



**BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

Tuesday, November 16, 2021
6:00 pm
Cypress Room, University Hospital
4502 Medical Drive
San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

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

BOARD MEMBERS PRESENT:

Roberto L. Jimenez, MD, Immediate Past Chair

OTHERS PRESENT:

Edward Banos, Executive Vice President/Chief Operating Officer, University Health
Elizabeth Allen, Director, External Communications/Corporate Communications, University Health
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health
Ted Day, Executive Vice President, Strategic Planning/Business Development, University Health
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health
Rob Hromas, MD, Dean, Long School of Medicine, UT Health, San Antonio
Leni Kirkman, Executive Vice President/Chief Marketing, Communication, and Corporate Affairs Officer, University Health
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
Theresa Scepaniski, President/Chief Executive Officer, Community First Health Plans, Inc.
Travis Smith, Vice President/Deputy Chief Financial Officer, University Health
Rajeev Suri, MD, Professor, Department of Radiology, UT Health, San Antonio, and President, Medical-Dental Staff, University Health
Sally Taylor, MD, Senior Vice President/Chief, Behavioral Services, University Health
And other attendees.

CALL TO ORDER:

Mr. Adams called the meeting to order at 6:08 pm.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Mr. Travis Johnson-Esparza, University Health Chaplain, for the invocation and he led the pledge of allegiance. Mr. Adams announced that Mr. George Hernandez has been under the weather and would not attend this evening's meeting.

PUBLIC COMMENT: None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S): OCTOBER 19, 2021 AND OCTOBER 26, 2021 (REGULAR MEETINGS)

SUMMARY: Two sets of minutes for the Board meetings held on Tuesday, October 19, 2021; and Tuesday, October 26, 2021, were submitted for approval.

RECOMMENDATION: Staff recommends approval of the minutes as submitted.

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

EVALUATION: None.

FOLLOW-UP: None.

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

SUMMARY: Dr. Hromas reported that UT Health and University Health have jointly started a Wellness Council for students, residents, and faculty. The project is led by Dr. Scott Jones, Dr. Deborah Conway and Dr. Jen Williams to share best practices between the group and to identify any gaps in promoting wellness of staff. University Health is really helping resident wellness by supporting a full time counselor. The Wellness Council reports to Dr. Rob Hromas, Dr. Bryan Alsip, and Dr. Bob Leverage. Leadership wants to care for all of its healthcare workers because they have had a couple of rough years. UT President's Gala was held last weekend and unfortunately, Dr. Henrich contacted RSV at this event, he shook many hands but he is getting better. The Gala successfully raised equivalent to what University Health's Medical Miracles Gala raised pre-pandemic.

RECOMMENDATION: This report was provided for informational purposes only.

ACTION: No action was required by the Board of Managers

EVALUATION: None.

FOLLOW-UP: None.

PUBLIC HEARING OF PROPOSED MANDATORY PAYMENT FOR THE BEXAR COUNTY HOSPITAL DISTRICT LOCAL PROVIDER PARTICIPATION FUND FOR FISCAL YEAR 2022

SUMMARY: A public hearing was held pursuant to Senate Bill (SB) 1545 signed by the Governor on June 10, 2019 which authorized the establishment of a Local Provider Participation Fund (LPPF) for Bexar County. On June 25, 2019 the Board of Managers approved the creation of the Bexar County Hospital District LPPF which will be the source of Intergovernmental Transfer funding for private hospitals in Bexar County. Based on estimated Intergovernmental Transfer needs, the LPPF can assess a fee not to exceed six percent on the annual net patient revenues of private hospitals in Bexar County. There are several required steps including publication of a notice of a public hearing on the assessment, the public hearing which will take place at Bexar County Hospital District Board of Managers meetings and appropriate action of the Board of Managers to set the rate for the assessment. To generate funding for IGTs due in 2022, the Bexar County Hospital District LPPF assessment is necessary. A notice for the public hearing was published in the San Antonio Express-News on Saturday, November 11, 2021 for a public hearing on November 16, 2021 during the Board of Managers meeting. At 6:18 pm, Mr. Adams recessed the public meeting and announced that the Board of Managers would hold a Public Hearing of the Mandatory Payment for the Bexar County Hospital District Local Provider Participation Fund for Fiscal Year 2022. He welcomed any citizen wanting to make comments at this Public Hearing to do so. There being no speaker to comment, Mr. Adams concluded the Public Hearing at 6:19 pm, and immediately reconvened the public Board meeting at 6:20.

RECOMMENDATION: None.

ACTION: None.

EVALUATION: The assessment will be due at various times in calendar year 2022 as IGTs are necessary.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A RESOLUTION SETTING THE MAXIMUM RATE OF MANDATORY PAYMENT(S) FOR THE BEXAR COUNTY HOSPITAL DISTRICT'S LOCAL PROVIDER PARTICIPATION FUND THROUGH FISCAL YEAR 2022 — GEORGE B. HERNÁNDEZ, JR./REED HURLEY

SUMMARY: The annual Local Provider Participation Fund (LPPF) assessment is based on the maximum allowed annual percentage rate of 6.0 percent. The total assessment based on a rate of 6.0 percent of eligible hospitals net patient revenue, projected at \$4.2 billion, will generate up to \$252 million for the 2022 IGT needs for the Bexar County private hospitals. The actual assessment amounts invoiced to Bexar County hospitals during 2022 will depend on the IGT requirements to be determined as the year progresses. 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. For the benefit of the newer Board

members, Mr. Hurley took a few minutes to explain the intricacies regarding this local arrangement, which has been in place for a couple of years in Bexar County.

RECOMMENDATION: Staff recommends that the Board of Managers' adopt the Resolution provided authorizing the Bexar County Hospital District to set the 2022 assessment rate for the Bexar County Hospital District Local Provider Participation Fund at 6.0 percent.

ACTION: A **MOTION** to approve the Resolution was made by Mr. Smith and **SECONDED** by Dr. Kelley. Mr. Hasslocher made a **MOTION TO AMEND** by inserting that in addition to adopting the Resolution, the Board of Managers hereby authorizes the Bexar County Hospital District set the 2022 assessment rate for the Bexar County Hospital District Local Provider Participation Fund at 6.0 percent. Upon **APPROVAL** of the **MERITS OF THE AMENDMENT** to the **ORIGINAL MOTION**, the **MOTION AS AMENDED** made by Mr. Hasslocher, and **SECONDED** by Dr. Kelley, **PASSED UNANIMOUSLY**.

EVALUATION: For clarification, Mr. Adams read the adopted Resolution:

1. The District will determine the amount of the mandatory payment to be assessed at an amount not to exceed 6.00 percent of the net patient revenue of an institutional health care provider located in the District. The District will invoice the approved mandatory payment amounts as it deems necessary beginning January 1, 2022 and ending December 31, 2022. The District must observe the collection procedures required by Section 298F of the Texas Health and Safety Code, unless the collection procedures are otherwise waived by the State.
2. The Board is authorized to take all other actions necessary to meet the requirements of Chapter 298F of the Texas Health and Safety Code.
3. This Resolution shall be in full force and effect from and after the date of its adoption.

FOLLOW-UP: None.

NEW BUSINESS

CONSENT AGENDA – JIM ADAMS, CHAIR

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

SUMMARY: Pursuant to Article III, Section 3.3-1 of the Medical/Dental Staff Bylaws, initial appointments and reappointments to the Medical/Dental staff shall be made by the Board of Managers. The Board of Managers shall act on initial appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Executive Committee. The Credentials Committee met on October 24, 2021 and reviewed the credential files of the individuals listed on the Credentials Report and the Professional Performance Evaluation Reports provided to the Board. In its meeting of November 2, 2021, the Executive Committee of the Medical-Dental Staff approved the Credentials Committee Report and recommends approval of clinical privileges in accordance with

University Health's credentialing and privileging process by the Board of Managers.

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

SUMMARY: As part of continuous quality improvement, and in alignment with Joint Commission standards, University Health's Professional Staff Services Department monitors the clinical privileges of all privileged providers through the Professional Practice Evaluation process. Professional Practice Evaluation is a process whereby Medical-Dental staff member(s) are evaluated in regards to his/her competency and professional performance. New privileges, results of Peer Review, and assessment of Supervision are all examples of Professional Practice Evaluation. Also in alignment with Joint Commission standards, the Professional Staff Services Department maintains Delineation of Privileges (DOP) for the Medical-Dental Staff. The Delineation of Privileges is a process in which the organized Medical-Dental staff evaluates and recommends an individual practitioner be allowed to provide specific patient care services with well-defined training criteria. The Credentials Committee met on October 25, 2021 and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Reports and forms. In its meeting of November 2, 2021, the Executive Committee of the Medical-Dental Staff approved the Focused/Ongoing Professional Performance Evaluation Report and recommends Board of Managers' approval of the proposed Delineation of Privileges and Professional Practice Evaluation Report.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT BETWEEN COMMUNITY FIRST HEALTH PLANS, INC., AND COGNIZANT FOR CAREADVANCE FOR QNXT SYSTEM — THERESA SCEPANSKI

SUMMARY: This is a request for a contract with Cognizant for the CareAdvance solution for a five-year period. The total estimated cost is \$3,203,321 over the five-year contract period (includes one-time implementation fees and annual fees) as follows:

	One-Time Fee	Annual Fees
<u>New Services</u>		
CareAdvance (CM/DM)	\$394,143	\$86,720
CareAdvance Content Package		\$55,440
Healthwise Knowledgebase License		\$39,600
QNXT Utilization Management Workflow	\$195,253	\$42,960
Implementation Services for CareAdvance, UM Workflow and LTSS	\$1,372,825	
Training	\$117,500	
<u>Total Cost</u>	<u>\$2,079,721</u>	<u>\$224,720</u>
Total Cost Year 1	Total Cost Year 2 thru Year 5	
<u>\$2,304,441</u>	<u>\$224,720</u>	

The total contract amount with ZeOmega for a five-year period is \$3,400,000. As compared to the current contract amount, there is a \$196,679 (6 percent) decrease

for the new five-year total contract period. This is a planned expense and funding is included in the Annual Operating Budget. The term of the agreement begins January 1, 2022 and ends on December 31, 2026. Community First Board of Directors recommends the University Health Board of Managers' approval of a contract with Cognizant for the CareAdvance for QNXT solution for an estimated amount of \$3,203,321 over a five-year period.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT WITH WILLIS TOWERS WATSON FOR AN AUTOMATED RETIREMENT SYSTEM TECHNOLOGY — ANDREA CASAS

SUMMARY: This contract was competitively bid on RFP# 221-01-005-SVC. A total of three (3) responses were received: TIAA (rescinded RFP), CBIZ Retirement Plan Services and Willis Towers Watson. Each bid was compared utilizing a decision matrix. The bids were reviewed for responsiveness were then equally weighed by administrative and financial criteria. Willis Towers Watson provided the best value for the following reasons: Enhanced administrative services; Data conversion simplicity; System user-friendly capabilities; Reporting capabilities; Streamlined implementation process and reduced timeline; and a Five-year rate guarantee. The proposed retirement automated system cost for the three-year period is broken down as follows:

Administration Cost	\$375,000
Implementation Fee	<u>\$150,000</u>
Total Cost:	\$525,000

The estimated cost to University Health will be \$175,000 annually for a three-year period for a total contract cost of \$525,000. The contract offers two additional years to renew with a reduced annual cost of \$125,000 for a total cost of \$250,000. This is a planned expense and funding has been included in the Year 2022 Annual Operating Budget. This is a new contract for a three-year term beginning January 1, 2022 and ending December 31, 2024. Staff recommends Board of Managers' approval of the contract for an automated retirement system with Willis Towers Watson in the estimated amount of \$175,000 annually for a total contract estimate amount of \$525,000 for a three-year period.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE AGREEMENT WITH ALAMO AREA RESOURCE CENTER IN SUPPORT OF THE OPERATION BRAVE SERVICES PROGRAM — ROBERTO VILLARREAL, M.D.

SUMMARY: Ending the HIV Epidemic Program – Operation BRAVE services are currently provided by the Alamo Area Resource Center (AARC) a sub-recipient of Ending the HIV Epidemic – Operation BRAVE Program funds, for fiscal years 2021-22 and include mental health and substance abuse outpatient treatment. This amendment will include housing services, including utility and short rental assistance to ensure affordable housing for Operation BRAVE-eligible patients. The term of this Agreement is March 1, 2021 through February 28, 2022 and the funding breakdown is as follows:

Existing Mental Health/Substance Abuse Services	\$ 73,750.00
Additional funding for Housing Services	<u>\$194,104.00</u>
Total	\$267,854.00

Staff recommends approval to increase current Ending the HIV Epidemic Program – Operation BRAVE contract funds by \$194,104 to enhance services provided to eligible patients, for a total of \$267,854.00.

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

SUMMARY: A total of 27 contracts with a value of \$86,143,345 are being presented to the Board of Managers during the November 2021 meeting. The following contracts require approval by the BCHD Board of Managers: 19 consent contracts with a total value of \$26,543,209; and 8 presented contracts with a total value of \$59,600,136. During the month of November 2021, there were 7 contracts classified as Small, Minority, Woman, or Veteran-Owned Business Enterprises (SMSVBE). Presented for Board approval.

CONSENT

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

CONSENT

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

CONSENT

EVALUATION: None.

CONSENT

FOLLOW-UP: None.

ACTION ITEMS

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED
ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING COMMISSIONING OF A
PEACE OFFICER FOR BEXAR COUNTY HOSPITAL DISTRICT — DEPUTY CHIEF SHERRIE
KING/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. Deputy Chief King reported that the credentials of Jorge Breton had been examined and certified by the Chief of Police as meeting all of the requirements of a University Health System Peace Officer, and he has completed all necessary training requirements.

RECOMMENDATION: Staff recommends Board approval to commission Jorge Breton as a Bexar County Hospital District Peace Officer.

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

EVALUATION: Chief Sandoval is currently under the care of the amazing University Health team and is unable to attend today's Board meeting.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A FUNDING AGREEMENT WITH SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL FOR A BEHAVIORAL HEALTH CLINIC OPERATED BY UT HEALTH SAN ANTONIO — SALLY TAYLOR, M.D.

SUMMARY: In 2020, with committed behavioral health expansion dollars, University Health contracted through the Southwest Texas Regional Advisory Council (STRAC) to stand up a rapid access behavioral health clinic named the New Opportunities for Wellness (“NOW”) Clinic, operated by UT Health Department of Psychiatry. Funding the NOW Clinic through the Southwest Texas Crisis Collaborative (STCC) gives this treatment service broad visibility as a community service and transparency to the community in treatment outcomes and performance. This is a request for renewal of the funding agreement for the NOW Clinic. The new agreement will be for a one year period beginning January 1, 2022 through December 31, 2022, with two successive one-year renewals, and a maximum financial outlay of \$1,400,000 annually. This contract amount is included in University Health’s 2022 budget and is not changing from the 2021 annual budgeted amount. Initially the entire \$1.4M was not expensed in 2021 due to challenges faced with the Covid-19 pandemic in recruiting and hiring personnel, space needs for social distancing, and transitioning to virtual appointments. Dr. Taylor reviewed statistics on the number of patients served for prior contract year, discussed the show rates (91 percent for established patients, 90 percent for new patients, and 90 percent for follow up care). Also reviewed was payor mix information and hospital admission rates (2 percent average) and Emergency Department rate visits at 0.4 percent. Patient diagnoses for this clinic are broad, and The Center for Health Care Services’ embedded liaison which started in March 2021 has served 146 unique patients, and has made 34 referrals to The Center for Healthcare Services. The funding provided by this agreement supports personnel, including a fulltime psychiatrist (includes the role of Medical Director for the clinic), counselors (i.e., licensed professional counselors, licensed clinical social workers, licensed chemical dependency counselors), caseworker, peer support specialist, and Center liaison. In addition, the funding supports medication assistance, bus passes, lab fees, a computer scheduling system, and space lease. Other personnel are supported by UT Health’s third-party fee collections. In 2022, 2 FTEs of Psychiatric Advanced Practice Nurses, 0.2 FTE additional psychiatrist, and 0.5 FTE of therapist will be added to further improve access with the goal to expand into evening hours and to maintain access for University Health employees. In addition, the “Living Room” hours are extending from 5pm to 7pm Monday-Friday, and 7 percent of the patients are staff and/or dependents.

RECOMMENDATION: Staff recommends the Board of Managers approve and authorize the President/CEO to execute the renewal of a Funding Agreement with the Southwest Texas Regional Advisory Council for the New Opportunities for Wellness Behavioral Health Clinic operated by UT Health Department of Psychiatry in an amount not to exceed \$1,400,000 annually, with two

successive one-year automatic renewals. Seven (7) percent of the patients seen at the NOW clinic are staff and dependents.

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

EVALUATION: As for community visibility, Dr. Kelley feels privileged to be in a position to know about these programs through her Board membership. However, the average, general practitioners in the community who treat depression and anxiety disorders, are probably not aware of this resource. Is it well known only to the ranks of University Hospital, UT Health, and Law Enforcement? How does the average persona in Bexar County know about the NOW clinic? What do they need to be seen? Although these behavioral health resources are available on the University Health corporate website, and are advertised internally to the staff in meetings and on InfoNet (internal website), Dr. Taylor is not sure how to reach ALL practitioners in Bexar County. The STRAC Behavioral Health Committee chaired by Dr. Taylor is comprised of a large, local stake-holder group, including Health Systems, non-profits, and other resources that provide support services for patients, and Dr. Taylor understand that as these resources are expanded, there is opportunity to create more awareness. Both Drs. Taylor and Kelley agreed that once someone is in the mental health world, he or she becomes aware of the resources. However for someone at home or out in the community, where there is a 6-month wait to see a private psychiatrist, these resources are not really resources unless they can also be accessed by the average person and private practitioners. Dr. Taylor understands the importance of taking the program to scale and making it available to more individuals, which is the reason staff recommends adding 2.2 FTE providers. At this time, patients are able to get in to see a therapist, or psychologist, it is the Psychiatry appointments that are full. Mr. Morris agreed with Dr. Kelley's point and noted that the current funding does nothing for branding and community awareness. His preference would be to see an increase in funding if the Board of Managers were to receive a staff recommendation on what it would cost to expand branding, which is not expensive. Mr. Adams agreed with points made by Dr. Kelley and Mr. Morris and he cited an example at his church where a prayer group takes calls from individuals who are in emotional distress. He does not believe prayer team members are aware of these resources. He stated that there is room to improve outreach efforts, and he thanked Dr. Kelley for making the suggestion to look into the community awareness piece. Dr. Kelley described the NOW clinic as a "truly wonderful program" that the entire Bexar County community deserves to know about.

FOLLOW-UP: As indicated above.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A PROFESSIONAL SERVICES AGREEMENT FOR PEDIATRIC NEONATOLOGY SERVICES BETWEEN UNIVERSITY MEDICINE ASSOCIATES AND UT HEALTH SAN ANTONIO — ED BANOS/MONIKA KAPUR, M.D.

SUMMARY:

University Health, University Medicine Associates (UMA) and the Department of Pediatrics, Division of Neonatology of UT Health San Antonio have collaborated to provide the highest quality care to the neonate population of Bexar County since 2010. This is a request for a new agreement that will allow UMA to continue to provide high quality services to neonatal patients requiring critical specialty care. The leadership of University Health and UT Health have determined that the board-certified neonatologists should be increased by 1.0 FTE to 9.7 FTEs and the moonlighting physicians be increased by .25 FTE to 1.0 FTEs to support these services. UMA currently leases 8.7 board-certified neonatologist FTEs and 9.0 advanced practice provider FTEs to provide neonatal intensive care services, 3.0 neonatologist FTEs to provide hospitalist services and 0.75 FTE for moonlighting (supplemental) support. University Health provides physical space and support staff at no cost to UT Health. UMA bills and collects all professional fees generated by the UT Health providers for neonatology services rendered. UMA will compensate UT Health an amount not to exceed \$6,135,929 per year for all leased providers described above. This is an increase of \$470,133 over the previous agreement due to the increased FTEs. The anticipated cash collections for professional fees are \$3,600,000 per year. This results in a net cost to UMA of approximately \$2,535,929 annually. This is a planned expense and is included in the 2021 and 2022 operating budgets.

RECOMMENDATION:

Staff recommends Board of Managers' approval to execute a contract with UT Health San Antonio to lease neonatology providers at an anticipated cost of \$6,135,929 for a one-year period, with an option to renew for two additional one-year periods under the same terms and conditions.

ACTION:

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

EVALUATION:

Discussion ensued during which Mr. Banos informed the Board that this type of arrangement for securing neonatologist is very common in San Antonio; every hospital in town supplements neonatologists in some form or fashion. University Health is at a slight disadvantage however, due to its payer mix (majority Medicaid). Dr. Kelley expressed that she did not understand the reason for the supplementation in the amount for \$2.5 million (salary expenses), and also the reason that University Health bills and collects for physician services. Physician billing is not enough to cover salaries; they receive reimbursement at the Medicaid rate, plus 1 or 2 percent. The neonatology service line stands alone and makes a profit because most babies are insured, and University Health will receive reimbursement at either the private insurance rate or the Medicaid rate, whatever insurance the patient carries, which more than supplements the deficit. One exception are babies with foreign parents who do not intend to stay in the country after the birth, which then becomes a self-pay case. Dr. Kelley noted that it is difficult to evaluate this contract without knowing what University Health supplements in other areas for the Long School of Medicine. As stated previously by Mr. Banos, staff will bring the Master Services Agreement and Annual Operating Agreements to the Board in December so that the Board can properly evaluate all agreements with the Long School of Medicine, which is the reason staff requested, and Board approved, a 4-month extension in September. This neonatology

agreement has been in place for 11 years and falls outside of the master services agreements, it does not tie in. It is a very different arrangement, unique to an academic medical center. When staff brings the master services agreement to the Board next month, agreements not tied to it will be highlighted for the Board, as suggested by Ms. Fernandez. Dr. Kelley stated that the Board of Managers needs to see the master services agreement in order to understand and have a complete picture of what's going on. Mr. Adams agreed and he expressed that the Board of Managers is going to have more interest in all of these pieces, as well as measures, outcomes, metrics, and wanting to know where University Health's funding stands, and what the patients getting in return. Every member of this Board is devoted to that and he knows the staff is as well because the Board of Managers is. Dr. Hromas assured the Board of Managers that University Health is receiving a fantastic deal. He noted that the NICU Medical Director, Dr. Cynthia Blanco, a Hispanic physician has worked hard building this service, routinely travels to areas like Laredo, Harlingen, and McAllen, to bring neonates back for treatment. Dr. Kelley agreed with Dr. Hromas; her questions about these contracts are not meant as lack of recognition, there is no doubt that the physicians involved are stellar. The Board of Managers, as a team, needs to understand how this arrangement works. Mr. Adams deemed today's conversation as healthy and asked Mr. Banos to relay to Mr. Hernandez. It is reflective of how the Board is feeling about University Health's financial dealings.

FOLLOW-UP:

As indicated above.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE REPLACEMENT OF THE EXISTING FIRE ALARM SYSTEM IN RIO AND HORIZON TOWERS AT UNIVERSITY HOSPITAL — DON RYDEN

SUMMARY:

The existing fire alarm system in Horizon and Rio Towers, now obsolete, was upgraded at least 25 years ago. This project consists of complete replacement of the existing fire alarm system and notification devices with a new fire alarm and emergency voice evacuation system for the Rio and Horizon Towers. This new system will integrate with the existing system in Sky Tower and the Women's and Children's Hospital and will take approximately 24 months to complete. Staff engaged Honeywell International Inc. to evaluate and design the fire alarm system replacement project so that the change-out would have minimal disruptions to operations in Rio and Horizon Towers during the installation. Equipment layouts and project phasing were designed with construction documents prepared in accordance with local, state and national codes. Staff recommends that the equipment portion of this project be awarded based on best value, which includes favorable Group Purchasing Organization pricing, to Honeywell International, Inc. Honeywell will provide all-necessary power supplies, amplifiers, enclosures, field devices (smoke detectors, speakers, strobes, speakers, and pull stations) to secure pricing, meet the delivery deadline and to ensure the installation of an operational and functional fire alarm system. The pricing for the Fire Alarm System equipment is \$2,925,705. This remainder is for equipment purchase only

and is funded from designated 2021 Capital Budget in the amount of \$5,000,000. Recommendations for system installation and associated construction for the Fire Alarm System will be brought to the Board of Managers once the competitive bid process is completed. Estimate of the cost of the installation will not exceed \$6.2 million. Budget summary is as follows:

Design Services	\$199,900
Equipment	\$2,925,705 (this request)
<u>Installation</u>	<u>\$6,200,000</u>
Total	\$9,325,605

Workforce composition data was provided for the Board's review.

RECOMMENDATION:

Staff recommends the Board of Managers approve the purchase of Fire Alarm System Equipment from Honeywell International, Inc., and authorize University Health to execute a purchase order with Honeywell International, Inc. in the amount of \$2,925,705.

ACTION:

A **MOTION TO APPROVE** staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Mr. Morris, and **PASSED UNANIMOUSLY**.

EVALUATION:

None.

FOLLOW-UP:

None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A GUARANTEED MAXIMUM PRICE #14 PROPOSAL FOR THE WOMEN'S & CHILDREN'S PODIUM EXPANSION PHASE I BUILD-OUT FOR THE CONSTRUCTION MANAGER AT RISK AGREEMENT WITH JOERIS+JE DUNN, A JOINT VENTURE AND APPROPRIATE FUNDING THERETO — DON RYDEN

SUMMARY:

The Board of Managers has previously approved GMPs #1 through #13. The Construction Manager commenced work on site in June 2019 for the Advanced Diagnostic Center and started other enabling projects in August 2019. Work on the Women's and Children's Hospital and the new garage commenced in early 2020. The Underground Utility Reroute, and North Garage Demolition projects are complete, and the Advanced Diagnostic Center was completed in December 2020 and is fully operational. The hospital, garage, and Podium expansion core and shell spaces are projected to be complete in mid-2023. This is a request for funding for Guaranteed Maximum Price (GMP #14) proposal for Podium Expansion Phase I Build-Out for the Construction Manager at Risk Agreement with Joeris+JE Dunn, a Joint Venture. The Construction Manager's scope of GMP #14 for the Kitchen, Servery, Conference Center, and supporting spaces includes:

- Additional mechanical, electrical, plumbing, and IT infrastructure
- Additional elevators for food service operations
- Build-out of administrative spaces, food preparation and storage spaces, serving and dining spaces, conference rooms, and various support spaces
- Installation of food storage, preparation, and serving equipment
- Additional overhead and administrative staff to manage construction

The established value of GMP #14 is \$44.9 million; the Construction Cost Limitation established in the Construction Management Agreement will be adjusted to include all work through GMP #14, and other Consultant Fees, Miscellaneous Allowances and Contingencies.

To oversee commissioning of new systems, ensure full compliance with the design and code requirements, and help coordinate the transition of installation and technical equipment documents to support facilities operations, University Health engaged Engineering Economics, Inc. as the Project Commissioning Agent (CxA) for the Advanced Diagnostic Center. In November 2020, the Board authorized extending the CxA scope to include the remainder of the Project. Other consultant fees are based on the specific scope of construction, and staff has determined these are appropriate for adjustment. Included are known adjustments to the CxA and Life Safety Consultant fees for the build-out scope, based on proposals that staff has reviewed and accepted. Proposed adjustments also include an allowance for increased construction materials testing, new utility connection fees, and other non-construction administrative costs. Staff estimates these projected additional fees to be \$890,000.

Staff has also determined that it is appropriate to obtain Builder's Risk insurance to protect both the buildings under construction and major equipment and materials that are stored offsite awaiting installation. This will safeguard University Health against *force majeure* events that could impact timely completion and opening of the Project. The forecast budget for these various allowances is \$1.98 million.

Staff recommends that additional Owner's contingency be based on the entirety of construction and non-construction costs, including procurement costs described for Furniture, Fixtures and Equipment and active IT equipment. An increase to Owner's Contingency of approximately \$3.0 million and is therefore included in the proposed budget. This is an increase of \$5.9 million for fees, allowances, and contingencies.

RECOMMENDATION:

Staff recommends the Board of Managers approve \$56.9 million additional funding for the Podium Expansion Phase I Build-Out, and authorize the President/Chief Executive Officer to execute the required contract Amendments accordingly:

- Additional funding for Women's and Children's Hospital (Podium Expansion Build-Out Phase I) in the amount of \$56,917,129 for GMP #14; other consultants; Furniture, Fixtures and Equipment; active IT equipment; and owner's allowance.
- Amendment to the Construction Manager at Risk Agreement with Joeris+JE Dunn, a Joint Venture to add GMP# 14 for \$44,855,277.
- Amendment to Engineering Economics, Inc. for \$360,800.
- Amendment to Premier Healthcare Solutions, Inc. for \$19,160.

ACTION:

A **MOTION TO APPROVE** staff's recommendation was made by Ms. Fernandez, **SECONDED** by Dr. Kelley, and **PASSED UNANIMOUSLY**.

EVALUATION:

None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING BEXAR COUNTY HOSPITAL DISTRICT D/B/A UNIVERSITY HEALTH'S OPERATING, DEBT SERVICE AND CAPITAL BUDGETS FOR FISCAL YEAR 2022 — GEORGE B. HERNÁNDEZ, JR./ REED HURLEY

SUMMARY: The preliminary 2022 budget was developed using the Triple Aim Plus as our guiding principles. Improving quality, safety and outcomes, improving the patient experience, improving efficiencies, and improving access to care, were all taken into consideration during the budget planning process. The Community First budget and the University Health budget have been consolidated as follows:

<u>Consolidated Total Revenue:</u>	<u>\$2.56B</u>
Community First Health Plans, Inc.	\$8.20.6M
Net Patient Revenue	\$887.6M
Property Taxes	\$472.2M
Supplemental & Other Revenue	\$377.7M
<u>Consolidated Total Operating Expense:</u>	<u>\$2.47B</u>
Medical Claims	\$731.7M
Salaries	\$670.1M
Benefits	\$136.3M
Medical Services	\$24.1 M
Supplies	\$330.4M
Purchased Services	\$357.5M
Medical Claims	\$731.7M

Consolidated Bottom Line:

	<u>2021 Project Budget</u>	<u>2022 Preliminary from Projected</u>	<u>Variance from Projected</u>
Operating Gain	\$294.6M	\$9.1M	(\$203.6M)
Total Non- Operating Revenue	(\$83.4M)	(\$82.1M)	(\$202.3)

Bottom Line			
<u>Excluding Debt</u>	<u>\$211.3M</u>	<u>\$8.9M</u>	<u>(\$202.3M)</u>
Debt Service			
Revenue	\$74.7M	\$69.1M	(\$5.6M)
Debt Service	\$74.7M	\$69.1M	(\$5.6M)
<u>Net Debt Service</u>	<u>0</u>	<u>0</u>	<u>0</u>
Capital			
<u>Requirements</u>	<u>\$40.1M</u>	<u>\$42.5M</u>	<u>\$2.4M</u>

RECOMMENDATION:

Staff recommends Board of Managers’ approval of the Preliminary Operating, Debt Service and Capital Budgets for Fiscal Year 2022, and Board endorsement to Bexar County Commissioners’ Court for their final approval on Tuesday, December 7, 2021, at 10 am.

ACTION:

A **MOTION TO APPROVE** staff’s recommendation was made by Mr. Hasslocher, **SECONDED** by Ms. Fernandez, and **PASSED UNANIMOUSLY**.

EVALUATION:

Mr. Hurley opened up the floor for questions and/or feedback. Mr. Smith suggested that the staff the presentation to the Commissioners be very clear and concise. Dr. Kelley asked where the \$7 million for mental health can be found in the 2022 budget. Professional services are reflected under purchased services. Mr. Hurley reported that there is still a big battle between the State and the Center for Medicare and Medicaid Services, over the 1115 Waiver, approximately \$15million of supplemental funding, is still up in the air, for services that University Health is already providing effective October 1. Since Mr. Hasslocher is now chair of the Board’s finance committee Mr. Adams asked him to make a few comments regarding the 2022 budget. The biggest issue he sees is uncertainty in the supplemental funding steams. He feels the staff has done a tremendous job in putting this budget together and University Health is in pretty good fiscal shape. He thanked the staff and stated that Board is lucky to have such a team Dr. Hromas is amazed with the entire team at University Health; he has been a part of three other university hospitals, and this team is outstanding. University Health is making a profit in the midst of the pandemic, which is truly outstanding.

FOLLOW-UP:

None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR OCTOBER 2021 — REED HURLEY

SUMMARY:

University Health’s consolidated bottom line for the month of October 2021 was \$20.4 million, \$20.6 million better than the budgeted loss of \$180,000. Higher net patient revenue and Community First premium revenue were the primary drivers of the performance better than budget. In October, clinical activity (as measured by inpatient discharges) was down 4 percent for the month compared to budget, but inpatient days were over by 5.2 percent driven by Case Mix Index over budget by 4.5 percent. Community First Health Plans, Inc., experienced a bottom line gain of \$3.1

million, which was \$4.0 million better than the budgeted loss of \$816,000. Community First fully insured membership was up 27.2 percent to budget due to the State not dis-enrolling members during the COVID-19 pandemic. This resulted in higher premium revenue. Performance was better than budget even with offsets for higher claims expense. Mr. Hurley reviewed significant items in the Monthly Consolidated Statement of Revenues and Expenses, including the following:

- Net patient revenue over budget \$12.4 million driven by improved payer mix and high case mix index combined with a \$4.2 million positive Medicare cost report settlement
- Supplemental revenue over budget \$5.2 million due to enhanced FMAP, delayed DSH cuts, relaxed DSRIP criteria, and positive UC formula change
- Community First premium revenue over budget \$9.1 million related to increased membership
- C.A.R.E.S. Act revenue of \$3.2 million related to COVID-19 expenses
- Community First claims expense over budget \$5.5 million related to increased enrollment
- Employee compensation over budget \$4.2 million driven by higher than budgeted temporary personnel costs
- Supplies under budget \$2.1 million related to surgical implant costs of \$1.6 million and lower surgical volumes in October

RECOMMENDATION: Staff recommends acceptance of the financial reports for October 2021, subject to audit.

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

EVALUATION: Mr. Hasslocher expressed pride in the \$20 million turnaround during the month of October. Shortage of employees and labor costs are common in the food industries, and others, at this time. This trend is expected to continue, but the fact is that nurses need insurance and retirement benefits so they are expected to return at some point. Currently, University Health has approximately 120 agency nurses to replace the 150 or so that left. The CARES Act provides \$25 million to pay for these nurses during the pandemic, however, the real problem is that staff nurses are leaving to work as agency nurses for the pay.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING CONSIDERATION AND APPROPRIATE ACTION REGARDING A SETTLEMENT AND RELEASE OF CLAIMS WITH JANSSEN IN RE: TEXAS OPIOID LITIGATION, MDL NO. 2018-63587 — SERINA RIVELA

SUMMARY: On November 26, 2019, University Health filed a lawsuit against manufacturers, distributors, or retailers relating to tortious conduct in the marketing, promotion, sale, distribution, and dispensation of opioids. In 2019, Bexar County ranked third in per capita rates of death in the state from opioid overdoses and ranked first in Texas in rates of Neonatal Abstinence Syndrome. As a result, Bexar County and University Health

sought lawsuits for monetary relief to address the deleterious impact of the pandemic on the Bexar County community. Johnson & Johnson, Janssen Pharmaceutical Inc., Janssen Pharmaceutica, Inc., and Ortho-McNeil-Janssen Pharmaceuticals, Inc. (collectively “Janssen”) were among the Defendants named in the lawsuit. On October 26, 2021 Bexar County Commissioners Court approved settling its pending litigation against Janssen for an estimated \$12 million which has been pledged towards opioid and substance abuse treatment programs in Bexar County. Texas Attorney General Ken Paxton recently announced a \$290 million statewide opioid settlement agreement with Janssen to be paid into the Qualified Settlement Fund which is conditioned upon the majority of governmental entities agreeing to participate in the settlement by releasing its claims before the end of this year. The new law calls for the creation of a 14-member Texas Opioid Abatement Fund Counsel to determine distribution of 70 percent of the settlement funds. In addition to facilitating the completion of the settlement and distribution of those funds to Bexar County, if University Health also agrees to release its claims, it will, per legislation, be eligible to receive a portion of the 15 percent of the direct payments earmarked for hospital districts, which is currently estimated to be \$26,282,198.32. University Health will further be eligible to submit requests for funding for proposed opioid related education, prevention and treatment programs specially tailored to address the recovery needs in Bexar County from the Texas Opioid Abatement Fund Counsel. The settlement funds are to be disbursed to the participating state, regional, and local governments in a manner and method consistent with newly passed opioid legislation specifically designed to fight the opioid epidemic and mitigate the harm it has caused. The remaining portions of this abatement funding is earmarked for opioid abatement purposes on an open grant-like application basis. To further ensure hospital districts are represented in an appropriate distribution of those funds for their intended purpose, the law further requires that at least two of the fourteen member Texas Opioid Abatement Fund Counsel be hospitals district employees. In addition to monetary payment, the settlement agreement contains industry-changing injunctive relief. Janssen will be enjoined from manufacturing, selling and promoting opioids for ten years. In addition, distributors are required to establish a centralized clearinghouse and are further required to take certain measures to detect suspicious orders. University Health team, upon the advice and recommendation from outside counsel, is in agreement that this is a fair and equitable settlement of the outstanding claims against Janssen.

RECOMMENDATION: Staff recommends Board of Managers’ approval of the settlement with Janssen in the matter of *In Re: Texas Opioid Litigation*, MDL No. 2018-63587, and authorization of all related actions thereto, including the release of its claims against the Janssen defendants.

ACTION: A **MOTION TO APPROVE** staff’s recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Kelley, and **PASSED UNANIMOUSLY**.

EVALUATION: Settlement will have an immediate, direct impact with funds made available by the end of the year. Attorney’ fees are 9.25 percent of the settlement amount.

FOLLOW-UP: None.

PRESENTATIONS AND EDUCATION:

EPIC ELECTRONIC HEALTH RECORD PROJECT UPDATE — *BILL PHILLIPS*

SUMMARY: Mr. Phillips reported that the transition to the Epic EMR was strategically important and aligned with Health System goals and objectives to improve quality, safety and outcomes; the patient experience; efficiency, and access to care. He provided the following update regarding the Epic System:

Standardization of Workflows and Operational Functions

Clinical Documentation is 100 percent captured in the EMR (nursing notes/tasks, diagnosis, vital signs, flow sheets, care plans, patient education e-Mar, medical reviews)

Clinical Documentation – Nursing Notes

Previously – Lack of standardized templates, catch-all form of documentation, gaps in communication, not abstraction friendly.

Epic EMR – Smart-lists and smart-phrases, designated note types, everything has a home, discrete documentation.

Clinical Documentation Flowsheets – System-wide standardized flowsheets

Clinical Documentation – Care Plans and Education – Multidisciplinary tool, best practice and evidence-based, third party content from Elsevier, prepares patients for discharge, guides staff in interventions, assessments, and other tasks.

Outpatient Physician Documentation – Discrete data captured during visit and pulled into structured note templates.

Reporting Key Performance Indicators - Keeping Track of Emergency Department and Observation Patients - Capacity

Capacity management dashboard gives bed planners a detailed look at the entire hospital with highlights visible at a glance. Dashboard components track the status of patients being admitted through the Emergency Department. Observation patients are tracked by department and type.

Executive Dashboards – Individual Operational Dashboards Available

- CEO, CFO/CRO, CIO, COO, CMO, CNO,
- Executive Key Performance Indicator Dashboard
- Physician Champion Dashboard
- Patient Flow Pulse – Emergency Department, Units, Intensive Care Unites

System Performance - October 2017, Hosting Benefits

- High availability & excellent performance
- Flexibility & responsiveness to needs
- Peace of mind
- Easier technical upgrades and updates
- Fewer required technical FTE's
- Better predictability of costs
- Secure, state-of-the-art data center
- Industry compliance
- Average response time is 1.453 seconds

Downtime (\$5,600 per minute) Industry Standard			
IDX	\$2,016,000	Annual Upgrade	360 minutes
Allscripts	\$4,032,000	Annual Upgrade	720 minutes
Allscripts	\$1,764,000	Planned	315 minutes
Allscripts	\$1,624,000	Unplanned	290 minutes
Total	\$9,436,000		

University Health High-Level Uptime availability

Since Go-Live	100%
12-month Average	100%
Last Month (Oct 2020)	100%
January thru December 2020	100 %
January to Present 2021	100%

Disaster Recovery Exercise – University Health Hosting DR Activation Event Summary – June 12, 2021, Cutover + Cutback Test was successful. Moved the Epic infrastructure from the Verona datacenter to the Rochester datacenter and back to Verona in less than four hours. Application analysts tested integrations and peripherals on the DR servers and most worked as expected. Only two issues encountered with the Experian Interface and the Biomed Interface, and lessons learned discussed. Resulted in fallback technical down time of 18 minutes, and total end-user downtime of 191 minutes. Epic's best practice is to conduct annual disaster recovery tests with the next one scheduled to occur during the second quarter of 2022.

Down Time Process - Reports Available During Downtime - Case Detail, Ambulatory Clinical Summary, ADT Census, Inpatient Clinical Summary, Schedule Orders Report, Status Board Report, Admitting Providing, Attending Provider, PCP Report, ED Patient Detail Report, Inpatient Downtime MAR, Outpatient Downtime MAR, Outstanding List, Microbiology Workcard, IP Additional Information Report, Imaging Master Status Report, Full Medication Profile, EMH Pre-Admissions.

Patient Experience - Patient Portal – MyChart

Self-scheduling, secure messaging, notes and clinical summaries, diagnostic test results, health maintenance reminders, bill pay, and educational resources.

Public Health Information Exchange - Care Everywhere - All 50 states, 380+ Epic Organizations, over 6.3 million exchanges in 2021, over 1,000 non-Epic connections. Data exchanged includes Medications, Allergies, Problem Lists, Notes, Summary of Care, Immunizations, and ADT notifications.

Safety and Quality

- 99.99 percent of discharge prescriptions e-prescribed (96th percentile of all Epic customers)
- 95.29 percent of invasive cases scheduled from electronic case requests
- Transplant readmission rates reduced from 17 to 8 percent
- Emergency Department bounce back rates lower than most Epic customers
- 3.15 percent bounce back within 48 hours – 87th percentile
- 4.17 percent within 72 hours – 84th percentile

Imaging - Clinical Decision Support

- Evaluates indication, assesses exam, provides suggestions

Financial Charge Reconciliation – Daily charge reconciliation occurring within 3 days of service date contributing to 97 percent of charge capture. Of the average daily charges of \$11.6 million, charge capture automation is occurring in 99 percent of the charges.

Charges Triggered Clinically:

University Health	99.8%
Median	99.6 %
Top 25 th Percentile	99.8%

Revenue

- Cumulative Payments since Go-Live: \$58.1M more than baselines
 - Cumulative payment variance increased \$53.2M since October 2020
- CFB Days since Go-Live: 3.4 days
 - Exceeds legacy days of 7 and is Epic top performer

Major Achievements: Key Performance Indicators at Top 25%

- Candidate for Billing Days – Reduction of 6.9 days
 - Decreased from a high of 11.2 days in November 2020 to 4.3 days as of October 29, 2021.
 - Exceeded the Top 25% Benchmark (currently 4/7)
- Coding Days – Reduction of 2.1 Days
 - Decreased from a high of 3.2 days in February 2021 to 1.2 days as of October 29, 2021
 - Exceeded the Top 25% Benchmark (currently 1.8 days)

HB Open Denials – Reduction of 2 days

- Decreased from a high of 3.2 days in February 2021 to 1.2 days as of October 29, 2021
- Exceeded top 25% benchmark (currently 1.8 days)

PB Primary Denial Rate (UMA) – Reduction of 6.5%

- Decreased from a high of 13.3% in May 2021 to 6.8% as of October 2021
- Exceeded the top 25% benchmark (currently 7.2)

PB Pre-AR Days – Reduction of 2.2 days

- Decreased from a high of 3.1 days in October 2020 to .9 days as of October 29, 2021
- Exceeded the top 25% benchmark (currently at 1.2 days)

Mr. Phillips reviewed additional metrics in detail with the Board of Managers (UMA A/R, self-pay, primary denial rates, outpatient retail pharmacy days, overall reduction days, highest points and comparative metrics)

Telehealth - MyChart Video Visits, Retinopathy Screenings, Specialty Outreach, AngelEyes, Hospital at Home

COVID-19 Vaccine Clinic – over 500, 000 vaccines administered

Free community drive thru flu shots - 3,293 total

A series of four events with the ability to schedule through MyChart or drive up: September 18, September 25, October 9, and October 16

Hospital at Home Patient Monitoring Equipment Integration - Philips eCareCoordinator, Tablet, Blood pressure cuff, Thermometer, Pulse oximeter, Biosticker, Body positioning, General activity, Cough frequency, Pulse, Respiration rate, and Skin temperature.

- Overall Length of Stay: 3.42 Days
- Bed Days Saved: 246
- Suitable for all ages, many diagnosis, and regardless of insurance status
- High Patient Satisfaction
- Reduces chances for hospital acquired infections
- Helps assess Social Determinants of Health by observing living situation
- Leads to improved transition of care to ambulatory

Accolades

Epic's Gold Stars Program provides a scorecard of how effectively an organization is using the system, and provides a roadmap for improving clinical and financial outcomes. Gold Stars Level 10 reflects the adoption of at least 95 percent of the Epic Gold Star features and is categorized as

being a cutting-edge and leading practice in EMR use. Gold Stars items are grouped into tiers, focuses, and areas. Tiers represent various levels of achievement and complexity. Tiers 1-4 are core Epic components and functionality, tiers 5-7 represent optimized use of Epic, and tiers 8-10 represent leading practices in EMR use.

- University Health has been rated at levels 8, 9 and 10 in the following categories: Stargazing (9); Gold Star by Focus (8, 9, 10), and Gold Stars by Area (8, 9, 10).
- CHIME Digital Health Most Wired 2021, includes Acute and Ambulatory
- Epic Good Install Award, July 2020

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

INFORMATION ONLY ITEMS:

3RD QUARTER SUPPLIER DIVERSITY REPORT — TRAVIS SMITH

UNIVERSITY HEALTH FOUNDATION REPORT — SARA ALGER

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN

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

SUMMARY: Mr. Adams directed his colleagues' attention to the four 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 public meeting at 8:32 pm.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary