

**UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS  
MEETING OF THE  
MEDICAL CENTER  
OPERATING BOARD  
FOR THE UNIVERSITY OF  
VIRGINIA MEDICAL CENTER  
FEBRUARY 19, 2014**

UNIVERSITY OF VIRGINIA  
MEDICAL CENTER OPERATING BOARD

Wednesday, February 19, 2014

2:00 pm - 6:00 pm

Charles W. Hurt, M.D. Learning Studio  
Claude Moore Medical Education Building

Committee Members:

Stephen P. Long, M.D., Co-Chair	
Edward D. Miller, M.D., Co-Chair	
William H. Goodwin Jr.	Constance R. Kincheloe
Victoria D. Harker	George Keith Martin
Andrew K. Hodson, MB.Ch.B	Charles W. Moorman
Michael M.E. Johns, M.D.	The Hon. Lewis F. Payne
William P. Kanto Jr., M.D.	

Ex Officio Members:

Teresa A. Sullivan	Patrick D. Hogan
Nancy E. Dunlap, M.D.	R. Edward Howell
Dorrie K. Fontaine	Richard P. Shannon, M.D.
Robert S. Gibson, M.D.	John D. Simon

AGENDA

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I. OPENING COMMENTS FROM THE CO-CHAIRS	
II. REMARKS FROM THE EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS	
III. GRADUATE MEDICAL EDUCATION ANNUAL REPORT (Dr. Shannon to introduce Susan E. Kirk, M.D.; Dr. Kirk to report)	1
IV. EXECUTIVE SESSION	
• Discussion of proprietary, business-related information pertaining to the operations of the Medical Center, where disclosure at this time would adversely affect the competitive position of the Medical Center, specifically:	
- Strategic personnel, financial, and market and resource considerations and efforts, including: potential joint ventures or affiliations; Cardiovascular Center of Excellence; other marketing and growth efforts including population health and other clinical initiatives; long range financial plan assumptions and operating and capital budget assumptions; report on the performance of Culpeper Regional Hospital; review of Health System Clinical Strategy Performance	

Dashboard; and other performance measures and 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;
- Consultation with legal counsel regarding compliance with relevant federal and state legal requirements, licensure, 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), (7), (8) and (22) of the Code of Virginia. The meeting of the Medical Center Operating Board is further privileged under Section 8.01-581.17 of the Code of Virginia.

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V. RETURN TO PUBLIC SESSION: REPORTS BY THE VICE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE MEDICAL CENTER (Mr. Howell)	
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UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 19, 2014

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: III. Graduate Medical Education Annual Report

ACTION REQUIRED: None

BACKGROUND: Susan E. Kirk, M.D. has been the Designated Institutional Official (DIO) and chair of the Graduate Medical Education Committee (GMEC) at UVA for the past seven years. Dr. Kirk also holds a joint appointment as an Associate Professor in Medicine and Obstetrics and Gynecology. She is a graduate of Douglass College and Rutgers Medical School. She completed her internship and residency, and was chief resident in Internal Medicine at the University of North Carolina at Chapel Hill. At the University of Virginia, she completed a fellowship and is currently board-certified in Endocrinology. Her area of clinical expertise is in diabetes and pregnancy. She is co-director of the High Risk Obstetrical Diabetes Clinic. Dr. Kirk was appointed to a six-year term with the Institutional Review Committee of the Accreditation Council for Graduate Medical Education (ACGME) in July 2013.

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 programs which further the knowledge and expertise of physicians, we also provide residency and fellowship training in dentistry, pharmacy, chaplaincy, radiation physics, clinical laboratory medicine, and clinical psychology. GME at UVA Medical Center remains highly regarded and matching into our programs is very competitive. We believe that it is part of our mission to train professionals who will serve as the key components of the healthcare workforce in the 21st century. It is our duty to educate them to provide safe, high quality patient care, and to encourage them to carry these skills and values with them beyond their residencies and fellowships.

At UVA, oversight of GME programs is performed by the DIO and Associate Dean of GME in conjunction with the institution's GMEC, an advisory committee to the Clinical Staff Executive Committee. The GMEC meets monthly to review and approve all aspects of GME and is comprised of 35 members, including the

DIO, representative program directors, the Chief Patient Safety and Chief Quality Officers, GME administrators, and peer-selected residents. It also provides an annual report to the Clinical Staff Executive Committee.

For the 2013-2014 academic year, the Medical Center has 765 residents and fellows in 98 active specialty and sub-specialty training programs. All programs are currently in good standing. These include 71 programs accredited by the ACGME, 21 additional fellowships (non-accredited or accredited by other than the ACGME), one ADA-accredited dentistry program, and five paramedical programs in chaplaincy, clinical laboratory medicine, clinical psychology, pharmacy, and radiation physics.

#### DISCUSSION:

##### GME Trainee Statistics

The training year for residents and fellows generally runs July to June, although several programs are slightly off-cycle. Medical, dental, and clinical psychology residents are appointed annually and reappointed through the Credentials Committee. Statistics for Fiscal Year 2014 are as follows:

##### *Departing GME Trainees:*

Completed training program*	215
Not reappointed for academic reasons	1
Resigned for personal or academic reasons	3
Terminated from program	0

\* Of the 215 residents completing training, 24 were appointed to faculty positions within the School of Medicine.

*New Appointments* 246

*Reappointments* 524

A recent review of practice locations for graduates of UVA's training programs from 1995 to 2005 showed that approximately one-third (32%) remained within the Commonwealth long-term after completing their training.

##### Accreditation Status

Accreditation of individual GME programs and the institution is provided largely by the ACGME. Accreditation is accomplished through a peer review process and is based upon

standards and guidelines established by 26 specialty-specific committees, known as Residency Review Committees (RRCs). Accreditation of the institution is reviewed and granted by the Institutional Review Committee (IRC). All 71 ACGME-accredited programs have full accreditation.

Beginning in July 2013, all ACGME-accredited programs entered or began transition to the Next Accreditation System (NAS). RRC and IRC site visits have been replaced by self-study periods. Depending on the program's cycle length awarded after its last site visit, self-study periods range from four to 10 years. The first programs to undergo self-study will do so in 2017 and UVA Medical Center's Self-Study is scheduled for October 2018.

Program success can no longer be measured by the length of the accreditation cycle. Instead, programs must monitor and track key areas within their programs and submit an Annual Program Evaluation (APE) to the ACGME which includes the following elements:

- Resident performance
- Faculty development and scholarly activity
- Graduate performance, including performance of program graduates on the certification examination
- Program quality
- Documented program improvement

The GMEC and DIO will also need to regularly evaluate the strengths and weaknesses of our programs, especially as mandatory mid-cycle audits (formerly called Internal Reviews) are no longer required by the ACGME. The GMEC is transitioning to a process where the entire committee will review each program's performance data on an annual basis, and a GMEC member will conduct a more thorough review no less frequently than once every three years. In addition to the areas identified in the APE, the GMEC will review the following:

- Results of ACGME resident anonymous survey
- Results of ACGME faculty anonymous survey
- Progress of program's trainees along published Milestones
- Resident or fellow attrition
- Trainee activity in Patient Safety and Quality Initiatives
- Communications from ACGME or other accrediting organization
- Clinical Learning Environment Review incidents, including any non-compliance with duty hours or supervision requirements, or any mistreatment of learners

These results will be compiled and reported annually to the ACGME in the form of an Annual Institutional Report (AIR), as well as to the Clinical Staff Executive Committee and the Medical Center Operating Board.

### National Match

Twenty-seven programs offering 147 positions participated in the 2013 Match. Four positions in the Preliminary Surgery - Undesignated program were unfilled at the time of the initial match, but these were successfully filled within three hours of the Supplemental Online Application Program (SOAP). Of special note, 21 programs obtained one or two of their top 20 ranked applicants. Additionally, just over 25% of the matched applicants were from Commonwealth of Virginia medical schools and 24 were graduates of the University of Virginia. On a broader scope, our residency programs were very attractive to medical schools around the country, matching students from 32 states and the District of Columbia.

### Finance

The total direct budget for GME programs for fiscal year 2013 was \$50,669,829. Funds to support this program came from the Medical Center based on payment formulas from Medicare, Medicaid, other government agencies (such as the NIH or branches of the military), and industry sources.

In addition to continuing to fund innovative programs to support education, such as the Master Educators Award, the Graduate Medical Education Innovative Grant Program, and the Certificate Program, the Medical Center increased salaries and benefits for all graduate medical trainees in July 2013 in order to remain competitive with GME programs nationally.

*University of Virginia GME Trainee Stipends  
Effective July 1, 2013 - June 30, 2014*

Program	Level	UVA Annual Salary	50 <sup>th</sup> Percentile All Regions*
Medical/Dental	PGY 1	\$50,800	\$50,214
	PGY 2	\$52,010	\$52,048
	PGY 3	\$54,250	\$54,024
	PGY 4	\$58,000	\$56,380
	PGY 5	\$58,600	\$58,599
	PGY 6	\$60,000	\$60,972
	PGY 7	\$62,100	\$62,905
	PGY 8	\$64,900	\$65,738
Chaplain	PGY 1	\$31,200	
	PGY 2	\$32,200	
	PGY 3	\$33,200	
	PGY 4	\$34,125	
Pharmacy	PGY 1	\$46,125	
	PGY 2	\$48,725	
Clinical Psychology	PGY 1	\$34,750	
	PGY 2	\$36,650	

\*2013 AAMC Survey on Stipends, Benefits and Funding

**GME Activities**

***Clinical Learning Environment: Emphasis on Quality and Patient Safety***

In recognition of our roles in providing quality care and a safe learning environment, the DIO and GMEC assumed a more active role ensuring integration of GME trainees into Patient Safety and Quality Improvement programs, supervision, and transition of care, duty hours, fatigue management/mitigation, and professionalism. Moreover the DIO and GMEC, with special



focus within the Clinical Learning Environment Review (CLER) subcommittee, remain committed to ensuring that residents and fellows receive adequate training that adheres to the guidelines designed to address the focus areas listed above with an eye toward improvement. In order to achieve those goals, the following activities were undertaken:

#### *Resident Supervision and Evaluation*

- All ACGME anonymous surveys were reviewed for concerns about supervision by faculty, and this information was shared with the chairs of the clinical departments and Medical Center senior clinical leadership.
- Seven programs successfully transitioned to evaluating their trainees based on published Milestones and as required by the ACGME. The remaining programs will begin using Milestone evaluations in July 2014. The GME Office was instrumental in providing education and support to all program directors and coordinators in this area.
- The DIO has undertaken a major project to substantially improve the method of granting approval for residents and fellows to perform procedures. The current Housestaff Privilege List will be replaced by a GME Trainee Procedural manual. This database will link the results of an individual's most recent evaluation using Milestones to determine when a trainee has achieved the necessary competency in order to perform procedures, both with and without direct supervision.

#### *Learner Mistreatment*

The DIO and GMEC are committed to a respectful and safe working environment for residents and those with whom they interact. The DIO worked with residency programs to educate them as appropriate. In addition, over the past year, the following activities were undertaken:

- In order to enhance communications among all specialties, the GME Office has supported the professional development of Chief Residents by creating opportunities outside of work for these senior residents to talk with and learn from one another.
- The DIO has met with the Medical Student Advocacy Committee (MSAC) to receive feedback on the treatment of Medical Students by faculty and residents or fellows. The chair of the MSAC, Dr. Donna Chen, has been invited to join the GMEC.

- The GME Policy Subcommittee was charged to develop a policy that reflect the DIO's and the GMEC's commitment to preventing trainee abuse through education by providing support for those subjected to mistreatment and responding with corrective action. This policy will address the behaviors required from all those who are in training sites, including faculty members, trainees, staff, or trainees in a teaching role. It is intended to ensure an educational environment in which students, trainees, staff, volunteers, and faculty may raise and resolve issues without fear of intimidation or retaliation.

### *Interprofessional, Team-based Learning*

Many residency or fellowship programs have begun to offer simulated or didactic educational activities that take a multidimensional collaborative approach involving all members of the healthcare team, including but not limited to nurses, pharmacists, respiratory therapists, and chaplains. For the first time, orientation of ALL new residents and fellows included systems-based training in our Quality and Patient Safety tools, and specifically addressed the common systems-based issues that limit effective and efficient patient care, such as Medication Errors, Hand-off of Care, Disclosure to Adverse Events, Proper use of Restraints, Pain Management, and Supervision/Escalation of Care.

In addition, the Housestaff Council Co-Presidents have instituted regular monthly meetings with the Professional Nurse Staffing Organization Co-Presidents to collaborate on enhancing MD/RN collegiality and collaborative practices.

### *Resident and Fellow Engagement in Quality and Patient Safety*

Trainees are encouraged to develop their own individual learning portfolios, and to include such items as self-initiated Practice Based Learning and Improvement projects or chart reviews, thereby documenting their own engagement in Quality and Patient Safety issues. In addition, the Housestaff Council, with broad membership from many of the core residencies and subspecialty fellowships, participates in these areas. The Housestaff Council ensures representation of trainees on key Medical Center and School of Medicine Committees, including both the standing committees of Quality and Patient Safety and the Clinical Staff Executive Committee, where Quality and Patient Safety issues are discussed monthly. There is GME Trainee representation on other important Medical Center committees

including Medication Usage Safety and Informatics, Epic (electronic medical record), and MD/RN Relationships.

In anticipation of a CLER visit by the ACGME in the next 12 months, the DIO has begun to visit individual departments to discuss with trainees their readiness for this event and ensure that trainees document their engagement in Quality and Patient Safety.

### Innovations in Graduate Medical Education

#### *GME Institutional Curriculum*

In order to fulfill its commitment to establishing a quality learning and working environment for the GME trainees and to adhere to the regulations of the accreditation agencies, GMEC takes the initiative to identify strengths of the current institutional curriculum as well as the areas that would benefit from additional focus with an eye toward improvement.

#### *GME Innovative Grant Program*

The GME Innovative Grant Program continues to recognize projects designed by School of Medicine faculty who attempt to improve resident education. Many outstanding proposals were received in 2013 and the following were approved for funding:

- A Cadaveric Study of Knee Physical Examination Skills of Emergency Medicine Residents; Co-Investigators Siobhan M. Statuta, M.D. and Kevin H. Dabrowski, M.D.; \$4,835.
- Radiographic Central Venous Catheter Verification Training Application Optimized for Apple iPad Mini; Co-investigators Thomas Hartka, M.D. and Mark Sochor, M.D.; \$4,800.
- Can an iPad "app" improve resident physician consultation requests from the emergency department?; Co-investigators Kevin Sullivan, M.D. and John Philip Riordan, M.D.; \$7,000.
- Improvement in Care in General Surgery Residents Milestone Practice Domain; Co-investigators Florence Turrentine, M.D., John B. Hanks, M.D., Bruce D. Schirmer, M.D. and Philip W. Smith, M.D.; \$11,500.

#### *GME Colligan Grant*

In honor of UVA Echols Scholar Austin Colligan, late daughter of former UVA fellow Lacey Colligan, M.D., the Colligan Quality Improvement Grant was established to recognize innovation in Patient Safety or Quality Improvement. The inaugural award of \$9,935 was given to Drs. Leigh Cantrell and Elizabeth Pelkowski (fellow) from the Division of Gynecologic

Oncology for their investigation of perioperative anti-coagulation to prevent venous thromboembolism in gynecologic oncology patients.

#### *Master Educator Awards*

The 2013 Master Educator Award winners were Julie Huffmyer, M.D., Anesthesiology and Thomas Gampper, M.D., Plastic Surgery. Among a historically robust group of qualified applicants, Drs. Huffmyer and Gampper both embodied the impressive commitment to teaching GME trainees in multiple environments with demonstrated passion and success.

#### *GME Certificate Program*

Enhancements to the GME Certificate Program in 2012-13 further contributed to the continued popularity and success of this unique offering. This past year saw an additional eight residents and fellows achieve completion of the four-course series. Each semester's offerings continue to enroll at full capacity. This program has become an embedded requirement in a number of our training programs, the added value thereof being recognized by both trainees and programs. Moreover, consideration is given to expanding one of the tracks to focus on Quality and Patient Safety expertise.

UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 19, 2014

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: V.A. Vice President's Remarks

ACTION REQUIRED: None

BACKGROUND: R. Edward Howell has been the Vice President and Chief Executive Officer of the University of Virginia Medical Center since February 2002. Prior to joining the University of Virginia, he served for eight years as Director and CEO of the University of Iowa Hospitals and Clinics. He has over 30 years of experience in administration and leadership of academic medical centers.

DISCUSSION: The Vice President and Chief Executive Officer of the Medical Center will inform the Medical Center Operating Board (MCOB) of recent events that do not require formal action.

UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 19, 2014

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: V.B. Dean, School of Medicine's Remarks

ACTION REQUIRED: None

BACKGROUND: Nancy E. Dunlap, M.D., is the Dean of the School of Medicine. Prior to joining the University of Virginia, she served as physician-in-residence with the National Governors Association Center for Best Practices in Washington, D.C. Previously, she held numerous appointments with increasing responsibilities at the University of Alabama at Birmingham (UAB). Dr. Dunlap received a bachelor of arts degree from Wellesley College, a medical degree from Duke University, a doctoral degree in microbiology from UAB, and an MBA degree with distinction from the University of Michigan at Ann Arbor.

DISCUSSION: The Dean of the School of Medicine will inform the MCOB of recent events that do not require formal action.

UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 19, 2014

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: V.C. Operations and Finance Report

ACTION REQUIRED: None

BACKGROUND: The Medical Center provides an update of significant operations of the Medical Center occurring since the last MCOB meeting. The Medical Center prepares a periodic financial report, including write-offs of bad debt and indigent care, and reviews it with University leadership before submitting the report to the MCOB.

Robert H. (Bo) Cofield has served as the Medical Center's Associate Vice President for Hospital and Clinics Operations since February 2010. In this position, he is responsible for the effective daily operations of the Medical Center's inpatient and outpatient clinical services. Before coming to the University of Virginia, he served for 10 years in a variety of leadership roles at the University of Alabama at Birmingham Health System.

Larry L. Fitzgerald is the Medical Center's Associate Vice President for Business Development and Finance. He has held similar positions with the University of Pittsburgh Medical Center and American Medical International. He has extensive experience with health care mergers and acquisitions, the Medicare and Medicaid programs, and strategic planning.

OPERATIONS REPORT

Clinical Operations

*Ambulatory Operations*

UVA Care Connection scheduled its 40,000<sup>th</sup> appointment in January 2014. UVA employees and their families made up over 41% of the appointments during the fiscal year. HealthGrades accounted for 6.7% while inpatient discharge appointments continue to grow with over 500 scheduled since July.

## *Patient Care Services*

Several programs have been implemented to reduce readmissions at the Medical Center. Heart Health at Home (3H) and the Care Coordination Center (C3) are just two of the programs that assist discharged patients in managing their complex home care plans:

- 3H was launched on December 3, 2012, enrolling inpatients with a primary diagnosis of heart failure for home visits after discharge. The patients are visited in their homes by Cardiac Home Assistants (CHA), specialty trained Certified Nurse Assistants, within 48 hours of hospital discharge. Patients may be followed for up to one year after enrollment with most patients being followed for an average of four months. The aim of the program is to increase patient adherence to the medical discharge plan, to provide a high level of customer service, and to reduce heart failure readmissions. In calendar year 2013, 69 patients participated in the program with only six all-cause 30 day readmissions.
- On September 2, 2013, a C3 collaboration between the Medical Center and a local company, Broad Axe Care Coordination, LLC, began operations. C3 provides 60 days of care coordination services, including remote patient monitoring, to patients discharged from the Medical Center whose condition puts them at risk for re-hospitalization. With daily monitoring and frequent patient contact, the nurses in C3 are able to provide the patient's physician with information concerning changes or trends in the patient's vital signs or condition, frequently evidenced before the patient experiences symptoms and enabling early intervention to avoid preventable hospitalizations. Through December 2013, C3 had enrolled 181 new patients.

## *Clinical Ancillary Services*

### **Endoscopy/Bronchoscopy Laboratories**

Since October 18, 2013, the new interventional endoscopy suite (equipped with x-ray fluoroscopy and supporting anesthesia equipment) has been fully operational. The room can be used for endoscopic retrograde cholangiopancreatography (ERCP), interventional procedures, and basic colonoscopies and upper GI studies.



## Medical Laboratories

In collaboration with Epidemiology, Work-Med, Employee Health, Pharmacy, and the Medical Laboratories have begun offering the Quantiferon Gold assay to address the growing concern over the national shortage of Tuberculin Skin Test (TST) used to monitor the status of *Mycobacterium tuberculosis* (TB) in patients and employees throughout the Medical Center. The assay will be performed on existing equipment within the lab, and because it is a blood test it has better accuracy.

## Pharmacy Services

Pharmacy has been working collaboratively with Anesthesiology and the Operating Room to redesign the medication distribution systems within the OR. The new process will be based on custom designed medication trays that contain all medications necessary for specific types of surgical cases. The trays will contain pre-filled, color-coded, and labeled syringes to improve patient safety and compliance with Joint Commission medication use management standards.

Pharmacy has successfully retained five out of six PGY1 residents for placement into our PGY2 specialty programs.

Pharmacy is set to open its sixth retail pharmacy operation at the Hope Augusta clinic in January 2014.

## Radiology and Medical Imaging

Radiologists and breast surgeons have been working collaboratively to establish a radioactive seed implant program. The first case was successfully performed in November. This process allows the radiologist to implant a tiny radioactive seed in a non-palpable breast mass. The seed is used as a localization target to allow the surgeon to remove the mass during a surgical procedure. This procedure is much less invasive than using a wire localization device, and the seed can safely be placed up to five days prior to surgery. Planning for this new service was an interdisciplinary effort with Radiology, Surgery, Medical Laboratories, and Environmental Health and Safety.

A new radiation dose monitoring and tracking software program has been installed on all CT scanners in the hospital and at UVA Imaging. This will allow us to closely monitor the patient's radiation exposure during each scan. Some states have mandated that the patient dose be reported as part of the radiology report. While Virginia does not yet have this

mandate, it is anticipated that reporting will soon become mandatory. After a few months of review and evaluation, the radiologists will start adding this information to each of their CT interpretations.

### Therapy Services

Many children struggle with social interactions in school, at home, and in the community. These difficulties may be related to diagnoses such as ADHD, Sensory Processing Disorders, or High Functioning Autism. KCRC Occupational Therapists facilitated an eight-week program designed to help children between the ages of eight and 12 be more successful socially in their natural environments. Sessions included social skills games, "acting" in various social scenarios, and cooperative activities with peers.

The Faculty and Employee Assistance Program (FEAP), in partnership with the UVA Center for Addiction Research and Education, received approval from the Institutional Review Board for the Behavioral Sciences for a research project entitled "Resiliency: Responding to Stress with Success." This project has been approved for the period December 20, 2013 to December 19, 2014. FEAP will implement a mindfulness-based stress management program with an emphasis on resiliency in the workplace available to all UVA employees.

Effective January 2, 2014, UVA-WorkMed offers the Chronic Care Coach service. This new service focuses on assisting UVA employees and family members with chronic health conditions such as hypertension, heart disease, diabetes, and morbid obesity. The Chronic Care Coach will help steer employees and family members to the resources available to them within the Health System, the University, and through Aetna.

### Community Outreach

#### *Charlottesville Women's Four Miler*

The 2013 Charlottesville Women's Four Miler raised a record \$370,000 for the Breast Care Program at the University of Virginia Cancer Center. The race has now raised more than \$2.5 million over the past 21 years to support the services offered at the UVA Breast Care Program, including patient care, research into new treatments, and patient education.

### *Annual Day of Caring*

Each year, the UVA Health System mobilizes hundreds of volunteers on a single day to help local area nonprofits and schools with a wide variety of projects. This year's efforts included 436 Health System volunteers representing 37 teams and completing 52 projects in the community.

### *RAM Clinic in Grundy*

Thirty-eight UVA Health System volunteers partnered with several local organizers for a clinic in Grundy, Virginia, on October 5-6, 2013. A much smaller event than the RAM clinic in Wise, the Grundy clinic is held at the Riverview Elementary School. At this one-and-a-half-day clinic, 156 patients received services including primary care, pharmacy, dental, and optometry.

### Environment of Care

#### *Arts Committee*

The Medical Center Arts Committee met on December 5 to jury artwork for the rotating art exhibit in the hospital lobby. Artwork from 17 artists was reviewed and eight artists were selected to submit original work for the second phase of jurying. The rotating exhibit changes every six to eight weeks for the enjoyment of patients, visitors, and employees.

#### *Environmental Services*

Laverne Morgan, an Environmental Services Employee who received the University of Virginia Health System's "Good Catch" award in July for quickly responding to a patient in distress, was subsequently nominated for both a regional and national Crothall award for her actions. Laverne won both awards and in December she was honored at a lunch.

#### *Facilities*

The University of Virginia Medical Center Patient Tower Expansion and Helipad Project received two awards from Engineering News Record (ENR), the 2013 Mid-Atlantic Best Project in Health Care and the 2013 National Best of the Best Projects in Health Care. ENR is a weekly magazine providing news, analysis, and data for the construction industry. Its annual awards recognize excellence in the construction industry throughout the United States.

## *Patient and Guest Services*

The Lights of Love Tree Lighting and Caroling Ceremony, sponsored by the UVA Hospital Auxiliary, was held in the lobby of University Hospital on Thursday, December 12. Music was provided by the Jackson P. Burley Middle School Bearettes. Guests of Honor at the ceremony were the UVA Therapy Dogs.

## Health System Technology Services

Health System Technology Services (HSTS), working with cardiovascular services, completed the implementation of the Epic electronic medical record module, Cupid, which supports invasive and non-invasive cardiology procedures and services. This large, complex implementation was accomplished on schedule and with minimal disruption to operations. The Epic team is also beginning preparations for the 2014 Epic upgrade, scheduled for June 2014.

## Human Resources

### *Compensation*

Market adjustments for Medical Center staff are planned for the February 2, 2014 pay period. Individual Personalized Pay Statements will be distributed to managers at required training sessions during the month of February. Jobs impacted this year are Registered Nurses, Surgical Technologists, Clinical Lab Scientists, Perfusionists, Therapists, Licensed Practical Nurses, Radiology Technologists, Administrative Assistants, and Coders along with many other classifications for a total annualized cost projection of \$4.2M. This is our third year of investing in our staff to ensure that we maintain our market competitiveness.

Human Resources is working on the first phase of a major Workforce Planning project with Mercer. Three years' worth of comprehensive employee data has been submitted along with supporting organizational structure data. This information will be used by Mercer to create a number of custom reports related to employee trending and will help the Health System predict workforce needs for the future. The Medical Center, School of Medicine, and University Physicians Group (UPG) are all participating in this project.

### *Organizational Development*

The Uteam Leadership Academy is conducting a new series of classes for leaders entitled "Best Practices II". This series

focuses on creating transformational leaders, and participants obtain tools to address emotional intelligence, learning agility, motivating and engaging others, communication and listening, networking and negotiation, and resiliency. The new series incorporates a high level of individual coaching with respective manager and supervisor. Our research is showing that 100% of the learners feel that coaching has helped them reach their goals. In addition, when compared to the control group who received little coaching, they reported that they have utilized the tools and techniques taught in the class successfully.

The Uteam Leadership Academy Informal Leader program graduated an additional 60 employees. This three-month program is intended to help employees who do not currently hold formal leadership roles but lead others informally or play a significant role in the success of their area. Participants have reported a change in their own behavior up to 95% of the time. More than 400 people have gone through this program since its start two years ago. We are encouraging leaders to tap these people to become Engagement Champions of their areas.

### *Recognition and Rewards*

#### Uteam Meetings

Uteam hosted Town Hall Meetings for employees during the month of December. These sessions were led by senior leadership and gave employees updates on Medical Center activities, changes in leadership, and growth within the Health System. Six sessions were held on site and six were held at offsite locations. Meetings were attended by a total of 722 employees.

#### Events

Uteam recognized employees with a holiday celebration for the Medical Center, School of Medicine, and UPG; an invitation was also sent to the School of Nursing. We sent care packages containing holiday loafs and drinks to 97 offsite locations so that they could celebrate as well. We set up tents at the Main Hospital, Fontaine, and the Transitional Care Hospital (TCH) to accommodate the over 10,000 employees who came to enjoy the warm meal and dessert. Employees were encouraged to recognize each other by signing ornaments of thanks that were hung on holiday trees. In addition, we created and mailed cards to the military to thank them for their service during the holiday season. During night rounds on December 16, 2013, Chiefs provided cocoa to employees on the evening and night shifts. Care packages

were also delivered on December 24, 2013 for employees working on December 24 and 25.

## Quality and Performance Improvement

### *Recognition and Awards*

#### Asthma Care Improvements Wins National Award

The University of Virginia Health System was chosen as one of four winners in the Robert Wood Johnson Foundation's "Voices of Quality" video contest, which highlights how hospitals and healthcare providers use performance data to improve quality. The video highlights UVA's efforts to provide better care for children with asthma.

#### Virginia Nurse of the Year

Janet Were, a nurse at the TCH, won the 2013 March of Dimes Virginia Nurse of the Year Award for Geriatrics/Long Term Care and Rehabilitation. She participated in a study to reduce the use of indwelling Foley catheters that led to a reduction in catheter-acquired urinary tract infections.

#### Cancer Center Earns National Accreditation for Quality Care

For meeting or exceeding 36 national quality care standards, the University of Virginia Cancer Center has earned a three-year accreditation with commendation from the Commission on Cancer (CoC) of the American College of Surgeons. According to the CoC's website, "Accreditation of a cancer center is granted only to those facilities that have voluntarily committed to provide the best in cancer diagnosis and treatment and are able to comply with established CoC standards."

#### Artificial Pancreas Receives \$3.4 Million NIH Grant

A project to turn an ordinary smart phone into an artificial pancreas that could transform the lives of people with type 1 diabetes has received a \$3.4 million grant from the National Institutes of Health. The goal of the project is to create a device that provides people with type 1 diabetes an automated way to monitor and regulate their blood sugar.

#### Medical Transport Network Earns National Accreditation

The helicopter and critical-care ground transport services provided by University of Virginia Health System's medical transport program have earned a three-year national

accreditation from the Commission on Accreditation of Medical Transport Systems (CAMTS). UVA's medical transport network includes its medical communication network, Newborn Emergency Transport System and Medic V ambulances, and the Pegasus rescue helicopter. Accreditation is earned by meeting standards in several areas, including patient care, staffing, quality management, training, communications, and equipment/supplies.

FINANCE REPORT

After five months of operations in fiscal year 2014, the operating margin for all business units was 5.5%, which was above the budget of 4.9%.

During the first five months of the fiscal year, inpatient admissions were 2.5% below budget and 1.2% above the prior year. Average length of stay was 5.64 days, which was above the budget of 5.45 days, but below the prior year's 5.72 day average length of stay. Total surgeries in both the Main Operating Room and Outpatient Surgery Center were 5.0% above the prior year.

Total operating revenue was \$522.0 million for fiscal year 2014 through November which was 0.5% below budget but 5.9% higher than the prior year. Total operating expenses were 1.1% below the budget and 5.6% above fiscal year 2013 expenses due to increased purchased services. Fiscal year 2014 purchased services are reported as higher due to the fact that in fiscal year 2013 the Medical Center received a litigation settlement.

Total paid employees, including contracted employees, were 134 below budget.

	<u>FY 2013</u>	<u>FY 2014</u>	<u>2014 Budget</u>
Employee FTEs	6,641	6,845	6,981
Salary, Wage and Benefit Cost per FTE	\$76,283	\$78,111	\$78,585
Contract Labor FTEs	251	171	169
Total FTEs	6,892	7,016	7,150

## OTHER FINANCIAL

Anthem agreed to move the Medical Center and the faculty from "Tier Two" on the federal insurance exchange to "Tier One". As the federal exchange begins its operations, the UVA classification on the federal exchange does not have a material financial impact. However, as the number of people who buy insurance on the exchange grows, we believe this change will be important to UVA.

Anthem has made several counter proposals in our contract negotiations, and at this time we are close to signing a contract that will be in effect until December 31, 2019.

The UVA application to be a non-risk bearing Accountable Care Organization (ACO) for the Medicare Fee for Service patients was accepted by the Centers for Medicare and Medicaid Services (CMS). This is a three-year risk free ACO for the Medical Center and faculty. Medicare attributed 21,000 lives to UVA effective January 1, 2014. We are recruiting for an administrator, medical director, and a compliance officer. While their initial efforts will focus on the Medicare ACO, they will form the initial nucleus of our efforts to develop a population health discipline.

## WRITE-OFF OF BAD DEBTS AND INDIGENT CARE

Indigent care charges totaling \$124.9 million for the period July 1, 2013 through November 30, 2013, have been written off. Recoveries during this period totaled \$25.1 million.

Bad debt charges totaling \$23.3 million have been written off during the period from July 1, 2013 through November 30, 2013. During this same period, \$6.4 million was recovered through suits, collection agencies, and Virginia refund set-off.



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

Description	Most Recent Three Fiscal Years			Budget/Target
	Nov-12	Nov-13	Nov-14	Nov-14
Net patient revenue	\$443.7	\$472.7	\$502.4	\$507.7
Other revenue	<u>17.0</u>	<u>20.3</u>	<u>19.6</u>	<u>17.0</u>
Total operating revenue	<u>\$460.7</u>	<u>\$493.0</u>	<u>\$522.0</u>	<u>\$524.7</u>
Operating expenses	406.0	428.7	453.2	457.7
Depreciation	28.9	32.6	34.1	35.0
Interest expense	<u>3.0</u>	<u>5.9</u>	<u>6.0</u>	<u>6.3</u>
Total operating expenses	<u>\$437.9</u>	<u>\$467.2</u>	<u>\$493.3</u>	<u>\$499.0</u>
Operating income (loss)	<u>\$22.8</u>	<u>\$25.8</u>	<u>\$28.7</u>	<u>\$25.7</u>
Non-operating income (loss)	(\$5.3)	<u>\$12.3</u>	<u>\$23.5</u>	<u>\$5.5</u>
Net income (loss)	<u>\$17.5</u>	<u>\$38.1</u>	<u>\$52.2</u>	<u>\$31.2</u>
Principal payment	\$10.2	\$11.7	\$2.1	\$2.1

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

Description	Most Recent Three Fiscal Years		
	Nov-12	Nov-13	Nov-14
<b>Assets</b>			
Operating cash and investments	\$58.2	\$156.5	\$214.6
Patient accounts receivables	125.9	128.2	129.5
Property, plant and equipment	686.1	741.4	793.8
Depreciation reserve and other investments	198.2	227.0	188.3
Endowment Funds	396.2	428.3	480.3
Other assets	<u>228.9</u>	<u>219.1</u>	<u>263.7</u>
<b>Total Assets</b>	<u>\$1,693.5</u>	<u>\$1,900.5</u>	<u>\$2,070.2</u>
<b>Liabilities</b>			
Current portion long-term debt	\$17.7	\$22.1	\$12.1
Accounts payable & other liab	90.3	101.3	129.2
Long-term debt	315.6	400.5	436.2
Accrued leave and other LT liab	<u>138.3</u>	<u>138.8</u>	<u>143.8</u>
<b>Total Liabilities</b>	<u>\$561.9</u>	<u>\$662.7</u>	<u>\$721.3</u>
<b>Fund Balance</b>	<u>\$1,131.6</u>	<u>\$1,237.8</u>	<u>\$1,348.9</u>
<b>Total Liabilities &amp; Fund Balance</b>	<u>\$1,693.5</u>	<u>\$1,900.5</u>	<u>\$2,070.2</u>

**University of Virginia Medical Center  
Financial Ratios**

Description	Most Recent Three Fiscal Years			Budget/Target
	Nov-12	Nov-13	Nov-14	Nov-14
Operating margin (%)	4.9%	5.2%	5.5%	4.9%
Total margin (%)	3.8%	7.5%	9.6%	5.9%
Current ratio (x)	1.7	2.3	2.4	2.4
Days cash on hand (days)	144.0	177.5	208.8	190.0
Gross accounts receivable (days)	49.0	50.6	47.2	45.0
Annual debt service coverage (x)	3.7	4.4	11.4	5.2
Debt-to-capitalization (%)	30.0%	33.1%	33.4%	31.8%
Capital expense (%)	7.3%	8.2%	8.1%	8.3%

**University of Virginia Medical Center  
Operating Statistics**

Description	Most Recent Three Fiscal Years			Budget/Target
	Nov-12	Nov-13	Nov-14	Nov-14
Acute Admissions	11,772	11,948	12,089	12,393
Patient days	70,160	70,434	71,441	71,246
SS/PP Patients	4,239	4,487	3,978	4,284
Average length of stay	5.82	5.72	5.64	5.45
Clinic visits	318,985	319,486	335,384	331,597
ER visits	25,903	25,888	24,660	25,734
Medicare case mix index	2.14	2.04	2.10	2.08
FTE's (including contract labor)	6,609	6,892	7,016	7,150

**University of Virginia Medical Center**  
**SUMMARY OF OPERATING STATISTICS AND FINANCIAL PERFORMANCE MEASURES**  
**Fiscal Year to Date with Comparative Figures for Prior Year to Date - November FY14**

**OPERATING STATISTICAL MEASURES - November FY14**

**ADMISSIONS and CASE MIX - Year to Date**

	Actual	Budget	% Variance	Prior Year
<b>ADMISSIONS:</b>				
Adult	10,260	10,466	(2.0%)	10,181
Pediatrics	1,202	1,273	(5.6%)	1,159
Psychiatric	500	490	2.0%	477
Transitional Care	127	164	(22.6%)	131
Subtotal Acute	12,089	12,393	(2.5%)	11,948
Short Stay/Post Procedure	3,978	4,284	(7.1%)	4,487
Total Admissions	16,067	16,677	(3.7%)	16,435
Adjusted Admissions	23,576	23,095	2.1%	22,242
<b>CASE MIX INDEX:</b>				
All Acute Inpatients	1.96	1.95	0.5%	1.91
Medicare Inpatients	2.10	2.08	1.0%	2.04

**OTHER INSTITUTIONAL MEASURES - Year to Date**

	Actual	Budget	% Variance	Prior Year
<b>ACUTE INPATIENTS:</b>				
Inpatient Days	71,441	71,246	0.3%	70,434
Average Length of Stay	5.64	5.45	(3.5%)	5.72
Average Daily Census	467	465	0.4%	460
Births	724	696	4.0%	690
<b>OUTPATIENTS:</b>				
Clinic Visits	335,384	331,597	1.1%	319,486
Average Daily Visits	3,397	3,371	0.8%	3,258
Emergency Room Visits	24,660	25,734	(4.2%)	25,888
<b>SURGICAL CASES</b>				
Main Operating Room (IP and OP)	8,893	8,383	6.1%	8,295
UVA Outpatient Surgery Center	4,192	4,386	(4.4%)	4,161
Total	13,085	12,769	2.5%	12,456

**OPERATING FINANCIAL MEASURES - November FY14**

**REVENUES and EXPENSES - Year to Date**

(\$s in thousands)	Actual	Budget	% Variance	Prior Year
<b>NET REVENUES:</b>				
Net Patient Service Revenue	502,434	507,711	(1.0%)	472,780
Other Operating Revenue	19,551	17,003	15.0%	20,260
Total	\$ 521,985	\$ 524,714	(0.5%)	\$ 493,040
<b>EXPENSES:</b>				
Salaries, Wages & Contract Labor	228,631	\$ 234,413	2.5%	221,932
Supplies	116,691	106,385	(9.7%)	114,727
Contracts & Purchased Services	107,922	116,933	7.7%	92,005
Depreciation	34,124	35,032	2.6%	32,563
Interest Expense	5,960	6,257	4.7%	5,974
Total	\$ 493,328	\$ 499,020	1.1%	\$ 467,201
Operating Income	\$ 28,657	\$ 25,694	11.5%	\$ 25,839
Operating Margin %	5.5%	4.9%		5.2%
Non-Operating Revenue	\$ 23,522	\$ 5,555	323.4%	\$ 12,274
Net Income	\$ 52,179	\$ 31,249	67.0%	\$ 38,113

**OTHER INSTITUTIONAL MEASURES - Year to Date**

(\$s in thousands)	Actual	Budget	% Variance	Prior Year
<b>NET REVENUE BY PAYOR:</b>				
Medicare	\$ 158,615	\$ 162,267	(2.3%)	\$ 149,487
Medicaid	103,734	99,298	4.5%	91,477
Commercial Insurance	79,175	92,407	(14.3%)	85,129
Anthem	102,910	95,115	8.2%	87,624
Aetna	34,740	34,294	1.3%	31,593
Other	23,260	24,330	(4.4%)	27,470
Total Paying Patient Revenue	\$ 502,434	\$ 507,711	(1.0%)	\$ 472,780
<b>OTHER:</b>				
Collection % of Gross Billings	30.61%	30.75%	(0.5%)	32.43%
Days of Revenue in Receivables (Gross)	47.2	45.0	(4.9%)	50.6
Cost per CMI Adjusted Admission	\$ 10,729	\$ 11,134	3.6%	\$ 11,041
Total F.T.E.'s (including Contract Labor)	7,016	7,150	1.9%	6,892
F.T.E.'s Per CMI Adjusted Admission	23.34	24.41	4.4%	24.92

**Assumptions - Operating Statistical Measures**

**Admissions and Case Mix Assumptions**

Admissions include all admissions except normal newborns  
Pediatric cases are those discharged from 7 West, 7 Central, NICU, PICU and KCRC  
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 newborns  
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

# MEDICAL CENTER

## ACCOUNTS COMMITTEE REPORT

(Includes All Business Units)

(Dollars in Thousands)

	Year to Date November <u>2013-14</u>	<u>Annual Activity</u>	
<u>INDIGENT CARE (IC)</u>		<u>2012-13</u>	<u>2011-12</u>
Net Charge Write-Off	<u>111,034</u>	<u>234,088</u>	<u>207,515</u>
Percentage of Net Write-Offs to Revenue	6.76%	6.66%	6.46%
Total Reimbursable Indigent Care Cost	<u>39,317</u>	<u>82,890</u>	<u>73,481</u>
State and Federal Funding	37,713	79,509	70,483
Total Indigent Care Cost Funding As a Percent of Total Indigent Care Cost	96%	96%	96%
Unfunded Indigent Cost	<u>1,604.14</u>	<u>3,381.93</u>	<u>2,998.03</u>
	November <u>2013-14</u>	<u>Annual Activity</u>	
<u>BAD DEBT</u>		<u>2012-13</u>	<u>2011-12</u>
Net Charge Write-Offs	<u>20,389</u>	<u>26,891</u>	<u>30,942</u>
Percentage of Net Write-Offs to Revenue	1.24%	0.77%	0.96%

Note:

Provisions for bad debt write-offs and indigent care write-offs are recorded for financial statement purposes based on the overall collectibility 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.

UNIVERSITY OF VIRGINIA

BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 19, 2014

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: V.D. Capital Projects

ACTION REQUIRED: None

BACKGROUND: The Medical Center is constantly improving and renovating its facilities. We will provide a status report of these capital projects at each MCOB meeting.

DISCUSSION: The current Medical Center capital projects report is set forth in the following table:

**The University of Virginia Medical Center  
Capital Projects Report  
February, 2014**

Scope	Budget	Funding Source	BOV Approval Date	Projected Completion Date
<b>1. Planning</b>				
<p><b>Education Resource Center</b></p> <p>A contract to CO Architects was awarded in December 2012 for planning services for the Education Resource Center (ERC) to be located between the Emily Couric Clinical Cancer Center and the Lee Street Parking Garage. The ERC will house Ambulatory Imaging, an Outpatient Pharmacy, GME support and teaching functions, meeting space and a shell floor</p>	\$29.4 M	Bonds & Other	Sept. 2013	2016
<p><b>University Hospital 7<sup>th</sup> &amp; 8<sup>th</sup> Floor Master Planning</b></p> <p>A contract was awarded to HKS in January 2014 for design services for the 7<sup>th</sup> and 8<sup>th</sup> floors. The project goals are to upgrade and expand capacity for Women and Children's in-patient programs.</p>	\$20 M	Operating	Sept. 2013	2017
<b>2. Under Construction</b>				
<p><b>Battle Building:</b></p> <p>The Groundbreaking Ceremony was held on June 9, 2011. Interior fit-out work is on-going. Glazing and masonry operations are on-going. Equipment delivery to begin in February. Furniture delivery to begin in April.</p>	\$117 M	Bonds and Outside Fundraising	N/A	2014



**The University of Virginia Medical Center  
Capital Projects Report  
February, 2014**

Scope	Budget	Funding Source	BOV Approval Date	Projected Completion Date
<b>3. Construction Completed</b>				
<p><b>Connective Elements:</b> Create new front entrance to the Hospital, bridge over Lee Street, connector building, and expanded lobby. Expanded portion of lobby and new pedestrian bridge opened July, 2013. New gift shop opened August, 2013. Work to renovate existing areas of lobby was completed in January, 2014.</p>	\$30.3M	Bonds & Other	Jan 2007 Nov 2010 Oct 2010	2014
<p><b>Health System Precinct:</b> Realignment of Lee St. and construction of new chiller plant complete. Substantial completion occurred in October. Commissioning and testing is ongoing. Final landscaping will be completed in Spring, 2014.</p>	\$36.5M	Bonds & Other	June 2010	2013

UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 19, 2014  
COMMITTEE: Medical Center Operating Board  
AGENDA ITEM: V.E. Health System Development  
ACTION REQUIRED: None

BACKGROUND: Health System Development will provide reports of recent activity to the MCOB from time to time.

DISCUSSION:

SIGNIFICANT GIFTS

October 1, 2013 - December 31, 2013

An emeritus chair of the Department of Plastic Surgery documented a gift, currently valued at \$1,147,000, in support of the Milton T. Edgerton Professorship in Plastic and Maxillofacial Surgery.

Friends of the Health System have pledged \$1 million over four years to support research in the Myles H. Thaler Center for AIDS and Human Retrovirus Research.

A Health Foundation trustee and her husband committed \$1 million in support of the Battle Building at UVA Children's Hospital.

The Department of Anesthesiology committed \$1 million toward the eventual creation of a professorship, which will be named for one of its faculty.

A realized bequest of \$675,000 was received in support of diabetes research and clinical studies.

An emeritus Health Foundation trustee committed \$500,000 over the next five years to support the expansion of a clinical trial led by UVA researcher Paul Yates. The individual also provided the final \$1 million of an original \$5 million pledge in support of type 1 diabetes research, and pledged an additional \$25,000 sponsorship of the Children's Hospital Main Event Gala.

The zIMS Foundation committed \$150,000 for multiple sclerosis research plus an additional \$65,000 which was raised

through the ziMS Foundation "Strike Down MS" annual event in Charlottesville.

*Other gifts and pledges received include:*

- A \$65,000 gift to fund a lectureship in the Department of Obstetrics and Gynecology;
- A \$54,000 commitment to the Hubbard Sutton Charitable Remainder Trust in the School of Medicine;
- A \$50,000 sponsorship and two \$25,000 sponsorships in support of the UVA Children's Hospital Main Event Gala, which will support the Battle Building;
- A \$50,000 commitment in support of the Department of Urology;
- A \$35,000 commitment to the School of Medicine for the Diabetes Technology Center;
- A \$35,000 commitment to the Class of 1974 Fund in the School of Medicine;
- A \$30,000 commitment to a faculty support fund for the School of Nursing's Bjoring Center for Nursing Historical Inquiry;
- A \$25,000 commitment for research in the Division of Gynecologic Oncology;
- Two \$25,000 pledges in support of the Battle Building at UVA Children's Hospital;
- A \$25,000 pledge in support of Dr. Leslie Olsakovsky's Resident Education Fund;
- A \$25,000 gift in support of Dr. John Hanks' Surgical Resident Education Program; and
- A \$25,000 commitment in support of multiple sclerosis research.

#### OTHER DEVELOPMENT INITIATIVES

The President and several trustees of the Arthur Vining Davis Foundations visited the School of Nursing on November 15 to participate in various events. These events included a meeting with Nursing researcher Susan Bauer-Wu to discuss the Compassionate Care Initiative and potential funding from the Foundations.

A \$1 million proposal has been submitted to the family of a grateful patient in support of the Division of Pediatric Neurology and the Battle Building at UVA Children's Hospital.

Health System Development staff attended the Ivy Foundation's annual board meeting on December 15, 2013 to present an update on the projects funded by the foundation, including the 2013 Ivy Biomedical Innovation Grant recipients. Ten projects were funded this year through the \$250,000 commitment from the Foundation, combined with a match from the School of Medicine.

On November 18, 2013, a School of Nursing alumnus hosted an event honoring Dean Dorrie Fontaine. Guests included several major and principal gift prospects, alumni, and parents of current students and graduates.

Dr. Tina Brashers met with two Health System donors to thank them for their interest in funding the Interprofessional Education (IPE) Jeffersonian Dinners and to update them on the new Center for ASPIRE. The donors were presented with two funding proposals: a \$3,000 one-time funding opportunity for a student-led IPE initiative and a \$60,000 proposal to fund an IPE travel prize.

On October 1, 2013, development staff facilitated a meeting with a principal gift prospect, his wife, and President Teresa Sullivan. The prospects also attended the Division of Cardiology and Heart and Vascular Center Advisory Board fall event, which included presentations by UVA faculty and School of Medicine Dean Nancy Dunlap.

Several donors and prospects were given tours of the Battle Building at UVA Children's Hospital, which is nearing completion.

Health Foundation Trustee Ramona Reed presented the annual Reed Lecture and Lunch to UVA medical students on November 7, 2013 and discussed the Reed Fund, which provides resources for confidential mental health services for medical students.

Health System Development Communications produced several publications and collateral materials in support of development, including fall issues of Virginia Legacy, Investing in Hope, annual fund solicitations, case fact sheets, event materials, and end-of-year e-communications.

As of December 31, 2013, development officers have made 1,075 face-to-face visits with donors and prospects.

CAMPAIGN PROGRESS (THROUGH NOVEMBER 30, 2013)

	FY 14 (through 11/30/13)	FY 13 (through 11/30/12)
New gifts	\$8,636,923	\$12,434,632
New pledges	\$487,079	\$276,085
TOTAL NEW COMMITMENTS (excludes pledge payments on previously booked pledges)	\$9,124,002	\$12,710,717
New expectancies	\$2,370,000	\$8,702,066
TOTAL NEW GIFTS, PLEDGES, and EXPECTANCIES	\$11,494,002	\$21,412,782