UNIVERSITY OF VIRGINIA
BOARD OF VISITORS

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

September 12, 2018

UNIVERSITY OF VIRGINIA
HEALTH SYSTEM BOARD

Wednesday, September 12, 2018
11:00 a.m. – 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
Dorrie K. Fontaine
Patrick D. Hogan
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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II. MEDICAL CENTER REPORTS (Ms. Sutton-Wallace)

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C. Graduate Medical Education Annual Report (Ms. Sutton-Wallace to introduce Susan E. Kirk, M.D.; Dr. Kirk to report) 22

III. SCHOOL OF MEDICINE REPORT (Dr. Wilkes)

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IV. COMMUNITY HOSPITALS AND POST-ACUTE SERVICES REPORTS (Ms. Hereford)

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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 and expected impact for Fiscal Year 2019 as well as the Health System long range financial plan; proprietary updates on joint ventures, affiliations, and partnership strategies; proprietary improvement initiatives for patient care, clinical operations, and team member engagement; 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 Code of Virginia. The meeting of the Health System Board is further privileged under Section 8.01-581.17 of the Code of Virginia.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: September 12, 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, including recognition of certain individuals.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: September 12, 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: September 12, 2018

COMMITTEE: Health System Board

AGENDA ITEM: I.C. Health System Consolidated Financials Fiscal Year 2018 Year-End Report and Fiscal Year 2019 Year-to-Date Report

ACTION REQUIRED: None

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

Douglas E. Lischke, 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:

FINANCE REPORT: Fiscal Year 2018

School of Medicine – Academic, Clinical, Health System Library

Operating Income after transfers Year-to-Date 6/30/2018 (Un-audited) (in millions) ("M")

	Actual	Budget	Fav / (Unfav)
UPG-Clinical	(8.1)	(10.6)	2.5
SOM - Academic	27.7	4.4	23.3
Library	1.4	0	1.4
Consolidated SOM	21.1	(6.2)	27.2

Through the fourth quarter of Fiscal Year 2018, the Consolidated School of Medicine generated an operating income of $21.1M after transfers from the Medical Center, compared to a budgeted loss of $6.2M.

The clinical enterprise (UPG) produced an operating loss of $8.1M, which was $2.5M favorable to budget. The favorable budget variance represents a strong fourth quarter with

June yielding the highest revenue month in history. The UPG results include a $32.4M investment in the academic mission.

The academic enterprise generated operating income of $27.7M, a $23.3M favorable variance to budget. This favorable variance was due to $25M in additional funds from the Medical Center to support capital projects, as well as gifts and endowment distributions being $7.7M favorable to budget.

Medical Center

After 12 months of operations in Fiscal Year 2018, the operating income for all business units was $66.5M, resulting in a 3.9% operating margin. Operating income was favorable to budget by $2.9M. Performance was driven primarily by discharges, inpatient surgical cases, and transplants. Outpatient clinic visits and outpatient surgery cases were unfavorable, driven by EPIC scheduling and physician template challenges. The operating margin for the consolidated Medical Center is supported by imaging, dialysis, the Transitional Care Hospital (TCH), and the management of shared services expenses. For Fiscal Year 2018, the Medical Center generated $185.5M in cash from operations (EBITDA) and cash reserves totaled 156 days. Total expenses adjusted for volume and case mix index were slightly above budget.

Total paid employees for all business units, including contracted employees, were 34 above budget. Contract labor is comprised primarily of nurse travelers and individuals employed by the School of Medicine and contracted to the Medical Center. The Medical Center utilized 155 nurse travelers.

	FY18	2018 Budget
Employee FTEs	8,238	8,305
Contract Labor FTEs	385	284
Salary, Wage and Benefit Cost / FTE	$86,615	$89,106
Total FTEs	8,623	8,589

Transitional Care Hospital

For the 12 months of operations in Fiscal Year 2018, the operating income for the TCH was $1.1M, resulting in an operating margin of 5.3%, compared to a budgeted operating margin of 2.0%. The favorable variance is attributable to indigent to Medicaid conversion efforts and coding audits resulting in the rebilling of several accounts with favorable results.

During Fiscal Year 2018, TCH reported 358 discharges. Of those discharges, 262 were from the Medical Center and represent 7,361 patient days or approximately 20.2 beds

of capacity per day for the Medical Center. The 262 discharges to TCH also contributed to a 0.25-day reduction in the Medical Center's average length of stay. These metrics further demonstrate the importance and value of long term acute care services in the continuum of care.

Overall, the Health System operating income is favorable to budget for the 12 months ended June 30, 2018.

FINANCE REPORT: Fiscal Year 2019

Mr. Lischke will provide a verbal report on the Health System Fiscal Year 2019 year-to-date consolidated financial performance.

University of Virginia Medical Center
Income Statement
(Dollars in Millions)
Excluding Culpeper Regional Hospital

Description	Most Recent Three Fiscal Years			Budget/Target
	Jun-16	Jun-17	Jun-18	Jun-18
Net patient revenue	$1,456.7	$1,545.4	$1,641.6	$1,625.5
Other revenue	52.4	61.9	53.6	54.2
Total operating revenue	$1,509.1	$1,607.3	$1,695.2	$1,679.7
Operating expenses	1,317.2	1,410.3	1,509.7	1,497.5
Depreciation	94.4	97.5	98.7	97.5
Interest expense	20.5	17.9	20.3	21.0
Total operating expenses	$1,432.1	$1,525.6	$1,628.6	$1,616.1
Operating income (loss)	$77.0	$81.7	$66.5	$63.6
Non-operating income (loss)	$33.6	$38.8	$3.9	($55.6)
Net income (loss)	$110.6	$120.6	$70.4	$8.0
Principal payment	$14.8	$17.1	$20.5	$20.5

University of Virginia Medical Center
Balance Sheet
(Dollars in Millions)
Excluding Culpeper Regional Hospital

Description	Most Recent Three Fiscal Years			
	Jun-16	Jun-17	Jun-18	
Assets				
Operating cash and investments	$134.7	$100.0	$21.6	
Patient accounts receivables	170.6	183.2	240.2	
Property, plant and equipment	916.2	1,048.0	1,148.7	
Depreciation reserve and other investments	606.5	602.1	547.5	*
Endowment Funds	549.2	603.3	659.1	
Other assets	269.3	253.4	250.4	
Total Assets	$2,646.6	$2,790.0	$2,867.4	
Liabilities				
Current portion long-term debt	$18.7	$25.6	$27.9	
Accounts payable & other liab	155.3	145.0	156.6	
Long-term debt	777.5	790.5	773.0	
Accrued leave and other LT liab	227.1	275.9	286.7	
Total Liabilities	$1,178.5	$1,237.1	$1,244.2	
Fund Balance	$1,468.1	$1,552.9	$1,623.3	
Total Liabilities & Fund Balance	$2,646.6	$2,790.0	$2,867.4	

*$547.5M includes ED/Bed Tower bond issue funds of $184.7M

University of Virginia Medical Center
Financial Ratios
Excluding Culpeper Regional Hospital

Description	Most Recent Three Fiscal Years			Budget/Target
	Jun-16	Jun-17	Jun-18	Jun-18
Operating margin (%)	5.1%	5.1%	3.9%	3.8%
Current ratio (x)	1.8	1.7	1.4	2.4
Days cash on hand (days)	160.5	164.4	156.3	190.0
Gross accounts receivable (days)	47.2	46.9	50.1	45.0
Annual debt service coverage (x)	6.4	6.7	4.6	5.2
Debt-to-capitalization (%)	45.8%	45.4%	44.5%	31.8%
Capital expense (%)	8.0%	7.6%	7.3%	7.3%

University of Virginia Medical Center
Operating Statistics
Excluding Culpeper Regional Hospital

Description	Most Recent Three Fiscal Years			Budget/Target
	Jun-16	Jun-17	Jun-18	Jun-18
Acute Discharges	28,188	28,975	29,252	29,089
Patient days	180,702	181,976	190,775	183,721
Observation Patients - MC only	4,377	4,360	4,139	4,117
Post Procedure Patient - MC only	4,643	5,182	4,675	5,070
All Payor CMI Adj Avg Length of Stay - MC only	2.87	2.85	3.02	2.86
Clinic visits	859,639	886,563	849,662	880,594
ER visits - MC only	62,998	62,759	64,780	63,831
All Payor CMI	2.10			2.10
Average beds available				
FTE's (including contract labor)	7,955	8,206	8,623	8,589

University of Virginia Medical Center
SUMMARY OF OPERATING STATISTICS AND FINANCIAL PERFORMANCE MEASURES
Fiscal Year to Date June 30, 2018 with Comparative Figures for Prior Fiscal Year to Date June 30, 2017
Excludes Culpeper Regional Hospital

OPERATING STATISTICAL MEASURES

DISCHARGES and CASE MIX - Year to Date

	Actual	Budget	% Variance	Prior Year
DISCHARGES:				
Adult	25,074	24,930	0.6%	24,722
Pediatrics	2,835	2,658	6.7%	2,711
Psychiatric	985	1,088	(9.5%)	1,138
Transitional Care	358	413	(13.3%)	404
Subtotal Acute	29,252	29,089	0.6%	28,975
Observation	4,139	4,117	0.5%	4,360
Total Discharges	33,391	33,206	0.6%	33,335
Adjusted Discharges	61,768	62,145	(0.6%)	62,344
Post Procedure	4,675	5,070	-7.8%	5,182
CASE MIX INDEX:				
All Payor CMI - UVA Hosp & Clinics	2.09	2.10	(0.2%)	2.12
Medicare CMI - UVA Hosp & Clinics	2.23	2.23	(0.1%)	2.24

OTHER INSTITUTIONAL MEASURES - Year to Date

	Actual	Budget	% Variance	Prior Year
ACUTE INPATIENTS:				
Inpatient Days	190,775	183,721	3.8%	181,976
All Payor CMI Adjusted ALOS - MC	3.02	2.86	5.8%	2.85
Average Daily Census	522	503	3.8%	499
Births	1,868	1,890	(1.2%)	1,784
OUTPATIENTS:				
Clinic Visits	849,662	880,594	(3.5%)	886,563
Average Daily Visits	3,614	3,733	(3.2%)	3,737
Emergency Room Visits - MC	64,780	63,831	1.5%	62,759
SURGICAL CASES				
UVA Main Hospital Operating Room (IP and OP)	17,433	17,415	0.1%	17,579
UVA Outpatient Surgery Center	12,083	12,847	(5.9%)	12,641
Total	29,516	30,262	(2.5%)	30,220

OPERATING FINANCIAL MEASURES

REVENUES and EXPENSES - Year to Date

($s in thousands)	Actual	Budget	% Variance	Prior Year
NET REVENUES:				
Net Patient Service Revenue	1,641,603	1,625,468	1.0%	1,545,404
Other Operating Revenue	53,564	54,224	(1.2%)	61,934
Total	$ 1,695,167	$ 1,679,692	0.9%	$ 1,607,338
EXPENSES:				
Salaries, Wages & Contract Labor	$ 758,701	$ 767,117	1.1%	$ 707,304
Supplies	409,301	384,342	(6.5%)	368,495
Contracts & Purchased Services	341,660	346,071	1.3%	334,468
Depreciation	98,683	97,513	(1.2%)	97,467
Interest Expense	20,302	21,009	3.4%	17,856
Total	$ 1,628,647	$ 1,616,052	(0.8%)	$ 1,525,590
Operating Income	$ 66,520	$ 63,640	4.5%	$ 81,748
Operating Margin %	3.9%	3.8%		5.1%

OTHER INSTITUTIONAL MEASURES - Year to Date

($s in thousands)	Actual	Budget	% Variance	Prior Year
NET REVENUE BY PAYOR:				
Medicare	$ 468,010	$ 458,367	2.1%	$ 450,141
Medicaid	318,125	321,634	(1.1%)	309,029
Commercial Insurance	255,788	252,582	1.3%	253,065
Anthem	341,178	331,733	2.8%	295,171
Aetna	112,184	114,902	(2.4%)	111,782
Other	146,319	146,250	0.0%	126,216
Total Paying Patient Revenue	$ 1,641,603	$ 1,625,468	1.0%	$ 1,545,404
OTHER:				
Collection % of Gross Billings	29.68%	29.40%	0.9%	29.70%
Days of Revenue in Receivables (Gross)	50.1	45.0	(11.3%)	46.9
Cost per CMI Adjusted Admission	$ 12,659	$ 12,460	(1.6%)	$ 11,624
Total F.T.E.'s (including Contract Labor)	8,623	8,589	(0.4%)	8,206
F.T.E.'s Per CMI Adjusted Admission	24.46	24.17	(1.2%)	22.82

University of Virginia Medical Center
SUMMARY OF OPERATING STATISTICS AND FINANCIAL PERFORMANCE MEASURES
Fiscal Year to Date June 30, 2018 with Comparative Figures for Prior Fiscal Year to Date June 30, 2017

Assumptions - Operating Statistical Measures

Admissions and Case Mix Assumptions
Admissions include all admissions except normal new borns
Pediatric cases are those discharged from 7 West, 7 Central, 7 North, NICU and PICU
Psychiatric cases are those discharged from 5 East
TCH cases are those discharged from the TCH, excluding any Medicare interrupted stays
All other cases are reported as Adult
Short Stay Admissions include both short stay and post procedure patients
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

UVA Medical Center
(excludes Culpeper, UVA Imaging and Community Medicine)
(Dollars in Millions)

	Annual Activity				
INDIGENT CARE (IC):	**FY18**	**FY17**	**FY16**	**FY15**	
Net Charge Write-Off	$322.1	$ 307.2	$304.0	$ 269.6	
Percentage of Net Write-Offs to Revenue	5.8%	5.9%	6.1%	5.8%	
Total Reimbursable Indigent Care Cost	88.0	84.4	78.3	73.5	
State and Federal Funding	83.7	80.3	74.5	69.9	
Total Indigent Care Cost Funding as a Percent of Total Indigent Care Cost	95.1%	95.1%	95.1%	95.1%	
Unfunded Indigent Cost	4.3	4.1	3.8	3.6	
BAD DEBT:					
Net Charge Write-Offs	$108.9	$45.9	$49.6	$46.5	*see note 2 below*
Percentage of Net Write-Offs to Revenue	2.0%	0.9%	1.0%	1.0%	

Note 1: Provisions for bad debt write-offs and indigent care write-offs are recorded for financial statement purposes on overall collectability of the patient accounts receivable. These provisions differ from the actual write-offs of bad debts and indigent care which occur at the time an individual account is written off.

Note 2: For the EPIC conversion, the finance staff changed the definitions of bad debt transaction codes to better reflect the definition of Bad Debt versus Contractual Allowance. So FY18 is not a good comparison with previous years as the make up of Bad Debts has changed. There is a corresponding opposite change to Contractual Allowances and the total is reasonable.

Ex 1: $10M Insurance challenges medical necessity & does not reimburse us, now maps to BD, used to map to contractual allowances
Ex 2: $15M Renal bundling, uncovered charges mapped to contractuals in legacy, epic is mapping to BD.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: September 12, 2018

COMMITTEE: Health System Board

AGENDA ITEM: I.D. Health System Inclusion and Wellness

ACTION REQUIRED: None

BACKGROUND: Dr. Shannon, Dean Wilkes, and CEO Sutton-Wallace will provide an overview about diversity and inclusion efforts at the Health System.

DISCUSSION: The Health System is taking proactive steps to create a more inclusive and diverse environment. While recruitment is underway for a Chief Inclusion and Wellness Officer, much work is ongoing to educate team members and learners about how to recognize, respond to, and manage racism, sexism, and bullying behaviors. The Health System has implemented several tactics to improve diversity, inclusion, and wellness to include:

- February 7, 2018 Leadership Summit held for all Health System leaders, educating them on the importance of diversity, inclusion, and cultivating cultural humility.
- eLearning modules and workshops titled "Towards an Inclusive Environment" have been created and released for use by all team members.
- Faculty and Employee Assistance Program (FEAP) has held several workshops for front-line staff on discriminatory behavior and resilience in addition to workshops on self-wellness and resilience.
- The Health System Graduate Medical Education program has developed a number of initiatives relating to trainee physical and emotional wellness as well as inclusion.

Shortly after Dean Wilkes' arrival in 2015, a "climate survey" was conducted by three external consultants from large academic medical centers. Their findings noted:

- Diversity must be valued as a strategic imperative at all levels.
- Community engagement must be sought.
- Medical students need support from attending physicians.
- The School of Medicine's Office of Diversity needs additional infrastructure, including a Health System diversity officer.
- Chairs and program directors need to be accountable and need tools to effect change.

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 and submitted a status report on July 26, 2018.

The hiring of the Chief Inclusion and Wellness Officer (CIWO) is a key indicator to the LCME that the School of Medicine is making every possible effort to foster an environment that embraces diversity and inclusion. The report to the LCME provides an update on the status of the search and describes the initial resources that are available to support the CIWO's work.

In addition, the Health System has received recognition by certain external entities regarding the Health System's inclusion and wellness efforts:

- Three UVA School of Medicine physicians were selected for the 2018-2019 cohort in the Disparities Leadership Program, led by the Disparities Solutions Center at Massachusetts General Hospital. The program is jointly sponsored by the National Committee for Quality Assurance and Joint Commission Resources and is "designed for leaders from hospitals, health insurance plans, and other health care organizations who are seeking to develop practical strategies to eliminate racial and ethnic disparities in health care." Our physicians submitted an application with the goal of crafting a strategy to define our systems commitment to equity in health care across our clinical service lines.

- UVA Medical Center was named a Top Performer in April 2018 by the Human Rights Campaign Foundation for its equitable treatment of lesbian, gay, bisexual, transgender, and queer patients and team members.
- BlackDoctors.org, a health and wellness website, included the Health System in its 2018 Top Hospitals for Diversity, honoring hospitals that deliver high quality care while promoting equity and inclusion in their operations, programs, services, and staffing.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: September 12, 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
April 1 – June 30, 2018

Friends of the School of Nursing contributed an additional $5 million over five years to the School through the Bedford Falls Foundation to support scholarships across all programs and provide additional faculty support. This latest gift brings their support to a total of $15 million for nursing initiatives at UVA.

Grateful patients documented a $1 million increase to their existing $1 million bequest, enabling the creation of two $1 million fellowships – one in the Department of Medicine and one in Neurology.

A School of Medicine alumnus and his wife documented an additional $1 million increase to their existing, unrestricted School of Medicine bequest, bringing the total value of their planned gift to $4.6 million.

A Health Foundation trustee and his wife, in gratitude for a family member's care, made a five-year pledge totaling $1 million for a Bicentennial Professorship in support of the Department of Otolaryngology, and will also provide $75,000 in additional funding to help seed the professorship.

The Soho Center made an in-kind gift of books to UVA Children's Hospital valued at $512,421.

The School of Medicine received a $500,000 estate distribution in support of research, clinical trials, and programs in the field of hematologic malignancies.

A School of Medicine alumnus committed $300,000 to support a School of Medicine Bicentennial Scholarship, for a total value of $450,000 including the Bicentennial match.

A friend of the Health System committed $200,000 to endow a scholarship in memory of her husband, a School of Medicine alumnus.

A School of Medicine alumnus and his wife committed $115,000 to the Class of 1979 scholarship fund in the School of Medicine.

A School of Nursing alumna committed $105,000 to the Ivy Mountain initiative to create a comprehensive musculoskeletal health complex at UVA.

A School of Medicine alumnus pledged $100,000 to the Department of Orthopaedic Surgery to create a new resident education fund through the Bicentennial match program.

A University of Virginia alumnus committed $100,000 through an estate gift to establish the Anne A. Wallen, Daniel L. Wallen, and Jane S. Anderson Endowment Fund in support of lung cancer research and clinical trial work at UVA Cancer Center.

Friends of the School of Nursing established a $100,000 joint bequest to fund a fellowship in memory of their mother and their aunt.

Friends of the Health System committed $100,000 through an estate gift in support of Dr. Tom Loughran's research in LGL Leukemia at UVA Cancer Center.

Other gifts and pledges received include:

- A $60,000 pledge in support of the Heart and Vascular Center Clinical Excellence Fund;
- A $50,000 commitment to UVA Children's Hospital for sponsorship of the Main Event Gala;
- A $30,000 pledge to help fund a bereavement program in the NICU at UVA Children's Hospital;
- A $30,000 commitment to fund Dr. Bill Petri's research in infectious disease; and
- A $25,000 unrestricted bequest to the School of Medicine in memory of Dr. Ed Hook.

OTHER DEVELOPMENT INITIATIVES

The Nursing Annual Fund achieved a record-breaking total of $515,583.

UVA Health System raised a total of $163,670 on GivingtoHoosDay, the University's online giving day, for all areas of the Health System. Health Foundation trustees offered a $21,400 match, helping to raise more than $49,000 in support for various Health System programs and initiatives. The School of Nursing raised more than $75,000 with a $35,000 match from the Nursing Advisory Board, and the Medical School Foundation matched all

gifts up to $25,000 allocated for general scholarship support, raising more than $38,000 in total.

The Blue Ridge/Panera's Change for Children campaign raised $68,186 in support of the pediatric cancer fellowship program at UVA Children's Hospital.

The HooThon, UVA's annual Dance Marathon, raised $58,209 for UVA Children's Hospital in celebration of the event's 20th anniversary.

The Keswick Hunt Club Karats and Cocktails fundraiser raised $37,318 to benefit UVA Children's Hospital unrestricted fund.

UVA Cancer Center held its 21st annual Hamilton's Dinner at Hamiltons' at First and Main on April 8th, raising $13,875 in support of the Marty Whitlow Fund for ovarian cancer research.

FISCAL YEAR FUNDRAISING PROGRESS

Through June 30, 2018; 100% of time elapsed

***** *excludes pledge payments on previously booked pledges*

	FY 18 Goal	Fundraising Progress*	Percent Achieved	Compare FY 17
New gifts	**$45,000,000**	$35,162,298	78%	$41,221,474
New pledges	**$7,000,000**	$14,835,555	212%	$10,212,323
Total new commitments*	**$52,000,000**	$49,997,853	96%	$51,433,797
New expectancies	**$10,000,000**	$17,745,397	177%	$9,109,682
Total new gifts, pledges, and expectancies	**$62,000,000**	**$67,743,325**	**109%**	**$60,543,479**

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: September 12, 2018

COMMITTEE: Health System Board

AGENDA ITEM: II.A. Medical Center Chief Executive Officer Remarks

ACTION REQUIRED: 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: The Chief Executive Officer will inform the HSB of recent Medical Center related events and updates that do not require formal action.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: September 12, 2018

COMMITTEE: Health System Board

AGENDA ITEM: II.B. Medical Center Operations Report

ACTION REQUIRED: None

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

DISCUSSION:

Goal: To become the safest place to receive care

Performance on key quality metrics, including Mortality, 30 Day Readmissions, Clostridium Difficile Colitis (C. Diff) Infections, Pressure Injuries, and Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE) events continued to show improvement in the fourth quarter of Fiscal Year 2018. While we did not achieve our aggressive targets for the year, these performance improvements equate to 16 fewer patients with DVT/PEs, 30 fewer pressure injuries, 40 fewer positive C. Diff. tests, and 52 fewer deaths than the prior Fiscal Year.

In June, the Ambulatory Optimization initiative utilized a Rapid Design Event (RDE) to accelerate the planning for system-wide changes in the outpatient setting. The RDE utilized a weeklong intensive format where a team of 13 frontline staff, supported by a team of coaches, internal experts, and daily reaction panel of physicians, synthesized the work completed by the four system A3 teams. This resulted in the design of a recommended future state for clinic operations that was reviewed by teams from all key stakeholder groups. The new future state will include implementation of 48 concrete improvement opportunities with the first wave of focused improvements in 12 high-volume pilot clinics. Concurrently, follow-up work in the 12 original pilot clinics has led to the implementation of 50 local clinic-specific improvement efforts.

Goal: To be the healthiest work environment

The Medical Center conducted its annual Team Member Engagement Survey in April. The overall participation rate increased from 70% in 2017 to 79% in 2018, ensuring a solid basis for identifying strengths and opportunities. Overall, the results represent a marked improvement over last year's survey, indicated by benchmark movement from the 30th to the 44th percentile in overall workforce engagement. In addition, the Medical

Center saw a decrease in low performing teams as well as an increase in moderate to high performing teams. Overall strengths include fairness of pay, career development opportunities, and sufficient time to provide the best care and service. The most notable improvement was organizational respect – a topic that has been clearly and purposefully addressed by senior leadership and Organizational Development over the past year. Results were shared with team members beginning on August 8th.

Goal: To provide exceptional clinical care

The three focused patient experience services (inpatient, outpatient clinics, and emergency department) achieved the highest fiscal year results in the history of the Medical Center.

Inpatient patient experience performance as reflected in the overall hospital rating of 9's and 10's for Fiscal Year 2018 (as of June 2018) was 76.8% (69th percentile), better than target, just below stretch target (77.3%). This is a significant increase over the Fiscal Year 2017 of 72.0% and fiscal year 2016 of 70.5%. The improved and sustained performance resulted from 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 are rounding on patients over 10,000 times per month. Not only does leadership rounding support immediate problem-solving remediation, it also has had a significant impact on overall patient satisfaction.

Outpatient clinic patient experience results defined as the overall doctor rating for the Fiscal Year 2018 (as of June 2018) were 87.1% (52nd percentile), just under target (87.2%) but over prior Fiscal Year 2017 (85.9%). Improvement is attributed to service line specific improvement strategies to address coordination across the care continuum and the organization's focus on Ambulatory Optimization. Ambulatory Optimization efforts also had an impact on the overall score with the pilot units experiencing a higher increase than the all-clinic results.

The Emergency Department Fiscal Year 2018 (as of June 2018) patient experience score was 83.8 (50th percentile) and is above Fiscal Year 2017 (83.6) but below target (85.2). The Patient Experience Bundle, Rapid Medical Evaluation, and "direct to bed" (bedside triage) continue to be the focus for the team.

In June, the final planning was completed for the July distribution of "badge buddies" to over 4,000 team members who spend most of their time with patients and families. Worn with and hanging below the ID badge, the badge buddy provides an easy to see indicator of the role of the team member. Badge buddies will improve communication between patients and the care team and also within the care team.

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

Through 12 months of Fiscal Year 2018, the Medical Center achieved favorable financial performance, with an operating margin of $66.5M (3.9%) against a budget of

$63.6M (3.8%). As noted in the Health System finance report, the Medical Center experienced strong performance in the last quarter, particularly in May and June where volumes and patient acuity increased. Additionally, Medical Center management has maintained focus on expense improvement efforts, which includes lower utilization of contract labor, slower growth of fixed positions, and improved scheduling operations. Work continues to effectively manage labor and execute on medical supply and pharmaceutical expense reduction targets.

The University Hospital Expansion project remains on schedule and within budget. Medical Center leadership continues operational planning and will begin executing on implementation plans the latter half of Fiscal Year 2019.

The schematic design for the Ivy Mountain project was approved by the Building and Grounds Committee in June. The project steering committee will reassemble in the coming months to include additional operational leaders to maintain project oversight and continue planning efforts. Demolition of the former Kluge Rehabilitation Center is underway with new construction scheduled to begin in September. The building is expected to be in service in Fiscal Year 2022.

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

Recent Designations and Re-certifications

The Virginia Department of Health completed a biennial inspection of the Gamma Knife Radiation Safety Program.

The American Society for Histocompatibility and Immunogenetics completed a biennial inspection of the Histocompatibility Lab (Transplant HLA Lab).

The American College of Surgeons completed a Trauma Center verification survey.

The Joint Commission completed a re-certification survey for the Ventricular Assist Device Program.

The Centers for Medicare and Medicaid Services completed a triennial re-certification inspection of both the Kidney Center and the Page Dialysis Center for the End Stage Renal Disease (Dialysis) Program.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: September 12, 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 Orthopaedic 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 2016-2017survey. 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:

<u>Academic Year 2017-2018</u>

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 ad 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

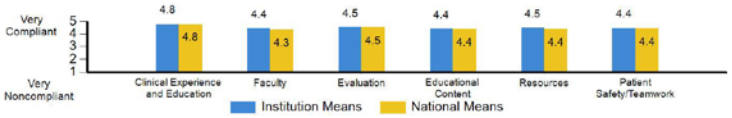
GME at the University of Virginia occurs in a robust training environment with the strong support of all elements of the Health System. Our graduates leave UVA with the skills and competence to practice independently in every type of health care setting. Many of them go on to become leaders in academic 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.

2017-2018 ACGME Resident Survey - page 1 | **Survey taken: January 2018 - April 2018** | Programs Surveyed 70

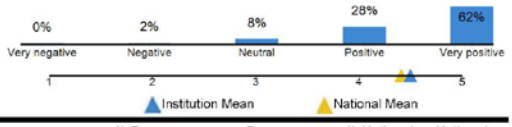
510124 University of Virginia Medical Center - Aggregated Program Data | Residents Responded 682 / 705

Response Rate 94%

Institution Means at-a-glance



Residents' overall evaluation of the program



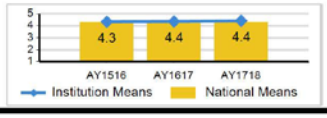
Clinical Experience and Education

	% 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	96%	4.7
Continuous hours scheduled	95%	4.7	95%	4.7

Reasons for exceeding clinical experience and educational work rules:

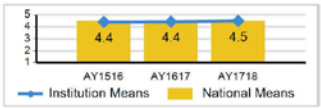
Patient needs	8%	Cover someone else's work	3%
Paperwork	11%	Night float	3%
Additional ed experience	3%	Schedule conflict	3%
		Other	2%

Faculty



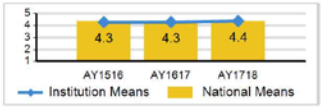
	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	95%	4.4	92%	4.3
Appropriate level of supervision	98%	4.7	96%	4.6
Sufficient instruction	90%	4.3	86%	4.2
Faculty and staff interested in residency education	89%	4.4	85%	4.3
Faculty and staff create environment of inquiry	86%	4.3	79%	4.1

Evaluation



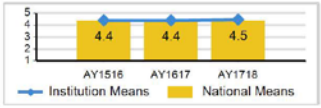
	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	99%	5.0	99%	4.9
Opportunity to evaluate faculty members	98%	4.9	99%	4.9
Satisfied that evaluations of faculty are confidential	88%	4.3	85%	4.3
Opportunity to evaluate program	99%	5.0	98%	4.9
Satisfied that 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



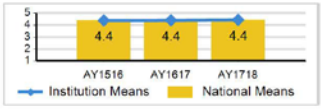
	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	91%	4.7	94%	4.8
Instructed how to manage fatigue	92%	4.7	91%	4.6
Satisfied with opportunities for scholarly activities	84%	4.2	76%	4.1
Appropriate balance between ed and other clinical demands	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



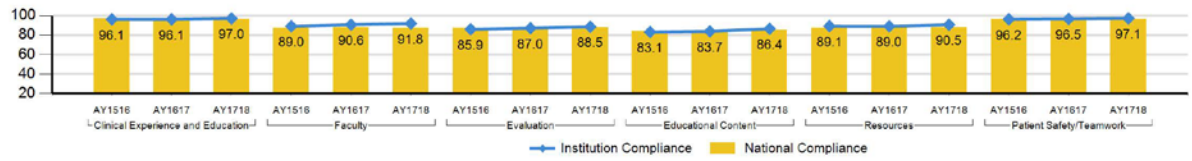
	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	99%	5.0
Use electronic medical records in ambulatory setting*	99%	5.0	99%	4.9
Electronic medical records integrated 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



	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	98%	4.5	96%	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	96%	4.6
Effectively work in interprofessional teams	100%	4.4	99%	4.4

Total Percentage of Compliance by Category



 *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.

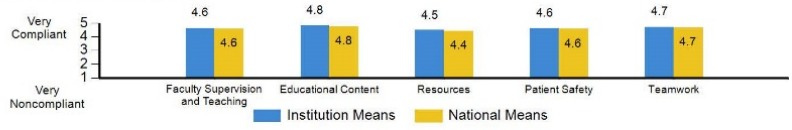
2017-2018 ACGME Faculty Survey - page 1

Survey taken: January 2018 - April 2018

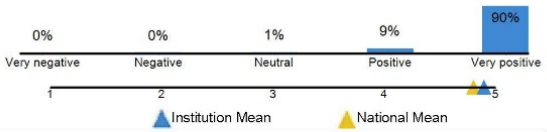
Programs Surveyed 70
Faculty Responded 597 / 641
Response Rate 93%

510124 University of Virginia Medical Center - Aggregated Program Data

Institution Means at-a-glance



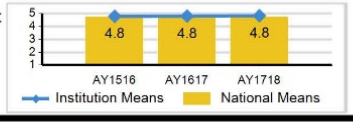
Faculty's overall evaluation of the program



Faculty Supervision and Teaching

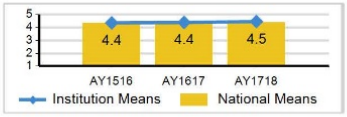
	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient time to supervise residents/fellows	97%	4.8	95%	4.7
Residents/fellows seek supervisory guidance	95%	4.6	93%	4.6
Interest of faculty and Program Director in education	98%	4.8	97%	4.7
Rotation and educational assignment evaluation*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

Educational Content



	% 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

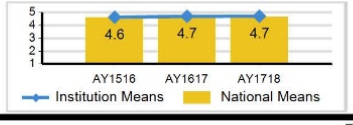


	% Program Compliant	Program Mean	% National Compliant	National Mean
Program provides a way for residents/fellows to transition care when fatigued*	99%		99%	
Residents/fellows workload exceeds capacity to do the work	100%	4.3	99%	4.3
Satisfied with faculty development to supervise and educate residents/fellows	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

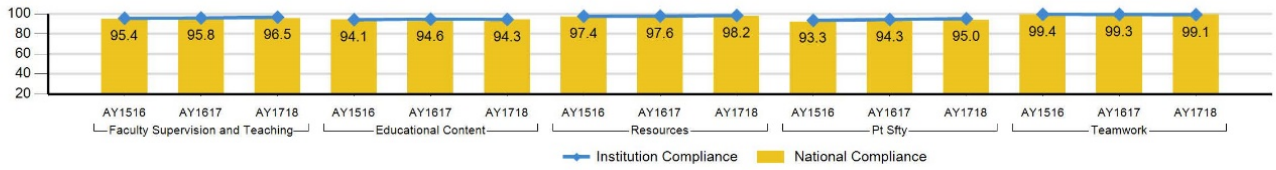
	% Program Compliant	Program Mean	% National Compliant	National Mean
Information not lost during shift changes or patient transfers	90%	4.2	92%	4.2
Tell patients of respective roles of faculty and residents/fellows	94%	4.6	93%	4.6
Culture reinforces patient safety responsibility	97%	4.8	97%	4.7
Residents/fellows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

Teamwork



	% 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



*Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.
Percentages may not add to 100% due to rounding.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: September 12, 2018

COMMITTEE: Health System Board

AGENDA ITEM: III. School of Medicine Report

ACTION REQUIRED: None

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

DISCUSSION: The Dean will discuss the School of Medicine's status report to the Liaison Committee on Medical Education (LCME). The report describes the steps taken to increase the diversity of the School's faculty.

Dean Wilkes will also discuss other operational matters related to the revised admissions enrollment management process for undergraduate medical students and its impact on the School of Medicine, and extramural funding and the impact of the Strategic Hiring Initiative.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: September 12, 2018

COMMITTEE: Health System Board

AGENDA ITEM: IV. Transitional Care Hospital Operations Report

ACTION REQUIRED: None

BACKGROUND: Tracy Turman, MHA, 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 hospital. It reflects the performance and efforts related to the four key areas (healing, serving, engaging, and building).

OPERATIONS REPORT

HEALING

Transitional Care Hospital (TCH) achieved and exceeded targets for five of the six performance metrics for Fiscal Year 2018. To ensure we remain the safest long-term acute care hospital (LTACH) to receive and provide care, TCH will monitor and report the following clinical outcomes and performance measures during Fiscal Year 2019: patient mortality, hospital acquired pressure injury rates, team member injury rate, 30–day patient readmission rate to UVA Medical Center, Hospital- acquired C. Difficile infections, and ventilator wean success rates. Interdisciplinary committees and teams work together to develop and implement improvement strategies when needed and is evidenced by our Quality and Patient Safety Dashboard. Where possible, performance is compared to other LTACHs. These metrics have established targets which are based on national benchmarking data, except for the 30–day patient readmission rate which is based on an internal target.

TCH and the UVA Telemedicine Department are working to begin a telemedicine consultation pilot with the Department of Surgery. During the fourth quarter of Fiscal Year 2018, the technology was assessed and when needed, the consultation was provided. The first consultation via this method will occur in August. Success of this pilot may lead to an expansion of additional specialties.

Fourth quarter of 2018 also revealed a seasonal variation in illness which resulted in fewer respiratory complex and ventilator admissions resulting in a lower than expected volume. Outreach activities to further expand referral sources within the state were

initiated, including VCU Medical Center, Winchester Medical Center and Fauquier Health, and improvement was noted early in the month of August.

SERVING

Patient Satisfaction Scores continue to reflect a high level of satisfaction with the overall care provided at TCH. The overall assessment rating for TCH was 90% year to date which places TCH as first among the nine LTCH hospitals surveyed by Press Ganey. Our next focus is to refocus our efforts to increase the survey response rate as this volume has been low.

Continued efforts are underway to improve food service at TCH. Architects have provided a conceptual design which will allow food to be plated at TCH as opposed to the reheat of plated food delivered from the Medical Center. This will allow for improved quality and temperature. Costs for the overall project are being determined.

ENGAGING

The 2018 UVA Health System Engagement Survey took place April 24-May 15, 2018. Action planning around these results has already begun. In addition, TCH hosted another employee retreat in July, the Administrator of TCH shadowed nursing staff on all shifts in July, and in August TCH celebrated its eighth anniversary with a cookout. Finally, the TCH leadership and organizational development is planning a leadership retreat in October to focus on teamwork and employee engagement in the new fiscal year.

BUILDING

The Patient Progression Department manages the entire patient stay from referral to admission to discharge. Hospital liaisons are clinicians who educate referral sources and facilitate admissions. Case managers take over at the point of admission to ensure a successful stay and discharge plan. This department is currently conducting a performance improvement analysis focused on exploring how to improve these processes, create greater efficiency, and provide a means which will make it easier for referring providers and patients to navigate through their recovery.

In the fourth quarter of Fiscal Year 2018, 73% of admissions came from the UVA Medical Center, while the remaining were admitted from various hospitals mostly originating in the Commonwealth of Virginia. A breakdown by medical categories include: 27% vent weaning, 22% complex wounds, and 17% respiratory complex. The remaining admissions fell into the category of medically complex patients.

Discharge to home and skilled nursing facilities remain the highest discharge dispositions of the four lower level of care options (IRF, SNF, Home, and Hospice). The Case Mix Index (CMI) was relatively low at 1.07 for Medicare patients mainly due to the lower ventilator patient census. However, all payor Case Mix Index (CMI) was 1.18 for the

quarter and 1.12 for the fiscal year. The average length of stay for Fiscal Year 2018 was 28.42 for all payors and 25.93 for Medicare patients.

RECENT DESIGNATIONS AND RE-CERTIFICATIONS

The Joint Commission visited in July to recertify our wound healing program. The survey produced no recommendations for improvement and the surveyor suggested many of our practices would be shared with other providers and surveyors as "gold standards" for wound healing.