



**BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

Tuesday, August 20, 2019

6:00 p.m.

Cypress Room

University Hospital

4502 Medical Drive

San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

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

BOARD MEMBERS ABSENT:

Dianna M. Burns, M.D., Secretary

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Bryan Alsip, MD, Executive Vice President/Chief Medical Officer, University Health System
Tommye Austin, Ph.D., Senior Vice President/Chief Nurse Executive, University Health System
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Awoala Banigo, Senior Vice President/Chief Revenue Officer, University Health System
Lourdes Castro-Ramirez, President, University Health System Foundation
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System
Lisa Devane, Executive Director/Perioperative Services, University Hospital
William Henrich, MD, President, UT Health, San Antonio
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Monika Kapur, MD, President/Chief Executive Officer, University Health System
Leni Kirkman, Senior Vice President, Strategic Communications and Patient Relations, University Health System
Brian Lewis, Vice President/Quality, University Health System
Elliott R. Mandell, PhD, Senior Vice President/Chief Pharmacy Officer, University Health System
Bill Phillips, Senior Vice President/Chief Information Officer, Information Services, University Health System
Steven R. Pliszka, MD, Dielmann Distinguished Professor and Chair, Department of Psychiatry, UT Health San Antonio
Serina Rivela, Interim Vice President/Associate General Counsel, Legal Services, University Health System
Michael Roussos, Hospital Administrator, University Health System

Don Ryden, Vice President/Project, Design, and Construction, University Health System
Armando J. Sandoval, Chief of Police/Protective Services, University Health System
Theresa Scepaniski, Senior Vice President/Chief Administrative Officer, University Health System
Travis Smith, Deputy Chief Financial Officer/Finance Administration, University Health System
Allen Strickland, Vice President/Hospital Administration, Fiscal, University Health System
Rajeev Suri, M.D., Medical Director, Radiology Services; and President, Medical/Dental Staff,
University Health System; Professor, Vascular Interventional Radiology, UT Health San Antonio
Sally Taylor, MD, Senior Vice President/Chief Behavioral Officer, University Health System
Roberto Villarreal, MD, Senior Vice President/Research and Information Management, University
Health System
Emily Volk, MD, Senior Vice President/Clinical Services, Office of the Chief Medical Officer,
University Health System
Jim Willis, Associate Administrator, University Hospital
Edwin Bell, Peace Officer, Candidate
Tyler Daniel, Stryker Sales Corporation
Pamela Dreiss, Stryker Sales Corporation
Chris Pipes, Stryker Sales Corporation
Nadine MacKay, Stryker Sales Corporation
Neal Scarborough, Stryker Sales Corporation,
Quinten Thomas, Director of Justice Programs, The Center for Health Care Services
And other attendees.

CALL TO ORDER AND RECORD OF ATTENDANCE: JIM ADAMS, CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 6:01 pm.

INVOCATION AND PLEDGE OF ALLEGIANCE

Mr. Adams introduced Chaplain Anne Welch, Calvary Church of San Antonio, for the invocation and he led the Pledge of Allegiance.

SPECIAL RECOGNITION:

SUMMARY:	The Protective Services Department has selected Edwin Bell, Police Officer I, as the recipient of the 2019 Senator Frank Tejada Officer of the Year Award. Officer Bell has been with the Bexar County Hospital District Police Department for one year, and has demonstrated true compassion for all those he serves. Officer Bell has contributed not only to the Health System, but also through the local community with the Junior Law Enforcement Program (Explorers). Young aspiring Police Explorers had the challenge of a lifetime during the annual Alamo Area Police Chiefs Association “Junior Law Enforcement” competition on June 1, 2019. Officer Bell’s proactive commitment goes beyond day-to-day operations and has positive and direct impact on the lives of these young community members. Chief Sandoval highlighted Officer Bell’s empathy towards individuals with behavioral health issues, whom Officer Bell treats as patients who need medical assistance, rather than criminals.
RECOMMENDATION:	This presentation was provided for recognition purposes.
ACTION:	No action was required by the Board of Managers.

EVALUATION: On behalf of the Board, Mr. Adams acknowledged Officer Bell's family who was in attendance. He thanked both Officer Bell and Chief Sandoval for their service.

FOLLOW-UP: None.

CITIZENS' PARTICIPATION: None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S): TUESDAY, JUNE 25, 2019

SUMMARY: The minutes of the regular Board of Managers meeting were submitted to the Board of Managers for approval.

RECOMMENDATION: Staff recommended approval of the minutes as submitted.

ACTION: A **MOTION** to approve the minutes as submitted was made by Mr. Hasslocher, **SECONDED** by Dr. Jimenez, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW-UP: None.

REPORT FROM UT HEALTH SAN ANTONIO - William Henrich, M.D., President

SUMMARY: Dr. Henrich greeted the Board members and provided the following update in Dr. Hromas' absence: Dr. Allen Anderson has been appointed Professor of Medicine and Chief of the Cardiology Division to direct and expand the university's many initiatives in cardiology and cardiovascular disease education and research. Dr. Anderson is a nationally recognized leader in heart failure and cardiac transplantation at the Northwestern University Feinberg School of Medicine in Chicago. He will assume duties as professor of at UT Health San Antonio on November 1, 2019.

Dr. Daruka Mahadevan has been appointed as chief of the Division of Hematology and Medical Oncology in the Department of Medicine, effective Dec. 1, 2019. Dr. Mahadevan will also lead the Hematology and Medical Oncology service line within the Mays Cancer Center. Dr. Mahadevan is currently co-director of the Experimental Therapeutic Development Program at the University of Arizona Cancer Center, where he worked with Dr. Ruben Mesa.

Dr. Ralph Riviella has been appointed chairman of the Department of Emergency Medicine, School of Medicine also effective November 1, 2019. Dr. Riviella comes to UT Health from the Crozer Keystone Health System, where he serves as a chairman of emergency medicine, and Drexel University, where he is a professor of emergency medicine. Dr. Riviello has led successful initiatives to improve emergency department metrics throughout his career while advancing the field of clinical forensic medicine.

The annual UT President's Gala will honor Karen & Ronald Herrmann on Saturday, September 21, 2019 at the Grand Hyatt San Antonio. All are invited to attend.

RECOMMENDATION: This report was provided for informational purposes only.

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

EVALUATION: The national searches above all ended successfully and Dr. Henrich requested time on an upcoming Board agenda to review UT Health's strategic plan. UT Health has many programs and very ambitious plans they would like to share with the Board as well as current challenges due to the many activities in the academic setting that cost money and do not earn any money. Education is essential for training the health professionals of the future, but it is highly regulated and very expensive. However, it is imperative to be competitive in recruiting the best students and the best faculty in order for both institutions to be successful. UT Health faculty, much like Health System staff, are mindful of public health issues in the community. The recent addition of national leaders to the School of Medicine faculty serves as tangible evidence that both institutions have what is needed to grow. Dr. Jimenez recounted a recent National Public Radio program with guests from the University of Irvine Medical School who reported that their Center for Research in conducting a study out of the Irvine Medical Center Emergency Department for preventing mass shootings on "red flag" laws of California. Researchers have collected evidence for the first time that red flag laws do help to prevent mass shootings. It is impressive to Dr. Jimenez that a medical school would be involved in such a serious public health issue. Dr. Henrich agreed that the Health System's Emergency Department ought to aspire to do things just like that, because that type of project would be most welcome in San Antonio. The fact that the researchers can add to the institutions' portfolios what they are trying to advance is terrific. However, before attempts to conduct similar studies out of the Health System's Emergency Department staff and faculty must be efficient and timely, and at the same time reflect a positive, compassionate, empathetic face to the public we are privileged to serve. Mr. Adams thanked Dr. Henrich for the update, and at this point, he read a positive letter he received from a patient commending UT faculty and Health System staff for helping the patient obtain a much-needed wheel chair.

FOLLOW-UP: None.

CONSENT AGENDA

CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR STAFF MEMBERSHIP — RAJEEV SURI, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN APPOINTMENT TO THE BOARD OF DIRECTORS OF THE UNIVERSITY HEALTH SYSTEM FOUNDATION — ROBERT ENGBERG, CHAIR, NOMINATING COMMITTEE

CONSIDERATION AND APPROPRIATE ACTION REGARDING TWO REAPPOINTMENTS TO THE BOARD OF DIRECTORS OF COMMUNITY FIRST HEALTH PLANS, INC. — ROBERT ENGBERG, CHAIR, NOMINATING COMMITTEE

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

SUMMARY: The items above were presented for the Board's consideration as consent items. The following details are associated with these consent items:

Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Staff Membership — *Rajeev Suri, M.D., 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 Appointment to the Board of Directors of the University Health System Foundation — *Robert Engberg, Chair, Nominating Committee* - Ms. Julie Bedingfield met with Mr. Frank Garza, UHS Foundation Board Chair, and Ms. Lourdes Castro-Ramírez in mid-June to discuss involvement on the Health System Foundation Board. Ms. Bedingfield is the Public Affairs Manager for H-E-B. For more than a decade, she has played a role in communicating the stories of some of Texas' most iconic brands including Spurs Sports & Entertainment, LIVESTRONG and the George W. Bush Presidential Center. Ms. Bedingfield has accepted this invitation to join the Foundation Board and the Foundation's Executive Committee recommends approval of this appointment. The Nominating Committee of the Board of Managers also recommends approval of the appointment of Ms. Julie Bedingfield to serve a three-year term on the University Health System Foundation Board of Directors effective immediately through December 31, 2021.

Consideration and Appropriate Action Regarding Two Reappointments to the Board of Directors of Community First Health Plans, Inc. — *Robert Engberg, Chair, Nominating Committee* - The following Board members have terms that will expire September 30, 2019 and are recommended for re-appointment to their current Board of Director positions: Dianna Burns, M.D.; and George B. Hernández, J.D. The Nominating Committee of the Board recommends the re-appointment of Dr. Burns and Mr. Hernandez for two-year terms beginning September 30, 2019 through September 30, 2021.

Consideration and Appropriate Action Regarding Purchasing Activities (see Attachment A) — *Antonio Carrillo/Travis Smith* - A total of 20 contracts with a value of \$33,586,299 were presented to the Board of Managers during the month of August 2019. The following contracts require Board approval: Ten (10) consent contracts with a total value of \$16,634,428; Ten (10) presented contracts with a total value of \$16,687,791. Two (2) contracts have been classified as Small, Minority, Woman or Veteran-owned Business Enterprises (SMWVBE). The SMWVBE status report reflects items submitted for Board approval.

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

ACTION: A **MOTION** to approve the items listed on the consent agenda was made by Ms. Barrera, **SECONDED** by Mr. Smith, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW-UP: None.

ACTION ITEMS:

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

SUMMARY: Pursuant to the Texas Health & Safety Code, the Health System is authorized 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 on the property. Chief Sandoval presented the credentials of Mr. Thomas Valdez as having been examined and certified as meeting all of the requirements of a Health System Peace Officer as defined by the Texas Code of Criminal Procedure. In addition, Mr. Valdez has completed all necessary training requirements, crisis intervention training, and previously obtained master peace officer certification in 1999. He retired in 2017 from the San Antonio Police Department after 32 years as a police officer.

RECOMMENDATION: Staff recommends approval to commission Mr. Thomas Valdez as a BCHD peace officer.

ACTION: A **MOTION** to approve staff's recommendation was made by Ms. Barrera. There being **NO OBJECTION**, the **MOTION CARRIED**.

EVALUATION: The Board of Managers welcomed Officer Valdez with a round of applause. Dr. Jimenez noted that the city of San Antonio, Texas is the only major city in the United States that has not had a mass shooting in 15 years.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH UT HEALTH SAN ANTONIO FOR TRANSITIONAL CARE CLINIC SUPPORT SERVICES — SALLY TAYLOR, M.D.

SUMMARY: Dr. Taylor acknowledged Dr. Steve Plizka, Chair, Department of Psychiatry, UT Health San Antonio. The UT Health San Antonio Department of Psychiatry's Transitional Care Clinic (TCC) provides behavioral health services, particularly rapid follow-up for Health System adult psychiatric patients discharged from University Hospital with a goal of transitioning them to longer term outpatient care within approximately 90 days. For patients referred, the TCC ensures that appointments are scheduled within seven days of release from the hospital and serves as a resource for unfunded and/or CareLink patients,

particularly those not meeting criteria for follow-up by the Local Mental Health Authority. Furthermore, the TCC supports behavioral health workforce development by providing training for licensed professional counselor interns, pre-doctoral psychology interns, social work interns, and psychiatric residents. The TCC was initially funded through the 1115 Waiver program but is no longer eligible for this funding support. The Health System provided ongoing support for the first six months of 2018 in order to ensure continued access for patients being discharged from the hospital, and then created a contract to continue support for a one-year period from September 1, 2018 through August 31, 2019 for the amount of \$345,000.00. This is a request to renew this agreement for a 16 month term in order to align with the Health System's annual budget cycle, and to increase the annual amount beginning January 1, 2020 to \$404,458.00. The contract supports one fulltime caseworker, three fulltime therapists (which is an increase from the current contract of 2.2 FTE's), one fulltime licensed vocational nurse, and clinic director oversight (0.6 FTE). The increased cost will cover an additional 0.8 FTE of therapist time and account for minor cost of living wage increases for other staff covered by this contract. The total cost of the contract will not exceed \$28,750.00 per month from September 1, 2019 through December 31, 2019 (unchanged from the current contract), and will not exceed \$33,705.00 per month in calendar year 2020 (an increase of \$59,460 for calendar year 2020). The total cost of the sixteen-month contract will not exceed \$519,460.00. The workforce composition for UT Health San Antonio was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve and authorize the President/CEO to renew an agreement with UT Health San Antonio for the Department of Psychiatry Transitional Care Clinic Support Services in the amount of \$519,460.00 for 16 months, beginning September 1, 2019 and ending December 31, 2020. This term allows for alignment with the Health System's annual budget cycle.

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

EVALUATION: The TCC is important for University Hospital in that it provides rapid follow up and prevents admissions. Forty-five (45) percent of the referrals come from the Emergency Department; 33 percent are from the psychiatry inpatient unit; and 22 percent are psychiatric consults for the medicine and surgical services. The computerized appointment system is an advantage because it allows inpatient staff to print appointment confirmations for the patients before they are discharged from University Hospital. The payer mix of patients referred to the TCC are 63 percent unfunded; 5 percent Carelink, and 32 percent other insurance. Staff has metrics for the initial follow up appointment being scheduled within 7 days of discharge. Because this is a somewhat difficult population to engage, the initial show rate hovers at approximately 50 percent. However, there are multiple conversations taking place on how to improve that rate with, for example, something as simple as programming the patient's cell phone with the TCC phone number so they know who is calling with appointment reminders, and having TCC staff come to the inpatient unit to engage patients prior to discharge. For

those patients who are seen at the TCC, re-visits to the Emergency Department within 30 days are at 2 percent and re-admission within 30 days is 0.2 percent. Next year, a TCC therapist who is very competent in motivational interviewing will see patients on the unit before discharge; this population is most vulnerable and at high risk right after discharge.

FOLLOW-UP: Mr. Adams commended Dr. Taylor for the metrics attached to this contract.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE COMMUNITY ALTERNATIVES TO INCARCERATION PROGRAM AGREEMENT WITH THE CENTER FOR HEALTH CARE SERVICES — SALLY TAYLOR, M.D.

SUMMARY: Dr. Taylor acknowledged Mr. Quentin Thomas, Director, The Center for Health Care Services (Center) Restoration Center. The Center is the Local Mental Health Authority for Bexar County, providing treatment for persons with mental illnesses, intellectual and developmental disabilities, and substance use disorders at various locations throughout Bexar County. In December 2011, through the Delivery System Reform Incentive Payment (DSRIP) program, the Center established a Deferred Institutionalization Program (DIP) designed to provide behavioral health treatment and support to individuals with mental illness who are involved in the criminal justice system. When the DSRIP program was revised for Community Mental Health Centers in 2018, DIP was no longer eligible for funding through the DSRIP program. Therefore, effective September 1, 2018, the Health System entered into a one-year agreement with the Center to allow for the continuation of the Deferred Institutionalization Program, renamed the Community Alternatives to Incarceration Program (CAIP). The initial agreement for the CAIP was for a one-year period with a maximum annual cost of \$1,207,734.00, a majority of which supported the personnel needed to provide services. In order to align the contract with the Health System's annual budget, the proposed contract term is for 16 months, September 1, 2019 through December 31, 2020, in the amount of \$1,610,312.00 (no increase in the annualized amount), and thereafter may be considered for renewal annually. The expense is incorporated into the Health System's 2019 budget and will be included in the 2020 budget. The workforce composition data for the Center was provided for the Board's review. Dr. Taylor discussed metrics and measures in detail with the Board members.

RECOMMENDATION: Staff recommends the Board of Managers approve and authorize the President/CEO to renew an agreement with The Center for Health Care Services for the Community Alternatives to Incarceration Program in the amount of \$1,610,312.00 for sixteen months, beginning September 1, 2019 through December 31, 2020. This reflects no increase in annual support.

ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Ms. Barrera, and **PASSED UNANIMOUSLY**.

EVALUATION: Currently, the program serves an average of 111 active patients per month. Referrals were made from various courts and for the period September 1, 2018 through July 31, 2019, the Center served 373 unduplicated patients. Staff projects approximately 410 patients will be served under the current contract. The percentage of patients showing

improvement in treatment outcome scores has improved with an average of 35 percent of patients improved on various measures at the end of seven months. The recidivism rate (*new* arrests/charges) remained under the target goal of 15 percent throughout the first ten months of the agreement, averaging 5.2 percent. This coming year, thought is being given to including support for housing under this contract because it is well known that people with housing stability are less likely to recidivate and it helps their mental illness. In addition, reimbursement for rental applications, temporary housing, as well as temporary utility support so that they won't be evicted. Ms. Barrera asked if the Center is collaborating with local agencies regarding housing assistance. Mr. Quentin Thomas described the Center's working relationship with the San Antonio Housing Authority for those individuals who are newly released from jail, and Ms. Barrera suggested the Center make contact with the Sisters of the Holy Spirit and Immaculate Mary, a religious group on the East side of town, whose mission is to help the poor and needy. Sisters of the Holy Spirit also collaborate with other non-profits in town and will be a helpful resource for the Center. In response to an inquiry by Dr. Jimenez about student training for those interested in the mental health field, such as licensed professional counselors and social workers, Mr. Quentin replied that he has four volunteers with temporary licenses working with this patient population. Dr. Taylor added that the referrals to this program come from various drug courts and she emphasized that the majority of this contract will not be used for housing. Mr. Smith suggested working with the criminal justice system and cautioned the staff to be careful about duplicating existing services in the community. Dr. Taylor is aware that before these individuals are released from jail, there is a focus to undo criminal thinking with cognitive behavioral therapy, and although the Center offers education and training to these individuals, Dr. Taylor will follow up about their work with other local agencies and she will also relay Mr. Smith's sentiments about duplicating services. Mr. Adams thanked Dr. Taylor for her presentation and urged the staff to be cognitive of the program objective which is to help these individuals get back on their feet. The staff is keenly aware of all the things that lead to re-arrests and there use these as metrics - high risk behaviors, quality of life, lack of treatment for mental illness, and social determinants of health which includes stable housing.

FOLLOW-UP: As indicated above.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A PROFESSIONAL SERVICES AGREEMENT FOR ANESTHESIOLOGY SERVICES WITH TEJAS ANESTHESIA, P.A. FOR CARELINK MEMBERS — VIRGINIA MIKA, PH.D./ROBERTO VILLARREAL, M.D.

SUMMARY: The Health System has had a contract with Tejas Anesthesia since September 1, 2006 for anesthesia services provided to CareLink members who receive surgical services at the Robert B. Green Ambulatory Surgery Center (ASC) or at certain community hospitals. This is a fee for service contract; and staff is now requesting a renewal. The term of the contract is

for three years beginning September 23, 2019 and ending September 22, 2022.. In 2018, Tejas Anesthesia provided services to 462 CareLink members. As of May 31, 2019, Tejas Anesthesia provided services to 238 CareLink members. In 2018, CareLink paid Tejas Anesthesia \$103,312. From January through May, 2019, the average monthly amount paid was \$9,152. It is estimated that the 2019 annual amount will to be \$109,820. The contract is negotiated at 100 percent of the current Medicare Fee Schedule. The estimated total value of the contract for all 3 years is \$329,460. The workforce composition data for Tejas Anesthesia was provided for the Board’s review.

RECOMMENDATION: Staff recommends the Board of Managers approve and authorize the President/Chief Executive Officer to execute an Agreement with Tejas Anesthesia, P.A., for a total estimated contract amount of \$329,460 for three years.

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH BRYCO CONSTRUCTION TO PROVIDE CONSTRUCTION SERVICES FOR THE CENTER FOR LIFE PROJECT AT UNIVERSITY HOSPITAL — DON RYDEN

SUMMARY: The Board of Managers approved funding for The Center for Life Project at University Hospital at its July 23, 2019 meeting. This is a request for approval of construction services for the renovation and conversion of approximately 12,000 square feet on the 11th floor of the Horizon Tower at University Hospital to a functional space for the recovery of organs. The work includes update of finishes, new lighting, electrical systems for new medical equipment and upgrade to existing HVAC system for humidity control. The Health System solicited a Request for Proposals (RFCSP-218-08-051-CNST) for Construction Services and received three (3) responses:

Bryco	CGC	SpawGlass
\$645,454	\$738,400	\$681,004

The proposals were evaluated based on the criteria provided to the firms in the RFP. Based on their competitive pricing, proposed schedule, qualifications, healthcare experience and safety record, staff recommends the selection of Bryco Construction at the cost of \$645,454 for the renovation of The Center for Life located. This project will be funded from 2019 capital funds. The workforce composition for Bryco Construction Services, a local company, was provided for the Board’s review.

RECOMMENDATION: Staff recommends the Board of Managers approve the selection of Bryco Construction Services for the renovation of The Center for Life project and authorize the President/Chief Executive Officer to execute the Construction Services Agreement in the amount \$645,454.

ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Ms. Barrera, and **PASSED UNANIMOUSLY**.

EVALUATION: In response to Mr. Hasslocher's inquiry about the information used to determine best value, Mr. Ryden indicated those factors included number of days to complete the project, healthcare experience, and previous work history with the Health System; however, it came down to most cost effective pricing. Any one of the companies that submitted a bid are capable of doing the job.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT WITH JOERIS/DUNN, JOINT VENTURE FOR A GUARANTEED MAXIMUM PRICE (GMP #5) PROPOSAL FOR THE WOMEN'S AND CHILDREN'S HOSPITAL AND ASSOCIATED PROJECTS FOR THE DEMOLITION OF THE NORTH GARAGE FOR THE CONSTRUCTION MANAGER AT RISK AGREEMENT:

SUMMARY: The North Garage is scheduled for demolition this fall to allow for construction of the Women's and Children's Hospital and Parking Garage. Demolition of the North Garage will commence after completion of the West Garage Renovation (Joeris+JE Dunn GMP#4) and is anticipated to take approximately four months to complete. The scope of work for GMP #5 consists of removing the North Garage in its entirety and demolition of certain structures, elevators, walkways, canopies, security equipment, stairs, ramps, railing, ticket dispensers, barrier gates, and pay stations, at a cost not to exceed \$2,818,092. Mr. Ryden reviewed all previously approved GMPs and their respective amounts for a total contract value of \$15,507,906. Costs for GMP #5 will be paid from Women's and Children's Hospital capital funds. The workforce composition data for Joeris+JE Dunn was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve Joeris+JE Dunn GMP#5 for Demolition of the North Garage in an amount not to exceed \$2,818,092 and authorize the President/Chief Executive Officer to execute an Amendment to the Joeris+JE Dunn Agreement.

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

EVALUATION: The actual demolition of the garage will take place in mid-November and there are other enabling projects that are part of this package, such as relocation of fuel lines, chlorination room, water lines as well as the re-routings of the utilities, which is currently taking place. Regarding SMWVBE there were a total of 45 bidders, 20 of those were SMWVBE-classified, and out of those 20, 13 are part of this package representing 69 percent of the total.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT WITH TERRACON CONSULTANTS, INC., FOR MATERIALS TESTING SERVICES FOR THE WOMEN'S AND CHILDREN'S HOSPITAL AND ASSOCIATED PROJECTS. - DON RYDEN

SUMMARY:

For the Women's & Children's Hospital project it is essential for a third-party Engineer to observe, monitor and test specified components of the Project to ensure that construction and materials meet the required specifications. This includes evaluation of site compaction, reinforcing steel, concrete, structural steel, fireproofing and the building envelope. In April 2019, the Health System issued a Request for Qualifications (RFQ-219-03-006-SVC) for Material Testing Services for the Women's and Children's Hospital and Associated Projects. Mr. Ryden identified the five (5) firms that submitted qualifications to the RFQ in April 2019, and reported that the Evaluation Committee for these presentations and interviews was comprised of internal leadership from the Legal Department, Facilities Management; Project, Design, & Construction; and ex-officio members from Broaddus & Associates; Marmon Mok-ZGF, Joeris+JE Dunn, and an independent facilities development consultant. The RFQ had a two-step process and the following selection criteria: Firm qualification and level of commitment, team qualifications, experience on similar projects, quality assurance and quality control plan, financial/legal/contractual, and quality of proposed SMWVBE approach. Three firms were shortlisted based on the selection criteria and notified that they would be invited to participate in a second step presentation/interview process (Arias & Associates, Inc., Raba Kistner, Inc., and Terracon Consultants, Inc.). The Evaluation Committee reconvened in June 2019 to finalize the selection recommendation on specific selection criteria, which Mr. Ryden described in detail to the Board. The evaluation committee ranked all three firms, and Terracon Consultants, Inc., was rated the highest due to the following:

- Field and Testing Lab personnel are experienced in local multi-story concrete structures and sub-surface parking garages
- Firm demonstrated expertise in the commissioning of building envelopes
- Examples of field reporting and protocol for documenting non-compliant tests were ranked highest
- Team has experience working collaboratively on important projects
- The overall quality of their Presentation was highest including discussions with their field and laboratory staff

The consultant will be compensated for services provided on a unit-price agreement based on the projected number of construction inspections and tests with a contract amount not to exceed \$796,170. Costs for this service will be paid from Women's and Children's Hospital capital funds. The workforce composition data for Terracon Consultants, Inc., was provided for the Board's review. Terracon's approach to SMWVBE participation is partnering with Patriot NDT and Rock Engineering & Testing Laboratory, Inc. Terracon's participation for SMWVBE is 25 percent of their contract value.

- RECOMMENDATION:** Staff recommends the Board of Managers approve Terracon Consultants, Inc. as the Material Testing Engineer and authorize the President/Chief Executive Officer to execute a contract with Terracon Consultants, Inc. in the amount of \$796,170.
- ACTION:** A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Mr. Smith, and **PASSED UNANIMOUSLY**.
- EVALUATION:** Although Mr. Smith is not familiar with this vendor, Mr. Hasslocher described all three as very good firms. Mr. Ryden added that while Terracon's headquarters are in Kansas, the company was formed in the mid-1960's and they have had a San Antonio office since 1992. The vendor is familiar with the city and has previously worked for the Health System. They have 110 local employees.
- FOLLOW-UP:** None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING EPIC ELECTRONIC HEALTH RECORD PROJECT CONTRACTS FOR HARDWARE WITH VARIOUS COMPANIES — BILL PHILLIPS

SUMMARY: As part of the implementation requirements, the Epic enterprise suite establishes minimum computing hardware standards. In December 2018, the Health System Board of Managers approved the first phase of hardware acquisitions, which included 925 desktop computers and 2,900 monitors. This acquisition was to give staff an early start on replacing hardware pending the detailed onsite hardware analysis with Epic Analysts of all Health System locations. The detailed analysis has been completed, and Mr. Phillip's provided a list of hardware items required, costs, and recommended vendors for Board approval:

Description	Quantity	Cost	Vendor
Desktop Computers	2,409	\$1,557,000	Dell Direct
Thin Clients Computers	3,219	\$1,284,316	Dell Direct
24" Monitors	5,746	\$798,694	Dell Direct
Computer Wall Mounts	1,588	\$1,505,280	CDW (Premier)
Zebra Label Printers	638	\$445,962	Connection (Premier)
Bar Code Scanners	1,059	\$690,468	Connection (Premier)
WiFi Upgrade		\$2,047,455	Presidio
Total		\$8,329,175	

Two of the hardware line items were not accounted for in the initial Epic budget that was created two years ago - the WiFi upgrade and computer wall mounts. Services from a third party were acquired for a complete assessment of the wireless infrastructure. The analysis, which included bedside caregivers, showed the need to upgrade and expand the wireless infrastructure to ensure adequate wireless coverage throughout the Health System. During the hardware analysis, it became clear that staff would need to mount computers next to the bedsides to promote real time charting, medication administration, and patient consents. Total cost for the acquisition of the described hardware components is \$8,329,175.

The Epic budget for hardware/Infrastructure has a remaining balance of \$5,377,067. Budget dollars were reallocated from Legacy System Support to Hardware as part of the accounts rebalancing efforts to offset the difference. The excess dollars in Legacy System Support is due to the Health System being able to retain several legacy system staff, which reduced the number of contractors required for the project. Although dollars were shifted from one line item to the other, the overall project is well within budget. Staff recommends Dell Direct and Presidio, Texas Department of Information Resources (DIR) vendors. Mr. Phillips provided a newly rebalanced schedule A of Epic costs. The workforce composition data for Dell Marketing L.P., and CDW LLC was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve procurement of hardware items from the identified vendors in the total amount of \$8,329,175.

ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Ms. Barrera, and **PASSED UNANIMOUSLY**.

EVALUATION: Ms. Barrera would like to know where the headquarters for the three vendors above are located, and whether they have been connected to the University Health System Foundation. Mr. Phillips did not have the location information readily available; however, noted that Presidio has been connected with the Health System Foundation.

FOLLOW-UP: As indicated above.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT WITH PROSCRIBE, LLC FOR SCRIBE SERVICES FOR UNIVERSITY MEDICINE ASSOCIATES— MONIKA KAPUR, M.D

SUMMARY: Scribes provide administrative support to physicians and other healthcare providers. This role involves entering clinical documentation into the EHR to include: patient history, physician examination findings, test results, and other information pertinent to patient care. Dr. Kapur presented the benefits of the use of scribes, including enhanced patient experience, access and efficiencies, improve physician satisfaction and retention, cost savings, and revenue. The Health System currently contracts with ProScribe to provide scribe service in the adult Emergency Department, Wound Care, and a few selected UMA physicians, with a contract term ending June 21, 2020. Dr. Kapur recommends expanding the increased integration of scribes into the outpatient physician practice. When fully implemented, the contractual cost for 20 scribes to support physicians during the remainder of the contract term is \$478,548. The use of scribes will result in an additional four patients seen per physician per day. This additional patient volume will generate collections of \$717,822 for the nine months of the current contract with ProScribe at the current average collection of \$56.70 per patient visit. After deducting the cost of scribes, there will be a net positive impact of \$239,274. The workforce composition for Proscribe was provided for the Board's review.

RECOMMENDATION: Staff recommends Board of Managers' approval to amend the existing agreement with ProScribe to provide scribe services for UMA outpatient

practices for the remainder of the current contract term ending June 21, 2020 in the amount of \$478,548.

ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, with a charge to highly prioritize voice recognition integration to the Epic system, **SECONDED** by Ms. Barrera, and **PASSED UNANIMOUSLY**.

EVALUATION: The initial use of scribes within UMA has resulted in the ability to see an additional four patients per day per physician. The impact has improved patient access, and timeliness of documentation. There has also been a positive response to the scribes from the physicians who piloted the scribes; they have seen a reduction of non-clinical time spent on the computer, more meaningful time with the patients, and an overall increase in job satisfaction. However, some physicians still prefer voice recognition system and not every UMA physician will have a scribe; this request is only for 20. Mr. Adams questioned the need for a Health System-wide policy for using scribes because of the cost. The proposed contract is only nine (9) months in length and Mr. Hernandez would like to re-evaluate the use of scribes after the implementation of Epic because Epic is much more user friendlier than Allscripts. The staff believes that Epic will make a difference for physicians and make scribes less necessary. Regarding the use of scribes in the Emergency Department, Mr. Banos explained that the ED's productivity never improved while the UMA physicians exceeded expectations. Dr. Kapur has the data that resulted from the pilot program and she is optimistic that Epic will help; it will be a big change for providers. Mr. Phillips reported that that voice recognition software is already available on Epic and he is looking at fully integrating it 30 days after going live. Mr. Phillip's goal is to have the providers know and understand Epic before moving to a fully integrated voice recognition system which is the benefit of delaying it. Artificial intelligence will continue to grow and vendors will continue to exploit. Mr. Phillips is confident the Health System will receive good pricing. Mr. Adams recommended that the Board approve the request for use of scribes within UMA along with a charge to the staff to highly prioritize the full integration of a voice recognition product into Epic. The staff will give the Board periodic updates to increase its comfort level, beginning three (3) months after going live. Ms. Barrera sees today's discussion as a continuation of Dr. Kapur's recent presentation on physician fatigue, and the fact that the Board must take all necessary action to help physicians. The matter of providing scribes is a band aid for the issues facing UMA at this time, but the Board is moving forward. She sees this as a vote of confidence to help UMA physicians, giving them the tools they need to be successful and letting them know that the Board of Managers cares about them.

FOLLOW-UP: Periodic updates to the Board starting three months after going live with Epic in January 2020. Re-evaluate the need for policy on scribes.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH STRYKER SALES CORPORATION FOR ON-SITE STERILE PROCESSING SERVICES — MICHAEL ROUSSOS

SUMMARY:

In October 2016, the Board of Managers approved an increase in funding to the initial contract dated 2015 with Stryker Sales Corporation due to continued growth in the operating room that exceeded budgeted projections. As a result of the increase, the Health System negotiated a reduction of pricing from \$199.75 to \$117 per case. The amended agreement was for three years (September 1, 2016 through August 31, 2019) and \$1,648,000 was approved in funding. Beginning in December 2016, the total monthly volume increased as a result of a change in operational practice that required all flexible scopes to be reprocessed every five days rather than after subsequent surgical events. This new process was demonstrated, via peer reviewed literature, to be effective and impacted the sterilization of all flexible scopes in the Health System. In March 2017, the monthly total volume increased again, due to new support being provided to the pediatric clinics. The reprocessing for these clinics was transferred to the Stryker agreement to improve the sterilization effect of these assets and standardize processes within the Health System. As a result of the continued increase in volume, staff again renegotiated the fee structure of the Stryker agreement. In an effort to maximize the funds allotted to this contract, the staff negotiated a new fee per case model that differentiated between OR case support and scope reprocessing. This price differentiation was due to the difference in labor that it takes to reprocess a case of instruments versus a single scope. The rate was reduced from \$117 to \$104.60 per OR case and \$60 per flexible scope. This change was instituted on January 1, 2018. No funds were added to the contract at that time. The additional bronchoscopy and endoscopy suites that are being added in the new Heart/Vascular and Endoscopy Center will open in 2020. Additionally, in order to implement best infection control practice, it has been recommended that all scopes within the current endoscopy suites be processed by the SPD staff, incorporating standardized processes. Construction has been approved to upgrade the water system in the Sterile Processing Department to manage the additional numbers of scopes as the current water system does not have the capacity. On an average month, Stryker processes 385 scopes and 420 OR cases, resulting in \$67,000/month. This new contract includes a reduction in the fee per case rate of \$104.60 per OR case to \$99.85 per OR case. There is also an initial reduction in scope cleaning rates from \$60 to \$57.60, with another reduction of \$43.25 per scope as volume increases with the Heart/Vascular and Endoscopy Center opening. An additional 10 percent contingency is being added to accommodate future growth.

Stryker Contract Request				
	Total Cost of Cases	Total Cost of Scopes	# cases	#scopes
Sep 2019-Sep 2020	\$ 545,181.00	\$ 288,288.00	5460	5005
Oct 2020-Aug 2022	\$ 964,551.00	\$ 1,193,700.00	9660	27600
Sep 2019- Aug 2022 total	\$ 2,991,720.00			
Add contingency 10%	\$ 299,172.00			
Total August BOM Reques	\$ 3,290,892.00			

New Cost	
Case Price	\$99.85
Scope Price	\$57.60
Scope Price	\$43.25

Previous Cost	
Case Price	\$104.60
Scope Price	\$60.00

The total value of the contract is \$3,290,892 for services from 9/1/2019 through 8/31/2022. The workforce composition data for Stryker Sales Corporation, an international company, was provided for the Board's review and prompted much discussion among the Board of Managers and staff.

RECOMMENDATION: After much discussion, Mr. Hernandez amended the staff's recommendation that the Board of Managers approve the contract with Stryker Sales Corporation for the provision of on-site sterile processing for a **one year period** beginning September 1, 2019 through August 31, 2020.

ACTION: A **MOTION** to approve Mr. Hernandez's amended recommendation was made by Mr. Smith, **SECONDED** by Ms. Barrera, and **PASSED UNANIMOUSLY**.

EVALUATION: Dr. Jimenez described this contract amount as hefty and asked for an explanation regarding the dismal workforce diversity which indicates that 92.1 percent of the workforce or 1,311 out of 1,424 employees are white. Stryker reps in attendance explained that the workforce composition reflected on the staff's written report is for the Endoscopy Business Division out of San Jose, California. Stryker will place ten local employees at University Hospital, seven males, three females. Stryker also has a local support team comprised of an additional 10-12 female employees to provide support during vacations and absences. Stryker has a total of 34,000 employees world-wide. Mr. Hernandez assured Dr. Jimenez that the staff takes SMWVBE matters very seriously. However, some industries offer more opportunities for minorities than others, such as the construction industry. Further, the Health System is a downstream recipient of the educational system and it has a need for this service. Dr. Jimenez understands that some areas are highly specialized; however, what does is this vendor's plan to improve the diversity of their workforce? Many companies that do not have diverse workforces have come before the Board and are made to understand that if they wish to do business with the Health System, workforce diversity is a must and local vendors are preferred. Dr. Jimenez reiterated that his concern has nothing to do with Stryker's reputation or the quality of their work. Mr. Adams asked that Mr. Roussos and Mr. Hernandez work with Stryker to develop a plan in this area as a result of the Board's reaction today. Ms. Barrera's thought was that as a global company, Stryker must have existing diversity in their workforce. Where else does Stryker work in South Texas and what is the diversity at those job sites? Mr. Adams asked if there are other companies that provide this type of service besides Stryker, at which time Mr. Carrillo reported that the services from Stryker are being secured under a professional services agreement which is the reason an RFP was not issued. Stryker has been doing business with the Health System since 2015 and although the Health System has a good working relationship with Stryker, and the staff proposes a three year contract, Mr. Hernandez suggested a term reduction to one year because of the Board's concerns. While there may not be much competition in this industry, once the contract ends, the staff can issue an RFP which is very appropriate and measures more than just price as a matter of policy.

FOLLOW UP: The agreement with Stryker Sales Corporation will be for a one-year term through August 31, 2020. Staff will issue an RFP for onsite sterile processing services for the time frame beginning September 1, 2020.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR JULY 2019 — REED HURLEY

SUMMARY: In July, clinical activity (as measured by inpatient discharges) was up 3.1 percent for the month compared to budget. Community First Health Plan (CFHP) fully-insured membership was down 1.3 percent to budget. On a consolidated basis, gain from operations was \$15.8 million, \$8.3 million better than budget. The consolidated bottom line gain (before financing activity) was \$12.3 million, \$9.8 million better than the budgeted gain of \$2.5 million. Higher net patient revenue and supplemental revenue resulted in performance better than budget. CFHP experienced a bottom line gain of \$1.3 million which was \$804 thousand worse than budget. Lower premium revenue and higher medical claims expense drove the negative performance to budget for CFHP. Debt service revenue was \$5.3 million which was \$126 thousand above budget. July was a very busy month this year compared to July 2018 and prior when inpatient and outpatient activities are historically slow. Inpatient discharges were ahead of prior year by 2.2. percent. For the year, inpatient discharges missed budget by 2.7 percent. Outpatient activity is behind budget by 4.4. percent for the month and beat last year by 1.8 percent. Year to date missed budget by 9.2 percent and prior year by 4.4 percent. Most of outpatient activity is driven by physician vacancies as discussed previously with the Board. Funded payer mix is at 72.9 percent for the month and 73.9 percent for the year. No major reason why funded payor mix dropping by one percent. The Emergency Department's volume was up and normally that mix is not as good as the other payer mix from a funded standpoint. Payer mix is not the only driver, however, but may account for half of the unfunded mix. Staff will continue to monitor. Bottom line for July 2019, was \$12.285million compared to budget of \$2,454 million for a positive variance of \$9.831million. Year-to-date is \$78,957 million as compared to budget of \$8,707 million, with a positive bottom line variance of \$70,250 million. Consolidated for the month, the clinical services division has \$10.965 million bottom line, CFHP has positive bottom line of \$1.320 million, as compared to budget \$2.454 million for a negative bottom line of -\$804,000. Consolidated bottom line beat budget by \$9.831 million. Consolidated for the year, the clinical services division has a bottom line of \$76,165 million with CFHP ahead of budget by \$2,801 million, for a consolidated bottom line of \$70,250. Mr. Hurley reviewed notable increases and/or decreases from the December 31, 2018 consolidated balance sheet with the Board of Managers in detail.

RECOMMENDATION: Staff recommends acceptance of the financial reports subject to audit.

ACTION: A **MOTION** to accept the financial reports subject to audit was made by Ms. Barrera, **SECONDED** by Mr. Hasslocher, and **PASSED UNANIMOUSLY**

EVALUATION: The 2020 budget preparation process is underway. There is a total of \$47 million unencumbered in the Board's Capital Account and

rebalancing of reserves will take place in May or June of 2020. Dr. Jimenez asked if the staff is able to determine why the Health System is doing so well financially. Mr. Hernandez attributes the success to the patient funded mix. He explained that other similar hospitals in the state have a huge unfunded mix, up to 50 percent. The Health System has invested in all of the right areas and he credits University Hospital for being the economic engine. For this reason, staff will continue to monitor the funded payer mix for the remainder of 2019.

FOLLOW-UP: None.

INFORMATION ONLY ITEMS:

EPIC ELECTRONIC HEALTH RECORD PROJECT UPDATE — GEORGE B. HERNÁNDEZ, JR.

UPDATE ON PLANNING, DESIGN AND CONSTRUCTION ACTIVITIES — DON RYDEN

UNIVERSITY HEALTH SYSTEM FOUNDATION UPDATE — LOURDES CASTRO RAMÍREZ

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN

SECOND QUARTER SUPPLIER DIVERSITY REPORT — EDWARD CRUZ, JR./ANTONIO CARRILLO

SUMMARY: Mr. Adams directed his colleagues' attention to the five informational reports above and asked them to provide feedback, comments, or questions directly to the staff.

RECOMMENDATION: These reports were provided for informational purposes only.

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

EVALUATION: None.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the Board meeting at 4:09 p.m.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary