



**BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

Tuesday, January 25, 2022
6:00 pm
Tejas Conference Room
University Health Business Center 2
5959 Northwest Parkway
San Antonio, Texas 78249

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Ira Smith, Vice Chair
Margaret Kelley, MD, Secretary
Anita L. Fernandez
Jimmy Hasslocher

BOARD MEMBERS ABSENT:

Roberto L. Jimenez, MD, Immediate Past Chair
L.P. Buddy Morris

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health
Elizabeth Allen, Director, External Communications/Corporate Communications, University Health
Edward Banos, Executive Vice President/Chief Operating Officer, University Health
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health
Andrea Casas, Vice President/Chief Human Resources Officer, University Health
Ted Day, Executive Vice President, Strategic Planning/Business Development, University Health
Julie Ann Eddy, Executive Director, Palliative Care, University Health
Jacob Huerta, Administrative Resident, University Hospital
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health
Rob Hromas, MD, Dean, Long School of Medicine, UT Health, San Antonio
Leni Kirkman, Executive Vice President/Chief Marketing, Communication, and Corporate Affairs
Officer, University Health
Bill Phillips, Senior Vice President/Chief Information Officer, University Health
Serina Rivela, Vice President/Chief Legal Officer, University Health
Don Ryden, Vice President/Projects, Design and Construction, University Health
Sarah Sebtton, Director, Trauma-Informed Care Services, University Health
Travis Smith, Vice President/Deputy Chief Financial Officer, University Health
Rajeev Suri, MD, Interim Chair and Professor, Department of Radiology, UT Health, San Antonio; and
President, Medical-Dental Staff, University Health
Sally Taylor, MD, Senior Vice President/Chief, Behavioral Services, University Health

Dan Childers, WESCO
Juanita Salinas, Bexar County Resident
Dave Marsh, Texas Lighting
And other attendees.

CALL TO ORDER:

Mr. Adams called the meeting to order at 6:14 pm.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Ms. Janet Deitiker Tracy, University Health Chaplain, for the invocation and he led the pledge of allegiance.

PUBLIC COMMENT: None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S): TUESDAY, DECEMBER 14, 2021 (SPECIAL MEETING)

SUMMARY:	The minutes of the Special Board meeting held on Tuesday, December 14, 2021, were submitted for 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 Mr. Hasslocher, and PASSED UNANIMOUSLY .
EVALUATION:	None.
FOLLOW-UP:	None.

REPORT FROM UT HEALTH SAN ANTONIO — ROB HROMAS, MD, FOR WILLIAM HENRICH, MD, PRESIDENT

SUMMARY: The husband of high ranking official was in the Emergency Department as a patient, and the couple was extremely impressed with the care received, patient was seen by Neurosurgery and left the ED within two hours of arrival. Recent Omicron sequencing results indicate that one-third (or 30 percent) of Covid positive inpatients have been vaccinated, and approximately 90 percent are unvaccinated. Three doses of Moderna or Pfizer vaccine offer the most protection, with these individuals unlikely to catch Covid, over those patients with two Johnson & Johnson vaccines. The Long School of Medicine has re-deployed physician residents emergently this year from outpatient elective rotations to inpatient rotations to help with the high number of Covid patients in the hospital. This is the third time in two years, and it is the last emergent re-deployment authorization that the ACGME will grant. Dr. Hromas shared this fact not to raise concern but to show that residents are as dedicated to University Hospital as faculty physicians and nurses are. There have been zero complaints as they re-deploy and they are a huge help. Dr. Hromas then yielded the floor to Dr. Alsip for further elaboration on current Omicron surge

statistics. The biggest supplemental change is the fact that as pervasive and infectious as Omicron is, University Health is seeing a higher number of overall cases. Although symptoms are less severe, those with minor illnesses and a Covid positive test, should not be in the workplace. Dr. Alsip then differentiated between those patients who are admitted specifically for Covid, and those admitted with Covid, and even with the data available, there is no standard definition for what that means. If we look at all of the patients admitted with Covid to University Hospital, the primary diagnosis at admission ranges around 30 to 35 percent specifically with Covid, which is misleading. Other patients admitted with electrolyte disorder, for example, and also receiving treatment for COVID, although not their primary diagnosis, they are still treated for Covid, which shifts the balance. Patients admitted for Covid, or with Covid, are treated the same way, same treatment and isolation precautions. It is a question of how infectious the Omicron variant is. Dr. Hromas added that at this point, Covid Omicron can be causing secondary illnesses, it is a different, unique surge. Researchers at UT Health continue to work very hard on new treatments and diagnostics. Mr. Hasslocher noted that Dr. Ruth Bergren and Dr. Bryan Alsip are on the news almost every weekday, and are doing a great service to the community. Dr. Hromas suggested that Health staff publish Bexar County Covid vaccination role out efforts, very any unique efforts, led by University Health. He is honored to be working here and Mr. Adams thanked him for the partnership.

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

SPECIAL RECOGNITION: QUARTERLY EMPLOYEE RECOGNITION AWARDS - (GEORGE B. HERNÁNDEZ, JR./BOARD MEMBERS)

The employees below were recognized by the Board of Managers:

Professional: (Nursing)	Irish Villaceran Clinic Staff Nurse II, Rio Tower, Med Overflow
Professional: (Non-Nursing)	Diana Rojas Mental Health Counselor, Detention Health Care Adult
Management:	Shawn Velez Manager, Ambulatory Clinic Area
Technical:	Christine Molina Critical Care Technician, Sky Tower, Neuro ICU
Clerical	Henry Arriaga Medical Assistant, Pediatric Clinic

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Service: Marcos Rivera
Maintenance Specialist, Facilities Management

Volunteer: Huey Boulet
Volunteer, Volunteer Services

Provider: Anabel Pearson, PA
UMA ExpressMed Clinic

Team: Dialysis Care Team - Destiny Caballero, Consuelo Carrillo, Jesse Davila, Mercy George, Whitney Gonzalez, Karina Reyes-Lasso, Judith Villanueva, Shawn Wiseman, Terry Zuniga

All of this year's quarterly recipients will be special honored guests at the Annual Employee Recognition Awards Ceremony on Thursday, February 24, 2022. 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.

NEW BUSINESS:

CONSENT AGENDA – JIM ADAMS, CHAIR

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

SUMMARY: The Credentials Committee met on November 29, 2021 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 December 7, 2021, the Executive Committee of the Medical-Dental Staff recommended approval of the Credentials Committee Report, the list of providers has been reviewed and approved in accordance with University Health's credentialing and privileging process. The Executive Committee, in turn, recommends approval by the Board of Managers of clinical privileges for the list of clinicians provided today.

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

SUMMARY: The Credentials Committee met on November 29, 2021 and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of December 7, 2021, the Executive Committee of the Medical-Dental Staff approved the Focused/Ongoing Professional Performance Evaluation Report, and in turn, recommends approval by the Board of Managers

CONSIDERATION AND APPROPRIATE ACTION REGARDING REAPPOINTMENT TO THE UNIVERSITY HEALTH FOUNDATION BOARD OF DIRECTORS — JIMMY HASSLOCHER, CHAIR, NOMINATING COMMITTEE

SUMMARY: Ms. Janie Barrera has been a member of the University Health Foundation since 2015. She is the founding President and Chief Executive Officer of LiftFund, Inc., a non-profit organization in Texas and South Eastern United States, that helps finance new and small businesses and start-up companies with funding, tools, and resources. She is well-known and familiar with the local community and brings a wealth of that knowledge to the Foundation. As requested by the its Board of Directors, the Nominating Committee recommends Board of Managers approval to reappoint Ms. Janie Barrera to the University Health Foundation Board of Directors, effective January 1, 2022 through December 31, 2024.

CONSIDERATION AND APPROPRIATE ACTION REGARDING PROFESSIONAL SERVICES AGREEMENTS IN SUPPORT OF THE TEXAS RURAL MATERNITY AND OBSTETRICS MANAGEMENT STRATEGIES PROGRAM WITH UVALDE MEMORIAL HOSPITAL, VAL VERDE REGIONAL MEDICAL CENTER, AND COMMUNITY HEALTH DEVELOPMENT, INC. — ROBERTO VILLARREAL, M.D.

SUMMARY: The Texas Rural Maternity and Obstetrics Management Strategies Program (TX-RMOMS) is a four-year program funded by the Health Resources Service Administration and the U.S. Department of Health and Human Services in the amount of \$2,270,647 since 2019. It is a network model that improves access to a comprehensive and integrated continuity of maternal and obstetrics care for the rural racial and ethnic minority women of childbearing age (15-44 years old). The program unites University Health and the rural hospital providers below to implement program strategies and enhance obstetrics and postpartum services for expectant mothers in Bexar County and surrounding counties. The TX-RMOMS' program overall budget for Year 3 of the grant, September 1, 2021 through August 31, 2022, is estimated to be \$795,002.

Val Verde Hospital District is a 501(c) 3 non-profit corporation comprised of an acute care hospital, rural health clinic, and specialty care clinic. Val Verde is the only inpatient hospital facility serving Del Rio, Val Verde County, the Laughlin Air Force Base, and several surrounding counties. It offers medical services, cancer resource services, OB/GYN services, pediatric care and other diagnostic and support services. The allocated funds for Val Verde for Year 3 of the grant is \$200,857, an increase from Year 2, which was \$263,318.

Uvalde Memorial Hospital - A 501(c) 3 not-for-profit county hospital serving five counties and governed by a seven-member Board of Directors. With a critical access hospital designation, Uvalde has the ability to serve 25 inpatients and additional outpatients (serves approximately 45,000 residents in Uvalde, Zavala, Kinney, Real, and Edwards counties). Uvalde provides access to women's health services and classes, including

ambulatory, support, and diagnostic services. The allocated funds for Uvalde Memorial Hospital for Year 3 of the grant is \$150,216, same as Year 2.

Community Health Development, Inc. - Formerly known as Uvalde County Clinic, Inc., is designated a Federally Qualified Health Center and is deemed a federal public health service employer under the Federal Tort Claims Act. Community Health provides access to medical care including women's health services, family planning, diagnostic and preventive services, and the Uvalde County Indigent Health Care Program. The allocated funds for Community Health Development, Inc., during Year three of the grant is \$75,124, compared to Year 2 which was \$118,929.

Staff recommends approval of sub-grantee agreements for year three of the TX-RMOMS Program with Uvalde Memorial Hospital, Val Verde Hospital District, and Community Health Development, Inc., to implement program strategies and enhance obstetrics and postpartum services for expectant mothers in Central and South Texas counties.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE 4TH QUARTER INVESTMENT REPORT — ROE GARRETT/REED HURLEY

SUMMARY:

Investment Portfolio Summaries for University Health and Community First invested funds for the fourth quarter of 2021 were provided for the Board's review. In total, the value of all invested funds as of December 31, 2021 was \$1,628,011,887 consisting of University Health, Project, Certificate, LPPF and Community First Funds. The reports include all information required by the Texas Public Funds Investment Act. In addition, the University Health and Community First portfolio reports have been provided separately. The portfolios earned \$1,023,775 in interest income in the fourth quarter, a 55% decline from \$2,280,368 in the same period a year ago, reflecting the decrease in interest rates from the prior year. Although interest rates remain low they have begun to increase resulting in a change in the portfolio's unrealized gain last quarter to an unrealized loss of \$1,177,398 at December 31, 2021. No unrealized losses are anticipated to be incurred. Staff recommends approval of the investment reports summaries.

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

SUMMARY:

A total of 18 contracts with a value of \$308,199,513 are being presented to the Board of Managers. The following contracts require approval by the BCHD Board of Managers: 8 consent contracts with a total value of \$15,524,270; and 10 presented contracts with a total value of \$292,675, 243. There were five contracts classified as small minority, Woman or Veteran-Owned Business Enterprises. Staff recommends approval of the items as listed on Attachment A, Purchasing Consent Activities.

CONSENT

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

CONSENT

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

CONSENT

EVALUATION: On behalf of the Board of Managers, Mr. Adams congratulated Dr. Rajeev Suri, who in addition to serving as President of the Medical/Dental Staff and interim Chair of the Department of Radiology, is also the new President of the Bexar County Medical Society. Former Board member, Ms. Janie Barrera continues her work in the community as she begins a second three-year term on the University Health Foundation Board of Directors, a win for all. He expressed pride in partnerships being formed with the rural organizations to enhance obstetrics services for expectant mothers, and regarding the Investments Report, Mr. Adams noted the interest income decline in the fourth quarter is indicative of the present economic times. He thanked the staff for the succinct write up regarding the purchasing consent items involving millions of dollars.

CONSENT

FOLLOW-UP: None.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

MEMORANDUM OF UNDERSTANDING WITH THE SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL AND LOCAL HEALTH SYSTEMS FOR SUPPORT OF THE SOUTHWEST TEXAS CRISIS COLLABORATIVE — SALLY TAYLOR, M.D./EDWARD BANOS

SUMMARY:

The 2022 Memorandum of Understanding with the Southwest Texas Regional Advisory Council (STRAC) includes funding from several entities based on net revenue market share. Beginning in 2020, University Health also allocated an additional \$300,000 annually for MEDCOM services due to increased demand and as part of \$7.1M behavioral health expansion support as approved by the Bexar County Commissioners Court. The Southwest Texas Crisis Collaborative (STCC) is a division of STRAC which provides community coordination, visibility and collaborative oversight for behavioral health services in Bexar County.

The funding contribution in 2022 is as follows:

Methodist Healthcare System	\$1,620,450
Baptist Health System	\$810,225
Tenet Healthcare Foundation	\$810,225
University Health	\$1,920,450
CHRISTUS Santa Rosa Health System	\$875,300
<u>Texas Vista Medical Center</u>	<u>\$173,000</u>
TOTAL	\$6,209,650

The 2022 STCC MOU proposes to fund the following programs (with any reasonable variances as agreed to by the STCC Steering Committee) with University Health's contribution to overall costs of each program:

MEDCOM/Law Enforcement Navigation (University Health's contribution is \$711,318 out of a total cost for the program of \$2,300,000).

Adult Psychiatric Emergency Services System of Care (University Health's contribution is \$479,996 out of a total cost for the program of \$1,552,037).

Adult Psychiatric Emergency Services (PES) System of Care (University Health's contribution is \$479,996 out of a total cost for the program of \$1,552,037).

Program for Intensive Care Coordination (University Health's contribution is \$465,038 out of a total cost for the program of \$1,552,037).

Meadows Mental Health Policy Institute (University Health's contribution is \$5,316 out of total cost of \$17,188).

STCC Infrastructure (University Health's contribution is \$201,025 out of a total cost of \$1,000,000).

For each of the programs above, Dr. Taylor reviewed metrics and outcomes in detail with the Board.

RECOMMENDATION:

Staff recommends the Board of Managers authorize the President/CEO to execute an agreement with the Southwest Texas Regional Advisory Council for support of the Southwest Texas Crisis Collaborative for MEDCOM, Law Enforcement Navigation, Adult Psychiatric Emergency Services System of Care, Program for Intensive Care Coordination, Meadows Mental Health Policy Institute, Capital Healthcare Planning, and the Southwest Texas Crisis Collaborative Infrastructure, in the amount of \$1,920,450 for the period January 1, 2022 through December 31, 2022. The amount is at the same level as funded in 2021.

ACTION:

A **MOTION** to approve staff's recommendation was made by Ms. Fernandez, **SECONDED** by Dr. Kelley, and **PASSED UNANIMOUSLY**.

EVALUATION: It is not very clear to Mr. Adams how the funds are portioned under this contract. Obviously size of the organization is one piece but there are other elements that tie in. Dr. Taylor explained that this MOU covers all of the programs outlined herein for \$1,920,450. There are other programs funded by different sources outside of this MOU. For example, Methodist Healthcare Ministries has committed an additional \$4.9M to STRAC for other related projects such as the Haven for Hope Acute Care Station, Adult PES beds, and Crosspoint residential treatment services while Bexar County has committed to provide \$1.9M to support Signify Health, STCC Infrastructure and a newly created Specialized Multidisciplinary Alternate Response Team (SMART). Ms. Fernandez appreciates the data focus that is happening across the country at this time. Knowing that every community is different and has specific needs, she is excited to see what will be reported out of the state in the coming year. She expressed support for keeping the behavioral health budgeted amounts this year, but in the future, she would like to make an upstream shift in dealing with mental health issues by using a holistic approach rather than crisis-driven approach, and from a public health perspective as opposed to a public safety perspective so that providers can also tap into the important trauma-informed care piece for these patients.

FOLLOW-UP: Dr. Taylor will develop a chart showing all programs and funding sources to help the Board better understand the breakdown of mental health funding.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH WESCO DISTRIBUTION, INC. FOR THE INSTALLATION AND ASSOCIATED CONSTRUCTION FOR A NEW FIRE ALARM SYSTEM IN THE RIO AND HORIZON TOWERS AT UNIVERSITY HOSPITAL — DON RYDEN

SUMMARY: Procurement Services solicited formal bids, RFCSP-221-11-070-CNST with (3) Contractors responding with corresponding construction pricing ranging from \$6,500,577 to \$15,124,703 and construction installation schedules, in calendar days, ranging from 730 to 1,140 days. The proposals were evaluated based on the criteria provided to the firms in the RFCSP. Of the firms that proposed, WESCO Distribution, Inc., dba WESCO Energy Solutions was selected based on their competitive pricing (\$6,500,577), proposed schedule (840 calendar days), equivalent project experience and safety record. Staff has reviewed the pricing for construction services and recommends approval of their proposal in the amount of \$6,500,577. This purchase is funded from 2022 capital funds.

Project Budget Summary

Scope	Cost
Design Services	\$ 199,900
Fire Alarm Equipment	\$2,925,705
Fire Alarm Installation (This request)	\$6,500,577
Total	\$9,626,182

The workforce composition data for WESCO was provided for the Board's review. Procurement of the fire alarm equipment was previously

approved by the Board on November 16, 2021. This request is for installation and associated construction of the new fire alarm system.

RECOMMENDATION: Staff recommends the Board of Managers approve the construction installation of the Fire Alarm System for Rio and Horizon Towers at University Hospital, and authorize University Health Procurement Services to execute a purchase order with WESCO Distribution, Inc., dba WESCO Energy Solutions in the amount of \$6,500,577.

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

EVALUATION: Mr. Adams noted the vendor’s workforce diversity numbers are low, particularly in the Hispanic category. Out of 202 employees, only 43 are Hispanic, professional and non-professional combined. Mr. Ryden assured the Board that the local subcontractor selected by WESCO has higher SWMBE participation levels; however, Mr. Ryden will forward this concern to WESCO.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH TEJAS PREMIER BUILDING CONTRACTOR, INC., FOR CLINICAL INTERIOR RENOVATIONS AT THE EXPRESSMED MEDICAL CENTER PAVILION — DON RYDEN

SUMMARY: University Health’s ExpressMed Clinic has been in existence since 2010 serving over 40,000 patients annually. It was relocated from University Hospital across the street to the Pavilion as one of the enabling projects for the Sky Tower. University Health solicited Request for Proposals (RFCSP-221-10-069-CNST) for Construction Services with 7 (seven) firms responding with corresponding construction pricing ranging from \$478,911 to \$684,699 and construction schedules, in calendar days, ranging from 120 to 357 days. The submittals, received by Procurement Services, were evaluated based on the qualification criteria included in the RFCSP. Tejas Premier Building Contractor, Inc. was selected on the basis of their competitive pricing, proposed schedule, healthcare experience and safety record. The Contractor will provide services that will optimize the use of available funds while providing the highest quality construction within the established project schedule and budget. Tejas Premier’s pricing for construction services and is in the amount of \$478,911. This purchase is to be funded from 2022 operational funds. The Project Budget Summary is below:

<u>Scope</u>	<u>Cost</u>
Design Services	\$25,405
Pre-Construction Services	\$28,000
General Contractor	
Construction Services (this request)	\$478,911
<u>Signage</u>	<u>\$10,000</u>
Total	\$542,316

The workforce composition for Tejas Premier Building Contractors, Inc., was provided for the Board’s review.

RECOMMENDATION: Staff recommends the Board of Managers approve the selection of Tejas Premier Building Contractor, Inc. as Contractor for Clinical Interior Renovations at the ExpressMed Medical Center Pavilion and authorize the

President/Chief Executive Officer to execute a contract with Tejas Premier Building Contractor, Inc. in the amount of \$478,911.

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH JAMAIL & SMITH CONSTRUCTION, LP FOR BUILDOUT OF 6TH FLOOR SHELL SPACE AT THE CLINICAL SERVICES PAVILION, ROBERT B. GREEN CAMPUS — DON RYDEN

SUMMARY: The existing University Medicine Associates (UMA) administrative suite, relocated temporarily to the 5th floor – Robert B. Green Clinical Services Pavilion when they were forced to move out of the Historic Building due to building issues. The 6th floor of the Robert B. Green Clinical Services Pavilion has existing shell space that is appropriately sized and will be built out to accommodate and consolidate the UMA administrative staff. This request is for construction services to build out the suite. University Health solicited Request for Proposals (RFCSP-221-09-060-CNST) for Construction Services with 5 (five) firms responding with corresponding construction pricing ranging from \$898,008 to \$1,479,169 and construction schedules, in calendar days, ranging from 102 to 250 days. The submittals, received by Procurement Services, were evaluated based on the qualification criteria included in the RFCSP. Jamail & Smith Construction, LP was selected on the basis of their competitive pricing, proposed schedule, healthcare experience and safety record. Jamail & Smith’s pricing for construction services is in the amount of \$898,008. This Capital Project request is for Board Designated funding in the amount of \$1,172,380. Project budget summary is below:

<u>Scope</u>	<u>Cost</u>
Design Services	\$59,396
Pre-Construction Services	\$28,000
General Contractor	
Construction Services (this request)	\$898,008
Signage	\$10,000
Furniture (cubicles)	\$176,976
Total	\$1,172,380

Approximately 60 percent of this project will utilize SMWVBE subcontractors and suppliers.

RECOMMENDATION: Staff requests Board of Managers authorization of Board Designated Funds in the amount of \$1,172,380 and recommends the Board of Managers approve the selection of Jamail & Smith Construction, LP as Contractor for the 6th floor UMA Buildout at the Robert B. Green Clinical Services Pavilion and authorize the President/Chief Executive Officer to execute a contract with Jamail & Smith Construction, LP in the amount of \$898,008.

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

EVALUATION: None.
 FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH HENOCK CONSTRUCTION, LLC FOR CLINICAL INTERIOR RENOVATIONS AT THE UNIVERSITY FAMILY HEALTH CENTER - SOUTHEAST — DON RYDEN

SUMMARY: The Board of Managers previously approved the selection of Caliper Construction for this project based on their submitted price of \$1,060,498, proposed schedule, healthcare experience and safety record in September 2021. Prior to contract execution and after meeting with Caliper, inconsistencies in the proposal responses regarding the scope of the project were detected. Upon clarification, the three responding firms to the original Request for Competitive Sealed Proposals were asked to submit “Best and Final” proposals for a final review and consideration. Consequently, Henock Construction, LLC was selected based on their “Best and Final” submittal including pricing and project schedule. The purpose of this facility investment project is to create an updated and modern clinical environment that is consistent with University Health’s newest ambulatory clinics (i.e., Robert B. Green Campus and Dr. Robert L.M. Hilliard Center). This final Phase 3 of the project for interior renovation is for the remaining clinical (non-public) areas on first and second floors, with a primary focus to update all the clinical areas that consist of exam rooms, nurse’s stations, staff and patient toilet rooms and signage. Staff will coordinate with the contractor to assist in completing the project in multiple phases to accommodate continued clinical operations and facilitate patient access to services. The three “Best and Final” submittals, construction pricing, and schedule in calendar days are below:

Firm	Pricing	Calendar Days
Henock Construction, LLC	\$1,385,000	239
Jamail & Smith	\$1,507,673	204
Caliper Contracting Services, LLC	\$1,804,387	305

Project Budget Summary:

Scope	Cost
Design Services	\$20,100
Pre-Construction Services	\$28,000
General Contractor Construction Services (this request)	\$1,385,000
<u>Signage</u>	<u>\$15,000</u>
Total	\$1,448,100

This purchase will be funded from 2022 operational funds. The workforce composition for Henock Construction, LLC., was provided for the Board’s review.

RECOMMENDATION: Staff recommends the Board of Managers approve the selection of Henock Construction, LLC as Contractor for Interior Renovations at the University Family Health Center – Southeast, and authorize the President/Chief

Executive Officer to execute a contract with Henock Construction, LLC in the amount of \$1,385,000.

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

EVALUATION: Mr. Hernandez commended Mr. Ryden and his team for their due diligence, and Mr. Adams echoed his remarks.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A MASTER HEALTH CARE SERVICES AGREEMENT WITH UT HEALTH SAN ANTONIO — EDWARD BANOS

SUMMARY: The purpose of the Master Health Care Services Agreement is to ensure that qualified health care professionals are available to assist healthcare of patients at University Health facilities. It also provides a fair, legally compliant mechanism that financially supports UT Health professionals. Mr. Banos summarized the history of the Bexar County Clinical Services Agreement/Master Services Agreement (BCCS/MSA) Support to UT Health beginning in 2012, when amount of support provided by University Health was \$66.8 million. Support increased incrementally annual through 2020 and reached \$153.7 million, or approximately a 9.8 percent increase since 2012. The support increase from 2013 to 2014 was partly due to the introduction of ~\$12.5M in annual support as the Pediatrics program was transferred from Christus Santa Rosa to University Health. The year-over-year growth rate excludes the annual \$12.5M amount (beginning in 2014) as service line additions of this magnitude are a rarity. Inclusion of this amount would have an inflationary effect and result in misrepresentation of the year over year trends for other service lines included in the BCCS/MSA Contract. Mr. Banos reviewed patient activity trends by year for the period 2015 through 2021 – inpatient admissions (2015 to 2019 year over year change: +4.6 percent); Emergency Department visits (2015 to 2019 year over year change: +5.6 percent); and surgical volumes (2015 to 2015 year over year change: +5.5 percent). There was a decline in 2020 and 2021 volumes due to COVID-19 pandemic, and those volumes were not reflected in the trend lines and year-over-year change amounts.

UT Ask – Profit and Loss Statement Review

The UT Health practice income does not generate sufficient revenue to cover their costs despite diligent and prudent billing and collection practices. This is due in large part to:

1. Texas has the highest percentage of uninsured persons of any state in the country.
1. Existing Texas Medicaid programs for pregnant women and children reimburse providers like UT Health less than their cost.
2. State appropriations for the Long School of Medicine and its physicians are not adequate to support the needs of the academic enterprise.

UT Expenses provides for salaries, benefits, and overhead. UT Revenue is comprised of UT Fee for Service and University Health's MSA Contract. Overhead covers respective department indirect expenses, a Dean's tax and a President's tax:

UT Department Indirect Expenses

- Chair/Administrator, Scheduling, Assistants
- UTHP Rev Cycle, EMR, Customer Service, Managed Care, Desktop Support, Credentialing, Management, Coding Support
- Office Supplies, Computers, Phones, Clinic Expenses (Staff, Supplies, Rent)
- Search Firm/Recruiting Costs

UT Medical Dean and UT Health President Tax

- Institutional Offices
- HR, Fin. Accounting and Payroll
- Contract Mgmt., Legal, Audit, and Reg. Compliance
- Faculty On-Boarding
- Facilities, Mailroom

UT Ask – Overall Request Summary

Change Requests –

New position requests - \$11.6 million

Compensation increase request - \$7.0 million

Support Gap – \$10.9 million

- Overhead as a % of Total Ask – 37
- Overhead as a % of Salaries – 41
- Overhead as a % of Total Provider Compensation (Salaries+Benefits) – 33

The total requested support for the FY 2022 Master Health Services Agreement is \$182,457,883, which represents an increase of \$29,515,056 or 19 percent from the FY 2021 MSA Support of \$152,942,818. Additionally, of the \$8.2M requested in compensation increases, ~\$1.5M is attributed to annualized mid-cycle additions to the Fiscal Year 2021 MSA contract.

UT Ask – Top 5 Department Level Requests

Of the 28 specialties included in the MSA, five specialties were identified to be significant drivers of the requested increases for FY 22.

The five departments that follow account for **\$19.0M or 64%** of the requested \$29.5M increase in MSA support for FY 22:

- Anesthesia (+\$5.6 million, + 32%)
- Hospital Medicine (+\$4.4 million, +26%)
- Radiology (+\$1.9 million, +62%)
- Vascular Surgery (+\$1.9 million, +99%)
- Transplant (+\$2.6 million, +62%) **Transplant FY21 is net of Texas Liver Institute Contract*

UT Ask – Top 5 Department Level Requests – Breakout of Change Requests

	<u>Revenue & Expense Gap</u>	<u>New Positions</u>	<u>Comp Increase</u>
Anesthesia	\$4.4m (77%)	\$0.3m (5%)	\$1.0m (18%)
Hospital Med	-----	\$2.7m (57%)	\$2.0m (43%)
Radiology	\$0.8m (18%)	\$0.3m (6%)	\$3.4m (76%)
Vascular	\$0.2m (10%)	\$1.4m (75%)	\$0.3m (15%)
Surgery			
Transplant	-----	\$2.2m (87%)	\$0.3m (13%)

UH Review Methodology

Considerations

- Review of appropriateness of current provider compensation relative to services provided.
- Assuming volume and productivity targets are met, does the provider’s current compensation meet the 25th – 50th percentile for the respective specialty/peer group?
- Defining and setting standardized coverage expectations for hospital services including faculty on-site coverage or 24/7 on-call availability.
- Evaluation of alternative costs of services.

Unknowns

- Difficulty in quantifying overhead based on salaries. New overhead formula and P&L format utilized in FYE 2022 MSA Proposal.
- Lack of clarity on how physician compensation paid in MSA is classified as ‘Base Salary’ versus ‘Incentive Pay’.
- Unclear on how support is utilized or re-distributed when there are vacant MD/APP positions. Do physicians who perform extra shifts receive this money?

University Health Proposal – FY 2022 MSA Overview

- After evaluating the needs of the Health System and community, UH is recommending to increase the annual MSA contract amount in FY 22 to **\$167,697,279**. After factoring in TLI and MSA transfer deductions, the net increase in total annual support is **\$17,527,120 or 11.5%** from FY 21.
- Of the 28 departments included in the MSA contract, the following five departments were noted to receive the largest increases. The below departments represent **\$10.3M or 59%** of the recommended increase.

	FY21	FY22	YOY Change
Medicine*	\$38.4m	\$41.2m	+\$2.9m, +8%
Radiology	\$9.7m	\$10.9m	+\$1.2m, +13%
CT Surgery	\$2.8m	\$4.7m	+\$1.9m, +69%
Transplant	\$4.1m	\$6.3m	+\$2.2m, +53%
Neurosurgery	\$6.4m	\$8.5M	+\$2.1m, +33%

*Medicine department includes the following specialties: Hospital Medicine, Cardiology, Pulmonology, Gastroenterology, Hematology/Oncology, Nephrology, Otolaryngology, Family Medicine, Geriatrics, Infectious Diseases, Dermatology, Rheumatology, Endocrinology.

University Health Proposal – Detailed Breakout of High Impact Departments

Mr. Banos reviewed the list of ten (10) Long School of Medicine Departments with the largest increases from FY 21 to FY 22. For each department, he reviewed the amounts provided for new position requests, compensation increase, any support gap provided, and the rationale for the decision to support the request, for a grand total of \$13,965,996. The changes reviewed represent 79.7 percent for the total recommended increase in support of \$17,527,120 for FY 2022. The maximum annual base compensation payable to UT Health is an amount not to exceed \$167,697,279.

RECOMMENDATION:

Staff recommends Board of Managers’ approval to enter into the Master Health Care Services Agreement with UT Health San Antonio for a 20-month period beginning January 1, 2022 through August 31, 2023 in an amount not to exceed \$279,495,465 and to authorize the President and Chief Executive Officer to execute any documents necessary to consummate said agreement.

ACTION:

A **MOTION** to approve staff’s recommendation was made by Dr. Kelley, **SECONDED** by Ms. Fernandez, and **PASSED UNANIMOUSLY**.

EVALUATION:

Dr. Kelley asked about the Radiology Department’s increase of \$3.4 million for salaries, to which Dr. Suri responded. Radiology is losing faculty members to Methodist and Santa Rosa due to these salary challenges. At University Hospital, radiologists have consistently performed at the 50th percentile, according to AAMC standards, and salaries have remained stuck at the 40th percentile for the last seven years. Ms. Fernandez would like to better understand the correlation between this agreement and improved hospital performance programs. Is there a prioritization to invest in staff that will go towards improving certain outcomes? Dr. Alsip replied that built into the MSA formula is compensation for the work physicians do and revenue that is brought in, which is the clinical bulk of services that UT Health provides. The Annual Operating Agreement funds medical directors in leadership roles at University Health to help improve efficiency and productivity. The Quality Improvement Agreement is built around objectives in pay for performance and is where University Health incentivizes clinical performance. Collectively, these three agreements total \$250 million. As far as investing in mid-level providers, Mr. Banos explained that every UT department is passionate about what they do and the staff is getting so much better and trying to align these contracts with staff thinking more outside of the box. Regarding the initial ask of \$182 million by the School of Medicine, Dr. Kelley agreed that there is no other hospital in this

community that has faculty specialists available 24 hours per day, which is very expensive. Coming from the private hospital world, the slide indicating a 32 percent increase request from anesthesiology, 26 percent increase from Hospital Medicine, 62 percent increase from Radiology, and 99 percent from Vascular Surgery is disturbing to the point that it makes her wonder, are these requests excessive? Mr. Hernandez responded that using percentages with a contract that has many pieces can be misleading. For example, vascular surgery indicates an increase of \$1.4 million, but it's a very small department, therefore 75 percent appears to be a tremendous increase; however, compensation increases are at 10 percent across the board. Mr. Banos agreed and asked Dr. Kelley to look at the departmental "buckets" instead. He explained that the 75 increase for vascular surgery is for 4.2 FTEs, i.e., nurse practitioners, physician assistants and others to be available 24 hours/day. Each sk from UT Health means having one more body in the building 24/7, indeed a big ask, but it is one more support person that University Health is getting. Dr. Kelley recalled that 20 to 25 years ago, residents served as support staff. What has changed and where have the residents gone? Residents are still here, however, Dr. Hromas explained to the Board that by law residents are only allowed to have an 80-hour work week. Despite this fact, vascular surgery residents are working 100 hours per week. UT Health is being paid less and as Dr. Suri alluded, the Radiology Department has lost nine (9) providers to Methodist Health Care and Santa Rosa. Mr. Banos has tied all increases to increased productivity and University Health is getting more than it pays for. This is a tough process, most salaries are below market average. The faculty's productivity is way up and compensation is not. UT Health has 800 doctors and another 400 mid-level staff who work full-time at University Hospital, a really complex place. University Health provides unfunded residents of Bexar County with the best possible health care. Providers are stretched pretty thin, nonetheless, are here in support of University Health's mission. Dr. Hromas agreed that these are huge numbers, however, the School of Medicine provides specialties in every service. This not an easy contract for the School of Medicine but it is fair, and Dr. Hromas will make it work. Faculty, residents, and mid-level support staff are all dedicated to their patients at University Hospital. Mr. Adams agreed with Dr. Hromas - the partnership between University Health and UT Health is very complex, it is the hardest thing he has ever tried to dive into; and one must be a numbers person to fully understand. He has repeatedly asked the staff - what is University Health aiming for with these different contracts? How much duplication? What is the overhead? Over the years he has learned that Mr. Banos and Mr. Hurley are tremendous executives and are very good at reviewing numbers. Although Mr. Adams does not like the percentage increases either, after today's presentation and learning more about how these two executives operate, he feels University Health is in a good place and on the right path. This year's process is different but it is Mr. Banos and Mr. Hurley who are talking directly to the providers who do the work. University Health is well-respected and the staff must be responsible to the residents of Bexar County who pay taxes in support of the services provided. Mr. Adams also agreed with Dr. Kelley that it is

fair for the Board of Managers to ask questions and know about all requests from the School of Medicine. Further, Dr. Kelley asked to know more about the strategies for acquiring these professional services, especially for those top five departments/service lines with the greater requests.

FOLLOW-UP: Future presentation to explain strategies for acquiring professional services as requested by Dr. Kelley.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR DECEMBER 2021 — REED HURLEY

SUMMARY: University Health’s consolidated bottom line for the month of December 2021 was \$27.3 million, \$25.7 million better than the budgeted gain of \$1.6 million. Higher net patient revenue and supplemental funding revenue are the primary drivers of the performance better than budget. In December, clinical activity (as measured by inpatient discharges) was up 2.2 percent for the month compared to budget and inpatient days were over by 2.7 percent. Community First Health Plans, Inc., experienced a bottom line gain of \$2.9 million, which was \$3.0 million better than the budgeted loss of \$101,000. Community First fully insured membership was up 30.6 percent to budget due to the State not dis-enrolling members during the COVID-19 pandemic. This resulted in higher premium revenue with claims expense even to budget. However, the state only allows a 4 percent margin for the year, so in December Community First wrote a check to the state for almost \$70 million, which was accrued every single month during 2021. 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 reports, subject to audit.

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

EVALUATION: Regarding supplemental revenue for 2022, there is a chance the anticipated \$62 million for DSRIP will be zero. The federal and state governments are still debating. State Directed Payments (SDP) are being held up because CMS is not approving. In addition, the Uniform Hospital Rate Increase Program (UHRIP) which should have started October 1, 2022 is considered an SDP and payments have been stopped. University Health can expect about an \$80 million shortfall in 2022 from loss of supplemental revenue, and Mr. Hurley is confident that University Health can overcome that. The Federal Medical Assistance Program (FMAP) should be in place through June 30, 2022, and for now, it looks like University Health will only benefit from the Uncompensated Care (UC) program. Mr. Hasslocher is pleased with the December 2021 financial performance, the summary looks excellent, as does the operating revenue and balance sheet. He hopes the people working at the state and federal level will come their good senses to make sure hospitals are supported. He thanked and complimented the entire finance team, Mr. Hurley, Mr.

FOLLOW-UP: Banos, Drs., Alsip, Suri, and Hromas for their dedication to University Health.
None.

PRESENTATIONS AND EDUCATION:

**UPDATE ON TRAUMA-INFORMED CARE AND ORGANIZATIONAL CHANGE —
BRYAN ALSIP, M.D.**

SUMMARY:

Dr. Alsip introduced Ms. Sarah Septon, Director, Trauma Informed Care Services at University Health and led he led the following presentation on Trauma Informed Care and Organizational Change. A trauma-informed approach, often referred to as Trauma-Informed Care (TIC), recognizes that trauma exists and that it has a negative impact on children, youth, and adults. It shifts the focus from “What’s wrong with you?” to “What happened to you?” by promoting safe and healing environments, rather than practices and services that may inadvertently re-traumatize. In Bexar County, University Health’s Institute for Trauma-Informed Care is committed to training organizations in the community to become trauma-informed by meeting the qualifications for local certification outlined by the Ecumenical Center for Education, Counseling, and Health. Through this training and certification process, local agencies will be able to more effectively serve the residents of Bexar County by addressing the impact that trauma has on their actions, behaviors, and willingness to engage in support services. As the largest public health entity in Bexar County, University Health has simultaneously pursued its own internal journey to becoming a trauma-informed healthcare organization. In the last two years, University Health has made great strides toward creating safe and welcoming environments for all who count on us for their care, even in the midst of a global pandemic.

Internal Trauma Informed Care Work Group – Established in March 2020, comprised of almost 40 individuals throughout the Health System from different departments, both clinical and non-clinical to create the vision and strategy for trauma informed care at University Health:

- Provide the vision and strategy for TIC implementation throughout the health system
- Clinical, Non-Clinical, Hospital, and Outpatient representatives
- Meets monthly

In addition to treating the symptoms of trauma through best practices, University Health will integrate trauma-informed approaches into its policies and daily practices, while actively **reducing re-traumatization.**”

Institute for Trauma Informed Care – Definition and Purpose Statement – “University Health strives to create a **safe**, welcoming, and supportive environment where patients and staff are **empowered** to take part in their own wellbeing.”

University Health is committed to providing our staff with ongoing supportive programming to mitigate the effects of trauma, including emotional stress resulting from **secondary trauma** and **compassion fatigue**.

Baseline Survey: TICS-10

In September 2020, University Health conducted our first TICS-10 survey to assess trauma-informed work environments at baseline. In addition to the 10 questions below, respondents were also asked some demographic questions to analyze data by their job category, primary work location, and years of service with the organization. Overall results for the 10 TIC questions were fairly consistent, with the greater majority of responses going the way we had hoped they would given the phrasing of each question (negative or positive). University Health plans to conduct the TICS-10 survey every other year moving forward. Survey due again in Fall 2022.

Safety:

1. When I come to work, I feel emotionally safe.
2. If I am upset at work, I know that other staff and supervisors will understand.

Trust:

3. I'm not sure who I can trust among my coworkers, supervisors, and administration.
4. I can trust my supervisor to be fair in dealing with all staff.

Choice:

5. I feel like I have a great deal of control over my job satisfaction.
6. I don't have many choices when it comes to doing my job.

Collaboration:

7. The leadership listens only to their favorite employees.
8. The administration here does not share decision-making with the rest of the staff.

Empowerment:

9. This organization doesn't seem to care whether staff gets what they need to do their jobs well.
10. Staff is not supported when they try to find new and better ways to do things.

Total participants included in overall score - 1,571

Overall Organizational Score (Average) – 34.1

Work setting by overall score – 34.1 (other); 34.4 (outpatient); and 34.0 (University Hospital)

Interpreting the Score - A score lower than 35 means low trauma informed care environment, one point away from moderate trauma informed care environment. The lowest possible organizational score is a 10, so you can see that University Health is doing pretty well. However, this score reveals University Health has some work to do,

and that TIC education and implementation should be quite impactful for University Health patients and staff.

TIC By the Numbers (2020-2021)

74	TIC Advocates trained
381	Staff members trained
31	Policies Review for TIC language
15	Recharge Rooms at University Hospital
5	Recharge Rooms in Ambulatory Setting /Business Centers
4	Schwartz Rounds
378	Attendees
8	Annual competency modules updated with TIC reminders
7	Blog posts
2	Local news appearances
1	Tip sheet for addressing vaccine hesitancy

TIC Virtual Learning Collaborative: 11/2/21

- Celebration of TIC Organizational Change & TIC Advocates' accomplishments

5 Advocate projects presented:

- Virtual Reality Guided Meditation for Health Care Professionals
- Creating a Staff Recharge Room at Corporate Square
- ACEs & Stability within the Juvenile Detention Center
- Gaining Inspiration from Trauma-Informed Physical Spaces
- Supporting ED Care Coordination Staff

Guest Speakers

- Colleen Bridger, MD, Tri-Chair, South Texas Trauma-Informed Care Consortium (STTICC)
- Sue Green, Co-Director, The Institute on Trauma and Trauma-Informed Care (ITTIC), University at Buffalo School of Social Work

What's on the Horizon?

- Seek certification in TIC through the local entity
- Expansion of TIC Advocate Program to all clinical areas
- Unit-based Schwartz Rounds to support staff
- Tracking outcome metrics for TIC

Upcoming Milestones:

- 2022 TICS-10 survey
- Incorporating TIC principles into job descriptions, hiring process, and new employee onboarding
- Epic projects to reduce re-traumatization and screen patients
- Motivational Interviewing training for Case Management staff

In closing, Dr. Alsip stated that Trauma-Informed Care is a prime example of Triple Aim – Plus in action. Training staff in trauma-informed approaches has a ripple effect on the patients served, offering them compassionate, patient-centered care that considers their life experience and promotes recovery and healing.

RECOMMENDATION:
ACTION:

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

EVALUATION: None.
FOLLOW-UP: None.

INFORMATION ONLY ITEMS:

UPDATE ON THE WOMEN’S AND CHILDREN’S HOSPITAL AND ASSOCIATED PROJECTS — DON RYDEN
UNIVERSITY HEALTH FOUNDATION REPORT — SARA ALGER
REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN

SUMMARY: Mr. Adams directed his colleagues’ attention to the three informational reports above, and asked them to review on their own time.
RECOMMENDATION: These reports are for informational purposes only.
ACTION: No action is required by the Board of Managers.
EVALUATION: None.
FOLLOW-UP: None.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the meeting at 8:28 pm.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary