REGULAR BI-MONTHLY MEETING
OF THE BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS

Tuesday, April 25, 2017
6:00 p.m.
Board Room
Texas Diabetes Institute
701 S. Zarzamora
San Antonio, Texas 78207

MINUTES

BOARD MEMBERS PRESENT:

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

BOARD MEMBERS ABSENT:

James R. Adams, Chair
Janie Barrera

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Bruce Adams, MD, Medical Director, Emergency Department, University Health System; and Professor
and Chair, Emergency Medicine, UTHSCSA
Leticia Aguilar, MD, Medical Director, University Family Health Center - North
Bryan Alsip, M.D., Executive Vice President/Chief Medical Officer, University Health System
Awoala Banigo, Senior Vice President, Operations/Chief Revenue Officer, University Health System
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Tracy Burns, Supplier Diversity Coordinator/Procurement Services, University Health System
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System
Roe Garrett, Vice President/Controller, University
Greg Gieseman, President/Chief Executive Officer, Community First Health Plans, Inc.
William Henrich, MD, President, UTHSCSA
Barbara Holmes, Vice President/Chief Financial Officer, Community First Health Plans, Inc.
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Michelle Ingram, Vice President/Chief Quality Officer, University Health System
Monika Kapur, MD, President/Chief Executive Officer, University Health System
Leni Kirkman, Senior Vice President, Strategic Communications and Patient Relations, University Health System
Karen McMurry, Interim Vice President/Chief Legal Officer, University Health System
CALL TO ORDER AND RECORD OF ATTENDANCE: IRA SMITH, VICE CHAIR, BOARD OF MANAGERS

Mr. Smith called the meeting to order at 6:04 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE

Mr. Smith introduced Mr. Rene Alvarado, Diabetes Education, University Health System - Texas Diabetes Institute, and he led the pledge of allegiance.

SPECIAL RECOGNITION: QUARTERLY EMPLOYEE RECOGNITION AWARDS - GEORGE B. HERNANDEZ, JR. BOARD MEMBERS

Professional: Annette Ramirez
(Nursing) Staff Nurse III, Trauma Intensive Care Unit

Professional: Jonathan Diaz
(Non-Nursing) Dietitian, Diabetes Education

Management: Tiffany Gomez
Ambulatory Outpatient Coding Manager,
Coding & Documentation Improvement

Technical: Brian Sanchez, Rehabilitation Aide, Physical Therapy University Hospital

Clerical: Maria Melendez
Patient Access Leader, Outpatient Physical Therapy
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Service: Ludvina Bustos Mendoza, Environmental Associate, University Hospital

Volunteer: Kathryn Robertson, Volunteer, Volunteer Services

Physician: Sabeen Koreshi, MD, University Medicine Associates/Associate Medical Director, North Clinic

Team: Telemedicine Ophthalmology Team  
Edna Fuster, Natalie Arauza, Leila Brandon, Lucas Lumbley, Luz Almaguer

All of this year’s quarterly recipients will be special honored guests at the Annual Recognition Awards Ceremony at the Omni on February 22, 2018. Employees of the Quarter receive a plaque, embossed pen and an opportunity to select one of numerous awards valued at $100 on the Employee Recognition website. Dr. Jimenez addressed the honorees on behalf of the Board of Managers. He expressed deep appreciation and admiration for the staff, and compared them to beautiful flowers that begin with roots underneath the soil and rise to the top.

CITIZENS’ PARTICIPATION:

Mr. James Effler addressed the Board of Managers regarding an incident that occurred in the Emergency Department approximately two years ago on May 5, where he claims he was severely beaten., while strapped to a bed in the behavioral health area. He believes the incident is being covered up by the staff, and he is being blocked from pursuing his rights. He is bringing this complaint forward as a hate crime. He also previously addressed Bexar County Commissioners’ Court regarding the same matter, but was cut off. He feels that since the security guards work for the hospital, they protect property first before the person, and he wants to make the Board aware of the environment at University Hospital. It seems to him very convenient that there are cameras in the hospital without audio. Mr. Smith assured Mr. Effler that Mr. George Hernandez, or his representative, will review this concern and follow up with him.

APPROVAL OF MINUTES OF PREVIUOS MEETING(S): TUESDAY, MARCH 21, 2017

SUMMARY: The minutes for the regular meetings of Tuesday, March 21, 2017 were presented for the Board’s approval.

RECOMMENDATION: Staff recommends approval of the minutes as submitted

ACTION: A MOTION to approve staff’s recommendation was made by Mr. Hasslocher, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.

EVALUATION: None.

FOLLOW-UP: None.

REPORT FROM THE HEALTH SCIENCE CENTER – WILLIAM HENRICH, M.D., PRESIDENT

SUMMARY: Dr. Henrich acknowledged the physician leaders present. He thanked Mr. Hernandez for providing the Board members with a document from the Center for Public Policy Priorities which compares Texas Senate and House budgets. Currently, the Senate budget for higher education and health related institutions calls for a flat budget that does not allow for growth. A major caveat requires special items for health related institutions be abolished in the next biennium, which is a lot of money.
Many of the items have emanated over the past 50 years and are part of general revenue. The House budget calls for a four percent reduction in the UT Health SA budget. At this point, San Antonio does not have representation on either Senate or House committees, except for the Speaker of the House, Joe Strauss. The ultimate product carries great weight as far as the financial health of UT Health SA, and is a moment of importance for the next two years. Dr. Henrich thanked the staff for inviting him to the grand opening reception of the Pediatric and Congenital Heart Program Unit at University Hospital. He thanked the Board for having the foresight to fund and support the mission to care for children with serious heart conditions, putting patients and families at the forefront, and promoting collaboration. Dr. Jimenez asked Dr. Henrich to acquaint the Board with Dr. Ralph DeFronzo’s diabetes research project recently approved for funding by the by National Institutes of Health. Dr. DeFronzo has discovered a therapy technique that increases the types of pancreatic cells that secrete insulin. The goal is to reach human clinical trials in three years, but to do so researchers must first test the strategy in large-animal studies. The therapy has cured diabetes in mice without any side effects. This could be a major advance over traditional insulin therapy and some diabetes medications that drop blood sugar too low if not closely monitored. About 90 percent of all diabetes in the country is type 2, and this tremendous observation by UT Health researchers is of incredible import. It is a good example of the partnership and a great credit to both the School of Medicine and University Health System-Texas Diabetes Institute. Dr. Henrich yielded the floor to Dr. Rodriguez who added that Dr. DeFronzo is the fourth highest funded researcher in the world.

Dr. Rodriguez reported that UT Health SA and University Health System have embarked on a project to find an acceptable and efficient approach to implement the Epic Electronic Medical Record (EMR) across the Health System’s ambulatory clinical care sites. Unifying the electronic health record is a significant step toward advancing the partnership and preparing our respective organizations for the challenges of the future. To accomplish this goal in a meaningful timeframe, the leadership of both organizations appointed a dedicated work group of informed stakeholders to guide the process and provide timely direction on key decisions. The project’s success will lay the foundation for the two entities to better integrate and operate as a single joint health care enterprise. As part of the project, the leadership has engaged ECG Management Consultants to help to assess and plan the project. The first meeting of the workgroup was held earlier today with Dr. Rodriguez and Mr. Hernandez in attendance to demonstrate their support and commitment to the project. He also reported that on Saturday, May 6, 2017, there will be a retreat between senior leadership of UT Health SA and University Health System. This is the first time the organizations have the opportunity to come together to plan out our future jointly. It is a pivotal moment in the relationship that allows us to work on a common vision and mission.

RECOMMENDATION: None.
ACTION: None.
EVALUATION: None.
FOLLOW-UP: Dr. Rodriguez and Mr. Hernandez will follow up with the Board regarding the joint strategic planning retreat.

CONSENT AGENDA –IRA SMITH, CHAIR

CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR STAFF MEMBERSHIP—KRISTEN A. PLASTINO, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

CONSIDERATION AND APPROPRIATE ACTION REGARDING UNIVERSITY HEALTH SYSTEM POLICY NO. 9.06.02, VISITING PATIENTS IN UNIVERSITY HEALTH SYSTEM FACILITIES—NANCY RAY

CONSIDERATION AND APPROPRIATE ACTION REGARDING 1ST QUARTER 2017 INVESTMENT REPORT—ROE GARRETT/REED HURLEY

CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING ACTIVITIES (SEE ATTACHMENT A)—FRANCINE WILSON

SUMMARY: The items listed above were presented for the Board’s consideration as consent items.

RECOMMENDATION: Staff recommends approval of the remaining items on the consent agenda.

ACTION: A MOTION to approve the items on the consent agenda was made by Dr. Burns, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.

EVALUATION: Dr. Burns requested a short session with staff to better understand the breakdown of SMWBE categories, the number of contracts issued to veterans, and actual payments made by the Health System. Dr. Jimenez asked Ms. Ray to elaborate on the revised visitation policy. The Health System has a very open visitation policy; the staff strongly believes that family is extremely therapeutic to a patient’s recovery. However, the Health System must also respect the rights of individual patients and ensure that family members do not interfere with the health care provided. The policy, as updated, provides guidance to the staff in balancing the patient’s nursing care needs with that of their family support needs.

FOLLOW UP: Ms. Wilson will touch base with Dr. Burns regarding purchasing activities.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH RADIATION ONCOLOGY OF THE SOUTH PLAINS, P.A. D/B/A AURORA IMAGING CENTER FOR PET/CT SCAN SERVICES PROVIDED TO CARELINK MEMBERS—VIRGINIA MIKA, PHD/ROBERTO VILLARREAL, MD
SUMMARY: The purpose of this agreement is to continue to secure professional and technical medical services for CareLink members who require a PET/CT scan. The Health System has had a contract with Aurora Imaging Center since March 2009; it is a fee for service contract. University Health System does not own a PET/CT machine. In 2015, Aurora Imaging Center provided services to 104 CareLink members and in 2016 they provided services to 120 members. Over the past 12 months there have been no unresolved patient satisfaction concerns or quality of care issues. This agreement includes performance standards that address quality of care, access, appropriate utilization, and patient satisfaction. In 2015, CareLink paid Aurora Imaging Center $129,170.45 and in 2016, CareLink paid Aurora Imaging Center $155,266. This increase was due to a small increase in members referred for PET scans. We anticipate the 2017 approved claims for CareLink members will be $155,266. This contract is paid at 90 percent of the current Medicare Fee Schedule. This agreement shall be renewed for up to two successive one (1) year terms if Aurora Imaging Center meets all performance, patient satisfaction and quality risk management standards. Aurora Imaging Center has a total of 11 employees; the workforce composition data was provided for the Board’s review.

RECOMMENDATION: Staff recommends Board of Managers’ approval to execute an Agreement with Radiation Oncology of South Plains, P.A. d/b/a Aurora Imaging Center for a three (3) year term for an estimated annual amount of $155,266.

ACTION: A MOTION to approve staff’s recommendation was made by Mr. Hasslocher, SECONDED by Dr. Burns, and PASSED UNANIMOUSLY.

EVALUATION: Dr. Jimenez asked who at the Health System pre-authorizes diagnostic procedures. Such determinations are made by CareLink’s medical director using InterQual criteria and guidelines for appropriateness of care.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH HAVEN FOR HOPE OF BEXAR COUNTY FOR JAIL OUTREACH SERVICES—SALLY TAYLOR, MD

SUMMARY: The purpose of this contract is to support increased outreach, housing, residential treatment services, peer support, and case management on the Haven for Hope campus. The aim is to reduce jail recidivism and possibly reduce preventable hospital inpatient admissions and emergency department visits, and to improve the quality of life of those served by the program. In 2015, the Health System initially contributed financially to this program in the amount of $333,333 and contributed this same amount again in 2016. Haven for Hope is requesting the same amount for calendar year 2017. Bexar County also contributed the same amount for 2016 and 2017. Initially, this contract funded an additional 30 residential beds with another 10 to be added in 2017. The return on investment includes improved access to mental health and addiction treatment services on the Haven for Hope campus, moving health care provided from inside the jail (the person can now bond out) to community care, and potential avoidance of preventable emergency department visits and inpatient admissions. The latter continues
to be addressed by Southwest Texas Crisis Collaborative (STCC), a committee of the Southwest Texas Regional Advisory Council (STRAC) where Haven for Hope and University Health System are both active participants along with other health systems and community partners. Dr. Taylor summarized outcomes for the first two years of the project for the Board. She reported that while this population is typically difficult to engage, and the number of assessments was less in 2016 as compared to 2015, with increased case management and navigation support, the number of enrollees increased throughout 2016. Additional peer support specialists were hired so that more peer support services were provided. Data collection regarding jail recidivism is ongoing. Only 25 percent of clients who enrolled in the JRP were re-arrested after enrollment, whereas 60 percent of unenrolled clients were re-arrested after screening for the program. Reduced recidivism is one indicator that the client has become more stable in terms of income, employment, and housing and certainly improves quality of life. The following performance goals will continue to be tracked and outcomes provided to the Health System quarterly: number of assessments conducted by Peer Support Specialists (outreach services); number of enrollments onto the campus; length of stay on the campus; and number of persons moving into permanent housing. Dr. Taylor reviewed new metrics added this contract year: number of persons receiving any behavioral health services (to include In-House Recovery Program and In-House Wellness Program as in the past) and number returning to Haven for Hope or to jail within 6 months (changed from one year). This program aligns with University Health System’s overall Triple Aim Plus strategic plan to improve access to care and community health. It provides for direct linkage to services where and when they are needed: at the Haven for Hope’s homeless campus. In addition, this initiative supports improved operational efficiency by providing less costly care outside the hospital. Reducing potentially preventable emergency department visits and inpatient hospital admissions also aligns with overall 1115 Waiver (DSRIP) goals of University Health System. The potential impact on the quality of life (a type of patient satisfaction) is immense. Finally, this program aligns with a collaborative program in development by community health system partners to address complex needs of patients who tend to utilize inpatient and emergency department services instead of less costly outpatient care. Haven for Hope has a total of 203 employees, and the workforce composition data was provided for the Board’s review. Mr. Hasslocher thanked Mr. Wilson for his work in the community and at Haven for Hope.

**RECOMMENDATION:** Staff recommends Board of Managers’ approval to renew an agreement with Haven for Hope in the amount of $333,333 in support of this initiative. The term of this agreement is for one year, beginning January 1, 2017 through December 31, 2017.

**ACTION:** A MOTION to approve staff’s recommendation was made by Mr. Hasslocher. There being NO OBJECTION, the MOTION CARRIED.

**EVALUATION:** Mr. Hernandez informed the Board that he, Dr. Taylor, Mr. Wilson and other local community agencies and mental health provider CEOs met with Speaker Joe Straus the day prior regarding funding for State mental health services in San Antonio. In particular, the group was there to strongly endorse making the San Antonio State Hospital (SASH) needs a priority this legislative session, given that SASH opened in 1892 and
services 54 counties. The aged and outdated facilities can no longer keep up with the growing demand for inpatient capacity needs of the South Texas area. Mr. Kenny Wilson thanked the Board of Manager for its support in approving the new contract.

FOLLOW-UP:
None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE OPERATIONS & QUALITY REPORTS FOR MARCH 2017—EDWARD BANOS/BRYAN ALSIP, M.D.

SUMMARY:
Mr. Banos provided an operations update. He reviewed UT baseline metrics, including discharge orders by 11 am, door to provide, ED consult turnaround tie, ED to CT turnaround time, ED left after medical screening exam, ED treatment room to bed request, ED treatment room to discharge, geometric length of stay, alert to balloon, arrival to tPA, Palliative consult turnaround time, patient satisfaction, door to balloon time (opening the heart), infection rate abdominal hysterectomy, infection rate colorectal, infection rate hip and knee replacement, block delays, electronic consents, elective deliveries prior to 39 weeks, proficiency testing performance, invasive procedures documentation, restraint and seclusion documentation, timely documentation and readmission rates for the various services for the period January through March 2017. He also reviewed incentive and deduction amounts for each of the services for the same time period, and provided a current month comparison of CMS geometric length of stay (4.30 days) against Health System geometric length of stay (4.40 days). In addition, he reviewed geometric length of stay by service line for the period April 2016 through March 2017, with 13 out of 21 services had higher than the CMS geometric length of stay. (Only service lines with less than 200 discharges in the past 12 months were included in today’s review). Staff took the following steps in reaching successful implementation to reduce length of stay and increase inpatient bed availability for the Emergency Department (ED).

- Added extra Saturday operating room in 2016 and extra room on Sunday in 2017. This has significantly reduced cases that waited over the weekend for surgery
- GI started doing cases Saturday and Sunday on routine inpatients in April 2017
- Cardiology started doing cardiac caths on weekends in April 2017, echos to start soon on weekend

Mr. Banos reviewed March 2017 rate of utilization of prime time and average case count by day of week for the operating rooms in the Sky Tower, which ranged from 51 cases on Mondays to 56 cases on Fridays.

Planned clinical projects for 2017 and anticipated start dates include: Creating order sets/care pathways for top DRGs in top 5 service lines (mid-May); increase add-on cases in operating rooms (Early June); and expand Emergency Department observation unit to be more proactive to larger diagnostic group of patients, decreasing admissions and bed demand for patients needed 24 hour care (Early August). Other projects will be added as opportunities are identified.
ED Update:
• Physician scorecards are generated monthly
• Indicators for 31 physicians
• Compared to other Health System ED physicians
• Benchmarks provided for the Board’s review:
  – Hospital Compare Measures
  – Volume Indicators
  – QIA Metrics
  – Patient Experience
  – Radiology Usage

Next Steps:
• New throughput process began March 1, 2017. Average volume is 188 per day
• 371 patients scheduled to University Medicine Associates from ED after medical screening (or 6 percent of ED volume in March)
• Physician providers were pulled to Children’s ED. Adult ED coverage was affected by 15 shifts in April and 50 shifts in May. Dr. Adams will address the change for adult ED coverage.

Employee Town Halls
Over 2,500 employees attend 23 town hall sessions, some of the best attended were at midnight at University Hospital. Sessions also held at Data Tech Center, Business Center, Texas Diabetes Institute, Robert B. Green, and other outpatient locations
• Received positive feedback on content and many questions, which senior leadership will answer via intranet.

Schedule of reporting for future Board Meetings (Quality & Performance Metrics):
• Patient Satisfaction – May, July, October, January
• Employee Satisfaction – August (results)
• UT Metrics – July, October, January
• ED operations and metrics – monthly
• Operating Room - June, September, November
• Ambulatory – May, August, October

Mr. Banos yielded the floor to Dr. Alsip for a Quality Report, which focused on the strategic quality goal to improve hospital compare Star rating to annual target. He reviewed the following CMS Star rating measure groups and metrics: Timeliness of care, effectiveness of care, mortality, readmission, safety of care, patient experiences, and efficient use of medical imaging.

CMS Surgical Site Infections (SSIs) Reporting
• Data are publicly reported
  – CMS Star Rating
  – Hospital Compare scores
• CMS Inpatient Prospective Payment System
  – Affects hospital reimbursement
• Hospital-Acquired Condition Reduction Program (HACRP)
  – Pay for Performance program under Medicare

CMS SSI Reporting Requirements
• Reports sent monthly to the Centers for Disease Control (CDC) via National Healthcare Safety Network (NHSN)
• CMS requires reporting of SSIs
Colon surgery
– Abdominal hysterectomy

Colon Surgery Systemic Inflammatory Response Syndrome (SIRS)

• Reviewed COLO Complex 30-day SSI Data for the period Quarter 1, 2012 through Quarter 4, 2016 and provided infection counts for each. Also reviewed surgical site infection prevention rates and Operating Room compliance with colon bundle elements for the period January through March 2017, meeting 100 percent compliance during the month of March.

SSI Prevention Progress and Next Steps

• Implementation of colon bundle and compliance tracking;
• Engaged physician leaders in the process to work with surgeons and staff;
• Use of Early Recovery after Surgery (ERAS) program to facilitate post-operative recovery;
• Colon procedures tracked prospectively – noted daily in leadership huddles;
• Ensure compliance with bundle elements and real-time review of fall outs with staff and physician leaders;
• Use consistent staff for all colon cases whenever possible and cross-train other staff;
• Continue work with ICPs to identify all potential cases – use of frequencies and rates; and
• Monitor compliance, by surgeon, and directly address any fall outs timely

RECOMMENDATION: This presentation was provided for informational purposes only; no action was required by the Board.

ACTION: None.
EVALUATION: None.
FOLLOW-UP: None.

INFORMATION ONLY ITEMS:

REPORT REGARDING MEDICAL-DENTAL STAFF COMMITTEES AND DEPARTMENTS—KRISTEN A. PLASTINO, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

UPDATE ON FACILITIES DEVELOPMENT ACTIVITIES—MARK WEBB

UPDATE ON THE ROBERT L. M. HILLIARD CLINIC—MARK WEBB

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS—LENI KIRKMAN

UPDATE ON THE 85TH LEGISLATIVE SESSION—ANDREW SMITH

SUMMARY: Mr. Smith directed the Board members’ attention to the five (5) written reports above. He urged his colleagues to contact staff with specific comments, questions, or suggestions.

RECOMMENDATION: These reports were provided for informational purposes only.
ACTION: No action by the Board of Managers was required.
EVALUATION: None.
FOLLOW-UP: None.
ADJOURNMENT:

There being no further business, Mr. Smith adjourned the Board meeting at 7:25 p.m.

Ira Smith     Dianna M. Burns, M.D.
Vice Chair, Board of Managers   Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary