



University Health System

BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, July 31, 2018
6:00 p.m.
Board Room
Texas Diabetes Institute
701 S. Zarzamora
San Antonio, Texas 78207

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Ira Smith, Vice Chair
Robert Engberg
Janie Barrera
James Hasslocher

BOARD MEMBERS ABSENT:

Dianna M. Burns, M.D., Secretary
Roberto L. Jimenez, M.D, Immediate Past Chair

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Leticia Aguilar, M.D., Medical Director, University Medicine Associates
Bryan J. Alsip, M.D., Executive Vice President/Chief Medical Officer, University Health System
Tommye Austin, Ph.D., Chief Nurse Executive, University Health System
Awoala Banigo, Senior Vice President/Chief Revenue Officer, University Health System
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Antonio Carrillo, Executive Director, Procurement Services, University Health System
Lourdes Castro-Ramirez, President, University Health System Foundation
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System
Sergio Farrell, Senior Vice President/Chief, Ambulatory Services, Robert B. Green Campus
Donald Finley, Director, External Communications/Corporate Communications, University Health System
Stacy Foremksi, Special Assistant to the Chief Operating Officer, University Health System
Roe Garrett, Vice President/Controller, University Health System
Greg Gieseeman, President/Chief Executive Officer, Community First Health Plans, Inc.; and Vice President/Managed Care, University Health System
William Henrich, M.D., President, UT Health, San Antonio
Barbara Holmes, Vice President/Chief Financial Officer, Community First Health Plans, Inc.
Rob Hromas, M.D., Dean, Long School of Medicine, UT Health, San Antonio
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Monika Kapur, M.D., President/Chief Executive Officer, University Medicine Associates

Leni Kirkman, Senior Vice President, Strategic Communications and Patient Relations, University Health System
Brian Lewis, Vice President/Quality, University Health System
Virginia Mika, Ph.D., Executive Director, CareLink Financial Assistance Program
Bill Mundt, Deputy Chief Information Officer/Information Services, University Health System
Joshua Nieto, JD, Interim Chief Integrity Officer, University Health System
Rosa Olivarez, Administrative Resident, Trinity University
Bill Phillips, Senior Vice President/Chief Information Officer, Information Services, University Health System
Maulik P. Purohit, M.D., Vice President/Chief Medical Information Officer, Brain Injury Medicine, and Neuro-Rehabilitation, University Health System
Patrick Ramsey, M.D., Professor/Clinical, Department of Ob/Gyn, UT Health, San Antonio
Serina Rivela, Interim Chief Legal Officer, University Health System
Ron Rodriguez, M.D., Professor and Chairman, Department of Urology/Long School of Medicine, UT Health San Antonio
Carlos Rosende, Thom F. Hogan, Jr., Distinguished Professorship in Complicated Ophthalmology, Long School of Medicine, UT Health San Antonio
Michael Roussos, Administrator, University Hospital
Don Ryden, Vice President, Project, Design, and Construction, University Health System
Armando J. Sandoval, Chief of Police, University Health System
Theresa Scepaniski, Senior Vice President/Administrative Chief Officer
Travis Smith, Deputy Chief Financial Officer, University Health System
Allen Strickland, Vice President, Hospital Administration, University Hospital
Sally Taylor, M.D., Senior Vice President/Chief, Behavioral Health, University Health System
Emily Volk, M.D., Senior Vice President/Clinical Services, University Health System
Jim Willis, Associate Administrator, University Hospital
Elly Marie-Jeanne Xanakis, Professor, Department of Ob/Gyn, UT Health, San Antonio
Colleen Bridger, MPH, Ph.D., San Antonio Metropolitan Health District
And other attendees.

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

Mr. Adams called the meeting to order at 6:00 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE

Mr. Adams introduced Ms. Yvonne Salazar of Templo Bethesda Church for the invocation and he led the pledge of allegiance.

SPECIAL RECOGNITION:

Employees below were recognized by the Board of Managers:

Professional: (Nursing)	Rebecca Wood Clinic Staff Nurse I, Ambulatory Services
Professional: (Non-Nursing)	Jose Romero Health Educator, General Health Education
Management:	Joan Autry

	Director, Business Services-Ambulatory Services
Technical:	Roxanne M. Rodriguez Licensed Vocational Nurse, Detention Health Care Services-Juvenile
Clerical:	Anita Valverde Rehabilitation Aide, Occupational Therapy-Pavilion
Service:	Kaltoum Jumah Environmental Associate, Environmental Services
Volunteer:	Rocio Barba Volunteer, Volunteer Services
Physician:	Chris Moreland, MD Assistant Professor, Clinical Division of General & Hospital Medicine
Team:	Dominion Crossing Team Kourosh Jahangir MD, Dinah George MD, Jenna Hawkins LVN, Cynthia Macias, Frank Johnson, Alyssa Wells, Stephanie Perales, Marla Havel, Alexandra Noonan

All quarterly recipients will be special honored guests at the Annual Recognition Awards Ceremony at the Omni Colonnade Hotel on February 28, 2019. 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. Mr. Adams addressed the honored employees on behalf of the Board of Managers. He thanked them for being part of the Health System team, part of the family. Families work together, look out for each other, and take pleasures in the joyful things in life. No matter where we are, we are part of a very large family that cares for the health of a community. The Board takes employee recognition as the most important, fun, and rewarding activity. The staff makes it worthwhile to work as a volunteer on this Board.

CITIZEN'S PARTICIPATION: None.

APPROVAL OF MINUTES OF PREVIOUS MEETINGS: None at this time.

REPORT FROM UT HEALTH SAN ANTONIO – WILLIAM HENRICH, M.D., PRESIDENT

SUMMARY: Dr. Henrich reported that UT Health is in the process of selecting a new Dean for the School of Dentistry. This school followed the School of Medicine so it is almost 50 years old, and is recognized by our peers around the country. He hopes to select someone by the end of August or early September time frame. Dr. Hromas reported that 220 new medical students came on board last Monday. Approximately 200 new residents started about three weeks ago for a total of 800 residents. He thanked the nursing staff at University Health System who help train all those new medical students; nurses are a crucial part of their education. In addition, the he has several outstanding Ob/Gyn chair finalists coming through, they are sitting chairs and vice chairs of major places in the county. Dr. Bruce Adams, Chair of Emergency Medicine, will retire on August 31. Dr. Andrew Muck will serve as interim Chair of the Department of Emergency Medicine, and Dr. Steve Moore will continue to serve as

Medical Director of the Emergency Department at University hospital. Dr. Cynthia Blanco, who will rise to chief of Neonatal Intensive Care Unit next year, played a key role in FDA approval of an important new drug that is saving the lives of premature infants. Dr. Blanco studied the efficacy of the fish oil-based treatment called Omegaven, in use in Canada and Europe to resolve IV-related liver disease and reduce the need for transplants. Dr. Blanco's study was conducted at University Hospital and the Health System covered the cost of the unapproved treatment. Her results were used by the FDA in its approval process, completed July 27, 2018. The UT Health Long School of Medicine was a finalist for an award that honors the medical school most engaged in the community. Three fourths of the activities that were submitted as finalists happened at Health System sites. Interaction between both organizations is recognized by the entire association of medical schools, and Dr. Hromas also noted that Epic has been a good team building exercise. Out of 220 new medical students, about one-third comes from this region about half of those medical students are predicted to stay in San Antonio. Dr. Plastino reported that Medical/Dental staff has been working closely with administration in reviewing quality data. They are looking at current and future plans for improving that data. Physicians on all levels have been very much engaged. Dr. Leverage has been integral in working with Dr. Alsip and his office, and ensuring that the physicians who are doing the work on the floors are engaged in how quality metrics can be improved. Mr. Adams thanked the physician leaders who attend the Board meetings.

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

CONSENT AGENDA – JIM ADAMS, CHAIR

CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR STAFF MEMBERSHIP — KRISTEN A. PLASTINO, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

CONSIDERATION AND APPROPRIATE ACTION REGARDING A RESOLUTION SUPPORTING DESIGNATION OF UNIVERSITY HOSPITAL AS A LEVEL IV MATERNAL CARE PROGRAM — IRENE SANDATE

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION FOR OUTSTATIONED ELIGIBILITY SERVICES — AWOALA BANIGO

CONSIDERATION AND APPROPRIATE ACTION REGARDING 2ND QUARTER 2018 INVESTMENT REPORT — ROE GARRETT/REED HURLEY

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 – *Kristen A. Plastino, 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 a Resolution Supporting Designation of University Hospital as a Level IV Maternal Care Program — *Irene Sandate* - In an effort to improve maternal and neonatal outcomes through regionalization, the Texas Perinatal Advisory Council developed standardized levels of care based on guidelines from the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. The purpose of the Maternal Level of Care Designation is to comply with House Bill 15, 83rd Legislature, Regular Session, 2013, which added Health and Safety Code, Subchapter H, Hospital Level of Care Designations for Neonatal and Maternal Care, Sections 241.181 - 241.187. House Bill 3433, 84th Legislature, Regular Session, 2015, amended Health and Safety Code, Chapter 241 and required the development of initial rules to create the neonatal/maternal level of care designations. The maternal level of care designation rule became effective on March 1, 2018. The University Hospital Maternal Care Program was assigned to Trauma Service Area P, a twenty-two (22) county area with 26,000 square miles, one of the largest and most diverse service areas in the state. University Hospital's Neonatal and Maternal programs accounted for over 28,357 Ob/Gyn Emergency Center visits, 6,414 deliveries, 1,456 neonatal intensive care admissions, 478 maternal transfers, and 274 neonatal transfers from outlying facilities in 2016 and 2017. Maternal Level of Care designation is an eligibility requirement for Medicaid reimbursement beginning September 1, 2020. Level IV is the highest level of designation for maternal care. Staff recommends Board of Managers' support for designation as a Level IV Maternal Care Program demonstrated by approving a Resolution of Support.

Consideration and Appropriate Action Regarding a Contract with the Texas Health and Human Services Commission for Outstationed Eligibility Services — *Awoala Banigo* - The Health System provides onsite Texas Health and Human Services Commission (THHSC) Medicaid eligibility and application processing staff to assist patients with applying for Medicaid and Supplemental Security Income (SSI). Texas Health and Human Services Commission employees are the only individuals currently authorized to submit the online Medicaid and SSI applications for the State of Texas and therefore this contract is submitted as a sole source request. The term of this contract is a 5 year period, beginning August 1, 2018 through July 31, 2023. The five-year contract for \$513,360 provides nine (9) THHSC workers housed at the hospital. The University Health System pays 50 percent of the salaries

and benefits of the Commission employees and limited travel reimbursement. Three commission employees are provided at no cost at the hospital. There is no change in cost compared to the previous contract period due to the state reducing the amount Health System is required to pay in salaries. The Commission staff work with Health System employees and the eligibility vendor to process Medicaid applications for self-pay and CareLink patients who have received emergency care at the hospital. Emergency care may be covered by Medicaid even if the patient does not qualify for ongoing Medicaid benefits. The anticipated cash flow for 2015 as a result of qualifying individuals for emergency Medicaid and SSI funding is \$33,000,000 for the Health System. This is a planned expense and operating funds have been included in the year 2018 operations budget

Consideration and Appropriate Action Regarding 2nd Quarter 2018 Investment Report —Roe Garrett/Reed Hurley- Investment Portfolio Summaries for the Health System and CFHP invested funds for the second quarter of 2018. In total, the value of all invested funds as of June 30, 2018 was \$1,204,304,257 consisting of Health System, Project, Certificate and CFHP Funds. The reports presented include all information required by the Texas Public Funds Investment Act. The Health System and CFHP portfolio reports were provided separately. The portfolios earned \$5,382,640 in interest income in the second quarter and had an unrealized loss of \$2,167,675, a result of the sharp increase in interest rates during the quarter.

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) — Antonio Carrillo/Travis Smith - A total of fourteen (14) contracts with a value of \$6,760,608 are being presented to the Board of Managers during the July 31, 2018 meeting. The following contracts require approval by the BCHD Board of Managers: Seven (7) consent contracts with a total value of \$4,077,775. Seven (7) presented contracts with a total value of \$2,682,833. During the month of July 2018, there are five (5) contracts classified as a Small, Minority, Woman, or Veteran Owned Business Enterprises (SMWVBE). The July 31, 2018 SMWVBE Status Report reflects items being submitted for Board approval.

RECOMMENDATION: Staff recommends approval of the items listed on the consent agenda.
ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Ms. Barrera, there being **NO OBJECTION**, the **MOTION CARRIED**.
EVALUATION: Mr. Smith asked for an update regarding Procurement Services since the departure of its long time administrator. Mr. Hurley replied that the department is undergoing some re-organization and it now reports to him. Mr. Antonio Carrillo serves as the department's Executive Director and is fitting in nicely; he has strong skills and is a team player. At this time the department is seeking a supplier diversity coordinator for the Health System's SMWVBE program. Dr. Patrick Ramsey addressed the Board regarding the Resolution in Support of Designating University Hospital as a Level IV Maternal Care Program. Dr. Henrich ask for the number of Level IV designations in Texas to which Dr. Ramsey replied that it is estimated there are currently four or five Level IV Maternal Care Programs in the state. Two other centers in San Antonio will apply for Level IV designation. He is not sure about CHOSA; however, Methodist

Hospital will probably attain the designation. University Hospital is clearly one of the top 4 or 5 in the state. University Hospital also served as one of the pilot sites for the Level IV designation, it is one of the first to go through the entire process. All of staff has been critically involved in this effort.

FOLLOW UP: None.

ACTION ITEMS - JIM ADAMS, CHAIR

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN ARCHITECTURAL / ENGINEERING CONTRACT TO PROVIDE DESIGN SERVICES FOR THE WOMEN'S AND CHILDREN'S TOWER AND ASSOCIATED PROJECTS — DON RYDEN

SUMMARY: Marmon Mok/ZGF was authorized and engaged in March 2018 to provide the first phase (Phase I) of design and planning services for the Women's and Children's Tower Project. Phase I included master planning, program validation, scope alignment, site investigations, and budget development. Marmon Mok/ZGF completed the Phase I Study in June 2018. Staff has reviewed the study with the A/E team and disseminated a summary of those findings to the Board of Managers. The study confirmed the scope and programming for the women and children's services for the project. The study took into consideration the complex site limitations, scheduling, budget constraints, parking, and the build out of the Heart & Vascular and Advanced Endoscopy Institute. Based on the findings of the Phase I Study, staff recommends proceeding with design of the Project with the A/E team. The selection of Marmon Mok/ZGF as the A/E team was accomplished under the Request for Qualification process (RFQ# 217-09-046-SVC). The fixed fee for architectural and engineering design services for the Project is \$31,981,288. Staff has reviewed the contractual terms for design services by Marmon Mok Architecture, L.P., and recommends approval. These fee expenditures are being funded from bond proceeds, Bexar County Hospital District Certificates of Obligation, Series 2018. The workforce composition data for Marmon Mok/ZGF was provided for the Board's review. Of the total design fee, SMWVBE participation target is 20.4 percent for the Marmon Mok/ZGF and involves 11 different firms. There are 13 local firms involved; 50.5 percent of this design fee is for local firms.

RECOMMENDATION: Staff recommends Board of Managers' approval of the contract with Marmon Mok Architecture, L.P. (a.k.a. Marmon Mok/ZGF) for design services for the Women's and Children's Tower and Associated Projects for a fixed price fee of \$31,981,288.

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

EVALUATION: Mr. Ryden recited the names of the responsive local A/E firms for Mr. Hasslocher. Board members discussed the importance of local

participation; Mr. Hernandez assured the Board that the majority of local subcontractors will be engaged during the actual construction phase. For Phase 1 the large firm (ZGF) has partnered up with a local firm, Marmon Mok. There will be another opportunity for local participation with the Project Manager at Risk contract. Generally, contractors will select their own subcontractors; however, the staff encourages local participation and informs them of the Board's SMWVBE policy. The Health System then facilitates bonding for the local firms, and provides assistance in doing business with the Health System. In addition, as suggested by Mr. Hasslocher, the A/E contract states that the Health System owns the plans and renderings provided. Mr. Adams asked the staff what they had learned during Phase 1 of this project. Blue Cottage consultant submitted a Program Report that included metrics for room sizes, adjacencies, and common areas. The A/E team took that Program Report and put it in an architectural context as it relates to common areas, sizing, scope, and scale. In doing so, the A/E team met with the same user groups that Blue Cottage did as they approached program validation to confirm what is needed. The A/E team investigated the site, reviewed existing utilities, infrastructure, central plant, and found that parking will be a big challenge operations while we tear down the North garage and replace that parking structure. At the present time, there is a plan to do it structurally with the new garage; however, and we are working with the A/E team on other options that will accelerate the construction plan by about 10 months. Phase 1 included approximately 20 specialty consultants engaged - a cost estimating firm, medical equipment planners, and Information Technology experts. The next step will be schematic design, to be followed by the design development phase and later construction documents. Points along this time line allow staff to continue to review the plan. Mr. Smith reinforced that the Board's first concern during the construction phase is safety. He also called attention to "lessons learned" during the Sky Tower project and the collapsed West parking garage incident. Mr. Ryden acknowledged having access to the information on lessons learned, a report that was produced and studied by various Health System department directors. Mr. Engberg emphasized that the shell space indicated in Phase I is an additional cost for four floors that is not assumed at this point. Mr. Hurley agreed, and summarized the overall estimated costs for the base project as follows:

Construction Costs	\$313M
Soft Costs	<u>\$139M</u>
Sub Total	\$452M
Board Contingency*	<u>\$ 23M</u>
Total	\$475M

A five (5) percent or \$23 million Board contingency will be requested to cover any unforeseen issues and or inflation rates higher than currently projected. Use of contingency funds will require Board approval.

FOLLOW UP:

Mr. Adams asked staff to return with additional information and clarification regarding the \$23 million contingency fund for this project. Mr. Smith suggested that a half day work session is needed for all Board members to review a business plan and other issues related to the Women's & Children's Tower.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A MEMORANDUM OF UNDERSTANDING BETWEEN THE SOUTHWEST TEXAS REGIONAL

ADVISORY COUNCIL (STRAC) AND LOCAL HOSPITALS RELATING TO THE NIX PSYCHIATRIC EMERGENCY SERVICE — SALLY TAYLOR, M.D./ED BANOS

SUMMARY:

Given the problem faced by local hospital emergency departments with psychiatric patients boarding, the delay of definitive care in appropriate behavioral health settings, and over-utilization of hospital emergency department and inpatient settings, the Bexar County health systems collectively funded several programs managed by the Southwest Texas Regional Advisory Council (STRAC) through a private/public payor coalition, namely the Southwest Texas Crisis Collaborative (STCC). These included MEDCOM to provide Law Enforcement Navigation (LE NAV), the STCC infrastructure, the Nix Psychiatric Emergency Service (PES), and TAV Health, a computerized data system for sharing patient information across all the Bexar County hospitals to include a focus on the social determinants of health and referral mechanisms to assist patients in accessing the right level of care. The PES and LE NAV address an urgent community need for acute emergent/urgent care for patients with high-acuity behavioral health needs. These services have reduced crowding in the University Hospital Emergency Department, improving quality, access and potentially the patient experience by reducing overcrowding and wait times for all patients. From the inception of the LE NAV program on October 18, 2017, through mid-July, 2018, over 5,500 patients (approximately 25 patients per day) under emergency detention by law enforcement have been navigated by MEDCOM to multiple behavioral health facilities or to general hospitals with behavioral health units, and approximately 800 patients have been routed to hospital emergency departments for unstable medical (physical health) issues. Of the total navigated, University Hospital (UH) has received only 452 patients (8%) navigated through MEDCOM, illustrating the impact of the program on access to other behavioral health facilities in Bexar County rather than those patients coming to the UH Emergency Department. The number of patients coming to the Health System from all external law enforcement agencies on emergency detention (including those navigated) has decreased from an average of 180/month in 2016 to 127/month in 2018. The Nix PES has played an important role in the decompression from the UH Emergency Department, by having received 701 patients navigated by MEDCOM (13%) directly to the PES and by continuing to accept transfers from the UH Emergency Department when the PES is the appropriate level of care. The PES has received 266 patients transferred directly from the UH Emergency Department in the first six months of 2018. In the original agreement all hospitals and Methodist Healthcare Ministries agreed to fund \$5.1million of which University Health System was responsible for \$1.1million for the first nine months of 2018 for all the programs outlined above. A review of the financial data completed by STCC has determined the Health System's contribution for additional funding in the amount of \$1,000,000 with Methodist Healthcare Ministries funding an additional \$2,000,000 and the other hospitals funding another \$1,000,000. As part of the agreement, the Health System is allowed 750 patient transfers to the Nix PES directly from the UH Emergency Department for further assessment, stabilization, and disposition without any additional funding. The Health System is on target

to remain under this number. The other participating hospitals including Methodist, Baptist, Southwest General, and Christus, will be funding an additional \$1,000,000 calculated by the percent of patients they transfer to the Nix PES. The Nix PES has provided over 1,600 patient visits in the first six months of 2018, with the vast majority coming directly to the PES from the community and not from the Health System, thus offsetting costs to the Health System. It is important to note that while the monetary support in this Memorandum of Understanding (MOU) is for the Nix PES, the STCC also funds MEDCOM for trauma, stroke, acute heart attack and now psychiatric emergency detentions and mental health warrants. Previously, the Health System funded MEDCOM through the Airlife agreement and now supports MEDCOM through STCC. The entire cost to the hospital systems for STCC-funded services is currently \$7.1 million for 2018, and for Methodist Healthcare Ministries is \$2.8 million. On an ongoing basis annually beginning in 2019, Methodist Healthcare Ministries plans to support STCC with \$2.8 million annually for the Nix PES (along with another \$2.1 million for other behavioral health services evaluated and approved by the STCC Steering Committee), and the University Health System's contribution to STCC will be \$1.6 million (23% of the \$7.1 million). The amount of \$1,000,000 was included in the Health System's 2018 operating budget.

RECOMMENDATION: Staff recommends Board of Managers' approval of funding in the amount of \$1,000,000, and authorization to execute a Memorandum of Understanding with the Southwest Texas Regional Advisory Council for support of the Southwest Texas Crisis Collaborative to sustain the Nix PES through 2018. This is a planned expense.

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

EVALUATION: Mr. Smith asked about the growth in ambulatory psychiatry services for youth patients. Dr. Plastino informed the Board that the City of San Antonio sponsors one full-time psychiatrist for the Teen Clinic at RBG and is considering a second psychiatrist due to the demand.

FOLLOW UP: None

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE TRANSFER OF REAL PROPERTY AT 210 N. RIO GRANDE TO THE CITY OF SAN ANTONIO — SERINA RIVELA

SUMMARY: Mr. Adams acknowledged Colleen Bridger, MPH, Ph.D., Director of the San Antonio Metropolitan District and asked her to join Ms. Rivela at the Board table. On February 4, 2008, the Board of Managers approved the transition of San Antonio Metropolitan Health District (Metro Health) clinical preventive services to the Health System thereby marking the beginning of the Health System assuming primary responsibility of clinical preventive services in Bexar County. This transition involved the transfer of 125 Metro Health staff positions, the lease of space in ten (10) Metro Health clinics, and the transfer of \$1.8 million in grants to the Health System. The transition also involved transfer of ownership from the City to the Health System of the following Metro Health clinics: Eastside Branch Clinic, 210 N. Rio Grande; Zaramora Clinic, 4503 S.

Zaramora; S. Flores Clinic, 7902 S. Flores; Hwy 90 Clinic, 911 Old Hwy 90; and Kenwood Clinic, 302 Dora. In 2017, the Health System furthered its commitment of improving the health of those living and working in neighborhoods east of downtown with the construction and opening of the Dr. Robert L.M. Hilliard Center at the beginning of this year. The Health System relocated all of the services it previously provided at the Eastside Branch Clinic to the Dr. Robert L.M. Hilliard Center with plans to continue to expand services at this new location. While the Health System owns the Eastside Branch Clinic by virtue of the 2009 transfer by the City, it has no identified impending or future need for it. However, Metro Health will continue to need the space for the foreseeable future. Leasing the balance of the space to City for Metro Health and retaining ownership is an option but Metro Health pays no current rent and none would be expected given the services they provide to the community. The return of the Eastside Branch Clinic to the City will have no adverse fiscal impact to the Health System since support of Metro Health furthers the Health System's mission. Moreover, the conveyance will transfer the ongoing financial responsibility for utilities, insurance and maintaining of the clinic property to the City.

RECOMMENDATION: Staff recommends the Board authorize the President/CEO to execute the appropriate legal documents to transfer the real property located at 210 N. Rio Grande to the City of San Antonio, at no cost.

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

EVALUATION: The San Antonio Metropolitan Health District serves 10,000 clients per year for immunizations. This summer, they are estimated to serve 3,000 to 4,000 for back to school immunizations at the East Side clinic. In consideration, the Health System will place a 10-year deed restriction that would require the City of San Antonio use this property to provide preventive health services on the East Side.

FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR JUNE 2018 — REED HURLEY

SUMMARY: In June clinical activity (as measured by inpatient discharges) was down 1.1 percent for the month compared to budget. Community First Health Plans (CFHP) fully-insured membership was equal to budget. On a consolidated basis, gain from operations was \$5.4 million, \$1.5 million worse than budget. The consolidated bottom line gain (before financing activity) was \$1.9 million, \$1.0 million better than budget and was due to higher patient revenue offset by higher medical claims expense and higher non-operating revenue. CFHP experienced a bottom line loss of \$2.9 million which was \$2.5 million worse than budget due to higher medical claims in the Medicaid product. Debt Service Revenue was \$5.3 million which is equal to the budgeted Debt Service payment of \$5.3 million. Payer mix was at 73.6 percent, year to date at 74.8 percent. Year to date medical supply variance is \$6.7million over budget \$5.7 million is in the Operating Room cost center. Mr. Adams asked if

Health System staff is working with UT Health to standardize medical supplies. Dean Hromas is happy to help anyway he can. Mr. Hurley will continue to standardize physician preference items, and he is considering placing a financial analyst in the OR to monitor these costs. Mr. Hurley reviewed notable increases and/or decreases from the Consolidated Balance Sheet in detail with the Board.

RECOMMENDATION: Staff recommends acceptance of the financial reports subject to audit.
ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Mr. Engberg, **SECONDED** by Mr. Smith, and **PASSED UNANIMOUSLY**.
EVALUATION: Ambulatory activity is down due to four UMA providers who are out on Family Medical Leave. UMA also has three provider vacancies and some absences due to summer vacations.
FOLLOW UP: None.

PRESENTATIONS AND EDUCATION

OPERATIONS REPORT – EDWARD BANOS

SUMMARY: Mr. Banos provided Quarter 1 metrics from the Association of American Medical Colleges (AAMC) and discussed results for University Hospital: total hospital discharges, total patient days, average length of stay, total case mix index, and occupancy rate. Improvement Initiatives include:

- Complete physician training on clinical documentation;
- Create a comprehensive Care Transitions Program and rollout across the Health System;
- Discharge and Throughput Improvement Project with Hospitalists and Quality Matters (Dr. Shari Welch) in mid-August

Emergency Department Metrics for the period January to July, 2018:

Metric	January	February	March	April	May	June	July	2018 YTD	AAAEM Targets
Volume	5,084	4,515	4,847	5,122	5,509	5,303	2,917	33,297	N/A
% Admitted	20.8%	18.3%	20.7%	20.8%	20.7%	19.4%	18.6%	20.0%	N/A
Door to Provider	1	1	3	4	26	35	31	9	30
Overall LOS	522	517	506	532	437	408	374	469	270
Admitted LOS	724	913	796	767	654	620	567	702	444
Discharged LOS	408	390	387	394	340	327	306	360	240
Fast Track LOS			324	320	189	161	144	216	N/A
Mid Track LOS				314	342	328	300	324	N/A
% LBTC	12.0%	14.0%	13.0%	13.5%	8.1%	6.2%	4.7%	10.7%	4.30%

Emergency Department (ED) Sustainment Plan:

- New Hospital Leadership, Rocio Garcia, MSN, RN
- Daily review of ED metrics
- *Power US* Patient Engagement Training completed for all employees (9 classes)
 - Conducted by: Tommye Austin, Michael Roussos, and Dr. Bryan Alsip
- Patient Engagement Officer in lobby
- ED Newsletter
- ED nurse residency for new graduates and non-ED experienced nurses
- Construction ongoing for improved patient throughput

RECOMMENDATION: None.

ACTION: This report was provided for informational purposes only.

EVALUATION: Regarding capacity issues at University Hospital, Mr. Roussos informed the Board that this year, 50 beds were added between observation and inpatient capacity, and that those beds are now full. University Hospital's active daily census has been 50 above what it was the prior year at this same time. Staff created existing capacity in areas that are suitable for patients; however, we cannot go back into the old towers and renovate those areas because they are not appropriate for patients. Staff has identified another opportunity for beds by working with Pediatric Oncology and Adult Oncology services for cancer patients ranging from ages 15 to 39 years old with specific cancer type diseases. These patients can be paired up to create a little more capacity, 6-10 beds in various areas. When the Women's & Children's Tower is complete, 72 beds in the Sky Tower will free up. Other options at this time include external bed availability. Staff is constantly looking at capacity and length of stay at University Hospital.

FOLLOW UP: None.

ANNUAL CARELINK REPORT — VIRGINIA MIKA, PH.D./ROBERTO VILLARREAL, M.D.

SUMMARY: In the interest of time, Mr. Hernández pulled this report from today's agenda. It will be presented at the next Board of Managers meeting.

RECOMMENDATION: None.

EVALUATION: None.

FOLLOW UP: None.

INFORMATION ONLY ITEMS:

EPIC ELECTRONIC MEDICAL RECORD PROJECT UPDATE - GEORGE B. HERNÁNDEZ, JR.

UPDATE ON PLANNING, DESIGN AND CONSTRUCTION ACTIVITIES — DON RYDEN

UNIVERSITY HEALTH SYSTEM FOUNDATION UPDATE — LOURDES CASTRO-RAMIREZ

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN

SUMMARY: Mr. Adams directed his colleagues' attention to the four 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.

FOLLOW UP: None.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the meeting immediately at 8:00 p.m.

Jim Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary