UNIVERSITY OF VIRGINIA
BOARD OF VISITORS
MEETING OF THE
MEDICAL CENTER
OPERATING BOARD
FOR THE UNIVERSITY
OF VIRGINIA
TRANSITIONAL CARE HOSPITAL
November 8, 2012
Committee Members:
Edward D. Miller, M.D., Chair
Helen E. Dragas
Victoria D. Harker
Andrew K. Hodson, MB.Ch.B
William P. Kanto Jr., M.D.
Constance R. Kincheloe
Stephen P. Long, M.D.
Vincent J. Mastracco Jr.
Charles W. Moorman
The Hon. Lewis F. Payne

Ex Officio Members:
Teresa A. Sullivan
Steven T. DeKosky, M.D.
Dorrie K. Fontaine
Robert S. Gibson, M.D
R. Edward Howell
Patrick D. Hogan
John D. Simon

AGENDA

I. REPORTS BY THE VICE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE TRANSITIONAL CARE HOSPITAL (Mr. Howell)
   A. Vice President’s Remarks 1
   B. Operations and Finance Report (Mr. Howell to introduce Ms. Michelle D. Hereford; Ms. Hereford to report) 2

II. EXECUTIVE SESSION
   • To consider proposed personnel actions regarding the appointment, reappointment, resignation, assignment, performance, and credentialing of specific medical staff and allied health 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 patient grievances for the purpose of improving patient care at the Transitional Care Hospital; and

- Consultation with legal counsel regarding the Transitional Care Hospital compliance with relevant federal reimbursement regulations, licensure, and accreditation standards, all of which will involve proprietary business information of the Transitional Care Hospital and evaluation of the performance of specific Transitional Care Hospital 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), (7), 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 8, 2012

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
MEDICAL CENTER OPERATING BOARD
AGENDA ITEM SUMMARY

BOARD MEETING: November 8, 2012

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: I.B. Operations and Finance Report

ACTION REQUIRED: None

BACKGROUND: The University of Virginia Transitional Care Hospital (TCH) prepares a periodic report, including write-offs of bad debt and indigent care, and reviews it with Executive Leadership before submitting the report to the Medical Center Operating Board. In addition, TCH provides an update of significant operations of the hospital occurring since the last Medical Center Operating Board meeting.

Michelle Hereford joined the University of Virginia Health System in 2010. As Chief of the Transitional Care Hospital, she oversees all operations of this long term acute care facility. Ms. Hereford has a Bachelor’s degree in Nursing and a Master’s degree in Health Administration from Virginia Commonwealth University. She has over 20 years of healthcare experience serving in a broad range of roles.

FINANCE REPORT

The University of Virginia TCH ended the period of July 1, 2012 through August 31, 2012 with a net operating income of $6,816, compared to the budgeted operating loss of ($3,321). The operating margin for TCH for the first two months of fiscal year 2013 was 0.3%.

During this same period, inpatient discharges were 43 compared to the budget of 56. Average length of stay was 23.77 days, which is less than the budget of 29.0. The All Payor Case Mix Index (CMI) of 1.21 was slightly less than the budgeted CMI of 1.25. The difference is attributed to 32% of cases being ventilator, which carries a CMI weight of 2.02. The TCH has experienced an increase in complex wound care cases. These cases are care-intensive and require additional resources. Total full-time equivalents (FTEs) were 108, including four contracted employees, which is below the budget of 118 FTEs.
For the period from July 1, 2012 through August 31, 2012, the TCH received 213 referrals from the Medical Center and outside facilities which resulted in 51 admissions. Thirty-nine of those admissions (76%) were from the Medical Center. The 39 Medical Center admissions represent 927 patient days or approximately 15 Medical Center beds per day which would not have been available to the Medical Center without the TCH.

**OPERATIONS REPORT**

Access to services at the TCH is guided by the collaborative efforts of clinicians, insurance providers, patients, and families. The TCH employs clinical liaisons who are deployed to the community to identify appropriate candidates and evaluate referrals. These referrals are often received directly from providers and through the use of an electronic program known as E-discharge. New referrals are brought to an interdisciplinary team and reviewed every morning.

**Clinical Operations**

Clinical services at the TCH are provided by physicians, registered nurses, registered respiratory therapists, rehabilitation professionals, and support personnel, including patient care assistants, diagnostic radiology technicians, and pharmacists. These disciplines work collaboratively to develop a plan of care which is evaluated weekly in an interdisciplinary meeting. In addition, daily multidisciplinary rounds provide an opportunity to communicate a daily plan and recent changes in patient status.

Respiratory Complex, Wound Management, and Rehabilitation Services comprise a majority of the defined patient population.

**Respiratory Services**

Led by the Pulmonary Medical Director, Sharon Esau, M.D., and managed by a registered respiratory therapist, the Respiratory Program had a productive quarter. For the 1st Quarter of fiscal year 2013, 587 vent days were recorded. Fourteen patients were admitted for vent weaning, and 12 (85.7%) achieved that goal, exceeding the 60.1% national benchmark. In addition, a joint educational series with Emergency Medicine Services continues to be successful and collaborative. This education session was implemented to teach airway management competency to Licensed Independent Practitioners and Respiratory Therapists. The first educational session was held in March.
2012 with the latest session held in September, and future sessions are planned for the upcoming year.

Wound Management

The wound management program successfully recruited a Wound, Ostomy & Continence Advanced Practice Nurse in the month of September. This role will be responsible for further leading our efforts to obtain Joint Commission certification in Wound Care Management.

Rehabilitation Services

The Physical Therapy, Occupational Therapy, and Speech Language Pathology program continues to serve our population well and contribute to patient satisfaction and to clinical status improvement. These therapy services continue to be in high demand as a result of acuity levels and complicating factors, including a high proportion of morbidly obese and/or debilitated patients in need of rehabilitation therapy. Patient satisfaction with these services remains high, and our patients continue to respond well physiologically as a result of this care.

Care Management Report

The TCH has combined the Case Management program with the Clinical Liaison program to establish a Department of Care Management. This partnership strengthens communication, knowledge, and collaboration throughout the process of patient admission through discharge.

Clinical Liaison

A significant broadening of the referral base has occurred during the 1st quarter of fiscal year 2013. Patient referrals have been received from eight additional outside facilities, which increases the total number to 30 outside referral sources. Areas of focus for present and future business development include the Richmond and Fredericksburg markets. Internally, ongoing collaboration and communication with Medical Center Care Management will facilitate and improve safe and appropriate patient flow within the Health System.

Case Management

Length of stay is primarily driven by the patient’s clinical condition and guided by the use of McKesson’s Long Term Acute Care Hospital Interqual Criteria. Our goal is to manage a
patient's stay and plan for safe discharge to an appropriate level of care on or within the target Diagnostic Related Group (DRG). As of September 30, 2012, the average Medicare length of stay is 24.92 days, and the overall length of stay for all payors is 23.36 days.

The primary factor resulting in an abbreviated length of stay, i.e. less than the anticipated 5/6th DRG date, includes a clinical change in condition that necessitates a return to the Short Term Acute Care Hospital level of care. Our effective collaboration with the UVA Medical Center allows a safe escalation of care in these instances.

There are generally two factors resulting in an extended length of stay, or high cost outlier status. These factors include clinical conditions that are too complex to manage safely at a lower level of care, and the lack of available community resources, specifically skilled nursing facilities.

Human Resources

As of September 30, 2012, the TCH had a staff of 103 FTEs with no contracted Registered Nurses or Respiratory Therapists.

Recruitment and Retention

For the period from July 1, 2012 through September 30, 2012, the TCH successfully recruited 22 permanent staff: 14 Registered Nurses, two Licensed Practical Nurses (LPN), four Patient Care Assistants, one Respiratory Therapist, and one Wound Care Nurse Practitioner. For the same period, the TCH participated in various employee engagement activities. These activities included: Monthly Engagement Committee meetings, 2nd Anniversary Celebration, appreciation gathering for patient care assistants, and the distribution of a Professional Development Needs Assessment. The results of the Needs Assessment will be used to help determine the focus for the current fiscal year.

Quality and Performance Improvement

The TCH Quality Improvement Plan is reviewed each fiscal year. Recommendations for Improvement and Tracking Priorities for fiscal year 2013 were approved by the TCH Quality Committee and the TCH Clinical Staff Executive Committee. These items will be incorporated into the new Quality Plan for final approval.
Patient Satisfaction

Effective August 12, 2012, patients who were in the process of being discharged from the TCH received a Patient Satisfaction Survey with a self-addressed stamped envelope to Press Ganey. This interaction occurs either on the day of or a day before discharge. The goal is to have patients and families complete and mail (or give to the staff to mail) prior to leaving the TCH. This new process was implemented to increase the number of returned surveys, thereby increasing the feedback from our patients and families.

External Benchmarking

The TCH continues to submit data for the Joint Commission ORYX Non-Core Measures as required. Effective October 1, 2012, the TCH will begin to collect data for the Centers for Medicare and Medicaid’s new LTACH Quality Reporting Program. Non-compliance with this voluntary program may result in a 2% reduction in our annual payment update.

Accreditation

As a Joint Commission accredited facility, the TCH continues to focus on maintaining its status through “constant-readiness” educational sessions and regular hospital environment of care rounds. In addition, we anticipate participating in the College of American Pathologists Lab Survey between October 15, 2012 and January 15, 2013.

Community Outreach

Through a Memorandum of Understanding with the University of Virginia Medical Center, the TCH has implemented a volunteer program. This volunteer program consists of two (2) trained volunteers who assist with lobby receptionist duties and 14 Madison House volunteers. This number has grown significantly from five since the summer. These volunteers serve as either “Health Unit Coordinator Assistants” or “Friendly Visitors” for the patients and families.

The TCH is proud to be the recent recipient of four 2012 Hospital Auxiliary Venture Awards. The Venture Awards program encourages departments within the system to submit proposals for programs that benefit patients, patients’ families or in some way improve service to the Community. One of the four awards
received will be a partnership with an Eagle Scout Project to build birdfeeders for the TCH campus. This project will complete the complement of feeders, which are appreciated by patients and their families as a means of reducing stress and alleviating boredom.

In August 2012, employees of the TCH planted memorial trees in honor of two staff members who died unexpectedly this year. A service of remembrance and a commemoration of the new Transitional Care Hospital Garden was held on October 8, 2012. Family members of the deceased were present and placed memorial plaques on the trees in honor of their loved ones. This service was attended by approximately 35 individuals.

On September 19, 2012, 19 TCH employees participated in the United Way Day of Caring. The Day of Caring was established to promote the spirit and value of volunteerism, increase the awareness of local human service agencies and schools, and demonstrate what people working together for the community’s good can accomplish. Nineteen members of the team volunteered their time providing weeding and landscaping assistance at Brownsville Elementary School in Albemarle County. Documented comments from the Principal and Assistant Principal include, "...You and your team were perfect partners for this event. You all were motivated, positive, and dedicated to improve the grounds around the front of our school. Your team’s willingness to get dirty, to sit in the mulch, and to pull up weeds for a few hours was impressive, and it showed a real desire to make these areas look great for our entire school community."