



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

Tuesday, February 18, 2020

2:00 p.m.

Encino Room

University Hospital

4502 Medical Drive

San Antonio, Texas 78229

**MINUTES**

---

**BOARD MEMBERS PRESENT:**

Dianna M. Burns, M.D., Secretary  
Roberto L. Jimenez, M.D, Immediate Past Chair  
Robert Engberg  
James C. Hasslocher  
Janie Barrera

**BOARD MEMBERS ABSENT:**

James R. Adams, Chair  
Ira Smith, Vice Chair

**OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health System  
Bryan Alsip, MD, 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  
Larissa Bueno, Program Manager, University Health System Foundation  
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System  
Belinda Garcia-Rattenbury, Director/Operations Management, Research & Information Management, University Health System  
Juan Garza, MD, Vice President, Epic Enterprise/University Health System  
Yvonne Gonzales, Chair-Elect, Board of Directors, University Health System Foundation  
Randy Harig, Chair, Board of Directors, University Health System Foundation  
William Henrich, MD, President, UT Health San Antonio  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System  
Leni Kirkman, Senior Vice President, Strategic Communications and Patient Relations, University Health System  
Shelly Koefer, Marketing Manager/Corporate Communications, University Health System  
Anita Martin, Director, Community Relations/Corporate Communications, University Health System  
Rachel Rivas, Executive Director, Patient Care Services, University Hospital  
Serina Rivela, Vice President/Chief Legal Counsel, University Health System  
Michael Roussos, Hospital Administrator, University Hospital  
Irene Sandate, Associate Chief Nursing Officer, Women's & Children's Services, University Health System

Crystal Senesac, Executive Director, Marketing Services/Corporate Communications, University Health System

Roberto Villarreal, MD, Senior Vice President/Research & Information Management, University Health System

Emily Volk, MD, Senior Vice President/Clinical Services, University Health System

Larry Wallis, Internal Auditor/Integrity Services, University Health System

Jim Willis, Associate Administrator, University Hospital

Jelynn LeBlanc Burley, President/Chief Executive Officer, The Center for Health Care Services

Mario Vasquez, Alamo Consultants, LLC

And other attendees.

**CALL TO ORDER AND RECORD OF ATTENDANCE: DR. DIANNA M. BURNS, SECRETARY, FOR JIM ADAMS, CHAIR, BOARD OF MANAGERS**

In the absence of Mr. Jim Adams and Mr. Ira Smith, Dr. Burns called the meeting to order at 2:00 pm.

**INVOCATION AND PLEDGE OF ALLEGIANCE**

Dr. Burns introduced Mr. Art Argueta of the Baptist General Convention of Texas for the invocation and she led the Pledge of Allegiance

**CITIZENS' PARTICIPATION:** None.

**APPROVAL OF MINUTES OF PREVIOUS MEETING(S): JANUARY 28, 2020 (REGULAR MEETING)**

|                 |   |
|-----------------|---|
| SUMMARY:        | The minutes of the regular Board meeting of Tuesday, January 28, 2020, were submitted for the Board's approval.                               |
| RECOMMENDATION: | Staff recommends approval by the Board of Managers.   |
| ACTION:         | A <b>MOTION</b> to approve staff's recommendation was made by Mr. Hasslocher, <b>SECONDED</b> by Dr. Jimenez, and <b>PASSED UNANIMOUSLY</b> . |
| EVALUATION:     | None.   |
| FOLLOW-UP:      | None.   |

**REPORT FROM UNIVERSITY HEALTH SYSTEM FOUNDATION — LENI KIRKMAN FOR LOURDES CASTRO RAMÍREZ/RANDY HARIG**

SUMMARY: Ms. Kirkman read the letter below from Ms. Lourdes Castro-Ramirez to the Board of Managers:

*Dear Chairman Adams, Distinguished Members of the Board of Managers and Foundation Board:*

*As I am not able to be with you this afternoon, I would like to express my deepest appreciation for the opportunity to have served as the first President of the University Health System Foundation for the past three years. I am thankful to George B. Hernández, my colleagues on the leadership team, and grateful to the members of the Foundation Board for their trust, active engagement and commitment to building lifelines of support for our patients, their families and our community.*

*I take this moment to reflect and highlight some significant achievements that have elevated and propelled the Foundation to new heights and greater impact:*

- 1. In 2017, we established the first Strategic Imperatives Plan that enabled the Foundation to pivot from fundraising to significant relationship-building and philanthropy.*
- 2. The Foundation and the Health System forged a positive and strong alignment—strengthening our mission to provide high quality, kind and compassionate care.*
- 3. We increased our donor base at all levels.*
- 4. We created awareness and established a grateful patient program that is exponentially growing beyond what we imagined. For example, two weeks ago we received a \$200,000 contribution from a grateful patient.*
- 5. We cultivated and guided new donor gifts that resulted in significantly enhancing clinical and support services---such as the adolescents and young adults with cancer program, pediatric palliative care services for families, and community safety education and training, to name a few.*
- 6. We laid a durable foundation for a successful capital campaign for the Women's and Children's Hospital.*

*Finally, with Board support and guidance from George, we invested in the professional development of our team to assure the continued success of the Foundation. It has been an honor to work with each of you. It has been a privilege to serve in this capacity. Thank you for welcoming me into the University Health System Family. Wherever I go, I carry you all in my heart. Sincerely, Lourdes Castro-Ramirez*

Ms. Kirkman joined Mr. Harrig for the Health System Foundation's 2019 annual presentation to the Board of Managers:

Impact:

- Total of 1,750 donors and 384 new donors
- Raised \$1.7 million that directly impacted 851 patients
- Touched lives of 14,591 with projects and projects funded
- Awarded 47 scholars ships for a total investment of \$272,400

Philanthropic partners across the city and country:

- Teen Cancer America
- Gus Owen Stephens Foundation
- Charity Ball Association
- Robert P. & Mariana R. Scripps Family Foundation
- Be SMART for Kids
- Whataburger
- Hope Hits Harder Cancer Foundation
- Hilley & Solis Law Firm

#### Employee Giving

- Record-breaking year with 1,512 employees pledging support and donating approximately \$265,000; \$235,000 in 2018; and \$175,000 in 2017.
- \$262,705 raised to support initiatives and programs
- 2019 Campaign chaired by Reed Hurley and Angela Casias with 84 ambassadors

#### Community Giving

##### Medical Miracles Gala

- \$509,175 raised - \$234,000 dedicated to Stop the Bleed campaign efforts to Bexar County school districts
- Record-breaking attendance with 800+ guests

##### Texas Diabetes Institute Wall of Honor

- \$64,594 raised to support education and awareness
- Inaugural Commissioner Paul Elizondo leadership Legacy Award
- Record-breaking attendance with 425 guests

Strong Board Member Commitment - Mr. Harig thanked his 26 board member colleagues who serve as ambassadors by attending community events, sponsored events, funder site visits, and special dedications.

- Health System Foundation Board has reached 100 percent giving in 2019.

Community Presence - Groundbreaking, flu drive, and sponsored events

Donor Engagement - Teen Cancer America, Gus Owen Stephens Foundation

Active Board Committees - Executive, Special Events, Major Gifts, Investment and Finance, Education, Lifeline Grants

Women's and Children's Hospital Capital Campaign - Implementation Phase

#### 2019 Development

- A national consulting firm completed a feasibility and preparedness studies, the planning and framework development, and transitioned the activation and implementation phase to staff in December 2019
- Retained local professional fundraising consultant and launched the Implementation Phase – currently developing, planning and recruiting leadership committees

#### 2020 Strategy

- Build on the Capital Campaign Plan and Implementation Timetable to secure leadership and organizational team and begin principal gifts to build toward a \$12 million 2020 goal
- Long-Term Goal
- Raise a minimum of \$30 million by end of 2022 when the hospital will be completed and continue toward a \$50 million goal by 2024

#### Telling Our Story

- Social Media
- Increase by 16.9 percent
- Building Lifelines Newsletter
- Launched first-ever e-newsletter to keep donors and benefactors informed
- Community Impact Report
- Created first-ever Foundation Impact Report

Looking Ahead: 2020 Priorities

- First Choice in Healthcare Philanthropy for the Bexar County Community!
- Patient-Centered Programs
- Women's & Children's Campaign
- Lifeline Heroes Program

Upcoming Events

- Our Sons & Daughters College Scholarship - Application Opens Mon., March 3, 2020
- 15th Annual Medical Miracles Gala – Thurs., May 15, 2020, at La Cantera Resort & Spa
- Employee Giving - Goal is to engage 1,600 employees and raise \$288,000
- Texas Diabetes Institute Wall of Honor Luncheon – Thurs., Nov. 5, 2020, at the Mays Family Center, Witte Museum

|                 |  |
|-----------------|--|
| RECOMMENDATION: | This report was provided for informational purposes only.  |
| ACTION:         | No action was required by the Board of Managers.   |
| EVALUATION:     | Ms. Castro-Ramirez's last day with the Health System Foundation will be Friday, February 28, 2020. There will be a farewell reception honoring Ms. Castro-Ramirez for her transformational service as President of the University Health System Foundation at Paesano's Lincoln Heights on Thursday, February 21, 2020 at 4:30 pm. All Board members are invited. On behalf of the Board of Managers, Dr. Burns expressed appreciation for the work performed by the Foundation Board of Directors for their work in the community. It allows the Board of Managers to extend the Health System's mission to help the most vulnerable patients, such as women and children. The Foundation's work also lets the community know about the services offered by University Health System. The Board is saddened by the departure of Ms. Castro-Ramirez, but excited about her future. Congratulations from the Board of Managers. |
| FOLLOW-UP:      | None.  |

At this time, Dr. Burns asked Dr. Henrich to provide a brief update on UT Health SA activities. He thanked Board members and staff who attended the 2020 Frank Bryant Jr., M.D. Memorial Distinguished Lecture earlier in the day. Selwyn M. Vickers, MD, Senior Vice President/Dean, School of Medicine, The University of Alabama at Birmingham. Dr. Vickers made an ethical call to action to confront cultural challenges of today and seeks to instill courage to challenge the status quo and commitment to change the world delivered the lecture. Approximately 500 people attended the lecture. Dr. Henrich also expressed delight to see progress being made on the Women's and Children's Hospital. He will be giving a talk tomorrow in Ohio about progress in San Antonio and one of the statistics he will mention is the fact that Dr. Kristin Plastino, and the Bexar County teen pregnancy program, have had such an impactful change in teen pregnancy rates. Her special interest in adolescent gynecology and reproductive health led to the opening of the Teen Health Clinic at the Robert B. Green campus. It is an example of mutual and good work produced by the partnership and major progress. Dr. Hromas is in Chicago for an accreditation site visit at another institution; and Dr. Rosende is seeing patients this evening.

**CONSENT AGENDA – IRA SMITH, VICE CHAIR**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A RESOLUTION SUPPORTING THE RE-VERIFICATION OF UNIVERSITY HOSPITAL AS A LEVEL IV NEONATAL INTENSIVE CARE PROGRAM — IRENE SANDATE/TOMMYE AUSTIN**

**SUMMARY:** University Hospital is known in the community for providing the highest level of care for newborns and women. Since initial designation as a Level IV Neonatal Center in 2017, University Hospital has also achieved designation as a Level IV Maternal Center in 2019. . Level IV is the highest level of designation for neonatal care. Jointly these programs account for over 14,017 OB/Gyn Emergency Room visits, 3,253 deliveries in Labor and Delivery, 315 maternal transports, 805 neonatal intensive care admissions, and 145 neonatal transports in 2019. A designation for neonatal level of care is an eligibility requirement for Medicaid reimbursement beginning September 1, 2018. The neonatal levels of care designation rule became effective on June 9, 2016 with the neonatal level of care designation as an eligibility requirement for Medicaid reimbursement beginning September 1, 2018.

**RECOMMENDATION:** Staff recommends Board of Managers’ support for re-designation as a Level IV Neonatal Intensive Care Program demonstrated by approval of the Resolution of Support.

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

**EVALUATION:** None.

**FOLLOW-UP:** None.

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

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN INTERLOCAL AGREEMENT (ILA) WITH THE CITY OF SAN ANTONIO TO DEVELOP AN INSTITUTE FOR TRAUMA INFORMED CARE — ROBERTO VILLARREAL, M.D.**

**SUMMARY:** This is a new agreement with the City of San Antonio in support of the external development of an Institute for Trauma Informed Care. University Health System will provide the necessary training, technical assistance, and coaching tailored to the culture and demographics of San Antonio and Bexar County that will support interested organizations in completing certification in Trauma-Informed Care. This training provided by the Institute will help organizations throughout San Antonio and Bexar County to build safe, caring, inclusive environments for all individuals that acknowledges the importance of understanding life experiences is a driving key to the delivering of effective care and has a potential to improve patient engagement, treatment adherence, and health outcomes. The agreement with the City of San Antonio supports the development of the Institute. The City will fund the Institute by paying the Health System \$606,972 in year one, with total payments not to exceed

\$1,994,446 over a five-year period. The Institute will invoice the City on a quarterly basis.

| <b>Year</b>   | <b>Compensation to UHS</b> |
|---------------|----------------------------|
| <b>Year 1</b> | \$606,972.00               |
| <b>Year 2</b> | \$544,087.00               |
| <b>Year 3</b> | \$416,121.00               |
| <b>Year 4</b> | \$282,945.00               |
| <b>Year 5</b> | \$144,321.00               |

The Health System will support the Institute with In Kind resources in the form of staff, office space, and supplies. The Institute is projected to generate revenue in years three, four, and five as the City funds decrease incrementally. The return on investment is expected to extend beyond year 5 as the Institute seeks to become nationally known as a training resource in trauma informed care. The City of San Antonio is a local governmental agency with an Equal Employment Opportunity/Anti-Harassment policy in place.

**RECOMMENDATION:** Staff recommends approval of a 5-year agreement beginning January 1, 2020 and ending December 31, 2024, with the City of San Antonio to support the development of an Institute for Trauma-Informed Care.

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

**EVALUATION:** Discussion ensued regarding sustainability of the Institute after the five-year funding period. According to Mr. Hernandez, the City of San Antonio wishes to have an immediate impact and the staff has been very collaborative. They specifically asked for the Health System's involvement with this project and the Health System agreed to use its internal resources to mask the dollars from the City. The Health System, through the Institute, is expected to train 70 to 80 non-profit agencies that exist citywide. There will be some stragglers but it will not be necessary to stand up the Institute to train those few non-profits after the 5 year mark. Staff will develop a solution for training for those agencies after funding ends. The City of San Antonio will contribute an additional \$2 million to support the Institute. Like any other business plan, the City's plan is not clearly feasible, however it is expected that non-profit agencies that wish to apply for federal grants will need to be certified in trauma informed care. Dr. Burns suggested the City needs a long-range plan that will allow trainers to understand patient life experiences and to change current dynamics; she does not believe training alone in trauma informed care is sufficient. Dr. Villarreal noted that the City of San Antonio has put together a Consortium that brings together community partners across all sectors who are committed to addressing the impact of trauma. The Consortium's priorities include gathering data to understand community needs, connecting with existing coalitions within the community, and developing an advocacy plan. Health System staff would like to work with the Consortium directly since the Consortium will set all parameters and outcomes. Since the Institute is a new program and the funds will flow to the University Health System, Ms. Barrera asked which agency would be held accountable for transparency and outcomes, to which Mr. Hernandez replied that the Health System is responsible for outcomes. Ms. Barrera

indicated that it would be appropriate for the staff to provide periodic updates to the Board regarding outcomes. Mr. Hasslocher agreed that the establishment of the Trauma-Informed Care Institute at the city level is a very good start.

FOLLOW-UP: Mr. Hernandez agreed to provide annual status reports to the Board of Managers.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE LOCAL MATCH MEMORANDUM OF UNDERSTANDING WITH THE CENTER FOR HEALTH CARE SERVICES — SALLY TAYLOR, M.D.**

SUMMARY: The Health System has contracted with the Center to promote coordinated mental health and drug/alcohol treatment services and to create funding stability by considering the Center's needs. The purpose of this Amendment to the Memorandum of Understanding (MOU) is to provide payment of a direct monetary contribution as part of the local match requested by HHSC, in furtherance of the Health System's sponsorship commitment. The current Amendment covers State Fiscal Year 2020 (September 1, 2019 – August 31, 2020), with one allowed renewal amendment. This MOU does not create an employment relationship, partnership, or joint venture between the Center, its subcontractors or employees and the Health System. This local match is calculated as 9 percent of the total general revenue received by the Center from HHSC. In State Fiscal Year 2019, the Center exceeded its state mandated targets for individuals served as follows: the target for adults was 6,438 and the actual number served was 6,567; the target for children/adolescents was 1,271 and the actual number served was 1,474. Center employees currently serve as in-hospital liaisons 7 days per week (1.5 FTE) in University Hospital. This role will be continued in this year's MOU. The liaisons provide outpatient intake for Center services for patients being discharged from University Hospital, face-to-face assessments required to transfer patients to inpatient state funded beds at other hospitals, and care transition case management and navigation for patients between discharge and initial outpatient behavioral health follow-up. The local match MOU includes metrics related to outpatient linkage to Center services for patients being discharged from University Hospital or referred from the Health System's outpatient sites. In State Fiscal Year 2019, the Health System made 432 referrals for patients not already in care at the Center. The Center liaisons also provided 223 face-to-face assessments for transfer of patients to state funded beds. The Health System has determined its level of support for the Center's State Fiscal Year 2020 as \$2,726,050.00, payable in four (4) equal installments of \$681,512.50 each quarter beginning on September 1, 2019 and these payments shall continue until August 31, 2020. This is an increase of \$219,483 (9%) over the previous annual local match monetary contribution for State Fiscal Year 2019. The cost of this agreement is incorporated into the Health System's budget. Local match dollars for 2020 will be allocated as follows: Restoration and Transformational Services - **56 percent**; Adult Mental Health Services - **22 percent**; and Child Mental Health Services -



**22 percent.** The workforce composition data for The Center was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve and authorize the President/CEO to execute an Amendment to the Memorandum of Understanding with The Center for Health Care Services in the amount of \$2,726,050.00 for State Fiscal Year 2020 (September 1, 2019 – August 31, 2020).

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

EVALUATION: None.

FOLLOW-UP: None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE LEASE AGREEMENT WITH UT HEALTH SAN ANTONIO; AND PROCUREMENT OF EQUIPMENT FROM VARIOUS VENDORS FOR THE AMBULATORY SURGICAL CENTER (ASC) AT THE MEDICAL ARTS AND RESEARCH CENTER (MARC) — ED BANOS**

SUMMARY: The Health System has operated the Ambulatory Surgical Center in leased space on the second floor of the Medical Arts and Research Center building since 2013. Much of the medical equipment used at the MARC ASC is owned by UT Health and leased to the Health System under a separate medical equipment lease. The rental rate of \$23.31 per square foot has been in effect since the inception of the lease in 2013. UT Health San Antonio recently engaged VMG Health to provide an updated fair market rent analysis of the property indicating a range of \$28.00 to \$32.00 per square foot as the current fair market rental rate. The Health System and UT Health leadership have agreed to adjust the rental rate to the low end of the range, or \$28.00 per square foot. Due to compliance issues, the Health System is required to pay (and UT Health is required to charge) fair rental value in all lease agreements between the parties. Leadership has also mutually agreed to a new fifty-two (52) month lease term to run from November 1, 2020 through February 28, 2025, coinciding with the termination date of the Heart Station lease at the MARC. The annual base lease cost is \$902,524. Landlord charges for facility specific building maintenance and parking is an additional \$150,000 per year, making the total annual cost \$1,052,524, an increase of \$151,428 per year. The total cost of this lease is \$4,560,937 for the full fifty-two (52) month term. Mr. Banos described the medical equipment included in the 2020 Capital Budget in the total amount of \$1,653,258.97. He also described the medical equipment included in the 2020 operating budget in the total amount of \$63,255.18 for a total medical equipment cost of \$1,716,514.15. The workforce composition for the various vendors was provided for the Board's review.

RECOMMENDATION: Staff recommends Board of Managers' approval for the request of \$4,560,937 for a 52-month lease agreement beginning November 1, 2020 for the Health System Ambulatory Surgical Center located at the MARC, and the purchase of the new medical equipment from the various vendors in a total amount not to exceed \$ 1,653,258.97.

- ACTION:** A **MOTION** to approve staff's recommendation was made by Mr., Engberg, **SECONDED** by Dr. Jimenez, and **PASSED UNANIMOUSLY**.
- EVALUATION:** Ms. Barrera expressed interest in knowing what exactly happens to medical equipment that is replaced, to which Mr. Hurley replied that depending on the particular piece of equipment, it is sometimes traded-in for newer equipment, and/or the Health System has a bid process to recycle equipment. Many times, old equipment is shipped to other countries and used for training purposes.
- FOLLOW-UP:** Dr. Jimenez requested that Drs. Villarreal and Alsip review an article recently published by the Union of Concerned Scientists regarding endangering the health of children, which is entitled "Endangering Generations." The Union is assessing repercussions of the federal government's choice to ignore its own scientists and advisors by making decisions that go against firmly grounded scientific evidence and the public interest. These actions and decisions will have ramifications for the next generation, and many of these policy moves will disproportionately harm young children. Environmental pollutants, such as lead-contaminated water and asbestos are particularly harmful to babies and children and there is concern by scientists of the damage done to the cognitive and behavioral development of thousands of young children. If Mr. Hernandez deems it appropriate, Dr. Jimenez suggested a Board presentation on this topic. Mr. Hernandez agreed that it would be appropriate as a topic under the section, "Information Only" on the agenda.

**PRESENTATIONS AND EDUCATION:**

**MEDICARE FOR PERFORMANCE PROGRAM UPDATE AND 2019 QUALITY REPORT**  
**— BRYAN ALSIP, M.D.**

- SUMMARY:** The Medicare Pay for Performance quality programs for hospitals administered by the Centers for Medicare and Medicaid Services (CMS) include the Hospital-Acquired Condition Reduction Program, the Hospital Readmission Reduction Program, and the Value Based Purchasing Program. These programs were developed to link hospital Medicare fiscal year payments to clinical outcomes for retrospective performance periods as defined by CMS. Dr. Alsip noted that earlier in the month there was an article in the San Antonio Express-News, which indicated that University Hospital is one of five San Antonio hospitals to receive a one percent reimbursement penalty from CMS for poor performance in limiting hospital-acquired conditions and reducing readmission rates. He reiterated that this analysis includes data from more than three years ago and the most recent data analyzed for this reporting period are from 2018. While the staff is very disappointed with this penalty, Dr. Alsip's reports to the Board over the past year indicate that staff has made significant progress in reducing hospital-acquired infections and improving documentation as the result of highly focused multidisciplinary efforts across the Health System to educate the staff and standardize the delivery of evidence-based care. The Health System as a whole is also doing a better job of continually monitoring performance and sharing those data with leadership in the organization

and at the medical school. In 2019, the Health System significantly surpassed goals for reducing central line-associated bloodstream infections, urinary tract infections and hospital-associated C. difficile infections. In addition, currently the Health System has 19 nursing units that have maintained rates of zero for one or more types of infections for more than a year. He noted that these efforts and those listed below are not included in this CMS performance period:

- Changing practices to reduce risk, including reducing use of catheters and central lines through purposeful daily rounding, enhanced recovery after surgery (ERAS), and bundle compliance efforts
- Real-time identification, review, and communication of coded hospital-acquired patient complications to clinical providers for accurate documentation of patient severity or co-morbidities
- Pharmacists partnering with epidemiology staff to reduce unnecessary antibiotic use to prevent the development of resistant organisms
- A hand hygiene program that includes a smart phone app for collecting data and for training staff to remind each other about the importance of hand sanitization

Dr. Alsip provided the following report which includes a review of the quality composite metric performance for 2019 with updates regarding ongoing initiatives to improve the Health System's publicly reported quality data.

Value-Based Purchasing Program (VBP) - Measures hospital performance through the following six domains:

1. Clinical Care - Mortality and Complications
2. Patient Engagement - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) for CY2018
3. Safety – Healthcare Associated Infections (HAI) and Early Elective Delivery
4. Efficiency and Cost - Medicare Spend per Beneficiary

The Health System will receive a positive payment adjustment with an estimated \$36,000 additional revenue on Medicare discharges from October 2019 through September 2020. This positive payment represents a significant improvement from the Health System's VBP performance for FY2019, which resulted in a negative payment adjustment with a revenue loss of approximately \$345,600.

Hospital Readmission Reduction Program (HRRP) – AMI, COPD, CHF, Pneumonia, CABG, and THA/TKA - University Health System will receive a payment adjustment on these Medicare discharges from October 2019 through September 2020 with an estimated \$34,000 reduction in revenue. This represents a worse performance as compared to FY2019 for the period July 2014 through June 2017.

Hospital-Acquired Condition Reduction Program (HACRP) - PSI-90, CLABSI, CAUTI, MRSA, C.diff, and SSI-Colon & Hysterectomy - For 2019, performance is better than targeted goal and has improved in all six healthcare associated infection categories from the 2018 baseline. Specific year to date infection reductions include 47% for CLABSI, 30% for CAUTI, 30% for CDI, 10% for MRSA, and 3% for SSI colon. The Health System's 2019 standardized infection ratios for all hospital acquired infections is substantially better than the national benchmark in all six categories of infections. A significant contribution to this achievement is demonstrated through the success of the Health System's Achieving Zero program, which identifies inpatient nursing units that prevent one or more hospital acquired infections for at least one year.

Centers for Medicare and Medicaid Services (CMS) Hospital Compare - Four categories below represent the majority of items that comprise the publicly reported CMS Hospital Star Rating. Dr. Alsip provided a summary of the Health System's year to date performance for each category from January through December 2019.

1. Mortality - VBP
2. Safety (PSI-90 & HAI), VBP, HACRP
3. Readmissions – HRRP
4. Patient Experience – HCAHPS - VBP
5. Efficiency – VBP

Payment impact and corrective actions regarding Value Based Purchasing Performance at University Hospital for the performance periods noted:

|                   | FY 2019<br>Applied to payments<br>Oct 2018-Sept 2019  | FY 2020<br>Applied to payments<br>Oct 2018-Sept 2019 | FY 2021<br>Applied to payments<br>Oct 2018-Sept 2019 |
|-------------------|---|--|--|
| Clinical Outcomes | -\$345,600  | \$36,000   | Pending  |
|                   | Jul 2014 – June 2017  | Jul 2015 - June 2018                                 | Jul 2016 – June 2019                                 |
| Action:           | Clinical documentation improvement and “right” level of care initiatives  |  |  |
| Safety            | Jan – Dec 2017  | Jan – Dec 2018                                       | Jan – Dec 2019                                       |
| Action:           | Daily rounds, external catheters, clear indications, hand hygiene, testing compliance, ERAS, colon bundle protocols |  |  |
| Efficiency & Cost | Jan – Dec 2017  | Jan – Dec 2018                                       | Jan – Dec 2019                                       |
| Action:           | Analysis on DRG opportunities shared with CDI   |  |  |

Payment impact and corrective actions regarding Hospital Readmission Reduction Performance at University Hospital for the performance periods noted:

|  | FY 2019<br>Applied to payments<br>Oct 2018-Sept 2019   | FY 2020<br>Applied to payments<br>Oct 2019-Sept 2020 | FY 2021<br>Applied to payments<br>Oct 2020-Sept 2021 |
|--|--|--|--|
|  | -\$21,296  | -\$34,000  | Pending  |
| Readmission Reduction Measures – AMI, COPD, HF, Pneumonia, CABG, THA/TKA | Jul 2014 – June 2017   | Jul 2015 - June 2018                                 | Jul 2016 – June 2019                                 |
| Action:  | Focused system-wide effort to reduce readmissions with an initial focus on inpatient education, navigation, and transitions of care. |  |  |

Payment impact and corrective actions regarding Hospital-Acquired Condition Reduction Performance at University Hospital for the performance periods noted:

|   | FY 2019<br>Applied to payments<br>Oct 2018-Sept 2019 | FY 2020<br>Applied to payments<br>Oct 2019-Sept 2020 | FY 2021<br>Applied to payments<br>Oct 2020-Sept 2021 |
|---|--|--|--|
| PSI-90 (Medicare Patients Only)   | -968,607   | -960,000   | Pending  |
|   | Oct 2015 – June 2017                                 | Jul 2016 - June 2018                                 | Jul 2017 – June 2019                                 |
| Action: 100 percent review of all PSIs – focus on early identification, query, and appropriate assignment of cases or fallouts. Successfully updated >30 PSIs in 2019 |  |  |  |

HAI (all inpatients) Jan 2016 – Dec 2017 Jul 2017 – Dec 2018 Jan 2018 – Dec 2019  
 Actions: Daily rounds, external catheters, clear indications, hand hygiene, testing compliances, ERAS, bundle protocols

Hospital-Acquired Infections

| <u>2019</u>                | <u>Year-to-Date</u> |
|----------------------------|---------------------|
| C. Diff – 70               | 71                  |
| CAUTI – 42; YTD Target 54  | 41                  |
| CLABSI – 27; YTD Target 42 | 27                  |
| MRSA – 8; YTD Target 5     | 9                   |

Achieved Zero in 2019 for one infection type

5 ICU – Zero CAUTIs  
 8 ACU – Zero CLABSIs (two years)  
 9 ACU – Zero CAUTIs  
 9 ICU – Zero MRSA (two years)  
 NICU – Zero MRSA  
 Pedi Hem/Oncology – Zero MRSA (two years)

Achieved Zero in 2019 for two infection types

5 ICU – Zero CLABSIs  
 6 ACU – Zero CLABSIs, ZERO MRSA (two years)  
 8 Hem/Onc - Zero CAUTIs, Zero MRSA  
 PC ICU – Zero C. diff (two years)  
 NICU – Zero MRSA  
 Pedi Hem/Oncology – Zero MRSA (two years)  
 Med 7&9 – Zero CAUTIs, Zero MRSA (two years)  
 MS & ME 12 – Zero Cautis

Achieved Zero in 2019 for three infection types

7 AYA - Zero CAUTIs; Zero C.diff, Zero MRSA  
 Pedi IMU - Zero CAUTIs, Zero CLABSI, Zero MRSA (two years)  
 7 ICU - Zero CLABSIs, Zero C.diff, Zero MRSA

Achieved Zero in 2019 for four infection types

7 ACU - Zero CAUTIs, Zero CLABSIs, Zero C.diff, Zero MRSA (two Years)  
 CAU 8 - Zero CAUTIs, Zero CLABSIs, Zero C.diff, Zero MRSA (two years)  
 Obstetrics - Zero CAUTIs, Zero CLABSIs, Zero C.diff, Zero MRSA (two years)

Achieving Zero Infections – Number of Units Achieving Zero

| <u>2018</u>      | <u>2019</u>     |
|------------------|-----------------|
| 6 units, 1 HAI   | 6 Units, 1 HAI  |
| 5 units – 2 HAIs | 7 Units, 2 HAIs |
| 4 units – 3 HAIs | 3 Units, 3 HAIs |
|                  | 3 Units, 4 HAIs |

RECOMMENDATION: This report was provided for informational purposes only.

ACTION: No action was required by the Board of Managers.

EVALUATION: Elimination of this financial penalty is a goal in order to reflect University Health System’s “Achieving Zero” program and commitment to eliminate all healthcare associated infections. Dr. Alsip reiterated that the staff takes infection seriously. The Health System’s team is engaged and focused on maintaining the gains made and continue to work collaboratively with clinical teams, including the physician leaders of UT Health, to drive down all hospital-acquired conditions, using best practices and standardization. Programs, such as, enhanced recovery after surgery protocols, minimize infections. The nursing units that are being recognized for achieving zero are the ones that follow these processes on a day-to-day basis. Mr. Engberg concurred that the message to the public by the San Antonio Express-News is in accurate and incorrect; the article failed to mention the lag time in publishing the quality data, and it is a certain mis-lead. Ms. Kirkman met with the press and gave them good, current information; she is grateful the story did not focus solely on University Hospital. Ms. Barrera suggested writing a letter to the editor educating the public on CMS pay for performance and recognizing the teams (19 units) that have achieved zero. Dr. Alsip informed the Board that the staff did celebrate the first year of the program and it is his plan to have another celebration this year. It is up to the Health System to educate the public because, the public in general does not understand that the Health System takes higher risk patients and despite that fact, performs better than other Health Systems in town. Dr. Burns agreed that the public is not familiar with many of the medical terms that appear in the quality report, and University Health System does tremendous work.

FOLLOW-UP: None.

**ADJOURNMENT:**

There being no further business, Dr. Burns adjourned the Board meeting at 3:07 p.m.

---

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

---

George B. Hernandez, Jr.  
President/Chief Executive Officer  
Assistant Secretary, Board of Managers

---

Sandra D. Garcia, Recording Secretary