TO: The Medical Center Operating Board:

Edward D. Miller, M.D., Chair
Helen E. Dragas, Rector
Victoria D. Harker
Andrew K. Hodson, M.D.
William P. Kanto Jr., M.D.
The Hon. Lewis F. Payne

Constance R. Kincheloe
Stephen P. Long, M.D.
Vincent J. Mastraccone Jr.
Charles W. Moorman

Ex Officio Advisory Members:
Teresa A. Sullivan
Steven T. DeKosky, M.D.
Dorrie K. Fontaine
John D. Simon

Robert S. Gibson, M.D.
Patrick D. Hogan
R. Edward Howell

The Remaining Members of the Board of Visitors and Senior Advisors:

Frank B. Atkinson
A. Macdonald Caputo
Hunter E. Craig
The Hon. Alan A. Diamonstein
Allison Cryor DiNardo
Marvin W. Gilliam Jr.
Bobbie G. Kilberg

George Keith Martin
John L. Nau III
Timothy B. Robertson
Linwood H. Rose
Hillary A. Hurd
William H. Goodwin Jr.
Leonard W. Sandridge Jr.

FROM: Susan G. Harris

RE: Minutes of the Meeting of the Medical Center Operating Board on November 8, 2012

The Medical Center Operating Board of the Board of Visitors of the University of Virginia met, in Open and Executive Session, at 8:35 a.m., Thursday, November 8, 2012, in the Small Auditorium of the Harrison Institute; Edward D. Miller, M.D., Chair, presided.
Ms. Helen E. Dragas, Ms. Victoria D. Harker, Andrew K. Hodson, M.D., William P. Kanto Jr., M.D., Ms. Constance R. Kincheloe, Stephen P. Long, M.D., Vincent J. Mastracco Jr., Charles W. Moorman, and The Honorable Lewis F. Payne were present.

Ms. Teresa A. Sullivan, Steven T. DeKosky, M.D., Ms. Dorrie K. Fontaine, Robert S. Gibson, M.D., Patrick D. Hogan, R. Edward Howell, and John D. Simon, all ex officio Members, also were present.


Dr. Miller recognized the appointment of Patrick Hogan as Executive Vice President and Chief Operating Officer and thanked him for his service as a public member of the Medical Center Operating Board.

On motion, the Medical Center Operating Board approved the following resolution and will report it to the full Board:

RESOLUTION OF COMMENDATION FOR PATRICK D. HOGAN

WHEREAS, Patrick D. Hogan was appointed as a public member of the Medical Center Operating Board in 2011; and

WHEREAS, Mr. Hogan was appointed specifically to assist in the creation of a strategic plan for the University of Virginia Health System; and

WHEREAS, Mr. Hogan’s term on the Medical Center Operating Board ended on October 25, 2012 when he became Executive Vice President and Chief Operating Officer of the University;

RESOLVED, the Medical Center Operating Board expresses its deep gratitude to its colleague and friend Patrick D. Hogan for his insight and guidance in the development and implementation of a clinical strategic plan; and

RESOLVED FURTHER, the Medical Center Operating Board wishes Mr. Hogan continued success in his new role.

The chair welcomed several clinical chairs in Medicine: Paul A. Levine, M.D., James E. Ferguson II, M.D., Karen C. Johnston, M.D., and Mark E. Shaffrey, M.D. Dr. Miller said he thought it was important to have some of the clinical chairs at the Medical Center Operating Board meetings so that they can have some input when questions arise.
Dr. Miller said that the University needs to focus on patient satisfaction and quality, which is a long journey. Patient satisfaction is how the patient feels they have been treated. He said we need to look at how we greet the patient, how they get to their room, and remember that they are scared. Small things like having employees say "is there anything you need?" before leaving the room helps tremendously. Patient safety is another issue. We should try to be the safest hospital in the world. We must engage the clinical faculty. Quality is also something we need to continue to work on. If patient satisfaction, quality of care, and safety are all in place, everything else should follow. Patients and employees will seek out the hospital because it is top-notch.

He said issues that we need to deal with are increased pressure in the market, both political and in the insurance market. "Obamacare" is another issue that will become a major factor in 2014: an additional 16 million people on Medicaid and another 16 million people through the exchanges. Working out the implementation may delay this issue a year or two.

Magnet Recognition and Nursing Report

The chair asked Mr. R. Edward Howell, Vice President and Chief Executive Officer of the Medical Center, to update the committee on how nursing at the Medical Center is supporting the Strategic Plan, preparing for receiving Magnet Designation, and addressing the growing demand for a nursing workforce. Mr. Howell introduced Ms. Lorna Facteau, Chief Nursing Officer of the Medical Center, and Ms. Dorrie Fontaine, Dean of the School of Nursing.

Ms. Facteau said there are about 2000 nurses on staff at the Medical Center, with an average age of 43.8, and an average length of service of 9.78 years. Of those, 59% have a baccalaureate level (BSN) or above. Annual nursing turnover is 14.8% and the current vacancy rate is 8.5%. The problem is at the two year point of service because mostly new graduates come for the experience of being at an academic medical center and then they move on. Nearly 50% of the turnover is to further their education and receive more certification.

Ms. Facteau said the American Nurses Credentialing Center for Magnet Hospitals has adopted the Institute of Medicine Study on the Future of Nursing (2010) standard that 80% of the direct care nursing workforce should be baccalaureate prepared by 2020. To achieve this, Dean Fontaine and the faculty have doubled the number of seats in the RN to BSN class from 35 to 75 seats. Associate Degree prepared nurses (ADN) make up 33% of the nursing staff; they tend to be from the local population and will stay in the community.

She said Nursing is working with Human Resources to improve recruitment and retention programs for nurses. They are developing targeted recruitment plans for the specialty areas of Cardiology, Thoracic, Vascular, Neuroscience, and Cancer.
Ms. Facteau said that Magnet designation is a recognition from a nursing organization for patient care excellence. The metrics used to measure Magnet readiness are called Nurse Sensitive Quality Indicators. They measure things such as the number of urinary tract infections, patient falls, hospital acquired pressure ulcers, and patient satisfaction. For Magnet readiness, more than 51% of units must outperform the benchmark. Ms. Facteau showed a chart that demonstrated an increase in the percentage of units outperforming the benchmark for every metric, except for ventilator-associated pneumonia cases.

The shared governance model, which we have had since 1987, is a hallmark of the magnet program. It is being re-designed after a strategic planning advance in May 2011 created a task force that worked for a year to restructure units to better engage bedside nurses in the governance model.

Ms. Facteau said that the Medical Center has withdrawn its application for the Magnet designation to allow more time for preparation towards certification. A new multidisciplinary steering committee and an external consultant have identified three areas to work on. The first is RN/MD relations, which was noted in the job satisfaction survey as steadily decreasing over the last three years. Dr. Gibson and Ms. Fontaine are co-chairing a task force to address this. The second area that requires focus is RN retention and recruitment: the Medical Center hires 100 contract nurses that earn about 2.5 times the average nurse’s salary. The operating room nurse is the most difficult to recruit because they are in short supply. The Medical Center has an operating room training program, which is helping. The third area which needs attention is community and cultural competence, also known as diversity. Currently we do not have any formal structures to demonstrate our activities.

Ms. Facteau said she is confident that everything will be complete and the Medical Center will regain Magnet designation by 2014.

School of Nursing Update

Ms. Fontaine spoke about RN retention, and strengthening quality and safety. The Medical Center is ranked 15th in the nation by US News and World Report, up from 19th, which puts us in the top two percent in the nation. The goal is to be in the top 10. As Dean, she has focused on creating a healthy working and learning environment, developing inter-professional opportunities, and leveraging diversity.

Ms. Fontaine said the Institute of Medicine (IOM) Study on the Future of Nursing (2010) has been their blueprint. Nurses should practice to the full extent of their education and training, achieve higher levels of education and training through an improved system with seamless progression, striving for the IOM mandate of 80% of the nursing workforce have BSN level training, and finally, be full partners with physicians in redesigning health care.
Ms. Fontaine said that enrollment has grown slowly in the last five years, to 366 in the graduate program and 374 in the undergraduate program. It is difficult to increase enrollment in the undergraduate program because of the limited clinical sites for training. Ms. Fontaine said she strives to continue to grow the graduate nursing degrees; the University is the flagship nursing school in the state. Nurse practitioners can be part of the solution to the RN/MD relationship issue and also help care for the uninsured in the healthcare system. There are 40 nurses in the Doctor of Nursing Practice program, the highest clinical degree for a nurse, as well as 48 nurses in the Ph.D. program.

The most difficult problem the School of Nursing is facing is the loss of faculty. In the last two years, twenty-five percent of the faculty have either retired, resigned, or have left for another institution. The average age of the Nursing faculty is 62, a bit higher than the national average. The school has hired more part-time professors.

The School of Nursing received a $15 million gift for the Contemplative Sciences Center. Partnering with the School of Medicine and the Department of Religious Studies, they pulled together research to show how meditation and other forms of contemplation can help patients with conditions such as chronic fatigue syndrome and cancer. In collaboration with the School of Medicine, bringing together nursing and medical students in promoting a team approach to patient care has earned them an $800,000 Macy Grant.

Ms. Fontaine highlighted several faculty members that have attracted large grants for research projects in several areas. Nursing students have also engaged in some very helpful research.

The core values for the School of Nursing are: respect for all, dialogue, meaningful recognition, mutual support, solidarity, and life balance. Their priorities include quality, safety, patient satisfaction, and nurse engagement.

Ms. Kincheloe thanked and congratulated Ms. Fontaine on the partnership she is developing with the Virginia Community College system, which produces half of the supply of nurses in the state. The program leads the way in transfers into the BSN program.

The following motion was approved, and the Medical Center Operating Board commenced in Executive Session at 9:25 a.m.:

Move that the Medical Center Operating Board go into closed meeting to discuss proprietary, business-related information including strategic personnel, financial and market and resource considerations, long range financial plan and fiscal budget assumptions, potential joint ventures, outreach, other growth efforts and market strategies,
and review of the Health System Clinical Strategy Performance Dashboard, to consider 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 all for the purpose of improving patient care; and, in consultation with legal counsel, to discuss compliance with relevant federal and state legal requirements, licensure and accreditation standards and ongoing litigation and arbitration matters, which will also involve proprietary business information and where disclosure at this time would adversely affect the competitive position of the Medical Center. The foregoing motion is authorized by Sections 2.2-3711 (A) (1), (6), (7), (8) and (22) of the Code of Virginia. The closed meeting of the Medical Center Operating Board is further privileged under Section 8.01-581.17 of the Code of Virginia.

At 11:20 a.m., the Medical Center Operating Board left Executive Session and adopted the following resolution certifying that its discussions in Executive Session had been conducted in accordance with the exemptions permitted by the Virginia Freedom of Information Act:

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

Dr. Long took a minute to acknowledge the excellent care that his family has received recently at the hospital from all levels: parking attendants, nurses, dieticians, technicians, and doctors.

Action Item: Purchase of Land and Improvements

Mr. Howell asked for approval of a resolution to purchase real property in Zion Crossroads from the University of Virginia Physicians Group to create outreach opportunities and enhance clinic accessibility east of Charlottesville. The facility would provide several clinics, including advanced imaging services, to be provided by University Imaging, LLC.

On motion, the Medical Center Operating Board approved the following resolution and recommended it for approval by the full Board:
APPROVAL TO PURCHASE 1015 SPRING CREEK PARKWAY, LOUISA, VIRGINIA

WHEREAS, the Medical Center Operating Board and the Finance Committee find it to be in the best interest of the University of Virginia to purchase from the University of Virginia Physicians Group land and improvements thereon located at 1015 Spring Creek Parkway, Louisa, Virginia (the "Property") at a purchase price not to exceed $18,000,000;

RESOLVED, the Board of Visitors approves the acquisition of the Property; and

RESOLVED FURTHER, the President of the University, or her designee, is authorized, on behalf of the University, to approve and execute purchase agreements and related documents, to incur reasonable and customary expenses, and to take such other actions as deemed necessary and appropriate to consummate such property acquisition; and

RESOLVED FURTHER, all prior acts performed by the President of the University, or her designee, and other officers and agents of the University, in connection with such property acquisition, are in all respects approved, ratified, and confirmed.

ACTION ITEM: Approval of Credentialing and Recredentialing Actions

The Medical Center Operating Board approved the following Credentialing and Recredentialing resolutions:

CRE迪DENTIALING AND RECREDENTIALING ACTIONS

1. NEW APPOINTMENTS TO THE CLINICAL STAFF

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

Bahl, Alisa B., Ph.D., Psychologist in the Department of Pediatrics; Attending Staff Status; Period of Appointment: October 12, 2012, through October 11, 2013; Privileged in Psychology.

DeMarco, Anthony P., PsyD, Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Appointment: October 15, 2012, through October 14, 2013; Privileged in Psychology.

Graham, Sam, M.D., Urologist in the Department of Urology; Visiting Staff Status; Period of Appointment: October 25, 2012, through October 25, 2012; Privileged in Urology.

Newbrough, Mark A., M.D., Physician in the Department of Medicine, Division of General Medicine; Attending Staff Status; Period of Appointment: November 1, 2012, through October 31, 2013; Privileged in Medicine.

Lunardi, Nadia, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: October 1, 2012, through September 30, 2013; Privileged in Anesthesiology.

Parulis, Jr., Albert W., M.D., Plastic Surgeon in the Department of Plastic Surgery; Visiting Status; Period of Appointment: October 31, 2012, through November 5, 2013; Privileged in Plastic Surgery.

Swaminathan, Sundararaman, M.B.B.S., Physician in the Department of Medicine, Division of Nephrology; Attending Staff Status; Period of Appointment: September 14, 2012, through September 13, 2013; Privileged in Medicine.

Tortorice, Lisa, M.D., Pediatrician in the Department of Pediatrics; Division of General Pediatrics; Attending Staff Status; Period of Appointment: October 12, 2012, through October 11, 2013; Privileged in Pediatrics.

2. REAPPOINTMENTS TO THE CLINICAL STAFF

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

Altes, Talissa A., M.D, Radiologist in the Department of Radiology; Division of Pediatric Radiology; Attending Staff Status; Period of Reappointment: October 31, 2012, through October 30, 2014; Privileged in Radiology.

Asthagiri, Ashok R., M.D, Neurosurgeon in the Department of Neurosurgery; Administrative Staff Status; Period of Reappointment: November 1, 2012, through October 31, 2013; Privileged in Neurosurgery.
Douvas, Michael G., M.D, Physician in the Department of Medicine; Division of Hematology Oncology; Attending Staff Status; Period of Reappointment: November 1, 2012, through October 31, 2014; Privileged in Medicine.

Fisher, Joseph D., M.D, Pediatrician in Regional Primary Care; Attending Staff Status; Period of Reappointment: November 1, 2012, through October 31, 2014; Privileged in Pediatrics.

Giuliano, Vincent J., M.D, Physician in the Department of Medicine; Division of Rheumatology; Attending Staff Status; Period of Reappointment: November 1, 2012, through October 31, 2014; Privileged in Medicine.

McDonald, Jay A., M.D, Pediatrician in Regional Primary Care; Attending Staff Status; Period of Reappointment: October 16, 2012, through October 15, 2014; Privileged in Pediatrics.

Maluf, Daniel G., M.D, Surgeon in the Department of Surgery; Division of Transplant Surgery; Attending Staff Status; Period of Reappointment: October 15, 2012, through October 14, 2014; Privileged in Surgery.

Netland, Peter A., M.D, Ophthalmologist in Chief in the Department of Ophthalmology; Attending Staff Status; Period of Reappointment: November 1, 2012, through October 31, 2014; Privileged in Ophthalmology.

Park, John K., M.D, Neurosurgeon in the Department of Neurosurgery; Administrative Staff Status; Period of Reappointment: November 1, 2012, through October 31, 2013; Privileged in Neurosurgery.

Pollart, Susan M., M.D, Physician in the Department of Family Medicine; Attending Staff Status; Period of Reappointment: November 1, 2012, through October 31, 2014; Privileged in Family Medicine.

Raghavan, Rashant, M.B.B.S., Radiologist in the Department of Radiology; Division of Neuroradiology; Attending Staff Status; Period of Reappointment: November 10, 2012, through November 9, 2014; Privileged in Radiology.

Salman, Huda, M.D, Physician in the Department of Medicine; Division of Hematology Oncology; Attending Staff Status; Period of Reappointment: November 18, 2012, through December 31, 2012; Privileged in Medicine.

Wilson, Carolyn S., M.D, Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: November 5, 2012, through November 4, 2013; Privileged in Obstetrics and Gynecology.
Wintermark, Max, M.D, Radiologist in the Department of Radiology; Division of Neuroradiology; Attending Staff Status; Period of Reappointment: November 1, 2012, through October 31, 2014; Privileged in Medicine.

Zaghloul, Kareem A., M.D, Neurosurgeon in the Department of Neurosurgery; Administrative Staff Status; Period of Reappointment: November 9, 2012, through November 8, 2013; Privileged in Neurosurgery.

3. NEW PRIVILEGES TO CLINICAL STAFF

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

Beitinjaneh, Amer, M.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; New Privileges in Bone Marrow Harvest Procurement; effective October 22, 2012 – September 30, 2014, Privileged in Medicine.

Laughlin, Mary J., M.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; New Privileges in Bone Marrow Harvest Procurement; effective October 22, 2012 – July 22, 2013, Privileged in Medicine.

Kindwall-Keller, Tamila, D.O., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; New Privileges in Bone Marrow Harvest Procurement; effective October 22, 2012 – July 31, 2014, Privileged in Medicine.

Salman, Huda, M.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; New Privileges in Bone Marrow Harvest Procurement; effective October 22, 2012 – December 31, 2012, Privileged in Medicine.

Smagalski, Gary, D.D.S., Dentist in the Department of Dentistry; Attending Staff Status; New Privileges for focused history and physical examinations on patients undergoing conscious analgesia; effective October 12, 2012 – September 30, 2014, Privileged in Dentistry.

4. SECONDARY REAPPOINTMENTS TO THE CLINICAL STAFF

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the secondary reappointment to the clinical staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioner are approved:
Kramer, Christopher M., M.D., Physician in the Department of Internal Medicine; Division of Cardiology; Attending Staff Status; Period of Appointment: November 1, 2012, through October 31, 2014; Privileged in Medicine.

Schlager, Theresa A., M.D., Pediatrician in the Department of Pediatrics; Pediatric Emergency Medicine; Attending Staff Status; Period of Appointment: November 1, 2012, through October 31, 2014; Privileged in Pediatrics.

5. RESIGNATIONS OF CLINICAL STAFF

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

Bryant, Mary G., M.D., Physiatrist in the Department of Physical Medicine and Rehabilitation; Effective Date of Resignation: October 6, 2012.

Derbes, Alison, M.D., Radiologist in the Department of Radiology; Effective Date of Resignation: October 1, 2012.

Gaston, Benjamin, M.D., Pediatrician in the Department of Pediatrics; Division of Pediatric Pulmonary; Effective Date of Resignation: September 16, 2012.

Pollak, Peter M., M.D., Physician in the Department of Medicine; Division of Cardiology; Effective Date of Resignation: July 1, 2012.

Warniment, Crista B., M.D., Physician in the Department of Family Medicine; Effective Date of Resignation: September 29, 2012.

6. PRIVILEGES FOR NEW ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the granting of privileges to the following Allied Health Professionals are approved:

Inman, Carolyn, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: September 17, 2012 through September 16, 2013; Privileged as a Certified Nurse Anesthetist.

Lane, Charlene M., R.N., N.P., Acute Care Nurse Practitioner in the MICU; Period of Privileging: September 18, 2012, through September 17, 2013; Privileged as an Acute Care Nurse Practitioner.

McNamee, Lee H., R.N., N.P., Acute Care Nurse Practitioner in the Cancer Center; Period of Privileging: October 3, 2012, through October 2, 2013; Privileged as an Acute Care Nurse Practitioner.
Smith, Elizabeth, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: September 17, 2012 through September 16, 2013; Privileged as a Certified Nurse Anesthetist.


Wolfe, Cynthia, R.N., N.P., Acute Care Nurse Practitioner in the Cancer Center; Period of Privileging: September 28, 2012, through September 27, 2013; Privileged as an Acute Care Nurse Practitioner.


7. NEW PRIVILEGES TO ALLIED HEALTH PROFESSIONAL

RESOLVED that the recommendations of the Clinical Staff Executive Committee for new privileges to an Allied Health Professional at the University of Virginia Medical Center and the granting of specific privileges to the following practitioner are approved:


8. RESIGNATIONS OF ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Allied Health Professional are approved:


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Vice President and CEO Remarks

Mr. Howell reported that the Medical Center has received two meaningful recognitions: Becker’s has named the Medical Center as one of the Top 100 Hospitals in America for Women’s Care. This is a positive reflection on the Department of Obstetrics and Gynecology and the work of Dr. Ferguson as Chair. The Medical Center was also named a 2011-2012 “Hospital of Choice” for customer service by the American
Alliance of Healthcare Providers. Only 200 hospitals, or just 4% of all hospitals nationally, receive this award. The work towards improving the patient experience is being realized.

Mr. Howell updated the board on the demolition of the Blake Center, approved at the September meeting. Current occupants are being relocated. Demolition requires the approval of the Department of Historic Resources and the State's Architectural Review Board. Once these approvals and relocations are complete, the Battle Building, which will house the Children's Hospital, can be completed.

The Medical Center has adopted the Women's Basketball Program by creating the "Health System Hoos". This boosts morale, helps enhance the sense of unity with the University, and provides impressive perks for employees.

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Vice President and Dean’s Remarks

Dr. Miller called on Steven T. DeKosky, M.D., Vice President and Dean of the School of Medicine, to report. He said the Liaison Committee on Medical Education (LCME) is the nationally recognized accrediting authority for medical education programs leading to the M.D. degree in the U.S. and Canada and they will conduct a site visit in the fall of 2014. He said they are now appointing faculty to self-study subcommittees, to begin in June 2013. The chair of the steering committee is Dr. Randolph J. Canterbury, the Faculty Chair of the Institutional Self-Study is Dr. Barnett Nathan, and the LCME Coordinator is Ms. Lesley Thomas.

Dr. DeKosky described the proposed Ivy Building for clinical and translational research, which is now the CFA building located at 560 Ray C. Hunt Drive. He said the Virginia Center for Translational and Regulatory Sciences (VCTRS) will be housed there. VCTRS was established by a donor gift of $4.5 million and does research and teaching in the regulatory process and the pipeline from research to submission to the FDA. They involve multiple entities including basic and clinical departments, especially Public Health Sciences, Law, Darden, SEAS, Commerce, Batten, and CLAS. They are currently interviewing finalists in the national search for a director.

Dr. DeKosky gave an update on the Department of Medicine. The financial performance has made a major turnaround, with an improvement since June 2011 of $5.9 million. Reasons for the turnaround can be attributed to:

- Transparency with finances
- Increased total research funding
- Processes to better manage industry-sponsored clinical trials
- Faculty substantially increasing clinical activity
- Amazing staff, faculty, and partners
The status of leadership searches was also reported by Dr. DeKosky. The Cancer Center is still searching for a director after their initial candidate declined the offer; the Cancer Center of Excellence is in final discussions with the interim director; VCTRS is in the final stage of selecting a director; and all department chairs have been filled.

Operations and Finance Reports

Mr. Howell introduced Mr. Robert H. Cofield to report on Operations, and Mr. Larry L. Fitzgerald, Associate Vice President for Business Development and Finance in the Medical Center to give a brief report on finance.

Mr. Cofield began with a report on Continuum Home Health, which is structured as a department of the Medical Center. It has two primary lines of business: Home Health, which provides skilled nursing, therapies, home health aides, and medical social work; and Home Infusion, which provides infusion therapy and pharmaceutical services. Most of the referrals come from University providers and the volume continues to grow. Patient care and safety achievements include: outperforming all local competition; working with the University Orthopedic Team to develop a new Coumadin medication protocol to reduce blood clots in orthopedic patients; and securing a contract with Virginia Premier to administer their “Bridge Program”, an education program to reduce readmissions for Medicaid patients with diabetes or a psychiatric condition. He said we should also be doing this for heart failure patients.

Other highlights to measure quality and outcomes at Continuum are:

- Patient satisfaction scores have exceeded state and national scores
- Continued increase in Press Ganey survey scores: 93% for home health and 94% for home infusion
- Awarded a “Pride in Practice Award for Sustained Excellence in Patient Satisfaction” from Press Ganey Associates
- Reduced patient readmission rate to 24%, below the national average of 27%
- Decreased patient fall rates to 0.6%, below the national average of 1.3% for home health patients
- Presented its excellence in patient outcomes at the National Association for Home Care, National Hospice and Palliative Care Association, and the American Nursing Informatics Association

Mr. Fitzgerald gave the financial report for the Medical Center. He said that admissions volume is good. Adjusted discharges are above budget and above the prior year, which bucks the trend. In a Moody’s report in August it was noted that inpatient volume across the industry is weak, due to continued high unemployment and cutbacks in employer insurance, showing no growth for the third consecutive year. Medicare Case Mix Index is 2.05, down from 2.17 in the prior year. Surgical
cases in the main hospital are down 3.3%. Some surgeries have been moved to the Outpatient Surgery Center, which showed an increase of 8.6%. Surgeries in general are up 7%; surgery accounts for 42% of admissions.

The operating income at the Medical Center is $17 million, with a budget of $15 million and an operating margin of 6.1%. This is a good first quarter. Most of the Medical Center entities are doing well. Costs are a little bit higher than desired, but admissions growth is in excess of the benchmark, so overall it was a good quarter.

On motion, the meeting was adjourned by the Chair at 11:40 a.m.

SGH:lah
These minutes have been posted to the University of Virginia’s Board of Visitors website.
http://www.virginia.edu/bov/mcobminutes.html