



**BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

By Telephone

Tuesday, May 19, 2020

2:00 p.m.

University Hospital
4502 Medical Drive
San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

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

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Bryan Alsip, MD, Executive Vice President/Chief Medical Officer, University Health System
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System
Rob Hromas, MD, Dean, Long School of Medicine, UT Health, San Antonio
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Bill Phillips, Senior Vice President/Chief Information Officer, Information Services, University Health System
Serina Rivela, Vice President/Chief Legal Officer, University Health System
Rajeev Suri, MD, Professor/Department of Radiology; President, Medical/Dental Staff, University Health System
Michael Roussos, Hospital Administrator, University Hospital
Don Ryden, Vice President/Project, Design, and Construction, University Health System
James Willis, Vice President/Associate Administrator, University Hospital
Chris Clark, Partner, BKD CPAs and Advisors
And other attendees.

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

Mr. Adams called the meeting to order at 2:01 pm. He yielded the floor to the Recording Secretary for the roll call to confirm a quorum. All Board members indicated “present.” Upon confirmation of a quorum, Mr. Adams asked Board members to hold their questions until after each presentation. Voting

today will be conducted by individual roll call to clearly identify each Board member by name and vote. Mr. Adams addressed the audience and noted that while members of the public are not able to ask questions during today's meeting, should any citizen or member of the media have any questions or comments, he asked they be emailed to Public.Relations@uhs-sa.com. This email address is on the Health System's corporate website in the Contact Us section. A staff member will follow up within a day or two.

INVOCATION AND PLEDGE OF ALLEGIANCE

Mr. Adams introduced Ms. Julie Rowe, Spiritual Care Services, University Hospital, for the invocation and he led the Pledge of Allegiance.

PUBLIC COMMENT: None.

SPECIAL RECOGNITION: DIANNA M. BURNS, MD, SECRETARY, BOARD OF MANAGERS; AND MS. JANIE BARRERA, MEMBER, BOARD OF MANAGERS - (JIM ADAMS/GEORGE B. HERNÁNDEZ, JR./BOARD MEMBERS)

SUMMARY:	Mr. Adams, Board members, and Mr. Hernández recognized Dr. Burns and Ms. Barrera in appreciation of their outstanding service on the BCHD Board of Managers and their leadership of the University Health System. Both have made enormous and long-lasting impact on the organization. Mr. Hernandez feels that the staff has been blessed with their leadership, especially at this juncture with the Women's & Children's Hospital. On Tuesday, May 12, 2020, Judge Wolff appointed, and Bexar County Commissioners Court approved, two successors to the Board of Managers as their replacements.
RECOMMENDATION:	This report was provided for recognition purposes.
ACTION:	No action was required of the Board of Managers.
EVALUATION:	Ms. Barrera thanked her Board colleagues and the staff for their remarks. Dr. Burns expressed appreciation for the comradery. She expects great things from her friends on the Board and at the University Health System.
FOLLOW-UP:	None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S): April 21, 2020 (Regular Meeting

SUMMARY:	The meeting minutes of Tuesday, April 21, 2020, were submitted for Board approval.
RECOMMENDATION:	Staff recommended approval of the minutes as submitted.
ACTION:	There being NO OBJECTION , the minutes were APPROVED as submitted.
EVALUATION:	None.
FOLLOW-UP:	None.

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

SUMMARY: Dr. Hromas thanked Dr. Burns and Ms. Barrera, their kindness and leadership has been an example for all. He reported that 440 third- and fourth-year medical students will return for clinical rotations and will comply with universal face masking, screening, and daily temperature checks. Two-thirds will be placed at University Hospital, and one-third will be placed at the VA Hospital or Brooke Army Medical Center. Interviews for incoming medical students and residents will be conducted virtually, for the first time ever. Students will start training on how to interview virtually in about one month. The Long School of Medicine's incoming class tied for the highest Medical College Admission Test (MCAT) scores with Baylor College of Medicine in Houston, Texas, according to the American Association of Medical Colleges. The incoming class also had the second highest Grade Point Average (GPA) behind Baylor College of Medicine in the entire state. Virtual commencement ceremonies were held on Sunday, May 17, 2020 with 209 graduates, or 100 percent participation. Dr. Hromas made a virtual speech that was recorded in advance. Both UT Health and the Health System have started ramping up calendar activity by opening up the elective surgery process. He thanked Mr. Roussos for his help in this regard. He reported that the UT Physician Practice had 1,500 outpatient visits the prior day, and can have up to 2,000 visits on a good day. Mr. Gabriel Hernandez, Vice Dean of Finance, will be leaving UT Health San Antonio for UTMB Health in July, where he will serve as Vice President of Finance. Richard Nuttel will serve as interim Vice Dean for Finance at UT Health. Finally, Dr. Hromas stated he was very proud of University Health System and UT Health for jointly leading the city during the COVID-19 pandemic.

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

NEW BUSINESS:

CONSENT AGENDA –JIM ADAMS, CHAIR

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

CONSIDERATION AND APPROPRIATE ACTION TO APPOINT DR. MONICA VERDUZCO-GUTIERREZ AS THE CLINICAL DEPARTMENT CHAIR OF REHABILITATION MEDICINE — RAJEEV SURI, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN EXTENSION OF THE AGREEMENT WITH ABM HEALTHCARE SUPPORT SERVICES, INC. FOR MANAGEMENT OF FOOD AND NUTRITIONAL SERVICES AT UNIVERSITY HOSPITAL — JIM WILLIS

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN EXTENSION OF A LEASE AGREEMENT WITH 700LP FOR THE REFUGEE CLINIC LOCATED AT THE WESTSIDE PROFESSIONAL BUILDING, 700 S. ZARZAMORA, SAN ANTONIO, TEXAS 78207 — DON RYDEN

CONSIDERATION AND APPROPRIATE ACTION REGARDING POLICY 9.27, MANAGING THE CARE OF PATIENTS IN THE EMERGENCY DEPARTMENT AWAITING ADMISSION OR OBSERVATION— JUAN GARZA, M.D.

CONSIDERATION AND APPROPRIATE ACTION REGARDING POLICY 7.16, BEXAR COUNTY HOSPITAL DISTRICT PENSION PLAN FUNDING POLICY — REED HURLEY

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

SUMMARY:

Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Staff Membership and Delineation of Privileges — Rajeev Suri, M.D., President, Medical/Dental Staff - Monthly Credentials Committee Report (listing of providers in accordance with the Health System's Credentialing and Privileging Process); and Focused/Ongoing Professional Performance Evaluation Reports submitted to the Board of Managers for approval.

Consideration and Appropriate Action to Appoint Dr. Monica Verduzco-Gutierrez as the Clinical Department Chair of Rehabilitation Medicine — Rajeev Suri, M.D., President, Medical/Dental Staff – Pursuant to the Bylaws of the Medical/ Dental Staff, the recommendation of Clinical Department Chair is a joint decision between University Health System and the School of Medicine. The goal is to select the best qualified candidate whose personal qualifications and clinical practice experience can best lead the department's operations, assure high quality care, patient satisfaction and efficiency. All Chairs must be members in good standing of the Active or Provisional Staff at the time of nomination and appointment, and they must remain active members in good standing during their term of office. The Executive Committee of the Medical/Dental Staff recommends approval of Monica Verduzco-Gutierrez, MD, as Clinical Department Chair for the Department of Rehabilitation Medicine.

Consideration and Appropriate Action Regarding an Extension of the Agreement with ABM Healthcare Support Services, Inc. for Management of Food and Nutritional Services at University Hospital — Jim Willis - On February 21, 2017 the Board of Managers approved a contract with ABM Healthcare Support Services to provide management services for the Food and Nutritional Services at University Hospital.

The Board approved an initial three year contract with the option for two (2) one year renewals. The initial three year contract was awarded in the amount of \$962,834 per year with a rate increase of four percent per year for years two through five. Under this agreement, ABM provides University Hospital with seven FTEs of leadership to include Food Service Director, Patient Services Manager, Retail Manager, Clinical Manager, Executive Chef, Patient Services Supervisor, and Production Supervisor. In addition to contracting for leadership FTEs, the contract also includes fees for office operations, administrative support services, and management fees. During the term of this first three year contract, ABM has met all contractual obligations while providing excellent service. Leadership therefore recommends the execution of an extension for both two (2) one year renewal options in the amount of \$2,213,000.

Consideration and Appropriate Action Regarding an Extension of a Lease Agreement with 700LP for the Refugee Clinic located at the Westside Professional Building, 700 S. Zarzamora, San Antonio, Texas 78207 — Don Ryden - On January 30, 2014 the Health System entered into a lease agreement with the owner of Westside Professional Building located at 700 S. Zarzamora, San Antonio, Texas 78207 to provide clinical services for patients through a grant from the U.S. Committee on Refugees and Immigrants. Since January 31, 2017, the United States Committee on Refugee and Immigrants has provided oversight and funding for the state refugee programs from the federal Office of Refugee Resettlement. The Health System has ten (10) one-year renewal options. This is the first renewal term beginning April 1, 2020. The current base rental rate is \$15.50 per sq. ft. or \$3,422.92 per month for an annual cost of \$41,075.04. The lease payments over the renewal term have a 3 percent increase and are as follows:

<u>Time Period</u>	<u>Rent / SF</u>	<u>Monthly Rent</u>	<u>Annual Rent</u>
4/1/20 – 3/31/21	\$15.86	\$3,502.00	\$42,024.00

This is a planned expense and funding has been included in 2020 Annual Operating Budget and is expensed through the USCRI grant contract 2020-BEXTX-04. Staff recommends Board of Managers' approval of a one year lease agreement with 700LP in the amount of \$42,024.

Consideration and Appropriate Action Regarding Policy 9.27, Managing the Care of Patients in the Emergency Department Awaiting Admission or Observation — Juan Garza, MD – The purpose of this proposed new policy is to provide guidance for the care of patients waiting for an inpatient or observation bed once the decision for admission has been made and the order placed in the Electronic Health Record. Staff recommend approval of this policy.

Consideration and Appropriate Action Regarding Policy 7.16, Bexar County Hospital District Pension Plan Funding Policy — Reed Hurley - The purpose of this proposed new policy is to formalize the Health System's long-term strategic goal for financing the pension obligations at a 100 percent funded ratio in compliance with the requirements of Section 802.2011 of the Texas Government Code. This will be

accomplished through the Health System contributing, at a minimum, the Actuarially Determined Contribution to the University Health System Pension Plan annually. Staff recommends approval of this policy.

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) — Antonio Carrillo/Travis Smith – A total of 17 contracts with a value of \$133,301,755 are being presented to the Board of Managers during the May 2020 meeting. The following contracts require approval by the BCHD Board of Managers: 12 consent contracts with a total value of \$12,141,631; and 5 presented contracts with a total value of \$121,160,124. During the month of May, there were two contracts classified as Small, Minority, Woman, or Veteran Owned Business Enterprises. May 2020 SMWVBE reflects all items submitted for Board approval.

RECOMMENDATION: Staff recommends approval of the items listed on the consent agenda.
ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Engberg, **SECONDED** by Dr. Jimenez, and **PASSED UNANIMOUSLY**.
EVALUATION: None.
FOLLOW-UP: None.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE EXTERNAL AUDITOR'S REPORT ON THE AUDITED FINANCIAL STATEMENTS FOR 2019 — BKD, LLP/ROBERT ENGBERG, CHAIR, AUDIT COMMITTEE

SUMMARY: Mr. Engberg reported that the Board's Audit Committee had met with BKD Auditors on May 12, 2020 to receive an overview of the auditors' findings of the FY 2019 audited financial statements; an update on a new accounting standard to address fiduciary activities; and impact of the EPIC Implementation on the budget. BKD Auditors also discussed transitions in supplemental funding programs and transition away from burden alleviation; as well. The Audit Committee previewed the presentation meant for the Board of Managers today. The committee was informed that during the audit process, there were no: 1) Difficulties encountered by the BKD team when conducting the audit; 2) Disagreements with management; 3) Contentious accounting issues; and 4) Consultations with other accountants. In addition, the auditors provided draft financial statements and related notes and are prepared to issue an unmodified opinion. BKD conducted separate audits of CFHP, the Foundation, the Pension and OPEB Trusts, and will issue unmodified opinions on each audit. Mr. Engberg introduced and then yielded the floor to Mr. Chris Clark, Partner, BKD, LLP for a synopsis to the Board of Managers. Mr. Clark noted BKD's responsibilities and opinion and he identified the Material Written Communications that would be provided at the conclusion of the 2019 audit: 1) An Audit communication letter; 2) Management representation letter; and 3) Separate communications to the governing boards of CFHP, the Health System Foundation, Pension Plan, and OPEB Trust. BKD also concluded that the Health System's

accounting policies and practices are consistent with accounting and industry standards.

At this point, it was discovered that several Board members did not receive the draft audit report from BKD, LLP with the results of the 2019 financial statement audit and other required communication in time to prepare for today's vote. Mr. Smith stressed the importance of making these documents available to the entire Board in advance of a meeting, not only to the Audit Committee, in order to vote, while Dr. Burns stated she was confident in the overview provided by Mr. Engberg. Dr. Jimenez echoed Mr. Smith's concerns but also concurred with Dr. Burns; he stated he was satisfied that three of the seven Board members were thoroughly briefed by the auditors. These remarks, in turn, led Chairman Adams to poll each Board member on their respective preference to either: a) approve the 2019 audited financial statements today; or b) schedule another meeting for the sole purpose of receiving results from BKD Auditors. Mr. Smith requested a special meeting; and the remaining Board members agreed to rely solely on Mr. Engberg's overview and brief remarks provided by Mr. Clark.

RECOMMENDATION: Staff recommends approval of the 2019 audited financial statements as presented to the Audit Committee of the Board of Managers on Tuesday, May 12, 2020.

ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Engberg, **SECONDED** by Dr. Jimenez with the stipulation that questions by Board members about the audit will be addressed by Mr. Chris Clark, as needed. The **MOTION CARRIED UNANIMOUSLY**.

EVALUATION: After deliberation, Mr. Engberg expressed his satisfaction with the work previously performed by BKD auditors. In addition, BKD informed the Audit Committee, comprised of Messrs. Engberg, Adams and Hasslocher, that during the audit process, BKD found no contentious controversies nor accounting issues to report to the Board; and therefore, expressed confidence in BKD's findings. Dr. Jimenez was interested in knowing BKD's professional outlook regarding the impact COVID-19 would have on University Health System's finances. Mr. Clark referred Dr. Jimenez to Note 15 of the Financial Statements which reads: "On March 27, 2020, President Trump signed into law the Coronavirus Aid, Relief, and Economic Security Act (CARES ACT). The Health System received grants totaling approximately \$14,016 in April 2020 pursuant to the CARES Act provider relief fund provisions. The Health System anticipates using all of the proceeds to cover costs associated with preventing, preparing for and responding to coronavirus as reimbursement for health care related expenses and lost revenues that are attributable to the coronavirus. The passage of laws and the expansion of Medicare's accelerated or advance payment program has a wide sweeping effect on all businesses but especially to health care organizations, as they address the impact to their business in treating patients impacted by the COVID-19 pandemic and its' impact on their business in treating patients not directly infected with COVID-19. *The overall impact of the COVID-19 pandemic and the effect it will have on the economic and specifically the health care environment is unknown at this time due to the uncertainty of the pandemic and it constantly changing and evolving.*"

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONSULTING AGREEMENT WITH PIVOTPOINT CONSULTING ASSOCIATES FOR HELP DESK SUPPORT FOR THE EPIC ELECTRONIC HEALTH RECORD PROJECT — *BILL PHILLIPS*

SUMMARY: As staff prepares for the approaching go-live of the Epic Electronic Medical Record, one aspect is to provide Help Desk support for end users, including providers. This service will assist end users with access, questions, and provide problem tracking/escalation to quickly resolve complex issues as they arise. To assist with this critical Help Desk function, a Request for Proposals (RFP) was created to acquire consulting services for a period of four months. After three months the staff will have a better understanding of what normal call volumes are. At that point, the existing Help Desk will be appropriately filled with fulltime Health System employees. Eleven (11) vendors responded to the RFP. Each respondent submitted detailed qualifications, references, resumes of the team members and an all-inclusive cost proposal. After deliberate considerations, the RFP scoring team was unanimous in recommending approval of Pivot Point Consulting combined with Paragon Development Systems, Inc. Pivot Point Consulting has a contractually structured alliance with Paragon Development Systems and currently provides Help Desk services for 28 Epic clients. Mr. Phillips summarized the reasons this vendor ranked highly, in addition to submitting the lowest bid. The total cost of this service will not exceed \$765,000 for a period of four (4) months based on tiered volume pricing. The Health System will only incur costs for calls placed to the Help Desk, which is estimated to be approximately 45,000 calls over the contract period. The following is the tiered monthly volume based pricing:

TIER MONTHLY VOLUME	INCIDENT PRICING
1-999	\$21.00
1,000 – 1,499	\$20.00
1,500 – 1,999	\$19.50
2,000 – 2,499	\$19.00
2,500 – 2,999	\$18.50
3,000 – 3,499	\$18.00
3,500 – 3,999	\$17.50
4,000+	\$17.00

The workforce composition data for Pivotpoint Consulting and Paragon Development Systems Consulting Associates was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve procurement of Epic Help Desk services from Pivotpoint Consulting in an amount not to exceed \$765,000.

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

EVALUATION: Dr. Jimenez expressed concern with lack of diversity in the vendors' workforce composition data. While he understands the expert nature of the

positions; Pivotpoint has zero minorities on its staff; and Paragon Development Systems has low numbers of African-Americans and Hispanics on their staff. Dr. Jimenez suggested that Mr. Phillips inform both vendors of the Board's policy, and encourage them to address the issue.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A GUARANTEED MAXIMUM PRICE PROPOSAL (GMP #10) FOR THE WOMEN'S AND CHILDREN'S HOSPITAL STRUCTURE AND INFRASTRUCTURE FOR THE CONSTRUCTION MANAGER AT RISK AGREEMENT WITH JOERIS/DUNN JOINT VENTURE — DON RYDEN

SUMMARY: Site work, excavation, retention and foundations are underway which will allow for construction of the Women's and Children's Hospital, Parking Garage and Podium Expansion Core and Shell. This will allow the structure and infrastructure to commence associated with Joeris+JE Dunn GMP #10 which is anticipated to take approximately twenty-two (22) months. GMP #10, comprised of the Structure and Infrastructure, shall not to exceed \$112,740,960. Mr. Ryden reviewed the scope of work for GMP#10 in detail consists of primary trades critical to the continuing progress of construction (GMP#10), and excludes steel truss mill order (previously approved GMP #8) and equipment support steel (future GMP). Mr. Ryden also reviewed costs and described the work included in GMP 1 through GMP 10 for a total contract value of \$241,649,062. The workforce composition data for Joeris+JE Dunn was provided for the Board's review.

RECOMMENDATION: Staff recommends Board of Managers' approval of an amendment to the Joeris+JE Dunn construction agreement for GMP#10, Structure and Infrastructure, in an amount not to exceed \$112,740,960.

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

EVALUATION: Mr. Ryden noted for Mr. Engberg the total contract value including GMPs 1 through 10 as \$241.6 million as compared to budget of \$399 million. The total budget for the new hospital is \$689 million. Dr. Burns informed the Board that the Women's & Children's Hospital Committee, which she chairs, met earlier in the day by telephone. Mr. Ryden went into much more detail at that meeting and the topic received significant discussion. Regarding the budget for the Women's & Children's Hospital, Dr. Jimenez asked Mr. Ryden if he anticipates increases for labor or building materials, to which he replied that an inflation factor is built in to the construction contract with Joeris+JE Dunn. Staff will continue to monitor costs.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH PHILIPS NORTH AMERICA FOR THE PURCHASE AND INSTALLATION OF TWO MRI SCANNERS AT UNIVERSITY HOSPITAL AND ROBERT B. GREEN CAMPUS — JIM WILLIS

SUMMARY:

The Health System performs MRI imaging at both University Hospital and the Robert B. Green Campus (RBG). University Hospital operates three MRIs consisting of one 3T Philips, one 3T Toshiba, and one 1.5T Toshiba performing approximately 14,000 MRI procedures per year. All hospital units operate at maximum capacity. The Philips 3T MRI was upgraded in late 2019 at a cost of \$2.1M. RBG operates one 3T Toshiba and one 1.5T Toshiba performing approximately 5,000 MRI procedures per year. Due to the age of the equipment, the need for increased image quality, and to meet best practice cyber security goals, the recommendation is to completely replace both Toshiba MRI scanners at the RBG. The two Toshiba scanners were purchased in 2008 and are fully depreciated. A multidisciplinary committee of end users, including providers from UT Health, was created, and the committee identified the necessary MRI configurations, accessories, and software options to meet the needs of the Health System. Initial vendors invited to provide a full presentation to the selection committee included: 1) Philips Healthcare; 2) Siemens Medical; 3) Cannon Medical, and 4) GE Healthcare. The selection committee identified Philips Healthcare and Siemens Medical as finalists. Both vendors were provided a detailed set of technical questions to answer about their scanners. Quotes provided to the Health System were turnkey, inclusive of construction, installation, and mobile MRI rental. After careful consideration, the selection committee's recommendation is to award a contract to Philips Healthcare based on their best value to the Health System. The most significant factor for this decision was pricing, and Philips Healthcare was \$600,000 less than Siemens Medical. An additional factor in this decision to partner with Philips Healthcare, has been the Health System's strategic objective to consolidate most advanced imaging with a small number of high quality vendors to maximize efficiencies. The new proposed replacement MRI scanners for both University Hospital and RBG is the Philips Ingenia Ambition 1.5T MRI. Philips Healthcare is a contracted vendor with the Premier GPO, and therefore the costs are considered to be competitively bid. The MRI replacement costs for this turnkey project is \$5,399,140. Equipment and construction are budgeted 2020 capital expenditures.

Ingenia Ambition 1.5T	University Hospital	\$1,904,513
Construction	University Hospital	\$813,582
Mobile MRI 12-Week Rental	University Hospital	\$109,100
Ingenia Ambition 1.5T	RBG	\$1,904,513
Construction	RBG	\$667,432
Project Total		\$5,399,140

RECOMMENDATION: Staff recommends the Board of Managers approve the purchase of two MRI scanners from Philips Healthcare in the amount of \$5,399,140.

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

EVALUATION: Regarding maintenance of the MRI scanners, Mr. Willis informed Dr. Jimenez that the first year of the contract with Phillips Healthcare is all in inclusive. Thereafter, maintenance is required annually and Phillips Healthcare will train in house biomedical engineers to perform these services. Mr. Smith asked why the Phillips Healthcare models are so much less costly than those of Siemens Medical, to which Mr. Willis replied that the staff has had a very good working relationship with Phillips over the years and they were able to offer a deeper discount in light of the Health System strategic objective to consolidate most advanced imaging equipment with the Phillips brand.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING ASSIGNMENT OF TRANSPLANT OUTREACH CLINICS IN SUPPORT OF THE TRANSPLANT PROGRAM AT UNIVERSITY HOSPITAL — MICHAEL ROUSSOS

SUMMARY: In the past three years, over 1,600 patients have been seen in the outreach clinics which are jointly owned by the University Health System and UT Health SA. These clinics are currently located in El Paso, Corpus Christi, New Braunfels, the Rio Grande Valley, Austin and Laredo. Although they are the product of joint efforts, the outreach clinics are currently operated by UT Health San Antonio. The Health System's interest in providing health care services to pre and post-transplant patients continues its mission and commitment to enhancing the Transplant service line using best-practice benchmarks and standards to deliver quality care. Mr. Roussos described the services provided at the outreach clinics in his written report. The continuation of the operation of the Transplant Outreach Clinics provides vital health care services to patients of the University Transplant Center. The ability of these patients to receive care in their own communities versus traveling to San Antonio or not receiving the care at all is a major factor in improved patient outcomes. As part of the collaboration with UT Health San Antonio, the Health System currently provides support for the Transplant Outreach Clinics. This support will be discontinued to offset the cost of directly supporting the clinics, including the cost of the leased spaces which is \$117,000 annually for all five locations. There will be no net cost to the Health System as a result of this transition. This will allow University Health System to market and bill for services under the University Health System name. The workforce composition data for UT Health SA was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers authorize the Health System President/CEO to enter into any leases or other contracts necessary to effectuate the transition of the Transplant Outreach Clinics from UT Health San Antonio to University Health System.

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

EVALUATION: None.
FOLLOW-UP:

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR APRIL 2020 — REED HURLEY

SUMMARY: In April, Health System operations continued to be significantly impacted by the COVID-19 crisis resulting in stay at home and social distancing directives reducing in and outpatient activity. Clinical activity (as measured by inpatient discharges) was down 25 percent for the month compared to budget. Community First Health Plans (CFHP) fully-insured membership was down 1 percent to budget. On a consolidated basis, gain from operations was \$5.4 million, \$4.0 million better than budget. The consolidated bottom line gain (before financing activity) was \$2.0 million, \$4.7 million better than the budgeted loss of \$2.7 million. Lower operating expense resulted in performance better than budget. CFHP experienced a bottom line gain of \$949 thousand which was \$1.7 million better than the budgeted loss of \$729 thousand. Higher premium revenue and lower claims expense offset by higher administrative expense accounted for the performance to budget. Debt service revenue was \$5.9 million which was equal to budget. Mr. Hurley reviewed notable increases and/or decreases from the December 31, 2019 Consolidated Balance Sheet in detail with the Board and discussion ensued. Net patient revenue of \$60.8 million in April was below budget \$17.4 million and down \$25.1 million YTD due to lower activity related to COVID-19 disruptions. Other operating revenue was over budget \$5.6 million for April due to the recognition of \$6.5 million of CARES Act funding received in April, and lower Foundation and Cafeteria revenue due to COVID-19 and over budget \$4.8 million year to date due to recognition of \$6.5 million of CARES Act funds received in April, higher outside pharmacy revenue \$2.7 million and lower grant revenue \$2.1 million, Foundation revenue \$1.2 million and sundry revenue \$1.1 million related to COVID-19.

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

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

EVALUATION: Discussion ensued and Mr. Hurley reported that Epic training started on Monday, May 18, 2020, which will increase salary expense for the next two months. The new Epic go-live date is July 11. Mr. Smith was specifically interested in the adult Emergency Department's performance during COVID-19. Since April, the adult Emergency Department has been operating at 50 percent capacity, but is now climbing back up. They had 174 visits on Monday, May 18, compared to 200 visits per day prior to COVID-19. In addition, the hospital is seeing a higher admission rate from the Emergency Department; the rate went from 22 percent to 30 percent during this period.

FOLLOW-UP: None.

PRESENTATIONS AND EDUCATION:

COVID-19 OPERATIONS REPORT — ED BANOS/BRYAN ALSIP, M.D

SUMMARY: Mr. Banos and Dr. Alsip provided an update regarding hospital operations during the Covid-19 pandemic. The first meeting of the Infectious Disease

Response Group was on January 29, 2020; six weeks before COVID-19 was officially declared a pandemic by the World Health Organization (WHO) on March 11, 2020. Despite the challenges this disease has created in the community and nation, the Health System has taken all necessary precautions and will remain vigilant as new circumstances arise.

Community Testing

- The Regional Medical Operations Center (RMOC) worked with local entities and on March 18, 2020 the first community testing site was established.
- On March 25, 2020 community testing was relocated to the Joe Freeman Coliseum.
- Testing increased from an initial average of 20 to 120 specimens collected per day.

Screening Tables

- On March 13, 2020 screening tables were established to assess visitors and staff.
- The tables are primarily staffed by a mixtures of nurses and techs from the STARS (PRN) staffing pool.

Detention Healthcare Services

- On March 13, 2020 screening tables were established to assess visitors and staff.
- The tables are primarily staffed by a mixture of nurses and techs from the STARS (PRN) staffing pool.
- On March 13, 2020 twice daily temperature/symptom monitoring began on all inmates at the Bexar County Detention Center.
- On May 8, 2020 specimen collection began to evaluate all Health System and Bexar County Sherriff's Office staff working at the jail.
- The personnel dedicated to the screening tables, inmate temperature testing, and COVID-19 swab testing included staff that was temporarily reassigned from low patient census areas of the Health System to Detention Health Services.

Operations Command Center

- On March 17, 2020 a Code Gray (Activation of University Health System Emergency Operations Plan) was initiated in response to COVID-19.
- On March 27, 2020 two tents were set-up outside of the Emergency Department to serve as additional treatment space in the event of a patient surge that could possible exceed the current capacity. The tents can be fully staffed and functional in less than 20 minutes.
- Development of a comprehensive patient capacity surge plan. The fifth floor of the Sky Tower has 52 physical beds that originally were a mixture of acute (30 beds) and intensive care (22 beds); however, due to COVID-19 all of the beds in the unit have been converted to all intensive care beds.

Procurement

- Purchased over 1.5 million masks

- Purchased over 3 million gloves
- Worked with local vendors and multiple distribution channels to purchase ventilators and mixers, non-medical N95s, and multiple products that were on backorder.
- Ensured supplies were distributed just in time to all ambulatory locations to include Detention Health Services for patient care and screening table operations

Community Support - Through the University Health System Foundation, Bexar County as a community has exhibited overwhelming generosity to Health System staff and patients from March 2020 to date:

- COVID-19 Grants and Donations - \$73,923
- Direct Patient Assistance (lodging vouchers, HEB gift cards, and Valero gift cards) - \$6,050
- Food Deliveries – 91 total deliveries, resulting in 6,965 meals for frontline healthcare workers
- In-Kind Gifts - \$145,421
 - 86,366 masks
 - 107,033 gloves
 - 1,237 variety of personal protective equipment

Fiscal Impact

- Hospital: Volume in the Emergency Department has decreased about 30 percent in patient encounters and close to a 50 percent reduction in adult Hospital Medicine admissions.
- UMA: Total adult continuity visits in March and April decreased 24 percent for MDs, and the midlevel providers decreased by 36 percent.

Ramping Up Elective Surgeries

- On April 27, 2020 the Health System started Pre-Op testing for COVID-19 as a requirement to be scheduled, and elective procedures resumed on April 28, 2020.
- The goal will be to have all elective procedures waiting to be scheduled and completed by the end of July 2020.

Telehealth vs. Face-to-Face Visits

- As of April 14, 2020, 66.5 percent of all April visits were telehealth

Going Forward

- The Hologic Panther is a total lab automated sample-to-result system that not only tests for COVID-19 but also has the ability to test for a multitude of other pathogens.
- On May 8, 2020 Laboratory Services increased the testing capacity utilizing the two existing Panther systems to 2,000 tests per day.
- The week of May 18, 2020 Laboratory Services will receive the new Roche COBAs system for increased COVID-19 testing capacity.
- University Health System will continue to monitor for any increase in community COVID-19 activity, and will work closely with UT Health San Antonio to get “back to normal” as soon as possible but with safety as a top priority.

- Innovative teamwork in response to COVID-19:
https://youtu.be/QS9m7TRa_Go

RECOMMENDATION: This report was provided for informational purposes only.
ACTION: No action was required of the Board of Managers.
EVALUATION: Mr. Adams commended the written report, it comes across how well the Health System reacted to the pandemic. Management did an excellent job of communicating staff and community needs to leadership.
FOLLOW-UP: None.

INFORMATION ONLY ITEMS:

2020 QUARTER 1 SUPPLIER DIVERSITY REPORT — EDWARD CRUZ JR./ANTONIO CARRILLO/TRAVIS SMITH

EPIC ELECTRONIC HEALTH RECORD PROJECT UPDATE — BILL PHILLIPS

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

UNIVERSITY HEALTH SYSTEM FOUNDATION UPDATE — LENI KIRKMAN

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN

SUMMARY: Mr. Adams directed his colleagues' attention to the five (5) informational reports above and asked them to provide feedback, comments, or questions directly to the staff.
RECOMMENDATION: These reports were provided for informational purposes only.
ACTION: No action by the Board of Managers was required.
EVALUATION: None.
FOLLOW-UP: None.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the Board meeting at 4:26 p.m.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary