MINUTES

BOARD MEMBERS PRESENT:

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

BOARD MEMBERS PRESENT:

Linda Rivas, Vice Chair

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
Tricia Aleman, Director, Marketing, University Health System
Tim Brierty, Chief Executive Office, University Hospital
Ted Day, Vice President, Strategic Planning & Business Development, University Health System
Peggy Deming, Executive Vice President/Chief Financial Officer, University Health System
Theresa De La Haya, Vice President, Health Promotion/Clinical Prevention Services, University Health System
Don Finley, Senior Writer, Corporate Communications, University Health System
Roe Garrett, Vice President/Controller, University Health System
Greg Gieseman, President/Chief Executive Officer, Community First Health Plans, Inc.
Barbara Holmes, Vice President/Chief Financial Officer, Community First Health Plans, Inc.
Michael Hernandez, Vice President/Chief Legal Officer, University Health System
Leni Kirkman, Vice President, Strategic Communications and Patient Relations, University Health System
Kourtney Mosby, Director, Procurement Services, University Health System
Lindsay Nieman, Administrative Resident, University Health System
Priti Mody-Bailey, M.D., President, Community Medicine Associates
Nancy Ray, Vice President/Chief Nursing Officer, University Health System
CALL TO ORDER AND RECORD OF ATTENDANCE:  JAMES R. ADAMS, CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 6:10 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Ms. De La Torre introduced Cliff Harden, Pastor of First Baptist Church for the invocation, and Mr. Adams led the pledge of allegiance.

CITIZEN PARTICIPATION:  None.

APPROVAL OF MINUTES OF PREVIOUS MEETING:

**January 29, 2013 (Regular Meeting)**

**SUMMARY:**  The minutes of the regular meeting of Tuesday, January 29, 2013, were presented for the Board’s approval.

**RECOMMENDATION:**  Mr. Adams recommended approval of the minutes as submitted.

**ACTION:**  A MOTION to approve the minutes with the correction requested by Mr. Smith was made by Mr. Engberg, SECONDED by Mr. Smith, and PASSED UNANIMOUSLY.

**EVALUATION:**  Mr. Smith requested a correction on page 6 of the minutes, that Ms. Smith be changed to Mr. Smith.

**FOLLOW-UP:**  None.

**February 11, 2013 (Special Meeting)**

**SUMMARY:**  The minutes of the special meeting of Monday, February 11, 2013, were presented for the Board’s approval.

**RECOMMENDATION:**  Mr. Adams recommended approval of the minutes as submitted.

**ACTION:**  A MOTION to approve the minutes was made by Ms. Cedillo, SECONDED by Mr. Briseno, and PASSED UNANIMOUSLY.

**EVALUATION:**  None.

**FOLLOW-UP:**  None.
REPORT FROM THE HEALTH SCIENCE CENTER – WILLIAM HENRICH, M.D., PRESIDENT:

SUMMARY: Dr. Henrich introduced the physician leaders present and provided an update on this year’s Match Day results. Match Day was held on the same day at medical schools across the nation on March 15, 2013. By Match Day, students have already interviewed with several residency programs they would like to attend to specialize in a branch of medicine. The students have ranked the programs in order and the programs have also ranked the students interviewed for residencies. The results of this double-ranking-and matching process are announced at Match Day. The announcement sets the course for medical careers and often where a new doctor will practice. Dr. Henrich reviewed 2013 Match Statistics for UTHSCSA School of Medicine Graduates, provided a breakdown by specialty, and also reviewed San Antonio match data:

All Specialties:
- Training at UTHSCSA: 36 (17%)
- Training in SA: 38 (18%)
- Total training in Texas: 99 (46%)
- Training outside Texas: 118 (54%)

Specialty Breakdown for 2013 Graduates:
- Internal Medicine: 45
- Pediatrics: 26
- Emergency Medicine: 18
- Anesthesiology: 17
- Obstetrics and Gynecology: 16
- Family Medicine: 15
- Surgery: 14
- Orthopaedics: 12
- Surgery-Preliminary: 9
- Radiology-Diagnostic: 8
- Pathology: 6
- Urology: 6

San Antonio Match Data:
- Positions matched (37 from UTHSCSA): 175
- Matched in new Emergency Medicine discipline: 10
- Positions originally unfilled (3 in Preliminary Surgery, 2 in Advanced Psychiatry): 5
- Number of positions filled by women in Orthopaedics out of 6 available slots: 3

RECOMMENDATION: This report was provided for informational purposes.
ACTION: No action was required by the Board of Managers.
EVALUATION: The freshman class at the School of Medicine is made up of approximately 50 to 51 percent female students. To increase the total
number of slots in San Antonio, we must make sure we have the volume of patients in certain categories and must follow national guidelines that are in place to govern this process. The major hurdle in all categories, however are finances. The cost is about $100,000 per person per year. The second hurdle is a commitment to residency training. It is unusual for the 7th largest city in the country to be so unique in the mission of educating future health care professionals. As an academic medical center, we are committed to the education of young physicians and students. The Vanguard/Baptist Health System will increase its participation in this mission with the creation of a pediatric academic hospital entity. Methodist has a few positions, but not many. The choice to offer training is based on the interactions with their medical staffs, whether or not they can afford to participate, and whether or not they want to commit to residency training. Mr. Adams noted that it would be an advantage to the local health systems like CHRISTUS, Vanguard, and HCA, to use local graduates to fill residency positions.

Dr. Jimenez acknowledged formidable challenges in the area of primary care. He cited a recent debate on National Public Radio regarding the costs of health care and training, which are both rising at an alarming rate. In addition, studies today indicate that the outcomes are not very good in the United States as compared to other nations, and there is hardly any difference in the outcomes of care provided by nurse practitioners versus family health providers. All have been well trained, but the answer seems to be collaboration among the health care team. He encouraged collaboration between the School of Medicine and the School of Nursing to maximize patient outcomes since physician extenders will be used more widely in the future. Mr. Adams agreed since the Board of Managers is also very interested in collaborative planning, especially in the area of pediatrics transition. He reported that there is currently a team tasked with performing a complete strategic review of how UHS and UT Medicine promote themselves collectively. There is opportunity with the pediatrics activity downtown to get a much more positive review of what is happening at the Robert B. Green and how important it is for the downtown community.

FOLLOW-UP:
Ms. Cedillo will work with Ms. Kirkman and the UTHCSA team on joint branding efforts.

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 Regarding Commissioning the following Peace Officers for Bexar County Hospital District: Bruce Simonds; Raymundo Sanchez; and Gilbert Garcia - Mark Webb

Consideration and Appropriate Action Regarding UHS Policy No. 2.01.02, Nursing Services Oversight - Nancy Ray
Consideration and Appropriate Action Regarding UHS Policy No. 9.11, Plan for the Provision of Patient Care - Nancy Ray

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) - Kourtney Mosby/Francine Wilson

SUMMARY: Items listed on the consent agenda were presented for Board approval.

RECOMMENDATION: Staff recommended approval of the items on the consent agenda.

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

EVALUATION: Mr. Smith asked Ms. Ray to elaborate on the nursing policies. The Nursing Services Oversight policy delineates nursing needs of patients receiving care, treatment and services. It supports the Center for Medicare Services and Joint Commission requirements for the Chief Nursing Officer responsibilities for oversight for nursing care at University Health System facilities. The Plan for Provision of Patient Care policy merges the previous version of this policy with policy no., 9.11 Assessment and Reassessment of Patients, which now defines the framework, resources, scope of services by which patient care is delivered. Importantly it defines patient family centered care for University Health System. It provides the scope of practice for the multiple disciplines in regards to assessment and reassessment of the patient, as well as consultative services. This policy is now also classified as a patient care services policy and is no longer in the leadership category.

Mr. Briseno noted that this month’s summary of purchasing activities did not include the distribution of minority and/or SMWVBE contracts, which staff attributed to a recent format change of reporting for the presented items versus consent items. The SMWVBE information was rolled into the supplier diversity quarterly report. Staff did confirm that two procurement items (numbers 18 and 19) for software maintenance contracts on the purchasing consent agenda today are with a small business known as The Broadleaf Group, LLC. All of Mr. Webb’s CIP reports include current SMWVBE participation rates. Mr. Briseno commended the Health System’s CIP community outreach program as exemplary, and asked staff to use the same model for summary of procurement items on the purchasing consent agenda. Mr. Smith agreed.

FOLLOW-UP: The summary of purchasing activity will be modeled after the CIP SMWBVE Status Report and included with the April reports.
AMBULATORY MATTERS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH THE WITTE MUSEUM TO DEVELOP AN INTERACTIVE HEALTH PROMOTION EXHIBIT—LENI KIRKMAN

SUMMARY:

Since 1926, the Witte Museum has been committed to lifelong learning through innovative exhibitions, programs and collections in natural history, science and South Texas heritage. Known as the People’s Museum, the nonprofit organization is responsible for operating and maintaining the Witte property that is owned by the City of San Antonio. Striving to equally serve residents from all parts of the city, the Witte offers free admission hours on Tuesdays and works with all area school districts to provide field trips for students. The museum averages 350,000 visitors per year, including 60,000 visitors during the free Tuesday hours, and 150,000 school-aged children. Visitor demographics mirror the local community (56% Hispanic, 38% Anglo, 6% African American and other ethnicities) and the museum routinely monitors local visitor ZIP codes, and adjusts outreach activities as needed to ensure attendance levels remain relatively even across all sectors of the community. As part of its growth plan, the Witte Museum will transform the long-standing H-E-B Science Treehouse into the H-E-B Body Adventure. The goal of the new adventure experience is to empower and motivate children and their families to improve their own health and learn more about how their bodies work. They will do this by creating an interactive experience that heightens participants’ self-efficacy through engaging and inspiring, real-life people who are taking steps themselves to improve their health. Through the use of the latest video technology, these individuals, reflective of the diversity of San Antonio’s population, will serve as “Body Adventure buddies.” Participants will personalize their experience by choosing one of these “buddies” to be their learning companion through the exhibit. Key to this highly interactive experience is a networked system of components that lets participants capture and record their personal data and images as they explore a range of physical and mental attributes related to health and wellness. These activities are designed to be fun, while conveying evidence-based health promotion content and improving health literacy. The “brain” that will take the health exhibit to this level of personalization and interaction is called the Power Pass System. With this system, the participant will be able to literally take these lessons home with a Power Profile card. It is a permanent record of their Body Adventure experience, and can be saved and compared on subsequent visits. It can also be taken to their next primary care physician visit to serve as a starting point for a wellness discussion. Over time, de-identified data can be analyzed to track the impact of the program in improving the health of participants compared to the total population.

Given the synergy of its mission with that of University Health System, the Witte has invited the Health System to serve as exclusive partner for this ambitious and innovative health promotion exhibit. As the exclusive
sponsor of the Power Pass technology, the exhibit would be called *The H-E-B Body Adventure Powered by University Health System.*

The Body Adventure is integrally linked to University Health System’s Triple Aim Plus goals of improving the patient experience and expanding access. It is imperative for health systems, particularly those in communities like Bexar County with high rates of obesity and related health problems, to move beyond traditional health education settings, to meet people where they are, and engage them through innovative programs that present themselves as fun, and that make success appear achievable.

The Body Adventure’s focus on children and families, also offers a good tactic to advance the Health System’s Children’s Growth Strategy, as the Health System would be included on signage at the exhibit and have the opportunity to offer visitors information on its services, especially those related to Children’s and Women’s Health. The Health System would cross-promote the exhibit through all appropriate communication channels. The health education experience could also be expanded out into the community, through Body Adventure activity kiosks in selected pediatric locations. Additionally, given both organizations' commitment to improving health, a natural enhancement of the Body Adventure program would be regular health screenings and wellness events. Overall, a partnership with The Witte would provide a unique marketing platform for University Health System to strengthen awareness and brand image in the community. With a commitment from the Health System, The Witte will be able move forward with development of this technology, and achieve its goal of opening the new exhibit in the Spring of 2014.

The estimated cost of developing the complete Power Pass system is $1 million over four years. University Health System would execute a contract with the Witte Museum to fund the project at $250,000 per year for four years beginning June 1, 2013 – May 31, 2016, to be paid quarterly in the amount of $62,500. As an enhancement to a School-based Mobile Clinic DSRIP project that is currently under development, resources for the Body Adventure sponsorship will be available through the incentive funding earned as this project achieves it milestones.

**RECOMMENDATION:** Staff recommends approval of a contract with the Witte Museum to develop the H-E-B Body Adventure Powered by University Health System in the amount of $1 million.

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

**EVALUATION:** Dr. Jimenez expressed some concern with a past Texas cowboy exhibit at The Witte Museum that omitted the important role of the black cowboy and rancher in the development of the Southwest. The exhibit raised questions in the Latino community because there were parts of it that were rather insulting and did not pay a lot of attention to the facts. An overwhelming number of cowboys in the United States were African American, but that was not demonstrated in the exhibit. On the other
Hand, a museum in downtown San Antonio has had huge exhibits that included black farmers and ranchers, and demonstrated a little more reality of what actually existed in South Texas back then. The exhibits at The Witte about Mexican Americans also leave a lot to be desired. On the contrary, a recent exhibit in the museum district of Los Angeles, California, was set up to share data that was collected and researched locally. Their data indicated that native, Mexican American foods are healthy when the recipes are modified, and the results are the same if not better, than those recommendations made by the American Dietetic Association. The State of California funded the exhibit and it was very successful, with the majority of visitors being Latinos and Mexican Americans. Dr. Jimenez expressed a second concern with the obsession in this country, and among the medical profession, with obesity issues that blame the victim. This is difficult for Mexican American leaders in the health industry because it’s a heavy burden in how the issue is approached. It is indeed a serious issue but the approach is insulting, difficult, and ineffective. Evidence indicates that asking people to change lifestyles and eating habits is not necessary. Instead, teaching consumers to change the way they prepare their meals, to include quantity and frequency, is a much better approach.

Mr. Hernandez assured the Board that during their visits to The Witte Museum staff asked many questions related to cultural sensitivity and all were satisfied with the responses received. He feels that The Witte Museum is very pro-active and he described this project as a cutting edge opportunity. He also acknowledged the Board’s requirement for culturally appropriate programs.

Dr. Jimenez urged the staff involved to pay attention to the reflecting lifestyles in sections of the African American and Mexican American communities in San Antonio. He reiterated the need to incorporate topics on behavioral health, such as self esteem, empowerment, and self efficacy. Mr. Smith agreed urging staff to be culturally conscious of the various ethnicities in San Antonio.

Mr. Engberg expressed support for the project in that it appears to be well-focused, well-intended and provides a connection to the various schools and its children. When he asked about the schools’ role, Ms. Kirkman informed the Board that given The Witte’s existing partnerships with area school districts, and the large number of local students who take field trips to the museum each year, the Body Adventure project has great synergy with the Health System’s school-based mobile clinics being developed as a DSRIP project under the 1115 Waiver to expand access for children to primary and preventive health services. Ms. Cedillo agreed that the health exhibit has great potential to touch many kids and jump start other projects, including the placement of health issues on respective age-appropriate curriculum. Further, Ms. Cedillo suggested that with appropriate funding, the exhibit can travel to the various schools that lack funding for field trips, and can also include visits by resident physicians to teach the children about health careers. Mr. Briseno identified this as a communications opportunity to inform
the public that there are exciting things happening at UHS. Mr. Adams agreed and expressed pleasure with the corporate leadership in San Antonio. He encouraged much Health System signage and promotion at The Body Adventure exhibit.

Mr. Don Gonzalez, Witte Museum Board member, assured Dr. Jimenez that the staff of The Witte Museum would address all of the concerns he expressed this evening, and will meet the requirements set out by the Board. The Witte is not perfect and is making great strides to improve. With HEB as the anchor to this project, Mr. Gonzalez is confident that it will be a first class exhibit, as required by the Board of Managers.

FOLLOW-UP:
None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT FOR PROFESSIONAL AND ADMINISTRATIVE SERVICES WITH THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO (“AOA”) - ALLEN STRICKLAND

SUMMARY: The purpose of Annual Operating Agreement is to compensate UTHSCSA for (1) administrative/management of the residency programs, (2) administrative/medical direction, (3) patient care services personnel, (4) housestaff malpractice insurance and (5) Community Medicine Associates malpractice insurance. This agreement is reviewed and updated on an annual basis by a team comprised of senior leadership from the Health System and UTHSCSA. During this review, priority is given to ensure the needs of the Health System are addressed. Agreed upon amounts are negotiated based on salary benchmarks in this region/area and projected operating dollars available to cover continuation and any expansion of the agreement. Performance expectations are agreed upon and included in the official language of the agreement.

The negotiated 2013 Annual Operating Agreement is $13,693,524 compared to the amended 2012 agreement of $13,928,185. This represents a decrease of $234,661 (1.7%) compared to the 2012 agreement. Ms. Bryan summarized the costs for the 2013 agreement as follows:

- Admin/Mgmt of Residency Programs: $914,304
- Admin/Medical Direction: $6,809,097
- Patient Care Services Personnel: $5,243,316
- House Staff Medical Malpractice: $665,672
- Community Med Associates Malpractice: $61,135

Total Amount of Agreement: $13,693,524

RECOMMENDATION: Staff recommends Board of Managers approval to execute the 2013 Annual Operating Agreement with The University of Texas Health Science Center at San Antonio in an amount not to exceed $13,693,524.
ACTION: A MOTION to approve staff’s recommendation was made by Mr. Engberg, SECONDED by Ms. Cedillo, and PASSED UNANIMOUSLY.

EVALUATION: Mr. Hernandez clarified for the Board that none of the contracts in the Annual Operating Agreement are related to the pediatric transition.

FOLLOW-UP: Mr. Briseno requested an updated comprehensive list of all agreements with UTHSCSA, to include those contracts that are related to pediatric transition.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH BREDA CONSTRUCTION, INC. FOR THE RELOCATION OF THE AUDIOLOGY HEARING AND BALANCE CLINIC TO THE PAVILION—RICHARD RODRIGUEZ

SUMMARY: This request is for the purchase of labor and material for the relocation of the Hearing and Balance Center from University Hospital to the Pavilion building located at 4647 Medical Drive. This project continues the process of relocating outpatient clinical functions currently in the hospital inpatient environment to an ambulatory setting.

The project consists of taking approximately 4,198 square feet of sublevel space and constructing a new receptionist area, treatment room, conference room and dirty utility room to support the Hearing and Balance Center. This renovation will also include an Audiologist work area, hearing aid consulting and repair, Posturography testing (diagnosing balance disorders), evoked potential testing (measuring electrical activity in the brain in response to stimulation of sight, sound, or touch) and the installation of two new Audiology booths.

The goal of this project is to provide a patient centered care environment for the hearing audiology patient, caregiver and family. This care creates the best possible environment for the patient through the careful attention to HVAC control, acoustics and noise control, and color. Participation by the family in the patient’s development and healing process will be encouraged through a space which is calming, comfortable, and encourages communication between the family members and the caregiver. Special attention to colors, warm décor and acoustical art panels also define the space and contribute to enhancing the overall environment of care. Functional work spaces will support the needs of the staff.

On RFCSP# 213-02-012 CNST, eleven (11) construction firms attended the mandatory pre-bid meeting and four firms’ submitted bids. They are: F.A. Nunnelly Company, $925,000 at 77 days; MPS Construction and Design, $877,031 at 93 days; Breda Construction, Inc, $787,595 at 90 days and Valla Construction, $1,049,127 at 180 days. After review of proposals, Breda Construction Inc, to be low bidder at $787,595 at 90 days to complete this project. Breda Construction has previously done work for the Health System with no issues. Breda Construction is designated as a Small Business Enterprise.
Relocating the Audiology Hearing and Balance Clinic to the Pavilion frees up space on the third floor of University Hospital. This space will allow CIP to stage departmental moves from the first floor during the lobby renovation. Therefore, CIP funds will be requested to fund a portion of the Audiology Hearing and Balance Clinic relocation to the Pavilion. Capital funds of $620,970 are available for this project with the remaining $166,625 to be funded with CIP renovation funds.

RECOMMENDATION: Staff recommends Board of Managers’ approval of the purchase request for construction services with Breda Construction, Inc. in the amount of $787,595 for the relocation of the Audiology Hearing and Balance Clinic to the Pavilion, to be paid from CIP renovation funds in the amount of $166,625 and capital funds in the amount of $620,970.

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

EVALUATION: None.
FOLLOW-UP: None.

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

UNIVERSITY HOSPITAL:

CONSIDERATION AND APPROPRIATE ACTION TO APPROVE THE GUARANTEED MAXIMUM PRICE FOR OFFERED SAVINGS, NEW DEPARTMENT OF PROTECTIVE SERVICES DISPATCH OFFICE, LEVEL 5 INTENSIVE CARE UNIT BED CONVERSIONS, FINISH UPGRADES, ELECTRICAL MODIFICATIONS, DEIONIZED WATER SYSTEM AND PNEUMATIC TUBE SYSTEM INSTALLATION BETWEEN THE PAVILION AND THE NEW TOWER (GMP #13T)—MARK WEBB

SUMMARY: To date, nineteen (19) guaranteed maximum prices (GMPs) have been developed for the new Hospital Tower project, which Mr. Webb detailed in his written report. The scope of this twentieth GMP is inclusive of the costs for:

<table>
<thead>
<tr>
<th>Scope</th>
<th>Change Type</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Buyout Savings</td>
<td>Credit</td>
<td>($1,112,795)</td>
</tr>
<tr>
<td>DPS Dispatch Office, Level 5 ICU Bed Conversion, and Deionized Water System</td>
<td>Owner’s Request</td>
<td>$2,809,412</td>
</tr>
<tr>
<td>Elevator Lobbies, Trauma and Pedestrian Bridge Lighting, and additional Electrical Floor Boxes and Card Readers</td>
<td>Owner’s Request</td>
<td>$302,955</td>
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<tr>
<td>Pneumatic Tube System</td>
<td>Owner’s Request</td>
<td>$608,857</td>
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<tr>
<td>Installation to Pavilion.</td>
<td>Owner’s Request</td>
<td>$372,420</td>
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</tbody>
</table>
The Tower Project Construction Manager has reviewed the design drawings, prepared by the AE Team, and has provided a Guaranteed Maximum Price (GMP #13t) for the work associated with this GMP package. Mr. Webb reviewed GMPs 13a through 13t with a control estimate of $360,807,565 and an actual total of $366,170,746. The proposed GMP #13t in the amount of $2,980,849 exceeds the control estimate. Staff will recommend that the balance be paid from owner’s construction contingency, which will decrease the owner’s contingency funds from $11,552,848 to $8,571,999.

Participation goal for SMWVBE is 40% and the local participation goal is 80%. To date, SMWVBE participation of awarded construction projects is 39.5% and local participation is 75.6%. This does not include the dollars associated with the Construction Manager’s Fee or other project administrative costs including this GMP and insurance, bonds, permit fees. Mr. Webb reported that SMWVBE numbers have been achieved for all construction GMPs to date, and he provided a breakdown. GMP dollars awarded to date are $507,862,442 and GMP dollars remaining to procure are $42,885,034.

RECOMMENDATION: Staff recommends Board of Managers approval of an amendment to the Zachry Vaughn Layton Construction Management Agreement for GMP #13t in the amount of $2,980,849.

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION TO APPROVE THE GUARANTEED MAXIMUM PRICE FOR PNEUMATIC TUBE EQUIPMENT INSTALLATION AND SITE UTILITIES INSTALLATION FOR PNEUMATIC TUBE SYSTEM TO THE PAVILION (GMP #3G)—MARK WEBB

SUMMARY: To date, six (6) guaranteed maximum prices (GMPs) have been authorized for site and utilities work associated with the new Hospital Tower project. The scope of this seventh GMP is inclusive of all site utilities work that will facilitate the pneumatic tube system installation (installation included in the new tower GMP #13t). Specifically, this work will include: trenching, boring, installation of underground conduit and manholes, sump pumps, plumbing, and electrical work associated with the pneumatic tube installation from the New Tower to the Pavilion with distance of approximately 620 feet. This work is being included in GMP #3g to take advantage of site utilities subcontractors currently under contract on this project. This project does not include future pneumatic tube installations associated with Phase 2 expansion projects (Pharmacy, Observation, and Follow-Up Clinic) and Heart & Vascular Institute to be designed and submitted, at a later date, as separate GMPs. The Tower Project Construction Manager has reviewed the design drawings prepared by the A/E Team, and has provided a Guaranteed
Maximum Price (GMP #3g) for the work associated with this GMP package. Mr. Webb reviewed GMPs 3a through 3g with a control estimate of $68,029,009 and an actual total cost of $69,030,200. The proposed GMP #3g is in the amount of $791,718 and will be funded from owner’s construction contingency. This will decrease the owner’s contingency funds from $8,571,999 to $7,780,281. The participation goal for SMWVBE is 40% and the local participation goal is 80%. To date, SMWVBE participation of awarded construction projects is 39.5% and local participation is 75.6%. This does not include the dollars associated with the Construction Manager’s Fee or other project administrative costs including this GMP and insurance, bonds, permit fees. Mr. Webb reviewed the SMWVBE numbers achieved for all construction GMPs to date. GMP dollars awarded to date are $507,862,442. GMP dollars remaining to procure are $42,885,034.

RECOMMENDATION: Staff recommends Board of Managers approval of an amendment to the Zachry Vaughn Layton Construction Management Agreement in the amount of $791,718 for GMP #3g.

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

EVALUATION: Mr. Engberg asked about the original cost estimate for this item, and if GMP 3g would now complete the project for the pneumatic tube system. This item is a couple of hundred thousand dollars more than anticipated, and GMP 3g will indeed complete the pneumatic tube system from trauma tower to the Pavilion. Mr. Webb assured the Board that from an operational standpoint, this item will pay for itself several times over. Mr. Smith asked Mr. Webb to confirm his understanding that all of the work associated with the original contracts between the Health System and Barlet Cocke and Zachry Vaughn Layton, respectively, will be completed by the end of June 2014. Mr. Webb confirmed and noted that due to additional work requested for pediatrics on the 6th floor at the RBG Clinical Services Building, the contract will expire around the same time as the trauma tower, at which time any new construction work will be bid under a different Request for Proposal. He also pointed out that both vendors, Barlet Cocke and ZVL, subcontract most of their work in an effort to increase local participation levels.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION TO AMEND THE FURNITURE, FIXTURE, AND EQUIPMENT (FF&E) CONTRACTS WITH BROUSSARD, OFFICE SOURCE, SPENCER COMPANY, TEXAS WILSON, WITTIGS OFFICE INTERIORS AND WORKPLACE RESOURCES FOR THE NEW TOWER AND PHASE 1 RENOVATIONS—MARK WEBB

On April 24, 2012, the Board of Managers approved Broussard, Office Source, Spencer, Wittigs and Workplace Resources as the furniture vendors for the Health System. On December 17, 2012 the Board approved GMP #15h as part of the Phase 1 Renovations package. The Master Facilities plan identified the need for Renovations of the existing
hospital spaces which need to be completed concurrent with the opening of the new hospital tower. Renovation projects are being developed to support reorganization of departments and projected increased demand. As scope for the tower and renovations project is refined, the need for furniture is identified. Design of spaces in the Emergency Center, Blood Bank, Gift Shop and nursing floors, to suit the functionality of the space and provide efficiency, are near completion.

The scope is inclusive of renovations on Level 1 which includes renovation of the Main Lobby and ties into the new Tower. The lobby scope of work includes a new Information Desk, Renewal Lounge, Public Restrooms, and Elevator Lobby finish upgrades. Additional work on Level 1 includes the construction of a Discharge Lounge, Corporate Communications Offices, and Patient Relations Area. Phase 1 also includes a new mechanical room and AHU, as well as renovation of Level B for automated guided vehicles travel path to the new Tower, and a new Plan Room. As part of the approved Renovation Phase 1 package, furniture for these spaces will be procured through previously approved vendors. Furniture for Corporate Communications, the Main Lobby, Patient Relations and Discharge Lounge will be procured and furniture requirements based on any future changes will be presented to the Board for approval as needed. Mr. Webb reviewed the costs provided by each of the approved vendors, SMWBE Status/Category, previously approved amounts, newly requested amounts, and revised contract totals for each vendor. Staff noted a reduction in the furniture for the On-Call Room. These costs will be paid from project funds. Due to the nature of the furniture, fixture and medical equipment industries, there is limited opportunity for SMWVBE and local participation in this procurement. Although staff will make every effort to encourage participation, it is anticipated that the majority of the contracted dollars will be awarded to large, national vendors. The current level of SMWVBE and local participation on all CIP furniture, fixture, and equipment procurement was reviewed in detail with the Board.

RECOMMENDATION: Staff recommends Board of Managers approval to amend the contracts with Broussard, Office Source, Spencer Company, Texas Wilson, Wittigs, Office Interiors and Workplace Resources for purchase of furniture in the amount of $1,209,954 for the University Hospital campus.

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

EVALUATION: None.

FOLLOW-UP: None.
SUMMARY: For the month activity was up 3.4% for the Clinical Services (as measured based on discharges adjusted for outpatient activity). Community First Health Plan (CFHP) fully-insured membership was up 2.1%. From operations, the Health System experienced a gain of $2.6 million which was $1.7 million higher than the budgeted gain of $931,000 due to higher net patient revenue lower operating expense. Meaningful use incentive of $158,000 was recorded for the achievement of incentive awards for the electronic medical record implementation. Investment income was under budget by $4,000 due to slightly lower interest rates than budgeted. An unrealized market loss of $57,000 was recorded in the month. The bottom line gain excluding debt service was $2.9 million which was $1.6 million higher than the budgeted gain of $1.3 million. CFHP reflected bottom line loss of $1.5 million which was $1.8 million off from a budgeted gain of $228,000, which was due primarily to higher medical claims expense as new provider contracts anticipated in the budget have not been completed. DSRIP Revenue of $9,000 was recognized to offset the estimated cost for DSRIP projects. This amount was $135,000 less than the budget. Debt Service Revenue was $3.5 million which is equal to the budgeted portion of the Debt Service payment of $3.5 million. Mr. Garrett reviewed notable increases and/or decreases from the Consolidated Balance Sheet.

RECOMMENDATION: Staff recommended acceptance of the financial reports subject to audit.

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

EVALUATION: Mr. Engberg asked if staff had any indication how new provider contracts that are not executed as anticipated will impact the future of CFHP. CFHP will receive significant relief after having terminated a contract with one major health system because the reimbursement methodology will provide a financial advantage for doing so. What remains to be seen, however, is the membership impact of that transaction. Further, staff anticipates having fully executed provider contracts with 11 major systems by the end of March, early April. Going forward, the new provider contracts will help CFHP. Another thing that happened in February that caused the bottom line loss to be so significant for the month was an adjustment from a prior period. Regarding an inquiry from Mr. Smith about the impact of the Affordable Health Care Act on CFHP, Mr. Gieseman reported that the CFHP Board will soon review a major proposal for CFHP to be on the insurance exchange, which will create a new line of business for CFHP. Staff anticipates that all of the things to come as a result of the Affordable Health Care Act will be positive for the organization.

FOLLOW-UP: Dr. Jimenez asked for productivity data on the workforce for comparative purposes. Also, he is interested in the amount of money spent by the Health System to support continuing education.

PRESENTATIONS AND EDUCATION:
CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH THE CENTER FOR HEALTH CARE SERVICES FOR SERVICES PROVIDED TO THE UNIVERSITY HEALTH SYSTEM “MOMMIES PROGRAM”—THERESA DE LA HAYA

SUMMARY: On February 2011, University Health System (UHS) entered into a partnership with the Center for Health Care Services (CHCS) to establish a prenatal education and treatment program for Methadone Moms known as the “Mommies Program.” Through funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), CHCS adds to the therapeutic milieu of the Mommies program by providing evidence based and long term family counseling, child care services, intensive case management, outpatient substance abuse treatment, mental health treatment, and transportation services. The combination of services from both UHS and CHCS has resulted in early prenatal care, preparation for parenting and reduction in low birth weight and newborn complications. On March 31, 2013 the funding from SAMHSA will expire and CHCS will not be able to maintain this critical program. To maintain the integrity of the Mommies Program, the Health System would like Board approval to fund $143,761 to sustain this program in 2013. This is a planned expense and is included in the UHS 2013 operating budget.

The Mommies Program is considered a required component of the initial treatment plan for women who are pregnant and on Methadone at 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 UHS 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.

These program activities also firmly coincide with UHS’ efforts to address the Triple of 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).

UHS is requesting $143,761 to support CHCS in continuing to maintain the integrity of the Mommies program and our partnership. By financially supporting CHCS, UHS will increase outreach efforts in the community, increase UH deliveries and NICU admissions, and more importantly, improve health care outcomes for the mother and her infant. This amount is approximately 50 percent of the program for the remainder of 2013.

RECOMMENDATION: Staff recommends Board of Managers’ approval for a 9-month contract between The Center for Health Care Services and the University Health System in the amount of $143,761, a planned expense included in the 2013 operating budget.

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

EVALUATION: Mr. Adams noted that these services are provided at the Roberto L. Jimenez Restoration Center at the Haven for Hope campus. Additional information that Dr. Jimenez and the entire Board would like to see included in future presentations include cost savings associated with education and treatment, as well as patient revenue.

FOLLOW-UP: Staff will routinely include cost savings and patient revenue data in future program presentations.

UPDATE ON THE NUTRITIONAL SERVICES CONTRACT WITH SODEXO—TIM BRIERTY

SUMMARY: Mr. Brierty provided a detailed, written report which described 2012 as a year of transition for the Nutritional Services Department in support of patient-centered care at Health System facilities. More engagement between the registered dieticians and the health care team, the host/hostess program and customer service training for all staff more than offset the difficulties created by working out of the temporary kitchen. Employees received CARES (Compassion, Accountability, Respect, Enthusiasm, and Service) behavioral training in preparation for the new patient meal service that starts in April 2013. CARES service methodology will provide the staff with state of the art resources to drive patient and guest satisfaction. Cafeteria sales increased 14 percent while total operating expenses were $346,184 (or 4 percent) under budget. Capital savings to the Health System from the re-design of the patient room service program was $400,000. An automated on-line catering ordering software was implemented to streamline the process, increasing accuracy and improving time to fill orders. In addition, Sodexo’s food forecasting and automated production system, Food Management System, was implemented to control food cost by projecting volumes, recipe expansion and inventory control. A Request for Proposals was issued in January 2013 for interested vendors to offer new pricing for Health System food purchases. Responses are due March 29, 2013 at which time they will be reviewed by procurement staff for the best possible pricing and service. Mr. Brierty provided a graphics
presentation indicating an improvement in NRC Picker Top Box Scores for patient satisfaction, and an overall improvement in customer satisfaction from 23% in the third quarter to 76% in the 4th quarter. He detailed current efforts to: improve diet and nutritional value of the meals served; train staff in the new food delivery model; maintain service during a 13-month renovation period; reduce café wait times, increase cash handling sales accuracy; and enhance potential to expand and improve retail operations. In 2013, staff anticipates the opening of the new production kitchen, implementation of At Your Request room service, a cost-effective new program that will allow patients to order what they want, when they want from their room.

RECOMMENDATION: This report was provided for informational purposes.
ACTION: No action was required by the Board of Managers.
EVALUATION: Mr. Adams was not pleased with the NRC patient satisfaction scores and challenged the staff to demonstrate improvement in this area. Mr. Smith expressed concern with the initiative to increase cash handling and sales accuracy which calls for the introduction of a team member badge charge system. He feels the charge system has the potential to over-extend employees financially, and suggested that a limit be set by the Health System. Regarding the RFP for food purchases that was issued earlier this year, Mr. Adams cautioned staff to display sensitivity. While the Board would like to make purchases at the right price, its preference is to buy locally. Mr. Adams noted that Mr. Brierty’s presentation did not touch upon the relative satisfaction of cafeteria customers today compared to what was previously provided, nor did it address the satisfaction of employees within the food services department. Dr. Alsip reported that that University Hospital is the first health organization to receive the Por Vida! designation by the San Antonio Metropolitan Health District. Por Vida! is a restaurant recognition program that helps make healthier food choices by identifying menu items that meet nutritional guidelines developed by the Healthy Restaurants Coalition. The Coalition is a partnership of local organizations interested in promoting healthy food choices and good nutrition. University Health System is the only health system member of the Coalition. Dr. Jimenez suggested that he would like to see an attractive banner in the cafeteria informing customer that when they purchase food in the cafeteria, they contribute to the cost of health care of their fellow citizens.

FOLLOW-UP: None.

INFORMATION ONLY ITEMS:

REPORT REGARDING YEAR 2013 MEDICAL-DENTAL STAFF COMMITTEES AND DEPARTMENTS—JOHN G. MYERS, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

UPDATE ON CAPITAL IMPROVEMENT PROGRAM ACTIVITIES—MARK WEBB

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS—LENI KIRKMAN

REPORT ON THE 83RD LEGISLATURE—ANDREW SMITH
SUMMARY: Mr. Adams directed the Board’s attention to the four written reports above. He urged his colleagues to review them and to contact staff with questions.

RECOMMENDATION: This report was provided for informational purposes.

ACTION: No action was required by the Board of Managers

EVALUATION: None.

FOLLOW-UP: None.

CLOSED SESSION:

Mr. Adams announced the Board meeting closed to public at 8:32 p.m., pursuant to TEX. GOV’T CODE, Section 551.074 (Vernon 2004) to evaluate the performance and duties of the President/CEO. All Board members were present. After discussion, no action was taken in closed session, and the public meeting reconvened at 9:57 p.m.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the public meeting at 9:58 p.m.

___________________________________  ______________________________
James R. Adams    Rebecca Q. Cedillo
Chair, Board of Managers   Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary