

**UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS  
MEETING OF THE  
MEDICAL CENTER  
OPERATING BOARD  
February 5, 2009**

UNIVERSITY OF VIRGINIA  
MEDICAL CENTER OPERATING BOARD

Thursday, February 5, 2009

8:30 - 11:30 a.m.

Medical Center Board Room

Committee Members:

E. Darracott Vaughan, Jr., M.D., Chair	
W. Heywood Fralin	The Hon. Lewis F. Payne
Sam D. Graham, Jr., M.D.	Randl L. Shure
William P. Kanto, Jr., M.D.	Edward J. Stemmler, M.D.
Randy J. Koporc	John O. Wynne
Vincent J. Mastracco, Jr.	

Ex Officio Members:

Steven T. DeKosky, M.D.  
John B. Hanks, M.D.  
R. Edward Howell  
Leonard W. Sandridge

AGENDA

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### III. EXECUTIVE SESSION

- ACTION ITEMS - To consider proposed personnel actions regarding the appointment, reappointment, resignation, assignment, performance, and credentialing of specific medical staff and health care professionals, as provided for in Section 2.2-3711(A)(1) 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.
- 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, market and resource considerations and efforts regarding the Medical Center, including potential investment of public funds for an electronic medical record, capacity planning and potential strategic joint ventures or other competitive efforts, as well as linkage to the long-range strategic goals of the Medical Center and Health System Decade Plan and the mission of patient care, education, and research; all where public discussion would adversely affect the Medical Center's bargaining position.
  - Confidential information and data related to the adequacy and quality of professional services, patient safety in clinical care, and patient grievances for the purpose of improving patient care at the Medical Center.
  - Consultation with legal counsel regarding the Medical Center's compliance with relevant federal reimbursement regulations, licensure and accreditation standards, including Medicaid Disproportionate Share, as well as negotiations concerning performance of a contract and related litigation; all of which will involve proprietary business information of the Medical Center and evaluation of the performance of specific Medical Center 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.

UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 5, 2009

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: I. Amended and Restated Bylaws of the  
Clinical Staff of the Medical Center

BACKGROUND: The Clinical Staff of the University of Virginia Medical Center is governed by Bylaws, last adopted October 2, 2008. The Bylaws have been reviewed and updated and the Medical Center seeks the approval of the Medical Center Operating Board.

DISCUSSION: In accordance with accreditation and other legal requirements, the Medical Center Operating Board has provided for an organized Clinical Staff for the Medical Center and has delegated to it the appropriate responsibility for the provision of quality care given by the Clinical Staff throughout the Medical Center. In addition, the Medical Center Operating Board has provided for a system of self-governance of the Clinical Staff, including the requirements for initial membership on the Clinical Staff, a mechanism for reviewing the qualifications of applicants for admission to the Clinical Staff, the procedures for the granting of clinical privileges to practice medicine within the Medical Center, and a process for continuing review and evaluation for membership and clinical privileges. The Amended and Restated Bylaws of the Clinical Staff of the Medical Center set forth these rights and responsibilities.

The Bylaws Committee of the Clinical Staff Executive Committee has proposed certain revisions relating to the UVa Children's Hospital, including a representative of the Children's Hospital on the Clinical Staff Executive Committee. The Clinical Staff Executive Committee has approved the revisions and submits them for final approval by the Medical Center Operating Board.

ACTION REQUIRED: Approval by the Medical Center Operating Board

APPROVAL OF AMENDED AND RESTATED BYLAWS OF THE CLINICAL STAFF OF  
THE MEDICAL CENTER

RESOLVED, the Medical Center Operating Board approves the Amended and Restated Bylaws of the Clinical Staff of the Medical Center. These amendments, which are appended to this Resolution as an Attachment, shall be effective as of February 5, 2009.

UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 5, 2009

COMMITTEE: Medical Center Operating Board

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

ACTION REQUIRED: None

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

UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 5, 2009

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: II.B. Finance, Write-offs, and Operations

ACTION REQUIRED: None

BACKGROUND: The Medical Center prepares a periodic financial report, including write-offs of bad debt and indigent care, and reviews it with the Executive Vice President and Chief Operating Officer of the University before submitting the report to the Medical Center Operating Board. In addition, the Medical Center provides an update of significant operations of the Medical Center - the Operations Report - which have occurred since the last Medical Center Operating Board meeting.

FINANCE REPORT

The inpatient volume in the first five months of Fiscal Year 2009 has been unusual in that admissions are 6.2 percent below budget but patient days are only .2 percent below budget. The length of stay has exceeded budget by 6.7 percent. Those volumes impact the results of operations as follows:

- The major determinant of net revenue is admissions, so net revenue is below budget.
- The major determinant of available capacity is unfilled beds. Since length of stay is up, we continue to have a lack of capacity at peak times.
- The major determinant of variable expenses is patient days. Since patient days are only .2 percent below budget, it is difficult to match expenses with revenues, which are determined by admissions.

Those themes have affected the results of operations for the first 5 months of Fiscal Year 2009. A more detailed discussion follows.

For the first five months of Fiscal Year 2009, the operating margin for the consolidated Medical Center was below budget. At the end of November, the operating margin was 3.7 percent while the goal was 4.5 percent. Total operating revenue

was below budget by 3.5 percent while total operating expenses were below budget by 2.7 percent.

Inpatient admissions were 6.2 percent below budget. The average length of stay was 6.19 days, which is .39 days above the budget. As a result, the hospital has been full, creating a lack of bed capacity at peak times. Admissions of adult patients were 5.8 percent below budget and 3.9 percent below prior year. Cardiology admissions during the first five months decreased by 27.9 percent as compared to the first five months of Fiscal Year 2008. Orthopedic admissions decreased by 9.5 percent as more cases are being handled on an outpatient basis. Pediatric admissions were 14.8 percent below budget and have declined by 9.4 percent from the prior year. Psychiatric admissions are 9.7 percent higher than expected, but 4.3 percent below last year's volumes. At the end of November 2008, the Medical Center had 591 staffed inpatient beds in operation, compared to 579 beds in operation at the same time last year.

Net patient service revenue for the first five months of Fiscal Year 2009 was 3.4 percent below budget, primarily because of the admissions shortfall. Partially offsetting the decrease in admissions was the higher than expected Medicare case mix index. The case mix index for Medicare acute inpatients was 1.9579, which was above the 1.9400 budget and the 1.9544 level in the prior year.

Total operating expenses through November were 2.7 percent below the \$408.3 million budget. With the exception of medical supplies, which were 0.9 percent above budget, all expense categories were below budget. Total labor expenses (including salaries and wages, fringe benefits and contract labor) were 0.9 percent below budget. Medical Center contracts, pharmaceuticals, other supplies, purchased services, depreciation, interest and bad debt expense were all below budget. On a volume adjusted basis, the cost per case mix index and outpatient adjusted discharge was 1.8 percent above budget, while the cost per case mix index and outpatient adjusted patient day was 4.2 percent below budget.

Full time equivalent employees were 28 below budget and 113 greater than the prior year. Contract labor FTEs were 26 above budget but 38 below the prior year. FTEs and salary, wage and benefit cost per FTE were:

	<u>FY 2008</u>	<u>FY 2009</u>	<u>2009 Budget</u>
FTEs	6,048	6,162	6,190
Salary, Wage and Benefit Cost per FTE	\$66,002	\$67,897	\$68,758
Contract Labor FTEs	284	246	220
Total FTEs	6,332	6,408	6,410

### OTHER FINANCIAL ISSUES

#### *UVA - VCU Collaborative Update*

In December 2007, the Medical Center entered into a 3 year agreement with Virginia Commonwealth University, University HealthSystem Consortium and Novation to combine spending requirements to achieve better pricing. UVA and VCU have realized an estimated \$500,000 in savings in calendar year 2008 and the Medical Center is developing a 2009 project plan to identify additional savings opportunities.

#### *Coding & Documentation*

Coding Services has initiated a project to assess coding and documentation and to highlight opportunities to improve documentation. The first phase of the program was completed in November, as the Medical Center contracted with 3M to assess 150 Medicare charts for coding and documentation. Three areas were identified where clinical documentation could be enhanced: 1) patient acuity (projected increase of 3.9 percent), 2) risk of mortality scores (projected increase of 10.3 percent) and 3) Case Mix Index (3.3 percent increase). Improvements in these three areas would translate to lower mortality scores and increased financial opportunities for the Medical Center.

The next step is to review 3M's implementation plan and to coordinate with Dr. Susan Kirk and other physician leadership to determine timelines and an implementation strategy.

## WRITE-OFF OF BAD DEBTS AND INDIGENT CARE

Indigent care charges totaling \$73.9 million for the period July 1, 2008, through November 30, 2008, have been written off. Recoveries during this period totaled \$19.6 million.

Bad debt charges totaling \$18.0 million have been written off in the first five months of Fiscal Year 2009. During this same period, \$7.1 million was recovered through suits, collection agencies, and Virginia refund set-off.

## OPERATIONS REPORT

### Quality and Performance Improvement

The unannounced triennial Joint Commission Accreditation survey is due prior to mid-February. This survey will include Home Care and the Hospital, including Ambulatory Services. Since the survey will occur in 2009, the Medical Center will have to comply with the new 2009 standards focused primarily on enhanced patient safety.

The Medical Center is anticipating additional surveys in 2009, including

- An unannounced Point of Care Testing survey for UVA Imaging at Fontaine and the Western Albemarle Clinic (Family Medicine).
- A re-certification survey for Stroke Disease Specific Certification by the Joint Commission.
- An initial survey for Chronic Obstructive Pulmonary Disease.

In addition, the Joint Commission Point of Care Lab Survey Application is due March 7, 2009. The survey will occur between September 2009, and March 2010, 18-24 months after the last survey.

In November 2008, the Medical Center completed a survey developed by The Agency for Healthcare Quality and Research on "Culture of Patient Safety." The survey addressed one element of the Joint Commission's standards for leadership: "Leaders regularly evaluate the culture of safety and quality using valid

and reliable tools." The survey was completed by 1800 employees and analysis of the responses has begun. Results of the survey will be presented at the January 8th Employee Forum.

The following individuals helped the Medical Center achieve and sustain Department of Environmental Quality compliance: Ralph Allen, Adam Peters, and Ericka Pearce from Environmental Health and Safety; Tony Caswell, Danny Thomas, Dale Walker, and Lyndon Trent from Environmental Services; and Barbara Strain, Keith Batt, Mary Ann Thompson, Abraham Segres, Priscilla Shuler, and Eve Giannetta from the Medical Center.

### Clinical Operations

#### *Care Partners Program*

The Health System is partnering with our patients to make their safety and satisfaction a priority. When patients and their families are engaged as active participants in their own care, they are more aware of treatment options and possible complications, and thus serve as valuable members of their own health care team.

The Care Partners Program was developed by the Professional Nursing Staff Organization. Care Partners was piloted in the Children's Hospital inpatient units in 2007, permanently adopted there in 2008, and approved for implementation in all inpatient areas by the Patient Care Committee in 2008. The Professional Nursing Staff Organization's Nursing Cabinet is leading the hospital-wide implementation. Adult pilot programs began on Neuroscience units (6 Central, 6 West, and the Neuro Intensive Care Unit) in November 2008. All units will go live in February 2009.

#### *Staff Scheduling Software Implementation*

ClairVia is a suite of software products from AtStaff, Inc. that provides electronic staff scheduling capabilities, demand management (assessment of anticipated lengths of stay), caregiver assignment (electronic daily assignment sheet), and acuity assessment (extraction of data from the RN assessments to help determine the level of care needed for any particular patient). This software will assist managers in optimizing use of staff, reducing time spent on scheduling, ensuring that staffing patterns match needs, and generating utilization reports. The ClairVia project is scheduled to go live on March 22, 2009.

## Marketing and Public Relations

### *Presentations*

In November, Shannon Janney presented *Branding Your Hospital from the Inside Out* at the Physicians' Practice Client Conference in Denver, Colorado.

### *Awards*

Sponsored by the Association of Marketing and Communications Professionals, the MarCom Creative Awards is "...an international competition for marketing and communication professionals involved in the concept, writing and design of marketing and communication programs and print, visual and audio materials. Entries come from corporate marketing and communication departments, advertising agencies, public relations firms, design shops, production companies and freelancers." These awards span all industries, not just healthcare.

This year the Medical Center received the following MarCom awards:

- Platinum Winners
  - *Beyond Measure* in Corporate Branding, TV Spot/Single and TV Campaign categories
  - *Vim and Vigor Feature* in Magazine/Other category
  - *Changed My Life* in Photography/People/Portrait category
  - *Inspired Medicine* in the Design Annual Report category
- Gold Winners
  - *Beyond Measure* in Microsite and Employee Publication categories
  - *Inspired Medicine* in Writing/Annual Report category
- Honorable Mention
  - "Making Of *Beyond Measure*" in Video/Film/Internal Communication
  - *Beyond Measure* in Radio Campaign and Radio Spot/Single categories
- 2008 AIM Bronze Award *Physicians Practice Pages* in Overall Pages category (November 2008)

## Community Service

### *Remote Area Medical Clinic*

The University of Virginia Health System sent a group of 30 medical volunteers to Grundy on October 4th, and 5th to provide free medical care. One hundred and fifty patients were seen during the day and a half clinic. The volunteers included nurses, doctors, EKG technicians, social workers, patient educators, and pharmacists. In addition to participating in two Remote Area Medical Clinics each year, the Health System is now hosting quarterly endocrine clinics in Southwest Virginia to help treat the large population of diabetics in this area.

The Medical Center's Community Relations department traveled to Wise in November to distribute hearing aids to patients who had been fitted at the Remote Area Medical Clinic in July. The Medical Center partnered with the Wise County Schools Audiologist and Audiology students from Eastern Tennessee University to properly fit each of the 80 patients. A total of 110 hearing aids were distributed.

### *HOPE Community Center - Charlottesville*

On November 21st, Medical Center representatives worked with the HOPE Community Center's after-school program to present information on healthy eating habits during the holidays. The Medical Center worked with the HOPE Center's after-school students again on December 19th, talking about winter and holiday safety.

### *Blood Pressure Screening - Fashion Square Mall, Charlottesville*

The Community Relations Department participated in a health fair and free screening event at Fashion Square Mall on November 15th. Over 50 people were screened for high blood pressure, while another 200 people stopped by the table for information about heart health and healthy living.

### *Charlottesville/Albemarle Boys' and Girls' Club - Charlottesville Southwood Location*

The Community Relations Department attended the Boys' and Girls' Club after-school program on December 8th, to present information about winter safety.

### *Child, Youth, and Family Services - Charlottesville*

On December 11th, the Community Relations Safety and Wellness program participated with the Child, Youth, and Family Services' annual Christmas Party to present information to parents about keeping their children safe during the holiday season. Topics include supervising children, safe holiday activities, and proper dress for outside.

#### *Information Stations*

The Community Relations Safety and Wellness program provides one-page fact sheets that focus on safety and wellness to various community organizations each month. In September the fact sheet addressed Backpack Safety; October's topic was Halloween Safety; and November's topic was Healthy Eating Habits. These fact sheets are distributed to 3,300 people each month.

#### *Ink Cartridge Recycling Program*

As part of the on-going effort to make the Health System a "greener" organization, Community Relations began an ink cartridge recycling program a year and a half ago. Hospital departments and satellite locations are provided a collection bin, and the Community Relations staff collects the ink cartridges monthly. These materials are then packaged and shipped offsite for recycling.

#### Human Resources

Medical Center Human Resources completed an upgrade of the PeopleSoft payroll software on December 8th. This upgrade provides employees with a complete, online payroll self service system. One significant benefit of the upgrade is the elimination of printed earning statements beginning January 16th. This change will save the Medical Center a projected \$30,000 annually.

#### Procurement Savings Initiatives

The SCOPE (Supply Chain Optimization and Process Excellence) project continues to identify savings across the organization. The Medical Center has implemented \$6.3 million in Fiscal Year 2009 savings and \$7 million in calendar year savings. The total savings opportunity identified exceeds \$10.5 million on an annual basis.

Another key savings initiative is generation of a Spine Request for Proposals which could potentially yield annual

savings of \$3 million - \$4 million. The goal is to award this contract in the first quarter of 2009. Another initiative is underway in the Pharmacy to convert to generic drugs where possible to take advantage of lower pricing. It is estimated that this effort could yield \$700,000 in annual savings.

#### Buchanan Program

The Buchanan Committee met on December 8th, to review proposals. The Committee recommended three programs for funding, and the Vice President and Dean of the School of Medicine and the Vice President and Chief Executive Officer of the Medical Center have approved them. Funding for the following programs will begin July 1, 2009:

- Helical Tomotherapy-based STAT Stereotactic Body Radiation Therapy;
- Stroke Telemedicine and Teleducation;
- UVA Children's Hospital Heart Center Fetal Cardiology.

#### Technology Services

The Medical Center is working to develop unified enterprise architecture for technology governance and to implement interoperable information systems and telecommunication technologies for the entire Health System. This will include a standardized and shared governance and management approach to acquisition and implementation of technologies for the Medical Center. The goal is to bring together all of the technology departments to share governance and management of an enterprise-wide electronic medical record system and the technology assessment and program management disciplines that will protect the interoperability of information about our patients.

The Program Management Office aided the Emergency Department's MedHost team in bringing the MedHost Electronic Medical Record live on October 21st, on schedule, under budget, and within the original scope. The Project Management Office is currently developing a project governance and prioritization process for the Medical Center.

#### Electronic Medical Record

Health System Computing Services successfully led the Medical Center through a Request for Information and Request for Proposal process to select a vendor for an enterprise-wide electronic medical record system. The Medical Center has

identified two finalists, Eclipsys and Epic Systems, and is in contract negotiations with those vendors now.

### Environment of Care

The Medical Center has completed and occupied nine new single patient rooms on the 8<sup>th</sup> floor of the main hospital. This area is being used to stage refurbishment of inpatient units. An additional two-patient room was reestablished on the orthopedics unit.

A refurbishment program has commenced which will result in the cosmetic upgrade of all public corridors and inpatient units in the hospital. This process will be completed over a period of approximately one year.

The following facility enhancements have been completed or are in progress:

- A new surgical waiting room off the main lobby has opened and allows for renovation of the Presurgical Evaluation and Treatment Center. When this work is completed, the old surgical waiting room will close to make way for renovations in Radiology.
- New public bathrooms on the 1<sup>st</sup> floor have been opened. These allow significant increases in capacity.
- Erection of steel for the pedestrian bridge from the 11<sup>th</sup> Street Garage to the Lee Street Garage began in early December.
- Column reinforcements in anticipation of the Hospital Bed Expansion are proceeding, with an expected completion date in early spring.

The Health System Call Center moved into a new location in the Blake Center on December 4. With the move the phone system was upgraded to VOIP - ProCenter, which has much greater reporting and monitoring capabilities.

Smoking restrictions went into effect on November 24 in front of the hospital, part of the year-long effort to make the Medical Center smoke free. Smoking is now banned from the Primary Care Center to the Emergency Department area west.

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

Description	Most Recent Three Fiscal Years			Budget/Target
	Nov-06	Nov-07	Nov-08	Nov-08
Net patient revenue	\$366.7	\$385.5	\$402.1	\$416.2
Other revenue	<u>9.2</u>	<u>10.3</u>	<u>10.7</u>	<u>11.5</u>
Total operating revenue	<u>\$375.9</u>	<u>\$395.9</u>	<u>\$412.7</u>	<u>\$427.6</u>
Operating expenses	334.5	356.4	372.1	380.3
Depreciation	19.5	20.9	21.9	23.6
Interest expense	<u>2.5</u>	<u>3.4</u>	<u>3.2</u>	<u>4.5</u>
Total operating expenses	<u>\$356.5</u>	<u>\$380.7</u>	<u>\$397.2</u>	<u>\$408.3</u>
Operating income (loss)	<u>\$19.4</u>	<u>\$15.2</u>	<u>\$15.5</u>	<u>\$19.3</u>
Non-operating income (loss)	<u>\$44.5</u>	<u>\$21.2</u>	( <u>\$54.3</u> )	<u>\$8.5</u>
Net income (loss)	<u>\$63.9</u>	<u>\$36.4</u>	( <u>\$38.8</u> )	<u>\$27.8</u>
Principal payment	\$3.8	\$4.5	\$5.1	\$3.3

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

Description	Most Recent Three Fiscal Years		
	Nov-06	Nov-07	Nov-08
<b>Assets</b>			
Operating cash and investments	\$188.8	\$62.6	\$17.4
Patient accounts receivables	62.6	56.5	58.9
Property, plant and equipment	363.2	406.3	446.6
Depreciation reserve and other investments	274.3	433.4	364.0
Endowment Funds	130.7	160.5	263.8
Other assets	<u>117.1</u>	<u>124.3</u>	<u>112.0</u>
<b>Total Assets</b>	<u>\$1,136.8</u>	<u>\$1,243.6</u>	<u>\$1,262.7</u>
<b>Liabilities</b>			
Current portion long-term debt	\$14.3	\$13.9	\$11.7
Accounts payable & other liab	92.1	75.0	87.8
Long-term debt	163.3	152.9	229.7
Accrued leave and other LT liab	<u>70.8</u>	<u>128.4</u>	<u>90.2</u>
<b>Total Liabilities</b>	<u>\$340.5</u>	<u>\$370.2</u>	<u>\$419.3</u>
<b>Fund Balance</b>	<u>\$796.3</u>	<u>\$873.4</u>	<u>\$843.5</u>
<b>Total Liabilities &amp; Fund Balance</b>	<u>\$1,136.8</u>	<u>\$1,243.6</u>	<u>\$1,262.7</u>

**University of Virginia Medical Center  
Financial Ratios**

Description	Most Recent Three Fiscal Years			Budget/Target
	Nov-06	Nov-07	Nov-08	Nov-08
Operating margin (%)	5.2%	3.8%	3.7%	4.5%
Total margin (%)	15.2%	8.7%	-10.8%	6.4%
Current ratio (x)	2.4	1.3	0.8	2.0
Days cash on hand (days)	199.5	203.4	190.4	190.0
Gross accounts receivable (days)	47.7	50.4	50.2	60.0
Annual debt service coverage (x)	13.6	7.7	(1.7)	7.2
Debt-to-capitalization (%)	19.7%	17.7%	28.4%	20.0%
Capital expense (%)	6.2%	6.4%	6.3%	6.9%

University of Virginia Medical Center  
Operating Statistics

Description	Most Recent Three Fiscal Years			Budget/Target
	Nov-06	Nov-07	Nov-08	Nov-08
Acute Admissions	12,504	12,607	12,038	12,828
Patient days	72,026	73,391	74,254	74,424
SS/PP Patients	2,928	3,061	3,242	2,599
Average length of stay	5.75	5.85	6.19	5.80
Clinic visits	265,242	273,287	268,375	284,160
ER visits	24,396	25,788	25,249	26,239
Medicare case mix index	1.9623	1.9544	1.9579	1.9400
FTE's (including contract labor)	6,137	6,332	6,408	6,410

**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 FY2009

**OPERATING STATISTICAL MEASURES - November FY 2009**

<b>ADMISSIONS and CASE MIX - Year to Date</b>	<b>OTHER INSTITUTIONAL MEASURES - Year to Date</b>
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	Actual	Budget	% Variance	Prior Year		Actual	Budget	% Variance	Prior Year
<b><u>ADMISSIONS:</u></b>					<b><u>ACUTE INPATIENTS:</u></b>				
Adult	10,229	10,864	(5.8%)	10,647	Inpatient Days	74,254	74,424	(0.2%)	73,391
Pediatrics	1,201	1,410	(14.8%)	1,325	Average Length of Stay	6.19	5.80	(6.7%)	5.85
Psychiatric	608	554	9.7%	635	Average Daily Census	485	486	(0.2%)	480
					Births	754	776	(2.8%)	766
Subtotal Acute	12,038	12,828	(6.2%)	12,607					
					<b><u>OUTPATIENTS:</u></b>				
Short Stay/Post Procedure	3,242	2,599	24.7%	3,061	Clinic Visits	268,375	284,160	(5.6%)	273,287
					Average Daily Visits	2,796	2,956	(5.4%)	2,821
Total Admissions	15,280	15,427	(1.0%)	15,668	Emergency Room Visits	25,249	26,239	(3.8%)	25,788
					<b><u>SURGICAL CASES</u></b>				
<b><u>CASE MIX INDEX:</u></b>					Main Operating Room (IP and OP)	7,835	8,090	(3.2%)	7,823
All Acute Inpatients	1.8161	1.8200	(0.2%)	1.7885	UVA Outpatient Surgery Center	3,307	3,206	3.2%	3,035
Medicare Inpatients	1.9579	1.9400	0.9%	1.9544	Total	11,142	11,296	(1.4%)	10,858

**OPERATING FINANCIAL MEASURES - November FY 2009**

<b>REVENUES and EXPENSES - Year to Date</b>	<b>OTHER INSTITUTIONAL MEASURES - Year to Date</b>
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	Actual	Budget	% Variance	Prior Year		Actual	Budget	% Variance	Prior Year
(\$s in thousands)					(\$s in thousands)				
<b><u>NET REVENUES:</u></b>					<b><u>NET REVENUE BY PAYOR:</u></b>				
Net Patient Service Revenue	402,062	416,171	(3.4%)	385,539	Medicare	\$ 128,352	\$ 129,817	(1.1%)	127,146
Other Operating Revenue	10,654	11,456	(7.0%)	10,328	Medicaid	54,752	55,883	(2.0%)	51,558
Total	\$ 412,716	\$ 427,627	(3.5%)	\$ 395,867	Commercial Insurance	74,292	77,277	(3.9%)	69,574
					Anthem	71,984	73,735	(2.4%)	66,412
<b><u>EXPENSES:</u></b>					Southern Health	20,651	20,999	(1.7%)	18,882
Salaries, Wages & Contract Labor	183,231	\$ 184,925	0.9%	176,354	Other	52,030	58,460	(11.0%)	51,967
Supplies	91,486	92,356	0.9%	90,232	Total Paying Patient Revenue	\$ 402,062	\$ 416,171	(3.4%)	385,539
Contracts & Purchased Services	83,278	86,920	4.2%	74,978					
Bad Debts	14,074	16,063	12.4%	14,880	<b><u>OTHER:</u></b>				
Depreciation	21,921	23,612	7.2%	20,892	Collection % of Gross Billings	41.47%	42.92%	(3.4%)	44.37%
Interest Expense	3,254	4,452	26.9%	3,354	Days of Revenue in Receivables (Gross)	50.2	60.0	(16.3%)	50.4
Total	\$ 397,243	\$ 408,327	2.7%	\$ 380,691	Cost per CMI & OP-Adj Discharge	\$ 9,252	\$ 9,091	(1.8%)	\$ 8,667
Operating Income	\$ 15,472	\$ 19,300	(19.8%)	\$ 15,176	Cost per CMI & OP-Adj Day	\$ 1,500	\$ 1,566	4.2%	\$ 1,489
Operating Margin %	3.7%	4.5%		3.8%	Cost per Outpatient Visit	\$ 76.61	\$ 69.73	(9.9%)	\$ 74.40
Non-Operating Revenue	\$ (54,312)	\$ 8,517	(737.7%)	\$ 21,226	Total F.T.E.'s (including Contract Labor)	6,408	6,410	0.0%	6,332
					F.T.E.'s Per Adjusted Occupied Bed	7.51	7.60	1.2%	7.71
Net Income	\$ (38,840)	\$ 27,817	(239.6%)	\$ 36,402					

### **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 or Rucker 3  
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 & OP-Adj Discharge and Day uses Medicare CMI to adjust, and excludes bad debt  
Costs for Cost per Outpatient Visit come from clinic income statement, and exclude bad debt  
OP visits used in calculation of Cost per Outpatient Visit are provider based clinic visits only

# MEDICAL CENTER

## ACCOUNTS COMMITTEE REPORT

(Includes All Business Units)

(Dollars in Thousands)

<u>INDIGENT CARE (IC)</u>	Year to Date	Annual Activity	
	November <u>2008-09</u>	<u>2007-08</u>	<u>2006-07</u>
Net Charge Write-Off	58,287	133,320	113,523
Percentage of Net Write-Offs to Revenue	6.01%	6.34%	6.08%
Total Reimbursable Indigent Care Cost	22,033	54,558	43,652
State and Federal Funding	22,033	54,558	43,652
Total Indigent Care Cost Funding As a Percent of Total Indigent Care Cost	100%	100%	100%
Unfunded Indigent Cost	-	-	-
		Annual Activity	
<u>BAD DEBT</u>	November	<u>2007-08</u>	<u>2006-07</u>
	<u>2008-09</u>		
Net Charge Write-Offs	14,074	31,472	32,843
Percentage of Net Write-Offs to Revenue	1.45%	1.50%	1.76%

**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 indi

UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 5, 2009

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: II.C. Capital Projects

ACTION REQUIRED: None

BACKGROUND: The Medical Center is constantly improving and renovating its facilities. A status report of these capital projects is provided at each Medical Center Operating Board 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 2009**

Scope	Budget	Funding Source	BOV Approval Date	Projected Completion Date
<b>1. Pre-Construction</b>				
<b>Clinical Office Building:</b> Board of Visitors approved project to complete the 3 <sup>rd</sup> floor fit out for the Spine Center and Orthopaedic Services. Design work under way.	\$8 M	Bonds	Jan 2003 Feb 2008	2009
<b>West Main Street Development including Children's Hospital:</b> Design started on December 12, 2008.	\$117 M	Bonds and Outside Fundraising	TBD	2013
<b>*University Hospital:</b> Renovate Heart Center invasive procedure areas – design under way.	\$15.6 M (21,600 GSF)	Bonds	Feb 2008	2010
<b>*University Hospital:</b> Add two Operating Rooms and Magnetic Resonance Imaging Room (with equipment) – design under way.	\$14.3 M (2,330 GSF)	Bonds	Feb 2008	2010
<b>University Hospital:</b> Add elevators – evaluations under way.	\$7.6 M	Bonds	Feb 2008	2011
<b>Moser Radiation Therapy Center:</b> Construct addition for 2 <sup>nd</sup> linear accelerator – design complete.	\$2.5 M (3,000 GSF)	Bonds	Feb 2008	2010

\*Project modifies original HEP project

**The University of Virginia Medical Center  
Capital Projects Report  
February 2009**

Scope	Budget	Funding Source	BOV Approval Date	Projected Completion Date
<b>2. Under Construction</b>				
<b>University Hospital:</b> Renovate Radiology Department – phased construction under way	\$21.2 M (52,000 GSF)	Bonds	Feb 2008	2012
<b>Emily Couric Clinical Cancer Center:</b> Construction under way.	\$74 M (including added shelled floor)	General Fund Appropriation (\$25 M) , Bonds and Outside Fundraising	Oct 2004 July 2006 (B&G Committee) June 2007	2010
<b>University Hospital Bed Expansion:</b> Project to increase inpatient bed capacity in University Hospital by adding 72 private, ICU-level rooms. Column reinforcing is under way in anticipation of structural steel erection commencing in March 2009.	\$80.2 M	Bonds and Health System Operating Revenue	Sept 2005 June 2007	2011
<b>Primary Care Center:</b> Repair brick façade and replace roof – work commenced in August 2008.	\$6.6 M	Bonds	Feb 2008	2010

UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 5, 2009

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: II.D. Graduate Medical Education

ACTION REQUIRED: None

BACKGROUND: Graduate Medical Education remains a cornerstone of all academic medical centers. It is within Graduate Medical Education that we have the opportunity to secure the future of medicine with those we are educating and training. The Medical Center has over 750 residents and fellows participating in 95 training programs - 64 programs accredited by the Accreditation Council for Graduate Medical Education, and 26 non-accredited medical subspecialty programs. Additionally, the Medical Center offers a Dentistry residency accredited by the American Dental Association and four paramedical programs in Clinical Psychology, Pharmacy, Chaplaincy, and Radiation Physics.

The Medical Center continues to endeavor to meet the challenges of the Accreditation Council for Graduate Medical Education Duty Hour regulations and to ensure that our trainees work and learn in an environment where education is emphasized over service. This requires continual oversight of all aspects of every program, including compliance with Duty Hours. In 2008, the New Innovations Residency Management Suite replaced an older system, Residency Attending Fellow Tracking, which was utilized for Duty Hours and Evaluations. New Innovations also provides a more in-depth management tool to effectively measure Outcomes and Assessments as they pertain to defining a successful Graduate Medical Education program. From compliance with Duty Hours to building curricula, to the creation of individual scholarly portfolios for each of our trainees, New Innovations will be utilized by both the Graduate Medical Education Office and individual programs to assist in managing and monitoring the quality of trainees' education.

DISCUSSION:

Housestaff Statistics

The training year for housestaff generally is 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 2008 are as follows:

Departing Housestaff:

Completed training program*	236
Transferred to another program	4
Not reappointed for academic reasons	2
Resigned for personal or academic reasons	9
Deceased	1
Terminated from program	0

\* Of the 236 residents completing training, 13 were appointed to faculty positions.

New Appointments 257

Reappointments 497

Accreditation Status

Accreditation of graduate medical education programs is provided by the Accreditation Council for Graduate Medical Education. Accreditation is accomplished through a peer review process and is based upon standards and guidelines established by twenty-six specialty-specific committees, known as Residency Review Committees. The accreditation (or reaccreditation) process occurs periodically on a schedule set by the Residency Review Committees and is based upon documentation provided by the program director and by a reviewer following an on-site visit of the program. The current accreditation status of our programs is as follows:

- All 64 programs accredited by the Accreditation Council for Graduate Medical Education and the Institution have full accreditation
  - 21 core residency programs
  - 43 subspecialty/fellowship programs

Program success also is measured by the length of the accreditation provided by the Accreditation Council for Graduate Medical Education and the Residency Review Committees. Nearly 70% of all University of Virginia accredited programs have a 4-5 year cycle and 50% have a full 5-year cycle.

- 5 year accreditation -- 32 programs
- 4 year accreditation -- 12 programs
- 2.5-3 year accreditation -- 10 programs
- 1.5-2 year accreditation -- 10 programs

However, more programs received shorter cycles this past year than in the previous year. Of the seven programs that received an official Letter of Notification from the Accreditation Council for Graduate Medical Education in 2008, two received 5-year cycles, one received a 4-year cycle, one received a 3-year cycle, and three received 2-year cycles.

The Designated Institutional Official and Graduate Medical Education Committee have begun to track common citations received by programs during their Residency Review Committee visits as a method to evaluate deficiencies and take action that will lead to overall improvement of the training environment. During the past year, areas that have been cited more than once include:

- *Insufficient Volume* - Programs did not document sufficient exposure to certain cases or areas of medicine.
- *Evaluations* - Programs failed to document compliance with one of the required competencies.
- *Curriculum* - Goals and objectives were not clearly stated or not stratified by year.
- *Lack of Institutional Support* - Three programs were cited for not having sufficient technical or clerical support or space to carry out educational activities.

Although correcting the first three citations will be aided by the use of our new tracking system, New Innovations, the increasing frequency of the fourth is more difficult to address. This is a particular concern as the institution prepares for its next Institutional Review by the Accreditation Council for Graduate Medical Education, tentatively scheduled for October 2009.

A significant positive achievement is the on-time completion of all Internal Reviews, which was a major concern at the Institutional Review in 2005. Since the change in Graduate Medical Education leadership, every program has had its Internal Review, the audit conducted by the Graduate Medical Education Office and overseen by the Graduate Medical Education Committee, performed on time. Consequently, individual programs have seen the elimination of Residency Review Committee citations for the lack of mid-cycle internal review. The institution remains on a rigorous schedule with 17 Internal Reviews scheduled between January 2009, and December 2009.

### National Match

The Medical Center participates in the National Residency Matching Program. Participation is required for programs offering Post Graduate Year 1 positions and available to programs offering Post Graduation Year 2 positions. Twenty-seven programs, offering 148 positions, participated in the 2008 Match - 14 Categorical programs (Post Graduate Year 1 for July 2008), 4 Preliminary programs (Post Graduate Year 1 for July 2008), 1 Primary program, and 8 Advanced programs (Post Graduate Year 2 for July 2009). All but one program filled through the Match; the Non-Designated Preliminary Surgery program intentionally did not fill all positions offered, but did successfully fill the remaining open spots post-match.

### Finance

The total direct budget for Graduate Medical Education programs for fiscal year 2009 is \$47,219,247. Funds to support this program come from Medicare, Medicaid, other government or industry sources, and the Medical Center.

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 2008, in order to remain competitive with Graduate Medical Education programs nationally.

**University of Virginia Housestaff Salaries**  
**Effective July 1, 2008 - June 30, 2009**

<b>Program</b>	<b>Level</b>	<b>UVA Annual Salary</b>	<b>50<sup>th</sup> Percentile All Regions*</b>	<b>Median Southeast Region*</b>
<b>Medical/Dental</b>	<b>PGY 1</b>	<b>\$47,749</b>	<b>\$45,659</b>	<b>\$46,245</b>
	<b>PGY 2</b>	<b>\$48,419</b>	<b>\$47,257</b>	<b>\$48,092</b>
	<b>PGY 3</b>	<b>\$50,347</b>	<b>\$49,095</b>	<b>\$50,128</b>
	<b>PGY 4</b>	<b>\$53,978</b>	<b>\$50,987</b>	<b>\$52,154</b>
	<b>PGY 5</b>	<b>\$54,508</b>	<b>\$52,956</b>	<b>\$54,164</b>
	<b>PGY 6</b>	<b>\$55,810</b>	<b>\$55,265</b>	<b>\$56,463</b>
	<b>PGY 7</b>	<b>\$57,632</b>	<b>\$57,027</b>	<b>\$58,520</b>
	<b>PGY 8</b>	<b>\$59,324</b>	<b>\$59,108</b>	<b>\$60,278</b>
<b>Chaplain</b>	<b>PGY 1</b>	<b>\$26,218</b>		
	<b>PGY 2</b>	<b>\$27,040</b>		
	<b>PGY 3</b>	<b>\$27,862</b>		
	<b>PGY 4</b>	<b>\$28,651</b>		
<b>Pharmacy</b>	<b>PGY 1</b>	<b>\$43,077</b>		
	<b>PGY 2</b>	<b>\$45,514</b>		
<b>Clinical Psychology</b>	<b>PGY 1</b>	<b>\$31,296</b>		
	<b>PGY 2</b>	<b>\$33,008</b>		

\*2007 AAMC Survey on Stipends, Benefits and Funding

## Update on Graduate Medical Education Initiatives

### 1. Duty Hour Compliance

- a. The Medical Center has had very few issues with duty hour non-compliance over the past year. On the infrequent occasions where it has been noted, there has been swift and collaborative action on the part of the Graduate Medical Education Office and the individual program to remedy the situation.
- b. The Resident and Fellow internet-based tracking system was replaced in July 2008, to better monitor compliance with duty hours. New Innovations, a commercially available system in use in many academic medical centers nationally, allows graduate medical trainees to enter hours in real-time, rather than retrospectively. Moreover, it allows close monitoring by both the Graduate Medical Education Office and individual programs to note impending duty hour violations and take action to prevent them.

### 2. Resident Supervision, Responsibilities, and Evaluation

- a. The Designated Institutional Official is directly involved in monitoring resident performance issues.
- b. Each program continues to update program policies that define the scope of practice and supervision requirements for residents at each level of training. In addition to adhering to the Institutional Policy on Resident Supervision, each program must update and maintain its own Supervision Policy, which must be stratified by year of training. Program directors are ultimately responsible for evaluating trainees and determining proficiency in all competencies, including patient care and medical knowledge.
- c. Competency checklists have been developed that provide information on each resident's competence to perform specific activities and procedures and the levels of supervision required. This information is available to nursing and allied health staff as a reference.
- d. All programs must evaluate trainees regularly and use New Innovations to provide documentation of the evaluations. Moreover, each program must evaluate and provide written feedback to the resident or fellow semi-annually. Finally, each program director must complete a summary evaluation of each trainee at the end of his or her

training. A copy of this evaluation is provided to the Graduate Medical Education Office.

3. Resident Participation in Quality and Patient Safety Initiatives.

- a. At the institutional level, both mandatory and voluntary educational initiatives involving Quality and Patient Safety are offered. All incoming residents are required to take part in the following educational activities: Abuse or Neglect, Prevention and Investigation; Advanced Care Planning; Blood Gas Sample Identification; Bloodborne Pathogen and Infection Control; Pain Management; Acute Care Insulin Administration; and Procedural Sedation. They also must complete mandatory computer-based learning modules on Basic Quality and Patient Safety issues. The Medical Center also offers elective education in our Institutional Lecture Series that covers such important topics as Fatigue Awareness, Metrics and Process Improvement, Sentinel Events and Ensuring Patient Safety.
- b. Each individual residency or fellowship program must offer training in Quality and Patient Safety as part of their standard curricula. For some, it is offered in traditional settings such as Morbidity and Mortality conferences. Others have developed highly sophisticated systems to meet the competencies of Practice Based Learning and Improvement and Systems Based Practice.
- c. 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 involvement 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 participation by trainees on key Medical Center and School of Medicine Committees, including both the standing committees of Quality and Patient Safety. The Housestaff Council Co-Presidents also represent the trainees in key leadership committees, such as the Clinical Staff Executive Committee, where Quality and Patient Safety issues are discussed monthly.

4. Innovations in Graduate Medical Education.

- a. The Graduate Medical Education Innovation Grant Program, created in July 2003, encourages creative projects in restructuring resident education. Funds are available for pilot programs, demonstration projects, and proof-of-concept efforts relating to improvements in resident and fellow training. Grant proposals are submitted for consideration by faculty, housestaff, and other staff involved in graduate medical education. The principal focus is on the development or evaluation of new initiatives related to competency-based education and the development of new educational techniques, specifically simulation.
- b. Support continues to be provided for presenting these and other innovative practices at graduate medical education conferences. The Graduate Medical Education Office held its second annual Research Day in the spring of 2008 specifically to provide a venue for presentation of results from these awards.
- c. For the fourth year, two Master Educator Awards were presented to outstanding teaching faculty members who have been leaders in Graduate Medical Education, Mary Bryant, M.D., in the Department of Physical Medicine and Rehabilitation, and Ed Nemergut, M.D., in the Department of Anesthesiology.
- d. The second year of the Graduate Medical Education Certificate Program began in July 2008. First year courses included Epidemiology, offered during the University's summer term, and Biostatistics, which was completed during the 2008 January winter term. Second year participants enrolled in Methods of Clinical Research during the summer term. Completion of each of these courses earns three credits towards a certificate in either Clinical Research or Public Health. Credits can also be transferred to a Masters Program. The first residents and fellows to "graduate" will earn their Certificates in 2009.
- e. The Graduate Medical Education Office continues to expand its Institutional Graduate Medical Education Curriculum. The evening programs with dinner and didactic lectures are offered quarterly and cover topics that are general to all training programs, such as Fatigue Awareness, Physician Wellness, Ethics, and the Business of Medicine.

5. Support of Program Directors and Coordinators

- a. Program Evaluations, including self-evaluations by the Program Directors, were completed for the first time in the summer of 2008.
- b. Partial salary support is provided to Program Directors based on number of trainees per program.
- c. The first annual Graduate Medical Education retreat was offered in April 2008. The retreat offered professional development for all program directors and program coordinators. The topic of the first retreat was "Legal Issues in Graduate Medical Education."
- d. The Graduate Medical Education Office continues to support two junior program directors per year to travel to national Graduate Medical Education conferences.
- e. The Graduate Medical Education Office helped sponsor a retreat for Program Coordinators with their peers from Virginia Commonwealth University and Eastern Virginia Medical School. In addition, the Graduate Medical Education Office provides funding for two program coordinators to attend national meetings to enhance their professional development.

Review of Graduate Medical Education Committee  
Activities during the Past Year

1. Graduate Medical Education Subcommittees and Ad Hoc Committees. The following subcommittees of the Graduate Medical Education Committee met regularly to complete their duties and report to the Executive Committee of the Graduate Medical Education Committee:
  - a. Internal Review Subcommittee. All internal reviews were conducted at the midway point between Residency Review Committee visits, as required by the ACGME. Preparation of individual programs for their Internal Review and Residency Review Committee visit was supported and organized by the Graduate Medical Education Office. The subcommittee reviewed all findings from the Internal Review and reported to the full Committee. Any necessary Action Items, as well as completion of such, were recorded in the minutes.
  - b. The Research Subcommittee continues to oversee approval by the Graduate Medical Education Committee of research projects with Graduate Medical Trainee involvement, especially those that involve animals. The committee meets on an as needed basis.

- c. The Education Subcommittee oversees all away rotations and affiliation agreements. It also reviews all proposed new programs and provides recommendations to the full GME Committee.
  - d. Resident salaries and benefits were reviewed by the Subcommittee on Program Director and Resident Support and presented to the Medical Center. New salary levels for Fiscal Year 2009 are shown above.
  - e. Ad Hoc committees were convened to provide recommendations on Away Rotations, Improving Communications to Graduate Medical Education Trainees, Parking, and Orientation.
2. The Graduate Medical Education Committee continued to review and approve, as appropriate, all requests for changes in Program Director, all complement changes, and all Response Letters, as required by the ACGME.
3. Improvements in resident support and benefits:
- a. The Medical Center increased the parking reimbursement to reflect an increase in parking fees effective July 1, 2008.
  - b. Stipend levels were again increased by 3.8%, with a larger increase given to residents in Pharmacy, whose stipends were substantially lower than other programs in the region. In addition, substantial funds were provided for to cover a significant increase in housestaff healthcare premiums.

UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 5, 2009

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: II.E. Health System Development

ACTION REQUIRED: None

BACKGROUND: Health System Development will provide reports of recent activity to the Medical Center Operating Board from time to time.

DISCUSSION:

Significant Gifts

A \$1 million expectancy from a grateful patient will support the Paul A. Levine M.D. Chairman's Discretionary Fund in Otolaryngology - Head and Neck Surgery.

The sale of a real estate gift, valued at more than \$500,000, will support the Paul A. Levine M.D. Chairman's Discretionary Fund in Otolaryngology - Head and Neck Surgery.

The Emily Couric Clinical Cancer Center received a \$200,000 commitment from a corporate donor.

An anonymous donor contributed \$150,000 to Dr. David Jones' lung cancer research program.

A medical alumnus and his wife committed \$133,570 beyond their previous contributions to endow a scholarship in the School of Medicine.

*Other gifts and pledges received include:*

- An \$80,000 commitment for a study coordinator position in the Department of Radiology;
- A \$65,000 disbursement from the Children's Miracle Network to the UVA Children's Hospital;
- A \$52,000 grant in support of rheumatic mitral stenosis humanitarian and teaching missions in the Dominican Republic;

- A \$50,000 pledge for the UVA Children's Hospital Neonatal Intensive Care Unit;
- A \$50,000 commitment to the Rebecca Clary Harris, M.D. Memorial Fellowship in the Human Immune Therapy Center;
- \$33,000 raised for the UVA Children's Hospital from the 27<sup>th</sup> Annual Boar's Head Turkey Trot; and
- A \$25,000 pledge to the Class of 1984 gift in support of the Claude Moore Medical Education Building.

#### OTHER DEVELOPMENT INITIATIVES

The 2008 University of Virginia proposal to the Hartwell Foundation was submitted, including proposals from four investigator nominees for research support in radiology, biomedical engineering, infectious disease, and pathology. The University is eligible to receive \$400,000 in funding this year, including a \$100,000 fellowship.

Two School of Medicine professorships were established at the October 3 Board of Visitors meeting: The Albert M., Kate L., and Peter Kaplan Professorship in Cardiology and the F. Palmer Weber-Smithfield Foods Professorship in Oncology Research. The Board of Visitors also approved the naming of the University of Virginia Hospital Auxiliary Hospitality House.

On October 3rd, Mr. Howell and the Cancer Center hosted Mrs. Casteen, spouses of the Board of Visitors, and the spouses of senior administrators for a research presentation and an update on the progress of the Emily Couric Clinical Cancer Center. The Cancer Center Advisory Board convened on November 12<sup>th</sup>, for a presentation on the Cancer Center Breast Care Program and an update from the Patients & Friends steering committee, and on November 19<sup>th</sup>, the Cancer Center Advisory Board Major Gifts Committee met to discuss strategies for new and existing prospects.

Development Communications efforts included the completion of the fall issue of *Virginia Legacy*, the redesign of the UVA Health Foundation Web site (<http://www.uvahealthfoundation.org>), and the completion of an annual stewardship publications package for more than 3,500 individual donors to the UVA Children's Hospital. Materials were also created to assist with accelerated fund-raising efforts related to the Barry and Bill Battle Building at UVA Children's Hospital.

On November 14th, Mr. Howell and UVA Children's Hospital administrator Terry Lucas hosted a presentation on updated plans for the Barry and Bill Battle Building for members of the UVA Children's Hospital Committee and Steering Committee, project architects, and clinicians.

Between July 1, 2008, and November 30, 2008, Health System development staff made 693 face-to-face visits with donors and prospects.

CAMPAIGN PROGRESS THROUGH NOVEMBER 30, 2008

Through the end of November 2008, the Health System Campaign total is \$430,319,443. This represents 86% of the Campaign goal, with 61% of the campaign period elapsed. The following table shows the Fiscal Year 2009 totals for new commitments, including new gifts and pledges in comparison to this same time through Fiscal Year 2008.

Fiscal Year to Date (7/1/08 through 11/30/08)	FY '09	FY '08 (through 11/30/07)
New gifts	\$14,907,997	\$18,104,392
New pledges	\$578,821	\$944,115
Total new commitments <i>(excludes pledge payments on previously booked pledges)</i>	\$15,486,818	\$19,048,507

UNIVERSITY OF VIRGINIA  
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: February 5, 2009

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: III. Report by the President of the  
Clinical Staff

ACTION REQUIRED: None

DISCUSSION: The President of the Clinical Staff of the Medical Center will inform the Medical Center Operating Board of recent events regarding the Clinical Staff which do not require formal action, but of which the Medical Center Operating Board should be made aware.