



**BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

Tuesday, March 29, 2022
6:00 pm
Tejas Conference Room
University Health Business Center 2
5959 Northwest Parkway
San Antonio, Texas 78249

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Ira Smith, Vice Chair
Margaret Kelley, MD, Secretary
Jimmy Hasslocher
L.P. Buddy Morris
Pat Jasso

BOARD MEMBERS ABSENT:

Anita L. Fernandez

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health
Elizabeth Allen, Director, External Communications/Corporate Communications, University Health
Edward Banos, Executive Vice President/Chief Operating Officer, University Health
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health
Francisco G. Cigarroa, MD, Professor of Surgery, Director, University Transplant Center, UT Health, San Antonio
Ted Day, Executive Vice President, Strategic Planning/Business Development, University Health
William Henrich, MD, President, UT Health San Antonio
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health
Rob Hromas, MD, Dean, Long School of Medicine, UT Health, San Antonio
Patricia Jones, Executive Director, University Transplant Center
Leni Kirkman, Executive Vice President/Chief Marketing, Communication, and Corporate Affairs Officer, University Health
Shelley Kofler, Senior Public Relations Manager/Corporate Communications, University Health
Brian Lewis, Vice President/Quality Services, University Health
Jennifer Milton, Chief Administrative Officer, University Transplant Center
Bill Phillips, Senior Vice President/Chief Information Officer, University Health
Serina Rivela, Vice President/Chief Legal Officer, University Health
Don Ryden, Vice President/Projects, Design and Construction, University Health
A.J. Sandoval, Chief of Police/Protective Services, University Health
Judy Shumway, DO, Senior Vice President/Clinical Services, University Health
Travis Smith, Vice President/Deputy Chief Financial Officer, University Health

Rajeev Suri, MD, Interim Chair and Professor, Department of Radiology, UT Health, San Antonio; and
President, Medical-Dental Staff, University Health
Horacio Vasquez, Executive Director, Supply Chain Management, University Health
Larry Wallis, Director, Internal Audit Services, University Health
Lawrence Luckey, Peace Officer Candidate
And other attendees.

CALL TO ORDER:

Mr. Adams called the meeting to order at 6:03 pm.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Dr. James Wilcox, University Health Chaplain, for the invocation, and he led the pledge of allegiance.

PUBLIC COMMENT:

APPROVAL OF MINUTES OF PREVIOUS MEETING(S): TUESDAY, FEBRUARY 22, 2022 (REGULAR MEETING)

SUMMARY:	The minutes of the regular Board meeting held on Tuesday, February 22, 2022, were submitted for approval.
RECOMMENDATION:	Staff recommends approval of the minutes as submitted.
ACTION:	A MOTION to APPROVE staff's recommendation was made by _Mr. Morris, SECONDED by Dr. Kelley, and PASSED UNANIMOUSLY .
EVALUATION:	None.
FOLLOW-UP:	None.

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

SUMMARY: Dr. Henrich stated that the COVID pandemic had exposed a lot of cracks across the entire public health spectrum, city officials and health leaders found that access was more of a problem and discovered health “desserts” around the city. In part, the Public Health Division that University Health recently announced is aimed at correcting this problem. About one year ago, Dr. Henrich had discussions with Mr. Taylor Eighmy, President of The University of Texas at San Antonio (UTSA), to form exploratory notions about a school of public health in San Antonio, which is the largest city without its own directed school of public health. He reported that the effort for a school of public health did not lose traction and has been approved by the UT System. The Board of Regents has launched a search for an inaugural dean and it is anticipated that the Dean for the School of Public Health will be in place by late spring or early summer. Most schools of public health are a collaborative venture with all health agencies across the spectrum - federal, state, and local. Schools of public health do not practice medicine. They set policy to make certain that public health efforts are coordinated in a way that gets the most results for the citizens of our community, with issues such as cancer, mental health, neurologic disease, heart disease, and diabetes. Dr. Henrich spoke with Judge Wolff

and mentioned the public school effort between UT Health San Antonio and UTSA. Dr. Henrich feels it is important for the Board of Managers to understand that by nature, public health schools are collaborative in order to be successful. UTSA has a large undergraduate college of public health policy, with thousands of students. UT Health San Antonio will offer a Master's in Public Health and also a Doctor of Public Health. Dr. Henrich then yielded the floor to Dr. Rob Hromas.

Dr. Hromas reported that the School of Medicine made this year's U.S News and World Report's Best Medical Schools list, ranking #25 in Diversity; #36 in Primary Care; and #47 in Research. There were a total of 168 medical schools surveyed across the country for 2022, which is up by 15 in just the last four years. In Texas alone, there are three new medical schools. Dr. Henrich interjected that the common denominator in the primary care category competition in these rankings is incredibly fierce. These schools are excellent and research is the foundational element to a fantastic institution, they are schools the public ordinarily considers to be among the very best in the country. He and Dr. Hromas both stated that these rankings are a testimony to the partnership with University Health and would not be possible without its training facilities. Dr. Kelly was interested in knowing how the primary care category is measured by U.S. News and World Report, to which Dr. Hromas responded that the schools are evaluated on several criteria, including faculty resources, academic achievements of entering students and qualitative assessments by schools and residency directors.

Laurence Morel, PhD, has been named Chair of the Department of Microbiology, Immunology and Molecular Genetics effective June 13, 2022. Dr. Morel is a noted researcher of cancer and systemic lupus erythematosus and comes from the University of Florida. Reuben Harris, PhD, has been named Chair of the Department of Biochemistry and Structural Biology, effective April 11, 2022. He is a breast cancer and virology researcher from the University of Minnesota

National Resident Match Day was held on March 18, 2022 at John T. Floore's Country Store in Helotes. Every residency slot at University Health was filled in the first round. All UT Health students matched except one, the young man is still looking into positions in primary care in family medicine. This may be a perfect record if every fourth year medical student is matched. Dr. Hromas informed Dr. Kelley that the incoming residency class is comprised of 46 percent minorities, and 50 percent women.

Dr. Suri recognized physicians in the room and noted that National Doctors Day would be the following day. Doctors have been at the forefront of the COVID pandemic over the last two years. Challenges in healthcare still exists and COVID is still there, and the passion to care for patients still there. He noted that his department lost very good nurses and technicians to the Great Resignation, but remaining physicians and staff are working strong.

RECOMMENDATION:

This report was provided for informational purposes only.

ACTION: No action was required by the Board of Managers
EVALUATION: None.
FOLLOW-UP: None.

SPECIAL REPORT:

**CENTER FOR LIFE UPDATE — EDWARD BANOS/FRANCISCO CIGARROA,
M.D./JENNIFER MILTON**

SUMMARY: Dr. Cigarroa thanked the Board of Managers for the opportunity to join today's meeting to reflect on the second year anniversary of the Center for Life, one of many historic innovations the Transplant Institute has become known for over the last 51 years. He yielded the floor to, and introduced, Ms. Milton who reminded the Board that Center for Life Grand Opening was held on February 18, 2020, followed by the first organ donation case which occurred on the 4th of March in 2020 saving four lives. In addition, Friday, April 1 is the start of a month the nation dedicates to raising awareness of the need for organ, eye, and tissue donation and the success of transplantation. For National Donate Life Month 2022, Donate Life America was inspired by the vital role that bees play in sustaining life. Bees are a small but powerful life force, working together with dedication, collaboration and a strong sense of community. Ms. Milton encouraged meeting attendees to look for the Public Service Announcements on KSAT-12 encouraging its viewers to register their wishes to be a donor, as registration is legally a binding first person authorization. She then compared University Health in 1968 when it first opened its doors to 2023 with the impending Women's & Children's Hospital on the same campus.

The Organ Transplant Program

In 1985, 15 years after the first transplant, the vision of a multi-disciplinary, multi-organ program came together to create "The Organ Transplant Program" by Dr. Caliann Lum & Ms. LaRhea Nichols.

Transplant Institute

On June 7, 2021, branded University Health Transplant Institute due to innovations in transplant and excellent patient care.

Celebrating 50 Years of Transplant

The 5,000th transplant which happened to be the Transplant Institute's 300th pediatric kidney transplant case that occurred during the Transplant Institutes 50th anniversary and was performed by a team of all female surgeons, anesthesiologists, procurement, nursing and scrub techs.

Current Transplant Surgeons

Dr. Cigarroa expressed pride in the diversity of the current transplant surgeons he works with, and displayed their photos:

Dr. Seiji Yamaguchi Dr. Danielle Fritze
Dr. Edward Sako Dr. Elizabeth Thomas

Dr. Taraunjeet Klair Dr. Greg Abrahamian
 Dr. Glenn Halff Dr. Francisco Cigarroa

Kidney Transplantation - 1970-2022

In 1970, South Texas’ first civilian kidney transplant was led by Dr. J. Bradley Aust. To date, the Transplant Institute has conducted 2,021 kidney transplants. The recipient was Ms. Joan Glicksman-Wish (1930-2007) who retained normal kidney function for over 37 years. The kidney program is transplanting deceased donor kidneys at 2.5 higher rates than the rest of the country, which has positioned the Transplant Institute to transplant high volumes just after federal policy changes resulted in “broader sharing,” which has normalized somewhat now.

Kidney Transplants

	Living Donor Recipients	Deceased Donor Recipients
2017	22	83
2018	26	73
2019	46	98
2020	36	96
2021	45	45
2022	12	12

Liver Transplantation - 1992-2022

In 1992, the first civilian liver transplant in San Antonio was led by Dr. Glenn Halff, The Transplant Institute has conducted a total of 2,044 liver transplants to date, and has recently launched a one of a kind Donor Champion Program and almost 40 percent of the transplants performed are now living donors. The Transplant Institute hosted a series of “reveals” like those done for parents to find out the gender of their infants, but in the Living Donor Program, living donors meet their recipients for the very first time. In 2021, the Transplant Institute performed a record setting 122 Liver Transplants of which 52 were Living Liver Transplants. The Transplant Institute recently began to utilize livers and kidneys from deceased donors who have a + COVID test.

In 1999, seven years after the first liver transplant, the Transplant Institute performed South Texas’ first live liver donor transplant led by Dr. Ken Washburn and Dr. Francisco Cigarroa, which continues to be second largest living liver donation program in the country. In 2019, the Transplant Institute became the first center in the country to perform a paired exchange, which was highlighted at the University Health Foundation’s 2020 Medical Miracles Gala and established a fund to provide financial assistance to living donors. The Transplant Institute continues to have the country’s highest survival after transplant, and Dr. Tarun Klair is a key leader in the project to conduct paired exchanges nationally.

	Living Donor Recipients	Deceased Donor Recipients
2017	6	76
2018	30	73
2019	40	77
2020	40	77

2021	52	70
2022	13	18

Lung Transplantation – 1987 to 2022

In 1987, Dr. J. Kent Trinkle performed Heart/Double Lung Transplant and the Transplant Institute has performed 710 lung transplants to date. The Lung program has a rich history started by Dr. J. Kent Trinkle and continued by Dr. John Calhoon. Six months ago the program was reorganized to align leadership and revitalize the program, and Ms. Milton proudly announced that Dr. Holy Keyt was selected to lead the program as its Medical Director. In Dr. Keyts first six months, along with Dr. Ed Sako as surgical director, the program performed triple the volume of transplants it had in the previous six months:

<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
26	17	28	12	22	6

These increases in volumes have impacted University Health ambulatory clinics heavily

Outpatient Clinic Activity

Liver Tumor Center Clinic Activity

<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
191	193	193	156	255	43

Pancreas Tumor Center Clinic Activity

<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>1022</u>
0	29	64	55	142	21

1986 - The Gift of Life - Organ Procurement Program

2020 – 2022 – The Center for Life

More than 37,000 organs, tissue and corneas have become available for transplant

Daniel A. San Miguel - Center for Life Donor

Last spring, the obituary of Daniel A. San Miguel of San Antonio, requested donations made to the Center for Life at University Hospital, his story captures the honor University Health should experience given its role in helping families find peace and comfort through donation. Danny was the second oldest of five children born to Daniel San Miguel Jr. and Isabel Aguilar in San Antonio. He was a proud Thomas Jefferson Mustang, high school athlete and Army veteran. He had a motor vehicle auction business. In April of 2021 Danny began having severe chest pains and was rushed to an emergency room at Methodist Hospital. Although doctors attempted several procedures, Danny did not survive. At the time of his death, the family was proud to learn Danny had registered to become a donor. They endorsed his transfer to the Center for Life at University Hospital because they learned that the specialized facility was built to carry out his wishes to the very fullest: to help as many people in

need as possible through donation. His sister, former State Senator Leticia Van de Putte shared “It was very comforting to my mother. I mean, the hardest thing we ever had to do was to go tell her Danny had died. His wife had died awaiting a kidney transplant because she had lupus. So this was coming full circle. It was the affirmation.” (He could do for someone what was not available for his wife.) “And that was very comforting to mother and my brother and sisters.” Danny had been widowed since the age of 32 when his wife Amada Montalvo died waiting for a kidney transplant. While Danny was not medically eligible to donate his organs, he was able to be a cornea and tissue donor. Not long after Danny’s death his family received a letter from a woman in California. She had received Danny’s corneas, something which brought enormous joy and comfort to Danny’s elderly mother and the rest of the family. “It was so precious to get that letter. She said, you don’t know what a gift this is. I can hold my grandchildren. I can see my grandchildren.”

Total Donation in the Center for Life	1,182
Organ Donors	193
Transferred Organ Donors	119
Organs Recovered for Transplant	744
Tissue Donors	526
Transferred Tissue Donors	438
Corneal Donors	463
Total Recipient Impact	37,175

- 193 Center for Life organ donors saved 744 recipients through the transplantation of 73 hearts, 121 lungs, 161 livers, 371 kidneys and 18 pancreases.
- 526 tissue donors have offered 35,505 people improved healing and quality of life
- 463 cornea donors provided 926 individuals with the chance of restored vision
- Remarkably, 62 percent of organ donors and 83 percent of tissue donors cared for in the Center for Life are transferred from outside hospitals.
- For the family members of donors, the dedicated and specialized space and donor family room offer particular comfort.

The Center for Life also has a research laboratory component that through Institutional Review Board approved protocols, established the first deceased donation biorepository in the United States. This program has created partnerships and collaborative projects with UT Nephrology, Joslin Diabetes Center, and the UT Center for Longevity and Aging Studies; aimed at finding solutions to the burden of a variety of debilitating diseases. More than 60 percent of organ donors in the Center for Life have also consented to participate in education and research.

The use of an intra-operative camera system in the Center for Life has aided outside transplant physicians to complete required regulatory observations and provide critical visual and audio communication with distant transplant and donation agencies. Additionally, surgical training programs aimed to reduce the mortality associated with pancreatic cancer have launched and will be monitored closely for effectiveness. The

Center for Life has also expanded access to donated vessels which are critical for the living liver donation program.

Center for Life administrative and physician leadership team have mentored over 23 organizations across the United States on how to open and manage similar centers. Additionally, this leadership team is leading a national initiative with Center for Life counterparts to understand and improve the effectiveness of Organ Recovery Centers.

Raquel Cantu-- Liver Transplant Recipient

Raquel Cantu is a friendly, independent person who loves spending time with her family. She is a sweet lady with an even sweeter smile. Every step of the way she was involved in her care to get better and to make it to transplant. Over the last 6 months she had multiple medical problems, and was placed on hold. Mrs. Cantu was optimistic and worked hard to get well enough to be made active again on the transplant list. It was not long after that she got the call for transplant. She is the type of transplant patient we all want to see succeed, and the type of person anyone would be lucky to know

Transplantation & Beyond

Liver Program

- Adult and Pediatric Liver Transplant
- Adult Living Donor Liver Program
- Only Pediatric Donor Liver Program in South Texas

Texas Liver Tumor Center

- Single-day evaluations to include a Tumor Board

Advanced Liver Disease Management

- Hepatitis C Management
- Advanced Clinical Trials

Hepatopancreatobiliary Surgery

- Cancerous and non-cancerous masses or cysts

Pancreas Program

- Adult and Pediatric Pancreas Tumor Surgery

Kidney Program

- Adult and Pediatric Kidney Transplant
- Living Donor Kidney Program (Adult & Pediatric)

Lung Program

- Lung Transplant
- Pulmonary Hypertension
- Interventional Pulmonology

Advanced Endoscopy

- Pancreatitis Management

RECOMMENDATION:

ACTION:

EVALUATION:

FOLLOW-UP:

This report was provided for informational purposes only.

No action was required by the Board of Managers

Dr. Kelley described the CFL update as “*astounding*,” and was interested in knowing how the CFL gets its donors. Ms. Milton responded that the CFL is in need of more referrals; physician referrals and self-referrals. The CFL stays connected via a portal wherein one is able to communicate with the staff.

None.

NEW BUSINESS: CONSENT AGENDA – JIM ADAMS, CHAIR

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

The Credentials Committee met on February 14, 2022, 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 1, 2022, 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 approval by the Board of Managers.

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

The Credentials Committee met on February 14, 2022, and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of March 1, 2022, the Executive Committee of the Medical-Dental Staff approved the Delineation of Privileges and Focused/Ongoing Professional Performance Evaluation Report, and in turn, recommends approval by the Board of Managers.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE LEASE AGREEMENT WITH DML PROPERTY GROUP LLC FOR 126 W. RECTOR STREET, SUITE 116, SAN ANTONIO, BEXAR COUNTY, TEXAS — DON RYDEN

CareLink is University Health's financial assistance program with multiple offices in San Antonio and has been at the 126 West Rector (a.k.a. – Rector Plaza) location since 2013. In May 2021, DML Property Group LLC purchased Rector Plaza. The current lease terminates on April 30, 2022. The Rector Plaza location is 2,128 sq. ft. and located within a quarter mile of the North Clinic. As planning is ongoing regarding ambulatory clinic and office space, there is consideration CareLink may relocate at some point in the near future. In order to minimize its lease obligation, staff is recommending a one (1) year lease extension, with two (2) – one (1) year options to extend the lease. The annual rent expense for the CareLink space leased at Rector Plaza beginning May 1, 2022 through April 30, 2023, will be \$40,432 (\$19/per square foot. The space for this renewal is Suite 116. The proposed renewal term is one (1) year with two (2) – one (1) year options to extend the lease. The rental rate is on a triple net basis indicating the tenant (CareLink) will pay as additional rent its pro rata share of real estate taxes, common area maintenance (CAM) charges, and insurance. Currently, CareLink's allocated annual share of these operating expenses is \$13,489 (\$7,124 per month) or \$6.34/Square Foot. Staff recommends the Board of Managers approve the renewal of the lease agreement for a new one year term with DML Property Group LLC, for a total of \$40,432 and authorize the President/Chief Executive Officer to sign the agreement.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE LEASE AGREEMENT WITH MASEHO, INC. FOR 4801 NW LOOP 410, SUITE 380, SAN ANTONIO, BEXAR COUNTY, TEXAS — DON RYDEN

Corporate Square Tower currently supports space for Grants Management (i.e. - Research and Information Management, Community Initiative and Population Health, Ryan White) and the University Health Foundation. The current lease agreement is for 22,312 sq. ft. in multiple suites on the second and

third floor. The Foundation occupies 4,232 sq. ft. on the third floor and the lease terminates on April 30, 2022. The Foundation has evaluated its space needs, and does not expect to need additional space for the next few years. Staff recommends a 27-month term renewal for the Foundation that will be co-terminous with the Grants Management space on the second floor. The cost of this lease renewal at Corporate Square is \$226,941 for the full length of the term. The renewal lease rate for the Foundation space is consistent with the rate University Health is paying for the Grants Management space. The total annual rent expense for all University Health space, which includes both Grants Management and the Foundation, leased at Corporate Square beginning May 1, 2022 will be \$524,332. The proposed renewal term for the Foundation's Suite 380 is twenty-seven (27) months and will be co-terminous with the Grants Management Suites 200, 203 and 260. During the Extension Term, the lease expense for Suite 380 is as follows: Year 1 - \$23.50/Square Foot; Year 2 - \$24/Square Foot; Year 3 (5/1/24 to 7/31/24) - \$24.50/Square Foot. The lease will have a new Base Year for operating expenses and real estate taxes beginning on the commencement date and is accounted for in the above full service lease rate. Staff recommends Board of Managers' approval to renew the lease agreement with MASEHO, Inc., for a new 27-month term for a total of \$226,941.

CONSIDERATION AND APPROPRIATE ACTION REGARDING PARTICIPATION IN THE SIXTH YEAR OF THE QUALITY INCENTIVE PAYMENT PROGRAM (QIPP) FOR SKILLED NURSING FACILITIES WITH LICENSES OWNED BY UNIVERSITY HEALTH AND MANAGED BY TOUCHSTONE COMMUNITIES — TED DAY/BRYAN ALSIP, MD

University Health currently owns the licenses for four skilled nursing facilities managed by Touchstone Communities (Touchstone): The Heights on Huebner and Stone Oak Care Center (both located in San Antonio), Country Care Manor (located in La Vernia), and The Heights (located in Pleasanton), and has participated in the Quality Incentive Payment Program for Skilled Nursing Facilities (SNF QIPP) since September 1, 2017. The SNF QIPP program is designed to incentivize nursing facilities to improve quality and innovation in the provision of nursing facility services to Medicaid recipients, using the Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Rating System as its measure of success. The primary financial obligation for the health system under this partnership arrangement is to provide the Intergovernmental Transfer (IGT) funds to support the state portion of the supplemental Medicaid payment. The funds are then returned to University Health through the payments made by the participating managed care organizations (Amerigroup, Molina, and Superior HealthPlan). The health system recoups the IGT funds as well as 50 percent of supplemental payments. The other 50 percent of the supplemental payments are paid to Touchstone. These funds are at risk, tied to quality and access measure performance described by Mr. Day in his written report. Estimates for IGT funds required for participation in the sixth year have not yet been released by HHSC. The total statewide pool amount may grow from the current funding levels at \$1.1B. If so, staff will accommodate IGT fund requirements. University Health and Touchstone partnership could potentially receive slightly higher reimbursement under the program depending on the number of program participants across the state. Fortunately, University Health will receive a return of 10 percent on the IGT amount submitted and will receive the IGT funds back within several months. Staff recommends that the Board of Managers approve participation in the sixth year of the Quality Incentive Payment Program (QIPP) for Skilled Nursing Facilities with Licenses owned by the Health System and managed by Touchstone Communities and authorize the President/Chief Executive Officer to execute all actions in support thereof.

CONSIDERATION AND APPROPRIATE ACTION REGARDING PROFESSIONAL SERVICES AGREEMENTS WITH ALAMO AREA RESOURCE CENTER, BLACK EFFORT AGAINST THE THREAT OF AIDS COALITION TRUST, EL CENTRO DEL BARRIO, INC. D/B/A CENTROMED, AND 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

The purpose of this Agreement is to provide funds to Alamo Area Resource Center (AARC), Black Effort Against the Threat of AIDS Coalition Trust (BEAT AIDS), El Centro del Barrio, Inc. d/b/a CentroMed, and San Antonio AIDS Foundation (SAAF) for medical and support services for people affected by HIV/AIDS. The Ryan White HIV/AIDS Program (Ryan White) is the most extensive federal program designed to provide outpatient care and support services to individuals affected by HIV and it has five parts each with a different funding purpose. The Ryan White Part B Program provides grants to states and territories to improve HIV health care and support services. These improvements relate to quality, availability, and organization and Texas Department of State Health Services, in turn, grants funding to University Health to distribute to other HIV care providers:

Source of Funding FY 2022-23	Ryan White Part B Overall Budget	Allocated Funds
Ryan White Part B	\$1,229,043	AARC: \$385,835 BEAT AIDS \$23,350 CentroMed \$134,859 SAAF \$270,717
State Funds	\$1,231,308	AARC: \$443,115 BEAT AIDS: 16,820 CentroMed: \$154,012

Staff recommends approval of new agreements with the Alamo Area Resources Center (AARC), Black Effort Against the Threat of AIDS Coalition Trust, El Centro del Barrio, Inc. d/b/a CentroMed, and San Antonio AIDS Foundation sub-recipients of Ryan White HIV/AIDS Program funds, to enhance services for Ryan White-eligible patients, for the period beginning April 1, 2022 through March 31, 2023.

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

University Health’s Purchasing Consent attachment for the month of March 2022 includes 19 proposed contracts for Board of Managers action. The total requested Board of Managers approval for these 19 contracts is \$6,971,947. Additional Presented contracts during the March 2022 Board of Managers meeting total \$2,495,397 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 \$6,971,947.

CONSENT RECOMMENDATION: Staff recommends approval of all of the items under the consent agenda.
 CONSENT ACTION: A **MOTION** to **APPROVE** staff’s recommendation was made by Mr. Hasslocher, **SECONDED** by Mr. Morris, and **PASSED UNANIMOUSLY**.
 CONSENT EVALUATION: None.
 CONSENT FOLLOW-UP: None.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING COMMISSIONING OF 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 peace officer candidate, Mr. Lawrence Luckey, have been examined and certified by the Chief of Police as meeting all requirements of a University Health Peace Officer, including all necessary training. Further, the Protective Services Department conducts extensive background checks to ensure candidates meet the Patient Centric Resolution Minded Preventive Policing Model. This model has ensured a high retention rate, with turnovers under 3 percent annually, effected most through retirement at 18 percent, and other career interests at 47 percent.

RECOMMENDATION: Staff recommends Board of Managers' approval to commission Lawrence Luckey as a Bexar County Hospital District Peace Officer.

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

EVALUATION: Chief Sandoval introduced Officer Luckey to the Board of Managers.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH UT HEALTH SAN ANTONIO SCHOOL OF DENTISTRY FOR ORAL AND MAXILLOFACIAL SURGERY CALL COVERAGE — ED BANOS

SUMMARY: Since 2010, UT Health San Antonio School of Dentistry has provided call coverage for Oral and Maxillofacial (OMS) services for University Health Emergency and Trauma patients presenting in the University Hospital Emergency Department. Coverage is provided 24 hours per day, 365 days per year and also includes support of Otolaryngology and Plastic Surgery Trauma patients as needed. University Hospital is the only hospital in Southwest Texas offering this coverage. Currently, these services are supported through an agreement between University Health and the School of Dentistry. The current agreement expires March 31, 2022. The total number of patients treated by the OMS service exceeds 4,000 annually. The OMS service currently sees 50 percent of the facial trauma patients and 100 percent of the dentoalveolar trauma and dental infection patients, with a majority of these patients requiring surgical intervention. The current annual expense for OMS call coverage is \$700,000. The request for the new agreement remains unchanged from last year. The workforce composition for UT Health SA was provided for the Board's review.

RECOMMENDATION: Staff recommends Board of Managers' approval of the Oral and Maxillofacial Call Coverage Agreement with UT Health San Antonio-School of Dentistry in the amount of \$700,000 for one year beginning April 1, 2022, with an option to extend this agreement for two additional one year terms under the same terms and conditions.

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Dr. Kelley, **SECONDED** by Ms. Jasso, and **PASSED UNANIMOUSLY**.

EVALUATION: Dr. Kelley noted that University Hospital is the only hospital in San Antonio that provides emergency dental services, a unique service made available to the residents of Bexar County.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING CREATION OF A PUBLIC HEALTH DIVISION AND AUTHORIZING ALL ACTIONS RELATED THERETO — BRYAN ALSIP, MD/GEORGE B. HERNÁNDEZ, JR.

SUMMARY: As the only locally-owned health system in Bexar County, Level I Trauma Center for a 22-county area of South Texas, and the region's academic medical center, University Health has a deep and long-standing commitment to public health programs and research. Over the past two years, the staff has learned a great deal about the important role of public health during a worldwide pandemic. More than ever, staff sees how the tracking and analysis of key data points, the rapid mobilization of resources and effective communication efforts work together to help reduce community transmission, hospitalizations and deaths. This is the ideal time to leverage University Health's knowledge and further marshal its resources to help protect and promote the community's wellbeing. The mission of the Public Health Division will be to align public health services with medical care to better promote comprehensive population health objectives that support health equity, acute care, preventive care, and public health emergency response. The framework to align existing functions, develop new services, and establish priorities will be the Essential Public Health Services, as defined by the Centers for Disease Control and Prevention. Mr. Hernandez provided a list (updated in 2020), describing the activities and functions that communities should do to improve health and remove barriers that result in health inequities. The Public Health Division will organize and develop priorities around the population health needs of a growing Bexar County. Its functions, as best possible, will complement, rather than duplicate, the work and responsibilities of Bexar County and the San Antonio Metropolitan Health District, enabling the organizations to work collaboratively for the benefit of all Bexar County residents. The programs and initiatives of University Health Public Health will seek to be innovative, transparent and transformative, particularly in the areas of public health emergency response, addressing health disparities and equity. The vision and framework detailed by the CDC will serve as a guide to assure collaboration among community partners to cover all aspects of public health in a comprehensive manner. Bexar County Commissioners Court and University Health will jointly create a nine-member public health advisory board. The Commissioners Court will appoint five of the nine-member advisory board and University Health will appoint four members. The County Judge will appoint the chair of the advisory board. The board will serve in a resource capacity regarding public health-related recommendations. At its March 22, 2022 meeting, the Bexar County Commissioners Court approved the creation of the advisory board. Bexar County Commissioners Court also approved \$60 million in funding for the University Health Public Health Division at its March 22, 2022 meeting. Funding comes from the Coronavirus State &

Local Recovery Funds (SLFRF), a part of the American Rescue Plan Act (ARPA). University Health anticipates investing part of the funds to construct and equip a new medical office building on its property adjacent to Texas A&M University – San Antonio. The facility will serve as the administrative, research and clinical services hub for public health. Some of the funds will be reserved for initial startup expenses, as well as two future clinic sites within medically underserved areas to increase access to health care and reduce health inequalities.

RECOMMENDATION:

Staff recommends the Board of Managers endorse the establishment of the Public Health Division within University Health; that it support the creation of a public health advisory board; and that it authorize the President /CEO to negotiate a contract with Bexar County to accept \$60 million in Coronavirus State & Local Fiscal Recovery Funds (SLFRF). Funding will support capital and startup expenses related to the new Public Health Division.

ACTION:

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

EVALUATION:

In addition to University Health's unique knowledge and experience, Dr. Alsip touted CareLink, the financial assistance program which has been in existence for 25 years making health care available to uninsured and underserved residents of Bexar County. University Health also has an extensive number of grants and a long history of addressing population health needs. The staff is excited about the opportunity to work with all of its partners across the entire community, which Dr. Alsip sees as a natural evolution for University Health. University Health's role is to figure out how to work best with all of those partners and use existing data to improve patient outcomes across different variables. Mr. Hasslocher agrees that this is an important issue for Bexar County and all surrounding areas served by University Health. He is mindful of the fact this did not happen overnight; it happened due to the foundation laid by the Board of Managers and George Hernandez and his team. The plan was developed expeditiously and the County Judge is excited for this important public health segment, it is another effort that shows University Health's commitment to the community. Dr. Kelley acknowledged that the public health crisis brought on by the pandemic left many across the country without needed healthcare. She is proud of our community for doing a wonderful job by researching the strong need, and understanding the health disparities taking place in this community; the planning will put this community in a strong position. As Dr. Henrich explained earlier, the role of University Health and all of its partners is to work for the betterment of the community, without turf wars. University Health brings clinical expertise and technology to the table and everything revolves around data; the data must be collected and analyzed. Dr. Kelley foresees the Public Health Division will bring University Health to world-class status. The proposal is so thoughtful and puts the tremendous legacy of Bexar County Judge Nelson Wolff on the map, it is so wonderful and gracious for Bexar County and the federal government to provide the funding. Dr. Kelley thanked Dr. Henrich for his comments earlier about the role and the need in Bexar County, which allows Board members to see how everything will come together. Ms.

Jasso asked about deadlines tied to the \$60 million Coronavirus State & Local Recovery Funds from by Bexar County to which Mr. Hernandez replied that he did not have the information readily available but assured Ms. Jasso that deadline requirements would be met and the staff is working hard to finalize contracts for this important project. At this time, Mr. Adams thanked Dr. Kelley, Mr. Hasslocher, and Ms. Fernandez for serving as the Board's ad hoc committee leading to the announcement by Judge Wolff. He anticipates that a number of issues will need to be processed as University Health moves the project along and he stressed the importance of having the Board's ad hoc committee take a continued role as the Public Health Division takes shape. Mr. Adams echoed the comments made by senior staff and Mr. Hernandez, and acknowledged excitement to see University Health take such a leadership role in the community.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR FEBRUARY 2022 — REED HURLEY

SUMMARY: Messrs. Hernandez and Hurley provided an update regarding 2022 federal supplemental funding and a discussion ensued. The Centers for Medicare and Medicaid Services (CMS) and the Texas Health and Human Services Commission (HHSC) are in a dispute over Intergovernmental Transfers (IGTs) by private hospitals through a Local Provider Participation Fund (LPPF). The impasse relates to private hospital arrangements to reimburse LPPF hospitals that have little or no Medicaid for their LPPF costs. The impasse negatively affects supplemental funding for all Texas hospitals. To break the impasse, on March 11, 2022, Federal District Judge J. Campbell Barker, ordered CMS to issue a final decision (to approve or not approve) the request by Texas for three State Directed Payment Programs (SDPs) by March 25, 2022. These new programs include: Comprehensive Hospital Increased Reimbursement Program (CHIRP); Texas Incentives for Physician and Professional Services (TIPPS); and Rural Access to Primary and Preventative Services (RAPPS). The Uniform Hospital Rate Increase Program (UHRIP), which is a component of the newly proposed CHIRP program is budgeted to have a net impact of \$19 million for 2022 (\$33.6 million in revenue offset by \$14.4 million in Medical Services IGT expense) or \$1.5 million net impact a month. CMS approved this program on March 25, 2022 for the period covering September 1, 2021 through August 31, 2022. CMS also approved the TIPPS program on March 25, 2022 for the period covering September 1, 2021 through August 31, 2022. It will provide roughly \$4 million in unbudgeted revenue. University Health does not qualify for the RAPPS program. Based on information from HHSC, the Delivery System Reform Incentive Program (DSRIP) is not being extended for FFY 2022. The SDPs noted above are designed to replace DSRIP funding. Following Judge J. Campbell Barker's order, CMS announced that the Office of Attorney General (OIG) will audit all IGT programs in Texas going back to 2019, which will take years to complete. The University Health 2022 budget includes \$61.6 million for the year or \$5.1 million a month from

DSRIP. UHRIP is a component of the newly proposed CHIRP program is budgeted to have a net impact of \$19 million for 2022 (\$33.6 million in revenue offset by \$14.4 million in Medical Services IGT expense) or \$1.5 million net impact a month. CMS approved this program on March 25, 2022 for the period covering September 1, 2021 through August 31, 2022. CMS also approved the TIPPS program on March 25, 2022 for the period covering September 1, 2021 through August 31, 2022. It will provide roughly \$4 million in unbudgeted revenue. University Health does not qualify for the RAPPS program. Dr. Hromas asked for the meaning of HARP, to which Mr. Hurley replied “Hospital Augmented Reimbursement Program,” a program rate increase for traditional Medicaid that governmental hospitals qualify for, it is not a State Directed Payment. Ms. Jasso asked when actual funding of UHRIP and TIPPS would take place, to which Mr. Hurley replied that he anticipates funding to occur in May or June 2022. She also asked what would happen if the OIG does not like the results of the audit. Mr. Hurley confirmed that OIG is able to stop any program it deems necessary. However, Mr. Hernandez replied that there are several hospital groups in the state, such as the Texas Hospital Association and Teaching Hospitals of Texas, working to find solutions that will assure the OIG audits everything that exists on these programs; there are strong opinions in Texas that these programs are perfectly fine.

University Health’s consolidated bottom line for the month of February 2022 reflects a gain of \$15.8 million, \$10.4 million better than the budgeted gain of \$5.4 million. This gain is a combination of a strong bottom line from Community First and lower than budgeted operating expenses, offset by lower than budgeted supplemental funding revenue discussed above. In February, clinical activity (as measured by inpatient discharges) was down 6.5 percent for the month compared to budget and inpatient days were down by 7.3 percent. Community First Health Plans, Inc., (Community First) experienced a bottom line gain of \$8.3 million, which was \$4.5 million better than the budgeted gain of \$3.8 million. Community First fully insured membership was down 3.3 percent to budget. Premium revenue and claims expense at Community First were both down related to the UHRIP program’s suspension. Mr. Hurley reviewed significant items from the Monthly Consolidated Statement of Revenues and Expenses in detail with the Board of Managers.

RECOMMENDATION:

Staff recommends approval of the financial reports subject to audit.

ACTION:

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

EVALUATION:

Ms. Hasslocher acknowledged that staff has made the Board aware that DSRIP would be going away, and University Health has prepared over the years for this possibility. He is pleased that University Health and Community First ended 2021 in a strong position to compensate for elimination of some of these programs in the years to come.

FOLLOW-UP:

None.

PRESENTATIONS AND EDUCATION

FIRST QUARTER QUALITY REPORT — *BRYAN ALSIP, MD*

SUMMARY:

Dr. Alsip provided an update on The Joint Commission's triennial survey and Dr. Shumway provided a summary of the quality outcomes for University Health's priority 2021 goals.

Centers for Medicare and Medicaid Services (CMS) Conditions for Participation - Every hospital that accepts payment for Medicare and Medicaid patients must comply with the Centers for Medicare & Medicaid Services Conditions of Participation.

Deemed Status Organizations

- The Joint Commission
- DNV
- CIHQ

The Joint Commission (TJC) - An independent, international, not-for-profit organization that assesses and provides health care accreditation for quality achievement in patient care and safety. Last accredited in August 2018 University Health opened for a new survey in February 2020 and their visit was past due in August of 2021.

On-Site Full Hospital and Ambulatory Survey - January 3-7, 2022 - The long-awaited onsite triennial survey occurred at the start of the year from January 3 to 7. It was the first week after the holidays and the middle of the last COVID surge with staff also calling in for COVID positivity. Key leaders and staff received notification and the well-oiled process began. University Health leadership met with the team of surveyors in the Cypress Room and started with a brief historical review of the organization and highlights of several accomplishments, including many of the actions in response to the COVID-19 pandemic. The surveyors were impressed with the staff's commitment to the community that included COVID-19 therapeutic trials and the success in creating the largest mass vaccination site in South Texas that served hundreds of thousands of people in the community.

Survey Activity

Nine (9) total surveyors

- Staff Escorts and Scribes accompanied surveyors to all locations
- Morning and afternoon briefings
- On-Site for 5 days

Highlights and Best Practices

- Overall engagement of staff to include the physicians was excellent
- Palliative Care and Tissue Management – among best in the country
- ED cleanest they have seen
- Processes standardized across ambulatory network
- Professional Staff Services and HR departments were efficient and technically proficient
- Use of Epic highly optimized

- Development of COVID-19 testing transport media due to shortage
- Pharmacy compounding area; robot for NICU medication

While the final TJC report cited two condition level deficiencies, the unannounced follow up visit that occurred on February 24th was negative for any adverse findings. Dr. Alsip described TJC site visit as a “positive survey experience,” and he yielded the floor to Dr. Judy Shumway, Senior Vice President for Clinical Services for the Quality presentation.

The Quality Department evaluates 155 measures across 11 hospital-specific reputational ratings and financial programs. The following six measures have been selected as high priority metrics because they carry significant impact for University Health and include mortality, sepsis bundle compliance, hospital readmissions, patient safety indicators, hospital acquired infections and surgical site infections.

How do you define and measure quality?

High Quality Restaurant Analogy

Measures

- Taste
- Price
- Convenience
- Quantity
- Speed/Efficiency
- Variety of Options v. Specialty

Public Ratings & Reputation

- Michelin star
- Google
- Yelp reviews
- California grades

Quality in Healthcare

- Metric Development
- Public ratings - value-based & reputational
 - 11 programs- 5 CMS, 2 Medicaid
 - CMS
- Hospital compare
- Star rating
- Value-based purchasing
- Hospital-acquired condition reduction program
- Readmission reduction
- Leapfrog-patient safety grade
- Medicaid-potentially preventable conditions and readmissions
- Vizient
- U.S. News & World Report
- Lown Institute - measures of health equity.

Total of 155 measures

- Work smarter not harder

- 31 tactical metrics - high impact (metrics selected based on overall impact to value-based and reputational program)
- 31 informational metrics - informs on tactical goals or upcoming metrics known to carry importance but specifics are still unknown (metrics included for visibility and impact on internal and external goals)
- Inform of agreements with our providers

Prioritize 9 assign weights

- Patient safety- numerous PSI we follow some tactical like PSI-90, some informational like individual PSIs.
- Mortality-rates of death
- SEP-I compliance-more later
- HAI - CAUTI, CLABS I (device related)
- MRSA-opening consideration of peripheral IVs
- Surgical site infections- opportunity for improvement in our colon surgeries
- All of these measures roll up to some of those rating and ranking programs mentioned earlier

Acute Care Mortality

- Measured as obs/expected
- 2019 – 0.70%
- 2020 – 0.82%
- 2021 - 0.75 %
 - actual rate compared to expected
 - comparing apples to apples
 - documentation becomes important
 - not only documenting risk-like age or existing disease like diabetes or HBP but also documenting prognosis- advance care planning & code status
- 2020 brought surprise to everyone, hard to predict or expect much from COVID hunkered down for normal to return
- 2021 multiple experiences with surges – improvement expected

Overall Acute Care Mortality/Sepsis Outcomes and Process Metrics in 2021

- The curve with its peaks coincides with the COVID surges (5.0% in January 2021, 2.0% July 2021, 2.1% in December 2021).

Sepsis Mortality Drives Overall Mortality

(Indicator – Sepsis, Principal Diagnosis – Morality as a % of All Acute Care Mortality)

Jan.	Feb.	March	April	May	June
24.8%	31.9%	26.2%	21.7%	25.5%	31.0%
July	Aug	Sept.	Oct.	Nov.	Dec.
31.0%	22.5%	31.1%	26.4%	34.5%	27.1%

Retrospectively staff sees that regardless of COVID, sepsis mortality continued to contribute 20-35 percent to the overall death rate, suggesting that the staff should continue to focus on a sepsis strategy.

What is Sepsis?

- Sepsis is diagnosed over a 6 hour window when the following are met:
 - Source of infection
 - 2 SIRS criteria and
 - Temp >38°C (100.4°F) or < 36°C (96.8°F)
 - Heart rate > 90
 - Respiratory rate > 20 or PaCO₂ < 32 mm Hg
 - WBC > 12,000/mm³, < 4,000/mm³, or > 10% bands
- Evidence of Organ Dysfunction
 - Lactic acidosis
 - SBP <90 or
 - SBP drop ≥ 40 mm Hg of normal

Treating Sepsis: SEP- 1 Bundle Compliance

(Within 3 hours of window opening)

- Initial lactate
- Blood cultures
- Broad spectrum antibiotic
- Intravenous fluids

(Within 6 hours of window opening)

- Repeat lactate measurement
- Vasopressors
- Assessment of volume status and tissue perfusion

Process Metrics- Sepsis

- Electronic Solution-Epic
- Strategy Overall
Sepsis order set → SEP-I bundle →sepsis mortality→overall mortality

Sepsis Mortality vs. SEP-1 Bundle Compliance (Overall Acute Care Mortality/Sepsis Outcomes and Process Metrics) - Sepsis mortality is the main driver for overall mortality. In any given month, between 20 and 30 percent of all University Hospital mortalities are patients with a coded diagnosis of sepsis. The sepsis bundle compliance (SEP-1) is measured by the review of a random sample population of adult patients 18 years and older with a final coded diagnosis of severe sepsis or septic shock. At University Health, use of the dedicated sepsis order set is associated with both SEP-1 bundle compliance and a reduction in inpatient

mortality secondary to sepsis or septic shock. (The higher the rate for order set use, the better the Bundle Compliance rate). Dr. Shumway reviewed Severe Sepsis or Septic Shock mortality rates, SEP-1 Bundle Compliance, and Acute Care mortality rates for the period January through December 2021 and noted overall sepsis order set compliance has averaged 75 percent year-to-date. (The higher SEP-I Bundle Compliance, the lower the mortality rate).

Sepsis (Sepsis Bundle – SEP-1- Compliance) – Target is 62%
2019 – 39.1% 2020 – 50.7% 2021 – 58.8%

Solution: EPIC Electronic Health Record, optimize alerts of early sepsis and make order sets easier to execute.

Challenges

- COVID Variants
- The Great Resignation
- Staffing Shortage
- Supply Chain Effects

Looking Ahead

- Re-orienting to COVID as the new norm, rather than a deviation
- Importance of leadership in re-engaging staff
- Attention to organizational culture
- Re-evaluation of supply chain effects
- Optimizing existing resources such as EPIC EHR

RECOMMENDATION:

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

ACTION:

No action was required by the Board of Managers.

EVALUATION:

When asked by Mr. Adams how the staff plans to improve outcomes, Drs. Shumway and Alsip agreed that there will be a special emphasis placed on sepsis in the coming months. In a hospital setting, the key to mortality reductions is a huge focus on reducing sepsis mortality and bundle compliance with the series of order sets. Sepsis mortality is the single most complex core measure that CMS manages since certain number of things must occur during the first three hours and first six hours. Some of this is facilitated by using Epic the way it is meant to be used, however, it is not a slam dunk. The providers cannot call sepsis too early, and certainly do not want to call it too late. Although University Health's target is 62 percent as a goal, it is a low rate, and even CMS recognizes that providers cannot implement all treatments for sepsis aggressively with all patients because there can be a negative outcome by putting fluids in too quickly. University Health has been successful in reducing overall mortality to significantly low numbers by focusing on sepsis. Clinical leadership agree on sepsis as an area of focus for CMS is one that works for the staff. The clinical leadership team has a really organized approach. For every major category, there are dedicated weekly meetings and outcomes are reviewed in real time as well. Weekly meetings are attended by physicians, quality staff, nursing, and others. There are also monthly accountability meetings to roll these scores up through the chain of command because sometimes there is a

need for influence at the system level to ensure protocols are in place with a daily approach to these issues. The majority of opportunities for sepsis interventions take place in the Emergency Department, with the Medical Director and Nurse Executive Director on board to reduce sepsis. Dr. Shumway reiterated that there are existing systems in place but the culture is made up of different people. While hospitals are accustomed to having rotating staff, the core staff has changed due to the Great Resignation. Clinical leadership is continuously educating and reaching out. Quality data and strategies are shared with providers through Clinical Management Teams (CMTs) and physician champions from different services lines. A few years ago University Health offered and made a one-year commitment to fund a Chief Resident for Quality to alert at the resident level. A total of two residents have been funded, with a goal to fund three positions. Hospitalists (formerly residents at University Hospital) also serve as physician champions. Ms. Jasso asked about the time line for improvements, to which Dr. Shumway replied that the Quality team monitors this data on a monthly basis and aspires to show improvement continually throughout the year. Metrics and expectations are set every year, a lot of time setting goals to be better than the prior year and beyond, however, turnover makes it difficult. COVID brought about a lot of challenges, and when hospitals are relying on external staff to handle the uncertainties, there must be time to educate. Dr. Alsip envisions fading away from short term staff to more long term staff in the near future. Dr. Suri agreed that Epic analytic functions are the most viable tools to find sepsis in a patient, as they alert providers about the criteria necessary to diagnose.

FOLLOW-UP: None.

INFORMATION ONLY ITEMS:

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

UNIVERSITY HEALTH FOUNDATION UPDATE — SARA ALGER

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN

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

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the meeting at 8:25 pm.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary