



University Health System

BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, June 18, 2019

2:00 p.m.

Cypress Room

University Hospital

4502 Medical Drive

San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

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

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Tommye Austin, Ph.D., Senior Vice President/Chief Nurse Executive, University Health System
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Leni Kirkman, Senior Vice President, Strategic Communications and Patient Relations, University Health System
Shelley Kofer, Manager, Public Relations/Corporate Communications, University Health System
Bill Phillips, Senior Vice President/Chief Information Officer, Information Services, University Health System
Serina Rivela, Interim Vice President/Associate General Counsel, Legal Services, University Health System
Michael Roussos, Hospital Administrator, University Hospital
Don Ryden, Vice President/Project, Design, and Construction, University Health System
Armando J. Sandoval, Chief of Police/Protective Services, University Health System
Rajeev Suri, M.D., Medical Director, Radiology Services; and President, Medical/Dental Staff, University Health System; Professor, Vascular Interventional Radiology, UT Health San Antonio
Emily Volk, M.D., Senior Vice President, Clinical Services/Office of the Chief Medical Officer, University Health System
Geraldine Garcia, Andrade-VandePutte and Associates
And other attendees.

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

Mr. Adams called the meeting to order at 2:06 pm.

INVOCATION AND PLEDGE OF ALLEGIANCE

Mr. Adams introduced Rev. Polly Angle, Colonial Hills United Methodist Church, for the invocation and he led the Pledge of Allegiance.

CITIZENS' PARTICIPATION: None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S): April 23, 2019 (Regular Meeting) and April 30, 2019 (Regular Meeting).

SUMMARY:	Two (2) sets of meeting minutes were submitted for the Board's approval – Regular meetings of April 23 and April 30, 2019.
RECOMMENDATION:	Staff recommended approval of the minutes as submitted.
ACTION:	A MOTION for APPROVAL of staff's recommendation was made by Ms. Barrera, SECONDED by Dr. Jimenez, and PASSED UNANIMOUSLY .
EVALUATION:	None.
FOLLOW-UP:	None.

Mr. Adams asked Dr. Rajeev Suri to provide a brief update regarding any Medical Dental Staff issues and the Long School of Medicine, UT Health San Antonio. He reported that the Epic implementation process is going great. There are many physicians, faculty, fellows, and nursing staff involved in making sure every phase of implementation goes smoothly. The new Radiation Oncology chair is Mark Bonnen, M.D., he arrives in September 2019. The Emergency Medicine chair search is still ongoing at this time. Mr. Adams asked Dr. Suri about his assignment as President of the Medical Dental Staff. He is enjoying and learning a lot every time he attends a Board meeting or an Epic physician leadership meeting. After many years of working in the School of Medicine, this is the closest Dr. Suri has collaborated simultaneously with the School of Medicine and the Health System, making his job as a physician much easier. Dr. Jimenez suggested that Dr. Suri enlighten the Board in the near future regarding the impending issue of "machine medicine" and the impact artificial intelligence (AI) will have on the doctor- patient relationship, which he sees as eroding by the day. In his field of expertise, psychiatry, there is tele-psychiatry which doesn't make much sense to Dr. Jimenez since such a consultation requires an intimate exchange in order to help the patient. Dr. Suri recalled a similar challenge when UT Health moved from paper records to electronic records; there was a concern that physicians were moving away from patient care, when in fact, the physicians were able to re-focus more on patient care. The same is true with AI. Dr. Suri explained that the UT Department of Radiology consulted with an artificial intelligence company, and there are two ways to look at AI: 1) AI will replace what physicians do. Or, 2) AI can handle tedious and time-consuming tasks for physicians. For example, radiology may be alerted that there are 500 x-rays coming from the Emergency Department. AI will then sort them and put the most critical x-rays on top of the list, so that physicians receive the most critical films faster and patient care is not disrupted. Otherwise, physicians will review x-rays in the order they come in from the Emergency Department. So, AI helps to triage cases faster. AI has challenges but also offers advantages. Likewise for any software or program out there, if it can harness benefits for medicine, it will definitely help.

NEW BUSINESS - ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A GUARANTEED MAXIMUM PRICE PROPOSAL FOR THE HEART/VASCULAR & ENDOSCOPY EARLY RELEASE PACKAGE (GMP #2) FOR THE CONSTRUCTION MANAGER AT RISK AGREEMENT WITH JOERIS/DUNN JOINT VENTURE FOR THE WOMEN'S AND CHILDREN'S TOWER AND ASSOCIATED PROJECTS — DON RYDEN

SUMMARY:

In February 2019 the Board of Managers approved Joeris+JE Dunn GMP#1 Heart Vascular Endoscopy Center-Transfusion Services in the amount of \$726,234. This project is currently under construction and includes modifications to the transaction counter, conference room and offices within Transfusion Services. Substantial Completion of GMP#1 is scheduled for August 30, 2019. The Architectural and Engineering team has recently completed construction documents for the Heart/Vascular & Endoscopy Center (HVE). Design for the Garage and the Women's and Children's Tower is also in progress. A phasing strategy has been developed for the main components of the Project including HVE. Consistent with the Health System's construction strategy of multiple design packages, Joeris+JE Dunn GMP#2 includes early release of the following construction components of the Heart Vascular Endoscopy Center:

- Demolition: remove portions of existing mechanical ductwork, partitions, electrical components within the shell space
- Interior framing: install metal tracks and studs for wall partitions
- Plumbing rough-in: install under-slab plumbing sanitary lines
- Floor leveling: install self-leveling floor underlayment to smooth and flatten interior floors

Joeris+JE Dunn GMP#2 - Heart Vascular Endoscopy Center Early Release is a Guaranteed Maximum Price (GMP) not to exceed \$6,396,000:

GMP#1 Transfusion Services	\$726,234
<u>GMP#2 HVE Early Release</u>	<u>6,396,000</u>
Total Contract Value	\$7,122,234

Costs for this GMP will be paid from the budgeted funds within the CIP. The workforce composition for Joeris+JE Dunn was provided for the Board's review. Joeris+JE Dunn participation levels are 35 percent for SWMVBE.

RECOMMENDATION: Staff recommends Board of Managers' approval of Joeris+JE Dunn GMP#2 Heart Vascular Endoscopy Early Release in the amount not to exceed \$6,396,000 and authorize the President/Chief Executive Officer to execute the amendment to the Joeris+JE Dunn agreement in that amount.

ACTION: A **MOTION** for **APPROVAL** of staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Burns, and **PASSED UNANIMOUSLY**.

EVALUATION: GMP #2 will go out for bid. The general contractor, Joeris+Dunn, selected the major trade partners for GMP #1. The Health System gets the trade partners involved during this phase as "*design assists*." Design

professionals in each of their firms will work closely with the Architectural/Engineering firm and general contractor as it relates to designing things for the tower. They are very much part of the design team early on in the process. The production for construction is approximately \$18 million. The \$6.3 million amount for GMP #2 is part of the \$18 million. Length of construction for the HVE is approximately 12-14 months. Mr. Smith asked how GMP #1 was marketed to local and minority vendors. The major trade partners solicited six (6) firms with access to the man power needed and experience with large projects. On Friday, April 12, 2019, Joeris+Dunn held a SMWVBE outreach event at Joeris' main offices. Another SMWVBE outreach event will be held on Saturday, June 29, 2019, at St. Philip's College. In terms of trying to measure the success of the event in April, when the bids were taken for GMP #1 (for transfusion services), the Health System received 30 subcontractor bids. Of these, six (6) qualified as SMWVBE vendors via the outreach effort of April 12, and five (5) of the six were signed up SMWVBE partners for GMP #1. For the HVE, 111 subcontractors responded during the bidding process. Of the 111, 25 were qualified as SMWVBEs.

FOLLOW-UP: Staff will report the SMWVBE participation numbers on a monthly basis. Subcontractors will be selected by Joeris+JE Dunn; the Health System is not part of the SMWVBE selection processes.

CONSIDERATION AND APPROPRIATE ACTION OF CONTRACTS WITH THE FOLLOWING COMPANIES FOR OPERATING ROOM 34 AND OPERATING ROOM 36 FINISH OUT PROJECT AT UNIVERSITY HOSPITAL: GETINGE USA SALES, LLC TO PROVIDE SURGICAL WORKPLACE SYSTEMS; AND OLYMPUS AMERICA, INC. TO PROVIDE INTEGRATION AND VIDEO COLLABORATION SYSTEMS — DON RYDEN

SUMMARY: Operating Rooms (OR) 34 and 36 are located on the 3rd floor in the Sky Tower at University Hospital. These rooms were shelled for future expansion when the Sky Tower opened. Most of the necessary infrastructure is already in place within these ORs but some additional modifications are needed to make them fully functional. To meet the clinical demand, OR 34 will be finished out for general surgery cases and OR 36 will be finished out for pediatric heart surgical cases. The scope of work for finish out involves installing additional infrastructure, HVAC system modifications, installation of new booms and lights, OR integration system equipment, construction of a perfusion storage room, and procurement of medical equipment for initial outfitting. This request is related to the purchase of long lead time items, with associated installations, so that construction will not be delayed. The surgical booms and lights from Getinge USA Sales, LLC (Getinge) and the Olympus America, Inc. (formally Image Stream) OR integration and video collaboration systems are the longest lead items required for the project. The Getinge and Olympus America pricing includes equipment and installation. Other medical equipment, from multiple vendors, will be procured to complete outfitting of the ORs. Quotes for the additional medical equipment and installation are being obtained and an estimate of probable cost is included in the Project Budget Summary below:

Project Budget Summary

Scope	Cost
Design Services	\$ 42,240
Surgical Booms and Lights with Installation (This request)	\$ 317,649
Olympus America OR Integration and Video Collaboration Systems with Installation (This request)	\$ 284,262
Estimated Medical Equipment and Installation (as required)	\$ 970,000
Construction Cost	TBD
Total (Construction Cost not included)	\$1,614,151

The workforce composition data for Getinge and Olympus America, Inc. were provided for the Board's review. Both purchases are to be funded from 2019 capital funds.

RECOMMENDATION: Staff recommends the Board of Managers approve funding in the amount of \$317,649 and authorize the President/Chief Executive Officer to execute a contract with Getinge USA Sales, LLC in the amount of \$317,649.

Staff recommends the Board of Managers approve funding in the amount of \$284,262 and authorize the President/Chief Executive Officer to execute a contract with Olympus America, Inc. in the amount of \$284,262.

ACTION: A **MOTION** for **APPROVAL** of staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Jimenez, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A LEASE AGREEMENT WITH 2425 BABCOCK, LLC FOR THE GENERAL SURGERY CLINIC — DON RYDEN

SUMMARY: University Hospital currently operates an Anesthesia Perioperative Clinic (APC) on the 6th floor of the Rio Tower with limited functionality. This current space housing APC is inadequate to meet the current needs of the Health System. The optimal location for a fully functional APC has been determined to be existing space occupied by the General Surgical Clinic on the first floor of the Pavilion. This space has adequate exam rooms as well as access to supporting ancillary services such as Radiology and a blood tube station. In order to accommodate the relocation of APC, the existing General Surgical Clinic would be relocated to leased space not requiring immediate access to the Health System's ancillary services provided by radiology or lab services. A property search was conducted to locate site options for the General Surgical Clinic. The search parameters focused on established medical offices within the immediate vicinity of University Hospital in the medical center area that would accommodate the clinic's basic operations. Several sites were considered, but one in particular met the criteria the best in location, existing floorplan with appropriate number of exam rooms, and fair market rental rate. The recommended location for

the General Surgical Clinic is 2425 Babcock, San Antonio, Texas. The premises are 4,340 sq. ft. The base rental rate is \$17.50 per sq. ft., with annual escalations of \$.50 per sq. ft. The Landlord will also grant a one-time \$12,000 tenant improvement allowance.

General Surgical Clinic Lease and Construction Costs:

The lease term will be for five (5) years commencing on the date a certificate of occupancy is issued by the City of San Antonio, but no later than September 1, 2019. The lease expense for the five (5) year term is approximately \$401,450 which will be an operational expense. The base rental rates for the term are the following:

Period	Annual Base Rent	Monthly Installments of Base Rent
Months 1-12	\$17.50psf	\$6,329.17
Months 13-24	\$18.00psf	\$6,510.00
Months 25-36	\$18.50psf	\$6,690.83
Months 37-48	\$19.00psf	\$6,871.67
Months 49-60	\$19.50psf	\$7,052.50

The rental rate is on a triple net basis indicating the tenant will pay additional rent on its pro rata share of real estate taxes, common area maintenance (CAM) charges, and insurance. The allocated estimated annual share of these operating expenses is \$32,550.00 (\$2,721.50 per month) or \$7.50 per sq. ft. Some minor modifications to this suite will be necessary, and will be completed by the Landlord's general contractor. The costs for these improvements are estimated as follows:

Total costs for construction modifications	\$ 48,054
Less: Tenant Improvement Allowance	<u>\$ 12,000</u>
Net Construction Cost	\$ 36,054

Information Technology (IT) Costs:

This new clinic will require network connectivity to all existing electronic medical records and other related hospital information systems. The costs for setting up the necessary information technology components at this location are estimated as follows:

Telephones, IDF, Structured Cabling, etc.	\$167,416
Security System	\$ 25,198
Personal Computers and Printers	<u>\$ 49,045</u>
Total I.T. Costs	\$241,659

Other Costs:

In addition, as part of the associated costs for occupying this space, the following expenditures will be required:

Medical Equipment	\$ 28,184
Furniture & Signage	<u>\$ 44,833</u>
Total Other Costs	\$ 73,017

RECOMMENDATION: Staff recommends Board of Managers' approval of a five (5) year lease agreement with 2425 Babcock, LLC located at 2425 Babcock Rd., San Antonio, Texas in the amount of \$401,450. Staff recommends Board of Managers approval for \$350,730 for the construction costs, the I.T. expenditures, purchase of medical equipment and furniture, and related costs associated for a project total in the amount of \$752,180 for the purpose of implementing the General Surgical Clinic.

ACTION: A **MOTION** for **APPROVAL** of staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Jimenez, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING RATIFICATION OF A CONSULTING SERVICES AGREEMENT WITH SHERMCO INDUSTRIES FOR ELECTRICAL ENGINEERING SERVICES — EDWARD BANOS

SUMMARY: Exploratory efforts to proactively identify electrical power issues and effectively address recent challenges with providing uninterrupted services necessitates the need for a comprehensive evaluation of our electrical power system. To ensure highly reliable electrical systems, uninterrupted services, and protect the health and safety of patients, staff and visitors, a systematic study of all electrical power was recently required. In May, University Hospital experienced an electrical outage in the Horizon Tower. This outage reduced power to all patient care units within the tower. Emergency generators provided power but the facility remained without routine power for a significant period of time. The cause of the power disruption was isolated to a short circuit and failure of a key electrical switch to respond. A complete root cause analysis was conducted and the electricians' assessment revealed that the organization was at risk for this to happen again. A request for emergency repair and complete arc study was approved by management. This study will provide critical data to determine the condition and integrity of the hospital's electrical systems, identify areas for improvement, and develop corrective action plans. A critical output will be electrical riser plans representing a full schematic of verifying electrical power across all buildings comprising the University Hospital campus. The engagement of a full-service electrical engineering company with the ability to perform maintenance, testing, and repair is a requirement for this Professional Service. Shermco Industries, GSA contract #GS-00F-222DA, has been selected due to previous work engagement with the Health System, immediate availability and is a well-known, proven vendor capable of perform maintenance, testing, and repair. The workforce composition data for Shermco Industries was provided for the Board's review

RECOMMENDATION: Staff requests ratification of the emergency procurement of Electrical Engineering Services in the amount of \$638,907 to contract with Shermco Industries for a Power System Study to include gathering of site data and performing a Short Circuit/Coordination/Arc Flash Study.

- ACTION: A **MOTION** for **APPROVAL** of staff's recommendation was made by Mr. Smith, **SECONDED** by Mr. Hasslocher, and **PASSED UNANIMOUSLY**.
- EVALUATION: This emergency request engaged the vendor to perform a Power System Study to include gathering of site data and performing a Short Circuit/Coordination/Arc Flash Study.
- FOLLOW-UP: None.

At this time, Board members and executive leadership acknowledged Mr. Adams' birthday on June 19, 2019.

PRESENTATIONS AND EDUCATION:

OPERATIONS REPORT — EDWARD BANOS

- SUMMARY: In 2018, the two largest operational goals for the hospital were to improve efficiencies and throughput within the Emergency Department and improve the discharge process to increase appropriate discharges by noon after admission. University Health System leadership along with UT Health San Antonio leadership has continued to focus and maintain a strong dedication to continue to improve in these key areas throughout 2019.
- Door to Provider
- Goal: 30 minutes
 - Jan-May 2019: average of 33 mins
 - Action: Daily assignment of provider to 'Physician in Triage' area.
- Admitted Length of Stay
- Goal: 444 minutes
 - Jan-May 2018: 780 minutes
 - Jan-May 2019: 664 minutes
 - Action: Started *Power Through!* in Dec 2018, discharge by noon has increased from **15.44% to 32.6%** resulting in earlier bed assignment for patients with admission orders.
- Discharged Length of Stay
- Goal: 240 minutes
- Jan-May 2018: 390 minutes
 - Jan-May 2019: 384 minutes
 - Action: Increase huddles per shift between nurse expeditor and physician
- Left Before Treatment Complete
- Goal: 4.3%
 - Jan-May 2018: 11.72%
 - Jan-May 2019: 8.58%
 - Action: Increased effective communication skills between nurses and physicians to patients and their family members.
- CMS Overall Star Rating (July 1, 2017-June 30, 2018)
- | Metric | Star Rating |
|-------------------------------|--------------------|
| 1. Overall Rating of Hospital | **** |
| 2. Communication with Doctors | **** |
| 3. Communication-Meds | **** |

1. Patient Recommended Hospital ***
2. Communication with Nurses ***
3. Staff Responsiveness ***
4. Discharge Information ***
5. Rooms/Bathrooms Clean ***
6. Always Kept Quiet at Night ***
 1. Care Transitions *

Care Transitions

- Flash Rounds - Care Coordination/Nursing led to encourage discharges by noon
- Patient Experience Rounds - Focused communication on medication and next steps after discharge
- Use of Get Well Network (patient TV education)

CAHPS –IP A: Care Transitions (2019)

- NRC Benchmark Percentile Rank
January PR=32; February PR=64; March PR=69; April PR=47;
May =68
- University Hospital Score
January=49; February=53.2; March =53.5; April 51.5; May 53..7
Total: 52.5

CAHPS-IPA: Communication About Meds (2019)

- NRC Benchmark Percentile Rank
January PR=89; February PR=93; March PR=84; April PR=78;
May PR= 95
- University Hospital Score
January=74.5; February=77.2; March=72.7; April=70.9; March
=79.10
Total: 74.8

CAHPS-IPA: Overall Rating of Hospital (2019)

- NRC Benchmark Percentile Rank
January PR=78; February PR=78; March PR=82.6; April PR=75;
May PR=88
- University Hospital Score
January= 80.4; February=80.3; March=82.6; April=79.5; May=
83.4
Total 81.1

CAHPS-IP-A: Would Recommend Hospital

- NRC Benchmark Percentile Rank
January PR=76; February PR=66; March PR=80; April PR=64;
May=84.3
- University Hospital Score
January 81.9; February 79.5; March=82.7; April 78.8; May 84.3
Total: 81.3

How does University Hospital Compare?

Overall Rating of Hospital		
CMS HCAHPS Average	73%	
BAPTIST MEDICAL CENTER	71%	42
CHRISTUS SANTA ROSA MEDICAL CENTER	71%	42
METHODIST HOSPITAL	74%	57
METHODIST STONE OAK HOSPITAL	75%	62
UNIVERSITY HEALTH SYSTEM	76%	66
Combined Facilities	73%	52

Would Recommend Hospital		
CMS HCAHPS Average	72%	
BAPTIST MEDICAL CENTER	71%	45
CHRISTUS SANTA ROSA MEDICAL CENTER	70%	41
METHODIST HOSPITAL	75%	63
METHODIST STONE OAK HOSPITAL	78%	75
UNIVERSITY HEALTH SYSTEM	75%	63
Combined Facilities	74%	59

Communication About Meds		
CMS HCAHPS Average	66%	
BAPTIST MEDICAL CENTER	64%	47
CHRISTUS SANTA ROSA MEDICAL CENTER	62%	32
METHODIST HOSPITAL	67%	66
METHODIST STONE OAK HOSPITAL	65%	54
UNIVERSITY HEALTH SYSTEM	69%	76
Combined Facilities	65%	54

Question: What hospital has the best image/reputation? (January – April 2019)

Market responses within the survey period year 2019: 696

The standard error range: +3.7 percent

Response: University Hospital, San Antonio, Texas n - 11.7 (up from 10.8 in 2018); Methodist Hospital – 9.9; Methodist Sone Oak Hospital - 5.3 (only top three listed here.)

Question: What is your preferred hospital for inpatient care? (January – April 2019)

Market responses within the survey period Year 2019: 696

The standard error range: +3.7 percent

Response: Methodist Hospital, San Antonio Texas – 9.6; University Hospital 9.1 (up 8.5 in 2018); Methodist Stone Oak Hospital - 5.8 (only top three listed here.)

In conclusion, Mr. Banos informed the Board that all outpatient and inpatient clinical leaders, including the patient experience and operational excellence teams, attended a ‘reboot’ session presented by The Advisory Board on May 30. The goal was to identify national best practice outcomes in patient experience, and how they can be implemented within the Health System in a standardized way.

RECOMMENDATION: None.

ACTION: This report is provided for informational purposes only; no action was required by the Board of Managers.

EVALUATION: Mr. Adams thanked Mr. Banos for the succinct, well-done presentation. He encouraged his fellow Board members to visit and observe activity in the Emergency Department, as he and Mr. Smith have done in the past. He challenged staff and promised steak dinners for all when metrics and goals for improving throughput within the ED are met, in addition to implementing an efficient discharge process to increase appropriate discharges by noon after admission.

FOLLOW-UP: None.

CLOSED MEETING:

Mr. Adams announced this meeting closed to the public at 3:23 p.m. pursuant to the Texas Open Meetings Act, TEX. GOV'T CODE § 551.001 et seq. (Vernon 2004), with the following Board members present: Ira Smith, Vice Chairman; Dianna M. Burns-Banks, M.D., Secretary; Roberto Jimenez, M.D., Immediate Past Chair; Janie Barrera, Member; Robert Engberg, Member; and James C. Hasslocher, Member. Also present was Mr. George B. Hernández.

Pursuant to Texas Government Code Sec 551.085, the Board received 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 or nonprofit health maintenance organization. Discussion of this item concluded at 3:28 p.m. Pursuant to Texas Government Code Section 551.074, the Board evaluated the mid-year performance, duties and the 2019 goals of the President/CEO. Discussion of this item concluded at 4:14 p.m. No action was taken on either item and Mr. Adams immediately adjourned the closed meeting, and reconvened the public meeting.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the Board meeting at 4:15 p.m.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary