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

Tuesday, May 19, 2015
2:00 p.m.
Corporate Square, 10th Floor, Conference Room A
4801 N.W. Loop 410
San Antonio, TX 78229-5347

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Ira Smith, Vice Chair
Dianna M. Burns, M.D., Secretary
Roberto L. Jimenez, M.D., Immediate Past Chair
Robert Engberg
Robert Gilbert
James C. Hasslocher

OTHERS PRESENT:

George B. Hernandez, Jr., President/Chief Executive Officer, University Health System
Felix Alvarez, Executive Director, Procurement Services, University Health System
Ted Day, Senior Vice President, Strategic Planning & Business Development, University Health System
Michael Dodd, Executive Director, 10th Floor Sky Tower, HEM/ONC Unit & Infusion Clinic, University Hospital
Don Finley, Senior Writer, Corporate Communications Department, University Health System
Jessica Gavia, Director, Patient Relations, University Health System
Michael Hernandez, Vice President/Chief Legal Officer, University Health System
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Sherry Johnson, Vice President/Integrity & Regulatory Services, University Health System
Kimberly King, R.N., Nurse Educator/Patient Experience, University Hospital
Leni Kirkman, Vice President, Strategic Communications and Patient Relations, University Health System
Nancy Ray, Senior Vice President/Chief Nurse Executive, University Health System
Michelle Ryerson, DNP, RN, NEA-BC, Senior Vice President, Chief Nursing Officer/Chief Operations Officer, Pediatric Clinical Services, University Health System
Lisa Sanchez, Executive Director, Patient Experience, University Hospital
Mark Webb, Executive Vice President/Chief Operating Officer, University Health System
And other attendees.
CALL TO ORDER, WELCOME, AND RECORD OF ATTENDANCE: JAMES R. ADAMS, CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 2:05 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Ms. Luz Maria Castillo of University Health System for the invocation, and he led the pledge of allegiance.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S):

February 25, 2015 (Special Meeting)

SUMMARY: The minutes of the special meeting of Tuesday, February 25, 2015 were submitted for approval.

RECOMMENDATION: Staff recommended approval of the minutes as submitted.

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

EVALUATION: None.

FOLLOW-UP: None.

March 24, 2015 (Regular Meeting)

SUMMARY: The minutes of the regular meeting of Tuesday, March 24, 2015 were submitted for approval.

RECOMMENDATION: Staff recommended approval of the minutes as submitted.

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

EVALUATION: None.

FOLLOW-UP: None.

PRESENTATIONS AND EDUCATION:

REVIEW AND DISCUSSION OF UNIVERSITY HEALTH SYSTEM’S OPERATIONAL EXCELLENCE SCORE CARD – REED HURLEY/MARK WEBB/BRIAN ALSIP, M.D.

SUMMARY: Staff has developed a System-wide scorecard which highlights key metrics that are considered to be important indicators of operational improvement. Mr. Hurley presented a scorecard for the month of April 2015 covering monthly and year-to-date metrics on quality, patient experience, costs and efficiencies, and access, with a focus on costs and efficiencies today. He reviewed salary expense per adjusted discharge, supply expense per adjusted discharge, case mix index, funded percentages, adult length of stay, pediatrics length of stay, overtime hours, operating room utilization, and ambulatory improvement. Goals
reflect 2015 primary operation goals for the second quarter. Mr. Engberg highlighted the impressive numbers regarding the positive salary expense variance of $960,000 for the month and $554,000 year-to-date. Discussion ensued regarding funded percentages - 73.1 for the month and 72.9 for the year. The goal for the month and year-to-date is 71.5 percent, respectively. Mr. Smith requested additional data on self-pay patients and CareLink members. Mr. Adams agreed the objective is not to have any self-pay patients due to the Affordable Care Act (ACA) and the CareLink financial assistance program. Mr. Hernandez reported there are two categories of patients who do not have options under ACA. The first group is comprised of those individuals who fall below the 100 percent federal poverty level, which are the majority in this category. These patients would be covered by Medicaid had Medicaid been expanded in the State of Texas. The second group is comprised of undocumented individuals, which obviously do not qualify for coverage under the ACA. Regarding lengths of stay (LOS) for both pediatrics and adults, Dr. Burns asked how University Hospital (UH) compares against national averages. The monthly respective goals of 5.0 percent for the month are internal; however, Mr. Reed noted that nationally, UH runs a little higher, consistent with teaching hospitals. The teaching aspect at UH adds time to LOS and there is also a geometric LOS (GLOS) formula that Medicare uses. Most hospitals are about one day from the GLOS and UH runs about 1.5 days over. Dr. Burns requested that UH be compared against other teaching hospitals, and also against private hospitals in San Antonio, with similar markets. Mr. Gilbert added that it would be helpful for the Board to also compare against best practices, as much as possible, with the understanding that there will be differences. The numbers reported today look good, but the Board has nothing to compare against. There will be some categories that have benchmarks available, such as overtime, LOS, and salary expense per adjusted discharge. Operating room utilization will be different because each organization has individual measures. Mr. Adams agreed that the Board needs to know how UHS compares against others. The operating room utilization rate for the month was 62.2 and 61.6 year to date, with a variance of 17.8 percent and 18.4 percent, respectively; the goal is 80 percent. Mr. Smith reminded staff that several years ago UH did not have enough operating rooms and cases were often bumped because there was a huge demand for use of ORs in the mornings. UH now has plenty or operating rooms and therefore he doesn’t understand the negative variances. Dr. Jimenez suggested that perhaps the teaching cases can start earlier than 7 a.m., which is the normal start time, except for trauma cases and emergencies. However, if cases start earlier than 7 a.m., patients must also arrive earlier, which is not a patient satisfier. There has been some progress made in the ORs; both Mr. Adams and Mr. Smith previewed a presentation on the changes taking place in the OR’s regarding availability, start times, as well as managerial intervention. The presentation is scheduled to come to the full Board next week. Mr. Adams encouraged Board members to ask very clear questions regarding the data presented. Dr. Jimenez asked if staff is conducting random audits of the data provided to ensure it’s authentic to which Mr. Hurley replied that most of the data comes from the budget.
and finance office. Some of the data comes directly from the departments, which they take from source data. In summary, Mr. Adams asked the staff to conduct future financial presentations towards the end of Board meetings to allow plenty of time for discussion and elaboration. The collective role of those in the Board Room today is to provide quality care and know how the Health System is performing, both requiring much attention.

RECOMMENDATION: This report was provided for information and discussion purposes only.
ACTION: None.
EVALUATION: As indicated above.
FOLLOW-UP: Provide additional data on self-pay patients and CareLink members. Add existing best practices benchmark data for national comparison purposes in the teaching hospital peer group and against private hospitals in the city.

ANNUAL REPORT ON PATIENT SATISFACTION – LENI KIRKMAN/MARK WEBB

SUMMARY: Ms. Kirkman provided the annual report on patient satisfaction which is benchmarked against peer organizations such as Magnet health systems, teaching hospitals, and National Research Corporation’s (NRC) top 25 percentile hospitals. The goal for the Health System is to be recommended by every patient, every time. The survey process is administered by NRC and includes a random selection of patients at University hospital and all of the outpatient locations.

Consumer Assessment of Healthcare Providers and Systems (CAHPS-IP) for Inpatients - The “would recommend” rating (for NRC’s Top 25% is 85.2. Ms. Kirkman presented trend data from January 2012 to present. She noted that prior to the Sky Tower opening in April 2014, University Hospital was rated 66.5 for the first quarter, 2014. Ratings ranged from 74.1 during the second quarter in 2014 to 86.1 the first quarter of 2015.

NRC Picker Inpatient survey “Rate the Hospital” - University Hospital ratings ranged from 70.0 in April 2014 to 93.5 in March 2015. The NRC Top 25% is 82.6.

Inpatient Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS: Rate Hospital) for the period April 1, 2014 to March 31, 2015 - Surveys indicate that 63.00 percent (n=446) of patients rated University Hospital a 10, or best possible. One percent (n=7) rated University Hospital as a 0, or worst possible.

CAHPS-Emergency Department Overall Rating of Facility - Magnet average is 64.3 percent. University Hospital’s Adult Emergency Department rates ranged from 52.4 in January 2014 to 50.0 in March 2015. How are patients “grading” University Hospital’s Emergency Department? For the period March 29, 2014 to March 28, 2015, the overall ratings ranged from 30.8 (n=99) as a 10, or best possible, and 13.4 (n=43) as a 0, or worst possible.
Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) for ambulatory locations - “Would recommend provider’s office” rates for the period January 2012 to December 2014 for adults ranged from 82.8 to 83.6. The NRC Top 25 percentile rate is 96.9, and the Magnet average is 83.6. For the period January 1, 2014 to December 31, 2014, patients “grading” ambulatory locations (provider) ranged from 62.4 (n=3,808) – 10 best possible, to 1.0 (n=58) - 1 worst possible.

Ms. Kirkman briefed the Board regarding on-going campaigns intended to educate patients about survey opportunities. The We’re Listening campaign is intended to let patients know how much the staff values and appreciates their feedback. The New U culture transformation campaign for staff continues in 2015 and is intended to address many significant inpatient experience and perception challenges related to the patient care environment. In addition, practices are being evaluated system-wide from the perspective of patients with adjustment being made to improve.

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

**ACTION:** None.

**EVALUATION:** Discussion ensued regarding University Hospital’s Emergency Department. Mr. Engberg asked whether the staff is able to pin-point the set backs and if there are more than one issue involved. Staff believes the most significant dissatisfier is lack of communication. The ED is the Health System’s largest physical “front door” and staff continues to focus on implementing strategies and measuring outcomes for key performance indicators such as the timelines of care, pain control, and communication with patients and their family members. Dr. Jimenez expressed some concern with the lack of a metric that measures family involvement, and Mr. Adams noted that the length of time it takes to get an inpatient room ready for ED admissions is another missing metric. Mr. Webb replied that the staff tracks that data internally and agreed that the issue is still a challenge. Mr. Adams cautioned the staff that ambulatory services scores/ratings warrant detailed attention by the staff. The most significant issue for ambulatory is wait times, which exceed 15 minutes. Dr. Jimenez suggested that Ms. Kirkman simplify the data in the patient satisfaction report and post in a public location and also, provide an opportunity for feedback, such as a suggestion box for patients. All employees are eligible to submit improvement suggestions, on an anonymous basis, if desired.

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

**BACKGROUND FOR BUNDLED PAYMENTS CONSULTATION – TED DAY**

**SUMMARY:** Pursuing bundled payments is a new initiative with operational, financial, and quality implications aimed at improving outcomes, enhancing the patient experience, and controlling cost for services delivered both within and outside the health system across the continuum of care. The nature of a bundled payment is a single payment made by an insurance payer or employer to a healthcare provider organization (or
collection of organizations) for a defined medical procedure to include a specified amount of pre-procedure or post-procedure care. The value of this arrangement is that it drives more coordinated, less-expensive care for the benefit of the patient and the employer footing the bill. The Health System seeks to utilize external expertise to assess current state and opportunities within our market. The Health System will collaborate with physicians through both the University of Texas Health Sciences Center at San Antonio (UTHSCSA) and Community Medicine Associates in developing types of bundled payments relevant for our organization at this time. The Health System issued a Request for Proposal (RFP) on January 5, 2015 asking potential vendors to bid on a consulting services contract to assist in the development of a specific strategy around bundled services/products and to analyze which bundled services might be most appropriate in the context of the collaboration between the Health System and its academic partner UTHSCSA and in the payer environment in which both organizations currently operate. The anticipated outlay for this agreement is to be finalized during the negotiation process through the RFP; however, this is a planned expense and is included in the FY2015 Budget. Additional funds may be budgeted in future years as appropriate, dependent upon the start date and length of the engagement.

RECOMMENDATION: This report was provided for informational purposes only.
ACTION: None.
EVALUATION: None.
FOLLOW-UP: None.

UPDATE ON INFUSION CLINIC – NANCY RAY/MICHAEL DODD

SUMMARY: The Infusion Clinic opened in 1993 to serve the health system’s Hematology and Oncology population. The clinic was moved from RBG to University Hospital in October 2014, and earlier this year, clinic space was designated and renovated on the Ground Level of the Horizon Tower. The new clinic, which opened in April 2015, serves over fifteen (15) service lines throughout the Health System and receives patients from all ambulatory sites, CTRC and the UTHSC’s MARC. The patient population served is comprised of funded payers, CareLink, Medication Assistance Program, non-funded and indigent care. For the first quarter 2015 payer mix was as follows:

- Self-pay – 3%
- Medicare – 20%
- Medicaid – 19%
- CareLink – 44%
- Blue Cross/Blue Shield – 2%
- Tricare – 1%
- Commercial – 11%

The clinic provides infusion services for patients that require intravenous and injection medication regimens as prescribed on an outpatient basis. Pursuant to the Triple Aim Plus, the clinic provides high quality care, with no boundaries to access of care. The clinic is staffed with BSN
RN’s and Chemo/Oncology certified nurses who are at top tier of their practice. The new space allows staff nurses to have every patient in a clear view of sight. Chemotherapy patients are at risk for a medication reaction at every clinic visit. Staff now has the ability for patients to be dropped off at curb side, allowing protection for patients who are unable to walk or that should not be exposed to the general population due to immune suppression. Patients are taken straight to an infusion chair and receive nursing care within minutes of entering the clinic. There is no wait time for an appointment. The new clinic now has a true clinic flow, and the space is visually pleasing and aesthetically matches the colors, artwork, and furniture of the Sky Tower. All decisions that impact the clinic are patient-centered while exemplifying quality, efficiency, patient experience and increasing access for our patients. The new clinic space can accommodate providers who wish to see their patients in the clinic. The goal is to see 800 patients a month while decreasing the length of stay in the hospital, as well as decreasing readmission rates. Mr. Dodd reviewed infusion clinic productivity numbers for the period January 2013 to April 2015, which ranged from 571 to 713, respectively. No-show rates were also reviewed for the period January 2014 through April 2015, and they ranged from 14 percent to 6 percent, respectively. At the original startup date in 1993 when the clinic was located on the 6th floor of the Rio Tower, the clinic had 8 registered nurses, 17 chairs, and two beds. As of April 2015, the new clinic in the Horizon Tower has 32 chairs, one bed, one exam room, seven registered nurses, one patient care coordinator, one licensed vocational nurse, one billing/scheduling clerk, one unit clerk, and one courier messenger. Mr. Dodd provided photos of the new clinic area for the Board’s review.

RECOMMENDATION: This report was provided for informational purposes only.
ACTION: None.
EVALUATION: Since the clinic move to University Hospital last fall, staff has streamlined all existing processes and improved upon them, eliminating all barriers, including financial ones, to make the clinic better and faster. Communication between the referral physicians and clinic staff is not a problem. The Infusion Clinic is unique to the Health System and therefore, many patients can bypass home health care services if they are able to travel to the clinic. Having this clinic assures the hospitalists that their patients will receive appropriate follow up care and not end up in the Emergency Department after their hospitalization.

FOLLOW-UP: Mr. Smith noted a marketing opportunity for the various physician organizations who wish to make Infusion Clinic referrals.

REPORT ON OPTIONS FOR VARIOUS PATIENT CARE AREAS IN THE HORIZON AND RIO TOWERS AT UNIVERSITY HOSPITAL – MARK WEBB

SUMMARY: The transition of children’s services into the Health System has caused several operational challenges since that service line was not originally contemplated in planning the Sky Tower. Additionally, there has been growth in patient volume since the opening of the Sky Tower that has compounded the space and operational issues. Based on that, staff has been working to develop a comprehensive plan to reallocate and renovate
spaces within the Horizon and Rio Towers at University Hospital. This would allow for all of pediatrics to be co-located within the Horizon and Rio Towers, along with the Neonatal Intensive Care Unit, OB/GYN, and Labor & Delivery. To date, two architectural/planning firms have been contracted to provide space planning/programming and concept development so that the staff can develop an accurate project budget. Mr. Webb provided a graphics presentation, summarizing the issues and challenges for the existing layout of the clinic space at University Hospital as follows:

**Pediatrics** – Identity, Beds, Segregated Emergency Department, Clinics, Future Growth

**NICU** - Expanded capacity, Upgrade to existing

**Maternity** - Upgrade to Level 4/Perinatal Center - Existing delivery rooms are not ideal for high risk pregnancies. Further, the State has new guidelines for maintaining Level 4 status and they are also in the process of selecting established hospital designated perinatal centers, which is of interest to the Health System.

Mr. Webb also reviewed a University Hospital site plan and an existing stacking layout with affected areas highlighted for comparison purposes for the Sky Tower (Basement – 10th), Rio Tower (Ground to 12th), and Horizon Tower (Basement - 12th). Also reviewed was a future stacking graphic with the impacted areas highlighted with the Perinatal Unit in the Rio Tower and all of the Pediatrics Services in the Horizon Tower. Function of each service or clinic was color-coded, as applicable, to indicate function changed, upgraded, or function changed and upgraded. Proposed plans for a Pediatric Emergency Department at the Horizon Ground Level, 10 bed NICU expansion, and inpatient bed demands for all services were reviewed and discussed in detail. Next Steps were reviewed as follows:

- Board consideration of construction manager for Pediatrics Emergency Department work at the May 26 Board meeting – For speed to market reasons, the staff will recommend Joeris General Contractors. Joeris previously performed Phase 2 pharmacy renovation work at University Hospital. The RFP issued for that work was written to allow additional work if needed.
- Continue development of space planning/concept development with architecture/engineering firms already engaged – Blue Cottage Consulting has been engaged to provide strategic facility and space planning services and concept development.
- Develop estimated budget for proposed work
- Return to the Board for presentation/consideration of proposed comprehensive plan and budget in the June/July timeframe.
RECOMMENDATION: This report was provided for informational purposes only.
ACTION: None.
EVALUATION: Dr. Jimenez asked about staff’s efforts to retain nurses for the Pediatric areas discussed today. The Health System hires graduate nurses who have a desire to work in pediatrics, and also experienced nurses, to help the graduate nurses develop, and has a very strong preceptor and didactic program. In addition, the Health System offers a clinical development leadership program as well as an advanced management program that is quite attractive to staff nurses. Most patient care areas hire specialty nurses to help deal with any turnover issues.
FOLLOW-UP: Mr. Adams asked Mr. Webb to spend some time away from the Board room with Mr. Smith to sort through the staff’s logic regarding the proposed construction manager, Joeris, and the engagement of Blue Cottage Consulting.

CLOSED MEETING:

Mr. Adams announced the public meeting closed at 4:18 p.m., pursuant to TEX. GOV’T CODE, Section 551.085 (Vernon 2004) to receive information on and/or deliberate regarding pricing, market data and/or financial and planning information relating to the arrangement or provision of proposed new services and/or product lines. The following Board members were present: James Adams, Ira Smith, Dr. Roberto Jimenez, Robert Engberg, and James C. Hasslocher. The following staff members were also present: George Hernandez, Mark Webb, Reed Hurley, Ted Day, and Michael Hernandez. During the closed meeting, no action was taken. Mr. Adams announced the closed meeting ended at 4:46 p.m., and he reconvened the public meeting.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the public Board meeting at 4:47 p.m.

________________________  ______________________________
James R. Adams           Dianna M. Burns, M.D.
Chair, Board of Managers  Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary