



THE DIFFERENCE 2015 REPORT TO THE COMMUNITY





Our Mission

The Mission of the University Health System is to promote the good health of the community by providing the highest quality of care to both inpatients and outpatients; by teaching the next generation of health professionals; and by supporting research, thereby advancing medical knowledge and improving the delivery of patient care.

Our Vision

We will continuously improve the health and well-being of the people of Bexar County, South Texas, and beyond.

Our Aspiration

University Health System will be the premier health system in South Texas, committed to delivering patientcentered, culturally competent and high quality healthcare, based on a strong foundation of outcomes-based research and innovative teaching.





James Adams Chair, Board of Managers Bexar County Hospital District

George B. Hernández Jr. President & CEO University Health System



t University Health System, we've been thinking a lot lately about the difference between our organization and other healthcare systems you might be familiar with.

We believe we occupy a very special place in our community, with roots that reach back nearly a century to the founding of the Robert B. Green Memorial Hospital, known today as the Robert B. Green Campus downtown. The Green was built by local leaders who saw a need for a place where everyone, rich or poor, could get the care they needed. That mission holds true today. University Health System is committed to improving the health of the entire community, and treating every patient with respect and compassion.

Over the decades, our growth has tracked other needs in Bexar County and South Texas. In 1968, after a long fight to bring a medical school to San Antonio, a new teaching hospital was built to accommodate the expert faculty members, students and residents it brought. Today, University Hospital is the primary teaching partner of the UT Health Science Center.

And of course, one of the hallmarks of a teaching institution is research and innovation. Over the years, advances in cardiac care, endocrinology, organ transplants, orthopedics, trauma care and more have taken place at University Hospital, the Texas Diabetes Institute and other University Health System facilities, and we are proud of our lifesaving role as the premier Level 1 trauma center for South Texas.

Today, as the U.S. healthcare system is undergoing historic transformation, University Health System is more important than ever. Whether it's helping families make sense of new coverage options under the Affordable Care Act, or serving as the anchor organization to bring more than \$1 billion in new services to a 20-county region under the Texas 1115 Medicaid waiver, or providing advanced, high-quality, evidence-based care to our patients close to where they live, University Health System is leading in new and different ways.

We hope you enjoy reading our 2015 Report to the Community. On behalf of the Board of Managers, the people of University Health System and our partners at UT Medicine, we thank you for your interest and support.

Sincerely, James Adams George B. Hernández Jr.



⁶ I love the connection that I can have with a patient, getting to know the whole family. I try to find some way to relate to them, so I can feel like I'm treating my own mom, my own dad. That way, it makes me more detail-oriented to their care. Today I called one of my patients to tell him about his labs, and he was extremely grateful. He said, 'thank you for calling me, for paying attention. I feel like I can talk to you.' That trust needs to be built, and I was really honored for him to say that about me. ⁹

Crystal Chavez, MD

first-year family medicine resident

Dr. Crystal Chavez grew up in Juarez, Mexico. She's the first member of her family to earn a college degree, and her decision to become a doctor is a tremendous source of pride to her parents. The family medicine residency program in San Antonio was her first choice after medical school. She works primarily at the Robert B. Green Campus. "When I came here, the people I met treated me like I belonged here. I love the program. It's perfect for me."

Teaching the next generation of health professionals, page 26



Education





Patient care



If you have good veins, you wouldn't know about our service. But for those who have had difficulty having IVs placed, it's a huge difference for them. They cannot believe it, they're so thankful. When they come back, they request us without having to go through that process of getting poked multiple times. It really does help a lot of people.

Christopher Esparza, RN

vascular access team

Christopher Esparza is one of a small number of registered nurses certified in vascular access. He uses ultrasound to place PICC lines short for peripherally inserted central catheter — through the arm for patients on long-term antibiotics, chemotherapy and other medicines. "Some people have bad infections and need antibiotics for long periods of time. Instead of having to stay in the hospital for weeks and rotate their IV sites, they can get a PICC line and have a home health nurse administer their antibiotics." Mr. Esparza has been with University Health System 18 years, beginning as a paramedic before earning his nursing degree. He's been on the vascular access team since 2009.

There is a difference, page 14





⁶⁶ I was interested in research for a very simple reason. As a physician I could not answer most of my patients' questions. Why is this happening? How is this possible? I wanted to find out why diseases happen and how you can make people better. ⁹⁹

Eugenio Cersosimo, MD

medical director of clinical research at University Health System's Texas Diabetes Institute and associate professor of medicine at the UT Health Science Center

As a young physician scientist studying at the Mayo Clinic, Dr. Eugenio Cersosimo published important findings on the role of the kidneys in regulating blood sugar, which was little understood at the time. A short time later, he read about work done by Dr. Ralph DeFronzo, then at Yale, who found a drug that blocked a process in the kidney that removed sugar from urine and returned it to the blood — a process harmful to diabetics. Today, the two scientists are colleagues at Texas Diabetes Institute, where Dr. DeFronzo is deputy director. After years of refinement, their work has led to a recently approved class of drugs called SGLT-2 inhibitors that have improved the lives of countless diabetic patients. It is one of several effective diabetes drugs available thanks to the work of researchers at Texas Diabetes Institute.

Finding better treatments for diabetes, page 22



Research and innovation





Community



I was scared. My dad died of cancer at 44. I wondered, what kind of care am I going to get? But University (Health System) was fantastic. I love Dr. Lautner. She's my hero. The staff is amazing. I'm so blessed to have gotten this ride. ??

Sally Spears, 46 breast cancer survivor

The lump felt like a "piece of gravel" to Sally Spears, who was diagnosed with breast cancer after a mammogram and biopsy in December 2014. While the news was terrifying, it also strengthened her faith and brought her closer to her two adult sons — and 2-year-old grandson. "My kids and I – we're stronger than ever. That's all that really matters." Today, filled with energy and optimism, she has nothing but praise for University Health System and her UT Medicine physicians, including cancer surgeon Dr. Meeghan Lautner and plastic surgeon Dr. Howard Wang.



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Renewing a historic partnership

n August, University Health System and the UT Health Science Center finalized a longterm affiliation agreement that extends their nearly half-century partnership.

That partnership has delivered highquality medical care to countless individuals and families throughout Bexar County and South Texas, educated tens of thousands of physicians, nurses and other healthcare professionals, and developed new and better treatments through clinical research.

The 15-year affiliation agreement was crafted to be relevant both today and in the future in a constantly evolving, complex and challenging healthcare environment.

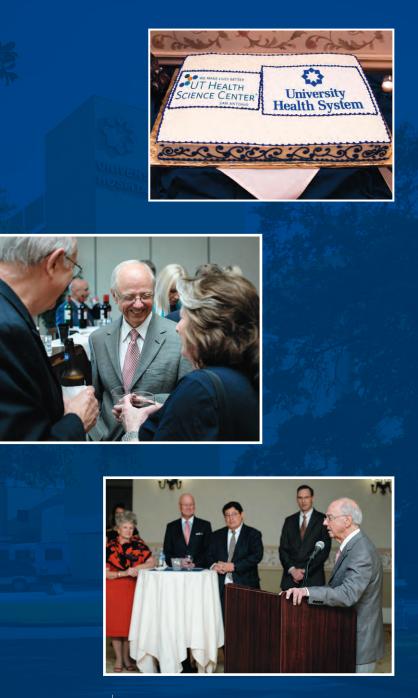
"Our affiliation dates back to 1968, and healthcare has changed greatly since then," said George B. Hernández Jr., president and CEO of University Health System. "This new agreement will help us work strategically and collaboratively to grow and innovate to meet the needs of our community and trauma region today, and into the future."

"More than 50 years ago, the Texas Legislature required that a suitable teaching hospital be constructed near San Antonio's medical school," said Dr. William L. Henrich, president of the Health Science Center. "With this new affiliation agreement, we renew our longstanding partnership with that teaching hospital, University Hospital, and the University Health System." The affiliation agreement is organized around four main tenets:

- Building a financially sustainable and nationally recognized academic medical center
- Developing existing and new centers of excellence to assure South Texans have access to high quality healthcare for the most complex medical and surgical problems close to home
- Delivering comprehensive, compassionate and culturally competent, state-of-the-art care
- Growing and maintaining excellent teaching programs in medical education, nursing, dentistry and allied health

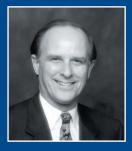
The agreement sets out a number of common goals, chief among them "an outstanding patient experience." It sets forth "a commitment to the mission of discovery ... to understand the determinants of illness and well-being, and to improve the quality and cost-effectiveness of healthcare."

Finally, it states the common vision of the organizations to be "the premier health system in the region... locally, nationally and internationally acknowledged as a destination for superior medical care and training of healthcare leaders."



Bexar County **Commissioners** Court

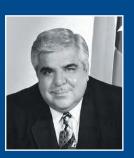
The Texas Constitution specifies that each county will elect a governing body consisting of a county judge and four county commissioners. The Commissioners Court appoints a Board of Managers for the Bexar County Hospital District, d.b.a. University Health System, and has authority to set the hospital district's annual tax rate and approve its budget.



Nelson W. Wolff Bexar County Judge



Sergio "Chico" Rodriguez Commissioner Precinct 1



Paul Elizondo Commissioner Precinct 2



Kevin Wolff Commissioner Precinct 3



Tommy Calvert Commissioner Precinct 4





Bexar County Hospital District Board of Managers

Authorized by Article IX, Section 9 of the Texas Constitution, and established by Bexar County voters in 1955, University Health System is the county hospital district for Bexar County, Texas. It is governed by a Board of Managers appointed by Bexar County Commissioners. The seven members of this board serve in an unpaid capacity for two-year terms. There is no limit on the number of terms a member may serve.





James Adams Chair, Board of Managers



Ira Smith Jr. Vice Chair



Dianna M. Burns-Banks, MD Secretary



Roberto L. Jimenez, MD Immediate Past Chair



Robert Engberg Past Chair



Janie Barrera



Jimmy Hasslocher



Linda Rivas Term ended 2015

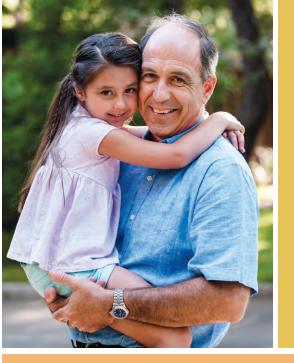


Bo Gilbert Term ended 2015

There is a difference

Four children. Four examples of the unique role that University Health System plays in Bexar County and South Texas. Here, the boundaries of medicine are expanded through research and innovation. Here, all patients are treated — and treated equally — no matter where they live or how much they earn. Here, the next generation of health professionals, from doctors and nurses to chaplains and administrators, are trained and inspired to serve. And here, at University Hospital, board-certified specialists are immediately available to provide lifesaving care to both adults and children such as Abby, A'Vayah, Caden and Damon.

There is a difference at University Health System. And here are the stories of four young patients whose lives were saved or restored because of that difference.



A'Vayah's story

wenty-eight weeks into her first pregnancy, Asha Creighton got the frightening news that her baby had a serious heart defect. A few weeks before her due date, she was sent from her home in Fort Hood to a San Antonio hospital. Unfortunately, as soon as baby A'Vayah was born, doctors there realized her condition was far worse than expected. "We need to send you to University Hospital," they told her. With her baby's chances of survival estimated at only 30 percent, she placed her trust in the team led by Dr. Adil Husain, chief of pediatric cardiothoracic surgery at the UT Health Science Center, and head of the South Texas Pediatric and Congenital Heart Center at University Hospital. The center includes a team that specializes exclusively in the care of rare and complex congenital heart defects. A'Vayah spent 93 days at University Hospital and had three more open-heart procedures and one less-invasive procedure in the cardiac catherization lab. After months of being developmentally delayed, A'Vayah, now 2 years old, is walking, playing and catching up quickly.

Abby's story

t was supposed to be a quick drive to Grandma's house to drop off 6-month-old Abby Jack so her mom, Rachel, could go on to a doctor's appointment. Instead, Rachel suffered a seizure; her car hit a tree. Abby, buckled safely in her car seat, seemed fine. But when her dad, Darrell, got to the scene he decided to take her to the closest hospital, just to be sure. It was the best decision of his life. It turned out Abby had suffered a catastrophic head injury. She was quickly transferred to the Level I Trauma Center at University Hospital, where around-the-clock trauma and neurosurgical specialists were waiting to take her immediately into surgery. It was a complex operation in which Dr. David Jimenez, chair of neurosurgery at the UT Health Science Center, removed part of Abby's skull to help manage her swollen brain without causing further damage. Abby spent three weeks in a medically-induced coma — followed by more operations and a long recovery. Today, she's a healthy, energetic 6-year-old with a bright future.





Caden's story

C aden Arnold, a sports-loving 13-year-old, was driving a four-wheel all-terrain vehicle on the family ranch near Bandera when he lost control. The ATV flipped, landing on top of him and crushing his leg. He was rushed by San Antonio AirLife to University Hospital, where trauma surgeons, orthopedic surgeons and other specialists were on hand to stabilize him and do a head-to-toe assessment of his injuries. He underwent a series of operations and, ultimately, the decision was made to amputate his leg so that he could live as full a life as possible. "Doctors said he wouldn't be playing football again, and that he probably wouldn't play basketball," his mom Amy said. "But he's surprised a lot of people — including us." Three months after the accident, Caden was fitted with a running prosthesis, followed by a special sports "knee" to match. Soon, the eighth-grader was playing football, basketball, baseball, and running track at school. "He's out there doing everything he did before — with a few adjustments," said his mom. "You just put on your leg and go," added Caden with a smile.

Damon's story

he nightmare began with a hug. Lisa wrapped her arms around her 11-year-old son Damon in the grocery store and felt something unusual on his arm. When she took him to the doctor to have it examined, the diagnosis came as a shock. It was osteosarcoma, a rare form of bone cancer. "I'd say it's the furthest thing from your mind, but it doesn't even cross your mind," his dad, Brian, said. They went to an orthopedic surgeon in Austin who told them the only way to save Damon's life was to amputate his arm. Hoping for another option, they found the world-renowned UT Medicine pediatric oncologists at University Hospital's South Texas Pediatric Blood & Cancer Center. There, they were encouraged to remain hopeful — even though the tumor in Damon's arm was one of the largest the doctors had seen in a child his age. It's been a difficult journey, but Damon has shown remarkable strength and courage. "Cancer is not going to slow me down," Damon said.



A new home for children with heart problems

When the parents of a child with a serious heart defect seek help from a specialist many miles from home, their own comfort isn't their first priority.

But a family-centered redesign now underway in the Pediatric Cardiac Care Unit at University Hospital includes a number of changes aimed at making their stay less stressful, including six hotel-like rooms so parents can sleep just a few steps from their child's room. The new space also includes a common living area, a shared kitchen and laundry facilities for families to experience a little normalcy during extended stays.

"It's not unusual that we do a complex heart operation on a baby who is in the hospital for three weeks. And it's also not unusual that the family lives in El Paso or the Rio Grande Valley," said Dr. Adil Husain, chief of pediatric cardiothoracic surgery at the UT Health Science Center, and pediatric surgeon-in-chief at University Hospital. "If the parents are lucky, they find a room at a Ronald McDonald House or a place somewhere to stay at night. But oftentimes they'll sleep in their child's room, night after night."

While making families feel more at home was a major factor in the redesign, the main goal was to create a dedicated place to care for all children with heart problems — from newborns to 18-year-olds — in a single location on the ninth floor of University Hospital's Horizon Tower.

The unit features "variable acuity" rooms capable of intensive care, but with the features and amenities of a regular room. Children will typically remain in the same room from admission to discharge, with the same medical team throughout.

Bringing together in one location a team focused exclusively on small hearts leads to better outcomes, a lower risk of errors, greater efficiency and lower costs, Dr. Husain said. It also leads to greater family and staff satisfaction.





Straight talk about a deadly cancer

N o one looks forward to a colonoscopy with enthusiasm. For Hispanic men, it's an even harder sell.

Few Hispanic men get the recommended colon cancer screening tests, even though colorectal cancer is the second most common cause of cancer death in that group. Hispanics are also more likely to be diagnosed at an advanced stage of the disease, when it's harder to treat.

An innovative program at University Health System uses male, Spanishspeaking patient navigators to explain the benefits of colorectal screenings to Hispanic men — and their wives — and make it easier for them to schedule and undergo colonoscopies.

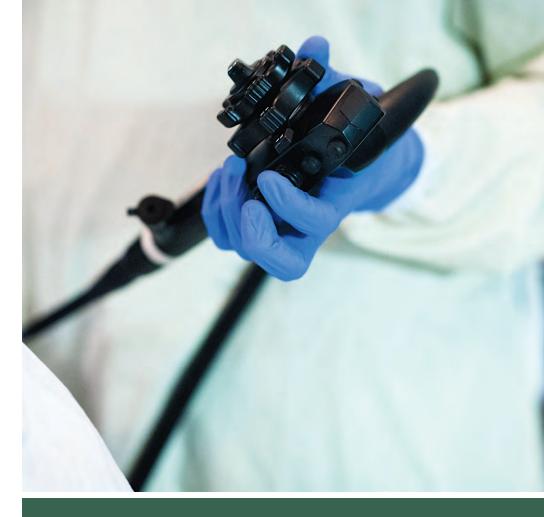
University Health System was awarded a \$1.5 million grant in May 2015 by the Cancer Prevention & Research Institute of Texas to expand the program. Current recommendations call for everyone beginning at age 50 to receive regular screenings for colon cancer.

"An important part of this program is flexible scheduling and providing transportation to and from the colonoscopy," said Dr. Roberto Villarreal, senior vice president of research and information management at University Health System, and lead investigator of the program. "Many of these men work as carpenters or plumbers, and are the only family member to drive. It's hard for them to take a day off, and it's hard to have someone drive them to the appointment."

A study of the program, published last year in the Journal of Cancer Education, found the program not only convinced most of the men to get a colonoscopy, but it saved money in the long run — about \$1,148 per patient. That's comparing the cost of screening and early detection to treating the projected number of patients who would go on to develop colon cancer.

This wasn't the only initiative by University Health System to convince men to take their health seriously. In September 2015, in partnership with KENS-TV, University Health System launched a public awareness campaign — Real Men Wear Gowns — to bring the message into living rooms.

Since 2010, University Health System has been awarded \$6.2 million from CPRIT for cancer prevention and screening, in addition to the grant in May.



"An important part of this program is flexible scheduling and providing transportation to and from the colonoscopy." Dr. Roberto Villarreal



Bringing healthcare to the kids

University Health System opened its second school-based health center in early 2015, this one in partnership with the Southwest Independent School District.

The center offers low-cost primary and urgent care services, along with immunizations, sports physicals, patient education and other services to students and their siblings age 18 and younger living in the Southwest ISD district.

It filled a big need in a community with few other health providers nearby. About 4,000 students attend classes within walking distance of the health center at 11914 Dragon Lane near Loop 1604 and Old Pearsall Road.

"Providing access to a clinic in our backyard will assist our students in getting greater, timely healthcare like never before," said Dr. Lloyd Verstuyft, superintendent of Southwest ISD.

Southwest ISD provides the facilities and University Health System provides staff and equipment. The health center features four examination rooms, a classroom and laboratory space. Medical care is delivered by a mid-level provider such as a nurse practitioner, along with nursing and support staff.

This location comes about a year and a half after the Harlandale ISD School-based Health Center opened its doors.

Having a clinic on site not only improves health, but boosts academic success as well, said Sergio Farrell, senior vice president of ambulatory services at University Health System.

"Kids can't achieve academic

"Our school-based health centers help students reach their potential." Sergio Farrell

success unless they're in school," Mr. Farrell said. "Our school-based health centers help students reach their potential by providing preventive care and quick access to treatment when they're sick or hurt."

Matt's wish comes true

Atthew Parker isn't your typical little boy. For one thing, he's a triplet — inseparable from brothers Mark and Samuel.

He's also struggled with a serious medical condition most of his young life.

Matthew's kidneys began to fail when he was just three weeks old, when he developed an infection and low blood pressure. He was placed on dialysis, a process that artificially does the work of kidneys by filtering the blood of toxins. Physicians at University Transplant Center soon placed him on the transplant list.

In September 2010, at the age of 2, he received a new kidney from a deceased donor. But Matthew's body began rejecting the new kidney after a couple of years. Doctors put him back on the transplant list.

For Matthew, the best solution involved a living donor. Although donating a kidney to someone is a serious decision that should be made with an understanding of the possible risks and complications, a kidney transplant from a living donor starts working faster and typically lasts longer than one from a deceased donor.

Because of compatibility issues, the family hoped an altruistic donor would come forward. With a previous rejection, doctors explained it would need to be a perfect match, not just a close one.

Matt's wish for a new kidney was shared on local TV news and through social media, prompting more than 80 people to sign up as potential living kidney donors.

But when his first grade teacher, Lindsey Painter, proved to be the best match it became international news with coverage by People magazine, national cable and network news broadcasts, and newspapers worldwide.

Matt's wish for a new kidney came true. He received his new kidney in March. In August he started the second grade along with his brothers. But for the first time, he's been able to join his classmates five days a week; last year, he missed three days a week for dialysis.

To learn more about altruistic kidney donation, visit www.universitytransplantcenter.com or call (210) 567-5777.



A miracle baby reunites with his surgeon — *as an adult*



Gilbert Hernandez III looked like a normal, healthy baby at birth, weighing in at nearly 10 pounds. His parents held him for only a minute before he was taken to be bathed and examined.

A few hours later, Dr. John Calhoon, then chief of pediatric surgery at the UT Health Science Center, delivered some frightening news. "He told us Gilbert was having trouble breathing," his mother, Maria Hernandez recalled.

That was on March 20, 1993. And by the end of the day, doctors had diagnosed the problem: Gilbert's aortic valve hadn't developed. He needed surgery to survive. But among the doctors, there was disagreement on how to proceed.

Dr. Calhoon suggested a complicated operation that would include moving the baby's pulmonary valve to serve as his aortic heart valve, then replacing his pulmonary valve with a donor valve.

"We had limited options," Dr. Calhoon said. "We could have tried a single ventricle repair, but we weren't very good at it back then."

Plus, he explained, that operation was risky and would have been just the first of many more major operations over the next several years. "You always want to do an operation that gives the child a complete repair and takes advantage of both ventricles and all the valves."

In the end, the Hernandez family put its trust in Dr. Calhoon. The team struggled to keep Gilbert stabilized as they waited for a donor valve to become available. It took only a day; the family had mixed emotions after learning it came from a 5-year-old child who died in a car crash.

Gilbert was just 2 days old when he became the youngest person in the United States, and likely the world, to undergo this procedure.

In April 2015, Gilbert — now age 22, attending college and pursuing in a career in sports broadcasting — was reunited with Dr. Calhoon, now chair of cardiothoracic surgery at the UT Health Science Center. Both were honored at the 10th annual Medical Miracles Gala, an event to benefit the University Health System Foundation.

The Hernandez family thinks often about what could have been. "It's been a blessing that Dr. Calhoon was there for us, and that he decided to take that risk. He's our hero," Maria Hernandez said. Gilbert agrees. "It's unexplainable. I'm blessed."





"This particular skill, to examine and treat these babies, is vanishing." Dr. Alice Gong

Screening the tiniest eyes, from a distance

Retinopathy of prematurity, or ROP, is a common cause of blindness in the smallest and sickest premature babies.

In ROP, blood vessels in the back of the eye begin to grow abnormally, which can lead to scarring and detachment of the retina. It must be treated with a laser.

A big problem is that doctors trained in diagnosing the eye condition are in short supply. So a group of researchers — including Dr. Alice Gong, professor of pediatrics at the UT Health Science Center and a neonatologist at University Hospital — wanted to know if telemedicine might be an answer. They conducted a study to see if the condition could be identified safely and accurately from many miles away.

"We don't have enough specialists trained to do these exams, and most premature babies need an exam," said Dr. Gong. "This particular skill, to examine and treat these babies, is vanishing. A lot of ophthalmologists are not trained in this anymore."

The problem is not just in rural areas. Even in San Antonio, a retinaltrained ophthalmologist travels from Austin once a week to work with infants.

In the federally funded study, images of babies' eyes were transmitted to an image-reading center for evaluation, where trained staff analyzed the images and recommended whether infants should be referred to an ophthalmologist. Their recommendations were compared to those of ophthalmologists who examined the babies in hospitals. The study found that non-physicians and physicians had similar success in identifying problems.

Dr. Gong said the idea is not only that babies could be diagnosed, but also followed remotely by these trained non-physicians as their condition progressed. That way, babies stay close to home longer, and are transferred to a referral hospital like University Hospital only when they need treatment.

Finding better treatments for diabetes

or many years, researchers at University Health System's Texas Diabetes Institute, or TDI, have been at the forefront of studying new and existing drugs in new combinations, aimed at improving the lives and health of people with diabetes, a disease affecting almost one in 10 Americans.

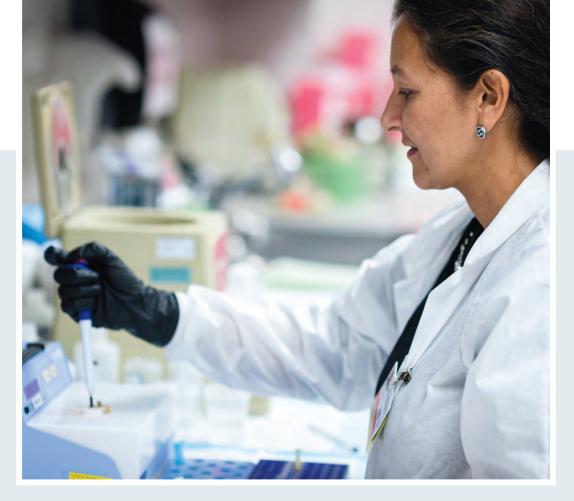
And while all that research has led to a dizzying array of diabetes medicines to choose from in recent years, it's not always clear which one is best for a particular patient.

That confusion isn't so much about the first drug doctors prescribe. Guidelines say the first drug offered should be metformin — a drug approved in 1994 based in large part on studies led by Dr. Ralph DeFronzo, deputy director of TDI and professor of medicine at the UT Health Science Center.

But for many patients, metformin becomes less effective over time. That leaves doctors with a range of drugs to offer next – often in combination with metformin. These drugs include sulfonylureas (the first oral diabetes medicine, available since the 1950s); DPP-4-inhibitors; GLP-1 analogues; and insulin. All of these drugs work differently to lower blood sugar. All have somewhat different benefits and side effects.

"Doctors call us all the time," said Dr. Eugenio Cersosimo, associate professor of medicine at the UT Health Science Center and medical director of clinical research at TDI. "We at TDI are specialists. We're the research center. They ask, 'which one should I use?' And the answer is, we don't know. We use different drugs in different patients, for different reasons. But it's a guessing game."

To finally answer that question, TDI and other centers across the country are



taking part in GRADE, or Glycemia Reduction Approaches in Diabetes: A Comparative Effectiveness Study. The federally funded study will recruit 5,000 patients, including about 150 in San Antonio. At the conclusion, doctors and patients should have better guidelines on which medications to turn to.

Meanwhile, work on even newer diabetes drugs continues. Among them, TDI researchers are studying a unique class of drugs called SGLT2 inhibitors, which help the body excrete excess sugar levels through urine.

Taking a new look at an old drug to slow blood loss

B lood loss and shock are big reasons why seriously injured patients die. Now a new, three-year national study involving University Health System, the UT Health Science Center and San Antonio AirLife is looking at whether a drug already approved for slowing blood loss in other conditions can save the lives of trauma patients if given quickly by first responders.

Tranexamic acid, or TXA, is approved by the Food and Drug Administration to stem blood loss in patients undergoing heart surgery, orthopedic surgery and dental procedures. Recent studies involving wounded troops have shown that early use of TXA after arrival at a trauma center results in earlier control of bleeding and improved survival chances.

The Study of Tranexamic Acid during Air Medical Prehospital Transport Trial – or STAAMP – is testing the drug in critically injured patients during air transport to University Hospital's Level I trauma center. The study was announced to the community at a news conference in August on University Hospital's helipad.

"Injury is the leading cause of death in people younger than age 45. Many of the deaths after trauma are due to bleeding. Between 30 percent and 50 percent of trauma patients with severe shock from bleeding die from their injuries," said Dr. Brian Eastridge, professor of surgery at the UT Health Science Center and trauma medical director of University Hospital. "This important study will give us vital information as to whether tranexamic acid, given en route to a trauma center and in the trauma center, can reduce that unacceptably high mortality rate."

The study's sponsors are the U.S. Department of Defense Telemedicine and Advanced Technology Research Center and the University of Pittsburgh. Other participants in the study are the University of Rochester and the University of Utah.



Improving care for a common vascular problem

Peripheral artery disease is a common problem affecting millions in the United States. Blood vessels in the legs become narrowed or blocked by fatty deposits, raising the risk of amputations, heart attacks and stroke.

Doctors typically recommend lifestyle changes and medications first to treat the condition. When that fails, they turn to opening the narrowed blood vessel with a balloon catheter. But often, the blockage returns months or years later.

Now, doctors have a new tool approved by the FDA: a balloon coated with a drug that resists the reforming of plaque on the artery walls.

Audre Rapoport, 91, a philanthropist who heads a Waco-based charitable foundation, had some blockage treated with a standard balloon catheter

procedure at University Hospital in 2014. A year later, the blockage began causing her pain again, and physicians here decided she was a candidate for the new treatment.

"I'm looking forward to getting back in shoes sooner than I did last time," said Ms. Rapoport, who returned home the day after an overnight hospital stay.

"The drug is delivered to the blocked area," said Dr. Anand Prasad, an interventional cardiologist and assistant professor of cardiology at the UT Health Science Center. "You inflate the balloon and the drug actually gets deposited on the wall of the artery. The drug is paclitaxel, a chemotherapy drug, and it prevents the body from forming scar tissue to reclose the narrowing."

"In the United States alone, there's estimated to be up to 18 million people with PAD, 8 million of whom are highly symptomatic," Dr. Prasad said. "PAD in South Texas is a big issue. It's really diabetes that's causing a lot of this."

> "In the United States alone, there's estimated to be up to 18 million people with PAD, 8 million of whom are highly symptomatic." Dr. Anand Prasad

Technology to predict at-risk patients

ospitals across the nation are taking a hard look at why some patients are readmitted soon after being discharged. Often, these patients have economic or social factors that hinder their recovery.

In 2014, with funding from the Texas 1115 Medicaid waiver, University Health System acquired innovative new software that automatically scans patient records within 24 hours of admission and identifies patients that might be at high risk for readmission, allowing nurses and case managers to give those patients extra attention aimed at keeping them healthy and out of the hospital after discharge.

The software, called Pieces All-Cause Readmission Reduction Model, was developed by a non-profit research group linked to Parkland Health & Hospital System, an academic medical center and safety net health system in Dallas.

"As with most healthcare organizations across the country, we are looking into better ways to care for our patients in the hospital setting, as well as to help patients and family members manage their condition after they've been discharged," said Dr. Bryan Alsip, executive vice president and chief medical officer of University Health System. "Pieces enables us to improve the quality of care and to prevent unnecessary readmissions."

In another initiative aimed at keeping newly discharged patients on the path to recovery, all receive an automated call after returning home to make sure they have their medications and follow-up appointments. Both are major reasons why patients have to return to the hospital.

University Health System has seen a significant decline in its readmission rates, thanks to the Pieces technology and outbound discharge phone calls. Dr. Alsip said that while the decline is welcome, University Health System won't be satisfied until unnecessary readmissions are eliminated altogether.





Teaching the next generation of health professionals

When people hear the term "teaching hospital," they likely think of young physicians-in-training, learning their craft under the watchful eye of expert faculty.

At University Hospital, we're proud of our role in training new doctors. But our our teaching mission is much bigger.

Many different kinds of students spend time at University Health System. They are studying to become sociologists, music therapists, healthcare administrators, chaplains, laboratory scientists, information technology professionals — the list goes on. It includes our nursing students and the many allied health students that rotate through University Health System facilities, from physical therapists and dieticians to vascular technologists and audiologists.

In all, students from more than 50 non-physician professions and programs come through University Health System each year, almost 1,800 students annually.

These relationships don't just benefit the students; the energy and enthusiasm they bring elevates everyone here. Teaching hospitals practice the latest, evidence-based medicine and conduct research on the newest therapies available anywhere, all of which benefits our patients. And since

> many of these professionals stay and practice locally after they graduate, it benefits the community and region as well.

Our primary academic partner is the UT Health Science Center, with hundreds of medical students and residents learning here, along with students from other allied health disciplines. University Hospital was built as a condition of San Antonio getting a long-sought medical school; the two institutions opened their doors in 1968 as a matched set.

But other partnerships have developed over the years, including a close and longstanding relationship with the University of the Incarnate Word. The school's pharmacy faculty and residents fill prescriptions and do research at University Hospital and the Robert B. Green Campus. UIW students gain clinical experience in nursing, nuclear medicine, physical therapy, music therapy and dietetics in University Health System facilities.



A commitment to learning

ear after year, University Health System is ranked among the top employers in the world for its learning and staff development programs, a testament to how much the Health System values its people.

University Health System's Center for Learning Excellence offers a wealth of programs that benefit all staff members, beginning with orientation when they arrive and continuing throughout their careers.

"Our Board of Managers and the entire leadership team is committed to helping everyone on our staff — regardless of their job description develop the skills they need to achieve their career goals," said Theresa Scepanski, senior vice president

and chief administrative officer for organizational development. "We want to recruit the best people to University Health System and then watch them grow within our organization."

The value of all that training was \$19.2 million in 2014, including both direct and indirect costs, and the value of staff hours spent learning.

Among the opportunities offered are programs to help non-clinical staff become healthcare professionals, programs to identify and groom future managers and executives; programs to improve communication skills and team building, and staff training for those who want to become certified medical interpreters.

In 2014, 336 University Health System staff members took advantage of a generous tuition reimbursement program to enroll in college courses. Almost 1,500 received continuing education reimbursement to attend conferences and seminars.



Employees learning to become certified medical interpreters.

University Health System's educational reach extends beyond its own employees. It works with young people to spark an interest in health careers through its Junior Volunteer Program and Camp 98.6, a partnership with St. Philip's College and San Antonio Independent School District.

University Health System was ranked No. 2 worldwide for the quality of its learning programs by the Association for Talent Development's BEST Awards program. Earlier this year, it won the LearningElite gold award, placing it among corporate giants such as Hilton and Procter & Gamble.





Nurse residency program takes care to new heights

Aking the jump from nursing student to working nurse is a lot smoother for graduates of University Health System's Nurse Residency Program.

Nurse residents dedicate an entire year to the program immediately after earning their Bachelor of Science in Nursing degrees. Each nurse resident is guided and mentored by experienced nursing staff. The end result is better patient care.

"Our Nurse Residency Program is a real asset, and one more thing that sets University Health System apart," said Nancy Ray, senior vice president and chief nurse executive of the Health System. "It not only better prepares our new nurses, improving their skills and confidence, but it makes us a better healthcare organization across the board, especially in the level of care we provide our patients."

Since it began, 111 registered nurses have graduated from the program, a partnership with the UT Health Science Center School of Nursing. It's the only such program in the region.

The program was developed by the American Association of Colleges of Nursing and a coalition of academic health systems across the country that includes University Health System. It began after research showed that many newly licensed RNs lacked the skills to succeed in today's increasingly complex healthcare environment.

Studies have shown graduates of the program are more confident, competent and organized. They gain communication and leadership skills, and report lower stress levels. They also are far more likely to stay on the job.

University Health System is the first and only health organization in San Antonio to earn Magnet status from the American Nurses Credentialing Center, the gold standard for patient care.

Rethinking the medical team

As with most teaching hospitals, each day at University Hospital begins with morning rounds. Typically, an attending physician is trailed by residents and medical students, moving from room to room and discussing the treatment and progress of their patients.

Dr. Luci Leykum has spent the past few years studying these medical teams. Dr. Leykum, a hospitalist and associate professor of medicine at the UT Health Science Center, thinks that improving how teams work and think will lead to better patient care.

To improve them, she and her colleagues have expanded the very definition of the medical team to include not just other health professionals such as nurses, therapists and pharmacists, but the patient and family as well.

"When we involve patients in their care, the care just gets better," Dr. Leykum said.

By moving patients and family to the center of the discussion, their wishes and expectations are included in planning and setting goals. In many cases, that involvement leads to lifestyle changes and better long-term outcomes.

In earlier research, Dr. Leykum studied what qualities make up a good team; she found it involves empowering all members to speak up and work together. In a study published last year, she found the best teams communicated well and were open to the ideas of others. That led to better group decisions.

In her most recent work, a pilot study at University Hospital looked at what happens when patients become part of team discussions. Dr. Leykum found it not only improved care, but cut almost an entire day off hospital stays on average.

While that might not sound like much, if it were expanded throughout the hospital it could eliminate 4,600 bed days of care and \$1.5 million in avoidable costs, freeing up beds to admit 780 more patients per year.



"When we involve patients in their care, the care just gets better." Dr. Luci Leykum

Addressing the healthcare challenges in Bexar County

A series of recommendations aimed at improving the health of Bexar County residents emerged at the Bexar County Health Summit, a gathering of some 300 health and community leaders led by Bexar County Judge Nelson Wolff and San Antonio Mayor Ivy Taylor in September 2014.

The recommendations addressed a range of issues in four key areas of concern, and include finding a "Texas way" to expand healthcare coverage to the uninsured, increasing the availability of mental health treatment, combating obesity and growing the supply of a diverse pool of doctors, nurses and allied health workers in Texas.

"We've come a long way, but we have much further to go," Judge Wolff told attendees at the event, which took place at the OMNI San Antonio Hotel at the Colonnade. "We now stand at a unique time when we can take a major step to enhance and expand our healthcare system."

Recommendations ranged from requesting more funds for medical residents and nursing education, to improving the state's ability to collect and monitor immunizations.

One recommendation called for educating the community about the high sugar content of many beverages, which eventually led to the creation of the Bexar Healthy Beverage Coalition, a group of some 20 government, healthcare, education and business organizations with the common goal of helping families make better decisions about their drink choices.

The Healthcare Summit was a partnership between Bexar County, the city of San Antonio and University Health System.

The first Bexar County Healthcare Summit took place in September 2001.



"We've come a long way, but we have much further to go." Judge Nelson Wolff

The gift of a healthy heart

n early 2015, baby Tuvshintur and his mother made the long trip from Mongolia to University Hospital for lifesaving surgery.

The boy was born with a hole in his heart that left him struggling to get enough oxygen-rich blood throughout his small body.

Coming to the rescue was HeartGift – San Antonio, along with University Health System and the UT Health Science Center. Together, this partnership is able to provide heart repairs for children in need around the world.

The operation was performed by Dr. Adil Husain, surgeon-inchief of University Health System's pediatric services and professor of cardiothoracic surgery at the UT Health Science Center.

On April 17, Tuvshintur celebrated his first birthday back in Mongolia, an active, growing boy.

"Children in the United States receive this kind of care as a matter of course, and with HeartGift we are able to offer it in a single operation, and give a child, and a family, that life back," said Leslie Met, executive director of HeartGift – San Antonio. "We are so grateful to University Health System and the UT Health Science Center for helping us save the lives of children who would otherwise die prematurely."

The HeartGift Foundation is a nonprofit organization that brings children from around the world for free surgery to correct life-threatening congenital heart defects. It began in Austin in 2000 and has rapidly expanded with chapters in Texas and Louisiana.

"We understand that there's a huge disparity in terms of how congenital heart disease care is afforded to patients not only within our own country but around the world," Dr. Husain said. "And we find a lot of value in partnering with community leaders and citizens to create a philanthropic and humanitarian way they can get involved in caring for patients with congenital heart disease."





Teaching every kid to swim

Every kid should know how to swim.

That was the idea behind University Health System VIVA SWIM for Life, a communitywide campaign to provide free swim lessons by qualified instructors at public and private pools during the summer. San Antonio Sports and USA Swimming were partners in the campaign.

Unfortunately, many kids can't swim. A study by the USA Swimming Foundation of American children found that 70 percent of African-Americans, 60 percent of Hispanics and 40 percent of Anglos can't swim. Another alarming statistic: More than one in five fatal drowning victims is younger than 14.



While the goal was to provide kids with a skill that could save their lives, the hope was that many would take up swimming as a lifelong sport and great physical activity. The program was promoted at four national swimming competitions in San Antonio this year. Flyers were distributed through local school districts.

The program reached thousands of people. Participating swim programs such as those hosted by the YMCA and San Antonio Parks and Recreation saw a whopping 34 percent increase in the number of children taking swimming lessons as a result of VIVA SWIM. That's 8,704 more kids learning to swim — with 34,153 taking lessons from March through August 2015, compared to 25,449 the same period in 2014.

Certificates of completion were distributed to all VIVA SWIM providers and given to each person who completed swimming lessons.

In addition, 300 medals were awarded to VIVA SWIM finishers by Olympic gold medalist Josh Davis at the U.S. Masters Nationwide Swim Championships in April and the Phillips 66 National Championships in August.

A leading role in transforming healthcare in Texas

When the federal government approved the Texas 1115 Medicaid waiver in 2011, it included billions of dollars to improve the quality and availability of healthcare throughout the state, allowing local providers to find innovative solutions to critical needs.

University Health System was given the important job of serving as the anchor organization for Bexar and 19 surrounding counties participating in the waiver, an area known as Regional Healthcare Partnership 6.

That job has involved organizing, educating and encouraging some two dozen urban and rural hospitals, community mental health centers, as well as the UT Health Science Center and the San Antonio Metropolitan Health District.

The program ends in September 2016, but participants are advocating for this important source of funding to be renewed. It has had a tremendous impact already, with some 124 projects launched in our region, many of them expanding or improving access to critically needed services.

Other projects are helping patients with chronic health problems manage their conditions, while some are designed to prevent disease and promote good health.

In all, \$1.16 billion from the Delivery System Reform Incentive Payment Pool, known as DSRIP, are helping to transform care and providing a critically important source of funding for healthcare providers. Throughout the process, University Health System is helping other providers navigate the complex rules of the program, holding conferences and seminars, connecting them with resources, and providing software and advice in documenting their success — a necessary step in earning incentives under the program.

In addition to serving as an anchor, University Health System and Community Medicine Associates, the Health System's physician practice, has 26 projects of its own. These projects built school-based health centers, expanded telemedicine capabilities and clinic hours, purchased technology to identify patients most at risk for relapse, and added a healthyUexpress mobile clinic to deliver services to the most distant corners of Bexar County.

RHP 6 has served as a model for the state. One example is an online interactive tool developed by Carol Huber, director of RHP 6. The tool allows anyone to quickly find information contained in the 1,800-page plan detailing all 124 projects. Other regions are adopting the tool for their own projects.



These projects have built school-based health centers, and expanded telemedicine <u>capabilities</u>.

New partnership brings a higher level of healthcare to the East Side

W ith the goal of bringing a higher level of care to neighborhoods on the city's East Side, University Health System and the San Antonio Housing Authority are teaming up to build a new family health center.

The center will be built on a 2-acre site owned by SAHA on Runnels Street, just east of Walters Street and adjacent to the Sutton Oaks Apartments. University Health System will invest about \$4 million to construct, equip and staff the new location. The hope is to open the new center in early 2016.

"We envision this new family health center as a model for outpatient care, with advanced technology and a team of health professionals working together to address the individualized health needs of both adults and children," said George B. Hernández Jr., president and CEO of University Health System.

"We are thrilled to partner with University Health System to bring quality medical care to East Side residents," said Lourdes Castro Ramirez, former SAHA President and CEO, at the official kick-off event in June 2014. "This project directly addresses the goal established by area residents during the Choice Neighborhood planning activities, to establish a new family health center within this community."

Significant funding for the health center will come from the Delivery System Reform Incentive Payment Program, or DSRIP, part of the Texas 1115 Medicaid waiver.

The project will complement the Eastside Promise Zone announced by President Barack Obama in his State of the Union Address last year, one of five such Promise Zones nationwide selected under the program. It aims to revitalize communities by creating jobs, reducing poverty, expanding educational opportunities, providing affordable housing and improving public safety.



"We are thrilled to partner with University Health System to bring quality medical care to East Side residents." Lourdes Castro Ramirez

A giant milestone for fair business practices

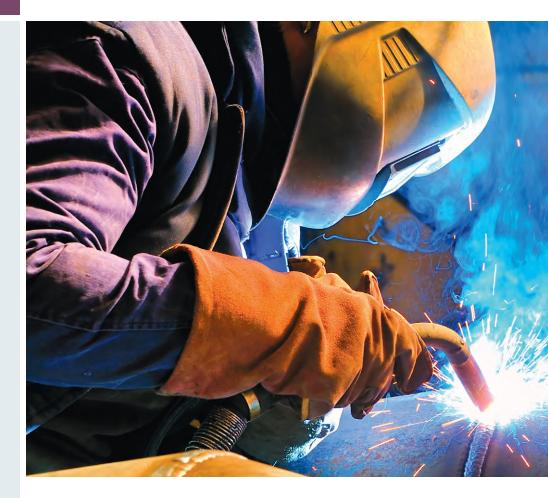
n recent years, University Health System has won accolades for the diversity of its vendors and contractors, racking up awards from groups such as the Hispanic Chamber of Commerce, the Hispanic Contractors Association de San Antonio and the Minority Business Development Agency.

But in October 2014, the Health System reached a truly remarkable milestone in fair business practices for an organization its size. Since the Supplier Diversity Program began in 2004, the Health System has spent a whopping \$1 billion with small, women, minority and veteran-owned business enterprises, or SWMVBE.

"It speaks to the commitment of everyone from the Board of Managers and leadership team to our procurement staff that we've been so inclusive in how we do business, and aggressive in cultivating a group of suppliers and contractors that represent the diversity of our wonderful community," said Francine Wilson, senior vice president of supply chain management at University Health System.

About a third of that \$1 billion figure stemmed from University Health System's \$899 Capital Improvement Project, the largest building project in Bexar County history. About 68 percent of construction dollars went to local businesses and contractors, and 39 percent to SWMVBE firms.

Another effective tool University Health System helped launch a few years ago is the Small Business Academy, in partnership with a number of local government and public agencies. The academy accepts a limited number of small business owners who apply to attend the three-month course, which features seminars led by purchasing directors, small business loan specialists and others.



Think before you drink – a communitywide campaign

ow much sugar is lurking in the things you drink? It adds up. That popular sports drink has five teaspoons of sugar. That orange soda contains a whopping 13 teaspoons.

Given that San Antonio and South Texas families are struggling with obesity and diabetes, local organizations representing government, healthcare education, business and advocacy groups joined to educate the public on how much sugar people are drinking.

The Bexar Healthy Beverage Coalition, brought together and led by Bexar County Judge Nelson Wolff, was launched in early 2015 with a news conference, a website (sugar-packed.com) and an educational campaign. University Health System helped organize the effort and has played a major role.

The idea grew from a resolution written by Dr. Bryan Alsip, executive vice president and chief medical officer of University Health System, urging support for a communitywide education campaign. The resolution was approved by Bexar County Commissioners in February.

These sugar-sweetened drinks "are really one of the contributors toward the rapid rise in obesity in our community, and across the country," Dr. Alsip told Commissioners. "It's easy to point to soft drinks, but we find (sugars) in energy drinks, in fruit juices, in beverages people have for breakfast. We find them in sweet tea, which is very popular in our community."

These drinks lead to health problems such as obesity and diabetes, but also heart disease, kidney failure and dental disease — both tooth decay and gum disease. Water, Dr. Alsip said, is the ideal drink for hydration. And it contains no calories.

The goal of the Healthy Beverage Coalition isn't to eliminate or tax sugary drink consumption. Instead, it's to help people realize sugary drinks should be an occasional treat — not part of a family's daily diet.





YOU WOULDN'T FEED YOUR KIDS 16 PACKETS OF SUGAR. WHY LET THEM DRINK IT?

Learn about sugary drinks and healthier options at sugar-packed.com

"These sugar-sweetened drinks "are really one of the contributors toward the rapid rise in obesity in our community, and across the country." Dr. Bryan Alsip

Community First celebrates an anniversary

Community First Health Plans is celebrating a big anniversary. For the past 20 years, the region's only public, locally owned, nonprofit health plan has been providing great, high-quality coverage in the San Antonio area.

Created by University Health System, Community First opened its doors in 1995 to provide coverage to employees of the Health System and Bexar County. The following year, it was awarded the managed care contract for STAR/Medicaid locally. The managed care contract for the Children's Health Insurance Plan, or CHIP, was awarded four years later.

While other insurers entered the managed-care market, Community First has remained the market leader for CHIP with almost 62 percent of local beneficiaries at the end of 2014. It regained the market lead for STAR/Medicaid in 2014 with more than 43 percent of the market.

When the Health Insurance Marketplace opened in 2014, Community First was approved by the Centers for Medicare & Medicaid Services to offer coverage. As of this year, enrollment through the Marketplace has exceeded projections by 68 percent.

Other highlights included:

- Awarded a contract to serve STAR Kids beginning in November 2016. STAR Kids is a special-needs population with high-intensity case management needs.
- Achieved "evergreen" contract status with the Employees Retirement System of Texas, one of Community First's larger fully-funded commercial employer groups.
- In May, Community First held a Family Fitness Festival and 5K run/ walk at Mission County Park that drew more than 1,000 registrants. The event, endorsed by the Mayor's Fitness Council, included activities and information from American Diabetes Association's Camp Power Up, the American Heart Association, San Antonio Parks and Recreation Department, Health and Human Services Foster Care and the San Antonio Public Library.







Building a healthy community through philanthropy

The University Health System Foundation, a 501(c)(3) charitable organization, was established in 1984 to solicit, receive and maintain funds exclusively for the benefit of University Health System and its community mission. All programs of the Foundation are funded solely through community philanthropy and fundraising activities.

The University Health System Foundation is governed by a volunteer board of directors representing the community, University Health System and the UT Health Science Center. The board takes an active role in all fundraising endeavors including special events and campaigns.

The University Health System Foundation administers 60 restricted funds, which support various University Health System programs, as well as a general unrestricted fund.

We extend our appreciation to all of the many individuals and organizations whose time and contributions have made this year such a tremendous success. They are perpetuating a tradition of philanthropy that continues to advance our mission and improve our community in numerous ways.

FUNDS

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5th ANNUAL EMPLOYEE GIVING CAMPAIGN

This year's Employee Giving Campaign, "The HERO within U," truly represented the level of commitment that University Health System staff has for our patients and programs.

This year's campaign raised \$97,703.81, which is a 10 percent increase over the total amount raised last year. In all, 591 employees pledged their financial support, a 15 percent increase in participation over last year. Staff designated their donations for programs such as the Children's Health Fund, Center for Caring Fund and the Nursing Scholarship Fund.

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All Type 1 Diabetic Patients Ariel Lynch All Veterans Joseph Hernandez Leticia Aguilar, MD Frank Atkins Laurel Anderson Jeffrey S. Anderson Margaret Anderson Robert Burk Shauna Burk Cheryl Deckard Jay Deckard Ioann Felton Earl McGinty Patrick McGinty Nancy Moore

Carmen Casas Andrea C. Casas **Bette Center** Teri Morrison Emma Chavez Catherine Zambrano-Chavez Francisco Cigarroa, MD Tim Kuhnlein C.E. and Virginia Davis Susan Gerhardt Nicole Dimeo Kevin Walsh Nola Evans Nola Evans Cecilia J. Hawkins Andre and George Farver Brittina Leonard Christofer Felan Stephanie Maxey Graciela Garza Cynthia Carranco The Garza Family Andres (Andrew) Garza III Lila Brooke Gavia Jessica A. Gavia Felicita Gonzales Denise Pruett Veronica Gonzales Virginia Gonzales Virginia Gonzales Virginia Gonzales **Gregory Gutierrez III**

Margie M. Gutierrez Jimena Hidalgo Leticia P. Hidalgo Joshua and Emily Holloway Erica Flores **June Hutchins** Tammy Barben **Charleis Vaughn Jennings** Mike and Stacie Jennings Susan Vaughn Rachel Lake-Talley Angela L. Lake Olga O. LaPoint Loretta A. LaPoint Alannah Munoz Ieannette Herrera Yolanda Munoz Sandra Carreon **Keith Needels** Patricia A. Needels Cassandra Newcomb Laura A. Hamilton **Organ Donors** Barbara Faller Layla Jude Pedraza Jessica Pedraza **Justin Perdue** Sue Perdue Aidan C. Rattenbury Robert J. Rattenbury Valencia Rodriguez Rosalinda R. Macias

Victoria Rojas Diana Rojas Michelle Ryerson Marla C. Khalikov Sergio V. Santillan Marian Santillan-Rabe Vionelli Serna Erica Y. Vivanco Mary Smith Marivel Garcia Rev. Samuel L. Spencer Susan E. Spencer Candelaria Tevini Mary Alice Ayon **Robert G. Torres** Diana L. Torres Sylvia Trevino Michele Trevino Jon, Aaron, Sean and Sarah Villegas Elias Villegas

TRIBUTE GIVING IN MEMORY OF GIFTS

January 1, 2014 – December 31, 2014 In Memory Of / Donor's Name

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Cindy Anaya Cleo Antrim Christina Escarzaga Gabriella Michelle Aranda Melissa Mata Jimmie N. Aranda Yolanda S. Aranda Modesta Atwater Virginia S. Mika, PhD **Alexander Barrientes** Ester Lara Andrew I. Beard III Miriam La Fond Francisco and Isidora Berdin Teresita Trava Leonila Caballero Anna C. McAndrew Roland & Rudy Coldiron Carol Flores **Faith Collins** Mary G. Alley Tomasa Conti Leticia M. Martinez Geraldine Cunningham Martha P. Rodriguez Hilda Cruz Patricia Martinez Ramiya D. Dawson Pamela L. Dawson Helene Durrette Kate Robertson Betty Dzierzanowski

Cynthia A. Harris Manuel Espinoza V Ana O. Loza Gloria Euresti Martha Hidalgo Jordyn Fraga Dawn M. Ibarra **Janice L. Johnson** John M. Gallegos Sr. Margarita E. Gallegos Irma Iliana Garcia-Sanchez Joseph A. Sanchez Henry Garza Rebecca Pompa John P. Gerber Katharina Gerber **Rudy and Enedina Gonzales** Magdalena G. Vera Elizabeth A. Gonzalez Melissa Quintanilla Danielle L. Green Mary Harris **Richard Roy Greer** Shawna D. Hernandez Santos Guerrero Rebecca A. Solis Dome Gutierrez Debra Garcia Amanda Haas Lewis Booth **Consuelo** Hernandez Coats Rose, P.C.

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Every effort has been made to assure the accuracy of this list. If you discover an error or omission, please contact the University Health System Foundation at (210) 358-9860.

Recognizing the best Best hospital – *five years in a row*

For the fifth straight year, University Hospital was named best hospital in the San Antonio region by U.S. News & World Report. The magazine released the 26th edition of its prestigious Best Hospitals rankings in July, and again ranked University Hospital the sixth-best hospital in Texas, and among the top 50 in the country for the care of patients with kidney disease. Only 137 out of nearly 5,000 U.S. hospitals earned a national Top 50 ranking in any specialty. University Health System was also recognized as high-performing in the areas of cancer, gynecology, pulmonology and urology. "It is a great honor to be named one of U.S. News & World Report's Best Hospitals yet again," said George B. Hernández Jr., president and CEO of University Health System. "But the real value of this recognition is that it affirms our hard work and commitment to providing our patients the very highest level of care."



Recognizing excellence in specialized care

















National Quality Measures for Breast Centers™



HEALTH CARE QUALITY IMPROVEMENT AWARD





Recognizing excellence in promoting health, safety and community service



Recognizing excellence in technology, employee learning and efficiency

















University Health System 2015 Magnet Champions

Magnet – the gold standard in patient care



n September, University Health System's prestigious Magnet designation was renewed for another four years by the American Nurses Credentialing Center. University Health System became the first and only health system in San Antonio and South Texas to earn Magnet

status in 2010 — and remains the only regional Magnet health system today. Only 6 percent of the nation's hospitals — and only 35 in Texas — enjoy Magnet status. Magnet is widely accepted as the gold standard in measuring the quality of care provided to patients, and Magnet hospitals and health systems attract the best nurses and health professionals. In announcing the renewal, the ANCC praised a number of University Health System initiatives, including its Nurse Residency Program, the Nurse Family Partnership program and nursing participation on its ethics committee.

Leadership

- Nancy Ray Charles Reed Irene Sandate
- 1 Angella Acevedo
- 2 James Alexander
- **3** Paul Alfieri
- 4 Melissa Alvarado
- 5 Marina Angeles
- 6 Guadalupe Arrambide
- 7 Meseret Atnafe
- 8 Grace Bacho
- 9 Celia Balderas
- 10 Annabella Barbosa-Prince
- 11 Lily Barrera
- 12 Jackie Barrios
- 13 Lisa Bass
- 14 Danielle Billote
- 15 Rachael Bridwell
- 16 Martha Brisita
- 17 Ashley Britsch
- 18 Lafay Bryan
- 19 Cheryl Bonecutter
- 20 Rosa Burrous

- 21 Maria Cabagay
- 22 Carlota Cabria
- 23 Sara Caldera
- 24 Xelena Caldwell
- 25 Bianca Carrejo
- 26 Rosanne Carrillo
- 27 Bianca Carrillo
- 28 Angela Casias
- 29 Belinda Cavazos
- 30 Leonila Cavazos
- 31 Diana Cepeda
- 32 Cathy Chabot
- **33** Elizabeth Classen
- 34 Luisa Cochran
- **35** Augustine Conejo
- 36 Emma Cordero
- 37 Michael Cortez
- 38 Sandra Covarrubias
- **39** Tony Daniel
- 40 Dirk Davis
- 41 Staci Davis
- 42 Addington Dawn
- 43 Janie De Hoyos
- 44 Joycelyn Desarno
- 45 Richard DeVera

These staff members were instrumental in University Health System's successful effort to renew our Magnet designation.

46	Michael Dodd
47	Ida Duran
48	Sara Elias-Walker
49	Esther Estrada
50	Christopher Esparza
51	Cristina Espinoza
52	Judith Evans
53	Susan Falkiewicz
54	Suzanna Feliciano
55	Jacquelyn Flynn
56	Gloria Flores
57	Sandra Flores
58	Simon Fonseca
59	Jocelyn Gadin
60	Regina Garcia
61	Laura Garcia-Lara
62	Vanessa Garza
63	David Gatica
64	Mercy George
65	Olga Giddens
66	Nancy Gonzales
67	Olga Gonzales
68	Rose Gonzalez
69	Sarah Goodson
70	

70 Rose Mary Grabow

- 72 Maria Guerrero
- 73 Norma Gutierrez
- 74 Krystal Harper
- 75 Rosalind Heemer
- **76** Jenny Heins
- 77 Leslie Hernandez
- 78 Cynthia Hitchcock
- 79 Debra Huron
- 80 Cheryl Ingram
- 81 Annette Jonatchick
- 82 Roxann Junco
- 83 Stephanie Knight
- 84 Tyson Kunz
- 85 Noel La Guardia86 Yuvonne Layne
- 87 Meghan Leibas
- 88 Deborah Leopold
- 89 Irene Lopez
- 90 Jacqueline Lopez
- 91 Alissa Love
- 92 Juliet Luzarraga
- 93 Rebecca Martin
- 93 Rebecca Martir
- 94 Maria Martinez
- 95 Marina Martinez

- Kathryn Mason 96 Elizabeth Maxey 97 Carolyn Mayo 98 99 Clint McNally 100 Donna Moore 101 Sean Moore Lizaida Moreno 102 Hilda Morgan 103 104 Chrissi Munoz
- **105** Rosemarie Nesbitt
- 106 Rebecca Neu
- 107 Valerie Newman
- 108 Bonita Noel
- 109 Joana Novodvorschi
- 110 Normita Nunez
- 111 Deanne Osburn
- 112 Janelle Pehl
- 113 Alexia Pratt
- 114 Phyllis Priess
- 115 Eva Prieto
- 116 Laura Ramirez
- 117 John Rees
- 118 Peggy Reid
- 119 Leanna Ricondo
- 120 Miraflor Roa

- Patricia Rodriguez 121 Deanna Roso 122 Rose Runnels 123 124 Maria Salak Mariamma Shaju 125 Azra Sheikh 126 Lois Shillito 127 Sabrina Shoe 128 Brian Smith 129 Ionathan Smith 130 Nancy Smith 131 Wanda Sparks 132 LeAnn Spriggs 133 134 Victoria Stewart Nadine Valdez 135 Olivia Valdez 136 Sylvia Valdez 137 Nimfa Viguilla 138 Blas Villa 139 Cathy White 140 Julie Wisloff 141
- 142 Evangelina Yebra
- 143 Diana Young
- 144 Graciela Zapata
- 145 Fen Zhang

DAISY Awards

The DAISY Award For Extraordinary Nurses is given in partnership with the DAISY — short for Diseases Attacking the Immune System — Foundation. It was launched in 1999 in memory of J. Patrick Barnes, who died at age 33 from complications of idiopathic thrombocytopenia purpura, or ITP. His family created the award to recognize nursing excellence across the country. Any University Health System staff member, patient or patient family member can nominate a nurse for the award.

2014 DAISY Award recipients

January: Eva Prieto February: Lilia Cenodoza March: Celia Balderas April: Candace Meyer May: Debbie Rejba June: Stephanie Salas July: Blas Villa August: Rocio Garcia September: Mario Legarde October: Rene Gonzalez November: Katherine Losoya

Employees of the Quarter/Employees of the Year 2014

University Health System's commitment to service excellence relies on our employees. Those who help strengthen our goals for service excellence deserve recognition. The Above and Beyond Recognition Program celebrates employees who apply University Health System values in the work they do. Those who go above and beyond their expected responsibilities to achieve outstanding performance are celebrated each quarter for their outstanding work in support of Health System values.

Professional Nursing	Management	Clerical	Volunteer
Michelle Gonzales Flerida De Veas Jacqueline Mason Debbie Rejba*	Velma Parales-Diaz Martha Rodriguez Eva Prieto Sandra Stough*	Irma Valdez Yvonne Medellin Aguayo Maria Martinez* Patricia Torrence	Adelaida Estrada Beverly Oakes and Junior the Cat* Eileen Lundin Michelle Almanza
Professional	Technical	Service	Physician
Fabian Pacheco William Madkins Jr. Serina Rivela* Lisa Wammack	Christopher Briones* Katy Knudson Adriana Pacheco Kathryn Mason	Allen Davis Tracy Bosmans Gilbert Olivarez* Erica Martinez	Bhoja Katipally, MD Leticia Aguilar, MD Paula Phillips, MD Lloyd Das, MD*

Commitment to Service Excellence Award

Flerida De Veas, Patient Care Coordinator, Transplant, Cardiothoracic, and Cardiology Unit

Team Nominees

The Excellence in Health Literacy Team* Luz Maria Castillo, David Correa, Wendy Fischer

The Detention Health Care Services Clinical Team - *Central Magistrate* Elizabeth Arguello, Angelo Garcia, Veronica Garcia, Yarleth Gutierrez, Martha Lozano, Sonia Ortiz, Lois Petersen, Inez Polanco, Shari Taylor, Elva Villarreal, Katherine Whiteley, MD,

The Behavioral Health Team - Robert B. Green Campus

Nicholas Gutierrez, Ashley Huerta, Rachel McClintock, Chrissi Munoz, Clifford Porter, Elizabeth Ramirez, Karla Rivera, MD, Thelma Rivera, Elaine Staton, Jeannefer Tamayo, Robert Troiano, MD, Shane Warnicke

Pharmacy Planning Committee

Leandra Aguirre, Mary Anguiano, Lolita Armstead, Kinneathea Carter, Lincy Cherucheril, Mark Daniel, Mallissa Garcia, Brian Gibson, Rachel Gloria, Florence Hernandez, Laura Hernandez, Shams Merchant, Patti Pena, Norma Porter, Laura Ramirez, Jimmy Ramos, Patricia Reyes, Sharon Rodriguez, Noel Schafer, Kathryn Smith-Gonzalez, Lisa Wienckowski

*employee/team of the year

Financial summary

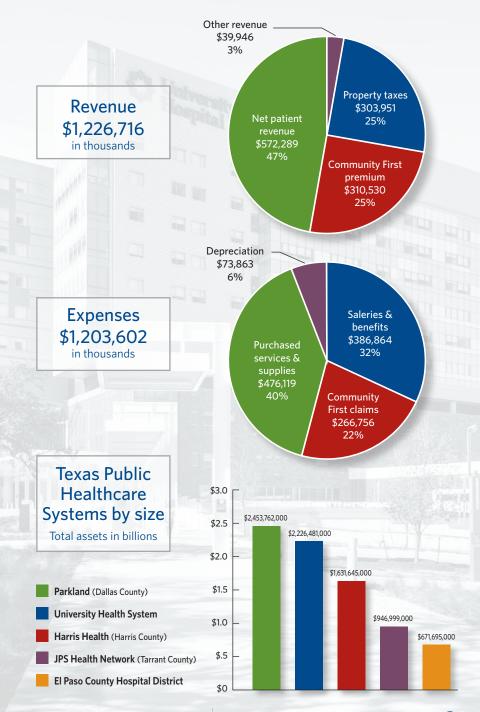
District property taxes help support a number of programs that improve health, save lives and train future healthcare providers.

As a public service, University Health System:

- Operates the premier level I trauma center for a vast region of South Texas, providing around-the-clock access to specialists and treating more than 4,600 seriously injured children and adults last year;
- Provides healthcare services and financial assistance through its CareLink program for low-income residents without access to affordable health coverage through their workplace or government programs;
- Is the primary teaching facility for the UT Health Science Center School of Medicine, and provides clinical training to dozens of students in healthcare professions;
- Assures EMS services are available for residents in unincorporated areas of Bexar County;
- Sponsors the local mental health and mental retardation authorities;
- Operates two school-based health centers and a number of preventive health clinics.

In 2014, property taxes made up less than 25 percent of University Health System's revenues.

More detailed information is available in University Health System's 2014 Audited Financial Report. It is available online at www.universityhealthsystem.com/about-us/public-notices-and-reports



Thank you for your service

t is the people of University Health System who bring its mission to life. The following people retired from the Health System in 2014. We are honored they chose to carry out their life's work in our organization. They have made a lasting impression on the lives of our patients; their expertise, compassion and dedication will not be forgotten. They are listed by their years of service to University Health System.

45 YEARS

Adelina A. Rodriguez Senior clerk

41 YEARS

Sylvia M. Garcia Health services resolution supervisor

Sylvia G. Gonzalez Clinical research assistant

40 YEARS

Gregorio Molina Senior maintenance worker

39 YEARS

Annabelle D. Garcia Staff nurse III

38 YEARS

Rosa M. Rubio Administrative assistant

36 YEARS

Josefina N. Zuniga Dietary support technician

Gloria G. Sosa Coding output technician

35 YEARS

Ruben B. Gutierrez Master social worker

34 YEARS

Gloria J. Jimenez Member service representative

Paul E. Dooley Plant maintenance supervisor

33 YEARS

Richard D. Landin Senior specialist procedures technologist

Sosamma S. Mammen Staff nurse II

Consuelo Castano Senior administrative assistant

Mary I. Cruz Phlebotomist

32 YEARS

Thomas M. Lisowski Emergency Center technician

Rosalie Mojica Senior administrative assistant

Annabel Hartwell Field engineer

Robert J. Dix Plant maintenance supervisor

31 YEARS

Esperanza M. Lopez Senior administrative associate Eli R. Villarreal Staff nurse III

Sherrie L. Warner Senior medical laboratory scientist

Armandina Gutierrez Nurse case manager

30 YEARS

Giovanna Garcia Outpatient customer service representative

Olga Z. Haug Patient care coordinator

Richard A. Peterson *Patient care coordinator*

Carlos O. Castaneda Director, Patient Relations

29 YEARS

Diana C. Cantu Senior administrative assistant

John M. Warren Respiratory therapist

28 YEARS

Janie Gonzalez *Clerk*

Margaret B. McDonald Staff nurse II

26 YEARS

Vincent J. Palermo Director, Data Center Operations

Mary A. Rios Unit clerk

Peter Maher Respiratory therapist

25 YEARS

Raymond G. Vasquez Assistant director, Environmental Services

Felix M. Castillo Perioperative Services attendant

Evelyn A. Swenson Britt Director, Magnet program

24 YEARS

Kenneth R. Guiy Sr. Senior computer technologist

Patricia H. Conde Nursing attendant

Sharon K. Vidal Staff nurse III

23 YEARS

Joseph B. Myers Jr. Patient care coordinator

Susan McGarry Staff nurse III Mary K. Keaton Staff nurse II

22 YEARS

Vivian Casas Director, Pathology Services

Shirley A. Lee Unit clerk

21 YEARS

Calvin L. Staples Systems architect

Graciela P. Zurita LVN

Janet T. Rogers Patient care coordinator

Natividad D. Quinto Staff Nurse I

Leslie C. Frazier *Chief electrician*

Susan K. Ates Staff nurse l

Allyn N. Yballe-Calvo Staff nurse II

David M. Lopez Registration access specialist

Lilia S. Cenadoza Staff nurse III

20 YEARS

Charles A. Ristow Senior maintenance specialist

Susan S. Gimenez Staff nurse I

Terry W. Hanners Patient care coordinator

Clifford Soto Director, Plant Engineering

Betty A. Ormand Outpatient customer service representative

19 YEARS

Delia D. Garcia Medical records representative

Earle Cotton Unit coordination secretary

Kenneth L. Bruce Staff nurse III

Dolores C. Alfonso Staff nurse I

Nancy E. Muchen Medical laboratory scientist

18 YEARS

Barbara J. Poehler Staff nurse I Martha D. Ramirez Outpatient customer service representative

Elissa D. O'Brien Staff nurse

17 YEARS

Brenda D. Hall Medical-surgical technician

Edward Martinez Anesthesiology technician

Dennis H. Smith Medical laboratory scientist

16 YEARS

Esther O. Franklin LVN

Mary S. Flores Outpatient customer service representative

Enrique J. Rodriguez Radiologic technologist

Shelley A. Tompkins Senior executive assistant

Bonnie L. Jones Staff nurse III

15 YEARS

Vicky L. Porter Staff nurse

Yolanda M. Mireles LVN - Corrections

14 YEARS

Brenda L. Perry Director, Palliative Care

Gregorio Abila CAD technician

12 YEARS

Lee Garcia Environmental associate

William Cannella Biomedical engineering supervisor

Dina E. Ovalle *Radiologic technologist*

Diana Mercado LVN - Renal Dialysis

Josephine Azios Nurse practitioner

11 YEARS

Mary A. Sada Medical assistant

Jenna Ferrill-Azamar Administrative assistant

10 YEARS

Jacqueline E. Francis Staff nurse I

9 YEARS

Peggy Ferro Nurse case manager team leader

Kay Qualls Senior social worker

8 YEARS

Carlito P. Francia Inventory management and control clerk

6 YEARS

Victor T. Hernandez LVN

Laura F. McCrary Nurse community health specialist

Rudolfo O. Vega Maintenance specialist

Debra A. Threat Nurse supervisor

Kathy A. Poppe Infection preventionist

5 YEARS

Lucia G. Kistler Staff nurse

Rita M. McCoy LVN

By the numbers

University Hospital		
	2013 Actual	2014 Actual
Operated Beds	525	716
Inpatient Discharges	21,741	22,810
Patient Days	130,510	145,220
Births	2,895	2,836
Observation Days	6,017	10,472
Outpatient Visits		
Emergency Center	65,885	59,429
ExpressMed Clinic	39,009	49,643
Trauma Follow-up	13,616	13,935
Transplant Clinic	7,616	7,897
Hematology/Oncology	4,281	7,233
Outpatient Surgery	8,986	6,146
Total Hospital Outpatient Visits	139,393	144,283
Total Hospital Ancillary Visits	130,581	156,044
Ambulatory Clinic Visits		
University Health Center -		
Robert B. Green Campus	182,687	206,422
Texas Diabetes Institute	70,163	73,905
University Family Health Center - SW	74,804	75,974
University Family Health Center - SE	81,124	81,553
University Family Health Center - North	62,172	62,970
University Family Health Center - NW	40,046	25,928
Total Ambulatory Clinic Visits	510,996	526,752

Preventive Health Clinic Activity		
Provider and Nurse Visits	49,570	53,774
Senior Health Screenings	12,233	6,553
Immunizations	20,076	32,476
Total PHC Activity	81,879	92,803
Total Ambulatory Ancillary Visits	212,980	228,504
CareLink Outsourced Visits		
UT Medicine Visits	55,104	56,214
Outsource Primary Care Physician Visits	35,258	32,208
Outsource Specialty Physician Visits	284	287
Center for Health Care Services Visits	4,377	3,380
Total CareLink Outsourced Activity	95,023	92,089
Pharmacy Visits	367,506	296,051
Total University Health System Outpatient Activity	1,538,358	1,536,526
Prescriptions filled at UHS pharmacies	1,043,923	908,459
Prescriptions filled at UHS pharmacies Number of Unique Patients	1,043,923 251,828	908,459 263,326
		,
Number of Unique Patients		,
Number of Unique Patients Human Capital as of December 31, 2014		,

Community Medicine Associate physicians: 71

2015 Report to the community

Produced by the University Health System Corporate Communications & Marketing Department

Vice President, Strategic Communications and Patient Relations

Leni Kirkman

Project Manager

Don Finley

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