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

Tuesday, July 25, 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
Roberto L. Jimenez, M.D, Immediate Past Chair
Robert Engberg
Janie Barrera
James Hasslocher

BOARD MEMBERS ABSENT:
James R. Adams, Chair

OTHERS PRESENT:
George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Tommye Austin, Senior Vice President/Chief Nurse Executive, University Health System
Awoala Banigo, Senior Vice President, Operations/Chief Revenue Officer, University Health System
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Andrea Casas, Executive Director, Human Resources, 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/Clinical Prevention, 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.
William Henrich, MD, President, UT Health, San Antonio
Barbara Holmes, Vice President/Chief Financial Officer, Community First Health Plans, Inc.
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Michelle Ingram, Vice President/Chief Quality Officer, University Health System
Karen Krueger, Contract Specialist, Procurement Services, University Health System
CALL TO ORDER AND RECORD OF ATTENDANCE: IRA SMITH, VICE CHAIR, BOARD OF MANAGERS

Mr. Smith called the meeting to order at 6:04 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE

Mr. Smith introduced Mr. Matthew De Leon of Assumption Seminary for the invocation, and he led the pledge of allegiance.

SPECIAL RECOGNITION: QUARTERLY EMPLOYEE RECOGNITION AWARDS - GEORGE B. HERNANDEZ, JR./BOARD MEMBERS

Professional: Bonita Noel
(Nursing) Staff Nurse II, Pediatric Acute

Professional: Rene Luna
(Non-Nursing) Clinical Facilities Coordinator

Management: Nancy Amodei
Director, Health Informatics, Community Initiatives & Population Health

Technical: Mary Hathaway
LVN Specialist, Detention Health Care Juvenile

Clerical: Debra Cantu
Registration Access Specialist, Admissions
Service: Vivian Garza  
Dispatcher/Police Security, Protective Services - UH

Volunteer: Vilma Cho  
Volunteer, Volunteer Services

Physician: Aruna Venkatesh, MD  
CMA Specialty Provider, Texas Diabetes Institute

Team: The Pediatric Cardiac Anesthesia Group  
Justin Reed, Lisa Rupp, Keri McGinnis, Denice Gonzales, Jennifer Flores, Antonia Tejeda, Jennifer Garza, Jonathan Gann, Jacqueline Bacon, William Taylor, Eric Baldizon, Mary Santillan, Tessie Suan, Michelle Meyer

Special Recognition: Andrea Casas, Executive Director, Human Resources was honored for her role in expanding the recognition program as we know it today. Representatives of O.C. Tanner, the company that designs and helps the Health System implement employee rewards and recognition, were on site for this special and surprise recognition.

All of this year’s quarterly recipients will be special honored guests at the Annual Recognition Awards Ceremony at the Omni on February 22, 2018. Employees of the Quarter receive a plaque, embossed pen and an opportunity to select one of numerous awards valued at $100 on the Employee Recognition website. Mr. Hasslocher addressed the employees on behalf of the Board of Managers. He thanked them for working with patients on a daily basis. He is always in awe of the Health System team, and he asked all staff to pray for rain. Mr. Smith congratulated Ms. Theresa De La Haya for her recent induction to the Dr. Saul Treviño Wall of Honor at the Texas Diabetes Institute for her outstanding commitment to helping our patients with diabetes. She received the Heart of Gold Award on July 19, 2017.

CITIZENS’ PARTICIPATION: None.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S):

TUESDAY, JUNE 20, 2017 (REGULAR MEETING)

SUMMARY: The minutes for the regular meeting of Tuesday, June 20, 2017, were presented for Board approval.

RECOMMENDATION: Staff recommends approval of the minutes as submitted.

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

EVALUATION: None.

FOLLOW-UP: None.

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

SUMMARY: Dr. Henrich acknowledged the physician leaders present. It’s been a busy summer with the entry of new classes to the School of Medicine,
School of Allied Health Services, and School of Nursing earlier this month. The School of Medicine’s white coat ceremony took place on Saturday, July 21, 2017. Dr. Henrich was happy to see the cardiac cath lab team honored today. One hallmark of our respective organizations is the celebration of team work, it is essential to good healthcare. One area on the horizon for both the Health System and the School of Medicine is the development of the Heart and Vascular Institute. The community needs it and our organizations need it as a Health System and a Health Science Center. He looks forward to actively putting together a recruitment package for the physician leadership and additional staff to make this a beacon for the community, not just for San Antonio, but the region, South Texas, and beyond. We certainly have the platform from which to build and it will distinguish the Health System and the Health Science Center. It will not be cheap, or easy to do. It will require teamwork between both entities to accomplish. It is a highly competitive marketplace for recruiting the best people, but the beautiful campuses and facilities will help us in this regard. Neuroscience is also critical as we approach the opening of the Biggs Alzheimer’s Institute, and so is oncology with the recent recruitment of Dr. Ruben Mesa as director of UT Health Cancer Center. We cannot neglect heart disease or diabetes if we are to provide the kind of health care that our community wants and deserves. He asked for the Board’s indulgence on this important point to keep these services high on respective radar screens and make them a priority. It is a magnificent undertaking, and he applauded Mr. Hernandez and his team for moving in the right direction.

Dr. Rodriguez echoed Dr. Henrich’s sentiment that the month of July is busy and an important time of the year for the School of Medicine. Training programs began July 1, with the first new medical student lecture. We continue moving forward with clinical integration efforts. One major step forward is the development of a data governance structure between the two institutions. Teams have had an organizational meeting and are now starting to work in concert towards shared data governance. The opportunities are going to be quite profound. We are still in the process of exploring the integration of the electronic medical record, and will be able to share more details with the Board in the coming months. The UT Health team worked very closely with the Health System’s legal counsel to put together a rather substantial document that lays the framework for joint ventures and the development of methods to work more closely together in a variety of endeavors and we hope to put those out in the next 2-3 months. Dr. Rodriguez is excited about these opportunities; staff will see more opportunity down the road particularly as Dr. Rudy Mesa comes on board.

Dr. Plastino cited the Teen Health Clinic at the Robert B. Green as an example of a true partnership. The clinic started seeing patients on Wednesday, July 5, 2017, and has a very innovative team providing comprehensive teen health. This clinic is uniquely able to provide healthcare for teens meeting all of their needs, without referring out. The grand opening will be held on Wednesday August 9, 2017 over the lunch
hour. Dr. Plastino is excited to be receiving referrals from all over town before the grand opening. The clinic will also offer obstetrics, and will take care of teen pregnancies. The clinic has established partnerships with school districts, community agencies, and the San Antonio Metropolitan Health District, to bring teens from all over the city and the region for the best healthcare possible. Mr. Smith asked about the teen pregnancy rate in San Antonio. It has been going down steadily since 2010, however, it is double the national average. We hope to bring down those numbers very quickly in the next 3-5 years with all the initiatives throughout San Antonio. One number that this community has not been able to bring down is the repeat birthrate. The Health System and UT Health have been innovative in helping teens delay their next pregnancy, while they are still in the hospital after giving birth. The connections are not only with other health systems and agencies, but juvenile detention programs as well. The clinic has a very close link in getting the high risk youth the services they need by working through the electronic medical record for referrals, since the Health System provides healthcare at the detention facilities. Dr. Jimenez asked about substance abuse for high risk youth. There is a lack of these services in the community; however, the Teen Health team is working with The Center for Healthcare Services and behavioral health providers and hopes to fund some mental health professional services for the teen clinic. The pediatric service is also in need of behavioral health services.

Dr. Jimenez asked about the impasse on the issue of educating medical students; he’d like a general update on the Health Science Center’s plan to educate physicians of the future, and would like to know what kind of medical students UT Health hopes to attract and recruit, in light of the cultural differences, with teen moms, for example, and inner city youth. He is interested in all aspects of their training, because the Health System’s mission is to care for the uninsured people of Bexar County regardless of their socioeconomic status. The physicians prepared by UT Health ought to be sensitive and knowledgeable about the patients served by the Health System. According to Dr. Rodriguez, as a University of Texas medical school, they are required to accept 90 percent of the students from within the state of Texas. These are their target candidates. They are allowed to recruit only ten percent of the students from outside of the state. UT Health has a heavy focus on community. Nationally, there has been a trend over the last several years towards a change in how students are educated from didactic lectures to “active learning” where students openly interact with one another, the educators, and the patients. This fundamental, dynamic change in engagement and exchange of ideas gives students very early exposure to interactions with an emphasis on the patient being the tenet of education. The School of Medicine has implemented several new community health programs, including student run clinics with medical oversight where they are exposed to complex issues. In this atmosphere, the students are able to interact and provide services that are important to the community, and their exposure to the community at that level impacts their world view, a valuable experience. Dr. Rodriguez reminded the Board that unfortunately, there is a revolving shortage of physicians across the
country. The School of Medicine has increased the number of medical students it can admit, but has not increased the number of residency training slots. This has created a pressure cooker situation, where there are more students trying to get into residency programs with a fixed number of slots. This, in turn, impedes the ability to provide fully trained, fully informed physicians. These issues are wide and broad, but Dr. Rodriguez assured the Board that UT Health leadership are in tune with them.

RECOMMENDATION: None.
ACTION: None.
EVALUATION: None.
FOLLOW-UP: Formal presentation by UT Health as requested by Dr. Jimenez.

CONSENT AGENDA –IRA SMITH, 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 2ND QUARTER 2017 INVESTMENT REPORT—ROE GARRETT/REED HURLEY

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

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT AMENDMENT WITH PROSCRIBE, LLC FOR MEDICAL SCRIBE SERVICES -MICHAEL ROUSSOS

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE ACQUISITION OF THE UNDERLYING PROPERTY OF THE FORMER JUNE STREET RIGHT OF WAY FOR THE ROBERT L. M. HILLIARD CLINIC—MARK WEBB

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. Mr. Smith pulled two items for elaboration - Contract Amendment with Proscribe, LLC; and the Acquisition of Property of the former June Street Right of Way for the Robert L.M. Hilliard Clinic.

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. Hasslocher, SECONDED by Dr. Burns, and PASSED UNANIMOUSLY.
EVALUATION: Proscribe, LLC - Mr. Smith asked about the duties of the scribe and whether HIPPA violations were an issue. The scribe is there to help the health care provider focus on the patient by documenting what is being said or needs to be done. Investing in scribes helps the providers maintain closeness to the patient. As for HIPPA violations, the scribes are employees of the Health System and undergo the same HIPPA
training as other employees, no significant issues have arisen.

Acquisition of Property - June Street Right of Way - June Street is located on the west side of the property, and currently belongs to the City of San Antonio. The City is not going to build on it, so it has been incorporated into the Hilliard Clinic project. Today’s Board action will allow the Health System to buy that adjacent property. The city quitclaim deeded the property to the adjacent property owners and since the Health System already owns half of the street, staff will go through the necessary process to acquire the remainder, with platting and zoning after Board approval. This action will not delay construction of the new clinic. Staff has approached both property owners involved and all have agreed on a dollar amount.

FOLLOW UP: None.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING RENEWAL OF AN AGREEMENT WITH UT HEALTH – SAN ANTONIO FOR PEDIATRIC ENT SERVICES—TED DAY

SUMMARY: The Board of Managers approved an agreement with UT Health – San Antonio to support the recruitment and retention of a Pediatric ENT physician, Dr. Timothy McEvoy. During the transition of specific children’s health services into the system on August 27, 2013. The agreement subsequently received approval for renewal and expansion at the Board of Managers meetings on April 21, 2015, and June 30, 2015, respectively. The expanded agreement incorporated additional compensation for call coverage provided beyond the minimum required and for medical direction activities. At this time, staff proposes to renew this agreement for an additional two academic years beginning on or about September 3, 2017. The anticipated average annual outlay for this contract each year is $285,000, net of collections. This is inclusive of salary support plus compensation for call coverage and medical director services. UT Health, San Antonio, has a total of 5,245 employees. The workforce composition data was provided for the Board’s review.

RECOMMENDATION: Staff recommends Board of Managers’ approval to renew an agreement with UT Health – San Antonio for Pediatric ENT Services through this physician for an additional two years for an amount not exceed $285,000 each year (net of collections).

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

EVALUATION: As Children’s Health Services continue to grow within the Health System, the Pediatric and Trauma services require the full-time availability of qualified pediatric ENT specialists to provide services within the Emergency Department, the Pediatric Intensive Care Units, and the Janey Briscoe pediatric ward. This contract is one component of
the overall pediatric ENT services required to support Health System activities.

FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH UT HEALTH SAN ANTONIO’S SOUTH TEXAS REFERENCE LABORATORIES (STRL) FOR REFERRAL LAB TESTING – JIM WILLIS

SUMMARY: The Pathology Services Department has two contract providers for referral lab testing that is highly specialized. Routine lab referral testing is sent to the primary reference laboratory, Quest Diagnostics. The Quest Diagnostics contract supports a larger volume of routine testing and expires on August 31, 2017. Since Quest is located in California, they are unable to meet rapid turnaround times for critical and urgent cases (turnaround times can be over three days). Therefore, the Health System has also contracted with UT Heath – San Antonio’s South Texas Reference Laboratory (STRL), as the secondary reference laboratory. STRL provides lab testing for specific low volume tests that are medically necessary and time sensitive which require a rapid 24-hour turnaround time. The current STRL contract expires on August 11, 2017. Since the primary lab referral contract with Quest was nearing expiration, the Pathology Department submitted a Request for Proposal (RFP) to evaluate alternative referral lab testing providers and their services, and to determine if there was opportunity for improvement for costs, processes and turnaround times. From November 2016 to April 2017, a Health System multi-disciplinary management team evaluated and reviewed seven vendor proposals for RFP#216-094-044-LAB. Three out of the seven labs could potentially achieve the turnaround criteria (STRL, ARUP and MAYO) and they were invited to present an overview of their lab referral processes as well as their best and final offer. After considerable deliberation, staff recommends awarding the entire referral lab contract to UT – San Antonio’s South Texas Reference Laboratory (STRL). UT Health - San Antonio has a total of 5,245 employees, and the workforce composition data was provided for the Board’s review. The total amount of this 3 year contract, August 12, 2017 through August 11, 2020, is $4,488,386. This amount was derived from the projected annual volumes with discounted pricing provided by STRL per its response to RFP#216-094-044-LAB process.

RECOMMENDATION: Staff recommends Board of Managers’ approval to award lab referral testing to STRL in the amount of $4,488,386, for a period of three years beginning August 12, 2017 through August 11, 2020.

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

EVALUATION: Mr. Willis acknowledged that the new contract with STRL is a significant change in that the current volume to Quest is approximately 70 percent; however, the change will be transparent to the patients. A positive change is that STRL will provide two FTEs to help sort the anatomical pathology slides and enter results in the system, versus one FTE provided by Quest. Dr. Jimenez asked who at the Health System
will be responsible for approving lab tests not listed in the initial contract. It is an administrative decision on the Health System side. If there is a test required due to medical necessity, it will be approved. Pathology leadership wants to control the contract, that tests ordered are appropriate. Within this contract some tests are $28 while others are $2,000. Dr. Russell Higgins, Medical Director, is heavily involved in screening these requests. Dr. Jimenez cautioned that he does not want to tie the hands of providers with delays. Dr. Volk assured the Board that the new contract will actually free the hands of the providers because of the complexities of dealing with a lab in California versus a lab in San Antonio. The 24 hour turn-around time is very important to the Health System, and the pricing is very similar to that of Quest; there are no additional fees for the quick turn-around. The new contract with STRL will also enhance the partnership with UT Health San Antonio.

FOLLOW UP:
None.

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

SUMMARY: In June clinical activity (as measured by inpatient discharges) was down 4.4 percent for the month compared to budget. Community First Health Plan (CFHP) fully-insured membership was down 1.5 percent, gain from operations was $13.0 million, $3.7 million better than budget. The bottom line gain (before financing activity) was $6.5 million, $3.7 million better than budget and was due primarily to higher operating revenue. Debt Service Revenue was $4.7 million which is equal to the budgeted Debt Service payment of $4.7 million. Payor mix for 2017 year to date, funded rate is 73.5 percent, and was broken down as follows:

Medicare – 24.6 
Medicaid – 25.4 
Commercial/HMO/PPO – 23.6 %
CareLink – 8.1 %
UHS – 3.0 %
Unfunded is 25.4 %

73.5 %

CareLink - 8.4 percent; UHS - 3.0 percent, and unfunded - 14.8 percent. 2017 operating cost per adjusted discharge for the month is $17,004, budgeted at $16,906, a variance of -0.6 percent. Year to date actual is $17,422, budgeted at $18,198, a variance of 4.3 percent. Mr. Hurley reviewed notable increases and/or decreases from the consolidated balance sheet in detail with the Board.

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: Mr. Hernandez provided an update on the Uniform Hospital Rate Increase Program (UHRIP), a new program approved by CMS which addresses base rates. The Bexar service delivery area (SDA) along with
the El Paso SDA will start a pilot UHRIP program on December 1, 2017. These are the only two Texas markets approved by CMS. The program will help offset some of the Medicaid shortfall in the SDAs in which the program is implemented. Staff estimates $12 to $14 million on an annual basis due to UHRIP. Dr. Burns noted the industry’s increase in shift to outpatient versus inpatient. The Health System has capacity to expand outpatient volume and staff is looking at the budgetary process to grow that volume; however, some patients are better managed in an observation setting. She also noted the opportunity to sell the Health System’s specialty services through managed care contracts. Staff has ramped up Center of Excellence designations in approximately 30 managed care contracts. Most contracts have a 3 percent annual increase built-in and staff has started to see some other small value base bonuses. The pediatric heart program will be included in all contracts because that service will sell itself because of their outcomes. Dr. Jimenez inquired about rare esoteric diseases that are incredibly costly and extend length of stays. Dr. Rodriguez confirmed that it is rare for UT Health not to have the expertise and Mr. Banos agreed. Those cases will not be transferred to a hospital that is less experienced; medical and administrative leadership will thoroughly review costly cases.

FOLLOW UP: None

PRESENTATIONS AND EDUCATION:

OPERATIONS REPORT FOR JUNE 2017—EDWARD BANOS

SUMMARY: Mr. Banos reviewed UT Health Metrics, along with respective service line incentives and deductions. Incentives ranged from $5,000 to $200,000, and deductions ranged from zero to $100,000. He presented outcomes for discharge orders by 11 am for various services, reviewed door to provider outcomes; ED consult turnaround times, left after medical screening exam, time from ED to bed, treatment room to discharge; Geometric length of stay for various services; arrival to balloon for Cardiology; arrival to PA for Neurology; Palliative care consult turnaround times, and patient satisfaction scores for Rehab Medicine and Pediatrics; Infection control rates for abdominal hysterectomies, colorectal procedures, and hip and knee replacements; outcomes for anesthesia block delays and electronic consents; Number of elective deliveries prior to 39 weeks gestation, as well as proficiency testing; and re-admission rates.

Patient Satisfaction - Period Q1-2013 to Q2-2017 (unless otherwise specified) – Reviewed benchmark percentiles and scores for University Hospital:

- Would Recommend Hospital - Mean score for University Hospital is 77.3.
- Would Recommend By Year for period 2013 through year to date – Mean score for University Hospital is 77.3.
• Overall Rating of Hospital - Mean score for University Hospital is 76.6.
• Overall Rating of Hospital By Year for 2013 through year to date – Mean score for University Hospital is 77.3.
• Communication with Nurses - Mean score for University Hospital is 78.0
• Communication with Doctors - Mean score for University Hospital is 82.3
• Responsiveness of Hospital Staff - Mean score for University Hospital is 82.3.

Emergency Department – January 2016 to June 2017

Adult Volume - Ranges below exclude Trauma patients, Emergency Ob/Gyn, patients who expired or left against medical advice, patients who left after medical screening exam, and patients who left without being seen:

January 2016 – 4,517
June 2016 – 4,230
January 2017 – 4,723
June 2017 – 4,818

Pediatric Volume – Ranges below exclude trauma patients, patient in Emergency Ob/Gyn, patients who left against medical advice, patients who expired or left after medical screening exam, and patients who left without being seen. Pediatric Emergency Department opened in August 2016.*

January 2016 – 633
June 2016 – 568
August 2016 – 695*
January 2017 – 1,005
June 2017 – 837

Trauma Volume – Ranges below include trauma patients of all ages. Excludes Medicine patients, Emergency Ob/Gyn patients, patients who left against medical advice, patients who expired or left after medical screening exam, or patients who left without being seen. No data available prior to March 2015.

January 2016 – 146
June 2016 – 178
January 2017 – 201
June 2017 – 241

Women’s Services Volume (Ob/Gyn) – Ranges below exclude pediatric patients, trauma patients, and visits over 720 minutes (12 hours) from door to provider; patients who left against medical advice, and patients who expired.
January 2016 – 1,033
June 2016 – 1,002
January 2017 – 936
June 2017 – 912

Hospital Compare Measures

Mr. Banos compared University Health System against Duke University Hospital and Memorial Hermann as follows:

<table>
<thead>
<tr>
<th></th>
<th>UHS</th>
<th>Memorial</th>
<th>Duke</th>
<th>UHS Goal</th>
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</thead>
<tbody>
<tr>
<td>Length of Stay - Admitted Patients</td>
<td>593</td>
<td>378</td>
<td>414</td>
<td>360</td>
</tr>
<tr>
<td>Length of Stay - Discharged Patients</td>
<td>403</td>
<td>269</td>
<td>288</td>
<td>300</td>
</tr>
<tr>
<td>Door to Provider</td>
<td>0</td>
<td>50</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>Left without being seen</td>
<td>0.1%</td>
<td>5%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Decision to Discharge – Admitted</td>
<td>298</td>
<td>141</td>
<td>125</td>
<td>120</td>
</tr>
</tbody>
</table>

Emergency Department Performance Improvement

People
• Review data daily with ED team (August)
• Hold staff/ physicians accountable for the ED performance (Ongoing)
• Flex staff between trauma and Fast Track (Ongoing)
• Adjust staffing to improve throughput (Ongoing)
• Fill vacant RN positions with Travelers and hire to fill vacancies and replace Travelers [July(2)/August, September (4)]
• Initiate a Guest services to assist with questions and concerns (August)
• Celebrate wins (Ongoing)
• Replace open operational manager position with clinical, night Director for increased oversight (August)

Process
• Escalation process for delays greater than targeted mean (Ongoing)
• Escalation process for consultant delays (August)
• Timely escalation of issues and concerns (Ongoing)
• Handoff between shifts and units (Ongoing)
• Purposeful Rounding in the ED lobby hourly (Ongoing)
• Share data daily, weekly and monthly with Staff (Ongoing)
• Redesign waiting area to be more patient centric (August)
• Create brochure to educate patients on what to expect when visiting the ED/Skylight TV education to follow pending ITS agreement (August)
• Standardize ED room appearance (August)

Technology
• Sepsis Campaign and education (Ongoing)
• Check-in software (Pending)
• Improve documentation in Sunrise to improve charge capture, specifically IV start stop times (Ongoing)
• Order additional phones to enhance communication (August)

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

ANNUAL CARELINK REPORT—VIRGINIA MIKA, PH.D./ROBERTO VILLARREAL, M.D.

SUMMARY: In 2016, CareLink averaged approximately 25,500 members per month, which is similar to 2015. Overall, there are slightly more than 37,000 members enrolled into the CareLink program with the largest portion of the membership at below 138 percent of the federal poverty level.

Dr. Mika reviewed distribution of CareLink enrollment in Bexar County. The highest concentration of CareLink members is within Loop 410, remains unchanged from prior years; however, there have been increases in the Northeast and Northwest parts of San Antonio.

In 2016, the total cost of care for CareLink members was over $77 million which is a 0.7 percent decrease from 2015. The cost per member per month (PMPM) in 2016 was $253.78, a 5 percent increase from 2015. Per member per year cost was $3,045.32. The PMPM cost has increased over time primarily due to the rising costs of healthcare and a shrinking CareLink population. However, the CareLink PMPM costs remain significantly less than Medicaid for individuals with disabilities ($1,645 PMPM) and Medicaid for the aged ($990.83 PMPM). To provide the Board with an overview of some of the services provided, Dr. Mike presented a snapshot of some of the activity in 2016 (includes inpatient and outpatient procedures*):

- Office Visits 135,458
- Emergency Department Visits 3,753
- Admissions 2,502
- Surgeries* 34,300

Over 363,000 prescriptions were issued to CareLink members in 2016 with a total cost of approximately $3.4 million or a per member per month cost of $11.08. Both of these numbers are very similar to the numbers for 2015. CareLink members contributed over $2 million dollars in pharmacy co-pays. The average co-pay is $10 per prescription.

In 2016, staff provided services and incentives for the benefit of CareLink members, as follows:

- Conducted a Lean event to evaluate front desk processes; as a result eliminated some forms and reduced wait times.
- Screened all applicants for qualification in grant or entitlement programs, such as the various Cancer Prevention Research Institute of Texas (CPRIT) grants obtained by Dr. Villarreal, which helps clinics reduce wait times.
- Continued the established partnership with CPS Energy so that all CareLink applicants are screened for eligibility for the affordability discount program and Casa Verde weatherization program. This
provides eligible members with a monthly discount off their electricity bill and possible assistance with weatherization for their homes. Over 5,000 members qualified for the affordability program and another 7,000 were eligible for the Casa Verde program. Staff also worked with San Antonio Water System (SAWS) to implement the same process for their affordability program and have enrolled over 1,500 CareLink members.

- Created a new process that provides assistance to new members in scheduling their first appointment with their PCP as soon as they are enrolled in CareLink. The enrollment staff will contact the Health System’s Ambulatory Call Center and help the member schedule that first appointment that establishes the relationship. This process helps to decrease Emergency Department utilization and increases the member’s satisfaction.

- Staff trained 3,200 representatives from 65 community organizations and service-oriented agencies. Staff reached over 13,000 community members by participating in various events such as health fairs, open houses, and back to school events. CareLink provided 145 workshops and educated over 700 members about the CareLink program.

In conclusion, the CareLink Department will continue to serve as a resource for the Bexar County community, not only for health services but also as a reliable source of information about health policy changes. The community at large looks to the Health System when changes are made to healthcare coverage requirements. This, in turn, helps to ensure Health System staff is educated on these changes and is able to provide the most up-to-date information. Further, staff will seek additional collaborations that have positive impacts on CareLink members, such as those relationships with SAWS and CPS Energy.

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 REGARDING MEDICAL-DENTAL STAFF COMMITTEES AND DEPARTMENTS—KRISTEN PLASTINO, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

UPDATE ON FACILITIES DEVELOPMENT ACTIVITIES—MARK WEBB

UPDATE ON THE ROBERT L. M. HILLIARD CLINIC PROJECT—MARK WEBB

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS—LENI KIRKMAN

SUMMARY: Mr. Smith 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. Smith adjourned the Board meeting at 8:10 p.m.

Ira Smith          Dianna M. Burns, M.D.
Vice Chair, Board of Managers  Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary