



**BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

Tuesday, June 28, 2022
6:00 pm
Tejas Conference Room
University Health Business Center 2
5959 Northwest Parkway
San Antonio, Texas 78249

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Margaret Kelley, MD, Secretary
Jimmy Hasslocher
Anita L. Fernandez
Pat Jasso

BOARD MEMBERS ABSENT:

Ira Smith, Vice Chair
L.P. Buddy Morris

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health
Elizabeth Allen, Director, External Communications/Corporate Communications, University Health
Tommye Austin, Sr. Vice President, Chief Nurse Executive, University Health
Edward Banos, Executive Vice President/Chief Operating Officer, University Health
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health
Andrea Casas, Vice President/Chief Human Resources Officer, University Health
Ted Day, Executive Vice President, Strategic Planning/Business Development, University Health
Brandie Gamboa, Assistant Director – Benefits, Human Resources, University Health
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health
Lt. Bobby Maxwell/Protective Services, University Health
Leni Kirkman, Executive Vice President/Chief Marketing, Communication, and Corporate Affairs Officer,
University Health
Monika Kapur, MD, President/Chief Executive Officer, Community Medicine Associates
Brian Lewis, Vice President/Quality, University Health
Shelley Kofler, Senior Public Relations Manager/Corporate Communications, University Health
Bill Phillips, Senior Vice President/Chief Information Officer, University Health
Denise Pruet, Executive Director, Center for Learning Excellence, University Health
Serina Rivela, Vice President/Chief Legal Officer, University Health
Don Ryden, Vice President/Projects, Design and Construction, University Health
Judy Shumway, DO, Sr. Vice President, Clinical Services/Office of the Chief Medical Officer,
University Health
Christopher Sandles, President, University Hospital Operations, University Health

Board of Managers Meeting

Tuesday, June 28, 2022

Page 2 of 17

Travis Smith, Vice President/Deputy Chief Financial Officer, University Health
Rajeev Suri, MD, Interim Chair and Professor, Department of Radiology, UT Health, San Antonio; and
President, Medical-Dental Staff, University Health
Horacio Vasquez, Executive Director, Supply Chain Management, University Health
Roberto Villarreal, Sr. Vice President/Chief Analytics Officer, University Health
Larry Wallis, Director, Internal Audit Services, University Health
And other attendees.

CALL TO ORDER:

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

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Omar Enriquez, MD, Associate Professor of Medicine, Long School of Medicine, UT Health SA; and Spiritual Care Volunteer, University Health; and he led the pledge of allegiance.

PUBLIC COMMENT: None.

REPORT FROM UT HEALTH SAN ANTONIO — RAJEEV SURI, MD, PRESIDENT, MEDICAL-DENTAL STAFF; FOR WILLIAM HENRICH, MD, PRESIDENT; AND ROB HROMAS, MD, DEAN, LONG SCHOOL OF MEDICINE:

SUMMARY:

Dr. Suri represented UT Health SA due to Dr. Henrich's absence, and noted that Dr. Hromas' absence is due to his 42nd wedding anniversary. Ms. Leni Kirkman and Dr. Bryan Alsip this week addressed 280 incoming house staff residents regarding Social Determinants of Health at orientation. Two-thirds of these residents will rotate through University Hospital at some point during their residency. As previously mentioned, beginning in the fall of 2022, the number of incoming medical students has been increased from 220 to 240, same as UT Southwestern, UTMB Galveston, and UT Health Houston. The School of Nursing's incoming class for the fall of 2022 has also been raised from 110 to 125 (15%), with a similar increase for the incoming class of the School of Allied Health Professions as well. The UT System Board of Regents has approved the joint School of Public Health between UT Health San Antonio and The University of Texas at San Antonio. Dean candidates are being actively recruited at this time, there are several wonderful applicants who are internationally renowned. The hope is to initially recruit 20 faculty members and the Research Administration Building at the Greehey Campus will serve as home to the School of Public Health with the initial inaugural class comprised of 120 current MPH students and 80 from the joint MD/MPH program in the fall of 2023. The UT Health/UTSA teams are looking forward to consulting Dr. Bryan Alsip and Dr. Roberto Villarreal regarding the needs of University Health's Public Health Division to take the School of Public Health to the next level.

RECOMMENDATION:

This report was provided for informational purposes.

ACTION:

No action was 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 MEMBERSHIP AND PRIVILEGES — RAJEEV SURI, MD, PRESIDENT, MEDICAL/DENTAL STAFF

The Credentials Committee met on May 23, 2022, and reviewed the credential files of the individuals listed on the Credentials Report and the Professional Performance Evaluation Report provided to the Board. In its meeting of June 7, 2022, the Executive Committee of the Medical-Dental Staff approved the Credentials Committee Report in accordance with University Health’s credentialing and privileging process. The Executive Committee, in turn, recommends approval by the Board of Managers.

CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR PROFESSIONAL PRACTICE EVALUATIONS AND DELINEATION OF PRIVILEGES — RAJEEV SURI, MD, PRESIDENT, MEDICAL/DENTAL STAFF

The Credentials Committee met on May 23, 2022, and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of June 7, 2022, the Executive Committee of the Medical-Dental Staff approved the Delineation of Privileges and Focused/Ongoing Professional Performance Evaluation Report, and in turn, recommends approval by the Board of Managers.

CONSIDERATION AND APPROPRIATE ACTION REGARDING REAPPOINTMENT(S) TO THE ALAMO AREA COUNCIL OF GOVERNMENTS BOARD OF DIRECTORS — JIM ADAMS, CHAIR

To fulfill the Health System oversight requirement created by the transfer of the Center for Health Care Services Mental Retardation Authority to the Alamo Area Council of Governments in June 2006, one position was created on the AACOG Board to which the Board of Managers has appointed one representative since then. The Board of Managers at that time also approved redirection of University Health’s 10 percent local match from The Center for Health Care Services to the new AACOG Mental Retardation Authority. Mr. Hasslocher has served as the Board’s primary representative since November 2015 and also finished the term left vacant by former Board member, Mr. Thomas (“TJ”) Mayes through June 30, 2022. After thoughtful consideration, Mr. Adams seeks full Board approval to re-appoint Mr. James C. Hasslocher to the AACOG Board of Directors as primary representative and Ms. Anita L. Fernandez as an alternate appointee, for a two year term effective immediately through June 2024.

CONSIDERATION AND APPROPRIATE ACTION REGARDING APPOINTMENTS(S) TO THE UNIVERSITY HEALTH PENSION PLAN BOARD OF TRUSTEES — JIMMY HASSLOCHER, CHAIR, NOMINATING COMMITTEE

The Bylaws of the University Health Pension Plan Board of Trustees state that the Bexar County Hospital District Board of Managers, as the governing body, shall approve the appointments of Pension Plan Trustees. There are currently nine positions on the Pension Plan Board of Trustees composed of two members from University Health administration, two members from the Board of Managers, and five community members who are investment professionals. Mr. Steven Klaffke, appointed in 2004, and Mr. David Wallace, appointed in 2003, are no longer eligible for reappointment because of Pension Board term limitations. The Pension Plan Board of Directors voted to approve Mr. Wallace as an Honorary Non-

Voting Member until December 31, 2022, which is allowed under the their bylaws for a term of up to two years. Due to the loss of two of the Pension Board members to term limitations, the Pension Plan Board of Trustees recommends the appointment of Mr. Robert Landry and Mr. Ryan Griffin to the Pension Plan Board of Trustees. Their respective bios were provided for the Board's review. The Nominating Committee of the Board of Managers recommends full Board approval to appoint Robert F. Landry and Ryan R. Griffin to the Pension Plan Board of Trustees, effective immediately through December 31, 2026.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT WITH UT HEALTH SAN ANTONIO FOR CLINICAL SPACE AT UNIVERSITY HEALTH FACILITIES — DON RYDEN

University Health entered into a Lease Agreement with UT Health San Antonio in April 2009 to provide clinical service. Over time, the Lease Agreement has been amended to include lease space at three (3) University Health locations. The current lease includes 2,505 sq. ft. at University Hospital and 10,134 sq. ft. at TDI for eye clinics and 4,283 sq. ft. on the Robert B. Green campus for a total of 16,922 sq. ft. The lease rates are gross rental rates inclusive of expenses for building operations and maintenance, and furniture, fixtures and equipment. The purpose of this contract amendment is to extend the existing lease with UT Health San Antonio under the same terms with adjusted rental rates for current market conditions. University Health will execute an Amendment to the Original Agreement for three (3) years with three (3) - one (1) year extensions. The gross rental rates are inclusive of operations and maintenance expenses that University Health incurs. Per the agreement, furniture, fixtures and equipment are provided by University Health and maintained by UT Health San Antonio. The Amendment to the lease will commence on January 1, 2022. Rates for the calendar year 2022 will remain the same as 2021, which totals \$369,362 yearly. An increase in rate will begin in 2023 as shown below. Rental rates will remain the same for the term of the lease except for the Urology Clinic which has an escalation of 1.5% starting in 2024. Staff recommends the Board of Managers approve the amendment to the lease agreement for a three (3) year term with three (3) - one (1) year extensions for space leased to UT Health San Antonio at University Hospital, Texas Diabetes Institute and Robert B. Green Campus.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT RENEWAL WITH TRUSTMARK LIFE INSURANCE (THROUGH BENEFIT SOURCE) FOR UNIVERSAL LIFE INSURANCE — ANDREA CASAS

This contract was competitively bid on RFP-222-02-014-SVC in 2022. A total of five (5) bid responses were received: Aflac (through Benefit Source), Trustmark (through Benefit Source), Colonial Life (through Benefit Source), Manhattan Life (through Cuellar and Associates) and Texas Republic Life. This contract was awarded based on the best value, which includes favorable pricing, less participation requirements, options for spouses and domestic partners and meeting the bid requirements assigned by the Evaluation Team. Trustmark Insurance Company (through Benefit Source) offers a five-year contract with a renewal option. This contract value is 100% contributory in nature and is accrued through employee premiums. University Health does not incur a cost in relation to this contract as the policies are individually held by the employees participating in the plan. The contract shall be for five years beginning January 1, 2023 and ending December 31, 2027, unless earlier terminated pursuant to the University Health Standard Purchase Terms and Conditions. This is a planned expense and funding will be included in the 2023 - 2027 Annual Operating Budgets. Based on the current enrollment, the contract is valued at an estimated amount of \$320,833 annually for a total contract amount of \$1,604,165. Staff recommends the Board of Managers approve the contract with Trustmark Insurance Company (through Benefit Source) for administration services for the Universal Life Insurance for a total contract estimated amount of \$1,604,165 for a five-year period.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING ACTIVITIES
(SEE ATTACHMENT A) — HORACIO VASQUEZ/TRAVIS SMITH**

A total of 33 contracts with a value of \$24,000,204 are being presented to the Board of Managers at the June meeting. The following contracts require approval by the Board of Managers: 15 consent contract with a total value of \$11,945,106; 18 presented contracts with a total value of \$12,055,098. During the month of June, there were two contracts classified as Small, Minority, Woman, or Veteran-owned Business Enterprises (SMWVBE). Staff recommends approval of the items on consent purchasing agenda.

CONSENT

RECOMMENDATION: Staff recommends approval of the item listed on the consent agenda.

CONSENT

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

CONSENT

EVALUATION: Mr. Hernandez noted a change to the purchasing consent packet. The one year contract renewal with South Texas Blood and Tissue Center for Blood Supply and Reference Laboratory Services, was modified from \$5,500,000, to \$3,125,280. The \$3.1million request in modification #2 reduced the expected spend of \$5.8 million by the \$2.7million excess funding amount from initial contract term.

CONSENT

FOLLOW-UP: None.

ACTION ITEMS:

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

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE PURCHASE OF
MEDICAL EQUIPMENT FOR THE WOMEN'S AND CHILDREN'S HOSPITAL FROM
VARIOUS VENDORS — DON RYDEN**

SUMMARY:

The Architectural/Engineering medical planner has validated the proposed medical equipment items and associated cost estimates with staff to verify that medical equipment meets the project's basis of design and the operational healthcare requirements. This review and coordination process resulted in specific equipment selections for the following: dock scales, various owner-furnished, contractor-installed equipment, ice makers, beds, over-bed tables, louvered wall panels, fetal monitoring equipment, physical therapy equipment, cabling for patient monitoring systems and infrastructure, telemetry equipment, scrub sinks, various sharps containers, exam/procedure light installation. The medical planner then obtained competitive price quotes from various vendors per the coordinated equipment list provided to the Board. These vendors include: Bastrop Scales, Cardinal, CME, Medline, Hoshizaki, Linet, Sizewise, Logiquip, Perigen, Performance Health, Philips, and Steris. Mr. Ryden summarized medical equipment and installation services that may be

ordered as soon as procurement authority is granted, for a grand total of \$6,209,183, which aligns with coordinated design specifications. Estimated shipping and freight charges have been included with the vendor quotes. The acquisition of all medical equipment items will be funded from existing Board-approved Project funds and is within the approved budget line for medical equipment. The workforce composition for the major vendors anticipated to be issued a contract or purchase order equal to or greater than \$250,000 was provided for the Board's review. Remaining vendors will be procured using Group Purchasing Organization contracts when available or through competitive bids per University Health procurement guidelines and policies.

RECOMMENDATION: Staff recommends the Board of Managers approve the procurement of additional Medical Equipment and Installation Services in an amount not to exceed \$6,209,183.

ACTION: A **MOTION** to **APPROVE** staff's recommendation as made by Ms. Jasso, **SECONDED** by Ms. Fernandez, and **PASSED UNANIMOUSLY**.

EVALUATION: Mr. Ryden provided a brief update on the construction of the Women's and Children's Hospital. Work continues quite well, there is now cool air from the basement through the sixth floor. Elevators have been installed and on any given date, there are 615 to 700 construction workers on site.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING EXTENDING THE AGREEMENT WITH HEALOGICS WOUND CARE & HYPERBARIC SERVICES, LLC — EDWARD BANOS

SUMMARY: Prior to 2016, University Health in partnership with the UT Health Physical Medicine and Rehabilitation (PMR) Department, provided Wound Care and Hyperbaric Services. With the departure of the Wound Care PM&R physicians, UT Health declined to provide the service going forward. In 2016, after a thorough review, University Health leadership determined that to achieve optimal performance in these areas, the best solution was to engage Healogics to provide management services, while UMA would recruit and hire physicians and advanced practitioners. University Health entered into a five year agreement with Healogics in July, 2017. The purpose of this agreement is to provide administrative and clinical oversight to the two wound care centers at University Hospital and Texas Diabetes Institute. The current agreement ends July 17, 2022. The proposed extended agreement with Healogics is for a total of three years with an option to terminate the agreement after two years. The current net patient revenue generated by Hyperbaric Oxygen and Wound Care services continues to improve with their oversight of documentation and coding upgrades provided by Healogics. The expense for this amendment term is for \$1,890,000 that will cover the cost of the management fees and fee for treatment for each patient receiving Hyperbaric Oxygen or Wound Care Therapy services. The previous agreement with Healogics was \$3,756,500 for a 5 year period, which was approximately \$751,300 annually. The new agreement is for \$1,890,000 for a 3 year period, which is approximately \$630,000 annually, resulting in a 16 percent decrease when compared to the previous agreement. The contract has an estimated

three percent growth projection in patient volume. The workforce composition data was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve extending the agreement with Healogics Wound Care & Hyperbaric Services, LLC for a term of three years effective July 18, 2022 at an amount not to exceed \$1,890,000.

ACTION: A **MOTION** to **APPROVE** staff's recommendation as made by Dr. Kelley, **SECONDED** by Ms. Fernandez, and **PASSED UNANIMOUSLY**.

EVALUATION: Ms. Jasso asked about the availability of other hyperbaric chambers in city to which Mr. Banos replied that Baptist Health and Methodist Health have hyperbaric chambers, and there are also a number of free-standing centers around town.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT BETWEEN UNIVERSITY MEDICINE ASSOCIATES AND UT HEALTH SAN ANTONIO FOR PEDIATRIC SURGICAL SERVICES — EDWARD BANOS/MONIKA KAPUR, MD

SUMMARY: UT Health San Antonio and University Health have collaborated to successfully recruit a pediatric surgeon to be employed by UT Health and leased to University Medicine Associates (UMA). Under the proposed arrangement with Pediatrix Medical Services, Inc., University Health proposes to fund, through a physician lease agreement executed by UMA and UT Health, one pediatric surgeon to take the first step in building a University Health pediatric surgery service line and to immediately supplement the surgical services provided by Pediatrix. University Health and UMA have historically collaborated with the UT Health Department of Pediatrics by leasing physicians to assure high quality care in neonatology, general pediatrics, and hematology/oncology services. This partnership has facilitated the recruitment of board-certified primary care and pediatric specialists and provided a mechanism for UMA to bill for these services and collect patient revenue. UMA will compensate UT Health an amount not to exceed \$775,875 per year, which includes salary and fringe benefits for the new physician. The nature of the agreement allows University Health to bill for the professional services provided by the physician and to collect and retain all payments as an offset to the lease payments. The physician will be joining UT Health prior to the end of June and will begin ramping up a practice of pediatric surgeons. This is a planned expense and is included in the 2022 operating budget.

RECOMMENDATION: Staff recommends Board of Managers' approval to execute a two-year agreement with UT Health San Antonio for 1.0 FTE pediatric surgical service at an amount not to exceed \$775,875 per year. The total contract is for an amount not to exceed \$1,551,750 for the two-year period beginning June 27, 2022 and ending June 26, 2024. UMA will retain 100% of professional fee collections as a partial offset to these expenses.

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

EVALUATION: Dr. Kelley wanted to know what type of surgeries pediatric surgeons perform. Drs. Suri and Alsip responded that general surgeons are not comfortable working with very small anatomies, infant patients, or toddlers. General surgeons are more comfortable with adolescent patients, which are often handled as adults for surgery purposes. Dr. Kelley also questioned the funding of one FTE faculty position, and whether UT Health has an expectation that as a faculty member, the physician leader will also conduct research or manage grants. The faculty will provide 100 percent patient care for University Medicine Associations; and the agreement does not cover research activities or grant management duties.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR MAY 2022 AND REALLOCATION OF RESERVES REPORT — REED HURLEY

SUMMARY: University Health’s consolidated bottom line for the month of May 2022 reflects a gain of \$12.4 million, \$14.2 million better than the budgeted loss of \$1.8 million. This gain to budget is a combination of positive net patient revenue of \$16.7 million and \$4.4 million in Community First Health Plans’ underwriting gain offset by higher than budgeted employee compensation of \$5.1 million. In May, clinical activity (as measured by inpatient discharges) was down 6.6 percent for the month compared to budget and inpatient days were down by 0.7 percent. Surgical cases and Emergency Department visits were both over budget 4.2 percent and 3.7 percent respectively. Community First experienced a bottom line gain of \$1.8 million, which was \$3.9 million better than the budgeted loss of \$2.1 million. Community First fully insured membership was up 3.1 percent to budget. Premium revenue and claims expense at Community First were both higher due to recording additional revenue and expense related to the retro payments for the UHRIP and TIPPS programs which were funded in May. Mr. Hurley reviewed significant items on the Monthly Consolidated Statement of Revenues and Expenses in detail with the Board.

Report on Allocation of Reserves

Based on audited results for calendar year 2021, \$291.8 million in cash flow reserves will be transferred as provided for under the Reserve Policy (No. 7.0504) and the Funding of Financial Reserve for Capital Expenditures Policy (No. 7.0502). The transfer consists of an increase of \$36.4 million to the Emergency Operating Account to meet the 90 days of cash expenditure level provided for in Sections III.G of the Reserve Policy. The remaining \$255.3 million will be transferred to the Capital Account to address future capital needs as provided for in Policy No. 7.0502. After the transfer, the total balance in the Emergency Operating Account will be \$365.9 million. The total in the Capital Account will be \$698.6 million; of this amount, \$411.2 million has been committed leaving an unencumbered balance of \$287.4 million.

RECOMMENDATION: Staff recommends approval of the financial reports subject to audit.

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

EVALUATION: Mr. Adams pointed out that Community First is now a bigger player in the finances of University Health, which says a lot for the management and the business. Mr. Hurley expressed confidence that University Health will end the year with a positive bottom line. Discussion ensued regarding employee compensation, which is \$5.1 million over budget for the month. There are 225 agency nurses working at University Hospital at this time. Staffing is a problem in all industries right now, not only healthcare. Mr. Hurley also provided a brief overview regarding funding of two community hospitals approved by the Board of Managers June 21, 2022:

\$250 million from Capital Reserves
\$100 million from Community First
\$100 million from future earnings
\$450 million

In addition, a total of \$500 million in Certificates of Obligation, for a total project budget of \$950 million. Mr. Adams thanked Mr. Hurley for his leadership and commended the process by which allocation of reserves takes place.

FOLLOW-UP: None.

PRESENTATIONS AND EDUCATION:

SECOND QUARTER QUALITY REPORT — BRYAN ALSIP, M.D.

SUMMARY: Dr. Alsip introduced Dr. Judy Shumway for an overview of a recent high-profile example of patient harm by a former Vanderbilt ICU nurse recently convicted of negligent homicide and sentenced to three years of supervised probation for a lethal medication error. The medical mistake resulted in the death of a 75-year-old woman in late 2017. The scenario can conceivably be seen in any hospital across the nation. The nurse self-reported her mistake as soon as she realized what had happened. She lost her job and she lost her nursing license. Criminal conviction for medical errors is almost unprecedented unless found to be intentional. Every nurse in the United States has been impacted by this case and "This could happen to us." On December 26, 2017, the Vanderbilt hospital was exceptionally busy. A patient was delayed in radiology because she was too anxious to have the procedure and needed a medication to calm her in order to complete the exam. The primary nurse was unable to leave the ICU. The Radiology nurses were too busy to administer the medication. Thankfully the Neuro ICU designates a Help-All Nurse to assist in these situations to streamline care and to help efficiency and throughput of patients. At the time an integration was happening between the electronic medical record and automated medication dispensing cabinets causing delays in pharmacy order review. Emails had been sent institution-wide to alert staff of the delay and to encourage the use of overrides in order to ensure timely care. This nurse was precepting a new graduate. This nurse

thought she was doing everything correctly. She was helping out when others were busy. She was delivering care expeditiously to an anxious patient so that a necessary Radiology exam would not be cancelled. She was told Versed but failed to remember that the generic equivalent was midazolam. When she searched for the medication in the search bar, she typed in the letters V-E and when vecuronium popped up, she chose it, not realizing that the medication she chose would paralyze the patient from being able to breathe on her own. She failed to look at the front of the label prior to administering the medication, likely rushed to give the medication so that she could move on to the next task. Her intent was to help. Her job as a nurse was providing to those in need. Never was her intent to kill. This could happen to us. In 1999 IOM published a report To Err Is Human. 40-120K+ hospitalized patients died every year as a result of people's mistakes and medical mistakes was a major killer of Americans. This was a crisis situation and gave rise to a national patient safety movement. The initial goal was to reduce harm by 50 percent. In 2009 HI TECH Act was passed to promote the adoption and meaningful use of health information technology. In 2015, the National Patient Safety Foundation released its publication Free From Harm. It was 15 years after the IOM report and this was another call to action to prioritize patient safety through science and implementation. The stage was set for a total systems approach and a culture of safety. In 2017 NPSF merged with the Institute for Healthcare Improvement (IHI), a global organization whose mission is to improve health and healthcare worldwide. Sadly, in 2019, 20 years have passed and we are "still not safe."

Agency for Healthcare Research and Quality

The lead Federal agency charged with improving the safety and quality of healthcare for all Americans

- Offer tools and data to help institutions improve and consumers, healthcare professionals and policymakers make informed health decisions
- The US health care system prevented 1.3M errors, saved 50K lives, and avoided \$12B in wasteful spending from 2010-2013.
- "Safety is far from optimal."

AHRQ's Surveys on Patient Safety Culture (SOPS®)

- Raise awareness
- Assess current status
- Identify strengths and areas for improvement
- Examine trends in patient safety culture change over time
- Evaluate the cultural impact of patient safety initiatives and interventions

COMING SOON to University Health Survey on Patient Safety Culture - September 2022

- We've committed to administering the Culture of Safety survey every other year, opposite the Employee Engagement survey
- We expect the results and trends will be available by December 2022

Patient Safety Actions

- Awareness and Education
- Reporting
- Risk Review
- Epic Key Performance Indicators

Every near miss or good catch is a warning. Let's Learn from Them!

In partnership with the Corporate Communications Department, Quality leaders have spread awareness and education through the use of infoNET and infoLINE. Emails, blogs, and infographics to communicate information to staff. This infographic specifically educates staff on University Health's process for reporting and the importance of near misses and good catches for improving culture of safety and decreasing the risk of harm. Dr. Shumway presented a graph showing the increase in reporting of near misses, which are events that do not cause harm but have the potential to cause serious harm or death. The last survey in November 2020 covered the period October 2020 to September 2021. University Health increased from a rate of 1.5 to 1.81 per 1000 patient days. From October 2021 to May 2022, the rate 1.81 of does not represent a full period.

University Health's Risk Management Department has updated the way risk events are reviewed. The National Patient Safety Foundation first published RCA2, Improving Root Cause Analyses and Actions to Prevent Harm in 2015. The approach is endorsed by multiple organizations including the Joint Commission, the VA National Center for Patient Safety, and Institute for Healthcare Improvement. University Health transitioned to the RCA2 approach in March 2020. Rather than look for a single root cause, this approach incorporates comprehensive systematic analyses of the more serious safety events. It is a system-based approach that searches for vulnerabilities, contributing factors, and other incidental findings. It accounts for the fact that human error alone is not an acceptable cause for a medical mistake. For over 20 years, it has been known that to err is human. The most important step in the process of a RCA2 is the development of strong actions that prevent or reduce the likelihood that the event would reoccur. Leadership's responsibility is to create and ensure systems that facilitate the right actions while making it difficult for human error to occur.

Example: Oxytocin Pregnancy Alert

The electronic health record (Epic) has identified key performance indicators, also known as KPIs, that University Health has trended that has resulted in focused optimization. One of those KPIs include the rate of medication warning overrides. Medication Warnings are routinely used to remind clinicians of warnings at the time they order or administer medications. It has been estimated that there were >200,000 medication warning overrides in one month! Steady work has chipped away at this number. As an example the Pharmacy team found that the highest number of overrides came from warnings for oxytocin. Below is data from April 2022:

Oxytocin Pregnancy Alert

- Occurs at Order Entry/Order Verification
- 16,573 overridden alerts for 1,339 orders (12.38 overrides per order)

Alerts Fired

- NOT RECOMMENDED FOR TRAUMATIC DELIVERY
- NOT RECOMMENDED FOR PLACENTA PREVIA

- NOT RECOMMENDED FOR FETAL DISTRESS
- NOT RECOMMENDED FOR CEPHALOPELVIC DISPROPORTION
- EXTREME CAUTION FOR PREMATURE LABOR
- EXTREME CAUTION FOR HISTORY OF CESAREAN SECTION
- CONTRAINDICATED FOR HYPERTONIC UTERINE CONTRACTIONS

1,339 orders generated 16,573 overrides which is essentially 12.38 overrides PER order. On the right of the screen is the provider type (Pharmacist, Resident, Midwife, Registered Nurse, Physician, Nursing Student) and associated numbers of overrides within each type. The specific alerts that fire are listed above as well. They were able to drill down that most of the oxytocin orders were coming from order sets developed for the OB providers. After discussion with the OB leaders, it was confirmed that these warnings carried no value for the oxytocin orders embedded in the order sets. The Epic team then suppressed these warnings, effectively eliminating 30K alerts per month. Since then the team has marched down the list of medications to optimize the use of the warnings and significantly reduce the number of overrides.

Anticipated Opportunities

- Alignment in Patient Safety Activities
- Epic Optimization
- Staffing
- Focus on Culture of Safety and Reliability

New Leadership

Dr. Shumway made the Board aware of two staff members who are new to University Health but not new to the academic healthcare environment. **Mr. Chris Sandles, MBA, FACHE** arrived on Monday, June 13, 2022 from the Veterans' Administration System where he has served for 19 years at six (6) of its healthcare hospitals, specifically in Dallas, Houston, Temple, San Antonio, Los Angeles and Loma Linda. He has a contagious passion for safety culture, psychological safety, and event reporting. His arrival to University Health is timely. The staff looks forward to his leadership and influence in the journey towards high-reliability. **Ms. Dana Garay, JD, BSN, RN**, arrived on Wednesday, June 15, 2022 and is a seasoned professional with background in both nursing and law. She has experience working in an academic medical environment with Texas Tech and is passionate about safety culture and just culture.

Summary - Anticipated Opportunities for Alignment, Optimization and Organizational Culture

- Impact of Nurse Conviction: "this could happen to us."
- Far from Optimal
- AHRQ Culture of Safety Survey
- Patient Safety Activities
- Anticipated Opportunities

RECOMMENDATION:
ACTION:

The report was provided for informational purposes only.
No action was required by the Board of Managers.

EVALUATION:

Dr. Kelley expressed the importance of patient safety. She offered one comment, in that, generally, when there is a breakdown in patient safety, someone is trying to take a short cut somewhere. Everything in the medical arena is set up to be double-checked. When someone takes a short cut, errors are bound to happen. Vanderbilt had the funds to spend on its electronic systems but because the ICU was extremely busy, the safety mechanisms that should have been in place to prevent this tragedy were over written. When there are humans not double checking or verifying medications, there will be errors. Dr. Kelley added that as an academic medical center, University Health will have turnover every year on July 1 with incoming house staff residents. The timeliness of these patient safety initiatives is huge, and will be a big change for residents. Dr. Alsip explained that senior leadership has purposely engaged the house staff residents on this issue at orientation last week. There are elected house staff council officers that Dr. Alsip meets with on a regular basis that take information to the full body of residents. Dr. Alsip tries to make sure residents understand what is important to University Health – its mission, vision, values - and patient safety is embedded in what is important to University Health. There is also a dedicated science chief resident that University Health supports every year to help with quality matters but also patient safety issues. Medical leadership makes a conscious effort to incorporate house staff residents in RCA2 reviews. They learn from the process, they have a voice in the matter, they are not on the sidelines, they are participating as part of their education development as physicians leaders. Dr. Alsip appreciates Dr. Kelley’s comment about being an academic medical center; University Health has a long way to go to incorporate all house staff residents as part of this process. Dr. Kelley thanked the staff for the presentation and looks forward to all the wonderful initiatives on patient safety culture coming in September 2022

ANNUAL REPORT ON LEARNING AND DEVELOPMENT —
ANDREA CASAS

SUMMARY:

Ms. Andrea Casas, Vice President/Chief Human Resources Office, introduced Ms. Denise Pruett, Executive Director, Center for Learning Excellence, then she outlined the current status of workforce competence and the means by which staff competence is developed and monitored. In addition, this report quantifies the organization’s staff development efforts and assesses outcomes:

Center for Learning Excellence Programs and Initiatives

Believing that superior performance depends on superior learning, University Health aligns learning with the organization’s mission, goals, and objectives. Leadership is committed to building organizational capabilities to execute Triple Aim Plus strategy, improving the patient experience, quality, efficiency, and access.

The Center for Learning Excellence Supports Strategic Goals

- Premier Orientation and Onboarding
- Comprehensive Competency Training
- Building a Leadership Pipeline – Leadership Academies

- Develop the Next Generation of Healthcare Professionals

Premier Orientation & Onboarding - Journey Begins Now

- The interactive orientation program provides motivation and information on how new employees can connect with University Health's mission, culture and goals
- In 2020, responding to COVID-19 the CLE team quickly converted to virtual orientation
- 1,669 new employees oriented in 2021
- 744 New employees attended nursing orientation
- In June, 2022, new employees are back for in-person orientation

Comprehensive Competency Training - CPR Training

- Training incorporates advances in medical technology using high-fidelity manikins providing real time student feedback with apps and skill guides; preparing students for real-life emergencies
- In response to COVID-19 and continued today, employees receive a blended learning model with online learning and check-off skills with a live instructor or via the Voice Activated Manikins.
- In 2021, 1,767 employees received their CPR credentials (CLE is an Authorized Training Center for the American Heart Association)

Building a Leadership Pipeline – Performance Leadership Academy

The program is designed to:

- Develop the interpersonal and leadership capabilities needed to lead teams effectively.
- Accomplished through a 7-month series of virtual competency-based leadership courses.
- Immersive case studies, group exercises, and action planning provide real-world challenges needed to develop leadership skills.

1,215 Leadership Participation

95 percent Director Retention, 91 percent Manager Retention

Developing the Next Generation of Health Care Professionals - The Education Pipeline

- Over 80 affiliation agreements with educational institutions.
- 1,994 students completed rotations in 2021 in nursing, respiratory, radiology, social work, health care administration, and more.

Teen Leadership Program

- Incorporates leadership training, a youth service project, and volunteering during school breaks.
- Teens have the opportunity to explore healthcare careers, network, and discover new interests.

Knowledge is in our DNA

- Growing University Health's own talent pipeline is embedded in its 100+ year history and long-term strategic plan.
- Cultivating innovation sets the organization apart from others.
- The right solution at the right time.
- Investing in employees keeps them strong and agile in a fast-changing healthcare environment.

Association of Talent Development BEST Award:

- Recognized as having one of the BEST employee learning and development programs in the world for 12 consecutive years (2009-2022).
- University Health is in the elite “BEST of the BEST” category for receiving the BEST award for over 10 years.

Talent Development for Good Award

- Recognized as an organization that leverages talent development to make significant contributions to improve lives, change a community for the better, and serve society in a powerful way.
- In 2020, University Health was this inaugural award’s sole recipient.

Chief Learning Officer Magazine’s Learning Elite Program - recognizes the learning and development industry’s top organizations with the Learning Elite Awards.

- University Health has received this award six time.
- University Health is recognized for excellence in five key Learning & Development performance indicators: learning strategy, impact, commitment, execution, and business performance results.

Summary

Learning is pivotal to our future success. Highly competent employees and leaders will keep us strong and agile in the ever-changing healthcare environment.” – George B. Hernández, Jr., President/Chief Executive Officer, University Health

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

Information Only Items:

UPDATE ON THE WOMEN’S AND CHILDREN’S HOSPITAL AND ASSOCIATED PROJECTS — DON RYDEN

UNIVERSITY HEALTH FOUNDATION UPDATE — SARA ALGER

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN

SUMMARY: Mr. Adams directed his colleagues’ attention to the four informational reports above, and asked them to review on their own time.
RECOMMENDATION: These reports are for informational purposes only.
ACTION: No action is required by the Board of Managers.
EVALUATION: None.
FOLLOW-UP: None.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the meeting at 7:29 pm.

James R. Adams
Chair, Board of Managers

Margaret A. Kelley, MD.
Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary