JE Dunn the workforce composition is as follows:

Category	American Indian/Alakan Native		Asian/Pacific Islander		African American		Hipanic		White		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Non Professional	0	0.00%	1	0.30%	7	2.12%	88	26.67%	24	7.27%	120	36.36%
Professional	1	0.30%	2	0.61%	2	0.61%	65	19.70%	140	42.42%	210	63.64%
Total	1	0.30%	3	0.91%	9	2.73%	153	46.36%	164	49.70%	330	100%

**Recommendation:**

Staff recommends Board of Managers’ approval of an amendment to the Joeris+JE Dunn construction agreement for GMP#10, Structure and Infrastructure, in an amount not to exceed \$112,740,960.

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Don Ryden  
 Vice President, Planning, Design &  
 Construction

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Edward Banos  
 Executive Vice President/  
 Chief Operating Officer

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George B. Hernández, Jr.  
 President/Chief Executive Officer



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### **Consideration and Appropriate Action Regarding a Contract with Philips North America for the Purchase and Installation of Two MRI Scanners at University Hospital and the Robert B. Green Campus**

---

#### **Background:**

University Health System performs MRI imaging at both University Hospital and the Robert B. Green Campus (RBG). University Hospital operates three MRIs consisting of one 3T Philips, one 3T Toshiba, and one 1.5T Toshiba performing approximately 14,000 MRI procedures per year. All hospital units operate at maximum capacity. The Philips 3T MRI was upgraded in late 2019 at a cost of \$2.1M. RBG operates one 3T Toshiba and one 1.5T Toshiba performing approximately 5,000 MRI procedures per year. All five units are vital to the Health System's ability to provide advanced imaging services to the community.

Due to the age of the equipment, the need for increase image quality, and to meet best practice cyber security goals, the recommendation is to completely replace the both Toshiba MRI scanners.

#### **Analysis:**

The two Toshiba scanners were purchased in 2008 and are fully depreciated. Two potential options were identified by leadership during the evaluation of this project. Option one was a complete electronics and software replacement to both MRI scanners at a cost of approximately \$1.5M. Option two was the total replacement of both units. Given the age, residual value, and less than optimal imaging quality of the existing scanners, it was determined that the best value for the Health System was to replace both units.

#### **MRI Selection Process**

A multidisciplinary selection committee was formed to make recommendations for



**BCHD Board of Managers - Contract with Philips Healthcare for the Purchase and Installation of Two MRI Scanners**

**Tuesday, May 19, 2020**

**Page 2 of 4**

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the best replacement scanners. This committee was comprised of Radiologists, staff MRI technicians, Radiology leadership, Biomed, and Hospital Administration. This evaluation committee worked in collaboration with UT Health San Antonio providers to ensure the end-users were part of the selection process. The committee identified the necessary MRI configurations, accessories, and software options to meet the needs of the Health System. Initial vendors invited to provide a full presentation to the selection committee included:

- Philips Healthcare
- Siemens Medical
- Cannon Medical
- GE Healthcare

After initial presentations, the selection committee identified Philips Healthcare and Siemens Medical as finalists. Both vendors were provided a detailed set of technical questions to answer about their scanners, as well as, a list of required hardware and software configurations as part of their final quote. Quotes provided to the Health System were turnkey, inclusive of construction, installation, and mobile MRI rental.

After careful consideration, the selection committee's recommendation was to award a contract to Philips Healthcare based on their best value to the Health System. Both finalists ranked near equal in functional capabilities. The most significant factor for this decision was pricing, and Philips Healthcare was \$600,000 less than Siemens Medical. An additional factor in this decision to partner with Philips Healthcare, has been the Health System's strategic objective to consolidate most advanced imaging with a small number of high quality vendors to maximize efficiencies. The new proposed replacement MRI scanners for both University Hospital and RBG is the Philips Ingenia Ambition 1.5T MRI.

Philips Healthcare is a contracted vendor with the Premier GPO, and therefore the costs are considered to be competitively bid.

**Quality Note:**

The continued availability of MRI imaging within University Health System is key to offering advanced imaging services to the community served. This purchase will

provide the healthcare team with higher quality diagnostic images due to incorporating the latest and most advanced MRI technologies available, and will meet the cyber security best practice standards. This purchase supports all service lines within the University Health System.

**Fiscal Impact:**

The MRI replacement costs for this turnkey project is **\$5,399,140**. Equipment and construction are budgeted 2020 capital expenditures.

Ingenia Ambition 1.5T	University Hospital	\$1,904,513
Construction	University Hospital	\$813,582
Mobile MRI 12-Week Rental	University Hospital	\$109,100
Ingenia Ambition 1.5T	RBG	\$1,904,513
Construction	RBG	\$667,432
<b>Project Total</b>		<b>\$5,399,140</b>

**Strategic Note:**

This purchase supports all aspects of Triple-Aim Plus. Quality is improved through newer technology capable of providing patients with superior images. Operational efficiencies are improved by consolidating MRI scanners with one vendor. Access is improved by expanding the same level of MRI technology to the ambulatory setting as available at the hospital.

**Community Outreach Plan/Workforce Composition:**

Philips North America LLC d/b/a Philips Healthcare is a Dutch multinational conglomerate corporation headquartered in Amsterdam with a total of 77,400 employee with 120 different nationalities as stated in their 2018 annual report. Philips has been recognized for their diversity and inclusion initiatives. The workforce composition data below is representative of the national headquarters with 181 employees:

**BCHD Board of Managers - Contract with Philips Healthcare for the Purchase and Installation of Two MRI Scanners**  
**Tuesday, May 19, 2020**  
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<b>NON PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#							
%	%	%	%	%	%		%
<b>PROFESSIONAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#		12	2	12	155		181
%	%	%	%	%	%		%
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
#	0	12	2	12	155		181
%	%	<b>6.6%</b>	<b>1.1%</b>	<b>6.6%</b>	<b>85.6%</b>		<b>100%</b>

**Recommendation:**

Staff recommends the Board of Managers approve a request of **\$5,399,140** to fund a turnkey project (equipment/construction) for two MRI scanners at University Hospital and the Robert B. Green from Philips Healthcare.

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James Willis  
 Vice President/Associate Administrator  
 University Hospital

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Michael Roussos  
 Hospital Administrator  
 University Hospital

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Edward Banos  
 Executive Vice President/  
 Chief Operating Officer

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George B. Hernández, Jr.  
 President/Chief Executive Officer  
 University Health System



# University Health System

BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS

Tuesday, May 19, 2020

## Consideration and Appropriate Action Regarding Assignment of Transplant Outreach Clinics in Support of the Transplant Program at University Hospital

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### **Background:**

University Health System and UT Health San Antonio have worked in a collaborative effort to create, develop and operate the University Transplant Center. For over twenty years, this has included the operation of outreach clinics which are currently located in El Paso, Corpus Christi, New Braunfels, the Rio Grande Valley, Austin and Laredo. Each of these clinics increase access to specialized care for an underserved population, many of whom lack the physical ability or the financial wherewithal to come to San Antonio when they need health care services. In many cases, the outreach clinics provide services that our patients would otherwise have to do without as there are no alternative providers in these areas. Services included in the outreach clinics include:

- Evaluation for kidney transplantation (pediatric and adult)
- Evaluation for liver transplantation (pediatric and adult)
- Evaluation to become a living donor (kidney or liver)
- Post-transplant care and evaluation of immune suppression
- Advanced liver disease management, autoimmune diseases, fatty liver, and hepatitis C management
- Evaluation for liver and pancreas care
- Evaluation of the need for Advanced Endoscopy
- Evaluation of the need for Hepatobiliary Surgical care

### **Analysis:**

In the past three years, over 1,600 patients have been seen in these clinics. Although

**BCHD Board of Managers - Assignment of Transplant Outreach Clinics in Support of the Transplant Program at University Hospital**

**Tuesday, May 19, 2020**

**Page 2 of 3**

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they are the product of joint efforts, the outreach clinics are currently operations of UT Health San Antonio. The Health System's interest in providing health care services to pre and post-transplant patients continues our mission and commitment to enhancing the Transplant serviceline using best-practice benchmarks and standards to deliver quality care.

**Quality Note:**

The continuation of the operation of the Transplant Outreach Clinics provides vital health care services to patients of the University Transplant Center. The ability of these patients to receive care in their own communities versus traveling to San Antonio or not receiving the care at all is a major factor in improved patient outcomes.

**Fiscal Impact:**

As part of the collaboration with UT Health San Antonio, the Health System currently provides support for the Transplant Outreach Clinics. This support will be discontinued to offset the cost of directly supporting the clinics, including the cost of the leased spaces which is \$117,000 annually for all five locations. There will be no net cost to the Health System as a result of this transition. This will allow University Health System to market and bill for services under the University Health System name.

**Strategic Note:**

The approval of the transition of the Transplant Outreach Clinics from UT Health San Antonio to the Health System by the Board of Managers will allow the Health System to continue to pursue our goal of being the transplant center of choice for South and West Texas by providing the highest quality patient care to our pre and post-transplant patients in the most convenient and appropriate settings possible.

**Community Outreach/ Workforce Composition:**

UT Health has a total of 5, 673 employees. The workforce composition data is as follows:

**BCHD Board of Managers - Assignment of Transplant Outreach Clinics in Support of the  
 Transplant Program at University Hospital  
 Tuesday, May 19, 2020  
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<b>NON PROFESSIONA L</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#	6	61	100	1485	541		2193
%	0%	3%	5%	68%	25%		100%
<b>PROFESSIONA L</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	
#	11	552	118	1053	1746		3480
%	0%	16%	3%	30%	50%		100%
<b>TOTAL</b>	<b>American Indian</b>	<b>Asian American</b>	<b>African American</b>	<b>Hispanic</b>	<b>White</b>	<b>Other</b>	<b>TOTAL</b>
#	17	613	218	2538	2287		5673
%	0%	11%	4%	45%	40%		100%

**Recommendation:**

Staff recommends the Board of Managers authorize the Health System President/CEO to enter into any leases or other contracts necessary to effectuate the transition of the Transplant Outreach Clinics from UT Health San Antonio to University Health System.

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Allen Strickland  
 Vice President/Hospital Administration  
 University Hospital

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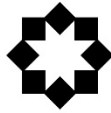
Michael Roussos  
 Hospital Administrator  
 University Hospital

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Edward Banos  
 Executive Vice President/  
 Chief Operating Officer

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George B. Hernández, Jr.  
 President/Chief Executive Officer  
 University Health System



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday May 19, 2020

### April 2020 Financial Report

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In April, Health System operations continued to be significantly impacted by the COVID-19 crisis resulting in stay at home and social distancing directives reducing In and Out Patient activity. Clinical activity (as measured by inpatient discharges) was down 25.0% for the month compared to budget. Community First Health Plans (CFHP) fully-insured membership was down 1.0% to budget. On a consolidated basis, gain from operations was \$5.4 million, \$4.0 million better than budget. The consolidated bottom line gain (before financing activity) was \$2.0 million, \$4.7 million better than the budgeted loss of \$2.7 million. Lower operating expense resulted in performance better than budget. CFHP experienced a bottom line gain of \$949 thousand which was \$1.7 million better than the budgeted loss of \$729 thousand. Higher premium revenue and lower claims expense offset by higher administrative expense accounted for the performance to budget.

Debt service revenue was \$5.9 million which was equal to budget.

Notable increases or decreases from the December 31, 2019 Consolidated Balance Sheet (Monthly Financial Report page 2) are as follows:

- Cash, cash equivalents and long term investments increased \$17.6 million due primarily to the net of collection of property taxes, the collection of provider fees for the LPPF and reducing accounts payable.
- Other receivables and prepaid expenses increased \$7.6 million due primarily to decreases in prepaid expenses \$4.1 million, offset by increases in supplemental revenue receivables \$11.7 million.
- Board designated accounts increased \$4.2 million due primarily to unrealized gains on invested balances.
- Restricted accounts related to the bond proceeds and payments increased \$134.7 million due primarily to the issuance of Series 2020 Certificates of Obligation and collection of property tax for debt service.
- Net property, plant and equipment increased \$8.4 million as capitalized purchases exceeded depreciation expense. Capital assets placed in service increased \$1.9 million. CIP project in progress increased \$11.5 million. Regular capital in progress increased \$18.9 million, primarily the Epic project. Accumulated depreciation increased \$23.8 million.
- Accounts payable decreased \$66.2 million due primarily to the net of higher amounts due to the new liability for LPPF \$7.2 million and lower amounts due to vendors \$60.6 million and to fund Medicaid supplemental service obligations \$12.8 million.

**BCHD Board of Managers - April 2020 Financial Report**

Tuesday, May 19, 2020

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- Long-term debt increased \$139.8 million due to the net of refunding of the Series 2010B CO's, issuance of the Series 2020 Limited Refunding and CO's and current principle payment due in 2021.
- The Health System's Net Asset Value increased \$31.3 million on a Generally Accepted Accounting Principles (GAAP) basis including debt service tax revenue, Build America Bonds (BABs) subsidy and interest expense on bonds.
- Financial performance for the year is subject to audit.

Significant items to note from the Monthly Consolidated Statement of Revenues and Expenses (Monthly Financial Report page 3) include the following:

**Actual to Budget**

(Dollars in 000's)

	MTD	Plan	Variance	YTD	Plan	Variance
<b>Operating Gain</b>	\$5,381	\$1,377	\$4,004	\$31,159	\$13,675	\$17,483
<b>Depreciation Expense</b>	(\$4,892)	(\$6,414)	\$1,522	(\$21,881)	(\$25,668)	\$3,788
<b>Other Non-operating</b>	\$1,487	\$2,292	(\$804)	\$14,161	\$9,167	\$4,995
<b>Bottom Line</b>	<b>\$1,976</b>	<b>(\$2,745)</b>	<b>\$4,721</b>	<b>\$23,439</b>	<b>(\$2,826)</b>	<b>\$26,266</b>

- Net patient revenue of \$60.8 million in April was below budget \$17.4 million and down \$25.1 million YTD due to lower activity related to COVID-19 disruptions.
- SNF patient revenue was up \$1.7 million from budget for the month. SNF operating expense, included in Purchased Services, was up \$1.7 million for the month. The table below illustrates the results of the SNF program.

**SNF Program**

**Actual to Budget**

(Dollars in 000's)

	MTD	Plan	Variance	YTD	Plan	Variance
<b>SNF Supplemental Revenue</b>	645	58	587	817	230	587
<b>SNF Operating Revenue</b>	3,885	2,765	1,120	13,166	11,060	2,106
<b>Total Operating Revenue</b>	<b>4,530</b>	<b>2,823</b>	<b>1,707</b>	<b>13,983</b>	<b>11,290</b>	<b>2,693</b>
<b>SNF Operating Expense</b>	4,472	2,765	(1,707)	13,753	11,060	(2,693)
<b>Operating Gain</b>	<b>\$58</b>	<b>\$58</b>	<b>\$0</b>	<b>\$230</b>	<b>\$230</b>	<b>\$0</b>

- Other operating revenue was over budget \$5.6 million for April due to the recognition of \$6.5 million of CARES Act funding received in April, and lower Foundation and Cafeteria revenue due to COVID-19 and over budget \$4.8 million year to date due to recognition of \$6.5 million of CARES Act funds received in April, higher outside pharmacy revenue \$2.7 million and lower grant revenue \$2.1 million, Foundation revenue \$1.2 million and sundery revenue \$1.1 million related to COVID-19.



## BCHD Board of Managers - April 2020 Financial Report

Tuesday, May 19, 2020

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- Employee compensation was under budget \$7.6 million or 12.5% for April and under budget \$12.8 million year to date. Salaries were under budget \$5.8 million for the month and under budget \$10.6 million year to date due primarily to lower Epic salary costs due to delayed staff training and lower activity due to COVID-19. Benefits were under budget \$1.9 million in April lower employee health costs and retirement plan costs and under budget \$2.2 million year to date due to higher employee health costs offset by lower retirement plan costs.
- Purchased services were over budget \$7.1 million or 28.9% for the month and under budget \$1.4 million year to date. The \$7.1 million over budget is related to variances for higher administrative costs at CFHP of \$6.0 million and SNF costs of \$1.7 million offset by lower equipment maintenance costs of \$524 thousand. Year to date is under budget due to lower management fees of \$1.5 million, transplant costs of \$1.3 million, and travel and registration costs of \$870 thousand offset by higher SNF costs of \$2.7 million.
- Supply costs were under budget \$5.2 million or 23.3% in April and under budget \$6.8 million year to date. The variance to budget is the result of lower pharmacy costs \$2.2 million, lower implant costs of \$1.8 million, and a \$510 thousand credit from moving COVID supplies charged in a prior period into inventory. Year to date pharmaceuticals were under budget \$5.1 million and implant costs were under \$3.8 million offset by medical supplies over budget \$3.1 million.
- Gain from operations in April of \$5.4 million was \$4.0 million above the budgeted gain of \$1.4 million.
- Investment income was under budget \$486 thousand in April due to lower interest rates.
- Unrealized loss on investments was \$363 thousand due to falling interest rates in April.
- Gain before financing activity of \$2.0 million was \$4.7 million above the budgeted loss of \$2.7 million in April.

The Health System made no IGT's for UC for others through the new LPPF program.

Exhibit A is provided to reflect the consolidating financial summary of UHS less CFHP and CFHP.

Thank you.

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Reed Hurley  
Executive Vice President/CFO

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George B. Hernández, Jr.  
President/Chief Executive Officer

**Exhibit A**  
**University Health System**  
**Consolidating Financial Summary**  
**April 2020**  
(Dollars in 000's)

	UHS less CFHP	CFHP	Consolidated
Operating Revenue	\$112,317	\$49,852	\$162,169
Operating Expense	\$107,803	\$48,986	\$156,788
Operating Gain (Loss)	\$4,515	\$866	\$5,381
Depreciation Expense	(\$4,754)	(\$139)	(\$4,892)
Other Non Operating	\$1,266	\$221	\$1,487
Bottom Line	\$1,027	\$949	\$1,976
Budget	(\$2,016)	(\$729)	(\$2,745)
Budget Variance	\$3,043	\$1,678	\$4,721

**University Health System**  
**Consolidating Financial Summary**  
**April Year to Date 2020**  
(Dollars in 000's)

	UHS less CFHP	CFHP	Consolidated
Operating Revenue	\$475,415	\$199,118	\$674,533
Operating Expense	\$444,077	\$199,297	\$643,374
Operating Gain (Loss)	\$31,338	(\$179)	\$31,159
Depreciation Expense	(\$21,323)	(\$558)	(\$21,881)
Other Non Operating	\$12,655	\$1,506	\$14,161
Bottom Line	\$22,670	\$770	\$23,439
Budget	\$3,712	(\$6,538)	(\$2,826)
Budget Variance	\$18,958	\$7,308	\$26,266



# University Health System

## MONTHLY FINANCIAL REPORT April 2020

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**UNIVERSITY HEALTH SYSTEM  
BENCHMARK PERFORMANCE REPORT**

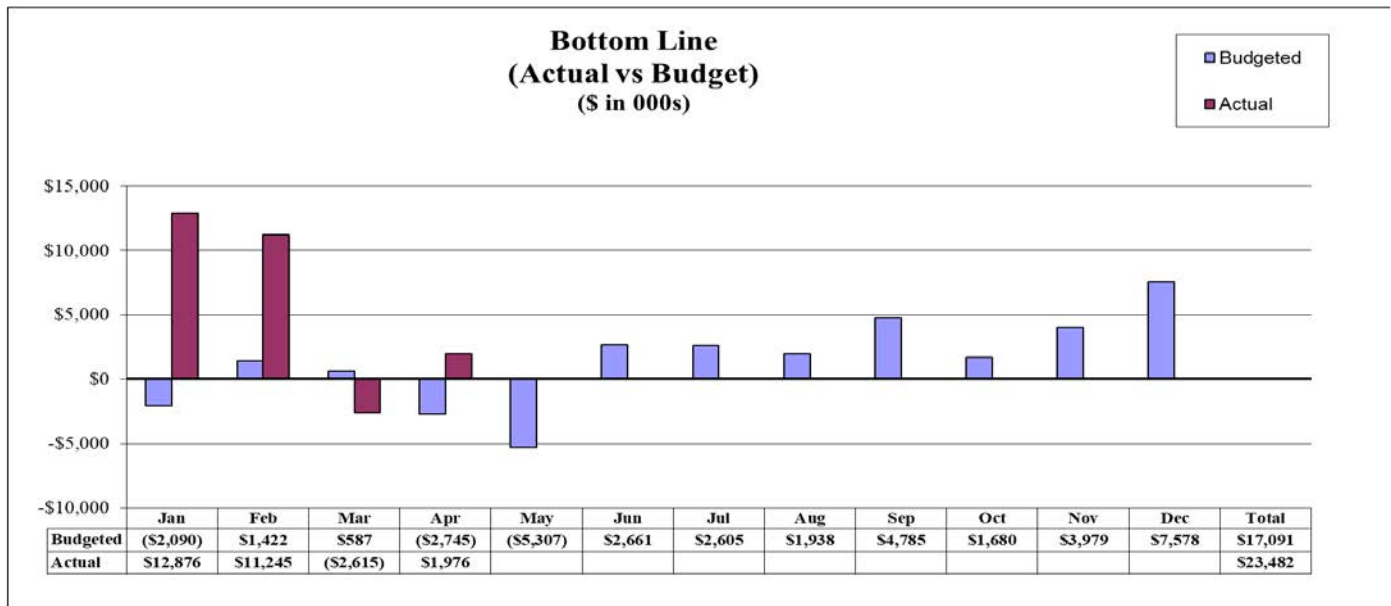
April

(UHS Consolidated) Dollars in Thousands	Month	Budget	% Variance	YTD	YTD Budget	% Variance
	Bottom Line	\$1,976	(\$2,745)	172.0%	\$23,439	(\$2,826)
Gain(Loss) from Operations	\$5,381	\$1,377	290.7%	\$31,159	\$13,675	127.8%
Non-operating Income(Expense)	(\$3,405)	(\$4,122)	17.4%	(\$7,719)	(\$16,502)	53.2%
Days Cash on Hand	220.4	205.4	7.3%	220.4	205.4	7.3%

	Actual 2019 Year End	Actual	Goal	% Variance
Days Revenue in Accounts Receivable excluding Carelink	58.86	49.36	58.00	14.9%
Days Revenue in Accounts Receivable excluding SNF and CareLink	54.53	43.87	54.00	18.8%

(UHS Less CFHP)	Actual 2019 Year End	Month	Budget	% Variance	YTD	YTD Budget	% Variance
Adjusted Discharges	5,412	3,703	5,641	-34.4%	21,010	22,288	-5.7%
Net Patient Revenue per AD	\$11,822	\$11,712	\$10,776	8.7%	\$10,542	\$11,064	-4.7%
Salary Cost per AD	\$8,279	\$11,501	\$8,548	-34.5%	\$8,370	\$8,345	-0.3%
Supply Cost per AD	\$4,051	\$4,608	\$3,945	-16.8%	\$3,879	\$3,963	2.1%
Total Expense per AD (1)	\$21,898	\$27,905	\$20,789	-34.2%	\$20,482	\$20,674	0.9%
Gain(Loss) from Operations per AD	\$1,710	\$1,219	\$416	193.1%	\$1,492	\$949	57.1%
Funded Patient %	74.3%	73.8%	74.3%	-0.7%	74.0%	74.3%	-0.4%
Medicare CMI	1.809	1.813	1.806	0.4%	1.845	1.806	2.2%

(1) Excludes SNF Expenses



**UNIVERSITY HEALTH SYSTEM**  
**Unaudited Consolidated Balance Sheet**  
**April 30, 2020**

(In Thousands)	<u>Assets</u>	
	<u>4/30/2020</u>	<u>12/31/19</u>
<b>Assets</b>		
<b>Current Assets:</b>		
Cash and cash equivalents (Note-1)	\$ 173,698	\$ 310,462
Investments (Note-1)	33,978	29,476
Investments (Taxes) (Note-1)	258,108	134,447
Assets Limited as to Use (Note-1)	17,074	9,623
Patient receivables, net (Note-2)	89,706	126,847
Property taxes receivable	58,656	242,075
Inventory	25,198	24,371
Other receivables and prepaid assets	212,658	205,107
<b>Total current assets</b>	<b>\$ 869,076</b>	<b>\$ 1,082,408</b>
Long Term Investments (Note-1)	44,024	25,244
<b>Other Assets:</b>		
Long-term patient receivables- net	12,657	12,657
Board Designated Accounts (Note-3)	589,184	585,021
Restricted Accounts (Note-4)	459,653	324,961
Property, plant, and equipment, net (Note-5)	1,173,322	1,164,943
Other Assets (Note-6)	83,533	87,608
<b>Total assets</b>	<b>\$ 3,231,449</b>	<b>\$ 3,282,843</b>
<b>Current liabilities:</b>		
Accounts payable	\$ 115,649	\$ 181,802
Accrued Interest	9,019	15,095
Due to third-party payors, net	7,898	6,949
Compensated absences	21,375	20,945
Accrued liabilities	234,227	235,828
Claims payable	65,838	63,424
Current maturities of long-term debt	29,900	31,325
<b>Total current liabilities</b>	<b>\$ 483,906</b>	<b>\$ 555,368</b>
Long-term debt, less current maturities	1,018,008	878,253
Estimated self-insurance costs	1,667	1,667
Deferred tax	321,642	485,799
Deferred other	15,238	2,097
<b>Total Long Term Liabilities</b>	<b>\$ 1,356,555</b>	<b>\$ 1,367,817</b>
Fund balance-Unrestricted	1,384,007	1,352,677
Fund balance-Restricted	6,981	6,981
<b>Total liabilities and fund balance</b>	<b>\$ 3,231,449</b>	<b>\$ 3,282,843</b>

**UNIVERSITY HEALTH SYSTEM**  
**Unaudited Consolidated Statement of Revenues and Expenses**  
**April 30, 2020**

(In Thousands)	MTD	MTD	\$	%	YTD	YTD	\$	%
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
Net Patient Service Revenue	\$ 43,369	\$ 60,785	\$ (17,416)	-28.7%	\$ 221,497	\$ 246,591	\$ (25,094)	-10.2%
<b>Other Revenue:</b>								
Property Tax M & O	\$ 34,891	\$ 34,891	\$ (0)	0.0%	\$ 139,565	\$ 139,565	\$ (0)	0.0%
Disproportionate Share Revenue	1,711	1,711	(0)	0.0%	6,844	6,844	(0)	0.0%
Uncompensated care/UPL Revenue	6,397	6,397	(0)	0.0%	25,586	25,586	(0)	0.0%
DSRIP Revenue	6,185	6,185	(0)	0.0%	24,740	24,740	(0)	0.0%
SNF PT Revenue	4,530	2,823	1,707	60.5%	13,983	11,290	2,693	23.8%
Graduate Medical Education Revenue	646	646	0	0.0%	2,582	2,582	0	0.0%
NAIP	2,461	2,461	(0)	0.0%	9,844	9,844	(0)	0.0%
Tobacco Settlement Fund	777	683	94	13.7%	2,825	2,731	94	3.4%
CFHP Premium Revenue	49,586	48,703	882	1.8%	198,094	196,560	1,534	0.8%
Other	11,617	6,035	5,582	92.5%	28,973	24,161	4,811	19.9%
<b>Total Operating Revenue</b>	<b>\$ 162,169</b>	<b>\$ 171,319</b>	<b>\$ (9,150)</b>	<b>-5.3%</b>	<b>\$ 674,533</b>	<b>\$ 690,495</b>	<b>\$ (15,962)</b>	<b>-2.3%</b>
<b>Operating Expense:</b>								
Employee Compensation	\$ 53,381	\$ 61,026	\$ 7,645	12.5%	\$ 224,433	\$ 237,274	\$ 12,841	5.4%
Medical Services	16,802	17,534	732	4.2%	66,645	70,113	3,468	4.9%
Purchased Services	31,684	24,575	(7,109)	-28.9%	97,196	98,612	1,416	1.4%
Supplies	17,064	22,256	5,192	23.3%	81,487	88,328	6,841	7.7%
Medical Claims Expense	37,857	44,550	6,694	15.0%	173,612	182,492	8,880	4.9%
<b>Total Operating Expense</b>	<b>\$ 156,788</b>	<b>\$ 169,942</b>	<b>\$ 13,154</b>	<b>7.7%</b>	<b>\$ 643,374</b>	<b>\$ 676,820</b>	<b>\$ 33,446</b>	<b>4.9%</b>
<b>Gain/(Loss) from Operating Activities</b>	<b>\$ 5,381</b>	<b>\$ 1,377</b>	<b>\$ 4,004</b>	<b>290.7%</b>	<b>\$ 31,159</b>	<b>\$ 13,675</b>	<b>\$ 17,483</b>	<b>127.8%</b>
<b>NonOperating Revenue/(Expense):</b>								
Investment Income	1,656	2,142	(486)	-22.7%	8,499	8,567	(68)	-0.8%
Unrealized Gain/Loss	(363)	0	(363)	100.0%	4,885	0	4,885	100.0%
Premium Deficiency Reserve	194	150	44	29.6%	778	600	178	29.6%
Depreciation And Amortization	(4,892)	(6,414)	1,522	23.7%	(21,881)	(25,668)	3,788	14.8%
<b>Total NonOperating Revenue</b>	<b>\$ (3,405)</b>	<b>\$ (4,122)</b>	<b>\$ 717</b>	<b>17.4%</b>	<b>\$ (7,719)</b>	<b>\$ (16,502)</b>	<b>\$ 8,782</b>	<b>53.2%</b>
<b>Gain/(Loss) before Financing Activities</b>	<b>\$ 1,976</b>	<b>\$ (2,745)</b>	<b>\$ 4,721</b>	<b>172.0%</b>	<b>\$ 23,439</b>	<b>\$ (2,826)</b>	<b>\$ 26,266</b>	<b>929.3%</b>

**University Health System**  
**Unaudited Consolidated Statement of Cash Flows**  
**April 30, 2020**

	<b>April</b> <b>2020</b> <hr style="border: 0.5px solid black;"/> <i>(In Thousands)</i>
<b>Operating Activities</b>	
Gain (Loss) from Operations	\$ 31,159
Adjustments to Reconcile Gain (Loss) from Operations to Net Cash Used in Operating Activities:	
Property Tax Revenue Considered Noncapital Financing Activity	23,583
Tobacco Fund Revenue	2,825
Interest Expense Considered Financing Activity	16,159
Changes in Operating Assets and Liabilities:	
(Increase) Decrease in Patient Receivables	37,141
(Increase) Decrease in Prepaid Assets / Other Current Assets	(8,378)
(Increase) Decrease in Intangible Assets	4,075
Increase (Decrease) in Accounts Payable	(66,153)
Increase (Decrease) in Compensated Absences	431
Increase (Decrease) due to Third-Party Payor Settlements	949
Increase (Decrease) in Accrued Liabilities	(1,601)
Increase (Decrease) in Medical Claims Payable	3,191
	<hr style="border: 0.5px solid black;"/>
<b>Net Cash Used in Operating Activities</b>	<b>\$ 56,523</b>
 <b>Noncapital Financial Activities</b>	
Receipt of Property Taxes in Support of Operating Activity	(6,979)
Proceeds from Tobacco Settlement	(2,825)
	<hr style="border: 0.5px solid black;"/>
<b>Net Cash Provided by Noncapital Financial Activities</b>	<b>\$ (9,803)</b>

**University Health System**  
**Unaudited Consolidated Statement of Cash Flows**  
**April 30, 2020**

	<b>April</b> <b>2020</b> <hr/> <i>(In Thousands)</i>
<b>Capital and Related Financing Activities</b>	
Receipt of Property Taxes in Support of Long-Term Debt	\$26,241
Repayment of Long-Term Debt	(193,635)
Interest on Long-Term Debt	(37,928)
Acquisition of Property, Plant, and Equipment	(37,905)
Acquisition of Property, Plant, and Equipment Bond Projects	4,068
Acquisition of Restricted Assets	(0.23)
Issuance of CO Series 2020	277,105
Premium on Series 2020	58,437
	<hr/>
<b>Net Cash Used in Capital and Related Financing Activities</b>	<b>96,382</b>
<b>Investing Activities</b>	
Investment Income	8,499
(Purchase) / Sale of Investments, Net	(142,058)
(Increase) Decrease Assets Limited as to Use	(146,306)
	<hr/>
<b>Net Cash Provided by (used in) Investing Activities</b>	<b>\$ (279,865)</b>
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	<b>\$ (136,763.66)</b>
<b>Cash and Cash Equivalents, Beginning of Year</b>	<hr/> <b>310,462</b>
<b>Cash and Cash Equivalents, End of Period</b>	<hr/> <b>\$ 173,698</b> <hr/>



**UNIVERSITY HEALTH SYSTEM**  
**Unaudited Notes to Financial Statements**  
**April 30, 2020**

(In thousands)

	CFHP	Foundation	UHS	Total
<b>1. Cash &amp; Investments</b>				
Cash (1)	\$83,885		\$89,813	\$173,698
Investments- Short Term (1)(4)	\$33,978		\$258,108	\$292,086
Assets Limited as to Use (1)	\$0	\$9,611	\$7,463	\$17,074
Investments- Long Term (2)	\$28,232		\$15,792	\$44,024
	\$146,095	\$9,611	\$371,176	\$526,882
 <b>2. Patient Receivables - are net of allowance for charity and uncollectibles as follows:</b>				
Accounts Receivable-Patients				\$346,261
Less: Allowance			-74.09%	(\$256,556)
Net Patient Receivables				\$89,706
 <b>3. Board Designated Accounts</b>				
Encumbered Capital (1)(4)				\$10,637
Future Capital Needs (1)(4)				\$38,429
Capital committed in 2019				(\$8,398)
Capital Account Balance Committed to Women's and Children's (1)(4)				\$217,887
Capital Reserves Committed to Epic (1)(4)				\$18,166
Emergency Operating Account (2)				\$307,019
Self Insurance Account (3)				\$5,443
			<b>Total Board Designated Accounts</b>	<b>\$589,184</b>
 <b>4. Restricted Accounts:</b>				
Certificate Fund-Securities (1)(4)				\$14,629
Project Fund Certificate Series 2018				\$274,826
Project Fund Certificate Series 2020				\$170,198
			<b>Total Restricted Accounts</b>	<b>\$459,653</b>
 <b>5. Net PP&amp;E</b>				
Placed In Service				\$1,050,384
Non-Bond Projects - In Progress				\$84,111
Bond Projects - In Progress				\$38,827
				\$1,173,323
 <b>6. Other Assets</b>				
Investments in and advances to affiliates				\$2,115
Deferred Outflow of Resources				\$54,860
Deferred Outflow-Debt Refin 2016				\$12,577
OPEB - Deferred Outflow of Resources				\$12,116
Tax Fund Deferred Outflow Loss				\$1,865
			<b>Total Other Assets</b>	<b>\$83,533</b>

(1) Frost Trust - Money Market

(2) Frost Trust - Gov't Securities Invested in Gov't Securities compliant with Public Funds Investment Act

(3) Broadway Bank Trust - Invested in Gov't Securities compliant with Public Funds Investment Act

(4) Local Government Pools



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### COVID-19 Operations Report

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#### **Background:**

University Health System has been responding to the COVID-19 situation since the initial reports of “Novel Coronavirus 2019-nCoV” were announced. The Health System’s involvement in the planning and response to this emerging infection began with preparations to manage U.S. evacuees from Wuhan, China brought to Lackland Air Force Base. The first meeting of the Infectious Disease Response Group was on January 29, 2020; six weeks before COVID-19 was officially declared a pandemic by the World Health Organization (WHO) on March 11, 2020. Despite the challenges this disease has created in the community and nation, the Health System has taken all necessary precautions and will remain vigilant as new circumstances arise.

#### **Analysis:**

##### **I. Community COVID-19 Testing:**

The Regional Medical Operations Center quickly responded to the need for community testing sites to be established, and on March 18, 2020 the Barshop Operations commenced on 4939 Charles Katz. The site was staffed with two Health System nurses per shift to begin testing patients who had appropriate symptoms. The operation quickly outgrew this space and was relocated on March 25, 2020 to the Joe Freeman Coliseum and the Health System expanded staffing to six nurses per shift by April 6, 2020. When testing initially began, the team collected an average of 20 specimens per day, which gradually increased to an average of 120 specimens per day. The target population for this testing site was healthcare workers, first responders, and patient referral by provider order. Health System support at the Joe Freeman Coliseum ended on May 4,

2020, in order to relocate staff for additional priorities. This operation was successful under the direct supervision of Theresa De La Haya.

## **II. Screening Tables:**

On March 13, 2020 screening tables were established to assess visitors for temperature, symptoms, and travel history in the main lobby of the Sky Tower. Additional screening locations were quickly set up in the days following to begin employee screening at the South Garage entrance and staff bridge of the West Garage. Visitor guidelines were modified and shuttle routes were organized to assist in visitor screening. The screening tables are primarily staffed with a mixture of nurses and techs from the STARS (PRN) staffing pool. This daily operation is successful under the direct supervision of Nelson Tuazon and Veronica Montemayor.

## **III. Detention Health Services:**

On March 13, 2020 the Health System began twice daily temperature monitoring of all inmates at the Bexar County Detention Center utilizing three teams consisting of nurses and techs rounding seven days a week. This provides early identification of illness among the inmate population to facilitate testing for COVID-19. On April 9, 2020 the first COVID-19 positive case was confirmed in an inmate. Subsequently, daily calls began including representatives from University Health System (Theresa Scepanski and Bryan Alsip, MD), the Sherriff's Office, and Bexar County administration to provide collaborative guidance for the management of COVID-19 within the jail for the safety of staff and inmates. This includes recommendations regarding enhanced cleaning/disinfecting and hygiene practices; social distancing strategies to increase space between individuals in the facility; how to limit transmission from visitors; infection control, including recommended personal protective equipment (PPE) and potential alternatives during PPE shortages; verbal screening and temperature check protocols for incoming incarcerated/detained individuals, staff, and visitors; medical isolation of confirmed and suspected cases and quarantine of contacts, including considerations for cohorting when individual spaces are limited; healthcare evaluation for suspected cases, including testing for COVID-19 among staff and inmates; clinical care for confirmed and suspected cases, including considerations for medically vulnerable persons at higher risk of severe disease from COVID-19. By May 8, 2020, samples had been collected to complete

evaluation of all University Health System and Bexar County Sherriff's Office staff working at the jail. The testing of inmates continues with a focus on those medically vulnerable populations, inmates that have had close contact with known positives, and units where trends are identified or there is close proximity to COVID-positive units. The personnel dedicated to the screening tables, inmate temperature testing, and COVID-19 swab testing included staff that was temporarily reassigned from low patient census areas of the Health System to Detention Health Services. The staff that volunteered for this assignment selflessly and displayed true compassion exemplifying the mission of University Health System. Daily operations and management continue through our Bexar County Detention Health Services under the leadership of Theresa Scepaniski, UMA providers, and University Health System staff.

#### **IV. CHCS Support:**

On March 16, 2020 the Health System operationalized screening tables at four CHCS locations:

Methadone Clinic – 601 Frio St

PEC – 928 West Commerce

CHCS – 5372 Fredericksburg Rd

Restoration Center – Crisis Center

The screening tables were staffed by a mixture of nurses and techs with seven day a week operations during business hours. The operations were transitioned to CHCS from the Health System on May 15, 2020, and this operation was successful under the direct supervision of Theresa De La Haya.

#### **V. Operations Command Center:**

On March 17, 2020 a Code Gray (Activation of University Health System Emergency Operations Plan) was initiated in response to COVID-19 and was led by Bryan Alsip MD, Emily Volk MD, Edward Banos, Michael Roussos, Tommye Austin RN, and Donovan Agans. This leadership group conducted twice daily calls with various members in the organization to review logistics/supplies, operations, policy review, and staffing.

On March 27, 2020 two tents were set-up outside of the Emergency Department to serve as additional treatment space in the event of a patient surge that could possible exceed the current capacity. To ensure full

preparedness the team led by Dina Pérez-Graham RN, Rocio Garcia RN, Ralph Riviello MD, and Christina Bird MD engaged in proactive planning and a full assessment of resources. The team conducted five multidisciplinary drills during both the day and night shift to ensure staff was fully trained and patient care would flow smoothly. To date, the tent operations have not been utilized; however, the tents can be fully staffed and functional in less than 20 minutes with equipment and supplies secure in a nearby staging area to facilitate a rapid response if needed.

The Health System has developed a comprehensive patient capacity surge plan in the event that it becomes necessary due to demand. To date, the Health System has not had to execute the full plan. The 5<sup>th</sup> floor of the Sky Tower has 52 physical beds that originally were a mixture of acute (30 beds) and intensive care (22 beds); however, due to COVID-19 all of the beds in the unit have been converted to all intensive care beds.

## **VI. Procurement:**

The Health System purchased close to 1.5 million masks, over 3 million gloves, and various other allocated or backordered products outside normal distribution channels in order to keep up with the demand. This included non-medical N95s. The Health System purchased several ventilators and mixers from a local DME vendor.

The Value Analysis and Supplier Diversity teams realigned to assist in sourcing product, to include finding suitable substitutes and rapid product testing with frontline caregivers to ensure quality products were evaluated before purchase. The Value Analysis team created a daily dashboard to track utilization rates to ensure leadership was aware of true on-hand par levels for critical supplies. Additionally, this tool is instrumental in forecasting and planning for the future as operations return throughout the Health System.

The Procurement team was an “outside the box” think tank that continues to reach out and work with local vendors to meet the needs of delivering patient care through this difficult time. The team has worked with a local vendor to custom manufacturer hand sanitizer stands and hand wash stations for the Emergency Department tent Detention Services operations. Additionally, they worked with Tommye Austin in the development and testing of using blue wrap to create hand-made masks with filters.

Typically blue wrap is used to wrap and protect sterile surgical trays. This operation is successful under the direct supervision of Antonio Carrillo.

## **VII. Helping Community:**

During the early onset of COVID-19, University Health System was one of the only labs in the region with on-hand testing capabilities. Due to these capabilities, the Health System assisted many local healthcare entities and regional operations by collecting and testing over 2,300 specimens from the Joe Freeman Coliseum from March 25, 2020 to May 4, 2020. Additionally, the Health System has collected and tested over 1,100 specimens from Bexar County Detention Health from April 28, 2020 to date.

## **VIII. Ramping up Elective Surgeries:**

On March 22, 2020 all elective surgeries at University Hospital and the ambulatory surgery centers were cancelled until further notice on recommendations made by the Centers for Disease Control and Prevention (CDC) and Executive Orders from the Texas Governor. By mid-April, a multidisciplinary team composed of leadership from University Health System and UT Health San Antonio consulted with surgeons and anesthesia to outline a plan to start scheduling elective procedures at University Hospital and at the Medical Arts & Research Center (MARC). On April 27, 2020 the Health System started Pre-Op testing for COVID-19 as a requirement to be scheduled, and elective procedures resumed on April 28, 2020.

Currently, COVID-19 pre-op testing is accomplished by scheduled appointments at the Pre-Op Clinic located in the Pavilion. The clinic has the capacity to test up to 80 patients daily, and as demand increases, the testing hours will expand with plans to bring RBG online as an additional pre-op test collection location. The goal will be to have all elective procedures waiting to be scheduled and completed by the end of July 2020.

## **IX. Community Support:**

Through the University Health System Foundation, Bexar County as a community has exhibited overwhelming generosity to Health System staff and patients from March 2020 to date:

- COVID-19 Grants and Donations - \$73,923
- Direct Patient Assistance (lodging vouchers, HEB gift cards, and Valero gift cards) - \$6,050
- Food Deliveries – 91 total deliveries, resulting in 6,965 meals for frontline healthcare workers
- In-Kind Gifts - \$145,421
  - 86,366 masks
  - 107,033 gloves
  - 1,237 variety of personal protective equipment

### **Quality Note:**

University Health System continues to effectively treat patients, protect staff and providers, and serve our community in response to the COVID-19 pandemic. Health System policy and practices are evidence-based in order to provide the highest quality care to our patients while ensuring the safety of our healthcare workers and staff. Our planning and response is informed by scientific data and new information that continues to emerge regarding COVID-19 disease and will continue to be adapted in anticipation of the evolving situation.

### **Fiscal Impact:**

Volume in the Emergency Department has decreased about 30% in patient encounters and close to a 50% reduction in adult Hospital Medicine admissions. The smaller ambulatory clinics closed early in the pandemic with most of the providers in the larger ambulatory clinics transitioning to telehealth visits. Upon comparing the total adult continuity activity in January and February to March and April the physicians decreased by 24% and the midlevel providers decreased by 36%. Telehealth visits will continue through the month of May as ambulatory clinic continue to reopen for face-to-face appointments. As part of the reopening phasing, leadership is exploring options of mixed provider schedules that include both modalities of appointments to meet patient expectations, provider satisfaction and productivity goals. During the first week in May, UMA conducted a survey of providers to gain feedback and interest on telehealth. The survey had 73 providers respond, and of those responses 55% of the providers are eager to continue this

modality of patient care utilizing Epic's platform.

**Strategic Note:**

Expanded testing capabilities are on the horizon for the Health System. The Hologic Panther is a total lab automated sample-to-result system that not only tests for COVID-19 but also has the ability to test for a multitude of other pathogens. Currently, University Health System's laboratory services has the capacity to run about 240 tests daily with existing instruments. On May 6, 2020 the Health System received the necessary reagents to run COVID-19 tests on the two existing Panther systems that will increase testing capacity up to 2000 samples per day. Laboratory services completed calibration of the systems on May 7, 2020 with a go-live date of May 8, 2020.

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Bryan J. Alsip, MD, MPH  
Executive Vice President  
Chief Medical Officer

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Edward Banos  
Executive Vice President  
Chief Operations Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer





# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### 1<sup>st</sup> Qtr. 2020 - Supplier Diversity Report

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#### **Program Update**

During the 1<sup>st</sup> quarter 2020, the Supplier Diversity Program continues to implement procurement considerations that will allow for more opportunities and engagement with local and SMWVBE suppliers. The impact of Covid-19 in the 1<sup>st</sup> quarter caused disruption in existing channels of vendor engagement but the Supplier Diversity team continues to explore alternatives that meet social distancing guidelines and meet the time flexibility needs of our SMWVBE partners.

Summaries below represent initiatives the Supplier Diversity program has actively participated in an effort to engage the local, diverse business community on behalf of the Health System during the 1<sup>st</sup> quarter:

- Supplier Diversity continues to participate in the JOERIS and JEDunn Women's and Children's Hospital SMWVBE Development sessions. These sessions are focused on active recruitment of certified Small and Diverse businesses for the Women's and Children's Hospital. This series began on July 25<sup>th</sup>, 2019 with a scheduled completion date of March 26<sup>th</sup>, 2020 totaling seven sessions overall.
- Supplier Diversity supported additional local events during the 1<sup>st</sup> quarter to enhance community engagement and opportunities for local, diverse vendors to do business with the Health System.
  - Business Opportunity for Texans (BOT's) monthly membership event as guest speaker.
  - Maestro Construction Session, a two day construction and infrastructure conference, created networking opportunities with local, diverse vendors. A vendor table was supported by Health System members to answer any questions concerning vendor registration and contract opportunities.

- Supplier Diversity played a key role in identifying local, diverse vendors to provide various support during the Covid-19 response. All consideration was made to use local and SMWVBE businesses to assist the Health System meet the needs of staff and our patients in this mission critical period and includes the following key engagements with local SMWVBE vendors:
  - CC Fashions, a local seamstress, manufactured reusable facemasks
  - Lopez Electrical wired tents for potential triage of patient surge outside hospital
  - Four Sight Construction manufactured additional standalone wash and hand sanitizer stations
  - MedWheels and Lighthouse for the Blind supplied medical supplies and PPE to protect our staff, visitors, and patients in a time of extraordinary demand for these items

### **Total Payments**

Payment analysis for the 1<sup>st</sup> quarter, 2020 demonstrates the Health System's continued commitment in supporting the SMWVBE community during this pandemic. Supplier Diversity staff track Health System spend with certified SMWVBE vendors located in the Bexar County market area. Two additional categories measure spend with local, non SMWVBE vendors and Not for Profit companies. The Health System's positive financial impact in each of these categories continue to demonstrate social community impact and provide ongoing transparency in our efforts to improve engagement with the local, diverse vendor community during this trying period.

The Health System combined spend of SMWVBE, local non-SMWVBE, and Not for Profit organizations were derived from a total spend of \$300M during initial 1<sup>st</sup> quarter of 2020.

Certified SMWVBE spend has been consistently trending at 5% SMWVBE spend year to date. Supplier Diversity continues to consistently match active SMWVBE certification status with identified small and diverse business spend for each period. Certification listings are derived from the local Unified Certification provider SCTRCA and State DOT Unified Certification Program (UCP) providers including jurisdictional listings identifying businesses that reside outside the State of Texas.

### **SMWVBE Payments**

The 1<sup>st</sup> quarter 2020 report identifies payments of \$13.8M made to SMWVBE certified vendors demonstrating a weighted value of 4.6% certified SMWVBE spend derived from the Health System's overall \$300M 1<sup>st</sup> quarter spend. The Health System SMWVBE spend increased by \$7.4M in 1<sup>st</sup> quarter 2020 compared to the same period in 2019 but the percentage of spend decreased due to a significantly higher overall spend in the first quarter. Certified 2019 SMWVBE spend was \$6.4M, 5.2% of the overall \$123M spend in the 1<sup>st</sup> quarter 2019.

### **Opportunity**

The Supplier Diversity team will continue to optimize procurement processes within the Health System to allow expansion in areas of opportunity for certified SMWVBE vendors. The Health System engages local, diverse vendors by hosting meetings, trainings and SMWVBE events. Health System internal stakeholder engagement is facilitated by the Supplier Diversity team to improve awareness of opportunities and link interested vendors to those specific internal opportunities. Further engagement with Planning Design Construction and the Facilities Maintenance department are enhancing Supplier Diversity involvement with prime opportunities to engage the diverse vendor community.

### **Non-Opportunity**

Non-opportunity purchases include: sole source, exempt contracts, physician preference, emergencies, UT Health related expenditures, municipal fees, utilities, etc. Supplier Diversity team will continue to expand staff outreach to non-traditional business categories to further engage our local SMWVBE business partners. Supplier Diversity continues to actively identify businesses certified in other State UCP programs that may directly support these non-opportunities which could be included in current and future report tracking.

### **Local Non-SMWVBE**

The most recent spend data update demonstrates the overall economic impact made by the Health System within the local market economy not identified as SMWVBE. The 1<sup>st</sup> quarter spend for 2020 was \$36M, representing 12% of the overall spend.

**Community Not for Profit**

The Health System is committed to support local, not for profit organizations. The 1<sup>st</sup> Quarter spend for 2020 is \$148M with Not for Profit organizations which accounts for 49.2% of total 1<sup>st</sup> quarter spend.

**This report is being presented for informational purposes only. No action is required by the Board of Managers.**

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Antonio Carrillo  
Executive Director  
Procurement Services

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Reed Hurley  
Executive Vice President  
Chief Financial Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer

**Combined**

**1st Quarter 2020**

**Total Utilization** **\$ 300,045,197**

**SMWVBE PAYMENTS: TOTAL**

	<b>Certified Vendor Payment (\$)</b>	<b>Opportunity (%)</b>
<b>AFRICAN AMERICAN</b>	<b>\$ 17,044</b>	<b>0.0%</b>
<b>ASIAN</b>	<b>\$ 3,131,636</b>	<b>1.0%</b>
<b>HISPANIC</b>	<b>\$ 1,325,206</b>	<b>0.4%</b>
<b>NATIVE AMERICAN</b>	<b>\$ 6,439</b>	<b>0.0%</b>
<b>SMALL</b>	<b>\$ 5,025,953</b>	<b>1.7%</b>
<b>VETERAN</b>	<b>\$ 510,125</b>	<b>0.2%</b>
<b>WOMAN</b>	<b>\$ 3,814,738</b>	<b>1.3%</b>
<b>Other Minority</b>	<b>\$ -</b>	<b>0.0%</b>
<b>Total*</b>	<b>\$ 13,831,141</b>	<b>4.6%</b>

**Local Non SMWVBE**

**1st Quarter 2020 Payment (\$)**  
**\$ 35,922,461 12.0%**

**COMMUNITY NOT FOR PROFIT**

**1st Quarter 2020 Payment (\$)**  
**\$ 147,653,993 49.2%**

## Construction & Capital

### 1st Quarter 2020

**Total Utilization** **\$ 63,662,967**

#### SMWVBE PAYMENTS: TOTAL

	Certified Vendor Payment (\$)	Opportunity (%)
AFRICAN AMERICAN	\$ -	0.0%
ASIAN	\$ 6,426	0.0%
HISPANIC	\$ 340,171	0.5%
NATIVE AMERICAN	\$ -	0.0%
SMALL	\$ 895,832	1.4%
VETERAN	\$ 509,800	0.8%
WOMAN	\$ 473,403	0.7%
Other Minority	\$ -	0.0%
<b>Total*</b>	<b>\$ 2,225,632</b>	<b>3.5%</b>

## Services

### 1st Quarter 2020

**Total Utilization** **\$ 77,045,977**

#### SMWVBE PAYMENTS: TOTAL

	Certified Vendor Payment (\$)	Opportunity (%)
AFRICAN AMERICAN	\$ 12,987	0.0%
ASIAN	\$ 118,149	0.2%
HISPANIC	\$ 597,763	0.8%
NATIVE AMERICAN	\$ 4,961	0.0%
SMALL	\$ 1,688,175	2.2%
VETERAN	\$ 325	0.0%
WOMAN	\$ 1,316,256	1.7%
Other Minority	\$ -	0.0%
<b>Total*</b>	<b>\$ 3,738,616</b>	<b>4.9%</b>

## Supplies

**1st Quarter 2020**

**Total Utilization** **\$ 159,336,253**

### SMWVBE PAYMENTS: TOTAL

	Certified Vendor Payment (\$)	Opportunity (%)
AFRICAN AMERICAN	\$ 4,057	0.0%
ASIAN	\$ 3,007,061	1.9%
HISPANIC	\$ 387,272	0.2%
NATIVE AMERICAN	\$ 1,478	0.0%
SMALL	\$ 2,441,945	1.5%
VETERAN	\$ -	0.0%
WOMAN	\$ 2,025,079	1.3%
Other Minority	\$ -	0.0%
<b>Total*</b>	<b>\$ 7,866,893</b>	<b>4.9%</b>



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### **Epic Electronic Health Record (EHR) Project Update**

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#### **Background:**

In September 2018, the Health System Board of Managers approved the recommendation to transition the Health System to the Epic Electronic Health Record (EHR) suite. The Epic EHR Project will be transformational for the Health System, UT Health San Antonio, and our patients. The quality of clinical and operational functions will improve standardization of clinical workflows, data entry, and reporting across all Health System and UT facilities. The Epic enterprise suite will enhance the patient experience through a better appointment process, single portal access to medical and improved communication with providers. After implementation, the Health System will benefit from improved clinical productivity and better documentation. This will result in a reduction of accounts receivable days and misdirected claims while increasing revenue cycle efficiencies.

#### **Operational Update:**

Although go-live has been postponed to July 11, the Epic Team has proceeded as if the original go-live date of May 9 was never changed. This extra time has allowed the Health System to take advantage of the most recent software update that Epic released in February. This update will provide the most current version of Epic and will allow the Health System to implement additional enhancements that benefit staff, providers, and patients. Prior to the COVID-19 pandemic, the Health System was meeting milestones for an on-time Epic implementation. To date, all monthly progress reports were rated above average as compared to other similar organizations that have undergone EHR conversion to Epic. The project status remains above average as compared to all other Epic implementations.



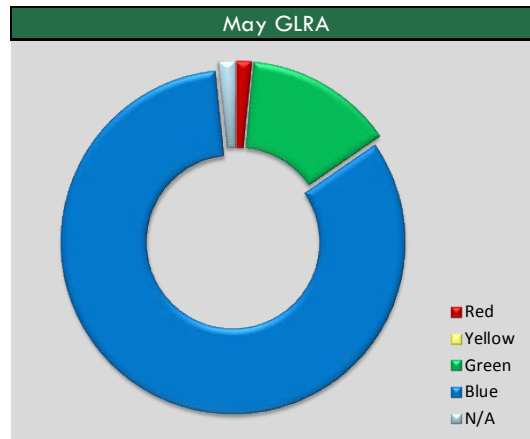
The COVID-19 pandemic has caused a drastic in the delivery method of Epic training to create and maintain social distancing to ensure the safety of Health System and UT Health San Antonio staff. Online video courses will replace the majority face-to-face classroom training sessions that were previously scheduled. The training team has been extremely busy adjusting to this new model and has recorded over 700 online video lessons. These classes can be taken remotely and there will also be learning stations setup throughout the Health System to provide a drop in style session. Online video training sessions will commence on May 18<sup>th</sup> and the training team will track course completion through the Health System’s learning management system. There will be a small amount of face-to-face classroom training required for certain areas which will begin on June 1, in classrooms that have been redesigned to meet COVID-19 requirements.

**Technical Update:**

The Epic Team held our Go-Live Readiness Assessment (GLRA) on Wednesday, May 6. Status was evaluated based on our readiness for our original May 9<sup>th</sup> date, and our overall status remains Satisfactory (Green). We are working on completing two major items from the GLRA; Technical Dress Rehearsal and our Identity Management/User Security interface. Technical Dress Rehearsal is behind schedule due to challenges working around COVID-19 mitigation efforts. The team has rescheduled departments and has come up with new approaches to work around areas where access is limited, such as the jail. The Identity Management/User Security interface is behind schedule due to the complexity of this interface and a few outstanding tasks. We will be the first organization to go-live with this type of interface at go-live. Most organizations take on this type of project at a later time. This past week, we have turned on our Admissions, Discharge and Transfer interface into the Epic production environment. This is now building new patients in Epic and validating data on existing patients.

The following chart shows the results for our GLRA Assessment:

May Counts	
Red	23
Yellow	N/A
Green	182
Blue	1083
N/A	21
Total	1309



Complete	On Track	Off Track	Critical	Not Applicable
●	◐	▼	!	N/A

**Financial Update:**

The Health System’s financial team has completed the design and build phase of the project and the Revenue Cycle team is actively engaged in the testing and optimization phase. With the delay in go-live timeline, the Revenue Cycle teams are redoubling efforts to test and improve upon the build to ensure optimized outputs. Continuation of risk mitigation efforts across all operational stakeholders will protect the Health System from the unknown impacts of project conversion.

Revenue Cycle initiatives to reduce the Health System’s patient accounts receivables are underway and achieving success. Days in Accounts Receivable has reduced from 70 at year-end 2017 to 61 at year-end 2019, and currently resides at 46.65 as of April 2020. The reduction of Days in Accounts Receivable is a reflection of improved performance and reduces the financial risk during system conversion. The Health System is developing a plan to mitigate Epic conversion impact to accounts receivable by closely tracking collection metrics and monitoring Epic work queues. The resulting plan will accelerate the return to pre-conversion accounts receivable baseline and minimize cash flow impact.

The budgeted implementation cost for Epic EHR project is \$170.8 million, as reviewed and approved by the Board of Managers at the September 25, 2018 meeting

and modified at the August 20, 2019 meeting. Staff is progressing through the process to select and engage vendors to achieve a successful project outcome. As of the May 19, 2020 meeting, the Board has approved \$93.2 million, 54.6%, of the total budgeted implementation cost with \$84.3 million, 80.7%, of the implementation capital being encumbered and \$8.9 million, 21.4%, of the project's one time operating expense being encumbered. Details of Board approved budget and encumbrances are shown on Epic Schedule A.

The attached Schedule B shows items that were acquired as part of the Epic project below the Board's authority level. Schedule C details budgeted reductions based on the Epic implementation.

**This report is provided for information only. No action by the Board of Managers is required.**

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William A. Phillips, Jr.  
Senior Vice President/  
Chief Information Officer

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Edward Banos  
Executive Vice President/  
Chief Operating Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer

## Epic Schedule A as of BOM 5/19/2020

## Total Epic Budget

IMPLEMENTATION CAPITAL		Actuals/ Encumbered	08/20/2019 Updated Budget	Budget Remaining Balance
Hardware/Infrastructure				
1.a.b.	Hardware & Network Infrastructure Purchase	15,451,943	12,104,429	(3,347,514)
1.d.	Data Archiving	360,000	1,260,000	900,000
	<b>SUBTOTAL Hardware/Infrastructure</b>	<b>15,811,943</b>	<b>13,364,429</b>	<b>(2,447,514)</b>
Epic Software				
1.f.	Epic License Purchase/Training Costs	16,623,700	16,623,700	-
1.g.	Epic Implementation Services & SME Support Backfill	16,350,500	16,350,500	-
1.h.	Epic Implementation Team Travel		-	-
1.i.	Epic Hosting Setup/Implementation Fees	2,922,949	1,127,796	(1,795,153)
	<b>SUBTOTAL Epic Software</b>	<b>35,897,149</b>	<b>34,101,996</b>	<b>(1,795,153)</b>
Third Party Software, Licenses and Interfaces				
1.c.e.j.	Third-Party: Direct & Epic Facilitated	5,314,935	4,045,755	(1,269,180)
	<b>SUBTOTAL Third Party Software</b>	<b>5,314,935</b>	<b>4,045,755</b>	<b>(1,269,180)</b>
Additional UHS Personnel & Travel				
1.l.	Internal Implementation Team/SME Support Backfill	15,369,004	15,629,333	260,329
	<b>SUBTOTAL Additional UHS Personnel</b>	<b>15,369,004</b>	<b>15,629,333</b>	<b>260,329</b>
Consultant Support and Travel				
1.k.n.	Consultant Staffing	10,176,593	29,866,666	19,690,073
1.m.	Consultant Travel - EPIC, Randstand, Impact	1,773,988	7,466,667	5,692,679
	<b>SUBTOTAL Consulting</b>	<b>11,950,581</b>	<b>37,333,333</b>	<b>25,382,751</b>
<b>Total Onetime Expenses: Capital</b>		<b>84,343,613</b>	<b>104,474,846</b>	20,131,233
			80.7%	
ONE TIME OPERATING EXPENSE		Actuals/ Encumbered	08/20/2019 Updated Budget	Budget Remaining Balance
UHS				
2.a.	Legacy System Support	3,116,005	8,759,830	5,643,825
2.b.	Accounts Receivable Retirement	610,000	7,397,251	6,787,251
2.c.	End-User Training Backfill	-	4,720,000	4,720,000
2.d.	End-User Trainers	488,270	944,000	455,730
2.e.	Internal Project Team Travel: Epic Training	156,653	700,000	543,347
2.f.	Go Live Impact & Other - Provider Schedule Reduction	1,045,169	721,750	(323,419)
2.g.	Facility Rent - Implementation Team	1,110,719	980,000	(130,719)
	<b>SUBTOTAL UHS</b>	<b>6,526,815</b>	<b>24,222,831</b>	<b>17,696,016</b>
Consulting At/After Go-Live				
2.h.	Additional Consultant Travel: Operating	-	6,570,167	6,570,167
2.i.	At the Elbow Go-Live Support (External)	9,739	5,570,000	5,560,261
2.j.k.	Optimization Consulting Support	148,790	2,766,667	2,617,878
2.l.	Epic Implementation Services - Training portion only	1,005,000	480,000	(525,000)
2.m.	Data Conversions	1,174,758	1,750,000	575,242
	<b>SUBTOTAL Consulting</b>	<b>2,338,287</b>	<b>17,136,834</b>	<b>14,798,547</b>
<b>Total Onetime Expense: Operating</b>		<b>8,865,101</b>	<b>41,359,665</b>	32,494,563
			21.4%	
<b>Contingency</b>		-	<b>25,000,000</b>	<b>25,000,000</b>
<b>Total Epic Implementation Project</b>		<b>93,208,714</b>	<b>170,834,510</b>	<b>77,625,796</b>
			54.6%	

## Schedule B

### Consideration/Appropriate Action

Dell	Hardware	Wall mounts for thin clients	\$3,357	Bill Phillips	4/6/2020	Approved
IDMWorks	Software	Connector for additional licensse for Identity Manageme	\$21,500	George Hernandez	4/6/2020	Approved
Graybar	Hardware	Patch cables for work stations on wheels	\$5,552	Bill Phillips	4/13/2020	Approved
SOFT	Consultant	Extending legacy lab support due to COVID delay	\$62,400	George Hernandez	4/13/2020	Approved
Med Tek	Hardware	Pillow speakers for connection to Getwell and Mychart II	\$77,100	George Hernandez	4/26/2020	Approved
Elsevier	Software	License for patient education content	\$144,450	George Hernandez	4/28/2020	Approved
Symago	Software	License renewal for pharmacy IVR system	\$34,200	George Hernandez	4/28/2020	Approved
			<b>\$348,559</b>			

### Items Requiring Ratification by the Board of Managers

Impact Advisors	Consultant	Extending contract for data conversion due to COVID delay	\$155,500	George Hernandez	4/26/2020
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Total contract value, including all modification: \$404,620

## Schedule C

### 2020 Capital Budget Reduction Due to Epic Implementation

Storage Reduction	\$2.5M
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### 2020 Budget Position Reductions Due to Epic Implementation

Title	Salary
Dir Computer Training	\$120,068
Technical Trainer	\$50,907
Technical Trainer	\$50,290
Dir EMR	\$123,724
Spec Clinical Informatics	\$98,467
Spec Clinical Informatics	\$98,467
Spec Clinical Informatics	\$98,467
Database Administrator	\$109,000
Application System Analyst Lab	\$94,004
Application System Analyst Lab	\$92,892
<b>Total</b>	<b>\$936,286</b>

## Schedule C - Continued

### 2020 Budget Software Reductions Due to Epic Implementation

Vendor	Description	2020 Software Reduction
Wow Cart Maint	new cart maintenance contract	85,000
Taylor Healthcare -Dialog Medical	Electronic medical consents (iMed Product)	25,336
Teletracking	Bed Tracking/PreAdmit/Transport/Bed order Entry & Transfer Center	109,264
Verity (was ECHO - Heathstream) (Was Healthline)	IPA with Schmitt Thomson	48,938
Allscripts	Sunrise XA - Coterminus Agreement	995,726
Allscripts	Interface from Care Mgmt to IDX/Payor	2,500
Allscripts	Daily remote system performance monitoring	80,000
Allscripts	Community Direct Messaging	5,627
Allscripts	DbMotion HASA Interfaces	3,600
Allscripts	Vitals Domain Nextgen	3,284
Allscripts	DbMotion Communicare	1,755
Allscripts	EPSi Data Extender & Mobile Performance Visualization (MVP)	21,917
Allscripts	Follow my Health Interface	\$250
Allscripts	Annual Upgrade Fee	\$197,437
Allscripts	Learnlet Library	\$1,333
Allscripts	Nextgen/Communicare HIE Connection	\$2,015
Allscripts	ED Operations Monitor	\$5,500
Allscripts	DbMotion/ UT FUJI Plugin	\$5,000
Allscripts	FMH Pedi Proxy	\$1,000
Allscripts	Follow My Health Level 1 Service Contract	\$119,438
Allscripts	ED OPS Monitor	\$5,019
Allscripts	Resolution MD Web & Mobile Viewer	\$20,173
Cedaron Medical	Cardiac Care Software	\$8,000
Cerner Corp.	CoPath Plus DHT/SyNoptic	\$44,775
Cerner Corp. Aperio	CoPath Plus CDP32 -Digital Slide Module & interface license	\$9,142
GE Healthcare	Perinatal Fetal Monitoring Maintenance	\$20,500
HCS	RBG OR	\$69,614
HCS	OR Control - UHS	\$180,788
ICNet	Infection Control Monitoring Software	\$28,079
Baxter (ICNet)	Infection Control Monitoring Software-Add on-Surg - Real Time monitoring of Surgical Patients condition	\$30,962
NantHealth	iSirona Enterprise Software DeviceConX & iCS Software	\$87,000
Medda	Growth Charts	\$15,500
PICIS - OPTUM	OR Manager Software/SmarTrack Software / Anesthesia	\$165,000
Soft - (SCC)	Maintenance contract for Soft Computer	\$540,514
SPOK	Physician On Call	\$33,205
Voicebrook	Anatomical Pathology Voice Recognition (VoiceOver)	\$22,464
Allscripts EPCS	Electronic RX - Controlled Substances	\$98,017
Allscripts	RESMD - Sunrise Radiology Viewer	\$27,000
Mediware Information Systems	Appointments Everywhere Cloud Maintenance	\$6,598
PICIS	TrackCore Integration	\$750
INX/Presidio	acqueon -Provides outbound campaigns for things like patient reminders and med refills	\$19,556
INX/Presidio	Nuance -text to speech services capabilities for the Aqueon	\$22,651
INX/Presidio	WebText -SMS services for Acqueon outbound campaigns	\$39,375
	<b>Total 2020 Reductions</b>	<b>\$ 3,209,600</b>

**Total 2020 Budget Reductions Due to Epic Implementation = \$6,645,886**



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### Update on the Women's and Children's Hospital and Associated Projects

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#### **Background:**

The architectural and engineering (A/E) team of Marmon Mok Architecture, LLP (a.k.a. Marmon Mok/ZGF) was selected by University Health System (Health System) for the design and planning services for the Women's and Children's Hospital and Associated Projects (Project). The A/E team was authorized and engaged in March 2018 to provide the first phase (Phase I) of design and planning services for the Project. Phase I included master planning, program validation, scope alignment, site investigations, and budget development. In July 2018 the A/E team commenced full architectural and engineering design services for the Project.

The Project's Construction Document Phase is underway for the Garage and the Women's and Children's Hospital, including the build out of floors 8-11 which will accommodate the inpatient programs identified in the Blue Cottage Clinical Space Program. Also included in this design phase is the 12<sup>th</sup> Floor Core and Shell and the Podium Expansion Core and Shell.

In March 2020 the Board authorized additional construction and design funding which is summarized later in this project.

#### **Analysis:**

At the completion of 50% Construction Document (CD), the construction manager provided an updated cumulative construction cost estimate which was reviewed and validated. This construction cost estimate has accounted for changes in design elements that were identified in both the schematic and design development phases. These design elements included:

- Core and shell growth in the Hospital, including additional fit-out
- Programming true-up of functional departmental areas

- Building circulation
- Mechanical/electrical infrastructure
- Increased parking capacity in the Garage to 900 spaces
- Further development of interior build-out design (finishes and fixtures)
- Podium Expansion
- Addition of Level 12 Core and Shell
- Build out of Levels 8-11
- Fire Command Room conceptual design
- CUP and MEP infrastructure revisions to accommodate the Podium Expansion, Level 12 addition and Additional Fire Command Room

The A/E team has completed the programming and conceptual documents for the Podium expansion, including space for future support services (i.e. kitchen, dining, lab, interventional radiology, etc.) to be located within that structure and ultimately closer and more efficient to the patients.

The additional scope of the Podium, 12<sup>th</sup> floor core and shell and build out of additional floors was included in the 50% Construction Document (CD) phase. The 12<sup>th</sup> floor core and shell and build out of additional floors 8 – 11 are current with the New Garage and New Hospital progressing toward 100% CD's.

In order for the Health System to meet the increased demand for hospital beds due to current events in our community, and to improve operational efficiency at University Hospital, the Board approved in March 2020 the following additions to the project scope:

- Core and shell growth in the Hospital, including six (6) new loading dock bays
- Final true-up of programming of functional departmental areas
- Mechanical Exhaust System modifications to Garage to accommodate sub-level parking
- Addition of 12<sup>th</sup> Floor (Core & Shell)
- Build-Out of Floors 8-12
- Podium Expansion (Core & Shell)



The timing of these additional adjustments to the construction project scope is critical to ensure the appropriate sequencing with similar construction for the Project and to be the most cost effective.

These project modifications are in line with the overall clinical program as well as the Master Facility Plan. The estimated increased construction costs and applicable design and consulting fees associated with these items is approximately \$159.33M, and increased the total approved Project budget to approximately \$689.00M. Please see Attachment A.

**Progress update:**

a) Heart/Vascular and Endoscopy Center

- Construction commenced in June 2019 with Phase I, Transfusion Services which completed in October 2019.
- Ongoing work includes above ceiling and in wall HVAC, electrical, plumbing rough-in, and fire sprinkler relocations. Medical gas connections to existing system. Wall framing and structural reinforcement for support of Cath Lab equipment. Installation of sheetrock and wall insulation.
- Upcoming work includes installation of new HVAC, electrical, plumbing and fire sprinkler relocations; medical gas connections to existing risers; sheetrock both side of walls and insulation.
- Procurement of remaining medical equipment (Groups 1 & 2) is ongoing.
- Furniture design and validation is underway.
- IT validation is ongoing.

b) Women's & Children's Hospital

- Re-routing of utilities began in August 2019 and was completed in October 2019.
- Enabling projects prior to the demolition of the North Parking Garage are complete.
- Demolition of the North Parking Garage is complete excluding replacement of exterior precast panels on the West Parking Garage.
- Ongoing work includes sitework and soil retention system. Drilled piers for the retention system are nearing completion.
- 100% CD development is ongoing.
- GMP 10 including the remaining superstructure, mechanical, electrical and plumbing infrastructure, and long lead equipment for

the Women's and Children's Hospital through Level 12 and Podium will be presented for approval in May.

c) Garage

- Ongoing work includes sitework, excavation, retention system and associated drilled piers.
- Upcoming work will include underground utilities and foundation drilled piers.
- 100% CD development is ongoing.
- GMP 10 including the remaining superstructure, mechanical, electrical and plumbing infrastructure, and long lead equipment for the Women's and Children's Hospital through Level 12 and Podium will be presented for approval in May.

d) Podium Expansion

- A/E schematic plans are complete.
- Further development of design is ongoing to be included in a future design package.
- Ongoing work includes sitework and excavation.
- Upcoming work will include drilled piers.

**This report is presented for information only. No action is required by the Board of Managers.**

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Don Ryden  
Vice President  
Planning Design and Construction

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Edward Banos  
Executive Vice President/  
Chief Operating Officer

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George B. Hernández, Jr.  
President/Chief Executive Officer

**Attachment A**

**WOMEN'S AND CHILDREN'S HOSPITAL & ASSOCIATED PROJECT**  
**BOARD APPROVED PROJECT BUDGET SUMMARY**

(in millions)  
 May 19, 2020

	Initial Approved Budget	Budget Changes Approved	Current Approved Budget
Construction	\$ 21.0	\$ (1.1)	\$ 19.9
A/E Fees	\$ 1.9	\$ -	\$ 1.9
Other Fees/Permit/Contingency/Misc	\$ 2.1	\$ (1.3)	\$ 0.8
FFE/IT	\$ 2.0	\$ -	\$ 2.0
Medical Equipment	\$ 25.0	\$ 7.2	\$ 32.2
<b>HEART, VASCULAR, ENDOSCOPY CENTER</b>	<b>\$ 52.0</b>	<b>\$ 4.8</b>	<b>\$ 56.8</b>
Construction	\$ 262.0	\$ 127.0	\$ 389.0
A/E Fees	\$ 28.2	\$ 8.1	\$ 36.3
Other Fees/Permit/Contingency/Misc	\$ 29.8	\$ 11.4	\$ 41.2
FFE/IT	\$ 19.0	\$ -	\$ 19.0
Medical Equipment	\$ 25.0	\$ -	\$ 25.0
<b>WOMEN'S &amp; CHILDREN'S HOSPITAL</b>	<b>\$ 364.0</b>	<b>\$ 146.5</b>	<b>\$ 510.5</b>
Construction	\$ 30.0	\$ 13.5	\$ 43.5
A/E Fees	\$ 1.9	\$ -	\$ 1.9
Other Fees/Permit/Contingency/Misc	\$ 4.1	\$ 0.02	\$ 4.3
<b>PARKING STRUCTURE</b>	<b>\$ 36.0</b>	<b>\$ 13.7</b>	<b>\$ 49.7</b>
Construction	\$ -	\$ 39.4	\$ 39.4
A/E Fees	\$ -	\$ 6.0	\$ 6.0
Other Fees/Permit/Contingency/Misc	\$ -	\$ 3.6	\$ 3.6
FFE/IT	\$ -	\$ -	\$ -
Medical Equipment	\$ -	\$ -	\$ -
<b>PODIUM EXPANSION</b>	<b>\$ -</b>	<b>\$ 49.0</b>	<b>\$ 49.0</b>
<b>BOARD CONTINGENCY</b>	<b>\$ 23.0</b>	<b>\$ -</b>	<b>\$ 23.0</b>
<b>TOTAL</b>	<b>\$ 475.0</b>	<b>\$ 214.0</b>	<b>\$ 689.0</b>



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### University Health System Foundation Update

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#### **COVID-19 Response Efforts:**

In support of University Health System's response to the COVID-19 pandemic, the Foundation took on the role of engaging our community as so many businesses and individuals are continuing to look for ways to demonstrate their appreciation for healthcare workers. In addition to the outpouring of donated meals, PPE, and financial contributions summarized below, the Foundation staff has maximized this work to establish and foster more than 200 new relationships across many sectors of the community. We are developing an appeal letter to this new group, as well as vendors, for support of the Foundation and/or COVID-19 activities to go out next month.

Summary of COVID-19 contributions to date:

- Grants and Donations: \$73,923
- Direct Patient Assistance: \$6,050 (Lodging: \$715, HEB cards \$4,660, Valero cards \$675)
- In Kind gifts totaling \$145,421 including
  - 86,366 masks, 107,033 gloves and 1,237 other personal protective equipment
- 91 Food Deliveries of 6,965 meals to frontline healthcare workers
- Over 12,024 snack or beverage items from Energy drinks to popcorn
- Several generous donor partners like Deco Pizza, Grunt Style, Whataburger, iRUN shoes provided coupons for University Health System staff as part of Hospital Week celebration.

In addition to cultivating relationships with donors, the Foundation staff has raised its profile among staff who are seeing firsthand how the Foundation team is leading the community-wide charge to support their efforts and also feeding most departments on a regular basis.

**Non-COVID-19 Updates:**

On May 1, the Foundation submitted a grant proposal for \$50,000 to the San Antonio Area Foundation through its annual Responsive Grant program. The application proposes funding to help support University Health's school-based clinic at Tafolla Middle School by incentivizing health education and clinic visits for students at Tafolla Middle and Lanier High School. Through these visits, students will have access to critical behavioral health screenings that can refer them to counseling and tele psychiatry services through our Teen Health Clinic at RBG. We expect to hear back from the Area Foundation in June. We are waiting to hear back on additional \$250,000 in grant funding requests submitted to the Baptist Health Foundation and submitted a Letter of Interest to Impact San Antonio for a Women's and Children's Hospital Capital Campaign.

A modified version of our annual Employee Giving Program will take place during the month of June. Despite, these challenging and uncertain times, we have heard from many of our staff about the importance of the programs funded through employee giving including the Employee Assistance Fund, Child Life Program, Nursing and Allied Health Scholarships for staff continuing education and the Our Sons & Daughters Scholarship programs for the dependents of University Health System employees. Bexar County Hospital Police Chief A.J. Sandoval and CareLink Executive Director Virginia Mika, will lead this year's program and have set a goal to exceed the \$262,000 contributed last year.

Foundation staff continue to explore other grant funding opportunities and are rethinking special events in an era of social distancing. The annual Medical Miracles Gala has currently been postponed to September 25, 2020 and we are in regular contact with our committed sponsors as well as the venue staff at La Cantera. We will be quietly launching the Grateful Patient initiative in the next few weeks in select areas of the Hospital; a number of the COVID-19 donors have been Grateful Patients.

**This report is provided for information only. No action is required.**

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Leni Kirkman  
Senior Vice President  
Strategic Communications & Patient Relations  
Interim Foundation President

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George B. Hernández, Jr.  
President/Chief Executive Officer



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, May 19, 2020

### Report on Recent Recognitions and Upcoming Events

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#### Recognition

- University Health System improved its Leapfrog Hospital Safety Grade up to “B” in the publically reported Spring 2020 update. The Leapfrog organization uses up to 28 national performance measures from the Centers for Medicare & Medicaid Services (CMS), the answers provided by each hospital through a survey and information from other supplemental data sources to produce a single letter grade representing a hospital’s overall performance.
- The American Society of Health System Pharmacists has re-certified the accreditation of all University Health System Pharmacy Residency Programs including Critical Care, Emergency Medicine, Ambulatory Medicine, Infectious Disease, Transplant Medicine and the Post-graduate Year One Program. All of the residency programs received the maximum accreditation of eight years.
- Additionally, the University Health System Pharmacy received the maximum six-year accreditation from the Accreditation Council for Pharmacy Education.
- The University Health System Stroke Center received re-certification from the Joint Commission for the maximum two years. University Health System continues to be the only Joint-Commission accredited comprehensive stroke center in South Texas.

### **Media Highlights – April 2020**

**Major topics:** University Health System/UT Health team develops and tests cloth barrier mask, Expectant mothers and COVID-19, how effective are homemade masks?, Community support for University Health System staff, remdesivir clinical trial, nurse staffing at University Health System, Surge plans, Efforts to build a low-cost ventilator, Large tent for potential surge erected at University Hospital, ER doctor at University Hospital has Ebola virus experience, The gift of time to prepare at University Hospital ER, Tips to help parents communicate with teens during pandemic, drug shortages related to COVID-19, University Health System develop FDA approved process to sterilized and reuse N95s, In-house ingenuity at University Health System to combat pandemic, Convalescent plasma donations being used to treat COVID-19 patients at University Hospital, how to use your fabric mask, drilling in the surge tent at University Hospital ER, Caring for COVID-19 patients, Handling a crisis without being in a crisis, Staying safe while shopping for groceries, Community support for University Health System, University Hospital doctors part of Mayor/Judge's Health Transition Team, Call for plasma from patients who've recovered from COVID-19, George Hernandez includes in round-up of national health system leaders giving advice on COVID-19 response, Tommye Austin designs N95 replacement, Kids still need vaccines, Heart disease and COVID-19, expectant mom and COVID-19, asthma patients and COVID-19, Essential workers and childcare, Five therapies for COVID-19 tested at University Hospital, COVID-19 recovery rates, Hospitals resume elective surgeries, UHS urges blood donations under loosened FDA guidelines, San Antonio's vulnerable residents during COVID-19, ER doctors worried about non-COVID patients, Proper use of face masks, Drug tested in SA is showing promise, Preventing injuries at home, Portraits of caring, Rey Feo hosts blood drive for University Health System Blood Donor Center.

Coverage statistics: The public relations staff has been so busy working helping to educate the community and respond to media requests for interviews, that they have not been able to put together a tracking report for our media coverage. Once this passes, the team will provide the Board of Managers with a comprehensive report of all COVID-19 related coverage and audience reach statistics,

### **Upcoming Events:**

Unfortunately, due to the COVID-19 pandemic, all upcoming community events in the San Antonio/Bexar County community and across the nation are postponed or



cancelled. We continue to work with several of our main community partners to share information and be a resource for them. Examples include:

- Komen – We are holding a virtual fundraiser to support their efforts to provide resources to women in our community battling breast cancer.
- March of Dimes – The March for Babies will not be held this year, but our team is continuing to raise funds to help support the fight for healthy moms and babies.
- Witte Museum – the May Dino Dash will be a “virtual event” this year and we are working on those plans now so we can engage with our community in a unique way and encourage families to get and walk while staying safe.

**This report is provided for informational purposes only.**

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Leni Kirkman  
Senior Vice President  
Strategic Communications &  
Patient Relations & Interim Foundation President

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George B. Hernández, Jr.  
President/Chief Executive Officer