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

Tuesday, March 25, 2014
6:00 p.m.
Board Room
Texas Diabetes Institute
701 S. Zarzamora
San Antonio, Texas 78207

MINUTES

BOARD MEMBERS PRESENT:

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

BOARD MEMBERS ABSENT:

Alex Briseño

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Bryan Alsip, M.D., Executive Vice President/Chief Medical Officer, University Health System
Felix Alvarez, Executive Director, Procurement Services, University Health System
Ted Day, Vice President, Strategic Planning & Business Development, University Health System
Peggy Deming, Executive Vice President/Chief Financial Officer, University Health System
Don Finley, Senior Writer, Corporate Communications, University Health System
Greg Gieseman, President/Chief Executive Officer, Community First Health Plans, Inc.
Roe Garrett, Vice President/Controller, University Health System
William L. Henrich, M.D., President, School of Medicine, UTHSCSA
Michael Hernandez, Vice President/Chief Legal Officer, University Health System
Barbara Holmes, Vice President/Chief Financial Officer, Community First Health Plans
C. Reed Hurley, Assistant Chief Financial Officer, University Health System
Barbara Holmes, Vice President/Chief Financial Officer, University Health System
Leni Kirkman, Vice President, Strategic Communications & Patient Relations, University Health System
John G. Myers, M.D., Professor, Clinical Surgery, Department of Surgery, UTHSCSA; and President, Medical/Dental Staff, University Health System
Bill Phillips, Senior Vice President/Chief Information Officer, University Health System
Nancy Ray, Senior Vice President/Chief Nurse Executive, University Health System
Richard Rodriguez, Vice President, Asset and Property Management, University Health System
CALL TO ORDER AND RECORD OF ATTENDANCE: JIM ADAMS, CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 6:05 pm.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Mr. Joseph Liedecke, Campus Ministry and Young Adult Ministry, Archdiocese of San Antonio, for the invocation. Mr. Adams led the pledge of allegiance.

PRESENTATION IN RECOGNITION OF THE 20TH ANNIVERSARY OF THE BEXAR COUNTY HOSPITAL DISGTRICT POLICE DEPARTMENT – CHIEF A. J. SANDOVAL

SUMMARY: Chief Sandoval reported that March 15, 2014 marked the 20th anniversary of the Bexar County Hospital District Police Department. He presented Board members with a framed commemorative to honor this important milestone for the University Health System. He expressed appreciation to Mr. Hernandez for his vision and perseverance in obtaining the proper support to pass the legislation in 1994 to make this possible.

RECOMMENDATION: This report was provided for informational purposes.
ACTION: No action by the Board was required.
EVALUATION: None.
FOLLOW-UP: None.

CITIZEN PARTICIPATION: None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S): None at this time.

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

SUMMARY: Dr. Henrich was not in attendance. Dr. John Myers introduced the physician leaders present on his behalf.
RECOMMENDATION: None.
ACTION: None.
EVALUATION: None.
FOLLOW-UP: None.

CONSENT AGENDA –JIM ADAMS, CHAIR

Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Staff
Membership – John G. Myers, M.D., President, Medical/Dental Staff

Consideration and Appropriate Action to Approve a Lease of Highpoint Tower Office Space in Support of the Health System’s Training Program—Theresa Scepanski/Mark Webb

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) —Felix Alvarez/Francine Wilson

SUMMARY: The items above were presented for the Board’s consideration
RECOMMENDATION: Staff recommended approval by the Board of Managers.
ACTION: A MOTION to approve the minutes as submitted was made by Mr. Smith, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.
EVALUATION: Mr. Smith asked Dr. Alsip to elaborate on the credentialing process, which he did, as outlined in his written report.
FOLLOW-UP: None.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS RELATED TO THE CAPITAL IMPROVEMENT PROJECT:

UNIVERSITY HOSPITAL

CONSIDERATION AND APPROPRIATE ACTION TO AMEND THE PROFESSIONAL SERVICES CONTRACT WITH JACOBS PROJECT MANAGEMENT COMPANY, WHICH INCLUDES SUB-CONSULTANTS GGC ENGINEERS, INC. AND H. MUÑOZ AND COMPANY, INC., FOR STAFF PROJECT MANAGEMENT AUGMENTATION IN THE RENOVATION OF UNIVERSITY HOSPITAL—MARK WEBB

SUMMARY: In February 2009, the Board of Managers approved contracts with Jacobs Project Management Company as the program manager for the entire Capital Improvement Program and Broaddus+Muñoz as the project manager for the University Hospital campus. The combined value of the two contracts was approximately $36.6M, with an expected duration of services through early 2015. Based on prior discussions with and direction from the Board of Managers, staff amended various agreements for the project manager, architect, and construction manager teams to expedite the process of scaling down the large infrastructure that was developed to deliver the $899M+ Capital Improvement Projects. Although the major portion of the work at University Hospital will be completed with the opening of the new patient tower, there are a number of funded renovation projects that are currently under construction or will be under construction within the next few months that extend beyond the July 2014 timeframe when the Program and Project Management agreements end. These projects include current renovations of the existing lobbies, elevators and associated elevator lobbies, as well as renovations to create new spaces for patient relations, transitional care center, and corporate communications that are scheduled to be completed between April and the end of 2014. Additionally, renovations in the existing building for the construction of the observation unit, new...
pharmacy, clinics, and plant engineering shop areas, with a project value of approximately $25M, are expected to begin in phases after completion of the Sky Tower. Due to the phasing of these projects, the construction time could go until Fall 2016. To ensure the continuity of project delivery with the same consistency of quality, customer service, financial stewardship, and professionalism, staff recommends using several existing project firms and specific individuals to augment Health System staff to manage the previously mentioned projects. In addition, should other proposed renovation projects get funded (i.e., Heart & Vascular Institute) project management staff are able to flex to accommodate timely delivery of the projects if approved by the Board. The proposed agreement would allow for staffing levels to flex up or down based on the project requirements. This agreement will allow for the continuation of project management staff to facilitate the delivery of various planned renovation projects that will improve the existing facilities to the same standards as the new tower to best suit the needs of patients and staff providing for more efficient operations and better patient care. The local and SMWVBE participation levels for this agreement are 65%.

**RECOMMENDATION:** Staff recommends Board of Managers’ approval of an amendment to the contract with Jacobs Project Management Company in an amount not to exceed $2,400,000, to be paid from project funds.

**ACTION:** A MOTION to approve staff’s recommendation was made by Ms. Rivas, SECONDED by Ms. Cedillo, and PASSED UNANIMOUSLY. Mr. Smith asked for the minutes to reflect that future projects outside of the Capital Improvement Project must be competitively bid. There were NO OBJECTIONS to Mr. Smith’s request.

**EVALUATION:** Should other proposed renovation projects get funded, separate competitive solicitations will be issued for the hiring of design firms (except for the Heart & Vascular Institute) and construction managers after discussion with the Board.

**FOLLOW-UP:** None.

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**CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:**

**CONSIDERATION AND APPROPRIATE ACTION TO APPROVE A CONTRACT WITH ACADIAN AMBULANCE SERVICES, INC., FOR EMERGENCY MEDICAL SERVICES (EMS) IN UNINCORPORATED BEXAR COUNTY—RICHARD RODRIGUEZ**

**SUMMARY:** On January 14, 2014 the Health System issued a Request for Proposal (#214-01-001-SVC) for Emergency Medical Services in unincorporated areas of Bexar County. The proposal is for a three-year term with the option to renew for one additional two-year term. The Health System received two proposals: American Medical Response (AMR) and Acadian Ambulance Service, Inc. (Acadian). The scope of services as noted in the RFP calls for a plan for staffing and geographical distribution of EMS units throughout the unincorporated areas of the county with the objective of providing an average fractile response (dispatch to arrival) time of not
more than eleven minutes for 70 percent of the calls which is tied to possible incentives or liquidated damages as they relate to average fractile response times. All units must be staffed with a minimum of two Texas Department of Health-certified Emergency Medical Technicians one of whom is certified as an Emergency Medical Technician-Paramedic (EMT-P). Vehicles must have heating and air conditioning, meet all applicable Texas Department of State Health Services requirements for MICU level units, have in operation an 800 mhz radio system, and a GPS navigation system. The RFP also calls for the successful respondent to operate under a medical director as well as maintain appropriate insurance coverage. Additional requirements included assistance to the Bexar County First Responder Program by implementing a system wide exchange of medical supplies, provide blood borne pathogen personal protection kits to all departments as requested and provide continuing education opportunities. A committee was formed to analyze the proposals as well as interview both companies. The committee was comprised of three internal staff members and two external individuals representing the Bexar County Fire Marshall’s Office, and San Antonio EMS/Leon Springs Volunteer Fire Department/Bexar County First Responder Network. The committee interviewed both companies and discussed in detail the scope of services related to the RFP. Both vendors have indigent care type programs to help patients with their bills. This agreement assures the residents of unincorporated Bexar County with quality and timely emergency medical services. The proposed contractor meets or exceeds State and Health System requirements for emergency medical services in Bexar County. AMR’s proposal in response to the RFP was for a fixed monthly fee of $107,917 per month or $1,295,004 per year for $3,885,012 for the three year term. Acadian submitted its bid with a zero subsidy per month. Compared to the current contract, this will result in a savings of approximately $1.6 million per year or $4.8 million over the contract term. Acadian employs approximately 215 people in Bexar County, has a payroll of $5.97 million and pays $105,000 in taxes to the county.

RECOMMENDATION: Staff recommends Board of Managers’ approval of a three (3) year EMS Contract for the Unincorporated Areas of Bexar County with Acadian Ambulance Service, Inc. in the amount not to exceed $270,000.

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING RENEWAL OF THE LOCAL MATCH AGREEMENT WITH THE CENTER FOR HEALTH CARE SERVICES (CHCS) FOR STATE FY 2014—TED DAY

SUMMARY: The CHCS Memorandum of Understanding for Local Match (Contract No. 1200179-LS), will facilitate payment of the “local match” requested by the State Department of State Services, in connection with Health System
sponsorship obligations. Staff has determined that the Health System’s level of support for CHCS’s State fiscal year 2014 to be the sum of $1,940,278 payable in four (4) equal installments each quarter beginning on September 1, 2013 and shall continue until August 31, 2014, with the option of an automatic renewal for up to one (1) additional successive term. There is a $300,826.00 (18 percent) increase from the previous local match for mental health authority services. The Health System’s match requirement as set by the State is 90% of the total match between the Health System and the County of Bexar. The cost of this agreement has been incorporated into the 2014 budget.

RECOMMENDATION: Staff recommends Board of Managers’ approval of an Agreement with The Center for Health Care Services in the amount of $1,940,278, for a one year period retroactive to September 1, 2013.

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

EVALUATION: Dr. Jimenez reiterated that CHCS is taking on a heavy patient load that is legally the Health System’s responsibility.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING RENEWAL OF THE LOCAL MATCH AGREEMENT WITH THE ALAMO AREA COUNCIL OF GOVERNMENTS (AACOG) FOR STATE FY 2014—TED DAY

SUMMARY: The renewal of the AACOG Memorandum of Understanding for Local Match (Contract No. 1200177-LS), will facilitate payment of the “local match” required by the Department of Aging and Disability Services (DADS) in connection with Health System sponsorship obligations. Staff has determined the Health System’s level of support for AACOG’s State fiscal year 2014 to be the sum of $307,076 payable in four (4) equal installments each quarter beginning on September 1, 2013 and shall continue until August 31, 2014, with the option of an automatic renewal for up to one additional successive term. The 2014 match is a decrease of $3,412 from the previous required match for mental retardation services. The local match amount is derived from a DADS formula based on Bexar County’s per capita income in relation to the State of Texas per capita income and the level of General Revenue allocation from DADS to Bexar County for purposes of supporting mental retardation services. The cost of this agreement has been incorporated into the 2014 budget.

RECOMMENDATION: Staff recommends Board of Managers’ approval of the renewal of an Agreement with AACOG in the amount of $307,076, for a one year period, retroactive to September 1, 2013.

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

EVALUATION: None.

FOLLOW-UP: None.
CONSIDERATION AND APPROPRIATE ACTION TO APPROVE THE MOMMIES PROGRAM AGREEMENT WITH THE CENTER FOR HEALTH CARE SERVICES—

THERESA DE LA HAYA

SUMMARY: The Mommies Program is considered a required component of the initial treatment plan for women who are pregnant and on Methadone at The Center for Health Care Services (CHCS). Through this program expectant mothers receive counseling, drug therapy, education and other health care related services. Participants attend a 13-week course, taught by both UHS employees and UTHSCSA Mid-level Providers. These classes are evidence-based and are designed to help prepare the participant for childbirth and infant care post delivery. A Health System patient navigator works closely with each participant to ensure adherence to prenatal care milestones, course attendance and overall coordination of care. By providing this level of support, CHCS has been able to enhance care options for the mother and improve overall retention for Methadone moms who are opioid dependent. Further, such efforts have provided the opportunity for individuals to become more socially stable and self-sufficient; thereby helping to improve their overall life circumstances.

In 2013, through this partnership effort, individual clients registered within the Mommies Program received over 500 individual services and 300 group counseling sessions. These program activities also firmly coincide with the Health System’s efforts to address the Triple Aim of healthcare which focuses on improving the healthcare experience, improving health outcomes and delivering care in an efficient manner. For the Mommies program, application of this strategy has resulted in improved health outcomes for both mother and child. This includes reducing the number of children who are assigned into foster care and adoption as a result of a coordinated approach to care (improved patient experience), reduced NICU days, length of stay (improved outcomes), and an interdisciplinary team focused on reducing adverse health events that result in cost savings to both society and the individual (lower cost). The Health System is requesting $143,761 to continue to support the funding of the Mommies program. By financially supporting CHCS, the Health System will increase outreach efforts in the community, increase University Hospital deliveries, manage NICU admissions, and more importantly, improve health care outcomes for the mother and her infant.

RECOMMENDATION: Staff recommends Board of Managers’ approval to execute a contract with The Center for Health Care Services in the amount of $143,761 for a one year period beginning April 1, 2014 through March 31, 2015.

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

EVALUATION: Ms. De La Haya assured the Board that she reviews outcomes on a monthly basis to include the number of women served and the type of service received. Mr. Smith reiterated that prevention is key. Mr. Hernandez agreed and informed the Board that prior to this program, CHCS was providing only methadone therapy and not any support-type services. By having such a program in place the Health System is able to reduce the cost of health care provided to both the mother and baby.
FOLLOW-UP: Mr. Adams requested a future report on the types of drug therapies available, other than methadone

CONSIDERATION AND APPROPRIATE ACTION REGARDING REPORT FOR FEBRUARY 2014

FINANCIAL STATEMENTS—ROE GARRETT/PEGGY DEMING

SUMMARY: For the month activity was down 3.0% for the Clinical Services (as measured based on discharges adjusted for outpatient activity). Community First Health Plan (CFHP) fully-insured membership was down 0.3%. From operations, the Health System experienced a loss of $1.9 million which matched the budgeted loss of $1.9 million due to lower operating revenue offset by lower operating costs. Meaningful use incentive of $53,000 was recorded for the achievement of incentive awards for the electronic medical record implementation. Investment income was under budget by $1,000 due to slightly lower interest rates than budgeted. An unrealized market gain of $67,000 was recorded in the month. The bottom line loss excluding debt service was $1.6 million which was $82,000 better than the budgeted loss of $1.6 million. CFHP reflected bottom line gain of $943,000 which was $1.4 million better than the budgeted loss of $501,000. Debt Service Revenue was $3.6 million which is equal to the budgeted portion of the Debt Service payment of $3.6 million. Mr. Garrett review 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 Mr. Smith, and PASSED UNANIMOUSLY.

EVALUATION: The primary driver behind the $1.9 million operating loss is net patient revenue, which is $2.2 million below budget, and is related to activity and discharges. Expenses were $2 million below budget. Last month employee compensation was over budget, this month that number is right on budget. Supplies were also slightly over budget. The bottom line loss of $1.6 million is on budget. On a year-to-date basis, operating loss is $5.2 million compared to the budgeted $3.8 million. This is similar to last month, mostly due to revenue, with a bottom line loss of $4 million as compared to budget $3.4 million. Staff is monitoring employee compensation and supplies. Mr. Engberg noted that the revenue situation has not improved in two months. What are the reasons for this? The staff’s analysis indicates that revenues match the activity we are experiencing, hospital discharges need to increase. Ms. Vasquez informed the Board that the Health System is currently experiencing a shortage of hospitalists and are down to only two. For the month of February, we were 89 discharges off. About 35 of those were on the adult side. Length of stay is critical. Another area making an impact is the pediatrics service line because activity projected has not been achieved. Staff is cleaning up a lot in pediatric specialty services, with neurology being the biggest concern. Length of stay is moving in the wrong direction and is an area of great focus. Care coordination staff members are meeting every morning and working with physicians to be efficient while providing high quality care. The key reason for the length of stay issues is due to the lack of hospitalists. Last week the staff issued a Request for Information to find out if we can get more hospitalists to help
us on the medicine side of the house. Mr. Engberg asked Ms. Vasquez how she would characterize the staffing situation, in the broader sense, in several skilled areas, beyond April 14, 2014, which is when the new patient tower will open. Staff is working to obtain additional hospitalists to evaluate inpatients. Staff continues to work with department chairs at the School of Medicine to correct. Ms. Vasquez described additional challenges in the pediatrics area due to having two pediatric intensive care units. Staff is also working to have pediatric intensivists stepped up. There is a lot of discussion and a lot of concern, staff is working with the medical staff to ensure expeditious discharge plans for appropriate disposition. Ms. Rivas asked for clarification regarding compensated absences that increased by $1.4 million due to increased FTEs, a number she has noticed on an increasing trend. The amount of $1.4 million is an accumulation of all earned paid time off (PTO) that the staff accumulates. We have been growing FTEs and also have some employees with high PTO balances who have not been able to take time off. This is a comparison of year-to-year, and is not necessarily a short term issue since the value of PTO balances is increased by that much due to higher hourly rates. As people earn merit increases it also increases the cost of the hours they have already earned. Ms. Rivas cautioned that it is possible for the issue to get out of hand. She asked the staff to review how the Health System awards time off, it’s a trend that is happening all over the country. Dr. Jimenez asked if the length of stay issue is solely related to the shortage of hospitalists. Dr. Alsip addressed his inquiry, stating that there are many ways to look at length of stay. Hospitalists are critical primarily because of the volume of patients, and because they are internal medicine physicians who also care for surgical patients, they provide very good care. Within the hospitalists’ group there are areas of opportunity for the physicians to do things differently and also for the Health System to support them more in terms of options that might be available. Timing-wise it’s difficult for them to be efficient when they are not fully staffed and they are taking care of the same number of patients, or more. Mr. Adams emphasized the reason revenue is not where it should be is due to not meeting activity projections and length of stays; he asked that the issues be fixed, otherwise the Health System will have a problem on its hands. He does not wish to hear that these are somebody else’s problems. The issues need to be tackled as soon as possible.

FOLLOW-UP:
None.

PRESENTATIONS AND EDUCATION:
None.

INFORMATION ONLY ITEMS:

REPORT REGARDING MEDICAL-DENTAL STAFF COMMITTEES AND DEPARTMENTS—JOHN G. MYERS, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

REPORT ON NURSE STAFFING EFFECTIVENESS — NANCY RAY

UPDATE ON CAPITAL IMPROVEMENT PROGRAM ACTIVITIES—MARK WEBB
REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS—LENI KIRKMAN

SUMMARY: The four written reports listed above were provided for the Board’s review. Mr. Adams urged his Board colleagues to review and provide appropriate feedback to the staff.

RECOMMENDATION: These reports were provided for informational purposes only.

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

EVALUATION: Mr. Adams directed the Board’s attention to the 2013 annual report from the Bioethics Committee. He is uncomfortable learning regarding a common misunderstanding among physicians about a hospital policy stating that patients must be “full code” for surgery or interventional procedures. He asked Dr. Alsip to ensure that the hospital is very specific about its requirements, to reach out, communicate and educate the physicians. Being aware of the problem is not enough. Dr. Alsip agreed and reported that the Health System had recently hired a director of ethics, Dr. Richard Woodley. He is working closely with Dr. Jason Morrow of the Center for Ethics and Humanities at UTHSCSA. Further, the Health System has dedicated staff in the area of bioethics and they are all taking a proactive approach. The Bioethics Committee does a great job and is trying to work through the new ethics director. It’s a team approach involving social work, physicians, nurses, and other members of the healthcare team. Mr. Adams feels that this area requires more training and education than the staff has had in the past. The issues that families and patients face are critical and physicians have not been properly trained in dealing with end of life issues. He would like to see the Health System and the School of Medicine jointly focus on ethics and how the total practitioners operate in dealing with people’s lives at very sensitive times. Dr. Jimenez added that there is indeed an annual continuing medical education requirement that calls for physicians to take some type of training in the area of ethics. However, the real issue stands with the Health System and UTHCSA, it is incumbent upon the leadership to put an emphasis in that area. Dr. Myers assured the Board that they ought not be concerned or worried about such ethical dilemmas. The physician leaders and the staff have put processes into place to assure that ethical decisions involve discussions with patients and family members. Dr. Jimenez asked Ms. Ray to elaborate on the nursing effectiveness report. Ms. Ray introduced Augustine Conejo as co-chair of the nurse advisory council, elected to serve by his peers. The goal of the nurse advisory committee is to elicit information from the various units regarding staffing and how staffing affects morale and quality of care. The committee has used a variety of tools to measure certain indicators in central line blood stream infections, catheter acquired urinary tract infection, falls, and pressure ulcers. Future activity of the committee is the next nurse satisfaction survey with the goal to improve in nurse satisfaction scores at or above the Magnet benchmark. Dr. Jimenez noted that indicators do not address the principle job of the nurse, aside from patient care. The nurse is the central figure in communicating knowledge and understanding in a culturally relevant way to the patient. They deal with all the other professionals who are part of the health care team. Nurses
must take that knowledge and translate it and deliver it to the patient, to include instructions on discharge, so that the patient understands. These benchmarks do not measure the true effectiveness of nurses, especially their people skills, in terms of relevant, appropriate care. It is especially true at University Hospital because of the cultural make up of the patients. Are there tools to measure the human factor? The literature on transcultural nursing says you can measure these skills. Dr. Jimenez thanked both Ms. Ray and Mr. Conejo for the impressive report. Staff thanked Dr. Jimenez for his input. Dr. Jimenez asked Ms. Ray about Nurse Gretchel Gealogo, whose paper on Lewy body dementia was published in the Journal of Neuroscience Nursing in December. The same paper is also being used by UTMB in its geriatric medicine fellowship curriculum. The Department of Psychiatry at The University of Cambridge School of Clinical Medicine has also requested permission to use it. Ms. Gealogo is a graduate nursing student and will sit for her Ph.D. next week. She currently works as a patient educator at University Hospital. Dr. Jimenez expressed an interest in meeting Nurse Gealogo and would like the Board to recognize her achievements in some manner. Board members requested a copy of the article that appeared in the March edition of Hispanic Executive magazine which features Mr. Hernandez.

**FOLLOW UP:**

As indicated above.

**ADJOURNMENT:**

There being no further business, the public meeting adjourned at 7:55 p.m.

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Jim Adams               Rebecca Q. Cedillo
Chair, Board of Managers Secretary, Board of Managers

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Sandra D. Garcia, Recording Secretary