

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS**

**Meeting of the Health System Board
for the University of Virginia
Health System**

September 12, 2019

HEALTH SYSTEM BOARD
Thursday, September 12, 2019
8:00 a.m. – 12:00 p.m.
Board Room, The Rotunda

Committee Members:

L.D. Britt, M.D., Chair	C. Evans Poston Jr.
Babur B. Lateef, M.D., Vice Chair	James V. Reyes
Robert M. Blue	A. Bobby Chhabra, M.D., Faculty Consulting Member
James B. Murray Jr.	

Public Members:

William G. Crutchfield Jr.	Victoria D. Harker
Eugene V. Fife	John E. Niederhuber, M.D.

Ex Officio Members:

James E. Ryan	Pamela M. Sutton-Wallace
Pamela F. Cipriano	Scott A. Syverud, M.D.
Jennifer Wagner Davis	David S. Wilkes, M.D.
M. Elizabeth Magill	

AGENDA

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V. CLOSED SESSION	
• Discussion of proprietary, business-related information pertaining to the operations of the Medical Center and the Transitional Care Hospital, where disclosure at this time would adversely affect the competitive position of the Medical Center or the Transitional Care Hospital, specifically:	
– Strategic matters including: personnel recruitment and retention, financial, investment, facility needs, market considerations, growth initiatives, partnerships, and other resource considerations and efforts in light of market and regulatory changes for the Health System and expected impact for Fiscal Year 2020, as well as the Health System long range financial plan; all of which further the strategic initiatives of the Medical Center and the Transitional Care Hospital and include employee performance and other proprietary metrics;	
– Confidential information and data related to the adequacy and quality of professional services, competency, and qualifications for professional staff privileges, and patient safety in clinical care, for the purpose of improving patient care for the Medical Center and the Transitional Care Hospital;	
– Consultation with legal counsel regarding compliance with relevant federal and state legal requirements and legislative and accreditation standards; all of which will involve proprietary business information and evaluation of the performance of specific personnel.	
– The relevant exemptions to the Virginia Freedom of Information Act authorizing the discussion and consultation described above are provided for in Section 2.2-3711(A)(1), (6), (8) and (22) of the <u>Code of Virginia</u> . The meeting of the Health System Board is further privileged under Section 8.01-581.17 of the <u>Code of Virginia</u> .	

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: September 12, 2019

COMMITTEE: Health System Board

AGENDA ITEM: I.A. Opening Remarks from the Chair

ACTION REQUIRED: None

BACKGROUND: The Committee Chair, Dr. Britt, will welcome guests and provide opening remarks.

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: September 12, 2019

COMMITTEE: Health System Board

AGENDA ITEM: I.B. Reports from the Acting Executive Vice President for Health Affairs and Chief Executive Officer

ACTION REQUIRED: None

BACKGROUND: Pamela M. Sutton-Wallace is the Acting Executive Vice President for Health Affairs and Chief Executive Officer of the Medical Center. She joined the Medical Center in July 2014. Prior to arriving at UVA, Sutton-Wallace served as senior vice president of hospital operations at Duke University Hospital from 2011-2014. Since 1997, she has held leadership positions with the Duke University Health System including the oversight of ambulatory services, inpatient operations, and surgical services.

DISCUSSION: The Acting Executive Vice President will inform the Health System Board (HSB) of recent events that do not require formal action.

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: September 12, 2019

COMMITTEE: Health System Board

AGENDA ITEM: I.C. Health System Consolidated Financials Fiscal Year 2019 Year-End Report and Fiscal Year 2020 Year-to-Date Report

ACTION REQUIRED: None

BACKGROUND: The Health System prepares a comprehensive financial package at least monthly and reviews it with the Executive Vice President for Health Affairs and other executive leaders of the University before submitting the report to the HSB.

Douglas E. Lischke serves as the Health System’s Chief Financial Officer. Prior to coming to UVAHS, Mr. Lischke was the Associate Vice President for Financial Services and Controller for Wake Forest Baptist Medical Center. He is an active Certified Public Accountant, a Certified Healthcare Finance Professional, and a Certified Information Technology Professional with over 24 years of financial management experience.

FINANCE REPORT

Overall, the Health System’s operating income is favorable to budget for the 12 months ended June 30, 2019.

	Operating Income			Operating Margin		
	Actual	Budget	Pr Year	Actual	Budget	Pr Year
UVA Hospital, Clinics, Subs & Joint Ventures	133.3	130.1	129.3			
Shared Services	(42.4)	(42.7)	(57.9)			
Consolidated Medical Center	90.9	87.4	71.4	5.1%	5.0%	4.2%
Academic Recurring Operations	11.2	6.3	21.1			
Strategic Investment from Reserves	(26.2)	(27.2)	(32.2)			
One Time Transfers	2.9	11.3	40.3			
SOM Academic	(12.1)	(9.6)	29.2	-2.7%	-2.0%	6.6%
Clinical Operations	25.4	23.7	30.7			
Support of Academic Mission	(28.7)	(31.4)	(32.7)			
UPG - SOM Clinical	(3.3)	(7.7)	(2.0)	-0.7%	-1.6%	-0.4%
Library - Health System	(0.0)	(0.2)	1.4	-0.2%	-4.6%	20.9%
Health System Support/Transfers	(39.5)	(46.7)	(76.4)			
Consolidated Health System	36.0	23.1	23.6	1.4%	0.9%	1.0%

UVA School of Medicine (Academic Enterprise)

Through the fourth quarter of fiscal year 2019, the academic enterprise generated a \$11.2M surplus in its academic recurring operations. This reflects a \$4.9M favorable variance to budget, resulting from increased gifts, favorable salary coverage on grants, and decreased controlled non-personnel spending.

Spend related to one-time strategic investments totaled \$26.2M, funded by the Dean's reserves. In addition, the School received \$2.9M in transfers from the Medical Center for capital improvements (Pinn Hall renovations). This was \$8.4M less than budgeted due to a delay in construction.

UVA Physicians Group (Clinical Enterprise)

Through the fourth quarter of fiscal year 2019, the clinical enterprise (UPG) produced an operating loss of \$3.3M, which was \$4.4M favorable to budget and \$1.4M unfavorable to prior year. The favorable budget variance is primarily driven by lower pension expenses, higher revenue from external business arrangements, as well as strong performance within the UVA Imaging joint venture. UPG results include \$28.7M investment in the academic mission including the Dean's Academic Advancement Fund.

UVA Medical Center

After 12 months of operations in fiscal year 2019, the operating income for all business units was \$90.9M, resulting in a 5.1% operating margin. Operating income was favorable to budget by \$3.5M driven by key volume indicators – discharges slightly below budget with surgical cases and outpatient visits exceeding budget - and the all payor case mix on plan at 2.10. The operating margin for the consolidated Medical Center is supported by imaging, dialysis, the transitional care hospital, Continuum, and the management of shared services expenses. For fiscal year 2019 through June, the Medical Center generated \$173.3M in cash from operations (EBITDA) after transfers and cash reserves totaled 225 days. Total expenses adjusted for volume and case mix index were 0.3% favorable to budget.

Total paid employees for all business units, including contracted employees, were 18 below budget. Contract labor is composed primarily of nurse travelers and individuals employed by the School of Medicine and contracted to the Medical Center. The Medical Center utilized 103 nurse travelers.

	<u>FY2019</u>	<u>2019 Budget</u>
Employee FTEs	8,480	8,491
Contract Labor FTEs	326	333
Salary, Wage and Benefit Cost / FTE	\$87,442	\$88,619
Total FTEs	8,806	8,824

Transitional Care Hospital

For the 12 months ended June 30, 2019, the operating loss for the Transitional Care Hospital (TCH) was \$2.4M, yielding an unfavorable budget variance of \$2.7M. This variance was primarily attributable to a changing mission for TCH. By accepting hard to place patients from the Medical Center and caring for them in a lower cost setting, TCH experienced lower case mix index and a worsening payor mix. Of the 322 discharges for fiscal year 2019, 83% were from the Medical Center, further demonstrating the importance and value of long term acute care services in the continuum of care.

Through cost savings generated by caring for patients in a lower cost setting, TCH provided a \$2.2M benefit to the system in addition to freeing much needed beds at the Medical Center.

University of Virginia Medical Center
Income Statement
(Dollars in Millions)

Description	Most Recent Three Fiscal Years			Budget/Target
	Jun-17	Jun-18	Jun-19	Jun-19
Net patient revenue	\$1,548.2	\$1,642.1	\$1,724.1	\$1,700.2
Other revenue	<u>57.8</u>	<u>61.2</u>	<u>57.0</u>	<u>47.6</u>
Total operating revenue	<u>\$1,606.1</u>	<u>\$1,703.3</u>	<u>\$1,781.1</u>	<u>\$1,747.8</u>
Operating expenses	1,405.7	1,512.9	1,568.3	1,536.9
Depreciation	97.5	98.7	102.4	103.0
Interest expense	<u>17.9</u>	<u>20.3</u>	<u>19.4</u>	<u>20.5</u>
Total operating expenses	<u>\$1,521.0</u>	<u>\$1,631.9</u>	<u>\$1,690.2</u>	<u>\$1,660.4</u>
Operating income (loss)	<u>\$85.1</u>	<u>\$71.4</u>	<u>\$90.9</u>	<u>\$87.4</u>
Non-operating income (loss)	<u>\$36.9</u>	<u>\$6.3</u>	<u>\$20.0</u>	<u>(\$60.4)</u>
Net income (loss)	<u>\$122.0</u>	<u>\$77.7</u>	<u>\$110.9</u>	<u>\$27.0</u>
Principal payment	\$17.1	\$20.5	\$21.6	\$21.6

University of Virginia Medical Center
Balance Sheet
(Dollars in Millions)

Description	Most Recent Three Fiscal Years		
	Jun-17	Jun-18	Jun-19
Assets			
Operating cash and investments	\$101.1	\$52.4	\$126.1
Patient accounts receivables	186.0	239.9	244.3
Property, plant and equipment	1,043.0	1,160.1	1,263.6
Depreciation reserve and other investments	602.1	547.5	472.6 *
Endowment Funds	603.3	659.1	683.4
Other assets	<u>261.0</u>	<u>259.8</u>	<u>269.3</u>
Total Assets	<u>\$2,796.5</u>	<u>\$2,918.8</u>	<u>\$3,059.3</u>
Liabilities			
Current portion long-term debt	\$23.1	\$26.9	\$26.1
Accounts payable & other liab	145.1	176.8	165.3
Long-term debt	790.1	773.0	755.6
Accrued leave and other LT liab	<u>259.6</u>	<u>348.1</u>	<u>407.5</u>
Total Liabilities	- <u>\$1,217.9</u>	- <u>\$1,324.8</u>	- <u>\$1,354.5</u>
Fund Balance	- <u>\$1,578.6</u>	- <u>\$1,593.9</u>	- <u>\$1,704.8</u>
Total Liabilities & Fund Balance	<u>\$2,796.5</u>	<u>\$2,918.8</u>	<u>\$3,059.3</u>

*\$472.6M includes ED/Bed Tower bond issue funds of \$84.5M

**University of Virginia Medical Center
Financial Ratios**

Description	Most Recent Three Fiscal Years			Budget/Target
	Jun-17	Jun-18	Jun-19	Jun-19
Operating margin (%)	5.3%	4.2%	5.1%	5.0%
Current ratio (x)	1.7	1.4	1.9	2.0
Days cash on hand (days)	164.5	156.1	225.1	190.0
Gross accounts receivable (days)	46.9	50.1	51.2	45.0
Annual debt service coverage (x)	6.8	4.8	5.7	3.6
Debt-to-capitalization (%)	44.8%	45.3%	42.5%	47.6%
Capital expense (%)	7.6%	7.3%	7.2%	7.4%

**University of Virginia Medical Center
Operating Statistics**

Description	Most Recent Three Fiscal Years			Budget/Target
	Jun-17	Jun-18	Jun-19	Jun-19
Acute Discharges	28,975	29,104	29,242	29,517
Patient days	181,976	190,454	190,586	192,056
Observation Billed Encounters - MC only	4,389	4,399	5,135	3,869
All Payor CMI Adj Avg Length of Stay - MC only	2.84	3.04	3.00	2.96
OP Billed Encounters	781,494	773,494	803,628	778,534
ER Billed Encounters	43,041	44,276	43,718	43,659
All Payor CMI - MC Only	2.12	2.09	2.10	2.10
Average beds available				
FTE's (including contract labor)	8,206	8,623	8,806	8,824

University of Virginia Medical Center
SUMMARY OF OPERATING STATISTICS AND FINANCIAL PERFORMANCE MEASURES
Fiscal Year to Date June 30, 2019 with Comparative Figures for Prior Fiscal Year

OPERATING STATISTICAL MEASURES

DISCHARGES and CASE MIX - Year to Date

	<u>Actual</u>	<u>Budget</u>	<u>% Variance</u>	<u>Prior Year</u>
DISCHARGES:				
Medical Center	28,923	29,104	(0.6%)	28,746
Transitional Care	319	413	(22.8%)	358
Subtotal	29,242	29,517	(0.9%)	29,104
Observation Billed Encounters	5,135	3,869	32.7%	4,399
Total Discharges & OBS Billed Encounters	34,377	33,386	3.0%	33,503
Adjusted Discharges	64,088	63,055	1.6%	61,456
CASE MIX INDEX:				
All Payor CMI - UVA Hosp & Clinics	2.10	2.10	0.4%	2.09
Medicare CMI - UVA Hosp & Clinics	2.21	2.23	(0.6%)	2.23

OTHER INSTITUTIONAL MEASURES - Year to Date

	<u>Actual</u>	<u>Budget</u>	<u>% Variance</u>	<u>Prior Year</u>
ACUTE INPATIENTS:				
Inpatient Days - MC	181,386	180,376	0.6%	180,142
All Payor CMI Adjusted ALOS - MC	3.00	2.96	(1.4%)	3.04
Average Daily Census - MC	497	494	0.6%	494
Births	1,929	1,785	8.1%	1,868
OUTPATIENT BILLED ENCOUNTERS:				
Medical Center	803,628	778,534	3.2%	773,494
Average per Clinic Day	3,208	3,083	4.0%	3,057
Emergency Room - MC	43,718	43,659	0.1%	44,276
SURGICAL CASES				
UVA Main Hospital Operating Room	18,171	17,287	5.1%	17,433
Battle	12,909	12,318	4.8%	12,083
Total	31,080	29,605	5.0%	29,516

OPERATING FINANCIAL MEASURES

REVENUES and EXPENSES - Year to Date

	<u>Actual</u>	<u>Budget</u>	<u>% Variance</u>	<u>Prior Year</u>
(\$s in thousands)				
NET REVENUES:				
Net Patient Service Revenue	1,724,128	1,700,195	1.4%	1,642,115
Other Operating Revenue	56,979	47,582	19.7%	61,179
Total	\$ 1,781,107	\$ 1,747,778	1.9%	\$ 1,703,294
EXPENSES:				
Salaries, Wages & Contract Labor	\$ 778,382	\$ 791,796	1.7%	\$ 759,329
Supplies	451,278	412,988	(9.3%)	409,226
Contracts & Purchased Services	338,678	332,149	(2.0%)	344,336
Depreciation	102,444	102,961	0.5%	98,687
Interest Expense	19,396	20,462	5.2%	20,302
Total	\$ 1,690,179	\$ 1,660,356	(1.8%)	\$ 1,631,879
Operating Income	\$ 90,929	\$ 87,422	4.0%	\$ 71,414
Operating Margin %	5.1%	5.0%		4.2%

OTHER INSTITUTIONAL MEASURES - Year to Date

	<u>Actual</u>	<u>Budget</u>	<u>% Variance</u>	<u>Prior Year</u>
(\$s in thousands)				
NET REVENUE BY PAYOR:				
Medicare	\$ 491,954	\$ 479,440	2.6%	\$ 477,283
Medicaid	350,412	336,420	4.2%	327,662
Commercial Insurance	268,874	264,194	1.8%	268,324
Anthem	358,633	346,984	3.4%	312,968
Aetna	117,923	120,184	(1.9%)	118,522
Other	136,332	152,974	(10.9%)	137,355
Total Paying Patient Revenue	\$ 1,724,128	\$ 1,700,195	1.4%	\$ 1,642,115
OTHER:				
Collection % of Gross Billings	28.87%	29.18%	(1.1%)	29.69%
Days of Revenue in Receivables (Gross)	51.2	45.0	(13.8%)	50.1
Cost per CMI Adjusted Admission	\$ 12,603	\$ 12,642	0.3%	\$ 12,764
Total F.T.E.'s (including Contract Labor)	8,806	8,824	0.2%	8,623
F.T.E.'s Per CMI Adjusted Admission	23.97	24.52	2.2%	24.62

University of Virginia Medical Center
SUMMARY OF OPERATING STATISTICS AND FINANCIAL PERFORMANCE MEASURES
Fiscal Year to Date June 30, 2019 with Comparative Figures for Prior Fiscal Year

Assumptions - Operating Statistical Measures

Discharges and Case Mix Assumptions

Discharges include all admissions except normal new borns
TCH cases are those discharged from the TCH, excluding any Medicare interrupted stays
Observations are for billed encounters only
Case Mix Index for All Acute Inpatients is All Payor Case Mix Index from Stat Report

Other Institutional Measures Assumptions

Patient Days, ALOS and ADC figures include all patients except normal new borns
Surgical Cases are the number of patients/cases, regardless of the number of procedures performed on that patient

Assumptions - Operating Financial Measures

Revenues and Expenses Assumptions:

Medicaid out of state is included in Medicaid
Medicaid HMOs are included in Medicaid
Physician portion of DSH is included in Other
Non-recurring revenue is included

Other Institutional Measures Assumptions

Collection % of Gross Billings includes appropriations
Days of Revenue in Receivables (Gross) is the BOV definition
Cost per CMI Adjusted Discharge uses All Payor CMI to adjust

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: September 12, 2019

COMMITTEE: Health System Board

AGENDA ITEM: I.D. Health System Development Report

ACTION REQUIRED: None

BACKGROUND: Health System Development provides reports of recent activity to the Health System Board from time to time.

DISCUSSION:

SIGNIFICANT GIFTS

April 1 – June 30, 2019

An anonymous donor committed \$4,850,000 to support two clinical trials at UVA Cancer Center, one in acute myeloid leukemia under the direction of Dr. Mark Kester and Dr. Tom Loughran, and one in melanoma/immunotherapy under the direction of Dr. Craig Slingsluff.

A UVA alumnus and his son made a gift of \$1,365,000 to seed several research projects in the College of Arts & Sciences and School of Medicine, a result of a collaborative effort between development officers from both schools.

A UVA alumnus made a \$1,050,000 gift in support of surgical quality and safety in the Department of Surgery.

A School of Medicine alumnus established a \$500,000 charitable gift annuity to support the Dean's Discretionary Fund at the School of Medicine.

Parents of a UVA alumna committed \$250,000 to create a named family fellowship in the Department of Hematology/Oncology at UVA Cancer Center.

UVA Cancer Center received \$225,451 from a terminated gift annuity from a grateful patient in support of cancer research.

Two UVA alumni hosted a private fundraiser that raised more than \$163,000 for the Jay Dalglish Melanoma Research Endowment, including a \$50,000 match by two other UVA alumni.

Kohl's department stores committed \$125,000 to UVA Children's Hospital to support the Child Health Fitness Clinic.

Parents of a UVA alumna made a \$100,000 planned gift to benefit the Cancer Center.

An emeritus Health Foundation Trustee and School of Nursing alumna and her husband committed a \$100,000 outright gift as well as a \$1 million bequest to create a named Nursing Fund to support research in resilience and compassion in healthcare.

Other gifts and pledges received include:

- A \$75,000 commitment to support inclusion and diversity efforts in the School of Nursing;
- A \$60,000 commitment to support Parkinson's research in the Department of Neurology;
- A \$50,000 commitment to endow the Eric Paul Blum Award Fund in the School of Nursing;
- A \$50,000 commitment to UVA Cancer Center in support of the Peyton Taylor Scholarship Fund and research in leukemia; and
- A \$50,000 pledge to the Fontaine Fund for Compassionate Care and the proposed Outdoor Resilience Classroom in the School of Nursing.

OTHER DEVELOPMENT INITIATIVES

The University of Virginia will mark the public launch of its \$5 billion *Honor the Future* campaign in fall 2019, including a weekend of celebrations to be held in Charlottesville on October 11 and 12. The Health System has set an ambitious \$1 billion philanthropic goal as a part of the overall campaign in support of patient care, medical research, and the education of future physician and nurse leaders. As of June 18, the Health System has achieved \$367,095,027 towards its campaign goal.

The Health Foundation raised \$52,446 from 133 donors for various initiatives during the University's GivingToHoosDay. The School of Nursing raised \$69,360 from 127 donors and the School of Medicine raised \$17,432 from 68 donors in separate GivingToHoosDay appeals.

The 5th annual Karats & Cocktails fundraiser raised a record high of \$53,000 at the Keswick Hunt Club to benefit the Children's Hospital unrestricted fund. This event has raised more than \$200,000 since its inception.

More than \$50,000 was raised for the Nursing Annual Fund this spring as the School of Nursing celebrated National Nurses Week by encouraging donors to give in honor of their loved ones and/or Dean Dorrie Fontaine.

FUNDRAISING PROGRESS THROUGH JUNE 30, 2019

Fundraising Progress July 1, 2018 through June 30, 2019	
New gifts	\$41,587,151
New pledges	\$6,855,376
New expectancies	\$20,577,288
TOTAL	\$69,019,915

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: September 12, 2019

COMMITTEE: Health System Board

AGENDA ITEM: II.A. School of Medicine Report

ACTION REQUIRED: None

BACKGROUND: David S. Wilkes, M.D. is the Dean of the School of Medicine. Dr. Wilkes is a nationally recognized specialist in pulmonary disease and critical care medicine. Before coming to UVA, Dr. Wilkes served as Executive Associate Dean for Research Affairs at the Indiana University School of Medicine.

DISCUSSION:

CLINICAL CHAIR APPOINTMENTS

Reid B. Adams, M.D., Claude A. Jessup Professor of Surgery, was appointed Chair of the Department of Surgery, effective June 1, 2019. He is Chief Medical Officer for the UVA Regional Network and Chief of Hepatobiliary and Pancreatic Surgery in the Department of Surgery. Dr. Adams, who received his M.D. at UVA, has served as Physician Service Line Leader for Oncology, Associate Director for Clinical Affairs at the UVA Cancer Center, and numerous other roles during his tenure at UVA.

Kirsten L. Greene, M.D., MAS, FACS, has been appointed as the Paul Mellon Professor and Chair of the University of Virginia Department of Urology, effective October 1, 2019. Dr. Greene completed her undergraduate studies at UVA, where she was an Echols and Jefferson Scholar. She comes from the University of California, San Francisco, and is recognized for her expertise in robotic surgery and her leadership as an educator and mentor.

PINN HALL ATRIUM

The early plans for renovating Pinn Hall included outfitting part of the space to create a Nobel Laureate Atrium to recognize the work done by all UVA faculty who went on to receive the Nobel Prize. The School of Medicine has since decided to defer the atrium due to its expense and input from chairs and faculty who felt that academic programs have financial needs that should take precedence over the renovation. If philanthropic funds are raised to cover the cost, the School will revisit the plans.

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: September 12, 2019

COMMITTEE: Health System Board

AGENDA ITEM: II.B. Hampton Roads Biomedical Research Consortium

ACTION REQUIRED: None

BACKGROUND: The General Assembly included in its conference-approved budget amendment package two budget items that enable the establishment of the Hampton Roads Biomedical Research Consortium. Delegate Chris Jones, Chair of the House Appropriations Committee, was the patron of the appropriation.

**Item 475.10 - Financial Assistance for Educational and General Services
(Budget Bill - HB1700; Chapter 854)**

“Paragraph A.

1. Out of this appropriation, \$4,000,000 the second year from the general fund is provided as the Commonwealth's initial investment in the Hampton Roads Biomedical Research Consortium subject to meeting the conditions of paragraph B.
2. Out of the amounts authorized in item C-48.10, \$10,000,000 the second year shall be made available for lab renovations and enhancements and / or research equipment for the Hampton Roads Biomedical Research Consortium for the University of Virginia, Old Dominion University, and Eastern Virginia Medical School subject to meeting the conditions in paragraph B.

Paragraph B. The conditions required in order to receive an allocation from this item are:

1. The University of Virginia shall convene a workgroup comprised of Old Dominion University, Eastern Virginia Medical School, the Hampton Roads Community Foundation, and a private or non-profit hospital for the expressed purpose of developing a plan for the Hampton Roads Biomedical Research Consortium.
2. The plan shall identify areas of research relevant to the region taking into account the region's biomedical public and private assets, conduct a health risk assessment of the region's population and identify cost sharing strategies between and among the partnering institutions and entities to include matching requirements.

3. The workgroup shall submit the report by December 1, 2019 to the Chairmen of the House Appropriations and Senate Finance Committees and the Governor.

4. After adoption of the report by the General Assembly, the funding provided in paragraph A.1. shall be released to the University of Virginia to support the operations of the Hampton Roads Biomedical Research Consortium. Out of the amounts provided in paragraph A.1., the University of Virginia may use up to \$250,000 for the costs of a consultant to assist with the development of the plan for the Hampton Roads Biomedical Research Consortium.”

**Item C-48.10 - New Construction: 2019 Capital Construction Pool
(Budget Bill - HB1700; Chapter 854)**

“Paragraph F.

Out of the amounts provided in this Item, \$10,000,000 the second year from bond proceeds is designated for lab renovations and enhancements and / or research equipment related to higher education research for the Hampton Roads Biomedical Research Consortium created in Item 475.10.”

Sentara Healthcare has agreed to participate as the non-profit hospital. Following the conclusion of the General Assembly Session, Virginia Commonwealth University Health System (VCUHS) requested to participate in the Consortium, and Delegate Jones agreed to VCUHS’s participation.

DISCUSSION: UVA is serving as the convener of the work group with Dean Wilkes chairing the initiative. The participants have held several meetings and have engaged a third party consultant, Teconomy, to assist with the gathering of data and other information needed for the plan. Dean Wilkes will report on the status of the Consortium.

UNIVERSITY OF VIRGINIA

BOARD OF VISITORS AGENDA ITEM SUMMARY

<u>BOARD MEETING:</u>	September 12, 2019
<u>COMMITTEE:</u>	Health System Board
<u>AGENDA ITEM:</u>	II.C. Undergraduate Medical Education at UVA
<u>ACTION REQUIRED:</u>	None

BACKGROUND: The School of Medicine is a national leader in undergraduate medical education. Its Next Generation Curriculum set a standard for integrating basic science into clinical medicine through case-based, active, team learning. The School of Medicine established an agreement in 2017 with Inova Health System to establish a regional clinical campus at Inova. The inaugural class which will go to the Inova campus in 2021 matriculated in August. In addition to recruiting students to go to Inova, there was a change in the national process for admitting medical students that could have had an adverse impact on the class matriculating in 2019. Further, the School of Medicine has developed and implemented a novel strategy to assess the clinical skills of medical students and to assure that students have mastered these prior to graduation.

DISCUSSION:

UPDATE ON THE UVA-INOVA REGIONAL CAMPUS

In June 2017, the University of Virginia entered into a long-term agreement with Inova Health System Foundation to establish a regional campus of the UVA School of Medicine at Inova Fairfax Hospital. The first cohort of 36 students who will go to Inova in 2021 for their third and fourth years of medical school matriculated in August of 2019. The School of Medicine and Inova currently are creating the infrastructure that must be in place prior to the arrival of the students in Fairfax. The School has appointed an associate dean who will serve as the regional campus dean, an assistant dean for faculty affairs, and approximately 140 faculty to date. By January of 2021, there will be between 600-700 new School of Medicine faculty appointed to teach UVA students at Inova. The School of Medicine has had a long-standing clinical education affiliation with Inova to educate our students in pediatrics, and a new affiliation was established in 2019 for obstetrics-gynecology. When the regional campus opens, all clerkships will be offered at Inova.

CHANGES TO MEDICAL SCHOOL ADMISSIONS

Applicants to medical school must apply through a central application service known as the American Medical School Application Service (AMCAS) operated by the Association of American Medical Colleges (AAMC). Information about applicants is provided through that service, and all transactions on the School's part are recorded in that

system. AMCAS maintains all information about each applicant to medical school in the U.S., and schools use the data for making decisions regarding enrollment management and merit scholarships. In addition to information about each applicant, AMCAS produces a number of reports on all or select applicants, including applicants accepted by UVA. A report that displayed the names of all students accepted by UVA along with all of the other medical schools where they had been accepted (Joint Acceptances Report) was used by UVA at the end of the interview season to manage enrollment to achieve the goal of matriculating the best, brightest, and most diverse class possible.

For the 2018-19 admissions cycle after a class action suit against the AAMC, this report was eliminated from AMCAS resulting in the loss of an important tool in finalizing the class. At the same time as this substantial change in the admissions process was occurring, the enrollment of a class that will go to Inova for two years also introduced variables in the process. It was not possible to know if the historic predictive model for offering admissions and matriculation rates would be similar with Inova, or if there would be a substantial change. The combination of these two events could have had a negative impact on the 2019 entering class demographics. Fortunately, there was no negative impact, and the class is similar to previous classes with high academic credentials (96th percentile) and great diversity. The Inova class demographics are similar to the whole class with the exception of a larger number of women choosing Inova.

INNOVATION IN CLINICAL SKILLS ASSESSMENT

U.S. medical schools are working toward a standard means of assessing medical students' clinical skills. UVA has taken a lead in assessing the 13 skills (known as Entrustable Professional Activities, or EPAs) that every graduating medical student should master prior to residency. The EPAs include activities, such as gathering a history and performing a physical examination; developing a prioritized differential diagnosis and selecting a work diagnosis following a patient encounter; providing documentation of a clinical encounter; entering and discussing orders/prescriptions; and recommending and interpreting common diagnostic and screening tests. Historically, medical students could graduate without documentation that they had been assessed performing these basic clinical skills and were competent to perform them. The EPA assessment program ensures that every student has attained a satisfactory level of competence in performing each skill by the time of graduation. UVA is one of a few medical schools that has implemented EPA assessments, and UVA is leading in what we believe eventually will be an accreditation requirement.

UVA faculty and resident physicians have conducted more than 12,000 EPA assessments since the pilot began in July 2017. The ultimate goal is to provide each residency program that accepts a UVA graduate with a report on the level of competence the student has achieved prior to graduation. We expect to begin providing the reports in 2021.

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: September 12, 2019

COMMITTEE: Health System Board

AGENDA ITEM: III.A. Graduate Medical Education Annual Report

ACTION REQUIRED: None

BACKGROUND: At the University of Virginia Medical Center, Graduate Medical Education (GME) encompasses a wide range of post-graduate training in health care fields. Although most of this training occurs in specialty programs that further the knowledge and expertise of physicians, we also provide residency and fellowship training in dentistry, pharmacy, chaplaincy, radiation physics, clinical laboratory medicine, clinical psychology, and physical therapy. GME at UVA Medical Center remains highly regarded and matching into our programs is very competitive. We believe that it is a part of our mission to train professionals who will serve as the key components of the healthcare workforce in the 21st century. It is our duty to educate them to provide safe, high quality patient care, and to encourage them to carry these skills, as well as a sense of professionalism and humanism, with them beyond their residencies and fellowships.

At UVA, oversight of our GME programs is performed by the Designated Institutional Official (DIO) and Associate Dean of GME, in conjunction with the institution's GME Committee (GMEC), an advisory committee to the Clinical Staff Executive Committee. Dr. Susan E. Kirk has been the DIO and chair of the GMEC at UVA since April 2006. She also holds a joint appointment as an Associate Professor in Medicine and Obstetrics and Gynecology. She is a graduate of Douglass College and Rutgers Medical School. She completed her internship and residency, and was chief resident in Internal Medicine, at the University of North Carolina Chapel Hill. At the University of Virginia, she completed a fellowship and is currently board certified in the subspecialty of Endocrinology and Metabolism. Her area of clinical expertise is in diabetes and pregnancy and transgender medicine. Dr. Kirk was appointed to the Institutional Review Committee (IRC) of the Accreditation Council for Graduate Medical Education (ACGME) in July 2013. In 2016 she was elected by her peers to serve as Chair of the committee, a three-year term that she will hold until June 2020. Dr. Kirk is assisted in her role by a staff of eight in the Graduate Medical Education Office, and by Dr. Bradley Kesser, who serves in the role of Associate DIO and Assistant Dean for Graduate Medical Education.

The GMEC meets monthly to review and approve all aspects of GME and is comprised of the DIO (Chair), Associate DIO, representative physician program directors, the Chief Quality Officer, GME administrators, and two peer-selected residents, who also serve as the Housestaff Council Co-presidents. Additional voting members include a non-physician program director and the chairs of its subcommittees, which include Education, Policy, Stipends and Benefits, and Annual Oversight (accreditation). The GMEC also

provides an annual report to the Clinical Staff Executive Committee. The GMEC audits every program each year with an Annual Program Review. Programs that are found to be underperforming undergo a Special Review. In 2018-2019, the GMEC conducted Special Reviews of two programs, including Pediatrics, and Allergy and Immunology. Again in 2019, the most common reason for underperformance was a negative trend on the ACGME's annual anonymous survey.

For the 2018-2019 academic year, the Medical Center sponsored 800 residents and fellows in 120 active specialty and sub-specialty training programs. All programs are currently in good standing with no programs having the accreditation status of 'Warning' or 'Probation.' These include 82 programs accredited by the ACGME; 30 additional fellowships (non-accredited or accredited by other than the ACGME, such as the Transplant Nephrology Fellowship Training Accreditation Program or the United Council of Neurologic Subspecialties); one American Dental Association-accredited Dentistry program; and six paramedical programs in Chaplaincy, Clinical Laboratory Medicine, Clinical Psychology, Pharmacy, Clinical Radiation Physics, and Physical Therapy. Finally, we initiated a new ACGME fellowship in Laboratory Genetics and Genomics.

DISCUSSION:

Accreditation Status

ACGME-Accredited Training Programs

Accreditation of individual GME programs and the institution is provided largely by the ACGME. The following provides a summary of accreditation actions:

1. The Institution remains fully accredited and has no citations or concerning trends. The timing of its first institutional self-study will be announced later in 2019. Its next accreditation visit is tentatively scheduled for October 2020. We expect our third Clinical Learning Environment Review (CLER) visit by the end of 2019.
2. All residency and fellowship programs as well as the institution are now reviewed yearly by the ACGME through a peer review process carried out by twenty-six specialty-specific committees, known as Review Committees. The Review Committees focus on the following elements for training programs:
 - Resident performance, including board pass rate
 - Faculty development and scholarly activity
 - Documented program improvement
 - Adherence to requirements such as clinical and education work hours
 - Achievement of competency milestones
 - Compliance as documented by Resident and Faculty Anonymous Survey results

All programs received a Letter of Notification from their Review Committee early in 2019. A summary of accreditation decisions includes the following:

- 72 programs have Continued Accreditation
- 0 have Continued with Warning
- 0 have Probation
- 0 have Withdraw or Withhold
- 10 have Initial accreditation (Anesthesiology-Critical Care Medicine, Micrographic Surgery and Dermatologic Oncology, Neuromuscular Medicine, Gynecological Oncology, Maternal and Fetal Medicine, Pediatric Gastroenterology, Clinical Informatics, Addiction Medicine, and Interventional Radiology-Integrated and Interventional Radiology - Independent)

Of the programs with Continued Accreditation:

- 59 programs (81.95%) have 0 citations and 0 concerning trends
- 4 programs (5.5%) have 0 citations, but one or more concerning trends
- 8 programs (11.1%) have a new citation, but no concerning trends. The most frequent citations given were violations of the 80-hour rule and inadequate number of required procedures or cases.
- 1 program (1.3%) has a new and one or more concerning trends

Of the programs with Initial Accreditation which have accreditation decisions:

- 1 program has 0 citations and 0 concerning trends
- 2 programs have 0 citations, but one or more concerning trends
- 3 programs have a citation(s), but no concerning trends
- 3 programs have a citation(s) and one or more concerning trends

Annual ACGME Anonymous Survey of Residents and Faculty

Each year the ACGME anonymously surveys all residents and fellows in accredited programs as well as their core faculty. The surveys are used to validate the mandatory information that programs and institutions annually submit to the ACGME. Any variances generally lead to an audit by the ACGME and may impact a program's accreditation status. Internally, the GMEC closely monitors both the aggregated and individual program results of UVA's trainees and faculty (see figures 1 and 2 at the end of this report). At UVA, a component of the survey addresses Resident and Faculty Well-being and serves in place of the Employee Engagement Survey (see Figures 3 and 4 at the end of this report). Although no standard error or standard deviations are available, review of the data show that the UVA average for satisfaction remains above the national mean for institutions and that all domains are trending slightly upwards over a three-year period. Ninety-two percent of the 665 residents taking the survey (97% response rate) felt either 'positive' or 'very positive' about choosing UVA for their training. The faculty survey also remains virtually unchanged with a mean above the national average, and 99% of faculty feeling 'positive' or 'very

positive' about the GME environment at UVA. Well-being scores show largely positive results, with faculty scores slightly higher than those of residents.

National Match

Twenty-two residency programs, offering 159 positions in 31 different tracks, participated in the 2019 Match. Of special note, all programs obtained one or two of their top 20 ranked applicants. Furthermore, 18% of the matched applicants were graduates of UVA and an additional 12% were from other Commonwealth of Virginia medical schools. Thanks to a concerted effort by the programs to recruit Under-Represented Minority (URM) applicants (see details below), UVA had a notable increase in matched URM students this year (16.4% compared to 9.9% in 2018, see Table 1). On a broader scope, our residency programs were very attractive to medical schools around the country, matching students from 28 states including the District of Columbia and six countries (Barbados, Egypt, Nepal, New Zealand, Pakistan, and the United Kingdom).

Table 1

Programs	2018	2019
	# URM/ # Total	# URM/ # Total
Anesthesiology-Advanced	0/2	1/3
Anesthesiology-Categorical	0/12	4/12
Anesthesiology-Reserved	0/2	0/1
Dermatology	1/3	0/2
Emergency Medicine	2/12	3/12
Family Medicine	1/8	4/8
Internal Medicine	3/29	3/29
Medicine-Primary	1/3	0/3
Medicine-Preliminary	0/5	2/4
Neurological Surgery	0/2	1/2
Neurology-Categorical	1/6	0/6
Child Neurology	0/0	0/2
Obstetrics-Gynecology	0/4	0/4
Orthopedic Surgery	0/6	1/4
Otolaryngology	1/3	0/3
Pathology	0/5	0/5
Pediatrics	1/12	1/11
PM&R-Advanced	0/2	0/2
PM&R-Categorical	0/2	0/2
Plastic Surgery-Integrated	1/2	0/2
Psychiatry	2/10	2/10
Radiology	0/8	0/8
Interventional Radiology	0/2	1/2
Radiation Oncology	0/2	1/1
Surgery	2/5	1/5
Surgery-Prelim/Radiology	0/2	0/2
Surgery-Prelim/ND	0/6	0/8
Thoracic Surgery-Integrated	0/1	0/1
Ophthalmology	0/3	1/3
Urology	0/2	0/2
URM Total	16/161 (9.9%)	26/159 (16.4%)

Finance

The total direct budget for GME programs for fiscal year 2019 was \$55,965,010. Funds to support this program came primarily from Medicare, Medicaid, and other government agencies (such as the NIH or branches of the military), industry sources, as well as the Medical Center.

In addition to continuing to fund programs to support education, such as the Master Educators Award and the Graduate Medical Education Innovative Grant Program, the Medical Center increased stipends and benefits for all graduate medical trainees in 2019 by 2.0%, based on data from the biennial survey of teaching hospitals. Stipends range from \$55,400 for a PGY-1 trainee to \$72,880 for a PGY-8 trainee. Fringe benefits were set at 28.85%. These are at or above the 50th percentile compared to institutions nationally. Trainees saw the increase of 1.2% at the beginning of the academic year, and participated in a medical-center wide quality improvement initiative that made them eligible for an additional 0.8% at year's end (see below, GME Initiatives).

At UVA, we remain over our Center for Medicare and Medicaid Services cap by 125.96 (Direct) or 132.85 (Indirect) positions.

GME Incentive

All residents and fellows participated in a medical-center wide quality improvement project led by the Housestaff Council. This year's project was aimed at reducing unnecessary lab utilization, specifically, reducing Complete Blood Count (CBC) tests. The goal was to reduce inpatient CBC utilization by 10%. Over the four months that the project was implemented, unnecessary CBC testing declined steadily, leading to a partial awarding of the incentive (0.4%).

GME Initiatives

Innovation in GME

GME Innovation and Colligan Grants: The GME Innovative and Colligan Grant Programs continue to recognize projects designed by faculty and GME Trainees who attempt to improve trainee education and patient safety. Many outstanding proposals were received in 2018-2019 and the following were approved for funding:

GME Innovation Grants:

- *Developing a Virtual Reality Medical Instructional Simulations Library: Provider and Patient Focused VR Videos* (Drs. Haskal, Gardner, McCann, School of Medicine; Messrs. Baker and Moody, Claude Moore Health Sciences Library): This project intends to develop a library of Virtual Reality Instructional films

teaching procedures to providers ranging from earliest levels (e.g. medical students and interns) to fellows (and young attendings).

GME Colligan Grants:

- *Augmenting Self-Awareness, Peer Support, and Resilience with Enso and Stress First Aid* (Dr. Calland in School of Medicine and Ms. Ducar in Darden School of Business) This project aims to implement a three-staged program designed to reduce factors associated with burnout and promote engagement and patient care outcomes.

GME Support of Diversity and Inclusion

The Housestaff Council for Diversity and Inclusion's mission is to promote diversity and engagement within the GME Trainee community by building a culture of inclusion and respect, connecting with future residents and fellows, and leveraging the diversity of its members in collaboration with the greater Charlottesville community. This group, with support from faculty mentors and the GME Office, represented the needs and interests of all trainees historically underrepresented in the field of Medicine. Their leadership structure included, for the second year, a voting representative to the GMEC. Initiatives in which they participated this year were two GME Diversity Days (special recruitment programming for medical student applicants to our GME training programs). Additionally, they participated in the second annual *Second Look* event, wherein URM applicants were invited to spend a weekend getting a more in depth look at their target programs, the University and Charlottesville. While here, those students received education on health disparities and the work UVA is doing in our own communities, and participated in UVA's All-In training conducted by the Associate Dean for Diversity, Greg Townsend, M.D. Ultimately, 16% of Second Look participants matched at UVA for 2019.

The GME Office supports other activities that promote diversity and inclusion, including travel by GME trainees and faculty to national conferences where diversity is a focus. It supported trainee-initiated events and activities, such as the inaugural Trainee Diversity Initiative in November 2018 (keynote speaker, Dr. Vivian Pinn) and the development of the Black Girls Book Club, where female trainees of color gather to discuss literature and life matters.

Trainee Wellness

This is a particular area of focus, both locally and nationally. Ongoing efforts to promote wellness in our trainees this past year included, among many others, participation in Hoos Well initiatives, identification of lactation rooms, creation of Movie Night for trainees and families, the offering of cold brew coffee in the GME Office to combat fatigue, and support for the newly formed Parenthood and Residency Support Group. The GMEC's development of a COACH program (Committee on Achieving Competency and Help), led by Karen Warburton, M.D. and a team of faculty from multiple specialties, provides trainees a confidential service to obtain assistance in both identifying and developing a self-

improvement plan. Issues that can be addressed include, but are not limited to difficulty with organizational skills or time management, communication and interpersonal skills, professionalism, or psychosocial issues that are impeding their ability to function clinically. To date, the COACH program has assisted approximately 60 individual residents or fellows. ACGME anonymous survey results (Figure 3) reflect an overall sense of positive well-being by GME trainees.

Annual Institutional Review Action Items

The GMEC reviews the action plans that are the result of the annual program review or special review that programs undergo to ensure that appropriate corrective action has been made. In addition, the GMEC annually conducts an off-site retreat to review the previous year's program improvement projects and develop strategic plans for the upcoming year. In all areas, the GME community made progress during FY 2019, however it was determined during the retreat that a number of areas of focus were significantly important to continue efforts in FY 2020. Action plans are monitored throughout the year at GMEC meetings. Current- and upcoming-year action plans are as follows:

1. *Increase the diversity of GME trainees*
While GME programs successfully recruited more minority residents and fellows in fiscal year 2019 [see Table 1], the GMEC felt that this area required ongoing efforts to continue to diversify our programs.
2. *Enhance faculty development for Program Directors*
The DIO and Program Director offer onboarding for new and associate Program Directors. For fiscal year 2020, the goal is to create more educational programming for Program Directors at any stage, both to ensure compliance with ACGME requirements, but to also aid in their success as clinician educators at UVA.
3. *Trainee Well-being*
This is a major area of emphasis from our accrediting body, with many new specific requirements related to the emotional and physical health of residents and fellows, and therefore, it was retained as a fiscal year 2020 action item.
4. *Consideration of ACGME-accredited Transitional Year*
By collapsing the current Preliminary Year slots held by multiple programs into a single, accredited ACGME-program, the Health System would benefit from the economy of scale, and education of residents ultimately pursuing a medical or surgical specialty could be standardized.
5. *Compliance with 80-hour Clinical and Educational Work Hours Rule*
As this was one of the most frequent citations received in 2019, the consensus of retreat members felt that this area deserved attention. A task force will be formed to consider new technology that makes the logging and reporting of work hours more efficient. In addition, programs have been asked to look at the scheduling of their trainees proactively, so that potential hours violations can be avoided.

The GMEC will monitor progress on the fiscal year 2020 action items by including quarterly reports on each item, and deploying resources where necessary to assist in achieving them.

Summary

Graduate Medical Education at the University of Virginia occurs in a robust training environment with the strong support of all elements of the Health System. Our graduates leave UVA with the skills and competence to practice independently in every type of health care setting. Many of them go on to become leaders in academic medicine. As health care evolves over the next decade, locally, regionally, and nationally, the GME community and our programs will need to adapt in order to proudly continue this outcome.

Figure 1

2018-2019 ACGME Resident Survey - page 1

Survey taken: January 2019 - April 2019

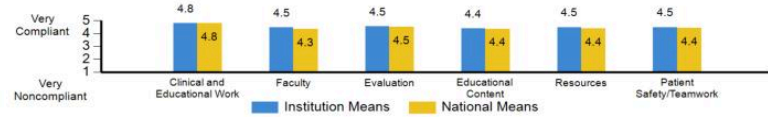
Programs Surveyed 75

510124 University of Virginia Medical Center - Aggregated Program Data

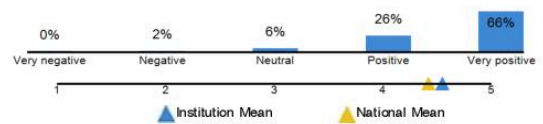
Residents Responded 695 / 718

Response Rate 97%

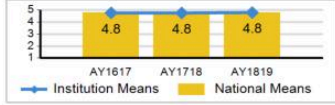
Institution Means at-a-glance



Residents' overall evaluation of the program



Clinical and Educational Work



- 80 hours
- 1 day free in 7
- In-house call every 3rd night
- 14 hours free after 24 hours of in-house call
- 8 hours between clinical exp and ed work hours
- Continuous hours scheduled

	% Program Compliant	Program Mean	% National Compliant	National Mean
	95%	4.7	94%	4.7
	98%	4.9	97%	4.8
	100%	5.0	99%	5.0
	98%	4.9	99%	4.9
	99%	4.6	98%	4.7
	96%	4.8	96%	4.8

Reasons for exceeding clinical experience and education rules:

Patient needs	7%	Cover someone else's work	2%
Paperwork	8%	Night float	3%
Additional ed experience	1%	Schedule conflict	2%
		Other	2%

Faculty



- Sufficient supervision
- Appropriate level of supervision
- Sufficient instruction
- Faculty and staff interested in residency education
- Faculty and staff create environment of inquiry

	% Program Compliant	Program Mean	% National Compliant	National Mean
	97%	4.4	92%	4.4
	98%	4.7	96%	4.6
	91%	4.3	86%	4.2
	92%	4.4	86%	4.3
	87%	4.4	80%	4.2

Evaluation



- Able to access evaluations
- Opportunity to evaluate faculty members
- Satisfied that evaluations of faculty are confidential
- Opportunity to evaluate program
- Satisfied that evaluations of program are confidential
- Satisfied that program uses evaluations to improve
- Satisfied with feedback after assignments

	% Program Compliant	Program Mean	% National Compliant	National Mean
	100%	5.0	99%	5.0
	99%	4.9	99%	5.0
	88%	4.4	86%	4.3
	99%	4.9	98%	4.9
	90%	4.4	88%	4.4
	76%	4.1	76%	4.1
	73%	4.0	73%	4.0

Educational Content



- Provided goals and objectives for assignments
- Instructed how to manage fatigue
- Satisfied with opportunities for scholarly activities
- Appropriate balance between ed and other clinical demands
- Education (not) compromised by excessive reliance on non-physician obligations
- Supervisors delegate appropriately
- Provided data about practice habits
- See patients across variety of settings

	% Program Compliant	Program Mean	% National Compliant	National Mean
	93%	4.7	94%	4.8
	90%	4.6	91%	4.6
	84%	4.2	77%	4.1
	83%	4.2	81%	4.2
	73%	4.0	76%	4.0
	99%	4.6	99%	4.6
	73%	3.9	71%	3.9
	96%	4.8	96%	4.9

Resources



- Access to reference materials
- Use electronic medical records in hospital*
- Use electronic medical records in ambulatory setting*
- Electronic medical records integrated across settings*
- Electronic medical records effective
- Provided a way to transition care when fatigued
- Satisfied with process to deal with problems and concerns
- Education (not) compromised by other trainees
- Residents can raise concerns without fear

	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
	100%	5.0	99%	5.0
	100%	5.0	100%	5.0
	100%	5.0	99%	5.0
	99%	5.0	87%	4.5
	99%	4.4	95%	4.2
	83%	4.3	82%	4.3
	84%	4.3	81%	4.2
	88%	4.4	90%	4.5
	87%	4.4	82%	4.3

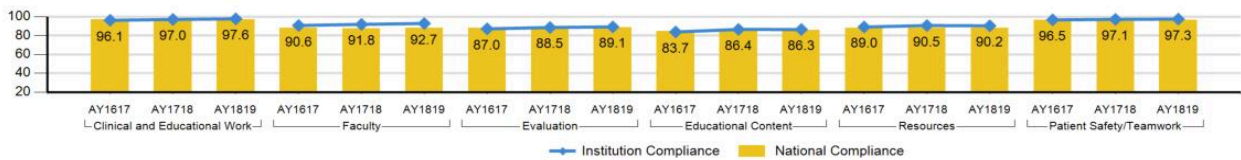
Patient Safety/Teamwork



- Tell patients of respective roles of faculty and residents
- Culture reinforces patient safety responsibility
- Participated in quality improvement
- Information (not) lost during shift changes or patient transfers
- Work in interprofessional teams
- Effectively work in interprofessional teams

	% Program Compliant	Program Mean	% National Compliant	National Mean
	99%	4.6	99%	4.6
	100%	4.6	99%	4.5
	88%	4.5	87%	4.5
	99%	4.1	97%	4.0
	99%	4.7	99%	4.7
	100%	4.4	99%	4.4

Total Percentage of Compliance by Category



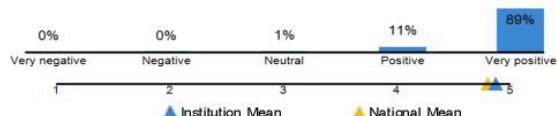
© 2019 Accreditation Council for Graduate Medical Education (ACGME) *Response options are Yes or No. These responses aren't included in the Program Means and aren't considered non-compliant responses. Percentages may not add to 100% due to rounding.

Figure 2

Institution Means at-a-glance



Faculty's overall evaluation of the program



Faculty Supervision and Teaching



	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient time to supervise residents/fellows	96%	4.7	96%	4.7
Residents/fellows seek supervisory guidance	95%	4.6	94%	4.6
Interest of faculty and Program Director in education	97%	4.8	97%	4.7
Rotation and educational assignment evaluation*	99%		99%	
Faculty performance evaluated*	99%		99%	
Faculty satisfied with personal performance feedback	91%	4.4	89%	4.4

Educational Content



	% Program Compliant	Program Mean	% National Compliant	National Mean
Worked on scholarly project with residents/fellows*	77%		76%	
Residents/fellows see patients across a variety of settings*	98%		99%	
Residents/fellows receive education to manage fatigue*	99%		100%	
Effectiveness of graduating residents/fellows	97%	4.8	98%	4.7
Outcome achievement of graduating residents/fellows	100%	4.9	99%	4.9

Resources



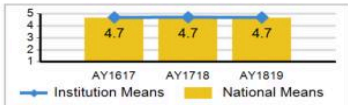
	% Program Compliant	Program Mean	% National Compliant	National Mean
Program provides a way for residents/fellows to transition care when fatigued*	100%		99%	
Residents/fellows workload exceeds capacity to do the work	100%	4.4	100%	4.3
Satisfied with faculty development to supervise and educate residents/fellows	97%	4.4	96%	4.2
Satisfied with process to deal with residents/fellows' problems and concerns	97%	4.7	94%	4.6
Prevent excessive reliance on residents/fellows to fulfill non-physician obligations	99%	4.5	99%	4.5

Patient Safety



	% Program Compliant	Program Mean	% National Compliant	National Mean
Information not lost during shift changes or patient transfers	91%	4.2	93%	4.2
Tell patients of respective roles of faculty and residents/fellows	93%	4.6	93%	4.6
Culture reinforces patient safety responsibility	98%	4.7	97%	4.7
Residents/fellows participate in quality improvement or patient safety activities	98%	4.8	94%	4.7

Teamwork



	% Program Compliant	Program Mean	% National Compliant	National Mean
Residents/fellows communicate effectively when transferring clinical care	98%	4.8	98%	4.8
Residents/fellows effectively work in interprofessional teams	100%	4.7	100%	4.7
Program effective in teaching team work skills	99%	4.6	99%	4.6

Total Percentage of Compliance by Category

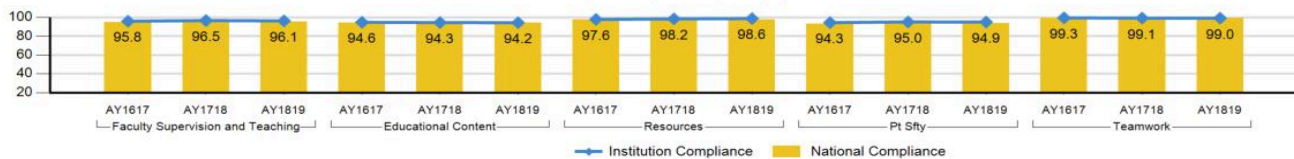


Figure 3

2018-2019 ACGME Resident Survey

Survey taken: January 2019 - April 2019

Programs Surveyed 75

510124 University of Virginia Medical Center - Aggregated Program Data

Residents Responded 695 / 718

Well-Being Survey Questions (CORRECTED)

Response Rate 97%

In July 2017, the ACGME implemented the revised Section VI of the Common Program Requirements. At the heart of the new requirements is the philosophy that residency education must occur in a learning and working environment that fosters excellence in the safety and quality of care delivered to patients both today and in the future. An important corollary is that physician well-being is crucial to deliver the safest, best possible care to patients. **These data will not be used in the accreditation process.** Aggregate reports will be provided to the program and sponsoring institution.

	Strongly Agree	Agree	Disagree	Strongly Disagree	National Mean
I find my work to be meaningful.	67.6%	29.8%	2.4%	0.1%	3.6
I work in a supportive environment.	63.5%	33.2%	2.9%	0.4%	3.5
The amount of work I am expected to complete in a day is reasonable.	49.6%	43.9%	5.3%	1.2%	3.4
I participate in decisions that affect my work.	54.2%	41.7%	3.5%	0.6%	3.5
I have enough time to think and reflect.	38.8%	47.6%	11.9%	1.6%	3.3
I am treated with respect at work.	57.6%	39.4%	2.7%	0.3%	3.5
I often feel emotionally drained at work.	11.4%	21.9%	47.5%	19.3%	2.8
I feel more and more engaged in my work.	40.3%	47.6%	11.5%	0.6%	3.3
I find my work to be a positive challenge.	49.4%	47.3%	3.2%	0.1%	3.5
I find new and interesting aspects in my work.	50.2%	45.8%	4.0%	0.0%	3.5
After work, I need more time than in the past in order to relax.	14.2%	32.1%	37.4%	16.3%	2.6
I feel worn out and weary after work.	10.6%	33.4%	41.7%	14.2%	2.6

This report is confidential and not for further distribution. Sharing data internally or using it as an informational tool is encouraged.

Figure 4

2018-2019 ACGME Faculty Survey

Survey taken: January 2019 - April 2019

Programs Surveyed 75

510124 University of Virginia Medical Center - Aggregated Program Data

Faculty Responded 635 / 694

Well-Being Survey Questions (CORRECTED)

Response Rate 91%

In July 2017, the ACGME implemented the revised Section VI of the Common Program Requirements. At the heart of the new requirements is the philosophy that residency education must occur in a learning and working environment that fosters excellence in the safety and quality of care delivered to patients both today and in the future. An important corollary is that physician well-being is crucial to deliver the safest, best possible care to patients. **These data will not be used in the accreditation process.** Aggregate reports will be provided to the program and sponsoring institution.

	Strongly Agree	Agree	Disagree	Strongly Disagree	National Mean
I find my work to be meaningful.	82.8%	16.5%	0.5%	0.2%	3.8
I work in a supportive environment.	63.9%	31.2%	4.4%	0.5%	3.6
The amount of work I am expected to complete in a day is reasonable.	51.2%	39.4%	8.8%	0.6%	3.4
I participate in decisions that affect my work.	62.4%	31.0%	6.3%	0.3%	3.5
I have enough time to think and reflect.	47.4%	38.6%	12.3%	1.7%	3.4
I am treated with respect at work.	69.0%	27.4%	2.8%	0.8%	3.6
I often feel emotionally drained at work.	7.6%	21.1%	42.4%	29.0%	2.9
I feel more and more engaged in my work.	43.0%	45.4%	10.6%	1.1%	3.3
I find my work to be a positive challenge.	57.3%	41.3%	1.1%	0.3%	3.6
I find new and interesting aspects in my work.	62.0%	34.2%	3.6%	0.2%	3.6
After work, I need more time than in the past in order to relax.	8.8%	30.1%	39.4%	21.7%	2.7
I feel worn out and weary after work.	7.7%	26.6%	43.1%	22.5%	2.8

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**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: September 12, 2019

COMMITTEE: Health System Board

AGENDA ITEM: III.B. Department of Corrections Collaboration

ACTION REQUIRED: None

BACKGROUND: The General Assembly included in its conference-approved budget amendment package two items relating to patient care at facilities of the Department of Corrections (DOC) and requiring partnerships by the University of Virginia Health System and Virginia Commonwealth University Health System with the DOC.

**Item 390, subsection R; the “Pilot Facility Partnership”
(Budget Bill – HB1700; Chapter 854)**

“The Department of Corrections shall convene a workgroup to develop a plan for a pilot partnership for a university health system to provide comprehensive health care for the inmates in at least one state correctional facility. The workgroup shall be co-chaired by the director of the Department of Corrections, the chief executive officer of the VCU Health System, and the executive vice president for health affairs at the University of Virginia. The workgroup shall jointly submit an interim update to the House Appropriations and Senate Finance Committees no later than November 1, 2019; and jointly submit a final plan for the pilot partnership no later than January 1, 2020. The plan shall include (i) the facility or facilities included in the pilot, (ii) staffing needs for providing health care services, (iii) the amount and structure of payment to the university, and (iv) how the effectiveness of the pilot project will be evaluated.”

**Item 390, subsection Q; the “340B Project”
(Budget Bill - HB1700; Chapter 854)**

“The Department of Corrections and the VCU Health System and UVA Health System shall collaborate on a plan to ensure that inmates with long-term or high-cost prescription drug needs receive treatment from a federal 340-B covered entity. The Department shall begin development of the plan as soon as is practicable and report to the House Appropriations and Senate Finance Committees by January 1, 2020.”

UVA and VCU each designated Executive Staff representatives charged with carrying out the requirements established by the General Assembly. In addition to Pamela M. Sutton-Wallace, UVA's Executive Staff representatives are:

- Jody K. Reyes, Chief, Service Lines
- Rafael Saenz, Administrator, Pharmacy
- Karen S. Rheuban, M.D., Professor; Medical Director, Office of Telemedicine
- Mohan Nadkarni, M.D., Professor, Department of Medicine
- C. Milton Dunlap, Director, Contract Management
- Brian D. Wilmoth, Medical Center Finance
- Carol H. Craig, Government Relations Specialist

DISCUSSION:

UVA and VCU Executive Staff representatives have met with the DOC representatives on multiple occasions regarding both the Pilot Facility Partnership and the 340B Project. Ms. Sutton-Wallace will report on the plans and next steps.

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: September 12, 2019

COMMITTEE: Health System Board

AGENDA ITEM: III.C. Epic SmartChart and SmartStart

ACTION REQUIRED: None

BACKGROUND: Following the federally mandated adoption of electronic medical records (EMRs), research demonstrates notable increases in physician burnout. Last November, Atul Gawande a globally recognized surgeon, best-selling writer, and current CEO of Haven, the Amazon, Berkshire Hathaway, and JPMorgan Chase health care venture, published an article called “Why Doctors Hate their Computers” in the *New Yorker* magazine. In his article Dr. Gawande says that while digitization promised to make medical care easier and more efficient, computers are forging a wedge between doctors and their patients.

Burnout is the result of a myriad of industry factors, but evidence demonstrates that complex EMRs and the constant need to adapt to changing systems for quality patient care and billing are contributors to providers’ growing frustrations. UVA has several initiatives underway to assess and rectify EMR challenges for physicians and advanced practice providers. Two of these initiatives are SmartChart and SmartStart.

DISCUSSION: SmartChart is a one-on-one Epic EMR coaching program for current UVA providers who want help using the EMR more efficiently. It has been an active initiative since February 2018. SmartStart is designed to assist new providers as they onboard and will go-live in April 2022.

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: September 12, 2019

COMMITTEE: Health System Board

AGENDA ITEM: III.D. Medical Center Operations Report

ACTION REQUIRED: None

BACKGROUND: Pamela M. Sutton-Wallace is the Acting Executive Vice President for Health Affairs and Chief Executive Officer of the Medical Center. She joined the Medical Center in July 2014. Prior to arriving at UVA, Sutton-Wallace served as senior vice president of hospital operations at Duke University Hospital from 2011-2014. Since 1997, she has held leadership positions with the Duke University Health System including the oversight of ambulatory services, inpatient operations, and surgical services.

DISCUSSION: This report summarizes operations of the Medical Center with focus on fiscal year 2020 priorities of quality and safety, patient experience, team member engagement as well as financial performance and growth.

OPERATIONS REPORT

Goal: To become the safest place to receive care

Fiscal year 2019 ended with significant performance improvements over the previous year. The most significant improvement was reduction in C. difficle rates, resulting in 30 fewer cases in the Medical Center year over year. There were four other areas of improvement compared to prior year: Hospital Acquired Pressure Ulcers, Deep Vein Thrombosis, Pulmonary Embolisms, and 30 Day Readmissions

Efforts continue in the pursuit of zero harm in fiscal year 2020. We have organized our Be Safe approach by reinvigorating system-wide coalitions focused on each of the 10 key safety metrics. The coalitions have analyzed detailed data about the current state and developed plans for data-driven counter measures. In addition, all Medical Center team members are receiving reinforcement of important Be Safe concepts from the first five years of implementation. These are distributed as the “Be Safe Message of the Month” and being used as huddle points and in other communication channels.

Goal: To be the healthiest work environment

There was sustained improvement in decreasing the number of team member injuries.

The 2019 Health System Engagement Survey was administered from April 23 through May 14 and results became available in early July. The survey covered all team members in the Medical Center, UPG, Health Sciences Library, and School of Nursing, as well as the Clinical Faculty in the School of Medicine. Embedded in this year's survey was the Culture of Patient Safety Survey, which was previously administered separately, was combined with the engagement survey to prevent survey fatigue.

The Medical Center saw a slight .03 decrease in raw score, but compared to other organizations, the Medical Center remained at the 39th percentile. The overall highest performing themes centered on having sufficient time to provide the best care/service for patients, having adequate staffing, and having reasonable job stress. Moving forward, improvement planning at the organizational level, will focus on tactics to treat all team members with respect. Efforts include (i) building a diverse and inclusive environment, (ii) using active listening, (iii) being more inclusive in planning and decision making, and (iv) setting clear expectations. Individual work units with lower engagement scores will create interdisciplinary action plans for their teams, integrating staff and physician perspectives.

Goal: To provide exceptional clinical care

The national search for a Chief of Patient Progression and Post-Acute Services is well underway. The goal is to have this new leader on-boarded by late fall. This individual will have responsibility for facilitating patient throughput/progression in addition to leading and overseeing all post-acute and renal services.

The Medical Center submitted its 512 page Magnet re-designation document to the American Nurses Credentialing Center in early June 2019. A site visit is expected sometime between November and June. Magnet designation is critical for maintaining our position as a high performing organization.

Inpatient units and outpatient clinics realized favorable performance and improvement in patient experience over prior fiscal year, continuing the annual improvement for the few past few years.

Inpatient experience, as defined by the overall hospital rating of 9's and 10's for fiscal year 2019, was 77.8% (75th percentile), just below target (78.1%). This is a strong improvement over fiscal year 2018 (up one percentage point and nine percentile points) and the third year of year-over-year improvement. Improvement is attributed to consistent use of the Inpatient Experience Bundle (Comfort Rounds, Handover of Care Quiet at Night, and Leader Rounds.) Managers completed 119,250 Leader Rounds in fiscal year 2019. These documented conversations and observations provided great insight and real-time feedback to leaders about their patients' experience and allow leaders to respond immediately to concerns raised by patients or their care givers.

Outpatient clinic patient experience results defined as the "willingness to recommend provider's office" for fiscal year 2019 is 93.3% (74th percentile), exceeding target (93.2%). Outpatient clinic patient experience has increased each of the five years

that the Medical Center has conducted this survey. This improvement is attributed to service line and clinic specific improvement efforts that were launched as a result of observations and insights from data collected as part of Ambulatory Optimization initiative. Additionally, the system wide focus on process improvement lead by Ambulatory Optimization also had an impact such as implementation of a new electronic prior authorization tool in Epic and the rollout of eHealth, a tool to help with outside record retrieval.

The Medical Center hosted a recognition event reception for physicians, nurse practitioners and physician assistants who ranked in the top decile nationally.

In fiscal year 2019, the Emergency Department patient experience score was 82.3 (40th percentile) and is below fiscal year 2018 (83.8) and below target (87.3). Although the annual Emergency Department results were below fiscal year 2018, there has been monthly improvement in the last four months as a result of a multipoint plan, based on best practices and the Key Driver report for the Medical Center. Key strategies include role delegation for the Rapid Medical Evaluation process (RME), Direct Bedding, Leader Rounds on patients especially those in the waiting room, and use of AIDET® communication approach. AIDET® is set of keywords that help guide patient communication: Acknowledge, Introduce, Duration, Explanation, and Thank You.

Goal: To train the health care workforce of the future in teams

Spread of the Daily Management System continues, focusing on escalation, interdisciplinary huddling, and visual management. Tracking of interdisciplinary huddling is being reported monthly on the fiscal year 2020 Medical Center balanced scorecard.

Goal: To ensure value-driven and efficient stewardship of resources

Nick Mendyka, who served as the Chief Financial Officer since 2014, left the Medical Center to join Allina Health in Minneapolis, Minnesota as Vice President, System Finance Operations. Michael Marquardt, who served as Chief of Staff for the EVP of Health Affairs for the past five years, has been named as the new Medical Center Chief Financial Officer.

The Medical Center achieved its operating margin target of 5.17% against a target of 5.00%. Surgical and imaging volume were the primary drivers of favorable performance. Reducing costs remains a critical goal for fiscal year 2020 given the continued reduction in reimbursement, especially for Medicare. Specific targets have been set for supply utilization.

The Ivy Mountain Musculoskeletal Center construction continues on schedule with building foundations visible on the site. The University Hospital expansion project remains on schedule and will begin accepting patients in the Emergency Department on October 15, 2019.

In collaboration with UPG, the Medical Center continues to evaluate and plan for additional ambulatory outreach sites.

Recent Designations and Re-certifications

U.S. News & World Report 2019-2020 “Best Hospitals” guide, ranked UVA Medical Center as the No. 1 hospital in Virginia.

Three specialties are in the top 50 nationally:

- Ear, Nose & Throat: 15th
- Cancer: 26th
- Gastroenterology & GI Surgery: 35th

Six specialties are rated “high performing,” placing them among the top 10% nationally:

- Geriatrics
- Nephrology
- Neurology & Neurosurgery
- Orthopedics
- Pulmonology & Lung Surgery
- Urology

UVA is also rated “high performing” – the best possible rating for this category – in all nine common procedures or conditions evaluated by U.S. News. Only 57 hospitals nationally were rated high performing in all nine of these procedures or conditions:

- Abdominal aortic aneurysm repair
- Aortic valve surgery
- Heart bypass surgery
- Heart failure
- Colon cancer surgery
- Hip replacement
- Knee replacement
- Lung cancer surgery

The Food and Drug Administration completed a Level Two inspection of the Blood Bank and Cytotherapy.

The International Geriatric Fracture Society completed a recertification survey for the Geriatric Fracture Care Program at Premier level status.

The Centers for Medicare and Medicaid Services completed the triennial certification survey for Orange Dialysis and Altavista Dialysis.

The American College of Radiology granted certification for the breast mammography equipment in Orange.

COLA (formerly the “Commission on Office Laboratory Accreditation”) completed an accreditation survey of the laboratory at the UVA Cancer Center Pantops.

The National Multiple Sclerosis Society completed a re-certification survey for the Multiple Sclerosis Clinic as a Comprehensive Center for Multiple Sclerosis Care.

The Commission on Accreditation of Medical Transport Systems completed an accreditation survey on the UVA Medical Transport Network.

The Joint Commission completed the certification surveys for both the Total Joint and Chronic Obstructive Pulmonary Disease programs

The UVA Medical Center received a top score of 100 on the Human Rights Campaign’s Healthcare Equality Index. As a result, the Human Rights Campaign Foundation named UVA Medical Center as a 2019 LGBTQ Healthcare Equality Leader for providing inclusive, equitable treatment of lesbian, gay, bisexual, transgender, and queer patients and team members.

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: September 12, 2019

COMMITTEE: Health System Board

AGENDA ITEM: IV. Transitional Care Hospital Operations Report

ACTION REQUIRED: None

BACKGROUND: The Transitional Care Hospital (TCH) prepares a periodic report to inform the Board of Visitors of operational matters and performance.

OPERATIONS REPORT

HEALING

The overall quality program at TCH for fiscal year 2019 resulted in positive outcomes for the patients it served. The mortality rate for the year was only 3.44% compared to benchmark data of almost 11%. The pressure injury rate was 0.65% compared to national average of 0.97%. The acquired C. Difficile rate was 0.74 compared to 1.0 national incidence rate. Other hospital acquired infection rates were below national comparisons.

Areas of opportunity include reduction of the 30-day readmission rate, reduction in team member injuries, and improved ventilator weaning rates. The vent weaning rates were trending ahead of national averages until the fourth quarter when vent weaning patient volumes fell considerably from prior quarters and of those admitted many were not able to wean.

SERVING

In fiscal year 2019, the TCH had an average daily census of 25.3 patients. There were a total of 315 admissions. The acuity index was 1.15 for Medicare patients, but the overall acuity index was only 1.05 due to the change in the TCH mission in 2019 to accept difficult to place patients from the Medical Center. Out of TCH's admissions, 27% did not meet Medicare criteria for admission which requires a 3-day ICU length of stay prior to admission. Accepting lower acuity patients that were hard to place helped create capacity at the Medical Center.

The patient satisfaction scores continue to reflect a high level of satisfaction with the care provided at TCH. The overall assessment rating for TCH was 93.7% through the third quarter of fiscal year 2019, but starting in the fourth quarter the survey and comparison groups were changed to better benchmark performance. The previous

survey and comparison group had shrunk to a volume that was no longer statistically relevant. Once the change was implemented, the overall score remained at 93% for the final quarter of fiscal year 2019 with 76% of respondents rating TCH in the top box of the survey.

ENGAGING

The 2019 UVA Health System Engagement Survey took place in the fourth quarter of 2019. While the participation was slightly lower than the previous year, the overall results improved from prior year. Opportunity still remains in the nursing department where staffing and teamwork remain a challenge. On a bright note, recruitment for both RNs and LPNs greatly improved in the fourth quarter resulting in less than 5 vacancies. In addition, the Assistant Nurse Manager position, which had been vacant for most of fiscal year 2019, has now been filled. This vital position will be instrumental in assisting our Nurse Manager impact the opportunities identified in the employee engagement survey. We expect further improvements in fiscal year 2020.

BUILDING

The Patient Progression Department manages the entire patient stay process from referral to admission to discharge. The department's hospital liaisons are clinicians who educate referral sources and facilitate admissions. Case managers take over at the point of admission to ensure a successful stay and discharge plan.

In fiscal year 2019, 83% of TCH admissions came from the UVA Medical Center while the rest came from other hospitals. The breakdown by medical categories was 36% vent weaning and respiratory complex, 32% medically complex, and 31% complex wounds.

Discharge to home and skilled nursing facilities remain the highest discharge dispositions of the four lower level of care options (IRF, SNF, Home, and Hospice). The case mix index was 1.03 for all patients year-to-date mainly due to the lower ventilator patient census. The average length of stay through fiscal year 2019 was 28.8 for all payers and 26.2 for Medicare patients.

RECENT DESIGNATIONS, INSPECTIONS AND CERTIFICATIONS

There were no inspections in the fourth quarter. A recertification inspection from The Joint Commission for our Respiratory Failure Program is expected sometime in the first quarter of fiscal year 2020.