



# Vital Signs



**University  
Health System**

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A REPORT TO THE COMMUNITY



# Vital Signs

Vital signs are physical signs that indicate an individual is alive, such as **heart beat, breathing rate, temperature, and blood pressure**. These signs may be observed, measured, and monitored to assess an individual's level of physical functioning.

Vital signs for a health system indicate whether the organization's mission is alive and viable. They include **commitment to quality, focus on patient-centered care, integration of advanced technology, demonstration of community value and attainment of financial stability**. Much like human vital signs, these signs may also be observed, measured and monitored to assess an organization's level of functioning.

The purpose of this report is to provide you with a snapshot of the health of our critical mission through the vital signs of University Health System.



## Your Vital Signs:

- The human heart beats more than 100,000 times a day.
- Adults average 12 - 20 breaths per minute.
- The normal range for human body temperature is often quoted as 97.5 - 98.8° Fahrenheit.
- A blood pressure of 120 over 80, or lower, is a good sign.



## A Snapshot of Ours:

University Health System is owned by Bexar County taxpayers, but unlike many other large public hospital districts, who rely heavily on local property taxes, 75 percent of our total operating revenue comes from paying **patients** and other non-tax sources.



### Thanks to you **San Antonio,** Every meal is a miracle.

**SOLUCIENT**  
TOP HOSPITALS

The hands that chop vegetables with such precision belong to Jane Swanson, sole survivor of a workplace tragedy that left her near death on July 23, 2003.

The saving of Jane's life took place at University Health System - named for the second consecutive year to Solucient's Top 100 Hospitals® and top 15 major teaching hospitals.


From the life-saving stabilization measures performed in an AirLife helicopter, to the critical decisions made by the trauma team in the emergency center - Jane was immediately in good hands.

Highly-skilled physicians, nurses and technicians in the Operating Room and Surgical Trauma Intensive Care Unit joined teams of University of Texas Health Science Center (UTHS) trauma surgeons, intensivists, radiologists, neurosurgeons, plastic surgeons, and rehabilitation medicine specialists to place Jane on the road to recovery. Over many months, she learned to walk and talk again. And, in the kitchen of the University Hospital's Rehabilitation Center, Jane began to use her hands to prepare meals.

Thanks to you, San Antonio, Jane's hands can reach out and hold on to those that matter most. And, thanks to your support, University Health System continues to be celebrated as one of the country's Top 100 Hospitals® - a place where dedicated hands work hard for you and your family everyday.



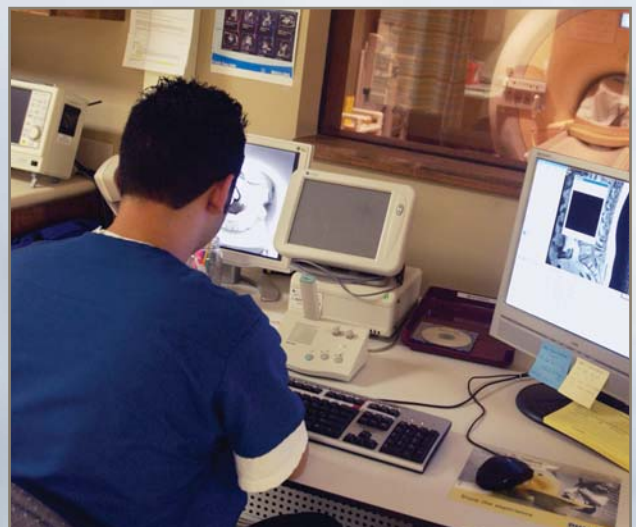
[www.universityhealthsystem.com](http://www.universityhealthsystem.com)



University Hospital was built in 1968, and last expanded over 20 years ago. Portions of University Health Center-Downtown are nearly 100 years old. University Health System **leadership** is currently involved in Master Facility Planning in order to meet the growing healthcare needs of the community and effectively provide life-saving trauma services to the region.

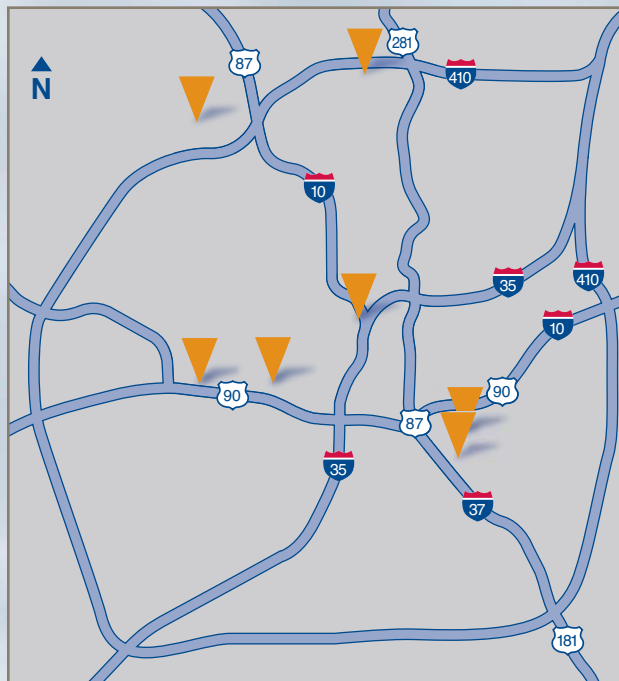


University Health System is among the most **technologically-integrated** health systems in the nation. Recent advancements include the roll-out of a physician order entry/electronic medical record system, as well as a picture archiving and communication system. These enhancements enable lab results, radiological images and other vital information to be viewed by patients' healthcare team members from any computer. Physicians can also adjust and enter new orders over this same secured system.






University Health System's six community health centers, located throughout Bexar County, enable patients to have **access** to primary and specialty care closer to home.



University Health System is the primary teaching hospital for the University of Texas Health Science Center at San Antonio. This **partnership** routinely results in national recognition by *U.S. News & World Report* magazine.

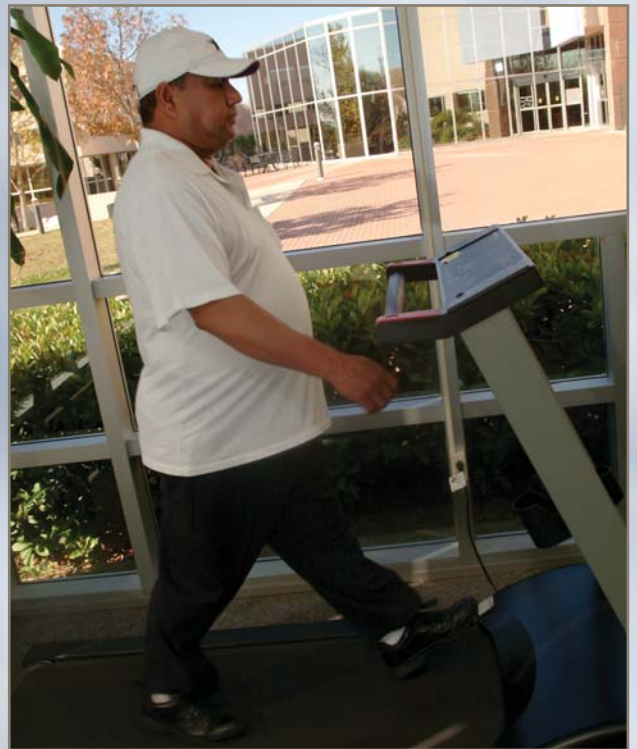




University Hospital is the **lead level I trauma center** for Bexar County, as well as all of South Texas. Level I trauma hospitals provide a full range of care for severely injured patients, 24 hours a day, seven days a week. There are just 13 in all of Texas. Just like fire and police, our trauma services are available to everyone who is seriously injured in car crashes, other unexpected tragic events or large-scale disasters.



University Health System has established key partnerships in order to move away from a “sick care” model, to become an **integrated “high performance health system,”** focused on chronic disease prevention and the impact of mental health problems on physical health.





## Some other vital signs to remember:

In 2006, the lives of 3,292 patients were placed into the capable hands and aboard the “flying intensive care units” of **San Antonio AirLife**. Since 1990, the air medical transport system, owned jointly by University Health System and the Baptist Health System has safely flown over 30,000 patients. AirLife is one of the most prestigious programs of its kind in the country. Distinguished recognitions include Texas EMS Air Medical Service Provider of the Year and National First Responder of the Year.



**CareLink** is a program for the uninsured and working poor of Bexar County. Created in 1997, the program provides financial assistance and access to physicians to qualifying residents of Bexar County. While CareLink is not insurance, it has many similar advantages such as promoting access to preventive health services, encouraging a long lasting relationship with a primary care provider, and instilling a sense of shared responsibility between member and staff for the patient’s health. In 2006, CareLink had an average of 55,000 enrollees. Members pay a reduced rate for services received through University Health System, based on family size and income. Through these monthly payments, CareLink members contributed over \$13 million to the University Health System bottom line in 2006.



**Community First Health Plans, Inc.**, was established by University Health System in 1995 to provide health care coverage to the citizens of Bexar and the surrounding seven counties. Community First is the region’s only locally-owned and operated, not-for-profit HMO. Our commitment is to provide exceptional healthcare benefits and outstanding service – delivered by people who live right here in South Texas.



**The Texas Diabetes Institute (TDI)** is a national center of excellence in diabetes care and research. TDI is located in the University Center for Community Health, in the heart of San Antonio’s west side, where nearly every family has been affected by this disease in some way. TDI comprises more that 153,000 square feet and is one of the world’s largest and most comprehensive centers completely dedicated to the battle against diabetes.



# 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.





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Dear Friends,



Robert L. Jimenez, MD



George B. Hernández, Jr.

**O**n behalf of the University Health System Board of Managers and our 5,000 staff members, it is our pleasure to share with you this Report to the Community.

University Health System is on a **vital mission** – and has been since 1955, when Bexar County taxpayers created one of Texas’ first public hospital districts. Providing excellent care to residents who need it the most – and can afford it the least – is at the heart of this charge.

As our community has grown over the past decades, so have its healthcare needs. As a result, fulfilling this vital mission is a much more complex and fiscally challenging endeavor than it was 50, or even 20 years ago. Despite these challenges, our owners – still, Bexar County’s taxpayers – can take great pride in how their health system has grown and evolved into one of the nation’s leading academic medical centers.

In this report you can read about some of the unique collaborative initiatives that are enabling more people to have access to appropriate treatment options, maximizing limited resources and improving efficiency.

What’s more, University Health System is among the top five percent of hospitals in the nation when it comes to implementing important new technologies. A computerized physician order entry/electronic medical record system and a completely “film-less” radiology system are just two examples of the significant strides that have been made to improve patient care and coordination.

Thank you for taking this opportunity to learn more about University Health System. We hope the next time you see one of our “Vital” signs – perhaps when you drive by one of our facilities or look up and see an AirLife helicopter – you are reminded of our *vital* mission.

Sincerely,

Robert L. Jimenez, MD  
Chairman, Board of Managers

George B. Hernández, Jr.  
President/CEO

# University Health System 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.



**Chairman**  
Robert L. Jimenez, MD



**Vice Chairman**  
James Adams



**Secretary**  
Ira Smith, Jr.



Alexander Briseño



Rebecca Q. Cedillo



Robert Engberg



Linda Rivas

## Bexar County Commissioners Court

Nelson W. Wolff  
*Bexar County Judge*

Paul Elizondo  
*Commissioner, Precinct 2*

Sergio "Chico" Rodriguez  
*Commissioner, Precinct 1*

Lyle Larson  
*Commissioner, Precinct 3*

Tommy Adkisson  
*Commissioner, Precinct 4*



# University Health Center-Downtown

**U**niversity Health Center-Downtown (UHC-D) – formerly the Brady-Green and originally the Robert B. Green Hospital – is the birth place of what is today Texas’ third largest county hospital district. University Health System providers treat close to 125,000 patients each year at this large, comprehensive outpatient center.

# Taking Bold Steps

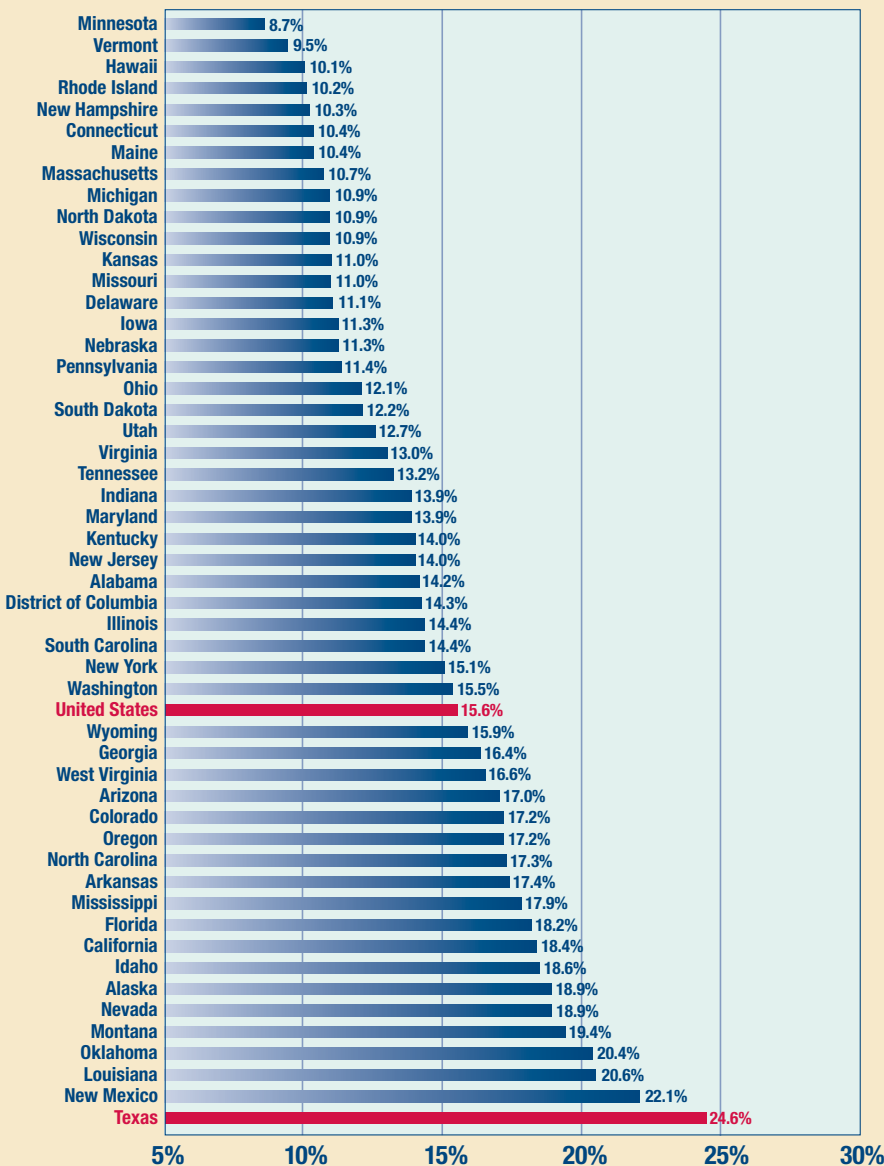
University Health System CEO participates on Code Red Task Force

It's no secret that Texans like to be number one, especially when it comes to football and barbecue, but being number one in the percent of the state's population without health insurance is nothing to brag about. In an effort to better understand the problem and help develop real solutions, University Health System President/CEO George B. Hernández, Jr., was one of 19 Texans, from diverse stakeholder groups, asked to serve

on the *Task Force on Access to Health Care in Texas: Challenges of the Uninsured and Underinsured*.

Sponsored by all 18 of Texas' major academic health institutions, the panel spent 18 months gathering information, assessing the magnitude of the problem and debating potential strategies to improve access to affordable health care. Their final report, ***Code Red: The Critical Condition of Health in Texas***, was released in April of 2006.

Percent Uninsured in Each State in 2003



## Key findings:

- 8.5 million Texans are without health insurance at some point over a period of 12 months
- 5.6 million Texans are continuously without health insurance
- Three million uninsured Texans are less likely to receive preventative care and screening services
- One million Texans do not receive care for their chronic diseases

## Why are Texans Uninsured?

High premiums. The average cost of health insurance for a family of four is \$9,100

## Who are the Uninsured?

- 79 percent are in working families
- 22 percent of Texas children are uninsured (national average: 12 percent)

Source: U.S. Census Bureau Annual Demographic Survey, March 2004.



# A Diagnosis That Came Out of Left Field

Medical Miracles Gala honors 9-year-old cancer survivor

*Little leaguer Drew Rice has learned it doesn't take a leg to make a champion.*

**W**hen nine-year-old Drew Rice is fast asleep he probably dreams about the roar of the crowd as he walks off the mound, having just pitched his first no-hitter. Pretty typical dream for a boy

his age, but what makes Drew's dream so special is the "walking" part. That's because Drew Rice only has one leg.

Drew, along with his parents, Matt and Kim Rice, were the honored guests at the 2nd Annual University Health System Foundation Medical Miracles Gala on May 10, 2007 at San Antonio's Westin Riverwalk Hotel. The event raised funds to support the Foundation's Nursing Scholarship program and the Peveto Center for Pastoral Care at University Hospital.

Over the course of the evening, attendees experienced a wide array of emotions as they learned about the Rice family's battle with cancer. Many were moved to tears and deeply inspired, as Matt Rice shared what is truly an unforgettable story of courage and faith.

On April 28, 2004, six-year-old Drew was in the backyard jumping on the trampoline when he injured his knee. What Matt and Kim thought was just a minor injury turned out to be the "unthinkable." A cancer tumor had been "hiding" behind his knee. It was big – covering about two-thirds of his entire thigh. And it was bad – Ewing's Sarcoma, a very rare form of bone cancer.





*Drew, pictured with his parents Matt and Kim, had fun autographing baseballs at the gala. Those who know him will not be surprised if these commemorative balls become a valuable piece of Major League Baseball memorabilia some day.*

Drew's difficult battle began with chemotherapy the following month. He lost 10 pounds and was down to just 39 pounds when it was time for the next step – surgery.

The Rice family had heard good things about Dr. Ronald Williams in the Department of Orthopaedics at The University of Texas Health Science Center at San Antonio. He is one of the most respected orthopaedic oncologists in the nation, and the only one in all of South and Central Texas.

Their first visit to Dr. Williams' office was unforgettable. "He flipped up an x-ray on a screen and, like an attorney, started building a case for amputation," Matt remembers. "I was blown away." They expected to hear about donor bones or maybe fusion of the knee, not amputation.

"It was important to teach Drew's dad that losing a limb involves a grieving process," Dr. Williams recalls. "I told him to expect Drew to get angry, but assured him that young people seem to figure it out."

"We prayed and prayed for a miracle," says Matt. In fact, the day before the operation they asked for another CAT scan, just in case they got their miracle. They didn't and Drew was admitted to University Hospital that night. "It was a real faith struggle," Matt admits. The next morning they carried him to the operating room, Drew crying the whole way. He woke up from his operation with a prosthetic in place of his leg.

"We encouraged him to get up," says Dr. Williams, "because the sooner he became mobile, the better." That is not how Drew, almost seven years old at this point, saw things. "He was scared of physical therapy," says Matt. "He'd be hitting, throwing things and screaming bloody murder. He was mad."



They still had a long battle ahead. “We all cried a lot,” says Kim. “He would sleep with his prosthetic on. If I took it off, he’d cover his face, or put a blanket over it.” They were becoming increasingly concerned about Drew’s inability to cope with his new reality. “He’s gonna have to look at it and touch it,” they cried to Dr. Williams. “He will, when he does,” was the doctor’s reply. He was right.

The week of his last chemotherapy session, Drew threw the blanket down and looked at his stump. “That was huge,” smiles Matt. “He was still ticked.” But it was a start.

Drew finally went back to school with crutches on January 5, 2005. A few months later he asked to go watch a friend play baseball. “And we kept going back and back,” remembers Matt. One day Drew had an idea. “Dad, I want to play baseball,” he announced. “Why not?” thought Matt. “Absolutely,” said the folks at the YMCA.

Baseball was the best medicine ever. On the baseball field, Drew says “I’m like everyone else.” He played that spring, and hasn’t stopped since. He changed in other ways too.

One day the Child Life specialist at University Hospital called with a favor. She asked Drew how he’d feel about coming up to the pediatric unit to talk to a young man who had just had his leg amputated. Drew said yes. “It was a 15-year-old boy named Johnny,” Matt remembers. “Drew brought him a soccer ball. He even signed it.”

He has returned several times to visit other children. “He is an inspiration to them, and to everyone in the unit,” explains Child Life Coordinator Rebecca Charlton. “It is such good therapy to help someone else,” agrees Kim. The sad part of these visits is the fact that two of the children, including Johnny, have since died from their cancer. “I don’t understand why Drew is OK and others are not,” she adds. “I believe God has something special planned for him.”

If you ask Drew what that “something special” might be – he’ll likely tell you he’s going to be the first Major League pitcher with a prosthetic leg. And don’t put it past him. Drew has far surpassed the goals his doctors and therapists have set. He is the pitcher of his Little League team. And cheering him on are the two biggest supporters of his dreams. “I cry every time I watch him pitch,” says Kim. “I am so proud and happy.” Matt says he often overhears parents in the stand say, “Hey, there’s something wrong with that kid’s leg!” His proud response is always “No, that’s my son and he doesn’t *have* a leg.”



*The sky is the limit when it comes to Drew’s future.*



# The Right Care in the Right Place

## Crisis Care Center Collaboration earns national recognition

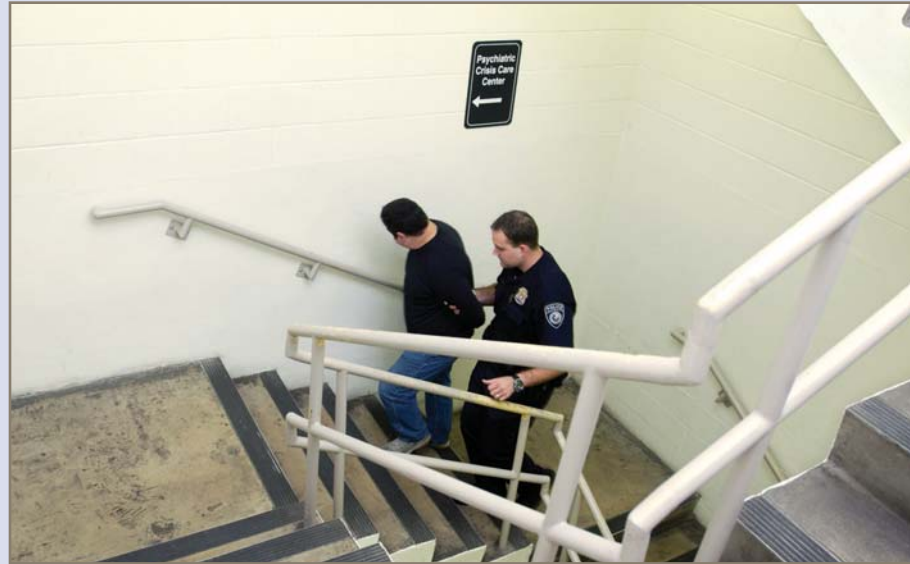
Unfortunately, all too often people with mental illness are picked up by police and taken to overcrowded emergency rooms or even jailed following nonviolent, victimless offenses. It happens because there are so few alternatives for law enforcement officers who need to get offenders off the streets. A collaborative program in Bexar County, which led to the creation of an appropriate setting to provide both mental health and medical services for people in crisis, was honored in 2006 by the American Psychiatric Association.

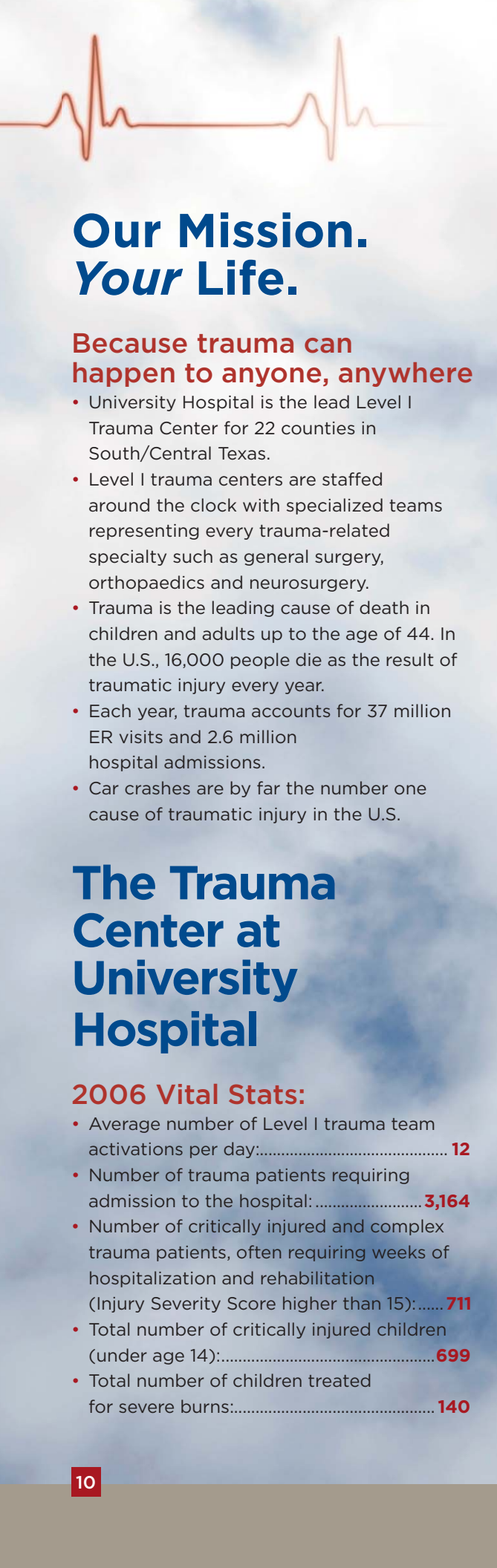
The Center for Health Care Services' Crisis Care Center, a collaborative effort of The Center, University Health System, the UT Health Science Center and local law enforcement agencies, has been operating around the clock at University Health Center – Downtown for about two years. The Crisis Care Center provides a structured system of medical, psychiatric and social work services in one convenient location. On average, it provides 700 mental and medical health screenings per month.

Prior to its opening, law enforcement officers often had to spend up to 12 hours in the University Hospital Emergency Center waiting for nonviolent detainees, with varying levels of mental illness, to be evaluated. That took officers off the streets, and cost taxpayers a great deal of money in overtime expense. Today, the time to complete a screening at the Crisis Care Center is just over an hour.

“This is the right thing to do for these patients,” said Dr. David Hnatow, medical director for the Emergency Center at University Hospital. “I became involved in this project as a way to decongest our very busy Emergency Center, but the more I learned, the more I understood the magnitude of the problem and the importance of finding a better way to manage people who are in serious crisis.”

The American Psychiatric Association honored the program for enhancing access to and continuity of care for people with mental illness, while reducing expenses.





# Our Mission. Your Life.

## Because trauma can happen to anyone, anywhere

- University Hospital is the lead Level I Trauma Center for 22 counties in South/Central Texas.
- Level I trauma centers are staffed around the clock with specialized teams representing every trauma-related specialty such as general surgery, orthopaedics and neurosurgery.
- Trauma is the leading cause of death in children and adults up to the age of 44. In the U.S., 16,000 people die as the result of traumatic injury every year.
- Each year, trauma accounts for 37 million ER visits and 2.6 million hospital admissions.
- Car crashes are by far the number one cause of traumatic injury in the U.S.

## The Trauma Center at University Hospital

### 2006 Vital Stats:

- Average number of Level I trauma team activations per day:..... **12**
- Number of trauma patients requiring admission to the hospital:..... **3,164**
- Number of critically injured and complex trauma patients, often requiring weeks of hospitalization and rehabilitation (Injury Severity Score higher than 15):..... **711**
- Total number of critically injured children (under age 14):..... **699**
- Total number of children treated for severe burns:..... **140**



# Big teams, dedicated to saving little lives

University Hospital is South Texas' only place for seriously injured children

**D**onna Barnes used to think University Hospital was just for people without health insurance. Sure, she had heard news reports about injured people being taken to University Hospital after car crashes or shootings, but she never gave it much thought. She had no reason to know that University Hospital is the only Level I Trauma Center in South Texas that treats seriously injured children. Who could have guessed the day would come when she would find herself standing next to a gurney in this hospital's emergency room, praying for her child's life.

April 12, 2007 promised to be an ordinary day, Barnes recalls. And it was, until her car was struck by another car driven by some kids who were drag racing. Upon impact, her 5-year-old daughter, Brianna, was thrown 20 feet from the car. The next thing Barnes knew, she and Brianna were in an ambulance en route to University Hospital.

After a thorough evaluation, Brianna was found to have a broken femur and a fractured ankle, including the growth plate. She had surgery that night and was discharged six days later.

"I thought she should go to [a nearby children's hospital]," Barnes says, "but the EMTs said that University was the best place for trauma care." As it turned out, the EMTs were right. "The care Brianna received was phenomenal. Everyone who dealt with my daughter, from beginning to end, was outstanding."

## Ready-Day and Night

Motor vehicle crashes, recreational injuries, falls, burns and other accidents are the number one cause



Five-year-old Brianna Barnes

*University Hospital is staffed 24/7 with surgeons and nurses experienced in caring for critically injured patients.*



## Specialized Burn Care for Children, Close to Home

Thanks to a partnership between University Hospital and Bexar County's two military trauma centers, many pediatric burn patients and their families no longer have to travel for care. Dr. Steven Wolf, MD, director of the world's most renowned burn unit, the Institute for Surgical Research at Brooke Army Medical Center, and Professor of surgery for the UT Health Science Center is now caring for burned children at University Hospital.

"There is no longer any reason for most children requiring hospitalization for burns – those with less than 50 percent of their skin burned – to travel two to three hundred miles for treatment," Dr. Wolf says.

"Since most burns are less than 50 percent of the body area, we keep most of these kids within their communities, near their families, instead of transferring them to Houston, Galveston or Dallas," explains University Hospital's administrative director for trauma services, Marilyn MacFarland, RN.

Previously, most seriously burned children from the San Antonio area were flown to Shriners Hospital for Children in Galveston.

of death and disability in children. And they send some 600 critically injured children to University Hospital each year.

"Day or night, we're ready for these children," says Ronald Stewart, M.D., the hospital's trauma medical director, and chief of the trauma division at The University of Texas Health Science Center at San Antonio. "We're staffed 24/7 with surgeons, intensivists, nurses and technicians who are experienced in caring for critically injured children and who are prepared to mobilize at a moment's notice, as soon as they're notified that a child is on the way."

Comprehensive trauma care begins with the first responders at the scene of the injury, and continues in the Emergency Center, where the patient is quickly evaluated using the hospital's new-generation multislice CAT scanner and other state-of-the-art technologies. If surgery is required, the patient is rushed to the operating room. If not, pediatric patients go to either the pediatric intensive care or the transition unit of the Janey Briscoe Children's Center for further evaluation and care. Critically injured adult trauma patients are cared for in the hospital's Surgical Trauma Intensive Care Unit.

"Trauma afflicts children of all ages and across the socioeconomic spectrum," Dr. Stewart says, "and University Hospital is proud to treat all children. It's certainly the place I would want my children to be cared for if they were critically injured or ill."

Donna Barnes goes a step further. "University Hospital is where I'll go if I'm ever hospitalized for anything," she says. "My husband and I are very protective parents, and this accident sent us way over the top. But the care Brianna received, and the kindness and patience with which she, my husband and I were treated, were beyond anything I could have wanted."





# First new Bell 430 lands at University Hospital

If you live in the Bexar County area, odds are you've heard one and probably even seen one. An AirLife Bell 412. They've been saving lives in South Texas for 16 years. But on September 11, 2006, a new emergency helicopter made its "grand landing" in Bexar County – the Bell 430. It was the first of three new 430s to replace the 412s because they are faster and less expensive to fly.

"It is highly appropriate that we welcome this life-saving resource to our community on this day, the 5<sup>th</sup> anniversary of the worst terror attacks in our nation's history," said George B. Hernandez, Jr., President/CEO of University Health System. "On this day we honor the lives lost and remember the lessons learned. Here in Bexar County, we are also clearly communicating our commitment to the health and safety of our residents."

## September 11, 2001.

*A date that brings to mind images of destruction and senseless loss. Yet, out of the ashes a new sense of mission and unity was born – across the nation and here in Bexar County.*

*As we remembered the 5<sup>th</sup> anniversary of the 9-11 attacks, and payed tribute to the heroes and ordinary citizens lost that day – regional trauma providers gathered on the helipad at University Hospital to renew their collective commitment to preparedness, as an important new resource to South Texas' disaster preparedness system was placed into service—the first of three new AirLife helicopters.*



San Antonio AirLife is nationally-recognized for its commitment to safety and quality care. More than 30,000 patients were served well by the 412s since 1990. They were well-maintained and can continue to be flown safely for many years to come, but they are no longer the most efficient aircraft available to transport critically ill and injured patients.

With a top air speed of 143 miles per hour, the 430 is 16 percent faster and 21 percent more fuel efficient than the 412. In addition to the fuel savings, the per flight hour operating cost for the 430s is approximately 75 percent less than the cost of flying the 412s.

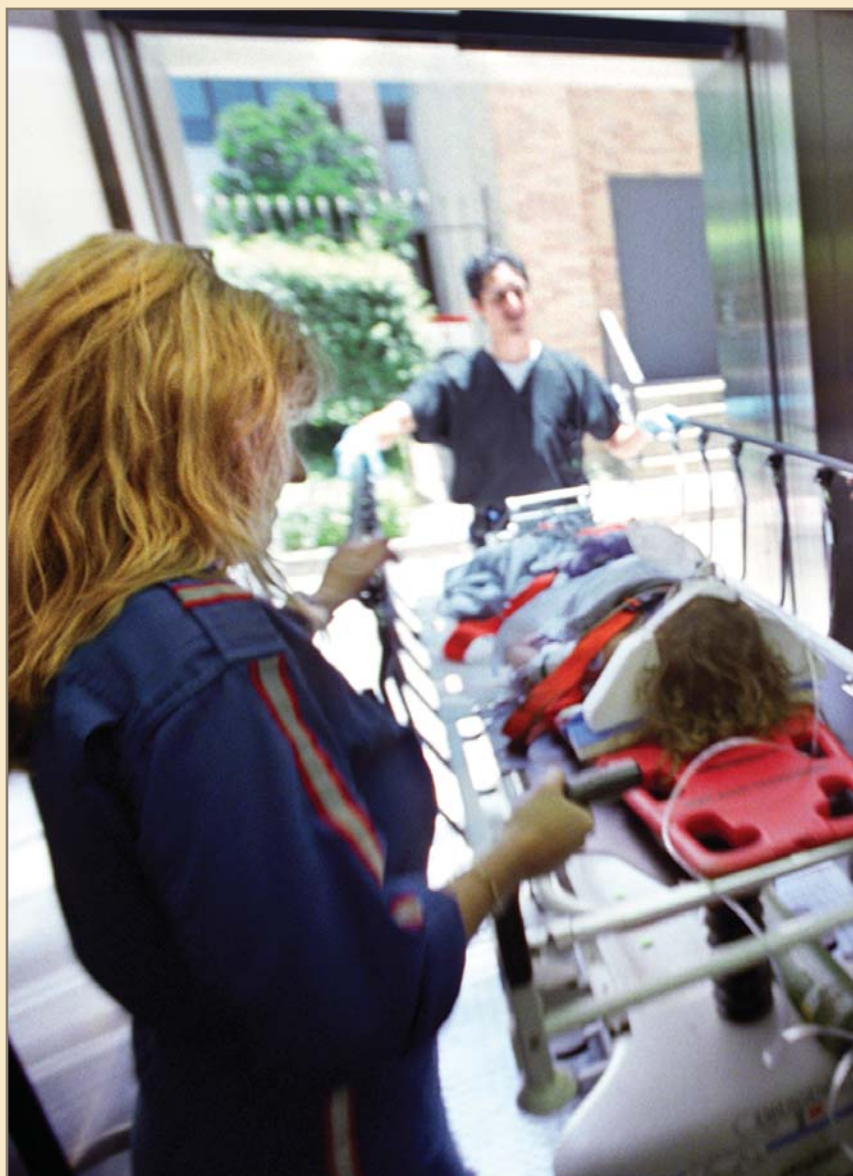
Hospital officials and emergency responders from across the 22 counties that make up Texas Trauma Region P were on hand for the arrival ceremony. The remaining two Bell 430s went into service in February and March of 2007.



## Child Life Specialists Help Reduce Patients' Stress

Being hospitalized with a serious injury or illness is upsetting for anyone. But for children, it can be especially distressing, says Rebecca Charlton, a child life specialist at University Hospital. "Having a friend who will play with them, comfort them, explain what's going on or accompany them to procedures can make the experience a lot easier," Charlton says. That's where she and the hospital's other child life specialist come in. Charlton says her two main goals are to reduce young patients' stress and anxiety and to "normalize" the hospital environment. "Our primary tool is age-appropriate play," she explains. "A book or a toy or a 'virtual shopping trip' can be a welcome distraction during a procedure. A game or a DVD can help take the child's mind off the fact that he or she is here."

Helping the child regain a sense of control is also important, Charlton notes. "Taking their medicine isn't a choice, but whether to take it with Sprite or apple juice is."



# Connectivity, Communication & Convenience

New computer technologies  
improve care & coordination

Unless it's to welcome a new baby into the family, it's pretty safe to say that very few people look forward to being admitted to the hospital. "That's why everything we do is focused on getting our patients well and back home as soon as possible," explains, hospital administrator Greg Rufe. It's also why University Health System is among the top five percent in the nation when it comes to maximizing today's computer technology to improve care, coordination and communication.

In addition to having access to some of the best and brightest minds in medicine today, patients at University Health System are also benefiting from new computer technology that is enabling their physicians to have immediate access to the information they need to diagnose problems and develop effective treatment plans.

## A Quantum Leap in Connecting Care

In early April 2006, University Health System established a team to aggressively implement a computerized physician order entry/electronic medical record (POE/EMR) system called Eclipses Sunrise Clinical Manager (Sunrise).

The multi-disciplinary teams assigned to carry out this mission consisted of about 50 individuals representing medical records, nursing, physician staff, admissions, information services and other areas. The support team was made up of 16 nurses that were pulled from their patient care duties and dedicated to the implementation effort for a period of seven months.



### Vital Stats on the Sunrise system:

- Patient records available to physicians over secure website 24 hours a day, 365 days a year
- Electronic access to complete medical record, whether the patient is inpatient or outpatient, improving the continuum of care
- All patient documentation is legible, eliminating mistakes caused by misinterpretation of handwriting
- Electronic prescribing to patient's pharmacy of choice
- Ability to visually see patient's clinical results graphed and trended over a period of time — patients can see how they are responding to treatment
- Standardization of physician orders to promote best practice
- Use of system rules, alerts, and prompts for notification of duplicate orders, medication interactions, allergies and other patient safety related items
- Faster access to lab and radiology test results
- Increased communication among physicians due to the ability to share the record simultaneously and consult through secure electronic messaging

This initiative has transformed the work flow of the entire organization and has moved University Health System from a paper work flow environment to a fully integrated electronic system.



# A Picture is Worth a 1,000 Words

State-of-the-art CAT scanner provides more detail & precise diagnosis

**Vital Stat:**  
61,108 CAT scan exams were performed at University Health System in 2006

**A** new 64-detector Computerized Axial Tomography (CAT or CT) scanner at University Hospital is enabling physicians to more quickly and accurately diagnose a large number of medical problems, by dramatically improving the speed and resolution at which CT images can be captured.

The 64-slice unit at University Hospital can capture up to 3,000 high-resolution images in just 10 seconds.

Multi-slice CT has become the standard of care for diagnostic imaging throughout the country and the 64-detector CT is considered the current “gold standard” for CT imaging. The scanner, which has four times as many

detectors as a typical multi-detector CT scanner, can produce detailed pictures of any organ in a few seconds and provide sharp, clear, three-dimensional images, including 3-D views of blood vessels. At that rate, a 64-slice scanner can gather a high-resolution image of a heart, brain or a pair of lungs in about five seconds. A scan of the whole body takes about 30 seconds.

The technology has been particularly exciting for studying the beating heart. The scans can be timed to use only images gathered between contractions, so that the heart and its vessels can be seen without the blurring caused by motion. In a single rotation this new system creates 64 credit card-thin images, totaling 40 millimeters of anatomical coverage. These images are combined to form a three-dimensional view of the patient’s anatomy for the physician to analyze.

In addition to the new 64-slice scanner installed in the hospital’s radiology department, a new 16-slice unit was also placed in the University Hospital Emergency Center, to enable trauma and other emergency patients to be “scanned” within moments of arrival. For most of these types of emergency studies, the 16-detector CT is able to quickly provide sufficient detail to enable accurate assessment of the patient, allowing the trauma and emergency center staff to begin appropriate treatment within moments of arrival.



*CT exams are performed on trauma patients in the Emergency Center within moments of arrival.*



**G**etting stuck by needles can be very traumatic for pediatric patients, in fact it can almost seem to kids that every time a doctor or nurse walks into their hospital room they “get stuck.”

Of course, blood testing and intravenous (IV) therapies are an important part of treatment, but thanks to the Pediatric Vascular Access Program in the Janey Briscoe Children’s Center at University Hospital, young patients no longer have to worry about routine “sticks.”

## Fewer Needles Bring More Smiles

### Pediatric Vascular Access Program helps the medicine go down

The program, places PICC lines (Peripherally Inserted Central Catheter) in all pediatric patients who are expected to stay in the hospital for more than a few days. It’s purpose is to reduce the number of times needles are inserted in pediatric patients, and decrease catheter-related blood stream infections. Not only do PICC lines generally lower the risk of infection, once inserted, blood can be drawn from it – and all nutrition and IV therapies can be given through it – with no additional needle sticks.

Since the start of the program in 2006, the outcomes have surpassed expectations. In fact, the pediatric unit has been “infection free” on all lines for almost a full year. Debra Luna, BSN, RNC, Pediatric Vascular Access Program coordinator couldn’t be more pleased. “I must say, this is music to my ears. With a lot of hard work, great people, determination and belief, this can be done.” She really has seen a change in the kids too. “Children aren’t as afraid when nurses walk into their rooms.” Key to its success is a special tool developed by Luna for pediatric nurses and physicians to use for early assessment for vascular access.



“The general rule of thumb is that any pediatric patient needing IV fluid, blood therapy, antibiotic therapy and/or nutrition for five days or more automatically qualifies as a PICC candidate,” she explains.

All PICC lines are inserted using ultrasonic guidance and tip placement is verified after the procedure with x-ray.

It may sound simple, but making a big change always involves a lot of effort. Luna says it took teamwork and dedication to get the program off the ground. “It was a challenge for me but I like challenges. Plus, I work with a very strong team and I have a great boss (Michelle Ryerson, administrative director, Janey Briscoe Children’s Center) who believes in her staff, and that makes a big difference.” Her goal is to expand the program beyond pediatrics. “Every patient should have this option in order to receive IV therapy safely without delays in their care,” she explains.

A PICC line can stay in for up to a year with continued care and maintenance.



# Engaging the Force

## Nurses take the lead in journey toward Magnet Hospital

In November 2006, chief nursing officer Nancy Ray, MA, RN, placed University Health System's application for Magnet status in the mail, marking the first official day of the organization's long journey toward achieving this prestigious designation.

"Magnet is the seal of approval for quality patient care," says Ray.

"Achievement of Magnet designation helps attract and retain quality employees."

Administered by the American Nurses Credentialing Center (ANCC), the first Magnet hospital was the University of Washington Medical Center in Seattle, named in 1994. Since that time, the list has grown to over 130 hospitals.

The purpose of the program is to help consumers locate healthcare organizations that have a proven level of excellence.

Texas has 15 hospitals with this designation, but University Hospital is hoping to be the very first in San Antonio. There is nothing simple or easy about achieving Magnet status, so Ray has challenged every employee, in every area of the organization, to be engaged in the process.



To be successful in this journey, a hospital must demonstrate that it has achieved the following goals:

- Show better patient outcomes, improved patient safety and decreased mortality rates
- Recruit and retain a highly-skilled nursing staff
- Have a competitive advantage, in terms of public confidence in the overall quality of the hospital
- Attract high quality physicians and specialists
- Have collaborative working relationships that create a "Magnet culture" of empowerment, pride, mentoring, nurturing, respect, integrity, and teamwork

Learn more about University Health System's Magnet Journey online at [www.RememberTheMission.com](http://www.RememberTheMission.com).

## What is a Magnet hospital?

Magnet hospitals must meet stringent quantitative and qualitative standards that define the highest quality of nursing practice and patient care. Becoming a Magnet hospital means that the organization must meet over 65 standards developed by the ANCC. The standards must be demonstrated in a very extensive written document, then validated and clarified by a site visit.

A Magnet hospital delivers excellent patient outcomes in an environment where nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate and appropriate grievance resolution. Magnet status also indicates nursing involvement in data collection and decision-making in patient care delivery.

The idea is that Magnet nursing leaders value staff nurses, involve them in shaping research-based nursing practice, and encourage them to advance in nursing practice. Magnet hospitals have open communication between nurses and other members of the healthcare team, and an appropriate personnel mix to attain the best patient outcomes and staff work environment



*Many University Hospital nurses are involved in research projects to advance patient care.*

## Magnet Champions

Every University Hospital clinical unit has appointed a “Magnet Champion” and hundreds of nurses are taking part in the journey through a variety of subcommittees of the Magnet Steering Committee:

- Education & Integration
- Quality Task Force
- Organizational & Policy Task Force

Monthly Breakfast of Champions meetings are held, as well as an all-day annual strategic planning retreat. University Health System clinical research director and Magnet project director, Evelyn Swenson-Britt, MS, RN, also conducts regular *Magnet Trails* learning events throughout all of the inpatient units at all times of the day and night.



# Baby's First Steps to Good Health

Local collaboration offers moms-to-be comprehensive care close to home

**D**elivering a healthy baby starts way before that first labor pain, so providing moms-to-be with top-notch prenatal care early in their pregnancies and keeping them coming in for care regularly are top priorities for University Health System. Doing everything possible to ensure all babies in our community have a healthy start in life is also a critical mission



for the San Antonio Metropolitan Health District (Metro Health) and UT Medicine San Antonio. So, in effort to improve access to prenatal care, these three organizations began consolidating obstetrics services in 2006.

Named *Health for Women*, this collaborative program includes prenatal care, well-baby care and family planning.

In addition to University Health System's three neighborhood clinics, which were already providing prenatal care, Metro Health came onboard with eight more clinics, giving women the opportunity to choose from 11 total locations. Faculty and resident obstetricians from UT Medicine provide care at all of these clinics and deliver babies at University Hospital.

Convenience is key is for pregnant women, according to Janelle Pehl, RN, clinic supervisor at Metro Health's Salinas Clinic. "Many of our moms already have children and are the primary care givers for their families, so it's not easy for them to travel across town for medical appointments. Expanding the number of prenatal clinics can help us reach more women," she explains.



A major accomplishment of *Health for Women* was the expansion of University Hospital’s bilingual *Baby U* program, which is now offered at University Health Center – Downtown and several Metro Health clinics. *Baby U* offers numerous prenatal classes such as learning how to make your home safe for your baby, how to be successful with breastfeeding and everything women need to know about the child-birthing experience.

Moms-to-be can take a sneak peek at University Hospital’s state-of-the-art “Baby Suites” and newborn nursery when they take the *Baby Shower Tour*. All labor and delivery suites are private and feature high-tech equipment and amenities for the comfort of both mom and family.

*Health for Women* patients are encouraged to take advantage of our Patient Navigator program. Patient Navigators are available at all clinics to help guide women through their pregnancy with personalized service. Navigators make sure our moms-to-be have the needed financial resources, transportation, housing, specialty referrals and *Baby U* education materials.

Our goal is to help all of our patients and their families understand that their best chance of having a healthy baby begins even before they become pregnant, and depends on the level of responsibility they take for their health during every step of the pregnancy.



# The Gift of a Lifetime, Given 1,000 Times

The Transplant Center performs its 1,000<sup>th</sup> liver transplant

**A** couple of area residents weren't at all concerned about what they might find under the Christmas tree when they addressed a crowd of media in the transplant unit of University Hospital in December of 2006. Gretchen Ferrell and Chance Turner had both already received the gift of their lives.

Mrs. Ferrell, woke up from her November 15, 2006 operation to learn she was the 1,000<sup>th</sup> patient to receive a liver transplant at The Transplant Center at University Hospital. It's a milestone that places the joint program of The University of Texas Health Science Center at San Antonio and University Health System among the largest in the nation. One week earlier, 21-year-old Chance Turner received his chance to reclaim a normal life, thanks to the portion of his brother's liver that was placed into his body.

The stories of these two patients highlight the real-life impact the liver transplant program has had on the lives of more than 1,000 individuals, their families and the South Texas community, as well as how recent advancements enable more patients to benefit from liver transplantation. "Because of the liver's unique regenerative abilities, we can perform living-donor transplants," explains Dr. Glenn Halff, director of The Transplant Center. "We also are one of the busiest centers in the U.S. doing split-liver transplants in children."

The most common medical problem that results in the need for liver transplantation is hepatitis C. However, nonalcoholic steatohepatitis – linked to obesity and diabetes – is rapidly becoming a major concern. It is marked by excessive fat in the liver and can progress to liver failure, and ultimately the need for liver transplantation.



Mrs. Ferrell shares her "gift of a lifetime" story with a local news crew.

Prior to her transplantation, Gretchen Ferrell was critically ill from what she refers to as a “Molotov cocktail” combination of two diseases – Graves’ disease and autoimmune hepatitis. “I had a liver biopsy 20 years ago and knew they were killing my liver,” says Mrs. Ferrell. “It wasn’t until I was dying that I went to a liver doctor.” She was placed on the United Network for Organ Sharing (UNOS) waiting list in the summer of 2006.

Chance Turner was diagnosed with leukemia when he was just a toddler and underwent four years of chemotherapy. Doctors aren’t certain, but they believe that treatment may have been what “caught up” to him ten years later, when he began to have severe gastric bleeding. After several very scary events, including “flat lining” during one hospital stay, Chance was put on the liver waiting list on December 2, 2005 – his mother’s birthday.

As time went by, and Chance’s condition worsened, his family began talking about living liver donation. After extensive testing and consultation, his 24-year-old brother Dustin emerged as the best candidate for donation. The operation to remove about half of Dustin’s liver and place it into Chance was performed on November 8, 2006.

“I knew it was a happy thing, but also sad, with both of them in surgery at the same time,” recalls Chance’s mom. “When the nurse called from the operating room and said ‘it’s going to work,’ I just broke down. I was so relieved.” Following this type of transplantation, both liver portions will grow to full size in a matter of months.

While living kidney donation is relatively common, living liver donation is much more complex and not routinely performed. In fact, Chance and Dustin Turner were one of just two living liver donor pairs in 2006.

The one-year survival rate at The Transplant Center is more than 87 percent, several points higher than the national average.



*The Turner brothers' mom looks on as Chance and Dustin enjoy sharing their story.*



# Their Legacies Live On

Tree of Life honors those who gave the gift of life

**A**bout a dozen families placed beautiful brass leaves with engraved names of deceased loved ones onto a “Tree of Life” at University Hospital on October 17, 2006. This was the first annual event to recognize the act of kindness made by transplant donor families and to honor all who have given the priceless gift of life at University Hospital.

The “Tree of Life” is located on the Organ Transplant Unit, so patients who benefit from organ transplantation can be reminded to pay tribute to those whose legacies live on through them.

## There is no greater love than this

*We are here to honor the ones who made the gift of organ donation possible, but we are also here to honor the families, who made the decision to proceed with organ donation.*

*I have often been the person to give the news that a loved one, a dear and precious treasure—maybe your very embodiment of the future—is now gone. I cannot tell you how I have struggled with those words or how I have struggled to find words that might make it better or easier, but alas no words come. Although I can't fully comprehend the pain that each of you felt on that day or those days, I have tried to understand it as best as I can; so I know on the day that many of you made the decision to choose organ donation, it was the day that your life, or at least your life as you knew it, ended. And for many of you, that day is now a, or maybe the, reference point for your life.*

*So, it is with that understanding, that I address you today. Many things come to mind that might accurately describe the decision: courageous, altruistic, kind, heroic...all of these are true descriptors, but the word that best describes it for me is love. Love.*

*John 15:13 “Greater love has no one than this: to lay down one's life for one's friends.”*

*And so I believe there is no greater gift than to give of one's life so that others may live, and that is the fact with your decision: Out of death, life is born again.*

*There is no greater gift than this; so I say thank you. Thank you. Thank you.*

Speech given by Dr. Ronald Stewart, trauma medical director, University Hospital, at the Tree of Life ceremonies at University Hospital.



*Family members place their loved one's leaf on the Tree of Life.*



# Embracing the Spirit of Health

Peveto Center for Pastoral Care offers peace, comfort and hope

It is common for hospitals to formally open a new wing or dedicate a high-tech surgical suite, but most people would probably not expect to be invited to a public hospital to help open and dedicate a new spiritual center. That is exactly what happened in April of 2006, as the Peveto Center for Pastoral Care at University Hospital opened to the public for the very first time.

“Medicine today is all about high technology and wonder medications, but by definition, health is all about ‘wholeness’ – of the body and the mind,” said University Health System President/CEO George B. Hernández, Jr. “As a large academic medical center and the lead regional Level I Trauma Center our mission is to heal, but we must never lose sight of the ‘whole person’ as we provide these critical services.”

University Hospital cares for thousands of critically ill and injured patients every year. “Many of our patients are in crisis,” added Ruth Lozano, director of pastoral services for the hospital. “They are vulnerable and in search of understanding and support, as they make the journey from hurting to wholeness, or acceptance after loss.”

The Peveto Center was funded through the University Health System Foundation, with community donations. The center and its programs are named in memory of Freda Peveto, and are intended to recognize the generosity of former Chairman of the University Health System Board of Managers, John Peveto, for his many gifts to University Health System and its patients.



“It is my sincere hope those who come to this sacred place will find what they most need,” said John Peveto. “We are honored and humbled to know that our gift will help families in crisis find hope, and will allow those who work here to have a place to reflect and to find peace from their hectic schedules and important responsibilities.”

The large round structure is located at the front of University Hospital. It is entirely created from natural materials and features a winding wall of water at the entrance. The center includes a large multi-purpose room appropriate for religious ceremonies, as well as smaller areas for meditation and counseling. “It is truly unique in appearance and purpose,” said Denise Pruett, University Health System Foundation director. “It is an ecumenical place for patients, family members and staff – of all faiths and spiritual beliefs – to find peace, comfort and hope.”



# Keeping the Commitment

## University Health System evaluating plans to address emergency & crisis care

When it comes to caring for people critically injured in automobile crashes and other traumatic incidents, it’s not just about getting the injured to any hospital. Complex injuries require the type of specialized care available only at Level I trauma centers. There are just 13 Level I trauma centers in all of Texas, and the Level I Trauma Center at San Antonio’s University Hospital – last expanded about 25 years ago – is too small to keep up with today’s demand for service. It’s also not at all prepared to handle the future needs of South Texas’ growing population, or a large-scale disaster.

In an effort to “right size” University Hospital and provide the appropriate mix of diagnostic and treatment services at the hospital, as well as at its large downtown clinic, the University Health Center – Downtown, the University Health System Board of Managers is considering proposed options to construct a Trauma Tower at University Hospital and a new Urgent Care building downtown.

“Assuring that we are able to care for those most in need of our services, in the most appropriate healthcare location is our highest priority,” said board chair Dr. Robert L. Jimenez, as the Board of Managers discussed proposed recommendations in late 2007. “Accomplishing this goal in the best interests of our patients, as well as all Bexar County taxpayers, has been our focus from day one of this lengthy process,” added board member Alex Briseño. “We never can know when our life, or that of a loved one, might depend on the University Hospital trauma team, so ensuring the trauma center is equipped with the resources needed to save lives should be important to everyone.”

The Board of Managers will present recommendations to Bexar County Commissioners Court for approval in early 2008. “It’s important to assure Commissioners that this is a needs-driven proposition,” said Robert Engberg, chair of the board’s budget and finance committee. “We need it because it’s obsolete. We need it because of growth.”

Board members have identified Phase I priorities for both campuses. The four urgent projects for University Hospital include:

- Emergency Center expansion
- Additional inpatient rooms & replacement of many existing adult rooms in the oldest part of the hospital, which opened in 1968
- Appropriately sizing diagnostic and treatment areas
- Constructing more parking for patients and staff

Priorities for the University Health Center – Downtown (formerly the Robert B. Green Hospital, constructed in 1915) include expanding:

- Acute and crisis care services
- Diagnostic imaging
- Pharmacy services
- Parking

The total project costs estimates for Phase I priorities under consideration for both campuses are in the range of \$650 to \$700 million. The major components and cost estimates (in millions \$) include:

- New Trauma Tower with expanded emergency center & surgical capacity .....\$519
- University Health Center – Downtown .....\$80
- Central utility plant for University Hospital.....\$54
- New parking garage at University Hospital .....\$42



*Long term vision for University Hospital*

Total project costs could be less, depending on the outcomes of a series of management initiatives, which include working with The University of Texas Health Science Center at San Antonio to construct a parking garage on a section of its property adjacent to University Hospital and explorations by University Health System and CPS Energy on the feasibility of constructing a state-of-the-art Cogeneration energy plant. Cogeneration harnesses steam and heat, which would otherwise be discarded as waste, and redirects it to create energy for heating and cooling.

University Health System currently has about \$100 million available in cash reserves to fund portions of this project, and is working with financial advisors to develop a combination of financial options.

Phase I includes replacing 265 beds in the 1968 tower and adding 223 beds in the new Trauma Tower. “There is no doubt we need to address the community’s needs, particularly in the areas of emergency services and trauma

care,” said Ira Smith, Jr., chair of the board’s planning and operations committee. University Hospital is currently experiencing severe overcrowding and lengthy emergency room wait times. The plan also calls for the Emergency Center to expand from its current 44 bays to 65.

University Health System is the public hospital district for Bexar County, Texas and, in partnership with The University of Texas Health Science Center at San Antonio, is a nationally recognized academic medical center. Facilities include University Hospital, the primary teaching hospital for the UT Health Science Center. Currently operating 400 beds, University Hospital is the lead Level I Trauma Center for 22 South Texas counties. Six community clinics provide outpatient primary and specialty care.

University Health System is a joint owner of San Antonio AirLife, one of the nation’s most recognized emergency air medical transport services, and a sponsor of The Center for Health Care Services.



# 2006 Vital Statistics

## University Hospital

Average Number of Operated and Staffed Beds ....	407
Inpatient Discharges .....	21,819
Patient Days .....	232,884
Observation Days.....	8,407
Average Occupancy Rate .....	77.1%
Average Length of Stay .....	6.0 days
Births.....	2,939
Hospital Outpatient Visits	
Emergency Center .....	68,342
ExpressMed Clinic .....	1,703
Hospital Clinics.....	31,168

## Outpatient Locations - Visits

University Health Center - Downtown.....	124,405
University Center for Community Health .....	59,953
University Family Health Center - SW .....	43,920
University Family Health Center - SE.....	54,985
University Family Health Center - North .....	27,911
University Family Health Center - NW .....	9,725

**Number of Unique Patients..... 162,516**

**Prescriptions filled at UHS pharmacies ..... 1,117,949**

**Full-Time Employees.....4,825**

### Medical Staff

**UT Health Science Center Faculty Physicians.....730**

**Resident Physicians.....683**

**Volunteers.....446**

**Volunteer Hours .....40,514**

(Equivalent to 19.48 FTEs or \$730,872.56 in salary/benefits expense)

## Financial Highlights

- The System’s net assets increased by \$10.2 million (1.9 percent) and \$44.4 million (9.1 percent) in 2006 and 2005, respectively, given the results of operating and nonoperating activities.
- During 2006, the System’s total operating revenue increased \$15.2 million or 3.2 percent, while expenses increased \$73.9 million or 12.4 percent.
- During 2005, the System’s total operating revenue increased \$25.9 million or 5.8 percent, while expenses increased \$28.7 million or 5.1 percent.

During 2006, the System made the following significant capital acquisitions:

- Replacement helicopters for San Antonio AirLife
- Renovations and equipment for operating room and recovery room at University Hospital
- GYN procedure room expansions at University Hospital
- Master facility planning
- IV pump replacement system
- Ultrasound machines
- Emergency Center Eclipsys module/Physician Order Entry/Electronic Medical Record System
- Single sign-on software
- Bed replacement

## University Health System and Combined Affiliates

The Bexar County Hospital District, d/b/a University Health System is a hospital district established under Article IX, Section 4 of the Texas Constitution and Chapter 281 of the Texas Health and Safety Code. It is a political subdivision of the state of Texas, created to provide medical and hospital care to the needy and indigent of Bexar County, and is a discrete component unit of Bexar County (legally separate from Bexar County, Texas). Its Board is composed of seven members appointed by the Commissioners Court for staggered terms of two years (or until a successor is appointed and qualified). Board members are “public officers” under the Texas Constitution who as a body exercise sovereign functions of government largely independent of the control of others, and serve without pay.

The accompanying basic financial statements include the financial statements of Bexar County Hospital District d/b/a University Health System (the System) and the University Health System Pension Plan (the Plan). The System is the third largest public health system in the state of Texas. Its staff of over 4,100 health care employees operates University Hospital, San Antonio’s only civilian Level I Trauma Center, the University Center for Community Health devoted to the prevention and treatment of diabetes, the University Health Center – Downtown, four University Family Health Centers, the University Dialysis – Southeast, and a health care program at Bexar County’s correctional facilities. Its network of community outpatient and inpatient facilities provides primary care and specialty outpatient care throughout Bexar County. Additionally, the System has had a long-standing affiliation with The University of Texas Health Science Center at San Antonio (UTHSCSA).

The System’s facilities serve as the major teaching facilities for many of UTHSCSA’s health care programs, including the graduate medical education program (GME). The System is exempt from federal income tax under Section 115(a) of the Internal Revenue Code.

The System has established various affiliated nonprofit, tax-exempt organizations to facilitate the funding, delivery, and management of its health care mission, as described below.

The University Health System Foundation (the Foundation) (formerly the University Health System Development Corporation) was created in 1984 to raise funds for the System. The Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and is a legally separate entity from the System. The Board of Managers of the System appoints a voting majority of the Board of the Foundation, and the Foundation provides services exclusively to the System, therefore the Foundation is included as a blended component unit of University Health System.

Community First Health Plans, Inc. (CFHP) was established in 1994 to assist the System to provide and arrange health care services in accordance with the Texas Health Maintenance Organization Act (Chapter 20A, Vernon’s Texas Insurance Code). CFHP is exempt from federal income tax under Section 501(c)(4) of the Internal Revenue Code.

Community First Group Hospital Service Corporation (the PPO) was incorporated in 2001 and licensed by the state of Texas on August 3, 2001, to operate as a group hospital services corporation under Chapter 20 of the Texas Insurance Code. The PPO is a nonprofit, taxable company, and is a subsidiary of CFHP. The PPO provides hospital accident coverage and preferred provider organization medical insurance to policyholders through



their employer. The services provided by CFHP and its subsidiary, the PPO, benefit the System; therefore, CFHP and its subsidiary are included as a blended component unit of University Health System.

In June of 1996, the System established Community Medicine Associates (CMA), a Texas nonprofit health organization certified by the Texas State Board of Medical Examiners pursuant to Section 5.01(a) of the Texas Medical Practice Act. CMA was activated by the System on April 1, 2000, to provide primary care physician services at the System's Family Health Centers. CMA is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. The services provided by CMA benefit the System; therefore, CMA is included as a blended component unit of University Health System.

Management of the System believes the financial statements of University Health System presented on a comparative basis to be the most reflective of the System's activities. Patient service revenue and medical claims expense for CFHP members amounting to \$5,247,000 and \$4,657,000 in 2006 and 2005, respectively, are not eliminated in the basic financial statements. Additionally, other and premium revenue for payments made from the System to CFHP of \$914,000 and \$1,771,000 in 2006 and 2005, respectively, are not eliminated in the basic financial statements. All other significant intercompany accounts and transactions have been eliminated in the basic financial statements.

The basic financial statement presentation also includes the discrete presentation of the Plan. The Plan is a legally separate component unit. It is fiscally dependent on the System and performs services exclusively for employees of the System. A board appointed by the System governs the Plan. Separate

financial statements of the Plan are available at the System's administrative offices.

## Other Significant Relationships

The System and Vanguard Health System (VHS) (as the successor organization to Baptist Health System), mutually control Texas AirLife, Inc. d/b/a San Antonio AirLife, Inc. (AirLife), a Texas nonprofit corporation, which provides air ambulance services to Bexar County and South Texas. The System and VHS retain control over AirLife through the retention of specific reserved powers, including the appointment of AirLife board members. AirLife is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code.

The System is a member of the Hospital Laundry Cooperative Association (HLCA), an organization established under Chapter 301, Subchapter B of the Texas Health and Safety Code. The System's economic interest in HLCA is determined by "units of interest" under the terms of a Membership Agreement executed by the System on August 17, 1995. HLCA is a taxable cooperative under the Internal Revenue Code.

The System's ownership in AirLife and HLCA is recorded on the equity method of accounting in the accompanying financial statements.

In 1994, UTHSCSA established University Physicians Group (UPG), a Texas nonprofit corporation organized under Section 5.01(a) of Article 4495b of the Texas Medical Practice Act, now codified at Section 162.001 of the Texas Occupations Code. Effective May 1, 2006, UPG legally changed its name to UT Medicine San Antonio (UT Medicine). UT Medicine serves as a contracting vehicle for physician services with the System and other payors, including managed care organizations.

Effective June 6, 2000, the System and Bexar County became the sole sponsors for the Center for Health Care Services (CHCS). The terms of the relationship are governed by a Sponsorship Agreement with Bexar County dated May 2, 2000. CHCS is a Community Center established under Chapter 534 of the Texas Health and Safety Code to provide a comprehensive array of mental health, mental retardation, and drug and alcohol abuse services throughout Bexar County. CHCS was originally established by a coalition of 17 local taxing authorities in 1966.

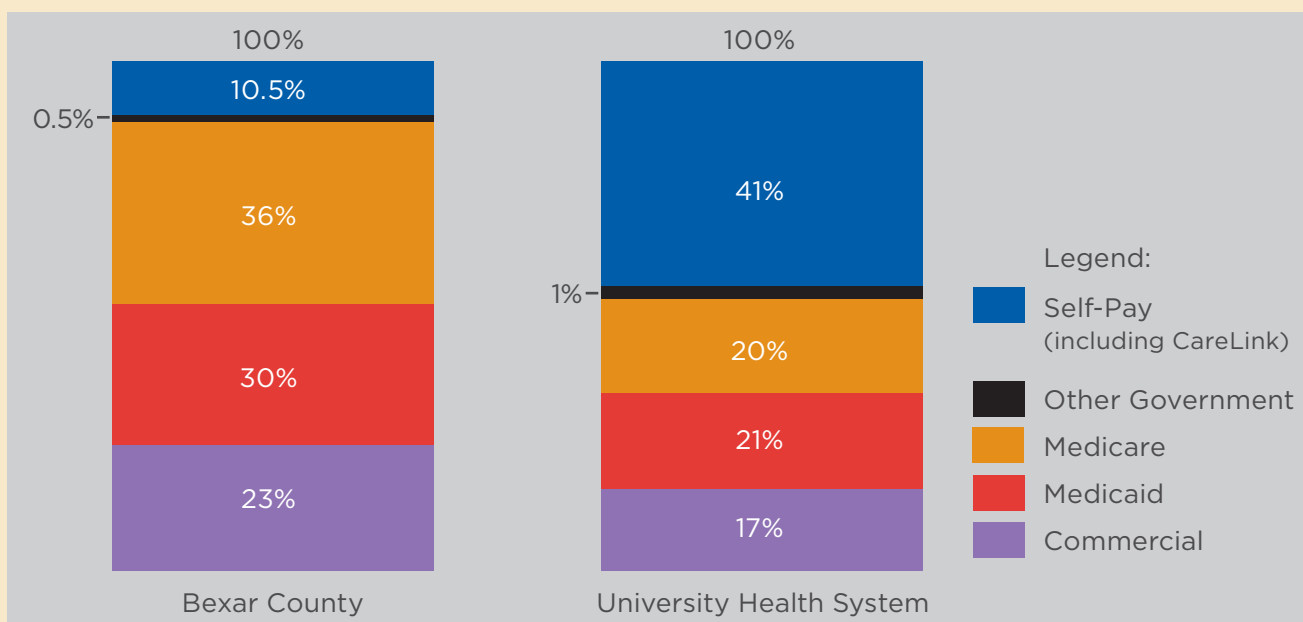
The Department of Aging and Disability Services (DADS) required CHCS to divest its dual roles as a local

authority and provider of mental retardation services, which it did by transferring its responsibility for mental retardation authority (MRA) to the Alamo Area Council of Governments (AACOG) effective September 1, 2006. The System entered into a memorandum of understanding with AACOG to connect the sponsorship obligations for mental retardation from CHCS to AACOG.

The balances and transactions of UT Medicine, CHCS, and AACOG are not combined or otherwise included in the accompanying financial statements. Transactions with these organizations are included in the accompanying financial statements.

## Payor Mix

University Health System’s payor mix contrasts the market payer mix with a disproportionate percent of CareLink and Self Pay (unfunded) volume.





# Balance Sheet

December 31  
**2006** **2005**

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*(In Thousands)*

Assets		
Current assets:		
Cash and cash equivalents	<b>\$116,989</b>	\$134,695
Investments	<b>10,692</b>	17,412
Patient receivable, less allowance for charity and doubtful accounts and discounts (2006 - \$108,246; - 2005 - \$ 87,767)	<b>59,818</b>	60,537
Property taxes receivable	<b>133,753</b>	98,613
Prepaid assets and other current assets	<b>31,361</b>	22,287
<b>Total current assets</b>	<b>352,613</b>	333,544
Noncurrent cash and investments:		
Other noncurrent investments	<b>19,862</b>	38,745
Internally designated for capital acquisitions and improvements	<b>113,804</b>	88,935
Internally designated for contingency	<b>115,732</b>	101,611
Held by trustee for professional self-insurance	<b>8,371</b>	8,029
<b>Total noncurrent cash and investments</b>	<b>257,769</b>	237,320
Long-term patient receivables, less allowance for charity and doubtful accounts (2006 - \$18,851; 2005 - \$12,835)	<b>18,649</b>	18,649
Capital assets net of accumulated depreciation	<b>203,080</b>	189,903
Other assets	<b>1,327</b>	1,846
<b>Total assets</b>	<b>\$833,438</b>	\$781,262
Liabilities and net assets		
Current liabilities:		
Accounts payable	<b>\$39,865</b>	\$30,346
Compensated absences	<b>11,139</b>	10,063
Estimated third-party payor settlements	<b>10,355</b>	12,114
Accrued liabilities	<b>16,488</b>	15,050
Medical claims payable	<b>24,959</b>	15,398
Deferred tax revenue	<b>187,571</b>	164,626
Deferred other revenue	<b>547</b>	1,268
Current maturities of long-term debt	<b>8</b>	106
<b>Total current liabilities</b>	<b>290,932</b>	248,384
Estimated self-insurance reserves	<b>1,412</b>	1,413
<b>Total liabilities</b>	<b>292,344</b>	250,348
Net assets:		
Invested in capital assets, net of related debt	<b>203,074</b>	189,797
Restricted	<b>1,558</b>	1,500
Unrestricted	<b>336,462</b>	339,581
Total net assets	<b>541,094</b>	530,878
<b>Total liabilities and net assets</b>	<b>\$833,438</b>	\$781,262



# Statements of Revenue, Expenses and Changes in Net Assets

## Years Ending December 31

2006                      2005

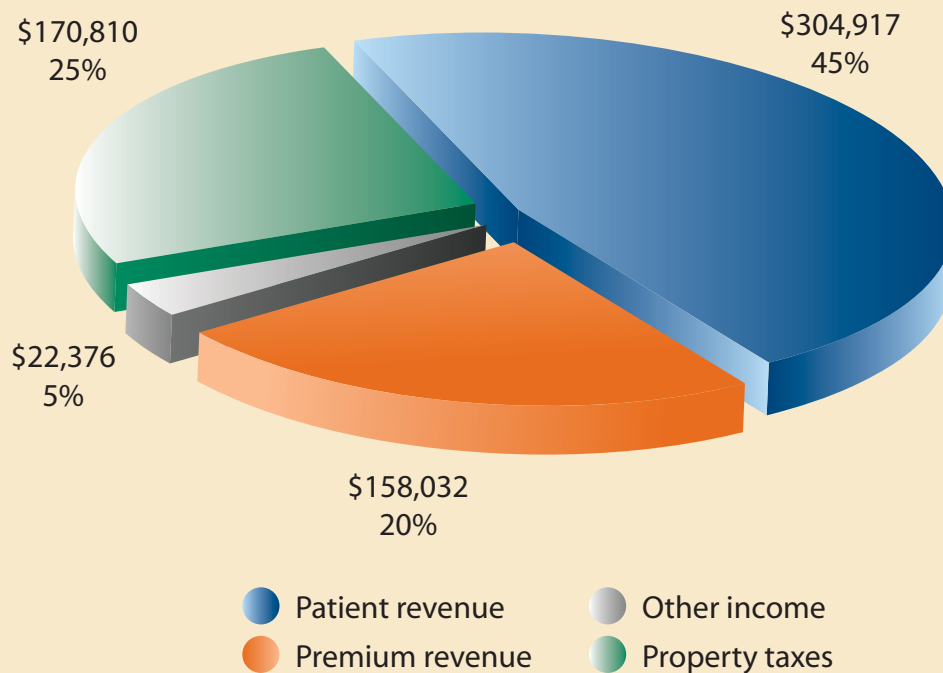
(In Thousands)

Operating revenue:		
Net patient service revenue, net of provision for bad debt (2006 - \$26,386; 2005 - \$23,628)	<b>\$304,917</b>	\$317,893
Premium revenue	<b>158,032</b>	130,359
Other revenue	<b>22,376</b>	21,827
<b>Total operating revenue</b>	<b>485,325</b>	470,079
Operating expenses:		
Employee compensation	<b>231,106</b>	211,191
Supplies	<b>95,364</b>	85,984,
Purchased services	<b>81,001</b>	72,613
Medical services	<b>92,876</b>	89,666
Medical claims expense	<b>144,757</b>	111,498
Depreciation and amortization	<b>23,901</b>	24,153
Other	<b>1,102</b>	1,117
<b>Total operating expenses</b>	<b>670,107</b>	596,222
Operating loss	<b>(184,782)</b>	(126,143)
Nonoperating revenue:		
Property taxes	<b>170,810</b>	157,529
Investment income	<b>17,818</b>	8,248
Proceeds from tobacco settlement	<b>6,312</b>	4,809
<b>Total nonoperating revenue</b>	<b>194,940</b>	170,586
<b>Excess of revenues over expenses before contributions</b>	<b>10,158</b>	44,443
<b>Capital contributions received (used), net</b>	<b>58</b>	(22)
Increase in net assets	<b>10,216</b>	44,421
Total net assets - beginning of year	<b>530,878</b>	486,457
<b>Total net assets - end of year</b>	<b>\$541,094</b>	\$530,878



# Sources of Revenue

	Years Ending December 31		
	2006	2005	2004
Operating revenue:			
Net patient service revenue	<b>44.9%</b>	49.6%	48.6%
Premium revenue	<b>23.2</b>	20.3	22.6
Other operating revenue	<b>3.3</b>	3.4	29
<b>Total operating revenue</b>	<b>71.4</b>	73.3	74.1
Nonoperating revenue:			
Property taxes	<b>25.1%</b>	24.6%	24.9%
Investment income	<b>2.6</b>	1.3	0.6
Proceeds from tobacco settlement	<b>0.9</b>	0.8	0.4
<b>Total nonoperating revenue</b>	<b>28.6</b>	26.7	25.9
<b>Total</b>	<b>100.0%</b>	100.0%	100.0%



# Report of Management Responsibility

The management of University Health System is responsible for the preparation and integrity of the financial information presented in this report. The combined financial statements have been prepared in accordance with accounting principles generally accepted in the United States as promulgated by the Governmental Accounting Standards Board, and include amounts based on judgments and estimates made by management. Management also prepares the other information included in the report and is responsible for its accuracy and consistency with the financial statements.

The financial statements have been audited by the independent accounting firm of Ernst & Young LLP, who was given unrestricted access to all financial records and related data, including the minutes of all meetings of the Board of Managers. The Board of Managers, through its Budget and Finance Committee (the Committee) provides oversight to the financial reporting process. Integral to this process is the Committee's review and discussion with management of the monthly financial statements and the external auditors for the annual financial statements.

University Health System maintains a system of internal control over financial reporting, which is designed to provide reasonable assurance that transactions are executed as authorized and accurately recorded, that assets are properly safeguarded and also provides reasonable assurance to our management and the Board of Managers regarding the reliability of our financial statements. The internal control system includes:

- A documented organizational structure and division of responsibility;
- Established policies and procedures, which are regularly communicated and that demand highly ethical conduct from all employees.

University Health System's Integrity Services department monitors the operation of the internal control system and reports findings and recommendations to management and the Board of Managers as appropriate. Corrective actions are taken to address control deficiencies and other opportunities for improvement as they are identified.



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George B. Hernández, Jr.  
*President/Chief Executive Officer*



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Peggy Deming  
*Executive Vice President/Chief Financial Officer*



# Building a healthy community through philanthropy

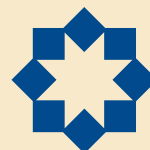
**T**he University Health System Foundation, a 501 (c)(3) charitable organization, was established in 1984 to solicit, receive and maintain funds exclusively for the benefit of University Health System and its community mission. All programs of the Foundation are funded solely through community philanthropy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

## Key Foundation Funds and Projects:

- Blair Reeves Rehabilitation Fund
- Center for Caring Fund
- Child Life Fund
- Emergency Center Fund
- HIV/AIDS Fund
- Janey Briscoe Children’s Center Fund
- Neonatal ICU Fund
- Nursing Scholarship Fund
- Peveto Center for Pastoral Care Fund
- Safety Seat Fund
- Texas Diabetes Institute Fund
- Transplant Center Fund



## University Health System

### Foundation

## Foundation Board of Directors

- Irwin Zucker – Chairman
- J. Rick Lewis – 1<sup>st</sup> Vice Chairman
- Blas Catalani – 2<sup>nd</sup> Vice Chairman
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- T. John Parsi, D.D.S.
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- Janice Ricks
- Karla Wentworth

## Focus Projects

**The Nursing Scholarship Program**, which aims to stem the serious decline in the number of registered nurses graduating from nursing schools. The program offers scholarships to University Health System staff members in exchange for their service to us after they graduate. Since inception, the program has granted a total of 228 scholarships, with 39 graduates.

**The Peveto Center for Pastoral Care**, located at University Hospital. This beautiful facility is open 24 hours a day and offers settings for intimate prayers, worship, meetings and meditation for people of all faiths and denominations. It's a place for patients, families and staff to find comfort and peace.

**The Neonatal Intensive Care Unit Family Consultation Room**, located at University Hospital. This space is used by medical staff to consult with families about their newborns and often serves as the place for their final good-byes. This room currently needs some tender loving care to remodel into a more comforting environment.

Motor vehicle crashes are the leading cause of death in children, and statistics show that 9 out of every 10 car seats in San Antonio are installed incorrectly. **The Child Safety Seat Fund** provides free car seats to low income families, properly installs them and provides a Child

Safety Seat 101 class. Preventing childhood trauma is one of the primary components of our Level I Trauma Center.

For more information on any of these or other programs of the University Health System Foundation please call (210) 358-9860 or visit [www.UniversityHealthSystem.com/Foundation](http://www.UniversityHealthSystem.com/Foundation).





# Our Heartfelt Thanks

We extend our appreciation to the many benefactors who invested in University Health System through the University Health System Foundation during 2006. They are perpetuating a tradition of philanthropy that continues to advance our mission and improve our community in numerous ways.

*Foundation President Irwin Zucker and University Health System President/CEO George B. Hernández, Jr. at the annual Gala with 2007 Medical Miracles Honoree Drew Rice and his parents Matt and Kim.*



## University Health System Foundation

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The Westin La Cantera Resort  
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*Produced by the University Health System Corporate  
Communications & Marketing Department*

## **Project Manager and Writer**

Leni Kirkman

## **Staff**

Tricia Aleman

Lauren Graham

John Grevera

Becky Padilla

Dora Quiroga

Anthony Sanchez

Julie Wiley

## **Design**

esd&associates

## **Photography**

Mark Greenberg Photography

This annual report is dedicated to the citizens of Bexar County for their continued support of the University Health System mission. We wish you good health, safe travels and strong vital signs during the upcoming year.