



University Health System

BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, August 21, 2018

2:00 p.m.

Cypress Conference Room

University Hospital

4502 Medical Drive

San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

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

BOARD MEMBERS ABSENT:

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

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Bryan Alsip, M.D., Executive Vice President/Chief Medical Officer, University Health System
Tommye Austin, Ph.D., Senior Vice President, Chief Nurse Executive, 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
Donald Finley, Director, External Communications/Corporate Communications, University Health System
Roe Garrett, Vice President/Controller, University Health System
Rob Hromas, M.D., Dean, Long School of Medicine, UT Health San Antonio
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Leni Kirkman, Senior Vice President/Strategic Communications & Patient Relations, University Health System
Brian Lewis, Vice President, Quality, University Health System
Teresa Nino, Director, Epic Communications, University Health System
Rosa Olivares, Administrative Resident, Trinity University
Bill Phillips, Senior Vice President, Chief Information Officer, University Health System
Kirsten Plastino, M.D., President, Medical/Dental Staff, University Health System; and Professor, Department of Obstetrics & Gynecology, UT Health, San Antonio
Steven Pliszka, M.D., Dielmann Distinguished Chair in Psychiatry, UT Health San Antonio
Maulik Purohit, M.D., Vice President, Chief Medical Information Officer, University Health System

Serina Rivela, Interim Chief Legal Officer, University Health System
Michael Roussos, Administrator, University Hospital
A.J. Sandoval, III, Chief of Police, Protective Services, University Health System
Travis Smith, Deputy Chief Financial Officer, University Health System
Sally Taylor, M.D., Chief, Behavioral Health Services, University Health System
Emily Volk, M.D., Senior Vice President/Clinical Services, Office of the Chief Medical Officer,
University Health System
James 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 2:04 pm.

INVOCATION AND PLEDGE OF ALLEGIANCE

Mr. Adams introduced Ms. Norma Garza, Holy Trinity Catholic Church, for the invocation and he led the Pledge of Allegiance.

CITIZENS' PARTICIPATION: None.

Mr. Hernandez informed the Board at this time that Mr. Donald Finley, Director of External Communications, will retire from the Health System at the end of this month after 6 years. Ms. Kirkman thanked Mr. Finley for making a significant impact in terms of his work. His weekly news digest will continue; however, he will be missed. Mr. Finley expressed appreciation for the work performed by the Health System. After covering Health System activities while he was with the San Antonio Express-News for 32 years, he now realizes that he did not understand health care, it is a very complicated industry, filled with many dedicated people. He received a round of applause.

REPORT FROM UT HEALTH SAN ANTONIO — ROB HROMAS, M.D., FOR WILLIAM HENRICH, M.D., PRESIDENT

SUMMARY: Dr. Hromas reported good progress on the Epic project with ongoing discussion between the organizations; no substantial issues to report. There will be a mock site visit in two months to prepare for the actual site visit by the Liaison Committee on Medical Education (LCME) in January 2019. Dr. Hromas will serve on an LCME review panel for the University of South Alabama later in the month, and will get a feel for what they are looking for in January. There are several final chair candidates for the Department of Ob/Gyn; those interviews will take place soon and Health System leadership will participate in that process. Also, the first round of final candidate interviews for the Pediatrics Department chair position are taking place now. Efforts for Emergency Department throughput have been renewed as a result of the Quality Matters initiative with Dr. Welch, and ED faculty has pledged their full support. Dr. Hromas announced the renewal of a federal grant for Dr. Plastino in the amount of \$2.7 million for teen age pregnancy prevention programs and she received a round of applause. He yielded the floor to Dr. Plastino for her report as President of the Medical/Dental Staff.

Medical/Dental staff ballots for the 2019 term are out and responses are due in 30 days. Dr. Plastino has served as President for four years, and feels it's time for someone else to take over the experience. Mr. Smith congratulated Dr. Plastino in the renewal of her grant. He asked if she has seen an impact in the prevention of pregnancy in the area. Over the past three years, with this specific federal grant, there has been a 40 percent decrease in teen births in and around the San Antonio Area; the teen pregnancy rate has dropped significantly since 2010. Approximately 71,000 teens have participated in evidence-based programs for pregnancy prevention. The teen clinic at the Robert B. Green campus focuses on teens with the juvenile justice system, foster care youth in the State of Texas, and many of the school districts in San Antonio. Since many of these kids don't have anywhere to go for general health care, sports physicals, etc., the RBG teen clinic has become their medical home and the teens are provided with preventive health care through other Health System clinics. The RBG teen clinic works with other organizations in town, such as the Promise Zone on the Eastside, City of San Antonio, and the Bexar County Collaborative. Mr. Smith noted that the Meld Parent Support Group on E. Houston Street, sponsored by Methodist Health Care Ministries, has closed and he is not sure if the program has been re-located or is permanently closed. Dr. Plastino will look up the program as she is not familiar with it. Mr. Hernandez noted that Methodist Health Care Ministries had purchased the old Southwest General Hospital.

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

NEW BUSINESS:

CONSENT AGENDA – JIM ADAMS, CHAIR

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

CONSIDERATION AND APPROPRIATE ACTION REGARDING APPOINTMENT OF STEVEN VENTICINQUE, M.D., AS CHAIR, DEPARTMENT OF ANESTHESIA, UT HEALTH SAN ANTONIO — KRISTEN A. PLASTINO, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE RESCISSION OF CERTAIN CORPORATE POLICIES — REBECCA CEDILLO

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 Appointment of Steven Venticinque, M.D., as Chair, Department of Anesthesia, UT Health San Antonio — Kristen A. Plastino, M.D., President, Medical/Dental – The Bylaws of the Medical/Dental Staff, Section 12.4.1, Appointment of Department Officers, states that the “Chief of Staff in consultation with the Chief Executive Officer, Dean and Chairman of the Department shall recommend each Department Chairman subject to Executive Committee and Board of Managers approval. All Chairmen must be members in good standing of the Active or Provisional Staff at the time of nomination and appointment. They must remain active members in good standing during their term of office.” The Executive Committee of the Medical/Dental Staff recommends approval of Dr. Steven G. Venticinque as Clinical Department Chair for the Department of Anesthesiology, UT Health San Antonio.

Consideration and Appropriate Action Regarding the Rescission of Certain Corporate Policies — Rebecca Cedillo - Health System Policy No. 11.01, Policies and Regulations, defines “rescind” as “the act of revoking a policy that is no longer applicable or necessary as a governing principle, plan, or course of action as adopted by the Health System Board of Managers. Further, Section II. D. 1. b. of the policy states that “A policy/regulation may be rescinded. Such rescission must be documented in writing and approved by the President/CEO and the Board of Managers.” The Executive Policy Review Committee recommends that the policies outlined below be rescinded by the Board of Managers:

- 7.01 Petty Cash Reimbursement (2004)
- 7.03 Payroll (2005)
- 7.04 Billing Audits of Patients Medical Services (2011)
- 7.06 Check Cashing (2008)
- 7.07 Hospital Lien (2003)
- 7.12 Adjustment to Patient Accounts (2004)
- 8.03.02 EMTALA Reporting (2010)
- 8.05 Accessing Services of Acute Care Clinics (2004)
- 9.04 Practicing Invasive Procedures on Cadavers for Education Purposes (2007)
- 9.23 Department of ECMO and Advanced Technologies Scope of Services (2014)
- 10.05 Rendering of Medical and Clinical and Prohibition of Care Rendered Outside of Established Patient /Physician Relationship And Self Ordered Services (2003)
- 10.06 Consideration of Ethical Issues (2006)

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) — Antonio Carrillo/Travis Smith - A total of five (5) contracts with a value of \$8,619,164 were presented. The following contracts require approval by the BCHD Board of Managers: Four (4) purchasing consent contracts with a total value of \$2,001,5881. One (1) presented contract with a total value of \$6,617,576. During the month of August, 2018, there were no contracts classified as Small, Minority,

Woman, or Veteran Owned Business Enterprises (SMWVBE). The August 2018 SMWVBE Status Report reflects all items submitted for Board approval this month.

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 Dr. Burns, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW UP: None.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH UT HEALTH SAN ANTONIO FOR TRANSITIONAL CARE CLINIC SUPPORT SERVICES — SALLY TAYLOR, M.D.

SUMMARY: The purpose of this contract is to provide continued access for Health System patients to receive behavioral health outpatient treatment services after an inpatient or emergency department hospital discharge. The contract will support one caseworker (1.0 FTE), two therapists (2.2 FTE), one licensed vocational nurse, and clinic director oversight (0.6 FTE) for the TCC. Monitoring of metrics include number of patients referred and appointments given within seven days of discharge, number of psychiatric and therapy appointments provided, show rate, payor mix, and 30-day return Emergency Department visits and hospital readmissions. In addition, UT Health monitors patient satisfaction. There will be financial incentives attached to metrics, provided they exceed defined benchmarks and share these with the Health System. The total cost of the contract will not exceed \$28,270.00 per month, or \$345,000.00 for the one-year term of the contract. The payor mix of those referred to the Transitional Care Clinic includes 61 percent unfunded, seven percent CareLink, 19 percent government sponsored health care coverage, and 13 percent have another form of insurance, including managed care. The workforce composition for UT Health San Antonio was provided for the Board’s review.

RECOMMENDATION: Staff recommends Board of Managers’ approval to execute a contract with UT Health San Antonio for the Department of Psychiatry Transitional Care Clinic Support Services in the amount of \$345,000.00 for one year, beginning September 1, 2018

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

EVALUATION: Another contract in support of additional psychiatric beds will be brought to the Board of Managers for approval in September. Dr. Taylor discussed House Bill 13, which passed in 2017 and relates to a matching grant program from the state to support community mental health programs, has been enacted. The supplemental funds have now come through for the transitional care clinic to expand what they are doing, to include home visits. Dr. Pliszka’s staff has a program called palliative adaptive training where they visit patients at home and help them learn how to be compliant with their medications. The Health System’s funding, HB 13, and Dr. Pliszka’s palliative adaptive training will expand the transitional care unit to provide added-value services for patients. Dr. Pliszka thanked the Board for its support; this program has been very successful because the Health

System and UT Health share these patients in a variety of settings. UT Health is able to take them immediately when they leave the hospital; with immediate access to discharge summaries and medications prescribed. This prevents a breakdown in care while patients are moved from inpatient to outpatient status, reduces the rate of jail recidivism and re-admissions for a group of patients that can otherwise fall through the cracks. While the transitional care clinic is currently restricted to Health System patients, once the supplemental funds start flowering as a result of HB 13, the unit will open up to others in the community. Dr. Burns reiterated that statistics support the importance of follow up with this group of complex patients, they often have long hospitalizations, and the concept is one of managing chronic diseases. Dr. Pliszka's staff takes it one step further by visiting the inpatient unit on a regular basis to meet with patients prior to discharge. Mr. Adams identified the transitional care unit arrangement as one suitable for replication in other areas since re-admission is currently a substantive issue for the Health System. He agreed that follow up seven days past discharge is a very nice concept.

FOLLOW UP: Dr. Tylor will put together a road map of all behavioral care services provided under various programs and project grants.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR JULY 2018 — REED HURLEY

SUMMARY: In July clinical activity (as measured by inpatient discharges) was down 0.6 percent, or about 15 discharges, for the month compared to budget. Payer mix for July was 73.3 percent funded and budgeted at 73.8; year-to-date is 74.4 funded. A funded-mix analysis indicates a shift on the ambulatory side; some CareLink patients are returning to be seen by UMA providers versus seeking care at Federally Qualified Health Centers. Specifically, the UMA cardiology clinic is serving CareLink and unfunded patients. The Health System is providing more capacity to include follow up care. Progress has been made on the cardiology waiting que of over 500 individuals. All patients have been scheduled and the wait que has been eliminated. Part of the improved access is to provide follow up in a clinic environment, especially for cardiology and/or emergency department patients. Community First Health Plan (CFHP) fully-insured membership was down 0.1 percent. On a consolidated basis, gain from operations was \$8.6 million, \$1.2 million worse than budget. The consolidated bottom line gain (before financing activity) was \$4.6 million, \$771,000 better than budget and was due to higher operating revenue offset by higher medical claims expense and higher non-operating revenue. CFHP experienced a bottom line gain of \$220,000 which was \$2.1 million worse than budget due to higher medical claims in the Medicaid product. Debt Service Revenue was \$5.3 million which is equal to the budgeted Debt Service payment of \$5.3 million. Net patient revenue was up \$353,000 from budget or 0.7 percent in July and up \$19.3 million or 5.5 percent year to date driven by increased volume and an increase in higher complexity procedural cases. Supply costs were over budget \$576,000 or 3.3 percent in July and over budget \$10.3 million 8.6 percent year to date. In July supplies were over budget due primarily to higher OR costs \$1.2 million, and interventional radiology \$88,000 offset by lower pharmacy \$712,000.

Year-to-date supply areas over budget primarily for medical supplies in the OR \$6.9 million, pharmacy costs \$2.1 million, transfusion services \$512,000, interventional radiology \$490,000 and ambulatory surgery \$336,000 related to high cost procedures. The increase in supply cost is a major factor driving the \$19 million improvement in net patient revenue. Services lines driving OR volume/supply costs are: General Surgery/Trauma, Orthopaedics, and Neurosurgery. Mr. Hurley reviewed notable increases and/or decreases from the December 31, 2017 consolidated balance sheet in detail with the Board.

- RECOMMENDATION:** Staff recommends acceptance of the financial reports, subject to audit.
- ACTION:** A **MOTION** to accept the financial reports subject to audit was made by Mr. Hasslocher, **SECONDED** by Mr. Engberg, and **PASSED UNANIMOUSLY**.
- EVALUATION:** Staff has made good progress in Accounts Receivable. At the end of 2017, the Health System was at 71 days and is currently at 57 days, bypassing the 60 day goal. It is prudent to have Accounts Receivable as low as possible when the switch to the Epic EMR is made to avoid losses. Mr. Hurley reviewed supplemental funding and noted that some rules for this budget year are still being revised. HHSC has received a lot of input from all over the state for changing the rules. There is a potential \$10 million impact to the Health System's 2018 budget; however staff predicts that 2019 will be slightly better. Mr. Hernandez expressed real concern with an HHSC provision called Rider 38. There are approximately 12 Rider 38 hospitals in the state of Texas. For now, these hospitals are slated to receive a larger share, or an estimated 25-28 percent of their Uncompensated Care costs, which is due to a glitch in the way the formula works. There are 160 hospitals that will be impacted, with University Hospital being one of those. Mr. Hernandez believes there will be some clarity at the end of the year for Rider 38, but that will happen after the 2019 budget is finalized. Mr. Adams stated the Health System's objective is not to make money, but rather to serve the residents of Bexar County with world class healthcare. He asked the staff to remain mindful of what is out there while they work on the 2019 budget. He thanked the financial team, in addition to Mr. Hernandez, Mr. Banos, and Mr. Hurley for the good financial reporting.
- FOLLOW UP:** Mr. Adams requested a Board update regarding the UMA cardiology clinic.

PRESENTATIONS AND EDUCATION:

CMS STAR RATING & LEAPFROG REPORT — EMILY VOLK, M.D.

- SUMMARY:** University Hospital, like other acute care inpatient hospitals, is subjected to public rating systems. Today's presentation focuses on two of these systems. The CMS Star Rating and the Leapfrog Hospital Safety Grade Systems both take complex metrics and boil those metrics down to a single score. In the case of the CMS Star rating, 1-5 stars are assigned to an acute care inpatient hospital. In the case of Leapfrog, a letter grade A-F is assigned. Both systems are designed to provide healthcare consumers choose the best hospital for themselves or their loved ones. CMS initially used 64 measures that were grouped into broader categories. Hospitals had to meet minimum reporting requirements in order to be eligible to receive a

star rating. The Hospital Star Ratings Program is designed to change over time. CMS has already made several updates to the program, dropping seven of the measures between the July and December 2016 reporting periods. In December 2017, CMS released the latest Hospital Star Ratings. A total of 4,579 hospitals were included in the report. In the most recent survey, CMS used 57 metrics to evaluate these hospitals. These metrics are weighted and divided into seven larger categories:

<u>CMS Star Measure Categories</u>	<u>Weight Used in Calculation</u>
1. Mortality	22%
2. Readmissions	22%
3. Safety of Care	22%
4. Patient Experience	22%
5. Effectiveness of Care	4%
6. Timeliness of Care	4%
7. Effective Use of Medical Imaging	4%

There is considerable overlap between the two rating systems such that strategies and tactics implemented to achieve in the CMS Star Rating positively impacts the Leapfrog Hospital Safety Grade. In fact, the Leapfrog Group, receives the data for safety of care from CMS and the Centers for Disease Control and Prevention (CDC). Other data sources for Leapfrog include the American Hospital Association Annual Survey and Health Information Technology (HIT) supplement. University Health System completed the update for the Leapfrog Group Hospital Safety Survey on June 19, 2018. The survey contains both process and outcome metrics including Computerized Physician Order Entry, Safety Policies and Practices, HCAHPS (Patient Experience), Hospital-Acquired Conditions, Healthcare-Associated Infections, and Patient-Safety Indicators. Many of these metrics feed into the Hospital Safety Grade, published twice a year, that “grades” hospital performance from “A” through “F.” The overlap between CMS Star Rating and Leapfrog measure categories is significant and efforts to impact the CMS Star Rating will positively impact the Leapfrog Hospital Safety Grade:

Publically Reported Data

<u>Metric/Group</u>	<u>CMS Star Rating</u>	<u>Leapfrog Hospital Safety Grade</u>
Mortality	X	
Readmission	X	
Safety of Care (Patient Safety Indicator (PSI) & Hospital Acquired Infections (HSI)	X	X
Patient Experience	X	X
Effectiveness of Care	X	X
Timeliness of Care	X	
Efficient Use of Medical Imaging	X	
Computerized Physician Order Entry (CPOE)	X	X
ICU Physician Staffing		X
Safe Practices Survey		X

Distribution of CMS Hospital Star Ratings - After a five month delay,

CMS updated its Overall Hospital Star Ratings on its Hospital Compare

Website in December 2017:

- 3,629 hospitals eligible for a rating;
- 83 hospitals received a **five-star** rating;
- 946 received a **four-star** rating;
- 1,794 received a **three-star** rating;
- 694 received a **two-star** rating (**University Hospital**);
- 112 received a **one-star** rating.
- CMS did not assign star ratings to 969 hospitals for which it lacked sufficient data.

The overall rating summarizes up to 57 quality measures reflecting common conditions that hospitals treat, such as heart attacks or pneumonia. Hospitals may perform more complex services or procedures not reflected in the measures on Hospital Compare. The overall rating shows how well each hospital performed, on average, compared to other hospitals in the U.S. The overall rating ranges from one to five stars. The more stars, the better a hospital performed on the available quality measures. The most common overall rating is 3 stars. These metrics are weighted and divided into seven larger groups. Four categories comprise 88 percent. As a Health System, these 88 percent are what staff will focus on.

<u>CMS Star Measure Category</u>	<u>Weight</u>
Mortality	22%
Safety	22%
Readmission	22%
Patient Experience	<u>22%</u>
Subtotal	88%
Effectiveness of Care	4%
Timeliness of Care	4%
Efficient Use of Medical Imaging	4%

The data collection periods vary for each one of these categories and Dr. Volk proceeded to name all of the categories and all of their reporting periods.

CMS Star Measure Group December 2017 Published Report

	<u>University Hospital</u>
Mortality	Same as national average
Readmission	Below national average
Safety of Care	Below national average
Patient Experience	Same as national average

Mortality (Same as National Average) Observed to Expected Ratio

The Health System’s current performance as reflected in the latest Star rating for 2017 is 0.99 for the period July 1, 2013 to June 30, 2016. If CMS maintains its current data collection period methodology (the net of past data) staff predicts the Health System’s performance will be at 1.02 for 2018 in the coming CMS star rating period, and 1.01 percent for 2019. The goal, of course, is to trend downward since lower mortality rates generally reflect better patient care. However, Dr. Volk predicts that the Health System’s mortality ratio is going to get worse before it gets better. Actions to correct by Health System and UT Health staff include:

1. 2018 physician clinical documentation training initiative;
2. Sharing of physician specific data to UT medical directors; and
3. Implement appropriate level of care and hospice usage for at least three patients per month.

Current action plans are working and should significantly impact by the 2020 reporting period. There are seven (7) areas of focus with 30-day mortality rates beginning at admission and extending past discharge. This 30-day calculation is risk adjusted, meaning that the calculation adjusts for differences in how sick patients were before they were admitted. The 30-day time period is used as it reflects when deaths are most likely to be related to the care patients received at the hospital.

Readmissions Composite (Below National Average)

Thirty (30) day hospital re-admissions are the second area of intense focus from CMS. In particular, CMS is focusing on readmissions for seven (7) specific diagnoses to include Acute Myocardial Infarction (AMI), Heart Failure, Stroke, elective total hip replacement, elective total knee replacement, Coronary Artery Bypass Graph (CABG), and Pneumonia.

The Health System's current performance as reflected in latest Star rating is 9.2% for 2017 for reporting period July 1, 2013 to June 30, 2016. If CMS maintains its current data collection period methodology (the net of past data) staff predicts the Health System's performance will be at 10.2 percent for 2018 in the coming CMS star rating period, and 10.7 for 2019. A review of 10.7 million Medicare patient records revealed that avoidable readmission cost Medicare \$17 billion a year because patients do not:

- Understand their diagnosis;
- Know which medications to take and when;
- Comprehend important information or test results;
- Schedule a follow-up appointment with their doctor; and/or.
- Receive adequate care at home.

Safety of Care – (Below National Average)

Composed of two parts: 1) PSI 90 and 2) Hospital-acquired infections. Critics of the rating system point out that low-income patients are more likely to have difficulty accessing transportation for both routine primary care and post-discharge follow-up care. There are also consistently low ratings of academic medical centers, which are generally considered among the nation's best hospitals and which are often located in low income urban areas.

Safety of Care – Patient Safety Indicator (PSI) 90 - Same as National Average - Patient Safety Event Counts - PSI 90 is a composite score of specific patient safety events that hospitals seek to avoid—examples include unexpected post-operative bleeding. The Health System's current performance (count) as reflected in latest Star rating in 2017 is 41. If CMS maintains its current data collection period methodology (the net of past data) staff predicts the Health System's performance (count) will be at 43 for 2018 and 37 for 2019, in the coming CMS star rating period, July 1 2014 to Sept 30, 2015. Action to correct by Health System and UT Health San Antonio:

1. 2018 physician clinical documentation training initiative;
2. Sharing of physician specific data to UT Health medical directors; and
3. Implement appropriate level of care and hospice usage for at least three patients per month.

Again, seven areas of focus, 30-day rates (beginning at admission, extending past discharge, and is risk adjusted). Early signs are that current action plans are working and should significantly impact by 2020 reporting period.

Safety of Care–Hospital Acquired Infections - Same as National Average

Current performance as reflected in latest Star rating is 0.847 percent for 2018. If CMS maintains its current data collection period methodology (the net of past data) staff predicts the Health System's performance will be at 0.882 percent for 2019 and 0.640 percent for 2020 in the coming CMS star rating period, April 1, 2016 to March 31, 2017. The numbers represent a composite risk adjusted score for 5 areas of focus for infection. Health System efforts to reduce the number of patients at University Hospital who develop hospital acquired C. difficile colitis, central line associated blood stream infections, catheter associated urinary tract infections, Methicillin resistant Staph Aureus (MRSA) bloodstream infections and certain types of surgical site infections is beginning to pay off.

Safety of Care – Patient Safety Indicators (PSI) and Hospital-Acquired Infections

Achieving Zero Campaign

- Quality Dashboard
- Daily focus on leading metrics such as device days
- Hand hygiene campaign
- PSI focused review committee
- HAI task force
- Alignment with Quality Initiative Agreement metrics *

Patient Experience – (Same as National Average) - Action to correct by Health System and UT Health San Antonio:

1. 2018 physician clinical documentation training initiative;
2. Sharing of physician specific data to UT medical directors; and
3. Implement appropriate level of care and hospice usage for at least three patients per month.

Seven areas of focus, 30-day rates (beginning at admission, extending past discharge), and risk adjusted. Early signs are that current action plans are working and should significantly impact by 2020 reporting period.

Leapfrog Hospital Safety Grade - The Leapfrog group is a not-for-profit group with a board composed of physicians, nurses and safety scientists who act as a healthcare consumer watchdog group. The Leapfrog methodology relies on 27 measures boiled down to a single designation--- in this case a letter grade, A-F. These measures include data gathered from CMS, the Agency for Healthcare Research and Quality (AHRQ), the American Hospital Association (AHA) and the Center for Disease Control and Prevention (CDC). The Health System’s current, published score is a C. Fall 2018 predicted raw score from the survey is 2.9649. Survey completed June 19, 2018. The Health System is very near “B” threshold, however, expect continued “C” performance until HAI and HAC performance improves.

Leapfrog Process Metrics - 50 percent of Grade

Process Metric	Spring 2018	Fall 2018
	% of Points Achieved	% of Points Achieved
Electronic Order in EMR	100	100
ICU Physician Staffing	100	100
Safety	100	100
Patient Experience	Average	Average

Process metrics are half of the safety grade and outcome metrics are the other half of the safety grade.

Leapfrog Maternal Care Report - Maternal Care is not part of the hospital safety grade but is publically reported and critical to the Health System’s women’s and children’s strategy.

Metric	Current	Next	Current
	Grading Period	Grading Period (Fall 2018)	Date
			Performance
Elective Deliveries 37-39 weeks	15.6%	7.3%	0%
Cesarean Section Rate	33.7%	28.5%	27.5%
Incidence of Episiotomy	13.5%	6.5%	3.4%
Newborn Bilirubin Screening	100%	100%	100%
DVT Prevention in C-Section Patients	96.7%	99%	100%
High-risk Newborn Deliveries	88.4%	100%	100%

For this measure, a lower rate is more desirable. Leapfrog’s target for all hospitals is 23.9%. (Hospitals with a reported rate of 23.9% or less are better than target. Hospitals with a rate greater than 23.9% are worse than target.)

University Health System-UT Health San Antonio Partnership (Shared accountability at all levels)

- Performance Visibility
- Daily huddle
- Quality Dashboard

- Lean Daily Management
- Embed into existing habits
- Culture transformation
- Enterprise-wide goal alignment
- System quality goals
- UT Quality Initiative Agreement metrics

Improvement and sustainment plan that drive performance metrics. Initiatives are in place to address and improve performance and sustain a superior performance in all seven (7) measure categories.

RECOMMENDATION: None.

ACTION: This report was provided for informational purposes only; no action required by the Board of Managers.

EVALUATION: Dr. Burns asked if the new Electronic Medical Record (EMR) system, Epic, will help improve the 40 percent incomplete documentation rate cited by Dr. Volk in her written report regarding the improvement plan for PSI 90 and expected complications during procedures? Yes, however, staff has already taken steps this year to enhance the current EMR (Allscripts) to identify and flag those patient safety events earlier, as an opportunity to document more clearly. Further, Dr. Volk explained that PSI 90 is not a patient safety event but rather an expected element in the course of care. Mr. Engberg thanked Dr. Volk for a very thorough report. It is difficult for him to understand where the Health System stands with the CMS ratings because the information Dr. Volk presented was quite negative, yet she informed the Board that the Health System is doing better than the data she presented. What helped the Health System get from one to two stars? The work around Patient Experience and the change in the HCAPS scores is what helped with the CMS rating. However, depending on how far back CMS decides to look at the data for the upcoming report period, the Health System will have to bear the grunt of performance opportunities from several years ago, even though current performance is trending in a much better direction. Dr. Volk has encouraged the staff to look forward and not back. Again, the Health System's data for this year around infections and safety is much better than it was year over year. The Health System is absolutely trending, in a sustainable way, in a positive direction in Patient Experience; there are opportunities with Re-admissions but staff has a solid plan in place; and trending in an incredibly positive direction in Mortality. It may take 3 years for some of these things to come to fruition. Mr. Engberg is impressed to hear about current progress in the different areas on a current basis. Mr. Hasslocher echoed Mr. Adams in that good is no longer acceptable; the Health System needs to do better for all patients to benefit. Dr. Burns reiterated that Re-admissions have a financial impact on the hospital. Dr. Volk noted that the Leapfrog's hospital safety grades are on a multiple year agenda, data is more current, however; infection data and patient safety data is delayed similar to CMS. Mr. Adams recalled a couple of years ago when the Health System made the front page of the San Antonio Express News with its Leapfrog safety grade. The safety grade gives an improper view about what the Health System is doing, and it is totally unacceptable. He urged the staff to look back and ask themselves "where did we go wrong?" This is a substantial area and the Board of Managers ought to set definite metrics for the Health System to achieve. Dr. Volk agreed, in the spirit of transparency, senior leadership wants to set expectations appropriately. At the end of her presentation, Dr. Volk thanked and introduced Mr. Brian Lewis, Vice President for Quality,

to the Board. Mr. Banos announced that at the end of the month, several staff members will be attending an Epic conference of about 5,000 users with six or seven special sessions in Madison, Wisconsin, where hospitals will be presenting how they have improved quality metrics using the Epic EMR and best practices. Health System staff will cover all of the topics to get a head start on how others have used Epic for best practices.

FOLLOW UP: None.

INFORMATION ONLY ITEMS:

EPIC ELECTRONIC MEDICAL RECORD PROJECT UPDATE — GEORGE B. HERNÁNDEZ, JR.

UPDATE ON PLANNING, DESIGN AND CONSTRUCTION ACTIVITIES — DON RYDEN

UNIVERSITY HEALTH SYSTEM FOUNDATION UPDATE — LOURDES CASTRO-RAMÍREZ

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN

2ND QUARTER SUPPLIER DIVERSITY REPORT — ANTONIO CARRILLO/TRAVIS SMITH

SUMMARY: Mr. Adams noted five (5) informational reports in the Board packet. He asked his colleagues to review, and to provide feedback, comments, and/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: None.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the public Board meeting at 3:28 p.m.

Jim Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary