



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

Tuesday, April 25, 2023  
6:00 pm  
Cypress Room, University Hospital  
4502 Medical Drive  
San Antonio, Texas 78249-4493

**MINUTES**

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**BOARD MEMBERS PRESENT:**

James R. Adams, Chair  
Jimmy Hasslocher, Vice Chair  
Margaret Kelley, MD, Secretary  
Anita L. Fernandez  
Pat Jasso  
Dianna M. Banks-Burns, MD

**OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health  
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health  
Andrea Casas, Vice President, Chief Human Resources Office, University Health  
Ted Day, Executive Vice President, Strategic Planning/Business Development, University Health  
James Freeman, Executive Director, Project, Design & Construction, University Health  
Michael Gardner, MD, Vice President, Women's & Children's Hospital, University Health  
Juan Garza, MD, Chief Health Informatics Offices, Office of the Chief Medical Officer, University Health  
Rob Hromas, MD, Dean, Long School of Medicine, UT Health San Antonio  
Carol Huber, DrPH, MBA, Deputy Chief Public Health & Equity Officer, Institute of Public Health,  
University Health  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health  
Leni Kirkman, Executive Vice President/Chief Marketing, Communication, & Corporate Affairs Officer,  
University Health  
Shelley Kofler, Senior Public Relations Manager, Corporate Communications, University Health  
Brian Lewis, Vice President, Quality, University Health  
Robert Leverence, MD, Vice Dean, Office of Clinical Affairs and Chief Medical Officer/Long School of  
Medicine, UT Health SA  
Katherine Manuel, Senior Vice President, Pre-Acute Services, Robert B. Green Campus  
Joshua Nieto, Chief Compliance/HIPAA Officer, University Health  
Dina Perez-Graham, Senior Vice President/Chief Nurse Executive, University Health  
Bill Phillips, Executive Vice President/Chief Information Officer, University Health  
Charles Reed, Assistant Chief Nursing Officer/Ancillary Services and Magnet Program, University Health  
Serina Rivela, Vice President/Chief Legal Officer, University Health  
Don Ryden, Vice President/Project, Design & Construction, University Health

Christopher Sandles, President, Hospital Operations, University Health  
Judy Shumway, DO, Senior Vice President/Clinical Services, University Health  
Andrew Smith, Executive Director, Government Relations & Public Policy, University Health  
Sally Taylor, MD, Senior Vice President/Chief, Behavioral Health  
Travis Smith, Chief Financial Officer, Clinical Operations, University Health  
Horacio Vasquez, Executive Director, Supply Chain Management, University Health  
Larry Wallis, Director, Internal Audit Services, University Health  
And other attendees.

**CALL TO ORDER:**

Mr. Adams called the Board meeting to order at 6:00 pm.

**INVOCATION AND PLEDGE OF ALLEGIANCE — JIM ADAMS, CHAIR**

Lisa Sanchez, Vice President, Care Transitions, said the invocation and Mr. Adams led the pledge of allegiance.

**SPECIAL RECOGNITION: QUARTERLY EMPLOYEE RECOGNITION AWARDS - ANDREA CASAS/LENI KIRKMAN**

Professional Nursing:	Lindsay Robinson Supervisor, Population Health Management (RN)
Professional:	Lucas Lumbley Sr. EPIC Analyst, EPIC Operations
Management:	Nizar Al Tayawi Manager, Environmental Services
Technical:	Richard Fullingim Special Procedures Technologist II, Interventional Radiology
Clerical	Cynthia Rodriguez Unit Clerk Coordinator, 5Flr Sky Medicine Acute
Service:	Ana Mora Environmental Associate, Environmental Services
Volunteer:	Oswaldo Dilan Volunteer, Volunteer Services
Provider:	Natalie Nyren, PA Physician Assistant, University Medicine Associates, Cardiology Clinic
Team:	Sepsis Calculator QI Team Sara Dickinson, Jennifer Nance, Zahra Nejat, Alma Saravia, Azra Sheikh, Rhonda Ritchey

All of this year's quarterly recipients will be special honored guests at the Annual Employee Recognition Awards Ceremony in 2024. 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.

**REPORT FROM UT HEALTH SAN ANTONIO — WILLIAM HENRICH, MD, PRESIDENT BY ROB HROMAS, MD, DEAN, LONG SCHOOL OF MEDICINE**

**SUMMARY:** The University Health Transplant Institute was recently recognized by INTERLINK, a national managed care company, as the No. 1 liver transplant program in the country.

Medicine is a team sport and UT Health begins training all of its students with that in mind early in their careers. Linking Interprofessional Networks for Collaboration (LINC), a program sponsored by the LINC Student Council, has emerged as a nationally recognized model to advance university-wide interprofessional education. The most prominent evidence of this accomplishment was the 2022 Award for Institutional Excellence and Innovation in Interprofessional Education and Collaborative Health Care from the Association of Schools Advancing Health Professions.

Elena Volpi, MD, PhD, FGSA, has been named as director of the Sam and Ann Barshop Institute for Longevity and Aging Studies. She will also be a professor in the Department of Medicine, Long School of Medicine, effective July 1, 2023. Dr. Volpi joins UT Health SA from The University of Texas Medical Branch at Galveston, where she is a tenured professor in the departments of internal medicine, neurobiology, neurology, and nutrition and metabolism, and serves as the director of the Sealy Center on Aging and the associate director of the Institute for Translational Sciences. She is also a practicing clinician in geriatrics and diabetes.

Daniel Lodge, PhD, has been appointed chairman of the Department of Pharmacology, effective April 15, 2023. Dr. Lodge was born and raised in Melbourne, Australia. He completed his graduate studies in the Department of Pharmacology at Monash University in Australia and joined UT Health SA faculty in 2009. He has received continuous National Institutes of Health funding to explore potential innovative treatments for disorders such as schizophrenia, post-traumatic stress disorder and Alzheimer's disease.

**RECOMMENDATION:** This report was provided for informational purposes only.

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

**EVALUATION:** None.

**FOLLOW UP:** None.

**PUBLIC COMMENT:** None.

**SPECIAL PRESENTATION: FIRST QUARTER QUALITY REPORT — JUDY SHUMWAY, DO/BRYAN ALSIP, MD**

**SUMMARY:** University Health's quality goals for 2023 include improving publicly reported ratings across multiple healthcare assessment agencies while reducing CMS Pay for Performance Program financial penalties. Dr.

Shumway announced she would present a positive story to the Board of Managers regarding University Health’s quality goals which encompass quality, patient safety, and patient experience. Goals are set not only to improve outcomes but also to rival the top performers, requiring teamwork. No one individual can achieve these goals alone. The outcomes represent the culture – how well the multidisciplines engage, align, collaborate, and communicate behind the scenes.

**Tactical Metric Overview**

Dr. Shumway shared a table which represents how tactical metrics are chosen. Attention is focused to the 11 rating and reputational programs: CMS Hospital Compare, CMS Hospital START, CMS VBP, CMS HACRP, Leapfrog, Medicaid PPC, Medicaid PPR, US News & World Report, Vizient; LOWN Institute, Quality Incentive Agreement (QIA). The outcomes they report were identified, with each row being a measure that falls in 1 of 4 broad categories: HAI, complications, readmission, and patient experience. The QIA is one of the tools used to leverage engagement and alignment from UT providers, and she reported great success with mortality as a result. Of note, while the staff focus on University Health’s Leapfrog performance and report results twice yearly, mortality is not a metric that is included in their Leapfrog safety grade report.

**University Health Outperforms the Top Decile**

The Quality presentation this evening celebrates University Health’s progress in mortality rate reduction. (This metric is not tracked by Leapfrog yet it carries tangible significance). The lower University Health’s mortality rate, the more patients that leave University Hospital alive. However, the outcome itself cannot be interpreted without comparison to others. University Health outperforms the top decile of institutions in Premier.

**Premier Compare Mortality O/E - 3M – University Health Performance from 2019 to 2023**

<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
.66	.82	.73	.61	.62

**Average Performance for College of Teaching Hospitals (COTH)**

<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
.97	.78	.83	.78	.78

**COTH Mortality O/E – 3M**

<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
.97	1.10	.098	.80	.80

**Top Decile Mortality**

<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
		.68	.62	.62

**Top Performance Mortality**

2019	2020	2021	2022	2023
.76	.78	.83	.78	.78

Staff is pleased to see that University Health routinely outperforms the average for COTH and for the most part, the top performers. Especially excited to share that University Health has achieved top decile for mortality in 2022 and are holding steady for the first part of 2023. Much of the work in quality, safety, and experience is not just in achieving goals but in sustaining them and continuing to learn where University Health can improve.

**Continuous Improvement and Sustainment**

Dr. Shumway reviewed University Hospital’s internal progress beginning in Quarter 2 of 2021 to Quarter 1 of 2023.

**Premier Compare Mortality O/E - 3M – University Health  
(Lower is better)**

**Top Decile**

2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1
.68	.68	.69	.63	.61	.61	.60	.60

**Facility Mortality**

2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1
.65	.68	.70	.64	.61	.61	.60	.59

As the level of top decile performance changes, University Health too changes. The Premier Compare Mortality O/E - 3M – Performance from 2019 to 2023 that corresponds to top decile average is 0.61. University Health continues to see incremental improvements each quarter as the staff grow from prior experiences.

**Overall Approach to Reducing Inpatient Mortality**

As with all of University Health metrics, reducing mortality rates is complex with numerous factors to consider. The staff wants to be careful not to oversimplify the work. Many people in many meetings have played a part in improving overall quality, safety, and experience. Keeping the strategies crisp and clear is important to maintaining engagement and alignment. Below is how the staff summarizes their approach to reducing inpatient mortality through focused efforts in three overarching strategies:

- Expediting Appropriate Hospice Discharges
- Improving Sepsis Survival
- Improving Documentation of Severity and Risk

The COVID-19 pandemic amplified everything. The high acuity and high mortality of these patients and the pace at which they were coming into the hospital amplified University Hospital’s need for bed capacity. The experience highlighted the importance of addressing the process around the identification and transfer of hospice patients. Care coordinators built

stronger relationships with preferred hospice agencies. Education was increased across the medical staff in identifying appropriate patients for hospice care, and University Health's prioritized its overall effort in facilitating efficient discharges. As a result, University Health has seen more patients discharged alive to a more appropriate level of care, an increase in bed capacity, and an overall reduction in observed mortalities. Through the staff's progress in improving sepsis survival and accuracy of documentation, University Health has evolved to the next stage for QIA physician engagement metrics. Two new workgroups were implemented in January 2023: Epic workflow optimization and documentation stewardship.

**Improving Sepsis Treatment Improves Mortality**

The second strategy in overall mortality rate reduction is in improving sepsis survival. Recall that across the country, sepsis makes up 20-30 percent of overall mortality. So reducing sepsis mortality results in overall mortality reduction. University Health's work in 2022 primarily focused on the use of the sepsis order set to promote SEP-1 bundle compliance. While compliance suggests that the issue is with individual provider behavior, it is more complicated than that. Staff has access to fantastic tools within Epic but there still requires a human component to optimize their use. In speaking with the front line providers, quality leadership identified opportunities to eliminate an inordinate number of unnecessary interruptive alerts and adapt the order set to two of the major service lines that care for the sepsis patient, namely Hospital Medicine and Emergency Medicine. With their input, modifications were made to eliminate the number of clicks and scrolls needed to deploy the orders for SEP-1 bundle compliance. Not only did University Health achieve its goal in 2022 for SEP-1 bundle compliance, but it has sustained it. For 2023, the staff has set a higher goal. More importantly there is now in place a workgroup continuing to optimize order sets, medication warning overrides, and best practice alerts (BPAs). The Epic Workflow Optimization group brings together providers by service line, Epic, and pharmacy teams to address customizations and recommendations much more efficiently.

**Overall Mortality Reduction**

Sepsis Order Set → SEP-1 Bundle Compliance → Sepsis Mortality Reduction → OVERALL Mortality Reduction

**Words Matter – Sepsis**

**Improving Documentation of Severity and Risk**

The final strategy for mortality rate reduction is in the accurate documentation of severity and risk of mortality. Simply stated: Words Matter – The table below illustrates how attention to documentation can alter expected numbers.

<u>Principal Dx</u>	<u>Sepsis</u>	<u>Sepsis</u>	<u>Sepsis</u>
<b>Secondary Dx</b>	Sepsis	Severe Sepsis	Septic Shock Requiring MV

	Cystitis	Cystitis	Acute Cystitis
	Acute Renal Insufficiency	Acute Kidney Injury w/ ATN	Acute Kidney Injury w/ ATN
	Malnutrition	Severe Malnutrition	Severe Malnutrition
<b>MS-DRG</b>	872	871	870
<b>GM-LOS</b>	3.5	5	13.2
<b>Severity of Illness</b>	2	4	4
<b>Risk of Mortality Potential</b>	1	3	4
<b>Reimbursement</b>	\$21,000	\$29,000	\$73,000

Example: Sepsis is the principal diagnosis. As you move from left to right, the columns reflect higher expected numbers for LOS, severity of illness, and risk of mortality.

The secondary diagnoses are documented by the provider. The changes in documentation move a patient from one column to the next. In the case of sepsis, severe sepsis moves it to the middle column, septic shock requiring MV moves it into the highest column. Acute renal insufficiency changes to acute kidney injury with ATN OR malnutrition. If you compare to severe malnutrition, there is a sweeping impact of just a few words and how they move a patient to a different DRG that corresponds to a difference in LOS, SOI, ROM, and potential reimbursement.

Potential changes in reimbursement speaks to the resource consumption; the sicker the patient, the higher the resources consumed. Clinical providers will render exceptional care regardless. The same patient could be reflected in any of the columns. It depends solely on the documentation. The challenge is in the language gap between the coding and clinical management teams.

From this work came the new documentation stewardship workgroup. Where clarification of documentation was primarily in the form of queries retrospectively, there are now groups of providers who meet with members of quality, coding, Epic, and CDI teams on a monthly cadence. The goal is to proactively teach clinical providers the impact of accurate documentation for specific DRG groups.

**RECOMMENDATION:**  
**ACTION:**  
**EVALUATION:**

This report was provided for informational purposes only.  
 No action was required by the Board of Managers.

Dr. Kelley thanked Dr. Shumway for the commitment to reducing inpatient mortality. She appreciates the time devoted by the staff to create order sets for sepsis to more effectively carry out the work. Dr. Alsip added that the take-away today for the Board of Managers is the staff's sense of pride. University Health is consistently at the top 10 percent of all hospitals in the nation in reducing inpatient mortality, and every hospital says their patients are sicker. University Health patients are certainly sick, complex, and/or acutely ill. Despite that, the medical care

provided has been validated by Dr. Shumway to show University Health is in the top 10 percent of the country no matter how sick these patients are. Given that University Hospital is a Level 1 trauma center and a referring agency not only in the South Texas region, but across the state, the Board of Managers can be proud of the quality of care provided at University Hospital. After the last quality presentation, Dr. Kelley suggested to Mr. Adams that perhaps the Board could periodically ask the staff - what is University Health doing about 3 or 4 specific quality items that we are responsible for achieving? Dr. Kelley agreed and stated that inpatient mortality is one of those items she had in mind and today's presentation brings together all of the collaboration that is necessary to have a reduction. She also appreciates that the summary about documentation in today's report was explained so well. Education on ICD-10 coding and how it affects a hospital's revenue is badly needed since physicians are trained to care for patients and may not realize the impact incorrect coding can have on a bottom line.

FOLLOW UP: None.

**APPROVAL OF MINUTES OF PREVIOUS MEETING(S): MARCH 28, 2023 (REGULAR MEETING)**

SUMMARY: The minutes of the regular Board meeting of Tuesday, March 28, 2023 were submitted for the Board's review and approval.  
RECOMMENDATION: Staff recommends approval of the minutes as submitted.  
ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Ms. Fernandez, **SECONDED** by Dr. Burns, and **PASSED UNANIMOUSLY**.  
EVALUATION: None.  
FOLLOW UP: None.

**NEW BUSINESS: CONSENT AGENDA – JIM ADAMS, CHAIR**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF MEMBERSHIP AND PRIVILEGES — MICHAEL LITTLE, M.D., PRESIDENT, MEDICAL/DENTAL STAFF**

SUMMARY: The Credentials Committee met on March 27, 2023 and reviewed the credential files of the individuals listed on the Credentials Report and the Professional Performance Evaluation Report provided to the Board. In its meeting of April 4, 2023, the Executive Committee of the Medical-Dental Staff approved the Credentials Committee Report in accordance with University Health's credentialing and privileging process. The Executive Committee, in turn, recommends final approval by the Board of Managers.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR PROFESSIONAL PRACTICE EVALUATIONS AND DELINEATION OF PRIVILEGES — MICHAEL LITTLE, M.D., PRESIDENT, MEDICAL/DENTAL STAFF**

SUMMARY: The Credentials Committee met on March 27, 2023, and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of April 4, 2023, the Executive Committee of the Medical-Dental Staff approved the Delineation of Privileges



and Focused/Ongoing Professional Performance Evaluation Report, which was provided for the Board's review, and in turn, recommends approval by the Board of Managers.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE 1ST QUARTER 2023 INVESTMENT REPORT — REED HURLEY**

SUMMARY: The Investment Portfolio Summaries for University Health and Community First for the first quarter of 2023 were provided separately for the Board's review. In total, the value of all invested funds as of March 31, 2023, was \$2,273,389,239 consisting of University Health, Project, Certificate, LPPF and Community First Funds. The reports include all information required by the Texas Public Funds Investment Act. The portfolios earned \$20,097,270 in interest income in the first quarter, versus \$14,640,812 in the fourth quarter, nearly one and a half times the interest earned in the fourth quarter and more than 14 times greater than the same period a year ago as higher interest rates have dramatically improved investment earnings. While the rapid increase in rates last year and early this year has resulted in a sizable unrealized loss, no realized losses are anticipated to be incurred and University Health is benefitting from greater investment income.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING INFECTION PREVENTION AND CONTROL PROGRAM RESPONSIBILITY AND ANTIBIOTIC STEWARDSHIP LEAD APPOINTMENTS — BRIAN LEWIS**

SUMMARY: University Health received accreditation by the Joint Commission during its last triennial survey of January 3-7, 2022. One opportunity identified is the annual appointment of designated leads by the Board of Managers for the Infection Prevention and Control and Antibiotic Stewardship programs, which was accomplished by the Board of Managers last year on April 26, 2022. In accordance with the Joint Commission requirements, staff is asking the Board to approve this year's designated leads for the Infection Prevention and Control and Antibiotic Stewardship programs. University Health leadership recommend the following program leads based on a review of education, training, experience, and certification:

- Infection Prevention and Control Program Responsibility - Laura Solis, BS, CIC
- Antibiotic Stewardship Program Lead - Jason Bowling, MD, FIDSA

Staff recommends Board of Managers approval of the appointment of two above leads for the Infection Prevention and Control and Antibiotic Stewardship programs.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING CONTRACTS FOR INPATIENT HOSPICE SERVICES WITH ADORATION HOME HEALTH AND HOSPICE, INC. D/B/A EMBRACE HOSPICE; AND TJS MANAGEMENT, LLC D/B/A HOLY SAVIOR HOSPICE AND PALLIATIVE CARE — LISA SANCHEZ**

SUMMARY: In July 2021, University Health published a Request for Proposals (RFP) #221-07-050-SVC for oversight of the inpatient hospice program and general hospice services for University Hospital for a term of three years. The following agencies were selected for contract awards: 1) Adoration Home Health & Hospice, Inc. d/b/a Embrace Hospice; and 2) TJS Management, LLC d/b/a Holy Savior Hospice and Palliative Care. Since University Health had no previous experience with the selected respondents, the contracts were executed for a one-year term beginning in February 22, 2022 through February 22, 2023. A 90-day extension was subsequently executed extending the term through May 22, 2023. After one-year plus of experience with these vendors, it is appropriate to extend the term to match the terms of the RFP for one year through May 25, 2024, with the option to renew for an additional two terms. In the last six months, University Hospital has transitioned an average of 17 cases per month to hospice. This increase demonstrates

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the need to continue to expand the initiative. Using the RFP process, vendors were assessed on quality, customer service and rates. Each of the companies was scored based on specific key performance indicators in each of the broad groups categorized, and the vendors with the highest score were selected. University Health will provide space, nursing, dietary, pharmacy support, and electronic medical record availability for nurse and pharmacist documentation. There will be four levels of care and flat rate fee pricing/day:

Routine Home Care: \$131.33 to \$166.15  
Continuous Care: \$1,194.56  
Inpatient Respite Care: \$393.90  
General Inpatient Care: \$878.84

Total compensation awarded to these companies split evenly under this agreement will not exceed \$ 400,000 over the three year-term of the contract. For funded patients, the company will bill payer directly for services and the company will pay University Health the general inpatient rates (\$878.84), per day for any patient requiring the utilization of University Hospital facility space, nurse, medications, and ancillary services. For unfunded patients, the company will bill University Health the inpatient respite care rate (\$393.90) per day, once referral and acceptance for inpatient hospice services at the facility has been completed. Estimated volume of referrals is expected to be approximately twenty (20) per month. We expect 75 percent (15) of the patients to be insured and 25 percent (5) to be uninsured. The contracts are expected to be budget neutral. Cost savings will be realized by the change in status as uninsured patients would have remained as inpatients. Historically, revenue generated annually is approximately \$1.3M with a projection to pay out approximately \$500,000 annually. The workforce composition data for both vendors was provided for the Board's review. Staff recommends approval of contract extensions and additional funds for inpatient hospice services with Adoration Home Health & Hospice, Inc., d/b/a Embrace Hospice; and TJS Management, LLC, d/b/a Holy Savior Hospice and Palliative Care for a one-year term with two one-year term renewals not to exceed \$400,000 for the contract period.

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

SUMMARY: University Health's Purchasing Consent attachment for the month of April 2023 includes 28 proposed contracts for Board of Managers action. The total requested Board of Managers approval for these 28 contracts is \$29,194,098. Additional Presented contracts during the April 2023 Board of Managers meeting total \$27,346,811 and are considered for approval separate from the Purchasing Consent. Staff recommends Board of Manager's approval of Purchasing Consent items in the amount of \$29,194,098.

CONSENT

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

CONSENT

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Dr. Kelley, **SECONDED** by Mr. Hasslocher, and **PASSED UNANIMOUSLY**.

CONSENT

EVALUATION: None.

CONSENT

FOLLOW UP: None.



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

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN EXTENSION OF THE PROFESSIONAL HEALTH CARE SERVICES SUPPORT AND COVERAGE AGREEMENT WITH TEJAS ANESTHESIA PLLC FOR PEDIATRIC ANESTHESIA SERVICES — EDWARD BANOS**

SUMMARY:

In 2020, the Board of Managers approved a three-year contract with Tejas Anesthesia, PLLC, Contract No. 200089-LS, which expired February 28, 2023. Rapidly changing dynamics have resulted in a nationwide shortage of anesthesia providers, especially in pediatrics. In order to ensure that there will be no gap in pediatric anesthesia coverage for our patients, University Health and Tejas leadership have agreed to extend the current agreement for up to six months. This extra time will allow the parties to discuss and ultimately agree on a more permanent solution to ensure that University Health maintains access to high-quality pediatric anesthesia coverage for all of its patients. UT Health Anesthesia is supportive of this agreement which complements the current UT Health Anesthesia practice at University Health. Tejas has provided specialized anesthesia support in San Antonio since 1994. The current contract with Tejas covered a 36-month period beginning March 1, 2020 and ending February 28, 2023. The total amount of this contract was \$9,900,000. The average monthly expense for the most recent 1) months is \$300,000 per month. The amount requested for the 6-month extension of the current contract beginning March 1, 2023 is \$1,800,000. There is no change in the pricing of anesthesia services provided by Tejas. This is a planned expense and is included in the 2023 Annual Operating Budget. The vendor's workforce composition was provided for the Board's review. Staff recommends Board of Managers approval of a contract extension with Tejas Anesthesia, PLLC for specialized pediatric and other supplemental anesthesia services in the amount of \$1,800,000 for a 6-month period beginning March 1, 2023.

RECOMMENDATION:

ACTION:

A **MOTION** to **APPROVE** staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Ms. Fernandez, and **PASSED UNANIMOUSLY**.

EVALUATION:

Mr. Banos reported that Tejas Anesthesia was recently taken over by a national company, Envision. The local physicians are interested in working with University Health but because of significant non-compete clauses in their agreements, this transaction has been kept very quiet. He confirmed that 11 pediatric anesthesiologists from Tejas Anesthesia will join University Medicine Associates in September 2023, so the proposed agreement presented today will serve as a holdover agreement until that time.

FOLLOW UP:

None.

**CONSIDERATION AND APPROPRIATE REGARDING A PROFESSIONAL SERVICES AGREEMENT WITH SOUND INPATIENT PHYSICIANS, INC. FOR ANESTHESIA SERVICES — EDWARD BANOS**

**SUMMARY:**

Recently, Texas Vista Medical Center in San Antonio announced the closure of the hospital formerly known as Southwest General Hospital in May, 2023. Sound Inpatient Physicians, Inc., started providing services at Texas Vista about one year ago. These anesthesia providers will become available to University Health once Texas Vista closes, enabling University Health to provide an immediate increase in anesthesia services to cover additional operating rooms, procedure rooms and obstetric services. Contracting with a third party to provide anesthesia services at the MARC Ambulatory Surgery Center, the Robert B. Green Ambulatory Surgery Center and to provide 24/7/365 Certified Registered Nurse Anesthetist (CRNA) coverage for Obstetrics will relieve the pressure on the anesthesia services currently being provided by UT Health at University Hospital. Sound was founded as a medical group practice in 2001 and currently provides professional services support in Critical Care, Emergency Medicine, Anesthesia, Telemedicine and Post-Acute Care in locations throughout the United States. Sound does their own billing and collecting which materially shortens the lead time needed to allow their providers to begin working in University Health facilities. The annual cost of the professional services to be provided by Sound is \$2,874,956. Based on the current support paid to UT Health for providing the same services pursuant to the de facto lease arrangement, and with the addition of one case per day, there will be no increase in cost to University Health. In fact, if the expected increased reimbursement projection from Sound is met, the net cost will actually decrease by \$155,000 per year, with more complete coverage provided by additional staff at the MARC ASC, RBG ASC and University Health Obstetrics. The workforce composition for Sound was provided for the Board's review. This is a planned expense and is included in the 2023 Annual Operating Budget.

**RECOMMENDATION:**

Staff recommends Board of Managers approval of this agreement with Sound Inpatient Physicians, Inc., for anesthesia services in an amount not to exceed \$8,624,868 for a three-year term beginning May 1, 2023.

**ACTION:**

A **MOTION** to **APPROVE** staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Kelley, and **PASSED UNANIMOUSLY**.

**EVALUATION:**

Mr. Banos reiterated significant issues with anesthesia coverage at University Health. The staff's goal is to have all 29 operating rooms running every day, in addition to the ambulatory surgery centers located at the Robert B. Green campus and the Medical Arts and Research Center. With the closing of Texas Vista, the Sound Group is available to provide coverage at the ambulatory surgery centers. The group has four dedicated CRNAs that can provide coverage 24/7 at these locations, and this agreement will provide an influx of approximately 10 adult anesthesia providers and better through-put which allows continuation of recruitment and growing of the Anesthesiology Department at UT Health. Sound Anesthesia has one MD provider and University Health has requested a second MD. There is also an opportunity to increase revenue collections going forward, but the real opportunity is operating all 29 operating rooms. It was noted that the numbers in this contract are very detailed due to Mr. Banos' comparison of the anesthesiology service agreements. Dr. Kelley

asked about supervision of CRNAs from a ratio standpoint versus independent practice. Mr. Banos replied that currently, the ratio is four CRNAs to one MD. A CRNA is allowed to practice independently if approved during the delineation of privilege process at University Health. Dr. Little was asked if this is standard practice and if it is safe to which he replied that this ratio is indeed safe for most high acuity cases. The Center for Medicare and Medicaid Services allows for medical direction and supervision of certified registered nurse anesthetists and the safety aspect is contingent on the types of cases CRNAs work on, or the practice setting. Dr. Little opined that the term “independent practice” applies more to rural communities that provide CRNA-only anesthesia care because of commute time and just to keep general surgery and obstetric departments open. The surgeon, or physician, is ultimately responsible for the overall care. It will take some managing of the CRNAs skill sets with appropriate case load to not undo any of the hospital outcomes the staff is currently building at University Health. Dr. Burns interjected that the CRNAs work similarly to nurse practitioners in that physicians delegate what they can do, and use of CRNAs is very common in the private world. Dr. Kelley also asked about elective deliveries which will now be available on Saturdays and Sundays at University Hospital. At the present time, elective deliveries are only performed Monday through Friday, which similarly applies to scheduled c-sections and/or inductions. University Hospital has not had enough anesthesia coverage to schedule weekend procedures. Now that consistent coverage is available seven days a week, the staff is able to balance and smooth out the schedule and have labor and delivery rooms run seven days a week. Dr. Kelley suggested use of the terms “appropriate inductions” and “medical necessary inductions”, since these will not be performed before 38 weeks gestation.

FOLLOW UP:

None.

**CONSIDERATION AND APPROPRIATE REGARDING AMENDMENTS TO THE JOB ORDER CONTRACTS REGARDING RENOVATIONS OF VARIOUS FLOORS IN SKY TOWER WITH SKANSKA USA BUILDING, INC.; SPAWGLASS CONTRACTORS, INC.; JAMAIL & SMITH CONSTRUCTION, LP; AND TEJAS PREMIER BUILDING CONTRACTOR, INC. — DON RYDEN**

SUMMARY:

In August 2021, the Bexar County Hospital District Board of Managers approved a Job Order Contracts (JOC) for Facilities Modification and Repair under the provisions of Texas Government Code Section 2269.401. The purpose of this approval was to pre-select qualified JOC General Contractors to administer small to medium projects for maintenance, repair, alteration, remediation or minor construction of a facility when work is recurring but the delivery times, type, and quantities of work required are indefinite. A Request for Proposals (RFP-220-04-022-SVC) was issued on June 4, 2020. Nineteen (19) companies responded to the solicitation and submitted proposals. The evaluation committee scored the proposals on criteria identified in the RFP. Based on the final scoring, staff recommendation, and Board approval, the following companies were selected and engaged for Job Order Contracts for Facilities Modification

and Repair Services: Skanska USA Building, Inc.; SpawGlass Contractors, Inc.; Jamail & Smith Construction, LP; and Tejas Premier Building Contractor, Inc. The Sky Tower 7<sup>th</sup> floor Pediatrics will be relocated to the Women's and Children's Hospital when it opens in August of 2023. This move provides an opportunity to perform minor renovations on floors 5 through 10 of the Sky Tower and 12<sup>th</sup> Floor MSU/MSE in the Horizon Tower, using Sky Tower seventh floor as swing space to move patients through while the other floors are being refreshed, finishing with the seventh floor. The goal is to complete each floor in approximately 30-45 days to get all rooms back in service as quickly as possible. Due to a high patient census on each floor, it is difficult to define an accurate scope of work prior to engaging a contractor. Therefore, the Job Order Contract method has been selected to perform this work because it provides a method of pricing from a pre-determined set of values. Staff has reviewed and recommends extending the four (4) pre-selected Job Order Contracts for Facilities Modification and Repair to include this Sky Tower and 12<sup>th</sup> Floor MSU/MSE minor renovation project, at a not to exceed cost of \$1,500,000 per floor with an overall project value not to exceed \$10,500,000. This work will be distributed to the four Job Order Contractors. The funding for these agreements will be an operational expense that will be incurred in 2023 and 2024. The workforce composition for each of the vendors was provided for the Board's review. In addition, Mr. Ryden noted that Skanska USA Building, Inc. has committed to a minimum of 35 percent SMWVBE sub-contractor participation. SpawGlass Contractors, Inc., has committed to a minimum of 45 percent SMWVBE sub-contractor participation. Jamail & Smith Construction, LP has committed to a minimum of 35 percent SMWVBE sub-contractor participation. Tejas Premier Building Contractor, Inc. has committed to a minimum of 40 percent SMWVBE sub-contractor participation.

**RECOMMENDATION:**

Staff recommends the Board of Managers approve an amendment for the Job Order Contracts for Facilities Modification and Repairs to patient floors 5 through 10 of the Sky Tower and 12<sup>th</sup> floor MSU/MSE in the Horizon Tower with Skanska USA Building, Inc.; SpawGlass Contractors, Inc.; Jamail & Smith Construction, LP; and Tejas Premier Building Contractor, Inc., and increase the value of each Job Order Contract to not exceed \$5,000,000 per Job Order Contract and approve Project Control of Texas, Inc., to oversee this work and the transition planning between floors for a value not to exceed of \$400,000. Further, staff recommends the President/Chief Executive Officer be authorized to execute the respective contract documents referenced herein.

**ACTION:**

A **MOTION** to **APPROVE** staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Burns, and **PASSED UNANIMOUSLY**

**EVALUATION:**

None.

**FOLLOW UP:**

None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH TK ELEVATOR FOR ELEVATOR SERVICES FOR SKY ELEVATOR BANK 2, CRITICAL CARE ELEVATORS 13 AND 14, AND WEST PARKING GARAGE ELEVATORS 1-5 AT UNIVERSITY HOSPITAL — CHRISTOPHER SANDLES**

**SUMMARY:**

Between 2011 and 2014, 26 Schindler S400A model elevators were installed as part of the original construction of the Sky Tower and West Parking Garage. Among all elevators across University Health, the S400A models are disproportionately experiencing significant downtimes. These increased disruptions are delaying patients, staff and supply movements for the locations at which they are installed. Since 2011, University Hospital has contracted with three different companies to service and maintain these elevators, with minimal success. In 2011, S400A model manufacturing was discontinued, which over time, has increased the number and duration of challenges finding parts. Mr. Sandles reviewed the following:

**Current Elevator Inventory: 64 (active)**

Elevator Bank	Building	Manufacturer	Install Year	Count
Tech Cntr	Tech Cntr	NWOV	2002	1
WPG	Garage	Schindler	2011	5
Pavillion	Pavillion	TKE	2012	1
RBG	RBG	Schindler	2012	7
S1	Sky	Schindler	2014	6
Trauma	Sky	EC	2014	2
S2	Sky	Schindler	2014	6
OR	Sky	Schindler	2014	3
A	Sky	TKE	2023	6

  

Elevator Bank	Building	Manufacture	Install Year	Count
E	Horizon	MCE/TKE	1967	5
S3	Rio	TKE	1967	3
D	Rio	TKE	1967	3
B	Rio	TKE	1967	1
C	Horizon	Schindler	1986	3
SW Clinic	SW Clinic	Dover	1993	2
SE Clinic	SE Clinic	Otis	1996	2
TDI	TDI	Dover	1997	8

**Common Denominator: Schindler Model S-400A**

- Robert B. Green Campus
- 7 elevators installed in 2012
- West Parking Deck
- 5 elevators installed in 2011
- Two of the elevators provide access to the helipad
- University Hospital Operating Room
- 3 elevators installed in 2014



- Main Campus
- 18 elevators installed in 2014
- A-bank-6 elevators in modernization
- S1 bank- 6 staff/patient elevators
- S2 bank- 6 elevators
- 3 elevators for passengers
- 3 elevators for Atheon tugs

**Elevator Service Calls -2022 Data**

- West Garage:
- Total Calls for WPG – 69
- Door issues account for 41% of the calls related to mechanical component failures.
- Issues have often contributed to entrapments
- Sky Tower:
- Total Calls for Sky Tower – 232
- Majority of Sky calls for service banks 1 and 2.
- Mechanical repairs account for 57% of calls.
- Issues have often contributed to entrapments
- Immediate Action:
- Effective May 1, 2023 (*Pending Board Approval*)
- Add a third Elevator Mechanic
- Second Shift – Monday through Friday
- Benefits
- Improved preventative maintenance access to elevators.
- Elevator Mechanic would be on-site to handle any emergent issues that arise after standard business

**Recommendation: Approve Elevator Modernization Request**

- West Parking Garage elevators 1 to 5 - \$2,135,180.00
- Begin in 4<sup>th</sup> quarter of 2023
- Estimated Schedule: 48-60 weeks from equipment arrival
- Sky Service Bank #1 - \$2,549,773.00
- Begin modernization in 4<sup>th</sup> quarter of 2023
- Fund Compressed schedule @ 30-48 weeks from equipment arrival
- Contingency Fund - \$936,990.00
- Total modernization cost - \$5,621,943
- hours.

The vendor's national workforce composition data was provided for the Board's review.

RECOMMENDATION:

Staff recommends the Board of Managers approve award of a contract to TK Elevator for services in the West parking garage for elevators 1 to 5 for \$2,135,180; Sky Elevator Bank #1 for \$2,549,773; and Contingency Fund in the amount of \$936,990, for a total modernization cost of \$5,621,943.

ACTION:

A **MOTION** to **APPROVE** staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Burns, and **PASSED UNANIMOUSLY**.

EVALUATION:

Mr. Hernandez noted that after completion of the Sky Tower in 2014, the staff did not commission an elevator expert. For context, he noted that the West Parking Garage is 1.1 million square feet and the Sky Tower is 1 million square feet, and in 2012-2014 this was the largest construction project in the history of Bexar County. This time around, the staff has commissioned an expert for the Women's and Children's Hospital and the

FOLLOW UP: new garage.  
None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR MARCH 2023 — REED HURLEY**

**SUMMARY:** University Health’s consolidated bottom line for the month of February 2023 reflects a gain of \$36.1 million, \$32.8 million better than the budgeted gain of \$3.3 million. This gain to budget is primarily due to patient activity driving positive net patient revenue of \$14.3 million and Community First underwriting gain of \$6.3 million. In March, clinical activity (as measured by inpatient patient days) was up by 10.8 percent and inpatient discharges were higher than budget by 4.0 percent. Volumes exceeded budget in the Inpatient Units, Surgical areas and the Emergency Department. Community First experienced a bottom line gain of \$11.8 million, which was \$10.1 million better than the budgeted gain of \$1.6 million. Community First fully insured membership was down 4.1 percent to budget. Mr. Hurley reviewed significant items from the Monthly Consolidated Statement of Revenues and Expenses in detail with the Board.

**RECOMMENDATION:** Staff recommends approval of the financial report subject to audit.

**ACTION:** A **MOTION** to **APPROVE** staff’s recommendation was made by Mr. Hasslocher, **SECONDED** by Ms. Fernandez, and **PASSED UNANIMOUSLY**.

**EVALUATION:** Excess revenues will not last the entire year and supplemental funding rules are changing. Total impact will be known in June or July 2023. Next several months will be really strong for University Health.

**FOLLOW UP:** None.

**PRESENTATIONS AND EDUCATION:**

**MEADOWS MENTAL HEALTH POLICY INSTITUTE REPORT UPDATE ON DETENTION AND CIVIL BEHAVIORAL HEALTH BED AND PROGRAMMING NEEDS ASSESSMENT — TED DAY/SALLY TAYLOR, M.D.**

**SUMMARY:** In April 2021, under the leadership of then-Bexar County Judge Nelson Wolff, the Criminal Justice and Behavioral Health Task Force (“CJBHTF”) which included a broad cross-section of community stakeholders in order to foster multisystem approaches to improve the effectiveness of criminal justice and the behavioral health system of care. University Health is a member of the CJBHTF. One action item led to University Health seeking external expertise via a Request for Proposal to work with an internal team and relevant community stakeholders to assess needs and develop recommendations to better address the medical/behavioral health needs of inmates of the Bexar County Adult Detention Center, which University Health assumed responsibility for in 1995 at the request of Bexar County Commissioners Court. In October 2021, the Board of Managers approved a consulting agreement with Meadows Mental Health Policy Institute in partnership with architectural

firms HOK and Alta. The focus for the Meadows evaluation focused on key questions in two major areas:

**Detention Health**

Phase I: Assess the Adult Detention Center (jail) facility/operations, current and future needs, for behavioral health/medical services, and the community services needed to support moving detainees out of jail.

Phase II: Recommend specific jail facility improvements and capacity expansion of services outside the jail.

**Civil Behavioral Health**

Phase I: Assess the need for a new psychiatric center for civil inpatient psychiatric hospital beds and other possible co-located services.

Phase II: Recommend facility for inpatient beds and other services needed in the community to potentially prevent hospitalizations.

**Adult Detention Center/Detention Health**

Phase I: Assessment for Appropriate Alternative Settings  
Bexar County Jail Population Snapshot February 2022 – **4, 212**

**Identifiable mental health populations in Bexar County Jail\***

*Subset of mental health populations appropriate to leave jail\*\*\*\*\**

**A. Competency Process – 282 (6.7%)**

*Competency process inmates conditionally appropriate to leave jail*

*\*\* - 47 (1.2%)*

**B. Court order transfer to treatment facility (non state hospital) – 161 (3.8%)**

*Waiting to transfer conditionally appropriate to leave jail\*\*\* - 161*

*(3.8%)*

**C. In a bed labeled “mental health bed” – 251 (6.0%)**

*Mental health bed population conditionally appropriate to leave*

*jail\*\* - 38 (0.9%)*

**D. Bexar County Jail population identified as a need of acuty mental health bed 6/10/22 – 118 (2.8%)**

*Mental health bed population conditionally appropriate to leave jail\*\**

Sum of above populations under B., above, appropriate to leave jail – 272 (6.5%)

Total February 20, 2020 population appropriate to leave jail – 300 (7.1%)

Adjustment for growth/fluctuation of population – 28 (0.6%)

\*A., B., C., D - mutually exclusive

\*\*If there are appropriate case specific residential or inpatient alternatives to state hospitals

\*\*\*Eligible to continue court-ordered treatment at a non-detention setting which would require access to sites for court-ordered treatment

\*\*\*\* Violent & sex offenses, persons with other holds, duplicats, and persons awaiting transfer to serve sentence in another facility removed.

## Phase II: Recommendations for Adult Detention Center

**Adult Detention Center:** Invest in a new medical/behavioral health facility on the current campus to improve capacity for behavioral health/medical services (843 beds, clinic, infirmary, dialysis, pharmacy, dental & laboratory space)

**Court-Mandated Treatment Settings:** Expand capacity at various locations for continued treatment outside of jail.

**Diversion Center:** Explore the potential for a diversion center outside of the jail to serve as a “step-down” from jail and a pathway to continuity in community-based care.

**Adult Detention Health – Proposed New Medical/Behavioral Health Facility** - Meadows identified a need for additional space within the ADC dedicated to mental health, suicide prevention observation, and treatment to serve those inmates with behavioral health and/or medical issues who require ongoing incarceration. Additionally, Meadows noted that the current buildings are not suitable for major refurbishment to provide evidence-informed health care, including behavioral health specialty and/or medical care. Additionally, Meadows recommended that Bexar County should consider developing a diversion center near the ADC to as an alternative to continued incarceration.

## **TRAUMA-INFORMED Design**

### Sensory Boundaries

Common approach: Most sensory information is aggressively blocked. Only one dominant source of information is piped in. This results in a sterile and harsh environment with a stressed body.

Suggested approach: Permeable membranes made from different material and placed in difference locations modulate sensory information. Smells, sounds, sights, and kinetic potential shift in intensity and quality while still maintaining coherence.

### Identity Anchors

Common approach: A single message or style chosen as a “catch-all” or “neutral” symbol for “all.” Instead of unifying people, it can be read as institutional, insensitive to the context, or hegemonic.

Suggested approach: Design offers a constellation of “touch points” or “anchors” for various identities. People can see parts of themselves in the building and each other. Space is intentionally left for personalization and expression.

**Phase I Civil Behavioral Health**

1. Inpatient Mental Health Beds

	Current Beds 2020	Add'l Beds needed by 2030	Add'l Beds needed by 2040
Adult	546	+149	+275
Child/Youth	188	+ 78	+104
Total Add	---	+227	+379
Total Beds	734	961	1,113

- 2. Services to Avoid Hospitalization
- 3. Supportive Housing

**Map Identifying Locations in Bexar County**



Phase II: Recommendations for Civil Behavioral Health Needs Increase capacity of civil behavioral health services.

- 1. **Civil Facility:** Design & build a new psychiatric center with 227 inpatient beds for adults and children/adolescents (including voluntary and civil commitments).
- 2. **Expand access to current community programs:** intensive outpatient, treatment for substance use disorders, along with certain crisis stabilization services that help avoid hospital admission.
- 3. **Permanent Supportive Housing:** Continue to explore permanent supportive housing expansion for those with mental illness and/or substance use disorders.

RECOMMENDATION:  
 ACTION:  
 EVALUATION:

This report was provided for informational purposes only. No action was required by the Board of Managers. Mr. Hernandez informed the Board of Managers that the staff has not yet shared Phase II findings with Bexar County. He wanted to share with the Board of Managers first, but will soon schedule meetings with Judge Sakai and each of the Commissioners to bring them up to date. Dr. Taylor agrees with the findings and it is her recommendation that the Board of Managers will need to further discuss the report and what to do about the Bexar County jail facility as well as the lack of psychiatric inpatient beds in town.

Mr. Hasslocher thanked Dr. Taylor for her recommendation and congratulated her. She will be honored by the San Antonio Business Journal with a 2023 Health Care Heroes award on May 25, 2023. This is an annual event recognizing the healthcare professionals who dedicate their lives to improving the lives of others. Dr. Taylor is the sole recipient in the Hospital-based Executive category.

FOLLOW UP:

None.

**INFORMATION ONLY ITEMS:**

**88TH TEXAS LEGISLATIVE UPDATE — ANDREW SMITH**

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

**UNIVERSITY HEALTH FOUNDATION UPDATE — SARA ALGER**

**REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN**

SUMMARY:	Mr. Adams directed his Board colleagues’ attention to the four informational reports above and asked that they review on their own time.
RECOMMENDATION:	These reports were provided for informational purposes only.
ACTION:	No action was required by the Board of Managers.
EVALUATION:	None.
FOLLOW UP:	None.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the public meeting at 7:32 pm.

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James R. Adams  
Chair, Board of Managers

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Margaret A. Kelley, MD.  
Secretary, Board of Managers

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Sandra D. Garcia, Recording Secretary