



**BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

Tuesday, March 28, 2023
6:00 pm
Cypress Room, University Hospital
4502 Medical Drive
San Antonio, Texas 78249-4493

MINUTES

BOARD MEMBERS PRESENT:

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

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health
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
Andrea Casas, Vice President, Chief Human Resources Office, University Health
Ted Day, Executive Vice President, Strategic Planning/Business Development, University Health
James Freeman, Executive Director, Project, Design & Construction, University Health
Michael Gardner, MD, Vice President, Women's & Children's Hospital, University Health
Juan Garza, MD, Chief Health Informatics Offices, Office of the Chief Medical Officer, University Health
Rob Hromas, MD, Dean, Long School of Medicine, UT Health San Antonio
Carol Huber, DrPH, MBA, Deputy Chief Public Health & Equity Officer, Institute of Public Health,
University Health
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health
Leni Kirkman, Executive Vice President/Chief Marketing, Communication, & Corporate Affairs Officer,
University Health
Shelley Kofler, Senior Public Relations Manager, Corporate Communications, University Health
Robert Leverence, MD, Vice Dean, Office of Clinical Affairs and Chief Medical Officer/Long School of
Medicine, UT Health SA
Leo Lopez, III, MD, Medical Director, Institute for Public Health and School-Based Health, University
Medicine Associates
Valerie Maldonado, Director, School Based Programs, University Medicine Associates
Joshua Nieto, Chief Compliance/HIPAA Officer, University Health
Dina Perez-Graham, Senior Vice President/Chief Nurse Executive, University Health
Bill Phillips, Executive Vice President/Chief Information Officer, University Health
Charles Reed, Assistant Chief Nursing Officer/Ancillary Services and Magnet Program, University Health

Serina Rivela, Vice President/Chief Legal Officer, University Health
Don Ryden, Vice President/Project, Design & Construction, University Health
Christopher Sandles, President, Hospital Operations, University Health
Judy Shumway, DO, Senior Vice President/Clinical Services, University Health
Andrew Smith, Executive Director, Government Relations & Public Policy, University Health
Travis Smith, Chief Financial Officer, Clinical Operations, University Health
Horacio Vasquez, Executive Director, Supply Chain Management, University Health
Roberto Villarreal, MD, Senior Vice President/Chief Public Health Officer, University Health
Larry Wallis, Director, Internal Audit Services, University Health
Mary Garr, President/Chief Executive Officer, Family Service Association
Tom Milligan, CMQMT Consultants
And other attendees.

CALL TO ORDER:

Mr. Adams called the Board meeting to order at 6:04 pm.

INVOCATION AND PLEDGE OF ALLEGIANCE — JIM ADAMS, CHAIR

Darryl Green, Program Manager, Perioperative Services, University Health, said the invocation and Mr. Adams led the pledge of allegiance. Mr. Green currently serves as a member of University Health's Veterans' Committee which was created by Chief A.J. Sandoval and Dr. Bryan Alsip in 2013-14 to honor, celebrate, and thank veterans for their service. Veterans are honored annually by University Health at Memorial Day and Veteran's Day ceremonies. Mr. Adams noted that he had attended a naturalization ceremony earlier in the day at the Federal Courthouse for 200 individuals from 30 countries who wanted to become American citizens. There is more to governance than being a democrat or a republican, and we all ought to very proud of our country and proud to be Americans.

PUBLIC COMMENT: None.

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

SUMMARY: The minutes of the regular Board meeting of Tuesday, February 28, 2023 were submitted for the Board's review and approval.

RECOMMENDATION: Staff recommends approval of the minutes as submitted.

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

EVALUATION: None.

FOLLOW UP: None.

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

SUMMARY: Dr. Henrich is in Austin, Texas, working with the state legislature. UT Health's School of Medicine was founded based on the prerequisite that Bexar County would build and provide a teaching hospital in proximity to the medical school, and he credited the existence of UT Health to the establishment of University Hospital. The San Antonio Express-News Reader's Choice Awards voted UT Medicine the best medical group in

town due in part to its relationship with University Health. UT Health San Antonio also recently earned a “Best Company Outlook” ranking by Comparably, a website that compiles job listings and company culture information, and publishes an annual listing of companies with the brightest futures based on employee surveys. In national news, researchers from UT Health SA have cloned the key to fat accumulation due to a magnesium receptor in the mitochondria, the MRS2 receptor. Deleting MRS2, a gene that promotes magnesium transport into the mitochondria, resulted in more efficient metabolism of sugar and fat in the power plants. Researchers are hopeful to have developed a small-molecule drug to prevent weight gain and adverse liver changes in those individuals who have high-sugar, high-fat diets.

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

NEW BUSINESS

CONSENT AGENDA –JIM ADAMS, CHAIR

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

SUMMARY: The Credentials Committee met on February 27, 2023, and reviewed the credential files of the individuals listed on the Credentials Report and the Professional Performance Evaluation Report provided to the Board. In its meeting of March 7, 2023, the Executive Committee of the Medical-Dental Staff approved the Credentials Committee Report in accordance with University Health’s credentialing and privileging process. The Executive Committee, in turn, recommends final approval by the Board of Managers.

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

SUMMARY: The Credentials Committee met on February 27, 2023, and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of March 7, 2023 the Executive Committee of the Medical-Dental Staff approved the Delineation of Privileges and Focused/Ongoing Professional Performance Evaluation Report, which was provided for the Board’s review, and in turn, recommends approval by the Board of Managers.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES WITH TEXAS LOCAL GOVERNMENT INVESTMENT POOL — REED HURLEY

SUMMARY: University Health is required by the Texas Public Funds Investment Act (PFIA) to follow certain investment guidelines designed to safeguard the assets of governmental entities. The State of Texas provides several local governmental investment pools which qualify under the PFIA guidelines.

Due to several recent long term employee retirements, there is a need to designate new authorized representatives by means of a TexPool Resolution Amending Authorized Representatives as follows:

- Reed Hurley, Executive Vice President/Chief Financial Officer
- James Garcia, Vice President/Controller
- John Henigan, Director, Corporate Accounting
- Cory Cofield, Manager, Treasury Services

Staff recommends approval of the Resolution Amending Authorized Representatives for the Texas Local Government Investment Pool.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN INTERLOCAL AGREEMENT WITH EDGEWOOD INDEPENDENT SCHOOL DISTRICT FOR AN EMPLOYEE CLINIC — KATHERINE MANUEL

SUMMARY: Both University Health and Edgewood Independent School are political subdivisions of the state of Texas and as such have the ability to leverage the state statute that allows for local governments to contract with one another and with agencies of the state. Through this avenue, Edgewood ISD can provide its employees and their dependents convenient access to care in proximity to their workplace at the University Health Edgewood Clinic. This is a revenue-generating agreement for University Health, in which Edgewood will pay a fixed rate for their employees based on a fee per patient visit to access primary/walk-in services and select laboratory tests at the University Health Edgewood Clinic. Staff recommends Board of Managers' approval of an Interlocal Agreement with the Edgewood Independent School District to enable continued services for the employee clinic.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A PROFESSIONAL SERVICES AGREEMENT WITH EL CENTRO DEL BARRIO D/B/A CENTROMED FOR CARELINK MEMBERS — ROBERTO VILLARREAL, M.D./ VIRGINIA MIKA, PHD

SUMMARY: The purpose of this agreement is to continue to secure professional primary care services for CareLink members. This new agreement shall be renewed for up to two successive one (1) year terms if CentroMed meets all performance standards, patient satisfaction and quality risk management standards. The total amount for three years of this contract is estimated at \$480,000. The workforce composition data for CentroMed was provided for the Board's review. This is a fee for service contract. The term of the contract is for one year beginning May 1, 2023 and ending April 30, 2024 with two one year renewals. Staff recommends the Board of Managers approve and authorize the President/Chief Executive Officer to execute an Agreement with El Centro Del Barrio d/b/a CentroMed for a three (3) year term for an estimated amount of \$480,000.

CONSIDERATION AND APPROPRIATE ACTION REGARDING PROFESSIONAL SERVICES AGREEMENTS WITH THE ALAMO AREA RESOURCES CENTER AND THE SAN ANTONIO AIDS FOUNDATION FOR THE RYAN WHITE PROGRAM - PART B SERVICE DELIVERY AND STATE REBATE, SERVING HIV AFFECTED CLIENTS AND FUNDED THROUGH THE TEXAS DEPARTMENT OF STATE AND HEALTH SERVICES — ROBERTO VILLARREAL, MD

SUMMARY: A correction was noted by Mr. Adams, only the sub-agreements with Alamo Area Resources Center (AARC) and the San Antonio AIDS Foundation (SAAF) will be considered this evening, not the four initially listed on today's agenda. The purpose of these agreements is to provide funds to AARC and SAAF for medical and support services for people affected by HIV/AIDS; both are local non-profit organizations. These two organizations offer a range of wraparound services and continuum of care for

people with HIV/AIDS and other underserved patient population. This Agreement will allow these organization to receive Texas Department of State Health Services Funds from budget period 4/1/2023-3/31/2024 to care for persons with HIV in Bexar County and other South Texas counties most severely affected by the HIV/AIDS epidemic. The primary goal of this funding is to ensure the continuation of high-quality core medical and support services to persons living with HIV/AIDS in the twelve-county San Antonio to improve health and viral suppression, funding is as follows:

Sources of Funding	RW Part B	Allocated
FY 23-24	Overall Budgeted	Funds
Ryan White Part B	\$1,223,792	AARC: \$365,497 SAAF: \$291,760
State Funds	\$651,398	AARC: \$177,741 SAAF: \$37,956

Workforce composition data for AARC and SAAF was provided for the Board’s review. Staff recommends approval of the new agreements with the Alamo Area Resources Center and San Antonio AIDS Foundation, sub-recipients of Ryan White HIV/AIDS Program funds, to enhance services for Ryan White-eligible patients.

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

SUMMARY: University Health’s Purchasing Consent attachment for the month of February 2023 includes 18 proposed contracts for Board of Managers action. The total requested Board of Managers approval for these 18 contracts is \$13,318,269. Additional Presented contracts during the February 2023 Board of Managers meeting total \$17,766,330 and are considered for approval separate from the Purchasing Consent. Staff recommends Board of Manager’s approval of Purchasing Consent items in the amount of \$13,318,269.

CONSENT

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

CONSENT

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

CONSENT

EVALUATION: None.

CONSENT

FOLLOW UP: None.

SPECIAL PRESENTATION:

UNIVERSITY HEALTH FOUNDATION ANNUAL REPORT — SARA ALGER/YVONNE GONZALES

SUMMARY: Ms. Alger presented University Health Foundation’s annual report as follows: Between September and November 2022, the NJI team conducted a comprehensive brand audit of University Health Foundation to understand the current University Health Foundation brand and how it is perceived by key stakeholders, including the health care industry competitive landscape. The audit has been highly productive in gaining insights to inform revised messaging to better position the University Health Foundation as an innovative institution that delivers on its

mission—to inspire donors to participate in advancing extraordinary and compassionate care to patients.

Growth in Infrastructure since November 30, 2020

- 13 staff members, 3 “departments”
- Raiser’s Edge NXT
- Mailchimp
- Omatic
- Donor Search
- Processes and guidelines
- Mission, Vision, and Values

Growth in Fundraising since November 30, 2020

- Raised nearly \$25 million
- Eleven (11) 7-figure gifts
- Received \$5 million gift, largest in Foundation history
- Began planned giving program, receiving 3 planned gifts, and 1 realized planned gift
- Highest grossing Medical Miracles Gala, second highest netting to 2020 virtual event
- Began grateful patient program training

Looking Forward in 2023

- Infrastructure
 - Donor Search → patient data = ↑ grateful patient program
 - Spending Policy and Disbursement Process
 - Build out Stewardship – Omatic and Mailchimp
 - By-laws
- Close out Women’s and Children’s Campaign
- Campaign Planning Study
- Launch next campaign
- Women’s and Children’s Campaign
- \$23.2 million raised toward the \$30 million goal
- Portfolio, Vendors, physicians
- May 6, Medical Miracles Gala = Celebration!
- May 6 – final deadline for campaign donor wall
- July Grand Opening events
- Space Dedications

Wave Campaign Model™

- Performance production baseline→Donor-Centered
Engagement→Initiative→4 to 6 month transition into new initiative (sweet spot for transition/pivot to new case) - Efforts that are “too close” to allow time to identify and cultivate donors, such as equipment arriving in 6 months or the building you break ground on in 12 months, should not be included. Projects selected need to be far enough out on the horizon to allow lead time for giving. Philanthropy officers and boards are too often placed in the extremely awkward position of raising money for projects that are already in progress; this can be easily interpreted by donors as “we can do this with you or without you but just want your money.” So, you need runway to create a constituency of donors→Conduct Planning Study (Infrastructure, Staff, Data, Prospects, Goal Size)→Strategically Aligned Project Selection™ (Supports donor intention and motivation)
- New Initiative→18 to 24 months in length

Summary of Comprehensive Campaign Planning Engagement

1. 6 Leadership Interviews
2. 6 Clinician Interviews
3. Case for Support Development
4. Strategically Aligned Project Selection Session
5. Vision, Opportunities, Case, Alignment and Leadership Session
6. Campaign Working Group
7. 50 External Partner Discussions
8. Electronic Surveys
9. Campaign Recommendation

Proposed Timeline

Week 1 – Board & Executive Leadership Engagement Kick Off (Socialize March 2022)

Week 2 to Week 5 – Infrastructure Review & Analysis

Week 2 -Week 7 – Leadership Interviews (March/April)

Week 3 - Week 4 – SAPS Session (April 27)

Week 4 - Week 7 – Top 100 Donor & Prospect Review

Week 5 - Week 7 – Case for Support Creation & Testing

Week 6 – Campaign Working Group Creation

Week 7 – VOCAL Session (May 24)

Week 8 – External Partner Discussions (Month of June)

Weeks 1 – 16 – Project Management, Check-In Calls & Support

Week 9 – Week 12 – External Partner Discussions (Month of June)

Week 9 – Week 10 – Clinician Interviews & Engagement

Week 11 – Week 12 – Community Electronic Survey (start mid-June)

Week 13 – Week 15 – Campaign Planning & Assessment Report Creation

Week 16 – Campaign Planning & Assessment Report Delivery and Presentation (August Meeting)

Our Mission, Vision and Values

The mission of University Health Foundation improves the lives of patients, families and communities by funding transformative care and medical innovations to advance the work of University Health.

We fulfill this mission through a set of core **values**.

Innovation → Compassion → Excellence → Collaboration → Sustainability

Our vision:

We are a catalyst for health care, advancing equity, access and improved outcomes in our communities.

RECOMMENDATION:

ACTION:

EVALUATION:

This report was provided for informational purposes only.

No action was required by the Board of Managers.

The University Health Foundation was established in 1984. The stakeholders interviewed by the NJI group to develop the new vision, mission and values was comprised of Mr. Jim Adams, major gift donors, long-term donors, Vice Presidents, and the entire current Foundation Board of Directors, consisting of 20. Ms. Fernandez expressed appreciation for the education piece of Ms. Alger’s report; she found the perceptions of University Health especially interesting, and sees an opportunity for the Board of Managers to reflect on those perceptions as an organization. Mr. Hasslocher congratulated Ms. Alger on the

outstanding work she has undertaken. Dr. Kelley asked if it was foreseeable for the Foundation to take ownership of certain issues, such as health equity. The Foundation would like to support the health care provided by University Health, therefore; all of its efforts will be strategy-driven by University Health and its executives, which is the secondary message that is being developed. Mr. Adams thanked Ms. Alger for her report.

FOLLOW UP:

None.

ACTION ITEMS - CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED ITEMS:

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

SUMMARY:

University Health is authorized by the Texas Health & Safety Code to appoint and commission peace officers to provide a safe and secure environment for patients, visitors, staff, and facilities. The credentials of Mr. Ramiro H. Garcia have been examined and certified by the Chief of Police as meeting all requirements of a University Health Peace Officer. Mr. Garcia will fill a position left vacant after the retirement of an officer who provided 27 years of service.

RECOMMENDATION:

Staff recommends Board approval to commission Ramiro H. Garcia as a Bexar County Hospital District Peace Officer.

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 CONSTRUCTION MANAGER AT RISK CONTRACTS FOR THE COMMUNITY HOSPITALS LAYTON CONSTRUCTION COMPANY, LLC AT THE RETAMA SITE; AND TURNER/BYRNE/STRAIGHT LINE MANAGEMENT JOINT VENTURE AT THE VIDA SITE — DON RYDEN

SUMMARY:

In June 2022, the Bexar County Hospital District Board of Managers approved a new capital improvement program (CIP) to construct two community hospitals and medical office buildings to better serve the rapidly growing healthcare needs of the local community (the Project). To prepare for the construction phase of the Project, staff issued a Request for Proposals for firms to provide construction management services as the Project's Construction Manager (CM) at Risk. The RFP highlighted the intent to award two contracts, with a single CM responsible for one of the two new campuses and University Health making the determination of which CM was assigned to which site. The scope of CM services includes all improvements to the proposed locations from permitting, through site work and utilities, to horizontal construction (including parking and landscaping) and vertical construction (including the hospital, medical office building, and new central utility plant). Staff published

RFP 222-07-060-SVC for Construction Manager-at-Risk Services on October 7, 2022. The following respondents submitted timely and complete proposals and were approved for further evaluation:

- Primary: Archer Western Construction, LLC
- Partnering Firm: N/A
- Primary: Layton Construction Company, LLC
- Partnering Firm: N/A
- Primary: The Robins & Morton Group and Bartlett Cocke
- Partnering Firm: Davila Construction, Inc. and Via Technology
- Primary: Turner Construction Company, Byrne Construction Services, and Straight Line Management Joint Venture
- Partnering Firm: N/A
- Primary: J. T. Vaughn Construction, LLC.
- Partnering Firm: N/A

As a result of the initial rankings, the four firms were invited to present and further explain their proposals. Presentations were delivered on January 10, 2023 and reflected a variety of staffing models and approaches to construction management services. Based on the RFP criteria, the evaluation committee recommends Layton Construction Company, LLC for the Retama site; and Turner/Byrne/Straight Line Management Joint Venture for the Vida site.

Layton Construction Company, LLC (Layton) proposed pre-construction fees of \$890,000. The total negotiated fee of \$19,383,920 is a fixed amount, of which the preconstruction fees of \$890,000 will be awarded with the initial contract, for comprehensive CM services over approximately 27 months. The pre-construction fee is anticipated to be paid during the first 12-15 months.

Turner Construction Company, Byrne Construction Services, and Straight Line Management, LLC, a Joint Venture, proposed pre-construction fees of \$1,232,000. The total negotiated fee of \$23,280,346 is a fixed amount, of which the preconstruction fees of \$1,232,000 will be awarded with the initial contract. The balance of CM fees will be allocated to subsequent GMPs and comprehensive CM services for the Project will be provided over approximately 35 months. The pre-construction fee is anticipated to be paid during the first 12-15,

Workforce composition data for both vendors was provided for the Board's review. The Layton CM team includes approximately 34 percent local team members. SMWVBE participation goals of 40 percent local or disadvantaged subcontractors are part of Layton's approach to resourcing future GMPs. The TBS CM includes approximately 96 percent local team members. TBS is 40 percent SMWVBE at the prime level and has set a participation goal of 40 percent in their approach to resourcing future GMPs.

RECOMMENDATION:

Staff recommends the Board of Managers approve the selection of Layton Construction Company, LLC as the Construction Manager-at-Risk for the Retama site Community Hospital and the selection of Turner/Byrne/Straight Line Management Joint Venture as the Construction Manager-at-Risk for the Vida site Community Hospital.

Staff further recommends that the Board authorize the President/Chief Executive Officer to execute contracts with each for pre-construction services in the amounts of \$890,000 (Retama) and \$1,232,000 (Vida).

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

EVALUATION: Dr. Kelley questioned the logic behind issuing one proposal for two different locations, and wondered why University Health is not using the same consultant for both projects. Mr. Ryden explained that one of the reasons is to engage as much of the community as possible; and he also cited continuity issues and cost control factors. As University Health moves into the design process both teams will be working to keep things on budget, which is the basically the staff's strategy. Mr. Ryden expressed confidence in the two teams selected, and further explained the rationale in assigning the construction managers the way they were assigned, which has to do with each team's experience. The Turner/Byrne/Straight Line Management team has a little more bandwidth in that regard; the VIDA site will be more complicated due to the infrastructure work needed, and there will more coordination and collaboration required.

FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH S JACKSON CCM GROUP, LLC FOR PROJECT MANAGEMENT SERVICES FOR THE INSTITUTE OF PUBLIC HEALTH FACILITIES — DON RYDEN

SUMMARY: In March 2022, the Board of Managers endorsed the establishment of a Public Health Division within University Health. In the latter part of 2022, University Health issued a Request for Qualifications for project management firms for two new Institute of Public Health facilities. University Health published RFQ-222-11-072-SVC for Project Management Services for Public Health Buildings on November 23, 2022. Respondents provided sealed fee proposals before making their final presentations to the University Health evaluation committee. The following respondents submitted timely and complete proposals and were approved to submit fee proposals and further evaluation:

- Primary: AGCM, Inc.
- Partnering Firm: Barton Architecture and Project Management, PLLC
- Primary: S Jackson CCM Group, LLC DBA Integrated Construction Management Solutions (ICMS)
- Partnering Firm: Broaddus & Associates, Inc.
- Primary: Jones Lang LaSalle Americas, Inc.
- Partnering Firm: Addison Prime

The evaluation committee reviewed, scored, and ranked the initial Statements of Qualifications according to stipulated criteria. Three presentations were delivered on February 22, 2023. The presentations reflected a variety of experiences with public health models and processes and tools for delivering project management services for the Project. Based on the RFQ criteria, the evaluation committee selected Integrated CM Solutions (ICMS) as the preferred project management firm. Staff

entered negotiations with the selected firm between February and March 2023. As a result of these negotiations, a total fixed fee of \$994,667 was determined fair and reasonable by both ICMS and University Health. ICMS will provide full project management services. The negotiated fee for project management services is \$994,667. Staff recommends the funding of this contract from the Board Designated Capital Account. It is anticipated that the majority of this fee will be reimbursed through ARPA funding. The vendor's workforce composition data was provided for the Board review. The ICMS team anticipates 100 percent participation of SMWVBE firms.

RECOMMENDATION: Staff recommends Board of Managers' approval to execute the Contract Agreement with S Jackson CCM Group, LLC d/b/a Integrated Construction Management Solutions (ICMS) in the amount of \$994,667.

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

EVALUATION: The scope of the contract includes an approximate 60,000 sq. ft. building on the Southside/Vida site and a 15,000 sq. ft. clinic building on the Eastside land currently under contract.

FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE PROFESSIONAL SERVICES CONTRACT WITH MARMON MOK, LLP FOR ARCHITECTURAL SERVICES FOR THE WOMEN'S AND CHILDREN'S HOSPITAL FOR PEDIATRIC CT DESIGN — DON RYDEN

SUMMARY: Preliminary design and programmatic budgeting of a Pediatric Catheterization Lab was necessary to support decision-making on whether to proceed with the full design, equipment purchase, and construction. The Architectural/Engineering team's anticipated total cost for the pediatric CT build-out is \$3.38 million, including nearly \$2 million for the diagnostic equipment. However, these estimates will be refined through the design process. The A/E team proposal anticipates that new pediatric CT area construction will take place following occupancy of the current construction, therefore requiring a complete design package that can be issued for construction as a competitive, stand-alone project. Staff concurs with the A/E team that this approach will enable increased effectiveness in mitigating issues and potential schedule impacts to ongoing construction, acceptance, and occupancy of the Project. Staff therefore proposes to direct the A/E team to complete the design package for pediatric CT spaces and to assist with identification and validation of necessary procurements to support a build-out. Budget re-alignments will be made as necessary. The A/E proposal for complete design services of the pediatric CT area is \$277,885. This is inclusive of the original Schematic Design phase originally authorized using \$33,175 in existing design contingency. This is a future stand-alone project. Staff proposes funding the design effort from unallocated Project contingency funds within the Board-approved Project budget. Staff recommends issuing a contract Amendment to the current Agreement for Architectural Services with Mormon Mok, LLP, as follows:

Original Contract Amount	\$ 31,981,288
Previous Approved Amendments	\$ 21,283,475
Current Contract Amount	\$ 53,264,763
Proposed additional changes	\$ 277,885
Revised Contract Amount	\$ 53,542,648

The total Program budget would therefore remain \$837.9 million. The workforce composition data for Momon Mok, LLP was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve the complete design effort to add pediatric computed tomography (CT) spaces to the Women's and Children's Hospital and authorize the President/Chief Executive Officer to execute the appropriate Amendment to the Marmon Mok, LLP Agreement for design services thereto.

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

EVALUATION: Mr. Adams asked Mr. Ryden whether University Health's Project, Design & Construction Department is adequately staffed to successfully undertake the upcoming capital improvement projects in the community. Mr. Ryden feels it is important to establish a qualified project team that is experienced in the type of work we are undertaking. One of his goals is to develop the right relationships between A/E teams, construction managers, project managers and all the sub consultants that will come along. Mr. Ryden has a great support team in place – he relies a lot on Mr. James Freeman and Mr. Steven Donnelly, and he is currently in the process of hiring a senior project manager with specific experience in building community hospitals and in public health. He assured the Board that he would speak with Mr. Hernandez if he needs additional resources. Dr. Burns thanked Mr. Ryden for his work, she is excited about the local and diverse businesses that are being recruited for these projects. University Health is living up to its mission and embracing the community while doing so.

FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING TEMPORARY HEALTH CARE STAFFING AGREEMENTS WITH VARIOUS AGENCIES — ANDREA CASAS/DINA PEREZ-GRAHAM

SUMMARY: University Health is actively recruiting and has deployed multiple strategies to recruit and retain professional nursing and other essential healthcare professionals. Through these strategies University Health is making a concerted effort to reduce reliance on agencies and provide the tools and strategies available to optimize the existing staff. To meet patient volume in an effective manner, University Health uses a common-sense approach to contingency layering to include utilizing agency staff when necessary. This also helps to keep core staff engaged and happy. In order to sustain current clinical operations, professional services provided by temporary staffing agencies are necessary to ensure the health and safety of our patients. These contracts provide for

Registered Nurses, Respiratory Therapists and other essential health care workers and professionals as needed at University Hospital and University Health clinic locations. The requested amount for a one-year period, based on current run rates, should not exceed \$30,000,000. This expense will be reflected in the salaries and wages area of the income statement, contract labor is considered a substitute for regular staff and falls under the salaries and wages budget. This request shall be for a six-month period beginning March 31, 2023 to September 30, 2023. Agencies will invoice University Health for services utilized pursuant to the rates and terms contained in the staffing agreement. University Health is not obligated to utilize any specific amount of service; agency nurses are engaged on an as needed basis to cover areas where there is a need due to staff shortages or surges in volumes. The workforce composition data for two of the larger staffing agencies was provided for the Board’s review.

RECOMMENDATION: Staff recommends the Board of Managers approve the use of professional service agencies for temporary staffing at University Health in an amount up to \$30,000,000 for a six-month period.

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

EVALUATION: Mr. Charles Reed, Assistant Chief Nursing Officer joined Ms. Casas and Ms. Dina Perez-Graham to review inpatient RN agency trends for the period March 2022 through April 2023 for comparison purposes:

	April 2023*	Mar 2023	Feb 2023	Jan 2023	Dec 2022
Agency Staff	158	195	217	228	226
Vacant Positions	0	211.5	250.8	232.5	233.9
Hired not Started	0	76	76	96	89
Staff on Orientation	0	177	129	104	138

**April #s are projected with current agency contract non-renewals.*

	Oct 2022	Sept 2022	Aug 2022	July 2022	Jun 2022	May 2022
Agency Staff	239	297	297	245	249	256
Vacant Positions	304.8	349.1	373.2	382.6	416.5	383
Hired not Started	69	53	63	67	52	0
Staff on Orientation	126	130	110.8	114	108	0

	April 2022	Mar 2022
Agency Staff	232	192
Vacant Positions	380	376.1
Hired not Started	0	0
Staff on Orientation	0	0

University Health hosted a job fair at Texas Vista Medical Center earlier in the month, which was a great opportunity to recruit most of their nurses. Ms. Jasso had been contacted about the closure and placement needed for the nurses, and she commended the staff for responding so quickly.

In addition, to increase the local pipeline, University Health submitted letters of support for nursing programs at Palo Alto Community College as well as St. Mary’s University approximately one year ago, and the staff is actively courting all universities to have an influx of nursing resources when the new south side hospital opens. About 50 percent of the nurses being hired are new graduates; if they are not approached with jobs offers

during their third semester, the recruitment opportunity is lost. New graduate nurses want to work in the intensive care units or the Emergency Department; therefore, Human Resources is coming up with very impressive, competitive packages to attract much needed medical--surgical nurses. Those few nurses who do not work out in the ICUs are relocated to med-surg areas. Ms. Perez-Graham acknowledged that the once held expectation to hire only nurses with a minimum two years' experience is no longer realistic. In this case, hospital nurse orientation assures they are well trained and qualified, and graduate nurses are taught very well. University Health's nurse residency program recently received recognition for being one of the best programs around because it produces great nurses. She credited the decreased use of agency nurses to the new graduate recruits. In 2022, the nurse residency program produced 5 cohorts of new nurses; each co-hort has 50 students, and for 2023, there are 8 co-horts being trained. We are seeing the largest number of incoming nurses right now. Mr. Hasslocher was pleased to know that University Health is moving in the right direction with several new university affiliations. Dr. Kelley asked if there has been a change in the market place for traveling nurses, to which Mr. Reed replied that nurses are indeed getting tired of travel. University Health has a trip planned to McCallen, Texas in a few weeks to recruit nurses. As for the current nurses at University Health, they have been busy. Ms. Perez-Graham gushed about current nurses: they are extremely compassionate nurses who are pushed beyond what she has ever seen in her career. They are resilient and on the frontlines every day, and most importantly, they work when we need them. She remains optimistic about the future of nursing at University Health.

FOLLOW UP:

None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC., TO ADDRESS SOCIAL DETERMINANTS OF HEALTH FOR THE UNIVERSITY HEALTH PATIENT POPULATION
— ROBERTO VILLARREAL, M.D.

SUMMARY:

The Centers for Medicare & Medicaid Services (CMS) issued guidance in 2022 to drive the adoption of strategies that address the social determinants of health (SDOH) to improve health outcomes, reduce health disparities, and lower overall costs of medical care. Family Service Association of San Antonio has been providing services that address client and community SDOH since its founding in 1903. In 2018, the organization was re-aligned to an organizational structure that reflects the SDOH of Healthy People 2020/2030. Family Service provides a wide array of services focused on addressing SDOH in Health & Healthcare, Economic Stability, Education, Social & Community Context and Neighborhood and Built Environment services. Family Service works to address the social determinants of health (SDOH) through a trauma-informed care lens. Family Service operates over 30 programs and working with over 200 community partners, assists almost 60,000 people annually at its four office locations and over 40 community based office locations throughout 14 counties in South Texas. Family Service serves infants, children, youth, seniors, and families of all ethnic, racial and

cultural backgrounds, and socio-economic levels. Family Service is well-positioned to address the needs of our patient population and have formal and informal collaborative agreements with more than 200 agencies throughout the San Antonio community. This vendor was selected through a University Health Request for Proposals process and scored with careful consideration of qualifications, experience and proposed value of services. To address SDOH at University Health, including food insecurity, transportation, etc., Family Service Association of San Antonio will provide services which Dr. Villarreal detailed in his written report, through a contract with University Health in the amount of \$430,798. The list of programs and services offered by the Family Services represent resources invested by University Health to directly improve patient health through Social Determinants of Health. The initial contract term is one year with the option of two, one-year renewal periods. Contract renewal and renewal amounts will be dependent on contract performance and University Health needs. The workforce data composition was provided for the Board's review.

RECOMMENDATION: Staff recommends approval of this new agreement with Family Services Association, Inc. to help address the social determinants of health faced by the University Health patient population for a total of \$430,798.

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

EVALUATION: Ms. Mary Garr, President/CEO, Family Services of San Antonio, Inc., was in attendance for Dr. Villarreal's presentation to answer any questions from the Board. Ms. Fernandez was interested in knowing how other hospitals are dealing with the CMS mandate to which Dr. Villarreal replied that University Health is ahead of the game and he is not aware that other local hospitals are contracting third parties for professional services at this time. Ms. Fernandez also asked how the staff determined that service and resource navigation would be provided to only 250 patients under this agreement, to which Dr. Villarreal replied that a pilot program conducted during a DSRIP project tracked outcomes of patients with congestive heart failure who had numerous Emergency Department visits, followed by admission after readmission helped the staff arrive at this number. The number of patients tracked during this period averaged 7 per week. For this particular pilot, social workers and nurses were asked to coordinate and monitor activities for this patient population, which is complex and not easy to reach. Regardless of the health care provided by the best cardiologists at University Health, these patients were seen in the Emergency Department 20-30 times per year. The staff came to realize that some of these congestive heart failure patients also had issues with food insecurity, transportation, and oftentimes family conflicts that disrupt their recovery process. The 250 patients that will be tracked under this agreement are high utilizers with a cross section of chronic illnesses, such as congestive heart failure. Mr. Hernandez added that the agreement with Family Services will help University Health learn how to address SDOH and he thought it would be best to partner with a non-profit organization that knows this community and will help University Health be successful in this area. Dr. Burns commended the staff's initiative to address SDOH, and was pleased to learn that a trauma-informed aspect will be

utilized. Mr. Adams urged the staff to think in terms of how to use what is learned as University Health undergoes these efforts to improve patient outcomes through combined community efforts.

FOLLOW UP:

None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING UNIVERSITY HEALTH'S COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY — ROBERTO VILLARREAL, M.D./CAROL HUBER, DRPH

SUMMARY:

For more than 20 years, University Health has partnered with other health systems and organizations in Bexar County to produce a shared CHNA for the community. This is accomplished through mutual funding and support of the Health Collaborative, a non-profit organization that facilitates the development of the joint CHNA with leadership from its Board of Directors and volunteer Steering Committee. The Board and Steering Committee include representation from University Health, and the most recent CHNA was published in November 2022. Dr. Huber made the following presentation:

IRS Requirement for Tax-Exempt Hospitals

Community Health Needs Assessment (CHNA) Section 501(r)(3)

- Defines the community and assesses health needs
- Includes input from the community
- Describes impact of previous efforts
- Includes an implementation strategy
- Documented in a written report
- Adopted by the hospital
- Available to the public

University Health's Leadership in Community Health Needs Assessments (CHNA)

September 2019 – 2019 Bexar County CHNA Released

March 2020 – CHNA presented to Board of Managers

November 2022 – 2022 Bexar County CHNA Released

March 2023 – Presented Updated 2023 CHNA to Board of Managers

March 2023 – 2023 Bexar County Community Health Improvement PLanning

July 2023 – Complete CHNA focused on South Bexar County and continue addressing community needs

Community Needs Identified through the Assessment

- Social Determinants of Health, including economic stability, neighborhood and built environment, social and community context, educational access and quality, and health care access
- Health Behaviors and Risks, including harm reduction and health promotion
- Health Care, Disease, and Mortality, including infectious diseases, chronic diseases, cancer screenings, women and newborn health, mental and behavioral health, and oral health.

What Makes Us Healthy

- Access to care – 10%
- Genetics - 20%
- Environment – 20%

- Healthy Behaviors – 50%

The Assessment Identified Disparities in Life Expectancy and Other Measures of Health

“Prior to COVID-19, long life expectancy was concentrated on the north and northwest sides, while shorter life expectancy was concentrated on the east and west sides (Figure 4.19). That geographic disparity has likely grown during the pandemic.”

Implementation Strategy: The Institute for Public Health

The Institute for Public Health is more than a building, initiative, or division...

It is University Health’s commitment to promoting health, preventing disease, and prolonging life in our community through programs, services, and partnerships.

Vision: We are leading the way to improve the good health of our community by eliminating health disparities and achieving health equity.

University Health’s Comprehensive Approach to Public Health and Equity

Research Grants Innovation	Clinical Ops, UMA	Quality Improvement & Clinical Outcomes	Patient Access
Local Advisory Committees Community Partners & Vollaboratives	Institute for Public Health		Community First Health Plans, Inc. University Health Foundation
Info Svcs	Corp. Comm. & Gov’t Relations	Emergency Management	Human Resources & Finance
			Legal & Procurement & Prot Svc

The Institute for Public Health Uses the 10 Essential Public Health Services Framework to protect and promote the health of all people in all communities.

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic structural barriers, such as poverty, racism, gender, discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity and well-being.

Equity = Assessment → Assurance → policy development.

RECOMMENDATION:

Staff recommends that the Board of Managers approve adoption of the Community Health Needs Assessment and the Implementation Strategy, as presented to the Board of Managers this evening. (Content for this package includes):

- The full CHNA report published by the Health Collaborative
- University Health’s summary of the CHNA

ACTION: • University Health’s Implementation Strategy
A **MOTION** to approve Staff’s recommendation was made by Ms. Fernandez, **SECONDED** by Dr. Kelley, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW UP: None.

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

SUMMARY: University Health’s consolidated bottom line for the month of February 2023 reflects a gain of \$22.4 million, \$17.2 million better than the budgeted gain of \$5.2 million. This gain to budget is primarily due to patient activity driving positive net patient revenue of \$8.5 million and Community First Health Plans, Inc., underwriting gain of \$5.5 million. In February, clinical activity (as measured by inpatient patient days) was up by 8.5 percent and inpatient discharges were higher than budget by 4.0 percent. Volumes exceeded budget in the Neonatal Intensive Care Unit (NICU), Surgical areas and the Emergency Department driving increased census. Community First experienced a bottom line gain of \$9.2 million, which was \$7.3 million better than the budgeted gain of \$1.8 million. Community First fully insured membership was down 3.8 percent to budget.

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

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

EVALUATION: Discussion ensued regarding the projected impact to Community First when continuous Medicaid coverage ends on March 31, 2023. At the present time, Community First is awaiting data from CMS regarding the number of individuals that will be dis-enrolled. Mr. Hurley reminded the Board that Community First can only have a 4 percent profit level and anything in excess of 4 percent will need to be paid back to the state. There will be some impact but Mr. Hurley does not anticipate a huge impact. Management is hoping to transfer some of these patients to health exchange plans and a few will turn into charity care or unfunded care status. Most Medicaid members are children and pregnant women and it’s possible that they are not aware that they are still enrolled. As a member of the Board of Directors, Ms. Fernandez confirmed that Community First is working diligently to make sure the patient population served by University Health carries over to the health exchange. The disenrollment will be applied in three phases. First, the state will dis-enroll those who are no longer qualified with the last group to dis-enrolled will be those who may still qualify but will have to reapply for Medicaid.

FOLLOW UP: None.

PRESENTATIONS AND EDUCATION:

REPORT ON UNIVERSITY HEALTH'S SCHOOL-BASED HEALTH PROGRAM — LEO LOPEZ III, M.D./VALERIE MALDONADO

SUMMARY:

University Health's School-based Health Program (SBHP) expands access to high quality healthcare services to students, families, school staff, and residents across Bexar County. The SBHP aims to positively impact academic achievement, reduce absenteeism, increase graduation rates, and improve access to health education. Over the past 9 years, the program has grown to five clinics in partnership with four school districts, serving over 170,000 students. Dr. Lopez and Ms. Maldonado presented the following:

Background:

- SBHP launched as DSRIP Project
- First clinic established in 2013
- 4 School District Partners
- Serve most vulnerable populations in Bexar County
- Primary Care/Family Practice
- Staff: APP, LVN, MA, RAS, Medical Director and PCP
- Leadership: Director, Medical Director, Clinic Nurse Supervisor, Business Operations Manager, Community Outreach Manager

Locations:

- NISD Shirley A. Schrieber – 1256 Pinn Road, SAT 78227
- SAISD Tafolla – 1303 W. Cesar E. Chavez Blvd., SAT 78207
- SAISD Davis – 4702 E. Houston, SAT 78220
- SWISD SBHC – 11914 Dragon Lane, SAT 78252
- HISD Collier – 834 W. Southcross Blvd, SAT 78211

Harlandale ISD Collier SBHC

- Established 2013
- HISD covers 14 square miles Southside of San Antonio
- 23 schools
- Student Enrollment 12,511
- 2,170 Employees
- 85.4 percent Economically Disadvantaged

Southwest ISD SBHC

- Established 2014
- SWISD covers 115 square miles in Southwest San Antonio & portions of Von Ormy
- 18 schools
- Student Enrollment 14,000
- 2,200 Employees
- 82 percent Economically Disadvantaged

Northside ISD Shirley A. Schreiber SBHC

- Established 2022
- NISD covers 355 square miles, including urban, suburban, and rural areas of San Antonio
- 125 schools
- Student Enrollment 101,976
- 12,605 Employees
- 49 percent Economically Disadvantaged

San Antonio ISD Tafolla and Davis SBHCs

- Established 2020
- SAISD covers 79 square miles of urban, inner city San Antonio
- 90 schools
- Student Enrollment 47,000
- 7,400 Employees
- 88 percent Economically Disadvantaged

SBHP Analysis-Our Patients - Age Distribution

0-4 years – 13 %
5 – 10 years – 22%
11 – 14 years - 22%
15 – 18 years - 17%
19 years & older – 26%

SBHP Analysis - Payor Mix

Private – 25%
Medicaid – 50%
Medicare – 4%
Self Pay – 16%
CareLink – 5%

SBHP Analysis – Our Patients – Zip Codes

78207 – 78228 – 78242 – 78237 - 78223

SBHP Analysis-Our Patients - The patients and communities we serve:

- CDC Social vulnerability index: least vulnerable (0)– most vulnerable communities (1)
- Four of five school-based health clinics in most vulnerable communities
- More than 80 percent of patients served reside in most vulnerable neighborhoods in Bexar county

SBHP Analysis-Our Patients

Clinic	Social Vulnerability Index (0-1)
SAISD – Tafolla	.99 (most vulnerable)
HISD – Collier	.99 (most vulnerable)
SAISD – David	.89 (most vulnerable)
NISD – Screiber	.89 (most vulnerable)
SWISD	.71

Achieving Excellence in Clinical Care Delivery

- Delivering high quality care
- Care model
- Common conditions and referrals to specialty care
- Achieving health equity and sustaining trust
- Population health

Achieving Excellence in Clinical Care Delivery

- High Quality
- Safe
- Timely
- Effective
- Efficient
- Equitable
- Person-centered
- Commitment to continuous improvement

- Care model
- Common conditions and referrals to specialty care
- Achieving health equity and sustaining trust
- Population health

Poster Presented at Conference - Addressing Body Mass Index with Counseling for Nutrition and Physical Activity in the School-Based Health Setting

By Leo Lopez III, MD, MHS; Valerie Maldonado, MSN, RN; Jacquelyn C. Shekarchi, MSN, RN, CPNP-PC; Leanne Ricondo, MSN, APRN, FNP-C; Adriane R. Garcia, MPAS, PA-C; Daja Hernandez, MSN, APRN, NP-C; Angela Espinoza Adams, DNP, MBA, ARNP; Elizabeth A. Manrique, BS; and Monika Kapur, MD, MBA

Purpose:

Increase the rate of fulfilling 3 quality measures: 1. Addressing body mass index (BMI); 2. Counseling on nutrition; 3. Counseling on physical activity. Setting: Four school-based health clinics (SBHCs) at University Health in San Antonio, Texas

Actions taken:

- Delivered intervention at the point of service during well visits, Follow-up Chronic disease visits, and Sports physicals.
- Used a standardized “smart phrase” in the electronic health record (EHR) to document that BMI had been reviewed and counseling had been performed.
- Added diagnosis codes for BMI and counseling to the encounter diagnoses and patient’s problem list in the EHR; provided patient with information on nutrition and physical activity

Lessons Learned: Recognized the value of the EHR’s population health tools. Early and continuous engagement of providers and clinical staff in developing, implementing, and evaluating the project was a key to success.

Summary Results: Across the four SBHCs, the compliance range for addressing BMI after Q1 was 87%-92%, and after Q3 was 87%-99%; delivering counseling for nutrition after Q1 was 65%-86%, and after Q3 was 86%-93%; counseling on physical activity after Q1 was 47%-64%, and after Q3 was 76%-91%.

Achieving Excellence in Clinical Care Delivery

Care Model – Primary Care, Mental Health, Immunizations, Health Promotion and Education

NISD Shirley A. Schreiber – added weight management in clinic

HISD Collier – Medical consultant; on sit pediatric endocrinologist

SWISD – TyroCare partnership with 18 school nurses

SAISD Tafolla & Davis – Health Confianza – Health Literacy Grant

Achieving Excellence in Clinical Care Delivery

Most common conditions

1. Acute URI
2. Routine child health examination w/o abnormality
3. Sports Physical
4. Routine child health examination w/abnormality
5. Acute pharyngitis
6. COVID-19
7. Essential hypertension

8. Gastroenteritis and colitis
9. Viral infection
10. Influenza

2022 Visit Types

- Immunizations – 28%
- Telemedicine – 25%
- Same Day/Sick Visits – 18%
- Well Child – 10%
- Nurse Visits – 8%
- Follow Up – 7 %
- Annual Visits – 1%

Achieving Excellence in Clinical Care Delivery

Top Five Referrals:

- Otolaryngology - 159
- Endocrinology - 120
- BH/Psychology/Psychiatry -118
- Cardiology - 115
- Orthopedic Surgery - 75

Achieving Excellence in Clinical Care Delivery

- Achieving health equity
- Culture
- Structure
- Access
- Community collaboration and partnerships
- Sustaining trust
- Person-centeredness
- Cultural competence
- Eliminating discrimination

Achieving Excellence in Clinical Care Delivery

Patient Experience: Trust, Health literacy, and Person-Centeredness
February to March 2023

Likelihood of recommending practice (n=96) – 95.4%

Care provider explanations of problem/condition (=98) – 95%

Care provider concern for questions/worries (n=98)

Efforts to include in decisions (n=97) – 95%

Likelihood of recommending care provider (n=94%)

Achieving Excellence in Clinical Care Delivery

- Leader in Population health
- Health information tools
- Quality measures and incentives
- Trainings, in-services, programs, services, partnerships and strategy to improve health outcomes
- Community outreach specialists

Community Outreach – Connect with school districts & community partners to extend reach to students, staff, and community

- Family Engagement Specialists
- Communities in Schools
- School Nurses
- School Admin, teachers, other staff
- Presentations to parents at campuses
- School District Fairs/Community Health Fairs

- Disseminate SBHP information via social media, newsletters, marquee, text, email
- Provider outreach
- In 2022: Primary Care Mobile Bus-140 events; Over 100 Community Outreach events; Community Flu Drives-vaccinated over 2200 community members

Innovation & Partnerships

Primary Care Mobile

- Bridge to SBHCs
- WCCs, sports physicals, minor acute care, immunizations
- 140 events in 2022
- Served over 4,800 patients in 2022
- Mobile arm of program-brings healthcare services to community
- Partnership with Texas A&M-mobile to provide autism services

On Demand Telemedicine

- TytoCare Telehealth Initiative
- Piloted w/SWISD March 2022-June 2022
- 4 campuses participated
- 10 visits completed
- For the 2022-2023 school year, expanded to all 18 campuses
- New Life Residential Home
- Exploring TytoCare interest with SAISD & Edgewood IS

School-based Clinics Brick & Mortar Sites

- Partnership with School District
- HISD School District Medical Consultant
- Judson ISD- Summer 2023
- Accessible healthcare in the community through care in clinic and community outreach
- BMI, Exercise, & Nutritional Counseling Quality Improvement Project
- Partnering with SAISD to provide Diabetes Education for School Nurses in August 2023

SBHP Strategic Approach

People

- Framework: Six Domains of Healthcare Quality
- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable
- Identify community needs and stakeholders
- Build & cultivate community partnerships
- Make healthcare accessible
- Staff retention and morale

Influence

- Involve stakeholders
- Seek out opportunities
- Build trust with ALL stakeholders
- Convey value of SBHP
- Reduction of health related barriers to academic achievement

- Healthcare brought to most vulnerable populations in their neighborhoods
- SBHP University Health Brand
- KPIs
- Care Gaps
- Qualitative patient/stakeholder feedback
- SBHP growth opportunities and constraints
- Share knowledge
- Tell OUR story

SBHP Strategic/Purpose Statement

The School-based Health Program will be at the forefront of delivering high quality, compassionate, innovative care and will promote a healthier community through accessible, patient-centered care in partnership with school districts and community organizations throughout Bexar County and beyond.

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

FIRST QUARTER QUALITY REPORT — JUDY SHUMWAY, DO/BRYAN ALSIP, MD

SUMMARY: In the interest of time, Mr. Adams deferred the Quality Report to the April 2023 Board of Managers meeting.
RECOMMENDATION: None.
ACTION: None.
EVALUATION: None.
FOLLOW UP: NONE.

INFORMATION ONLY ITEMS:

88TH TEXAS LEGISLATIVE SESSION UPDATE — ANDREW SMITH

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

ANNUAL CYBRSECURITY REPORT — BILL PHILLIPS

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN

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

CLOSED SESSION:

Mr. Adams announced this meeting closed to the public at 8:13 pm pursuant to TEX. GOV'T CODE, Section 551.072 to deliberate the purchase, exchange, lease or value of real property. The following Board members were present: Margaret A. Kelley, MD, Anita L. Fernández, James C. Hasslocher, Dianna M. Burns-Banks, MD, and Pat Jasso. Also present were Mr. George B. Hernández, Jr., President and Chief Executive Officer; Edward Banos Executive Vice President/Chief Operating Officer; Reed Hurley, Executive Vice President/Chief Financial Officer; Dr. Bryan Alsip, Executive Vice President/Chief Medical Officer and Serina Rivela, Vice President/Chief Legal Officer. After discussion, no action was taken in closed session. Mr. Adams announced that the closed meeting ended at 8:25 pm, and he immediately reconvened the public meeting.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the public meeting at 8:26 pm.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary