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

Tuesday, June 19, 2012
2:00 p.m.
Corporate Square, 10th Floor, Conference Room A
4801 NW Loop 410
San Antonio, Texas 78229-5347

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Rebecca Q. Cedillo, Secretary
Roberto L. Jimenez, M.D., Immediate Past Chair
Robert Engberg
Alex Briseño
Ira Smith

BOARD MEMBERS ABSENT:

Linda Rivas, Vice Chair

OTHERS PRESENT:

George B. Hernández, Jr. President/Chief Executive Officer, University Health System
Tim Brierty, Chief Executive Officer, University Hospital
Francine Crockett, Vice President, Materials Management and Procurement, University Health System
Peggy Deming, Executive Vice President/Chief Financial Officer, University Health System
Michael Hernandez, Vice President/Chief Legal Officer, University Health System
Sherry Johnson, Vice President/Integrity and Regulatory Services, University Health System
Leni Kirkman, Vice President, Strategic Communications and Patient Relations, University Health System
Richard Rodriguez, Vice President, Facilities, University Health System
Christann Vasquez, Executive Vice President/Chief Operating Officer, University Health System
Mark Webb, Sr. Vice President, Facilities Development and Project Management, University Health System
Justin Williams, M.D., Interim Medical Director, Emergency Services, University Hospital; and Clinical Assistant Professor, Department of Surgery, UTHSCSA
And other attendees.

MEMBERS OF THE PRESS: Don Finley, San Antonio Express-News
CALL TO ORDER AND RECORD OF ATTENDANCE:  JAMES R. ADAMS, CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 1:05 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Chaplain Tomas Hernandez provided an invocation and Mr. Adams led the pledge of allegiance.

CITIZEN PARTICIPATION:  None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S):  None.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING LEASE OF OFFICE SPACE FOR HUMAN RESOURCES AT UNIVERSITY HOSPITAL IN SUPPORT OF THE CAPITAL IMPROVEMENT PLAN—RICHARD RODRIQUEZ

SUMMARY:  In preparation for the planned construction at the University Hospital lobby area, the Human Resources department has been identified to relocate off campus. The current Human Resources space will be converted for use as an Interim Lobby and Gift Shop while the current existing Lobby and Gift Shop areas are under construction. The goal is to have all public spaces on the first floor, both in the new tower and the existing buildings, available for use with new, consistent finishes by opening day of the new tower. The existing Human Resources department is the only area that can be converted for this use due to its unique geographic location adjacent to the current interim main entry with direct access to the corridor connecting the “A” and “D” elevator banks. The additional long range benefit of relocating Human Resources off the Main Campus comes from the reduction in visitor traffic and parking demand during and after construction is complete.

The HR department has approximately 27 employees who handle Employee Benefits, Recruitment, Employee Relations and Compensation. The HR staff provides an array of services to over 5,300 Health System employees.

In preparing to relocate the Human Resources department, several options were reviewed in order to maintain the same level of service to our current and prospective employees. The Pavilion building which is located across the street from University Hospital was reviewed as an option. However, based on current and future clinical needs, the highest and best use of the building is for care of the patients. Other properties in and around the medical center campus were reviewed, but due to availability and price, the decision was made to explore the current lease arrangement at the Corporate Square building located at 4801 N.W. Loop 410.
In May 2009, the Board approved a lease agreement to relocate administrative staff at University Hospital to the 10th floor of the Corporate Square building in preparation for the planned construction. The current lease for this space is set to expire in July 2015. Staff has negotiated the HR lease to have a three year term beginning August 2012 with an option to renew for two additional years. The annual rate per square foot is $18.50 for the first year, $19.00 for the second and $19.50 for the third year. The lease expense, which is unbudgeted for FY 2012, (August – December) is $78,540. In FY 2013 the lease expense will be $164,031, $168,478 in FY 2014 and $99,830 in FY 2015. The lease expense for the future will be included in the respective years’ annual operating budgets.

Moving into this space on the second floor at Corporate Square will cost approximately $218,000 for Information Technology and Communication and $66,000 for relocation of current furniture, card access, security cameras and moving services. The total estimated cost for the move is $284,000 and will be paid from CIP funds.

RECOMMENDATION: Staff recommends that the Board of Managers grant authority to the President/CEO to enter into a lease agreement with Presidio Group, LLC for the office space located on the second floor of the Corporate Square Building, 4801 N. W. Loop 410 and to expend the additional CIP funds of $283,619 to bring the leased space into operation.

ACTION: A MOTION to approve staff’s recommendation was made by Ms. Cedillo SECONDED by Dr. Jimenez.

EVALUATION: None
FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT AMENDMENT WITH ASSOCIATED REGIONAL & UNIVERSITY PATHOLOGISTS, INC. (“ARUP”) FOR REFERENCE LABORATORY TESTING SERVICES—ALLEN STRICKLAND

SUMMARY: Modification #4 provides reference laboratory services for specialized testing that is not feasible to be done on site. Testing is performed by the reference laboratory and includes antibody testing for Multiple Sclerosis, West Nile Virus, Lyme disease, fungus infection testing in HIV patients, studies for HIV genotyping and phenotyping, Hepatitis C Viral Genotype, and Human Papilloma Virus. This is a planned expense and operating funds have been included in the Year 2012 Operating Budget. The original contract in the amount of $3,239,200 was approved by the Board of Managers in September 2007 for a five year period. Modification #1 through #3 in the amount of $1,548,256 added funding to cover August 2011 through June 2012 invoices. Modification #4 in the amount of $320,000 adds funding to cover July and August 2012 invoices. The total of the contract including Modification #4 is $5,107,456. The increase in the contract value is directly related to increased activity and expansion of the test menu. Additional funding is being requested to complete the current contract through August 2012.
ARUP Laboratories has an Affirmative Action Plan or Policy in effect, and has a total of 2,785 employees. The Workforce Composition Data was reviewed with the Board.

**RECOMMENDATION:** Staff recommends Board of Managers’ approval to modify contract #2708228-IF for additional funds in the amount of $320,000 for payment of final funding needed for this contract, which runs through August 2012.

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

**EVALUATION:** Board members discussed specific actions to be taken by the medical staff to evaluate the utilization of reference laboratory testing. In addition, staff informed the Board that several lab tests had been identified by the Department of Pathology as being ordered in high volumes relative to expected utilization. These tests can now only be ordered with specific attestation in the electronic medical record that requires the ordering physician to check a box noting that the necessity of the test has been approved by the attending physician. The utilization of these tests will be reviewed after 3 months to determine whether there is any change in ordering patterns. This type of data will be reported regularly to the Utilization Review Committee for continued follow up and necessary action.

Dr. Jimenez reminded staff of the Health System’s responsibility to train health care professionals. Staff agreed, and as such, they are prepared to review cases that might require an exception. Both Drs. Olsen and Alsip will be available to listen to a physician’s case when an exception is believed to be warranted. In light of the significant problems in this area, Mr. Engberg would like to learn more about how the Health System will implement the changes and how staff will administer the teaching portion of this program. The physician residents need to get educated without the Health System over-spending in the process. According to Mr. Hernandez, this area has been targeted for improvement and the Health System has geared up with a team to teach residents about the costly consequences. The message from the Board of Managers to those responsible for the poor projections and management of this contract is that the Board does not have a great deal of faith in either the teaching or the administrative side of the issue. The Board urged fiscal and human accountability.

**FOLLOW-UP:** As indicated above.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH ASSOCIATED REGIONAL & UNIVERSITY PATHOLOGISTS, INC. (“ARUP”) FOR REFERENCE LABORATORY TESTING SERVICES (“ARUP”)—ALLEN STRICKLAND**

**SUMMARY:** This contract provides reference laboratory services for specialized testing that is not feasible to be done on site. Testing that is performed by the reference laboratory and includes antibody testing for Multiple Sclerosis, West Nile Virus, Lyme disease, fungus infection testing in HIV patients, studies for HIV genotyping and phenotyping, Hepatitis C Viral Genotype, and Human Papilloma Virus. This is a planned expense
and operating funds have been included in the Year 2012 Operating Budget. As compared to the previous contract there is a 45.2% ($1,384,257) increase in total contract cost. This increase relates to a 15% ($580,269) increase related to new technology and 38.4% ($1,556,268) related to activity which is being offset by a 8.2% ($752,280) reduction in pricing. The new technology component is based upon previous trends. ARUP Laboratories has an Affirmative Action Plan or Policy in effect, ARUP and has a total of 2,785 employees. The Workforce Composition Data was reviewed with the Board.

RECOMMENDATION: Staff recommends the Board of Managers approve a three year contract with Associated Regional & Universal Pathologist, Inc., for total amount of $4,448,730.

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

EVALUATION: Discussion ensued regarding the recoupment of these costs from third party payers. From a management perspective, is the Health System maximizing its ability to recover? What is the amount of the costs recovered? Third party payers pay a pre-determined, per case basis amount for inpatients. Ms. Deming will calculate an estimated amount based on the average daily cost of a patient’s hospitalization to show what percentage of that the Health System recovers. Because physicians can affect 50-60 percent of hospitalization costs, this is one component that the Health System must manage. There is an awareness of the particular issue and the School of Medicine is not disinterested in how it is handled. Other academic institutions around the country are experiencing similar costly dilemmas in this area.

Mr. Engberg pointed out that the Board had just approved $320,000 ($160,000/month) for payment of final funding needed for the previous contract which runs through August 2012. He asked how staff had arrived at the estimated cost under the new contract at $120,000 per month. Mr. Strickland explained that the $160,000 includes an amount that will be used to cover any lagging invoices not received as of the date this Board report. The actual, final amount for services provided under the contract that expires in August 2012 will be reported to the Board of Managers.

In the event there are overages related to the new contract that expires in 2015, Mr. Adams requested that Mr. Hernandez, Ms. Vasquez, and Dr. Alsip conduct in-depth, special presentation to the Board Managers as to the reasons. Mr. Hernandez offered to demonstrate a new tool for the Board, EPSI, which will help management deal with accountability issues.

Dr. Jimenez expressed a concern about patient safety, specifically, the amount of radiation that patients are exposed to. He cited a recent study out of England which indicates that 90% of ct scans ordered are not needed. He asked if it would be possible to track the amount of this radiation, in specific areas, for example, the Emergency Room. Mr. Hernandez informed the Board that Dr. Pamela Otto has been very
proactive in this regard and he will consult with her about Dr. Jimenez’s concern because she may already have that data.

FOLLOW-UP: Demonstrate accountability tool, EPSI. George Hernandez to consult with Dr. Otto.

AMBULATORY MATTERS:

REPORT ON EMERGENCY DEPARTMENT PROCESS IMPROVEMENT MEASUREMENT — TIM BRIERTY/JUSTIN WILLIAMS, MD, INTERIM CHIEF OF EMERGENCY MEDICINE

SUMMARY: Mr. Brierty introduced Javier Gallegos, a second year medical student at UTHSCSA, who requested to spend the day with Mr. Brierty to learn more about the business side of medicine. Mr. Gallegos thanked the Board for allowing him this unique opportunity. Mr. Adams welcomed him and explained that the Board of Managers is interested in providing medical students with the best education, not only in the medical sense, but also the human and fiscal aspects. Dr. Jimenez informed Mr. Gallegos that the tax-supported Health System is a complex organization, governed by the Board of Managers with delegated authority from the Bexar County Commissioners Court, with the public’s best interest at heart.

Dr. Williams presented opportunities for improvement in the areas of service, quality and fiscal responsibility for the emergency department as follows: organizational structure, patient and process flow, resource utilization, services and quality, and cost. Operational opportunities include:

- Overhaul the front-end process to include consistent, rapid triage by an RN on arrival, immediate bedding when space available, consistency in utilizing triage levels and reallocation of triage space and resources;
- realignment of staffing/space resources and implementation of care teams to match patient care needs, with a focus on parallel processing;
- create a daily dashboard that accurately measures performance metrics and share metrics with leadership and staff; and
- Create a culture of accountability, teamwork and mutual respect.

The daily dashboard that will be used by ED management to improve in these areas were described for the Board as follows:

- Establish baseline metrics and targets for improvement;
- Establish daily metrics and scorecard
- Report metrics daily
- Share metrics with all staff
- Establish mechanism to use metrics to make “real time” decisions
The measurements, or deliverables, for improvement include:

- Nursing and physician coverage effectiveness;
- triage practice and execution among providers;
- organizational culture, collaboration, and teamwork;
- staffing assignment and appropriateness;
- ED physician and nursing quality metrics and adherence to practice standards;
- placement of patients and bedding practices;
- length of stay for admitted and discharged patients as compared to peer benchmarks;
- milestones in the ED patient experience, i.e., triage to registration, bed to MD evaluation;
- ED capacity and its effect on throughput;
- patient discharge planning processes and potential delays;
- admission, transfer and discharge trends by time of day and the effect on capacity; and
- Identifying means of improving efficiencies and effectiveness

The Board reviewed a graph regarding EMS diversions for the time period beginning January 2010 through March 2012. During January 2012, the ED reached zero percent diversion. EMS diversion has in fact been at its lowest during the first quarter of this year since 2010. ED admission percentages for this same time period also show a decline. Of interest to the Board were the NRC Picker Scores for the ED as compared to other Magnet hospitals. The numbers were not acceptable to Mr. Adams and he requested that the Board be briefed regarding these scores on a regular basis.

The emergency care activity report indicates that the number of visits to the ED since January 2011 has also declined. This was mainly due to the referral of less sicker patients to the Express Med Clinic. In 2011, visits to the EC were down by 1 percent, with visits to ExpressMed up by 6.3 percent.

The door-to-triage wait time also dropped to an all time low of 17 minutes during the month of May 2012. The average time patients spend in the ED before being admitted or sent home dropped from more than 18 hours to nine hours in May 2012. Dr. Williams informed the Board that, unfortunately, the average length of stay and left without being seen rates continue to be challenges.

RECOMMENDATION: This report was provided for informational purposes.
ACTION: No action was required by the Board of Managers
EVALUATION: Regarding a statement by Mr. Brierty in his written report about an existing ...perception that no one really “owns” the patient...in the emergency center... Mr. Engberg asked how this perception is being addressed by management. Staff believes that when a patient is able to get through the screening and triage processes smoothly and without much delay, we show the patients that we care. We are aware that patients want someone to communicate with them throughout their visit,
and at some point during this ED improvement process, the Health System will have a nurse provider available to communicate with all patients. These items will also make a difference in how the patients rate and respond to the NRC Picker survey. Dr. Jimenez urged staff to develop a metric that measures communication between the ED staff and the patients regarding the status of their visit, for example, explaining delays, expected arrival time of consultants, and approximate waiting times.

Dr. Jimenez wanted to know at what point the Health System becomes responsible for the patients – is it during transport, or when they set foot on the premises? Mr. Hernandez replied that the Emergency Medical Treatment and Active Labor Law (EMTALA) applies to ambulances and helicopter services when operated and owned by the hospital. The law does not apply under EMS protocol, and the Health System is responsible for the patient until the patient physically leaves the premises.

Mr. Briseno and Mr. Engberg thanked the staff for providing an impressive report with interesting analysis. It is apparent to them that the Health System is trying to address the problem in the emergency department from both short term and long term perspectives. The short term solutions will get us to 2014, and all of the efforts thus far will eventually help to improve the numbers presented to the Board today.

**FOLLOW-UP:** Develop metric that measures communication. Return with NRC Picker scores more often.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the meeting at 2:45 p.m.