UNIVERSITY OF VIRGINIA
BOARD OF VISITORS
MEETING OF THE
MEDICAL CENTER
OPERATING BOARD
FOR THE UNIVERSITY
OF VIRGINIA
TRANSITIONAL CARE HOSPITAL
November 15, 2010
Committee Members:
Vincent J. Mastracco, Jr., Chair
Helen E. Dragas
Sheila C. Johnson
William P. Kanto, Jr., M.D.
Constance R. Kincheloe
Randy J. Koporc
The Hon. Lewis F. Payne
Randl L. Shure
E. Darracott Vaughan, Jr., M.D.
John O. Wynne

Ex Officio Members:
Steven T. DeKosky, M.D.
R. Edward Howell
Leonard W. Sandridge
Jonathon D. Truwit, M.D.

AGENDA

I. REPORTS BY THE VICE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE TRANSITIONAL CARE HOSPITAL (Mr. Howell)
   A. Vice-President's Remarks
   B. Operations and Finance (Mr. Howell to introduce Ms. Michelle D. Hereford; Ms. Hereford to report)

II. EXECUTIVE SESSION
   • ACTION ITEMS - To consider proposed personnel actions regarding the appointment, reappointment, resignation, assignment, performance, and credentialing of specific clinical staff and allied 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 Transitional Care Hospital, where disclosure at this time would adversely affect the competitive
position of the Transitional Care Hospital, specifically:

- Confidential information and data related to the adequacy and quality of professional services, patient safety in clinical care, and competency and qualifications for professional staff privileges, for the purpose of improving patient care at the Transitional Care Hospital.

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) 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: November 15, 2010

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: I.A. Vice President’s Remarks

ACTION REQUIRED: None

DISCUSSION: The Vice President and Chief Executive Officer of the University of Virginia Transitional Care Hospital 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: November 15, 2010

COMMITTEE: Medical Center Operating Board

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

ACTION REQUIRED: None

BACKGROUND: The University of Virginia Transitional Care Hospital opened on August 4, 2010.

FINANCE AND OPERATIONS REPORT

The University of Virginia Transitional Care Hospital accepted its first patient on August 4, 2010 after successfully completing a Life Safety Survey. A second patient was admitted the following day.

The Transitional Care Hospital passed its unannounced Center for Medicare and Medicaid Services survey on September 9, 2010. With the completion of the survey, the Transitional Care Hospital began a six month demonstration period. During the demonstration period, the Transitional Care Hospital must establish an average length of stay in excess of twenty five days for its Medicare admissions. To achieve this goal Medicare admissions during this period will be restricted to patients where there is a high probability that the length of stay will be greater than twenty five days. Commercial patients, whose length of stay does not affect the Medicare measurement, will also be admitted during this period.

This new facility is a three story, 40 bed long term acute care hospital located two miles west of Charlottesville at the Northridge Medical Park. The Transitional Care Hospital is specifically designed for patients with acute care needs who are chronically ill and require inpatient stays of 25 days or more. These patients require extended acute care, but because of the complexities of their conditions, they cannot be discharged to a skilled nursing facility or rehabilitation hospital. The Transitional Care Hospital focuses solely on these long stay patients and provides care in an environment customized for their needs. The Transitional Care Hospital is the first such facility in this Health Planning Region.
The Transitional Care Hospital could be expanded to 50 beds by adding a ten bed unit on the third floor. Any such expansion would require a Certificate of Public Need for the additional ten beds.

For the first two months of fiscal year 2011, the Transitional Care Hospital recorded a loss from operations of $828,672, less than its budgeted loss of $1,057,342.