



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

Tuesday, September 27, 2022

6:00 pm

Tejas Conference Room

University Health Business Center 2

5959 Northwest Parkway

San Antonio, Texas 78249

**MINUTES**

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**BOARD MEMBERS PRESENT:**

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

**OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health  
Elizabeth Allen, Director, External Communications/Corporate Communications, University Health  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health  
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health  
Andrea Casas, Vice President/Chief Human Resources Officer, University Health  
Ted Day, Executive Vice President, Strategic Planning/Business Development, University Health  
Juan Garza, MD, Vice President/Epic Enterprise Physician, University Health  
Rob Hromas, MD, Dean, Long School of Medicine, UT Health San Antonio  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health  
Monica Kapur, MD, President/Chief Executive Officer, University Medicine Associates  
Leni Kirkman, Executive Vice President/Chief Marketing, Communication, & Corporate Affairs Officer,  
University Health  
Brian Lewis, Vice President, Quality/Outcomes, University Health  
Bobby Maxwell, Captain, Chief, Protective Services, University Health  
Joshua Nieto, General Counsel, Chief Compliance/HIPPA Officer, University Health  
Dina Perez-Graham, RN, Interim Chief Executive Nurse, University Health  
Bill Phillips, Executive Vice President/Chief Information Officer, Information Services, University Health  
Serina Rivela, Vice President/Chief Legal Officer, University Health  
Christopher Sandles, President, University Hospital Operations, University Health  
Travis Smith, Deputy Chief Financial Officer, University Health  
Rajeev Suri, MD, Interim Chair and Professor, Department of Radiology, UT Health, San Antonio; and  
President, Medical-Dental Staff, University Health  
Theresa Scepanski, President/Chief Executive Officer, Community First Health, Plans, Inc.  
Horacio Vasquez, Executive Director, Supply Chain Management, University Health  
Roberto Villarreal, MD, Senior Vice President/Chief Public Health/Innovation & Equity Officer,

University Health  
Larry Wallis, Director, Internal Auditor, University Health  
Joaquin Guerra, Bexar County Resident  
And other attendees.

**CALL TO ORDER:**

Mr. Adams called the meeting to order at 6:02 pm.

**INVOCATION AND PLEDGE OF ALLEGIANCE:**

Mr. Adams provided an invocation and then led the pledge of allegiance.

**PUBLIC COMMENT:** None.

**REPORT FROM THE NOMINATING COMMITTEE AND ELECTION OF OFFICERS – JIM ADAMS, CHAIR**

**SUMMARY:**

The Bylaws of the Board of Managers call for the election of officers annually in September. On September 2, 2022, Mr. Adams appointed an ad hoc Committee for the Nomination of Officers comprised of Ms. Anita Fernandez, Ms. Pat Jasso, and Mr. Jimmy Hasslocher serving as the ad hoc committee's chair. The Nominating Committee's role is to recommend to the Board a slate of officers for the Chair, Vice Chair, and Secretary positions. After consulting with all members of the Board, the ad hoc committee for the Nomination and Election of Officers recommends the following slate of officers for the upcoming term, effectively immediately through September 2023:

- Mr. James R. Adams, Chair
- Mr. James C. (Jimmy) Hasslocher, Vice Chair
- Dr. Margaret Kelley, Secretary

**RECOMMENDATION:**

The Board's Nominating Committee for the Nomination and Election of Officers recommends approval of the slate of officers as indicated above.

**ACTION:**

A **MOTION** to approve the Nominating Committee's recommendation was made by Ms. Fernandez, **SECONDED** by Mr. Morris, and **PASSED UNANIMOUSLY**.

**EVALUATION:**

Mr. Adams thanked the Nominating Committee for their work, in particular Mr. Hasslocher, for agreeing to serve as Vice Chair of the Board of Managers. Mr. Adams would like to update the committee assignment roster over the next several weeks, so he will be calling each Board member to hear of their interests in serving and will then distribute a new committee roster in the near future.

**FOLLOW UP:**

None.

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

**SUMMARY:**

Dr. Henrich is unable to be here this evening because he is in Austin, Texas, to testify before a legislative committee. Dr. Hromas reported

that applications for medical school are up better, than pre-pandemic levels, all races, ethnicities, and genders. The School of Medicine is up from 220 new student admissions to 240 per year starting next fall. The limiting factor is dissection space since the Long School of Medicine is one of the few medical schools in Texas that still do dissections on cadavers as part of the anatomy class. There is also a very moving ceremony that takes place after donation of the bodies for first year medical students. The former Texas Star Café space will become the new anatomy lab, renovation has begun and continues.

There is a liver cancer epidemic among Hispanics in South Texas. The rates are twice as high in South Texas then they are across the nation. Many believe it has to do with the prevalence of diabetes in this area, and genetics could also very well be involved. UT Health has a large cancer group led Dr. Francisco Cigarroa, which will host its first conference on liver cancer among Hispanics in South Texas. Dr. Hromas reiterated the epidemic exists only in South Texas, not North or Central Texas. In three weeks, approximately 300 liver cancer experts from around the world will be in San Antonio to discuss this topic and attack this problem. The conference will not be open to the general public but is open to all health professionals; however, anyone can pay the registration fee to attend. Ms. Pat Jasso looks forward to a summary report from the conference. Dr. Hromas credits Amelie Ramirez, Dr.PH., Chair, Department of Population Health, also a member of the National Academy of Medicine, for discovering Hispanic health issues, but the experts cannot figure out why some Hispanics in South Texas are prone to liver cancer. Congressman Joaquin Castro has contributed a \$1 million grant and the Clayton Foundation another \$300,000 towards a Liver Cancer Research Unit by UT Health.

Recently, David Gius, MD, PhD, oncology researcher, found that he can re-purpose a drug for a rare form of breast cancer, which is resistant to hormonal therapy, and relapses all the time, a big break through; clinical trials continue to learn more about the four types of breast cancer that currently exist.

Carlayne Jackson, MD, has been appointed Chair, Department of Neurology. She served as Interim Chair for the last nine months. She was interviewed by the leadership at UT Health and University Health, and by consensus was the number one choice. She is also the President of the American Association of Neurologists, and she is world-renown in her work.

Mitochondria are inherited from the mom. San Antonio has approximately 100 children with mitochondria disease, which is related to their metabolism. The UT Health Center for Mitochondria Biology will improve the life of these kids who suffer mental retardation, stunted growth, and other such illnesses. The Center will also start a family support group.

Dr. Suri reported that new resident applications have also increased and the next interview sessions will be held in-person, the first time in two years. He feels that in-person interviews are the best way to showcase the training facilities and all that UT and University Health have to offer on their respective campuses.

Dr. Hromas thanked the Board for the opportunity to share current events at UT Health. Mr. Adams thanked Dr. Hromas for his presence at every Board meeting.

RECOMMENDATION:

None.

ACTION:

None.

EVALUATION:

Ms. Fernandez suggested that once University Health's Public Health Division is established, it can also use these conference mechanisms to align health equity, acute care, and preventive care for the citizens of Bexar County. Mr. Adams expects that word about the liver conference for medical professionals will spread through the media; it is important to spread the word.

FOLLOW UP:

None.

**NEW BUSINESS:**

**CONSENT AGENDA – JIM ADAMS, CHAIR**

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

The Credentials Committee met on August 29, 2022, and reviewed the credential files of the individuals listed on the Credentials Report and the Professional Performance Evaluation Report provided to the Board. In its meeting of September 6, 2022, the Executive Committee of the Medical-Dental Staff approved the Credentials Committee Report in accordance with University Health's credentialing and privileging process. The Executive Committee, in turn, recommends approval by the Board of Managers.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING TELEMEDICINE PRIVILEGES– BRYAN ALSIP, MD**

The Board of Managers has approval authority for the appointment of clinical providers to the Medical-Dental Staff, and the granting of clinical privileges for overseeing the quality of care and provision of treatment to patients. In accordance with section 3.7, Telehealth, of the Bylaws of the Medical-Dental Staff, when University Health facilities are the originating site, University Health may use the privileging and credentialing decision from the distant site to make a final privileging decision provided all required elements are met. Board members were provided a listing of clinical providers which has been reviewed and verified by Professional Staff Services that all required elements from the distant site have been met in accordance with the Medical-Dental Staff Bylaws and Joint Commission Medical Staff standards (13.01.01). Staff recommends Board of Managers' approval of Radiology Telehealth privileges for those individuals on the listings provided.

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

The Credentials Committee met on August 29, 2022, and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of September 6, 2022, the Executive Committee of the Medical-Dental Staff approved the Delineation of Privileges and Focused/Ongoing Professional Performance Evaluation Report, and in turn, recommends approval by the Board of Managers.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING REAPPOINTMENTS TO COMMUNITY FIRST HEALTH PLANS, INC., BOARD OF DIRECTORS — JIMMY HASSLOCHER, CHAIR, NOMINATING COMMITTEE**

The Bylaws of Community First Health Plans, Inc., state that the Bexar County Hospital District Board of Managers as the governing body for the sole member of the corporation shall approve the appointment of the Board of Directors to manage the affairs of the corporation. The following members' terms expire on September 30, 2022: Bryan Bayles, PhD, MPH; Dianna M. Burns-Banks, MD, FAAP, MHA; Rene Escobedo; Reed Hurley; and Paul Nguyen. The Nominating Committee recommends the re-appointment of the board members noted above for two-year terms beginning October 1, 2022, through September 30, 2024.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A PURCHASE CONTRACT WITH GATEWAY PRINTING AND OFFICE SUPPLY, INC., FOR FURNITURE FOR THE OAKS V BUILDING LEASED BY COMMUNITY FIRST HEALTH PLANS, INC. - THERESA SCEPANSKI**

On August 27, 2021, the Community First Health Plans, Inc., Board of Directors and University Health Board of Managers approved the lease agreement for a new 10-year term with Building One Oaks, LLC and 4040 Broadway, LTD. The expansion building, Oaks V is scheduled to be complete by mid-November, with the anticipated move-in timeline no later than November 30, 2022. The Community First Board of Directors approved the purchase of the furniture at its board meeting of September 23, 2022, with final approval required by the Board of Managers. The total cost of this acquisition of furniture is estimated at \$662,000. The team completed a bid process and selected a Premier GPO contracted vendor, Gateway Printing and Office Supply, Inc., which provides the best value for the organization. The furniture is comparable to existing furniture, easy to install, accommodates functionality for staff, and is cost-effective. The initial plan for furniture acquisition assumed the use of exiting furniture currently located in the Oaks II Building, the leased space being vacated by Community First. However, University Health now desires to lease the Oaks II Building. Given that the furniture is integrated with the existing IT infrastructure, it is more economical to leave the existing furniture in place for use by University Health. This saves the cost of moving furniture and rewiring of IT equipment. The vendor's workforce composition was provided for the Board's review. The Board of Directors of Community First Health Plans, Inc., recommends Board of Managers' approval for the procurement of furniture as outlined above from Gateway Printing and Office Supply, Inc., for a total estimated amount of \$662,000.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A PROFESSIONAL SERVICES AGREEMENT WITH FORVIS, LLP FOR AUDIT SUPPORT SERVICES — REED HURLEY**

As of June, 2022 BKD, LLP merged with Dixon Hughes Goodman, LLP dba DHG another large regional firm to become FORVIS, LLP (FORVIS), ranked no. 8 on Inside Public Accounting's list of the top U.S.

firms. The 2022 audit will be the eleventh annual audit engagement for FORVIS, they are currently engaged to perform the audits on all Health System entities including University Health consolidated, Community First, Foundation, Pension Plan, OPEB Plan, Financial Assistance programs, the Foundation Form 990 and all other required tax returns. During the ten previous years accounting guidance has increased the level of reporting of the Pension Plan and OPEB Plan in the consolidated report at the same time the Pension Plan has diversified its investment portfolio to assets that are more complicated and are more difficult to value. Using one firm to complete all audits and tax returns is more efficient than using multiple firms. Using one firm enhances the coordination of field work, interaction with Health System accounting staff and preparation of audited financial statements. The fees proposed for the all eight audits and tax returns by Forvis was provided for the Board's review and compared to the prior year, totaling \$473,300 in 2021; and \$488,175 in 2022. The fees proposed for 2022 are \$14,875 or 3.1% higher than the total amount for 2021 audits and tax returns. The workforce composition for Forvis, LLC was provided for the Board's review. Staff recommends the Board of Managers' approve the selection of Forvis, LLP, along with a local, small, women, minority, or veteran owned firm of their choice to perform audit support services in an amount not to exceed \$488,175. Staff further recommends that the Chair of the Board of Managers be authorized to execute the engagement agreements.

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

University Health's Purchasing Consent Attachment A for the month of September 2022 includes 11 proposed contracts for Board of Managers' action. The total requested Board of Managers approval for these 11 contracts is \$8,199,162. Additional Presented contracts during the September Board of Managers meetings total \$51,921,962 and are considered for approval separate from the Purchasing Consent. Staff recommends Board of Manager's approval of Purchasing Consent items in the amount of \$8,199,162.

CONSENT

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

CONSENT

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

CONSENT

EVALUATION: Dr. Alsip briefly outlined the credentialing process for the benefit of the newer Board members. He informed the Board of the need for radiology telehealth privileges from a distant site. The applications for these privileges were completed on-line and leadership wants to get these physicians Board-approved as quickly as possible. The Board of Managers is the final approver for this process.

CONSENT

FOLLOW UP: None.

**ACTION ITEMS:**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A PROFESSIONAL SERVICES AGREEMENT BETWEEN UNIVERSITY MEDICINE ASSOCIATES AND MEDICAL CENTER CARDIOLOGY, PLLC D/B/A CARDIOLOGY PARTNERS OF SAN ANTONIO FOR OUTPATIENT CARDIOLOGY SERVICES — EDWARD BANOS**

SUMMARY:

At the present time, the combined cardiology queue (University Medicine Associates and UT Health) is 525 unseen patients with next available appointments 20 days for new patients and 11 days for follow up visits. Factors contributing to increased cardiology queue volumes include increased cardiac referrals and increased patient demand due to delayed appointments during the pandemic. UMA handles immediate cardiology consults within one business day but the surge in the queue needs to be reduced. Staff is seeking a one-year renewal with Cardiology Partners of San Antonio to reduce the cardiology queue as well as address volume growth. UMA has hired a cardiology fellow who will finish in July of 2023 and is currently actively recruiting for additional cardiologists. Renewal of this contract will continue to provide UMA with core services of eight hours of physician coverage per day, Monday through Friday, excluding hospital holidays. Additional contract hours beyond core are made available to ensure the cardiology queue of unseen patients remains at acceptable levels. These additional contract hours will be adjusted to correspond with consult demand. Consults will continue to be provided at the dedicated clinic located at University Hospital on the second floor of Rio Tower. This hospital location has been strategic for accepting patients directly from the Emergency Department during normal business hours and thus facilitating Emergency Department discharges for low risk cardiology patients. This clinic treated 3,480 patients during 2021. University Health operates three locations providing cardiac consults. UMA provides professional services at University Hospital and TDI. UT Health provides professional services at the Robert B. Green Campus. In 2020, UMA treated 7,902 patients. Those numbers increased to 8,419 in 2021 representing an increase of 6.5 percent. In total, all cardiology consults (UMA and UT) increased from 11,487 to 11,919 or 3.8 percent. Below is a 2021 comparison of clinic volumes by location:

**Cardiology Consult Volumes 2021**

	<b>Clinic Visits</b>	<b>Physician FTE</b>	<b>Mid-Level FTE</b>	<b>Total FTE</b>	<b>Visits per FTE</b>
UMA-UH	3480	1.4		1.4	2485
UMA-TDI	4939	1.0	1.0	2.0	2470
UT-RBG	3500	1.2	.7	1.9	1842

This renewal contract is for a term of 12-months beginning October 1, 2022. Provider services are billed at \$307 per hour, an increase of 7 percent from the current agreement. This amount was confirmed to be at

or below fair market value by VMG, an independent valuation consultant. University Health, through UMA, will bill and collect for all services provided by Cardiology Partners of San Antonio. The total value for this contract is not to exceed \$860,000, minus anticipated collections of \$140,000. This is a budgeted operational expense. The workforce composition for Cardiology Partners of San Antonio was provided for the Board's review.

RECOMMENDATION: Staff recommends Board of Managers' approval for a contract with Cardiology Partners of San Antonio to provide outpatient cardiology services in an amount not to exceed \$860,000 for the 12-month period beginning October 1, 2022.

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

EVALUATION: Dr. Kelley asked which of the three physician groups provides cardiology services when a patient is admitted to University Hospital. Mr. Banos responded that UT Health Cardiology, under the direction of Dr. Allen Anderson, provides all inpatient cardiology care, and UMA provides outpatient care. The contract with Cardiology Partners is a year-to-year contract, not a long term solution. Dr. Kapur informed the Board that UMA sees approximately 500,000 patients per year, and the goal for the group has always been to have this skill set available. Currently, UMA has 85 providers. Such a large group generates referrals to specialists on a day-to-day basis and has had to rely on Cardiology Partners to supplement services for now due to the waiting queue. Location preference for the patient takes precedence for scheduling. The leadership is doing everything possible to provide a much needed service that patients should not have wait to access. She also noted that UMA is running out of treatment space, but she is confident that she and Mr. Banos will figure out the space issues in due time. Mr. Adams is pleased to see UT Health, University Health, UMA, and Cardiology Partners of SA working together for the good of the community. Dr. Hromas agreed, Cardiology Partners are good doctors, the partnership has not harmed UT business. In fact, the arrangement has resulted in more referrals to UT Health specialists, not less.

FOLLOW UP: None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT BETWEEN UNIVERSITY MEDICINE ASSOCIATES AND UT HEALTH SAN ANTONIO FOR PEDIATRIC SURGICAL SERVICES — EDWARD BANOS**

SUMMARY: University Health proposes to fund, through a physician lease agreement executed by UMA and UT Health, one pediatric surgeon to take the next step in building University Health's own pediatric surgery service line and to supplement the surgical services provided by Pediatrix. University Health and UMA have historically collaborated with the UT Health Departments of Pediatrics, OB/GYN and Surgery by leasing physicians to assure high quality care in neonatology, general pediatrics, hematology/oncology, obstetrics/gynecology and pediatric surgical services. This partnership has facilitated the recruitment of board-certified primary care and pediatric specialists and provided a



mechanism for UMA to bill for these services and collect professional services revenue. Although Pediatrix has provided pediatric surgical services at University Health for the past several years, the joint goal with UT Health continues to be to develop internal support for the pediatric surgical service line. As noted, it is a difficult and lengthy process to successfully recruit a quality pediatric surgeon. University Health and UT Health remain fully committed to continue the recruitment process to ultimately provide full internal staffing support for pediatric surgical services. UMA will compensate UT Health an amount not to exceed \$710,594 per year, which includes salary and fringe benefits for the new physician. The nature of this agreement allows University Health to bill for the professional services provided by the physician and to collect and retain all payments as an offset to the lease payments. This physician will be joining UT Health during the month of October 2022. This expense will be included in the 2023 operating budget. The workforce composition for UT Health was provided for the Board's review.

RECOMMENDATION:

Staff recommends Board of Managers' approval to execute a two-year agreement with UT Health San Antonio for 1.0 FTE pediatric surgical services at an amount not to exceed \$710,594 per year. The total contract is for an amount not to exceed \$1,361,971 for a 23-month period beginning October 1, 2022 and ending August 31, 2024. UMA will retain 100 percent of professional fee collections as a partial offset to these expenses.

ACTION:

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

EVALUATION:

Mr. Banos described this arrangement as the foundation of a very strong internal pediatric surgical program that is not dependent on outside resources. Dr. Kelley asked about benchmarks and/or would this individual have research, publishing, grant-writing duties in addition to clinical duties? The pediatric surgeons will only be required to teach when they take residents on their rounds for patient care. As to how many pediatric surgeons are needed for the internal program, Mr. Banos replied that the answer is probably four because University Health is a level 1 pediatric trauma center, and these surgeons do a lot of on-call work at all hours. The program will need coverage during vacations, sick leave, and after overnight on-call coverage to handle demands and needs of a level 1 pediatric trauma center and routine clinic time; the pediatric surgeons will be 100 percent engaged in clinical care. Mr. Banos and Dr. Hromas will continue to work on the establishment of this important service line, which will have its pros and cons. Dr. Hromas thanked Mr. Banos, Dr. Ronald Stewart, and the Board of Managers for making this vision a reality. Pediatric surgeons are extremely expensive and are often on-call. Mr. Adams was delighted to learn that the administrators and surgeons are communicating with each other regarding the clinical needs of their patients.

FOLLOW UP:

None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT BETWEEN UNIVERSITY MEDICINE ASSOCIATES AND UT HEALTH SAN ANTONIO FOR INTENSIVE CARE COVERAGE SERVICES — EDWARD BANOS**

**SUMMARY:** UT Health proposes to provide dedicated intensivists providing high quality services to University Health Transplant, Cardiothoracic Surgery and Cardiology inpatients requiring critical specialty care. This will allow the surgical specialists, who after surgery spend hours in the Intensive Care Unit taking care of these patients, to devote more of their professional time to growing and enhancing their surgical programs. To start, surgery/trauma faculty physicians will provide on-site night coverage Monday through Friday pursuant to the existing Master Services Agreement until the full complement of Intensivists are hired. The new intensivists and UMA nurse practitioners will be providing 16 hours of on-site coverage. UMA will bill and collect all professional fees generated by the leased UT Health providers for professional services rendered. UMA will compensate UT Health an amount not to exceed \$2,277,497 per year for up to 7,267 on-site faculty physician hours at \$313.40 per hour. This expense will be partially offset by annual professional fee collections generated by the leased providers of approximately \$375,000, which results in a net annual cost to UMA of \$1,902,497. This is a planned expense and is included in the 2022 and 2023 operating budgets. The workforce composition for UT Health was provided for the Board's review.

**RECOMMENDATION:** Staff recommends Board of Managers' approval to execute a one-year agreement with UT Health for up to 7,267 on-site faculty physician hours at an amount not to exceed \$2,277,497 for the period October 1, 2022 through September 30, 2023, with an option to renew for an additional one-year period under the same terms and conditions.

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

**EVALUATION:** None.

**FOLLOW UP:** None.

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

**SUMMARY:** University Health continues to experience a critical need for professional nursing staff and other essential healthcare professionals. In order to sustain current clinical operations, professional services provided by temporary staffing agencies are necessary to ensure the health and safety of our patients. Human Resource leadership conducts ongoing analysis of temporary staffing requirements and has considered several agencies to help meet staffing needs. Accountable Healthcare Staffing, Angel Staffing, Cross Country Staffing, ECMO Advantage, and Leading Edge are engaged to assist with this important effort. These agencies provide an exceptional value for professional temporary staffing services for the following reasons: The depth and breadth of their candidate database, which is highly positioned in the market and competitive cost for professional temporary staffing services. These contracts provide for Registered Nurses, Respiratory Therapists and other essential healthcare workers and professionals as needed at University Hospital and University Health clinic locations. These staffing agencies have been very responsive to University Health needs and have acted quickly to meet immediate

staffing needs with qualified personnel. All personnel assigned to University Health are considered employees of the staffing agencies, which assume sole and exclusive responsibility for the payment of wages and benefits to its personnel for contracted services performed by them. The requested amount for a six-month period, based on current run rates, should not exceed \$30,000,000. This expense will be reflected in the salaries and wages area of the income statement, contract labor is considered a substitute for regular staff and falls under the salaries and wages budget. The term of this agreement is October 1, 2022 through March 31, 2023. Agencies will invoice University Health for services utilized pursuant to the rates and terms contained in the staffing agreement. University Health is not obligated to utilize any specific amount of service; agency nurses are engaged on an as needed basis to cover areas where there is a need due to staff shortages or surges in volumes. The workforce composition data for two of the larger staffing agencies was provided for the Board's review.

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

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

EVALUATION: Dr. Charles Reed, Associate Chief Nursing Officer, stated that the use of agency staff is critical for high acuity areas, such the Intensive Care Areas and Emergency Department. He reported that management has starting stabilizing workforce in those areas and he is confident that University Health will soon be able to recruit and retain from its own staff so within a few months, use of agency staff should see a reduction in the use of agency contracts, which happen to be the highest pay areas. Another reason for the need, is that new graduate nurses are not interested in working high acuity areas. According to Ms. Dina Perez-Graham, Interim Chief Nurse Executive, the goal is to retain a safe staffing ratio because of University Hospital's magnet status; however, medical/surgical areas are a challenge to staff. University Hospital is a teaching, transplant, and trauma facility, and therefore it is essential to maintain the excellence of care and the high quality care to meet accreditation and certification requirements. She noted that clinical placement at Magnet facilities is preferred by nurses all over Texas. Discussion ensued regarding salary expenses. Mr. Banos would like to see University Health employees receive the higher salaries, as opposed to paying higher rates for temporary agency staffing, which is always the last resort. University Health offers extra shift bonuses, differential pay, and overtime. There are many nurses who work 12-hour shifts for a total of 36 hours per week and they are eligible for premium and overtime pay, if they choose to work more hours. This arrangement seems to be working out for the staff, as well as, the raises issued in the last several months. Currently, there are 330 agency nurses under 13-week contracts at University Hospital and 2,900 regular, full-time nurses system-wide. Nursing leadership is evaluating which of those contract nurses will receive extended offers of employment. Although these agencies provide nursing and other health care professionals, nursing is driving the costs. Dr. Kelley wanted to know when it would no longer be feasible for University Health to hire

temporary nursing staff. Mr. Morris quickly calculated that that a temporary nurse would make \$200,000 per year, if the nurse worked the typical 2080 hours, or \$30 million for 330 agency nurse. Mr. Hurley confirmed that a regular full-time nurse makes \$35-40/hour, while the agency charges \$125/hour for each nurse it provides, and the agency keeps half of that. Ms. Perez-Graham that due to the pandemic and the reduced staff available, nursing leadership has become more innovative and creative. For example, moving patients around to maintain that required safe patient ratio and University Health is gaining ground. For the first time in a couple of years, October will see fewer temporary contract nurses. Mr. Hasslocher agreed that staffing is critically important; all industries are having staffing problems at this time. Agency staffing is one way to assure University Health stays on top of its game.

FOLLOW UP:

None.

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

SUMMARY:

University Health's consolidated bottom line for the month of August 2022 reflects a gain of \$12.8 million, \$14.4 million better than the budgeted loss of \$1.5 million. This gain to budget is a combination of positive net patient revenue of \$21.0 million and CFHP underwriting gain of \$4.9 million, offset by employee compensation expense over budget by \$6.2 million. In August, clinical activity (as measured by inpatient discharges) was down 2.4% for the month compared to budget and inpatient days were down by 0.6%. Surgical cases and Emergency Department visits were both over budget 11.3% and 5.5% respectively. Community First Health Plans, Inc., (Community First) experienced a bottom line gain of \$3.2 million, which was \$5.3 million better than the budgeted loss of \$2.1 million. Community First fully insured membership was up 14.9 percent to budget. Premium revenue and claims expense are still experiencing variances from the original budget due to the late approval and catch up payments related to the CHIRP/UHRIP program. Staff expects these variances to normalize after August. Net patient revenue over budget \$21.0 million driven by an improvement in payer mix, high acuity of inpatient activity, and higher outpatient procedural volumes. Supplemental revenue under budget \$0.4 million due to the loss of DSRIP revenue of \$5.1 million related to the unapproved status of the program in 2022 and partially offset by enhanced FMAP for other supplemental programs and a \$2.2 million 2020 DSH payment. Community First premium revenue over budget \$7.2 million related to additional UHRIP program payments of \$5.8 million and other premium revenue of \$7.2 million offset by \$5.9 million in experience rebate expense.

RECOMMENDATION:

Staff recommends approval of the financial reports subject to audit.

ACTION:

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

EVALUATION:

Although the DSRIP program has been discontinued, the 1115 Waiver has been extended for 10 years. The state has a master plan to replace DSRIP revenue with other programs, such as the Hospital Augmented

Reimbursement Program known as HARP, a new supplemental program approved in 2022 that is worth approximately \$35 million per year for University Health. The program provides additional funding for public hospitals by supplementing the cost for non-Managed Care Medicaid patients, sometimes called Fee-For-Service patients. In early October University Health will receive a check for \$35 million because the program will retroactively pay to September 2021, therefore, staff will have to recognize that revenue in October when books close. Every month thereafter, University Health will receive \$2.5 to \$3 million in HARP funds, until the 1115 Waiver ends or the HARP program is changed. Discussion ensued regarding net patient revenue and payor mix. University Hospital and the pharmacy have been extremely busy, the reason for the over budget amount of \$3.5 million in supplies and retail pharmacy. Employee compensation is \$6.2 million over due to agency costs, overtime, premium pay, extra shift pay, shift differentials. Newborn deliveries, the Emergency Department, and ambulatory are over budget. It is too early to tell if the improved payor mix is a trend. Payor mix moves around, in August it moved 4 points to the funded side. Also, Community First members have not been dis-enrolled from Medicaid due to the pandemic. Pre-pandemic, Community First membership was anywhere from 125,000 to 130,000. Two years later, membership is at 200,000. Dr. Kelley asked if Community First is looking at outcomes of those Medicaid patients who have not been dis-enrolled from Medicaid. Dr. Burns replied that several years ago, Community First conducted a study while advocating for a Medicaid extension for new moms and babies, due to the short turn around that many patients have before getting pregnant again soon after giving birth. Those babies are known to often have health issues, and some states have been successful in extending Medicaid for two years after delivery of a baby. Mr. Hurley added that many patients do not realize that their Medicaid coverage was extended and they are all being contacted by the state. There are three groups of people the state is working with: The first group are patients who no longer qualify for Medicaid based on income; they will be dis-enrolled first. The second group may or may not qualify, and they may or may not enroll on their own. The third group are the patients who certainly qualify for Medicaid, and they will be encouraged to re-enroll. Mr. Hurley reported that budget planning has started and at the next Board meeting, Community First's preliminary 2023 budget will be presented. At the following meeting, University Health preliminary budget will be presented; consolidated budget follows in November, and the process ends with a presentation to, and approval by, Bexar County Commissioners Court in December. Mr. Hassloch thanked Mr. Hurley for the great presentation. He is pleased that financially, it has been a good year thus far. Mr. Adams echoed that Mr. Hurley is a superb CFO and thanked him. He noted that it is extremely important for Board members to review and become familiar with the Budget to Actual Variance chart every month because most answers to budget questions are can be found within in this chart.

FOLLOW UP:

None.

**PRESENTATIONS AND EDUCATION:**

**THIRD QUARTER QUALITY REPORT — *BRYAN ALSIP, M.D.***

SUMMARY:

The Quality Report includes an update on the 2022 quality goals, metric year-to-date outcomes, and actions taken to reach metric targets. The University Health quality goals for 2022 include improving publicly reported ratings across multiple healthcare assessment agencies while reducing CMS Pay for Performance Program financial penalties. The Quality department evaluates 155 measures across eleven hospital-specific reputational ratings and financial programs. Thirty-one high impact metrics have been identified and included in the 2022 quality dashboard based on their overall influence on multiple publicly reported reputational or penalty/incentive programs. Specifically, these 31 tactical metrics comprise over 75 percent of all quality outcomes included in the eleven hospital-specific programs evaluated for 2022.

**Publicly reported reputational or penalty/incentive programs:**

Center for Medicare & Medicaid Services  
Leapfrog Hospital Safety Grade  
Lown Institute Hospitals Index  
U.S. News & Work Report Best Hospitals Rankings

**Weekly Engagement Dashboard Meetings** (attended by: Physician, quality, nursing, coding members)

PSI/PPC Weekly Workgroup  
Mortality Weekly Workgroup  
HAI Daily Workgroup  
SSI Bi-Weekly Workgroup

**Agreements with UT Health:**

Master Services Agreement (Clinical Care)  
Annual Operating Agreement (Medical Directors)  
Quality Improvement Agreement (Incentive Opportunities)

**QIA History:**

QIA 1.0 (Sep 2019 – Aug 2020)

- 14 Metrics (equally weighted)

QIA 2.0 (Sep 2020 – Dec 2021)

- 19 metrics (14 equally weighted, 5 high value)
- QIA 2.5 (Jan 2022 – Aug 2022)
- 11 metrics (7 proportionally weighted outcome, 4 equally weighted physician engagement)

**Outcome Performance Trend:**

QIA 1.0 (September 2019 – August 2020)

Net Incentive: \$86k

All outcomes show improvement, except for Mortality, CLASBSI, and CAUTI

QIA 2.0 (September 2020 – December 2021)

Net Incentive: \$86k  
 Out of 19 outcomes, 8 show improvement.

QIA 2.5 (January 2022 – August 2022)

+ 4 inaugural engagement metrics  
 Current incentive: \$450k  
 All outcomes show improvement except:

**QIA 2.5 Physician Engagement Metrics**

**Metric** **Leading Indicator that Contributes to:**

Epic Key Performance Indicator: Problem List Updated at Discharge	CMI, O:E expected, severity capture
CDI Query Response Rate	PSI Exclusion, CMI, O:E expected, severity Capture
Quality Meeting Attendance: weekly & Monthly	Quality Performance Improvement and Outcomes (all)
Leadership Presentations: CMT Medical Director Meetings	Quality Performance Improvement Outcomes (all)

*\*Equal weights for each metric*

**Mortality and Sepsis Bundle Compliance**  
**12-Month Trend - Target 62.0**

Mortality O/E – 3 M  
2022 QIA Mortality O:E Ratio Level Goal 0.77  
Current Value – 0.71  
2022 QIA Mortality O:E Ratio Level II Goal  
 7% improvement over baseline, target not achieved  
 Jan. – Dec. Total – 62.0

SEP 1 Compliance Goal – 62

Core SEP1

Composite Measure

5% improvement over baseline and at target

October 2021 - 46.7	November 2021 – 49.1
December 2021 – 63.8	January 2022 – 51.1
February 2022 – 69.4	March 2022 – 51.3
April 2022 – 74.7	May 2022 – 64.7
June 2022- 65.1	July 2022 – 61.8
August 2022 – 66.7	September 2022 – 75

Surgical Site Infection – Colon

Goal 2.62

Desired Trend: ↓

January 2022 – 5.26	February 2022- 8.00
March 2022 – 11.11	April 2022 - 3.45

May 2022 – 6.45  
 July 2022 – 0.0

June 2022– 3.03

**Success:**

Engaged Leader – Teamwork  
 Multidisciplinary Perspectives  
 Overall Commitment to Improving the Metrics

**QIA 3.0 Physician Engagement Metrics**

<b>Metric</b>	<b>Weight</b>	<b>Leading Indicator that Contributes to:</b>
CDI Query	20%	PSI exclusions, CMI, O:E expected, severity capture
Leadership Comm.	20%	Quality Performance Improvement & Outcomes (all)
Epic Optim.	20%	Quality Performance Improvement & outcomes (Mortality, PSI-90, Sepsis)
Documentation Stewardship	40%	Quality Performance Improvement & Outcomes (Mortality, PSI-90, Sepsis)

**Documentation Stewardship & Epic Optimization**

Accuracy in severity of illness	Order sets
Accuracy in expected mortality rates	Management of Alerts
Capture of exclusion criteria for complications	Epic Key Performance Indicators

**Summary**

Alignment  
 Quality Improvement Agreement  
 Engagement

RECOMMENDATION:

ACTION:

EVALUATION:

This report was provided for informational purposes only.

No action was required by the Board of Managers.

Board members discussed the importance of oversight, chart reviews, and holding surgeons and staff accountable. The weekly work group meetings are working out for the physicians as far as focus, intention, and on a scale from 1 to 10 (1 being bad, 10 being good) Dr. Alsip rated the workgroup’s success anywhere from 8 to 10. The sessions are very work focused and meant for actual dialogue and brainstorming with the physicians about protocol. Real time observation and timely feedback occurs daily during HAI rounds. Dr. Alsip noted that there are a lot of factors hospitals are dealing with now, but the single biggest challenge is staffing. Agency staff is not the same group of people who embrace, University Health’s mission, vision, values and commitment. Ms. Perez-Graham in her new role is extremely involved, and there is a lot of engagement with the nurses and physicians, even more so now. Today’s focus on Quality Incentive Agreements helps the staff build high priority metric for those physicians who provide great clinical care, while building those physician champions. Dr. Jennifer LaCoss (Geriatrics) serves as the physician leader for the mortality group, and Dr. Luke Newton (Obstetrics) is the physician leader for the for sepsis group. Additionally, UT department chairs and medical directors are coming to realize their influence in holding faculty accountable due to Dr. Hromas’ support of the QIAs. Although some outcomes are not optimal at this time, one particular trauma surgeon has been identified as the most



engaged physician leader, having increased outcomes awareness. Dr. John Meyers is committed, straight forward, and has the influence to affect change. Teams have noticed his efforts and there is an increased awareness. Finally, tools have been created in Epic, as the accountability piece, as reminders for the physicians and staff.

FOLLOW UP:

None.

**INFORMATION ONLY ITEMS:**

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

**UNIVERSITY HEALTH FOUNDATION UPDATE — SARA ALGER**

**REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN**

SUMMARY: Mr. Adams directed his Board colleagues' attention to the three reports above, and urged them to review on their own time.

RECOMMENDATION: NONE.

ACTION: None.

EVALUATION: None.

FOLLOW UP: None.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the public meeting at 7:55 pm.

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James R. Adams  
Chair, Board of Managers

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

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Sandra D. Garcia, Recording Secretary