UNIVERSITY OF VIRGINIA
BOARD OF VISITORS

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

December 10, 2020

HEALTH SYSTEM BOARD

Thursday, December 10, 2020
1:00 – 4:30 p.m.
Pavilion Ballroom, Boar's Head Resort

Committee Members:

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

Public Members:

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

Ex Officio Members:

James E. Ryan
Pamela F. Cipriano
Jennifer Wagner Davis
Wendy M. Horton
K. Craig Kent, M.D
M. Elizabeth Magill
Scott A. Syverud, M.D.
David S. Wilkes, M.D.

AGENDA

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- Discussion of proprietary, business-related information about the operations of the Medical Center, the School of Medicine, and the Transitional Care Hospital, where disclosure at this time would adversely affect the competitive position of the Medical Center, the School of Medicine, or the Transitional Care Hospital, specifically:
  - Strategic 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 2021, including proprietary information related to COVID-19; all of which further the strategic initiatives of the Medical Center, the School of Medicine, 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, to improve 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 Sections 2.2-3711(A)(1), (6), (8), and (22) of the Code of Virginia. The meeting of the Health System Board is further privileged under Section 8.01-581.17 of the Code of Virginia.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 10, 2020

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: December 10, 2020

COMMITTEE: Health System Board

AGENDA ITEM: I.B. Opening Remarks from the Executive Vice President for Health Affairs

ACTION REQUIRED: None

BACKGROUND: On February 1, 2020, Dr. Kent became the Executive Vice President for Health Affairs. Dr. Kent has held several leadership positions, including chief of the combined Division of Vascular Surgery at Columbia and Cornell, chair of the Department of Surgery at the University of Wisconsin, and most recently dean of the College of Medicine at The Ohio State University. His background includes substantial experience in growing clinical, research, and educational programs as well as health system management. He is a member of the National Academy of Medicine.

DISCUSSION: The Executive Vice President for Health Affairs will provide opening remarks that do not require formal action.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 10, 2020

COMMITTEE: Health System Board

AGENDA ITEM: I.C. Health System Finance Report from the Finance Working Group and Discussion

ACTION REQUIRED: None

BACKGROUND: The Health System prepares a comprehensive financial package at least quarterly 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 the Health System, he 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 25 years of financial management experience

FINANCE REPORT

Overall, the Health System's operating income is favorable to budget for the three months ended September 30, 2020.

	Operating Income			Operating Margin		
	Actual	Budget	Pr Year	Actual	Budget	Pr Year
UVA Hospital, Clinics, Subs & Joint Ventures	23.0	11.0	21.9			
Shared Services	(6.3)	(8.7)	(7.1)			
Consolidated Medical Center	**16.8**	**2.3**	**14.9**	***3.6%***	***0.5%***	***3.3%***
Clinical Operations	8.4	6.3	8.1			
Support of Academic Mission	(7.7)	(8.1)	(8.4)			
UPG - SOM Clinical	**0.7**	**(1.8)**	**(0.4)**	***0.6%***	***-1.5%***	***-0.3%***
Academic Recurring Operations	9.1	8.5	5.2			
Strategic Investment from Reserves	(5.9)	(7.1)	(7.8)			
One Time Transfers	0.6	0.6	2.7			
SOM Academic	**3.8**	**2.1**	**0.2**	***3.2%***	***1.6%***	***0.2%***
SON Academic	**1.4**	**1.3**	**0.1**	***22.2%***	***20.2%***	***0.9%***
Library - Health System	**0.0**	**0.0**	**(0.9)**	***0.7%***	***2.5%***	***-63.6%***
Health System Support/Transfers	(12.4)	(10.8)	(18.7)			
Consolidated Health System	**10.4**	**(6.9)**	**(4.9)**	**1.5%**	**-1.0%**	**-0.7%**

UVA Medical Center

For the first three months of Fiscal Year 2021, the operating income for all business units was $16.8M, resulting in a 3.6% operating margin and yielding a $14M favorable budget variance. This was primarily driven by the financial mitigation actions taken to address the impact of COVID-19 on volume disruption. In addition to mitigation efforts, the patient population for the first quarter had a higher acuity which also contributed to net revenue. The all payer case mix was 2.28 and exceeded budget by 5.1%. The operating margin for the consolidated Medical Center is supported by imaging, dialysis, the Transitional Care Hospital, home health, and the management of shared services expenses. Fiscal year to date September 30, 2020, the Medical Center generated $39.7M in cash from operations (EBITDA) after transfers, and cash reserves totaled 264 days, which was bolstered by Federal Loan funds of $193M. Excluding this $193M, which is expected to be repaid during calendar 2021, cash reserves totaled 221 days. Total expenses adjusted for volume and acuity were 5.9% favorable to budget.

Total paid employees for all business units, including contracted employees, were 543 under 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 62 nurse travelers.

	FY2021	2021 Budget
Employee FTEs	8,287	8,904
Contract Labor FTEs	187	114
Salary, Wage and Benefit Cost / FTE	$91,569	$87,812
Total FTEs	8,474	9,018

Transitional Care Hospital

For the quarter ending September 30, 2020, the operating loss for the Transitional Care Hospital (TCH) was $.8M, yielding an unfavorable budget variance of $.3M. By accepting hard to place patients from the Medical Center and caring for them in a lower cost setting, TCH experienced fewer qualified patients, lower case mix, and a worsening payer mix. Additionally, nine direct care personnel were furloughed due to COVID-19 issues, which caused a reduction in capacity and negatively impacted admissions and discharges. TCH admitted 57 patients in the first quarter of Fiscal Year 2021, and 98% of those were from the Medical Center. TCH discharged 59 patients during the quarter.

Through cost savings generated by caring for patients in a lower cost setting, TCH provided a $.6M benefit to the system in addition to freeing up beds at the Medical Center.

Many of these patients had long lengths of stay due to their chronic needs and lack of resources required to access other levels of care.

UVA Physicians Group (Clinical Enterprise)

Through the first quarter of Fiscal Year 2021, the physicians group (UPG) produced an operating surplus of $0.7M, which was $2.5M favorable to budget and $1.1M favorable to prior year. The favorable budget variance is primarily driven by continuing financial mitigation efforts and cost savings while patient care volumes have risen to pre-COVID levels. These results include $7.7M in support towards the academic mission.

UVA School of Medicine (Academic Enterprise)

Through the first quarter of Fiscal Year 2021, the School of Medicine generated a $9.1M surplus in its academic recurring operations. This reflects a $.6M favorable variance to budget, resulting from increased gifts and controlled spending.

Spending related to one-time strategic investments totaled $5.9M and was funded by the Dean's reserves. In addition, the School received $.6M in transfers from the Medical Center for capital improvements (Pinn Hall renovations).

The COVID-19 financial mitigation plan resulted in a $2.4M favorable impact, due to $4.8M cost savings on non-sponsored funds, partially offset by a $2.6M reduction in revenues from the Medical Center and UPG.

UVA School of Nursing (Academic Enterprise)

The School of Nursing has a positive variance after the first quarter. Revenue increased from budget due to growth in research and gift revenues. Additional expenditures include the cost of online simulation equipment and software modules.

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

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-18	Sep-19	Sep-20	Sep-20
Net patient revenue	$419.5	$437.9	$445.5	$432.6
Other revenue	11.4	11.0	13.9	13.2
Total operating revenue	$430.9	$449.0	$459.3	$445.8
Operating expenses	383.3	403.3	407.3	407.3
Depreciation	25.4	26.1	30.9	31.6
Interest expense	4.9	4.7	4.4	4.6
Total operating expenses	$413.6	$434.1	$442.6	$443.5
Operating income (loss)	$17.3	$14.9	$16.8	$2.3
Non-operating income (loss)	($11.8)	($28.2)	$64.1	($11.5)
Net income (loss)	$5.5	($13.3)	$80.9	($9.2)
Principal payment	$5.2	$5.4	$5.4	$5.4

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

Description	Most Recent Three Fiscal Years			
	Sep-18	Sep-19	Sep-20	
Assets				
Operating cash and investments	$38.2	$84.6	$284.4	
Patient accounts receivables	233.7	259.9	234.3	
Property, plant and equipment	1,175.2	1,286.9	1,361.5	
Depreciation reserve and other investments	514.8	455.1	450.2	*
Endowment Funds	654.3	673.0	710.9	
Other assets	274.7	278.7	301.0	
Total Assets	$2,890.9	$3,038.2	$3,342.3	
Liabilities				
Current portion long-term debt	$21.6	$21.7	$21.5	
Accounts payable & other liab	112.0	145.8	132.7	
Long-term debt	772.8	756.5	741.0	
Accrued leave and other LT liab	385.1	418.8	600.4	
Total Liabilities	$1,291.5	$1,342.8	$1,495.5	
Fund Balance	$1,599.4	$1,695.4	$1,846.9	
Total Liabilities & Fund Balance	$2,890.9	$3,038.2	$3,342.3	

*450.2M includes ED/Bed Tower bond issue funds of $25.8M

University of Virginia Medical Center
Financial Ratios

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-18	Sep-19	Sep-20	Sep-20
Operating margin (%)	4.0%	3.3%	3.6%	0.5%
Current ratio (x)	2.0	2.1	3.4	2.0
Days cash on hand (days)	197	208	264	190
Gross accounts receivable (days)	49.6	50.1	48.7	50.0
Annual debt service coverage (x)	3.6	1.7	11.9	3.6
Debt-to-capitalization (%)	34.8%	32.9%	30.6%	34.0%
Capital expense (%)	7.3%	7.1%	8.0%	8.2%

University of Virginia Medical Center
Operating Statistics

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-18	Sep-19	Sep-20	Sep-20
Acute Discharges	7,441	7,122	6,794	6,968
Patient days	47,609	48,820	49,183	48,553
Observation Billed Encounters - MC only	1,221	1,297	1,391	1,231
All Payor CMI Adj Avg Length of Stay - MC only	2.99	3.07	3.10	3.07
OP Billed Encounters	196,090	208,119	203,747	196,757
ER Billed Encounters	10,828	11,407	9,216	12,206
All Payor CMI - MC Only	2.08	2.12	2.28	2.17
Average beds available				
FTE's (including contract labor)	8,653	8,894	8,474	9,018

University of Virginia Medical Center
SUMMARY OF OPERATING STATISTICS AND FINANCIAL PERFORMANCE MEASURES
Fiscal Year to Date September 30, 2020 with Comparative Figures for Prior Fiscal Year

OPERATING STATISTICAL MEASURES

DISCHARGES and CASE MIX - Year to Date

	Actual	Budget	% Variance	Prior Year
DISCHARGES:				
Medical Center	6,735	6,884	(2.2%)	7,053
Transitional Care	59	84	(29.8%)	69
Subtotal	6,794	6,968	(2.5%)	7,122
Observation Billed Encounters	1,391	1,231	13.0%	1,297
Total Discharges & OBS Billed Encounters	8,185	8,199	(0.2%)	8,419
Adjusted Discharges	15,356	15,238	0.8%	15,755
CASE MIX INDEX:				
All Payor CMI - UVA Hosp & Clinics	2.28	2.17	5.1%	2.12
Medicare CMI - UVA Hosp & Clinics	2.41	2.32	3.9%	2.24

OTHER INSTITUTIONAL MEASURES - Year to Date

	Actual	Budget	% Variance	Prior Year
ACUTE INPATIENTS:				
Inpatient Days - MC	47,210	46,010	2.6%	46,473
All Payor CMI Adjusted ALOS - MC	3.10	3.07	(0.8%)	3.07
Average Daily Census - MC	513	500	2.6%	505
Births	518	526	(1.5%)	530
OUTPATIENT BILLED ENCOUNTERS:				
Medical Center	203,747	196,757	3.6%	208,119
Average per Clinic Day	3,184	3,074	3.6%	3,252
Emergency Room - MC	9,216	12,206	(24.5%)	11,407
SURGICAL CASES				
UVA Main Hospital Operating Room	4,633	4,692	(1.3%)	4,679
Battle	3,276	3,344	(2.0%)	3,259
Total	7,909	8,036	(1.6%)	7,938

OPERATING FINANCIAL MEASURES

REVENUES and EXPENSES - Year to Date

($s in thousands)	Actual	Budget	% Variance	Prior Year
NET REVENUES:				
Net Patient Service Revenue	445,491	432,619	3.0%	437,939
Other Operating Revenue	13,852	13,205	4.9%	11,031
Total	$ 459,342	$ 445,824	3.0%	$ 448,970
EXPENSES:				
Salaries, Wages & Contract Labor	$ 195,522	$ 199,251	1.9%	$ 197,432
Supplies	124,006	119,534	(3.7%)	115,010
Contracts & Purchased Services	87,802	88,495	0.8%	90,882
Depreciation	30,856	31,621	2.4%	26,136
Interest Expense	4,394	4,646	5.4%	4,658
Total	$ 442,579	$ 443,547	0.2%	$ 434,117
Operating Income	$ 16,763	$ 2,277	636.4%	$ 14,853
Operating Margin %	3.6%	0.5%		3.3%

OTHER INSTITUTIONAL MEASURES - Year to Date

($s in thousands)	Actual	Budget	% Variance	Prior Year
NET REVENUE BY PAYOR:				
Medicare	$ 126,526	$ 124,913	1.3%	$ 126,495
Medicaid	100,420	86,233	16.5%	88,577
Commercial Insurance	67,378	64,578	4.3%	64,613
Anthem	93,142	92,073	1.2%	92,141
Aetna	34,209	33,263	2.8%	33,503
Other	23,816	31,559	(24.5%)	32,610
Total Paying Patient Revenue	$ 445,491	$ 432,619	3.0%	$ 437,939
OTHER:				
Collection % of Gross Billings	26.92%	26.87%	0.2%	27.55%
Days of Revenue in Receivables (Gross)	48.7	50.0	2.6%	50.1
Cost per CMI Adjusted Admission	$ 12,673	$ 13,472	5.9%	$ 13,040
Total F.T.E.'s (including Contract Labor)	8,474	9,018	6.0%	8,894
F.T.E.'s Per CMI Adjusted Admission	22.33	25.20	11.4%	24.58

University of Virginia Medical Center

SUMMARY OF OPERATING STATISTICS AND FINANCIAL PERFORMANCE MEASURES

Fiscal Year to Date September 30, 2020 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

Oberservations 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: December 10, 2020

COMMITTEE: Health System Board

AGENDA ITEM: II.A. Medical Center Operations Report

ACTION REQUIRED: None

BACKGROUND: This report summarizes operations of the Medical Center with a focus on Fiscal Year 2021 priorities of quality and safety, patient experience, team member engagement, as well as financial performance and growth.

DISCUSSION:

OPERATIONS REPORT

Goal: To become the safest place to receive care

Performance rates for the Medical Center's balanced scorecard metrics are exceeding targets for both the Mortality Index and Clostridium Difficile infections. Deep Vein Thrombosis Pulmonary Embolisms and Patient Falls with Injury are performing at rates better than the prior fiscal year. Performance for Catheter Associated Urinary Tract Infections, Central Line Associated Blood Stream Infections, and Hospital Associated Pressure Ulcers lag behind the rates for the previous year.

Targeted work to improve Mortality Index is underway. This includes implementation of the most comprehensive hospice program to date with access to an in-house Hospice Unit along with external referral services. Investments have been made in physician staff for this unit along with additions to the Palliative Care team to support the service.

There has also been a major effort to validate competency of nursing staff in updated Critical to Safety Standard Work for Catheter Associated Urinary Tract Infections and Central Line Associated Blood Stream Infections. This has been a comprehensive program that includes a revamped orientation, development of new computer-based learning modules and hands on validation sessions.

Goal: To be the healthiest work environment

Team member injuries for the first quarter, as measured by the Total Case Injury Rate, are at target while the Days Away, Restricted, or Transferred (DART) rate is currently unfavorable to the target threshold.

Work on improving team member engagement continues. The timing of the next Press Ganey engagement survey continues to be evaluated as we delayed the original schedule in response to the pandemic; however, interventions continue for all teams who ranked in the lowest third of engagement (called Team Index 3). The goal is to reduce the number of Team Index 3 teams by 25%. The Fiscal Year 2020 performance management process was modified in response to the pandemic and included a streamlined process and a deadline extension. Anecdotal data has been positive regarding the amount of time saved due to the streamlined process.

Goal: To provide exceptional clinical care

Inpatient experience as defined by the overall hospital rating of 9s and 10s for Fiscal Year to Date 2021 is 75.4% (66th percentile), below prior fiscal year (79.0%) and under target (79.8%). Fiscal Year 2021's first quarter results were impacted by increased volume and necessary restrictive visitation policies as the clinical teams were focused on caring for more acute patients than average. The plan for Fiscal Year 2021 is to focus on the critical few units where improvement is expected and to provide focused support. Early results are encouraging with early October results looking very positive.

Outpatient clinic patient experience results defined as the "willingness to recommend provider's office" for Fiscal Year to Date 2021 is 94.0% (72nd percentile), just below target (94.3%) and above Fiscal Year 2020 (93.6%). As clinics returned to more normal volumes, it was necessary to modify and optimize many processes for COVID-19 safety issues. Clinic level improvement efforts also drove improvement over prior year.

Emergency Department patient experience score for Fiscal Year 2021 is 77.5 (3rd percentile), well below prior fiscal year (84.0) and below target (84.3). Following outstanding results in March, April, and May performances during the early months of the pandemic, volume returned to more typical levels as inpatient capacity tightened and boarding of inpatients in the Emergency Department was a daily occurrence. This increased wait times and length of stay (LOS) for patients. The team has a robust improvement plan in place that focuses on communication regarding wait times, treatment plans, and comfort needs. This plan will be monitored and supported by leader rounding on patients.

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

For the first three months of Fiscal Year 2021, the operating income for all business units was $16.8M, resulting in a 3.6% operating margin. Operating income was favorable to budget by $14.5M driven primarily by the financial mitigation actions taken to address the impact of COVID-19 on volume disruption. The all payer case mix was 2.28 and exceeded budget by 5.1%.

Margin management remains a critical goal for Fiscal Year 2021 and is supported by the seven programs of the Fiscal Year 2021 Bridge Plan, each targeted to help us improve operations and processes and managed resources responsibly. These improvement

programs include focused efforts on: Information Technology, Inpatient Throughput, Quality, Safety & CDI, Revenue Cycle, Service Lines, Supply Chain, and Workforce & Bed Staffing. Specific targets have been set for non-labor expense reduction, labor management, and revenue enhancement.

The new UVA Breast Care Center at Pantops officially opened in October 2020. This new comprehensive site is three times larger than original location and brings together all breast care services to a single patient-friendly destination. The Ivy Mountain Musculoskeletal Center construction continues to progress on schedule to open in February 2022. The University Hospital expansion project remains on schedule, with new 10 bed Clinical Decision Unit (CDU) to open in Spring 2021.

Recent Designations and Re-certifications

The Virginia Department of Health performed successful triennial survey inspections of the following outpatient dialysis centers: Amherst, Appomattox, Staunton, and Zion Crossroads. The Virginia Department of Health also approved peritoneal dialysis services at both Augusta and Culpeper Outpatient Dialysis Centers.

The Virginia Board of Pharmacy performed a successful initial inspection of the Breast Care Center pharmacy at Pantops.

The American Nurses Credentialing Center's Magnet Recognition Program performed a comprehensive survey of the Medical Center's nursing services. A final report from the organization should be received within the next month.

Washington Monthly magazine has recognized UVA Medical Center as the 18th best teaching hospital in the country in its 2020 edition of the "Top 50 Teaching Hospitals for America." Out of 244 teaching hospitals across the nation, UVA Medical Center stood out for its exemplary clinical outcomes and overall civic leadership.

UVA Children's, UVA Medical Center, and UVA Women's Services have earned an international designation as a Baby-Friendly hospital for their support of breastfeeding. UVA is one of about 600 hospitals nationally to receive the award from Baby-Friendly USA, and one of just eight Virginia hospitals. Hospitals earn the accolade by meeting standards of care designed to support breastfeeding mothers and their babies.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 10, 2020

COMMITTEE: Health Systems Board

AGENDA ITEM: II.B. Annual Institutional Review for Graduate Medical Education

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, UVA also provides 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 programs is very competitive. It is a part of GME's mission to train professionals who serve as key components of the healthcare workforce and will become its leaders in the future. It is GME's duty to educate them to provide safe, high quality patient care, to recognize and attempt to address healthcare disparities, and to encourage them to carry their skills, and 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. Susan E. Kirk, M.D. 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 held until June. Dr. Kirk is assisted in her role by a staff of six members of the Graduate Medical Education Office, led by Director Diane Farineau, and by Bradley Kesser, M.D., 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 or her designee, GME administrators, and three peer-selected

residents, who also serve as the Housestaff Council Co-presidents and chair of the Housestaff Council for Diversity and Inclusion. 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. An important activity is its annual auditing of each program with an Annual Program Review. Programs that are found to be underperforming undergo a Special Review. In 2019-20, we conducted Special Reviews of two programs, Surgical Critical Care and Plastic Surgery. The most common reasons for underperformance have been a negative trend(s) on the ACGME's annual anonymous survey or complaint by a GME Trainee(s).

For the 2019-20 academic year, the Medical Center sponsored 820 residents and fellows in 120 active specialty and sub-specialty training programs. All programs remain in good standing with no programs having the accreditation status of 'Warning' or 'Probation'. These include 82 programs accredited by the ACGME including one new program, Regional Anesthesiology and Acute Pain Medicine; 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. One program was closed, Surgical Critical Care due to attrition of faculty and fellow applicants.

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. Its first institutional self-study and next accreditation visit are tentatively scheduled for August 2021 and October 2023. Our third Clinical Learning Environment Review (CLER) visit was carried out in October 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 26 specialty-specific 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 educational 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 2020. A summary of accreditation decisions includes the following:

- 76 programs have Continued Accreditation
- 0 have Continued with Warning
- 0 have Probation
- 1 has voluntarily withdrawn (Surgical Critical Care)
- 6 have Initial accreditation (Regional Anesthesiology and Acute Pain Medicine; Micrographic Surgery and Dermatologic Oncology; Addiction Medicine; Laboratory Genetics and Genomics; Interventional Radiology-Integrated; and Interventional Radiology - Independent)

Of the programs with Continued Accreditation:

- 55 programs (72.4%) have 0 citations and 0 concerning trends
- 10 programs (13.2%) have 0 citations, but one or more concerning trends
- 6 programs (7.9%) have a new or extended citation, but no concerning trends
- The most frequent citation given was violations of the 80-hour rule
- 5 programs (6.6%) have new or extended citations and one or more concerning trends

Of the programs with Initial Accreditation which have accreditation decisions:

- 2 programs have 0 citations and 0 concerning trends
- 1 program has 0 citations, but one or more concerning trends
- 2 programs have a citation(s), but no concerning trends
- 1 program has 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. Of note, this year's survey was impacted significantly by the COVID-19 pandemic. One-third of the programs completed their survey in February prior to significant disruption of clinical services and/or their education. The survey was made optional for the remaining two thirds of programs. As a result, the ACGME made the decision that it would not provide national means in the reporting of survey results, which UVA had used as benchmarks for training program performance. Review of our year-over-year performance demonstrated little change compared to previous years, which may reflect that UVA was not as heavily impacted by the pandemic as many other academic

medical centers and teaching hospitals. (See Figures 1 and 2 for resident and faculty data, respectively).

National Match

Twenty-three residency programs, offering 156 positions in 30 different tracks, participated in the 2020 Match. Of special note, all but one program obtained one or two of their top 20 ranked applicants. Furthermore, 18% of the matched applicants were graduates of UVA, and an additional 14% were from other Commonwealth of Virginia medical schools. Thanks to a concerted effort by the programs to recruit Under-Represented Minority (URM) applicants, UVA had a notable increase in matched URM students this year (18.6% compared to 16.4% in 2019 – see Table 1). Our residency programs were very attractive to medical schools around the country on a broader scope, matching students from 26 states, including Puerto Rico. One international medical Graduate was matched from Germany.

Finance

The total direct budget for GME programs for Fiscal Year 2020 was $64,138,819. 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, the Medical Center increased stipends and benefits for all graduate medical trainees in 2020 by 2.0%, based on data from the AAMC annual survey of Teaching Hospitals. Stipends range from $56,075 for a PGY-1 trainee to $73,760 for a PGY-8 trainee. Fringe benefits were set at 30.58%. 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 123.01 (Direct) or 158.07 (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 hospital LOS. The objective of this project was to familiarize residents with factors related to LOS and to actualize a reduction of LOS by 0.1 days over three-month average. The project was impacted by the COVID-19 pandemic which led to a significant increase in LOS between March and May. Participation of 100% by ACGME programs was required in order to earn the incentive.

GME Initiatives

GME Support of Diversity and Inclusion

The Housestaff Council for Diversity and Inclusion (HCDI) was founded in 2017 after the events of August 11 and 12. Its mission is the promotion of 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, represents the needs and interests of all trainees historically underrepresented in Medicine. Their leadership structure includes a voting representative to the GMEC.

This year, HCDI was named as a member of UVA's Diversity Council, representing their issues and perspectives at the University's highest level of advocacy. In November 2019, HCDI hosted their second annual Trainee Diversity and Inclusion Conference with almost 100 participants drawing from residents, students and faculty from UVA and other regional institutions. This year with a virtual format due to the pandemic, their conference drew 185 participants from 44 institutions.

HCDI contributed its leadership to a residency recruitment Diversity Day and a Diversity Second Look again this year, where our percentage matched was 21%. Spring found us all in the throes of pandemic chaos, an increase in widely publicized deaths of Black people by law enforcement, and ensuing social and civil unrest. HCDI's response to the anxiety experienced by many Housestaff was to hold several Town Hall listening sessions, allowing trainees to share what they needed to feel protected and supported. From these meetings HCDI developed a list of Action Items for the GME Community and the University's Racial Equity Task Force. Some examples included revamping existing policies to allow for more transparent and protective reporting avenues as it relates to racism perpetuated against trainees, as well as requiring anti-racism training for Program Directors, other faculty, staff and new trainees during Intern Orientation. They requested that the GMEC recommit to recruiting and retaining diverse trainees by holding resident programs accountable to those metrics during their annual program reviews. HCDI has been instrumental in creating virtual recruitment opportunities for both residency and fellowship programs.

Trainee Wellness

This continues to be a particular area of focus, both locally and nationally, especially with the increased stress brought by the pandemic. Ongoing efforts to promote wellness in our trainees this past year included, among many others, creation of a group to support parent resources, the establishment of COPE (a rapid response triage service for crisis counseling) by Clinical Psychologist Program Director Amit Shahane, M.D. and virtual events or celebrations designed to enhance bonding between residents of different programs.

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 nearly 100 individual residents or fellows. The ACGME anonymous survey results reflected a relatively stable environment for well-being despite the many changes brought about by COVID-19.

Annual Institutional Review Action Items

In addition, the GMEC annually conducts and interactive session (virtual in 2020) to develop strategic plans for the upcoming year. In all areas, the GME community made progress during Fiscal Year 2020, but most action items were deemed incomplete and continued for Fiscal Year 2021. 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 2020, the GMEC felt that this area was important enough to require 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 2021, the goal is to expand these sessions for all core faculty.

3. *Ensure Trainee Well-being*
   As this is continues to be 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, it was retained as a Fiscal Year 2021 action item.

4. *Prepare for the Institutional Self-Study*
   The GMEC and GME Office will begin to create the team that will direct the Institutional Self-study. The team will include members from all areas of the Health System that interface with GME. Action items will be chosen to align with the Strategic Plan of the Health System.

The GMEC will monitor progress on the Fiscal Year 2021 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 in response to the pandemic and a changing healthcare environment, the GME community and our programs will need to adapt in order to proudly continue this outcome.

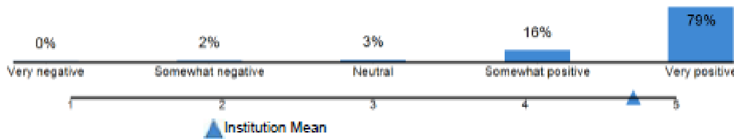
Figure 1

2019-2020 ACGME Resident/Fellow Survey - page 1 | **Survey taken: January 2020 - June 2020** | Programs Surveyed 74

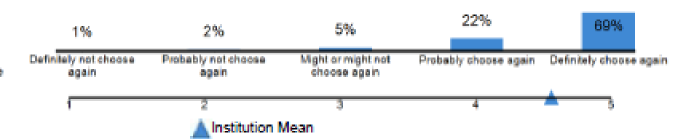
510124 University of Virginia Medical Center - Aggregated Program Data | Residents Responded 530 / 721 | Response Rate 74%

National data has been omitted from this administration of the survey based on complications resulting from the COVID-19 pandemic.

Residents' overall evaluation of the program



Residents' overall opinion of the program



Resources		% Program Compliant	Program Mean
	Education compromised by non-physician obligations	92%	4.5
	Impact of other learners on education	88%	3.7
	Appropriate balance between education and patient care	85%	4.2
	Faculty members discuss cost awareness in patient care decisions	95%	3.7
	Time to interact with patients	93%	4.4
	Time to participate in structured learning activities	88%	4.4
	Able to attend personal appointments	94%	4.8
	Access to mental health counseling or treatment	96%	4.8
	Satisfied with safety and health conditions	95%	4.7

Professionalism		% Program Compliant	Program Mean
	Residents/fellows comfortable calling supervisor with questions	95%	4.7
	Faculty members act professionally when teaching	96%	4.7
	Faculty members act professionally when providing care	99%	4.9
	Process in place for confidential reporting of unprofessional behavior	83%	4.3
	Able to raise concerns without fear or intimidation	85%	4.3
	Satisfied with process for dealing with problems and concerns	82%	4.3
	Experienced or witnessed abuse	95%	4.7

Patient Safety and Teamwork		% Program Compliant	Program Mean
	Information not lost during shift changes or patient transfers	86%	4.1
	Culture emphasizes patient safety	94%	4.5
	Know how to report patient safety events	98%	4.9
	Interprofessional teamwork skills modeled or taught	84%	4.3
	Participate in adverse event analysis	75%	4.0
	Process to transition care when fatigued	92%	4.7

Faculty Teaching and Supervision		% Program Compliant	Program Mean
	Faculty members interested in education	90%	4.5
	Faculty effectively creates environment of inquiry	88%	4.5
	Appropriate level of supervision	95%	4.8
	Appropriate amount of teaching	82%	4.6
	Quality of teaching recieved	98%	4.4
	Extent to which increasing responsibility granted	87%	4.3

Evaluation		% Program Compliant	Program Mean
	Access to performance evaluations	98%	4.9
	Opportunity to evaluate faculty members	97%	4.9
	Opportunity to evaluate program	95%	4.8
	Satisfied with faculty members' feedback	80%	4.1

Educational Content		% Program Compliant	Program Mean
	Instruction on minimizing effects of sleep deprivation	86%	4.4
	Instruction on maintaining physical and emotional well-being	95%	4.8
	Instruction on scientific inquiry principals	94%	4.8
	Education in assessing patient goals e.g. end of life care	93%	4.7
	Opportunities for research participation	92%	4.7
	Taught about health care disparities	75%	3.5

Program instruction in when to seek care regarding:

Fatigue and sleep deprivation	93%	Substance abuse	91%
Depression	90%		
Burnout	93%		

Diversity and Inclusion		% Program Compliant	Program Mean
	Preparation for interaction with diverse individuals	97%	4.4
	Program fosters inclusive work environment	98%	4.6
	Diverse resident/fellow recruitment and retention	94%	4.3

Clinical Experience and Education		% Program Compliant	Program Mean
	80 hour week	93%	4.6
	Four or more days free in 28 day period	85%	4.5
	Taken in-hospital call more than every third night	98%	4.9
	Less than 14 hours free after 24 hours of work	94%	4.7
	More than 28 consecutive hours work	96%	4.8
	Additional responsibilities after 24 consecutive hours of work	97%	4.8
	Adequately manage patient care within 80 hours	94%	4.6
	Pressured to work more than 80 hours	99%	4.9

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Percentages may not add to 100% due to rounding.

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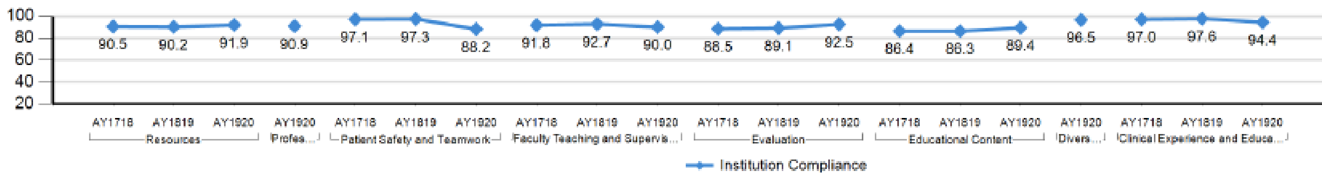
Figure 1 Continued

2019-2020 ACGME Resident/Fellow Survey - page 2 | **Survey taken: January 2020 - June 2020** | Programs Surveyed 74

510124 University of Virginia Medical Center - Aggregated Program Data | Residents Responded 530 / 721

Response Rate 74%

Total Percentage of Compliance by Category



Institution Percentage at-a-glance

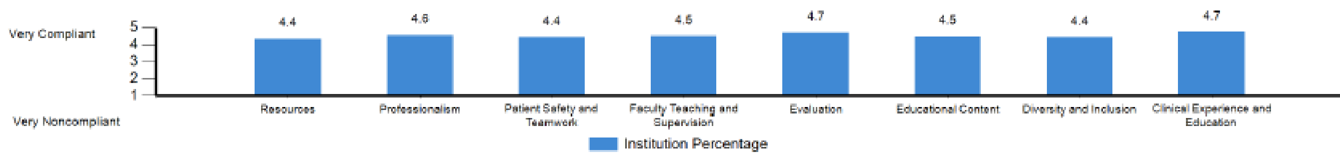


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Figure 2

2019-2020 ACGME Faculty Survey - page 1

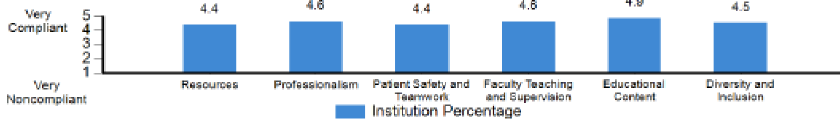
510124 University of Virginia Medical Center - Aggregated Program Data

Survey taken: January 2020 - June 2020

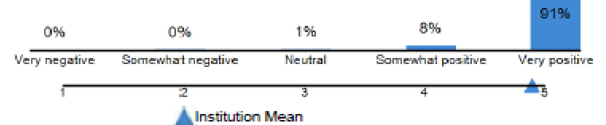
Programs Surveyed 74
Faculty Responded 591 / 728
Response Rate 81%

National data has been omitted from this administration of the survey based on complications resulting from the COVID-19 pandemic.

Institution Percentage at-a-glance



Faculty's overall evaluation of the program



Resources

	% Program Compliant	Program Mean
Satisfied with professional development and education	98%	4.5
Workload exceeded residents'/fellows' available time for work	89%	4.3

Participated in activities to enhance professional skills in:	
Education	95%
Quality improvement and patient safety	95%
Fostering your own well-being	91%
Fostering resident/fellow well-being	90%
Practice-based learning and improvement	94%
Contributing to an inclusive clinical learning environment	96%

Professionalism

	% Program Compliant	Program Mean
Faculty members act unprofessionally	93%	4.4
Residents/fellows comfortable calling supervisor with for questions	98%	4.7
Process for confidential reporting of unprofessional behavior	98%	4.9
Satisfied with process for problems and concerns	94%	4.6
Experienced or witnessed abuse	96%	4.7

Patient Safety and Teamwork

	% Program Compliant	Program Mean
Information not lost during shift changes or patient transfers	90%	4.2
Effective teamwork in patient care	97%	4.6
Interprofessional teamwork skills modeled or taught	90%	4.5
Effectively emphasizes culture of patient safety	97%	4.7
Residents/fellows participate in adverse event analysis	92%	4.7
Know how to report patient safety events	99%	5.0
Process to transition care when residents/fellows fatigued	86%	4.3

Faculty Teaching and Supervision

	% Program Compliant	Program Mean
Sufficient time to supervise residents/fellows	93%	4.6
Faculty members committed to educating	98%	4.8
Program director effectiveness	96%	4.8
Faculty members satisfied with process for evaluation as educators	85%	4.3

Educational Content

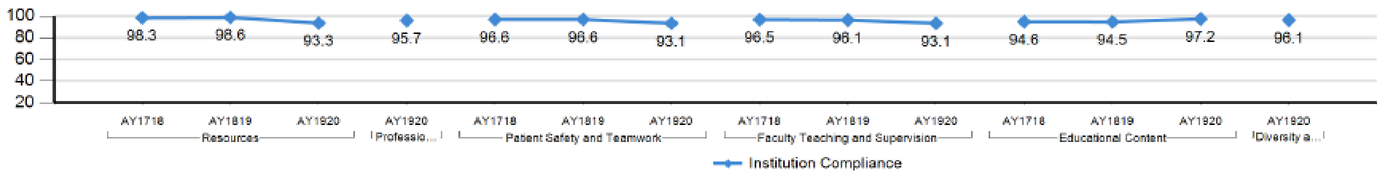
	% Program Compliant	Program Mean
Residents/fellows instructed in cost-effectiveness	96%	4.8
Residents/fellows prepared for unsupervised practice	98%	4.9
Learning environment conducive to education	97%	4.8

Diversity and Inclusion

	% Program Compliant	Program Mean
Program fosters inclusive work environment	99%	4.6
Efforts to recruit diverse residents/fellows	96%	4.5
Efforts to retain diverse residents/fellows	94%	4.4

Participated in efforts to recruit diverse:	% Frequency**
Pre-residency learners, including medical students*	80%
Residents*	90%
Fellows*	87%
Faculty members*	91%
Other GME staff*	70%

Total Percentage of Compliance by Category



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** Response frequency of "Sometimes" or greater.
*Responses not included in mean calculations and are not considered non-compliant.
Percentages may not add to 100% due to rounding.

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Table 1

2018-2020 UVA Residency Match Overview

Students by Region	2018-N (%)	2019-N (%)	2020-N(%)
UVA	18 (11%)	29 (18%)	28(18%)
VA (Other than UVA)	14 (9%)	19 (12%)	14(8%)
Regional (NC,SC,TN, KY, MD, WV, DC)	38 (24%)	21 (13%)	28(18%)
Southern (includes TX and OK)	31 (19%)	33 (21%)	39(25%)
Central	21 (13%)	15 (9%)	18(12%)
Northeastern	20 (12%)	29 (18%)	21(13%)
Western	8 (5%)	5 (3%)	4(2%)
Ivy/others (includes Duke, Hopkins)	2 (1%)	1 (1%)	3(2%)
International	9 (6%)	7 (4%)	1(1%)

Note: In 2020, U.S. graduates come from 26 states and Puerto Rico, while one International Medical Graduate comes from Germany.

Programs	2018		2019		2020	
	High/Low (#total ranked)	# URM/ # Total	High/Low (#total ranked)	# URM/ # Total	High/Low (#total ranked)	# URM/ # Total
Anesthesiology-Adv.	1/155 (207)	0/2	2/183(183)	1/3	2/114(213)	0/2
Anesthesiology-Cat.	1/117 (198)	0/12	4/126(183)	4/12	3/101(213)	1/12
Anesthesiology-Rsv.	1/2 (17)	0/2	5(7)	0/1	5(19)	0/1
Dermatology-Adv.	4/10 (24)	1/3	5/8(27)	0/2	3/12(32)	0/3
Emergency Medicine	1/124 (166)	2/12	2/92(180)	3/12	8/113(161)	2/12
Family Medicine	2/77 (110)	1/8	4/73(96)	4/8	2/49(113)	2/8
Internal Medicine	19/248 (425)	3/29	11/304(468)	3/29	13/210(482)	5/29
Medicine-Primary	10/13 (54)	1/3	8/16(58)	0/3	20/46(67)	1/3
Medicine-Prelim	1/11 (83)	0/5	1/13(65)	2/4	5/25(88)	1/8
Neurosurgery	12/13 (52)	0/2	7/13(49)	1/2	1/8(60)	0/2
Neurology	13/46 (58)	1/6	16/52(69)	0/6	21/48(71)	1/6
Child Neurology	0/0 (14)	0/0	1/2/(22)	0/2	1(22)	0/1
Ob&Gyn	1/36 (60)	0/4	4/23(67)	0/4	1/18(71)	2/4
Orthopedic Surgery	1/7 (50)	0/6	3/9(70)	1/4	1/11(63)	2/5
Otolaryngology	20/26 (41)	1/3	9/27(50)	0/3	6/18(48)	1/3
Pathology	3/36 (45)	0/5	1/23(46)	0/5	1/36(53)	1/5
Pediatrics	1/124 (243)	1/12	1/85(216)	1/11	2/63(245)	1/11
PM&R-Advanced	16/23 (55)	0/2	17/30(53)	0/2	17/19(63)	0/2
PM&R-Categorical	1/10 (53)	0/2	3/6(52)	0/2	11/14(63)	1/2
Plastic Surgery	2/15 (24)	1/2	3/11(23)	0/2	5/9 (27)	0/2
Psychiatry	12/32 (94)	2/10	4/57(93)	2/10	6/89(106)	4/10
Radiology	2/40 (126)	0/8	5/51(99)	0/8	2/57(92)	1/9
Interventional Rad.	7/8 (40)	0/2	8/14(32)	1/2	1/5(40)	0/3
Radiation Oncology	2/6 (23)	0/2	3(16)	1/1	SOAP	0/2
Surgery	5/15 (90)	2/5	2/25(85)	1/5	5/14(89)	2/5
Surgery-Prelim/IR	1/2 (2)	0/2	8/14(32)	0/2	1/5(40)	0/3
Surgery-Prelim/ND	1/12 (27)	0/6	SOAP	0/8	SOAP	1/7
Thoracic Surgery	6 (28)	0/1	4(24)	0/1	5(25)	0/1
Ophthalmology	8/23 (60)	0/3	8/25 (62)	1/3	1/21 (66)	0/4
Urology	8/18 (34)	0/2	10/23 (36)	0/2	9/18 (43)	0/2
		16/161 (9.9%)		26/159 (16.4%)		29/156* (18.6%)

Note. "High" and "Low" indicates the highest and lowest rank among matched, respectively. URM includes self-identification of Black, Hispanic, Native American, Alaska Native, Native Hawaiian, and other Pacific Islanders.

* A total of 11 students double-matched us for their preliminary and advanced program training. The total number of matched accounted for these students.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 10, 2020

COMMITTEE: Health System Board

AGENDA ITEM: II.C. Signatory Authority Related to Medical Center Contracts Exceeding $5M Per Year

BACKGROUND: The Board of Visitors is required to approve the execution of any contract where the amount per year is in excess of $5M.

DISCUSSION: In accordance with Medical Center procurement policy and its group purchasing organization affiliation with Premier Healthcare Alliance, LP, the three contracts listed below exceed $5M in spend per year, and thus, exceed the signatory authority of the Executive Vice President for Health Affairs.

- Cardinal Health 108, LLC, Cardinal Health 110, LLC, Cardinal Health 112, LLC, and affiliates (collectively “Cardinal Health”) for pharmacy distribution services
- CDW Government, LLC for computing equipment hardware, software & services
- Qualivis, LLC for interim clinical staffing (nurse travelers)

The expense for goods and services purchased through these contracts is reflected in the Medical Center’s Operating and Capital Budgets.

ACTION REQUIRED: Approval by the Health System Board, the Finance Committee, and by the Board of Visitors

SIGNATORY AUTHORITY FOR CERTAIN MEDICAL CENTER CONTRACTS EXCEEDING $5M PER YEAR

RESOLVED, the Board of Visitors authorizes the Executive Vice President for Health Affairs to execute contracts on behalf of the Medical Center with Cardinal Health, CDW Government, LLC and Qualivis, LLC.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 10, 2020

COMMITTEE: Health System Board

AGENDA ITEM: III.A. School of Medicine Report

ACTION REQUIRED: None

BACKGROUND: The UVA School of Medicine provides a report on significant educational and research activity within the School.

DISCUSSION: Recent department annual reviews highlighted some of the challenges faced by department chairs and the techniques they employed to continue to carry out their work. Despite the disruptions of COVID-19, the School of Medicine has been able to advance its tri-partite mission.

Department Annual Reviews – Challenges and Exemplars

The Department Annual Review (DAR) is a process that brings together the department leadership and the Dean's cabinet for a comprehensive review across the missions. Given the operational disruptions of COVID-19, this year's DAR process was revised to address the stresses of carrying on and the adaptive strategies that were successful, and to discuss the department's diversity scorecard. Several common themes emerged.

- COVID-related stressors:
  - The risk of exposure during direct patient care was very stressful
  - Departments were concerned about how to cover the patient care needs if faculty or residents are exposed or diagnosed
  - Basic science investigation and clinical trials were disrupted
  - Faculty and staff continue to juggle work and childcare
  - The furloughs and salary reductions across the School of Medicine were difficult

- The importance of the digital format and use of technology:
  - Many clinical departments were able to transition to the telemedicine platform quickly
  - Departments had access to leading practitioners and investigators around the world
  - Virtual learning opportunities are marketing opportunities

- Recruiting faculty, residents, and graduate students in a digital environment:
  - Potential recruits learned about the department by participating in activities such as Grand Rounds, lectures, journal club meetings
  - Fifteen- to twenty-minute video segments with faculty were interspersed with short segments with students and residents
  - School of Medicine's personal touch was lost in the online environment.

- Orienting and mentoring trainees:
  - Much orientation to the lab and techniques requires individual mentoring and close proximity
  - Graduate students do not connect with the entire lab

- Helping people feel connected and help build community online:
  - Resident, fellows, and graduate students do not recognize colleagues outside of the health system environment
  - Frequent contact, small group gatherings (e.g., 2-3 people hiking), mentor check-ins

Departments continued to strengthen their diversity initiatives, even after the COVID-19 restrictions were enacted. Online events eliminate travel expenses and make it easier for underrepresented minorities to consider UVA as an option for medical school, and trainees and faculty can interact with experts from diverse backgrounds around the world. Departments have taken advantage of training options available, including implicit bias, safe space, and Stepping In, a program for which UVA has gained national notice.

Research funding from the National Institute of Health is strong and similar to last year. Funding from foundations is reduced this year due to pandemic-induced reductions in investment portfolios. Accordingly, overall funding is expected to be down this Fiscal Year. All clinical studies have resumed, although recruitment in some cases is lagging. During the research slow down, faculty were very productive with a notable increase in data analysis, manuscript submissions, and grant submissions.

Work to ramp up the School of Medicine's Inova regional campus progresses. The Associate Dean and the three Assistant Deans for the regional campus have been appointed, as have approximately 300 of the 600 faculty clinicians who will teach UVA's medical students.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 10, 2020

COMMITTEE: Health System Board

AGENDA ITEM: III.B. B. 21st Century Therapies: Systematizing the Serendipity

ACTION REQUIRED: None

BACKGROUND: Jayakrishna Ambati, M.D. is the Dupont Guerry III Professor of Ophthalmology at the University of Virginia School of Medicine. A Fellow of the National Academy of Inventors and of the American Association for the Advancement of Science, he is an internationally recognized expert in age-related macular degeneration. As the founding Director of the Center for Advanced Vision Science and Vice Chair for Research of Ophthalmology, he leads a multidisciplinary team of clinicians and scientists that explores the biology of aging to develop preventive and curative therapies for chronic diseases.

DISCUSSION: Dr. Ambati will present his latest research.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 10, 2020

COMMITTEE: Health System Board

AGENDA ITEM: IV. School of Nursing Report

ACTION REQUIRED: None

BACKGROUND: Pamela Cipriano was appointed as Dean and the Sadie Heath Cabaniss Professor at the School of Nursing in August, 2019. Two-term president of the American Nurses Association (2014-2018), representing the interests of the Nation's four million registered nurses, she was formerly the Chief Nursing Officer at UVA Health who led the Medical Center to its first Magnet designation in 2006. Dean Cipriano is currently the first Vice President of the International Council of Nurses, an advocate for strengthening nursing's influence on healthcare policy, and a leader in the effort to advance the roles and visibility of nurses.

DISCUSSION:

Fall Semester

Enrollment this fall has been stable in undergraduate programs with 348 BSN students. There are 88 RN to BSN students, including 18 who are in the new Richmond cohort. Graduate enrollment in the Clinical Nurse Leader (CNL) program has been stable with 105 students. There was a slight decline of approximately 20 students in the Master of Nursing (MSN) programs (155 students) which was primarily due to Fall 2020 deferrals related to COVID. There are 73 Doctor of Nursing Practice (DNP) students and 31 PhD students. A smaller than usual PhD class was admitted this year.

In October, students once again initiated the #HoosInclusive campaign to express their commitment to building an environment of true inclusivity and cultural humility. Students appealed to their peers to adopt a pledge that repudiates all forms of discrimination. Activities that support becoming an anti-racist school include faculty and staff continued participation in unconscious bias training and faculty teaching in the *Stepping In-Creating a Culture of Respect and Inclusion* classes across the Health System.

Research

The School of Nursing is working to advance nursing's influence on practice, research, policy and education. To that end, the faculty are committed to growing research funding, scholarship and dissemination of scholarly work. This includes shifting the primary focus of seeking funding from internal to external sources, and cultivating joint

grant submissions and publications across Schools. Faculty will enhance scholarship by strengthening and amplifying the legacy programs - the Compassionate Care Initiative and the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry - and coalesce around five areas of excellence to facilitate working together to build research capacity. The areas are: end of life and palliative care; violence affecting women, families, or individuals in a variety of settings; symptom science (serious, advanced, complex illness); data science; and scholarship of teaching and learning. Amplifying these areas allows for a new mindset focused on building on current strengths, helping colleagues and collaborating in new ways that will benefit all.

Philanthropy

The School has reached 80% of its $75M campaign goal with a total of $60,336,460 to-date. Philanthropy this year is also focused on building the annual fund which will include support for researchers in the areas of excellence. Additional funds will complement endowed professorships that currently, for the most part, provide only partial salary support. The School is holding virtual events, including the inaugural Faculty Research Showcase webinar, to highlight and raise awareness of our faculty researchers to support philanthropic efforts for this area.

The School hosted a joint virtual board meeting of the Advisory Board, Parent's Council and Alumni Council on September 19, 2020. Each group supports activities and personal giving for the School. The Advisory Board pledged to raise $250,000 of discretionary Dean's funds that will specifically provide research support. A dedicated donor base continues to build the legacy programs.

Faculty Recognition

Ishan Canty Williams, Professor of Nursing and Assistant Dean for Diversity and Inclusion, recently received the Gordon Streib Distinguished Academic Gerontologist Award, from the Southern Gerontological Society (SGS). The award recognizes SGS academic members who demonstrate exceptional mentoring and leadership skills, have a significant positive impact and influence on students and those training to become service providers and have produced an impressive scope of quality scholarly publications. Williams is also SGS's President, a role she has occupied since 2019 and will continue through 2021.

Jessica Keim-Malpass, an Associate Professor of Nursing, became one of 11 American nurse scientists selected to receive a Betty Irene Moore Foundation Fellowship for Nurse Leaders and Innovators. With the $450,000, three-year fellowship, Keim-Malpass will develop novel computational approaches to understand how and why certain hospitalized children with sepsis recover, while others grow worse.

Jeanne Alhusen, Interim Associate Dean of Research, was re-elected as a Director to the board of the Association of Women's Health, Obstetrics and Neonatal Nurses. She is a practicing family Nurse Practitioner with a particular interest in the health disparities in

maternal and child health. Alhusen's research is focused on improving maternal mental health and, consequently, improving early childhood outcomes, particularly for families living in poverty.

Randy Jones, Professor, was appointed to the National Cancer Policy Forum, an expert group tasked with identifying emerging high-priority policy issues in cancer research and care convened by the National Academies of Science, Engineering, and Medicine.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 10, 2020

COMMITTEE: Health System Board

AGENDA ITEM: V. Transitional Care Hospital Operations Report

ACTION REQUIRED: None

BACKGROUND: 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 the first quarter of Fiscal Year 2021 resulted in some positive outcomes for the patients it served. The mortality rate for the year-to-date is only 0% compared to benchmark data of 9.34%. Acquired C. Difficile rate is 0.0 compared to a 1.0 national incidence rate. In addition, the ventilator weaning rate is 66.7% better than the national average of other long-term acute care providers. The 30-day unplanned readmission rate to the Medical Center was 17.9% compared to an internal goal of 19%.

An area of opportunity continues to be a reduction in skin integrity injuries and team member injuries. Both of these areas are above national averages for the year and are receiving management focus and efforts.

Serving

During the first quarter of Fiscal Year 2021, TCH has had an average daily census (ADC) of 21.8 patients on a budget of 26.1 ADC. This lower census is attributable to quarantined clinical staff due to a COVID-19 exposure in August and nursing staffing shortages. The TCH had a total of 76 admissions, an overall acuity index of only 0.99 due to TCH's changing its mission in 2019 to accept difficult to place patients from the Medical Center, many of which did not qualify for long term acute care hospital admission and some of which had no payment method but required continued inpatient care. Accepting lower acuity patients that were hard to place helped create capacity at the Medical Center and provided an estimated $600,000 in savings to the Health System during the first quarter.

Patient Satisfaction Scores continue to reflect a high level of satisfaction with the care provided at TCH. Of the surveys returned so far in Fiscal Year 2021, surveys

returned rated TCH eight or higher on a 10-point Likert scale and all respondents stated they would recommend TCH to others.

Engaging

TCH did not conduct a Fiscal Year 2020 employee engagement survey due to the impact of COVID-19 on operations. However, employee engagement remains a focus. With staff being our greatest resource, management is still diligently and routinely checking in with staff regarding how they are managing both professionally and personally, and offering assistance when possible. Despite social distancing, management continues to routinely round on patients and staff, attend shift huddles and offer appreciation for their dedication and compassion. Once COVID-19 begins to be less disruptive to normal operations, TCH will be finding ways to celebrate its 10th anniversary of operations. However, this may not be feasible until sometime in 2021.

Building

For the first quarter of Fiscal Year 2021, 95% of TCH admissions came from the Medical Center while the rest came from outside hospitals. Discharge to home and skilled nursing facilities remain our highest discharge dispositions of the four lower level of care options (inpatient rehabilitation facility, skilled nursing facility, home and Hospice). Case mix index (CMI) remained low all year mainly due to the lower ventilator patient census and taking more non-qualifying, custodial and low acuity patients from the Medical Center. Average length of stay through Fiscal Year 2020 was 43.4 days for all payers versus a budget of 30.3 days. This is due to the TCH accepting hard-to-place patients from the Medical Center to free-up beds for more acute patients.

Recent designations, inspections, and certifications

TCH has had no new inspections. The next expected Joint Commission survey will be a Wound Center of Excellence inspection and will be conducted virtually in early calendar year of 2021.