



# University Health System

## REGULAR MEETING OF THE BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, June 26, 2018  
6:00 p.m.  
Board Room  
Texas Diabetes Institute  
701 S. Zarzamora  
San Antonio, Texas 78207

### MINUTES

---

#### **BOARD MEMBERS PRESENT:**

James R. Adams, Chair  
Ira Smith, Vice Chair  
Dianna M. Burns, M.D., Secretary  
Robert Engberg  
James Hasslocher

#### **BOARD MEMBERS ABSENT:**

Roberto L. Jimenez, M.D, Immediate Past Chair  
Janie Barrera

#### **OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health System  
Bryan J. Alsip, M.D., Executive Vice President/Chief Medical Officer, University Health System  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System  
Antonio Carrillo, Executive Director, Procurement Services, University Health System  
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System  
Rene Escobedo, Chair, Board of Directors, Community First Health Plans, Inc.  
Sergio Farrell, Senior Vice President/Chief, Ambulatory Services, Robert B. Green Campus  
Donald Finley, Director, External Communications/Corporate Communications, University Health System  
Stacy Foremksi, Special Assistant to the Chief Operating Officer, University Health System  
Roe Garrett, Vice President/Controller, University Health System  
Greg Gieseman, President/Chief Executive Officer, Community First Health Plans, Inc.; and Vice President/Managed Care, University Health System  
William Henrich, M.D., President, UT Health, San Antonio  
Barbara Holmes, Vice President/Chief Financial Officer, Community First Health Plans, Inc.  
Rob Hromas, M.D., Dean, Long School of Medicine, UT Health, San Antonio  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System  
Monika Kapur, M.D., President/Chief Executive Officer, University Medicine Associates  
Leni Kirkman, Senior Vice President, Strategic Communications and Patient Relations, University Health System

Brian Lewis, Vice President/Quality, University Health System  
Elliott Mandell, Senior Vice President/Chief Pharmacy Officer, University Health System  
Bill Mundt, Deputy Chief Information Officer/Information Services, University Health System  
Joshua Nieto, JD, Interim Chief Integrity Officer, University Health System  
Rosa Olivarez, Administrative Resident, Trinity University  
Bill Phillips, Senior Vice President/Chief Information Officer, Information Services, University Health System  
Maulik P. Purohit, M.D., Vice President/Chief Medical Information Officer, Brain Injury Medicine, and Neuro-Rehabilitation, University Health System  
Serina Rivela, Interim Chief Legal Officer, University Health System  
Ron Rodriguez, M.D., Professor and Chairman, Department of Urology/Long School of Medicine, UT Health San Antonio  
Carlos Rosende, Thom F. Hogan, Jr., Distinguished Professorship in Complicated Ophthalmology, Long School of Medicine, UT Health San Antonio  
Michael Roussos, Administrator, University Hospital  
Don Ryden, Vice President, Project, Design, and Construction, University Health System  
Armando J. Sandoval, Chief of Police, University Health System  
Travis Smith, Deputy Chief Financial Officer, University Health System  
Allen Strickland, Vice President, Hospital Administration, University Hospital  
Emily Volk, M.D., Senior Vice President/Clinical Services, University Health System  
Sean Weber, Administrative Resident, Texas State University  
Jim Willis, Associate Administrator, University Hospital  
And other attendees.

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

Mr. Adams called the meeting to order at 6:05 pm.

**INVOCATION AND PLEDGE OF ALLEGIANCE**

Mr. Adams introduced Ms. Anne Welch of Calvary Church San Antonio for the invocation and he led the pledge of allegiance.

**CITIZEN'S PARTICIPATION**

Ms. Angela Garcia, Director of LULAC's State Senior Division, addressed the Board regarding appreciation of the University Health System's role in the community. She is especially grateful for Mr. George Hernández's commitment to healthcare and community; she presented him with an award of appreciation on behalf of the seniors citizens he addressed at the LULAC state convention on Friday, June 1, 2018 at El Tropicano Riverwalk Hotel, San Antonio, Texas.

**APPROVAL OF MINUTES OF PREVIOUS MEETINGS: April 17, 2018 (Regular Meeting); April 24, 2018 (Regular Meeting); May 15, 2018 (Special Meeting); May 22, 2018 (Regular Meeting)**

SUMMARY:	Minutes of previous meetings on April 17, 2018; April 24, 2018; May 15, 2018; and May 22, 2018, were submitted for the Board's approval.
RECOMMENDATION:	Staff recommended approval of the minutes as submitted.
ACTION:	A <b>MOTION</b> to <b>APPROVE</b> staff's recommendation was made by Mr. Smith, <b>SECONDED</b> by Dr. Burns, and <b>PASSED UNANIMOUSLY</b> .

EVALUATION: Board minutes of future meetings to be presented for approval within 30 days.  
FOLLOW UP: None.

**REPORT FROM UT HEALTH SAN ANTONIO – WILLIAM HENRICH, M.D., PRESIDENT**

SUMMARY: Dr. Henrich shared good news regarding the UT Health physician practice – three physicians have signed up to join the Accountable Care Organization (ACO), the formation of which was recently approved by the UT Board of Regents. Dr. Henrich and staff will send a proposal to Mr. Hernandez so that he may decide whether the Health System would like to join the Board and/or the ACO. The ACO will benefit University Hospital in terms of Medicare savings for managed care populations and new patient business. Dr. Henrich commended Dr. Hromas and Mr. Hernandez for working out the details regarding an arrangement to save money in the sharing of electronic medical records; it is a complex matter with a lot of money involved. Dr. Henrich yielded the floor to Dr. Hromas for a medical school update and acknowledgement of physician leaders present. The Association of American Medical Colleges recently awarded one of the top three community outreach awards to the Long School of Medicine for the student run free clinic program, a collaborative effort of medical students, residents, and faculty from UT Health, and the basis for various clinics established with community partners including Alpha Home, San Antonio Metropolitan Ministries (SAMMinistries) Transitional Living & Learning Center, and the Clinic for Veterans with PTSD. The clinics serve as a unique educational setting where students learn from their peers, their mentors, and their patients. There will be a black tie event in Austin, Texas to celebrate. The Liaison Committee on Medical Education will visit the Long School of Medicine on January 28-29, 2019. About 30-40 faculty members have been assigned review of a 1,000 page self-study guide in preparation for the site visit. Four former medical deans from across the country will conduct the site visit. Dr. Jeff Andrews, Chair of Anesthesiology, will retire this summer. Dr. Stephen Venticinque, Professor of Anesthesiology and Navy veteran will serve as interim chair. The Pediatrics and Ob/Gyn Chair Search Committees are making progress in their searches for respective department chairs. Health System leadership will participate in the final round of interviews.

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

**CONSENT AGENDA – JIM ADAMS, CHAIR**

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

**CONSIDERATION AND APPROPRIATE ACTION REGARDING TWO REAPPOINTMENTS TO THE CENTER FOR HEALTH CARE SERVICES BOARD OF DIRECTORS – ROBERT ENGBERG, CHAIR NOMINATING COMMITTEE**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING ACTIVITIES (SEE ATTACHMENT A) –ANTONIO CARRILLO/TRAVIS SMITH**

SUMMARY: The items above were presented for the Board’s consideration as consent items. The following details are associated with these consent items:

Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Staff Membership – Kristen A. Plastino, M.D., President, Medical/Dental Staff - Monthly Credentials Committee Report (listing of providers in accordance with the Health System’s Credentialing and Privileging Process); and Focused/Ongoing Professional Performance Evaluation Reports submitted to the Board of Managers for approval.

Consideration and Appropriate Action Regarding Two Reappointments to The Center For Health Care Services Board of Trustees – Robert Engberg, Chair Nominating Committee - The current Sponsorship Agreement for The Center for Health Care Services (the Center) between Bexar County and the University Health System establishes a Center Board composed of nine (9) Trustees. Commissioners Court appoints five (5) Trustees, one appointed by each Court member. The Board of Managers appoints four (4) Trustees. The Sponsorship Agreement staggered the Trustee terms so that only two of the four Health System’s appointments are due in any one year. The Board’s nominating committee recommends the re-appointments of Richard Usatine, M.D. and Graciela Cigarroa, J.D., to the Center’s Board of Trustees for a two year term beginning July 1, 2018 through June 30, 2020.

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) –Antonio Carrillo/Travis Smith - A total of thirteen (13) contracts with a value of \$7,172,374 were presented to the Board of Managers during the June 26, 2018 meeting. The following contracts require approval by the BCHD Board of Managers. Nine (9) consent contracts with a total value of \$3,307,168; and four (4) presented contracts with a total value of \$3,865,205. During the month of June 2018 there were five (5) contracts that were classified as a Small, Minority, Woman, or Veteran Owned Business Enterprises (SMWVBE).

RECOMMENDATION: Staff recommends approval of the items listed on the consent agenda.  
ACTION: A **MOTION** to **APPROVE** staff’s recommendation was made by Mr. Engberg, **SECONDED** by Mr. Hasslocher, and **PASSED UNANIMOUSLY**.

EVALUATION: Mr. Engberg noted the two quality individuals who were reappointed to serve on The Center for Healthcare Services’ Board of Directors representing the Board of Managers and the best interests of the Health System. Dr. Usatine is the faculty physician who also volunteers at the Alpha Home Clinic. Mr. Smith agreed and applauded Ms. Jelyne LeBlanc Burley’s work as President/CEO of the Center for Healthcare

Services; and he touted the Annual Report for fiscal year 2017, which the Board members recently received.

FOLLOW UP: None.

**ACTION ITEMS - JIM ADAMS, CHAIR**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING COMMISSIONING OF A PEACE OFFICER FOR BEXAR COUNTY HOSPITAL DISTRICT – CHIEF A.J. SANDOVAL, III/EDWARD BANOS**

SUMMARY: The University Health System is authorized by the Texas Health & Safety Code to appoint and commission peace officers to provide a safe and secure environment for patients, visitors, staff, and facilities. A peace officer's authority is limited to property owned or controlled by the Health System, including an abutting street, right of way or easement in the property. The Texas Code of Criminal Procedure identifies persons commissioned by the Board of Managers of the Health System as peace officers. The credentials of Edwin K. Bell have been examined and certified by the Chief of Police as meeting all of the requirements of a Health System Police Officer. As required of all Health System peace officers, Mr. Bell will attend the 40-hour crisis intervention training immediately following his commissioning. This course is sponsored by The Center for Healthcare Services, San Antonio Police Department, Bexar County Sheriff's Office, and the University Health System.

RECOMMENDATION: Staff recommends Board approval to commission Mr. Edwin K. Bell as a Bexar County Hospital District Peace Officer.

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Mr. Smith, **SECONDED** by Dr. Burns, and **PASSED UNANIMOUSLY**.

EVALUATION: Mr. Bell thanked the Board of Managers and staff leadership for their support, he is very happy to join the Health System team.

FOLLOW UP: None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH GOODWILL INDUSTRIES OF SAN ANTONIO FOR LANDSCAPING AND IRRIGATION SERVICES AT SELECTED LOCATIONS – JIM WILLIS**

SUMMARY: On August 18, 2017, the Health System issued a request for proposals (RFP) for landscaping and irrigation services. Selection criteria included references (10%), quality control and qualifications of workers (20%), landscape and irrigation services (35%), and pricing (35%). On September 8, 2017, six responsive submittals were received:

- Pro Landscape Solutions
- Brightview
- Cantu Contracting, Inc.
- Cribley Enterprises
- Endeavors Unlimited
- Goodwill Industries of San Antonio

After review of the responses, two landscaping/irrigation companies - Goodwill Industries of San Antonio and Cantu Contracting, Inc., - were invited to make a full 60-minute presentation to an evaluation committee on March 28, 2018. The evaluation committee was comprised of Ambulatory and Hospital leadership. After careful consideration, the unanimous decision was to recommend award of the contract to Goodwill Industries of San Antonio based on their large workforce, investment in major landscaping equipment, robust quality control program, and experience with the existing drip irrigation systems utilized at University Hospital and RBG, as well as lower cost. This is a request for a three year contract with Goodwill Industries of San Antonio for a total of \$1,413,207 or \$471,069 per year. Three of six grounds-keeping personnel will be redistributed to open Environmental Service positions within the Health System, which represents an offset of approximately \$105,000 per year from the proposed contract. Goodwill's workforce composition was provided for the Boards' review.

RECOMMENDATION: Staff recommends Board of Managers' approval of a contract with Goodwill Industries of San Antonio for landscape and irrigation services at selected locations for a three-year period at a total cost of \$1,413,207

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

EVALUATION: The Health System will have one point person to deal with at Goodwill Industries of San Antonio. Mr. Hasslocher was not enthusiastic regarding the monthly cost for these services; however, Mr. Hernandez justified the expense by citing the acreage involved - University Hospitals sits of 15 acres of property, whereas the Robert B. Green campus sits on 20 acres. He described the need for a more comprehensive approach that involves all sites, rather than the current maintenance-only model. Mr. Hernandez asked the staff to consider two separate contracts, one for two large campuses and another with a different vendor for the smaller campuses. Mr. Willis has checked references provided by Goodwill Industries and reported that they have 32 contracts with the City of San Antonio, three (3) contracts with Bexar County, and five (5) contracts with the San Antonio Housing Authority. In addition, they have a contract for landscaping services at Lackland AFB, which has a similar irrigation system to that of the Health System.

FOLLOW UP: A second RFP for the remaining smaller and less complex Health System properties will be issued no later than July, 2018, with an emphasis on landscape maintenance.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT AMENDMENT WITH STRYKER SALES CORPORATION FOR ON-SITE STERILE PROCESSING – TOMMYE AUSTIN**

SUMMARY: This is an amendment request for a contract with Stryker Sales Corporation for on-site sterile processing through the term ending August 31, 2019 based on current utilization, and to add GI scopes for reprocessing. The purpose of this contract is to maintain safe patient care by instituting best practices for the management of surgical equipment to include the maintenance, cleaning, and storing of equipment. This

amendment will revise the fee per case rate to \$104.60/operating room case, and \$45/scope (down by 25 percent, or \$60/scope), and will add \$1,537,057 to the contract bringing the total value to \$4,803,113. The requested amount of funding is based upon historical growth and case type. Current pricing and volumes will remain in effect through the second quarter 2018, and the revised pricing and addition of the GI volumes will begin in the third quarter. The estimated average monthly case volume of 427 surgical cases and 1,216 scopes will result in an average monthly expense of \$99,384 through the term of the contract. The increase in total contract dollars is necessary to support increased volumes.

**RECOMMENDATION:** Staff recommends Board of Managers' approval to amend the contract with Stryker Sales Corporation in the amount of \$1,537,057 for a total contract value of \$4,803,113, for the provision of on-site sterile processing for the term ending August 31, 2019 with a 30-day termination clause.

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

**EVALUATION:** The ultimate goal is to directly hire and place qualified staff into the onsite sterile processing department at University Hospital to offset some of this cost.

**FOLLOW UP:** None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT AMENDMENT WITH PROSCRIBE LLC FOR SCRIBE SERVICES – TOMMYE AUSTIN**

**SUMMARY:** Since the opening of the Sky Tower in April 2014, the number of patient visits in the University Hospital Emergency Department (ED) has increased from 4,400 per month to >6,000 per month, a 36% increase. Proscribe funding was a planned monthly expense that was first included in the Year 2015 Annual Operating Budget. The contracted hourly rate for a scribe is \$18.90 per hour and will remain unchanged through the term of the contract. The three-year contract amount was for a total of \$750,141, which was based on four, nine-hour shifts per day, 365 days per year, producing an estimated monthly spend of \$20,837. During January 2016, scribe coverage was modified to cover Pod 1 and Pod 2, the areas of the ED that treat the largest number of patients. This coverage was changed to 24/7/365 in order to assist providers in expediting patients. These newly expanded hours increased the monthly invoices to \$27,415, \$30,257, \$32,017 and \$31,322 for January, February, March and April 2016, respectively, and remained consistent throughout the rest of 2016. In May 2018, University Hospital initiated the "Power Up" process in which the scribe usage continues to be necessary to cover Fast Track and Mid Track. To further focus efforts on front end throughput, additional scribe hours were also added to the Mid Track area to assist providers. In addition, a scribe continues to be used to assist a wound care physician during patient rounding throughout the normal business day. Due to aforementioned reasons, the monthly costs of the scribes will be \$58,000/ monthly or \$1,392,000 for the two-year contract. This new, two-year contract will

become effective July 1, 2018 and terminates on July 30, 2020. Proscribe is a small, national vendor with a total of 513 employees. Workforce composition data was provided for the Board's review.

RECOMMENDATION: Staff recommends Board of Managers' approval to amend a contract with Proscribe, LLC (# 215056083-IF) in the amount of \$1,392,000 for a two-year period for scribe services through June 2020.

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Dr. Burns, **SECONDED** by Mr. Engberg, and **PASSED UNANIMOUSLY**.

EVALUATION: Dr. Hromas commended the utilization of medical scribes in the ED; it is his professional opinion that scribes will pay for themselves during the contract period.

FOLLOW UP: None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL'S CARE COLLABORATIVE ORGANIZED HEALTH CARE ARRANGEMENT PARTICIPATION AGREEMENT – EDWARD BANOS**

SUMMARY: The Southwest Texas Regional Advisory Council (STRAC) is working with key stakeholders within Bexar County for a collaborative database called TAVHealth. TAVHealth is nationally recognized software that was developed to help coordinate care of patients with community resources and health care providers. STRAC is gathering the support of various organizations to participate in the development of a comprehensive Organized Health Care Arrangement (OHCA). OHCA is an organizational agreement permitted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) that allows participating healthcare organizations and social service agencies to share each other's Protected Health Information (PHI) in the absence of a patient relationship, and streamline the management of business associates acting on behalf of the OHCA. Mr. Banos identified a total of nine (9) other agencies/systems that will participate in the agreement. The participant agreement includes that each organization must adhere to the following:

- Comply with HIPAA requirements;
- Protect each participants confidential trade secrets;
- Clear guidelines against anti-competitive conduct; and
- Prevent market manipulation by participants.

Data elements to be included in the specialized database created by TAVHealth will include the following common elements for all who join the arrangement:

- Population-based activities;
- Outcome evaluations;
- Development of clinical guidelines; and
- Patient safety activities.
- Quality assessment and improvement activities
- History of referral patterns and access to care

RECOMMENDATION: Staff recommends Board of Managers' approval to participate in the Organized Health Care Arrangement with STRAC.

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



EVALUATION: None.  
FOLLOW UP: None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING FINANCIAL REPORT  
FOR MAY 2018 AND REALLOCATION OF RESERVES —REED HURLEY**

**SUMMARY:** In May clinical activity (as measured by inpatient discharges) was up 7.8% for the month compared to budget. Outpatient activity was down 2.6 percent as compared to budget. Payer mix for the month was 73.6 percent funded, and 74.8 percent year-to-date. Community First Health Plan (CFHP) fully-insured membership was up 0.4%. Gain from operations was \$6.9 million, \$187,000 better than budget. The bottom line gain (before financing activity) was \$3.9 million, \$3.2 million better than budget and was due to higher patient revenue offset by higher medical claims expense and higher non-operating revenue. CFHP experienced a bottom line loss of \$2.5 million which was \$2.5 million worse than budget due to higher medical claims in the Medicaid product. CFHP year-to-date bottom line is -\$9.7 million. Supply cost per adjusted discharge for the month is \$3,546; a 0.2 percent variance as compared to budget Debt Service Revenue was \$5.3 million which is equal to the budgeted Debt Service payment of \$5.3 million. Mr. Adams invited Mr. Gieseman to address the Board regarding CFHP financial losses for the month of May and he provided additional details. Mr. Hurley reviewed notable increases and/or decreases from the consolidated balance sheet in detail with the Board and transitioned his presentation to a discussion regarding reallocation of reserves. Based on audited results for calendar year 2017, \$109 million in cash flow reserves will be transferred as provided for under the Reserve Policy, No. 7.0504, and Funding of Financial Reserve for Capital Expenditures Policy, No. 7.0502. Of the amount of the transfer, \$10.7 million will be transferred to the Emergency Operating Account to meet the 90 days of cash expenditure level provided for in Sections III.G of the Reserve Policy. An additional \$3 million will be contributed to the pension plan in January 2019. The remaining \$95.4 million will be transferred to the Capital Account to address future capital needs as provided for in Policy No. 7.0502. After the transfer, the total in the Emergency Operating Account will be \$267 million. The total in the Capital Account will be \$243 million. Of this amount, \$133 million has been committed leaving an unencumbered balance of \$110 million.

**RECOMMENDATION:** This report was provided for informational purposes, only, pursuant to Board policy nos. 7.0502 and 7.0504.

**ACTION:** None.

**EVALUATION:** Dr. Hromas noted the need for more inpatient beds at University Hospital, prior to the opening the Women’s & Children’s tower. Dr. Burns initiated a discussion regarding the importance of acute care management on the outpatient side.

**FOLLOW UP:** Mr. Adams asked staff to return with reserve balances before the transfer actually takes place for discussion purposes. Staff will address unencumbered capital for the new building at that time.

**UPDATE REGARDING THE EPIC ELECTRONIC MEDICAL RECORD PROJECT –  
GEORGE B. HERNANDEZ/EDWARD BANOS**

SUMMARY:

Mr. Hernandez provided an Epic Project update for the Board and announced that from now on, the Board will receive a briefing on a monthly basis to cover four key Epic Project dimensions: Strategic Alignment with UT Health-San Antonio, Operations, Clinical & Technical, and Financial. Today's update covered staff's progress and work effort over the last three months in preparation for a project kickoff this summer to assure that the Health System will complete implementation timely by mid-2020. **Strategic Alignment:** After review by the respective legal departments it has become clear that the most efficient and practical way to share one Epic license is to expand the scope of the existing UT Epic license to include University Hospital and Health System clinics. UT Health San Antonio currently holds its Epic license in University Physician Group (UPG), a Texas non-profit health organization licensed by the Texas Medical Board under chapter 162.001(b) of the Texas Occupations Code. As organized, its sole member is the President of UT Health San Antonio, and does not have any other assets or employ anyone. Both President Henrich and Dean Hromas are supportive of amending UPG's governance structure to allow the Health System to become a corporate member of UPG. Both the Health System and UT Health will be co-owners and each will appoint the Board of UPG and any UPG member committees. To assure proper due diligence regarding UPG co-ownership a discussion document has been developed to identify and resolve questions legal, compliance, financial and security matters related to using UPG as the legal vehicle for a single Epic license. The UPG discussion document defines the joint vision for UPG more clearly and serves as the "working paper" or outline for the Epic Project. This joint vision is being reflected in the redrafting of the UPG bylaws to include the President/CEO of the University Health System as a member and to reflect a heightened role for the Dean of the School of Medicine. As conceived, the goal of the restructured UPG will be to serve as a practical vehicle for the Health System and UT Medicine physicians and staff to jointly govern and manage the Epic license. **Operations:** Epic requires the hiring of dedicated personnel for implementation and ongoing operations of the Epic system. The amount of personnel necessary to implement Epic for the ambulatory and inpatient service is 83 full-time staff. After go-live, Epic will require 64 fulltime employees to maintain the system. Currently, the Health System has posted these positions for hiring and over 150 candidates internally and externally have applied. Epic recommends a base competency test prior to starting the certification process. The Health System is currently contacting the applicants for EMR implementation evaluation. Once the Health System executes the Epic contract and Epic implementation commences, the employees who have met the requirements for joining the Health System team will begin their Epic training. The process from the mobilization of the Epic installation team to go live will be approximately two years. **Clinical & Technical:** There are significant clinical and technical issues that needed to be resolved to assure the flawless implementation, improved

hospital and physician practice, improved quality outcomes and an enhanced patient experience. To manage this dimension of the Epic Project, the Health System's Chief Medical Information Officer (Maulik Purohit, MD) and the Chief Information Officer (Bill Phillips) are meeting weekly with their UT Health counterparts (Timothy Barker, MD and Andrew Krecek, respectively) to discuss and form recommendations on the foundation of this change—the technical specifications and how those decisions will impact the overall project. **Finance:** Two focus areas are prioritized to better assure a successful conversion: Operating margin performance and work down of patient accounts receivable. Continued positive performance will allow the Health System to build sufficient financial reserves that fund the capital purchase, expected training costs, and offset planned volume reductions during Epic go-live. Sustained positive financial margins are driven by the team's active, daily focus on Net Patient Revenue enhancement and driving operational efficiency, specifically in labor productivity management. The work down of patient accounts receivable is driven by documentation improvement efforts and coding activities to efficiently submit and resolve submitted claims for reimbursement. Mr. Hernandez assured the Board that as Epic conversion activities continue, additional detail and reporting will be presented to illustrate progress made on initiatives in support of a successful conversion.

RECOMMENDATION: This report was provided for informational purposes only.  
ACTION: No action was required by the Board of Managers.  
EVALUATION: None.  
FOLLOW UP: Staff will bring the request for UPG membership approval and the revised UPG bylaws to the Board for appropriate action at the July 2018 Board meeting.

## **PRESENTATIONS AND EDUCATION**

### **SECOND QUARTER QUALITY REPORT- *BRYAN ALSIP, M.D***

SUMMARY: The Quality Report includes a review of the quality composite metric performance for 2018, and updates regarding ongoing initiatives to improve the Health System publicly reported data. The Health System's year to date performance is 70 percent. (Mortality at 92 percent; re-admissions at 60 percent; safety at 78 percent; and meaningful use at 50 percent). Current performance for mortality is at 92 percent of goal, which has improved from first quarter and is attributed to 3M 360 physician-focused documentation efforts and early identification of appropriate status. Three acute care services comprise over 59 percent of the acute care discharges: trauma, hospital medicine, and neurosurgery. Improvements in these three areas have positively influenced much of the success to improve mortality outcomes. Re-admissions are trending in a negative direction and were highest in January at 91 percent; however, are down to 60 percent in May. This improvement is attributed to the identification of specific units, education, and other transitional efforts. A large group of staff met last week to brainstorm regarding Health System resources and strategies around transitions of care. Dr. Alsip presented an HHSC table of potentially preventable readmissions (PPR) for Medicaid. This metric is influenced by reducing preventable

readmissions to the hospital within 30 days of the initial discharge. Readmissions year to date performance is at 60 percent of the targeted goal. This represents declining performance when compared to the Health System's 2017 baseline. Currently, the Health System is meeting the benchmark and has not been assessed with penalties. Seventy-two (72) percent of all Medicaid readmissions return to University Hospital. Staff continues to review data for additions to readmission abstraction. Hospital-acquired infections are trending in a positive direction. Quarter one in 2018 for surgical site infection (SSI) colon and SSI hysterectomy is one of the best quarter performances – catheter-associated urinary tract infection (CAUTI), central-line associated blood stream infection (CLABSI), and methicillin-resistant staphylococcus aureus (MRSA) infection rates are all improving. Safety year to date performance is at 78 percent of the targeted goal for 2018. The Health System is also compliant with calendar year 2018 metrics for meaningful use, and staff continues to work to achieve calendar year 2019 goals. Electronic prescription rate use is up to 22.4 percent with a target of 25.0 percent to meet requirements for 2019. Specific initiatives are continuing around patient portal access and patient electronic communication as well as a focused goal to increase the use of e-prescriptions for inpatients.

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

**INFORMATION ONLY ITEMS:**

**UPDATE ON PLANNING, DESIGN AND CONSTRUCTION ACTIVITIES—EDWARD BANOS**

**UNIVERSITY HEALTH SYSTEM FOUNDATION UPDATE – LOURDES CASTRO-RAMIREZ**

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

SUMMARY: Mr. Adams directed his colleagues' attention to the three reports above and asked them to provide feedback, comments, or questions directly to the staff.  
RECOMMENDATION: These reports were provided for informational purposes only.  
ACTION: No action by the Board of Managers was required.  
EVALUATION: None.  
FOLLOW UP: Beginning in July, 2018, staff will present a monthly status report on the Women's and Children's Tower, as requested by Mr. Adams.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the meeting immediately at 8:02 pm.

---

Jim Adams  
Chair, Board of Managers

---

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

---

Sandra D. Garcia, Recording Secretary