UNIVERSITY OF VIRGINIA
MEDICAL CENTER OPERATING BOARD FOR THE UNIVERSITY OF VIRGINIA
TRANSITIONAL CARE HOSPITAL
Thursday, November 14, 2013
8:30 – 8:45 a.m.
4th Floor, Emily Couric Clinical Cancer Center

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

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

AGENDA

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
   - 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, qualifications and competency for clinical staff
privileges, patient safety in clinical care, the Quality Plan and Infection Control and Prevention Plan, 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.
BOARD MEETING: November 14, 2013

COMMITTEE: Medical Center Operating Board

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

ACTION REQUIRED: None

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

DISCUSSION: The Vice President and Chief Executive Officer of the University of Virginia Transitional Care Hospital will inform the Medical Center Operating Board (MCOB) of recent events that do not require formal action.
UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: November 14, 2013

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: I.B. Operations and Finance Report

ACTION REQUIRED: None

BACKGROUND: The 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 MCOB. In addition, the TCH provides an update of significant operations of the hospital occurring since the last MCOB meeting.

Michelle Hereford joined the University of Virginia Health System in 2009. 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 health care experience serving in a broad range of roles.

FINANCE REPORT

TCH ended the period of July 1, 2013 through August 31, 2013 with an operating income gain of $386,277, compared to the budgeted operating income figure of $268,601. During this same period, inpatient discharges were 47 compared to the budget of 67. Average length of stay was 34.43 days, which is six days more than the budget of 28.30. The All Payor Long Term Acute Care Hospital Case Mix Index (CMI) of 1.34 was higher than the budget of 1.25. Total full-time equivalents (FTEs) were 116, below the budget of 136 FTEs.

TCH reported a net operating gain of $386,277 due to the following:

- The All Payor TCH CMI was 1.34 compared to the budget of 1.25. This 7% variance reflects the fact that 37% of patient discharges were vent wean cases. Vent wean cases carry a CMI weight of 1.95.
• Total operating expenses were 10% below budget, due primarily to a positive variance in expenses for salary and wages. TCH reported a Total Paid FTE/Patient Day/All Payor CMI ratio of 3.18 compared to the budget ratio of 3.58.

OPERATIONS REPORT

For the period from July 1, 2013 through August 31, 2013, TCH received 146 referrals, resulting in 46 admissions. Thirty-six (36) of those admissions (78%) were from the University of Virginia Medical Center. The 36 Medical Center admissions represent 1,026 patient days or approximately 16.5 Medical Center beds per day which would not have been available without the TCH. This has an estimated impact of 0.21 days on the Medical Center’s length of stay.

Clinical Operations

Respiratory Services

This service, led by Pulmonary Medical Director, Sharon Esau, M.D., and managed by a registered respiratory therapist, Jeanne Bird, continues to exceed expectations in weaning patients from ventilators. From July 1, 2013 to September 30, 2013, there were 628 ventilator days recorded. Sixteen (16) patients were admitted for vent weaning/teaching, 80% of whom achieved that goal versus the benchmark of 60.1%. In addition, the department continues to progress with the development of an internally-created tracheostomy training device, applying for and receiving a provisional patent, and working collaboratively with the Department of Biomedical Engineering to evaluate the feasibility of developing a marketable version of this device.

Wound Management

This service is led by the Wound Care Medical Director, David Drake, M.D., and managed by an experienced Wound, Ostomy & Continence Nurse Practitioner, Tara Beuscher. This leadership helped to transition the program from primarily specialist-based care to skilled care with specialist guidance. As a result, the TCH has expanded the service offered in our community by providing an increasing amount of complex wound care.

The Wound Management Team and the Respiratory Team have further collaborated to address wounds related to tracheostomies, a problem increasingly identified within the
patient population. A white paper and an accompanying presentation titled "Tricky Tracheostomies...When the Airway is the Wound" are currently under development for both the American Association of Respiratory Care (AARC) and Wound, Ostomy, and Continence Nursing arenas.

Rehabilitation Services

This service is led by a doctorally-prepared Physical Therapist, Thomas Nichols. The Physical Therapy, Occupational Therapy, and Speech Language Pathology programs continue to serve our population well and contribute to patient satisfaction as well as 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. TCH has developed a rehabilitative services outcomes measurement tool. The tool was implemented July 1, 2013 and preliminary results indicate we are able to quantify the functional improvement patients achieve as a result of the therapy services provided.

Care Management Report

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 from admission selection through discharge.

Clinical Liaison

New patient referrals for the period of July 1, 2013 through September 30, 2013, continued to grow and totaled 223. Of the 223 patients referred, 66 patients were admitted, for a conversion rate of 30%.

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. The 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, 2013, the average Medicare length of stay for fiscal year 2013 was 36.37 days, and the length of stay for all payors was 32.58 days.
Factors resulting in an extended length of stay are clinical conditions that are too complex to manage safely at a lower level of care, time delays associated with services and consultations from other providers, and the lack of community resources, specifically skilled nursing facilities.

Human Resources

TCH is currently staffed with 116 FTEs. As TCH continues to grow and develop, it is imperative that TCH continue to recruit and retain a highly skilled, highly engaged, and diverse workforce.

Recruitment and Retention

For the period from July 1, 2013 through September 30, 2013, TCH successfully recruited 19 permanent employees. These include: six Registered Nurses, six Patient Care Assistants, one Physical Therapist, one Occupational Therapist, two Registered Respiratory Therapists, one Health Unit Coordinator, one Administrative Office Coordinator, and one RN Clinical Liaison. In the same period, TCH reported a rolling turnover rate of 24.5%. Several initiatives are being implemented to address turnover.

Employee Engagement

In June 2013, the UVA Health System completed an employee engagement survey process administered by Gallup. The Gallup Healthcare Database includes responses from more than 1.4 million employees in 110,000 workgroups who have taken the survey during the last three years.

Eighty-six percent (86%) of TCH employees participated in the survey. The survey items required a response from 1 to 5. The average, on a 5-point scale, resulted in the Grand Mean. The TCH Grand Mean of 4.11 placed it in the 49th percentile.

The TCH Employee Engagement Committee is currently reviewing the detailed survey results and assisting with the development of a hospital specific action plan ("Impact Plan"). The Committee will also review its current charge and annual plan of action.

To address retention and further enhance engagement, TCH implemented a focused professional development education program during the second quarter of fiscal year 2013. This education
program, titled "Top 5", is based on the input of all employees and is refreshed each quarter to encourage employees to contribute to a quarterly selection of five educational offerings.

**Quality and Performance Improvement**

**Quality Planning**

TCH met or exceeded quality targets in 12 out of 13 metrics for the period from July 1, 2013 through September 30, 2013. TCH has implemented strategies to continue to meet and exceed targets as identified in the Quality Dashboard Report.

**Patient Satisfaction**

Patient Satisfaction Survey response rates remain low due to the high percentage of patients who discharge to locations other than home. Of those that have responded, TCH met its targets and received many positive comments.

**Community Outreach**

The TCH Volunteer Program continues to grow in numbers and strength. The Madison House Volunteers have recently returned to assist patients, families, and staff. The Hallway Musician Program remains strong, providing music to patients, families and staff, generally four days per week.

**External Benchmarking**

UVA TCH met the standards set forth by Centers for Medicare and Medicaid Services Long Term (Acute) Care’s first year Hospital Quality Reporting Program, thus avoiding a 2% reduction in payment. Benchmarking data is not yet available through this program and TCH continues to submit the data as required.

TCH continues to submit outcomes data to the National Association of Long Term (Acute) Care Hospital (NALTH) and the National Health Information Systems (NHIS) for external benchmarking. At this point, the NHIS database does not include risk adjustment. There are relatively few organizations in general and very few 40-bed free-standing facilities participating. The value of continuing this participation will be explored this year.
Accreditation

As a fully-accredited hospital, TCH continues to focus on maintaining that accreditation status through "constant readiness" educational sessions and routine hospital environment of care rounds. TCH anticipates a Joint Commission unannounced triennial re-accreditation survey will occur between now and June 2014. The following is an annual update to items which are required to be reviewed and revised by staff, leadership, and members of the clinical staff on an annual basis:

1. Hospital Plan for the Provision Of Care
   a. Reviewed and revised to ensure accurate reflection of current data and status
   b. Focus on: Structure, growth and care provision by an interdisciplinary team
   c. Approved by TCH administration

2. UVA Transitional Care Hospital Quality Improvement and Patient Safety Plan
   a. Three-Year plan (fiscal year)
   b. Goals, metrics, and targets are established based on the previous year’s performance, and expectations/changes in regulatory standards and the market are aligned with the UVA Medical Center wherever possible.
   c. Focus: Patient safety (hospital acquired conditions), patient satisfaction, and system efficiency
   d. Approved by the UVA TCH Quality Committee, June 25, 2013
   e. Approved by the UVA TCH Clinical Staff Executive Committee (CSEC), June 26, 2013

3. UVA Transitional Care Hospital Infection Control and Prevention Plan
   a. One-year plan (fiscal year based on outcomes from previous year’s performance and external expectations) approved by the TCH epidemiologist
   b. Focus: preventing and reducing device related infections, spread of nosocomial infections, and hospital acquired colonizations
   c. Approved by TCH Quality Committee, September 16, 2013
   d. Approved by TCH CSEC, September 25, 2013

4. Scopes of Service
   - Scope of service has been revised and approved by TCH administrative leadership for:
- Nursing
- Respiratory Therapy
- Rehab Therapies (Occupational, Physical, and Speech/Language)
- Admissions Department
- Quality Department

5. Organ Procurement
   a. TCH made 14 referrals to our Organ Procurement Organization in fiscal year 2013 – 100% referral rate
   b. There were no eligible donors

6. Contracted Services (Memorandums of Understanding “MOU”)
   a. MOUs for 39 services were reviewed with quality metrics established
   b. One service did not meet an expected performance standard. Meetings to address the deficiency have been held and will continue until resolved.
   c. There are 13 additional “Agreements” being reviewed in providing expected service

7. Grievance Report
   • TCH had two formal concerns in fiscal year 2013. Both involved health care team communications (inconsistency and style). Communication and resolution within the expected timeframes occurred for both.

8. Compliance Report
   a. 100% of TCH staff completed Corporate Compliance and Privacy training (orientation, annual CBL)
   b. Coding audit occurred in March 2013 – 60 charts audited
   c. Future focus will be on standardizing education of the clinical staff on documenting in the Electronic Medical Record, monitoring interrupted stays, and implementing new coding system

9. Utilization Review Plan
   • Utilization review occurs weekly and is reviewed monthly.

10. Nursing
    a. The status of Nursing Services is reviewed monthly during the Patient Care Committee meeting. Staffing is reviewed daily and revised accordingly. An annual
engagement survey is provided to assist in further exploring opportunities for cultural improvement. Continuing education is provided and opportunities to further advance one’s education are available via tuition reimbursement.

b. Focus: Self-Governance Model