MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Ira Smith, Vice Chair
Dianna M. Burns, M.D., Secretary
Robert Engberg
Jimmy C. Hasslocher
Janie Barrera

BOARD MEMBERS ABSENT:

Roberto L. Jimenez, M.D., Immediate Past Chair

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Bryan Alsip, MD, Executive Vice President/Chief Medical Officer, 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
Roe Garrett, Vice President/Controller, University Health System
Don Finley, Director, External Communications, University Health System
Russell Higgins, M.D., Associate Professor/Clinical, Department of Pathology, UTHSCSA; and Medical Director, Pathology Services, 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
Elliott Mandell, Senior Vice President/Chief Pharmacy Officer, University Health System
Karen McMurry, Interim Chief Legal Officer, University Health System
Bill Phillips, Senior Vice President/Chief Information Officer, University Health System
Michael Roussos, Hospital Administrator, University Health System
Ron Rodriguez, M.D., Ph.D., Interim Dean, School of Medicine, UT Health, San Antonio
Allen Strickland, Vice President/Hospital Administration, University Health System
Travis Smith, Deputy Chief Financial Officer, University Health System
Jim Willis, Vice President/Associate Administrator, University Hospital
Francine Wilson, Vice President, Supply Chain Management, University Health System
And other attendees.

**CALL TO ORDER AND RECORD OF ATTENDANCE: JAMES R. ADAMS, CHAIR, BOARD OF MANAGERS**

Mr. Adams called the meeting to order at 2:08 p.m.

**INVOCATION AND PLEDGE OF ALLEGIANCE:**

Mr. Adams yielded the floor to Ms. Norma Garza of Holy Trinity Catholic Church, for the invocation, and he led the pledge of allegiance.

**REPORT FROM THE HEALTH SCIENCE CENTER – RONALD RODRIGUEZ, M.D., PH.D., FOR DR. WILLIAM HENRICH, M.D.**

**SUMMARY:** Dr. Robert Hromas, the new Dean of the Medical School is on campus this week. He is visiting with faculty and getting to know the staff. The Health System is planning a reception to introduce him to the Board of Managers and administrative leadership early next year after his official start date.

**RECOMMENDATION:** This report was provided for informational purposes only.

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

**EVALUATION:** None.

**FOLLOW-UP:** None.

**CONSENT AGENDA:**

**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. 7.05, INVESTMENTS—ROE GARRETT/REED HURLEY**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING APPOINTMENT/REAPPOINTMENT TO THE UNIVERSITY HEALTH SYSTEM PENSION PLAN BOARD OF TRUSTEES—ROBERT ENGBERG, CHAIR, NOMINATING COMMITTEE**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING ACTIVITIES (SEE ATTACHMENT A) – ANTONIO CARRILLO/TRAVIS SMITH**

**SUMMARY:** The items above were presented for the Board’s consideration as consent items. The following details are associated with these consent items:

- Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Staff Membership – Kristen A. Plastino, M.D., President, Medical/Dental Staff – Monthly Credentials Committee Report (listing of providers in accordance with the Health System’s Credentialing and Privileging Process); and Focused/Ongoing Professional Performance Evaluation Reports submitted to the Board of Managers for approval.
Consideration and Appropriate Action Regarding University Health System Policy No. 7.05, Investments - Roe Garrett/Reed Hurley - The Health System’s investment practices are subject to Texas Government Code 2256, also referred to as the Texas Public Funds Investment Act (PFIA). In accordance with the PFIA, the Investment Policy is reviewed annually and submitted to the Board of Managers for approval. Staff reviewed the most recent version of the PFIA with the Health System’s investment advisors and recommended changes to the policy consistent with PFIA.

Consideration and Appropriate Action Regarding Appointment/Reappointment to the University Health System Pension Plan Board of Trustees - Robert Engberg, Chair, Nominating Committee – Three members have terms expiring on December 31, 2017: David Wallace, Steven Klafke, and Carlos Resendez. The Board’s Nominating Committee recommended approval to re-appoint all three for a four-year term through December 31, 2021. There are no term limits on the Pension Board of Trustees.

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) – Antonio Carrillo/Travis Smith – A total of 23 contracts with a value of $26,609,129 were presented to the Board of Managers: 18 consent contracts with a total value of $18,600,000; 5 presented contracts with a total value of $8,009,039. Four contracts were classified as Small, Minority, Woman, or Veteran-Owned Business Enterprises (SMWVBE).

RECOMMENDATION: Staff recommends approval of the consent agenda items listed above as submitted.

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

EVALUATION: Mr. Smith asked about term limits for members of the Pension Plan Board of Trustees. There are no term limits on this particular subsidiary Board. Regarding the contract for outdoor advertising with iHeart Media and Entertainment, Inc., d/b/a Clear Channel Communications, in the amount of $700,000, Mr. Hasslocher asked about payment and term of the contract. Payment will be made throughout the year upon receipt of an invoice, and the contract period is one year.

FOLLOW-UP: None.

REVIEW AND DISCUSSION OF PRELIMINARY FINANCIAL REPORT FOR NOVEMBER 2017—REED HURLEY

SUMMARY: Due to the timing of the special Board meeting this month, the financial report for the month of November will not be completed in time to follow the normal presentation and approval process. Mr. Hurley provided preliminary number for the month of November, but will not request formal approval until the January, 2018, meeting. A final financial report will be provided to the Board by the end of this week. In November clinical activity (as measured by inpatient discharges) was up 2.6% for the month compared to budget, and 9 percent over prior year. Outpatient activity was 3.8 percent
over budget, prior year by 8.5 percent. Community First Health Plan (CFHP) fully-insured membership was down 0.2%. Gain from operations was $7.8 million, $108,000 worse than budget. The bottom line gain (before financing activity) was $1.4 million, $71,000 worse than budget and was due primarily to higher other operating expenses. Debt Service Revenue was $4.7 million which is equal to the budgeted Debt Service payment of $4.7 million.

**RECOMMENDATION:** This preliminary financial report was provided for informational purposes only.

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

**EVALUATION:** None.

**FOLLOW-UP:** Staff will provide the Board with a final report by the end of the work week.

**ACTION ITEMS:**

**CONSIDERATION AND APPROPRIATE ACTION TO REMOVE ENCUMBRANCES OF BOARD DESIGNATED CAPITAL FOR REPRIORITIZED PROJECTS AND THOSE COMPLETED UNDER BUDGET—EDWARD BANOS**

**SUMMARY:** Due to decreased scope of projects, staff has identified $42,139,838 in encumbered funding than can be unencumbered and returned to the Board Designated Capital Account. The major capital projects being reprioritized include the Heart & Vascular Institute (August 2015), Northwest Clinical Services & Dialysis Center (August 2015), IT Infrastructure for Pediatric Program in Rio Tower (December 2015). Mr. Banos provided a detailed listing of these projects, including original Board approval date, dollar amount, and reason (Attachment A). The reduction in scope, reprioritization, and return of unused budgeted funding will result in previously committed funds becoming available and allows the Board to consider funding other projects utilizing designated capital funds as deemed appropriate. Mr. Banos also presented the projected balance of unencumbered Board Designated Capital Funds before and after year-end adjustments for the Board’s review.

**RECOMMENDATION:** Staff recommends Board of Managers’ approval to release the encumbrance of Board Designated Capital in the amount of $42,139,838 to become available for future projects.

**ACTION:** A MOTION to approve staff’s recommendation 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 FOR PROFESSIONAL SERVICES WITH ASSOCIATED REGIONAL & UNIVERSITY PATHOLOGIST, INC. (ARUP) LABORATORIES—JIM WILLIS**

**SUMMARY:** Due to testing limitation by UT Health’s South Texas Reference Labs (STRL), it has become necessary for highly specialized testing requests be sent to the Associated Regional & University Pathology Labs (ARUP) for processing. Therefore, the Health System Laboratory utilizes both STRL and ARUP to fulfill patient needs. Since 2013, the volume of testing has increased by 35
percent due to the growth of patient population, genetic testing, pediatrics (transplant) tests, and specialized testing for infectious diseases. In combination with increased activity when in-house lab instruments are down or reagents/supplies are on backorder, labs are sent to ARUP to not further delay results or diagnoses. The current ARUP contract #21206132-IF expires on 12/31/17 with no more available options for renewal. In order to continue referral lab testing, staff is requesting a new contract with ARUP. Mr. Willis provided a client billing summary report for the past 4 years with an annualized volume for 2017 at 45,568 total tests performed, and a total actual expense of $3,063,252. Further, he reported that from 2016 to 2017, the Health System experienced an overall 7 percent increase in annual volume of lab tests and expenses (which is a reflective of future growth). Therefore, when requesting funds for the new contract, staff is projecting the same annual 7 percent increase each fiscal year. He also provided projections for the next three years of anticipated annual expenses for a contract total of $8,358,740. ARUP provided Premier GPO pricing which is an annual savings of $300,000 (10 percent) when compared to previous MedAssets GPO pricing. Additionally, ARUP will provide 1 FTE (Monday thru Friday) to process all ARUP lab samples and send-out for testing during the term of the new contract, which is a new addition not previously offered. Mr. Willis assured the Board that the Pathology Services Department continues to monitor test utilization through:

- Quarterly business reviews conducted by ARUP
- ARUP designed dashboard reviews of test utilization
- Recognizing tests that are obsolete for patient testing
  - Obsolete testing indicates tests are prone to analytical interference, and not as diagnostically useful (poorer parameters of diagnostic accuracy)
- Identifying and budgeting for tests that can be brought in-house to be performed at either the UHS laboratory or the STRL laboratory

Due to consistent monitoring of volume and tests, adjustments were made to the initial contract amount which decreased it to $7,642,394 by removing two obsolete tests from physician ordering and by bringing one in-house. The estimated cost per test in the new three-year contract is $167.71 for 45,568 tests per year, or a decrease of 20.7 percent from the previous five year contract with ARUP.

RECOMMENDATION: Staff recommends Board of Managers’ approval of a new contract with Associated Regional & University Pathologist, Inc. (ARUP) in the amount of $7,642,394.00.

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FOLLOWING CONTRACTS: PROFESSIONAL SERVICES (MEDICAL) WITH UT HEALTH-SAN ANTONIO (‘‘SPONSORED CARE PROVIDER AGREEMENT’’); AND PROFESSIONAL SERVICES (DENTAL) WITH UT HEALTH-SAN ANTONIO (‘‘SPONSORED CARE PROVIDER AGREEMENT’’)—ALLEN STRICKLAND

SUMMARY: The agreement for professional medical services will facilitate payment to UT Health, San Antonio, School of Medicine for services provided to
sponsored patients for a one year period beginning January 1, 2018 to December 31, 2018. Payments for medical services are negotiated at 65% of the current Medicare rate. Sponsored Care is intended to cover urgent and emergent medical conditions. The majority of Sponsored Care patients receive services through the emergency center with services limited to the treatment of the urgent/emergent condition and follow up to assure the condition has responded appropriately to treatment. To qualify for sponsored care services from UTHSCSA, a person must meet the income and resources requirements established by the Health System and must reside in Bexar County. Currently, persons at or below 75% of the federal poverty level qualify. This definition includes inmates or detainees at facilities operated by Bexar County and the homeless, provided they meet the eligibility requirements established by the Health System. The anticipated payments in 2017 from the Bexar County Hospital District (BCHD) to UT Health are $3,400,000. This agreement disallows payment of charges for services rendered pursuant to the Bexar County Clinical Services (BCCS), including those assigned directly to the Health System, and the CareLink Provider Agreement. Payment under this agreement will only be made for professional services rendered that are not covered under these agreements or any other third party payer agreement, including payment made by the patient. The contract value for this one year period of activity in 2018 is estimated at $3,517,010. This is a planned expense and funding has been included in the 2018 Operating Budget. The agreement for professional dental services will facilitate payment to UT Health, San Antonio, School of Dentistry for services provided to sponsored patients for a one year period beginning January 1, 2018. Its purpose is to provide reimbursement for unfunded patients who are provided dental care in the Health System’s emergency department. The estimated payments to the School of Dentistry for services provided in calendar year 2017 are $150,000. This is a fee for service reimbursement agreement for qualifying unfunded patients Payments are negotiated at 100 percent of the Medicaid allowable for Dental and Oral and Maxillofacial Services. The total amount of the contract for a one year period is estimated at $175,000. The workforce composition for UT Health, San Antonio, was provided for the Board’s review.

RECOMMENDATION: Staff recommends Board of Managers’ approval of the Sponsored Care Provider Agreement with UT Health San Antonio School of Medicine, in the amount of $3,517,010; and approval of the Sponsored Care Provider Agreement with UT Health San Antonio School of Dentistry, in the amount of $175,000. Both agreements are for one year beginning January 1, 2018.

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT OF THE PROFESSIONAL HEALTHCARE SERVICES SUPPORT AND COVERAGE AGREEMENT-SUPPLEMENTAL SERVICES FOR PEDIATRIC ENT SERVICES—TED DAY/ALLEN STRICKLAND

SUMMARY: This is a proposal to incorporate previously approved contracts for Pediatric ENT services provided by Drs. McEvoy and Earley into a larger contract
vehicle in order to standardize the contractual mechanism for clinical services purchased from UT Health San Antonio. The prior contract to bring Dr. Early on board was approved by the Board of Managers in April 2015, and the contract for Dr. McEvoy was renewed and expanded in June 2015. The expanded agreement incorporated additional compensation for call coverage provided beyond the minimum required and for medical direction activities. A renewal of this agreement was requested and approved in July 2017.

Bexar County Clinical Services, Inc. (“BCCS”) and University Health System are parties to a Facilities and Management Services Agreement effective July 1, 2008, and as amended August 18, 2010 (collectively, the “MSA”) wherein the Health System agreed to support BCCS in its delivery of care to the indigent by providing the necessary facilities as well as management services to support University Physicians Group’s (“UPG”) professional healthcare services. In the MSA, under Section 1.10, the Health System agreed to accept assignment of any of BCCS agreements with UPG. The Board of Managers authorized such an assignment at the July 12, 2017 meeting, for several BCCS agreements, to include the Supplemental Agreement, effective October 1, 2017. The current term of this Supplemental agreement is from January 1, 2017 to August 31, 2018 (20 months). Upon receiving Board of Managers approval, the Health System agreed to accept assignment of several BCCS’ agreements with UPG, which includes the Supplemental Agreement. The Health System is proposing to amend this agreement to include three new schedules that would provide for Pediatric ENT inpatient, outpatient, and call coverage services with a total of 2.16 FTEs. The maximum compensation payable to UPG for the existing Supplemental Agreement is $18.4M over the 20-month term, or about $0.9M per month. The request to incorporate Pediatric ENT services will increase this agreement by an amount not to exceed $475,000 to cover the nine month period of December, 2017, through August, 2018. Ultimately, this request is budget neutral as dollars have already been approved by the Board of Managers on July 25, 2017, and November 17, 2015, and those funds have already been incorporated into the Health System’s FY2018 budget.

RECOMMENDATION: Staff recommends Board of Managers’ approval to amend the Professional Healthcare Services Support and Coverage Agreement – Supplemental Services, to include Pediatric ENT services.

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.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT AMENDMENT WITH SPAWGLASS CONTRACTORS, INC. FOR SERVICES RELATED TO THE ADVANCED ENDOSCOPY RECOVERY SUITE—EDWARD BANOS

SUMMARY: University Hospital has seen an increase in Advanced Endoscopy procedures in recent years. In response to the endoscopists who have requested the ability to do more cases at University Hospital, administrative leadership planned, and the Board approved, for the establishment of an Endoscopy Recovery Suite at the south end of the Horizon 2nd Floor Tower. The
previously approved contract with SpawGlass, Inc., was to establish a five-bed endoscopy recovery suite with associated nursing space, a staff restroom, and a waiting area for those accompanying the patients. However, as construction advanced, Endoscopy physicians and staff identified additional elements of work that were not previously included in the project:

1. Additional physician work space prompted by an increase in endoscopic procedures.
2. The entry to the recovery space needs upgrades.
3. An upgrade to the existing air handling unit serving the endoscopy suite with modifications to improve air flow and filtration.
4. Staff also requested existing staff toilet for conversion to a patient toilet. These modifications include changes to the door swing and an addition of a nurse call actuator to meet Texas Health and Human Services requirements. This is important to have close to a clinical area that performs colonoscopy and endoscopy procedures.

These additional changes require funding in the amount of $242,256. The base contract with SpawGlass Contractors is for $516,223, bringing the total contract amount to $758,479. The vendor's workforce composition was provided for the Board’s review. The work has been completed and this request is to ratify a contract amendment.

**RECOMMENDATION:** Staff recommends Board of Managers’ approval to execute a contract amendment with SpawGlass Contractors, Inc., in an amount not to exceed $242,256.

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

**EVALUATION:** These changes, albeit good changes, were brought to Mr. Banos’ attention earlier in the year; they were kept at a lower staff level and the formal approval process was not followed. Changes were discovered while implementing a new process with Project Control, and upon review of the capital dollars for this project. These are older projects that staff is trying to clean up. Mr. Hasslocher spoke highly of using Project Control for management of large projects like those of the Health System. Mr. Banos agreed that Project Control has a better handle on the formal approval process, and a much better system is in place. Mr. Smith asked if Project Control was aware of the Board’s philosophy regarding use of minority and local vendors, to which Mr. Hernandez replied that Project Control will simply provide project oversight and are not involved in the procurement function. Dr. Burns’ view is that project management is not where the staff fell short on this project. Staff fell short because it lacked input from the stakeholders; the review process was not complete when this item came to the Board initially. Mr. Banos assured the Board that going forward, staff will conduct more due diligence in advance, making sure all parties sign off at the front end. Mr. Adams concurred that staff did not do a good job of planning. He asked Mr. Hernandez to consider convening a group of appropriate administrative leaders, along with Mr. Engberg, Mr. Hasslocher, and Dr. Burns to review the construction process and the roles of all involved in light of the upcoming women and children’s tower project. At this time it is not known by the Board how staff will manage that project as it moves along through the technical phase, the project management process, or the
reporting and budget processes. Mr. Smith asked for clarification regarding the role of the Board’s strategic planning committee in construction projects. Is that committee going to have any input into this process? Mr. Adams views the strategic planning committee’s role as providing guidance to the staff about where the Health System is headed versus review of the role Project Control will play in the construction process - such as, where we are now, how much money we have, and is there a better way to do this? The Board needs to understand how the project will progress. Mr. Hernández agreed to convene the group as suggested by Mr. Adams to answer the following: 1) Where do we plan to go, and how are we going to get it done? 2) assure that there is an understanding of how to deal with “clean up” matters; 3) assure what role the Board’s strategic planning committee will play so that we know strategically what we want to accomplish; and 4) report to the Board how the process will work. Mr. Hernandez informed the Board that the Health System will issue a Request for Proposals (RFP) to procure project management services; it will not necessarily be Project Control that is selected. Mr. Engberg would like to see a concept outline which defines a set of tasks, or the required skill set, from concept to completion for the project management team. Mr. Hernandez’s current concept is that someone like Project Control needs to be the owner’s representative. Previously, the owner’s rep function was internal and reported to the former CIP Vice President. He envisions the owner’s rep as someone in the private sector, an external individual. Mr. Hernandez reported that he does plan to hire a Vice President level replacement to take over all of the duties the previous Vice President performed. The owner’s rep will report to Mr. Hernandez and Mr. Banos. Mr. Hernandez expects the owner’s rep to attend all Board meetings. His thought is that the private sector model merits consideration. Communication with the community will not be neglected; it will take place via the C-suite and the Corporate Communications Department. Staff will propose to change the owner’s rep from internal to external.

FOLLOW-UP: Mr. Hernandez will convene the ad hoc committee as suggested by Mr. Adams to define the new capital improvement process. Mr. Smith requested an off line discussion with Mr. Adams regarding the role of the Strategic Planning Committee.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT AMENDMENT WITH CGC GENERAL CONTRACTORS FOR CONSTRUCTION SERVICES RELATED TO THE PERMIT PARKING LOT AT RBG CAMPUS—EDWARD BANOS

SUMMARY: Since the opening of the 270,000 square feet Clinical Pavilion at the Robert B. Green at the end of 2012, the number of clinics and patient volume has increased generating the need for more physician parking. In March 2017, the Board of Managers approved funding and execution of a contract with CGC General Contractors, Inc. in the amount of $562,426 to re-construct and add on to the permit parking lot at RBG campus. As the project progressed unforeseen conditions, including unknown buried conduit, the movement of the gate access from Perez Street, improvement in security cameras and sidewalks increased the scope of work for the job. Through this project the Health System was able to increase parking from 55 to 85 spaces. Staff
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RECOMMENDATION: Staff recommends Board of Managers’ approval to execute a contract amendment with CGC Construction in an amount not to exceed $124,389.

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

EVALUATION: This project is slated for completion in February 2018 and caused better scrutiny of the Hilliard Clinic which allowed the staff to avoid these types of mistakes. There were also several unforeseen conditions related to this project. Asphalt has not yet been poured; however, Mr. Hasslocher cautioned that it must be at least 60 degrees outside for the asphalt to set nicely. Mr. Adams noted that the organization suffers from holding staff accountable in the lower ranks. By the same token, everything does not need to be checked off by the President/CEO. There ought to be staff with that responsibility that can be held accountable. There ought to also be a line item in every budget for project management services.

FOLLOW-UP: None.

PRESENTATIONS AND EDUCATION:

OPERATIONS REPORT FOR NOVEMBER 2017—EDWARD BANOS

SUMMARY: Mr. Banos’ operational report was comprised of data from Perioperative Services, Emergency Department, Employee Satisfaction, Patient Satisfaction, Length of Stay, and Case Mix Index. He has received operational presentations at least quarterly from these areas since early 2017.

Perioperative Services
- Process improvement initiatives reduced the average turnaround time by over 6% within 2017.
- As a result of building out 7 additional operating rooms, the average surgical volume increased by 15%.
- Improved overall first case on-time start average by more than 7% within 2017.

Emergency Department
- Decreased average LOS for patients with admission orders by 5.2% within 2017.
- Decreased average LOS for patients who were discharged from the ED by 7.9% within 2017.
- Began collaborative process improvement program with metric driven goals.
University Health System Workplace Experience (Overall Rating) ranged from 33.6 percent in 2012 to 38.1 percent in 2017, placing the Health System in the 70th percentile of NRC comparable health systems.

University Health System Workplace Experience (Would Recommend) – ranged from 46.4 percent in 2012 to 52.8 percent in 2017, placing the Health System in the 72nd percentile of NRC comparable health systems.

Hospital Consumer Assessment of Healthcare Providers and Systems HCAPS (Would Recommend) – The rate of patients who would “definitely recommend” ranged from 79.6 percent in 2016 to 81.5 percent in 2017 (January – November).

Geometric Length of Stay (GMOS) Current Month Comparison to CMS

<table>
<thead>
<tr>
<th>GMLOS - October 2017</th>
<th>CMS GMLOS 4.37</th>
<th>Difference -0.01</th>
<th>CMI – 1.78</th>
</tr>
</thead>
</table>

Geometric Length of Stay (GMOS) Current Month Comparison to CMS

<table>
<thead>
<tr>
<th>GMLOS November 2017</th>
<th>CMS GMLOS 4.32</th>
<th>Difference -0.09</th>
<th>CMI – 1.75</th>
</tr>
</thead>
</table>

Days over CMS GMLOS Trending (month of discharge date) – From November 2016 to November 2017, days over ranged from 5.5k to 4.5k, respectively.

Health System GMLOS versus CMS GMLOS (month of discharge date) – From November 2016 to November 2017 ranged from -0.04 to -0.9, respectively.

Mr. Banos presented Health System Case Mix Index, Severity of Illness, Arithmetic Mean LOS, Geometric LOS, and Risk-adjusted Mortality, O/E Ratio for 2016 and compared to 2017 (January through November), data which was pulled from MIDAS Datavision Smart Report Comparative Database for 400+ Beds & Teaching Facilities Only - 121 Sites.

**Going forward in 2018**
Quarterly reporting of System goals with comparative national benchmarking for:

- Access
  - Overall length of Stay
  - OR turnaround time
- Case Mix Index
- Patient Satisfaction
- Ambulatory Services
  - “Would recommend” NRC Connect rating
  - Next available appointment
  - NRC Annual Employee Engagement Survey:

- A comparison to national standards and review of previous year trends.

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

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

INFORMATION ONLY ITEMS:

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS—LENI KIRKMAN

SUMMARY: Ms. Kirkman highlighted the items from her written report:
- The Level I Trauma Team at University Hospital is joining with the American College of Surgeons and organizations across the country in holding free Stop the Bleed classes. The goal is to train the public on how simple techniques that can be taken before EMS arrives to help reduce blood loss in emergency situations. Classes at University Hospital are held the first Monday of every month at 4 p.m.
- University Health System will hold Grand Opening celebrations for the Dr. Robert L.M. Hilliard Center on Thursday, January 18th with a Community Leaders Reception from 5:30 – 7:30 p.m. and a Ribbon-Cutting and Community Celebration on Saturday, January 20th from 11 a.m. – 2 p.m. These activities are part of San Antonio’s DreamWeek in honor of Dr. Martin Luther King.

RECOMMENDATION: This report was provided for informational purposes; no action by the Board of Managers was requested.

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

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the Board meeting at 3:38 p.m.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary