

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS**

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

December 5, 2018

**UNIVERSITY OF VIRGINIA
HEALTH SYSTEM BOARD**

Wednesday, December 5, 2018

1:00 – 5:00 p.m.

Board Room, The Rotunda

Committee Members:

L.D. Britt, M.D., Chair
Babur B. Lateef, M.D., Vice Chair
Frank M. Conner III
Tammy S. Murphy

James B. Murray Jr.
James V. Reyes
A. Bobby Chhabra, M.D., Faculty
Consulting Member
Jessica Lukacs, M.D., Student Member

Public Members:

William G. Crutchfield Jr.
Eugene V. Fife

Victoria D. Harker
John E. Niederhuber, M.D.

Ex Officio Members:

James E. Ryan
Jennifer (J.J.) Wagner Davis
Dorrie K. Fontaine
Thomas C. Katsouleas

Richard P. Shannon, M.D.
Pamela M. Sutton-Wallace
Scott A. Syverud, M.D.
David S. Wilkes, M.D.

AGENDA

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V. CLOSED SESSION	
• Discussion of proprietary, business-related information pertaining to the operations of the Medical Center, 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, financial, investment, facility needs, market considerations, growth initiatives, and other resource considerations and efforts in light of market and regulatory changes for the Health System Clinical Enterprise; proprietary updates on joint ventures, affiliations, and partnership strategies; proprietary improvement initiatives for patient care, and clinical operations; 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, 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, 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: December 5, 2018

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 5, 2018

COMMITTEE: Health System Board

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

ACTION REQUIRED: None

BACKGROUND: Richard P. Shannon, M.D., is the Executive Vice President for Health Affairs for the University of Virginia. Before joining the University in November 2013, he served as the Frank Wister Thomas Professor of Medicine at the University of Pennsylvania Perelman School of Medicine, and as chair of the Department of Medicine of the University of Pennsylvania Health System. An internist and cardiologist, Dr. Shannon is widely recognized for his work on patient safety.

DISCUSSION: The Executive Vice President will inform the Health System Board (HSB) of recent events that do not require formal action, including a “Be Safe” moment and the Health System consolidated goals.

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

BOARD MEETING: December 5, 2018

COMMITTEE: Health System Board

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

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, C.P.A., M.B.A., C.I.T.P., C.H.F.P., serves as the Health System’s Chief Financial Officer. Prior to coming to the UVA Health System, he was the Associate Vice President for Financial Services and Controller for Wake Forest Baptist Medical Center. Mr. Lischke 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.

DISCUSSION:

FISCAL YEAR 2019 CONSOLIDATED FINANCIALS YEAR-TO-DATE REPORT

School of Medicine – Academic, Clinical, Health System Library

Operating Income after transfers Year-to-Date 9/30/2018
(in millions) (“M”)

	Actual	Budget	Fav / (Unfav)
UPG - Clinical	(3.2)	(3.7)	.5
SOM - Academic	(.9)	.8	(1.7)
Library	.2	(.1)	.3
Consolidated SOM	(3.9)	(3.0)	(.9)

Through the first quarter of Fiscal Year 2019, the Consolidated School of Medicine generated an operating loss of \$3.9M after transfers from the Medical Center, compared to a budgeted loss of \$3.0M.

The clinical enterprise (UPG) produced an operating loss of \$3.2M, which was \$0.5M favorable to budget. The favorable budget variance is in Health System transfers which

relate to UVA Imaging performance being favorable to budget. The UPG results include \$7.9M investment in the academic mission.

The academic enterprise generated an operating loss of \$.9M, a \$1.7M unfavorable variance to budget. This unfavorable variance was related to \$1.9M in decreased funding from the Medical Center for Pinn Hall renovations, due to a schedule change on this capital project. In addition, facility and administrative recoveries decreased due to increased spending on subcontracts, which was offset by an increase in gifts.

Medical Center

After three months of operations in Fiscal Year 2019, the operating income for all business units was \$17.3M, resulting in a 4.0% operating margin. Operating income was unfavorable to budget by \$3.9M. Key volume indicators (discharges, surgical cases, and outpatient visits) exceeded budget; however, revenue fell short of budget by \$2.0M, in large part due to the all payor case mix at 2.07 versus a budget of 2.10 for the Medical Center. Total operating expenses exceeded budget by \$1.8M, driven by supply expense, but when adjusted for volume and acuity, total operating expense was 2.8% favorable to budget. The operating margin for the consolidated Medical Center is supported by imaging, dialysis, post-acute care (transitional care hospital and home health) and the management of shared services expenses. For Fiscal Year 2019 through September, the Medical Center generated \$47.5M in cash from operations (EBITDA) and cash reserves totaled 197 days.

Total paid employees for all business units, including contracted employees, were 33 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 99 nurse travelers.

	<u>FY 2019</u>	<u>2019 Budget</u>
Employee FTEs	8,339	8,353
Contract Labor FTEs	314	333
Salary, Wage and Benefit Cost / FTE	\$88,443	\$88,819
Total FTEs	8,653	8,686

Transitional Care Hospital

For the three months ending September 30, 2018, the operating loss for the Transitional Care Hospital was \$0.8M, yielding an unfavorable budget variance of \$0.9M. This variance was attributable to lower than expected volumes, lower case mix index (CMI), and unfavorable payor and census mix.

Of the 80 discharges in the first quarter, 64 were from the Medical Center, which provided an approximate \$0.6M benefit to the Health System. This further demonstrates the importance and value of long term acute care services in the continuum of care.

Health System Summary

Overall, the Health System's operating income is unfavorable to budget for the three months ending September 30, 2018.

University of Virginia Medical Center

Income Statement

(Dollars in Millions)

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-17	Sep-18	Sep-19	Sep-19
Net patient revenue	\$378.5	\$399.8	\$419.5	\$420.9
Other revenue	<u>11.5</u>	<u>11.0</u>	<u>11.4</u>	<u>12.0</u>
Total operating revenue	<u>\$390.0</u>	<u>\$410.8</u>	<u>\$430.9</u>	<u>\$432.9</u>
Operating expenses	345.7	376.1	383.3	381.3
Depreciation	24.0	25.3	25.4	25.3
Interest expense	<u>4.6</u>	<u>5.1</u>	<u>4.9</u>	<u>5.1</u>
Total operating expenses	<u>\$374.3</u>	<u>\$406.5</u>	<u>\$413.6</u>	<u>\$411.8</u>
Operating income (loss)	<u>\$15.6</u>	<u>\$4.3</u>	<u>\$17.3</u>	<u>\$21.2</u>
Non-operating income (loss)	<u>\$17.6</u>	<u>\$2.2</u>	<u>(\$11.8)</u>	<u>(\$15.1)</u>
Net income (loss)	<u>\$33.2</u>	<u>\$6.5</u>	<u>\$5.5</u>	<u>\$6.1</u>
Principal payment	\$4.3	\$5.1	\$5.4	\$5.4

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

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Principal payment	\$4.3	\$5.1	\$5.4	\$5.4

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

Description	Most Recent Three Fiscal Years		
	Sep-17	Sep-18	Sep-19
Assets			
Operating cash and investments	\$58.3	\$36.5	\$38.2
Patient accounts receivables	180.7	243.9	233.7
Property, plant and equipment	943.6	1,067.2	1,175.2
Depreciation reserve and other investments	637.1	592.6	514.8 *
Endowment Funds	564.1	611.6	654.3
Other assets	<u>262.5</u>	<u>256.8</u>	<u>260.3</u>
Total Assets	<u>\$2,646.2</u>	<u>\$2,808.5</u>	<u>\$2,876.6</u>
Liabilities			
Current portion long-term debt	\$17.1	\$20.5	\$21.6
Accounts payable & other liab	143.1	137.3	112.0
Long-term debt	773.3	790.4	772.8
Accrued leave and other LT liab	<u>247.1</u>	<u>300.9</u>	<u>398.6</u>
Total Liabilities	<u>\$1,180.6</u>	<u>\$1,249.1</u>	<u>\$1,305.0</u>
Fund Balance	<u>\$1,465.6</u>	<u>\$1,559.4</u>	<u>\$1,571.6</u>
Total Liabilities & Fund Balance	<u>\$2,646.2</u>	<u>\$2,808.5</u>	<u>\$2,876.6</u>

*\$514.8M includes ED/Bed Tower bond issue funds of \$149.9M

**University of Virginia Medical Center
Financial Ratios**

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-17	Sep-18	Sep-19	Sep-19
Operating margin (%)	4.0%	1.1%	4.0%	4.9%
Current ratio (x)	1.5	1.8	2.0	2.0
Days cash on hand (days)	147.5	150.5	197.4	190.0
Gross accounts receivable (days)	49.9	55.7	51.5	45.0
Annual debt service coverage (x)	7.0	3.6	3.5	3.6
Debt-to-capitalization (%)	46.2%	45.5%	45.7%	47.6%
Capital expense (%)	7.6%	7.5%	7.3%	7.4%

**University of Virginia Medical Center
Operating Statistics**

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-17	Sep-18	Sep-19	Sep-19
Acute Discharges	7,285	7,365	7,535	7,451
Patient days	44,761	47,151	47,809	48,469
Observation Billed Encounters - MC only	1,051	1,000	1,172	966
All Payor CMI Adj Avg Length of Stay - MC only	2.86	3.04	2.98	2.96
OP Billed Encounters	196,351	188,885	193,415	192,383
ER Billed Encounters	11,074	10,966	10,840	11,061
All Payor CMI - MC Only	2.12	2.07	2.07	2.10
Average beds available				
FTE's (including contract labor)	7,974	8,522	8,653	8,686

University of Virginia Medical Center
SUMMARY OF OPERATING STATISTICS AND FINANCIAL PERFORMANCE MEASURES
Fiscal Year to Date September 30, 2018 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>
<u>DISCHARGES:</u>				
Medical Center	7,455	7,347	1.5%	7,276
Transitional Care	80	104	(23.1%)	89
Subtotal	7,535	7,451	1.1%	7,365
Observation Billed Encounters	1,172	966	21.3%	1,000
Total Discharges & OBS Billed Encounters	8,707	8,417	3.4%	8,365
Adjusted Discharges	16,464	15,747	4.6%	15,531
<u>CASE MIX INDEX:</u>				
All Payor CMI - MC	2.07	2.10	(1.2%)	2.07
Medicare CMI - MC	2.17	2.23	(2.5%)	2.22

OTHER INSTITUTIONAL MEASURES - Year to Date

	<u>Actual</u>	<u>Budget</u>	<u>% Variance</u>	<u>Prior Year</u>
<u>ACUTE INPATIENTS:</u>				
Inpatient Days - MC	45,496	45,525	(0.1%)	44,559
All Payor CMI Adjusted ALOS - MC	2.98	2.96	0.8%	3.04
Average Daily Census - MC	495	495	0.0%	484
Births	492	450	9.3%	501
<u>OUTPATIENT BILLED ENCOUNTERS:</u>				
Medical Center	193,415	192,383	0.5%	188,885
Average per Clinic Day	3,070	3,054	0.5%	2,998
Emergency Room - MC	10,840	11,061	(2.0%)	10,966
<u>SURGICAL CASES</u>				
UVA Main Hospital Operating Room	4,465	4,363	2.3%	4,631
Battle	3,122	2,937	6.3%	2,808
Total	7,587	7,300	3.9%	7,439

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)				
<u>NET REVENUES:</u>				
Net Patient Service Revenue	419,496	420,938	(0.3%)	399,812
Other Operating Revenue	11,391	11,993	(5.0%)	11,037
Total	\$ 430,887	\$ 432,931	(0.5%)	\$ 410,850
<u>EXPENSES:</u>				
Salaries, Wages & Contract Labor	\$ 191,522	\$ 195,372	2.0%	\$ 187,256
Supplies	108,490	103,965	(4.4%)	98,655
Contracts & Purchased Services	83,323	81,973	(1.6%)	90,196
Depreciation	25,351	25,349	(0.0%)	25,288
Interest Expense	4,913	5,100	3.7%	5,128
Total	\$ 413,599	\$ 411,760	(0.4%)	\$ 406,524
Operating Income	\$ 17,287	\$ 21,172	(18.3%)	\$ 4,326
Operating Margin %	4.0%	4.9%		1.1%

OTHER INSTITUTIONAL MEASURES - Year to Date

	<u>Actual</u>	<u>Budget</u>	<u>% Variance</u>	<u>Prior Year</u>
(\$s in thousands)				
<u>NET REVENUE BY PAYOR:</u>				
Medicare	\$ 119,595	\$ 118,701	0.8%	\$ 115,879
Medicaid	81,294	83,292	(2.4%)	79,904
Commercial Insurance	65,364	65,410	(0.1%)	65,434
Anthem	87,185	85,907	1.5%	76,321
Aetna	28,667	29,755	(3.7%)	28,903
Other	37,390	37,874	(1.3%)	33,371
Total Paying Patient Revenue	\$ 419,496	\$ 420,938	(0.3%)	\$ 399,812
<u>OTHER:</u>				
Collection % of Gross Billings	28.45%	28.93%	(1.7%)	29.62%
Days of Revenue in Receivables (Gross)	51.5	45.0	(14.4%)	55.7
Cost per CMI Adjusted Admission	\$ 12,199	\$ 12,554	2.8%	\$ 12,688
Total F.T.E.'s (including Contract Labor)	8,653	8,686	0.4%	8,522
F.T.E.'s Per CMI Adjusted Admission	23.48	24.36	3.6%	24.47

University of Virginia Medical Center
SUMMARY OF OPERATING STATISTICS AND FINANCIAL PERFORMANCE MEASURES
Fiscal Year to Date September 30, 2018 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**

<u>BOARD MEETING:</u>	December 5, 2018
<u>COMMITTEE:</u>	Health System Board
<u>AGENDA ITEM:</u>	I.D. Health System Inclusion and Wellness
<u>ACTION REQUIRED:</u>	None

BACKGROUND: Dr. Shannon, Dean Wilkes, and Ms. Sutton-Wallace will provide comments about diversity and inclusion at the Health System.

DISCUSSION:

DIVERSITY AND INCLUSION REPORT

The Health System is taking proactive steps to create a more inclusive and diverse environment. Much work is ongoing to educate team members and learners about how to recognize, respond to, and manage racism, sexism, and bullying behaviors. Below is a summary of completed and ongoing work.

Health System

- Hosted a Leadership Summit following the events of August 11-12, 2017 focusing on diversity, inclusion, and cultivating cultural humility.
- Developed a series of training videos for Attendings, Graduate Medical Education trainees, students, and other care givers about how to recognize, respond to, and manage racism, sexism, and bullying behaviors.
- Hired the first African-American female Chief Executive Officer for the Medical Center in 2014 and the first African-American Dean for the School of Medicine in 2015, respectively. Representative senior leadership has attracted a more diverse faculty, student, and staff workforce.

Medical Center

- Named a Top Performer in April 2018 by the Human Rights Campaign (HRC) Foundation for equitable treatment of lesbian, gay, bisexual, transgender, and queer patients and team members. UVA's Health Equality Index (a nationally recognized benchmarking tool to gauge progress in serving the unique needs and expectations of LGBTQ patients) climbed from 60/100 in 2017 to 95/100 in 2018.
- Established an adult transgender clinic after success of a dedicated Teen Care clinic.

- Named one of 60 honorees in BlackDoctor.org’s 2018 Top Hospitals for Diversity.
- Developed a proposal for a community health program in partnership with community agency stakeholders to eliminate health disparities.
- Development and implementation of core educational curriculum:
 - Requiring all team members to take an eLearning module: “Toward an Inclusive Culture: Acting against Disrespect and Bias.”
 - Developed partnerships with the Center for Affiliated Learning and the National LGBT Health Education Center with the expectation that all UVA team members will complete at least one class
 - Hosting of Diversity Dialogues

School of Medicine

Shortly after Dean Wilkes’ arrival in 2015, a “climate survey” was conducted by three external consultants from large academic medical centers.

As an outgrowth of the survey, the School of Medicine took the following steps:

- Clear expectations were set for chairs and program directors.
 - Tools and training were provided.
 - Department chairs created and implemented diversity plans.
 - Department chairs appointed diversity liaisons.
- The Diversity Consortium was established.
- The Diversity Strategic Plan was developed.
- School of Medicine policy 4.000, Commitment to Diversity, was revised and strengthened.
- Diversity Days were implemented for trainee recruitment.
- In 2017, the School of Medicine led a pan-University national symposium on implicit bias.

The Dean of the School of Medicine is personally involved in recruiting underrepresented minorities (URMs). He meets with every URM faculty candidate. For learners, he is involved in second look visits, makes personal calls to resident and fellow candidates, and is active in the recruitment of medical students.

The Liaison Committee on Medical Education (LCME, the accreditation agency for medical schools) is monitoring the School of Medicine’s diversity and pipeline programs and partnerships as they relate to faculty diversity. The School of Medicine must demonstrate that it is making progress toward the goals it has set and submitted to the LCME. In July 2018, the School of Medicine submitted a status report and received notice from the LCME in October 2018 that the School of Medicine had demonstrated satisfactory compliance toward diversity and pipeline programs.

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

BOARD MEETING: December 5, 2018

COMMITTEE: Health System Board

AGENDA ITEM: I.E. Health System Development Report

ACTION REQUIRED: None

BACKGROUND: Health System Development reports on recent activity to the Health System Board from time to time. Ms. Karen Rendleman, Senior Associate Vice President for Health System Development, has directed Health System fundraising efforts since 2006 and has been a member of the University of Virginia development community since 1988.

DISCUSSION:

SIGNIFICANT GIFTS

July 1 – September 30, 2018

A friend of the Health System documented a \$7,754,000 expectancy to UVA Health Foundation to establish a named fund for cancer research, with preference given for seed funding of innovative ideas.

The UVA Cancer Center received a partial estate distribution of \$1,620,000 in support of clinical trials space.

A UVA alumnus and his wife designated an additional 30% of their estate to the Health System for biomedical research, increasing their existing expectancy by \$1.25 million for a total of \$4.75 million.

Through his family foundation, a UVA alumnus and his son grew their annual support to \$1,155,000 to seed neuroscience research in the College of Arts & Sciences and the School of Medicine.

An undergraduate and School of Medicine alumnus documented a \$1 million increase to an existing \$4.5 million bequest to create endowments at the Atrial Fibrillation Center. Combined with previous gifts, this recent addition brings the donor's total estimated expectancy to \$8.5 million.

A School of Medicine alumnus made a verbal commitment of \$500,000 in support of Bicentennial scholarships in the School of Medicine.

A UVA alumnus committed \$300,000 to establish the Bonnie Ellen Chisholm Bicentennial Scholars Fund in the School of Nursing to honor his late wife.

A UVA alumnus committed \$300,000 in support of three scholarships for the Biomedical Sciences Ph.D./M.S. in Commerce dual degree program.

A UVA alumnus committed \$300,000 to the Division of Perceptual Studies in the School of Medicine.

A School of Medicine alumnus and his wife increased the value of their existing planned gift to the School of Medicine by \$87,858 and designated \$246,913 to the School of Nursing, for a total gift of \$334,771.

A UVA alumnus pledged \$238,300 to support a research position for two years in the Division of Perceptual Studies, in collaboration with the Monroe Institute.

A friend of the Health System committed \$100,000 to the Fontaine Fund for Compassionate Care in honor of Dean Dorrie Fontaine. She also gave an additional \$30,000 to be divided among the Nursing Annual Fund, Dean's Discretionary Fund, and Student Emergency Fund.

A School of Medicine alumnus and his wife, a UVA alumnus and former resident, committed \$100,000 to fund various projects in the Department of Orthopedic Surgery.

A UVA alumnus and her husband committed \$100,000 for their named Neuroscience Research Endowment in the School of Medicine.

A School of Medicine alumnus committed an additional \$100,000 to his named Medical Bicentennial Scholars Fund.

Other gifts and pledges received include:

- A \$98,775 commitment to augment the St. George T. Lee, Jr. Scholarship in the School of Medicine;
- A \$50,000 gift in support of the Breastfeeding Medicine Program at UVA Children's Hospital;
- A \$25,000 commitment to supplement the John A. Jane Professorship in Neurosurgery;
- A \$25,000 bequest in support of lung cancer research;
- A \$25,000 commitment in support of Pediatric Cardiology at UVA Children's Hospital; and
- A \$25,000 commitment to the Stuart Houston Gift Fund to benefit various programs throughout UVA Health System.

HEALTH SYSTEM DEVELOPMENT CAMPAIGN PLANS

UVA Health System has set a \$1 billion goal, the largest unit-based goal of the University's \$5B *Honor the Future* Campaign goal. The *Honor the Future* Campaign for Health goal encompasses the Medical Center and School of Medicine (\$925M) and School of Nursing (\$75M). As of the end of October, more than \$330M or 33% of the goal has been achieved.

A comprehensive fundraising strategy has been developed that focuses on: (i) building relationships with prospects and volunteers that will accelerate the solicitation of key prospects for leadership gifts of \$500,000+ in advance of the campaign launch in fall 2019 and beyond; (ii) aggressively identifying, cultivating, and creatively engaging new prospects for the Health System who may have an interest in supporting health priorities at UVA; and (iii) leveraging resources such as the Bicentennial Scholars and Professorships matching programs.

Health System Development has worked with Health System leadership and other departmental and center-based stakeholders to identify initial priorities and sub-campaign themes in several key areas, including:

- Biomedical Research (estimated at 50% of the overall campaign goal and inclusive of all areas of research in the School of Medicine)
- Cancer
- UVA Brain/Neurosciences
- Medical Education
- Children's Hospital
- Nursing
- Ivy Mountain

In addition to securing programmatic and endowment support, select capital projects for Ivy Mountain, UVA Children's Hospital, and the Nobel Atrium, among others, will offer signature naming opportunities. Naming the School of Medicine, the School of Nursing, and UVA Cancer Center are among the Campaign for Health's premier aspirational naming opportunities.

A new reporting relationship with University Advancement has enabled Health System Development to develop stronger collaborations across Grounds that add capacity for campaign priorities and pan-University initiatives, such as UVA Brain/Neurosciences. In addition, in preparation for the campaign, Health System Development expanded and strengthened staffing in key fundraising areas including Principal and Planned Gifts fundraising and Grateful Patient fundraising.

Health System Development also has optimized staffing to support campaign messaging, and prospect/donor engagement and strategic stewardship. The Campaign for Health's "Care and Cure" messaging will feature impactful stories told through the full suite of communications tools, including video, web, print, and case materials, to engage donors

and new prospects. Messaging will be integrated with President Ryan’s campaign themes of community, discovery, and service as well as the University’s *Honor the Future* campaign branding.

New initiatives, such as a star faculty TedTalks-like program and customized events, are being piloted and further developed to engage donors, energize volunteers, and provide University and Health System leadership with new platforms to share the Health System’s campaign priorities with known prospects as well as the broader University and national audiences, with the goal of expanding our reach and prospect base and ultimately leading to increased philanthropic support for the Campaign for Health. Health System Development will also leverage the *Ours to Shape* listening tour and other Presidential and University-level engagement opportunities to cultivate existing Health System donors and prospects and to identify new friends.

In addition, Health System Development will leverage its extensive network of health-oriented volunteer boards, including the UVA Health Foundation, UVA Cancer Center Advisory Board, UVA Children’s Hospital Advisory Board, and the Heart & Vascular Center board, among others, to identify, cultivate, and engage new prospects and donors for the Campaign for Health. As the University’s campaign executive committee and volunteer structure take shape, Health System Development will work closely with these key University volunteers, particularly those recruited for the Health subcommittee, to identify, cultivate, and engage new prospects and donors for the Campaign for Health.

UVA Health System Fiscal Year 2019 Fundraising Progress
as of October 31, 2018

Goal: \$100,000,000	
New Gifts + Pledges	\$15,175,830
New Expectancies	\$10,390,537
TOTAL	\$25,566,367*

*includes \$5,533,574 in investigator-initiated private grants

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS CONSENT AGENDA**

II.A. AUTHORIZATION FOR THE MEDICAL CENTER TO MAKE AN ADDITIONAL CAPITAL INVESTMENT FOR A NEW REHABILITATION HOSPITAL:

Approves an additional capital investment by the University of Virginia Medical Center in UVA Encompass Health Rehabilitation Hospital, LLC, an existing 50/50 joint venture (the “Joint Venture”) with Encompass Health Corporation (formerly HealthSouth Corporation), for the purpose of building a new rehabilitation hospital at the UVA Research Park.

The Board of Visitors previously approved the Medical Center’s formation of and membership interest in the Joint Venture, which owns and operates a 50-bed inpatient rehabilitation hospital at the University’s Fontaine Research Park. The Medical Center owns the land on which the hospital is constructed. The current facility is constrained and will require major renovations, but will not be able to provide all of the improvements necessary for a modern rehabilitation hospital. The Joint Venture has determined that the better course for patient care is to build a new, single story, 70-bed inpatient rehabilitation hospital at the UVA Research Park, subject to obtaining a certificate of public need from the state.

In order to proceed with the new facility, the Joint Venture must sell the existing Fontaine building. The Medical Center proposes to buy it for \$12.4 million based on a third party appraisal. Upon the sale of the Fontaine building, the Medical Center, as a member in the Joint Venture, will be entitled to receive a distribution of approximately \$6.2 million.

The Joint Venture will need an infusion of capital from its two members for the purchase of land at the UVA Research Park, construction of the new hospital, purchase of new equipment, and costs related to the certificate of public need application. The estimated total cost for the new facility is \$37.4 million. The Medical Center’s share is projected to be \$18.7 million, to be funded approximately \$6.2 million from the distribution from the sale of the Fontaine building and approximately \$12.5 million from Medical Center cash reserves.

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

AUTHORIZATION FOR THE MEDICAL CENTER TO MAKE AN ADDITIONAL CAPITAL INVESTMENT FOR A NEW REHABILITATION HOSPITAL

WHEREAS, in order to proceed with the development and construction of a new 70-bed rehabilitation hospital to be located on land in the UVA Research Park, the Medical Center will be required to make an additional capital investment in an existing joint venture known as UVA Encompass Health Rehabilitation Hospital, LLC; and

WHEREAS, the Board of Visitors previously approved the Medical Center's participation in this joint venture and agrees with the determination for the need for a new rehabilitation hospital to be located on the UVA Research Park campus;

RESOLVED, the Board of Visitors authorizes the Medical Center to invest additional capital into UVA Encompass Health Rehabilitation Hospital, LLC in an amount up to \$20 million for the purposes set forth herein; and

RESOLVED FURTHER, the Board of Visitors authorizes the Executive Vice President for Health Affairs to execute one or more amendments to the Operating Agreement for UVA Encompass Health Rehabilitation Hospital, LLC and any and all other documents necessary, all on such terms as the Executive Vice President for Health Affairs deems appropriate, and to take all other actions necessary and appropriate to effectuate the foregoing.

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

<u>BOARD MEETING:</u>	December 5, 2018
<u>COMMITTEE:</u>	Health System Board
<u>AGENDA ITEM:</u>	II.B. Medical Center Operations Report
<u>ACTION REQUIRED:</u>	None

BACKGROUND: Pamela M. Sutton-Wallace is the Chief Executive Officer for the University of Virginia Medical Center. She joined the Medical Center in July 2014 and oversees the strategic direction and operations of all inpatient and ambulatory services of the Medical Center.

DISCUSSION: This report summarizes operations of the Medical Center with focus on Fiscal Year 2019 priorities of quality and safety, patient experience, team member engagement, and financial performance and growth.

OPERATIONS REPORT

Goal: To become the safest place to receive care

Quality and patient safety target metrics for Fiscal Year 2019 are set at top quartile and top decile against all hospitals. For the first quarter, rates for Mortality and Clostridium Difficile Colitis (C. Diff) Infections are at or above target while Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE) events and Hospital Acquired Pressure Ulcers (HAPU) are below target.

30-Day Readmissions, while below target, have improved over the previous year. Data from Medicare's Hospital Compare show that UVA is one of only eight hospitals demonstrating "better than expected" readmission rates for coronary artery bypass grafts (CABG) patients out of more than 1,000 hospitals in the data set and one of only 17 to demonstrate "better than expected" rates for 30-day mortality. The low readmission rate can be attributed to expansion of the cardiac rehabilitation program, increased home visits, telehealth connections with post-acute facilities, and discharge checklists.

Goal: To be the healthiest work environment

The Medical Center conducted its annual Team Member Engagement Survey in April. Results were shared with team members beginning on August 8, 2018 and targeted action planning has begun at the department and service line levels. Leaders of lower performing teams are receiving individual, personalized support from Human Resources Organizational Development consultants. A special focus has been placed on the

integration of physician leaders in the sharing of information with the teams. A “Peak Performers” breakfast was held on October 29, 2018 to recognize our highest performing and most improved departments.

To underscore the importance of engaged and healthy teams in the pursuit of patient outcomes and experience, senior leaders have rounded in areas throughout the Medical Center. A consolidated picture of their impressions and findings will be used to develop an organization-wide improvement focus.

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

The first cohort of the Be Safe Academy was launched on October 1, 2018. Its goal is to develop additional and enhanced capabilities in the use of Lean tools and the Be Safe methodology throughout the Health System. During the four-month program, participants will complete seven days of classroom training and conduct projects in their current work areas supported by the instructor and a Be Safe Coach. Work is underway to provide a national Lean certification to those that fulfill all program requirements, including completion of an additional project within the year. The 18 members of the first cohort include participants from 11 different service lines as well as representatives from corporate support services and the School of Medicine. Projects identified by this cohort include work to reduce unplanned readmissions for hematology patients and to reduce wait times in the Digestive Health clinic by improving patient flow.

Goal: To provide exceptional clinical care

Inpatient and outpatient clinics continue to experience improvement in patient satisfaction over and above a strong Fiscal Year 2018 performance.

Inpatient patient experience performance as reflected in the overall hospital rating of 9's and 10's for Fiscal Year 2019 Quarter 1 is 79.9% (80th percentile), better than target and stretch target (78.5%). The improved performance resulted from continued focus on the Inpatient Experience Bundle (Leader Rounding, Comfort Rounds, Bedside Handover of Care, and Quiet at Night) with particular attention on Leader Rounding. Unit leadership teams continue to round on patients over 10,000 times per month. Not only does leadership rounding support immediate problem-solving and service recovery, it also has had a significant impact on overall patient satisfaction.

Outpatient clinic patient experience results (defined as the willingness to recommend provider's office) for Fiscal Year 2019 Quarter 1 was 93.3% (62nd percentile), just over target (93.2%). Improvement is attributed to service line and clinic specific improvement strategies to address coordination across the care continuum and the organizational focus on Ambulatory Optimization.

The Emergency Department Fiscal Year 2019 Quarter 1 patient experience score was 82.2 (25th percentile) and is below Fiscal Year 2018 (83.8) and below target (87.3). The Emergency Department team continues to focus on Rapid Medical Evaluation, direct

bedding, and improving communication with patients and families. Emergency Department clinical and registration supervisors have increased the number of Leader Rounds completed each shift. Recently revised patient brochures are given to patients waiting in the lobby. The Emergency Department clinical supervisors are also completing focused rounding in the Emergency Department lobby, during peak volume surges.

The targets for Fiscal Year 2019 are set at the 75th percentile for each of the services. According to Press Ganey, only 9.7% of their clients achieve the 75th percentile for both inpatient and outpatient clinics in the same year.

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

Through three months of Fiscal Year 2019, the Medical Center's financial performance was unfavorable with an operating margin of \$17.3M (4.0%) against a budget of \$21.2M (4.9%). This was primarily driven by lower than expected CMI and unfavorable medical supply expense. Operating margin through the first quarter exceeded prior year margin of 1.1%, primarily due to decreased expenses and volume stabilization post-Epic implementation. Cost reduction continues to be a focus, specifically around medical supply and pharmaceutical utilization and management of labor resources.

There was a successful groundbreaking ceremony for the Ivy Mountain project in September. Along with Whiting-Turner, the project contractor, the Office of the Architect and Medical Center Facilities continues to oversee the site-work and project development. Contracts and building materials are beginning to be secured. Medical Center leadership will soon be assembling a steering committee to begin operational planning.

Recent Designations and Re-certifications

The Virginia Department of Health, Office of Emergency Medical Services completed a routine certification survey of the Medical Transport Network.

The Virginia Department of Health performed a site visit as part of the Ryan White program.

The Virginia Board of Pharmacy completed routine certification surveys of the pharmacies and services of the Emily Couric Clinical Cancer Center, the UVA Cancer Center Pantops, Educational Resource Center retail pharmacy, and Employee Health.

The Commission on Cancer completed a triennial survey of the Emily Couric Clinical Cancer Center.

The United Network for Organ Sharing completed a triennial survey for Transplant Services.

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

BOARD MEETING: December 5, 2018

COMMITTEE: Health System Board

AGENDA ITEM: II.C. 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.

Oversight of UVA's 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. Her area of clinical expertise is in diabetes and pregnancy. She is co-director of the High Risk Obstetrical Diabetes Clinic and is one of two endocrinologists serving adults in the Transgender Health Clinic. 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 IRC, 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 GME 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, the GMEC conducted Special Reviews of the Orthopedic Surgery and Obstetrics and Gynecology programs. Again in 2018, the most common reason for underperformance was a negative trend on the ACGME's annual anonymous survey.

For the 2017-2018 academic year, the Medical Center sponsored 800 residents and fellows in 117 active specialty and sub-specialty training programs. All programs are currently in good standing. These include 80 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 Specialties); 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 are in the process of submitting an application for a new ACGME fellowship in Addiction Medicine and will apply for special funding from the Commonwealth of Virginia to offset its cost.

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 has not yet been determined. The next accreditation visit is tentatively scheduled for October 2020. We expect our third Clinical Learning Environment Review (CLER) visit by the end of 2018.
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 2018. A summary of accreditation decisions includes the following:

- 71 programs have Continued Accreditation
- 0 have Continued with Warning
- 0 have Probation

- 0 have Withdrawn or Withhold
- 9 have Initial Accreditation (Anesthesiology-Critical Care Medicine, Neuromuscular Medicine, Gynecological Oncology, Maternal and Fetal Medicine, Pediatric Hematology and Oncology, Pediatric Gastroenterology, Clinical Informatics, and Interventional Radiology-Integrated and Interventional Radiology - Independent)

Of the programs with Continued Accreditation:

- 55 programs (77.5%) have 0 citations and 0 concerning trends
- 14 programs (19.7%) have 0 citations but one or more concerning trends
- 1 program has a new citation but no concerning trends
- 1 program has a new and one or more concerning trends

Of the programs with Initial Accreditation:

- 1 programs 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 review committee and may impact the 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 UVA, this survey serves in place of the Employee Engagement Survey. 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 percent of the 662 residents taking the survey (94% response rate) felt either 'positive' or 'very positive' about choosing UVA for their training, with 8% feeling 'neutral', 2% feeling 'negative', and 0% feeling 'very negative'. These percentages are essentially unchanged from the 2016-2017 survey. 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, with 1% neutral.

National Match

Twenty-two residency programs, offering 156 positions in 28 different tracks, participated in the 2018 Match. Of special note, all programs obtained one or two of their top 20 ranked applicants. Furthermore, 11% of the matched applicants were graduates of UVA and an additional 16% were from other Commonwealth of Virginia medical schools.

Despite a concerted effort by the programs to recruit URM applicants (see details below), UVA had a notable decrease in matched URM students this year (11% compared to 16% in 2017; thought to be due to the events of August 11 and 12, 2017). On a broader scope, our residency programs were very attractive to medical schools around the country, matching students from 31 states including the District of Columbia and six countries (Hungary, India, Israel, Saudi Arabia, and United Arab Emirates).

Finance

The total direct budget for GME programs for Fiscal Year 2018 was \$54,509,796. Funds to support this program came 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 innovative 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 2018 by 2.0%, based on data from the biennial survey of teaching hospitals. Stipends range from \$54,755 for a PGY-1 trainee to \$72,020 for a PGY-8 trainee. Fringe benefits are set at 27.5%. 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 earning them 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 119 (Direct) or 125 (Indirect) positions.

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 2017-2018 and the following were approved for funding:

GME Innovation Grants:

- *Development of a New Simulation-Based Training Method for Robot Assisted Surgery* (Drs. Kim and Alemzadeh, School of Engineering & Drs. Cantrell, Schenkman and Oberholzer, School of Medicine): This project intends to initiate a fundamental shift of focus in simulation-based learning, from acquiring muscle memory of uniform surgical tasks to nurturing accurate perception and decision-making under adverse events.

- *An Interprofessional Polypharmacy Teaching* (Dr. Justin Mutter, Medicine and Ms. Donna White): This project intends to design and pilot an ambulatory, multidisciplinary polypharmacy consult and teaching clinic for older adults, staffed by a physician and clinical pharmacist working collaboratively. In addition to offering consultative services for the Health System's ambulatory care sites, this clinic would also serve as a teaching environment for internal medicine, family medicine, and clinical pharmacy residents working inter-professionally in a team-based care model.

GME Colligan Grants:

- *Reducing Perioperative Opioid Utilization and Improving Analgesia through Resident Education: An Interactive Web-based Education Application* (Drs. Dunn, Naik, Kohan, Durieux, and Nemergut, School of Medicine): This project intends to reduce perioperative opioid utilization by educating residents about safe, evidence-based opioid prescribing practices.
- *CycleICU: an early mobilization protocol utilizing portable stationary bicycles* (Drs. Leitner and Hulse, Department of Anesthesiology and Maliwad, Department of Physical Therapy): This project is designed to enact a modification of the early progressive mobility protocol (EPMP) in which portable bicycles would be utilized by hemodynamically stable patients in the ICU in an effort to increase early patient mobility as it has been shown to yield substantial benefits in patient care.

GME Incentive

As mentioned above, all residents and fellows participated in a Medical Center-wide quality improvement initiative earning them an additional 0.8% stipend. This year's project was aimed at increasing the use of venous thromboembolism risk stratification testing rates for all patients. Increased testing results in a decrease of the incidence of deep vein thrombosis. Through the efforts of the GME trainees, the Medical Center achieved a sustained improvement in this metric of > 52%.

GME Support of Diversity and Inclusion

The Housestaff Council for Diversity and Inclusion's mission is to promote diversity and tolerance within the GME Trainee community by building a culture of inclusion and respect, engaging 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 a voting representative to the GMEC, both providing insight to and reporting about their activities and needs. Initiatives in which they participated this year were multiple GME Diversity Days (special recruitment programming for medical student

applicants to our GME training programs). Additionally, they participated in an inaugural *Second Look* event, wherein under-represented applicants were invited to spend a weekend getting a more in depth look at their target programs, the University and Charlottesville.

Trainee Wellness

Wellness is a particular area of focus, both locally and nationally.

1. In an effort to address the increasingly publicized and very real problem of physician burnout, the Assistant Dean for Graduate Medical Education has undertaken the issue of trainee wellness as a GME-wide initiative. Activities include creating a robust website with wellness resources and program offerings, liaising with individual program wellness committees to identify issues, and sharing resources and best practices. Both the Associate and Assistant Dean hold open *office hours* for trainees to provide one-on-one career or professional counseling.
2. The GMEC has developed a COACH program (Committee on Achieving Competency and Help) for GME trainees. Led by faculty from multiple specialties, including psychology, a Trainee who self refers for this confidential service can 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.

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 Fiscal Year 2018, however it was determined during the retreat that all areas of focus were significantly important to continue efforts in Fiscal Year 2019. Action plans are monitored throughout the year at GMEC meetings. Current and upcoming year action plans are as follows:

Academic Year 2017-2018

1. *Increase the diversity of GME trainees*
In the previous academic year, the GME community had made progress in attracting and recruiting not just 4th year URM students to its residency programs, but also diverse individuals as represented by sexual identity, ethnic or religious backgrounds, and both country and state of origin. Our efforts were hurt in part by the events of August 11th and 12th, 2017. This occurred during the midst of fellowship recruitment, and we had an unexpectedly high number of applicants cancel their visits after being invited to interview at UVA. During the residency

interview season, we offered specific programming to attract those applicants interested in diversity. These included Diversity Days where applicants could meet with current residents, faculty, and community members to learn about our commitment to diversity and have their concerns about working and living in Charlottesville addressed. We also offered a 'Second Look' to applicants who had visited UVA and wanted more information about our diversity and inclusion efforts. Our match rate 11% (compared to 16% in 2017) of URM matched students demonstrated the need to not only sustain but expand our efforts. This is especially true as we are competing for diverse individuals with sponsoring institutions around the country. Additional efforts in Fiscal Year 2019 include a *First Look* in September, visits to Historically Black Universities and Colleges by the DIO and select program directors, and the offering of scholarships for 4th year electives to those students who might encounter financial hardship in travel or living expenses. Finally, we have increased our support for the newly created Housestaff Council for Diversity and Inclusion (see above).

2. *Enhance faculty development for Program Directors*
The GMEC recognized that most faculty development provided by the Health System was not geared towards GME and requested that educational experiences specifically geared towards their success as GME leaders be developed and implemented. During the past academic year, topics chosen to help new and associate program directors were offered, including workshops on *Trainee Wellness*, *Building Your GME Team*, and *GME Funding*. This development series remains popular with both new and more senior program directors and will be continued with new topics in Fiscal Year 2019, especially as the revised ACGME Common Program Requirements have placed additional emphasis on this area.
3. *Trainee well-being*
(See above). This is a main 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 2019 action item.
4. *GME involvement in quality and patient safety initiatives*
Our progress in this area has been slow. Results of our 2017 CLER survey show that residents and fellows perceive Be Safe to be punitive (which is a common problem at all academic medical centers and teaching hospitals). Moreover, resident leaders have shared that they have felt left out of many problem-solving initiatives, in part because meetings are often held at times when they are directly responsible for providing patient care or attending educational activities. The progress that was gained this year occurred largely around residents from a single program identifying a problem and employing Be Safe methodology to solve it. Our work this year is to change their perception about Be Safe, and more directly involve them with nurses and other team members in their problem-solving activities.

GME Simulation

The Simulation Lab in the Education Resource Building became fully operational in Fiscal Year 2018, with the hiring of an additional GME Office staff member with expertise in audio-visual systems. The Sim Lab has proven to be a popular spot for learning. Examples of GME simulation and team member activities included:

- *ENT Airway Grand Rounds (Faculty, Medical Students, Nurses and Residents) – Interactive Airway Demonstration, including intubation and bronchoscopy*
- *Internal Medicine Intern Boot Camps (Residents and Nurses) – Medicine Chief Residents and Nurses help prepare new Medicine Interns for Patient care*
- *Surgery, OB/GYN & Urology (Laparoscopic Olympics) – Residents from these specialties learn and compete against each other on FLS trainers*
- *Residency Readiness Course (Faculty, Residents, Nurses and Medical Students) – Fourth Year Medical School course for two weeks that prepares Medical Students for internship*
- *Emergency Medicine Simulation (Faculty, Residents, and Medical Students) – With the support of Life Support Learning, Residents and Medical Students from Emergency Medicine are trained on Manikins in various aspects of emergent patient care.*

In addition, the Simulation Lab is widely used by other team members of the Health System. Some of these simulation activities include:

- *Nursing Education Fair – Education information for anyone interested in nursing; various stations setup for demonstration*
- *Nursing Residency Program Sepsis Simulation – Sepsis Scenario for the 9-month Nursing Residency program*
- *Smart Move Coach – Competency validation to promote safe patient handling*
- *Skin Champ Boot Camp – Education for assessing of skin and wounds of different etiologies; review of pressure ulcers and the utilization of products for skin and wound care*

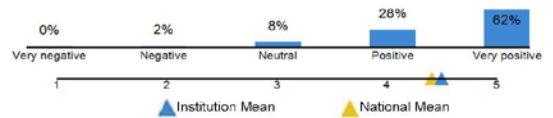
Summary

GME 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, the GME community and our programs will need to adapt in order to proudly continue this outcome.

Institution Means at-a-glance



Residents' overall evaluation of the program



Clinical Experience and Education

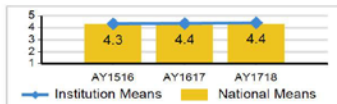


Item	% Program Compliant	Program Mean	% National Compliant	National Mean
80 hours	93%	4.6	93%	4.6
1 day free in 7	98%	4.9	97%	4.8
In-house call every 3rd night	100%	5.0	99%	5.0
14 hours free after 24 hours of in-house call	98%	4.9	99%	4.9
8 hours between clinical exp and ed work hours	98%	4.6	98%	4.7
Continuous hours scheduled	95%	4.7	95%	4.7

Reasons for exceeding clinical experience and educational work rules:

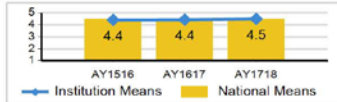
Reason	Percentage
Patient needs	8%
Paperwork	11%
Additional ed experience	3%
Cover someone else's work	3%
Night float	3%
Schedule conflict	3%
Other	2%

Faculty



Item	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	95%	4.4	92%	4.3
Appropriate level of supervision	98%	4.7	98%	4.6
Sufficient instruction	90%	4.3	88%	4.2
Faculty and staff interested in residency education	89%	4.4	85%	4.3
Faculty and staff create environment of inquiry	88%	4.3	79%	4.1

Evaluation



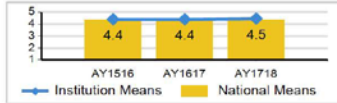
Item	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	99%	5.0	99%	4.9
Opportunity to evaluate faculty members	98%	4.9	99%	4.9
Satisfied that evaluations of faculty are confidential	88%	4.3	85%	4.3
Opportunity to evaluate program	99%	5.0	98%	4.9
Satisfied that evaluations of program are confidential	89%	4.4	87%	4.4
Satisfied that program uses evaluations to improve	77%	4.1	75%	4.1
Satisfied with feedback after assignments	69%	3.9	72%	4.0

Educational Content



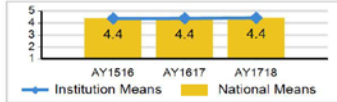
Item	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	91%	4.7	94%	4.8
Instructed how to manage fatigue	92%	4.7	91%	4.6
Satisfied with opportunities for scholarly activities	84%	4.2	78%	4.1
Appropriate balance between ed and other clinical demands	83%	4.2	80%	4.2
Education (not) compromised by excessive reliance on non-physician obligations	71%	3.9	75%	4.0
Supervisors delegate appropriately	100%	4.6	99%	4.6
Provided data about practice habits	75%	4.0	70%	3.8
See patients across variety of settings	95%	4.8	96%	4.8

Resources



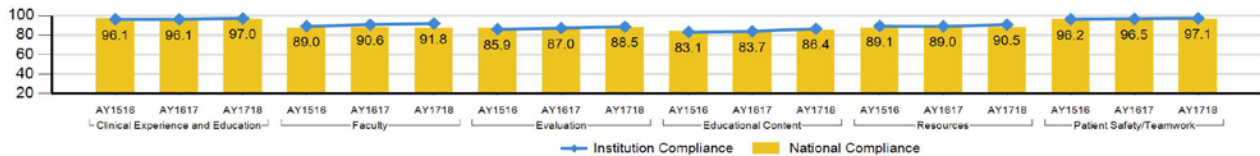
Item	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	99%	5.0
Use electronic medical records in ambulatory setting*	99%	5.0	99%	4.9
Electronic medical records integrated across settings*	98%	5.0	87%	4.5
Electronic medical records effective	99%	4.5	95%	4.2
Provided a way to transition care when fatigued	84%	4.4	81%	4.2
Satisfied with process to deal with problems and concerns	83%	4.2	81%	4.2
Education (not) compromised by other trainees	91%	4.4	90%	4.5
Residents can raise concerns without fear	87%	4.3	82%	4.2

Patient Safety/Teamwork



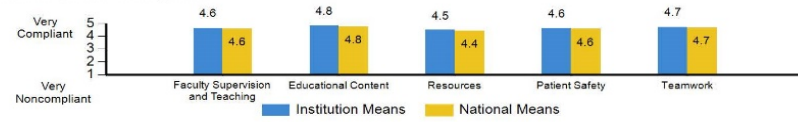
Item	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	98%	4.5	95%	4.6
Culture reinforces patient safety responsibility	99%	4.5	99%	4.5
Participated in quality improvement	88%	4.5	87%	4.5
Information (not) lost during shift changes or patient transfers	97%	4.0	97%	4.0
Work in interprofessional teams	99%	4.7	98%	4.6
Effectively work in interprofessional teams	100%	4.4	99%	4.4

Total Percentage of Compliance by Category

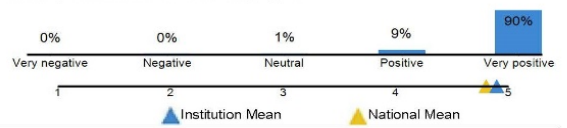


© 2018 Accreditation Council for Graduate Medical Education (ACGME) *Response options are Yes or No. These responses aren't included in the Program Means and aren't considered non-compliant responses. Percentages may not add to 100% due to rounding.

Institution Means at-a-glance



Faculty's overall evaluation of the program



Faculty Supervision and Teaching



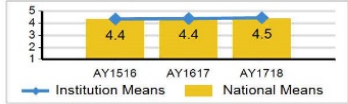
Statement	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient time to supervise residents/fellows	97%	4.8	95%	4.7
Residents/fellows seek supervisory guidance	95%	4.6	93%	4.6
Interest of faculty and Program Director in education	98%	4.8	97%	4.7
Rotation and educational assignment evaluation*	99%		99%	
Faculty performance evaluated*	99%		99%	
Faculty satisfied with personal performance feedback	90%	4.4	88%	4.4

Educational Content



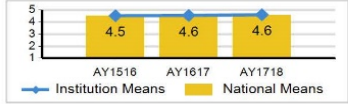
Statement	% Program Compliant	Program Mean	% National Compliant	National Mean
Worked on scholarly project with residents/fellows*	77%		76%	
Residents/fellows see patients across a variety of settings*	99%		99%	
Residents/fellows receive education to manage fatigue*	99%		99%	
Effectiveness of graduating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

Resources



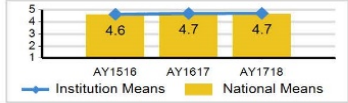
Statement	% Program Compliant	Program Mean	% National Compliant	National Mean
Program provides a way for residents/fellows to transition care when fatigued*	99%		99%	
Residents/fellows workload exceeds capacity to do the work	100%	4.3	99%	4.3
Satisfied with faculty development to supervise and educate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

Patient Safety



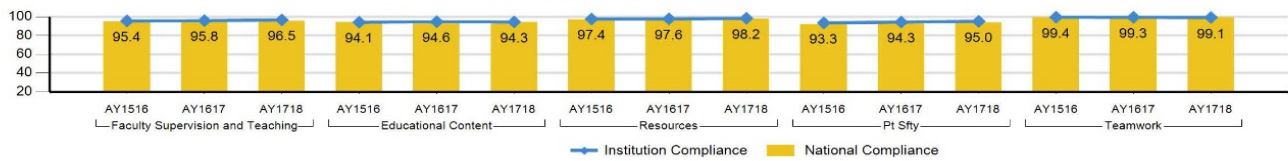
Statement	% Program Compliant	Program Mean	% National Compliant	National Mean
Information not lost during shift changes or patient transfers	90%	4.2	92%	4.2
Tell patients of respective roles of faculty and residents/fellows	94%	4.6	93%	4.6
Culture reinforces patient safety responsibility	97%	4.8	97%	4.7
Residents/fellows participate in quality improvement or patient safety activities	97%	4.8	93%	4.7

Teamwork



Statement	% 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	99%	4.7	100%	4.7
Program effective in teaching teamwork skills	99%	4.6	99%	4.6

Total Percentage of Compliance by Category



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

BOARD MEETING: December 5, 2018

COMMITTEE: Health System Board

AGENDA ITEM: III. School of Medicine Dean's Remarks

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: The School of Medicine continues to have a strong performance in research and the recruitment of creative, productive, and collaborative faculty members with the drive to transform our work and reputation.

RESEARCH REPORT

NIH Pioneer Award

Jonathan Kipnis, Ph.D., Harrison Distinguished Teaching Professor and Chair of Neuroscience, has been honored as the recipient of the National Institute of Health (NIH) Director's Pioneer Award. Part of the High-Risk, High-Reward Research Program, this award supports scientists with outstanding records of creativity who are developing new directions in their research to tackle major issues in biomedical and behavioral research. The award does not require preliminary data, and Dr. Kipnis will receive \$700,000 in direct costs per year for up to five years.

Faculty Recruitment

Four new faculty members have been recruited through the Strategic Hiring Initiative.

Patricio Ray, M.D., Professor of Pediatrics, is a world-renowned pediatric nephrologist who comes from Children's National Hospital in Washington, DC. At Children's National, his group developed cutting-edge techniques for gene therapy in HIV-induced kidney disease, Kaposi's sarcoma, gastrointestinal bleeding, and vascular leakage induced by heparin binding growth factors. His interest in the unique susceptibility of African individuals to HIV nephropathy fits well with the focus of the Global Genomics and Biomedical Research Institute. He has opportunities for collaboration with multiple physician-scientists in Pediatrics, the Department of Medicine's Division of Nephrology, the

Thaler Center for HIV and Retrovirus Research, the Center for Global Health, and the Global Infectious Diseases Institute. Dr. Ray is the principal investigator on four RO1 grants from the National Institutes of Health. He started September 1, 2018.

Kevin Pelphrey, Ph.D., Professor of Neurology, is a global leader in autism research. He leads the NIH Autism Center for Excellence's Multimodal Developmental Neurogenetics of Autism Network, which spans seven national sites. Since 2014, he has been the public mentor of the NIH Interagency Autism Coordinating Committee, and he serves on the board of the International Society for Autism Research. He has developed magnetic resonance imaging (MRI) tools and techniques to study the social and language function that will impact the study of Alzheimer's disease and dementias, and has studied functional MRI responses to biological motion that apply to the study of dementia. Dr. Pelphrey will develop collaborative research programs with pediatric neurologists, developmental pediatricians, radiologists, neuroscientists, and health evaluation scientists. His recruitment will have a profound impact on training the next generation of providers as he currently holds an NIH training grant; will have a major role in educating child neurology residents and fellows in developmental pediatrics; and will mentor graduate and undergraduate students in our neurosciences programs. He comes from Yale and started on October 1, 2018. Dr. Pelphrey is the principal investigator on many federal and non-federal research grants.

Michael Engel, M.D., Ph.D., Professor of Medicine and Chief of Hematology-Oncology, is a leader in understanding the production of normal blood cells and events that lead to T cell leukemia. Although he is relatively early in his career, he has been highly successful in terms of both funding and impact to the field. A major contribution has been his discovery and characterization of a Notch-GFI1-LSD axis, which plays a fundamental role in the development and progression of T cell leukemia. His Ph.D. in Biochemistry has allowed him to understand the structural possibilities of small inhibitory compounds, which led to the identification of what may be a highly effective intervention against leukemia. His bench work has been translated to an early phase clinical trial for patients with this disease. Dr. Engel holds leadership roles in several national pediatric oncology organizations, serves on the editorial board for a number of oncology journals, and participates on study sections for the National Cancer Institute, the American Cancer Society, and the Department of Defense. At the University of Virginia, his research will complement the current strong programs in cancer in the Cancer Center and in several basic science departments, and will serve as a nucleus to grow drug development programs of strategic importance. He comes from the University of Utah with an NIH R01 and an American Cancer Society award, and he started November 1, 2018.

Margaret Kosek, M.D., Associate Professor of Medicine and Public Health Sciences, will bring research and collaborations in infectious diseases epidemiology. She has NIH investigator-initiated clinical trial expertise and currently runs an NIH U01 Phase 2 trial on probiotics. She is familiar with NIH regulatory processes and with FDA investigational drug and emergency investigational drug applications. She brings a connection to a Malnutrition and Enteric Disease Study research site in Iquitos, Peru, that serves as an invaluable resource for future epidemiologic and clinical trial studies through a birth

cohort of more than 1,600 children from eight countries. UVA would be in the exclusive position to propose to extend the study to examine long-term outcomes such as the genomic and environmental risk factors associate with cognitive performance and metabolic diseases. Dr. Kosek brings funding from the Gates Foundation, is co- principal investigator on two NIH R01s, and has a NASA grant. She comes from Johns Hopkins and will start on January 1, 2019.

DEPARTMENT CHAIRS

The School of Medicine recently recruited Li Li, M.D., Ph.D., M.P.H., to be chair of the Department of Family Medicine. Dr. Li comes from Case Western University's School of Medicine where he was Professor of Family Medicine and of Epidemiology and Biostatistics, and was Mary Ann Swetland Professor of Environmental Health Sciences. He was the founding director of the Case School of Medicine Ph.D. program in Clinical Translational Science, director of the Mary Ann Swetland Center for Environmental Health, and director of the Case-China Health Initiative. At Case Comprehensive Cancer Center, he was the Associate Director for Prevention Research.

At the University of Virginia School of Medicine, Dr. Li has the charge to develop and strengthen community engagement, further develop the department's existing international health program, and build capacity in translational population research. His work in cancer, population health, molecular/genetic epidemiology, and disease prevention will be an important addition to the UVA Cancer Center.

In September 2018, the School of Medicine initiated a search for a new chair of the Department of Urology.

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

BOARD MEETING: December 5, 2018

COMMITTEE: Health System Board

AGENDA ITEM: IV.A. Transitional Care Hospital Operations Report

ACTION REQUIRED: None

BACKGROUND: Tracy Turman, M.H.A., FACHE is the Administrator of the Transitional Care Hospital, a long-term acute care hospital (LTACH). He joined the organization on January 29, 2018 and oversees all operations of this long-term acute care facility.

DISCUSSION: This periodic report summarizes the operations of the Transitional Care Hospital (TCH). It reflects the performance and efforts related to the four key areas: healing, serving, engaging, and building.

Goal: To become the safest place to receive care

Performance on key quality metrics, including mortality, team member injury, 30-day readmission, facility acquired Clostridium Difficile Colitis (C. Diff) infection, and pressure injury, indicate exceeding the target in the first quarter of the fiscal year.

In September, TCH and Telemedicine at the Medical Center began a consultation pilot with Dr. Michael Williams and the surgical team. Each TCH physician has been provided with the equipment, connectivity, protocols, and training to schedule and conduct surgical consults via telemedicine at TCH. To date, four consultations have been successfully completed. TCH continues to conduct training sessions to ensure all physicians and staff maintain proficiency. The plan is to add additional disciplines in the coming months.

Goal: To be the healthiest work environment

The 2018 UVA Health System Engagement Survey was conducted in April-May, 2018. Action plan development pertaining to the results has begun. The TCH plan is created through the engagement of the “Experience Committee” which is a multidisciplinary team of employees and leadership focused on improving the experience of patients, families, and team members. Various actions have occurred to date including team building sessions, employee led retreats (without management), quarterly town hall meetings, bake sales to showcase talents, an annual chili cook-off, and holiday celebrations that included the involvement of a local elementary school, patients, and caregivers.

Goal: To provide exceptional clinical care

The patient experience is key to providing the best care possible. It includes a collection of interactions which patients and their families have while in our care and beyond. The TCH evaluates this experience through the use of the Press Ganey LTACH Inpatient Survey Tool. Results continue to reflect a high level of satisfaction with the care provided. The overall assessment rating for the first quarter of the fiscal year was 95.4% (84th percentile), which is better than the prior year and target. This improvement was recognized during the Health System awards celebration where TCH was noted to have the most improved patient experience scores in Fiscal Year 2018.

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

As noted in the Health System Finance report on page four, for the three months ended September 30, 2018, the operating loss for the TCH was \$0.8M, versus a budget of \$0.1M. This variance was attributable to lower than expected volumes, lower CMI, and unfavorable payor and census mix.

The seasonal variations in illness in the fourth quarter of fiscal year 2017 also contributed to the volume and acuity variance. However, the lower acuity patient population created an opportunity to admit complex, hard to place patients from the Medical Center.

The TCH manages the mix via the patient progression department which manages the entire patient stay from referral to admission to discharge. TCH hospital liaisons are clinicians who educate referral sources and facilitate admissions. In September, TCH successfully recruited a liaison to assist with the referral process (a position that had been vacant since June). The TCH case managers ensure a successful stay and discharge plan. This helps to manage to the appropriate next level of care.

In Quarter 1 Fiscal Year 2019, 78% of admissions came from the UVA Medical Center, while the rest came from outside hospitals. Breakdown of patients by medical categories include 37% vent weaning and respiratory complex, 27% complex wounds, and 36% medically complex.

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). Case Mix Index (CMI) was 1.07, compared to a budget of 1.16, for all patients in Quarter 1 Fiscal Year 2019 mainly due to lower ventilator patient census. Average length of stay for Quarter 1 Fiscal Year 2019 was 31.28 for all payers and 29.51 for Medicare patients.

In collaboration with the leadership and case management team of the Medical Center, various departments of the School of Medicine, and outside referral sources, the TCH has developed a plan to further serve the long-term acute care population.

RECENT DESIGNATIONS, INSPECTIONS AND CERTIFICATIONS

An unannounced Virginia Department of Health inspection occurred in September because of a patient complaint. There were no deficient practices found during the survey, and the surveyors were complimentary of staff and the services provided.

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

BOARD MEETING: December 5, 2018

COMMITTEE: Health System Board

AGENDA ITEM: IV.B. Annual Report on Continuum Home Health

ACTION REQUIRED: None

BACKGROUND: Continuum Home Health Care (Continuum) is structured as a department of the Medical Center, and is included in the Post-Acute Division. It has been in operation for 23 years and is the largest home health agency in Central Virginia, now serving approximately 6,500 patients annually. Continuum is the only integrated home health and home infusion provider in Central Virginia. It currently maintains a workforce of 120 staff.

DISCUSSION: Continuum Home Health Care (Continuum) provides two primary services, Home Health and Home Infusion.

Home Health provides direct, intermittent skilled nursing, physical (PT), occupational (OT), and speech therapy (SLP), home health aides, and social work services to patients in 11 counties in the Medical Center’s primary and secondary service area. Average daily census was 550 patients in Fiscal Year 2017-2018.

Home Infusion provides home infusion IV therapies, enteral nutrition, related supplies, and clinical pharmacy services to patients throughout Virginia and to UVA patients in North Carolina. Average daily census was 800 patients in Fiscal Year 2017-2018.

Continuum also offers specialty home health services, including psychiatric services, pediatric services, and interdisciplinary wound care. In addition, Continuum maintains four full-time home health liaisons at the Medical Center to aid in patient transitions to home health and home infusion. These liaisons provide home infusion training and education to patients and their caregivers when leaving the Medical Center, Novant Health UVA Health System, Sentara Martha Jefferson, and UVA Encompass Health Rehabilitation Hospital.

Home Health received 64% of its referrals from UVA (inpatient units, TCH, and outpatient clinics), and 36% from outside hospitals, non-UVA community physicians, and post-acute facilities.

Home Infusion received 83% of its referrals from UVA sites and 17% from outside hospitals and other post-acute facilities.

Admissions/Visit Volumes and Infusion Therapy Days

In Fiscal Year 2017-2018, total new Home Health patient episodes declined by 5% from Fiscal Year 2016-2017 due to limited staffing resulting from difficulty filling vacant Registered Nurse and Physical Therapist positions. As a result, 7,000 fewer visits were provided. While Home Health was forced to limit services, Home Infusion continued to grow, increasing its new patients by 10%. Home Infusion delivered 13% more therapy days due to the increasing number of patients receiving IV therapies in the home setting, as well as the increasing use of Continuum by outside hospitals.

Payer Mix

Traditional Medicare and Medicare HMOs continued to be the primary payer for Home Health (59.2%) while Home Infusion continued to be more heavily covered by commercial insurers and Medicaid, as Medicare provides very limited coverage for IV therapies.

Patient Satisfaction and Outcomes

Continuum exceeded both state and national benchmarks on all five CMS HHCAPS patient satisfaction categories in the last CMS ratings for the period through December 2017.

Continuum received a 4.0 star rating from CMS for home health patient satisfaction and a 3.0 star rating for outcomes reported through September 2017. Continuum exceeded both state and national benchmarks in preventing re-hospitalizations.

For Home Infusion, the Fiscal Year 2018 Continuum patient satisfaction survey resulted in a 95.3% overall positive rating for care received and a 95.5% likelihood of recommendation.

Employee Engagement and Recognition

In the 2018 Press-Ganey employee engagement survey, UVA Health System recognized Continuum as a Top Performer and overall tier-one performing department.

Three home health staff achieved national certifications: a Physical Therapist as a Home Care Clinical Specialist in OASIS-D (Medicare benchmark data), a Registered Nurse in Home Infusion, and a Registered Nurse in Nursing Management.

Continuum's long term Medical Director, Daniel Becker, retired. Dr. Justin Mutter was appointed to the position, beginning on July 1, 2018.

Agency Initiatives

Continuum successfully implemented EPIC's OnBase solution for paperless storage along with its Unity Briefcase to enable field staff to view patient case documentation in a mobile-secure disconnected state while seeing patients off-site.

Continuum phased out two legacy systems and their related expenses: the home health billing system (Meditech) and the document storage solution (Forcura).

Continuum successfully completed two unannounced surveys: one for Medicare and another for Joint Commission, both conducted in March 2018, neither of which received any subsequent survey requirements.

In January 2018, Continuum successfully transitioned 48 contracted therapy staff members from UVA-Encompass Health to UVA Medical Center employment in order to better align compensation and performance expectations.

Continuum enhanced employee safety by installing exterior cameras and partnering with UVA Police to implement 24/7 monitoring and on-site patrols.

The on-site facility expansion to accommodate the growing needs of Home Health and Home Infusion is now underway with expected completion in Calendar Year 2019.

In January 2018, Continuum launched a high-risk newborn program that saw over 100 infants within the first six months of operation. It is branded by the UVA Children's Hospital.

Areas of focus for Fiscal Year 2018-2019 are on-staff recruitment and retention. Continuum experienced significant turnover in Fiscal Year 2017-2018 due to retirements, competitors who offer greater compensation, and positions in areas that offer greater work-life balance.

Continuum is working with Infectious Disease to implement an Outpatient Antibiotic Team (OPAT) to collaborate with the Continuum Pharmacy on the management of patients discharged to home that require IV antibiotics. This effort is aimed at enhancing antibiotic stewardship, as well as preventing re-hospitalizations and improving patient outcomes.