MINUTES OF THE BOARD OF MANAGERS OF UMC HEALTH SYSTEM

MONDAY, JANUARY 24, 2022

Ms. Jolyn Wilkins, Chairman, called the Board of Managers of University Medical Center to order at 9:02 a.m. on Monday, January 24, 2022. The meeting was held in the board room at University Medical Center, 602 Indiana Avenue, Lubbock, TX. The meeting was held utilizing the Microsoft platform, TEAMS, with appropriate notice and opportunity for the public to participate pursuant to the temporary suspension of certain Open Meeting Laws due to the State Governor's COVID-19 disaster declaration.

The Chair confirmed that no one from the public registered to comment.

Ms. Wilkins welcomed the Board Members and guests and thanked them for attending. The following members and guests were present:

BOARD MEMBERS PRESENT

Carlos Garcia
Gary Greenstreet
Curtis Griffith

Mont McClendon Laura Vinson Gladys Whitten, D.M.D.

Jolyn Wilkins

MEMBERS ABSENT

Steven Berk, M.D.

OTHERS PRESENT

Teresa Barron Bobbye Hrncirik (virtual) Susan Carter John Lowe (virtual) Jeff Dane Mindy McCamish **Aaron Davis** Brian Payne, M.D. Kristi Duske **Britt Pharris** Bill Eubanks Mike Ragain, M.D. Mark Funderburk Greg Roberts (virtual) Alan Haynes, M.D. Jodene Satterwhite (virtual) Jeff Hill

Zach Sawyer Nick Skeen Chris Smith (virtual) Terrell Thrasher

Amanda Tijerina Kala Waits Phillip Waldmann

Tammy Williams

INVOCATION

Mr. Mark Funderburk voiced the invocation.

QUORUM

With seven voting members present, a quorum was established.

EXECUTIVE SESSION

The Board of Managers went into a Closed Meeting under <u>Government Code</u> Sections 551.071, 551.072, 551.073, 551.074, 551.076 and 551.085 at 9:03 a.m. to consult with attorney concerning pending or contemplated litigation, settlement offers, and confidential legal matters; to deliberate the purchase, exchange, lease or value of real property, deliberate personnel matters; to deliberate financial planning information relating to negotiation for provision of services or product lines; to deliberate proposed new services or product lines and to review Professional Staff credentials (Health and Safety Code Section 161.031 et seq.).

RECESS: Without objection, the Board agreed to recess at 10:42 a.m. to take a brief break before entering Open Session.

OPEN SESSION

The Board of Managers entered Open Session at 10:50 a.m.

APPROVAL OF THE MINUTES

The following minutes were presented for approval.

• Board of Managers Meeting – December 13, 2021

• Performance Improvement Oversight Committee Meeting – December 13, 2021

Chairman Wilkins called for a motion to approve the minutes.

ACTION: Mr. Griffith moved to approve the PIOC and the Board of Managers minutes as

presented. The motion was seconded by Mr. Garcia and approved unanimously.

PROFESSIONAL STAFF REPORT CREDENTIALS RECOMMENDATIONS

Mike Ragain, M.D., Executive Vice President and Chief Medical Officer, presented the recommendations to the Board of Managers from the Executive Committee meeting held on January 3, 2022. It was the staff's recommendation to approve as presented.

Following opportunity for all present to ask questions, the Chairman called for a motion.

ACTION: Mr. Greenstreet moved to approve the UMC Professional Staff

recommendations as presented. The motion was seconded by Dr. Whitten and

approved unanimously.

PRESIDENT'S REPORT

Mr. Mark Funderburk, President and Chief Executive Officer, reviewed the UMC Scorecard and Hospital Utilization Report.

Mr. Funderburk announced that the Honor Garden dedication held on January 20th was well attended and well received.

Mr. Funderburk announced that self-scheduling is now available for individuals to make their appointments on-line.

After discussion and opportunity for all present to be heard, the Chairman called for a motion.

ACTION: Mr. Garcia moved to accept the President's report as presented. The motion was

seconded by Mr. Greenstreet and approved unanimously.

Amanda Tijerina, Vice President, Quality, presented the Trauma and Burn Resolution.

WHEREAS, trauma injury is a leading cause of death and disability, and

WHEREAS, UMC Heath System strives to provide optimal care to the injured patient (trauma and burn), and

WHEREAS, UMC Heath System seeks to provide high quality, safe trauma and burn care, and

WHEREAS, UMC Health System's participation in the Texas Trauma System will result in an organized and timely response to patients' needs, and

WHEREAS, UMC Health System desires to operate as a Level I Trauma Center, Level II Pediatric Trauma Center, verified by the American College of Surgeons and designated by the Texas Department of State Health Services, a Regional Burn Center verified by the American Burn Association, and

WHEREAS, the Board of Managers is committed to the care of the injured patient by supporting:

- 1. Exceptional professional and paraprofessional personnel in trauma care.
- 2. Utilization of resources, equipment, and ancillary services dedicated to providing the highest quality of trauma care.
- 3. Capable resources to support the Trauma and Burn Performance Improvement Patient Safety (PIPS) plan.
- 4. Maintenance of a leadership role locally, regionally, state-wide and nationally in the delivery of care to the injured patient and the coordination of trauma care systems within the community.
- 5. Provision of education in trauma and burn care for medical students, residents, attending physicians, nurses, prehospital and other paramedical personnel
- 6. Research in the care of the trauma and burn care.
- 7. Provision of injury prevention programs to the community it serves addressing specific injury and age populations.
- 8. Capable resources to support a trauma mass casualty emergency preparedness plan.
- 9. Maintenance of a concurrent trauma and burn registry meeting national and state data standards including risk-adjusted benchmarking and data quality for each individual center.

Be it resolved that the Board of Managers of University Medical Center hereby pledge full commitment to the care and treatment of all trauma and burn injured patients as part of its continued desire to be a verified and designated Level I Trauma Center, a verified Level II Pediatric Trauma Center, and a verified Regional Burn Center.

Be it further resolved that this medical center is willing and committed to devoting the personnel, facilities, equipment, and financial resources necessary to maintain these designations.

Be it further resolved that the Board commits to maintain the highest standards needed to provide optimal care of all injured patients. The multidisciplinary trauma and burn performance improvement program(s) have the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions.

It was the staff's recommendation to approve as presented.

After an opportunity for all present to ask questions, the Chairman called for a motion.

ACTION: Mr. Garcia moved to approve the Trauma and Burn Resolution as presented. The motion was seconded by Mr. McClendon and approved unanimously.

CHIEF FINANCIAL OFFICER'S REPORT

Mr. Jeff Dane, Executive Vice President, Administrator and Chief Financial Officer, reviewed the December 2021 financial statements. It was the staff's recommendation to approve as presented.

After discussion and opportunity for all persons present to be heard, the Chairman called for a motion.

ACTION: Mr. Greenstreet moved to accept the December financial statements as presented. The motion was seconded by Mr. McClendon and approved unanimously.

TTUHSC REPORT

This report was deferred.

RESOLUTION TO AMEND UMC'S 403(B)

Kristi Duske, Senior Vice President and Chief Legal Officer presented a 403(b) resolution to amend the University Medical Center Employee Tax shelter Annuity Program, effective January 1, 2020, upon the advice of outside counsel, Kim Wilkerson, to implement certain 403(b) COVID related provisions, including hardship distributions made on or after January 1, 2020 will not trigger a required suspension of Elective Deferral. If a Participant received a hardship distribution before the Effective Date, and therefore Elective Deferrals were suspended, the Participant's suspension of Elective Deferrals begun before the Effective Date will continue as originally scheduled. Earnings on amounts attributable to Elective Deferrals are NOT available for hardship distributions. Casualty losses are limited to federally declared disasters, pursuant to Code §165(h). The Plan will not make hardship distributions on account of Disaster Losses.

It was the staff's recommendation to approve as presented.

ACTION: Mr. Griffith moved to accept the Resolution to amend UMC's 403(b) plan as

presented. The motion was seconded by Mr. Garcia and approved unanimously.

BID PROPOSALS AND SERVICE AGREEMENTS

The Board considered all of the following bid proposals and service agreements.

A. Apheresis Machine

Mr. Jeff Hill, Senior Vice President of Support Services and Government Relations, presented the Apheresis machine to the Board. Mr. Hill explained that this request is for an Optia Apheresis device and an Astotherm blood warmer. This will be a total of two devices to help reduce delays when more than one patient is needing procedures.

Staff recommends the purchase from Terumo, a Premier vendor, for a total cost of \$86,422. This will be paid for out of the 2021 unbudgeted funds.

B. Seating for McInturff Conference Center (435)

Mr. Jeff Hill, Senior Vice President of Support Services and Government Relations, presented the seating for the McInturff Conference Center to the Board. Mr. Hill explained that this request is to replace chairs used in the McInturff Conference Center.

Staff recommends the purchase from the TriMark, a Premier vendor, for a total cost of \$83,633. This will be paid for out of the 2022 budgeted funds.

C. Laser Bridge

Mr. Nick Skeen, Executive Vice President of Service Line Development and Chief Operating Officer, presented the Laser Bridge to the Board. Mr. Skeen stated that the current laser system is reaching end-of-life and will need to be upgraded within the next year in order to avoid any potential issues with the system. These lasers are essential for precise patient alignment for patients and ensure accurate treatment during their initial CT scan.

Staff recommends the purchase from GE Healthcare, a Premier vendor, for a total cost of \$216,220. This will be paid for out of the 2021 budgeted funds.

D. Scope Replacement

Mr. Nick Skeen, Executive Vice President of Service Line Development and Chief Operating Officer, presented the scope replacement to the Board. Mr. Skeen explained that this is a replacement of Olympus scopes and processors that are seven years old or older.

Staff recommends the purchase from Olympus, a Premier vendor, for a total cost of \$2,330,439. This will be paid for out of the 2022 budgeted funds.

E. Vascular Ultrasound (2)

Mr. Nick Skeen, Executive Vice President of Service Line Development and Chief Operating Officer, presented the vascular ultrasound to the Board. Mr. Skeen explained that this request is to replace the outdated vascular ultrasound machines. Vascular ultrasound is used to evaluate arteries or veins, as well as blood vessels. Mr. Skeen explained the numerous other ways these machines can be utilized.

Staff recommends the purchase from GE Healthcare, a Vizient vendor, for a total cost of \$232,158. This will be paid for out of the 2021 budgeted funds.

F. Outpatient Surgery Seating

Mr. Nick Skeen, Executive Vice President of Service Line Development and Chief Operating Officer, presented the outpatient surgery seating to the Board. Mr. Skeen stated that this request is to replace the seating in the Outpatient Surgery waiting area.

Staff recommends the purchase from OfficeWise, a Premier vendor, for a total cost of \$66,539. This will be paid for out of the 2022 unbudgeted funds.

G. Health & Wellness Campus Bid Package

Mr. Nick Skeen, Executive Vice President of Service Line Development and Chief Operating Officer, presented the Health and Wellness Campus bid package to the Board. Mr. Skeen explained that this request is for the second bid package release for the Health and Wellness Campus. This will include roofing, drywall, framing, pneumatic tube station, fire suppression system and the landscaping and irrigation.

Staff recommends the purchase from the lowest compliant vendor, Whiting-Turner and Lee Lewis JV, for a total cost of \$11,885,342. This will be paid for out of the 2022 budgeted funds.

H. Air Handler Unit (AHU) 30 Fan Wall Repair

Mr. Phillip Waldmann, Executive Vice President of Operations and Chief Operating Officer, presented the AHU 30 fan wall repair to the Board. Mr. Waldmann explained that this repair is the supply fan for AHU 30. This supply fan suffered a catastrophic failure. This repair will upgrade the supply fan system to a fan wall system that was intended for this unit in the coming years. It will replace the existing system of one main fan, to a fan wall of nine smaller fans that will have extra capacity and redundance. This repair will also result in less energy consumption.

Staff recommends the purchase from Varitec, a TIPS vendor, for a total cost of \$108,900. This will be paid for out of the 2022 unbudgeted funds.

I. HVAC Controls Phase I (11)

Mr. Phillip Waldmann, Executive Vice President of Operations and Chief Operating Officer, presented the HVAC Controls Phase I to the Board. Mr. Waldmann explained that this project will replace all of the pneumatic controls, sensors, valves and actuators with DDC. This project will replace the controls on AHU-13, AHU-18, AHU-19, AHU-22, AHU-24, AHU-26, AHU-36, AHU-37, AHU-38, AHU-39 and AHU-40. This project is to resolve an HDR, 1-star, item. This will also help with energy savings.

Staff recommends the purchase from Johnson Controls, Inc., a Premier vendor, for a total cost of \$345,000. This will be paid for out of the 2022 budgeted funds

At this time, Ms. Wilkins gave members an opportunity to ask questions or voice objections. With no objections, Ms. Wilkins asked for a motion.

ACTION:

Dr. Whitten moved to accept staff's recommendation of the bids, proposals and service agreements as presented. The motion was seconded by Ms. Vinson and approved unanimously.

AGREEMENTS, PROPOSALS, POLICIES AND DISCUSSION ITEMS

The Board considered all of the following bid proposals and service agreements.

A. Contract Management Report

The Board was provided a report of UMC's contract management system report. The data is completed for the Det Norske Veritas (DNV) survey and is for information purposes. No action is necessary.

B. Nuance, Inc. Agreement

Mr. Bill Eubanks, Executive Vice President and Chief Integration Officer, presented the Nuance Inc., agreement to the Board. Mr. Eubanks explained that this agreement will provide a virtual scribe service for ten named UMCP Providers. This service will leverage AI and Machine Learning to identify key phrases and construct office clinic notes. Nuance will provide documentation specialists to review and correct notes as needed and route to UMCP providers for approval via PowerChart EMR message center. The purpose of this technology is to reduce overall documentation time for providers and to allow for increased throughput for providers with reduced after-hours documentation burden. The spend of this agreement is \$205,200 annually with a twelve-month auto-renew term.

C. 2022 Investment Policy

Mr. Terrell Thrasher, Senior Vice President of Finance, presented the 2022 Investment Policy to the Board. Mr. Thrasher explained that this policy covers all funds, separately or combined, as administered by University Medical Center, including but not limited to any self-insurance trusts, endowments, retirement, or bond funds. Mr. Thrasher stated that there was no significant legislation that affected action to change the 2022 Investment Policy.

D. Quarterly Investment Report

Terrell Thrasher, Senior Vice President of Finance, presented the Quarterly Investment Report to the Board. Mr. Thrasher discussed the portfolio market value on December 31, 2021 was \$422,177,240, with an overall yield of .34%. Mr. Thrasher also presented the yield benchmarks, investment composition and the investment analysis and maturities for the quarter.

E. Lubbock County Medical Indigent Policy (LCMI)

Mr. Jeff Dane, Executive Vice President, Administrator and Chief Financial Officer, presented the 2021 Lubbock County Medical Indigent policy update to the Board. Mr. Dane reviewed the eligibility qualifications and explained that the LCMI policy has no changes at this time.

At this time, Ms. Wilkins gave members an opportunity to ask questions or voice objections. Dr. Whitten requested that her title on the LCMI policy be changed to D.M.D. Ms. Wilkins asked for a motion.

ACTION:

Mr. McClendon moved to accept staff's recommendation of the agreements, proposals and policies presented. The motion was seconded by Mr. Garcia and approved unanimously.

ACCOUNTS FOR REFERRAL

Mr. Jeff Dane, Executive Vice President, Administrator and Chief Financial Officer, presented the January 2022 summary of accounts \$35,000 to \$100,000. There were five accounts in January totaling \$239,372. January accounts over \$100,000 were presented as follows:

Referral	Number of Accounts	Amount
Collection Agency	1	\$ 110,475
Delete	-	-
Legal	-	-
TOTAL	1	\$ 110,475

At this time, Ms. Wilkins gave members an opportunity to ask questions or voice objections. With no objections, Ms. Wilkins asked for a motion.

ACTION:

Mr. McClendon moved to accept staff's recommendation as presented. The

motion was seconded by Mr. Garcia and approved unanimously.

With no further business to come before the Board, the Chair adjourned the meeting at 12:04 p.m.

APPROVED:

Jolyn Wilkins, Chair

Gladys Whitten, D.M.D., Secretary

BID PROPOSALS AND AGREEMENTS PREPARED BY:

eresa Barron, Executive Assistant

APPROVED AS TO FORM:

Jan Brumley, Executive Assistant