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

Tuesday, November 28, 2017
6:00 p.m.
Board Room
Texas Diabetes Institute
701 S. Zarzamora
San Antonio, Texas 78207

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
Janie Barrera
James Hasslocher

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Bruce Adams, M.D., Professor & Chair, Emergency Medicine, UT Health San Antonio; and Emergency Department Physician, University Hospital
Bryan J. Alsip, M.D., Executive Vice President/Chief Medical Officer, University Health System
Tommye Austin, Senior Vice President/Chief Nurse Executive, University Health System
Awoala Banigo, Senior Vice President/Chief Revenue Officer, University Health System
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Tracy Burns, Coordinator, Supplier Diversity Program, University Health System
Antonio Carrillo, Executive Director, Procurement Services, University Health System
Lourdes Castro-Ramirez, President, University Health System Foundation
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System
Theresa De La Haya, Senior Vice President/Health Promotion and Clinical Prevention, University Health System - Texas Diabetes Institute
Sergio Farrell, Senior Vice President, Chief Ambulatory Services Officer, University Health System
Robert B. Green Campus
Donald Finley, External Communications Director/ Corporate Communications, University Health System
Roe Garrett, Vice President/Controller, University Health System
Greg Gieseman, President/Chief Executive Officer, Community First Health Plans, Inc.
William Henrich, M.D., President, UT Health, San Antonio
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Michelle Ingram, Vice President, Accreditation and Regulatory Services, University Health System
Brian Lewis, Vice President, Quality, University Health System
Leni Kirkman, Senior Vice President, Strategic Communications and Patient Relations, University Health System
Elliott R. Mandell, Ph.D., M.B.A, R.Ph, Senior Vice President/Chief Pharmacy Officer, University Health System
Karen McMurry, Interim Vice President/Chief Legal Officer, University Health System
Andrew Muck, M.D., Associate Professor/Clinical, Emergency Medicine, UT Health San Antonio
Bill Mundt, Deputy Chief Information Officer, Information Services, University Health System
Bill Phillips, Senior Vice President/Chief Information Officer, Information Services, University Health System
Maulik Purohit, M.D., M.P.H., Vice President/Chief Medical Information Officer, University Health System
Richard Rodriguez, Vice President/Asset and Property Management, University Health System
Michael Roussos, Hospital Administrator, University Health System
Armando J. Sandoval, Chief of Police, University Health System
Theresa Scepanski, Senior Vice President/Chief Administrative Officer, University Health System
Allen Strickland, Vice President/Hospital Administration, University Health System
Sally Taylor, M.D., Senior Vice President/Chief, Behavioral Health Services, University Health System
Emily Volk, M.D., Vice President/Clinical Services, University Health System
Jim Willis, Vice President/ Associate Administrator, University Hospital
Francine Wilson, Senior Vice President/Supply Chain Management, University Health System
And other attendees.

CALL TO ORDER AND RECORD OF ATTENDANCE: JIM ADAMS, CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 6:03 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE

Mr. Adams introduced Pastor Charles Flowers of Faith Outreach Center International for the invocation, and he led the pledge of allegiance. Mr. Hernandez acknowledged Pastor Flowers as the father of his neighbor.

CITIZENS’ PARTICIPATION: None.

APPROVAL OF MINUTES:

SUMMARY: The minutes of the regular Board meeting of Tuesday, October 24, 2017, were submitted for Board approval.
RECOMMENDATION: Staff recommended approval of the minutes as submitted.
ACTION: A MOTION to approve staff’s recommendation was made by Mr. Smith, SECONDED by Ms. Barrera, and PASSED UNANIMOUSLY.
EVALUATION: None.
FOLLOW-UP: None.

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

SUMMARY: Dr. Henrich acknowledgement physician leaders, specifically, Drs. Adams and Muck from the Emergency Medicine Department. Dr.
Henrich reported that the Quality Matters consultants are on site today to help solve issues related to the Emergency Department (ED), which he indicated, is not a trivial problem. The good news is that the problems are fixable within a reasonable amount of time. The consultants have indicated that space is a problem; however, staffing is not. Dr. Henrich pledged to help this process along in whatever way possible. He thanked Dr. Rodriguez and George Hernandez for commissioning the ED study. The Board will receive a full update of the findings in May or June 2018 from the consultants. Mr. Banos added that the consultants have submitted a plan that calls for a two-day retreat of ED staff leadership in January, with implementation of these changes to start in February. Dr. Jimenez asked if the consultants had reviewed the role of the nurse in the ED, to which Dr. Henrich replied that the consultants are reviewing every aspect of the ED. Mr. Banos informed the Board that the Health System is seeking to hire a solid leader for the ED; the right person who can drive the changes and help to sustain them. In the meantime, the consultants have been very complimentary of Ms. Tommye Austin and her work in the ED. Mr. Adams reiterated, on behalf of the Board, that the ED has for years, been a principle concern of this Board; there has never been any question about the patients being top priority. A key part of the plan is to receive feedback from ED patients, as suggested by Dr. Jimenez.

RECOMMENDATION: None.
ACTION: None.
EVALUATION: None.
FOLLOW-UP: Staff will provide a full report to the Board of Managers regarding the Quality Matters Emergency Department assessment in May or June 2018.

CONSENT AGENDA –JIM ADAMS, CHAIR

CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR STAFF MEMBERSHIP –KRISTEN A. PLASTINO, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN ASSIGNMENT AND ASSUMPTION AGREEMENT RELATED TO THE MISSION DEL LAGO TAX INCREMENT REINVESTMENT ZONE, NUMBER 6 —KAREN W. MCMURRY

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FOLLOWING CONTRACTS FOR MEDICAL AND DENTAL SERVICES IN THE ADULT AND JUVENILE (TO INCLUDE THE CINDY TAYLOR KRIER CENTER) DETENTION HEALTH CARE SETTINGS: UT HEALTH, DEPARTMENT OF PSYCHIATRY FOR ADOLESCENT PSYCHIATRY SERVICES; UT HEALTH, DEPARTMENT OF FAMILY & COMMUNITY MEDICINE FOR JUVENILE MEDICAL SERVICES; JOE EDWARDS, D.D.S. FOR DETENTION HEALTH CARE DENTAL SERVICES; AND ROBERT E. RANEY, D.D.S. FOR DETENTION HEALTH CARE DENTAL SERVICES —THERESA SCEPANSKI

CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING ACTIVITIES (SEE ATTACHMENT A) —ANTONIO CARRILLO/FRANCINE WILSON
<table>
<thead>
<tr>
<th>SUMMARY:</th>
<th>The items above were presented for the Board’s consideration as consent items. The following details are associated with these consent items:</th>
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<tbody>
<tr>
<td>Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Staff Membership – Kristen A. Plastino, M.D., President, Medical/Dental Staff - Monthly Credentials Committee Report (listing of providers in accordance with the Health System’s Credentialing and Privileging Process); and Focused/Ongoing Professional Performance Evaluation Reports submitted to the Board of Managers for approval.</td>
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<td>Assignment and Assumption Agreement Related to the Mission del Lago Tax Increment Reinvestment Zone, Number 6 – Assignment of Mission Del Lago Development Agreement from Mission Del Lago, Ltd., to SouthStar Mission De Lago Holdings, LLP.</td>
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<td>Contracts for Medical and Dental Services in the Adult and Juvenile (to include the Cindy Taylor Krier Center) Detention Health Care Settings:</td>
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<td>UT Health, Department of Psychiatry for Adolescent Psychiatry Services – Renewal of a contract for professional services in the amount of $40,480 for a one year period, beginning January 1, 2018.</td>
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<td>UT Health, Department of Family &amp; Community Medicine for Juvenile Medical Services - New contract for professional services in the amount of $127,823 for a one year period, beginning January 1, 2016 and ending December 31, 2016 [sic].</td>
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<td>Joe Edwards, D.D.S. for Detention Health Care Dental Services - New contract term for adult dental services in the amount of $83,200 for a one year period beginning January 1, 2018 and ending December 31, 2018.</td>
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<td>Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) - A total of 13 contracts with a value of $6,808,546 were presented to the Board of Managers at the November 28, 2017 meeting: Eight (8) consent contracts with a total of $5,206,903; and 5 presented contracts with a total value of $1,601,643. During the month of November, there were two contract classified as SMWVBE.</td>
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<td>RECOMMENDATION:</td>
<td>Staff recommends approval of the items listed on the consent agenda.</td>
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<td>ACTION:</td>
<td>A MOTION to approve all of the items on the consent agenda was made by Mr. Engberg, SECONDED by Ms. Barrera, and PASSED UNANIMOUSLY.</td>
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<td>EVALUATION:</td>
<td>None.</td>
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<td>FOLLOW UP:</td>
<td>None.</td>
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ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION RELATING TO THE FINANCIAL REPORT FOR OCTOBER 2017 — REED HURLEY

SUMMARY: In October clinical activity (as measured by inpatient discharges) was up 7.1 percent for the month compared to budget. Outpatient month to date actual activity was 64,564 visits, and year to date was 620,079 visits. October payer mix actual was 73.5 percent funded, no major change. Community First Health Plan (CFHP) fully-insured membership was down 2.0 percent. Gain from operations was $9.5 million, $4.4 million better than budget. The bottom line gain (before financing activity) was $3.5 million, $4.8 million better than budget and was due primarily to higher other operating revenue. Debt Service Revenue was $4.7 million which is equal to the budgeted Debt Service payment of $4.7 million. Mr. Hurley reviewed notable increases or decreases from the consolidated balance sheet in detail with the Board. Brief discussion followed regarding length of stay and patient acuity levels. Dr. Henrich expressed concern regarding length of stay issues over the next several months as the ED undergoes its transition to improving flow and efficiency; he foresees expedited admissions and staff will need to plan for this eventuality. Mr. Adams agreed that length of stay is critical in meeting Health System objectives, and although it is important, it may not be sufficient for what we are trying to accomplish. He asked Mr. Banos to report monthly on LOS. Dr. Jimenez is questioned the link between the ED and ambulatory sites.

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 Ms. Barrera, and PASSED UNANIMOUSLY.

EVALUATION: Dr. Jimenez requested an opportunity to review the Health System’s investment in continuing education for the staff, as well as the different types of training that takes place across the Health System. Ms. Barrera asked for clarification regarding 2017 goals for the Health System, and the timeline allotted to review results. Mr. Hernández informed her that in December of each year, he asks executive leadership to highlight four or five individual accomplishments that tie to the Triple-Aim Plus Pillars; he asks them to emphasize detailed, quantified activity and results that helped move the Health System forward. The Board of Managers reviews and approves the President/CEO’s goals for the coming year and outlines the determinants for progress in February of each year. The Board then provides an opportunity for Mr. Hernández to brief the Board on all activities related to his annual goals, job description and any other events or specific measures that may affect the mission and strategic objectives of the Health System. The Board uses evaluation materials as agreed upon earlier in the prior evaluation year and any other data required for comprehensive assessment.

FOLLOW UP: None.
PRESENTATIONS AND EDUCATION:

QUALITY AND OPERATIONS REPORT FOR OCTOBER 2017—BRYAN ALSIP, M.D./EDWARD BANOS

**SUMMARY:** Dr. Alsip provided an update regarding the Health System’s Quality Dashboard:

- A resource to provide operational and clinical leadership actionable information to improve quality of care;
- Metrics designed to communicate our quality data internally to identify trends and specific areas of opportunity;
- Includes key patient quality indicators that reflect our performance in care delivery to our patients; and
- Provides specific targets and performance goals with clear metric definitions, identified data sources.

He presented a sample overall view of metrics and goals for all inpatients, 5ACU, 5ICU, 6ACU, 6ICU, 6PICU for the current month and year to date for the following infections and hospital-based patient safety indicators: C. Diff, CAUTI, CLABSI, Influenza Vaccine, MRSA, PS103; and PS106. Dr. Alsip reviewed all of the elements that are tracked within the Quality Dashboard, such as goal descriptions (internal benchmarks), metric definitions, rates, data date ranges, and number of patients affected at any given time at University Hospital for CAUTI, STK4, and PS107. He reported that the quality dashboards are sent each month via email by the end of the first week with the goal to provide more frequent updates. The quality dashboards include unit level and patient level detail with visual tools for trending and analysis. The initial set of metrics includes key hospital acquired infections and hospital based patient safety indicators. In the near future, quality dashboards will include condition-specific readmissions, condition and all-cause mortality rates, and risk event reporting trends. Dr. Alsip yielded the floor to Mr. Banos, for the following operations update:

**Perioperative Service Line**

- The built out of seven operating rooms, aligned space within the Sky Tower for pediatric service lines in five rooms and additional space for various adult service lines in two rooms. Resulting in an overall combined increase on average of 15% growth.
- The purchase of a DiVinci XI Robot for service line growth in surgical GYN, Colorectal, Thoracic, General Surgery, and Urology services.
- The purchase of a Stealth S8 Neuro Navigation to support additional case volume for neurosurgery.
- The additional purchase of nine anesthesia machines to support volume and the build out of additional operating rooms.
- The purchase of one Zeiss eye microscope to support additional growth in outpatient ophthalmology volume.
• Further employee development with the graduation of 10 Registered Nurses through the fellowship program, the recruitment of a full-time nurse educator, and main operating room director with over 30 years of clinical and managerial experience.

Perioperative opportunities to ensure both metrics continue to move towards the target:

• Engagement and increased communication with ancillary support departments to anticipate the need for shared resources over multiple departments;
• Utilizing night shift to set up cases that require multiple or complex equipment set-ups;
• Continued physician engagement with month discussion and review of areas where delay can be anticipate and eliminated;
• Root-Cause analysis by time and category of surgical case to determine a focus area during turnover to reduce the amount of time spent;
• Retrain perioperative attendants to new cleaning protocols and adjunct job duties; and
• Visual queue of delay timer within surgical schedule system (OR Control) to bring greater transparency real-time for leadership to allocate additional resources immediately if needed.

Emergency Department (ED):

ED leadership developed two valuable positions within the department. A director of operations and a project manager will be working in collaboration with nursing leadership, frontline staff, and UT Health San Antonio providers. These additional resources will organize and utilize data real-time to track how the process improvement initiatives are affecting the patient experience and driving the departmental goals towards the overall system target goal. In October the department adopted leadership rounding during peak times and a daily throughput call to escalate capacity concerns that may arise. While there is still room for improvement, this process has increased throughput and has increased the collaborative efforts between the ED, inpatient units, and physicians to manage patient census. In October 2017, the Health System and UT Health San Antonio hosted a site visit from Dr. Shari Welch and Mike Gibbons from Quality Matters Consulting, LLC, at which time the consultants spent time with executive leadership and frontline staff from both organizations reviewing data and direct observation-driven findings. Mr. Banos reported that consultants will return for a follow-up site visit on November 27, 2017. Based off of data collected and provided, Dr. Welch will provide recommendations with expected and measurable outcomes. On November 28, 2017 Dr. Welch and her team are scheduled to hold a series of multiple sessions, speaking collaboratively with the Health System and UT Health Science staff to ensure a unified multidisciplinary team approach to this initiative. A debrief will be presented to the Board once the implementation plan has been mutually developed between the Health System and UT Health San Antonio.

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

INFORMATION ONLY ITEMS:

REPORT FROM MEDICAL/DENTAL STAFF COMMITTEE AND DEPARTMENTS - KRISTEN PLASTINO, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

UPDATE ON PLANNING, DESIGN AND CONSTRUCTION ACTIVITIES—EDWARD BANOS

UPDATE ON THE ROBERT L. M. HILLIARD CLINIC PROJECT—EDWARD BANOS

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS—LENI KIRKMAN

2017 QUARTER 3 SUPPLIER DIVERSITY REPORT – FRANCINE WILSON

SUMMARY: Mr. Adams directed his colleagues’ attention to the four informational reports above and asked them to provide feedback, comments, or questions directly to the staff.
RECOMMENDATION: These reports were provided for informational purposes only.
ACTION: No action by the Board of Managers was required.
EVALUATION: None.
FOLLOW-UP: None.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the Board meeting at 7:09 p.m.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary