



THE RECTOR AND VISITORS OF THE
UNIVERSITY OF VIRGINIA

December 9, 2021

MEMORANDUM

TO: The Health System Board:

Committee Members:

L. D. Britt, M.D., Chair
Babur B. Lateef, M.D., Vice Chair
Robert M. Blue
Whittington W. Clement

James B. Murray Jr.
James V. Reyes
A. Bobby Chhabra, M.D., Faculty
Consulting Representative

Public Members:

Kenneth B. Botsford, M.D.
William G. Crutchfield Jr.

Victoria D. Harker
Thomas A. Scully

Ex Officio Advisory Members:

James E. Ryan
Pamela F. Cipriano
Jennifer Wagner Davis
Wendy M. Horton

Melina R. Kibbe, M.D.
K. Craig Kent, M.D.
M. Elizabeth Magill
Scott A. Syverud, M.D.

and

The Remaining Members of the Board of Visitors:

Mark T. Bowles
Carlos M. Brown
Frank M. Conner III
Elizabeth M. Cranwell
Thomas A. DePasquale
Barbara J. Fried

Louis S. Haddad
Robert D. Hardie
Angela Hucles Mangano
L.F. Payne
Joel W. Hockensmith, Faculty Rep
Sarita Mehta, Student Rep

FROM: Susan G. Harris

SUBJECT: Minutes of the Meeting of the Health System Board on December 9, 2021

The Health System Board met, in Open Session, at 8:30 a.m., on Thursday, December 9, 2021. Dr. L.D. Britt, Chair, presided.

Committee Members present: Babur B. Lateef, M.D., Whittington W. Clement, James B. Murray Jr., James V. Reyes, Abhinav B. Chhabra, M.D. (via Zoom), Kenneth B. Botsford, M.D., William G. Crutchfield Jr.,

Victoria D. Harker, Thomas A. Scully, James E. Ryan, Pamela F. Cipriano, Jennifer Wagner Davis, Wendy M. Horton, K. Craig Kent, M.D., Melina R. Kibbe, M.D., M. Elizabeth Magill, and Scott A. Syverud, M.D.

Committee Members absent: Robert M. Blue

Mark T. Bowles, Frank M. Conner III, Elizabeth M. Cranwell, Thomas A. DePasquale, Robert D. Hardie, L.F. Payne, C. Evans Poston Jr., Joel W. Hockensmith, and Sarita Mehta also were present.

Present as well were Reid B. Adams, M.D., Lisa Badeau, Melody S. Bianchetto, Susan G. Harris, Hanna Kenyon, Mark M. Luellen, David W. Martel, Clark L. Murray, Debra D. Rinker, Margot M. Rogers, Carolyn D. Saint, Jennifer W. Siciliano, Eric Swensen, Margaret Clark Tracci, M.D., and Jasmine H. Yoon.

Presenters were: James Browne, M.D. (via Zoom), Jeremy Sibiski (via Zoom), Catherine Cash, Ainsley Polson, James Gangemi, M.D., James Nataro, M.D., Mary Francis Southerland, Jason Lineen, and Douglas E. Lischke.

Opening Remarks from the Chair

Dr. Britt turned the meeting over to Dr. Kent to proceed with the agenda.

Opening Remarks from the Executive Vice President for Health Affairs

Dr. Kent spoke about recent accolades and accomplishments of alumni and faculty. He said over the past few months they have posted over 100 new positions, with most physicians and some researchers. This indicates the exciting growth of UVA Health.

UVA Orthopedics Center, Ivy Road

Dr. Bobby Chhabra, Lillian T. Pratt Distinguished Professor and Chair of the Department of Orthopedic Surgery, spoke by Zoom, and outlined the program for the new Orthopedics Center on Ivy Road, which is 195,000 square feet dedicated to orthopedic and musculoskeletal care. He introduced Dr. James Browne, Vice Chair of Clinical Operations and Division Head of Adult Reconstruction, Clinic Director Catherine Cash, and Nurse Manager Ainsley K. Polson. He said there is nothing like this facility elsewhere in the region and perhaps in the country. He showed several pictures of the interior and exterior of the facility. Challenges include staffing the facility.

Dr. Browne said purpose-built orthopedic centers are cutting edge; some patients need inpatient care, but most do not. A patient can get all orthopedic services under the same roof. He said as a joint replacement surgeon, this facility will serve his patients better.

Ms. Cash and Ms. Poulson also made brief comments about patient services and staff education in the facility.

UVA/VCU Pediatrics Cardiac Surgery Program

Dr. James Nataro, Physician in Chief for UVA Children's and the Chair of the Department of Pediatrics, and Dr. James Gangemi, Surgical Director of Pediatric Congenital Heart Surgery at UVA, discussed a collaboration with VCU on repairing congenital heart defects in infants and small children. He said in order to be outstanding you need high volume and do things in the same way every single day. They have formed a partnership among three institutions that will provide the

necessary volume and assure the best possible outcomes. Dr. Gangemi detailed the collaboration. Operations are performed at the other facilities by the UVA surgeons. The northern Virginia market has some growth potential as many in northern Virginia leave the state for these procedures. As the program grows, they will do lower risk operations with different teams at different hospitals, but the complex surgeries will continue to be done at UVA by the same team. This includes pediatric heart transplants.

Closed Session

At 9:21 a.m., the committee went into closed session upon the following motion made by Ms. Harker, duly seconded, and approved.

- “Mr. Chair, I respectfully move the Health System Board into closed meeting to discuss proprietary, business-related information about the operations of the Medical Center, the School of Medicine, and the School of Nursing, where disclosure at this time would adversely affect the competitive position of the Medical Center, the School of Medicine, or the School of Nursing, 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 FY 2022, including proprietary information related to COVID-19; all of which further the strategic initiatives of the Medical Center, the School of Medicine, and the School of Nursing 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;
 - 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.”

At 11:14 a.m., the committee concluded closed session and upon the following motion certified that the closed session included only matters identified in the motion authorizing closed session and lawfully exempted from open meeting requirements. The motion was made by Ms. Harker and duly seconded and approved by roll call vote.

Voting in the affirmative:

L.D. Britt, M.D.
Babur B. Lateef, M.D.

Whittington W. Clement
James B. Murray Jr.
Abhinav B. Chhabra, M.D.

Kenneth B. Botsford, M.D.
William G. Crutchfield Jr.
Victoria D. Harker

Thomas A. Scully
 Pamela M. Cipriano
 Jennifer Wagner Davis

Wendy M. Horton
 K. Craig Kent, M.D.
 Melina R. Kibbe, M.D.

M. Elizabeth Magill
 James E. Ryan
 Scott A. Syverud, M.D.

Motion:

“Mr. Rector, I move that we vote on and record our certification that, to the best of each Board member’s knowledge, only public business matters lawfully exempted from open meeting requirements and which were identified in the motion authorizing the closed session, were heard, discussed or considered in closed session.”

Health System Consolidated Financials Fiscal Year 2022 Year-to-Date

A full written report was provided in the advance materials and includes the following:

UVA Health's operating income is favorable to budget for the three months ended September 30, 2021.

	Operating Income			Operating Margin		
	<u>Actual</u>	<u>Budget</u>	<u>Pr Year</u>	<u>Actual</u>	<u>Budget</u>	<u>Pr Year</u>
Medical Center	33.1	29.8	16.8	6.4%	5.9%	3.6%
Community Health	1.4	(1.9)		1.2%	-1.8%	
UPG - SOM Clinical	8.4	(3.3)	0.7	6.1%	-2.5%	0.6%
SOM Academic	8.4	4.2	3.8	6.2%	3.1%	3.2%
SON Academic	0.8	(0.0)	1.4	10.9%	-0.6%	22.2%
Health Sciences Library	(0.4)	(0.4)	0.0	-23.9%	-27.2%	0.7%
Health System Support/Transfers	<u>(10.3)</u>	<u>(10.2)</u>	<u>(12.4)</u>			
UVA Health	41.5	18.2	10.4	4.7%	2.2%	1.5%

UVA Medical Center

For the first quarter of Fiscal Year 2022, the operating income was \$33.1M, resulting in a 6.4% operating margin and yielding a \$3.3M favorable budget variance. The patient population had a higher acuity which also contributed to net revenue. The all payer case mix was 2.37 and exceeded budget by 4.7%. The operating margin is supported by imaging, dialysis, the transitional care hospital, home health and the management of shared services expenses. The Medical Center generated \$58.6M in cash from operations (EBITDA) after transfers and cash reserves totaled 283 days, which was bolstered by Federal Loan funds of \$140.9M as well as strong investment returns. Excluding this \$140.9M, which must be repaid, cash reserves totaled 255 days. Total expenses adjusted for volume and acuity were 0.3% unfavorable to budget.

Total paid employees, including contracted employees, were 232 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 275 nurse travelers.

	<u>FY2022</u>	<u>2022 Budget</u>
Employee FTEs	8,284	8,821
Contract Labor FTEs	417	112
Salary, Wage and Benefit Cost / FTE	\$92,405	\$89,042
Total FTEs	8,701	8,933

UVA Community Health

For the first quarter of Fiscal Year 2022, the operating income for all business units was \$1.4M, resulting in a 1.2% operating margin and yielding a \$3.3M favorable budget variance. Net Revenue exceeded plan as volumes across the three acute facilities were stronger than budgeted, driven by ER and deliveries (up 20% to plan).

Transitional Care Hospital

For the first quarter of Fiscal Year 2022, the operating loss for the Transitional Care Hospital (TCH) was \$1.2M, yielding a favorable budget variance of \$0.1M. Staffing challenges related to COVID-19 issues caused a reduction in capacity and negatively impacted admissions and discharges. TCH admitted 38 patients, and 74% of those were from the Medical Center. The all payer case mix was 1.32, which exceeded budget by 36% and favorably impacted revenue.

Through cost savings generated by caring for patients in a lower-cost setting, TCH provided a \$0.05M benefit to the system in addition to freeing up beds at the Medical Center.

UVA Physicians Group (Clinical Enterprise)

Through the first quarter of Fiscal Year 2022, the Physicians Group (UPG) produced an operating surplus of \$8.4M, which was \$11.7M favorable to budget and \$7.7M favorable to the prior year. Favorable results were driven by higher than plan patient volumes and cost savings from social distancing and remote work. These results include \$8.7M in support towards the Academic Mission.

UVA School of Medicine (Academic Enterprise)

Through the first quarter of Fiscal Year 2022, the School of Medicine generated an \$8.4M surplus yielding a \$4.6M favorable variance to budget. This is primarily related to favorable gift revenues, utilization of state funds, and controlled spending. The surplus from recurring operations was \$14.8M surplus, offset by strategic investments of \$6.4M, which is funded by the Dean's reserves.

UVA School of Nursing (Academic Enterprise)

The School of Nursing had a favorable variance for Quarter 1. Non-personnel expenditures were lower in the first quarter as professional development and activities related to recruitment occur later in the fiscal year. Salary expenditures are in-line with some positive variance from some unfilled faculty vacancies.

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

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-19	Sep-20	Sep-21	Sep-21
Net patient revenue	\$437.9	\$445.5	\$620.3	\$592.0
Other revenue	<u>11.0</u>	<u>13.9</u>	<u>16.7</u>	<u>17.8</u>
Total operating revenue	<u>\$449.0</u>	<u>\$459.3</u>	<u>\$637.1</u>	<u>\$609.8</u>
Operating expenses	403.3	407.3	558.2	534.3
Depreciation	26.1	30.9	38.1	38.7
Interest expense	<u>4.7</u>	<u>4.4</u>	<u>6.2</u>	<u>8.8</u>
Total operating expenses	<u>\$434.1</u>	<u>\$442.6</u>	<u>\$602.5</u>	<u>\$581.9</u>
Operating income (loss)	<u>\$14.9</u>	<u>\$16.8</u>	<u>\$34.5</u>	<u>\$27.9</u>
Non-operating income (loss)	(\$28.2)	<u>\$64.1</u>	<u>\$14.7</u>	<u>\$12.9</u>
Net income (loss)	(\$13.3)	\$80.9	\$49.2	\$40.8
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-19	Sep-20	Sep-21
Assets			
Operating cash and investments	\$58.8	\$258.5	\$295.7
Patient accounts receivables	259.9	234.3	361.5
Property, plant and equipment	1,286.9	1,361.5	1,650.9
Depreciation reserve and other investments	455.1	450.2	520.3
Endowment Funds	673.0	710.9	962.8
Other assets	<u>278.7</u>	<u>298.2</u>	<u>257.6</u>
Total Assets	<u>\$3,012.3</u>	<u>\$3,313.7</u>	<u>\$4,048.8</u>
Liabilities			
Current portion long-term debt	\$21.7	\$21.5	\$25.8
Accounts payable & other liab	131.3	118.1	209.9
Long-term debt	756.5	741.0	896.5
Accrued leave and other LT liab	<u>395.7</u>	<u>577.7</u>	<u>656.0</u>
Total Liabilities	<u>\$1,305.2</u>	<u>\$1,458.3</u>	<u>\$1,788.2</u>
Fund Balance	<u>\$1,707.1</u>	<u>\$1,855.4</u>	<u>\$2,260.6</u>
Total Liabilities & Fund Balance	<u>\$3,012.3</u>	<u>\$3,313.7</u>	<u>\$4,048.8</u>

**University of Virginia Medical Center
Financial Ratios**

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-19	Sep-20	Sep-21	Sep-21
Operating margin (%)	3.3%	3.6%	5.4%	4.6%
Current ratio (x)	2.1	3.5	2.8	2.0
Days cash on hand (days)	210	274	242	190
Gross accounts receivable (days)	50.7	49.2	45.4	50.0
Annual debt service coverage (x)	1.8	11.8	8.1	3.6
Debt-to-capitalization (%)	32.8%	30.5%	30.3%	34.0%
Capital expense (%)	7.1%	8.0%	7.4%	8.2%

**University of Virginia Medical Center
Operating Statistics**

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-19	Sep-20	Sep-21	Sep-21
Acute Discharges - MC only	7,120	6,745	6,623	7,237
Patient days - MC only	48,815	49,055	48,953	51,741
Observation Billed Encounters - MC only	1,299	1,421	1,582	1,258
All Payor CMI Adj Avg Length of Stay - MC only	3.08	3.12	3.10	3.01
OP Billed Encounters - MC only	208,115	206,227	227,916	196,757
ER Billed Encounters - MC only	11,407	9,195	10,813	9,012
All Payor CMI - MC Only	2.12	2.28	2.37	2.26
FTE's (including contract labor) - MC only	8,894	8,474	8,701	8,933

SUMMARY OF OPERATING STATISTICS AND FINANCIAL PERFORMANCE MEASURES
 Fiscal Year to Date September 30, 2021 with Comparative Figures for Prior Fiscal Year

OPERATING STATISTICAL MEASURES									
DISCHARGES and CASE MIX - Year to Date					OTHER INSTITUTIONAL MEASURES - Year to Date				
	Actual	Budget	% Variance	Prior Year		Actual	Budget	% Variance	Prior Year
DISCHARGES					ACUTE INPATIENTS				
Medical Center	6,582	7,156	(8.0%)	6,686	Inpatient Days - MC	47,890	48,661	(1.6%)	47,082
Transitional Care	41	81	(49.4%)	59	Inpatient Days - CH	13,774	14,493	(5.0%)	13,132
Community Health	3,629	3,744	(3.1%)	3,465	All Payor CM Adjusted ALOS - MC	3.10	3.01	(3.1%)	3.12
Total Discharges	10,252	10,981	(6.6%)	10,210	All Payor CM Adjusted ALOS - CH	2.81	2.98	5.4%	2.56
Adjusted Discharges - MC	15,661	16,137	(2.9%)	15,246	Average Daily Census - MC	521	529	(1.6%)	512
Adjusted Discharges - CH	10,717	10,127	5.8%	9,565	Average Daily Census - CH	143	157	(8.9%)	148
Total Adjusted Discharges	20,519	21,100	(2.8%)	23,078	Births - MC	589	526	12.0%	518
CASE MIX INDEX					Births - CH				
All Payor CM - UVA Hos p & Clinics	2.37	2.28	4.7%	2.28		745	601	24.0%	661
All Payor CM - CH	1.35	1.30	3.8%	1.48	SURGICAL CASES				
OUTPATIENT BILLED ENCOUNTERS					UVA Main Hospital Operating Room				
Medical Center	227,916	196,757	15.8%	206,227	Battle	4,768	4,827	(1.2%)	4,633
Community Health	63,702	64,702	(1.5%)	58,573	Monticello Surgery Center	2,878	3,106	(7.3%)	3,276
Emergency Room- MC	10,813	9,012	20.0%	9,195	Community Health	1,836	1,512	21.4%	-
Emergency Room- CH	27,412	22,655	21.0%	20,475	Community Health	1,970	1,962	0.4%	1,828
					Total	11,452	11,407	0.4%	9,737
OPERATING FINANCIAL MEASURES									
REVENUES and EXPENSES - Year to Date					OTHER INSTITUTIONAL MEASURES - Year to Date				
((\$ in thousands)	Actual	Budget	% Variance	Prior Year	((\$ in thousands)	Actual	Budget	% Variance	Prior Year
NET REVENUES					NET REVENUE BY PAYOR				
Net Patient Service Revenue	\$620,342	\$591,965	4.8%	\$445,491	Medicare	\$158,115	\$165,158	(4.3%)	\$119,526
Other Operating Revenue	16,742	17,847	(6.2%)	13,852	Medicaid	132,996	119,591	11.2%	115,420
Total	\$637,084	\$609,812	4.5%	\$459,342	Commercial Insurance	92,316	83,386	10.7%	72,378
EXPENSES					Anthem	141,265	139,354	1.4%	100,142
Salaries, Wages & Contract Labor	\$267,008	\$251,807	(6.0%)	\$195,522	Aetna	49,810	40,292	23.6%	34,209
Supplies	166,339	152,055	(9.4%)	124,006	Other	45,841	44,184	3.7%	3,816
Contracts & Purchased Services	124,864	130,419	4.3%	87,802	Total Paying Patient Revenue	\$620,342	\$591,965	4.8%	\$445,491
Depreciation	38,096	38,750	1.7%	30,856	OTHER				
Interest Expense	6,239	8,849	29.5%	4,394	Collection % of Gross Billings	28.0%	27.3%	2.7%	26.9%
Total	\$602,547	\$581,879	(3.6%)	\$442,579	Days of Revenue in Receivables (Gross)	45.4	50.0	9.3%	49.2
Operating Income	\$34,537	\$27,933	23.6%	\$16,763	Cost per CM Adjusted Discharge	\$13,150	\$13,112	(0.3%)	\$12,785
Operating Margin %	5.4%	4.6%		3.6%	Total F.T.E.'s (including Contract Labor)	10,794	11,181	3.5%	10,418
					F.T.E.'s Per CM Adjusted Discharge	24.2	25.3	4.6%	20.7

University of Virginia Medical Center
SUMMARY OF OPERATING STATISTICS AND FINANCIAL PERFORMANCE MEASURES
 Fiscal Year to Date September 30, 2021 with Comparative Figures for Prior Fiscal Year

Assumptions - Operating Statistical Measures

Discharges and Case Mix Assumptions

Discharges include all admissions except normal new births
 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 births
 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

Action Item: Credentialing and Recredentialing Actions

On motion, the committee approved the following two credentialing resolutions:

**CREDENTIALING AND RE-CREDENTIALING ACTIONS – HEALTH SYSTEM BOARD – APPROVED
 DECEMBER 9, 2021**

RECOMMENDED CREDENTIALING AND RE-CREDENTIALING ACTIONS

1. APPOINTMENTS TO THE CLINICAL STAFF

RESOLVED, recommendations of the Clinical Staff Executive Committee for appointment to the Clinical Staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioners are approved:

Akmal, Khan, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: November 1, 2021, through October 31, 2022; Privileged in Medicine.

Bhole, Rohini, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Appointment: November 1, 2021, through October 31, 2022; Privileged in Neurology.

Bielick, Catherine G., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: October 14, 2021, through June 30, 2022; Privileged in Medicine.

Head, Barbara, M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Appointment: October 18, 2021, through October 17, 2022; Privileged in Obstetrics and Gynecology.

Ludwin, Brian, Ph.D., Clinical Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Appointment: November 1, 2021, through October 31, 2022; Privileged in Psychology.

Sutton, Daniel, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: November 1, 2021, through October 31, 2022; Privileged in Radiology and Medical Imaging.

2. REAPPOINTMENTS TO THE CLINICAL STAFF

RESOLVED, the recommendations of the Clinical Staff Executive Committee for reappointment to the Clinical Staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioners are approved:

Alex, Charles, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 3, 2021, through April 29, 2023; Privileged in Medicine.

Anderson, Mark, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Radiology and Medical Imaging.

Carlson, Adam, M.D., Rheumatologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Cavanaugh, Corey, D.O., Nephrologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

DeGeorge, Brent, M.D., Plastic Surgeon in the Department of Plastic Surgery; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Plastic Surgery.

Fedder, Katherine, M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Otolaryngology.

Finke, David, M.D., Hospitalist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Fuller, Robert, M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: December 1, 2021, through November 29, 2023; Privileged in Obstetrics and Gynecology.

Gupta, Shakun, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Pediatrics.

Harris, Drew, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Hundert, Samuel, M.D., Hospitalist in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 14, 2021, through April 29, 2023; Privileged in Medicine.

Kent, Kenneth C., M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: December 1, 2021, through October 30, 2023; Privileged in Surgery.

Kern, Nora, M.D., Urologist in the Department of Urology; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Urology.

Knically, Daphne, M.D., Nephrologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 1, 2021, through January 30, 2023; Privileged in Medicine.

Leary, Stephanie, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Pediatrics.

Lesh, Ryan, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Anesthesiology.

Lowson, Stuart, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Anesthesiology.

McNaull, Peggy, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: December 2, 2021, through October 30, 2023; Privileged in Anesthesiology.

Malpass, Howard, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Hoard, Martin, M.D., Plastic Surgeon in the Department of Plastic Surgery; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Plastic Surgery.

Monfredi, Oliver, M.D., Cardiologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Nellore, Malleeswari, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Reappointment: December 11, 2021, through May 30, 2023; Privileged in Neurology.

Nelson, Michael, M.D., Ph.D., Allergist in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 2, 2021, through March 30, 2023; Privileged in Medicine.

Overby, Terry, M.D., Nephrologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Peroutka, Christina, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Pediatrics.

Roy, Sasmit, M.D., Nephrologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Scott, Evelyn, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Schubach, Gregg, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: December 4, 2021, through April 29, 2023; Privileged in Radiology and Medical Imaging.

Sheeran, Daniel, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Radiology and Medical Imaging.

Starr, Karen, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 14, 2021, through April 29, 2023; Privileged in Medicine.

Su, Feng, M.D., Gastroenterologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 2, 2021, through November 29, 2023; Privileged in Medicine.

Taylor, Amy, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: December 1, 2021, through November 29, 2023; Privileged in Radiology and Medical Imaging.

Waligora, Andrew, M.D., Nephrologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

3. RESIGNATIONS OF CLINICAL STAFF

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Clinical Staff are approved:

Amarante, Iris T., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Effective Date of Resignation: October 21, 2021.

Bateman, Bruce G., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Effective Date of Resignation: October 30, 2021.

Coggsall, Kathleen T., M.D., Dermatologist in the Department of Dermatology; Attending Staff Status; Effective Date of Resignation: June 30, 2021.

Horn, Charles S., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Effective Date of Resignation: November 5, 2021.

Jahjay, Jessie F., M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Effective Date of Resignation: November 1, 2021.

Jayachandra, Shruti, M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Effective Date of Resignation: September 30, 2021.

Trainer, Brooke, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Effective Date of Resignation: July 31, 2021.

Williams, Carlin, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Effective Date of Resignation: October 29, 2021.

Wilson, Barbara B., M.D., Dermatologist in the Department of Dermatology; Attending Staff Status; Effective Date of Resignation: October 29, 2021.

4. PRIVILEGES FOR NEW ADVANCED PRACTICE PROVIDERS

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the granting of privileges to the following Advanced Practice Providers are approved:

Benedetto, Brianne C., R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: November 1, 2021 through October 31, 2022; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Dudley, Mary F., R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: November 1, 2021 through October 31, 2022; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Jones, Lindsey A., P.A., Physician Assistant in the Department of Surgery; Period of Privileging: November 1, 2021 through October 31, 2022; Privileged as a Physician Assistant.

LaRochelle, Anna, R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: October 18, 2021 through October 17, 2022; Privileged as a Family Nurse Practitioner.

Lucci, Nicole, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: November 1, 2021 through October 31, 2022; Privileged as a Certified Registered Nurse Anesthetist.

Ketcham, Susan A., R.N., N.P., Clinical Nurse Specialist in the Department of Anesthesiology; Period of Privileging: October 31, 2021 through October 30, 2022; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Kona, Sharlene, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: November 1, 2021 through October 31, 2022; Privileged as a Certified Registered Nurse Anesthetist.

Magnone, Kayla M., R.N., N.P., Family Nurse Practitioner in the Department of Family Medicine; Period of Privileging: October 18, 2021 through October 17, 2022; Privileged as a Family Nurse Practitioner.

Mahoney, Jessica M., R.N., N.P., Family Nurse Practitioner in the Department of Radiology and Medical Imaging; Period of Privileging: November 15, 2021 through November 14, 2022; Privileged as a Family Nurse Practitioner.

Peelen, Sara J., R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Neurosurgery; Period of Privileging: November 1, 2021 through October 31, 2022; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Scott, Maureen, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: October 18, 2021 through October 17, 2022; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

5. RENEWAL OF PRIVILEGES FOR ADVANCED PRACTICE PROVIDERS

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the renewal of privileges to the following Advanced Practice Providers are approved:

DeLung, Markus., R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: October 5, 2021 through June 15, 2022; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Colavincenzo, Tiffany, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: November 2, 2021 through January 24, 2022; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Finke, Karen B., P.A., Physician Assistant in the Department of Medicine; Period of Privileging: December 13, 2021 through December 12, 2023; Privileged as a Physician Assistant.

Godsey, Kelly K., R.N., N.P., Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: December 24, 2021 through December 23, 2023; Privileged as an Acute Care Nurse Practitioner.

Jones, Andrea, R.N., N.P., Acute Care Pediatric Nurse Practitioner in the Department of Surgery; Period of Privileging: December 27, 2021 through December 26, 2023; Privileged as an Acute Care Pediatric Nurse Practitioner.

Letzkus, Lisa, R.N., N.P., Acute Care Pediatric Nurse Practitioner in the Department of Pediatrics; Period of Privileging: November 16, 2021 through November 15, 2022; Privileged as an Acute Care Pediatric Nurse Practitioner.

Little, Jeanel, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: December 2, 2021 through December 1, 2023; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Murray, Jessica, R.N., N.P., Pediatric Nurse Practitioner in the Department of Medicine; Period of Privileging: December 3, 2021 through December 2, 2023; Privileged as a Pediatric Nurse Practitioner.

Payne, Bethany I., R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: January 1, 2022 through December 31, 2022; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Spriggs, Sarah M., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: December 3, 2021 through December 2, 2023; Privileged as a Family Nurse Practitioner.

Stinnett, Michelle, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: December 9, 2021 through December 8, 2023; Privileged as a Certified Registered Nurse Anesthetist.

Young, Meaghan R., R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: December 5, 2021 through December 4, 2023; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

6. RESIGNATIONS OF ADVANCED PRACTICE PROVIDER

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Advanced Practice Provider is approved:

Oncu, Susan, RN., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Effective Date of Resignation: November 4, 2021.

Salajegheh, Elizabeth T., RN., N.P., Acute Care Pediatric Nurse Practitioner in the Department of Pediatrics; Effective Date of Resignation: October 30, 2021.

7. NEW PRIVILEGES TO ADVANCED PRACTICE PROVIDERS

RESOLVED, the recommendations of the Clinical Staff Executive Committee for new procedural privileges to the following Advanced practice Providers are approved:

Kirkner, Allison, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Surgery. Additional Privileges for Pigtail Chest Tube Placement. Effective Date: November 2, 2021, through July 15, 2022.

Letzkus, Lisa, R.N., N.P., Acute Care Pediatric Nurse Practitioner in the Department of Pediatrics. Additional Privileges for NP Autonomous Practice. Effective Date: November

**CREDENTIALING AND RECREDENTIALING ACTIONS – HEALTH SYSTEM BOARD/
TRANSITIONAL CARE HOSPITAL – APPROVED DECEMBER 9, 2021**

1. REAPPOINTMENTS TO THE CLINICAL STAFF

RESOLVED, the recommendations of the Clinical Staff Executive Committee for reappointment to the Clinical Staff of the University of Virginia Transitional Care Hospital and the granting of specific privileges to the following practitioners are approved:

Alex, Charles, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 3, 2021, through April 29, 2023; Privileged in Medicine.

Anderson, Mark, M.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Radiology and Medical Imaging.

Carlson, Adam, M.D., Rheumatologist in the Department of Medicine; Consulting Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Cavanaugh, Corey, D.O., Nephrologist in the Department of Medicine; Consulting Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

DeGeorge, Brent, M.D., Plastic Surgeon in the Department of Plastic Surgery; Consulting Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Plastic Surgery.

Fink, David, M.D., Hospitalist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Harris, Drew, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Hundert, Samuel, M.D., Hospitalist in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 12, 2021, through April 29, 2023; Privileged in Medicine.

Malpass, Howard, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Medicine.

Sheeran, Daniel, M.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Period of Reappointment: November 30, 2021, through November 29, 2023; Privileged in Radiology and Medical Imaging.

Su, Feng, M.D., Gastroenterologist in the Department of Medicine; Consulting Staff Status; Period of Reappointment: December 2, 2021, through November 29, 2023; Privileged in Medicine.

Taylor, Amy, M.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Period of Reappointment: December 1, 2021, through November 29, 2023; Privileged in Radiology and Medical Imaging.

2. RESIGNATIONS OF CLINICAL STAFF

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Clinical Staff are approved:

Balogun, Seki A, M.D., Physician in the Department of Medicine; Consulting Staff Status; Effective Date of Resignation: November 1, 2021.

Jahjah, Jessie F., M.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Effective Date of Resignation: November 1, 2021.

Williams, Carlin, M.D., Surgeon in the Department of Surgery; Consulting Staff Status; Effective Date of Retirement: October 29, 2021.

Wilson, Barbara B., M.D., Dermatologist in the Department of Dermatology; Consulting Staff Status; Effective Date of Retirement: October 29, 2021.

The Health System Board received written reports on Medical Center operations, graduate medical education, School of Medicine, and School of Nursing. These reports are attached to the Minutes.

The chair adjourned the meeting at 11:17 a.m.

SGH:ddr

These minutes have been posted to the University of Virginia's Board of Visitors website:

<http://bov.virginia.edu/committees/206>

ATTACHMENTS

MEDICAL CENTER OPERATIONS REPORT

Quality and Safety

Medical Center performance metrics from the clinical operations scorecard that have exceeded previous year's performance during the first quarter of the fiscal year include Pressure Injuries (HAPI) and Patient Falls with Injury. The HAPI prevalence rate stands at 1.10% compared to 1.52% the previous year, with only three events for the entire month of September. Patient Falls have been at or below target for each of the first three months. Rates for the other metrics show opportunities for improvement in comparison to both targets and previous year performance.

To address these opportunities, a commitment to reinvigorate system-wide problem identification and solving through reinforcement of the Daily Management System is underway. Ensuring that all team members and leaders have the capabilities needed to fully implement and operate the system will involve education and development opportunities at all levels. A series of required courses is under development to build on the past behaviors that successfully addressed these areas.

Patient Experience

In fiscal year 2021, 213 doctors, nurse practitioners, physician assistants, and dentists achieved a rating in the 90th percentile or above. From inpatient units, outpatient clinics, and other service areas, 126 teams were recognized in one of two categories:

- Most Improved – Overall percentile ranking improved by greater than or equal to 20 points over the previous year and had a minimum return size of 40
- Top Performer – Scored in the 90th percentile and above in the patientsurveys used to measure patient's perception and had at least 40 returns

Inpatient experience as defined by the overall hospital rating of 9s and 10s for first-quarter FY2022 is 77.2% (77th percentile), above FY2021 76.2% (71st percentile), and slightly below target of 77.8%. Environmental Services and Food and Nutrition Services scores experienced strong performance. We are still amid the long-lasting impacts of the COVID-19 crisis and an exacerbation of staffing shortages. Various purposeful rounding efforts are underway to address patient needs.

Outpatient clinic patient experience survey transitioned to a new and shorter Medical Practice Targeted Survey. The overall question is the "likelihood of recommending your practice

to others.” For the first-quarter FY2022, data reflects a score of 95.4% (69th percentile). Scores are below goal (96.7%) and below FY2021 (93.6%).

Emergency Department patient experience for first-quarter FY2022 is 77.0% (33rd percentile), below FY2021 (81.1%), and below target (84.6%). Like Inpatient, the Emergency Department continues to be impacted by COVID-19 and staffing shortages.

Leaders are working to stabilize staffing and focus on patient throughput by triaging patients upon arrival and monitoring during the waiting period.

Staff Recruitment and Retention

The Medical Center has prioritized compensation as essential to operations, committing more than \$30M to increased compensation, including market pay adjustments for much of our workforce, a significant budget increase over previous years. This is significant progress, but it is just a starting point. In January, another market review with refreshed data will be completed to see if there have been any major shifts that impact planning. The Medical Center is committed to achieving a competitive market pay position for team members.

Improving team member engagement is an ongoing priority. Recognition programs continue to occur, though still modified for COVID-19 regulations. Plans for the end-of-year and holiday celebration approaches are being finalized now, including meals for those working on the upcoming holidays. Talent Management is partnering with the Be Safe team to support their efforts in re-education in utilizing the Be Safe infrastructure. We also continue to support nursing retention efforts and are currently working with the Magnet team on a learning needs assessment for 2022. The FY2022 performance management cycle kicked off with goal-setting and continuation of recommended frequent check-in conversations.

Leadership Appointments

The Medical Center recently announced three new leadership appointments. First, Kathy Baker, PhD, RN, NE-BC, began on October 17 as the new Chief Nursing Officer. Ms. Baker comes to UVA from VCU Health, where she has more than two decades in nursing leadership, including most recently as Associate Chief Nurse and Associate Vice President of Nursing. Veronica Brill, MSN, RN, NEA-BC, who has served as Interim Chief Nursing Officer since March, has been named Associate Chief Nursing Officer. Lastly, Nelson Figueroa, RN, MBA, FACHE, has been named Administrator of Emergency Medicine and Services, effective November 29. Mr. Nelson has more than two decades of progressive leadership in emergency departments and comes to UVA from Boston Medical Center — the largest and busiest provider of trauma and emergency services in New England — where he is Associate Chief Nursing Officer for the Emergency Department.

Transitional Care Hospital

The Transitional Care Hospital's volumes are below budget, but expenses are being managed by flexing operations to meet demand. The quality of care provided remains excellent, with the mortality rate year-to-date is as 0.0%, compared to the case mix index weighted national benchmark data of 12.85%. Acquired C. Difficile rate remains at zero for this quarter, for the fifth continuous quarter, compared to the Expected National Health Safety Network Standardized Infection Rate of 1.0. TCH is currently in the top decile of national LTACH performance in this metric and has not observed any hospital-acquired C. Diff transmissions since June 2020. In addition, the ventilator weaning rate is 100%, which is much better than the CMI weighted national average performance of 55.33% observed in other long-term acute care providers.

Recent Designations and Re-certifications

The Virginia Department of Health completed successful surveys of the Amherst and Lynchburg Dialysis Centers and Culpeper Dialysis Center (for home hemodialysis).

The American Society of Histocompatibility and Immunogenetics completed a successful inspection of the Human Leukocyte Antigen Lab.

The American Society of Health System Pharmacists completed a successful survey for accreditation of the Emergency Medicine Post-graduate Pharmacy Residency Program for 8 years (until 2029).

The Virginia Board of Pharmacy completed a successful compounding survey of the Community Oncology—Pantops Infusion Pharmacy.

The American Nurses Credentialing Center completed a successful accreditation survey for the Nurse Residency Program.

The Human Resource Services Administration conducted a successful administrative review of the Ryan White program in the Infectious Disease clinic.

The Joint Commission completed successful Disease Specific Certification surveys for the Ventricular Assist Device and Total Joint Replacement programs.

The National Cancer Institute awarded the University of Virginia Cancer Center a Comprehensive Cancer Center designation effective February 1, 2022.

ACGME Institutional Self-Study Summary Form

The Accreditation Council for Graduate Medical Education (ACGME) requires an annual report to the Health System Board. This fall, UVA Health submitted the Institutional Self-Study in September, inserted below.

Question 1: Institutional Self-Study Team

Who was included in the Institutional Self-Study team and why? List by name, role, and title. (Maximum 300 words.)

Wendy Horton PharmD, MBA, CEO Medical Center
Reid Adams, MD, Chief Medical Officer
Susan Kirk, MD, DIO and Associate Dean for GME
Diane Farineau, MA, Director, Office of GME
Ranithra Chelliah, Finance Specialist, Office of GME
Sarah Oh, PhD, Institutional Coordinator
Cherise Brackett, MD, PGY-2 Pediatrics, Chair, Housestaff Council for Diversity and Inclusion
Erawadi Singh, MD, PGY-3 Psychiatry, Housestaff Council Co-president
Jarred Strickling, MD, PGY-2 Internal Medicine, Housestaff Council Co-president
Brad Kesser, MD, Otolaryngology, Associate DIO
JT Hall, MSN, RN, CNL, Direct of Nursing Practice, Magnet
Meg Keeley, MD, Interim Senior Associate Dean for Education
Monica Lawrence, MD, Program Director, Allergy and Immunology
Wendy Novicoff, PhD, Faculty Orthopaedic Surgery and Public Health Science
Art Saavedra, MD, Chair, Department of Dermatology, Chief of Population Health and Health Policy
Karen Warburton, MD, Director of Physician Wellness
Members were chosen for their known advocacy of and expertise within Graduate Medical Education and their representation of key constituencies within the UVA Health System.

Question 2: Sponsoring Institution Mission

State the Sponsoring Institution's graduate medical education (GME) mission. (Maximum 250 words.)

Graduate Medical Education at UVA Health will provide a just and supportive learning environment which promotes diversity, equity and inclusion. A comprehensive education in medical knowledge, healthcare disparities, interprofessional teamwork, and patient safety will allow the development of outstanding and compassionate healthcare providers who advance medical science. [This mission statement was drafted by the Self-Study team and reviewed and approved by the GMEC in June 2021.]

Question 3: Opportunities for the Sponsoring Institution

Describe important opportunities for the Sponsoring Institution. (Include information gathered for the Institutional Self-Study, and the Institutional Self-Study team's analysis of institutional performance, to discuss the Sponsoring Institution's environmental context.)

The Self-Study team analyzed data from its prior Annual Institutional Reviews as well as data from our CLER reports as its starting foundation. We then invited the entire GME Community (GME trainees, Program Directors, Program Coordinators) to participate in a SWOT analysis where they provided in comments either anonymously or by email. From this information, several themes emerged that represent opportunities for UVA:

1. Academic and Career Development opportunities for both learners and faculty can be strengthened, and presented in a way that ensures success as viewed in a continuum.
2. While UVA has made strides to improve Diversity, Equity and Inclusion, it is clear that much more can be done in this area, especially if resources are combined.
3. The UVA GME Community can benefit from improving its internal and external relationships. This includes how we work with other members of the patient care team, but also how we become better partners with the Charlottesville, Virginia community. The former is directly related to opportunities to improve physician and team member wellness, and the latter synchronizes GME efforts with those of the larger University and its 2030 plan.
4. We have an opportunity to highlight the tremendous value that our residents and fellows bring to the institution. Previously, GME issues were not included as part of the Sponsoring Institution's strategy.
5. While UVA recently has maintained an outstanding accreditation record, we must be open to innovative changes that will enhance education and UVA's reputation.

Question 4: Threats Facing the Sponsoring Institution

Describe real or potential challenges that achieve its aims. (Maximum 250 words.)

1. The long history of racist and sexist behavior by the University, as well as more recent events of the 2017 Unite The Right white supremacist rally, create challenges for recruiting trainees and faculty to learning and working at UVA.
2. Difficulties of living in a moderately-sized college town, which have been exacerbated by the COVID-19 pandemic, have led to a loss of faculty in many departments.
3. The corporatization of health care in general, and the clinical demands placed on many of our faculty, trainees, and other team members, places them at increased risk for burnout and other stress-related conditions and leads to a decrease in wellness. It also creates negative relationships among patient care team members.
4. The shortage of nurses, advanced practice providers, and other team members, worsened significantly by the COVID-19 pandemic, may limit the ability of UVA to provide clinical services necessary for the education and training of our residents and fellows.
5. The huge impact of COVID-19, now partially negated by scientific advances related to its management and care, should remind us that there may be challenges in our future, related to disease, climate change, political unrest, or similar disrupting events, that for now remain unrealized, or unknown.

Question 5: Sponsoring Institution Aims

Describe three to five aims related to the Sponsoring Institution's GME mission, and informed by the Institutional Self-Study team's analysis. (Maximum 150 words.)

1. Academic Development: We must develop the infrastructure so that all members of the GME Community succeed. This includes all learners within the Health System, but particular attention should be given to ensuring the success of our Program Directors, Program Coordinators, Core Faculty and GME Trainees.
2. Diversity, Equity, and Inclusion: We must continue and further expand our efforts to increase the diversity of our team members and ensure that they work and learn in an equitable and inclusive environment.
3. Community Relations: We must strive to improve our relationships, both with one another, as well as with our external community to enhance our own well-being, and that of all of our patients.
4. Strategy: GME must have a voice in defining the overall strategy of the Health system and all of its components, and a seat at the table where decisions are made.
5. Innovation: We must evolve from an institution which merely meets the requirements of accreditation to one that enhances the reputation of UVA by innovation in education, patient care, and research.

Question 6: Aims Linked to National Learning Community for Sponsoring Institutions

If applicable, identify any institutional aims that are aligned with the work of the ACGME's national learning community for Sponsoring Institutions. (Maximum 200 words.)

We did not use the National Learning Community while conducting our Self-Study.

Question 7: Advancing the Aims

Describe current resources, processes, activities, and/or policies that contribute to advancing these aims. (Maximum 250 words.)

An important outcome of our self-study was gaining awareness that our GME Community, and specifically those engaged in efforts related to well-being, DEI, or the running of residency or fellowship programs are stretched to capacity. Simply asking everyone to do more with no increase in personnel or resources will not allow us to achieve our goals. Specifically, we will seek approval for the following personnel, effort, or funds:

- Additional faculty member to support Physician Wellness and COACH programs
- Additional hiring of SOM faculty who fulfill our mission of Diversity (consistent with UVA's Racial Equity Task Force goals)
- Protected time for faculty to participate in QPI projects related to efforts to improve team member interactions; commitment from Unit-Based Leaders for assistance
- 0.5-1.0 FTE dedicated to providing mental health services to trainees/other learners
- Program Manager who will reside in GME Office to coordinate efforts towards Self-Study goals
- Funding critical to accomplishing DEI goals, including annual budgets for HCDEI, Second Look Weekends and the Trainee Diversity and Inclusion Symposium; scholarships for visiting 4th year students; curricular development for an Institutional Leadership Track

Moreover, the Institution must dedicate efforts to supporting the SubAims outlined for Community Engagement, Innovation and Strategy. We believe these resources already exist within the Health System but should be reallocated to support the Self-Study goals.

Finally, the School of Medicine should examine its policies towards Promotion and Tenure to remove obstacles associated with the failure to hire or retain women or minority faculty.

Question 8: Sponsoring Institution Actions

Describe actions that the Sponsoring Institution will take over the next three to five years to achieve each aim. (Maximum 350 words)

The Institutional Self-Study was finalized in advance of several other important initiatives that are occurring within our Health System. We expect our Specific Aims to overlap with those that emerge from these system-wide goals. Specifically, the Health System has embarked upon its own strategic planning involving its four main missions: Clinical Care, DEI, Education, and Research. Dr. Kirk, as DIO and Associate Dean for GME, is one of the co-leaders of the Education planning process and will bring her knowledge of the Self-Study goals to the larger planning process. Moreover, the Health System is fortunate to have hired Dr. Tracy Downs as its first Chief of Diversity and Community Engagement. Dr. Downs just began in his role at UVA and is in the process of setting his own agenda, but will be instrumental in ensuring that the goals that fall under his purview come to fruition.

Nevertheless, we learned from the Self-Study process that without support from those outside the immediate GME Community that our efforts will stagnate or fail (similar to what has happened with those previously set during our AIRs). Therefore, we will employ the following implementation and monitoring plans, to be operationalized by the GME Office staff and overseen by the GMEC:

- 1) The Institutional Self-Study team will continue to meet quarterly until our accreditation site visit, after which they will meet semi-annually. Their initial task will be to enumerate and prioritize the SubAims, and develop a realistic time table for their completion.
- 2) The annual budget for the GME Office will include funding necessary to achieve the Specific Aims.
- 3) The GMEC will have a standing agenda item to discuss progress towards its Specific Aims, as well as any obstacles encountered in reaching them. A comprehensive report will be given the month following the meeting of the Self- Study team.
- 4) In her annual report to the Clinical Staff Executive Committee and Board of Visitors (our governing body), the DIO or her successor will provide updates on achieving our Specific Aims, as well as any obstacles encountered during their implementation.

School of Medicine Report

Physician Retention & Compensation

Similar to health systems around the country, UVA Health faces staff and nursing shortages. In the midst of this crisis, physician retention is one of UVA Health's strengths. The data for FY21 just became available, and UVA the School of Medicine is in the top decile nationally with clinical faculty voluntary turnover (excluding retirements) at just 2.7 percent (24 of 896 faculty). This is lower than FY20, which was 3.7% (29 of 783). For all faculty, voluntary turnover, including retirements, was 4.8% (60 of 1245) for FY21, down from 6.0% (71 of 1193) for FY20. These data are well below the AAMC national average for faculty voluntary departures of 9.6%. This is great news for UVA Health and the School of Medicine and positions the organization well for the future.

The School has committed to performing a gender pay equity analysis. The completion of this analysis, and remediation of any potential inequities found, is a top priority and is foundational to creating a centralized faculty compensation plan. The process of developing the new compensation plan will begin in early 2022.

Leadership Searches

The School of Medicine recently named Jeremy Sibiski, MBA, MHA, as Chief Operating Officer and announced an expanded role for Associate Dean for Finance and Administration, Allison Holt, BA, CPA.

Jeremy Sibiski joins the School of Medicine leadership team as Chief Operating Officer, effective January 1, 2022. He is relocating from the University of Florida, where he is the Executive Director for Finance and Administration and Executive Vice President of the Florida Clinical Practice Association. His office serves the University of Florida College of Medicine by leading the budgeting and financial reporting operations while also supporting faculty and staff recruitment and retention. Mr. Sibiski began his tenure with the University in 2010 as Chief Financial Officer for the Department of Medicine, then progressed to the Associate CFO for the College of Medicine in 2011. He has held his current position since 2016. Prior to working in an academic medical center, he was in hospital administrative roles at the Curtis and Elizabeth Anderson Cancer Institute (Savannah) and the Munroe Regional Medical Center (Ocala, FL). He also spent three years of active duty in the U.S. Navy at the Naval Hospital in South Carolina as a Department Head and Lieutenant. He holds master's degrees in Business Administration and Health Administration from the University of Florida.

Allison Holt will have an expanded role as the Associate Dean for Finance and Administration in the School of Medicine, effective immediately. This added level of responsibility will allow the Dean's Office to closely partner with the UVA Health operations, UPG, and the University, lending cohesiveness and effectiveness as the School pursues the four missions of education, research, clinical care, and community involvement. Prior to her current appointment in 2020, Ms. Holt served as Controller for the School of Medicine for eight years. She has held progressively advanced financial and operational roles with UVA since 2004. She holds a bachelor's degree in Business Administration and is a certified public accountant. Ms. Holt has a deep understanding of the financial operations and will be a key leader, along with Mr. Sibiski, in implementing the strategic vision of the School and UVA Health.

In addition to the ongoing searches for new chairs of the Departments of 1) Obstetrics and Gynecology, 2) Surgery, and 3) Microbiology, Immunology, and Cancer Biology, the School of Medicine is starting additional searches for chairs of the Departments of 4) Plastic Surgery, 5) Biochemistry and Molecular Genetics, and in partnership with the School of Engineering, 6) Biomedical Engineering. Lastly, due to the retirement of Polly King, our Chief of Staff, the SOM has opened a search for a new Chief of Staff.

School of Nursing Report

Academics

U.S. News & World Report released its first-ever sub-rankings of undergraduate nursing programs in mid-September. UVA's BSN program is tied for No. 10 in the nation. The School's graduate programs are ranked among the nation's top 3%, and the School remains among the top 10 public nursing programs in the nation, according to *U.S. News & World Report's 2022 Best Grad Schools Guide*.

With UVA Wise, the School established a new satellite Family Nurse Practitioner master's program in Southwest Virginia. UVA School of Nursing faculty will teach live, online courses as well as periodic in-person labs and learning that will take place in Charlottesville. The first cohort begins in fall 2022.

There has been strong interest in the School's new transfer-in option to our BSN program, which, so far this application season, has resulted in 97 applicants, including 81 to the Accelerated 2-Year Program (71 external and 10 from inside UVA), and 14 for the 3-Year Transfer Pathway (7 from outside UVA and 7 from within). The first cohort arrives in May 2022.

In October, associate professor Virginia LeBaron was inducted as a Fellow of the American Academy of Nursing; Academy Fellows are nursing's most accomplished leaders in education, management, practice, and research. In October, Dean Pamela Cipriano was elected president of the International Council of Nurses and assumed the presidency on November 4.

Simulation Learning Expanded

With the School of Medicine, the School of Nursing in mid-September established an agreement to formalize the sharing of simulation lab and learning assets, augment efficiency, and facilitate interprofessional and interdisciplinary learning between medical and nursing students. The new agreement establishes the UVA Healthcare Simulation Collaborative, headed by Ryne Ackard, Assistant Professor of Nursing and, now, the Collaborative's operations director. The agreement brings the total amount of accessible simulation learning space to more than 30,000 square feet.

Phase 1 of the Clinical Simulation Learning Center's \$2.1M expansion is now complete, and in its final phase of construction, will create dedicated lab space for dissection, practice, and suture labs and private rooms for more complex physical

examination practice will be complete by spring 2022. The expansion allows the lab to increase its delivery of clinical hours, an important factor during the pandemic when preceptors are scarce and clinical experiences are limited. One-quarter of pre-licensure nursing students' clinical hours may take place in a sim lab, per Virginia Board of Nursing regulations.

Student Honors

PhD candidate Veronica Bernacchi earned a grant from the Rural Nurses Association for her dissertation study on the unique needs of rural cancer survivors, their distinct support systems, and why their uptake of psycho-social referrals tends to be low.

PhD candidate Simone Jaeckl, a member of the Charlottesville Sex Trafficking Task Force, is [featured for her work](#) to assess Virginia school nurses' readiness to understand and advocate for children being sex trafficked and create new learning interventions to arm them to identify it, advocate for, and help these children.

Several undergraduate students who work as research assistants for nurse scientists on faculty are [featured in a video and story](#) about the transformative effect of those exposures.

Philanthropy

In his 10th consecutive running of the Boston Marathon, President James Ryan's "Run for Nurses" campaign raised more than \$14,000 in scholarships for nursing students from more than 40 donors.