

Board of Managers Meeting

By Telephone
Cypress Conference Room
First Floor, University Hospital

Tuesday, 8/11/2020
6:00 - 8:00 PM CT

1. Call to Order and Record of Attendance *Presented By: Jim Adams, Chair* (:01)
2. Invocation - Anna Melissa Cavazos, University Health System Foundation *Presented By: Jim Adams, Chair* (:03)
3. Pledge of Allegiance *Presented By: Jim Adams, Chair* (:01)
4. Public Comment: (:05)
5. Public Hearing of Proposed Mandatory Payment for the Bexar County Hospital District Local Provider Participation Fund Through Fiscal Year 2020: (:05)
6. New Business - Action Items: (:90)
 - A. Consideration and Appropriate Action Regarding a Resolution Setting the Mandatory Payment Rate for the Bexar County Hospital District Local Provider Participation Fund Through Fiscal Year 2020 *Presented By: Reed Hurley/George B. Hernández, Jr.*
8.11.20 LPPF Assessment - Page 2
8.11.20 Resolution Authorizing Setting the Rate of Mandatory Payment thru FY 2020 - Page 5
 - B. Discussion and Appropriate Action Regarding the 2020 Bexar County Hospital District Tax Rate Recommendation to Commissioners Court in Support of the District's Operating and Capital Budget and Debt Service Outlook for FY 2021 *Presented By: Reed Hurley/George B. Hernández, Jr.*
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7. Adjournment *Presented By: Jim Adams, Chair*



University Health System

BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, August 11, 2020

Consideration and Appropriate Action Regarding a Resolution Setting the Final Mandatory Payment Rate for the Bexar County Hospital District Local Provider Participation Fund for Fiscal Year 2020

Background:

The State of Texas Medicaid program reimburses hospitals and other providers at a fraction of Medicare payment rates. This is because the State has to provide state matching funds to receive the federal Medicaid share. The more the State pays Medicaid providers, the more state match will be required of the State. Conversely, low Medicaid payments minimize the cost of Texas Medicaid to the State.

While low Medicaid reimbursement saves the State money, providers lose a substantial amount of reimbursement. In 2006, with the blessing of the Center for Medicare and Medicaid Services (CMS), public and private hospitals in Texas developed a self-help remedy to improve Medicaid hospital reimbursement up to the Upper Payment Limit (UPL), the federal limit placed on fee-for-service reimbursement of Medicaid providers. This self-help remedy to improve Medicaid provider reimbursement was called the private hospital UPL program.

In Bexar County, the UPL program rested on the University Health System's ability to make the state Medicaid match with local public funds and the private hospitals creation of a charity expansion program, called the community benefit program. This model was continued in 2012 to assist local communities participate in the Texas 1115 Waiver. Without it no private hospital in Bexar County (Methodist, Baptist and Christus) would have been able to participate in the 1115 Waiver.

Unfortunately, CMS reversed its approval of the community benefit model in 2019. To address CMS concerns, the Texas legislature passed Senate Bill (SB) 1545 signed by the Governor on June 10, 2019. This bill authorized the establishment of a Local Provider Participation Fund (LPPF) for Bexar County.

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Only governmental entities can create an LPPF acceptable to CMS. The Bexar County Hospital District (Hospital District) is the governmental entity authorized to establish an LPPF for Bexar County pursuant to SB1545. Specifically, SB1545 adds Chapter 298F to the Texas Health and Safety Code to allow the Bexar County Hospital District Board of Managers to establish a local provider participation program and to assess and collect a mandatory payment from each institutional health care provider (defined as a nonpublic hospital that provides inpatient hospital services) located within the geographic boundary of the Hospital District.

On June 25, 2019 the Board of Managers approved the creation of the Bexar County Hospital District LPPF which will be the source of Intergovernmental Transfer (IGT) funding for private hospitals in Bexar County. The Hospital District's assessment authority is limited. It may only assess and collect a mandatory payment if a waiver program, uniform rate enhancement, reimbursement, or other payment described by Section 298F.103(c)(1) Health and Safety Code is available to nonpublic hospitals within the district. Based on estimated IGT needs, the LPPF can assess a fee not to exceed six percent on the net patient revenues of private hospitals in Bexar County. There are several required steps including publication of a notice of a public hearing on the assessment, the public hearing which will take place at Bexar County Hospital District Board of Managers meetings and appropriate action of the Board of Managers to set the rate for the assessment.

Analysis:

To generate funding for IGTs related to UC, UHRIP and DSRIP projected to be due in the remaining months of 2020, the Bexar County Hospital District LPPF assessment is necessary. A notice for the public hearing was published in the San Antonio Express News on August 6, 2020 and the public hearing will be held at the August 11, 2020 Board of Managers meeting. The assessment will be collected as necessary over a period not to extend beyond December 31, 2020.

Fiscal Impact:

The final 2020 LPPF assessment is based on the estimated amount of IGT that will be required to fully fund the Bexar private hospital IGT needs. This quarter's estimate is impacted by proposals to fast track certain supplemental funding payments due to the Coronavirus pandemic. The assessment based on the rate not to exceed 2.50 percent of eligible hospitals net patient revenue will generate a maximum potential IGT amount of \$97,446,560.

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There is no impact to Bexar County Hospital District taxpayers from the LPPF levy and paying providers may not add a surcharge to a patient bill.

Recommendation:

Staff recommends that the Board of Managers adopt the attached Resolution authorizing the Bexar County Hospital District to set the final assessment rate for 2020 for the Bexar County Hospital District Local Provider Participation Fund not to exceed 2.50 percent.

Reed Hurley
Executive Vice President/
Chief Financial Officer

George B. Hernández, Jr.
President/Chief Executive Officer

**Resolution Setting an Additional Rate of Mandatory Payment For
the Bexar County Hospital District's Local Provider Participation Fund
Through Fiscal Year 2020**

WHEREAS, pursuant to Chapter 298F of the Texas Health and Safety Code, the Board of Managers (the "Board") of the Bexar County Hospital District (the "District") on June 25, 2019 authorized the District to participate in a Local Provider Participation Fund ("LPPF");

WHEREAS, the purpose of participation in a Bexar County LPPF is to generate revenue from a mandatory payment that may be required by the District from an institutional health care provider to fund certain intergovernmental transfers for a supplemental Medicaid payment program or Medicaid managed care rate enhancements;

WHEREAS, pursuant to Section 298F of the Texas Health and Safety Code, the Board on August 11, 2020 authorized the District to collect mandatory payments from each institutional health care provider located in Bexar County; and

WHEREAS, pursuant to Section 298F.151 of the Texas Health and Safety Code, the Board desires to set the amount of the mandatory payments through fiscal year 2020. Now, therefore,

Be it hereby resolved by the Board of Managers of the Bexar County Hospital District that:

1. The District will determine the amount of the mandatory payment(s) to be collected at an amount not to exceed 2.50 percent of the net patient revenue of an institutional health care provider located in the District. The District will collect the approved mandatory payment amounts as it deems necessary beginning August 11, 2020 and ending December 31, 2020. The District must observe the collection procedures required by Section 298F of the Texas Health and Safety Code, unless the collection procedures are otherwise waived by the State.
2. The Board is authorized to take all other actions necessary to meet the requirements of Chapter 298F of the Texas Health and Safety Code.
3. This Resolution shall be in full force and effect from and after the date of its adoption.

PASSED AND APPROVED BY THE BOARD OF MANAGERS OF THE BEXAR COUNTY HOSPITAL DISTRICT AT A REGULAR MEETING HELD THIS 11th AUGUST, 2020, AT WHICH A QUORUM WAS PRESENT.

BEXAR COUNTY HOSPITAL DISTRICT:

James R. Adams
Chairman, Board of Managers

ATTEST:

James C. Hasslocher
Secretary, Board of Manager
(SEAL)



University Health System

BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, August 11, 2020

Discussion and Appropriate Action Regarding the 2020 Bexar County Hospital District Tax Rate Recommendation to Commissioners Court in Support of the District's Operating and Capital Budget Debt Service Outlook for FY 2021

Background:

The Health System plans its goals and objectives along four dimensions or aims. These are improving quality, safety and outcomes; improving the patient experience; improving efficiency; and improving access to care. These aims are the foundation of healthcare industry transformation. At University Health System, we refer to these aims as the Triple Aim Plus. The underlying basis for the proposed tax rate recommendation is the Triple Aim Plus.

Providing Value for the Taxpayer:

The mission of University Health System is to improve the good health of the community through high quality compassionate patient care, innovation, education and discovery. With the support of Bexar County Commissioners Court and the Hospital District Board of Managers, Health System staff are continuously pursuing improvement in all four areas of the Triple Aim Plus. Our vision is to be one of the nation's most trusted health institutions. In pursuit of that vision, the Health System's efforts over the past year have led to some significant accomplishments. A few of these achievements are listed on Attachment A.

Significant Challenges:

The Health System had planned for a very busy 2020, managing the disruption in patient and visitor flow related to construction of the Women's and Children's Hospital and the transition to the Epic electronic health record.

The COVID-19 pandemic was unplanned and has created a significant impact to the Health System's operations. Looking ahead, there remains uncertainty related to the COVID-19 pandemic, the future of Medicaid supplemental payment programs, as well as several other items that will impact the 2021 operating budget. The primary areas of concern which will have an impact on financial performance in 2021 and beyond include:

- The Long Term Impact of the COVID-19 Pandemic
- Significant Economic Challenges to our UT Health Partner
- The Impact of 1115 Waiver Funding
- Planned Cuts to Disproportionate Share Hospital Funding (DSH).
- Court Challenges to the Legality of Affordable Care Act (ACA).
- Optimization of the Epic and Service Line Improvements

Analysis:

The Long Term Impact of the COVID-19 Pandemic

The Health System has played a key role during the COVID-19 pandemic to effectively treat patients, protect healthcare workers, and serve our community in response to this ongoing outbreak. The Health System's response to the COVID-19 pandemic began with early preparations to manage American evacuees brought to Lackland Air Force Base for quarantine. This included U.S. citizens from Wuhan, China as well as two subsequent cohorts of American evacuees from the Diamond Princess and Grand Princess cruise ships. Initial meetings between the Health System response group and the Southwest Texas Regional Advisory Council (STRAC) started during the week of January 20th. The Health System's Infectious Disease Response Group began meeting on January 29th – six weeks before COVID-19 was officially declared a pandemic by the World Health Organization. Since that time, the Health System, in collaboration with local, state, and federal partners has been responding to this ongoing pandemic.

In February, the first quarantined evacuee came to University Hospital's Emergency Department from Lackland Air Force Base. By mid-March, the Health System had implemented procedures to enhance the safety of patients and staff with confirmation of COVID-19 transmission in our community and the local disaster declaration by Bexar County Judge Nelson Wolff. Over subsequent months during 2020, the Health

System has continued to proactively adopt practices and procedures in response to this rapidly changing situation using evidence-based guidelines in order to provide the highest quality care to our patients while ensuring the safety of all our staff. The long term medical resource demands and financial impacts related to the COVID-19 pandemic are unknown at this time but are predicted to last several years.

Significant Economic Challenges to our UT Health Partner

Since 1968, the partnership of University Health System and UT Health San Antonio has delivered high-quality medical care to countless individuals and families throughout Bexar County and South Texas, educated tens of thousands of physicians, nurses and other health care professionals, and developed new and better treatments through clinical research.

Our physician partners at UT Health comprise the medical staff of University Hospital, the region's only academic medical center and Level I trauma center for both adults and children. The Health System's success is inextricably linked to our physician partners and UT Health's continued collaboration with the Health System on mutual strategic initiatives. Our UT Health partners will finish State Fiscal Year 2020 on August 31, 2020 with loss of \$30M as a result of the COVID-19 pandemic.

UT Health San Antonio is a component entity of the UT System, a State governmental entity. On July 20, 2020 Glenn Hegar, the Texas Comptroller of Public Accounts, issued an updated Certification Revenue Estimate for the remainder of the 2020-21 biennium. The estimate reflects the economic effects of the COVID-19 pandemic and the weakness in the global energy markets. The Comptroller now estimates that the economic contraction in Texas will result in \$11.57B, or 9.5 percent, less revenue than originally estimated in 2019. In part, the Comptroller states: "This results in a projected fiscal 2021 ending deficit of \$4.58 billion, a substantial downward revision from our previously projected surplus of \$2.89 billion."

The Impact of the 1115 Waiver Funding

In December of 2011, the Centers for Medicare and Medicaid Services (CMS) approved the Texas Health and Human Services Commission's (HHSC) request for the Texas Healthcare Transformation and Quality Improvement Program in accordance with Section 1115 of the Social Security Act; known as the Section 1115 Waiver (Waiver). On December 21, 2017, CMS approved the second five-year

renewal of Texas' 1115 Transformation Waiver from October 2017, through September 2022. The waiver supports two major federal supplemental payment financing mechanisms:

- The Delivery System Reform Incentive Payment (DSRIP) program; and
- The Uncompensated Care (UC) program.

The DSRIP Program

DSRIP has been a vital part of the hospital safety net, providing primary, school-based, behavioral health and specialty health care to Texans including those who are uninsured and who otherwise would not have received care. Funding for DSRIP began to decrease in October 2019. On October 1, 2020 statewide DSRIP funding drops by \$420M to \$2.49B and subsequently on October 1, 2021 DSRIP disappears altogether dropping from \$2.49B to 0.

The Health System will experience a significant reduction in DSRIP funding as the program winds down. Although the State provided a reprieve on requirements to achieve performance metrics due to the COVID-19 pandemic, these are only temporary and do not impact the timeline to discontinue funding to the Health System or other safety net hospitals. The DSRIP program is projected to earn \$81 million for the Health System in 2020. In 2021, the Health System will earn \$63 million from DSRIP, an \$18 million reduction, before funding is completely discontinued in October 2021.

Uncompensated Care (UC) Funding

CMS advised Texas that it should also expect a reduction in future UC payments. Reductions in UC supplemental funding can be offset by increasing Medicaid base payments to hospitals. This requires the State to allocate General Revenue funds for a rate increase. However, the State of Texas is resistant to allocating additional General Revenue funds to support the Medicaid program. Proactively, the leadership of University Health System has worked with the State to implement and expand a new program which addresses base rates called the Uniform Hospital Rate Increase Program (UHRIP). This program helps to partially offset some of the reductions in UC funding by decreasing the Medicaid shortfall. The UHRIP program is funded by intergovernmental transfers (IGT's).

Disproportionate Share Hospital Funding (DSH)

The ACA bill had built-in reductions to Medicaid Disproportionate Share Hospital Funding (DSH) payments due to the planned expansion of Medicaid coverage. These reductions were originally scheduled to start in 2014, however Congress has delayed implementation several times and the cuts that were scheduled to go into effect in October 2020 have been delayed due to the COVID-19 pandemic. If Congress does not act to further delay the reductions under the current rules, the Health System's Medicaid DSH payment for 2021 will be reduced by \$14 million. Advocacy efforts by multiple hospital groups are underway to continue to delay the implementation or remove these cuts from the ACA rules. Delaying or reducing the scheduled reductions in DSH funding has been supported in Committee in the House of Representatives but still needs approval from the full House and the Senate.

Court Challenges to the Legality of Affordable Care Act (ACA)

The Supreme Court agreed to hear an appeal regarding the future of the Affordable Care Act in March. The Court will most likely hear the ACA case, *California v. Texas* (formerly *Texas v. United States*), to decide whether the ACA should remain in place in the fall. The Court is expected to announce its decision later this year, or in 2021. Hospital District staff are monitoring this litigation because of its potential impact on the uninsured rates in Bexar County and South Texas. Since the implementation of expanded coverage under the ACA in 2014, uninsured rates in Bexar County have dropped from 25 percent to the most recent estimate of 17 percent.

The expansion of the insured population due to ACA coverage and low unemployment rates have decreased the number of CareLink members who have their healthcare costs provided by the Health System. CareLink membership prior to the implementation of the ACA in 2014 exceeded 50,000. Membership has steadily declined to 25,000 in early 2020. This reduction is a result of the Federal Marketplace option in the ACA not Medicaid expansion.

The COVID-19 pandemic has increased unemployment in Bexar County. The June 2020 unemployment rate is 8.8 percent compared with a rate of 3.3 percent for June 2019. Health insurance for the most part is an employer benefit. The loss of jobs in the local economy will likely increase the number of CareLink members needing health care assistance given the fact that no ACA Medicaid option exists in Texas.

The “per member” CareLink cost to the Health System is about \$2,800 a year. An increase of 10,000 new CareLink members from the COVID-19 pandemic equates to roughly a \$28M expense to the Health System.

Optimization of the Epic and Service Line Improvements

On July 11, the transition to Epic occurred and was scored as a Nine-Star or top 5% “go live” by Epic. Once Epic is fully optimized, the Health System is expecting improvements in operating efficiencies, productivity and, ultimately, improved patient care.

In addition, Health System staff continue to look for ways to become less dependent on supplemental revenue sources. These efforts include managing by service-line, improving revenue cycle processes, controlling operating expenses, improving quality and increasing patient satisfaction to grow our insured patient volume. These actions, combined with growing volume in key service-lines, will drive improved financial operating performance. Moreover, the Health System continues to increase the volume and types of services provided to our growing community. These positive trends were considered in the development of the 2020 tax rate recommendation to the Board.

Discussion on the Proposed 2019 Tax Rate:

Report on Property Values

The 2020 estimated value of property taxable by the Health System increased to \$185.6 billion, \$8.4 billion (or 4.7%) higher than 2019 values. The total value consists of existing property, which increased by \$4.1 billion (or 2.3%) and newly constructed property, with a value of \$4.2 billion. The 2019 average home value of \$217,412 increased \$11,533 (or 5.3%) to \$228,945 based on the 2020 estimated certified values.

Tax Rate

The Health System’s existing total tax rate is **\$0.276235**. The estimated published no-new-revenue total tax rate for the Health System for 2020 is **\$0.271152** or 1.8 percent less. For the reasons noted in the Analysis above, staff recommends the Board request the Commissioners Court set the 2020 combined *ad valorem* tax rate at the existing tax rate of **\$0.276235**.

This recommendation will support an Interest and Sinking Fund (I&S) tax rate of **\$0.039214**. This rate is \$0.000452 (or 1.1%) lower than the existing I&S tax rate of \$0.039666. Due to the advanced refunding of the Certificates of Obligation Series 2010B this rate will support the debt service payments for the new Limited Tax Refunding Bonds Series 2020 and new Certificates of Obligation Series 2020. The recommendation also supports an M&O tax rate of **\$0.237021**. This rate is conversely higher than the existing M&O rate by \$0.000452 (or 0.2%) to support critical operational updates, while maintaining the existing total tax rate of **\$0.276235**.

The recommended total tax rate for 2020 yields a projected \$512.8 million, specifically I&S tax revenue of \$72.8 million and M&O tax revenue of \$440.0 million. This is an increase to the Health System of \$19.6 million, which is the combination of \$10.1 million for new properties and \$9.5 million for the increased value of existing properties.

Recommendation:

Staff recommends that the Board of Managers request Commissioners Court set the 2020 total tax rate in support of University Health System's operating, debt service and capital requirements for 2021 at the current tax rate of \$0.276235 per \$100 property valuation.

Reed Hurley
Executive Vice President/
Chief Financial Officer

George B. Hernández, Jr.
President/Chief Executive Officer

Attachment A

Responding to the COVID-19 Pandemic:

The world has changed, but University Health System's commitment to the health and wellbeing of the community has not. The Health System continues to innovate, educate and secure the best possible tools in the fight against COVID-19. Here are some key highlights of this response:

- University Health System nurses were the first health care workers to start up a community-wide drive-thru testing site.
- The University Hospital Lab rapidly developed systems to process COVID-19 PCR tests on multiple platforms and modalities, so that processing could continue despite periodic shortages of materials for each platform.
- University Hospital is the largest clinical site in the world for phase 2 of the Remdesivir clinical trial aiming to find an effective treatment for COVID-19.
- The Health System's respiratory team helped test a portable ventilator in the event it would be needed to manage a surge of patients.
- When there was a shortage of one of the components (viral transport media) needed to process COVID-19 tests, The Health System's pharmacy team sourced the raw materials and manufactured it.

Deploying new technologies to advance our mission:

- University Health System transitioned to the Epic Electronic Health Records (EHR) on July 9, 2020. The selection and purchase of an EHR is the most significant and important decisions a health system will ever make. It touches every facet of the patient experience, from registration, through every care encounter, to the final bill. It also serves as the platform for the patient's personal chart. Epic is the leading EHR in the world and in more than 90% of the nation's academic medical centers. This transformation will improve operational processes, standardization of clinical workflows, revenue cycle and reporting across the Health System and our partners at UT Health.
- Once again, University Health System earned "Most Wired" by the College of Healthcare Information Management Executives. The Health System achieved Level 8, on a 1-10 scale, which recognizes its effectiveness in analyzing data and the beginning stages of achieving meaningful clinical and efficiency outcomes.

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Providing the highest level of care

- For Women & Children:
 - Construction is underway on the Women's and Children's Hospital on the campus of University Hospital. The new hospital will include warm and welcoming private rooms and family-friendly areas, and equipped with the latest technologies. It will be the region's only hospital dedicated exclusively to the health care needs of women, babies and children with complex injuries and illnesses. It is expected to open in late 2022.
 - University Hospital remains San Antonio's first and only Texas Department of State Health Services designated Level IV maternal center. It dovetails with the hospital's Level IV neonatal intensive care unit (NICU), certifying the highest level of continuous care available for pregnant women, mothers and their newborn babies. The NICU designation expects to receive Level IV renewal before the end of the year.
 - The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), awarded University Health System \$2.98 million over a period of four years as one of three organizations in the nation tapped to launch the Rural Maternity and Obstetrics Management Strategies (RMOMS) program. This is a pilot program charged with focusing on aggregating obstetric hospital services in rural areas and developing a network approach to coordinating a continuum care, including telehealth and specialty care, for maternity patients in rural areas.
- To diagnose and treat complex illnesses:
 - The Advanced Diagnostic Center at University Hospital opens in late 2020. This first-of-its-kind center will offer advanced diagnostic and treatments in a number of specialties including heart, lung, vascular, gastroenterology, brain and spine care. It includes a hybrid cardiac catheterization lab for the most advanced heart procedures and a neuro imaging suite.
- For the most seriously injured:
 - University Hospital continues to be the only Level I pediatric and adult trauma center in San Antonio and South Texas.

- For heart patients:
 - University Health System earned a 2019 Platinum Performance Achievement Award from the American College of Cardiology’s NCDR Chest Pain – MI Registry. This award recognizes the team’s commitment to delivering the highest quality cardiovascular care, and adhering to best practice guidelines for treating acute myocardial infarction. The Health System is one of just 225 hospitals in the nation to receive this honor.

- For stroke patients:
 - The University Health System Stroke Center received re-certification from the Joint Commission for the maximum two years. University Health System continues to be the only Joint-Commission accredited comprehensive stroke center in South Texas.

Investing in programs to improve the health of the community:

- University Health System was the recipient of the Texas Hospital Association’s 2020 Award for Excellence in Community Service for its innovative partnership with the Witte Museum and H-E-B to develop the Body Adventure as an important tool to engage children and families in understanding how good nutrition and exercise impact their health. The reviewers were impressed with how the exhibit empowers them to make small changes, and how de-identified data from the Body Adventure are being used to drive conversation and investment priorities across the community.

- In 2019, America’s Essential Hospitals, a national organization representing 300 hospitals, awarded its prestigious Gage Award to University Health System’s Adolescent Health Program for its work in successfully reducing the teen birth rate and repeat births among teens and improving access to meet the special health care needs of teens in the community.

- The Level I trauma team at University Hospital is taking a leadership role in *Stop the Bleed*, a national initiative from the American College of Surgeons, aimed at teaching everyone how to help someone suffering traumatic blood loss. University Health System is providing training and stop-the-bleed kits for area school districts at no cost.

- Thanks to grant funds from Bexar County Commissioners and the Sheriff’s Office, University Health System and other community organizations have partnered to create GunSafety4Bexar, a program dedicated to reducing gun

injuries and death that result when guns are not safely stored unloaded, locked and separate from ammunition. University Health System Injury Prevention Team members provide this education through outreach activities and also distribute free gun locks.

- University Health System is the regional sponsor for Safe2Save, a smartphone app that rewards drivers for driving safe. Participants earn points that can be redeemed for food and other merchandise by driving without touching their cell phones.

Advancing the practice of medicine:

- The first-of-its-kind Center for Life at University Hospital opened in February 2020 aimed at increasing organ donations while providing families with a setting that allows them to honor their loved ones in a more timely way. The center is in collaboration with the Texas Organ Sharing Alliance, GenCure tissue recovery and the San Antonio Eye Bank. The facility, staffed by TOSA and University Hospital employees, provides space to maintain organ donors prior to their donation and dedicated surgical suites to fulfill these patients' wishes and help the greatest number of recipients possible.
- University Health System improved its Leapfrog Hospital Safety Grade up to "B" in the publically reported Spring 2020 update. The Leapfrog organization uses up to 28 national performance measures from the Centers for Medicare & Medicaid Services (CMS), the answers provided by each hospital through a survey and information from other supplemental data sources to produce a single letter grade representing a hospital's overall performance.
- The American Society of Health-System Pharmacists has re-certified the accreditation of all University Health System Pharmacy Residency Programs including Critical Care, Emergency Medicine, Ambulatory Medicine, Infectious Disease, Transplant Medicine and the Post-graduate Year One Program. All of the residency programs received the maximum accreditation of eight years. Additionally, the University Health System Pharmacy received the maximum six-year accreditation from the Accreditation Council for Pharmacy Education.

Building and retaining the very best care team:

- University Health System is a ten-time recipient of an international Association for Talent Development BEST AWARD for staff training and development. The 2020 award recognizes the Health System's innovative new nursing orientation program that is helping drive improvements in nurse retention and productivity.
- University Health System has achieved Gold Level recognition from the Mayor's Fitness Council Fit City Healthy Workplace initiative. This achievement is the direct result of our Employee Health Department's efforts to develop programs to support staff members in losing weight and improving their fitness levels and overall health.
- Two University Hospital nursing units – 10th floor Sky Tower and 12 MSU in the Horizon Tower, received the prestigious AMSN PRISM Award for exemplary practice in 2019. The award, which stands for “**Premier Recognition In the Specialty of Med-Surg,**” is the first of its kind honoring med-surg nursing units in the United States and internationally.

Delivering the care and compassion people expect and deserve:

- Patient experience scores continue to be in the top quartile for all hospitals in the country.
- 2020 consumer research (NRC Health Market Insights and Prost Marketing's Target SA Study) show University Hospital to be the highest ranked San Antonio hospital for its quality image/reputation, as well as having both the best doctors and best nurses.

Success in the Delivery System Reform Incentive Payment (DSRIP) Program:

- In Year 8 of the Medicaid 1115 Waiver, University Health System achieved 91% of Delivery System Reform Incentive Payment (DSRIP) outcome measures, which measured health system performance over calendar year 2019. Areas of focus included primary care and preventive services for adults and children, and the management and control of diabetes and heart disease. Since October 2019, UHS has earned \$138,137,983 in DSRIP incentives (all funds).