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

Tuesday, September 26, 2017
6:00 p.m.
Board Room
Texas Diabetes Institute
701 S. Zarzamora
San Antonio, Texas 78207

MINUTES

BOARD MEMBERS PRESENT:

Ira Smith, Vice Chair
Dianna M. Burns, M.D., Secretary
Robert Engberg
Janie Barrera
James Hasslocher

BOARD MEMBERS ABSENT:

James R. Adams, Chair
Roberto L. Jimenez, M.D, Immediate Past Chair

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 Medical Director, Emergency Department, University Hospital
Tommye Austin, Senior Vice President/Chief Nurse Executive, University Health System
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Lourdes Castro-Ramirez, President, University Health System Foundation
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System
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.
Barbara Holmes, Vice President/Chief Financial Officer, Community First Health Plans, Inc.
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Daniel Johnson, Professor & Chair, Department of Ophthalmology, UT Health, San Antonio
Monika Kapur, M.D., President/Chief Executive Officer, University Medicine Associates
Karen Krueger, Contract Specialist, Procurement Services, University Health System
Leni Kirkman, Senior Vice President, Strategic Communications and Patient Relations, University Health System
CALL TO ORDER AND RECORD OF ATTENDANCE: JIM ADAMS, CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 6:00 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE

Mr. Adams introduced Chaplain Pam Haley of Westover Hills Assembly of God, and he led the pledge of allegiance.

SPECIAL RECOGNITION: PRESENTATION OF THE FRANK TEJEDA POLICE OFFICER AWARD – CHIEF A.J. SANDOVAL, III/GEORGE B. HERNÁNDEZ, JR./BOARD MEMBERS

Summary:

Cpl. Ramirez has been with the Bexar County Hospital District Police Department for 11 years and has demonstrated outstanding participation and contribution. Cpl. Ramirez’s efforts greatly contributed to BCHD PD to improve the safety of the staff and the Health System. He was the Health and Safety Advocate (HSA) for the Protective Services department since 2012. As the HSA representative for Protective Services, Cpl. Ramirez routinely attends safety meetings and disseminates information to the department. In addition, he conducts table top exercises with other shift supervisors and his assigned shift. His efforts of going above and beyond his duties have made him a valuable asset to the department:

- Maintains the Department Emergency Operations Policy review/update annually;
- Conducts departmental Orientation for new and existing employees regarding safety and hospital Codes;
• Coordinates staffing resources during critical events (NDMS Drills, etc.);
• Assists and aids shift supervisors with after action reviews and on the job injuries;
• Disseminates HSA information to all shifts and administration; and
• Reports all incidents, accidents, injuries, and/or property damage to Health System in a timely manner.

It is because of the various accomplishments over the past year that the staff believes Cpl. Ramirez will continue to contribute and motivate employees to maintain Protective Services excellence standards and uphold the safety measures employed/trained by University Health System.

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

CITIZENS’ PARTICIPATION: None.

REPORT FROM THE NOMINATING COMMITTEE AND ELECTION OF BOARD OF MANAGERS OFFICERS—ROBERT ENGBERG, CHAIR, NOMINATING COMMITTEE FOR THE ELECTION OF OFFICERS

SUMMARY: Mr. Adams asked Mr. Engberg to chair a nominating committee which under the Board bylaws is charged to bring to the Board of Managers a recommended slate of officers for consideration. The Bylaws call for the Board to elect officers in September for the ensuing 12 months. This year’s nominating committee includes Mr. Hasslocher and Dr. Jimenez as members. The Committee was charged with bringing officer recommendations to the Board of Managers for the positions of Chair, Vice Chair and Secretary.

RECOMMENDATION: The Nominating Committee recommends the following slate of officers for the 2017-2018:

Jim Adams, Chair
Ira Smith, Vice Chair
Dr. Dianna M. Burns, Secretary

ACTION: A MOTION to approve the Nominating Committee’s recommendation was made by Mr. Engberg, SECONDED by Mr. Hasslocher, and PASSED UNANIMOUSLY.
EVALUATION: None.
FOLLOW-UP: None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S):

TUESDAY, AUGUST 15, 2017 AND TUESDAY, AUGUST 22, 2017 (REGULAR MEETINGS)

SUMMARY: The minutes for the regular meetings of Tuesday, August 15, 2017, and Tuesday, August 22, 2017, were presented for Board approval.
RECOMMENDATION: Staff recommends approval of the minutes as submitted.
ACTION: There being NO OBJECTION, the minutes were approved as submitted.

EVALUATION: None.

FOLLOW-UP: None.

REPORT FROM THE HEALTH SCIENCE CENTER – RON RODRIGUEZ, M.D., PH.D., FOR WILLIAM HENRICH, M.D., PRESIDENT

SUMMARY: Dr. Rodriguez acknowledged the physician leaders present. He was recently in Houston, Texas, and was surprised to see how resilient the people of Houston are, this soon after Hurricane Harvey. The Medical Center and much of downtown remain flooded and Interstate Highway 45 North to the Woodlands is still closed. He thanked Health System staff for the response in helping people along the coastal bend as the hurricane unraveled. In fact, much of San Antonio’s response to Harvey was very supportive, our community showed its best side. UT Health sent a delegation of police/security forces to help with the aftermath of the hurricane.

The Congenital Heart Program and the Heart Vascular Institute are now organized. Both are serious combined efforts between UT Health and the Health System to provide structure, form and support. The congenital heart program is really impressive and is turning out very well. The program is operated beautifully and Dr. Hussain is doing an admirable job in running it. He essentially set up the pediatric congenital heart service line and is expanding that service to a larger community as far west as El Paso, Texas. Similarly, the Heart Vascular Institute has been a long time coming. There have been a lot of missteps along the way but everyone involved is excited about setting it up. The School of Medicine has recruited four new faculty cardiologists and will be recruiting a new chief of cardiology as well. Support from the Health System is pivotal in moving this forward; the UT Health President’s Gala last Saturday will, in part, provide financial support for the Heart and Vascular Institute. Finally, one area requiring additional work is the Emergency Department (ED) at University Hospital, and it is getting serious attention in the weeks to come. The Health System and UT Health have contracted a third party consultant for a thorough evaluation of the ED. The plan is to utilize that report as a road map to move forward and make some strong moves to change the culture of care in that area and turn it around to a very top notch, high through-put, and responsive patient-centered ED.

RECOMMENDATION: None.

ACTION: None.

EVALUATION: Mr. Adams thanked Dr. Rodriguez for his report and reiterated the Board’s full support for everything he described within. He was also happy to learn that Dr. Rodriguez took time to attend a two-day conference at MD Anderson regarding physician burnout, a particularly challenging subject that can affect anyone of our many physicians. Mr. Smith asked Dr. Rodriguez if Hurricane Harvey was an educational opportunity for medical students, as Hurricane Katrina was in 2005 for those in Galveston, Houston and San Antonio. Yes, the hurricane was,
at least, a strong impetus for the School of Medicine to coordinate and be ready to assist as needed. Unfortunately, there have been three category 3 hurricanes in the last month and most experts do not believe these are solitary events; we all need to be prepared for that.

**FOLLOW-UP:**

None.

**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 APPOINTMENT/RE-APPOINTMENT TO THE BOARD OF DIRECTORS OF COMMUNITY FIRST HEALTH PLANS—ROBERT ENGBERG, CHAIR, NOMINATING COMMITTEE**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING ASSIGNMENT OF UNIVERSITY PHYSICIANS GROUP AGREEMENTS TO UNIVERSITY HEALTH SYSTEM—REED HURLEY/GEORGE B. HERNÁNDEZ, JR.**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING ACTIVITIES (SEE ATTACHMENT A)—FRANCINE WILSON**

**SUMMARY:** The items listed above were presented for the Board’s consideration as consent items.

**RECOMMENDATION:** Staff recommends approval of the items listed on the consent agenda.

**ACTION:** A MOTION to approve all of the items on the consent agenda was made by Mr. Engberg, SECONDED by Mr. Hasslocher, and PASSED UNANIMOUSLY.

**EVALUATION:** Reappointments to the Board of Directors of Community First Health Plans, Inc. – Dr. Dianna M. Burns and George B. Hernandez, Jr., for a period of two years beginning October 1, 2017 through September 30, 2019.

Assignment of University Physicians Group (UPG) Agreements to University Health System - The maximum compensation payable to UPG for these agreements is $75.3M over the 20-month term, or about $3.8M per month. As of August 2017, BCCS already has paid approximately $29.2M of the $75.3M to UPG. It is expected that BCCS will pay UPG approximately $3.7M in September, leaving approximately $42.4M still owed to UPG (approximately $3.8M per month through August 2018). After the Health System assumes each of these agreements, the Health System may report the costs on its Medicare Cost Report. If certain requirements are met, the Health System may claim the costs on its Uncompensated Care Tool filed with the Texas Health and Human Services Commission.

Purchasing Activities (Attachment A) – Seven items for Board approval as exempt/sole agreements subtotal: $4,631,715. Eight items for approval as Group Purchasing Organization subtotal: $3,498,171. Fifteen (15) consent contracts with a total value of $8,129,886.

**FOLLOW UP:** None.
ACTION ITEMS:

RESOLUTION OF THE BOARD OF MANAGERS OF THE BEXAR COUNTY HOSPITAL DISTRICT REAFFIRMING AND RATIFYING ITS REQUEST THAT BEXAR COUNTY COMMISSIONERS COURT TAKE ALL ACTIONS REQUIRED TO AUTHORIZE THE ISSUANCE OF CERTIFICATES OF OBLIGATION INCLUDING PUBLICATION OF A NOTICE OF INTENTION TO ISSUE CERTIFICATES OF OBLIGATION; RATIFYING, APPROVING AND CONSENTING TO COMMISSIONERS COURT’S AUTHORIZATION AND APPROVAL OF THE ISSUANCE OF CERTIFICATES OF OBLIGATION IN ACCORDANCE WITH SPECIFIED PARAMETERS AND THE PREPARATION AND USE OF A PRELIMINARY OFFICIAL STATEMENT; AUTHORIZING THE DISTRICT'S STAFF, CO-FINANCIAL ADVISORS, AND BOND COUNSEL TO COORDINATE THIS MATTER WITH THE COUNTY STAFF; AND AUTHORIZING ALL OTHER REQUIRED AND RELATED ACTIONS ON BEHALF OF THE DISTRICT—REED HURLEY/GEORGE B. HERNÁNDEZ, JR.

SUMMARY: On August 8, 2017 the Bexar County Commissioners approved a Resolution authorizing the publication of a notice of intention to issue certificates of obligation in the name of University Health System to pay Project costs and to provide for issuance costs which was published in the San Antonio Express News on August 10, 2017 and August 17, 2017. On September 12, 2017, Commissioners Court approved an order authorizing the Health System to take all necessary actions to issue up to $308 million in bond financing. Mr. Hurley provided a new Resolution today which reaffirms and ratifies the actions taken by Commissioners Court on August 8, 2017 and September 12, 2017 and further authorizes the Finance Committee of the Board of Managers, the President/Chief Executive Officer, and the Executive Vice President/Chief Financial Officer to work with the Health System’s Co-Financial Advisors, Bond Counsel, and Bexar County staff to coordinate the sale of the certificates. Based on current data and assumptions, staff anticipates completing the transaction in 2018.

RECOMMENDATION: Staff recommends Board of Managers’ adoption of the Resolution and authorization for staff to take all required and related actions in support of the financing of the project.

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

EVALUATION: The ad valorem tax rate was approved by the Bexar County Commissioners on September 12, 2017 and includes sufficient debt service funding to cover the new bond issuance. Current market conditions, including interest rates, remain favorable. Staff will continue to work closely with our Co-Financial Advisors to monitor the bond markets for any indications that might impact the pending transaction.

FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A PEDIATRIC ALIGNMENT AGREEMENT WITH UT HEALTH, SAN ANTONIO—TED DAY

SUMMARY: This Pediatric Alignment Agreement is meant to complement the spirit
of Master Affiliation Agreement. It affirms the commitment of both organizations to promote and develop a sustainable network of pediatric services across the continuum of care. An overview of the major tenets included within the agreement is as follows:

- The Health System will continue to serve as the primary educational and clinical affiliate of UT Health, and UT Health will continue to serve as the primary academic affiliate for the Health System for the provision of all pediatric medical care services.
- The UT Health Department of Pediatrics will continue to base their pediatric practices exclusively at Health System facilities, except for the occasional consult on an ad hoc basis other facilities provided that such consultation does not establish a UT Health presence at that facility. Consideration of new services developed will be governed by terms of the Master Affiliation Agreement.
- The Health System and UT Health agree to collaborate and strategically align in a variety of areas, including, but not limited to, pediatric clinical services, managed care agreements (in accordance with applicable law), network development, joint branding, and strategic planning. As prescribed in the Master Affiliation Agreement, the Joint Conference Council (JCC) will work to establish a plan with designated milestones and continuing investments by the District and the University, to fully develop joint pediatric programs.
- UT Health reaffirms that it will continue to reimburse the Health System for the capital expenses borne by the Health System to prepare the space for the primary and specialty care clinics at the Robert B. Green campus. UT continues its $435,000 annual payment until 2030.
- UT Health agrees to achieve annual cost savings of $1.5M from their current pediatric operations effective September 2017. This reduction will match the current unreimbursed expenses incurred by the Health System for professional services.
- UT Health will make a one-time lump sum payment of $5M to the Health System to satisfy previous unreimbursed expenses incurred by the Health System; and bear the entire cost of approximately $536,000 to design and renovate the MARC ambulatory surgery center to meet life-safety requirements for a hospital-based ambulatory surgery.

The Board of Regents of The University of Texas System approved this agreement at their August 24, 2017 meeting. This agreement results in the following payments and savings from UT Health, San Antonio, for the Health System for pediatric services:

<table>
<thead>
<tr>
<th>Year</th>
<th>Payment Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>One-time, lump sum payment</td>
<td>$5M</td>
</tr>
<tr>
<td></td>
<td>Payment for RBG capital expenses</td>
<td>$435,000</td>
</tr>
<tr>
<td>2018</td>
<td>Annual savings (funding reduction) for pediatric services</td>
<td>$1.5M</td>
</tr>
<tr>
<td></td>
<td>Payment for RBG capital expenses</td>
<td>$435,000</td>
</tr>
</tbody>
</table>
Pediatric services will be subject to financial incentives (for bonus or financial penalty) based on performance metrics agreed upon in the Quality Incentive Agreement approved by the Board of Managers on March 21, 2017. These metrics are consistent with those presented to the Board of Managers in previous meetings.

**RECOMMENDATION:** Staff recommends Board of Managers’ approval of the Pediatric Alignment Agreement with UT Health-San Antonio.

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

**EVALUATION:** None.

**FOLLOW UP:** None.

**CONSIDERATION AND APPROPRIATE ACTION TO REGARDING RENEWAL OF THE LEASE FOR THE NORTHWEST DIALYSIS UNIT LOCATED AT 7540 LOUIS PASTEUR—RICHARD RODRIGUEZ**

**SUMMARY:** When the renal dialysis unit moved from the University Hospital campus to the Northwest Dialysis Building at 7540 Louis Pasteur in 2010, the Texas State Department of State Health Services (DSHS) approved the expansion of patient stations from 20 to 24. This expansion promoted more efficient use of the staff due to the DSHS staffing requirements for every 12 patient stations. To date all 24 stations are in use. The Health System has 116 hemodialysis patients and 30 peritoneal patients for a total of 146 patients at this site. This site is one of four renal dialysis centers and is the most requested location for patient placement and access. This is a request to renew the lease for this facility to provide patients with the best clinical care possible. The Landlord is proposing a two year lease with base rental rates at $21.00 and $21.50 respectively and with common area maintenance expense for this facility at approximately $1.26 a square foot. The all-in rate will be $22.26 and $22.76 respectively versus $16.26 under the present lease term. The market rate for this type of building in the Medical Center area in 2014 was in the range of $21 to $23 a square foot. The Health System was fortunate enough to have paid below market rates during the last three years. The building has a new owner and is proposing that the Health System pay current market rates. With the new proposed rates, the lease expense, all-in, will increase from $418,077 to $578,778 during the two year period or 38%. The annual lease amount will be included in the fiscal year 2018 operating budget. SA Louis Pasteur, LLC consists of one employee.

**RECOMMENDATION:** Staff recommends Board of Managers’ approval of the lease agreement with SA Louis Pasteur, LLC, for a two year term in the amount of $578,778.

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

**EVALUATION:** None.

**FOLLOW UP:** None.
CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH INOVALON TO PROVIDE HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) SOFTWARE SERVICES TO COMMUNITY FIRST HEALTH PLANS – GREG GIESEMAN

SUMMARY: For the past 15 years, CFHP has maintained a contract with Inovalon, Inc., for access to their HEDIS platform, Quality Spectrum. The current three year contract ends September 30, 2017. Although the vendor has performed satisfactorily in the past, CFHP solicited NCQA-certified HEDIS vendors to evaluate the value and system functionality of the existing vendor in relation to other available providers. The current vendor, Inovalon, earned the highest ratings in functionality and service. The recommendation to renew the Inovalon contract was presented and approved by the CFHP Board of Directors on August 25, 2017. The three-year contract for access to the Inovalon HEDIS platform, Quality Spectrum, and support services for reporting of clinical quality measures is valued at $608,000. The contract term will be October 1, 2018 to September 30, 2021. The fiscal impact for Inovalon is the most cost effective option considering contract, record retrieval and storage costs. Inovalon, Inc. has a total of 2,697 employees. The workforce composition data was provided for the Board’s review.

RECOMMENDATION: CFHP requests approval of a three-year contract with Inovalon, Inc. at a total cost of $608,000 to provide access to a quality solution platform tailored to meet health plan quality measurement and reporting needs.

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

EVALUATION: Inovalon is used specifically by Health Plans for performance comparison purposes; it is data driven and transforms Health Plans to value-based pricing. Mr. Smith asked questions regarding future compatibility of health information systems at Health System facilities; he was reminded of an issue years back with UT Health when the Health System implemented the Sunrise electronic medical record by Allscripts, and they implemented Epic. Mr. Hernández assured the Board that a dedicated work group of informed stake holders is working through compatibility issues as they pertain to the Epic technology which is currently under evaluation by the Health System for its ambulatory clinics.

At this time, Mr. Adams provided the following guidance to his Board colleagues, as well as the staff, regarding the upcoming capital improvement project for the women’s and children’s tower. He is proud that the Health System completed almost $1 billion worth of improved facilities in 2014 without any controversy. He cautioned all to resist any urge to accept lunch, dinner, or golf invitations from various vendors as we prepare to award contracts for the upcoming $3 million undertaking. Do not misinterpret calls or referrals from private individuals or community leaders, including Bexar County Commissioners. The Health System has a job to do and has a clean track record without any
allegations of inappropriate behavior. The public has high expectations from the Health System and its leaders, and there is a certain respect that goes along with a clean reputation. If any questionable items arise, consult George Hernández or Mr. Adams.

FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR AUGUST 2017—REED HURLEY

SUMMARY: In August clinical activity (as measured by inpatient discharges) was down 1.1% for the month compared to budget. Community First Health Plan (CFHP) fully-insured membership was down 2.1%. Gain from operations was $6.3 million, $2.0 million worse than budget. The bottom line gain (before financing activity) was $95,000, $1.7 million worse than budget and was due primarily to higher operating expense, specifically, one patient with a pharmacy expense of $3.8 million. The patient is still in house and has accrued $14 million in hospital charges to date. He is a Medicaid, pediatric hemophiliac patient from the Rio Grande Valley. The Health System will not get paid $3.8 million for the pharmaceuticals, but rather between $1 million and $2 million after discharge, within 30 days. The remaining balance becomes an uncompensated cost. Since Uncompensated Care payments are shrinking, the Health System will receive only 30 to 40 percent of cost as reimbursement in about two years. The young man is an established patient of UT Health’s hematology/oncology division. Total costs for Hurricane Harvey added up to $125,000, with $3,000 to $4,000 of that in supplies. 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 and/or decreases from the Consolidated Balance Sheet in detail with the Board. Although it is difficult for staff to predict what the end of the year will look like at this time, he is confident in forecasting a $30 million bottom line, on the conservative side, for the end of the year. The 2018 budget process is just getting underway. Mr. Hurley will provide a preliminary view to the Board in October, and there will be one extra Board meeting in November dedicated to budget review. Mr. Engberg thanked Mr. Hurley for the report; he did not see anything alarming other than the large pharmaceutical case. As a Board member, Mr. Engberg was impressed at the staff’s level of compassion in providing that particular patient with life-saving care and pharmaceuticals.

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

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

EVALUATION: As part of the financial report, Mr. Adams asked Ms. Lourdes Castro-Ramirez to provide a brief overview of the Foundation’s Board half day retreat on Friday, September 22, 2017. The Retreat was well-attended by Foundation Board members; thanks Mr. Hasslocher and Mr. Hernandez for making the all-day time commitment, and to Mr. Banos, and Mr. Hurley for taking the time to attend the morning portion. The purpose of
the retreat was to take a step back and better understand the history of the Foundation, the rapidly-changing health care environment, and foundation roles in fundraising and healthcare philanthropy across the country. The key take away is that the work the University Health System Foundation is doing needs to move away from fundraising to philanthropy. Ms. Castro-Ramirez explained that fundraising is driven by events, whereas philanthropy is driven by relationships and strategic alignment with the University Health System. The conversation during the Retreat centered on understanding Health System priorities in order to begin planning for future needs. The Foundation is looking at ways to better align with those key priorities, and better understand the role of the UHS Foundation Board. Board members want to maximize their input; they want to be more effective. They want to understand what they can do to grow the impact of the Health System’s Foundation and their ability to help improve health outcomes and the delivery of health care. Ms. Castro-Ramirez believes it was a very good discussion; Mr. Hernandez and the Foundation Board established a number of priorities that necessitate the delivery of a work plan from the Foundation. Mr. Smith asked about existing relationships in the community, especially with vendors - how do these relationships help the Health System in philanthropy? How can Board members influence community members and/or vendors? It is really important for the Health System and Foundation to have program priorities and project priorities in place where philanthropy is necessary to take that project to the next level. First, the Foundation needs clarity - What is it that needs to be funded? Who are our partners? The Foundation needs to know the connection to the mission, program, and project. It is also important for the Health System to think about relationships not only in the community, but with patients, physicians, and staff. As we think of components for the Foundation, it is important for us to think about how we are developing or expanding on major gifts to the program. What are we doing to be more visible and present in the community? What opportunities are there for the Foundation to partner up with other community-based organizations, or national foundations, who are interested in holistic community health initiatives? Foundation Board and staff are now looking at various opportunities to strengthen relationships both within the Health System and within the community. Mr. Adams strongly advised that Board members not personally ask contractors for contributions; contractors understand that they are able to do that and successful contractors always have philanthropy on their minds. It is important for Board members to understand what the Foundation does, its relationship to the Health System, and participates with them. Mr. Hernandez informed the Board that the Foundation is developing a report with the outcomes of the Retreat, which he will share with the Board to help answer some of the questions they may have. Mr. Adams was unable to attend the Foundation Board Retreat due to a family member’s hospitalization. During the hospital stay, he was impressed by the focus of everyone involved on discharge. It was not just the physician, chaplain, nurse, or practitioner. Everyone, from day one, was geared at how to get the patient in a position to manage at home. Mr. Adams feels that under Mr. Hernandez’s leadership, the staff ought to think through
the process to learn how to support it on behalf of its patients, and get them through a better discharge situation.

**FOLLOW UP:** None.

**PRESENTATIONS AND EDUCATION:**

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

**SUMMARY:**

The Perioperative Department has established operational goals with the focus of on-time first case starts and turnaround time of the operative suite. Perioperative Services has adopted the use of Standard Work with frontline staff and leadership, to streamline processes for room turnovers; resulting in a decrease in wait time for cases to follow. Mr. Banos reviewed the overall operating room volume for years 2015, 2016, and projected for 2017 at 21,929 cases. He also reviewed the top 5 operating room service lines by volume for the period 2015, 2016, and projected 2017, which is annualized based on Jan-July 2017 actuals: Trauma (4,749), Orthopaedics (2,454), General Surgery (2,009), Ophthalmology (1,831) and ENT (1,924). Sky Tower First Case on Time Starts with a goal of starting 80 percent of the cases on time; the rate for the month of August was 74.2 percent; July was 76.1 percent; and June was 76.3 percent. The data presented excludes holidays, and Trauma, Pediatric Surgical, Ob/Gyn Urgent Care and Labor & Delivery. The time period reviewed was May 2016 to August 2017, excludes March 28, 29, and August 7. Mr. Banos also provided a summary of perioperative service goals, target, current status, indicator and actions for improvement:

**First Case On Time Starts:**

**Physicians:**
- Identify and challenge clinicians that are perpetually late
- Set expectation for consent completion prior to patient arrival to Pre-Operative check-in
- Identify patients without consents
- Place on GEMBA for continuous improvement
- Publish data trends to all physicians by name or department

**Patients:**
- Ensure patient education and consent has occurred prior to arrival to pre-operative check-in and variance
- Continued encouragement of patient to use the restroom prior to schedule time of proc

**Turn Around Time:**

**Physicians:**
- Identify and challenge clinicians who leave Operating Room
- Set expectation for Turn Around Time and discuss at safety huddle
- Escalate Turn Around Time with faculty and Health System leadership

**University Health System:**
- Ensure personnel are trained in infection prevention
- GEMBA goal for continuous improvement

Employee Engagement-Workplace Environment Commitment Score
• Purchased equipment, surgical instruments, and supplies as requested for patient care
• Completion of two different professional development courses for patient care coordinators
• Clinical Ladder Classes
• Clinical Specialty Certification class scheduled for October 2017
• 60% of eligible employees received student loan reimbursement
• Self-governance with staff led initiatives such as safe patient handling, time out, PACU reports

The Emergency Department (ED) has continued to see increasing volume trends, and has experienced a slight decrease in the amount of time it takes a patient to see a provider after placement in a room, as well as, the amount of time it takes to be assigned an inpatient bed once admission orders are written. Administration in cooperation with the medical staff has:
• Hired scribes to help assist with ED documentation, an annual spend of $600,000 to the Operating Budget
• Created metrics to measure and improve hospital throughput
• Decreased turnaround time for lab results and radiology tests
• Improved time from ED to the inpatient unit
• Decreased time to discharge once released by ED provider
• Improved medical screening at time of presentation to the ED
• Implement full time scheduler in ED to refer patients to the UMA and specialty clinics
• Created daily and weekly scorecards by physician to show variation, and to allow for ED physician peer tracking and volume transparency
• Created an eight bed observation unit to help improve inpatient capacity and bed availability

Mr. Banos provided total ED volume data (by service) for the period starting 2015 to date as follows:

2015 – 81,777
2016 – 84,776
2017 – 91,743 (projected)

Emergency Services Length of Stay (LOS) by ESI level for the period 2015 through August 2017, (adult medicine patients only), utilization of imaging, patient room to provider first contact in minutes, decisions to discharge, and a summary of ED goals, target, current status, indicator and actions for improvement:

Left After Medical Screening Exam (LAMSE):
Staffing:
• Staffed to 95% capacity
• 8 RNs completing orientation by November 2017
• All ED beds open and staffed
• Flexing triage staffing when needed
Rounding:
• Daily rounds on department
• Chief Nurse Executive office in department
• Concierge in lobby to accommodate patient needs
• Patient check in desk with Quick Look RN and registrar to begin October 2017

Daily Throughput Call (9/25/2017):
• Review metrics including LAMSE, LOS, Consult delays
• Review staffing
• Mitigate Barriers to Success

Length of Stay (LOS)/Discharge
Capacity Management Policy Improvement
• Escalate to CAPMAN I for >10 holds/consults
• Escalate to CAPMAN II for >15 holds/consults
• Increase inpatient staffed beds

Consults:
• Escalate consults after one hour
• Include faculty and UHS leadership
  Daily Throughput Call (9/25/2017)
• Identify delays
• Daily process improvement
• Mitigate patients waiting for inpatient bed assignments in ED
  Recruit STARS staffing to increase ability to flex staffing

Recommendations
• Quality Matters Consulting LLC to have initial site visit Oct 10-12, 2017
• Leadership rounding in the ED lobby between 0900 and 2100 (peak hours)
• Implementation of distinct Patient Check-In Desk staffed with RN and registration assistant starting September 2017

Mr. Banos yielded the floor to Dr. Alsip for a quality presentation regarding metrics for thrombolytic therapy (CMS Star Rating Metric for Effectiveness of Care) and Clostridium difficile (CMS Star Rating Metric for Safety of Care):

Thrombolytic Therapy (STK-04)
• Measure of ischemic stroke patients who received appropriate medicine (thrombolytics) to break up a blood clot within three hours after symptoms began
• Data source: manually abstracted data from sampled medical records sent to CMS

Improvement Initiatives
• Quality and stroke teams partnered to initiate audits to improve manual abstraction process from sampled medical records sent to CMS
• Ensure 100% compliance with “Last Known Well” time documentation
• Reconciled CMS metrics with the “Get With the Guidelines” Stroke program

Thrombolytic Performance – Post Intervention (Goal 100%)
• Goal reached in March 2017 - data reviewed for period July 2016 through July 2017.

Clinical Outcomes Ischemic Stroke Mortality Rate (Compared to 400+ beds and Teaching Facilities Only)
• Ranged from 9 percent in 2016 to 4 percent in February 2017; 0 percent in March 2017, over 5 percent in April, and 0 percent in May and June 2017 (Data reviewed for period July 2016 through July 2017)

**Clostridium difficile Infection (HAI-6)**
• Measure of hospital-acquired *C. difficile* (*C. diff*) infections among inpatients
• Bacterium that causes diarrhea and more serious intestinal conditions
• More common in people who need to take antibiotics for a long period of time

**Hospital-acquired *C. difficile* Infections**
• Identified opportunities to reduce inappropriate testing
• Testing same patient multiple times per visit
• Need to differentiate community from hospital acquired
• Testing patients with high risk of iatrogenic symptoms

**C. difficile testing stewardship initiatives**
• Improve early identification of patients with community-acquired *C. difficile* colitis
• Reduce over-testing
• Reduce likelihood of false positives

**Hospital-acquired *C. difficile* Colitis Reduction Initiative – Phase 1**
• *C. difficile* test ordering restrictions implemented in the Electronic Medical Record (EMR)
• Drives evidence based testing
• Improves early identification of patients with community-acquired *C. difficile* colitis
• Reduces over-testing and false positive testing

**RECOMMENDATION:** This report was provided for informational purposes only.
**ACTION:** No action was required by the Board of Managers
**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 FACILITIES DEVELOPMENT ACTIVITIES—EDWARD BANOS**

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

**REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS—LENI KIRKMAN**

**SUMMARY:** Mr. Adams directed the Board members’ attention to the four (4) written reports above. He urged his colleagues to contact staff with specific comments, questions, or suggestions.

**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 8:00 p.m.

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

Sandra D. Garcia, Recording Secretary