



**BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

Tuesday, September 30, 2025

6:00 pm

Cypress Room, University Hospital

4502 Medical Drive

San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

Jimmy Hasslocher, Chair
Anita L. Fernández, Vice Chair
Margaret Kelley, MD
Beverly Watts Davis
David Cohen, MD
Melinda Rodriguez, PT, DPT.
Patricia (Pat) Jasso

OTHERS PRESENT:

Edward Banos, President/Chief Executive Officer, University Health
Bill Phillips, Executive Vice President/Chief Operating Officer, University Health
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health
Dr. Bryan Alsip, Executive VP, Chief medical Officer, University Health
Robert Hromas, MD, Dean and Professor of Medicine, UT Health San Antonio
And other staff attendees.

CALL TO ORDER:

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

INVOCATION AND PLEDGE OF ALLEGIANCE — *Jimmy Hasslocher, Chair*

Invocation – Jeanene Atkinson, University Health Chaplain — *Jimmy Hasslocher, Chair*

Mr. Hasslocher led the pledge of allegiance.

PUBLIC COMMENT: NONE

SPECIAL RECOGNITION:

Presentation of the Senator Frank Tejeda Police Officer of the Year Award — *Chief Sherrie King/Edward Banos/Board Members*

SUMMARY: BCHD Police Lieutenant Gilbert Oliveras was presented with the Senator Frank Tejeda Police Officer of the Year Award by Chief Sherrie King and Mr. Edward Banos for his 12 years of service since 2007. Lieutenant Olivarez has demonstrated true compassion and support of patients and families within our community. He began his service in 1974 with the San Antonio Police Department. After 33 years, he tried retirement but felt he had much more to give to the community he loved. He has served as a law enforcement officer for the San Antonio and Bexar County communities for over 50 years. It is extremely uncommon for officers to reach this amazing milestone due to the physically and mentally demanding nature of the job.

COMMENTS /DISCUSSIONS: Mr. Hasslocher, Members of the Board and staff present, congratulated Lieutenant Olivares on his Professional milestone and wished him well as he continues to enhance the safety of the hospital, staff and visitors of University Health Campus.

Report from the Nominating Committee and Election of Board of Managers Officers — *Margaret Kelley, M.D., Chair, Nominating Committee*

SUMMARY: The Bylaws of the Board of Managers call for the election of officers annually in September. On September 19, 2025, I appointed a Committee for the Nomination of Officers comprised of Dr. Margaret A. Kelley, Ms. Pat Jasso, and Dr. David Cohen. Dr. Kelley will be serving as the Committee's Chair.

The Nominating Committee's role is to recommend to the Board a Slate of Officers for the Chair, Vice Chair, and Secretary positions. The Board will consider that slate and any nominations from the floor and elect its officers at its meeting of Tuesday, September 30, 2025.

RECOMMENDATION: The committee for the Nomination and Election of Officers recommends the following slate of officers for the upcoming term, September 30, 2025 to September 30, 2026:

Mr. Jimmy Hasslocher, Chair
Ms. Anita Fernández, Vice Chair
Dr. Margaret Kelley, Secretary

COMMENTS /DISCUSSIONS: Mr. Hasslocher thank staff and the board for allowing him the privilege to continue to serve as Chair for the BCHD Board of Managers.

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Ms. Watts Davis, **SECONDED** by Ms. Rodriguez, and **PASSED UNANIMOUSLY**.

EVALUATION: None

FOLLOW UP: None

APPROVAL OF MINUTES OF PREVIOUS MEETING: August 26, 2025 (*Regular Meeting*)

SUMMARY: The minutes of the Board meetings of Tuesday, August 26, 2025 was submitted for the Board's approval.

RECOMMENDATION: Staff recommends approval of the minutes as submitted.

COMMENTS /DISCUSSIONS: None

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Ms. Fernández **SECONDED** by Ms. Watts Davis, and **PASSED UNANIMOUSLY**.

EVALUATION: None

FOLLOW UP: None

Report from UT Health San Antonio — Robert Hromas, MD., Dean and Professor of Medicine, UT Health San Antonio provided comments on behalf of *Francisco G. Cigarroa, M.D., EVP/Health Affairs and Health System*.

SUMMARY: Dean Hromas commented that the Board of Regents of the University of Texas System voted last week to name their Teachers of The Year for the entire UT System, and there was a tie for First Place; they were both UT Health San Antonio Faculty; Craig Smith, who is a Member of the Medical Executive Committee and Margarita Vasquez. The Alzheimer's Disease Research Center renewal into the NIH and the Cancer Center renewal into the NCI, both renewals were due September 25th. Lastly, Dean Hromas expressed his gratitude to/for Leni Kirkman's efforts with the National Alliance for Mental Illness (NAMI) Walks event was held on October 27th, was held at Morgan's Wonderland. It was a great event and lots of participants joined the walk event. Dr. Little mentioned the upcoming American Society of Anesthesiologist Annual meeting here in San Antonio to be attended by Anesthesiologist from all over the world, approximately 13,000-14,000 attendees and some of our staff will be featured at the conference. Additionally, the Perioperative Transplant Anesthesia Meeting will be held in the Adams Conference Center with approximately 150 attendees.

COMMENTS /DISCUSSIONS: Ms. Watts Davis commented about some way to recognize the two Distinguished Speakers that graduated from here, to do a Public or Press Notice to say Welcome Home. Ms. Watts Davis expressed that the public needs to know what we are producing and what they have achieved.

NEW BUSINESS:

CONSENT AGENDA — *Jimmy Hasslocher, Chair*

Consideration and Appropriate Action Regarding Medical-Dental Staff Membership and Privileges —
Michael Little, M.D., President, Medical/Dental Staff

SUMMARY: The Credentials Committee met on August 25, 2025 and reviewed the credential files of the individuals listed on the attached Credentials Report and the Professional Performance Evaluation Report. In its meeting of September 2, 2025, the Executive Committee of the Medical-Dental Staff recommended approval of the Credentials Committee Report.

Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Professional Practice Evaluations and Delineation of Privileges — *Michael Little, M.D., President, Medical/Dental Staff*

SUMMARY: The Credentials Committee met on August 25, 2025 and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of September 2, 2025, the Executive Committee of the Medical-Dental Staff recommended approval the attached Delineation of Privileges and Focused/Ongoing Professional Performance Evaluation Report.

Consideration and Appropriate Action Regarding New Policy No. 9.11.07, Delivery of Electroconvulsive Therapy (ECT) for University Health Inpatients — *Bryan Alsip, M.D./Abby Lozano, M.D.*

SUMMARY: The Electroconvulsive Therapy (ECT) is a procedure done under general anesthesia. During this procedure, small electric currents pass through the brain, intentionally causing a brief seizure and changes brain chemistry. These changes can quickly improve symptoms of certain mental health conditions. By providing this service at University Hospital, a policy is required to guide the implementation and operations for providing ECT to hospitalized patients.

The policy outlines roles and responsibilities for staff involved to provide safe delivery of ECT and to meet all regulatory and legal requirements. An inpatient Psychiatry physician credentialed and privileged to administer ECT for University Health serves as the coordinator of ECT services, having the responsibility of developing, updating, and overseeing compliance with policies and procedures for ECT.

Nursing staff with training and competencies in delivery of ECT will accompany the patient for the procedure and provide post-procedure monitoring.

Anesthesia medical staff members ensure the patient is safely monitored throughout the procedure, providing support for recovery after each treatment of ECT. The procedure will be provided in the Advanced Diagnostic Center for inpatients at University Hospital. This service is expected to demonstrate improved clinical outcomes and shortened length of stay for patients with serious conditions that may not be responsive to standard medical treatments.

The fiscal impact includes purchase of the ECT machine, which is a budgeted expense that was purchased at a cost of \$41,490. However, this is potentially offset by a shortened hospital length of stay, improved patient outcomes, and reduced hospital readmission rates.

Consideration and Appropriate Action Regarding Assignment of Staff to Complete Annual Obstetric Services Readiness Protocols and Provision Training — *Bryan Alsip, M.D./Brian Lewis*

SUMMARY: As part of the Joint Commission standards and in the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (COP), annual assignment of staff to complete annual obstetrical emergency services readiness protocols and provision training is required by the Board of Managers.

After review of the requirements and confirmation with University Health executive & nursing leadership teams, staff recommends that, based on role and/or assignment, appropriately identified credentialed/certified physicians, advanced practice providers, registered nurses, surgical technicians, and anesthesia technicians should be assigned annual obstetrical emergency services readiness protocols and provisions training. The leadership of assigned staff and physicians will document successful completion of training in employee personnel records. These recommendations are provided to the Board of Managers for final approval.

Consideration and Appropriate Action Regarding a Contract Renewal Between Community First Health Plans, Inc. and Great South Texas Corp d/b/a Computer Solutions — *Theresa Scepanski*

SUMMARY: Community First Health Plans, Inc. (Community First) currently utilizes Computer Solutions for our telephone infrastructure, which is primarily on-premises, involving traditional Private Branch Exchange (PBX) hardware and maintenance contracts.

More recently, Community First has experienced some challenges such as High maintenance and support costs, Limited scalability, Complex administration and slow deployment, Disaster recovery and business continuity limitations and End-of-life software and hardware approaching. Migrating our organization's telephone infrastructure to Webex Calling in the cloud aims to enhance communication capabilities, reduce total cost of ownership (TCO), and improve operational efficiency.

Computer Solutions has been a leader in technology solutions for over 40 years, offering exceptional managed Information Technology (IT) services. Their experienced team is committed to providing organizations, such as Community First, with personalized support and enhancing business efficiencies.

The analysis compared the current on-premises costs with anticipated expenses and benefits after the migration. Webex Calling is a cloud-based Unified Communications as a Service (UCaaS) that integrates voice calling, messaging, and meeting capabilities on a single platform. Some key benefits include Cloud-hosted infrastructure with no on-premises PBX hardware, Enhanced business continuity with geo-redundant data centers, Integrates natively with Webex Meetings and Messaging and Disaster recovery compliance.

The annual expense amount for the current contract and services average \$305,110. As compared to the proposed annual contract amount, there is a total estimated savings to Community First of \$288,459 for the total contract period. This is a planned expense, and funding is included in the Annual Operating Budget. The requested contract shall be for a three-year term beginning October 1, 2025, and ending September 30, 2028, unless earlier terminated pursuant to the Community First Health Plans Standard Purchase Terms and Conditions.

Consideration and Appropriate Action Regarding a Contract Between Community First Health Plans, Inc. and Mercury Healthcare Inc., d/b/a WebMD Ignite — Theresa Scepanski

SUMMARY: Community First Health Plan's, Inc., (Community First) is committed to providing Members with high-quality, accurate, and actionable health information to support better health outcomes. As part of our ongoing Health & Wellness Programs, we seek to deliver content that is evidence-based, clinically reviewed, and tailored to the needs of our membership. WebMD Ignite is a recognized leader in consumer health content and engagement solutions. Their platform offers a broad library of culturally relevant, accessible, and clinically validated resources designed to support preventive care, chronic condition management, and health literacy.

Community First has maintained a long-standing agreement with Healthwise, an NCQA (National Committee for Quality Assurance)–approved provider of evidence-based health content designed to engage Members and support positive health outcomes. In 2024, Healthwise was acquired by WebMD Ignite, a nationally recognized leader in consumer health education and engagement solutions.

Community First's existing contract with Healthwise was amended, based on the acquisition by WebMD Ignite, and is scheduled to end on December 31, 2025. Community First is recommending a new contract with WebMD Ignite effective January 1, 2026. Under the new agreement, WebMD Ignite will provide our Members with access to a comprehensive library of evidence-based health and wellness articles, videos, and tools. Offer Spanish-language and culturally tailored content to address the needs of our Member population. Additionally, supply analytics and reporting to track engagement and measure impact on health outcomes.

By continuing the partnership with WebMD Ignite, Community First will be able to deliver high-quality, trusted, and accessible health information that supports our mission to improve the health and well-being of the community we serve.

Consideration and Appropriate Action Regarding an Amendment to the Professional Services Agreement with Alamo Area Resource Center in Support of the Ryan White Ending the HIV Epidemic Program —
Anna Taranova, M.D.

SUMMARY: The purpose of this Agreement is to amend the existing contract with Alamo Area Resource Center (AARC), approved by the Board of Managers on February 25, 2025, to further expand capacity in meeting the needs of individuals living with HIV. The agreement aims to provide enhanced housing, medical, and support services related to HIV care.

University Health has received the FY25-26 funding award from the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau to support the Ending the HIV Epidemic initiative. This funding supplements the existing Ryan White funding and supports the University Health Operation BRAVE Program. Operation BRAVE (Bexar County Response And Victory in Ending the Epidemic) connects people with HIV, whether newly diagnosed, diagnosed but not currently in care, or in care but not yet virally suppressed, with essential HIV treatment and support services.

The program's goal is to reduce new HIV infections and improve services for people living with HIV. HRSA and University Health recognize that unstable housing is a significant barrier to viral suppression and positive health outcomes for people with HIV. This funding addresses that barrier by allowing funds to cover housing and security deposits for eligible clients

The primary goal of this grant funding and the Operation BRAVE program is to ensure the continued delivery of high-quality core medical and support services to individuals living with HIV/AIDS, while improving and sustaining viral suppression rates. Securing stable housing through AARC significantly enhances clients' ability to access and adhere to their HIV care, addressing critical non-medical drivers of health. During fiscal year 2025-26, Operation BRAVE funds enable AARC to provide a comprehensive range of services, including Mental Health, Outpatient Substance Abuse Treatment, Outpatient/Ambulatory Health Services, Emergency Financial Assistance, Initiative Services, Food Bank, and Housing Services.

This amendment specifically increases funding for AARC's Housing Services for patients eligible under Operation BRAVE, utilizing both a HRSA-approved carryover amount and a strategic reallocation of funds. As a result, funding for Housing Services will increase by \$274,814 from carryover funds and \$25,000 from reallocated funds, bringing the total Housing Services budget to \$673,160. Consequently, AARC's overall Operation BRAVE allocation will total \$799,660. This targeted increase in housing support is essential to improving health outcomes and advancing the goals of the Ending the HIV Epidemic initiative.

Consideration and Appropriate Action Regarding an Amendment to the Professional Services Agreement with Texas Liver Consultants for CareLink Members —
Virginia Mika, PhD

SUMMARY: University Health, through the CareLink program, provides medical services to the uninsured residents of Bexar County. Texas Liver Consultants has established a relationship with University Health and is currently seeing patients at the Robert B. Green campus location. CareLink has had a contract with Texas Liver Consultants since 2022 and recently renewed the agreement. Due to the termination of the agreement with UT Health to provide hepatology services at the Robert B. Green campus, the volume of CareLink members seen monthly by Texas Liver Consultants has increased significantly since April. The average monthly amount paid for services increased from \$1,500 in 2024 to \$12,350 for the second quarter of 2025.

The purpose of this amendment is to add additional funds to the contract to continue to provide hepatology services for CareLink members. Payment of services is based on a fee for service reimbursement model and is negotiated at 100% of the Medicare fee schedule. The term of this contract is three (3) years beginning January 1, 2025 through December 31, 2027.

Patient volume has increased from a monthly average of 17 members in 2024 to 25 members in the first quarter of 2025, and to 149 members per month currently, representing a nearly 800% increase in volume. The agreement includes provisions for compliance with University Health utilization review and quality assurance programs, as well as eligibility verification and pre-authorization requirements from CareLink.

Consideration and Appropriate Action Regarding a Professional Services Agreement with UT Health San Antonio for Dermatological Services — *Monika Kapur, M.D./Edward Banos*

SUMMARY: University Health, University Medicine Associates (UMA), and the Department of Medicine, Division of Dermatology at UT Health San Antonio have collaborated to operate the Robert B. Green Skin Clinic. Since its inception, Dr. Richard Usatine has served as the lead physician, bringing expertise in the diagnosis and treatment of dermatologic conditions. This partnership enhances access to highly specialized dermatological care for University Health patients while enabling UMA to bill for services and collect professional revenue.

The current agreement is set to expire on October 31, 2025. Under this agreement, services consist of direct dermatological patient care delivered at the University Health outpatient clinic located at the Robert B. Green campus. UMA leases 0.70 FTE of Dr. Usatine's clinical time, equivalent to twenty-eight hours per week, and provides funding for his salary. University Health, in turn, provides clinical space and support staff at no cost to UT San Antonio. UMA retains responsibility for billing and collecting all professional fees generated by Dr. Usatine for services rendered.

Under the terms of the new agreement, UMA will continue to lease 0.70 FTE of Dr. Richard Usatine's clinical time. This ensures that University Health patients requiring outpatient dermatological services have continued access to high-quality care. The new agreement will be effective for two years, beginning November 1, 2025, and ending October 31, 2027.

The funding provided in the current agreement is \$194.05 per hour, with the total cost not to exceed \$282,544 annually. There will be no change to the hourly rate or the not-to-exceed amount under the new agreement. UMA will continue to bill and collect all professional fees generated by the provider. Current cash collections for professional fees are approximately \$69,000 annually, which partially offsets the overall program cost and ensures that the agreement remains a planned and budgeted expense. This funding is fully incorporated into the 2025 and 2026 operating budgets and results in a net cost to UMA of approximately \$213,544 annually.

Consideration and Appropriate Action Regarding the following Agreements with Advanced Clinicians, PLLC:

1. On-Call Wound Care Services — *Edward Banos*

SUMMARY: University Health has contracted with Advanced Clinicians, PLLC since 2022 to provide professional medical services at University Hospital through the appointment of qualified Advanced Practice Providers. These providers possess specialized training and experience in wound care and provide on-call coverage and services 24/7/365 to University Hospital patients. When consulted, Advanced Clinician providers partner with primary care teams to manage the prevention and treatment of pressure ulcers, surgical wounds and incisions, diabetic foot ulcers, arterial ulcers, cellulitis, and many complex health conditions that could lead to the need for comprehensive wound care.

The agreement with Advanced Clinician PLLC enables University Health to ensure that the wound care service line will provide the highest quality comprehensive wound care services to surgical and non-surgical patients admitted at University Hospital.

Effective prevention of pressure injuries requires expertise from a multidisciplinary team to include physicians, nurses, and wound care specialists to serve as in-house subject matter experts for wound identification, education, staging, and actions necessary to improve wounds and reduce progression.

The intentional focus and collaborative efforts of this multidisciplinary team, has improved outcomes for inpatients at University Hospital. The cost of this five-year contract is \$675,600 for on-call 24/7/365 provider coverage for wound-related patient care needs. This is a planned expense and to be included in the annual operating budget.

2. Wound Care Services for CareLink Members and Unfunded Patients — *Edward Banos*

SUMMARY: University Health, through the CareLink program, provides medical services to the uninsured residents of Bexar County. University Health is contracting with Advanced Clinicians, PLLC to provide wound care to patients within our hospital and outpatient facilities. Advanced Clinicians, PLLC is a wound care specialty practice that has an excellent reputation for providing specialized wound care services in the community.

CareLink first contracted with Advanced Clinicians, PLLC in November 2022. The contract included services for CareLink members, but this agreement includes services for unfunded patients, which were previously being covered through the agreement managed by Ambulatory Administration. The agreement between University Health and Advanced Clinicians, PLLC establishes a partnership to provide comprehensive wound care services for surgical and non-surgical patients admitted to University Hospital. Prevention and management of pressure injuries requires collaboration from a multidisciplinary team, including physicians, nurses, and wound care specialists. This service will also support CareLink members and unfunded patients, ensuring equitable access to advanced wound care.

The contract includes provisions for compliance with University Health utilization review and quality assurance programs, as well as eligibility verification and pre-authorization requirements from CareLink. All Advanced Practice Providers (APPs) providing services pursuant to this agreement are credentialed through the University Health and UMA credentialing process. This agreement includes performance standards that address quality of care, access, and appropriate utilization.

This is a fee for service agreement and is based on 100% of the current Medicare Fee Schedule in place at the time the service was provided. Costs are estimated at approximately \$10,000 per month for CareLink members and \$10,000 per month for unfunded patients. We anticipate the value of the contract to be \$240,000 for a period of one year. This is a planned expense and will be included in the annual operating budget. The total estimated value of the contract for the five-year period is \$1,200,000.

Consideration and Appropriate Action Regarding an Agreement for Specialty Team Transport Services with AirMed International, LLC — *Ted Day*

SUMMARY: University Health's continued growth of neonatal, pediatric and maternal services is dependent on the ability to respond timely to requests for specialty transports from referring hospitals throughout the region. In 2024, the Specialty Transport Teams performed a total of 823 air and ground transports, of which 68 were by fixed wing transport. Smaller incremental growth of ECMO patient service also depends on this same ability to meet the demand.

University Health has collaborated with AirMed International for fixed-wing air medical transportation services for specialty teams (including the above types of patient populations) since 2019 for several different types of specialty transports.

Due to market and reimbursement changes, AirMed International has determined that it can no longer function under the existing business model with various health systems in South and Central Texas, thus providing termination notices to them, including University Health in early 2025.

In evaluating current and prospective specialty transport needs, University Health staff has developed a tiered approach for responding to requests that require air transport. To ensure the availability of transportation services for specialty teams, University Health will be responsible to pay an availability fee of \$6,800 per transport. The organizations will revisit that fee annually to consider shifts in volume, reimbursement, and payer mix that may warrant adjustments. Based on historical utilization, and considering the additional air transportation resources available to University Health, staff estimates an expense of approximately \$163,000 per year, totaling \$489,600 over the three-year contract period. These expenses would be offset by payer revenue for each of the inpatient stays resulting from the specialty transports.

Consideration and Appropriate Action Regarding the Restoration of the South Service Drive at University Hospital — *Brian Freeman*

SUMMARY: The South Service Drive is the main drive to the South Dock, which is active daily to send and receive goods and materials needed for the operations of University Hospital and ambulatory clinic locations. The repair of this drive will reduce the daily wear on internal fleet vehicles that utilize the South Dock.

The South Service Drive located at 4502 Medical Dr. was constructed in 1968 and provides vehicular access to the loading dock that supports the morgue, clinical facilities, and support services. As a result of increased traffic patterns, heavier vehicles, adverse weather conditions and age, the asphalt surface and base subsurface materials have deteriorated, resulting in numerous potholes of varying sizes.

To address the needs of University Hospital, the team has determined that the most appropriate solution would be to remove all existing asphalt paving and replace it with concrete, which will provide a long-term solution. As a result, Allbrite Constructors of Texas, Inc. was selected as the overall most responsible vendor for cost effective and timely completion of the project with a submitted bid of \$456,800. Myers Concrete Construction provided a bid of \$618,270 and Proficient Constructors, LLC provided their bid at \$1,488,216.

The Allbrite Constructors of Texas, Inc. proposal offers a turnkey package with a total project completion timeline of sixteen (16) weeks, defined as starting construction to completeness. The project scope includes Allbrite Constructors of Texas, Inc. cost of \$456,800 and \$45,680 for contingency costs. The total cost for this project will not exceed \$502,480 and will be funded from the 2025 operating budget.

Consideration and Appropriate Action Regarding the Capital Purchase of the Da Vinci 5 System with Intuitive Surgical for Community Hospitals — *Brian Freeman*

SUMMARY: University Health is currently constructing two new community hospitals scheduled to open in 2027. In preparation, University Health is actively recruiting physicians and surgeons who will begin employment in 2026. To allow these surgeons to establish their practices ahead of the community hospital openings, they will initially be credentialed to practice at the main hospital.

Many of the recruited surgeons are already performing robotic surgery at other local hospitals. To ensure University Health remains competitive and to provide these surgeons with the tools necessary to maintain and grow their practices, University Health has the opportunity to purchase an Intuitive Surgical Da Vinci 5 robotic surgery system.

By installing the system at the main hospital, surgeons beginning employment in 2026 will be able to perform robotic procedures immediately, while University Health prepares the new community hospitals for their eventual surgical program expansion. This investment would position University Health as an early adopter for these incoming physicians, strengthening recruitment, retention, and future surgical growth.

The Da Vinci 5 System is designed to provide flexibility for procedures performed across multiple specialties with broader anatomical access and enhanced ease of use for surgeons. Additionally, many procedures that required an overnight hospital stay can now be performed as outpatient surgery.

The purchase cost for the Da Vinci 5 robotic surgery system, including the required surgical table, is \$3,021,000. This expenditure will be funded through the University Health Palo Alto Hospital capital program and has already been budgeted as part of this project. The confirmed lead time for this equipment to arrive is approximately 120 days once the purchase order is received by the vendor.

Consideration and Appropriate Action Regarding a Lease Amendment with 5282 Medical Dr LLC to Extend the Westgate Clinic Lease at 5282 Medical Dr., San Antonio, Texas — *Brian Freeman*

SUMMARY: In February of 2024, Bexar County Hospital District Board of Managers approved a third lease amendment that added Suite 614 to the lease portfolio. Suite 614 consists of 5,875 rentable square feet and is currently being used to provide Pediatric Cardiology healthcare services. This lease commenced December of 2024 and is for a term of five (5) years.

The term of the existing lease, for a combined 15,915 square feet, was for five (5) years and is due to terminate effective November 30, 2025, for suite 240 and 250. The landlord has agreed to enter into a fourth lease amendment for these suites, that would provide a three (3) year lease extension for Suites 240 and 250. Base rent would be \$30.39 per square foot for 15,915 square feet of 2nd floor clinic space. Base rent will increase annually at a rate of 3%.

Landlord has approved 2026 budget to enhance the building common areas. The projects include completion of elevator modernization; wall and flooring renovations to common area restrooms and hallways; replacement of lobby furniture; added security enhancements to include exterior security cameras. Additionally, the Landlord has agreed to assess and rebalance the HVAC system within suites 240 and 250 which will allow for added consistent room temps throughout the patient and staff spaces.

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) — *Reed Hurley/Travis Smith*

SUMMARY: University Health's Purchasing Consent attachment for the month of September 2025 includes 11 proposed contracts for Board of Managers action. The total requested Board of Managers approval for these 11 contracts is \$5,266,105. All other Board of Managers agenda items and contracts will be addressed and approved separately by the Board.

RECOMMENDATION: Staff recommends Board of Manager's approval of:
1) Purchasing Consent Agenda Items; and,
2) Purchasing Consent Attachment "A" in the amount of \$5,266,105

COMMENTS /DISCUSSIONS: None

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

EVALUATION: None

FOLLOW UP:

None

Third Quarter Quality Report — *Bryan Alsip, M.D./Juan Garza, M.D.*

SUMMARY: This Quality Report provides an update on the University Health quality program metrics that impact a majority of the publicly reported outcomes as well as the 2025 Lown Institute Hospitals Index and the FY2026 Centers for Medicare & Medicaid Services (CMS) Pay for Performance programs. Readmission metrics are tracking just below baseline and averaging 84% of the annual target goal.

University Health continues to experience positive patient outcomes for reducing hospital acquired infections. To-date, three of the four infection categories are better than baseline with CLABSI and MRSA better than annual target goals. Additionally, through June 2025, University Health has had zero patients developing Hospital-Acquired Surgical Site Infection (HA-SSI) Hysterectomy and only five (5) cases of patients developing HA-SSI Colon.

Through July 2025, adult sepsis bundle outcomes are at 81% to an annual target of 82% (99% to goal), which represents national top decile performance. Overall performance is driven by consistent actions and performance improvement led by the Quality team and engaged physician leaders. Also noted, through July 2025, adult sepsis bundle outcomes are at 81% to an annual target of 82% (99% to goal), which represents national top decile performance. Overall performance is driven by consistent actions and performance improvement led by the Quality team and engaged physician leaders.

New to the FY2026 scoring within the safety domain is the inclusion of the sepsis (SEP-1) bundle compliance outcome. Using FY2022 as a baseline, CMS measured performance using outcomes from January 2024-December 2024. In accordance with UHS Policy 2.04; CMS Conditions of Participation 482.12; and Joint Commission standard LD.04.036.09, all clinical contracts must be reviewed annually. This review includes quality and performance metrics as well as compliance with overall contract provisions.

COMMENTS /DISCUSSIONS: A comprehensive presentation was provided to the Board covering key updates, data, and initiatives. The Board members reviewed the information in detail, engaged in discussions, and sought clarification as needed. Upon completion of the discussions, the Board thanked Dr. Garza for an excellent report.

Action Items:

Consideration and Appropriate Action Regarding Selected Purchasing Items:

Consideration and Appropriate Action Regarding a Professional Services Agreement between University Medicine Associates and UT Health San Antonio for the 9th Floor Intensive Care Unit Coverage Services — *Monika Kapur, M.D./Edward Banos*

SUMMARY: University Health Critical Care Transplant, Cardiothoracic Surgery, and Cardiology inpatients are co-located and cared for in the Sky Tower 9th Floor Intensive Care Unit (ICU). These patients require 24/7/365 on-site care management, the vast majority of which is provided by UT Health San Antonio (UT Health) faculty physicians and advanced practice providers from the Departments of Transplant and Cardiothoracic Surgery and the Cardiology Division.

Each of these provider groups have been challenged by the considerable time commitments created by their respective patient coverage obligations.

In 2022, University Health and UT Health leadership collaborated to establish a new model that assigned a group of Critical Care Physicians from the Departments of Anesthesiology and Surgery, supported by University Medicine Associates (UMA) advanced practice providers, to provide consistent on-site coverage for these patients. This model relieved pressure on the transplant, cardiothoracic, cardiology, and trauma surgery teams, while simultaneously enabling them to devote additional time to growing and enhancing their programs across University Health facilities.

The current agreement provides uninterrupted 24/7/365 coverage through Critical Care faculty physicians leased from UT Health by UMA. Under this arrangement, UMA is responsible for billing and collecting all professional fees associated with the services delivered by these faculty providers. This model has proven effective in ensuring high-quality, reliable patient care while maintaining operational efficiency for specialty physician groups.

UMA and UT Health will ensure that an adequate number of qualified physicians are available to appropriately staff the Sky Tower 9th Floor Intensive Care Unit at all times. This adjustment strengthens staffing stability, reduces provider fatigue, and aligns coverage more closely with patient care needs, while bringing total critical care coverage to 36 hours daily. A further \$312,390 is allocated for shift differentials, reflecting the premium compensation necessary for evening and overnight coverage in critical care environments.

RECOMMENDATION: Staff recommends Board of Managers' approval to execute a one-year agreement with UT Health for up to 13,972 on-site faculty physician hours at an amount not to exceed \$5,001,987 for the period from October 1, 2025 through September 30, 2026, with an option to renew for an additional one-year period under the same terms and conditions, for a total expense not to exceed \$10,003,974.

COMMENTS /DISCUSSIONS: Dr. Cohen asked what is the specialty of the Physicians' covering the night shifts? All Physicians and Surgeons, Dr. Mason and various Critical Care Doctors and Nurse Practitioner's and other critical staff care of various specialties provide patient care around the clock.

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

EVALUATION: None.

FOLLOW UP: None

Finance Agenda – Jimmy Hasslocher, Chair

Consideration and Appropriate Action Regarding the Financial Report for August 2025 — Reed Hurley

SUMMARY: The August 2025 financials showed University Health's consolidated bottom line for the month to reflect a gain of \$22.4 million, \$20 million better than the budgeted gain of \$2.5 million. This gain to budget is primarily due to patient activity driving positive net patient revenue of \$7.2 million and CFHP Premium Revenue of \$16 million.

In August, clinical activity (as measured by inpatient days) was up by 2% and inpatient discharges were higher than budget by 5.5%. Volumes exceeded prior year's performance across most key service delivery areas.

Community First experienced a bottom-line gain of \$4.7 million, which was \$4.1 million better than the budgeted gain of \$618 thousand. Community First membership is up 4.9% compared to Budget driving up revenues as well as Medicaid Medical Claims Expense compared to budget.

Year to Date Operating Revenue:

- Net patient revenue is over budget by \$150.6 million driven by high patient volumes, acuity of inpatient services, and the continued growth of retail pharmacy volumes.
- Supplemental revenue is under budget \$7.3 million due to a change in estimated NAIP program revenue and DSH/UC final funding.
- Community First premium revenue exceeds budget by \$56.2 million due to a 3.9% increase in insured membership compared to budget.

Year to Date Operating Expense:

- Employee Compensation is over budget by \$54.9 million due to increased patient volumes requiring additional bedside staff and an increase in related health insurance expenses.
- Purchased Services are under budget by \$7.4 million primarily related to timing of projects and professional services.
- Supplies are under budget by \$11.8 million primarily due to implementation of supply savings initiatives reducing the cost per patient in procedural areas.
- Community First claims expense is over budget by \$71.0 million due to higher-than-expected enrollment.

Year to Date Non-Operating Expense:

- Investment income of \$57.6 million was higher than budget by \$17.5 million.
- A net unrealized gain of \$18.7 million has been recorded.

Consolidated Balance Sheet Report:

- Days Revenue in Patient Accounts Receivable: 36.7 days on a budget of 38.0 days.
- The Community Hospitals project has a total expected budget of \$1.58 billion; of which \$1.3 billion of contracts have been approved by the Board of Managers. Total payments of \$574 million have been paid to date leaving \$738 million encumbered. Of the Community Hospital's \$1.58 billion budget, \$1.3 billion in cash and bond proceeds have been committed for the project and additional cash reserves will be allocated over the next two years to fully fund the project.
- At the June 2025 Board meeting, \$91 million was encumbered for the pending acquisition of the former Christus Medical Center hospital campus.
- Unencumbered funds reserved for future capital needs have a balance of \$14.7 million.
- University Health's Net Asset Value has increased \$241.8 million year to date on a Generally Accepted Accounting Principles (GAAP) basis including debt service tax revenue and interest expense on bonds.

RECOMMENDATION: Staff recommends approval of the August 2025 Financial Report subject to audit.

COMMENTS /DISCUSSIONS: Dr. Cohen asked about Hospital at Home and the purpose of the program? Mr. Hurley explained how the program works. Further discussions ensued. Mr. Hasslocher commented about the government closure and asked for Mr. Banos to highlight his participation at the America's Essential Hospitals Board of Director's Meeting in Washington, DC. Mr. Banos stated during the meeting he and other AEH Board Members stressed the importance of Medicaid and Medicare for the community. Other major points such as 340B program as well as the EPIC Program were highlighted during the board meeting. Further discussions ensued.

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Ms. Fernández, **SECONDED** by Dr. Cohen, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW UP: None

Presentations and Education:

A. Pharmacy Overview — Jennifer Rodriguez

SUMMARY: University Health Pharmacy Programs have positively impact patient care across multiple domains. They enhance quality of care by ensuring patients receive the right medication at the right time, improving outcomes and adherence. University Health Pharmacy continues to advance innovative business strategies and maximize the benefits of the 340B Drug Pricing Program to improve both patient care and financial outcomes. Together with the University Health Medication Assistance Program (MAP), these initiatives help ensure patients can access their prescribed medications at the lowest possible cost. Since 2000, the Pharmacy MAP program has secured more than \$500 million in free medications from manufacturers for University Health patients. For uninsured individuals, the 340B Program significantly reduces out-of-pocket expenses—allowing, for example, insulin-dependent patients to obtain prescriptions for as little as five dollars. By breaking down financial barriers to medications, the Pharmacy not only supports patients’ overall health but also helps prevent avoidable hospitalizations.

Located in the 1st floor of the Women’s and Children’s Hospital, is the Discharge Pharmacy that since it’s opening has received positive feedback due to its’ size and the added patient service windows. Behind the Discharge Pharmacy is the Compound Pharmacy dedicated to separating the Pediatric IV compound to help prevent any medication errors to our most vulnerable patients. Through advanced clinical services, innovative technology, and seamless multidisciplinary collaboration, University Health pharmacists and pharmacy technicians are driving better health outcomes, improving patient and provider experiences, and enhancing system-wide efficiency.

This year, the University Health Pharmacy Technician Training Program received the national Premier Pharmacy Impact Award in recognition of its innovative approach to setting a new standard for the industry – one that is helping address the nationwide pharmacy technician labor shortage.

COMMENTS /DISCUSSIONS: The Board reviewed the presentation in detail, which included comprehensive information and updates on the topic. Following in-depth discussions and clarifications of key points, the Board members acknowledged the report. Mr. Hasslocher thanked Jennifer for her presentation and a great job she and her staff are doing.

B. LeanTaaS Command Center Update — Bill Phillips

SUMMARY: In September 2024, the Board of Managers approved the acquisition of an artificial intelligence (AI) based command center software, LeanTaaS. The advanced predictive capabilities, workflow automation, and real-time data analytics provides enhanced communication by anticipating issues and proactively managing patient throughput. The goal of this software was to utilize AI to improve throughput for the Emergency Department (ED) and to reduce overall length of stay.

On April 29, 2025, the first phase of the LeanTaaS software was successfully implemented with a focus on the Flash Rounds, Morning Huddle, Transitional Care Center Utilization. LeanTaaS software has aided in the early identification of appropriate TCC patients and has provided a method of electronic documentation and monitoring. Within the first three (3) months of LeanTaaS implementation, TCC utilization increased approximately 150%. At an estimated cost of \$900 per acute inpatient day and approximately 40,000 bed minutes saved since April 29, 2025, the TCC has saved approximately \$25,000 in 4 months.

The Command Center will streamline coordination with additional services that support the improved workflows such as Environmental Services and Patient Transport. The resulting decrease in length of stay lowers hospital costs and additionally, there is a reduction in resource utilization (e.g., beds, staff time, equipment), allowing the hospital to improve critical inpatient capacity to meet the needs of the community.

COMMENTS /DISCUSSIONS: A comprehensive presentation was provided to the Board covering key updates, data, and initiatives. The Board members reviewed the information in detail, engaged in discussions, and sought clarification as needed. Upon completion of the presentation Mr. Hasslocher thanked Bill Phillips for his informative report.

Dr. Cohen commended that was a remarkable meeting based on the Hospital at Home, Pharmacy Overview and the Command Center presentations; we have to be one of the Top Five Hospitals in the United States. He was very impressed at the incredible presentations at every level by the staff and congratulated Leadership and Staff. Ms. Rodriguez added that she also is appreciative of the whole team with a family member as a patient. Their experience at our facility with the best customer service for the family and an excellent outcome for her relative. Dr. Kelley congratulated the Nursing Team on their Magnet Status for the Fourth Year in a row.

Information Only Items:

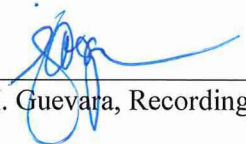
- I. Update on the Community Hospitals — *Brian Freeman*
- II. University Health Foundation Update — *Sara Alger*
- III. Report on Recent Recognitions and Upcoming Events — *Leni Kirkman*

Adjournment: — *Jimmy Hasslocher, Chair*

There being no further business Mr. Hasslocher adjourned the public meeting at 7:44pm.


Jimmy Hasslocher
Chair, Board of Managers


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


Janie M. Guevara, Recording Secretary

The Board of Managers may recess during the open meeting in order to hold a closed meeting. Alternatively, a closed meeting may be held before the open meeting or after its adjournment.

Closed Meeting: A closed meeting will be held pursuant to TEX. GOV'T CODE, Section 551.085 to receive information regarding pricing, market data and/or financial and planning information relating to the arrangement or provision of proposed new services and/or product lines.

Closed Meeting: A closed meeting will be held pursuant to TEX. GOV'T CODE, Section 551.085 to receive information regarding pricing or financial planning information relating to a bid or negotiation for the arrangement or provision of services or product lines to another person if disclosure of the information would give advantage to competitors of the hospital district.



**MEETING OF THE BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS CERTIFIED AGENDA**

Tuesday, September 30, 2025

The following is an agenda of a closed meeting of the Board of Managers of the Bexar County Hospital District d/b/a University Health, held pursuant to the Texas Open Meetings Act, TEX. GOV'T CODE § 551.001 et seq. (Vernon 2004).

The Board Chair, Jimmy Hasslocher, announced this meeting closed to the public at 7:44 p.m., on the 30th of September 2025 with the following Board members present:

Jimmy Hasslocher, Chair
Anita L. Fernández, Vice Chair
Margaret A. Kelley, M.D., Secretary
David J. Cohen, M.D., Member
Beverly Watts-Davis, Member
Melinda Rodriguez, P.T., D.P.T., Member
Pat Jasso, Member

Also present were Mr. Edward Banos, President/Chief Executive Officer; Bill Phillips, EVP/Chief Operating Officer; Reed Hurley, EVP/Chief Financial Officer; Bryan Alsip, M.D., EVP/Chief Medical Officer; Abby Lozano, M.D., VP/Behavioral Health, Sally Taylor, MD, Behavioral Health Consultant, and Serina Rivela, SVP/Chief Legal Officer.

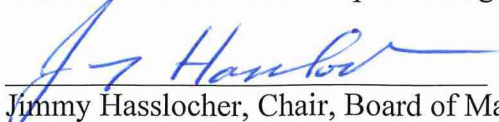
A closed meeting will be held pursuant to:

- A. TEX. GOV'T. CODE, Section 551.071(2), for attorney consultation on matters where legal obligations under the Texas Disciplinary Rules of Professional Conduct conflict with this chapter, including discussions regarding organizational benefits;
- B. TEX. GOV'T. CODE, Section 551.072, to deliberate the purchase, exchange, lease or value of real property; and
- C. TEX. GOV'T. CODE, Section 551.085 to receive information regarding pricing, market data and/or financial and planning information relating to the arrangement or provision of proposed new services and/or product lines.

After discussion, no action was taken in closed session.

The Board Chair, Jimmy Hasslocher, announced that the closed meeting ended at 8:00 p.m., on the 30th of September 2025.

I certify that this agenda kept pursuant to TEX. GOV'T CODE, §551.103 (Vernon 2004) is a true and correct record of these proceedings.


Jimmy Hasslocher, Chair, Board of Managers