SPECIAL MEETING
OF THE BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS

Wednesday, August 30, 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
Robert Engberg
Janie Barrera
James Hasslocher

BOARD MEMBERS ABSENT:

James R. Adams, Chair
Roberto L. Jimenez, M.D, Immediate Past Chair

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Donovan Agans, Director, Emergency Management, University Health System
Tommye Austin, Senior Vice President/Chief Nurse Executive, 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, Supply Diversity Coordinator/Procurement Services, University Health System
Lourdes Castro-Ramirez, President, University Health System Foundation
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System
Theresa De La Haya, Senior Vice President, Health Promotion/Clinical Prevention, University Health System Texas Diabetes Institute
Sergio Farrell, Senior Vice President/Chief, Ambulatory Services, University Health System
Robert B. Green Campus
Donald Finley, External Communications Director/Corporate Communications, University Health System
Andrew Garza, Director, University Family Health Center - Southeast
Greg Gieseman, President/Chief Executive Officer, Community First Health Plans, Inc.
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
CALL TO ORDER AND RECORD OF ATTENDANCE: IRA SMITH, VICE CHAIR, BOARD OF MANAGERS

Mr. Smith called the meeting to order at 6:05 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE

Mr. Smith introduced Ms. Lucila Guyer, R.Ph., St. Mark the Evangelist Catholic Church for the invocation, and he led the pledge of allegiance.


SUMMARY: Mr. Hernandez pulled this item from today’s agenda due to the honoree’s unavailability. The special recognition will be rescheduled for next month.

RECOMMENDATION: None.

ACTION: None.

EVALUATION: None.

FOLLOW-UP: None.
CITIZENS’ PARTICIPATION: None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S):

TUESDAY, JUNE 27, 2017 (REGULAR MEETING)

SUMMARY: The minutes for the regular meeting of Tuesday, June 27, 2017, were presented for Board approval.

RECOMMENDATION: Staff recommends approval of the minutes as submitted.

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

EVALUATION: None.

FOLLOW-UP: None.

TUESDAY, JULY 25, 2017 (REGULAR MEETING)

SUMMARY: The minutes for the regular meeting of Tuesday, July 25, 2017, were presented for Board 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 Ms. Barrera, and PASSED UNANIMOUSLY.

EVALUATION: None.

FOLLOW-UP: None.

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

SUMMARY: Dr. Henrich was unable to attend this evening’s meeting since it was rescheduled to Wednesday due to the inclement weather on Tuesday. He is attending an event to recognize outstanding UT Health faculty clinicians tonight. Dr. Plastino reported, on his behalf, that the Medical Dean search is underway. Final candidates have been scheduled for campus visits in late September and early October. The new Quality/Risk Management process is now completely electronic and standardized. The new process changes how we communicate with physicians in closing the loop on risk management issues – physicians will no longer be graded. Instead, when an issue arises, we will obtain input from the physician, a specialty service, and a committee. We then go back to the physician with either an educational letter outlining a process improvement, or providing them with a focus review. We are now able to track these physicians and look closely at those who do a really great job, or those who need a little help. The new process will help providers rather than punish them. Mr. Smith thanked Dr. Plastino for being a physician champion of the Q/RM process.

RECOMMENDATION: None.

ACTION: None.

EVALUATION: None.

FOLLOW-UP: None.
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 A CONTRACT RENEWAL WITH NEATHAWK DUBUQUE, INC. D/B/A NDP FOR BRANDING AND MARKETING SERVICES – LENI KIRKMAN

CONSIDERATION AND APPROPRIATE ACTION REGARDING A SPONSORSHIP AGREEMENT WITH THE CITY OF SAN ANTONIO TO BRAND THE ALAMODOME’S SOUTH ENTRANCE THE UNIVERSITY HEALTH SYSTEM GATE – LENI KIRKMAN

CONSIDERATION AND APPROPRIATE ACTION TO AMEND THE CONTRACT WITH PRICEWATERHOUSECOOPERS (“PWC”) FOR REVENUE CONSULTING SERVICES— REED HURLEY

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

SUMMARY: Consent agenda items above were presented for the Board’s approval. The amounts listed below are associated with these items, as follows:

- Contract Renewal with Neathawk Dubuque, Inc. d/b/a NDP - $675,025 per year for two additional years.
- Sponsorship Agreement with the City of San Antonio to Brand the Alamodome’s South Entrance the University Health System Gate – Not to exceed $275,000 per year for five years, or $1,375,000.
- Contract with PricewaterhouseCoopers for Revenue Consulting Services – Fixed price of $75,000 and a contingency amount not to exceed $750,000.
- Purchasing Activities – Group purchasing organization subtotal - $1,158,531 / Grand total approved by Board - $4,175,575.

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

ACTION: A MOTION to approve all of the items on the consent agenda was made by Mr. Engberg, SECONDED by Ms. Barrera, and PASSED UNANIMOUSLY.

EVALUATION: None.

FOLLOW UP: None.

REPORT ON HURRICANE HARVEY RESPONSE – LENI KIRKMAN

At this point, Mr. Smith asked Mr. Hernandez and Ms. Kirkman to provide a brief update regarding the Health System’s participation with local and regional authorities regarding evacuees from the Gulf coast in response to Hurricane Harvey, the powerful Category 4 storm that made landfall in Rockport, Texas on Saturday night, August 27, 2017.

SUMMARY: San Antonio hospitals, EMS agencies, and other healthcare organizations joined with the Southwest Texas Regional Advisory Council (STRAC) in activating the Regional Medical Operations Center (RMOC) late last
week. By Thursday, August 24, the RMOC team was coordinating with San Antonio and Bexar County authorities at the Emergency Operations Center (EOC) to prepare for evacuees from Texas Coastal communities and patients from impacted hospitals. The Health System’s eight RMOC team members have been staffing its two seats at the RMOC 24 hours a day since the crisis began. The Health System’s two-person Emergency Management staff has been working 12-hour shifts around the clock to manage all logistics and administrative oversight of the Health System’s response to this disaster. Key administrative staff has also been on call 24/7 to make decisions in real-time. Health System teams have been in communication regularly with all for major issues and updates, and working together to ensure patients are efficiently transferred to University Hospital as needed, and that evacuees arriving in need of medical care receive appropriate outpatient services at the shelter locations. The ambulatory team set up a reception center at the AT&T Center, and a shelter on Centennial Boulevard the evening of Thursday, August 24. Over 250 evacuees arrived the first night. The second and third shelters opened on Gillette Boulevard and Athens on West Gerald on Friday, August 25. Nursing staff have been working 12-hour shifts. Providers from University Medicine Associates and UT Health joined nurses at the shelters on Friday and have continued to provide day-time coverage. Center for Health Care Services staff are working alongside Health System staff in providing assistance for those suffering from anxiety, depression, and other mental health issues. By Sunday afternoon, the three shelters were hosting about 1,000 evacuees. The number of ambulatory nursing and provider hours dedicated to this response to date is 1,230 hours. That number is anticipated to grow significantly as a new Mega Shelter has opened in the old Harland Clarke building off I-10 East at 410. This shelter can provide accommodations for up to 2,800 evacuees. At this point, Health System teams have consolidated at the new shelter medical clinic and anticipate it will remain open until at least Tuesday, September 5. In response to staff requests to do more to support relief efforts, the University Health System Foundation has established a Hurricane Harvey Fund. The “Compassion Rises with the Tide: UHS Lends a Hand” campaign encourages staff to make a monetary contribution, with 100% of donations going to the following two charities: San Antonio Food Bank and Animal Defense League of Texas. Board members thanked the staff for taking a leadership role at the RMOC, much as it did 10 years ago during Hurricane Katrina.

RECOMMENDATION: This report was provided for informational purposes only.

ACTION: No action by the Board of Managers was required.

EVALUATION: Ms. Kirkman introduced Donovan Agans, Director of Emergency Management. Board members thanked Andrew Smith, Andrew Garza, Theresa De La Haya, Sergio Farrell, Lourdes Castro-Smith, five of the eight RMOC team members present this evening. Ms. Kirkman added that the Health System is actively encouraging staff and community to donate blood as O-positive and O-negative types are in short supply and
always needed at University Hospital. In partnership with KSAT 12, the University Health System Blood Donor Center will hold a blood drive in the Main Lobby of University Hospital from 7 a.m.-7 p.m. on Friday, September 1, 2017.

FOLLOW-UP: None.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A RESOLUTION OF THE BOARD OF MANAGERS OF THE BEXAR COUNTY HOSPITAL DISTRICT REQUESTING THAT COMMISSIONERS COURT OF BEXAR COUNTY, TEXAS APPROVE A RESOLUTION AUTHORIZING THE DEFEASANCE OF CERTAIN OUTSTANDING OBLIGATIONS OF THE DISTRICT FOR THE BENEFIT OF THE DISTRICT; APPROVING AND AUTHORIZING THE EXECUTION OF AN ESCROW AGREEMENT; AUTHORIZING ALL OTHER REQUIRED ACTIONS ON BEHALF OF THE DISTRICT; AND RESOLVING OTHER MATTERS RELATING THERETO—REED HURLEY/GEORGE B. HERNÁNDEZ, JR.

SUMMARY: The original Capital Improvement Program that created the new Robert B. Green downtown clinical building and the Sky Tower was funded with Health System reserves and Certificate of Obligation (CO) Bonds. A total of $777.5 million in bond debt was issued in 4 transactions over a three year period beginning in 2008. The issuances are commonly referred to by their issue date, 2008; 2009A; 2009B, and 2010. All of these issuances have a 10 year call option, which allows the bonds to be called or paid off after 10 years. Due to very low interest rates, the majority of the $290 million of the 2008 issuance was advance refunded in 2016 saving $37.2 million in Net Present Value. At the time of the refunding it was anticipated that the Health System would have excess debt service capacity in 2018. To manage the debt service tax rate, $17,985,000 of the 2008 bond issuance was not advance refunded. All of the 2008 bonds that were not advance refunded have a 2038 maturity date and a 5% coupon rate. Defeasance of the remaining 2008 bonds in 2018 will help maintain the current I&S (Debt Service) tax rate. Paying off the remaining 2008 bonds will save $17.9 million in interest expense over the next 20 years.

RECOMMENDATION: Staff recommends Board of Managers’ approval of the Resolution Authorizing the Defeasance of Certain Outstanding Obligations of the District for the Benefit of the District; Approving and Authorizing the Execution of an Escrow Agreement; Authorizing all Other Required Actions on Behalf of the District; and Resolving Other Matters Relating Thereto for presentation and approval by Bexar County Commissioners’ Court.

ACTION: A MOTION to approve all of the items on the consent agenda was made by Ms. Barrera, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.

EVALUATION: None.

FOLLOW-UP: None.
CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT AMENDMENT WITH O'CONNELL ROBERTSON FOR DESIGN SERVICES RELATED TO THE BUILD-OUT OF THE NEW PHARMACY AT UNIVERSITY HOSPITAL—EDWARD BANOS

SUMMARY:  O'Connell Robertson (OCR) was one of three (3) firms selected to provide architectural services for hospital and clinic projects. The Board action also authorized staff to engage these firms under Master Service Agreements to provide architectural services on an as needed basis. OCR is currently under contract to provide architectural/engineering (A/E) services for revisions to the construction drawings for the removal of the Automated Guided Vehicle (AGV) scope and revisions to the ISO 7 Suite to incorporate recently established USP 800 Guidelines for hazardous compounds. That contract also includes Construction Administration for the new pharmacy currently under construction on the ground level of the Rio and Horizon Towers at University Hospital. The pharmacy interior buildout was previously approved for $11.2 million. These charges are for additional A/E fees associated with the increased scope of the project with the ISO 7 Compounding Suite addition, as well as the reconfiguration of the workspace flow to increase efficiencies of the pharmacy staff. The amount of $303,130 has been accounted for in an existing contingency fund, and the overall request is to have the contingency dollars applied to this project. The original contract amount was $387,100, and the new contract amount is $689,230. O’Connell Robertson is an Austin based company with an office in San Antonio, with a total of 55 employees. The workforce composition data was provided for the Board’s review.

RECOMMENDATION:  Staff recommends Board of Managers’ approval to execute a contract amendment with O’Connell Robertson in the amount of $303,130.

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

EVALUATION:  The estimated completion date for the new pharmacy is March 2018.

FOLLOW-UP:  None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AMENDMENT NO. 1 TO DESIGN SERVICES CONTRACT WITH KAI TEXAS FOR THE ROBERT L.M. HILLIARD CLINIC—EDWARD BANOS

SUMMARY:  KAI Texas has performed the programming and design services for the Robert L.M. Hilliard Clinic on a multi-package delivery design in corporation with the Construction Manager at Risk. During the course of the design, an increase from the original Construction Cost Limit (CCL), revisions to the facility program, and the addition of a covered Drop-off Canopy have increased the design services needed. Staff recommends amending the contract with KAI Texas to provide complete Architectural and Engineering services, with the following scope of work:

Increase in CCL from $3,500,000 to $5,000,000 - $157,500
Fees based on percent of construction cost - $157,500
Revised Facility Program – Changes from the original program for functional efficiencies
(reception counter, workrooms, cash safe location) - $9,680
Structure to cover drop-off area to improve patient experience - $40,674
Additional Coordination with City of San Antonio (COSA) for facility program changes and covered drop-off structure - $6,000
Total - $630,854

KAI Texas is a local, African American (AAIBE), and Small Business Enterprise (SME), with a total of 75 employees. The workforce composition data was provided for the Board’s review.

RECOMMENDATION: Staff recommends Board of Managers’ approval to execute Amendment No. 1 to the contract with KAI Texas for the design of the new Eastside Clinic in the amount not to exceed $213,854.

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

EVALUATION: The Health System received DSRIP funds for this project in the amount of $9 million; and the Board has approved $8.1 million; therefore the project remains under budget. Mr. Hasslocher asked staff to ensure the Health System owns the right to the architectural plans for this clinic, since those plans will be used as a prototype for future clinic projects.

FOLLOW-UP: Staff will look into Mr. Hasslocher’s concern about ownership of the architectural plans and inform the Board.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT FOR NUTRITION SERVICES WITH LABATT FOOD SERVICES LLC—JIM WILLIS/MICHAEL ROUSSOS

SUMMARY: The original contract was approved by the Board and awarded for $4.7 million for a three year term in 2014. However, based upon historical spend data for food supplies to this vendor, the contract was under budgeted. Historical data reflects an average yearly spend of $2.15 million to Labatt in the years 2012 and 2013. Therefore, the original award of $4.7M was not sufficient to support a three year contract. Staff is requesting additional funds in the amount of $6,202,500 to exercise the remaining two one-year renewal options ($4,735,500 for January 1, 2018 to December 31, 2019) and to address the shortage for the current contract year ($1,467,000 for May 1, 2017 to December 31, 2017). Factors driving the increase in the cost of this contract include the adjustment for the original budgeting shortfall, 27 percent service growth since 2014, as well as a 5 percent per year projected growth contingency for 2018 and 2019. This is a planned expense and funding has been included in the 2017 annual operating budget. The short fall for 2017 is $1,467,000. Projected totals for years 2017 – 2019 are: $1,467,000; $2,310,000; and $2,425,500 respectively, for a total of $6,202,500. Mr. Willis assured the Board that new measures will go into place in 2017 to better monitor expenses associated with this contract. This includes the addition of a “Production Supervisor” at ABM’s cost as part of the food and nutritional services management contact. This supervisor will focus on improved electronic monitoring for inventory control as well as maximize the purchase of contract items. Labatt Food
Service, LLC has a total of 1,361 employees, and the workforce composition was provided for the Board’s review.

**RECOMMENDATION:** Staff recommends Board of Managers’ approval of additional funding in the amount of $6,202,500 for the Labatt contract through the end of the current term of December 31, 2017; and approval to renew the remaining two one-year options for January 1, 2018 through December 31, 2019.

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

**EVALUATION:** Staff will look into Mr. Hasslocher’s inquiry about manufacturer rebates, fuel surcharges, and delivery fees. Mr. Hernández requested Board approval while Mrs. Wilson investigates these points.

**FOLLOW-UP:** Mrs. Wilson to research rebates, surcharges, and delivery fees, and inform the Board.

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**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH HEALTHLOGIX FOR ID CARD AND KIT FULFILLMENT SERVICES—GREG GIESEMAN**

**SUMMARY:** CFHP issued a Request for Proposal (RFP) to solicit vendors for identification care and kit fulfillment services to evaluate the market place’s vendor opportunities and evaluate the value of the existing vendor in relation to other available service providers. The RFP was publically posted in May 2017, with three vendors replying to the solicitation. The vendors each provided a written response and conducted a face to face presentation associated with their responses to the CFHP Review Committee. CFHP exercised its due diligence to review the qualified vendors, and conducted an internal discussion to consider the resource impacts of the implementation of a new vendor versus renewal of the existing vendor. Each RFP was scored by the Review Committee according to define criteria. After deliberation of the RFP scores, vendor presentations, vendor pricing comparison and resource impact of any required implementation activities, the CFHP Review Committee voted on a recommendation to offer a one year extension with two additional one-year option periods to the incumbent vendor HealthLogix. HealthLogix has been CFHP’s vendor since it was originally awarded the contract in 2010 and has performed well in this role. HealthLogix’s proposal included no increase in its current rates and was the lowest cost vendor. As the current vendor, there are no associated implementation activities and costs. The one-year extension of HealthLogix, for ID card and kit fulfillment services, is valued at $475,000. Mr. Gieseman noted that the estimated yearly cost can fluctuate by membership, printed material volume. The initial term of the contract is January 1, 2018 – December 31, 2018. HealthLogix provided a copy of their Equal Opportunity plan in lieu of the workforce composition data. The recommendation to renew HealthLogix as a vendor was presented and approved by the CFHP Board of Directors on July 28, 2017.

**RECOMMENDATION:** CFHP requests approval to engage in a one-year contract, valued at $475,000, with two additional one-year option periods with the vendor HealthLogix for member identification card and kit fulfillment services.

**ACTION:** A MOTION to approve staff’s recommendation was made by= Ms. Barrera, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.
EVALUATION: Mr. Gieseman introduced Kelly L. Longhofer, Vice President, Program Management and Executive Director, STAR Kids to the Board.
FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR JULY 2017—REED HURLEY

SUMMARY: In July clinical activity (as measured by inpatient discharges) was down 1.1% for the month compared to budget. Outpatient activity was at 56,637 visits for the month, and 425,873 year-to-date. Payer mix for the month was as follows: 24.5 percent – Commercially funded; 24.8 percent – Medicaid funded; 25.4 percent Medicare funded; 15.1 percent Unfunded; 3.0 percent – UHS; and 7.3 percent CareLink. Community First Health Plan (CFHP) fully-insured membership was down 2.0 percent. Gain from operations was $12.6 million, $4.4 million better than budget. The bottom line gain (before financing activity) was $6.8 million, $5.1 million better than budget and was due primarily to lower operating expense. Debt Service Revenue was $4.7 million which is equal to the budgeted Debt Service payment of $4.7 million. Mr. Hurley reviewed notable increases and/or decreases from the Consolidated Balance Sheet in detail with the Board.

RECOMMENDATION: Staff recommends acceptance of the financial reports subject to audit.
ACTION: A MOTION to approve staff’s recommendation was made by Mr. Engberg, SECONDED by Ms. Barrera, and PASSED UNANIMOUSLY.

EVALUATION: Discussion ensued regarding budget variances, which Mr. Hurley explained, are due to variability in supplemental funding streams. There is a $90 billion short fall for hospitals in the State of Texas for uncompensated care; the Health System will have a $10 million shortfall from supplemental funding at the end of the year. Texas hospitals are trying to figure out how to get a larger portion of what’s available. Dr. Burns would like staff to study the outpatient referral pattern to University Hospital. She is concerned with lack of access points for those patients not entering the Health System via the Emergency Department. Are UT specialists and UMA providers actively referring to University Hospital? Staff is able to track volume by individual physician for the UT side; however, it is unknown which physicians, if any, are referring to other hospitals. Because most admissions do come through the Emergency Department, the challenge in the outpatient setting is patient choice. Mr. Hernandez recently became aware that the Department of Orthopaedics is referring patients to Methodist Hospital. He will bring that to Dr. Henrich’s attention because there is an affiliation agreement in place that the Health System expects UT Departments to honor. Discussion also ensued regarding capacity at University Hospital. Mr. Banos reviewed hospital census data for 2013 which was at 407. Today, the average daily census is 569. Before opening the Sky Tower in 2014, there were 322 adult patient beds available. Since opening the Sky Tower, there are 346 adult beds available, or only a gain of 24 beds, because pediatrics is taking up 72
beds that were not meant for Pediatrics. Further, there are 51 adult beds still active in the old towers – 9th floor Rio, 7th Floor Horizon, and 12th floor Horizon. On August 24 – 25, physicians discharged 300 patients in preparation for the aftermath of Hurricane Harvey. By Saturday, August 26, a total of 100 patients, 20 of those from Victoria, Texas, had been admitted. This morning, University Hospital census was at 171 in the medicine service alone. The Women’s & Children’s Tower will alleviate the capacity issues that currently exist with adult patients. Mr. Smith expressed a desire to activate the Board’s strategic planning committee in the very near future for a brainstorming session on capacity issues. Regarding CFHP’s strong bottom line, Mr. Engberg asked Mr. Gieseman to comment on the overage this month. CFHP posted a bottom line gain of $3.5 million which was $2.5 million better than the budgeted gain of $1.0 million, and CFHP receivables at $3.1 million. The bottom line gains are due to over-accrual of claims expense, or previous risk adjustments, that were recognized last month.

FOLLOW UP:

None.

PRESENTATIONS AND EDUCATION:

OPERATIONS REPORT FOR JULY 2017

AMBULATORY QUARTERLY UPDATE – SERGIO FARRELL/EDWARD BANOS

SUMMARY:
Mr. Farrell reviewed University Medicine Associates’ (UMA) dashboard reports for its cascading goals, and noted improvement in the quality payment program, advancing care information, and cost (both UOS and RVU). He reported that in March 2016, a new patient satisfaction survey was implemented for Ambulatory. As part of this implementation, Ambulatory established organizational targets for the survey questions. The current goal is the 75th percentile. Standardized reports were developed and all clinics standardized their performance boards. Two survey questions were identified as a top focus for Ambulatory. For the second quarter of 2017, the “Overall Rating of the Provider” reached 81.4 percent and “Would Recommend” reached 87.3 percent. Although Ambulatory is currently below target for these two survey questions, the trend is shifting upward since March 2016.

RECOMMENDATION:
This presentation was provided for informational purposes only.

ACTION:
No action was required by the Board of Managers.

EVALUATION:
Mr. Farrell introduced and yielded the floor Dr. Katherine Whitely, who currently serves as medical director of the University Family Health Center – Southwest, and whose individual provider scores have consistently been higher than the 75th percentile. Mr. Farrell asked her to share her personal communication practices with those patients who have rated her so highly. The socioeconomic status of most of Dr. Whitely’s patients on that part of town is a 7th or 8th grade education. Most are also Spanish-speaking, so there is a learning curve in how/why they rate a provider. Since most of her patients are geriatric, she does not make them sit on the exam table. Rather, she examines the patient where he/she is seated, directly in front of her. She spends face time talking
with them; she reviews their labs on a monitor and lets them see their test results, x-rays or other diagnostic results. She uses layman’s terms, smiles a lot, and uses the Spanish she learned in medical school. She also feels the change to a local telephone number, over a toll free number for return calls, has been helpful. She attribute’s survey success to Lisa Sanchez, who provided training to everyone at UFHC-SW including front desk staff. She also met with providers to talk about what happens behind closed doors because there are a few providers who are still being rated on the lower end. Board members thanked and commended Dr. Whitely for her work. Board members agreed that replicating Dr. Whitely’s behavior in all of the clinics will help the patient experience. She has learned the kinds of lessons beneficial to other providers, such as active listening. Mr. Farrell also introduced Ms. Lisa Sanchez, Executive Director for Patient Experience, and her counter-part at UT Health, Ms. JoAnn Rios.

FOLLOW UP: Next steps for “Rate Provider” includes the identification of highest performing providers by region to create a provider guide; and development of an educational course for incoming providers on bedside manner. E-learning modules will also be created to be used as an annual refresher. Next steps in alignment efforts and collaboration with UT Health include in-service of all staff and providers on proper patient experience protocols; and educational sessions to be provided by job class: practice manager (director, operations), clinical staff, medical director/provider. Next steps for “Would Recommend” include standardized scripting, increase patient participation, and implementation of a campaign to promote and communicate the importance of surveys to the patients. The third quarter ambulatory update will cover access, and the fourth quarter will cover cost and effectiveness.

2017 EMPLOYEE ENGAGEMENT SURVEY RESULTS – LENI KIRKMAN/EDWARD BANOS

SUMMARY: The annual employee survey was administered by NRC Health to ensure respondents can give honest feedback, with the confidence that responses will not be attributed to any individual staff members. The Health System saw a significant increase in response rates over the past two years, and achieved its highest response rate during this year’s survey which was administered June 5 – 23, 2017. Ms. Kirkman reviewed the following:

Response Rates
2017 = 77.6 percent (7,421 sampled, 5,726 returned)
2016 = 66.6 percent (6,991 sampled, 4,654 returned)
2015 = 42.5 percent (6,641 sampled, 2,821 returned)
2014 = 47.6 percent (6,098 sampled, 2,572 returned)

Overall rating as a place to work
2017 – 38.1 percent = 70th Percentile
2016 – 36.5 percent
2015 – 30.0 percent
2014 – 33.8 percent
Rate this organization as a place to work on a scale of 0-10
0-4 = 4.3 percent  
5-6 = 17.7 percent  
7-8 = 42.2 percent  
9-10= 38.1 percent  = 70th percentile

Would recommend as a place to work on a scale of 0-10
2017 = 52.8 percent  = 72nd percentile
2016 = 50.0 percent  
2015 = 42.9 percent
2014 = 48.1 percent

Likelihood to recommend this organization as a place to work
Definitely No = 1.6 percent  
Probably No = 6.6 percent  
Definitely Yes = 52.8 percent  
Probably Yes = 39.0 percent

Questions with strongest improvements
Organization’s benefits are better than elsewhere
I talk up this organization to friends
I’m glad I joined this organization
I have friendships with colleagues

Questions that saw a decline from 2016
I will not be looking for a position elsewhere
I am happy with my pay
I have great relationships with others

Highest scores for 2017 survey
I look for ways to support others: 93.1%
I am glad I decided to join this organization: 88.7
Organization values aligned with my own: 88.4 percent

Comments help shape improvement plans – 2016 Focus:
Communicating important information across the organization - 84 percent of the respondents are getting infohuddles weekly or daily; 86 percent say they are somewhat or very helpful; and only 11 percent disagree that they are getting more information about the organization compared to last year.

RECOMMENDATION: This report was provided for information purposes only.
ACTION: No action was required by the Board of Managers.
EVALUATION: None.
FOLLOW UP: Next steps include global initiatives for the Health System regarding management communications skills: crucial conversations, active listening, personality types, generational and differences. Also, unique department level initiatives based on key drivers and staff comments. As a result of staff comments, leadership has scheduled 22 town hall meetings across the Health System for the period September 7 through September 13, 2017. Leadership will review employee engagement, volume, marketing campaign as well as the Health Systems growth and expansion.
INFORMATION ONLY ITEMS:

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

UPDATE ON FACILITIES DEVELOPMENT ACTIVITIES—MARK WEBB

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

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS—LENI KIRKMAN

2ND QUARTER SUPPLIER DIVERSITY REPORT—FRANCINE WILSON

**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.

There being no further business, Mr. Smith adjourned the Board meeting at 7:57 p.m.

Ira Smith  
Vice Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary