



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, September 29, 2020  
6:00 p.m.

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  
Roberto L. Jimenez, M.D., Immediate Past Chair  
Margaret Kelley, M.D.  
Thomas C. (“TJ”) Mayes, J.D.  
Anita L. Fernandez

#### **OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health System  
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health System  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System  
Don Ryden, Vice President/Project, Design, & Construction, University Health System  
Stacy Foremksi, Special Assistant to the Executive Vice President/Chief Operating Officer, University Health System  
William Henrich, MD, President, UT Health San Antonio  
Rob Hromas, MD, Dean, Long School of Medicine, UT Health San Antonio  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System  
Leni Kirkman, Executive Vice President/Chief Marketing, Communications & Corporate Affairs Officer & Interim President/University Health System Foundation  
Serina Rivela, Vice President/General Counsel, Legal Services, University Health System  
Rajeev Suri, MD, Professor/Department of Radiology, UT Health; and President/Medical-Dental Staff, University Health System  
Laura Garcia, Business Reporter, San Antonio Express-News  
And other attendees.

#### **CALL TO ORDER:**

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

**INVOCATION AND PLEDGE OF ALLEGIANCE**

Mr. Adams introduced Mr. Roger Romero, Medical Surgical Technician, University Hospital, for the invocation, and he led the pledge of allegiance.

**PUBLIC COMMENT** – None.

**APPROVAL OF MINUTES OF PREVIOUS MEETING(S): August 25, 2020 (Regular Meeting)**

SUMMARY:	The minutes of the regular Board meeting of Tuesday, August 25, 2020, were submitted for approval.
RECOMMENDATION:	Staff recommends approval of the minutes as submitted.
ACTION:	There being <b>NO OBJECTION</b> , the minutes were <b>APPROVED</b> as submitted.
EVALUATION:	None.
FOLLOW-UP	None.

Mr. Adams welcomed and introduced new Board member, Anita Fernandez. Ms. Fernandez is co-founder and co-owner of Our Community, Inc., LLC (OCI, Inc.) which has been in business for 10 years. OCI is a social purpose consulting group focused on government relations and public affairs. She was appointed to the Board by Bexar County Commissioner Justin Rodriguez, Precinct 2.

**REPORT FROM UT HEALTH SAN ANTONIO — WILLIAM HENRICH, M.D., PRESIDENT**

SUMMARY:	Dr. Henrich spoke to the recent signing of a Memorandum of Understanding (MOU) between University Health System and UT Health San Antonio. Bexar County Judge Nelson Wolff held a press conference on September 16, 2020, to herald this the commitment. The MOU pledges both of the entities will launch the initial process of establishing an equally governed nonprofit joint venture. The type of joint venture envisioned through this MOU would enable the two entities to work together as equal partners to create a top-tier integrated health network and enable both entities to strategically expand services, improve continuity of care, and enhance clinical research and teaching missions to meet the growing needs of Bexar County and South Texas. UT Health plans to construct a specialty hospital in the South Texas Medical Center. The hospital will be leased to, and operated by, a joint venture of the parties. This builds on the exiting 52-year-old affiliation between University Health with UT Health-San Antonio and importantly assures alignment between the specialty hospital and University Hospital. The joint venture will focus on prevention, and the winners are the people of San Antonio and Bexar County. They will have access to a system with the best providers that are aligned with evidence-based care and patient-centered care. The MOU is a culmination of the long time Mr. Hernandez and Dr. Henrich have worked together to advance the partnership. The parties will reach a definitive set of agreements that will bind the institutions together. Dr. Hromas joined Dr. Henrich at the podium and Board members dialoged with both physicians as well as with Mr. Hernandez regarding the new joint venture.
RECOMMENDATION:	This report was provided for informational purposes;
ACTION:	No action was required by the Board of Managers.

EVALUATION:

The teams have a great model for the new specialty hospital, which shows just how much the partnership can accomplish. They reviewed 6 to 8 models before they arrived at one that would work for San Antonio, and fits both institutions. Each institution has unique and complimentary skill sets – Health System staff know how to operate and manage a hospital. Together the institutions can go much further and much faster. Dr. Jimenez expressed concern that the emphasis of the joint venture will be on tertiary prevention, and not secondary prevention, early case findings, or early intervention. He does not believe that the joint venture will have the outreach capacity to review early case findings so that these diseases will not lead to hospitalizations, such as diabetes and all its comorbidities, and the way to do that is to stay involved in the community. The new hospital will touch a small percentage of the citizenry with seriously ill and rare conditions, who need experimental care. There is a massive public health problem in Bexar County. The School of Medicine is filled with specialties and the Health System's community health network is not that rich in terms of wealth. He further cautioned both teams against saying that the joint venture will accumulate the "best" providers. As a physician in private practices, he and his Board colleague, Dr. Kelley, do a pretty good job taking care of patients; they give very good health care, primarily because they get to personally know the families, sometimes up to three generations of the same family, which he feels will be difficult to do in a large, complex health system. Dr. Hromas clarified that this joint venture will not compete with the private sector and is intended to complement what community practitioners already offer. The joint venture will bring to San Antonio the techniques, devices, drugs, and clinical trials that are not present now. It will prevent citizens from having to leave San Antonio for Dallas or Houston to receive specialized healthcare. UT health has a massive Accountable Care Organization (ACO) and quality and safety network. The ACO is comprised of 45 primary care physicians and 20 nurse practitioners who are experts in prevention. The ACO received a perfect score on UT Health's Delivery System Reform Incentive Payment (DSRIP) Program, which is all about creating a primary network that keeps patients in good health, as opposed to treating the disease. UT Health received the highest possible incentive payment in this regard. In addition, UT Health has four representatives on the National Academy of Medicine and is a National Center for Minority Health. It also has representatives on the Board of the Centers for Disease Control & Prevention, and the National Library of Medicine Board, solely for the purpose of health prevention of minority communities. Dr. Kelley stated she was unclear regarding what services will be and will not be provided at the new hospital. As is often the case in academic medicine, she fears that there will be two tiers of services, the first being a hospital where faculty physicians take private pay patients, and the second being University Hospital where uninsured patients will be admitted. She asked both Drs. Henrich and Hromas to dispel this myth and asked for assurance that this would not be the case. The key word is "complementary" and Dr. Henrich explained that the teams intentionally designed this model thinking about the future, so as to not duplicate or overlap services. Specifically, left untouched are those services where the organizations will carry out different functions.

For example, Dr. Hromas noted that one-third of this community leaves San Antonio for cancer care. Dr. Henrich added that the cancer demand for Bexar County is slated to increase by 35 percent in the next 8 years, despite prevention efforts. With ambulatory growth at UT Health and at the Health System, additional inpatient capacity is needed and must be sophisticated capacity to take care of highly complex patients. Approximately two-thirds of this new hospital will provide cancer care - medical oncology and surgical oncology. It will mainly be devoted to developing the immunological therapies that are in the forefront of highly specialized care. If the joint venture is successful, it will make this out-migration unnecessary. People can go anywhere they want for healthcare, but the care provided in San Antonio will be leading edge and will be at the fore front of care so citizens don't have to leave their home or their families. Dr. Henrich also estimated that 99 percent of the population in this community could not financially afford to leave their home if they had treatment waiting out of state. The endeavor is to complement existing services. Most services will be expanded, with some consolidation when it makes sense. The Board of the new specialty hospital will be comprised of 50 percent UT Health reps, and 50 percent Health System reps, with complete transparency. CareLink patients will be accepted. There will be margin distribution based on asset allocation. This hospital will be a one-tier hospital with a shared governance system. The UT practice has grown and physicians are taking patients to other hospitals. When the Health System gets an additional beds, UT Medicine will move patients back to University Hospital. The entire city needs expanded inpatient capacity, it's crucial. Mr. Hernandez agreed with Dr. Hromas and reiterated that 95 percent of what the Health System does is ambulatory. Keeping patients out of the hospital is the Health System's number one priority and has been for the last 30 years. Ambulatory healthcare is much more effective in terms of quality of care, patient satisfaction, and economics. He assured the Board that outpatient facilities such as the Texas Diabetes Institutes will continue to serve Bexar County. Another hospital is needed to expand the ambulatory network and to provide much needed capacity. A new hospital is one way to support the ambulatory network, not the other way around; therefore, the model selected must be profitable. This hospital will help UT Health and University Health System survive. Dr. Jimenez thanked Dr. Hromas for the enlightening conversation and he was pleased to learn that UT Health is aware and committed to prevention. Dr. Hromas invited Dr. Jimenez to tour UT facilities to learn more about their prevention efforts. Mr. Mayes congratulated all involved, and summarized the goals of the joint venture (research dollars, integration and delivery of clinical care, attracting and training medical residents, access to care, and keeping patients in Bexar County). Mr. Mayes asked about financing of the hospital for \$430 million. The UT Board of Regents believe in this partnership and they want to see it work. As such, they have provided \$80 million; UT Health SA will contribute \$20 million to \$30 million cash; Dr. Henrich has committed to raise \$60 million to \$80 million in philanthropy, and the balance will be financed. Mr. Smith asked about the Health System's financial contribution towards these costs. Mr. Hernandez explained that the Health System's investment is not possible at this time due to a bond counsel opinion that

when Permanent University Funds (PUFs) are involved there are some restrictions. The hospital will be leased to, and operated by, the joint venture, a non-profit corporation. The Health System will have an opportunity to invest in the joint venture based on profits, which sets the framework to support each other's missions. It is very difficult to form a joint venture between two governmental entities, since each entity has its own constitutional purpose. Mr. Hernandez expressed optimism more than ever due to the commitment demonstrated by Drs. Henrich, Hromas, and the UT Board of Regents. Ms. Fernandez would like to understand more about the partnership and was grateful to hear Dr. Henrich explain that the new hospital is not going to compete with services currently provided by community practitioners. She wishes to take Dr. Hromas' offer to tour UT Health facilities to learn more for her new role as Board member. The more information the community has the better they can understand these efforts. In closing, Dr. Hromas noted that the teams continue to work on definitive agreements between the parties and he stated that at the right time, they will present the model to the Board of Managers. Mr. Adams concurred with Dr. Jimenez, that private practitioners ought to be part of this team. He agreed with Mr. Hernandez and stated he is also more positive than ever about the partnership with UT Health. In addition, Ms. Fernandez raised an excellent point that communication with this community is crucial. He was very pleased to learn that UT Health has a strong focus on prevention.

**FOLLOW-UP:**

The Board of Managers will be apprised of this project on a regular basis. Dr. Jimenez and Ms. Fernandez will tour UT facilities at their convenience. At appropriate time, staff will present definitive agreements and a business plan for the specialty hospital.

**NEW BUSINESS:**

**CONSENT AGENDA – JIM ADAMS, CHAIR**

**SUMMARY:**

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

- Pursuant to Article III, Section 3.3-1 of the Medical-Dental Staff Bylaws, initial appointments and reappointments to the Medical-Dental Staff of the University Health System shall be made by the Board of Managers. The Board of Managers shall act on initial appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Executive Committee of the Medical-Dental Staff. If approval is granted by the Board of Managers, the clinical provider is placed on a two-year reappointment cycle. After 12 months' provisional review, the provider's status changes from Provisional to Active or Courtesy Staff depending on board certification and the frequency of patient encounters during the previous 12 months. In accordance with Professional Practice Evaluation Policy (No. 10.025) and the Joint Commission, the Professional Staff Services Department established a systematic process to conduct and evaluate an ongoing and focused assessment of the professional practice of practitioners' performance of clinical privileges. The Credentials Committee met on

August 24, 2020, and reviewed the credential files of the individuals listed in the written Credentials Reports and Professional Performance Evaluation Reports provided to the Board of Managers. At its meeting of September 1, 2020, the Executive Committee of the Medical-Dental Staff approved the Credentials Committee Report regarding appointments and re-appointments of Medical-Dental Staff candidates for staff membership and privileges.

**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**

- The Credentials Committee met on August 24, 2020, and reviewed proposed revisions to Delineation of Privileges Reports and the Professional Performance Evaluation Reports, which were provided to the Board of Managers. In its meeting of September 1, 2020, the Executive Committee of the Medical-Dental Staff recommended Board approval of the items below in accordance with the Health System's credentialing and privileging process:

- 1) Delineation of Privileges
  - a. University Health System
    - i. Emergency Medicine (Revised)
    - ii. General Surgery (Revised)
    - iii. Medicine/Cardiology (Revised)
    - iv. Medicine/Pulmonology (Revised)
    - v. Pediatrics/Critical Care (Revised)
- 2) Focused/Ongoing Professional Performance Evaluation Report

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A RESOLUTION AUTHORIZING ALL NECESSARY ACTIONS IN SUPPORT OF TOUCHSTONE COMMUNITIES' FINANCING OF THE SKILLED NURSING FACILITIES LICENSED BY THE HEALTH SYSTEM — TED DAY**

- The current Skilled Nursing Facility (SNF) Quality Incentive Payment Program (QIPP) program is designed to incentivize nursing facilities to improve quality and innovation in the provision of nursing facility services to Medicaid recipients, using metrics from the Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Rating System for measures of success. The Health System and Touchstone renewed their partnership with continued participation into the fourth year of the SNF QIPP program, which started September 1, 2020. Touchstone Communities desires to refinance an existing mortgage for The Heights on Huebner site. The Health System, as the license holder for the site, must process certain documents, including, but not limited to, a Transfer of Physical Assets (TPA) Application with the U.S. Department Housing and Urban Development Program. Several documents are required for the refinancing process, including documentation of Governing Authority approval that authorizes the Chief Executive Officer to enter into commitments required to satisfy HUD and the HUD lenders on behalf of the Health System. The primary financial obligation for the Health

System under this partnership arrangement with Touchstone Communities is to provide the Intergovernmental Transfer (IGT) funds to support the state portion of the supplemental Medicaid payment. The refinancing actions requested in this Resolution do not increase the Health System's liability as Touchstone Communities continues to be obligated for the mortgage expenses through a Resolution management and operating agreements in place. Staff recommends Board of Managers' approval of the Resolution authorizing the completion of HUD and HUD-lender required business documents for refinancing of the mortgage for The Heights on Huebner facility.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT WITH BKD, LLP FOR ANNUAL FINANCIAL AUDITOR SERVICES — ROE GARRETT/REED HURLEY** -

University Health System and its component units are required to have annual financial audits performed by an independent accounting firm. The Health System contracts with an independent accounting firm to perform audits on the following entities: consolidated Health System, Community First Health Plans (CFHP), Foundation, Pension Plan, Other Post-Employment Benefits (OPEB) Plan, Financial Assistance programs (grants) and the completion of the Foundation's 990-tax form. The audit serves as an outside look at the Health System to ensure financial transactions are recorded properly, completely and in accordance with Generally Accepted Accounting Principles (GAAP). This is a request for a contract with BKD Auditors, which requires them to subcontract 20 percent of the total contracted engagement hours to a local, small, women, minority, or veteran owned accounting firm. The local minority firm, Garza, Gonzalez and Associates, has assisted BKD for the past several years. The fees proposed for the 2020 audits total \$382,200, 4.8 percent higher than the 2019 fees, \$364,850. CFHP contracts for, and pays for, their audit from CFHP distinct funds. The professional workforce composition data of BKD, LLP indicates a total of 209 employees. Dr. Jimenez noted, and expressed painful disappointment, that the firm has only 51 professional, minority employees as compared to 158 professional, white employees. Staff recommends that the Board of Managers approve the selection of BKD, LLP, along with a local, small, women, minority, or veteran owned firm of their choice, to perform the listed audits for the proposed 2020 fees of \$382,200. Staff further recommends that the Chair of the Board of Managers be authorized to execute the engagement agreements.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH FM GLOBAL FOR ALL HAZARDS PROPERTY INSURANCE COVERAGE — ROE GARRETT/REED HURLEY** -

The Health System has maintained an all hazards property insurance policy with Factory Mutual Insurance Company (FM Global) for approximately 35 years. The Health System's total insured value increased 3.3 percent to \$2.6 billion from 2019-20. The premium for covered property for the 2020-21 policy period is \$1,263,576 up about 22.9 percent from the prior year, due primarily to recent higher than normal losses incurred by the global insurance industry. The Health System participates in a Membership Credit program that provides a

retroactive discount if FM Global has lower than projected losses. In prior years, this credit has been up to 17 percent of the total premium. FM Global is a worldwide organization with over 5,400 employees. The workforce composition for the Dallas, Texas office indicates 86 minority employees, as compared to 183 white employees. Staff recommends Board of Managers' approval of the 2020-21 All Hazards property insurance policy with FM Global at the annual fee of \$1,263,576.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN EXTENSION OF THE AGREEMENT WITH LUBY'S FUDDRUCKERS RESTAURANTS, LLC FOR MANAGEMENT OF HOSPITAL SKY BISTRO, ROBERT B. GREEN CAFÉ, AND TEXAS DIABETES INSTITUTE CAFETERIA — JIM WILLIS —**

This item was pulled by Mr. Hernandez for additional research by staff.

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

A total of 22 contracts with a value of \$21,567,338 are being presented this month to the Board of Managers. The following contracts are presented for approval by the Board of Managers: Fifteen (15) consent contracts with a total value of \$11,006,662; and seven (7) presented contracts with a total value of \$10,560,676. Six contracts are classified as Small, Minority, Woman, or Veteran Owned Business Enterprises (SMWVBE). September 2020 SMWVBE status reports reflects items being submitted for Board approval.

RECOMMENDATION: Staff recommends approval of the items listed on the consent agenda, minus the Luby's Agreement extension which Mr. Hernandez pulled from this evening's agenda.

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

EVALUATION: Dr. Jimenez expressed concern that vendors doing business with the University Health System are not being challenged to hire more minority professionals. The staff has an obligation to talk with vendors and encourage, promote and increase participation of small, minority, woman, and veteran-owned business enterprises in the Health System's procurement process. The Board of Managers is committed to its Supplier Diversity Policy and vendors ought to be notified of the Board's efforts to develop minority leadership within certain industries. Dr. Jimenez suggested the staff ask vendors if they have a plan to increase the number of minorities on their workforce; whereas Dr. Kelley advised the staff that the Health System is indeed in a position to drive change. When 21 out of 22 professionals are white, the Health System has every right to ask about their hiring practices, and the Board has a right to know the answer in time for their deliberations. Mr. Mayes suggested a more aggressive policy, or commissioning a new Disparity Study. Mr. Hernandez and Mr. Adams agreed that the Board's policy has a very important objective and is aggressive however, it does not impose hiring a certain percentage of minorities because the law does not allow a business, such as the University Health System, to tell vendors who to hire. A Supreme Court decision from the City of Atlanta found that the only way a governmental business can require minority percentages of



another business is if a Diversity Study of the governmental agency finds that the business actively or passively discriminated against certain groups. The Disparity Study that the Health System took part in 2007-2008 did not find disparities between availability and utilization for race and gender neutral groups. As such, the Health System instead adopted aspirational goals, or flexible targets determined to increase procurement activities within defined categories for its capital improvement projects. Generally, contractors come to the Board prepared, the two prior capital improvement projects did very well working with local subcontractors. Mr. Hernandez was unable to say whether a new Disparity Study would be feasible at this time. Mr. Smith noted that the Health System signed up for a separate Disparity Study with CPS Energy about 5 years ago and the study was dropped for whatever reason. Some vendors are more proactive than others and Mr. Hernandez cited BKD auditors as a vendor who is willing to train minorities. The staff asked BKD to team up with local SMWVBE for the Health System audits, which they did. They will be happy to provide a presentation on their minority leadership training program. Finally, Dr. Jimenez reminded Mr. Hernandez that the Board recently approved a pharmaceutical contract with Shields which he noted lacked minority pharmacists of which there are plenty of all over the country. He encouraged the staff to try harder during these discussions with vendors and find out if they have a plan to increase minorities in the professional class within their industry. It was noted that this subject comes up on at every Board meeting.

FOLLOW-UP:

Mr. Hernandez liked Dr. Kelley's approach about driving change through demand with the various vendors and providing the Board with their answers in advance. Mr. Adams asked for a follow up report on how the Health System is progressing and whether there is a need for a more aggressive policy.

## **ACTION ITEMS**

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

#### **CONSIDERATION AND APPROPRIATE ACTION REGARDING A LEASE AMENDMENT WITH 2425 BABCOCK, LLC FOR THE BEHAVIORAL HEALTH AND PAIN MANAGEMENT CLINICS — DON RYDEN**

SUMMARY:

The Behavioral Health Clinic currently occupies approximately 3,500 square feet in the Robert B. Green (RBG) Historic Building. This clinic provides a broad spectrum of behavioral health services, including telehealth outreach, to a diverse population. Significant structural repairs are required at that facility, and the onset of COVID-19 now urgently calls for better office space for physical distancing. Additionally, the Health System has seen a need for expanding pain management services to the community. To make pain management more accessible, University Medicine Associates (UMA) has hired a pain specialist physician. This is a request to lease sufficient space to locate both the Behavioral Health Clinic and the Pain Management Clinic in close proximity to each other to facilitate better pain management services for persons with behavioral health needs. The proposed medical office suite

is approximately 4,200 square feet and is located in the same medical office building leased by the Health System last year for the General Surgery Outpatient Clinic. The floor plan has sufficient exam rooms to accommodate the expanded Behavioral Health Clinic and the new Pain Management Clinic. Mr. Ryden summarized the proposed 5-year clinic lease expense in the amount of **\$562,926**, and includes an assumed two percent escalation per year in operating expenses. Minor modifications to this suite will be necessary, and will be completed by the Landlord's general contractor. The net construction costs for these improvements are estimated to be \$16,550. This new clinic will require network connectivity to all existing electronic medical records and other related hospital information systems. The costs for setting up the necessary information technology components at this location are estimated to be **\$82,215**. In addition, as part of the associated costs for occupying this space, expenditures for medical equipment, furniture and signage, and moving costs are estimated to be **\$207,040**. The lease will be funded through the operations budget. While this lease expense was not budgeted in 2020, it will have minimal impact to the current year's operations since it will not open until the end of the year. The remaining initial startup costs will be funded through the available routine capital budget for 2020. The landlord's workforce composition data was provided for the Board's review.

RECOMMENDATION:

Staff recommends Board of Managers' approval of a lease amendment with 2425 Babcock, LLC for Suite 111 located at 2425 Babcock Rd., San Antonio, Texas, in the amount of \$562,926. Staff recommends Board of Managers' approval of \$16,550 for the construction costs, the I.T. expenditures \$85,215, purchase of medical equipment and furniture \$207,040, and related costs associated therein for the purpose of implementing the Behavioral Health and Pain Management Clinics.

ACTION:

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

EVALUATION:

Dr. Kelley asked how this clinic move will affect patients who struggle with transportation issues; and Mr. Mayes followed up by asking if transportation was a barrier to healthcare. Staff conducted a study of behavioral health patients and found that there has been a shift of patients who receive services downtown from the south side towards the Robert B. Green facility and towards North Star Mall, along the IH 10 corridor. While staff found that there is a need for transportation from the south, the new clinic on Babcock Road is located on a VIA bus route. Dr. Ramin Poursani, a UT family medicine physician, several years ago, conducted his own demographic analysis which focused on the needs of patients at the family medicine clinic and the reasons they have missed primary care appointments. The Robert B. Green campus sees about 250,000 patients per year. Dr. Poursani's study found the number one need for access to healthcare was listed as transportation. Since then, the staff has conducted pilot studies at the Ortho Trauma Clinic at University Hospital where transportation was provided by Uber Health. Mr. Mayes asked if telehealth might be a possible solution, to which Mr. Banos replied that at the present time, providers are doing home visits, and last week for example, there were a total of 57 home visits to patients who do not have transportation. Since the COVID-19 pandemic broke earlier this year, tele-health and tele-visits have been well received

by these patients, with these platforms being used about 75 percent of the time. The Health System is down to about 50 percent tele-visits because eventually, these patients need to be seen in person. The Epic Electronic Health Record has a very strong telehealth component and will be helpful in solving some of the transportation issues these patients face. Further, the primary care location on Babcock Road covers more of a geographic area, and UMA has hired one additional psychiatrist who will work both the Southwest and Southeast Clinics. The staff works very closely in conjunction with The Center for Healthcare Services (Center); they place case managers in the Emergency Department of University Hospital for referrals to the outpatient clinics at the Center, where appropriate. Outpatient behavioral health and primary care complement each other. The Health System funds services for the Center that they provide in their own facilities. Mr. Mayes then asked for a brief description regarding the Health System's relationship with the Center, which Mr. Hernandez provided as follows: About 20 years ago, Bexar County Commissioners restructured the Center and approved a plan that would place the Center under the dual sponsorship of Bexar County and the University Health System, under a Sponsorship Agreement to promote coordinated mental health and mental retardation services and to create funding stability by incorporating the Center's needs in the Sponsoring Agencies' budgetary cycle on an annual basis, and maintain continued accountability to an elected governmental body with county-wide jurisdiction. Bexar County and the Health System agreed to each provide support to the Center by either direct monetary contribution, and/or contracts for service. This financial support provided by the County and Health System is known as a local match because both match the funding provided by the State, and is in addition to the Medicaid funding they receive, and grants for specific programs. Unfortunately, the Health System was not successful in expanding the Epic Electronic Health Record to the Center, which is a weakness in the partnership. The Center's Board is comprised of nine (9) qualified Trustees, four (4) trustees are appointed by the Health System, while the remaining five (5) are appointed by Commissioners Court. Mr. Hernandez noted an interesting situation among the Board of Managers in that Dr. Jimenez, Mr. Smith, Dr. Kelley, and Mr. Hernandez have all been previous Board members of the Center. The Health System has a track record of working closely with them. Mr. Hernandez recalled a comment by Mr. Adams in 2000 that the collaboration was not going to be successful unless the staff found other creative ways to pass on any savings in prescription costs and other type of financial assistance, which is how the staff expanded the CareLink program as well as the Medication Assistance Program to Center clients. In closing, Dr. Jimenez reminded his Board colleagues that the country made a huge mistake when they developed the mental health system. They created a system that does not integrate primary care for people with significant mental health problems that feed the mental illness. There have been huge attempts toward that integration but it is a very hard thing to change. Bexar County had no choice but to begin to develop its own behavioral health system taking into account medical needs such as diabetes, cancer, and Ob/Gyn issues because the Center is not equipped to handle physically ill people with mental health illness. Mr. Adams noted that the Center receives funding

from about 50 different sources. He urged the staff to use a per-person-per-month cost approach to ensure that this project is effective. The Board of Managers must be made aware that there are savings involved and the staff must identify whether or not the services are worthy of additional funding.

FOLLOW-UP: As indicated above by Mr. Adams.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT WITH VARI FOR FURNITURE FOR THE FARINON BUILDING AT UNIVERSITY PARK — ED BANOS/DON RYDEN**

SUMMARY: On August 25, 2020, the Board of Managers approved the acquisition of two buildings located in University Park. The 165,000 square foot (SF) buildings will become the home to several non-clinical departments that will be consolidated into one location. The total cost of this acquisition of the furniture is not to exceed \$2,960,000. The team completed an informal bid process and selected a Premier Group Purchasing Organization (GPO) contracted vendor, Vari, which provided the best value for the organization. Vari provided a turnkey furniture solution that is easy to install, mobile and cost effective. Vari is based out of Coppell, Texas, and has a total of 349 employees. The workforce composition is comprised of 121 minorities (118 of which hold professional titles), and 228 white individuals (222 of which hold professional titles). Vari will be issuing a request for proposal on this project for the installation and labor to a subcontractor. The Supplier Diversity Department will track the dollars spent, if a local or SMWVBE subcontractor is awarded the contract.

RECOMMENDATION: Staff recommends the Board of Managers approve the procurement furniture as outlined above from Vari in the amount not to exceed \$2,960,000.

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

EVALUATION: Dr. Jimenez described the lack of minorities holding professional titles with this vendor as "disconcerting and painful."

FOLLOW-UP: Staff will urge Vari to select a local, SMWVBE subcontractor and ask about future plans to diversify its workforce in the professional category.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT WITH PRESIDIO NETWORK SOLUTIONS GROUP, LLC FOR NETWORK INFRASTRUCTURE FOR THE BUILDINGS AT UNIVERSITY PARK — BILL PHILLIPS**

SUMMARY: On August 25, 2020, the Board of Managers approved the acquisition of two buildings located in University Park. The 165,000 square foot (SF) buildings will become the home to several non-clinical departments that will be consolidated into one location. Part of the fiscal impact that was identified on this date was an estimated cost of \$3.6 million for electrical and computing infrastructure for both buildings. To prepare the buildings for occupancy, the electrical and Information Technology infrastructure needs to be put in place, which will be accomplished in two phases. The first phase will be for the building located on Farinon Drive and the second phase will be for the building located on Northwest

Parkway. Included in the first phase will be electrical and data drops for each cubicle, network infrastructure, fiber connectivity between the two buildings and network hardware for the second building. For installation of the network infrastructure, staff is requesting approval of a contract for services with Presidio Network Solutions Group LLC. Presidio will subcontract with three local vendors to assist with this large implementation. The total cost of this acquisition of the described services is not to exceed \$2,619,886 and is part of the total estimated infrastructure costs of \$3.6 million for both buildings. This acquisition is exempt from the competitive bid process, as services will be purchased through a Group Purchasing Organization (GPO), State of Texas Department of Information Resources (DIR). Presidio Network Solutions Group LLC, has a total of 2,679 employees, 668 of which are minority professional staff, and 2,011 which are white individuals also in the professional category. However, the local, minority subcontractors are: 1) DigitalGenetix, an African American, Disabled-Owned Enterprise (DIBE), Minority Business Enterprise, Small Business Enterprise (SMBE), Veteran Business Enterprise (VBE), and Historical Underutilized Business (HUB); (2) Data Optics Cable Inc., a Small Business Enterprise (SBE); Historically Underutilized Business (HUB); and 3) Eldridge Electrical Company of Beaumont, Inc., a Woman-Owned local vendor from Helotes, Texas.

**RECOMMENDATION:** Staff recommends Board of Managers' approval to procure network infrastructure as outlined above from Presidio Network Solutions Group LLC, in an amount not to exceed \$2,619,886.

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

**EVALUATION:** Dr. Jimenez noted the dismal number of minority professionals employed by Presidio.

**FOLLOW-UP:** None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A MEMORANDUM OF UNDERSTANDING WITH THE CENTER FOR HEALTH CARE SERVICES FOR EXPANDED OUTPATIENT BEHAVIORAL HEALTH SERVICES — SALLY TAYLOR, M.D.**

**SUMMARY:** The purpose of this Memorandum of Understanding is to provide financial support for expanded adult behavioral health services (mental health and substance use treatment) to include funding for a psychiatrist, an advanced psychiatric nurse practitioner, a licensed vocational nurse, and a medical assistant. In addition, in order to integrate basic primary care services within the clinic, this agreement funds a family nurse practitioner, a behavioral health consultant (health psychologist), and two licensed vocational nurses. The current clinic requires expansion to accommodate current patients who reside on the eastside. In addition, a new clinic location is needed due to outdated infrastructure of the existing clinic. The initial goal for expansion is to serve 2,400 patients at the eastside location, and ultimately to expand to 3,000 unduplicated patients served in the next five years. The financial commitment from the Health System for the Center's expanded outpatient adult behavioral health services is \$1,500,000 annually, which is included in the Health System's 2020 and proposed 2021 budget. Currently the Center has

budgeted approximately \$193,000 for new building relocation expenses, \$1,009,000 for additional personnel positions, and \$242,000 for medical equipment (totaling \$1,444,000). The remaining \$56,000 will cover any unanticipated costs. The total request for the agreement is for \$1,500,000 annually, pro-rated for the months of operation in 2020 (estimated start date October 1, 2020) extending until December 31, 2021 for an approximate total of \$1,875,000 for the contract term. The workforce composition data for the Center was provided for the Board's review.

**RECOMMENDATION:** Staff recommends Board of Managers' approval to execute a Memorandum of Understanding with The Center for Health Care Services in the amount of \$1,500,000 annually, pro-rated for the months from the time of initiation of expansion in 2020 and extending to December 31, 2021 for a total of \$1,875,000.

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

**EVALUATION:** Dr. Jimenez asked Dr. Taylor to elaborate on how the Center plans integrate basic primary health with the treatment of behavioral health. In the existing space, they were not able to provide primary care screening due to space limitations, nor are they able to social distance. The new clinic will accommodate basic primary care screening for tobacco cessation, obesity, and medication side effects. If more complicated care is needed, clients will be referred to the Hilliard Clinic since people with serious mental health illness struggle to navigate multiple sites and do not follow up on medical issues, such as hypertension, blood sugars, etc. Dr. Kelley was pleased to learn that attention is being given to the east side where there is a great need and many promises made to the community have been broken. She expressed gratitude for the relationship between the Health System and the Center. Mr. Mayes' thanked Dr. Taylor for her services and noted that his own wife brought postpartum depression to his attention three years ago, which is an area he would like to see focus on in terms of capacity and navigation of the complex mental health system. After 2021, the Center will be looking at funding from state, and will work to get funding for more primary care services from the legislature. Mr. Adams asked Dr. Taylor to develop a sense of timelines and metrics to keep Board aware of how this project progresses. He asked her to relay to the Center that the Board would like to see this project executed on time and on budget. Dr. Taylor's written report did include metrics that will be reported monthly and year-to-date to the Health System (total number of unduplicated patients served; payor mix to include CareLink; customer satisfaction scores; services received for the level of care assigned; and other metrics as may be mutually agreed to by the Center and the Health System). Mr. Adams urged Mr. Hernandez to resume high level dialogue with Board members appointed by the Health System to the Board of Trustees of The Center for Healthcare Services. Mr. Mayes announced there would be a virtual conference on the State of Mental Health in Bexar County sponsored by The Center for Healthcare Services Foundation during the month of October.

**FOLLOW-UP:** Dr. Taylor will provide periodic updates to the Board.

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

SUMMARY:

In August, the 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 10.6 percent for the month compared to budget. Volumes had been very consistent until April 2020 when the COVID-19 shut down occurred. A review of 2020 Inpatient Days and Emergency Department Visits indicates that as compared to 2019, there was a drop of 33 percent in patient days in April 2020. Emergency Department visits dropped by 40 percent, surgery cases dropped by 53 percent while deliveries also dropped by 14 percent in 2020. The inpatient census is coming back up and so far, the month of September appears to be stronger than August. Emergency Department visits are also improving and most volumes should be up by the end of the year, unless there is a third surge of COVID-19. During this COVID-19 period, primary care providers turned to telehealth which is a possible factor for the drop in Emergency Department volume. It is very difficult to budget under these circumstances and COVID-19 has changed the Health System business model. Community First Health Plans (CFHP) fully insured membership was up 9.2 percent to budget. On a consolidated basis, gain from operations was \$28.4 million, \$22.3 million better than budget. The consolidated bottom line gain (before financing activity) was \$22.8 million, \$20.9 million better than the budgeted gain of \$1.9 million. Higher other operating revenue and lower operating expense resulted in performance better than budget. CFHP experienced a bottom line gain of \$11.2 million, which was \$10.1 million better than the budgeted gain of \$1.1 million. Higher premium revenue and lower claims expense accounted for the improved performance to budget. Debt service revenue was \$5.9 million. Mr. Hurley reviewed notable increases and/or decreases from the December 31, 2019 Consolidated Balance Sheet in detail with the Board. The Health System's budget year is on a fiscal calendar year, and this year's budget process comprised of the steps below:

- Tax Rate Budget complete, approved by Boar of Managers and Bexar County Commissioners Court on September 1;
- Operating and Capital Budget Process is underway;
- CFHP budget will be presented in October;
- Clinical Services Division and Consolidated Budgets presented to the Board in November; and
- Health System budget presented to Commissioners Court in early December for approval.

RECOMMENDATION:

Staff recommends acceptance of the financial reports, subject to audit.

ACTION:

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

EVALUATION:

Additional discussion ensued. CFHP gets paid on a per-member-per-month basis. Hospital volumes for them have been down and they are having a very good year however, there is one caveat – CFHP can only make about a 15 percent margin before they start having to pay the state back. The state is not removing members from Medicaid rolls, therefore,

CFHP has less money going out and more money coming in. Mr. Mayes asked if there is a concern among staff that there will be an overcorrection made at some point later in the year and if so, how that will affect the Health System. With a consolidated budget, if CFHP has a bad year, it hurts the Health System. Thankfully, their market is mainly comprised of pregnant women and children. If the market was comprised of an older population there would be a concern that they are avoiding or delaying health care. For whatever reason, member utilization has been down at CFHP. Upon discussion, Dr. Jimenez cited experts who say that the Coronavirus loves cold temperatures and that it thrives in cold weather. Dr. Hromas believes that what drives the spread of Covid-19 are gatherings held indoors more often in the winter and there is less social distancing. He also feels behaviors have changed, which is the biggest contributor to increasing elective care by UT Medicine. Mr. Mayes asked how much the care for COVID-19 has improved since seven months ago. Dr. Alsip responded that the medical staff is only 9 months into knowing everything there is to know about the disease and he was willing to share data that he has shared with some of his colleagues. One good thing that most have experienced is the increased transparency regarding COVID-19 information. Medical literature is more available and information is shared very rapidly. Although not always accurate, and studies vary, the volume of medical information continues to grow. The Health System data that he sees reveals that the clinicians have done a really good job with those critically ill patients who came here for care. One marker of success is the case fatality rate for COVID-19 positive patients, which he tracks closely. During the months of March and April, the case fatality rate for COVID positive inpatients at University Hospital was running at about three percent. More recently, the case fatality rate for COVID positive inpatients at University Hospital was about six percent, which means that of all the inpatients treated here that are COVID-19 positive, only 6 percent died. Although this has increased, the case fatality rate for University Hospital is much lower than that for all hospitals in Bexar County, which demonstrate a case fatality rate of 20 percent. This is a remarkably low percentage for seriously ill patients, particularly when factoring the large surge of COVID-positive inpatients seen during the summer months. Metro Health reviewed these data and also data available community-wide, and concurred that fatalities are much lower here than other hospitals in the community. Practitioners have witnessed good outcomes and got rid of some early assumptions. The Medical staff has learned a lot about how to treat the disease. Dr. Jimenez asked how much the Affordable Care Act (ACA) had impacted the University Health System since its implementation. Texas is one of 13 states that did not extend Medicaid, which is a handicap for Texas. The ACA helped in other ways, for example, in providing coverage of pre-existing conditions, coverage for adult children up to the age of 25, and the availability of market place options. Mr. Hernandez described the effective portions as helpful. Mr. Smith reiterated that the Affordable Care Act is a positive thing for the Health System. It is in favor of a Medicaid expansion for the state and he did not want the Board members thinking otherwise. Mr. Mayes asked how much communication there is between Bexar County and the Health System regarding the budget. Mr.



Hernandez informed him that Bexar County Commissioner's Court does the following three things for the University Health System: 1) appoint Board members; 2) approve the tax rate; and 3) approve the annual budget. There is not a lot of communication during the budget process; Commissioners Court expects this Board and staff to prepare the budget. They will ask questions and raise discussion points. Several years ago, both Commissioner Elizondo and Judge Wolff became very interested in mental health, they saw it as a great need. Mr. Adams stated that the budget is the responsibility of the Board and to a great extent, that trust was built by Mr. Hernandez, the Commissioners and the Judge communicate fairly often with him. He asked his Board colleagues to keep in mind that their approval of the budget also means that there will be an extra meeting or date change in November and December meetings. Mr. Hurley invited the new Board members to call him anytime with questions. He estimates that it will take them about one year to become familiar with the budget cycles, various reports and financial terminology.

FOLLOW-UP: None.

Mr. Adams reported that he had attended a leadership interview with the nursing staff and Magnet officials on Monday, September 28, 2020. He explained that the Health System is one of the few hospitals with that stature of Magnet recognition. There is a strong distinction among those hospitals who are certified and University Hospital was the first one in South Texas to attain. He was treated to one hour of discussion on corroboration, every member of that group participated and made a strong presentation on how they work together. There were no surprises among the group. He was impressed with the dialogue he witnessed and it was a learning experience for him. He is very proud of the nursing staff, they are very professional and the interview was well-done.

#### **PRESENTATIONS AND EDUCATION:**

##### **OPERATIONS REPORT — ED BANOS**

SUMMARY: In the interest of time, this item was deferred until physicians of The Center for Life are available to join Mr. Banos for the presentation.

RECOMMENDATION: None.

ACTION: None.

EVALUATION: None.

FOLLOW-UP: None.

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

SUMMARY: Dr. Alsip presented detailed quality data from January-July 2020, and covered the following performance categories: Length of stay (LOS); Sepsis LOS; Mortality; Hospital readmissions; PSI-90; Patient safety composite; Hospital-Acquired Infections (HAI); Sepsis bundle compliance (SEP-1); Cesarean section core measure (PC-02); and Quality process composite. PSI-90 and quality process composition exceeded 100 percent scores for the period noted. The goal for 2020 for all inpatient length of stay is a ratio of 0.81 as compared to 2019 baseline performance of 0.85. This metric is currently at a value of 0.84. The goal for 2020 for sepsis length of stay is a 13.33 days as compared to 2019 baseline performance of 14.54 days. This metric is currently at a value of

15.78 days. Both of these metrics were negatively impacted by the large volume of COVID-positive inpatients admitted to University Hospital from June-July 2020. For the month of June, average LOS for Covid-19 patients was 4.97 days; and for the month of July, it was 7.66. Mortality is calculated as an observed to expected ratio based on national data for patient diagnoses and severity of illness. The goal for 2020 for mortality is a ratio of 0.66 as compared to 2019 baseline performance of 0.67. This metric is currently at a value of 0.67. Although unchanged from baseline, this mortality ratio continues to rank well compared to national benchmarks. Hospital readmissions are measured as an observed to expected ratio of readmissions to the hospital within 30 days of the initial admission for eight readmission diagnoses incorporated into the CMS Readmission Reduction Program. The goal for 2020 for hospital readmissions is a ratio of 0.84 as compared to 2019 baseline performance of 0.98. This metric is currently at a value of 0.88. Patient safety indicators (PSI) are specific, hospital-acquired patient outcomes used to measure safety. PSI-90 is a calculated, risk-adjusted observed to expected ratio determined from clinical documentation coding and is composed of ten separate metrics. The goal for 2020 for the PSI-90 metric is a ratio of 0.70 as compared to 2019 baseline performance of 0.84. This metric is currently at a value of 0.66. This represents a significant improvement over baseline and better than target goal. In addition to PSI-90 performance, the Health System is focused on six additional PSI metrics (PSI-3, PSI-9; PSI-11, PSI-12, PSI-13, and PSI 15). To date, five of these metrics are better than 2019 baseline performance. PSI-11 is currently better than targeted goal. A significant opportunity remains with PSI-3. A renewed effort was recently established by nursing leadership to improve the assessment, documentation, and performance regarding the prevention of pressure ulcers in order to reduce these adverse outcomes. However three (3) PSI-3 cases in July have pushed CYTD performance past baseline (worsening). Three PSI-12 cases push CYTD above target. Zero PSI-13 improve CYTD to better than baseline. Staff continuing 100 percent review of each PSI with an eye on early identification, communication with physician, and closing the loop with coding. Hospital-Acquired Infections composite was substantially better than national benchmarks in all categories of infections. To date in 2020, performance for all HAI metrics for 2020 is currently at 69 percent of target and worse than 2019 baseline with the exception of hospital-acquired *Clostridioides difficile* colitis, which improved to 0.75 as compared to the 2019 baseline 0.55. Performance for Central Line Associated Blood Stream Infections (CLABSI) is measured as a Standardized Infection Ratio (SIR) benchmarked against national data and as a rate per patient day, per device day, or per procedure. The national SIR is 0.708. There has been a reduction in performance during the second quarter with device-associated infections (CAUTI and CLABSI) among the COVID-19 patient population. This appears to be due, in part, to clinical challenges associated with caring for patients in higher levels of isolation with a higher frequency of device utilization. The Health System has also seen a decline in performance for preventing MRSA infections and SSIs for colon and hysterectomy surgical patients. Performance for the Central Venous Catheter Utilization is currently at 1.022. Performance for

Catheter Associated Urinary Tract Infections (CAUTI) is currently at 1.87 year to date, as compared to 2019 baseline of 1.65. The 2020 goal is 1.05. In order to address the unfavorable second quarter trends for HAIs, nursing and infection prevention leaders partnered on an analysis to identify opportunities for improvement. Changes in the electronic health record in July and the COVID-19 patient surge created some challenges to clinical staff including changes in workflow that negatively impacted the performance of daily HAI prevention care bundles and prompt removal of devices such as central lines and urinary catheters. Urinary Catheter Utilization is currently at 0.75. These workflow issues are being actively addressed by clinical and operational staff. Staff continues to highlight the Health System's Achieving Zero program and annual awards, which identify the inpatient nursing units that prevent one or more hospital acquired infections for one or more years. Dr. Alsip reviewed Sepsis Core Measure Performance by Year beginning in 2016. Composite measure for 2020 is currently 49.8 percent; in 2019 it was 39.1 percent; in 2018 it was 30.2; in 2017 it was 13.4; in 2016 it was at 15.4 percent. The sepsis bundle compliance (SEP-1) is measured by the review of a random sample population of adult patients 18 years and older with a final coded diagnosis of severe sepsis or septic shock. The first three clinical interventions must occur and be documented within 3 hours of severe sepsis onset, while the remaining interventions must occur and be documented within 6 hours of septic shock onset. The goal for 2020 for the sepsis bundle compliance is 54 percent as compared to 2019 baseline performance of 38 percent. This metric is currently at a value of 49.8 percent. Finally, Dr. Alsip reviewed all of the quality incentive agreement metrics for physicians in detail with the Board. He thanked the Dean for his leadership in this regard.

RECOMMENDATION:

ACTION:

EVALUATION:

This report was provided for informational purpose.

No action as required by the Board of Managers.

Dr. Alsip invited Board members to call him at any time to better understand, or discuss, quality metrics. Dr. Jimenez asked if today's quality report included data on the inpatient pediatric service. This report includes all inpatients but is heavily weighted toward adults simply because that is the focus of these programs. The reputational scores are across the board as far as ages, but given the nature of how the Health System measures these, they tend to be more adults. Dr. Jimenez followed up by asking Dr. Alsip if he has an idea of how pediatrics is doing relative to quality. In some way, pediatrics is a separate category; however, Dr. Alsip assured the Board that since 2013, both the School of Medicine and the Health System have been very closely aligned as to how performance and quality is measured since the goal is to drive volume in pediatrics. Mr. Adams asked Dr. Alsip how he is finding his ability to change behaviors among UMA and UT physicians as well as the nursing staff. Compliance with these metrics starts at the top of every organization. Quality metrics are important to the CEO, CMO, Medical Dean, CNO and ACNOS. Dr. Alsip likes to share the data and tell the medical staff why these metrics are important - every safety indicator is a patient. Mr. Adams asked the staff to make a concerted effort to put quality metrics at the top of a priority list. Although 2020 has not been a normal year, if the Health System is not the best, the staff will just need to work harder. Mr. Adams noted that the Health System

is not making the progress that is needed; not good enough if the Health System is not in the top quadrant. Dr. Alsip agreed that COVID-19 has had a direct impact, however, low quality scores are not acceptable, and for the most part, Centers for Medicare and Medicaid Services will not pay for the low scores.

FOLLOW-UP

None.

**CLOSED MEETING:**

Mr. Adams announced this meeting closed to the public at 8:36 p.m., pursuant to TEX. GOV'T CODE, Section 551.072 to receive information to deliberate the purchase, exchange, lease or value of real property, with the following Board members present: Ira Smith, Vice Chairman; Roberto L. Jimenez, M.D., Immediate Past Chair; Margaret Kelley, M.D., Member; Anita L. Fernandez, Member and T.J. Mayes, Member. The following staff members were present: George B. Hernández, Jr.; Ed Banos; Reed Hurley; Don Ryden; and Serina Rivela. After discussion, no action was taken in closed session, and Mr. Adams announced that the closed meeting ended at 8:53 pm.

**INFORMATION ONLY ITEMS:**

**REPORT ON THE MEMORANDUM OF UNDERSTANDING WITH UT HEALTH SAN ANTONIO — GEORGE B. HERNÁNDEZ, JR./SERINA RIVELA**

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

**UNIVERSITY HEALTH SYSTEM FOUNDATION REPORT — LENI KIRKMAN**

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

SUMMARY: Mr. Adams directed his colleague's attention to the four informational reports above and urged them to contact staff members directly with questions and/or comments.

RECOMMENDATION: These reports were provided for informational purposes only.

ACTION: No action was required by the Board.

EVALUATION: None.

FOLLOW-UP: None.

**ADJOURNMENT:**

Mr. Adams reconvened the public meeting and there being no further business, adjourned the meeting at 8:54 pm.

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James R. Adams  
Chair, Board of Managers

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George B. Hernández, Jr.  
Acting Secretary, Board of Managers