



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

Tuesday, December 14, 2021  
6:00 pm  
Cypress Room, University Hospital  
4502 Medical Drive  
San Antonio, Texas 78229

**MINUTES**

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**BOARD MEMBERS PRESENT:**

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

**BOARD MEMBERS ABSENT:**

Roberto L. Jimenez, MD, Immediate Past Chair

**OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health  
Elizabeth Allen, Director, External Communications/Corporate Communications, University Health  
Tommye Austin, PhD, Chief Nurse Executive, 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  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health  
Rob Hromas, MD, Dean, Long School of Medicine, UT Health, San Antonio  
Leni Kirkman, Executive Vice President/Chief Marketing, Communication, and Corporate Affairs Officer, University Health  
Bill Phillips, Senior Vice President/Chief Information Officer, University Health  
Serina Rivela, Vice President/Chief Legal Officer, University Health  
Don Ryden, Vice President/Projects, Design and Construction, University Health  
Travis Smith, Vice President/Deputy Chief Financial Officer, University Health  
Rajeev Suri, MD, Professor, Department of Radiology, UT Health, San Antonio, and President, Medical-Dental Staff, University Health  
Sally Taylor, MD, Senior Vice President/Chief, Behavioral Services, University Health  
Pamela Otto, MD, Chair, Department of Radiology, UT Health San Antonio  
Melinda Rodriguez, Senior Executive Director, Business Development, AQTS Home Health  
And other attendees.

**CALL TO ORDER:**

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

**INVOCATION AND PLEDGE OF ALLEGIANCE:**

Mr. Adams introduced Ms. Julie Rowe, University Health Chaplain, for the invocation and he led the pledge of allegiance.

**PUBLIC COMMENT:** None.

**APPROVAL OF MINUTES OF PREVIOUS MEETING(S): TUESDAY, NOVEMBER 16, 2021**  
**(SPECIAL MEETING)**

**SUMMARY:** The minutes of the Special Board meeting held on Tuesday, November 16, 2021, were submitted for approval.

**RECOMMENDATION:** Staff recommends approval of the minutes as submitted.

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

**EVALUATION:** None.

**FOLLOW-UP:** None.

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

**SUMMARY:** Dr. Hromas announced the retirement of Dr. Pamela Otto, Chair, Department of Radiology, effective January 1, 2022. Dr. Rajeev Suri will replace her as interim Chair with new duties while he continues to serve as President of the Medical/Dental Staff. The Long School of Medicine has conducted its annual survey of residents, with two-thirds of all residents at University Hospital. It was a good survey, and Dr. Hromas plans to share results with the Board in the near future. University Hospital did well, residents think it's a great learning environment, but they would like healthier food options in the cafeteria. Mr. Adams invited Dr. Pamela Otto to say a few words. She thanked the Board of Managers for the great ride; 30 years later she still feels privileged to be associated with University Health. Dr. Otto 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:** On behalf of the Board of Managers, Mr. Adams thanked Dr. Otto for her service.

**FOLLOW-UP:** Dr. Hromas would like to share survey results as indicated above.

**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 29, 2021 and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of December 7, 2021, the Executive Committee of the Medical-Dental Staff recommended approval of the following: Focused/Ongoing Professional Performance Evaluation Report. The Executive Committee of the Medical/Dental Staff recommends the Board of Managers approve the proposed Delineation of Privileges and Professional Practice Evaluation Report.

**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 29, 2021 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 7, 2021, the Executive Committee of the Medical-Dental Staff recommended approval of the Credentials Committee Report, the list of providers has been reviewed and approved in accordance with University Health's credentialing and privileging process. The Executive Committee, in turn, recommends the approval by the Board of Managers, or the clinical privileges for the list of clinicians provided to the Board.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS OF OFFICER POSITIONS — RAJEEV SURI, M.D., PRESIDENT, MEDICAL/DENTAL STAFF**

SUMMARY: The Medical-Dental Staff Bylaws outline the process and description of Officer Positions of the Medical-Dental Staff. These recommendations require the approval of the Board of Managers. The Professional Staff Services Department is responsible for facilitating the annual process for the election of new Officers. The Medical-Dental Staff Bylaws state that officers must be members in good standing of the Active and Provisional Staff at the time of nomination and election, must be approved by the Board of Managers, and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved. Officers shall serve for a term of two (2) years and must take an oath of office on the first day of the Staff year following their election. The Medical-Dental Staff via ballot submit the following slate of Officers for 2022- 2023 for approval by the Board of Managers:

- Vice-President - Dr. Michael Little (Anesthesiology)
- Secretary - Dr. Jason Bowling (Infectious Diseases)

- Members-At-Large - Dr. Brian Eastridge (Trauma); Dr. Georgia Mccann (Obstetrics/Gynecology) and Dr. Kent Rohweder (Radiology)

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE UNIVERSITY HEALTH PENSION PLAN TRUSTEES' BYLAWS — REED HURLEY**

SUMMARY:

The University Health System Pension Plan (the “Plan”) was initially established effective January 1, 1974, for the exclusive benefit of the eligible employees of the Bexar County Hospital District d/b/a University Health. The Plan is a “public retirement system” as defined in and authorized by Section 810.001 of the Texas Government Code and a “governmental plan” within the meaning of Internal Revenue Code Section 414(d). Section 802.201 of the Texas Government Code requires that the assets of the Plan be held in trust for the benefit of employees and their beneficiaries. On April 30, 1999, The Board of Managers approved the terms of the University Health System Pension Trust Agreement to describe the duties of the Trustees appointed to serve thereunder by the Board. In order to provide for the orderly implementation of the provisions of the Plan and to carry out the authority granted to them by the Pension Trust Agreement, the Trustees adopted Bylaws which were last amended in 2004. Members of the Pension Plan Board do not receive any pay or financial benefit from participating on the Board. Vital to the Pension Plan Board efficacy, is ensuring that its Trustees have the appropriate skill sets, experience and content expertise to execute their fiduciary responsibilities. One provision of the current Bylaws is a term limit of 16 years. University Health’s leadership and the current Pension Trustees strongly believe in the need to maintain term limits on the Pension Board. However, the potential loss of long standing Trustees with institutional knowledge could adversely impact the orderly implementation and administration of the Pension Trust. To solve the issue of potentially losing long-term members with little transition time, the following modifications are recommended to the bylaws:

- A provision which will allow a Trustee to continue in his/her capacity until a new appointment is made by the Board of Managers; and
- A provision which gives the Board of Managers the ability to appoint Honorary Trustees to the Pension Board with a two year term limit.

The Pension Plan Board of Trustees recommends Board of Managers’ approval of the proposed amendment to the University Health Board of Pension Trustees’ Bylaws.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING APPOINTMENTS TO THE UNIVERSITY HEALTH PENSION PLAN BOARD OF TRUSTEES — JIMMY HASSLOCHER, CHAIR, NOMINATING COMMITTEE**

SUMMARY:

The Board of Managers, as the governing body, shall approve appointments to the Pension Plan Board of Trustees. There are currently nine positions on the Pension Plan Board of Trustees composed of two members from University Health administration, two members from the

Board of Managers, and five community members who are investment professionals. Mr. Ira Smith has served on the Pension Plan Board of Trustees in one of two Board of Managers positions since January 2004. Mr. Smith is not eligible for reappointment because of Pension Board term limits. Ms. Theresa Scepanski has served on the Pension Plan Board of Trustees since February 2006 as a representative of University Health administration. During 2021, Ms. Scepanski continued to serve the Pension Board on a holdover status; however, she is also not eligible for re-appointment due to term limits. The Pension Plan Board of Trustees proposes to replace Mr. Smith with Ms. Anita L. Fernández and Ms. Scepanski with Ms. Andrea Casas. The Nominating Committee of the Board of Managers recommends Board approval to appoint Ms. Anita L. Fernández and Ms. Andrea Casas to the Pension Plan Board of Trustees, effective immediately through December 31, 2025.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT AND RESTATEMENT OF THE UNIVERSITY HEALTH 403(B) SAVINGS PLAN — ANDREA CASAS**

SUMMARY: On September 23, 2019, the U.S. Treasury Department published final regulations amending the rules governing hardship distributions for qualified plans and 403(b) plans, making it easier for plan participants to access their savings for hardship reasons and allowing them to quickly start saving again following a hardship withdrawal. The IRS requires that all plans that allow for hardship distributions be amended to reflect these changes by the end of this year. In addition to the changes governing hardship distributions, the draft amendment and restatement of the 403(b) Plan has been updated to comply with the SECURE Act which increased the age at which required minimum distributions must begin, to reflect allowable salary deferrals, and to reflect its current d/b/a, University Health, rather than University Health System. Staff recommends Board of Managers' approval of the proposed amendment and restatement to the University Health 403(B) Savings Plan.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING APPOINTMENTS TO THE UNIVERSITY HEALTH FOUNDATION BOARD — 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. The four individuals below have 76-years combined experience serving the Bexar County community and the University Health Foundation; all four are willing to serve an additional three year term each, effective January 1, 2022 through December 31, 2024, and all bring a wealth of knowledge in their respective specialties: **Jeanne Bennett, Frank Garza, Larry Kurth, and Steve Pritchard.** The Nominating Committee of the Nominating Committee recommends approval to reappoint these members to the University Health Foundation Board for the respective terms indicated above.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING CORPORATE POLICY 5.08, SENTINEL EVENT — *BRYAN ALSIP, M.D.***

SUMMARY: This policy has been revised to reflect changes based on updates from The Joint Commission Sentinel Event Policy for all accreditation programs. The policy now includes the most current language and definitions for: Falls, Sexual Assault, Physical Assault, Homicide, Comprehensive Systematic Analysis, Root Cause Analysis (RCA), and Health Performance Improvement (HPI) Safety Event Classification (SEC) Levels of Harm. Staff recommends Board approval of the revised Policy No. 5.08, Sentinel Event.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT WITH RDE SYSTEM SUPPORT GROUP, LLC FOR THE ENDING THE HIV EPIDEMIC PROGRAM – OPERATION BRAVE — *ROBERTO VILLARREAL, MD***

SUMMARY: RDE Systems, the maker of the eCOMPAS® and e2® suite of software products, has served public health for over 30 years. Their mission is to support those on the front lines of the effort to End the HIV Epidemic by providing user-friendly software products designed specifically for HIV care, prevention, and housing programs that provide better access to data and promote efficiency and quality. Ending the HIV Epidemic Program – Operation BRAVE and Ryan White Part A and D required data services will be performed by RDE during the term of Agreement December 1, 2021 through February 28, 2024 and will include the following components.

Initiative Infrastructure (Operation BRAVE)	\$613,596.00
Administrative & Quality Management	
<u>Services (Part A/D)</u>	<u>\$276,404.00</u>
Total	\$890,000.00

Staff recommends approval of a three-year agreement with the RDE System Support Group, LLC, to enhance services for Operation BRAVE-eligible patients and Ryan White-eligible patients, for a total of \$890,000.

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

SUMMARY: A total of 25 contracts with a value of \$108,945,324 are being presented to the Board of Managers during the December 2021 meeting. The following contracts require approval by the BCHD Board of Managers: 13 consent contracts with a total value of \$26,470,490; and 12 presented contracts with a total value of \$82,474,834. During the month of December 2021 there were seven (7) contracts classified as Small, Minority, Woman, or Veteran-Owned Business Enterprises (SMWVBE). December 20221 SMWVBE status report reflects items submitted for Board of Managers approval. Staff recommends approval of the purchasing consent items.

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

CONSENT AGENDA

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

CONSENT

EVALUATION: None.

CONSENT FOLLOW-UP: None.

**ACTION ITEMS:**

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

**CONSIDERATION AND APPROPRIATE ACTION REGARDING TEMPORARY HEALTH CARE STAFFING AGREEMENTS WITH VARIOUS AGENCIES — ANDREA CASAS/TOMMYE AUSTIN, PHD**

SUMMARY: University Health 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 contracts provide Registered Nurses, Respiratory Therapists and other essential health care workers and professionals as needed at University Hospital and University Health clinic locations. The requested amount for a one-year period, based on current run rates, should not exceed \$35,500,000. 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. This request is for a one-year period beginning December 1, 2021 to November 30, 2022. 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 for two of the larger staffing agencies was provided for the Board's review.

RECOMMENDATION: Staff recommends Board of Managers approve the use of professional service agencies for temporary staffing in an amount up to \$35,500,000 for a one-year period.

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

EVALUATION: Dr. Kelley understands the need for staffing at this time; however, she has many questions. What is the vision for nursing in regards to cost? What will the market place look like in 1-2 years? How will you bring salaries back down for nurses, respiratory therapist, and other healthcare workers? The staff is looking at many programs, which Mr. Banos and Dr. Austin described, and University Health is fortunate to be retaining nurses while many other hospitals cannot. Mr. Hernandez cited a case from earlier in the day in which the Children's Hospital of San Antonio transferred two neonates to University Hospital due to lack of respiratory therapists. University Health has hired over 2,000 nurses in 2021. The

vacancies have a lot to do with the pandemic and unfortunately, Mr. Hernandez predicts quite an increase in future costs for nurses and allied health providers; this is a national market place decision. Mr. Hasslocher expressed support for agency contracts stating that every industry is hurting right now; based on a recent article in the Wall Street Journal that he read this morning, it is his understating that hospitals must do whatever they can to retain and attract the best talent.

FOLLOW-UP:

None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A FUNDING AGREEMENT RENEWAL WITH THE CENTER FOR HEALTH CARE SERVICES FOR EXPANDED OUTPATIENT ADULT BEHAVIORAL HEALTH SERVICES — SALLY TAYLOR, M.D.**

SUMMARY:

In May 2021, The Center for Health Care Services opened a clinic on the east side of Bexar County with expanded and improved space at 1954 E. Houston Street, with the ultimate plan to expand care to serve 3,000 clients on the east side over the next five years. Since 2006, a clinic located at 1921 Burnet Street served these patients; however, in 2020, due to demand outpacing physical space, the Center began seeing patients at the downtown Paul Elizondo Clinic during renovations of the Houston Street location. The funding provided by University Health in the original agreement supported expansion by adding health care personnel and providing for infrastructure, renovation, and medical equipment needed for the expansion at the Houston Street location. In addition to providing behavioral health services, the expanded space allows for integrating basic primary care into the clinic as required for the Center to be a Certified Community Behavioral Health Center. This integration also provides for addressing physical health issues such as hypertension, tobacco use/cessation, monitoring of body mass index, and screening for other physical health issues that might require referral to outside providers (including University Health). Overall, the integration of physical health care into behavioral health care sites results in better health outcomes and improves cost and efficiency in the delivery of care by addressing co-morbid health conditions earlier in the course of treatment. The financial commitment from University Health for the Center's outpatient adult behavioral health services at the Houston Street Clinic is \$1,500,000 annually, and is included in University Health's 2022 budget. This is the same amount as in 2021, and includes funding for a psychiatrist, a psychiatric nurse practitioner, a licensed vocational nurse, and a medical assistant; for primary care this funding supports a family nurse practitioner, a behavioral health consultant (health psychologist), and two licensed vocational nurses. In 2022, the Center will add another psychiatric nurse practitioner, for an additional 1,200 visits per year, with the cost offset by the reduction in initial remodeling and equipment purchasing costs.

RECOMMENDATION:

Staff recommends the Board of Managers approve and authorize the President/CEO to execute a renewal of the Memorandum of Understanding with The Center for Health Care Services in the amount of \$1,500,000 annually specifically for Adult Outpatient Behavioral Health Services at the Houston Street Clinic location, for the period beginning January 1, 2022 through December 31, 2022, with two



successive one-year automatic renewals with the same terms and conditions.

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

**EVALUATION:** The initial goal for expansion was to serve 2,400 patients in the new location, and ultimately to expand to 3,000 unduplicated patients served in the next five years. Between October 2020 and September 2021, the patients now served at the Houston Street Clinic who were also previously served at the Paul Elizondo Clinic includes 2,552 unduplicated patients, with 74 percent currently residing in eastside county precincts. Approximately 80 percent of patients are unfunded. Level 1 Behavioral Health Care, (basic services and skills training) is provided to 85 percent of patients. The remaining 15 percent of patients have much more intensive behavioral health issues. Patients have received integrated primary care at the Houston Street Clinic since it opened. Results on satisfaction surveys indicate that 91 percent of patients are satisfied or very satisfied. Ms. Fernandez asked if the Center is asking for the same amount as last year, part of the \$7.1 million allocated by University Health for behavioral health in Bexar County, what happens after all funds are used up? Is there an existing plan so that University Health can continue its good work in the community? Mr. Adams then noted that there are two items related to mental health on today's agenda and it would be very helpful to the Board for the staff to provide a running tally on behavioral health items, it is difficult to keep track when items are presented one at a time. Mr. Hernandez stated that there are other contracts with the Center that are not part of the \$7.1 million, such as a CareLink contract for which University Health assumes the cost of medications for Center clients. Staff will be happy present a summary of all behavioral health service contracts in the near future.

**FOLLOW-UP:** As indicated above, present running tally of behavioral health contracts.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A SUPPORT AGREEMENT RENEWAL WITH FAMILY VIOLENCE PREVENTION SERVICES, INC. FOR THE BATTERED WOMEN AND CHILDREN'S SHELTER AND RELATED SERVICES — SALLY TAYLOR, M.D.**

**SUMMARY:** University Health and Family Violence Prevention Services, Inc., entered into a 13-month agreement on December 1, 2020 as part of the expansion of behavioral health related services to the community. The agreement provides funding support for multiple needs including staff, counselors, transportation, food, kennels, psychiatric treatment, and onsite forensic nursing. Unfortunately, Family Violence Prevention Services, Inc., was unable to execute the psychiatric treatment and forensic nursing programs due to inability to staff or contract for these programs. In addition, Family Violence Prevention Services, Inc., was not awarded a previously funded grant, and requested an amendment to the agreement with University Health to re-allocate unused funds to support mission critical positions and support services. In October 2021, University Health and Family Violence Prevention Services, Inc., executed an amendment to support increased staffing from 4.0 FTEs to

15.5 FTEs for the fourth quarter of 2021. For the 2022 agreement, Family Violence Prevention Services, Inc., has requested to increase the budget for staffing from \$192,000 annually to \$520,000 annually, increasing from 4.0 to 10.5 FTEs. To offset this increase, Family Violence Prevention Services' 2022 budget reduces other line items. Family Violence Prevention Services' staffing in 2022 will consist of 3.0 FTEs Counselors/Therapists, 2.0 FTEs Program Coordinators, 1.5 FTEs Directors (Violence Intervention Program and Community Integrated Services), 2.0 FTEs Program Support/Assistants, 1.0 FTE Legal Advocate, and 1.0 FTE Shelter Monitor. From December 2020 through October 2021, Family Violence Prevention Services, Inc., served 869 unduplicated clients and provided counseling, case management, education, the Batterer's Intervention Program, and coordination with Child Protective Services. Of the total served, 710 clients exited to permanent housing, and the Bexar County Women's and Children's Shelter recidivism rate was 5.2 percent. Approximately 75 percent of Bexar County Battered Women and Children's Shelter clients showed an increased understanding of domestic violence, and 56 percent of perpetrators showed a reduction in likeliness to re-offend. For 2022, Family Violence Prevention Services, Inc., will report on 19 metrics, including activity based on the new staffing model. This agreement provides funding for a 12-month period from January 1, 2022 through December 31, 2022 in the amount of \$600,000, with two automatic successive one-year renewals. This contract amount is included in University Health's 2022 budget, and is unchanged from the 2021 annual amount. The workforce composition data of Family Violence Prevention Services, Inc., was provided for the Board's review.

RECOMMENDATION:

Staff recommends the Board of Managers approve and authorize the President/CEO to execute the Funding Support Agreement with Family Violence Prevention Services, Inc., for the Battered Women and Children's Shelter and related support services, in the amount of \$600,000, to include two successive automatic one-year renewals.

ACTION:

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

EVALUATION:

Dr. Kelley recalled an editorial in the San Antonio Express News about one year ago regarding the increase in domestic violence during the pandemic, and she is proud of University Health for recognizing the impact on the community. Soon after that editorial, Mr. Morris toured the Bexar County Battered Women and Children's Shelter, and he strongly encouraged others to take the opportunity to visit this top-notch community organization. He asked if there was a way to place inflators in the contract over a course of time since some programs have been cut back; and there is a need in this community that must be filled. Mr. Hernandez confirmed flexibility to inflate by 10 percent. Mr. Smith asked if there had been any progress to take down perpetrators of domestic violence. There are many factors to be considered, and Dr. Taylor feels that additional long term data outcomes are needed because University Health only has one year's worth of data to work with. In addition, Dr. Taylor noted that nationally, women admit themselves to a battered women's shelter up to seven times before they permanently leave the abusive relationship. She certainly hopes these services are

making a difference. Mr. Adams thanked Dr. Taylor for her valuable work in the community and for fulfilling her very important work responsibilities. He also appreciates the metrics and measurements she requires of the various agencies.

FOLLOW-UP:

Staff will revisit this contract with the Board in the event inflators become necessary.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A GUARANTEED MAXIMUM PRICE (GMP #15) PROPOSAL FOR INFRASTRUCTURE MODIFICATIONS AT THE SKY TOWER FOR THE CONSTRUCTION MANAGER AT RISK AGREEMENT WITH JOERIS+JE DUNN, A JOINT VENTURE — DON RYDEN**

SUMMARY:

The existing pneumatic tube system facilitates the delivery of drugs and laboratory samples on a scale that would not be feasible with manual methods. The addition of the Women's and Children's Hospital distribution and connection with existing distribution points will increase the load on this system. To prevent the pneumatic tube system from being overwhelmed to the point of failure, staff tasked SwissLog to evaluate projected distribution system impacts and provide recommendations to maintain system viability based on the future requirements for the Women's and Children's Hospital. SwissLog performed simulations utilizing the future material distribution traffic models developed during design of the Women's and Children's Hospital project to optimize the current pneumatic tube delivery system based on future planned requirements. Each of these simulations indicated existing system modifications that would be required to achieve optimal, acceptable, or marginal/high risk distribution throughout the pneumatic tube network. SwissLog presented the results with a summary scope of additional work that would be required to mitigate impacts of the system expansion on existing distribution points. Staff evaluated the options with estimated implementation costs **ranging from \$1.3 million to \$2.5 million**. Assessment of the options with a focus on operational efficiency showed that the addition of an express station in the core lab would balance the load on the zone shared with the pharmacy, maintain acceptable lab sample and medication delivery throughput, and provide the required performance across the entire expanded system. However, additional infrastructure modifications in the Sky Tower are required to support the proposed SwissLog work. This construction scope includes low voltage and electrical work and minor structural and architectural modifications to walls and ceilings. To achieve simplicity in control and expedite the start and completion of work, staff determined that the Women's and Children's Hospital project Construction Manager was best positioned to further develop and manage the plan to execute the proposed additional work. Because SwissLog is the Construction Manager's trade partner for the new work in the Women's and Children's Hospital project, staff determined that using the Construction Manager's services to execute the additional work would provide the best cost efficiencies and timeliness, since all the trades and suppliers needed for the new work are already mobilized and familiar with the existing facilities. However, this additional work is

clearly outside of the scope of the Women's and Children's Hospital project, so staff is recommending a separate funding source than approved Women's and Children's Hospital project funds. The established value of the recommended SwissLog option, including the supporting construction work, is **\$1.77 million**.

The approved Aethon Autonomous Mobile Robots (AMR) system offered complete replacement of all existing automated guided vehicles with AMRs, a different technology that would also require replacement or modification of existing carts, infrastructure support, and identifying pathways and pick/drop locations within the Sky Tower. After the initial award to Aethon, staff worked with the vendor to develop a plan for implementing the new AMR and cart system within the Sky Tower. The new technology requires some infrastructure enhancement within the Sky Tower. Infrastructure modifications include elevator and door controllers, fire alarm interfaces, structured data cabling, and electrical outlets for system devices. Like the situation for the pneumatic tube system, the Contract Manager currently already has all required trades and suppliers necessary to accomplish this work due to the Construction Manager's requirements for the Women's and Children's Hospital project. Therefore, staff determined that the Women's and Children's Hospital Contract Manager is again best positioned to manage this work in Sky Tower most effectively, at best cost, and best timeliness. Staff recommends a separate funding source than approved WCH project funds. The proposed value of the infrastructure modifications required to support the new AMR system is **\$607,000**. Staff recommends that the Construction Manager be awarded a new Guaranteed Maximum Price (GMP #15) not to exceed **\$2.37 million** for infrastructure modifications to the Sky Tower to support the modification of the pneumatic tube system and to support the deployment of the new AMR system. The Construction Managers proposed pricing for construction services including the pneumatic tube system expansion by SwissLog is **\$1,765,557**. The proposed cost for deployment of the Aethon AMR system in Sky Tower \$607,000, for a total contract amendment of \$2.37 million. Mr. Ryden provided previous Board approval obtained for the costs of GMP #1 through GMP #14 for a total amount of \$559,937,161. The proposed increase in the Contract Manager's contract value results in a revised contract amount of \$563,309,718. This GMP #15 will be funded from the approved 2022 Routine Capital Budget; approval is requested now to support procurement processing lead times and enable work to commence as early in 2022 as possible.

RECOMMENDATION:

Staff recommends the Board of Managers approve the use of 2022 Routine Capital funds in the amount of \$2,372,557 and authorize the President/CEO to execute the contract Amendment with Joeris+JE Dunn, a Joint Venture in that amount.

ACTION:

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

EVALUATION:

Mr. Adams asked the staff to think about how University Health can maintain technology in an effective way over time; perhaps staff ought to go back and look at the decision-making process asking what has been

learned regarding procurement of high tech items. Mr. Ryden replied that in 2020, the Board approved a new vendor for the AMR system, Aethon. University Health issued a request for proposals to find out if it made sense to expand the existing AMR system. Staff found that Aethon has much more healthcare experience, having worked with 115 hospitals nationally, and was the best match for University Health. Staff continues to look at the best way to implement this AMR system. When staff originally came to the Board seeking approval in 2020, Aethon believed the existing carts could be re-used. Soon after, it was realized that the existing carts cannot be moved safely by the new AMR system because it is different technology. Staff asked Aethon to look to their vendors to see if equipment with a longer life span was an option. Mr. Hernandez added that the prior system was selected and purchased in 2012 because the Aethon system was substantially more expensive back then, about 20 percent. Sky Tower had a tight budget so staff went with the less expensive system and it has worked fine to date, although things have changed a lot since then. Mr. Hernandez feels the best decision was made at that time based on the resources available. In addition, Aethon is much more wireless, and the staff tries to stay on top of what is out there, as well as the environment available. The existing system served its life and that is probably the lesson learned. The old technology is more mechanical, new technology is artificially intelligent. Mr. Morris asked if University Health has the appropriate expertise on staff to dive into highly technical issues. If not, is it possible to outsource this particular function? While University Health does have several in-house experts, staff often consults others on contract who have the institutional knowledge required. In this case, Broadus has a project manager whose niche is high technology. He helped in the analysis as the staff tries to implement this change. The staff has said all along that the AMR in the Sky Tower ought to be implemented before the Women's and Children's Hospital opens so that any kinks can be removed. Between staff and special knowledge through Broadus, Mr. Ryden believes the right team has been selected to manage and implement the new AMR system. Mr. Adams reiterated how important it is for the staff to continue to learn, and keep up with lessons from the past.

FOLLOW-UP:

None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT AMENDMENT WITH ST. ENGINEERING AETHON, IN., FOR EQUIPMENT FOR AN AUTOMATED MOBILE ROBOT SYSTEM AT THE SKY TOWER — DON RYDEN**

SUMMARY:

The approved Aethon Automated Mobile Robot (AMR) system offers complete replacement of all existing automated guided vehicles with AMRs, a different technology that would also require replacement or modification of existing carts, infrastructure support, and identifying pathways and pick/drop locations within the Sky Tower. The existing carts cannot be moved safely by the new AMRs, and sufficient existing carts are not available. Aethon developed a quote for 235 various models of carts that will work with the AMRs and allow for a minimal impact on current operations to deploy the new AMR system. The quoted cost of Aethon's cart proposal is \$1.2 million, however it includes a material

escalation caveat for orders placed after November 23, 2021, which is currently 10 percent. Mr. Ryden summarized cart type, quantities, and unit price, for a grand total of \$1,311,685, for 235 carts. The Board previously approved a contract with Aethon in the amount of \$3,851,940, which included a 5-year maintenance support program for \$830,500 and a cart modification line item for \$419,840, both of which were designated to be paid by operational funds, which Mr. Ryden summarized in his written report. The Sky Tower cart replacement purchase results in a revised (committed) contract amount of \$3,913,285. This cart purchase is to be funded from the approved 2022 Routine Capital budget; approval is requested now to support procurement processing lead times and enable the cart order to be placed as early in 2022 as possible. The workforce composition data for St. Engineering Aethon was provided for the Board's review.

**RECOMMENDATION:** Staff recommends the Board of Managers approve the use of 2022 Routine Capital funds in the amount of \$1,311,685 and authorize the President/CEO to execute the contract Amendment with ST Engineering Aethon, Inc. in that amount.

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

**EVALUATION:** None.

**FOLLOW-UP:** None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A QUALITY IMPROVEMENT AGREEMENT WITH UT HEALTH SAN ANTONIO — EDWARD BANOS/BRYAN ALSIP, M.D.**

**SUMMARY:** Dr. Alsip introduced Mr. Brian Lewis, Vice President for Quality; and Dr. Judy Shumway, Senior Vice President for Clinical Services. Dr. Shumway joined the leadership team in October, 2021. Through the Annual Operating Agreement with UT Health San Antonio, University Health financially supports administrative, technical, supervisory and clinical services to assist University Health in rendering quality patient care. Last year, University Health paid UT Health San Antonio over \$17 million through the Annual Operating Agreement, of which \$7 million directly supported the activities of service line-based Medical Directors. These Medical Directors are expected to work in collaboration with designated University Health leadership to improve measureable outcomes for the quality and experience of patient care. To improve alignment of designated Medical Directors and clinical providers with the quality goals and priorities of University Health, additional financial support is offered through the Quality Improvement Agreement (QIA). The QIA offers additional financial compensation to UT Health San Antonio for meeting or exceeding performance thresholds for specific quality goals outlined within the QIA, with potential financial penalties for failure to meet or exceed those metrics. The QIA includes metrics and targets that have been selected to enhance the quality of patient care, to improve publicly reported data, and to reduce and eliminate Medicare and Medicaid Pay for Performance Program financial penalties. Dr. Alsip described the ten Quality Programs (including the QIA) by name

as well as the 15 reported metrics associated with each of the programs and reviewed the QIA history as follows:

**QIA 1.0 (Sep 2019 – Aug 2020)**

- 14 Metrics (equally weighted)
- Max incentive: \$2.75M, Max reduction: \$550k
- **Total payment: \$785k**

**QIA 2.0 (Sep 2020 – Dec 2021)**

- 19 metrics (14 equally weighted, 5 high value)
- Max incentive: \$3.5M, Max reduction: \$900k
- **Total payment: Currently at \$185k**

As the QIA evolved, strategies for achieving quality goals have been refined to include both outcome and engagement metrics. As a result, the next proposed QIA contains seven priority quality outcome metrics and four measures of engagement.

**QIA 2.5 (Jan 2022- Aug 2022)**

- Eight (8) month performance period
- Seven (7) hospital quality outcome metrics
- Four (4) physician engagement metrics

The seven quality outcome metrics include: mortality, patient safety indicator composite rate, catheter-associated urinary tract infections, central line blood stream infections, hospital-acquired methicillin-resistant *Staphylococcus aureus*, surgical site infections of the colon, and sepsis core measure bundle compliance. These metrics influence and carry a significant weight across several CMS pay for performance arrangements and reputational hospital quality ratings. The four physician engagement metrics include:

- Key performance indicators for updating patient problem lists at discharge;
- Response rates to clinical documentation queries;
- Physician attendance at designated weekly working meetings and monthly accountability meetings structured around the specific quality outcome metrics; and
- Attendance and presentations by the designated medical directors at the Clinical Management Team (CMT) Medical Director meetings.

**QIA 2.5 (Jan 2022 – Aug 2022)**

- Total of 11 metrics
- **Max potential incentive: \$2.8M**
- **Max potential reduction: \$900K**

**QIA 3.0 (Sep 2022 – Aug 2023)**

- Total number of metrics with potential incentives and reductions to be determined before September 1, 2022
- **Total incentives, not to exceed an amount of \$4.2M**

RECOMMENDATION:

Staff recommends approval by the Board of Managers to enter into a 20-month Quality Improvement Agreement with UT Health San Antonio in an amount **not to exceed \$7,000,000** 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 Dr. Kelley, **SECONDED** by Mr. Morris, and **PASSED UNANIMOUSLY**.

EVALUATION:

Dr. Kelley understands the agreement, but partly because the Board has not yet received the quality presentation, it is hard for her to put into

context. What is University Health's expectation – are we pleased with results? Dr. Alsip is pleased to offer the monetary incentive because if University Health achieves that level of success, everyone wins; these programs are meant to reduce mortality. The benchmarks are set to put University Health in the top tier of all hospitals in the country. If University Health pays a lower incentive, that means the organizations are collectively not performing as well as they need to. The lower incentive payout during this performance period has been significantly influenced by the COVID-19 pandemic, in terms of how it affects mortality, and it is not where University Health wants to be. If UT and University Health are successful together, the practitioners receive a higher incentive amount and University Health benefits because the achieved targets put University Hospital in the highest rankings for some of the reputational programs. For the first time ever, this year, penalties for the hospital prior condition reduction program were completely eliminated (over \$1 million) due to the progress made thus far. Two years prior University Health switched from penalty to incentive for the value-based purchasing program. The third improvement being worked on is the Leap Frog Safety Grade program, which will be highlighted later in the Quality presentation. Mr. Morris would like to know what exactly drove the current maximum \$3.5 million incentive specific to the seven quality metrics, and also timing for the incentive disbursements. Dr. Alsip explained that staff runs the data at the end of the year for the subsequent year to set targets. He will share the data specific to this agreement with the Board of Managers in the near future. Dr. Hromas added that the incentive programs integrate teams of various health care workers, and team-based quality efforts have been disrupted by the pandemic. Dr. Hromas reported that the medical staff want to be successful because it's the right thing to do for patients, and he completely supports the QIA. All physicians try hard, but especially Dr. Alsip, who is outstanding. Mr. Adams would like to see bigger numbers for incentives and would like to see the dollars go directly to the practitioners. He asked if practitioners understand what they are being measured on, and Dr. Alsip replied that he and his team spend a lot of time educating and discussing metrics and the reason they are so important, which is quality of patient care. Mr. Adams expressed appreciation for Dr. Hromas' support of the QIA program, and thanked Dr. Alsip for the report.

FOLLOW-UP:

None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING ANNUAL OPERATING AGREEMENTS WITH UT HEALTH SAN ANTONIO — EDWARD BANOS**

SUMMARY:

University Health contracts annually with UT Health San through two Operating Agreements for oversight and direction of clinical and quality functions that enhance patient care. The 2020-2021 agreements expired August 31, 2021. On September 28, 2021, the Board of Managers extended the agreements through December 31, 2021 to allow more time for discussions on the new terms and conditions with the UT Health given the COVID-19 surge at the time. The proposed new agreements



cover a twenty-month period beginning January 1, 2022 and ending August 31, 2023.

Medical Director Services Component - University Health leadership in collaboration with UT Medical School department chairs or chiefs of service select Medical Directors. Mr. Banos provided, in detail, Medical Directors' duties and responsibilities in his written report. The new annual contractual amount for Medical Director Services is \$8,442,759. The previous amount in the 2020-2021 agreement was \$7,281,258. This amount includes an increase in dollars transferred from the Master Services Agreement of \$2,577,061 for Pediatric Administration and a reduction of \$820,000 for Orthopedic Services, now accounted for more properly in the Master Services Agreement. Netting out those administrative changes, the net increase to this agreement from the previous agreement was \$595,560 or about 8.2 percent. This increase relates to new medical director services for adult ECMO, Palliative Care, and Neurology. The aggregate cost for the Medical Director Services component for the 20-month period is **\$14,071,265**.

General Services - Consist of direct patient care services rendered to University Health patients through non-physician medical personnel employed by UT Health. The annual amount for General Services is \$11,537,596 vs. the current agreement of \$10,562,884. The transfer of non-medical director Pediatric positions account for this increase. The aggregate cost for the General Services component for the 20-month period is **\$19,229,326**.

Residency Program Support - The annual expense for this item in the 2020-2021 agreement was \$625,000 or \$52,083.33 per month. There is no change in the monthly amount in the new agreement. The cost for the 20-month period is **\$1,041,666**.

House Staff Medical Malpractice - The annual expense for this item in the 2020-2021 agreement was \$713,616 or \$59,468 per month. There is no change in the monthly amount in the new agreement. The cost for the 20-month period is **\$1,189,360**.

University Medicine Associates Malpractice Insurance - The annual expense for this item in the 2020-2021 agreement was \$67,716 or \$5,643 per month. There is no change in the monthly amount in the new agreement. The cost for the 20-month period is **\$112,860**.

**RECOMMENDATION:**

Staff recommends Board of Managers' approval and authorization for the President/Chief Executive Officer to execute the 2022-2023 Annual Operating Agreements for Medical Director Services and General Services with UT Health San Antonio for a twenty-month term beginning January 1, 2022 and ending August 31, 2023 in the combined amount not to exceed **\$33,300,591**.

**ACTION:**

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

**EVALUATION:** Ms. Fernandez recognized an opportunity and questioned whether diversity of students, residents and faculty had been considered as a metric in the Annual Operating Agreement. In addition, she would like the staff to consider how University Health can be intentional in future relationships to develop a pipeline, as well as incentives, for nurses and allied health professionals as discussed earlier in the meeting. Mr. Hernandez agreed that although diversity is very important, it is not part of agreement. He and Dr. Hromas discuss diversity all the time and a lot of progress has been made. Dr. Hromas' goal is for the Long School of Medicine to appropriately reflect San Antonio and as he has previously mentioned, is working on several local pipeline programs to accomplish this goal. He thanked Ms. Fernandez for the great question and Mr. Hernandez offered to schedule an update on UT Health diversity for the Board of Managers.

**FOLLOW-UP:** None.

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

**SUMMARY:** University Health's consolidated bottom line for the month of November 2021 was \$32.7 million, \$31.4 million better than the budgeted gain of \$1.3 million. Higher net patient revenue, supplemental revenue and Community First Health Plans, Inc., premium revenue were the primary drivers of the performance better than budget. In November, clinical activity (as measured by inpatient discharges) was down 1.7 percent for the month compared to budget, but inpatient days were over by 2.6 percent driven by Case Mix Index over budget by 5.8 percent. Ambulatory volume continues to pick up but is still approximately 5 percent below budget. Community First experienced a bottom line gain of \$7.3 million, which was \$7.6 million better than the budgeted loss of \$254,000. Community First fully insured membership was up 28.6 percent to budget due to the State not dis-enrolling members during the COVID-19 pandemic. This resulted in higher premium revenue with claims expense even to budget. Mr. Hurley reviewed significant items from the Monthly Consolidated Statement of Revenues and Expenses in detail with the Board.

**RECOMMENDATION:** Staff recommends approval of the financial reports, subject to audit.

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

**EVALUATION:** Mr. Hernandez was notified earlier in the day that CMS has asked for clarification regarding the Fee-For-Service state plan amendment submission for the 1115 waiver, which stops the clock on the amendments moving forward. The impasse has to do with the total supplemental funds available to Texas over the next 10 years. If Texas is not careful the state will lose a lot of money. Mr. Hurley confirmed that if DSRIP funds are discontinued for 2022, University Health will survive that cutback. There is a lot of activity in this area between the federal government and the state, which the staff plans to monitor closely through various hospital associations. In closing, Mr. Adams interjected that the various supplemental revenue programs are shown on page 8 of

the financials and include DSH, UC, DSRIP, GME and NAIP which total \$7.9 million for the month, and \$56 million year to date, all add up to a very large percentage of University Health budget, and are all at risk. Mr. Smith is very pleased with the finance team's performance during this year's budget process. Mr. Hasslocher is also pleased with the financial results for the month and stated that the leadership is doing a good job. He realizes that everything is more expensive these days; equipment and supplies are difficult to obtain, and must pose significant challenges to the staff.

FOLLOW-UP: None.

**PRESENTATIONS AND EDUCATION:**

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

SUMMARY: Dr. Alsip reviewed process and outcome metrics for mortality, sepsis bundle compliance, hospital readmissions, patient safety indicators, hospital acquired infections and surgical site infections, and explained how they relate to specific financial and/or reputational programs, while focusing on the Leapfrog Group:

- Launched in 2000, the Leapfrog Group is a nonprofit organization that receives funding from the Business Roundtable and the Robert Wood Johnson Foundation
- Goal is to promote high-value care and informed health care decisions in the safety, quality, and affordability of U.S. health care.
- Focuses on measuring and publicly reporting hospital performance through their annual Leapfrog Hospital Survey that receives data from over 2300 hospitals.
- Issue a Hospital Safety Grade (A,B,C,D,F) twice per year – Fall & Spring

Leapfrog Hospital Safety Score

1. Process Metrics – 50%
  - CPOE, BCMA
  - HCAHPS – Patient Experience
  - Survey (questions)
2. Outcome Metrics – 50%
  - Hospital-acquired infections
  - Complications

Process Metric - Preventing Errors (Hospital performs above average):

- Doctors order medications through computer
- Staff medication administration
- Handwashing
- Communication about medicine
- Communication above discharge
- Staff work together to prevent errors

Outcome metrics – Problems with Surgery (Hospital performs above average):

- Dangerous object left in patient's body
- Surgical wound splits open
- Death from serious treatable complications
- Blood leakage

- Kidney injury after surgery
- Serious breathing program

Outcome metrics – Infections (Hospital performance above average):

- MRSA Infection
- C diff Infection
- Infection in the blood

Outcome metrics – Patient Safety Indicators (Hospital performance below average):

- Dangerous bed sores (PSI-3)
- Dangerous blood clot (PSI 12)
- Harmful events (PSI 90)

Performance Improvement Actions

- 100 percent review of all patient safety indicators
- First review performed concurrently post coding by quality clinical nurse
- Any immediate clarifications noted are shared with coding for updates
- Second review performed concurrently by quality team and physician champion
- When necessary, peer to peer physician communication regarding the quality clarification takes place
- Third review performed during weekly multidisciplinary PSI meeting
- Quality staff, coding staff, leadership, and physician champions all participate
- Focus is on quality clarification, current status of review, and resolution of open reviews

Outcomes - Healthcare Associated Infections (HAIs) – (Hospital performance below average):

- Infection in the urinary tract during ICU stay

Performance Improvement Actions

- Infection Prevention Leadership rounds
  - Review device indication
  - Perform audits
  - Direct observations of evidence based practices for device access, care and maintenance
  - Review of device necessity
- Formal debrief after HAI rounds
  - Identify opportunities and assign responsible staff for correction
  - Immediate feedback to bedside providers
  - Encourage prompt removal of devices no longer indicated
  - Code Blue label sticker pilot

Nursing Objectives & Key Results

- University Hospital – Achieve A in Leapfrog
- VP and Assistant Chief Nursing Officers – Achieve zero harm; destination place for patients
- Executive Directors – Protect patient from harm; promote patient experience with every encounter

Process – Pediatric Dosing

Measure: Experience of Children and their parents

Leapfrog’s Standard: Hospitals should perform better than most hospitals in 5 areas

1. Communication with parent - child’s medicines
2. Communication with parent - keeping parent informed about child’s care

**Hospital’s Progress: Achieved the standard**

Measure: Radiation Dose for Abdomen/Pelvis Scans

Leapfrog’s Standard: Hospitals should use a CT radiation dose for routine CT scans of the abdomen and pelvis that falls within national benchmarks.

**Hospital’s Progress: Limited Achievement**

Measure: Radiation Dose for Head Scans

Leapfrog’s Standard: Hospitals should have an average radiation dose for routine CT scans of the head that falls within national standards

**Hospital’s Progress: Limited Achievement**

Process – Patient Experience

HCAHPS Metric	UH Score	LF Mean	LF Weight
H-COMP-1: Nurse Communication	91	91.10	3.1%
H-COMP-2: Doctor Communication	92	91.00	3.1%
H-COMP-3: Staff Responsiveness	86	84.38	3.2%
H-COMP-5: Communication about Medicines	83	77.66	3.2%
H-COMP-6: Discharge Information	89	86.51	3.1%

Leapfrog Hospital Safety Score (Grade)

Fall 2018 – 2.9588 - **C**

Spring 2019 – 2.9703 - **B**

Fall 2019 – 2.9306 - **C**

Spring 2020 – 2.9957 - **B**

Fall 2020 – 3.1282 - **B**

Spring 2021 – 3.1439 – **B**

**Spring 2021 A cutoff is 3.159**

Fall 2021 – 3.1803 – grade pending

Fall 2021 – 3.1801- **B**

**Spring 2021 – A cut off 3.159**

**Fall 2021 -A cut off 3.2020**

**Official Safety Score for Fall 2021 “B”**

RECOMMENDATION:

ACTION:

EVALUATION:

These reports are for informational purposes only.

No action is required by the Board of Managers.

Grades are routinely released by Leapfrog in April and October but ran late this year. Dr. Alsip’s goal is to receive an A. Dr. Kelley expressed concern regarding blood clots and asked why the hospital scored so poorly. Dr. Alsip explained that University Health normally does very well on blood clots; however, this a very specific patient safety indicator

that relates to how blood clots are documented mainly for surgical patients. Leadership found that surgeons are not optimizing Epic to better capture documentation to implement medication-based prevention options. Dr. Alsip has engaged a physician champion to help ensure that surgeons are aware and using Epic tools more effectively to do a better job of documenting the risk level for these patients. Dr. Kelley stated that with the availability of interventions, this should not happen. Dr. Kelley sees the poor score as a morbid indicator and does not feel she's getting a full explanation. The flowery language to describe something that many medical systems have figured out, is unacceptable. Surgeons should know the risk. She suspects that this is an educational component that is not engrained in the minds of the medical staff, and she would personally like to see more of the action plan to improve this patient safety indicator. Mr. Hernandez agreed and thanked Dr. Kelley for her feedback. Dr. Hromas also agreed and expressed willingness to rally the surgeons to further educate. Mr. Adams stated that University Hospital is better than this, and recalled an article by the San Antonio Express News several years ago in which Leapfrog Grades for local hospitals were published and included negative connotations about University Hospital. Dr. Kelley reiterated that patients of University Health should not have unnecessary blood clots because members of the health care team did not do what is necessary to prevent. Mr. Adams thanked the staff for all of their work this past year, and for the progress made with the quality programs over the years; however there is always room to improve.

FOLLOW-UP: None.

**INFORMATION ONLY ITEMS:**

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

**UNIVERSITY HEALTH FOUNDATION REPORT — SARA ALGER**

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

SUMMARY: Mr. Adams directed his colleagues' attention to the four informational reports above, and asked them to review on their own time.

RECOMMENDATION: These reports are for informational purposes only.

ACTION: No action is required by the Board of Managers.

EVALUATION: None.

FOLLOW-UP: None.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the public meeting at 8:01 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