



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

Tuesday, June 22, 2021  
6:00 p.m.  
Cypress Room, University Hospital  
4502 Medical Drive  
San Antonio, Texas 78229

**MINUTES**

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**BOARD MEMBERS PRESENT:**

James R. Adams, Chair  
Ira Smith, Vice Chair  
Margaret Kelley, M.D., Secretary  
Roberto L. Jimenez, M.D., Immediate Past Chair  
Anita L. Fernandez  
L.P. Buddy Morris  
Jimmy Hasslocher

**OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health  
Sara Alger, President, University Health Foundation  
Elizabeth Allen, Director, External Communications/Corporate Communications, University Health  
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health  
Rob Hromas, MD, Dean, Long School of Medicine, UT Health  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health  
Leni Kirkman, Executive Vice President/Chief Marketing, Communication, and Corporate Affairs  
Officer, University Health  
Bill Phillips, Senior Vice President/Chief Information Office, University Health  
Serina Rivela, Vice President/General Counsel, Legal Services, University Health  
Don Ryden, Vice President/Project, Design & Construction, University Health  
Randy Harig, Chair, University Health Foundation Board of Directors  
And other attendees.

**CALL TO ORDER:**

Mr. Adams called the meeting to order at 6:05 pm.

**INVOCATION AND PLEDGE OF ALLEGIANCE:**

Mr. Adams introduced Naresh Talathoti, MD, Research Assistant, Trauma & Emergency Surgery, UT Health San Antonio; and Deacon, Lutheran Church of Missouri Synod, for the invocation, and he led the Pledge of Allegiance.

**PUBLIC COMMENT:** None.

**SPECIAL REPORT:**

**ANNUAL UNIVERSITY HEALTH FOUNDATION REPORT— SARA ALGER/RANDY HARIG**

**SUMMARY:**

Mr. Harig introduced himself to the new Board members as did Ms. Alger. He has been a part of this organization via his 20-year tenure on the Board of Directors of the University Health Foundation, of which he is very proud. He is also very pleased with the selection of Ms. Alger to lead the Foundation and he looks forward to working with her. Ms. Alger is astounded at the San Antonio community's fabulous support not only for the initial onset of COVID-19, but now in 2021 as vaccinations became available. The community provided the following COVID-19 assistance to University Health during the pandemic:

- Total Cash Donations: \$346,319
- Direct Patient Assistance: \$26,710
- Total In-kind Gifts: \$386,000
- Total Meals Donated: 26,353
- Total New Donors: 260

Since Ms. Alger's arrival late last year, the Foundation has been restructured to better support University Health's capital campaign, as well as for the long-term with a focus on major gifts and donor retention. In this regard, the following tasks have been accomplished:

- Bylaws and policy review
- Policies, processes and guidelines
- Metrics and fundraising dashboard
- Raiser's Edge NXT
- Staffing and structure

The 15<sup>th</sup> Annual Medical Miracles Gala in 2020 was delayed until September 25, 2020, and took place virtually due to the COVID pandemic. Back on schedule in 2021 but still virtual, the Gala was held on Thursday, May 6. Ms. Alger and Foundation Board are taking a hard look at the manner in which the 2022 Medical Miracles Gala is hosted and they are looking forward to the planning process.

2020

Virtual with 264 unique viewers  
More than \$700,000 raised  
Supported University Transplant Institute and Living Donor Fund

2021

\$371,000, supporting staff resiliency  
591 guests registered, 294 unique viewers  
Held virtually, with more than 60 percent logged on for program's entirety

2022

Time to reimagine

The Foundation awarded the scholarships below in 2020. There was an open house for the Our Sons and Daughters scholarship recipients and their parents the morning of Tuesday, June 22, 2021:

Our Sons and Daughters

21 applicants  
15 recipients receiving \$1,000 each  
Recipient open house held this morning

Nursing and Allied Health

33 applicants  
Applicants notified later this summer

Eric Daniel Hernandez Memorial

Currently receiving applications through July 1  
Applicants notified by August 2  
Two (2) \$500 awards

The goal set for Women's and Children's Hospital Capital Campaign is \$30 million:

- Total committed to date – more than \$7.7 million
- Four (4) 7-figure gifts – first ever for University Health Foundation
- Several more 6- and 7-figure gifts on the horizon
- Working to close 100% participation from UH leaders
- Ten (10) focus areas:
  - Pediatric Cardiology
  - Pediatric Transplant
  - Pediatric Trauma/Burn
  - Perinatal Palliative Care
  - Staff Resiliency
  - Milk Bank
  - Healing Arts Program
  - NICU Parent Advocacy & Counseling
  - Maternal Mental Health
  - High Risk Infant Comprehensive Care Center

University Health Foundation has had a record-breaking six months and reached a \$1 million milestone sooner any other fiscal year:

- Reached \$1 million by April 30 – first time ever in a fiscal year at that pace
- Received first 7-figure gift in the history of the foundation (\$1M on 5/3)
- Received largest commitment in the history of the foundation (\$3M on 5/5)
- More than tripled funds raised in 2021 to date compared to Foundation's best fiscal year total

RECOMMENDATION:

ACTION:

EVALUATION:

FOLLOW-UP:

This report was provided for informational purposes only.

No action was required by the Board of Managers.

The University Health Foundation's goal is to continue to build out the infrastructure needed to support a sustained major gifts operation. Board members thanked Mr. Harig and Ms. Alger for their contributions.

None.

**APPROVAL OF MINUTES OF PREVIOUS MEETING(S): TUESDAY, MAY 18, 2021 (REGULAR MEETING) AND TUESDAY, MAY 25, 2021 (REGULAR MEETING)**

SUMMARY: The minutes of the regular meetings of Tuesday, May 18, 2021, and Tuesday, May 25, 2021, were submitted for Board approval.

RECOMMENDATION: Staff recommends approval of the minutes as submitted.

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

EVALUATION: None.

FOLLOW-UP: None.

**NEW BUSINESS:**

**CONSENT AGENDA — JIM ADAMS, CHAIR**

Mr. Hernández summarized the consent items below, and after his comments offered the Board the opportunity to pull any item for elaboration. He then offered the assistance of Mr. Ryden or Mr. Phillips for specific questions on any of the items. There being no comments, Mr. Adams called for a motion.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE LEASE AGREEMENT WITH CROSSROADS MALL PARTNERS, LTD., FOR GENERAL OFFICE SPACE AT WONDERLAND OF THE AMERICAS, 4522 FREDERICKSBURG ROAD SAN ANTONIO, TEXAS — DON RYDEN/BILL PHILLIPS**

SUMMARY: University Health has been leasing 40,544 square feet of net leasable space at Wonderland of the Americas since 2019; the original lease rate was \$20.00/sq. ft. Originally, the Health System acquired this space for face-to-face training in support of implementation of the Epic Electronic Health Record. In October 2020, due to lack of face-to-face training requirements and the COVID pandemic, staff renegotiated a reduction in the monthly lease payment and scope of use. The amendment allowed University Health to continue to use the space for offices only, not as a training center. In January 2021, when University Health opened the Vaccination Hub there, Crossroads Mall Partners, property owner-lessor, expanded the permitted uses without a corresponding increase in rent. This is a request to amend the existing Lease Agreement through June 30, 2024 to expand permitted uses of the space for training of any type and clinical services, should University Health choose to open a clinic. Workforce composition data was provided for the Board's review. Staff recommends Board of Managers' approval of an amendment to the lease agreement with Crossroads Mall Partners, Ltd. for 40,544 square feet of space at Wonderland of the Americas for a term ending June 30, 2024 in an amount not to exceed \$1,885,296.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE LEASE AGREEMENT WITH MASEHO, INC., FOR OFFICE SPACE AT CORPORATE SQUARE TOWER, 4801 NW LOOP 410, SUITE 223, SAN ANTONIO, TEXAS — DON RYDEN**

SUMMARY: University Health has leased space at Corporate Square Towers since 2009 for a variety of administrative offices and functions. The current lease agreement is for an aggregate of 43,304 sq. ft. supporting space for Grants Management (i.e., Research and Information Management, Community Initiative and Population Health, Ryan White), the University Health Foundation, and the Epic Team. The Human Resources Department has moved to Business Center I as planned. University Health will vacate premises totaling 20,992 sq. ft. at lease termination as planned in the Business Center acquisition. This is a request for a lease amendment for 18,080 sq. ft. for the Grants Management Department. The cost of this proposed lease renewal is for a full 3-year term, beginning August 1, 2021. The space for this specific renewal includes Suites 200, 203 and 260. The Foundation lease of 4,232 sq. ft. does not expire until April 30, 2022 and is not changed by this amendment. Workforce composition data was provided for the Board's review Staff recommends Board of Managers' approval of a three (3) year lease amendment with MASEHO, Inc., for a total of \$1,301,616 for office space at Corporate Square Tower, 4801 N.W. Loop 410, San Antonio, Texas.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONSTRUCTION CONTRACT WITH R.E.C. INDUSTRIES, INC., FOR AIR HANDLER UNIT REPLACEMENT AND RELATED UPGRADES AT UNIVERSITY HOSPITAL — DON RYDEN**

SUMMARY: Three (3) existing air handling units (AHU) in Rio and Horizon Towers have been identified as being deficient and in need of either replacement or upgrades to extend their service life. Staff issued a Request for Competitive Sealed Proposals (RFCSP) 221-03-012-CNST with four (4) contractors responding with construction pricing ranging from \$869,246 to \$1,377,540 and construction schedules, in calendar days, ranging from 168 to 334 days. The responses were evaluated based on the criteria provided to the firms in the RFCSP. Of the firms that proposed, R.E.C. Industries, Inc., is recommended based on their competitive pricing, proposed schedule, healthcare experience and safety record. The cost for construction services \$869,246. Capital funds are available for these services which are included as priority items on the Capital Prioritization List. Workforce composition data was provided for the Board's review Staff recommends Board of Managers approve the selection of R.E.C. Industries, Inc., for Air Handler Unit Replacement and Related Upgrades at University Hospital, and authorize the President/Chief Executive Officer to execute a contract with R.E.C. Industries, Inc., in the amount of \$869,246.

CONSENT AGENDA  
RECOMMENDATION:

Staff recommends approval of the consent items as submitted.

CONSENT AGENDA  
ACTION:

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

CONSENT AGENDA  
EVALUATION:

None.

CONSENT AGENDA  
FOLLOW-UP:

None.

**PRESENTATIONS AND EDUCATION:**

**SECOND QUARTER QUALITY REPORT — BRYAN ALSIP, MD**

SUMMARY:

This report includes a review of hospital quality metric performance and includes data from January 2021. Primary strategy, to improve all metrics, includes the partnership between infection control, quality, UT Health Medical Directors, nursing leadership, and unit nursing directors with daily multi-disciplinary leadership rounding specific to review devices, just-in-time education on bundle compliance, and direct observations of practice. Dr. Alsip provided the following presentation:

Medical Director Accountability

- Identification and engagement of physician leads for high value and publicly reported metrics/composites
  - Weekly working meetings
  - Monthly Executive Accountability meetings
- Quality support (data and analysis) expanded to key metrics/composites
  - Includes the development of high visibility dashboards with trends and analysis at aggregate and patient levels to focus efforts on actions with immediate impact

Physician champions are expected to lead executive accountability meetings attended by UT Health and University Health leaders and staff to provide updates, review quality metric results, discuss strategies to address fallouts, and develop action plans to improve performance. The University Health quality team provides significant administrative support for each meeting with comprehensive dashboards, timely analysis, and patient-level detail.

Overall Summary 2021 Year to Date

Length of stay for Obstetrics (OB) is calculated as the ratio of observed length of stay (LOS) to expected LOS. Our goal for 2021 for OB length of stay is a 0.94, and a 5% improvement over the 2020 baseline value of

0.99. This metric is currently at a value of 1.00, slightly above target.

Mortality is calculated as an observed to expected ratio based on national data for patient diagnoses and severity of illness. Our goal for 2021 for mortality is a ratio of 0.70, and a 16% improvement over the 2020 baseline value of 0.83. This metric is currently at a value of 0.84.

The goal for 2021 for the Patient Safety Indicator (PSI) metric (PSI-90) is a ratio of 0.71, an 11 percent improvement over the 2020 baseline value of 0.80. This metric is currently at a value of 0.77, which is improved over baseline and is 93 percent to target goal.

Hospital-Acquired Infections (HAIs) Composite metric includes Central Line Associated Blood Stream Infections (CLABSI); Catheter Associated Urinary Tract Infections (CAUTI); Methicillin-Resistant *Staphylococcus aureus* bloodstream infection (MRSA); Hospital-Acquired *Clostridioides difficile* colitis (CDI); and Deep and organ-space Surgical site infections (SSI) for colon and hysterectomy surgical patients. Performance for these indicators is measured as a Standardized Infection Ratio (SIR) benchmarked against national data and as a rate per patient day, per device day, or per procedure. The HAIs Composite metric is at or better than target year to date.

Three CMS-defined patient core measures comprise the process composite metric: Sepsis bundle compliance (SEP-1); Early elective delivery (PC-01) and Primary C-section (PC-02). The process metric is better than baseline but not at target year to date.

Arithmetic OB LOS – Observed to Expected (O:E) - The goal for 2021 for OB length of stay is a 0.94 with a 5 percent improvement over the 2020 baseline value of 0.99. This metric is currently at a value of 1.00, slightly above target.

OB LOS – Observed to Expected (O:E) – Monthly Trend: % of cases > GLOS

March	April	May	June
20.11%	21.05%	19.12%	24.69%

(Fewer % of cases with a LOS> in May)

Inpatient Mortality – Observed to Expected (O:E) - Mortality is calculated as an observed to expected ratio based on national data for patient diagnoses and severity of illness. The goal for 2021 for mortality is a ratio of 0.70 with 16% improvement over the 2020 baseline value of 0.83. This metric is currently at a value of 0.84.

Percent Mortality vs Hospice Discharges

	January	February	March	April	May
% Expired	5.1	4.1	2.8	2.1	2.2
D/C to Hospice	2.6	2.6	3.0	2.7	3.1

Patient-Safety Indicators Composite (PSI-90) – PSI-90 is a calculated, risk-adjusted observed to expected ratio determined from clinical

documentation coding and is composed of ten separate metrics. The goal for 2021 for the PSI-90 metric is a ratio of 0.68, an 11 percent improvement over the 2020 baseline value of 0.80. This metric is currently at a value of 0.77.

Hospital-Acquired Infection (HAI) Summary – Percent To Target - This metric is currently at a value of 102 percent year to date, which is two percent better than the target year to date, and 36 percent over the 2020 base.

Catheter-Associated Urinary Tract Infections (CAUTI) - Rate per 1,000 Catheter Days - Performance is currently at a value of 1.73, which is worse than 2020 baseline of 1.68, but demonstrating a positive trend since January 2021.

Central Line Associated Bloodstream Infections (CLABSI) - Rate per 1,000 Line Days - Performance is currently at a value of 0.61, which is improved over baseline and significantly improvement since January 2021 but not yet to target goal.

Healthcare Associated *C. difficile* Infections - CDI Rate per 10,000 Patient Days - Performance is currently at a value of 3.29, which is better than 2020 baseline of 3.60, and better than target goal for 2021.

Healthcare Associated MRSA Bloodstream Infections - Bacteremia per 1,000 Patient Days - Performance is currently at value of 0.107, which is worse than 2020 baseline value of 0.084 but demonstrating a positive trend since January 2021.

Surgical Site Infection – Colon - Per 100 Procedures - The goal for 2021 for the SSI colon metric is 3.10, a 37 percent improvement over the 2020 baseline value of 4.95. This metric is currently at a value of 1.32, which is better than target goal for 2021.

Surgical Site Infection – Hysterectomy - Per 100 Procedures - The goal for 2021 for the SSI hysterectomy metric is 0.78, a 28 percent improvement over the 2020 baseline value of 1.09. This metric is currently at a value of 0.00, which is better than target goal for 2021.

Sepsis (SEP-1) Core Measure - Bundle Compliance - The goal for 2021 for the sepsis bundle compliance (SEP-1) is 62 percent a 22 percent improvement over the 2020 baseline value of 50 percent. This metric is currently better than target with compliance at 68 percent.

RECOMMENDATION:  
ACTION:  
EVALUATION:

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No action is required by the Board of Managers.

The primary strategy to improve these metrics includes the partnership between infection control, quality, UT Health Medical Directors, nursing leadership, and unit nursing directors with daily multi-disciplinary leadership rounding specific to the review of devices, just-in-time education on bundle compliance, and direct observations of practice. Metrics within some categories comprise a majority of items that are



represented in the Leapfrog Hospital Safety Grade program as well as publicly reported by the CMS Hospital Star Rating program, and the CMS Hospital-Acquired Condition Reduction Program (HACRP). Quality at the ambulatory clinics is specifically addressed by CAHPS (Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey). Discussion ensued regarding the importance of documentation, the success of which involves educating the medical staff of procedure codes and terminology. Dr. Jimenez reiterated that there are many implications in not achieving quality goals, and he emphasized the importance of the nurse's role in improving and maintaining these scores. Mr. Morris asked if the nursing staff are financially incentivized to improve in this area, and noted that it is difficult to change human behavior without incentives. As far as medical residents' exposure to informatics, Mr. Banos informed the Board that their exposure depends on the service line and Dr. Hromas confirmed that the School of Medicine offers an elective course to help those who are interested. University Health has enlisted Impact Advisors and utilizes a 3-M curriculum to assist University Health in realizing maximum potential in its quality scores. In addition, leadership continues to engage resident physicians via an Epic tip sheet; training for the new physicians who arrive July 1 will take place next week. Dr. Alsip informed the Board that he has had good buy in from physician leaders, to which Dr. Suri added that the scores are a team effort among the various units. To Mr. Morris' point, Mr. Adams noted that the challenge lies in deciding who needs to be incentivized. He asked the staff to layout objectives and address the question, as incentives are not aligned from top to bottom, as there are neither incentives nor disincentives associated with quality scores for the nursing staff. Mr. Hernandez agreed.

FOLLOW-UP:

As indicated above.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the public meeting at 8:11 pm.

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James R. Adams  
Chair, Board of Managers

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

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Sandra D. Garcia, Recording Secretary