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

Tuesday, September 18, 2012
2:00 p.m.
Conference Room A
Corporate Square
4801 NW Loop 410, 10th Floor
San Antonio, Texas 78229-5347

MINUTES

BOARD MEMBERS PRESENT:

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

OTHERS PRESENT:

George B. Hernández, Jr. President/Chief Executive Officer, University Health System
Tricia Aleman, Director, Marketing & Corporate Communications, University Health System
Bryan Alsip, M.D., Executive Vice President/Chief Medical Officer, University Health System
Ted Day, Vice President, Strategic Planning, University Health System
Theresa De La Haya, Senior Vice President, Community Health, Clinical Preventive Programs, University Health System-Texas Diabetes Institute
Peggy Deming, Executive Vice President/Chief Financial Officer, University Health System
Michael Hernandez, Vice President/Chief Legal Officer, University Health System
Leni Kirkman, Vice President, Corporate Communications & Patient Relations, University Health System
Nancy Ray, Senior Vice President, Patient Care Services, University Health System
Christann Vasquez, Executive Vice President/Chief Operating Officer, University Health System
Mark Webb, Senior Vice President, Facilities Administration, University Health System
Robert Schenken, M.D., Professor & Chairman, Department of Obstetrics and Gynecology, UTHSCSA
Elly Xenakis, M.D., Professor and Vice Chair for Clinical Affairs, Department of Obstetrics and Gynecology, UTHCSA
Steven Seidner, M.D., Medical Director, Neonatal Intensive Care Unit, University Hospital and
Professor of Pediatrics/Neonatology, UTHSCSA
Tracie Anderson, The University Health Science Center at San Antonio
Rachel Rivas, University Health System
Terri Grubbs, University Health System
Ebony Weston, University Health System
Susan Douglas, University Health System
Karla Ramirez, The Center for Health Care Services
And other attendees.

MEMBERS OF THE PRESS: Don Finley, San Antonio Express-News

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

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

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Tomas Hernandez introduced Mr. Harry Lindsey for the invocation and Mr. Adams led the pledge of allegiance.

COMMENTS/ANNOUNCEMENTS:

Mr. Adams thanked Mr. Hernandez, Ms. Vasquez, Ms. Deming and Dr. Alsip for their work on the 1115 Waiver to ensure delivery of Medicaid services for Bexar County. There are many complicated issues tied to the waiver and UHS staff has taken a leadership role in all of them, at both the state and federal levels, including Delivery System Reform Incentive Payments (DSRIP), Uncompensated Care (UC), Upper Payment Limit (UPL), and Disproportionate Care (DSH). He asked the Board to keep in mind that staff is investing a lot of time and energy into these matters daily.

Mr. Adams yielded the floor to Mr. Hernandez for introduction of Mr. Ted Day, Vice President for Strategic Planning and Business Development. Mr. Day joined the Health System this week. He comes most recently from the Corpus Christi region of CHRISTUS Health where he served in a similar role and implemented a new strategic planning framework. He joined that team about six years ago, where he led a turn-around of revenue cycle functions across that six hospital region. Prior to that, Mr. Day enjoyed academic medical center experience in Denver working at University of Colorado Hospital and with the University Physicians’ faculty practice.

Mr. Hernandez informed Board members that staff would be checking their availability this week for a half-day work session on strategic matters during the month of October. Mr. Smith cautioned that the Board’s work ought not to be limited to a half-day session. Board members agreed that a second work session would be scheduled, if needed.

Mr. Hernandez also informed Board members that a CIP report previously requested on the break down of contingency fund balances would be provided at the next meeting.

AMBULATORY MATTERS:

REPORT ON PERINATAL-NEONATAL PROGRAM—THERESA DE LA HAYA

SUMMARY: Ms. De La Haya introduced the physician leaders of the Prenatal-Neonatal Program who were present: Dr. Robert Schenken, Dr. Elly
Xenakis, and Dr. Steven Seidner. She introduced other individuals, including staff from partnering organizations, who are essential to the success of this program: Nancy Ray, Tracy Anderson, Rachel Rivas, Terri Grubbs, Ebony Weston, Susan Douglas, and Karla Ramirez.

The prenatal-neonatal programs were created to improve the optimal health care management of high risk pregnancy and newborns at risk. Ms. De La Haya described the clinical integration process between the ambulatory outreach program, labor and delivery, new born intensive care units at University Hospital, the UTHSCSA, and The Center for Health Care Services. A graphics presentation described how the program works beginning with the early identification of women and neonates at high risk for morbidity and mortality, through the coordination of care and linkage to appropriate services, and the role of customer service for patients, referring physicians and third party payers. Also reviewed with the Board was the Health System’s comprehensive model for approaching medical perinatal care and the obstetrics entry point services into the maternal fetal medicine program, with a breakdown of neonate admissions to University Hospital as follows:

- 56% from UHS obstetrical services/high risk maternity program – these are patients and/or fetuses with significantly increased chance of death or disability. The program is led by the five top UTHSCSA maternal fetal medicine physicians.
- 14% from CHCS Mommies Program – Pregnant women on methadone that result from a collaborative partnership with The Center for Health Care Services. The program components include counseling, drug therapy, education, health care, and case management by a Health System patient navigator 24 hours a day, 7 days per week. In 2012, the program has resulted in a 65% increase in referrals from CHCS.
- 16% from maternal transports and 14% from neonatal transports – Over the last two years obstetrical transports have increased by 60% and neonatal transports have increased by 25%. Referral sources to both programs from throughout the region were reviewed with the Board.

Ongoing initiatives, program enhancements, and quality indicators were also reviewed in detail. On the research side, staff reported that University Hospital is one of only two hospitals in Texas that offer compassionate use of the drug Omegaven, which is given to infants with parenteral nutrition-associated liver disease to enable reversal of elevated serum liver enzymes and direct bilirubin (cholestasis). Best practices in the NICU and details regarding the positive fiscal impact the program has had to the Health System’s bottom line were discussed.

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

**ACTION:** No action was requested of the Board of Managers.

**EVALUATION:** Dr. Jimenez encouraged staff to collect data on this patient population for research purposes and for building early intervention services that are culturally relevant. Ms. De La Haya reported that the data collection process is indeed valuable and is underway. Ms. Rivas suggested that...
staff approach the AVANCE San Antonio program for a possible collaboration regarding parenting classes. Mr. Adams congratulated staff for the team work taking place between the various organizations. He asked Mr. Hernandez to highlight these initiatives to the UTHSCSA leadership during one of his regular sessions. The work is valuable to all parties, there is a lot to gain when the work team is directly involved.

FOLLOW-UP:
None.

**EMERGENCY CENTER MATTERS**

**CLINICAL AND QUALITY INITIATIVES IN THE EMERGENCY CENTER—BRYAN ALSIP, M.D./NANCY RAY, CHIEF NURSING OFFICER/JUSTIN WILLIAMS, M.D., INTERIM CHIEF OF EMERGENCY MEDICINE**

**SUMMARY:**
Ms. Ray provided brief introductory remarks and yielded the floor to Dr. Williams for a graphics presentation on the Emergency Department’s model of care and quality of care core measures. She thanked Dr. Williams for being one of the best physicians she has worked with during her long career at UHS.

Dr. Williams reported that all physicians who practice in the Emergency Department are Board certified or Board eligible. They are faculty physicians who function as a team alongside midlevel providers. Traditionally, physicians in the Emergency Department have worked only with Physician Assistants, but in late 2010 Physician Extenders (previously known as Nurse Practitioners) were brought in to be part of the team. At the present time, resident physicians come from the San Antonio Uniformed Services Health Education Consortium (or the Military’s Emergency Medicine Residency Program), UTHSCSA Internal Medicine, Family Medicine and Psychiatry Departments. Next weekend, the School of Medicine at the Health Science Center will learn whether it will receive approval from the Residency Review Committee for an Emergency Medicine Residency program. If so, physicians will begin training in July 2013, with a program goal to train 10 Emergency Medicine residents per year.

The Stroke Program received the 2012 Stroke Gold Quality Achievement Award by the American Heart Association/American Stroke Association as a result of ambitious quality core measures. The award demonstrates that the program has consistently followed treatment guidelines for at least one year and has achieved a compliance level of 85 percent or higher. The stroke center also received re-certification this year by the Joint Commission on Accreditation for Health Care Organizations. Dr. Williams reviewed stroke measures for the period beginning 2010 through 2012 and discussed the door to IV tPA times, which can be effected not only by the process of the entire team but also by the condition of the patient.
High quality performance in segment elevation myocardial infarction (STEMI) care resulted in the American College of Cardiology Foundation’s NCDR ACTION Registry–GWTG Gold Performance Achievement Award for 2011, and Platinum Achievement for 2012. This is a significant achievement for consistently following the treatment guidelines for 24 consecutive months. The program has consistently complied with all Joint Commission Core Quality Measures and recently underwent Joint Commission review of pain severity documentation and management, and achieved an 85 percent compliance goal. This accomplishment is attributed to the nursing staff holding each other accountable and better coordination among staff. Other measures include aspirin at arrival for heart attacks and cultures before antibiotics.

**RECOMMENDATION:**
This information was provided for informational purposes only.

**ACTION:**
No action was requested by the Board of Managers

**EVALUATION:**
Board members engaged Dr. Williams in further discussion. Of interest to Dr. Jimenez is the manner in which Emergency Department physicians handle diabetic patients who present with silent infarcts, whether special training is provided in this area, and whether data on these atypical cases is being tracked. The physicians are trained to thoroughly look for subtle symptoms and Dr. Williams is confident that physicians are appropriately diagnosing these specific cases. Although this data is not currently being captured, it is possible to do so. Dr. Jimenez encouraged Dr. Williams to do so since it is an issue especially with people of Mexican American decent. Ms. Rivas complimented the teams who presented today for the improvements accomplished to date. The changes and improvements indicate that the leadership is cultivating a positive culture. Dr. Jimenez was especially complimentary of the nursing and medical staffs. He asked about the issues related to psychiatry in the Emergency Department, which are not unique to University Hospital. Dr. Williams reported that to alleviate some of these issues, staff has developed plans for a Gold unit that is to be dedicated to the care of psychiatric patients and those with behavioral disturbances. Mr. Smith expressed an interest in the current door-to-triage times, which Dr. Williams reported continue to improve. He expects that the patient experience will be further enhanced when an additional area for medical screenings is fully operational in the next few months. Mr. Adams urged staff to continue their work with through-put and wait times in the emergency department to include the use of the Express Med clinic as appropriate. The Emergency Department continues to be a major priority for the Board of Managers.

**FOLLOW-UP:**
Mr. Adams asked Dr. Alsip to share with the other Board members the latest quarterly clinical performance metrics report by service line.

**ROBERT B. GREEN CAMPUS:**

**CONSIDERATION AND APPROPRIATE ACTION TO APPROVE A CONTRACT WITH PHILIPS FOR THE PURCHASE OF PATIENT MONITORS—MARK WEBB**

**SUMMARY:**
As part of the design efforts at Robert B. Green campus, various medical equipment items are identified and procured by the RBG project team.
These efforts are being conducted with the guidance of ShenMilsonWilke (SMW), the medical equipment planner for the CIP. This purchase was co-procured with University Hospital to ensure the best possible pricing. A Request for Proposal (# 211-12-065) for patient monitors was issued in January 2012 and responses were received in February 2012 from the following vendors: Philips, Spacelabs, and Draeger. The evaluation process included a thorough review of the documents received, staff input, trial tests, local support verification and quality evaluations. Through the utilization of MedAssets and the associated GPO, the project was able to secure additional discounts. After thorough review and evaluation by SMW, the project team and appropriate clinical staff, it has been determined that Philips is the vendor of best value for the patient monitor equipment. The budgeted amount for the monitors is $573,265. Philips is the lowest-cost bidder on this purchase in the amount of $635,612, which will be paid from project funds. The overage is due to unforeseen market conditions. Due to the nature of the medical equipment industry, 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 with the Board.

RECOMMENDATION: Staff recommends Board of Managers’ approval of a contract with Philips for the purchase of patient monitors in the amount of $635,612.

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

EVALUATION: The names of all vendors who submitted bids were provided for the Board’s review, however, their respective bid amounts were not. Board members requested vendor names along with amounts in future reports.

FOLLOW-UP: As indicated above.

CONSIDERATION AND APPROPRIATE ACTION TO APPROVE THE GUARANTEED MAXIMUM PRICE TO RENOVATE PORTIONS OF BUILDING “A” AND IMAGING CENTER TO ALLOW FOR MULTIPLE DEPARTMENTAL RELOCATIONS ASSOCIATED WITH THE BUILDING “C” CAMPUS CHANGES (RBG-GMP#7E)—MARK WEBB

SUMMARY: In December 2011 the Board of Managers approved additional capital funds to enable future expansion through the demolition of Building C and subsequently the relocation of associated departments. To date, (6) guaranteed maximum prices (GMPs) in a total amount of $6,675,160 have been developed for the backfill project at the RBG Campus. The control estimate total is $5,951,574. Specifically, this GMP includes the costs to relocate: The Medical Record Department (relocation of records was approved by Board on June 26, 2012) from Building B to a combination of the first and second floors of Building A and the Imaging Building; Skin Clinic from Building B to the second floor of Building A; CareLink from Building C to the first floor of Building A; Carden from Building B to the first floor of Building A and; Texas Department of Health (TDH) from Building B to the first floor of Building A. Since the
majority of the moves are occurring in the existing historic Building A, the moves have been planned to occur with minimal disruption to walls, restrooms and egress. Information Technology changes, along with new wall finishes and minor floor/ceiling upgrades, are included in this GMP. Bartlett Cocke, the RBG Construction Manager, has reviewed the design and has provided a Guaranteed Maximum Price (GMP #7e) for the work associated with this GMP package. The proposed GMP#7e in the amount of $1,474,339 exceeds the control estimate by $213,250. Participation goal for SMWVBE is 56% and the local participation goal is 95%. To date, SMWVBE participation of awarded construction projects is 63.93% and local participation is 98.60%. This does not include the dollars associated with the Construction Manager’s Fee or other project administrative costs (i.e., insurance, bonds, permit fees, etc.). Mr. Webb reviewed the SMWVBE numbers that have been achieved for all construction amendments to date. GMP dollars awarded to date is $81,346,894. GMP dollars remaining to procure is $15,913,080.

RECOMMENDATION: Staff recommends Board of Managers’ approval to execute an amendment to the existing Bartlett Cocke Construction Management Agreement for GMP #7e in the amount of $1,474,339, with authorization to adjust GMP #6 in the amount of ($213,250) which will fund the remaining balance of GMP #7e.

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

EVALUATION: Mr. Smith requested that Board dates be included to assist the Board members in the memory recollection process.

FOLLOW-UP: As indicated above.

CONSIDERATION AND APPROPRIATE ACTION TO AMEND THE CONTRACT WITH SOUTHWEST SOLUTIONS GROUP FOR HIGH DENSITY STORAGE SYSTEM AND RELOCATION OF MEDICAL RECORDS, TO INCLUDE SCANNING—MARK WEBB

SUMMARY: At the June 26, 2012 meeting the Board of Managers approved Southwest Solutions Group as the vendor for the High Density Storage System with Relocation of Medical Records. At that time, the intention was to move all records from Building B, which is being removed as part of the project, to Building A. Since then, staff and the CIP team have reviewed an additional option that would reduce the overall cost associated with the relocation of the medical records. Specifically, this recommendation includes the costs to scan approximately 45,000 linear file inches (LFI) which accounts for 60 percent of the existing medical records located in Building B. The remaining 30,000 LFI will be relocated to a new high density storage system on the first floor of Building A. This would allow the smaller physical footprint of the medical records themselves to move to Building A where the medical records staff can access the most current records. Southwest Solutions Group has scanned test boxes with direct supervision of Health System Medical Record staff and has been successful with the conversion in accordance with the Health System’s filing requirements. The original contract amount was $276,167. The proposed change is in the amount of $291,621 for a new contract amount of $567,788. The change will be
paid from project funds and will be offset through reduced construction costs associated with this relocation. The workforce composition was reviewed with the Board.

RECOMMENDATION: Staff recommends Board of Managers’ approval of an amendment to the contract with Southwest Solutions Group in the amount of $291,621.

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.

CLOSED MEETING:

Mr. Adams recessed the meeting and announced it closed to the public at 3:30 p.m. pursuant to Section 161.032 of the TEX. HEALTH & SAFETY CODE (Vernon Supp. 2008), to evaluate the quality of medical and/or health care services. Also present were George B. Hernandez, Jr., Christann Vasquez, and Michael Hernandez, Bryan Alsip, M.D, and John Meyers, M.D. After discussion, no action was taken in closed session. Mr. Adams announced that the closed meeting ended at 3:47 p.m.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the meeting at 3:48 p.m.

Jim Adams
Chair, Board of Managers

Rebecca Q. Cedillo
Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary