



**BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

Tuesday, December 13, 2022

6:00 pm

Tejas Conference Room
University Health Business Center 2
5959 Northwest Parkway
San Antonio, Texas 78249

MINUTES

BOARD MEMBERS PRESENT:

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

BOARD MEMBERS ABSENT:

L.P. Buddy Morris

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
Ted Day, Executive Vice President, Strategic Planning/Business Development, University Health
Juan Garza, MD, Vice President, Chief Health Informatics Officer, University Health
Rob Hromas, MD, Dean, Long School of Medicine, UT Health San Antonio
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health
Monika Kapur, MD, President/Chief Executive Officer, University Medicine Associates
Brian Lewis, Vice President/Quality, University Health
Leni Kirkman, Executive Vice President/Chief Marketing, Communication, & Corporate Affairs Officer,
University Health
Sherri King, Deputy Chief of Police/Protective Services, University Health
Joshua Nieto, General Counsel, Chief Compliance/HIPPA Officer, University Health
Serina Rivela, Vice President/Chief Legal Officer, University Health
Don Ryden, Vice President/Project, Design & Construction, University Health
A.J. Sandoval, Chief of Police/Protective Services, University Health
Judy Shumway, DO, Senior Vice President/Clinical Services, University Health
Travis Smith, 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

Michael Little, MD, Associate Professor, Department of Anesthesiology, UT Health San Antonio; and
President-Elect Medical-Dental, University Health
Sally Taylor, MD, Senior Vice President/Chief, Behavior Health Services, University Health
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 Audit Services, University Health
Pamela Dreiss, Bexar County Resident
Dale Sanders, Peace Officer Candidate
Nial Scarborough, Bexar County Resident
And other attendees.

CALL TO ORDER:

Mr. Adams called the meeting to order at 6:09 pm.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Omar Garza, University Health Chaplain, provided the invocation and Mr. Adams led the pledge of allegiance.

PUBLIC COMMENT: None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S): NOVEMBER 15, 2022 (SPECIAL MEETING):

SUMMARY:	Minutes for the previous Board meeting of November 15, 2022 were provided for approval by the Board of Managers.
RECOMMENDATION:	Staff recommends approval of the meeting minutes as submitted.
ACTION:	A MOTION to approve the minutes as submitted was made by Dr. Kelley, SECONDED by Ms. Fernandez, and PASSED UNANIMOUSLY .
EVALUATION:	None
FOLLOW UP:	None.

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

SUMMARY:	Dr. Hromas reported that the brain health building, which will house The Glen Biggs Institute for Alzheimer's and Neurodegenerative Diseases, is on track with ground to be broken in February 2023. The building will be located near the Medical Arts & Research Center with a parking garage across the street and will be fitted with an MRI that takes special, functional scans of the brain of people with Alzheimer's. The Food and Drug Administration has granted accelerated approval for the anti-Alzheimer's drug, lecanemab. It is highly effective and demonstrates positive cognitive improvement. UT Health currently has eight ongoing studies that will be housed in the brain health building. Patients with strokes or any other neurological deficits will be admitted to University Hospital from this program. Across the street, next to the Barshop Aging
----------	---

Institute, there are plans for a neurosciences research building, which is contingent on the sale of the research park at which the Barshop Institute was previously located. The neurosciences research building will have 65 offices for neurology faculty and 75 exam rooms. Ruben Mesa, MD, director of UT Health's MD Anderson Cancer Center has accepted the position of President of Oncology with Atrium Health, a 40-hospital system in North Carolina. He will have 400 oncologists that report to him with 25,000 cancer patients/year. It is a great loss for UT Health, and a search will be conducted after the holidays for his replacement. Dr. Rajeev Suri thanked Mr. Adams, the Board of Managers, and UT and hospital leadership, for the opportunity to serve and learn so much over the last four years as President of the Medical Dental Staff. He summed up his experience as learning to understand problems in health care and to strategically plan ahead. His term has now ended and he introduced Michael Little, MD, President-Elect, Medical-Dental Staff; he is an Associate Professor, Department of Anesthesiology, and is currently Chair of University Health's Quality/Risk Management Committee. Mr. Hasslocher thanked Dr. Suri for his contributions and wished him the best. Dr. Suri received a round of applause.

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 2023 – JIM ADAMS, CHAIR

SUMMARY: A public hearing was held pursuant to Senate Bill 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 Mangers approved the creation of the Bexar County Hospital District LPPF which will be the source of Intergovernmental Transfer (IGT) funding for private hospitals in Bexar County. Based on estimated IGT needs, the LPPF can assess a fee not to exceed six percent on the annual net patient revenues of private hospitals in Bexar County. To generate funding for IGTs due in 2023, the Bexar County Hospital District LPPF assessment is necessary. A notice for a public hearing was published in the San Antonio Express News on December 8, 2022 for a public hearing at the December 13, 2022 Board of Managers meeting.

At 6:22 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 6:23 pm, and immediately reconvened the public Board meeting.

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

CONSIDERATION AND APPROPRIATE ACTION REGARDING A RESOLUTION SETTING THE MAXIMUM RATE OF MANDATORY PAYMENT(S) FOR THE BEXAR COUNTY HOSPITAL DISTRICT'S LOCAL PROVIDER PARTICIPATION FUND THROUGH FISCAL YEAR 2023 — GEORGE B. HERNÁNDEZ, JR./REED HURLEY

SUMMARY: The annual Local Provider Participation Fund 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 2023 IGT needs for the Bexar County private hospitals. The actual assessment amounts invoiced to Bexar County hospitals during 2023 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.

RECOMMENDATION: Staff recommends that the Board of Managers' adopt the attached Resolution authorizing the Bexar County Hospital District to set the 2023 assessment rate for the Bexar County Hospital District Local Provider Participation Fund at 6.0 percent.

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

EVALUATION: Dr. Kelley wanted to know why private hospitals must IGT funds and what does University Health get in return. Ms. Jasso asked about the use of those funds. Mr. Hernandez and Ms. Fernandez explained that the concept was developed as a result of Texas not having expanded Medicaid. Local governments previously received approval from the Texas Legislature to operate Local Provider Participation Funds, which is an account that local units of government, such as University Health, deposit mandatory payments from hospitals to use as an intergovernmental transfer (IGT) to the Health and Human Services Commission. Private hospitals that provide inpatient services in San Antonio pay into the fund, so that Bexar County can use this money as the non-federal portion of the Medicaid match. Currently, LPPFs provide funding for several supplemental and directed payment programs, such as the Uncompensated Care supplemental program. The funds are not tracked as revenue or expenses by University Health; the account serves only as a pass through in transferring funds to the state.

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: The Credentials Committee met on November 28, 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 December 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 MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR PROFESSIONAL PRACTICE EVALUATIONS AND DELINEATION OF PRIVILEGES — RAJEEV SURI, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

SUMMARY: The Credentials Committee met on November 28, 2022, and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of December 6, 2022, the Executive Committee of the Medical-Dental Staff approved the Delineation of Privileges and Focused/Ongoing Professional Performance Evaluation Report, which was provided for the Board's review, and in turn, recommends approval by the Board of Managers.

CONSIDERATION AND APPROPRIATE ACTION REGARDING TELEMEDICINE PRIVILEGES — BRYAN ALSIP, MD

SUMMARY: 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 one clinical provider 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 the individual on the listing provided.

CONSIDERATION AND APPROPRIATE ACTION REGARDING REAPPOINTMENTS TO THE UNIVERSITY HEALTH FOUNDATION BOARD OF DIRECTORS — JIMMY HASSLOCHER, CHAIR, NOMINATING COMMITTEE

SUMMARY: The University Health Foundation is a 501(c)(3) charitable organization founded in 1983 to solicit, receive and maintain funds exclusively for the benefit of University Health and the community served through its charitable mission. The Board of Managers, as the governing body, shall approve appointments to the Board of Directors of the Foundation. University Health Foundation Board of Directors requests Board of Managers' consideration to renew the terms of:

Julie Bedingfield	Linda Elliott	Yvonne Gonzales
Randy Harig	Al Hartman	Gerald Lee
Norma Reyes		

The Nominating Committee recommends Board approval to reappoint these members to the University Health Foundation Board of Directors, effective January 1, 2023 through December 31, 2025.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN UPDATED INTERGOVERNMENTAL AGREEMENT WITH BEXAR COUNTY FOR ADMINISTRATION OF THE RYAN WHITE PROGRAM — ROBERTO VILLARREAL, M.D.

SUMMARY: University Health has been the Administrative Agency for the Ryan White Program since August 9, 2017, when the Intergovernmental Agreement adopted to transfer the program and funding associated with it from Bexar County to Bexar County Hospital District d/b/a University Health. The Ryan White program includes Rayan White HIV/AIDS Program Part A, Minority AIDS Initiative, Part B Service Delivery and State Funds, HIV/State Services, and the Department of Housing and Urban Development Housing Opportunities for Persons with AIDS Program. The Bexar County Judge is the Chief Elected Official of the Ryan White Part A, the MAI grants, and the San Antonio Area HIV Health Services Planning Council gathers information and input from people living with HIV/AIDS to bring about change. The Intergovernmental Agreement (IGA) has a term of five (5) years and five (5) one-year renewal periods. This IGA shall automatically renew unless one Party gives the other Party a minimum of 120 days written notice that it does not want to continue this IGA. University Health and Bexar County will not transfer funds to each other for services provided. The funding is provided to University Health as an Administrative Agency directly from Human Resources Services Administration and State funds. University Health assumes responsibility for employing sufficient staff to administer the different grants awarded as well as associated overhead. University Health will recover the cost of operation from the grant funds. The Ryan White Program is a payer of last resort and provides financial and social services to those not covered by other resources, ensuring continuity of services and emphasizing the public health benefit to reduce HIV transmission rates and end the HIV epidemic. Staff recommends approval of an updated Intergovernmental Agreement with Bexar County for Administration of the Ryan White Program and the San Antonio Area HIV Health Services Planning Council to continue implementing program strategies and ensuring continuity of services to people living with HIV/AIDS.

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

SUMMARY: University Health's Purchasing Consent attachment for the month of December 2022 includes 25 proposed contracts for Board of Managers action. The total requested Board of Managers approval for these 25 contracts is \$48,322,004. Additional Presented contracts during the November Board of Managers meetings total \$7,591,424 and are considered for approval separate from the Purchasing Consent. At this time, Mr. Hernandez invited Mr. Travis Smith and Mr. Christopher Sandles to elaborate on three items listed on the Purchasing Consent agenda:

Contract for Capital Equipment with Johnson Controls, Inc., for air handler unit automation in the amount of \$340,971, is being awarded based on best value including favorable Group Purchasing Organization pricing. This is a priority item on the 2022 routine capital list; it is a new purchase with an established vendor and is needed to address the replacement and design of the main mechanical systems at University Health – Southeast Clinic. (*Travis Smith, page 11*)

Contract for Capital Equipment with Texas Air Systems, LLC, for air handler units in the amount or \$1,199,725, is being awarded based on best value including favorable Group Purchasing Organization pricing. This is a priority on the 2022 routine capital list; it is a new purchase with an established vendor. The upgrades and replacements of three existing air handler units with VAV boxes will provide energy efficiency and lower maintenance costs for the University Health Southeast Clinic. (*Travis Smith, page 27*)

Contract for Supplies & Services for Chemistry Instruments and Automation Project with Siemens Healthcare Diagnostics, Inc., in the amount of \$18,792,090, for a period of 8 years. This is a planned expense and operating funds have been included in the 2022 operating budget; it is a new contract with an established vendor and will eliminate the need for an equipment lease in the amount of \$220,000/year. This is a new contract to replace the current Core Lab at University Hospital site only with three Atellica systems and an Aptio system (with an upgraded, custom built automation track that is compatible with the new Atellica middleware software). The annual cost of the new, consolidated Core Lab contracts for equipment and related consumables is lower than the annual cost of previous agreement and includes a refresh of the lab equipment fleet. (*Christopher Sandles, page 19*)

Staff recommends Board of Manager's approval of Purchasing Consent items in the amount of \$48,322,004.

CONSENT

RECOMMENDATION: Staff recommends approval of the items listed 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** None.

CONSENT

EVALUATION: Mr. Hasslocher noted the re-appointment of seven (7) community leaders as members of the University Health Foundation Board of Directors, all high quality individuals. Additionally, he informed the Board of Managers that Mr. Jim Reed, President of the San Antonio Medical Foundation, was appointed by his Foundation colleagues to the Foundation's Emeritus Board after serving for nine (9) years.

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 — CHIEF A.J. SANDOVAL, III/EDWARD BANOS

SUMMARY:

University Health is authorized by the Texas Health & Safety Code to appoint and commission peace officers to provide a safe and secure environment for patients, visitors, staff, and facilities. A peace officer's authority is limited to property owned or controlled by University Health, including an abutting street, right of way or easement in the property. The Texas Code of Criminal Procedure identifies persons commissioned by the Board of Managers of University Health as peace officers. The credentials of Mr. Dale Sanders have been examined and certified by the Chief of Police as meeting all of requirements of a University Health Peace Officer.

RECOMMENDATION: Staff recommends Board approval to commission Dale Sanders as a Bexar County Hospital District Peace Officer; his short bio is attached.

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

EVALUATION: None.

FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A RENEWAL OF THE MEMORANDUM OF UNDERSTANDING FOR A LOCAL MATCH WITH THE CENTER FOR HEALTH CARE SERVICES FOR STATE FISCAL YEAR 2023 — SALLY TAYLOR, M.D.

SUMMARY: The Local Match Memorandum of Understanding (MOU) renews the agreement with The Center for Health Care Services (Center) that provides payment of a direct monetary contribution as part of the local match requested by Health and Human Services Commission (HHSC) for State Fiscal Year 2023, in furtherance of University Health's sponsorship commitment. The current renewal covers SFY23, September 1, 2022 – August 31, 2023, plus a one-year renewal term. The Local Match MOU includes provision of 1.5 full-time equivalents of Center personnel as in-hospital liaisons at University Hospital. The liaisons provide intake for Center services for patients being discharged from University Hospital, face-to-face assessments required prior to transfer of patients to inpatient state funded beds at other hospitals, and care transition case management and navigation for patients between discharge and initial outpatient behavioral health follow-up. In addition, University Health is guaranteed outpatient referral access for at least 20 adult patients per month who are not active with the Center at the time of University Health outpatient visit or University Hospital encounter. In SFY22, University Health (including both inpatient and outpatient) made 566 direct referrals to the Center, including 392 for patients not currently enrolled in Center services. The University Hospital liaisons completed intakes on 121 patients prior to hospital discharge, provided continuity of care transition for 107 patients, and 67 face-to-face assessments required for transfer of patients to state funded beds. The renewal of the SFY23 Local Match MOU facilitates payment of the local match required by HHSC in connection with University Health's sponsorship obligation. University Health has determined its level of support for the Center's SFY22 as \$2,726,050, payable in four (4) equal installments of \$681,512.50 each quarter beginning September 1, 2022 through August 31, 2023. The SFY22 local match is unchanged from SFY22. The cost of this agreement is included in University Health's 2023 budget. University Health's local match dollars for SFY23 will be allocated as follows:

Restoration and Transformation Services (54%): It is anticipated these funds will provide restoration and transformation services to 462 patients, an increase of 5 consumers compared to SFY22.

Adult Mental Health Services (27%): It is anticipated these funds will provide mental health services to 2,354 adults, an increase of 23 adults compared to SFY22.

Children's Mental Health Services (19%): It is anticipated these funds will provide mental health services to 694 children, an increase of 7 children compared to SFY22.

The Center's workforce composition was provided for the Board's review.

RECOMMENDATION:

Staff recommends the Board of Managers approve and authorize the President/CEO to execute a Renewal of the Local Match Memorandum of Understanding with The Center for Health Care Services in the amount of \$2,726,050 for State Fiscal Year 2023, to include one successive one-year renewal.

ACTION:

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

EVALUATION:

University Health's portion of the local match is based on 9 percent of the state's general revenue funding. Dr. Taylor reviewed metrics with the Board and noted that in SFY 2022, the Center exceeded its state mandated targets for unduplicated individuals served.

FOLLOW UP:

None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A RENEWAL OF THE MEMORANDUM OF UNDERSTANDING FOR A LOCAL MATCH WITH THE ALAMO AREA COUNCIL OF GOVERNMENTS FOR STATE FISCAL YEAR 2023 — SALLY TAYLOR, M.D.

SUMMARY:

This Memorandum of Understanding (MOU) renews the agreement that provides payment of a direct monetary contribution as a local match requested by HHSC for State Fiscal Year 2023 (SFY23), in furtherance of University Health's sponsorship commitment. The current renewal covers SFY23, September 1, 2022 – August 31, 2023, plus a one-year renewal term. Since SFY2020, the Local Match added the provision for one full-time equivalent of ACOG personnel as an in-hospital liaison at University Hospital. The liaison provides care coordination including communication with families and community providers, and support for patients with complex behavioral and medical needs who present to the emergency department or who are admitted. The liaison also provides guidance and training for hospital staff in caring for this patient population. In March 2022, ACOG increased access by providing a psychologist to evaluate patients at University Hospital to facilitate eligibility/intake for services. ACOG was able to staff the psychological examiner position from March – May 2022 and another psychologist is currently onboarding. During SFY22, the in-hospital liaison had 600 total contacts with 171 unique patients; of these, 62 were already connected with IDD Services, 47 were referred to ACOG for eligibility determination, and 62 were determined ineligible. The liaison also conducted 116 training events for approximately 140 staff members, providing training of nursing staff on behavior plans for patients and overviews of IDD services at house staff case conferences. The in-hospital psychological examiner assessed 25 patients during a three month period, with an average time from request to preliminary report of one day. Of those evaluated, 20 were determined eligible and referred for community services at discharge. The ACOG Director for IDD Services is an active participant in the Southwest Texas Crisis Collaborative Behavioral Health

Committee (part of the Southwest Texas Regional Advisory Council) to address the needs of those with IDD who find themselves in crisis, including when law enforcement intervenes, or when the individual presents to local hospitals. The renewal of the SFY23 AACOG Local Match MOU facilitates payment of the local match required by HHSC and in connection with University Health's sponsorship obligation. University Health has determined its level of support for AACOG's SFY23 as \$308,085 payable in four (4) equal installments of \$77,021.25 each quarter beginning September 1, 2022 through August 31, 2023. This amount derives from the HHSC formula based on Bexar County's per capita income and the level of General Revenue allocation from HHSC to Bexar County for purposes of supporting IDD services, and is calculated at nine percent (9%) of General Revenue funding for IDD services. The cost of this agreement is incorporated into University Health's 2023 budget. The SFY23 local match remains unchanged from SFY22. University Health's local match dollars for SFY23 will be allocated as follows:

Intake (44%): includes cognitive testing and evaluation of approximately 300 Bexar County residents to determine eligibility for publically funded services and supports, and education of community members seeking these services and supports.

Forensic Services (25%): includes cognitive testing and evaluation as well as case management of approximately 30 inmates in the Bexar County Adult Detention Center who may be found incompetent to stand trial or have other re-entry needs;

University Health In-Hospital Liaison (31%): provides care coordination, discharge planning, and support for patients with complex needs, and training of hospital staff.

The workforce composition for Alamo Area Council of Governments was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve and authorize the President/CEO to execute a Renewal of the Local Match Memorandum of Understanding with the Alamo Area Council of Governments in the amount of \$308,085.00 for AACOG's State Fiscal Year 2023 (September 1, 2022 – August 31, 2023), payable quarterly, including one successive one-year renewal.

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

EVALUATION: None.

FOLLOW UP: None.

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

SUMMARY: From January through October 2022, the NOW Clinic has served 1,439 unduplicated patients with 12,136 visits (currently at 1,432 visits per month from a high in 2021 of 924 visits). All patients are offered an appointment with a therapist within five days of referral. The average

wait time to see a psychiatrist increased from a few days in 2021 to 37 days currently; there is a 15-day wait to see a psychiatric advanced practice nurse. The overall show rate averages 89 percent for new patients and 88 percent for established patients (those seen for two or more visits). The annual hospital admission rate for NOW Clinic patients average 2.0 percent and for 0.4 percent for emergency department visits (patients who are not admitted). Approximately 7.2 percent of patients are either University Health employees or their family members. The payor mix is 35 percent self-pay/uninsured, 34 percent private insurance, 28 percent Medicaid/Medicare, and 3 percent CareLink. Approximately 7 percent of patients are discharged from the clinic or transfer to other care. Patient diagnoses are broad and include mood disorders (63%), anxiety or personality disorders (20%), trauma-related stress disorders (13%), bipolar disorder (9%), or psychosis (8%). The Center for Health Care Services (Center) embedded liaison has served 146 unique patients during 2022, and referred 34 patients to the Center for treatment. The funding provided by this agreement overall supports the following personnel: 5.0 FTEs of therapists, 1.5 FTEs caseworkers, 1.0 FTE peer specialist, 1.2 FTEs psychiatrists (includes 0.2 FTE for medical director activities), 1.5 FTEs Advance Practice Nurses, 0.25 FTE clinic director, and 1.0 FTE CHCS liaison. In addition, the funding supports medication assistance, bus passes, lab fees, a computer scheduling system, and space lease. Other personnel (e.g., medical assistant, scheduler, benefit coordinator, etc.) are supported by UT Health's third-party fee collections. In 2023, the increased funding includes an additional 1.5 FTE counselors, and 0.25 FTE clinic director (included above), along with market salary adjustments for both UT clinicians and Center liaison. Evening hours are now offered. This contract will be for the period beginning January 1, 2023 and ending December 31, 2023, with one successive one-year renewal, and a maximum financial outlay of \$1,583,000 annually which is \$183,000 more than the 2022 contract amount. This contract amount is included in University Health's 2023 budget. The workforce composition for UT Health SA was provided for the Board's review.

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 \$1,583,000 annually, beginning January 1, 2023 through December 31, 2023, with one successive one-year automatic renewal.

ACTION:

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

EVALUATION:

The NOW clinic is located at the corner of Louis Pasteur and Fredericksburg Road, with easy parking. Virtual visits with therapists are available starting within 5 days and psychiatry visits right now are running at 30 days, which is good, but Dr. Taylor noted that 0.2 FTE psychiatrist has been added for upcoming year. Psychiatrists are UT faculty and take call at University Hospital. Mr. Adams asked how Dr. Taylor was able to affirm what the price should be for this agreement, to which she replied that she believes the amount of the contract is based on Medicaid/Medicare rates. The NOW clinic also accepts private insurance,

which pay at various amounts, and there are grant opportunities for uninsured patients. University Health's funding supports clinical services, medications, and miscellaneous items like bus passes.

FOLLOW UP:

None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A PROFESSIONAL SERVICES AGREEMENT WITH TEXAS LIVER INSTITUTE FOR MEDICAL DIRECTOR, PROGRAM DEVELOPMENT AND CLINICAL SUPPORT SERVICES — EDWARD BANOS

SUMMARY:

Beginning in 2013, University Health and Texas Liver Institute (TLI) have worked together, in partnership with UT Health San Antonio (UT Health), to develop a comprehensive Liver Disease Management Program at University Health. In order to continue the successful collaboration between TLI and University Health, staff proposes to renew the current Professional Services Agreement for Medical Direction, Program Development and Clinical Support Services including: 24/7 call coverage for the Texas Liver Tumor Center; Transition Program Director-Fatty Liver Disease; Hepatology physicians with additional expertise in liver tumor management; Advanced Practice Providers experienced in organ failure and complex internal medicine regimens; working in collaboration with UT Health, 24/7 adult Hepatology call coverage at University Hospital; and LVNs to work with Transplant Center staff to provide ambulatory care for patients who are not yet but may become eligible for transplant. The renewal term is for the one year agreement is January 1, 2023 through December 31, 2023. The annual cost of these professional services is an amount not to exceed \$2,333,465. Although \$2,333,465 per year will be paid to TLI for these services, much of this cost is offset by a corresponding reduction in the annual payments previously made to UT Health pursuant to the Master Healthcare Services Agreement in the amount of \$1,739,708. The workforce composition for TLI was provided for the Board's review.

RECOMMENDATION:

Staff recommends Board of Managers' approval to enter into a Professional Services Agreement for Medical Direction, Program Development and Clinical Services with Texas Liver Institute, Inc. for a one-year period in an annual amount not to exceed \$2,333,465 and to authorize the President and Chief Executive Officer to execute any documents necessary to consummate said agreement.

ACTION:

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

EVALUATION:

An academic exemption allows University Health to bypass UT Health and contract directly with Texas Liver Institute. TLI providers are UT Health SA faculty. University Health would like to hire Dr. Poordad directly via University Medicine Associates. There is a \$600,000 increase from the prior contract; however, Mr. Banos informed the Board that there are 5-6 additional providers in the pipeline to join Texas Liver Institute.

FOLLOW UP:

None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A LEASE AGREEMENT WITH OAKWELL PHYSICIANS, LTD., AND APPROVAL OF ASSOCIATED INFORMATION TECHNOLOGY; FURNITURE, FIXTURES AND EQUIPMENT; AND TENANT IMPROVEMENT EXPENSES FOR THE CLINIC LOCATED AT 3338 OAKWELL CT., SAN ANTONIO, TEXAS 78218 — DON RYDEN

SUMMARY:

University Health has the opportunity to establish a primary care presence in north central region of Bexar County. A space of approximately 3,598 sq. ft. located at 3338 Oakwell Court, San Antonio, Texas, is available for clinical use. University Health would lease and improve the space and expand for University Medical Associates allowing primary care services for adult and pediatric patients and enough space for specialists to rotate through the clinic. The building provides more than adequate parking for the leased space. The proposed Lease Agreement is for 60 months commencing approximately April 1, 2023 or upon completion and occupancy of the tenant space. The base rent for the initial year is \$21.00 per sq. ft. plus operating expenses estimated at \$12.80 per sq. ft. University Health has proposed two (2) extension options of five (5) years each. Base rent will increase by 3 percent year-over-year, for a total of \$401,147. Lease commencement date is estimated, but will be adjusted accordingly to reflect the actual occupancy date. The agreement is based on a triple net lease which includes a common area maintenance (CAM) charge for the tenant pro-rata share of taxes, insurance and other related real estate expenses. Assuming a 2 percent escalation per year in operating expenses, CAM expenses in the amount of \$239,677 will be incurred, for a combined total of \$640,824. The lease costs will be a budgeted operational expense. The project costs for the expansion space are identified below:

Design and Construction	\$ 629,650
Less: T.I. Allowance	<u>(\$125,930)</u>
Net Design and Construction	\$ 503,720
Furniture, Fixtures and Equipment	\$400,000
Information Technology	\$400,000
Security/Access Control	\$ 40,000
<u>Signage</u>	<u>\$ 20,000</u>
Total	\$1,363,720

Oakwell Physicians, Ltd is a single purpose real estate entity and has zero employees.

RECOMMENDATION:

Staff recommends the Board of Managers approve the Lease Agreement with Oakwell Physicians, Ltd and authorize the President/Chief Executive Officer to sign the agreement. The five (5) year cost of the lease expense is \$640,824. In addition to the lease agreement, staff recommends the Board of Managers approve the project costs and other associated costs therein not to exceed \$1,363,720 to be funded from the Board Designated Capital Account for a total cost of \$2,004,544.

ACTION:

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

EVALUATION:

Mr. Adams asked how this space was located to which Mr. Ryden replied that University Health has engaged a real estate broker to assist in

implementing the strategic decision to establish a presence on that side of town. The clinic was founded by Dr. Gordon Hill, and although there is an existing pharmacy on site, University Health will refer patients to its own pharmacies.

FOLLOW UP:

None.

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

SUMMARY:

University Health's consolidated bottom line for the month of November 2022 reflects a gain of \$34.2 million, \$35.0 million better than the budgeted loss of \$0.8 million. This gain to budget is primarily due to patient activity driving positive net patient revenue of \$29.1 million which is partially offset by supplies expense over budget by \$6.3 million. In November, clinical activity (as measured by inpatient patient days) was up by 8.0 percent although inpatient discharges were lower than budget by 0.4 percent due to longer length of inpatient stay for more highly acute inpatients. Emergency Department visits were over budget 9.2 percent. Community First Health Plans, Inc., experienced a bottom line gain of \$10.9 million, which was \$12.1 million better than the budgeted loss of \$1.3 million. Community First fully insured membership was up 28.4 percent to budget. Net patient revenue over budget \$29.1 million driven by high patient volumes, acuity of inpatient services, and the continued growth of retail pharmacy volumes. Supplemental revenue over budget \$0.3 million due to the addition of the FFY23 Hospital Augmented Reimbursement Program (HARP) at \$2.6 million and the extended enhanced Federal Medical Assistance Program (FMAP) which are offsetting the loss of Delivery System Reform Incentive Payment (DSRIP) revenue of \$5.1 million related to the unapproved status of the program in 2022. Community First premium revenue over budget \$12.7 million related to additional Uniform Hospital Rate Increase Program (UHRIP) payments of \$7.1 million and other premium revenue of \$10.2 million offset by \$4.6 million in experience rebate expense. Employee compensation over budget \$6.1 million driven by higher than budgeted temporary personnel expense of \$5.8 million and overtime of \$2.3 million offset by a lower than budgeted 2022 pension expense of \$1.2 million. Lower than expected pension expense was provided by third-party actuary valuation requirements being lower than budget. The positive benefit variance will continue through the remainder of 2022. Supplies over budget \$6.3 million related to pharmaceuticals of \$3.1 million and medical supplies of \$1.4 million as the result of higher than planned patient volumes.

RECOMMENDATION:

Staff recommends approval of the financials subject to audit.

ACTION:

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

EVALUATION:

Mr. Adams congratulated Mr. Hurley and the finance team, Travis Smith, James Garcia, Roe Garrett, and others for closing November books so soon into December.

FOLLOW UP:

None.

PRESENTATIONS AND EDUCATION:

FOURTH QUARTER QUALITY REPORT — JUDY SHUMWAY, D.O./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. 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. As staff prepares for 2023, leadership has identified opportunity for creating more alignment and organization across our University Health leaders, while promoting greater collaboration and communication at every level of the institution.

Today's report will focus on improving quality, safety, and outcomes. Dr. Shumway shared a visual of the quality metric framework used to establish the quality goals and outlining 11 publicly reported value-based and reputational programs, 5 CMS, 2 Medicaid, Vizient, USN&WR, Lown Institute and Leapfrog. In total these 11 programs report 155 metrics. Staff reviews the impact of each metric and prioritizes 31 tactical, high-impact metrics and follow another 31 informational metrics that inform strategies for achieving those tactical, high-impact goals. Dr. Shumway reviewed the components that make up the Leapfrog Safety Score (Process Metrics 50 percent; Outcome Metrics 50 percent) and focused on two broad categories, HAIs and PSIs:

Complications: Not present on admission

11.6

Healthcare-Associated Infections:

CAUTI, CLABSI, C. diff, MRSA, Colon SSI

21.3%

Patient Safety Indicators:

PSI-90 and PSI-4

17.1%

50% total

University Health earned a Leapfrog Hospital Safety Grade of B for the fall of 2022. While University Health's report performance grade falls short of the A rating goal, staff continues to see an improvement in the numerical Leapfrog score.

University Health Score: 3.1020

Previously 3.0970 B

Letter Grade: B

Improved by .005

The scores associated with each letter grade and the percentage of participating hospitals who receive each grade was provided in her presentation; staff continues to strategize on how to improve. Scores and grades are relative to other participating facilities which means the grades cutoff can change.

For this reason, University Health's goal is not stated in a specific grade or rating but rather aims to be in the top decile for overall performance.

Fall 2022 Leapfrog Considerations

- How we compare to the national mean (HAI)
- Internal opportunities (Colon SSI)
- Suppression of data as a result of COVID (PSI-90)

How University Health Compares to Mean:

CLABSI – 44% - LF National Mean: -5%

CAUTI – 27% -LF National Mean: -5%

MRSA - 9 % - LF National Mean: -9%

C.diff – 10% - LF National Mean: 6%

= 17.9% of total score

University Health outperformed the Leapfrog National Mean from Spring 2022 to Fall 2022 in each HAI category, in a setting where nationally means have dropped significantly.

How University Health Compares to the Mean

Colon SSI Opportunity

- Engaged physician leader
- Raise awareness
- Communicate bundle compliance
- Collaborate results
- Discover new strategies

Colon SSI = 3.4% of total score, likely contributing to lower score and grade.

For context, Dr. Shumway noted that University Hospital is a Level 1 trauma center and as a result there is a much higher volume of high risk penetrating trauma to the abdomen and colon resulting in significant wounds draining stool into the abdominal cavity resulting in an eventual surgical site infection. In fact working with the UT Health collaborative, there is growing discussion in favor of requesting that the Centers for Disease Control & Prevention and the American College of Surgeons reevaluate the definition of SSI and consider excluding patients with trauma or dirty wound classes from the NHSN SSI surveillance. Additionally, there has been disproportionate increase in colon SSI rates during the pandemic when elective cases were put on hold, artificially inflating University Health rates because the total numbers of colon cases had decreased and the acuity of those cases increased. While there are several considerations that might explain higher rates for SSI in colon surgeries, opportunities to improve have been noted. Staff noted variable compliance with a colon bundle of practices meant to decrease SSI rates. As a result, staff has engaged a new physician champion, a trauma surgeon. He is well-respected and influential in the Operating Room and has worked with University Health's quality team to raise awareness, communicate the importance of bundle compliance, and encourage collaboration across the multiple disciplines including Anesthesia, Surgery, and Operating Room staff. This increased engagement has

generated greater discussion and discovered new strategies. With improved compliance with the colon bundle, University Health continues to see opportunities and now looks into patient selection and surgical technique.

Patient Safety Indicators (PSI-90 Composite)

PSI-90 is a composite score that is the rollup of 10 separate PSIs as listed. When staff reviews University Health performance in each, the potential opportunities are in 3 (Pressure Ulcer Rate), 9 (Postoperative Acute Kidney Injury), and 12 (Postoperative Sepsis). Last year the staff looked deeper into University Health's PSI 12 data and found no additional opportunities. All of the patients with post-operative venous thromboembolism (VTE) had appropriate prophylaxis ordered. There is a small percentage of patients who will clot after surgery despite getting the right blood thinners. Additional workgroups have been created specifically to address pressure injuries. Epic tools and alerts are being created or modified to help identify and alert nursing of those patients at higher risk so that preventative measures can be implemented earlier in the hospital course. University Health has a pilot education project for physician documentation within the transplant team in hopes of capturing appropriate exclusion criteria in their documentation, which then removes them as patient safety indicators.

Patient Safety Indicators – Quality Review Process (excludes maternal, infant, rehab, and psych)

The bulk of the work done for PSIs is in retrospective review. Dr. Shumway shared a table reflecting the progress made in 2022. This process was started in 2019 and the staff has tracked significant improvement internally. 100 percent of the coded complications or patient safety indicators are reviewed for potential criteria that would exclude them. She noted the number of coded complications is 146 for a period of 12 months. When criteria are found to exclude a case, the staff clarifies the case and removes it as a complication. The numbers clarified in that same 12 month period is 82. In January there was a total of 24 cases coded, 17 of which are clarified, leaving only 7 actual PSIs. There are three levels of review to find a clarification (focus is on quality clarification, current status of review, and resolution of open reviews):

1. First review by quality clinical nurse -Any immediate clarifications noted are shared with coding for updates
2. Second review by quality team and physician champion- When necessary, peer to peer physician communication regarding the quality clarification takes place
3. Third review performed during weekly multidisciplinary PSI meeting - Quality staff, coding staff, leadership, and physician champions all participate

Impact of CMS suppression of the PSI Data (PSI-90 component contributes 15.2% to overall Leapfrog score)

CMS has suppressed data from the COVID period which has resulted in delay in reporting. The fall grade reflects a performance period of July 2018 to December 2019 for the fall 2022 score. The outcomes typically reported remain suppressed and University Health has dropped 11 percent in performance compared to Leap Frog national norm.

CMS just released an update in performance period that includes July 2020 to June 2021, during which University Health had an 18 percent improvement as compared to Leap Frog national norm for the period July 2019 to December 2019 and July 2020 to June 2021.

2023 Focus on Alignment

University Health follows the metrics reported by the 11 publicly reported value-based and reputational programs, but the staff aspires to do better with benchmark top decile performance. In 2022, the clinical leadership turned our attention to engagement. High turnover of staff and then staff shortages required that we not only engage a lot of new staff, but also re-engage existing staff. We used the Quality Incentive Agreement with UT Health as a tool to improve physician engagement creating metrics to incentivize engagement. Now that staff has momentum behind engagement, the focus will turn to alignment, and embedded in alignment are collaboration and communication.

University Health has an existing organizational structure that provides a great framework for alignment. There is a clear reporting structure for senior executive leaders, associates, and directors and superimposed is a monthly communication cadence to keep each level of the organization aligned.

The clinical leadership structure for medical directors, quality/risk management staff, and clinical management teams mimics the executive leadership alignment, also with a monthly cadence of meetings to facilitate aligned communication.

Silos can exist both horizontally between the executive and clinical structure but also vertically at each level of leadership. Engaging people in collaboration and communication and creating dyad partnership between operational and clinical leaders is the work ahead for 2023. Encouraging alignment through improving quality, safety, and outcomes strengthens the culture at University Health.

SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) Goals

Dyad partners will work together to create 3 to 5 SMART Goals for the period February 1 – December 31, 2023, using the Triple Aim PLUS as guiding principles, where there will be shared-responsibility & accountability, to promote collaboration and communication. On the inpatient side, the dyad partnerships have been established and reviewed, and similar work is underway in the ambulatory side.

RECOMMENDATION:

This presentation was provided for informational purposes only.

ACTION:

No action was required by the Board of Managers.

EVALUATION:

Dr. Burns suggested an internal acuity system that allows University Health to rate its own patients to demonstrate how University Hospital is truly doing compared to its peers. University Hospital has more socially disadvantaged patients when compared to other hospitals, and she has concluded that the comparisons are not the same. She recommends doing something differently for that set of patients in an effort to change the outcome of surgical site infections in colon surgeries. Dr. Alsip noted that the staff has reviewed data in the way Dr. Burns has suggested by separating traumatic injury from non-traumatic injury cases in partnership with various UT institutions, specifically, Memorial Herman and UT Houston through a Quality Collaborative. Not surprisingly, they have demonstrated what University Hospital has also demonstrated - that non-traumatic or elective cases have much lower rates of infection. The surgical site infection bundle is standardized across the board, the problem with traumatic injury cases is that you cannot complete pre-bundle elements. University Health has the data to illustrate that difference and it is known by anecdotal evidence that it would make a difference. University Health is working with UT Houston and Memorial Herman to help communicate to the American College of Surgeons and the Center for Disease Control and Prevention that it would be appropriate to exclude certain cases, or at least review by wound classification which would be a more equitable comparison. However, until that changes University Hospital is still accountable for those data the way that it has been recorded. Dr. Kelley expressed concern that University Hospital has been unable to achieve compliance in this area, although it is a standardized process (activate order, give perioperative antibiotics, time out, procedure.) across the community and nation. After three years, she still does not understand the reasons, and Dr. Shumway clarified that bundle compliance has been achieved however, staff is looking at the timing of antibiotics for additional opportunities and optimal timing due to comments by some surgeons that antibiotics are being pushed at the time of incision. Dr. Alsip added that achieving bundle elements do not guarantee the absence of infection so the staff is also looking at, in some cases, the types of surgical approaches, and with elective cases, consider whether or not to exclude patients with certain glucose levels even though levels are within bundle parameters. Staff is also looking at results and surgical approach by provider for any variances. Dr. Kelley asked if there are other Level 1 trauma academic medical centers in the state that have received an A, to which Dr. Alsip replied that there is none within the UT System. He further explained that is one of the reasons University Health joined Vizient formerly UniversityHealth Consortium - to partner with UT and access their comparative inpatient and outpatient clinical data on patient outcomes, which allows collaboration and shared conversations. There are strength in numbers, and as partners, we will be able to approach the Centers for Disease Control and Prevention and ask them to look at this metric because there are not evidence-based practices that reduce infection significantly when there is penetrating trauma with intestinal injury. Being a part of the group that carries that message with data is important to University Health.

Dr. Kelley's second concern is regarding outcomes for pressure ulcers. She asked about the process to assess patients who are admitted from a nursing home, to which Dr. Shumway replied that the process includes photographs and a Braden scale assessment, which measures a patient's risk of developing pressure ulcers by examining certain criteria. As noted during her presentation, the staff is currently developing an internal team in addition to a PSI 3 workgroup with a charge to identify patients with increased risks. In addition, a best practice advisory alerts nursing with a standing delegated order that includes different preventive measures earlier in the patients' admission. Mr. Banos added that University Health recently engaged a wound care group that will deploy nurse practitioners to University Hospital pursuant to receiving a consult request. A pilot randomly conducted on three different service lines found there are gaps in coverage, therefore, a hyperbaric medicine and wound care team is available 24/7 to assess patients and start treatment as soon wound is identified.

Mr. Hernandez assured the Board that the senior leadership team is taking this very seriously. University Health is being judged by what happened in 2018 and that data is not acceptable. Board members are correct that this is the third year that compliance is not achieved, but the data is 4 to 5 years old and does not capture the hard work of Drs. Alsip and Shumway. Dr. Alsip confirmed that data has not been refreshed since 2019. The fall 2022 score reflects a performance period of July 2018 to December 2019, and therefore, the significant improvement made by the staff is not reflected.

Ms. Fernandez suggested the staff share information regarding top decile performers for peer hospitals as opposed to the rankings. She recognizes that University Health exceeds in many areas but also has some areas that need improvement. As a lay person, such comparison data would be helpful to her.

Dr. Kelley thanked Drs. Alsip and Shumway for the presentation. Not following evidence-based standardized orders is a culture that cannot be tolerated and she feels very encouraged with the efforts outlined during today's presentation. She is pleased to learn that staff has identified a trauma surgeon to serve as a quality physician champion/

Dr. Burns expressed high regard for the staff, they are innovators, and her expectation is that University Health will not only continue to improve outcomes with the overall approaches described today, but will sustain those improvements in years to come. Innovation can be challenging for those in the organization who care for the patient population we serve.

Mr. Hasslocher reiterated that University Hospital serves 23 counties and the most difficult cases are brought here, it is announced on television almost every morning. He echoed Dr. Burns' sentiments and stated that the staff's dedication makes University Health a world class organization. Mr. Adams is extremely proud of the work at University Health; however,

we are not doing as well as we can be. He would like to discuss this topic at every monthly meeting with Dr. Henrich and Dean Hromas until there is improvement in certain outcomes. He has no doubt about the quality of the health care provided, however; he feels strongly this can be fixed, and he issued a challenge to the staff.

In closing, Dr. Alsip thanked the Board for its support and briefly shared some good news. For the 11 publicly reported value-based indicators, University Hospital would have received a payment from CMS (for the period July 2020 to June 2021), however, that data was suppressed and University Health received a neutral payment. For two years in a row now, University Hospital has received no penalty for healthcare associated infections, an area that received penalties in years past. For the first year, University Health earned an “A” grade in the Lown Institute Hospitals Index ranking which defines clear measurable standards for hospital social responsibility. He acknowledged the comments Mr. Adams and Board members.

FOLLOW UP: Mr. Adams to review topic on a monthly basis with Mr. Hernandez and UT Health SA leadership. Peer hospital decile comparisons as requested by Ms. Fernandez.

ANNOUNCEMENTS:

Mr. Hernandez reported that the presentation to Bexar County Commissioners Court regarding University Health’s Consolidated Operating, Debt Service and Capital Budgets for 2023 earlier in the day went well, very good conversation. Mr. Hurley and Mr. Banos joined him for the discussion on capital and operations. They asked very good questions and approved the budget.

INFORMATION ONLY ITEMS:

88TH TEXAS LEGISLATIVE UPDATE — ANDREW SMITH

**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 four 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 7:53 pm.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary