



University Health System

BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, March 31, 2020
2:00 p.m.
Board Room
Texas Diabetes Institute
(By Telephone)
701 S. Zarzamora
San Antonio, Texas 78207

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Dianna M. Burns, M.D., Secretary
Ira Smith, Vice Chair
Robert Engberg
James C. Hasslocher
Janie Barrera

BOARD MEMBERS ABSENT:

Roberto L. Jimenez, M.D, Immediate Past Chair

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health System
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Ted Day, Executive Vice President/Strategic Planning, University Health System
Rob Hromas, MD, Dean, School of Medicine, UT Health San Antonio
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Leni Kirkman, Senior Vice President, Strategic Communications, Patient Relations, University Health System; and Interim President, University Health System Foundation
Jeanene Atkinson, Invocator, Chaplain/Spiritual Care Services, University Health System
Bill Phillips, Senior Vice President/Information Services, University Health System
Serina Rivela, Vice President/General Counsel, Legal Services, University Health System
Don Ryden, Vice President, Project, Design and Construction, University Health System
Rajeev Suri, MD, Professor/Department of Radiology; and President/Medical-Dental Staff, University Health System
Roberto Villarreal, MD, Senior Vice President, Research and Information Management, University Health System
And other attendees.

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

Mr. Adams called the meeting to order at 2:02 pm and addressed anyone from the public or media who may be joining this meeting by phone. He thanked them for their interest. Health System leadership strongly believes that the people of Bexar County should be aware of how their hospital district is operating. The Health System team has worked to reduce the potential for technical issues on this call, but appreciate your patience should any occur. As with many things in these days, everyone must adapt. This telephone meeting allows all attendees to adhere to critically important social distancing guidelines to reduce the spread of COVID-19, while continuing to be transparent and connected with the community. Members of the public who have pre-registered will have the opportunity to speak during the Public Comment portion of the agenda. If you anyone has not pre-registered, but have a question or comment, please email Public.Relations@uhs-sa.com. This email address is also on the Health System's corporate website in the "Contact Us" section. Staff will follow up within a day or two.

Mr. Adams called the roll to confirm a quorum and to guide the discussion as necessary. All Board members indicated "present," except for Dr. Roberto Jimenez who did not join the Board meeting. Upon confirmation of a quorum, Mr. Adams asked Board members to hold their questions until each of the presentations. Mr. Adams further explained that voting today would be conducted by individual roll call to clearly identify each Board member by name and vote.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Chaplain Jeanene Atkinson, Spiritual Care Services, University Health System, for the invocation and he led the pledge of allegiance.

PUBLIC COMMENT BY CITIZENS: None

**PUBLIC HEARING OF PROPOSED SECOND QUARTER MANDATORY PAYMENT
FOR THE BEXAR COUNTY HOSPITAL DISTRICT LOCAL PROVIDER
PARTICIPATION FUND FOR FISCAL YEAR 2020**

SUMMARY: Pursuant to Senate Bill 1545 signed by the Governor in June 2019 authorizing the establishment of a Local Provider Participation Fund (LPPF), and the creation of a Local Provider Participation Fund (LPPF) for Bexar County approved by the Board of Managers also in June, 2019, several steps are required by the Board of Managers, including publication of a notice of a public hearing for appropriate action by the Board of Managers, to set the rate for an assessment. A notice for the public hearing was published in the San Antonio Express News on March 26, 2020 with the public hearing schedule for March 31, 2020 at the Board of Managers meeting. The LPPF will be the source of Intergovernmental Transfer (IGT) funding for private hospitals in Bexar County. Based on estimated IGT needs, the LPPF can assess a fee not to exceed six percent on the net patient revenues of private hospitals in Bexar County.

At 2:10 pm, Mr. Adams recessed the public meeting and announced that the Board of Managers would hold a Public Hearing of the Second Quarter Mandatory Payment for the Bexar

County Hospital District Local Provider Participation Fund for Fiscal Year 2020. He welcomed any citizen wanting to make comments at this Public Hearing to do so. There being no citizens to comment, Mr. Adams concluded the Public Hearing at 2:11 pm, and immediately reconvened the public Board meeting.

RECOMMENDATION: None.
ACTION: None.
EVALUATION: None.
FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A RESOLUTION SETTING THE SECOND QUARTER MANDATORY PAYMENT RATE FOR THE BEXAR COUNTY HOSPITAL DISTRICT LOCAL PROVIDER PARTICIPATION FUND FOR FISCAL YEAR 2020 — GEORGE B. HERNÁNDEZ, JR./REED HURLEY

SUMMARY: To generate funding for Intergovernmental Transfers related to Uncompensated Care, Uniform Hospital Rate Increase Program (UHRIP) and Delivery System Reform Incentive Payment (DSRIP) projected to be due in the second quarter 2020, the Bexar County Hospital District Local Provider Participation Funds (LPPF) assessment is necessary. As previously noted, the notice for the public hearing was published in the San Antonio Express News on March 26, 2020 for a public hearing on March 31, 2020. The assessment will be collected as necessary over a period not to exceed ninety (90) days, beginning April 1, 2020. The second quarterly LPPF assessment is based on the estimated amount of IGT that will be required to fully fund the Bexar private hospital IGT needs. This quarter's estimate is impacted by proposals to fast track certain supplemental funding payments due to the Coronavirus pandemic. The assessment based on the rate not to exceed 2.60 percent of eligible hospitals net patient revenue will generate \$101,344,423 for the second quarter IGT needs for the Bexar private hospitals. There is no impact to Bexar County Hospital District taxpayers from the LPPF levy and paying providers may not add a surcharge to a patient bill.

RECOMMENDATION: Staff recommends that the Board of Managers adopt a Resolution authorizing the Bexar County Hospital District to set the April 2020 assessment rate for the Bexar County Hospital District Local Provider Participation Fund not to exceed 2.60 percent.

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

EVALUATION: None.
FOLLOW-UP: None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S): FEBRUARY 25, 2020 (REGULAR MEETING)

SUMMARY: The minutes of the regular meeting of Tuesday, February 25, 2020, were submitted for approval.

RECOMMENDATION: Staff recommends approval of the minutes as submitted.

ACTION: There being **NO OBJECTION**, staff's recommendation was **APPROVED**.
EVALUATION: None.
FOLLOW-UP: None.

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

SUMMARY: Dr. Hromas greeted the Board and acknowledged stressful times for healthcare providers. He reported that a virtual residency match was held as planned on March 21. Medical students across the nation opened their envelopes simultaneously to find out where the next phase of their career will take them. All but one of the students at the Long School of Medicine matched and will be placed at the location of their choice. The one student who did not match was offered a slot in dermatology; however, the student is interested in otolaryngology. In addition, all of the graduates of the Long School of Medicine passed the medical licensing examination and scored six points above the national average, a remarkable achievement. Monica Gutierrez, MD, Chair, Department of Physical Medicine and Rehabilitation, arrives April 1, 2020. She succeeds Nicolas E. Walsh, MD, who served as chairman for three decades and will continue in an emeritus role and as a part-time clinician. Dr. Gutierrez comes to UT Health SA from UT Health Houston and is a native of the Rio Grande Valley area. On the COVID-19 front, classes have been suspended but medical students have been extremely active in volunteering their time at University Health System facilities, Department of Metropolitan Health, staffing the COVID-19 hotline, and held a blood drive last week. Dr. Hromas is proud that everyone is stepping up in these dark times. Both Chief Medical Officers, Dr. Bryan Alsip and Dr. Robert Leverage, are working closely together in the information that is disseminated among the medical and clinical staff.

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

NEW BUSINESS:

CONSENT AGENDA – JIM ADAMS, CHAIR

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

SUMMARY: A total of 17 contracts with a value of \$101,652,817 are being presented to the Board of Managers during the month of March. The following contracts require approval by the Board of Managers: Twelve (12) consent contracts with a total value of

\$10,322,710; and five (5) presented contracts with a total value of \$91,330,107. This month, there were six (6) contracts classified as Small, Minority, Woman or Veteran-Owned Business Enterprises (SMWVBE). The SMWVBE Status Report reflects items submitted for Board approval this month.

RECOMMENDATION: Staff recommends approval of the purchasing activities as indicated above.

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

EVALUATION: None.

FOLLOW-UP None.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

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

SUMMARY: The Health System has had a contract with El Centro Del Barrio d/b/a CentroMed since May 2002. CentroMed provides primary care, pharmaceuticals and lab services. This is a fee for service contract. The term of the contract is for one year beginning May 1, 2020 and ending April 30, 2021. The purpose of this agreement is to continue to secure professional primary care, pharmaceuticals and lab services for CareLink members. Over the past years, these physicians have seen patients for office visits, pharmaceuticals, family planning, immunizations, lab services, inoculations, nutritional and dietetic counseling and preventive care. In 2019, CentroMed provided services to 702 CareLink members. There are currently 625 CareLink members assigned to CentroMed. In 2019, CareLink paid CentroMed the amount of \$256,839. For 2020, staff anticipates the value of the contract to be \$260,000 based on 100 percent of the current Medicare Fee Schedule. This 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 \$780,000. The workforce composition data for CentroMed was provided for the Board's review.

RECOMMENDATION: 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 \$780,000.

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

EVALUATION: None.

FOLLOW-UP None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A FUNDING AGREEMENT WITH THE SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL (STRAC) FOR A DOMESTIC VIOLENCE REFERRAL HOTLINE — SALLY TAYLOR, M.D.

SUMMARY:

In the summer of 2019, the City of San Antonio developed a comprehensive plan to reduce domestic violence using a public health prevention framework. This was in response to an urgent call to reduce the high number and rate of murder of women in San Antonio, which have increased over the past five years. Bexar County has the highest rate of murder of women by male intimate partners of any major city in Texas, according to Status of Women Report, May 2019.

In tandem with the development of the City's plan, Bexar County and the City of San Antonio developed a coordinated community response through the Commission on Collaborative Strategies to Prevent, Combat, and Respond to Domestic Violence, created by Judge Peter Sakai, and the first-of-its-kind joint City/County commission charged with implementing part of the domestic violence comprehensive plan. Co-chaired by Judge Monique Diaz and Dr. Colleen Bridger, Assistant City Manager, six commission committees (Healthcare, Judiciary, Law Enforcement, Policy, Prosecution, and Non-Profit) have each identified one program and one process objective to implement in Year One, with a plan for at least a three-year implementation.

During Year One, new programs and processes are being developed. Bexar County recently received funding to establish a Domestic Violence High Risk Team at the Bexar County Family Justice Center. Through a referral process, individuals identified as high risk will be quickly identified and triaged to appropriate resources and receive appropriate, timely services. This agreement, through the Southwest Texas Regional Advisory Council's (STRAC's) MEDCOM operation, would provide centralized screening and referral for victims of domestic violence identified by law enforcement or health care providers. STRAC is designated by the Texas Department of State Health Services to develop, implement and maintain the regional trauma and emergency healthcare system for the 22 counties in Trauma Service Area-P.

For those individuals identified as victims of domestic violence, law enforcement or healthcare providers would call MEDCOM who would then connect the victim to a hotline advocate for referral to a Domestic Violence High Risk Team for enhanced services. MEDCOM would serve as a single contact for the referral source.

The funding being requested for the Domestic Violence Referral Hotline leverages services already in place and already utilized daily by law enforcement.

The initial implementation will involve utilization by law enforcement, with eventual rollout to healthcare providers. The requested funding will include support for 4.2 FTE's of personnel to staff MEDCOM 24/7, 365 days per year. This agreement is for a one year period beginning January 1, 2020, pro-rated for the months when the service is in operation, with a maximum financial outlay of \$500,000.00. This contract amount is included in the Health System's 2020 budget.

RECOMMENDATION: Staff recommends the Board of Managers approve funding in the amount not to exceed \$500,000.00 for one year, January 1 to December 31, 2020, pro-rated for months of operation, for the Southwest Texas Regional Advisory Council specifically for support of a Domestic Violence Referral Hotline, and authorize the President/CEO to execute an appropriate agreement.

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

EVALUATION: Discussion ensued regarding Mr. Engberg's question about progression expectations and sustaining the program beyond \$500,000 and the one-year contract period. Dr. Taylor will review the STRAC budget soon and sustainability will depend on the volume of calls to the hot line; however, Dr. Taylor does not anticipate additional funding for Year One. Mr. Hernandez added that the Health System is taking advantage of a system that is already in place, MEDCOM, this is an incremental expense. He reiterated that there are other industries involved in this program besides healthcare, (i.e., Judiciary, Law Enforcement, Policy, Prosecution, and Non-Profit) to deal with the different aspects of this problem, each industry having identified one program and one process objective to implement in Year One. Year Two will be a full year of implementation and adjustment to models based on the launch; and Year Three will provide the opportunity to evaluate successes and identify areas of expansion and/or innovation. The training aspect for other parties, such as for MEDCOM is extremely important. Dr. Taylor assured the Board that her observation of MEDCOM's handling of telephone calls has been nothing more than appropriate and professional; however, that will be monitored. Law enforcement will need training to enforce the lethality assessments that will be required.

FOLLOW-UP Mr. Adams asked Dr. Taylor to return to the Board with additional information on the training aspect of the program during Year One. He is interested in the success of the program, in light of the fact that that such community programs are often bureaucratic.

ANNOUNCEMENT:

At this time, Mr. Adams asked Mr. Engberg to say a few words regarding the passing of Col. (Ret.) Robert Wayne Hilliard, who worked as the President/Chief Executive Officer of

San Antonio AirLife for 20 years beginning in the mid-1990s, and passed in his home on March 27, 2020. Mr. Engberg and Mr. Smith served along his side on the Board of Directors of San Antonio AirLife. Mr. Engberg described Dr. Hilliard as a man of deep faith and a super-patriot. He loved this country. He served in the military and was an ardent supporter of the Crimson Tide (University of Alabama). He was a super-dedicated business leader and teacher, an independent person, with a great sense of humor. Under his leadership, San Antonio AirLife received many positive citations and awards. He was a great friend, who never gave up, even in his last days. Mr. Engberg is proud to have been part of his team. Ms. Kirkman is working on a lovely tribute to Dr. Hilliard’s legacy for publication in the San Antonio Express News. The space for the tribute was donated by the San Antonio Express News. Dr. Hilliard’s obituary can be found online at Porter Loring Mortuary.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FUNDING OF CONSTRUCTION COSTS FOR THE WOMEN’S AND CHILDREN’S HOSPITAL AND ASSOCIATED PROJECTS — DON RYDEN

SUMMARY: The current events facing Bexar County and the nation bring into focus an increased demand for hospital beds and a continued need to improve operational efficiency at University Hospital, which in the future, will need to provide additional capacity and the Women’s and Children’s Hospital provides the opportunity to provide this essential support. This can be accomplished by expanding the Women’s and Children’s Hospital build-out of floors 8 through 11, and approving the building of the Podium Expansion shell for future expanded ancillary services, lab, radiology and kitchen. Recently, the Architectural/Engineering team completed 50 percent of Architectural Construction Documents (CD), and the Construction Manager, Joeris+JE Dunn, has provided a current construction cost estimate for the Project. This construction cost estimate takes into account changes in design elements that were identified in Design Development phase. These additional design elements include:

	Adjustments to Original Base Project	Additions to Original Scope	Total Funding Request
Hospital	\$ 9,030,000		\$ 9,030,000
Build-Out of Floors 8-11		\$ 65,720,000	\$ 65,720,000
12 th Floor Core & Shell & Buildout		\$ 31,340,000	\$ 31,340,000
Garage		\$ 4,150,000	\$ 4,150,000
Podium Expansion Core & Shell		<u>\$ 40,780,000</u>	<u>\$ 40,780,000</u>
		Subtotal	\$151,020,000
		Owner’s Allowance	<u>\$ 8,310,000</u>
		Total	<u>\$ 159,330,000</u>

These design modifications are in line with the overall clinical program as well as the Master Facility Plan. The estimated increased construction costs associated with these items is approximately \$159.33M. Staff has reviewed the current Project planning scope in conjunction with the Master Facility Plan for University Hospital campus and determined that it was appropriate to incorporate the long range planning of a Podium expansion in the construction plan. However, in times of crisis like the current pandemic, the additional capacity will allow for a more efficient and effective way to screen patients and visitors. The workforce composition for Joeris+JE Dunn was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve additional funding for the Women's and Children's Hospital and Associated Projects in the amount of \$159,330,000.

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

EVALUATION: Mr. Smith asked if the Board's committee on the Women's & Children's Hospital, chaired by Dr. Burns, was aware of this request. Due to the magnitude of the request and because there has been no change in the scope of the construction contract with Joeris+JE Dunn, Mr. Hernandez made the decision to bring this request forward for Board approval at this time. The committee has not met since February due to COVID-19. Mr. Smith expressed concern that the staff has not discussed this request with the Board's committee, and he cautioned the staff to be careful with expenditures as the staff needs solid Board approval before moving forward. Dr. Burns interjected that although the committee has not received a formal presentation, committee members are aware of the general concept agreed to by the Board, to save money as much as possible; by expanding capacity, if needed, before construction begins. The committee has not discussed any specific funding matters. Mr. Smith asked to be reminded of the total budget and bed capacity for the new hospital. Mr. Hernandez reminded the Board that they had approved 30 additional beds for the 12th floor in the summer of 2019, for a total bed capacity of 298 in the new hospital. At the present time, University Hospital has 650 operational beds and is licensed for over 1,000. Mr. Engberg recalled the Board discussion in September 2019, at which time the podium was discussed and the budget was \$675 million total. With today's request, the budget has been adjusted upward by \$14 million. Mr. Engberg asked Mr. Hurley to provide a brief overview for funding of the entire project, which he did, as follows: Initially, the Health System received \$308 million in bond proceeds, and \$218 million came from the Board contingency fund, which brought the total budget to \$525 million for the Heart Vascular Endoscopy Suite, parking garage, and the new hospital. In January 2020, the Health System issued \$170 million in bonds, for a total of \$695.9 million, not including any interest earned on bonds proceeds. The request today brings the cost up to under \$690 million, including \$23

million from the Board's capital fund that has not been used. The Health System has a total of \$695 million available for the Women's & Children's Hospital project. Later in spring, after the capital reserves are re-balanced, Mr. Hurley estimates transferring \$170 million to the Board's capital account. Mr. Adams asked for clarification regarding the build-out of floors 8 to 11, which were part of the original plan. He asked for the difference in the original scope and the process involved in building-out. These are essentially shell floors, designed for future growth. They do not have heating, air conditioning, walls, ceilings, and are not to be used for storage. Only fire suppression systems are required in shell space in a healthcare setting. Each floor in the Women's & Children's Hospital will have a typical foot print for 30 private beds, which is in line with what staff presented to the Board committee chaired by Dr. Burns last year. Mr. Hurley clarified for Mr. Adams that financing of medical equipment and I.T. items are not included in the constructions costs above. However, Mr. Ryden has a budget (part of the \$525 million) for the HVE, equipment and hospital. Finishing out the 12th floor will probably diminish that budget and some other projects will have to be delayed; however, the Health System is indeed in a position to satisfactorily fund what is needed for the new hospital, based on current operations. In addition, the Health System has one more opportunity after this spring to rebalance reserves before medical equipment is purchased. Mr. Engberg thanked Mr. Hurley and reiterated that based on current projections, the Health System will have ample cash to deal with capital issues. Further, Mr. Hernandez added that in April or May 2020, the Board's capital fund will be replenished with \$120 million borrowed in 2014. At that time in 2014, the balance in the Board's capital fund dropped to \$20 million. This is different in that the bonds sold in January 2020, yielded \$170 million, while coincidentally, Mr. Hurley is estimating that another \$170 million will be transferred to the Board's capital account when accounts are re-balanced in the spring. There is an existing \$30 million in that fund now which will then raise that balance to \$200 million. Mr. Adams thanked Mr. Smith for highlighting fiscal responsibility.

FOLLOW-UP

Ms. Barrera suggested a flow chart regarding dollars approved and/or spent thus far on the new hospital, from inception to date, along with approval dates as a reminder to the Board members of what actions have been taken to date.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A GUARANTEED MAXIMUM PRICE (GMP #9) PROPOSAL FOR THE WOMEN'S AND CHILDREN'S HOSPITAL SUPERSTRUCTURE FOR THE CONSTRUCTION MANAGER AT RISK AGREEMENT WITH JOERIS/DUNN JOINT VENTURE — DON RYDEN

SUMMARY:

The proposed Guaranteed Maximum Price #9 (GMP) with Joeris+JE Dunn is for a hospital superstructure not to exceed \$86,525,337. Scope of work consist of primary trades critical to the continuing progress of construction and includes the following:

- Earthwork – Cost associated with removal of the pile system at the north end of Sky Tower.
- Concrete Superstructure – Excluding site concrete / site paving.
- Structural Steel – This will include cost associated with the steel truss members only and associated metal decking less previously approved mill order costs.
- Elevators
- Tower Crane & Personnel Hoist – This will include all erect, dismantle, rent, and operating costs. Foundation costs not included as they were in prior GMP.
- Fire Protection System
- Design Assist for the following:
 - Exterior Glass & Glazing
 - Pneumatic Tube
 - Mechanical / Plumbing
 - Electrical
- Allowances for the following:
 - Under Slab Utilities
 - Below Grade Waterproofing
 - Patient Room Mockup
- Exterior Skin Mockup Allowance – Excluding offsite performance testing

Mr. Ryden reviewed previously approved GMPs 1- 8, scope of work and respective amounts, for a total contract value of \$128,908,102 , including GMP#9. Also included in this funding request is work pertaining to the Podium Expansion that was approved in GMP#7 but not funded. All of these components are outside the scope of the original project budget. The cost for the work associated with GMP#9 is \$8,475,632 - total podium core and shell, infrastructure levels 8-11 and Hospital Level 12.

Costs for this GMP#9 will be funded as follows:

Board Approved Project Budget	\$78,049,705
Board Designated Funds	<u>\$ 8,475,632</u>
Total	\$86,525,337

Workforce composition for Joeris+JE Dunn was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve an amendment to the agreement with Joeris+JE Dunn for GMP#9 for Superstructure in the amount not to exceed \$86,525,337.

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

EVALUATION: Mr. Smith requested a future presentation regarding SMWVBE numbers for the Women's and Children's Hospital to ensure that Joeris+JE Dunn is doing their part in working with local vendors.

FOLLOW-UP: As indicated above.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORTS FOR FEBRUARY 2020 — REED HURLEY

SUMMARY: In February, clinical activity (as measured by inpatient discharges) was up 2.9 percent for the month compared to budget. Community First Health Plan (CFHP) fully-insured membership was down 2.0 percent to budget. On a consolidated basis, gain from operations was \$12.6 million, \$7.1 million better than budget. The consolidated bottom line gain (before financing activity) was \$11.2 million, \$9.8 million better than the budgeted gain of \$1.4 million. Lower operating expenses resulted in performance better than budget. CFHP experienced a bottom line gain of \$1.5 million which was \$3.0 million better than the budgeted loss of \$1.5 million. Lower claims expense and purchased service expense accounted for the performance to budget. Debt service revenue was \$6.0 million which was \$182 thousand higher than budget. Mr. Hurley discussed notable increases and/or decreases from the December 31, 2019 Consolidated Balance Sheet in detail with the Board, as well as significant items from the Monthly Consolidated Statement of Revenues and Expenses, including: The Health System transferred (IGT) \$3.1 million for DSRIP and \$3.5 million for UC for others through the new LPPF program. These funds were collected from local providers for this purpose. Mr. Hurley also reviewed the consolidated financial summary of the Health System less CFHP.

RECOMMENDATION: Staff recommends acceptance of the financial reports subject to audit.

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

EVALUATION: All elective procedures have been cancelled at all hospitals. If COVID-19 goes on for more than a couple of month, it will have a major impact on Health System finances. The team will be on the lookout for COVID-19 reimbursement opportunities. Ms. Barrera noted a federal Paycheck Protection Program that was launched earlier today. It is a forgivable loan to help with lost potential revenue (such as elective surgery cases), and payroll (an incentive to retain employees). She will share the information with Mr. Hernandez to see if the Health System may qualify.

FOLLOW-UP As indicated above.

COVID-19 UPDATE:

Mr. Hernandez reported attended a meeting earlier in the day hosted by Southwest Texas Regional Advisory Council (STRAC) for all of the CEOs of major local health systems for a presentation on COVID 19 about what needs to be done to stop its spread. Data for this pandemic is dependent on testing, not only taking samples, but running the results as well. Every system in town has had difficulty with running results. At University Hospital, the staff can only run tests by one of the five methods available, which is a Health System-UT Health method. UT Health has provided equipment to the University Hospital lab and the Health System has provided the staff to run those tests. University Hospital is running about 100 tests per day for the community and resulting in 24

hours. Contractors for the federal government are resulting in 6-7 days. Mr. Eric Eply, President/CEO of STRAC reported that they had just received their first batch of test results from the Joe & Harry Freeman Coliseum from samples that were taken seven (7) days ago. They received 130 results and have taken about 900. Samples. The dilemma for the Health System is that the current method involves a lot of manual work, only 4-5 people are doing this work. The testing of healthcare workers from UT Health, the VA and first responders, at the Coliseum, has been received very well by the community. It is crucial for people at the front lines to know their status ASAP. The Health System is looking very hard at automating the current method that is in place. San Antonio is fortunate to have Juan Gutierrez, PhD, Professor and Chair of the Mathematics Department at UTSA. By coincidence, Dr. Gutierrez has worked for ten years as a post-doctoral fellow in the area of infectious diseases. Before this pandemic, he had just published an article on asymptomatic carriers of COVID-19, and is now working with STRAC and sharing this type of information. COVID-19 is highly contagious, same contagious level as measles. At the early stages of measles, there is a predictor that one person will infect six, but Dr. Gutierrez's analysis, based on studies in Asia and Europe, indicate that an individual with COVID-19 can infect about 15 others at the early stage; and the asymptomatic folks are driving the spread. From onset of symptoms, the average number of days the person is contagious is about 22 days. The only thing that seems in helping is the social distancing. The county has moderate social distancing guidelines in place, and attendees were informed that social distancing can be tightened a bit more. The peak projection for Bexar County is May of 2020.

Mr. Hernandez yielded the floor to Mr. Banos for an update regarding emergency operations at Health System facilities during the pandemic. The Emergency Operations Management Committee is well prepared; this experience is truly a team approach. Everyone has been working overtime so that the staff can feel safe that we are putting plans in place to protect everyone. At the present time, there are two COVID-19 operations teleconferences per day. Mr. Donovan Agans leads emergency drills for the staff all the time, however, this one is a bit more prolonged. Hospital Administrator, Michael Roussos, and Chief Nurse Executive Tommye Austin, along with the expert UT providers have a very solid hospital plan. He highlighted the capacity foresight in construction of the Sky Tower; University Hospital has 200 empty beds on the 5th floor that can be easily converted to an all Intensive Care Unit to care for COVID-19 patients.

Dr. Ralph Riviello, Medical Director, Emergency Department (ED) is working in tandem with the Associate Chief Nursing Officer Ms. Dina Perez-Graham, and ED Nursing Director, Ms. Rocio Garcia to set up a tent outside of the ED to screen patients prior to getting in the front door of the ED. The ED has a plan to manage any patient who has COVID-19 symptoms or any other respiratory illness, and there is also a plan in place for patients who present with other medical issues and emergent care.

The ambulatory team is led by Dr. Monika Kapur of University Medicine Associates, and Ms. Theresa De La Haya of Prevention & Clinical Services. The Health System has closed many of its clinics and the remaining clinics are geographically centered, with screening taking place at the front door. Clinics were closed to consolidate areas and that can be controlled. Dr. Kapur has gone above and beyond with telephone calls, telemedicine, and tele-visits. 80 percent of the patients are accepting telephone calls. Ms. De La Haya is also responsible for staffing the Joe & Harry Coliseum where health care workers are being tested.

Ms. Theresa Scepanski, Administrative Chief Officer, has set up a screening station at the city magistrate area for the San Antonio Police Department. In addition, inmates at the Bexar County jail are being screened, if they are Bexar County residents. Ms. Barrera added that City Councilman Roberto Treviño of District 1 is working to produce more ventilators for the community and Mr. Hernandez reported that San Antonio has a total of 600 ventilators. The

average length of time for a hospital patient is on a ventilator is typically 3-4 days. A COVID-19 patient can be on a ventilator for up to two weeks.

Dr. Elliott Mandell, Chief Pharmacy Officer, and his staff are active in the delivery of medications to patients, to keep them home and to minimize the staff's interaction with patients.

Drs. Tommy Austin, Bryan Alsip, Emily Volk and Ms. Lisa Devane, Director of Perioperative Services are now sterilization of N95 face masks for clinical staff. They developed a process so they can be reprocessed twice and worn up to three times, normally these are only good for one day. The staff also shared the information with other local health systems so that they can learn from the Health System and continue their work in fighting the pandemic. The process has been written up and submitted to the Food and Drug Administration for industry-wide approval. This process does not replace efforts to acquire new masks, it expands the Health System's supply.

Ms. Leni Kirkman has done a great job with donations. The Health System has received thousands of masks; some appropriate use by clinical providers, and other types that other staff can wear. She is also working with HEB for those providers who work past 8 pm when the stores close. HEB has agreed to open certain stores after hours for specifically healthcare providers.

Last weekend, Mr. Jim Willis, Associate Hospital Administrator, provided the assistance of an Environmental Services team to CentroMed at Haven for Hope so that the clinic is available for that population at Haven for Hope, rather than shutting it down.

At the present time, University Hospital Lab staff are looking at four different devices to improve COVID-19 testing because leadership does not want to be held to only one piece of equipment for testing to delivery avoid issues of new equipment and/or with the reagent used for testing; and also to yield test returns in one to three hours. The UT Pathology Departments has validated that with the current method, staff can run about 100 tests per day. Once Mr. Hernandez was alerted by STRAC that CHRISTUS Health and SW General Hospital had inpatients awaiting test results, lab personnel stepped up and turned out the results out immediately.

UT Health in collaboration with the Health System is conducting trial research on COVID-19 positive patients as scientist search for a cure.

Dr. Alsip is serving as medical leader at STRAC. He is working with other community medical directors and developing guidelines for the community, a very important role.

The Health System does not have a shortage of nurses at this time. Because the hospital census has been at between 300 to 400, staffing is very good. Normally University Hospital's census is at 600+. While it is slow, nurses are receiving cross training in case there is a surge of critical care patients. Legal staff is reviewing laws that will allow new graduate student nurses to work without having received a state license as long as they are new graduates. Ambulatory nurses and other providers are being used to work in the ED tent screening patients.

Donations to the Health System are being managed by the University Health System Foundation. There have been a series of telephone meetings this week establishing a leadership committee for relief efforts, and have found the right person to chair this committee. In addition, the San Antonio Area Foundation and United Way have put together community resources for a fund that is at about \$300 million. There is a lot of planning to figure out how all of these foundations will work together for the benefit of the community. It is believed that these efforts will yield a strong community response once Judge Nelson Wolff and Mayor Ron Nirenberg put out that call.

The COVID-19 experience has served to prompt the development of appropriate future protocols for such. The leadership is assuring a reasonable level of rest for the staff by encouraging use of PTO for them to spend time with family now that the census is low. There are ambulatory nurses available to provide assistance, as well as, a nursing float pool if there is a surge in volume. Staff also have access to an Employee Assistance Program and Spiritual Care Services. Many of the staff who work in coding, billing, and purchasing are working from home, and leadership recognizes there must be resources available for healthcare providers.

Board members praised the leadership and staff for their dedication and hard work during these stressful times. The sharing of resources, equipment, and ideas with other healthcare systems is commendable. The COVID-19 daily briefings, from a reliable source like the Health System, are much appreciated. Mr. Adams expressed pride in the University Health System's "A" team. Spirits are high and the partnership with UT Health SA is at a good place.

THANKS – IRA FAR REACHING AFFECTS INT EH COMMUNITY PRESENTATIONS AND EDUCATION:

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

SUMMARY:	Due to the in-depth discussion regarding additional funding of construction costs for the Women's and Children's Hospital and Guaranteed Maximum Price #9, this presentation did not take place. Board members were encouraged to review the written report of the progress to date on the Women's & Children's Hospital.
RECOMMENDATION:	None.
ACTION:	None.
EVALUATION:	None.
FOLLOW-UP	None.

INFORMATION ONLY ITEMS:

EPIC ELECTRONIC HEALTH RECORD PROJECT UPDATE — BILL PHILLIPS/GEORGE B. HERNÁNDEZ, JR.

UNIVERSITY HEALTH SYSTEM FOUNDATION UPDATE — LENI KIRKMAN

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN

SUMMARY:	Mr. Adams encouraged his Board colleagues to review the three reports above. Please contact the staff directly with comments and/or feedback.
RECOMMENDATION:	None.
ACTION:	None.
EVALUATION:	None.
FOLLOW-UP:	None.

ADJOURNMENT — JIM ADAMS, CHAIR

There being no further business, Mr. Adams adjourned the Board meeting at 4:03 pm.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary