



# University Health System

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

Tuesday, June 20, 2017

2:00 p.m.

Cypress Room

University Hospital

4502 Medical Drive

San Antonio, Texas 78229

### MINUTES

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#### **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  
Janie Barrera

#### **BOARD MEMBERS ABSENT:**

James R. Adams, Chair

#### **OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health System  
Tommye Austin, Senior Vice President, Chief Nursing 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  
Lourdes Castro-Ramirez, President, University Health System Foundation  
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System  
Roe Garrett, Vice President/Controller, 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  
Lillian Liao, M.D., M.P.H., Pediatric Trauma and Burn Medical Director, University Hospital/Assistant Professor, Clinical, Department of Surgery, UT Health, San Antonio  
Karen McMurry, Interim Chief Legal Officer, University Health System  
Kirsten Plastino, MD, President/Medical Dental Staff, University Health System; and Professor, Department of Obstetrics and Gynecology, UT Health, San Antonio  
Maulik Purohit, M.D., M.P.H., Vice President/Chief Medical Information Officer, University Health System  
Nancy Ray, Vice President/Chief Nurse Executive, University Health System  
Ron Rodriguez, M.D., Ph.D., Interim Dean, School of Medicine, UT Health, San Antonio  
Michael Roussos, Hospital Administrator, University Health System  
Armando J. Sandoval, Chief of Police, University Health System

Theresa Scepaniski, Senior Vice President/Chief Administrative Officer, University Health System  
Travis Smith, Deputy Chief Financial Officer, University Health System  
Allen Strickland, Vice President/Hospital Administration, University Hospital  
Anna Taranova, Executive Director, Clinical Research/Health Informatics, University Health System  
Roberto Villarreal, M.D., Senior Vice President, Research and Information Management, University Health System  
Mark Webb, Chief Executive Officer/University Children's Health, University Health System  
Jim Willis, Vice President/Associate Administrator, University Hospital  
William Fischer, Wilkins, Finston Friedman Law Group LLP  
David Marquez, Executive Director, Economic Development, Bexar County  
Charlene Ortiz, Community Health Manager/Community Resources, Bexar County  
Andrew Ziskind, M.D., Premier, Inc.  
And other attendees.

**CALL TO ORDER AND RECORD OF ATTENDANCE: IRA SMITH, VICE CHAIR, BOARD OF MANAGERS**

Mr. Smith called the meeting to order at 2:00 p.m.

**INVOCATION AND PLEDGE OF ALLEGIANCE:**

Mr. Smith introduced Ms. Barbara Rowe for the invocation, and he led the pledge of allegiance.

**APPROVAL OF MINUTES OF PREVIOUS MEETING(S):**

**TUESDAY, APRIL 25, 2017 (REGULAR MEETING)**

SUMMARY: The minutes for the regular meeting of Tuesday, April 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. Engberg, **SECONDED** by Mr. Hasslocher, and **PASSED UNANIMOUSLY**.  
EVALUATION: None.  
FOLLOW-UP: None.

**TUESDAY, MAY 16, 2017 (SPECIAL MEETING)**

SUMMARY: The minutes for the special meeting of Tuesday, May 16, 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.

**TUESDAY, MAY 23, 2017 (REGULAR MEETING)**

SUMMARY: The minutes for the regular meeting of Tuesday, May 23, 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 Dr. Jimenez, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW-UP: None.

**NEW BUSINESS:**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PARTICIPATION IN A NATIONAL TEACHING HOSPITAL ALLIANCE WITH PREMIER, INC.—BRYAN ALSIP, M.D.**

SUMMARY: Premier Inc. is a healthcare improvement company and Malcolm Baldrige National Quality Award recipient that includes an alliance of approximately 3,750 hospitals in the U.S. and more than 130,000 other provider organizations. Premier offers supply chain services, population health management expertise, as well integrated financial, operational, and clinical data and analytics. Premier joined Americas Essential Hospitals (AEH), as a corporate affiliate member recognizing Premier as AEH's preferred group purchasing organization (GPO). University Health System is a long-standing member of America's Essential Hospitals. Dr. Alsip reviewed the timeline of design session activities and concept, which involved Health System leadership in August 2016, a preview by the Board's Audit Committee in January 2017, and an initial proposal review by the Board of Managers in May 2017. The Health System has been invited to become a founding member of the new organization, Academic Innovators Alliance (AIA), which will provide the Health System with greater resources to succeed as a high-performing health system. The estimated Health System savings is between \$2.1 million and \$4.1 million dollars from better cost savings and greater share back dollars through the GPO arrangement. In addition, staff will have access to better data analytics for improving the quality of patient care and operational efficiencies. The benefits of collaborative work with other Premier members and Academic Medical Centers. The AIA joint venture represents a new limited liability company (LLC) with a Member Board composed of the CEO of each Member that would include University Health System. If the Board of Managers approves to participate in the AIA as an equity holder, the Health System would do so via an existing non-profit organization. The equity investment to join is estimated at \$500,000 (a percentage of Health System's supply spend). The services available to the Health System once it becomes a member include GPO value, supply chain resources, analytics, networking, and collaboration.

RECOMMENDATION: Staff recommends Board of Managers' approval of the Health System's participation in the Academic Innovators Alliance to include the appropriation of funds and all agreements and arrangements necessary to implement and carry out this transaction.

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

**EVALUATION:** Dr. Alsip introduced and yielded the floor to Dr. Andrew Ziskind of Premier, Inc., who is directly involved in overseeing this program and committed to the success of the Health System. Academic health systems have never faced the challenges they are facing today; the Academic Innovator's Alliance is a forward-looking opportunity to learn about some of the new competencies of academic health systems, leveraging data to lower costs and improve outcomes. D. Jimenez initiated discussion regarding the cost and quality of care for complicated, difficult cases and the future implications that the Health System will be burdened with only costly and complicated cases. Mr. Hernandez agreed that other hospitals, particularly those with a high profit margin, often send those complicated cases to academic medical centers. To understand what Dr. Jimenez has pointed out, the staff is working with the Dean of the School of Medicine coordinating efforts to grow profitable cases and balance the case load with cases that non-academic hospitals prefer, a reason a women's and children's tower is needed at University Hospital - to attract those types of cases. Ms. Barrera applauded the effort to control costs and asked about a strategy to exit the limited liability corporation (LLC), if necessary. The LLC is only one mechanism for membership; it is for a five-year term, with a 6 six-week exit notice. The Health System is protected in that all of the other members are subject to the same terms. Regarding Dr. Rodriguez's concern that the UT System and School of Medicine currently use Vizient for reviewing comparative data and clinical analytics, Dr. Ziskind informed him that internal strategic conversations are taking place at Dr. Greenberg's level in Austin, Texas, because from a practical view academic learning centers are moving away from Vizient, however; UT staff may continue to populate using Vizient data since the transition to Premiere will occur behind the scenes. Premiere provides the required data to all regulatory agencies Mr. Hernandez interjected that Premiere brings more action-ability of analytics to the table, and he has discussed with Vizient the purchase of data, for \$400,000, if the School of Medicine prefers to have it purchased. Regarding Mr. Smith's concern that local vendors may at times not be able to participate in the procurement process, Mr. Hernandez assured him that staff is now better trained and understand that the Health System will look for local choices when they are available, and GPOs will only be used when that purchasing power is not there.

**FOLLOW-UP:** The transition to Premiere will take place by the end of this year, with the data ready by this time in 2018, at which time staff will begin to provide periodic updates to the Board, as requested by Dr. Jimenez.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING APPLICATION FOR OBTAINING RECOGNITION AS A 501(C)(3) ENTITY—THERESA SCEPANSKI**

**SUMMARY:** Ms. Scepanksi introduced attorney William Fischer with Wilkins, Finston Friedman Law Group LLP. At the request of the Health

System, Mr. Fisher, was asked to perform a legal analysis regarding the compliance obligations that would apply under Section 501(r) of the Internal Revenue Code (the “Code”) if the Health System were to apply for and obtain recognition as a Section 501(c)(3) tax-exempt organization. Ms. Scepaniski reiterated that the Bexar County Hospital District would be the entity applying for the 501(c)(3) status for the purposes of sponsoring a Section 403(b) Retirement Plan for its employees to have the ability to defer a portion of earnings as allowable, on a tax-deferred basis. Sponsorship of a 403(b) Retirement Plan will allow the Health System the ability to enhance current benefit offerings to attract and retain top talent for critically essential positions within the organization. An internal review was also performed by staff representing the Revenue Cycle, Financial Accounting, Fiscal Administration, Human Resources and Legal Services to evaluate the advisability of application for obtaining recognition as a 501(c)(3) entity based on the requirements as set forth in the regulations imposed by Section 501(r) of the Internal Revenue Code. The Health System must comply with four requirements:

- Community Health Needs Assessment - Section 501(r)(3)
- Financial Assistance Policy - Section 501(r)(3)
- Limitation on Charges - Section 501(r)(5)
- Billing and Collections - Section 501(r)(6):

Participants of the internal review studied these regulations and believe that compliance can be satisfied with some minor revisions to the Health System’s Charity policy. The revisions may potentially positively impact the Health System’s Medicare Cost Report by increasing the percentage of charity care, which would increase reimbursement to the organization. While the hospital district’s status as a governmental entity would not change by virtue of obtaining tax-exempt status as a 501(c)(3) organization, Ms. Scepaniski and Mr. Fisher reviewed several considerations to keep in mind that were summarized in the written report.

RECOMMENDATION: Based on a comprehensive internal and external legal review, staff recommends Board of Managers’ approval to proceed with a formal application under Section 501(r) of the Internal Review Code to obtain recognition for the Bexar County Hospital District as a Section 501(c)(3) tax-exempt organization to sponsor a Section 403(b) Retirement Plan.

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

EVALUATION: Dr. Jimenez asked if proposed changes that are currently in Congress, to restructure the tax code would affect these plans for the Hospital District. Mr. Fischer does not foresee any changes to Section 501(r) of the Internal Revenue Code. Mr. Hernandez clarified for Ms. Barrera that the legal entity applying for recognition is the Bexar County Hospital District for the sole purpose of providing another retirement savings vehicle for its employees. These are employee contributions and will not affect the assets on the balance sheet. Ms. Scepaniski will provide a presentation on this topic at the next Pension Trustee Board meeting for information purposes. She has previously discussed the 501(c)(3)

FOLLOW-UP                      application with Mr. David Wallace, Chair, Pension Board of Trustees.  
Provide update for Pension Board of Trustees at its next regular meeting  
in August, 2017.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING APPROVAL TO  
PROCEED WITH COMPLETION OF AN INTEGRATED SUITE FOR HEART,  
VASCULAR AND ADVANCED ENDOSCOPY SERVICES IN THE SKY TOWER AND FOR  
THE CONSTRUCTION OF A NEW TOWER TO SERVE THE NEEDS OF THE WOMEN'S  
AND CHILDREN'S SERVICE LINES—TED DAY**

SUMMARY:                      With the successful completion of the capital improvement project,  
which included the Sky Tower at University Hospital in 2014 and the  
new Robert B. Green Pavilion in 2012, senior leadership has identified  
additional clinical priorities and needs for the Health System to include  
women's services lines of obstetrics and gynecology, inpatient pediatric  
care, neonatal infants, as well as cardiac catheterization labs, diagnostic  
cardiology, interventional radiology, and advanced endoscopy procedural  
areas. The proposed development plan includes construction of a new  
bed tower and finish-out of shell space within the existing Sky Tower. A  
summary of intended space allocation includes:

- For Women's and Children's, a proposed bed tower approximately 250 new and replacement beds for neonatal intensive care, pediatrics, obstetrics, gynecology and additional shell space to allow for programmatic growth in the future. These numbers are supported by 2016 analysis by Blue Cottage Consulting in concert with Health System and UT Health – San Antonio representation.
- For Heart and Vascular (HVI) and Advanced Endoscopy (AE), a proposed integrated suite within the current Sky Tower with eight endoscopy, two bronchoscopy and four cath labs plus 28 cardiology treatment rooms and physician workspace. Additional support space includes consult rooms, and 30 prep and recovery beds, two of which would be outfitted for isolation.

Mr. Day reviewed current state and future needs of University Hospital for the affected services and presented data and trends demonstrating the need, including population growth projections, market share trends, an operational plan strategy for each of the services, and system-wide strategies to improve operational performance. Staff discussed University Hospital's long-term outlook, and reviewed a Pro Forma Analysis with the Board.

The total project is estimated to cost \$390 million (parking garage addition \$20 million, HVI and Advanced Endoscopy build-out \$40 million, and the new Women's and Children's tower \$330 million). The proposed funding for the new project will be a combination of \$308 million in bonds and \$82 million in Health System reserves. There are several options for structuring bond debt that can produce the \$308 million in bond financing needed for the project while maintaining the existing tax rate of \$0.276235. The remaining funding will consist of

approximately \$75 million from the Undesignated Board Capital account and \$7 million from previously approved HVI funding which will be reallocated to the new project. The Undesignated Board Capital account will have a balance of \$119 million after the June 2017 cash rebalancing leaving a \$44 million balance if the new capital project is approved. A tax rate impact analysis has been completed by Estrada Hinojosa and Company.

**RECOMMENDATION:** Staff recommends Board of Managers' authorization to proceed with the completion of an integrated suite for Heart, Vascular, and Advanced Endoscopy Services in the Sky Tower and for the construction of a new tower to serve the needs of the Women's and Children's Service Lines.

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

**EVALUATION:** Discussion ensued regarding the various re-payment options, the new debt will be due in 2044 with current debt due in 2038. Dr. Jimenez expressed concerns: How will staff market service lines affected, all highly competitive areas, and balance the need for continuity of care of obstetric patients in light of the current residency training model at University Hospital, and cultural differences and beliefs in the region that normally involve entire families. He asked about the plan in terms of expanding market share and making these services available for the population the Health System is mandated to serve, he is not worried about the financial aspects but rather the service delivery. Mr. Hernandez agreed for the need to improve the physician residency training model. Staff is currently in discussions with Dr. Plastino and Dr. Elly Xenakis, Professor and Ob/Gyn residency program director, regarding different models for better continuity of care. Dr. Plastino assured Dr. Jimenez that physician leaders have been involved in all discussions on how services will be integrated and they are committed to locating a different residency model for quality, continuity of care. Further, today, physician leaders were invited to engage in marketing discussions. As soon as full approval is received to move forward with this project, staff will return to the Board with additional details and a complete business plan. Ms. Kirkman has assembled nine focus groups comprised of current patients to provide feedback, and Dr. Jimenez's cultural note about families was brought up by one of the focus groups. Dr. Plastino offered to provide updates during monthly reports to the Board on these matters. Mr. Engberg thanked the staff for today's presentation, which was very helpful, especially the financial aspect that helps support the values the Health System is going after in terms of dollars. He is impressed with the statements of need, they substantiate an urgency and timeliness, and the economic situation allows staff to consider moving forward, generally speaking. The medical needs cited are substantial and necessary to maintain the excellence established in the community. The odds of success by this team are great, he has faith and confidence in that aspect. Since the Health System has been able to maintain an existing tax rate over the years and is fiscally stable, tax payers will see a longer period of that tax rate being in place. It is convenient and profitable for the Health System to take advantage of current economic situation for the benefit of the community, tax payers,

and patients, to be accomplished over the next 20-30 years, while supporting the teaching and research mission. Finally, Mr. Engberg's recommendation is to pull \$100 million out of reserves for the down payment of this project as opposed to the proposed \$82 million. Mr. Hernández noted that while transition of the ambulatory electronic medical record to Epic is not part of this project, the staff is seriously considering it because it has become the standard EMR for academic medical centers, and is important that all of the Health System physicians be on the same system.

FOLLOW-UP: Presentation requested by Dr. Jimenez which addresses his concerns and specific business plans. Research possibility of increasing down payment to \$100 million, as recommended by Mr. Engberg.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING CONSOLIDATION OF HIV/AIDS RYAN WHITE PROGRAMS—ROBERTO VILLARREAL, MD**

SUMMARY: Bexar County and its 12 surrounding counties receive federal and state funding for HIV/AIDS services. The Ryan White HIV/AIDS program is divided into five parts; these five parts are referred to as Parts A, B, C, D and F. Bexar County's Division of Community Health currently operates the Ryan White Part A program. University Health system receives Part D of the program in addition to operating the Family Focused AIDS Clinical Treatment Services (FFACTS) outpatient HIV/AIDS clinic. FFACTS is also funded in part by Ryan White. To improve operations, coordination of care and efficiency of Ryan White oversight, Bexar County Judge Nelson Wolff and University Health System leadership formally engaged in a process to explore potential opportunities for programmatic and organizational consolidation and to increase support for the HIV Continuum of Care. The following recommendations represent a shared vision for the merger of these programs:

- Effective July 31, 2017, Bexar County staff currently managing the Ryan White Part A program will transition into University Health System control, including personnel, equipment, supplies, and service support grants.
- Bexar County and the Health System will achieve functional integration of all program activities and subcontracts currently funded through Part A and B through by intergovernmental agreement.
- The Health System will continue to operate Ryan White Part D, provide services through FFACTS clinic, and assume oversight of Ryan White Part A and B funding and related activities.
- The Health System will lease additional space in Corporate Square Tower from TRANSWESTERN, Inc. to house Bexar County Ryan White staff.

Transition of Bexar County's Community Health Program is expected to result in the enhancement of quality and improved coordination of HIV/AIDS health services, lower rates of redundant procedures, and easier access to primary and specialty care through the Health System network. Ryan White Part A and B program operations, including administrative costs and subcontracts, are funded through a grant from



HRSA. Consolidation of these programs will create an opportunity for more efficient grant administration by reducing redundant efforts. This is a budget neutral transition.

RECOMMENDATION: Staff recommends approval for consolidation of Ryan White programs under University Health System oversight.

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

EVALUATION: Ryan White Part C Family Planning services are provided to patients over the age of 18, and is the payer of last resort. The Health System directly receives funding for Ryan White Part D, which serves children under the age of 18.

FOLLOW-UP: None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING OPERATIONS REPORT, FINANCIAL REPORT FOR MAY 2017, AND ALLOCATION OF RESERVES — EDWARD BANOS/REED HURLEY**

SUMMARY: In May clinical activity (as measured by inpatient discharges) was up 0.9% for the month compared to budget. Community First Health Plan (CFHP) fully-insured membership was down 1.6%. Gain from operations was \$6.7 million, \$505,000 worse than budget. The bottom line gain (before financing activity) was \$901,000, \$146,000 better than budget and was due primarily to lower depreciation expense and investment earnings. 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. Regarding allocation of reserves after the 2016 audit, Mr. Hurley reported that staff reviewed the provisions related to reserve balances and transfers to reserves for capital expenditures provided for under the Reserve Policy (No. 7.0504) and the Funding of Financial Reserve for Capital Expenditures Policy (No. 7.0502). The provisions of these policies has been applied and based on audited results for calendar year 2016, staff will transfer \$104.3 million in cash flow reserves to meet the provisions specified. Of the amount of the transfer, \$30.4 million will be transferred to the Emergency Operating Account to meet the 90 days of cash expenditure level provided for in Sections III.G of the Reserve Policy. The remaining \$70.9 million will be transferred to the Capital Account to address future capital needs as provided for in Policy No. 7.0502. The total in the Capital Account after the transfer is \$173.6 million. Of this amount, a net \$55.0 million has been committed leaving an unencumbered balance of \$118.6 million.

RECOMMENDATION: Staff recommends acceptance of the financial report and allocation of reserves subject to audit.

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

EVALUATION: In the interest of time, Mr. Banos deferred his operations report until next week's Board meeting.

FOLLOW-UP: As indicated above.

**PRESENTATIONS AND EDUCATION:**

**PEDIATRIC TRAUMA: LEVEL I VERIFICATION UPDATE—MICHAEL ROUSSOS/LILLIAN LIAO, MD, MPH, PEDIATRIC TRAUMA AND BURN MEDICAL DIRECTOR**

SUMMARY:

Mr. Roussos introduced and yielded the floor to Dr. Lillian Liao, Pediatric Trauma and Burn Unit Medical Director, for a program update. Injury kills more kids than all other causes combined, with 9,523 deaths from traumatic injury per year. She defined trauma as serious injuries to children requiring hospitalization, and survival is increased by 25 percent for kids treated in specialized trauma centers. Prevention of trauma incidents, which include, common injuries, motor vehicle accidents, drowning, poisoning, fire/burn, recreation/sports, firearms, and falls, is very important, as the prevention program itself also undergoes review every three years. The pediatric trauma program at University Hospital is a Level I program verified by the American College of Surgeons, with the following features:

- 24-hour in-house coverage by general surgeons (prompt availability of care in specialists)
- referral resource for communities in nearby regions
- leadership in prevention and public education to surrounding communities
- comprehensive quality assessment program
- organized teaching and research effort to help direct new innovations in trauma care
- substance abuse screening and patient intervention
- minimum requirement for annual volume of severely injured patients

Dr. Liao reviewed the pediatric trauma timeline with creation of the Health System's trauma service for adult and children in 1992. In 1997, the program was verified by the American College of Surgeons as a Level 1 trauma center. In 2012, new regulations required separation of adult and pediatric trauma programs and the pediatric trauma center was verified by the American College of Surgeons as a Level 2 pediatric trauma center. In 2016, the pediatric trauma center was verified as Level 1; it is one out of five Level 1 trauma centers in Texas and there are 65 trauma centers in the country. Forty percent of the Health System's pediatric trauma volume are patients transferred from within the region. Pediatric volume is 25 to 30 percent of total trauma volume with 60 to 65 percent of that volume admitted; and 35-40 percent discharged after trauma evaluation. The total number of inpatients age zero to 17 seen by the trauma service in 2016 is 1,804. The year to date total for 2017 is 886 and expected to exceed 2,000. Total trauma volume is about 6,000 (adult and children). Dr. Liao compared outpatient trauma clinic and burn clinic visits for the period 2013 through 2017. She explained that because the pediatric burn program is not verified, it falls under the pediatric trauma umbrella. The program sees about 2,000 burn patients each year, with most follow up visits for burn victims because children are affected for their life time with the scarring process. Dr. Rodriguez

initiated a discussion regarding possible reasons for the increase in total outpatient visits for 2015 and 2016, and also asked questions regarding the daytime sedation services clinic, which falls under pediatric specialty services, not pediatric trauma. Next, Dr. Liao reviewed a report regarding a trauma quality improvement program through the American College of Surgeons that requires every trauma center in the country to submit outcomes to a national repository. The program uses risk-adjusted benchmarking to provide hospitals with accurate national comparisons and works to elevate the care provided to patients. University Hospital is in the top one percent of the country because of the Board's commitment and that of the multi-disciplinary team. The Health System is at the very bottom of the top one percent in caring for patients ages 14 to 18. For the younger patients, up to 13 year's old, is not as good but still in the top one percent. These numbers are trended every quarter. Dr. Jimenez asked how the nursing care attributes to these results, to which Dr. Liao responded that results are in large part due to the very specialized care the nurses provide. They are trained by nurse and trauma educators who formulate plans on topics specific to the nurses' daily workload, such as burn wound care. Nurses are very important and key to the program.

Dr. Liao shared a few photos of pediatric trauma patients who have totally recovered due to the medical care provided at University Hospital's Pediatric Level 1 Trauma Center, and she described the future direction for the program as follows:

- Continue to lead the region in optimal care of the injured children – education, outreach, and prevention
- Maintain and expand relationships with regional referring facilities
- Seek American Burn Association Burn Center verification as the region's only center caring for seriously burned children

RECOMMENDATION:

ACTION:

EVALUATION:

This report was provided for informational purposes.

None.

Dr. Jimenez asked Dr. Liao to elaborate regarding fire gun injuries. These injuries come in multiple forms, powder versus non-powder. The non-powder guns are pellet and bee-bee guns. An increasing trend in South Texas are children severely injured from non-powder guns, their velocity is over 2,000 feet per second, and can penetrate the heart, the brain and cause severe damage. The Health System has conducted serious education for the local community regarding non-powder injuries. As far as conventional fire arm injuries, that rate has not changed significantly in children and those typically involve older, teenagers. However, there is a small portion of young children who are injured by conventional fire arms due to lack of gun safety education/plan in the home. Penetrating injuries overall in the Health System's trauma population accounts for approximately 20 percent of children. Of those, only about 5 percent are real fire gun injuries. Dr. Jimenez asked if the trauma team has made contact with Texas legislators for assistance with this problem. The staff at University Hospital, along with other Level 1 trauma centers in the nation, have started collecting data for the last 10 years for a multi-center study as a first step to developing a consensus statement to better describe injury patterns to legislators. Because fire arm safety is a very touchy subject in terms of freedom and responsibility, the topic will be treaded carefully.

Dr. Jimenez also asked about farm equipment injuries. Are these referred from rural areas as frequently as other trauma incidents? Yes, particularly more in the summer for teen agers, but year round for adults. These types of injuries are automatically transferred to University Hospital; the process is started without delay because the patient has the potential to bleed out within 30 minutes.

FOLLOW-UP

For comparison to outpatient trauma clinic and burn clinic visit numbers, Dr. Liao will provide outpatient sedation visit numbers to Dr. Rodriguez for the period beginning mid-2014 to present. The sedation service falls under the pediatric specialty services and are not included with either trauma or burn clinic visits.

**ADJOURNMENT:**

There being no further business, Mr. Smith adjourned the Board meeting at 4:20 p.m.

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Ira Smith  
Vice Chair, Board of Managers

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

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Sandra D. Garcia, Recording Secretary