

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS
MEETING OF THE
MEDICAL CENTER
OPERATING BOARD
December 11, 2006**

UNIVERSITY OF VIRGINIA
MEDICAL CENTER OPERATING BOARD

Monday, December 11, 2006
8:30 a.m. - 12:30 p.m.
Medical Center Board Room

Committee Members:

E. Darracott Vaughan, Jr. M.D., Chair
Thomas F. Farrell, II Lewis F. Payne
W. Heywood Fralin Randl L. Shure
Sam D. Graham, Jr., M.D. Edward J. Stemmler, M.D.
Randy J. Koporc Jane H. Woods
Vincent J. Mastracco, Jr.

Ex Officio Members:

Arthur Garson, Jr., M.D.
John B. Hanks, M.D.
R. Edward Howell
Leonard W. Sandridge

AGENDA

PAGE

I.	ACTION ITEM	
	• Artwork by Virginians for University of Virginia Medical Center Buildings	1
II.	REPORTS BY THE VICE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE MEDICAL CENTER (Mr. Howell)	
	A. Vice President's Remarks	2
	B. Finance, Write-offs, and Operations (Mr. Howell to introduce Mr. Larry L. Fitzgerald and Ms. Margaret M. Van Bree; Mr. Fitzgerald to report on Finance and Write-offs; Ms. Van Bree to report on Operations)	3
	C. Capital Projects	16
	D. Clinical Presentation - Buchanan Recipient - Delivering Premium Vascular Care to the Community (Mr. Howell to introduce Kenneth J. Cherry, Jr., M.D.; Dr. Cherry to report)	19
	E. Graduate Medical Education (Mr. Howell to introduce Susan E. Kirk, M.D.; Dr. Kirk to report)	22
	F. Health System Development (Mr. Howell to introduce Ms. Karen Rendleman; Ms. Rendleman to report)	28
	G. Integrated Healthcare Information Management System	31
III.	REPORT BY THE PRESIDENT OF THE CLINICAL STAFF OF THE MEDICAL CENTER (Dr. Hanks)	34

IV. 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 financial, market and resource considerations and efforts regarding the Medical Center, including potential strategic joint ventures or other competitive efforts regarding a long term patient care facility and an off-site outpatient care facility and the long-range strategic goals and performance measures of the Medical Center, 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; and
 - Consultation with legal counsel regarding the Medical Center's compliance with relevant federal reimbursement regulations, licensure and accreditation standards, which will also 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 (23) 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: December 11, 2006

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: I. Approval of Artwork by Virginians for University of Virginia Medical Center Buildings

BACKGROUND: The University of Virginia Medical Center has a long range facilities plan that includes the construction of a new Clinical Cancer Center, a Children's Hospital and a long term acute care hospital, among other projects. The Medical Center recognizes the importance and impact that art can have in the healing process for patients and families.

DISCUSSION: The Medical Center desires to include in all building projects original artwork by Virginia artists. The source of funding for this Virginia artwork will be the annual capital budget for the Medical Center, which is approved every year by the Medical Center Operating Board, the Finance Committee, and the Board of Visitors.

ACTION REQUIRED: Approval by the Medical Center Operating Board

APPROVAL OF ARTWORK BY VIRGINIANS FOR UNIVERSITY OF VIRGINIA
MEDICAL CENTER BUILDINGS

RESOLVED, the Medical Center Operating Board approves the use of up to 0.4% of the approved construction costs for any Medical Center building, as appropriate, for the acquisition of original artwork by Virginia artists; the funding is to come from the annual capital budget of the Medical Center and the artwork to be displayed in the public spaces of the buildings.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 11, 2006

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: December 11, 2006

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 occurring since the last Medical Center Operating Board meeting.

DISCUSSION:

FINANCE REPORT

The first quarter of Fiscal Year 2007 ended with an operating margin of 5.7 percent, which was above the annualized goal of 5.1 percent. Total operating revenue and total operating expenses were below budget but above the prior year.

Inpatient admissions were 1.0 percent below budget, but 0.4 percent above prior year. Observation patients were 11.9 percent below budget and 9.3 percent below prior year. Taken together, combined admissions and observation patients were 3.2 percent below budget and 1.6 percent below Fiscal Year 2006. At the end of September, we had 572 staffed beds in operation.

Patient days were 2.1 percent below budget, and the average length of stay was 5.70 days, compared to the 5.80 day budgeted length of stay. The case mix index for all acute inpatients was 1.83, which was above both budget and prior year. A lower than expected length of stay combined with a higher than expected case mix index indicates that we are managing length of stay well.

Inpatient services which experienced an increase in admissions over the prior year included neurosurgery, gynecology, otolaryngology, plastic surgery and thoracic cardiovascular surgery. Inpatient services which saw a decline

in inpatient admissions over the prior year included obstetrics, psychiatry, urology and internal medicine.

Net patient service revenue for the first quarter of Fiscal Year 2007 was 1.1 percent below budget and 5.4 percent above prior year. Other operating revenue was 8.0 percent above budget and 5.3 percent above prior year.

Total operating expenses for the first three months of Fiscal Year 2007 were 1.6 percent below the \$215.7 million budget and 5.4 percent above prior year expenses. Salaries and wages were below budget but above prior year expenses. Medical supplies were above both the budget and prior year.

Non-operating gains of \$31 million include a \$25 million appropriation from the state for construction of the Emily Couric Clinical Cancer Center. The accounting for the appropriation is reflected in the financial statements by increased net income, other assets, and debt service coverage.

Expenses for full time equivalent employees, including contract labor, were almost exactly equal to budget and 2.2 percent greater than the prior year. FTEs and salary and wage cost per FTE were:

	<u>FY 2006</u>	<u>FY 2007</u>	<u>2007 Budget</u>
FTEs-Payroll	5,692	5,800	5,858
Annualized			
Salary and Wage	\$48,604	\$50,474	\$50,738
Cost per FTE			
Contract Labor FTEs	277	300	241
Total FTEs	5,969	6,100	6,099

OTHER FINANCIAL ISSUES

The provider contracts between both the Medical Center and the Health Services Foundation and Anthem expire December 31, 2009. However, we have been planning new contract objectives and tactics which will be used during our negotiations starting in January 2007. The proposed joint contract objectives are listed below:

1. Reimbursement at a level necessary for our Health System to continue to satisfy its mission, which is "to provide excellence and innovation in the care of patients, the training of health professionals and the creation and sharing of health knowledge." The level of reimbursement must also be commensurate with our clinical reputation and market position.
2. Simplification of administrative rules, which will make the registration, claims submission and billing processes more efficient and less costly. This includes simplification (and being made cognizant) of the rules governing reimbursement. It also includes continuation of delegated credentialing for our physicians.
3. Open and unobstructed access to our Health System for all Anthem enrollees. This includes making our provider-based clinics transparent to those enrollees by eliminating any distinctions or impediments Anthem currently has in place. Compensation for all Anthem enrollees should be the same, regardless of the plan under which the enrollees are covered, since our costs are the same regardless of the plan.
4. Recognition by Anthem that, as a leading academic health system, we are at the forefront in health care, using new technologies and offering new procedures and treatments well in advance of many other providers. This recognition needs to be reflected in Anthem's medical policy rules, their definition of medical necessity and their rules governing reimbursement.
5. Contract period of three years.

Nationwide charity care and bad debt write-offs are increasing due to a number of complex social issues. Hospital Corporation of America reported in its most recent quarterly

earnings release that charity care and bad debt write-offs had increased 7.3 percent, from 13.7 percent of gross revenue to 14.7 percent. In the first quarter of 2007, charity care and bad debts for the Medical Center have increased 2.6 percent from 7.8 percent of gross revenue to 8.0 percent. We project the growth in charity care and bad debt write-offs will continue. The Medical Center and its faculty have an agreement with the State of Virginia whereby we are paid at cost for charity care provided to patients who meet the state charity care guidelines. This arrangement does not apply to bad debts. In spite of this arrangement, the growth in charity care and bad debts will become an ever increasing challenge to financial performance for both the Medical Center and the Faculty.

WRITE-OFF OF BAD DEBTS AND INDIGENT CARE

Indigent care charges totaling \$35.4 million for the period July 1, 2006, through September 30, 2006, have been written off. Recoveries during this period totaled \$8.9 million.

Bad debt charges totaling \$11.5 million in the first quarter of Fiscal Year 2007 have been written off. During this same period, \$4.6 million was recovered through suits, collection agencies, and Virginia refund set-off.

OPERATIONS REPORT

The American Nurses Credentialing Center confirmed on August 18, 2006, that the Medical Center had earned the esteemed Magnet Recognition for Nursing Excellence. The announcement was the culmination of a comprehensive effort that included submission of a 1900 page application documenting nursing achievements and a four-day site visit by magnet appraisers in June. Magnet status has many benefits, and studies indicate that patients in Magnet hospitals have higher satisfaction, shorter stays, and lower mortality rates.

The local Health Department notified University administrators that a University of Virginia student had been diagnosed with a possible case of the mumps on September 24th. Upon learning of the diagnosis, University, Health System and Health Department personnel developed a response plan for the possibility of an outbreak. Vaccination of students and hospital personnel who provide direct patient care began immediately following the first case. Recommendations regarding hygiene and instructions about complying with immunization have been published regularly since the last week in September.

Clinics were set up in convenient locations for direct care providers who required the measles, mumps and rubella vaccines.

On September 13th, Health System employees were invited to submit entries for the Charles L. Brown Award for Patient Care Quality. The award was established in 2006 to honor the late Charles L. Brown's service and generosity to the Health System as a member of the Health Sciences Council in the 1990s and an advisor to the former Vice President for Health Sciences, Don E. Detmer, M.D. Through this fund, \$10,000 will be awarded annually to a Health System team to recognize excellence in patient care. The funds are to be used by the team for continuing professional education and quality improvement efforts. Additionally, applications will be considered for 2007 submission for the Ernest A. Codman Award or the John Eisenberg Annual Award for Patient Safety and Quality sponsored by the Joint Commission on Accreditation of Healthcare Organizations. Nine applications have been received.

Renovation is underway for a new 20-bed short-stay observation unit that is expected to be completed in the first quarter of 2007.

As part of our ongoing effort to improve services for patients and families, we are implementing wireless internet access.

On September 20, 2006, 400 University of Virginia Health System employees participated in the United Way's Laurence E. Richardson Day of Caring, an annual community-wide volunteer service day. Over 1000 volunteers worked individually or in teams on a variety of projects that included painting and repairing cabins at Camp Albemarle and providing an ice cream social for citizens at the Morningside assisted living facility.

The 2006 Commonwealth of Virginia Campaign began on October 16th. This workplace giving program allows employees to choose from among 1,400 participating charities, including health and human services, animal welfare, environmental conservation and medical research. This year's Campaign theme, "Giving Hope," focuses attention on those who benefit from the generosity of state employees. The goal for this year's Campaign is \$650,000.00; as of November 6th, \$133,608 had been raised, with \$43,959 coming from Medical Center employees. The Campaign ends November 30th.

On November 27-29, focus groups for families, faculty, and staff will be held to discuss services at the University of Virginia Children's Hospital. The focus groups will elicit from parents their priorities and expectations when their children are receiving care. Both focus groups will assess the services that the Children's Hospital currently provides to determine what is being done well and where improvement is needed. During the focus groups a representative from the Institute for Family Centered Care, a health care advocacy group for families based in Bethesda, Maryland, will share national trends in children's services and facilities that may help inform the discussions about the future of children's services at the Health System.

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

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-04	Sep-05	Sep-06	Sep-06
Net patient revenue	\$188.4	\$209.0	\$220.2	\$222.7
Other revenue	<u>4.6</u>	<u>4.7</u>	<u>5.0</u>	<u>4.6</u>
Total operating revenue	<u>\$193.0</u>	<u>\$213.8</u>	<u>\$225.2</u>	<u>\$227.3</u>
Operating expenses	170.5	188.7	199.0	201.3
Depreciation	10.2	11.5	11.8	12.7
Interest expense	<u>1.2</u>	<u>1.3</u>	<u>1.5</u>	<u>1.7</u>
Total operating expenses	<u>\$181.9</u>	<u>\$201.5</u>	<u>\$212.3</u>	<u>\$215.7</u>
Operating income (loss)	<u>\$11.1</u>	<u>\$12.3</u>	<u>\$12.9</u>	<u>\$11.6</u>
Non-operating income (loss)	<u>\$4.4</u>	<u>\$6.7</u>	<u>\$31.0</u>	<u>\$3.8</u>
Net income (loss)	<u>\$15.5</u>	<u>\$19.0</u>	<u>\$43.9</u>	<u>\$15.4</u>
Principal payment	\$1.5	\$1.6	\$1.7	\$2.0

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

Description	Most Recent Three Fiscal Years		
	Sep-04	Sep-05	Sep-06
Assets			
Operating cash and investments	\$116.5	\$104.5	\$181.1
Patient accounts receivables	108.1	108.2	64.4
Property, plant and equipment	301.6	331.5	355.0
Depreciation reserve and other investments	223.1	220.1	254.7
Endowment Funds	103.4	116.1	127.0
Other assets	<u>65.5</u>	<u>81.8</u>	<u>107.2</u>
Total Assets	<u>\$918.2</u>	<u>\$962.2</u>	<u>\$1,089.4</u>
Liabilities			
Current portion long-term debt	\$13.4	\$14.2	\$14.9
Accounts payable & other liab	84.3	69.8	70.4
Long-term debt	128.0	125.6	163.6
Accrued leave and other LT liab	<u>71.8</u>	<u>64.9</u>	<u>64.1</u>
Total Liabilities	<u>\$297.5</u>	<u>\$274.5</u>	<u>\$313.0</u>
Fund Balance	<u>\$620.7</u>	<u>\$687.7</u>	<u>\$776.4</u>
Total Liabilities & Fund Balance	<u>\$918.2</u>	<u>\$962.2</u>	<u>\$1,089.4</u>

University of Virginia Medical Center
Financial Ratios

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-04	Sep-05	Sep-06	Sep-06
Operating margin (%)	5.8%	5.8%	5.7%	5.1%
Total margin (%)	7.9%	8.6%	17.1%	6.7%
Current ratio (x)	2.3	2.5	2.9	2.0
Days cash on hand (days)	175.3	156.8	190.8	190.0
Gross accounts receivable (days)	53.4	47.4	51.5	60.0
Average payment period (days)	52.3	40.7	39.1	60.4
Annual debt service coverage (x)	9.9	10.9	18.2	8.1
Debt-to-capitalization (%)	19.8%	18.0%	20.1%	20.0%
Capital expense (%)	6.3%	6.3%	6.3%	6.7%

University of Virginia Medical Center
Operating Statistics

Description	Most Recent Three Fiscal Years			Budget/Target
	Sep-04	Sep-05	Sep-06	Sep-06
Acute Admissions	7,140	7,513	7,543	7,618
Patient days	41,904	43,051	43,257	44,185
SS/PP Patients	2,066	1,895	1,719	1,952
Average length of stay	5.86	5.80	5.70	5.80
Clinic visits	145,370	149,016	153,313	153,793
ER visits	14,255	14,928	14,813	14,568
Medicare case mix index	1.92	1.96	1.94	1.96
Net Revenue by Payor				
Medicare (%)	37.5%	37.3%	36.9%	36.6%
Medicaid (%)	13.3%	12.4%	11.2%	14.9%
Commercial Insurance (%)	20.5%	19.1%	20.4%	15.8%
Anthem (%)	21.0%	19.7%	20.0%	20.7%
Southern Health (%)	5.7%	6.3%	6.1%	5.5%
Other (%)	<u>2.0%</u>	<u>5.2%</u>	<u>5.4%</u>	<u>6.5%</u>
Total	100.0%	100.0%	100.0%	100%
FTE's (including contract labor)	5,841	5,969	6,100	6,099

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 - September 2006

OPERATING STATISTICAL MEASURES - September 2006

ADMISSIONS and CASE MIX - Year to Date				OTHER INSTITUTIONAL MEASURES - Year to Date			
	FY 06	FY 07	% Change		FY 06	FY 07	% Change
<u>ADMISSIONS:</u>				<u>ACUTE INPATIENTS:</u>			
Surgical	2,946	2,998	1.8%	Inpatient Days	43,051	43,257	0.5%
Medical	3,003	3,052	1.6%	Average Length of Stay	5.80	5.70	1.7%
Transplant	52	59	13.5%	Average Daily Census	468	470	0.4%
Obstetrics	507	469	(7.5%)	Births	479	452	(5.6%)
Pediatrics	590	576	(2.4%)	<u>OUTPATIENTS:</u>			
Psychiatric	415	389	(6.3%)	Clinic Visits	149,016	153,313	2.9%
Subtotal Acute	7,513	7,543	0.4%	Average Daily Visits	2,562	2,669	4.2%
Short Stay	1,895	1,719	(9.3%)	Emergency Room Visits	14,928	14,813	(0.8%)
Total Admissions	9,408	9,262	(1.6%)	<u>SURGICAL CASES</u>			
<u>CASE MIX INDEX:</u>				Main Operating Room (IP and OP)	4,619	4,609	(0.2%)
All Acute Inpatients	1.81	1.83	1.4%	UVA Outpatient Surgery Center	1,832	1,921	4.9%
Medicare Inpatients	1.96	1.94	(1.1%)	Total	6,451	6,530	1.2%

OPERATING FINANCIAL MEASURES - September 2006

REVENUES and EXPENSES - Year to Date				OTHER INSTITUTIONAL MEASURES - Year to Date			
	FY 06	FY 07	% Change		FY 06	FY 07	% Change
<u>NET REVENUES:</u>				<u>NET REVENUE BY PAYOR:</u>			
Paying Patient Revenue	194,694,774	206,037,712	5.8%	Medicare	72,680,883	76,048,739	4.6%
Appropriations	14,344,072	14,195,836	(1.0%)	Medicaid	24,117,498	23,176,530	(3.9%)
Net Patient Service Revenue	209,038,846	220,233,548	5.4%	Commercial Insurance	37,136,271	42,088,366	13.3%
Other Operating Revenue	4,744,551	4,994,449	5.3%	Anthem	38,362,683	41,299,689	7.7%
Total	213,783,397	225,227,997	5.4%	Southern Health	12,228,371	12,477,180	2.0%
<u>EXPENSES:</u>				Other	10,169,068	10,947,208	7.7%
Salaries and Wages	87,114,358	92,614,317	6.3%	Total Paying Patient Revenue	194,694,774	206,037,712	5.8%
Supplies and Contracts	61,014,820	64,873,659	6.3%	<u>OTHER:</u>			
Purchased Services	32,303,473	33,178,766	2.7%	Collection % of Gross Billings	49.81%	47.69%	(4.3%)
Bad Debts	8,286,357	8,372,739	1.0%	Days of Revenue in Receivables (Gross)	47.4	51.5	8.6%
Depreciation	11,483,044	11,757,888	2.4%	Cost per CMI & OP-Adj Discharge	7,776	8,322	7.0%
Interest Expense	1,278,011	1,497,921	17.2%	Cost per CMI & OP-Adj Day	1,357	1,451	6.9%
Total	201,480,063	212,295,289	5.4%	Cost per Outpatient Visit	72.02	72.74	1.0%
Operating Margin	12,303,334	12,932,708	5.1%	Total F.T.E.'s (including Contract Labor)	5,969	6,100	2.2%
Operating Margin %	5.8%	5.7%	(1.7%)	F.T.E.'s Per Adjusted Occupied Bed	7.54	7.73	2.5%
Non-Operating Revenue	6,705,693	31,015,235	362.5%				
Net Income	19,009,027	43,947,943	131.2%				

Assumptions - Operating Statistical Measures

Admissions and Case Mix Assumptions

Admissions include all admissions except normal newborns
Pediatric surgery cases are included in Pediatrics admissions
Obstetrics surgery cases are included in Obstetrics admissions
Transplant surgery cases are included in Transplant admissions
Transplants include all solid organ transplants, bone marrow transplants and islet transplants
All other surgery cases are counted as Surgical admissions
Surgical cases are defined by DRG
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
Split of surgical cases into inpatient and outpatient based on discharges from the Surgical Admission Suite
Inpatient surgical cases include both inpatients and short stay/post procedure patients
Outpatient surgical cases do not include those performed at UVa Outpatient Surgical Center

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>Year to Date</u>	<u>Annual Activity</u>	
<u>INDIGENT CARE (IC)</u>	<u>September</u>	<u>2005-06</u>	<u>2004-05</u>
	<u>2006-07</u>		
Net Charge Write-Off	28,549	93,577	80,155
Percentage of Net Write-Offs to Revenue	6.18%	5.61%	5.60%
Total Reimbursable Indigent Care Cost	12,074	40,901	37,985
State and Federal Funding	12,074	40,901	37,985
Total Indigent Care Cost Funding As a Percent of Total Indigent Care Cost	100%	100%	100%
Unfunded Indigent Cost	-	-	-
<u>BAD DEBT</u>	<u>Year to Date</u>	<u>Annual Activity</u>	
	<u>September</u>	<u>2005-06</u>	<u>2004-05</u>
	<u>2006-07</u>		
Net Charge Write-Offs	8,373	32,286	27,389
Percentage of Net Write-Offs to Revenue	1.81%	1.93%	1.91%

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 indigent care which occur at the time an individual account is written off.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 11, 2006

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. We will provide a status report on these capital projects at each Medical Center Operating Board meeting.

DISCUSSION: The current Medical Center capital projects report is shown in the table on page 17.

**The University of Virginia Medical Center
Capital Projects Report
December 2006**

Scope	Budget	Funding Source	BOV Approval Date	Projected Completion Date
1. Pre-Construction				
Clinical Office Building: Fontaine Avenue – Planning and Design for 3 rd floor fitout awaiting final decision on specific tenant	\$16.75 M (total building budget)	Bonds	Jan '03	Floor 3 – occupants to be determined
Clinical Cancer Center : Construction documents underway for consolidated and comprehensive Cancer Center on site of present West Parking Deck	\$59 M	Bonds and Outside Fundraising	Apr '04 July '06 (B&G Committee)	2010
New Children's Hospital: Facility space programming complete. Currently awaiting completion of fundraising efforts before proceeding with detailed design work	\$48 M	Bonds and Outside Fundraising	Apr '04	TBD
University Hospital Additional Beds: Planning underway to increase inpatient bed capacity in University Hospital	\$75.6 M	TBD	TBD	TBD

**The University of Virginia Medical Center
Capital Projects Report
December 2006**

Scope	Budget	Funding Source	BOV Approval Date	Projected Completion Date
2. Under Construction				
Primary Care Center : 1st Floor renovations (2 phases) to create new central registration hub, improve phlebotomy, improve patient care services at main entrance, and relocate Medical Center Executive Offices	\$3.0 M	Medical Center Annual Capital Budget	N/A	1st phase is complete; 2nd phase target is September 2007
Hospital Expansion Project: Horizontal expansion of University Hospital and renovation of entire second floor to accommodate complete rebuilding and expansion of Perioperative Services and Heart Center. Additional renovations and expansion for Interventional Radiology and Clinical Laboratory. Scope change (3/03) to include additional floor for Heart Center faculty offices. 14 new ORs completed; relocated Central Sterile Supply (CSS); 5 renovated ORs completed	\$58.0 M (\$62.7 M revised)	Bonds @ \$54 M (\$58.7 M rev) + Operating Revenues @ \$4 M	Mar '99	Fall '06 (Revised Summer '07) Program Revisions to OR Complement and Heart Center Under Review
Short Stay Unit : Construction underway for a 20-bed unit to improve bed capacity in University Hospital	\$5.0M (\$5.5 revised including equip & furn)	Medical Center Annual Capital Budget and Outside Fundraising	N/A	Jan '07 (revised to Mar '07 due to structural steel upgrades for addition)
3. Construction Complete				
NICU Expansion : Construction underway for major renovation of University Hospital 7th floor to accommodate an expanded Newborn Intensive Care Unit	\$3.8 M (\$5.05 M revised including equipment & furniture)	Medical Center Annual Capital Budget and Outside Fundraising	Jan '03	Construction Completed

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 11, 2006

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: II.D. Clinical Presentation - Buchanan Recipient - Delivering Premium Vascular Care to the Community

ACTION REQUIRED: None

BACKGROUND: Mr. Ward Buchanan, a 1914 graduate of the University's Law School, left a \$52.6 million bequest to create an unrestricted endowment fund for the University of Virginia Medical Center. The Medical Center is using the interest earnings from the Ward Buchanan Fund to provide seed funding of unique, "clinically differentiating" programs at the Medical Center. The annual interest earnings are approximately \$2.3 million, and the Medical Center is using a matching funds approach to utilize this money for new clinical programs for a total funding of up to \$5 million. Funding will be provided for a maximum of three (3) years for each new clinical program.

DISCUSSION: As in past years, a request was sent to all School of Medicine clinical department chairs and clinical staff members for submission of Letters of Intent describing proposed clinically differentiating programs the Medical Center should fund. Twenty-two Letters of Intent were received and were reviewed by the Buchanan Endowment Programs Committee, which included eight physicians representing eight different clinical areas, along with representatives of the Medical Center. The Committee was chaired by Dr. Frederick Wooten and Ms. Margaret Van Bree.

In order to receive funding, the programs had to demonstrate that an 11% return on investment over a three year period and 7% net operating margin in the 3rd and final year of funding could be achieved. Programs had to be clinically differentiating and set the University of Virginia Medical Center apart from other academic medical centers and hospitals in the area.

Using these criteria, the Buchanan Endowment Programs Committee recommended that five programs receive funding. The Vice President and Chief Executive Officer of the Medical Center and the Vice President and Dean of the Medical School made the final decision and concurred with the Committee's recommendations. Thereafter one of the programs asked for a one year delay, which was granted. The five programs are:

- The Pediatric Sleep Disorders Program: Buchanan funds for this program will be used to hire a nurse practitioner or a nurse coordinator. This clinician will enhance the pediatric sleep disorders program by increasing patient satisfaction related to wait times for initial evaluations and communication after initial visits. These funds will allow for the growth of current pediatric sleep clinical research efforts.
- The Stroke Program Expansion: Buchanan funds will be used for the recruitment of a fifth clinical faculty member as well as the creation of a focused regional marketing plan. The intent of the marketing plan is to increase referring physician and public awareness of the University of Virginia Health System's competency in Stroke diagnosis and treatment. The fifth physician will enable the Stroke physician team to manage growth and pursue funded research projects that will add to the team's overall portfolio and increase the team's regional and national reputation.
- Physician Scientist Recruitment Optimizing Advancement of Clinical Trials for Improving Outcomes in Neuro-Oncology (PRO-ACTION): The defined program consists of the medical neuro-oncology clinical program, which encompasses the outpatient and inpatient services. Buchanan funds for PRO-ACTION will assist in hiring a second neuro-oncologist as well as the nursing support that the second physician will require. In addition to clinical responsibilities, the new neuro-oncologist will spend a majority of his/her time in the laboratory, as well as teaching residents and medical students.
- Female Pelvic Medicine: Buchanan funds will be used exclusively for the expansion of the Division of Female Pelvic Medicine and Reconstructive Surgery, including the hiring of one new faculty, one new nurse, and one administrative assistant. Such support will enable the FPM Division to expand clinical services in the ambulatory and surgical settings, to see referrals within 14 days as

expected per the Health System Decade Plan, to enhance education of medical students and residents, and allow the Division to develop and procure additional research funding.

- Delivering Premium Vascular Care to the Community: The goal of this program is to demonstrate leadership in vascular care to this region and to the country with measurable metrics of 1) facilitated, rapid implementation of new care options through an increase in vascular research and clinical trial volume, 2) continued patient and referring physician satisfaction scores which exceed our competitors, 3) demonstrated clinical outcomes that exceed our competitors, and 4) improved preparation of new vascular-trained physicians as demonstrated through an increase in volume and caliber of residents applying to the Medical Center's vascular residency programs.

Kenneth J. Cherry, Jr., M.D., Professor of Surgery and Director of the Vascular Center, is one of the principal investigators for "Delivering Premium Vascular Care to the Community" and will report on the goals of this program.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 11, 2006

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: II.E. Graduate Medical Education

ACTION REQUIRED: None

BACKGROUND: All academic medical centers are given the responsibility and the opportunity to provide graduate medical education to physicians training in their desired specialty. It is a responsibility that ensures the future of the academic center, as well as the physicians in training and the specialties in which the physicians choose to practice. The University of Virginia Health System has 732 individuals participating in Accreditation Council for Graduate Medical Education (ACGME) and non-ACGME graduate medical education programs. There are 63 active ACGME accredited programs and 38 non-accredited programs, including one program accredited by the American Dental Association, and three paramedical programs in Clinical Psychology, Pharmacy, and Chaplaincy.

DISCUSSION:

HOUSESTAFF STATISTICS

The typical training year for Housestaff runs from 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 the Fiscal Year 2006 are as follows:

Departing Housestaff:

Total	248
Completed training program*	239
Completed preliminary year - transfer	0
Transferred to another program	1
Not reappointed for academic reasons	1
Resigned for personal or academic reasons	7
Terminated from program	0

*Of the 239 residents completing training, 24 were appointed to faculty positions.

<u>New Appointments</u>	254
<u>Reappointments</u>	479

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 established standards and guidelines provided by twenty-six specialty-specific committees known as Residency Review Committees. The accreditation/ reaccreditation process occurs periodically on a schedule set by the Residency Review Committees and is based upon documentation known as the Program Information Form. The form is completed by the residency program director and carefully reviewed by the appointed site surveyor and the relevant Residency Review Committee, who ultimately determine the accreditation status and cycle of the program. The current accreditation status of the Medical Center's 63 programs is as follows:

- 58 University of Virginia programs have Full Accreditation
 - 22 primary residency programs
 - 36 subspecialty/fellowship programs
- 1 subspecialty program has Provisional Accreditation
- 4 subspecialty programs have Continued Accreditation with Warning

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. The Medical Center's programs are accredited as follows:

- 5 year accreditation -- 25 programs
- 4 - 4.9 year accreditation -- 23 programs
- 3 - 3.9 year accreditation -- 6 programs
- 2 - 2.9 year accreditation -- 7 programs
- 1 - 1.9 year accreditation -- 1 program
- 1 program pending notification

As the sponsoring institution for our 63 accredited programs, the Medical Center is current with all Accreditation Council for Graduate Medical Education mid-cycle reviews. Additionally, during recent Residency Review Committee visits the Medical Center demonstrated its commitment to graduate medical education both for the institution and every residency program.

NATIONAL MATCH

The Medical Center participates in the National Residency Matching Program. This is required for programs offering Post Graduate Year 1 positions and available to programs offering Post Graduation Year 2 positions. Twenty-six programs offering 146 positions, participated in the 2006 Match - 14 Categorical programs (Post Graduate Year 1 for July 2006), 3 Preliminary programs (Post Graduate Year 1 for July 2006), and 7 Advanced programs (Post Graduate Year 2 for July 2007). All categorical programs and a total of 25 programs filled 100% of their positions. The Preliminary Surgery program, by intent, did not fill all positions offered.

FINANCE

The total direct budget for the Graduate Medical Education Program for Fiscal Year 2006 was \$38,003,781. Funds to support the program came from Medicare, Medicaid, and other government sources.

In addition, the budget provides funding of \$500,000 to the Innovative Graduate Medical Education Grant Project. The goal of the project is to provide research grants that encourage development of innovative practices which advance the efficacy of Graduate Medical Education.

In Fiscal Year 2006, Graduate Medical Education recovered \$244,155 from associates. These recoveries come from affiliated organizations benefiting from their participation with the Medical Center's Graduate Medical Education Program.

REVIEW OF GRADUATE MEDICAL EDUCATION ACTIVITIES

In December 2005, the Medical Center was notified by the Accreditation Council for Graduate Medical Education that its Institutional Review Committee was recommending that the institution be placed on probation based on its findings from a July 2005 site visit. A response letter was submitted to the Institutional Review Committee on February 1, 2006. However, at its April 2006 meeting the Committee affirmed its decision and the institution was notified the following month.

The Graduate Medical Education office and the entire Health System immediately began a thorough evaluation of all administrative processes and, as a result, significant changes were made. Of utmost importance was securing sufficient personnel for the Graduate Medical Education office to support the residency programs in an appropriate manner. Susan Kirk, M.D., was named Acting Designated Institutional Official and Associate Dean for Graduate Medical Education. In addition, several staff members were transferred or hired to fill vacancies within the Graduate Medical Education office. Stephanie Brown was named Administrative Director for the Clinical Staff and Graduate Medical Education offices. Peggy Infantino was hired as a Graduate Medical Education Specialist to oversee the Accreditation Council for Graduate Medical Education compliance and innovative curricular change. Tom Treleaven and Deanna Barbeau were hired as the Graduate Medical Education office Program Manager and Credentialing Specialist, respectively. As the result of these changes the office now employs an additional 2.5 full-time equivalent employees in administrative positions. The Graduate Medical Education office is also undergoing major structural and cosmetic improvements.

Additionally, internal reviews of every core residency program were immediately conducted and a system was developed to insure that each program would be current at the mid-cycle Accreditation Council for Graduate Medical Education date of internal review, a major area of concern for the Council. The Graduate Medical Education office requested an immediate revisit by the Institutional Review Committee, which occurred on August 1. On October 20, the Medical Center received notification that it was no longer on probationary status and was being placed on a three-year review cycle, indicative of the Council's favorable impression of the work that had been done to obtain full accreditation. A full report from the Institutional Review Committee's August revisit is pending.

1. Duty Hours Compliance:

- a. Enhanced oversight of all individual programs has been put in place by the Graduate Medical Education office. Each program must have a policy for monitoring and correcting any duty hour violations. In addition, the Graduate Medical Education office regularly and randomly reviews duty hours of all programs.
- b. The electronic monitoring system, RAFT, has been modified so that all program directors can receive early warning notices that individual residents are in danger of

violating duty hours and can proactively change call schedules so that violations are avoided.

- c. A Hospitalist service was initiated in July 2006, on one of the busiest internal medicine services and is being monitored for its potential reduction of duty hours among internal medicine residents.
- d. Programs continue to adjust rotation and call schedules to better manage busy services under new guidelines without compromising patient care.

2. Competency Based Education:

- a. Programs are in compliance with the implementation of competency based goals and objectives for training.
- b. The Graduate Medical Education office continues to fund innovative research projects designed to improve both the teaching and evaluation of general competencies.

3. Resident Supervision, Responsibilities, and Scope of Practice:

- a. The Designated Institutional Official is directly involved in monitoring resident performance issues.
- b. All programs must have a policy which defines supervision of residents at each level of training, as well as setting educational goals which must be met in order to advance to the next level.
- c. Through internal reviews and annual surveys of departing residents by individual programs and the Graduate Medical Education office, programs are evaluated on how well the above objectives are met.

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 may be submitted for consideration by faculty, housestaff, and/or other staff involved in graduate medical education. Over the past six months, this program has been restructured so that 3-4 grants will be awarded every six months. We have encouraged those investigators with expertise in the area of technology or simulation to apply. We expect the next cycle of grants to be awarded in March of 2007.

- b. An Appreciative Inquiry Program was initiated in October with the financial backing of the Chief Executive Officer of the Medical Center and under the leadership of several faculty members in general internal medicine. Currently the program is moving into its second phase, which will involve participants expanding their circles of appreciative inquiry to include faculty, residents, and medical students at the University of Virginia Health System.
- c. Two new Master Educator Awards were given to two teaching faculty members who have been leaders in graduate medical education: Ted Burns, M.D. in the Department of Neurology and James Bergin, M.D. in the Department of Medicine, Division of Cardiology.

5. Improvements in working conditions and professional environment:

- a. In order to assist residents in completing patient discharges in a timely fashion, discharge coordinators have been identified on every unit to assist the medical team with any administrative processes that are required.
- b. Two ultrasonography technicians have been approved to assist with imaging after hours and on weekends.
- c. Pathways for ordering laboratory tests and receiving results have been established and improved to assist residents in providing optimal patient care.
- d. All call rooms were evaluated, and improvements were made for both security (new locks) and patient care (new or updated computers).

6. Improvements in resident support and benefits:

- a. The parking reimbursement was increased to reflect an increase in parking fees effective July 1, 2006.
- b. Improvements in efficiency have been made in the processing of medical claims for Housestaff, payroll, and meal cost allowances.
- c. Significant renovations were made to the Housestaff and Medical Student Fitness Facility as well as the Housestaff Lounge.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 11, 2006

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: II.F. 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

Rick and Sherry Sharp made an additional \$9 million commitment to women's oncology at the University of Virginia Cancer Center. This will provide \$6 million for a women's oncology clinic in the new clinical cancer center to be named in honor of Dr. Peyton Taylor and \$3 million in programmatic funding for research in women's oncology.

A \$1 million pledge was received in support of the medical education building.

Tiki and Ginny Barber and Rhonde and Claudia Barber pledged \$100,000 to the University of Virginia Children's Hospital as part of their overall campaign commitment. Mr. Howell, Ms. Van Bree and Dr. McDaniel provided a tour of the Children's Hospital for the Barbers during campaign launch weekend.

Other gifts and pledges received include:

- A bequest valued at \$2 million to benefit a professorship in obstetrics & gynecology.
- A \$200,000 commitment to establish an overseas travel fund for residents in the Department of Medicine.
- A \$100,000 commitment to lung cancer research, matched 1:1 by another donor.
- A \$150,000 planned gift benefiting the Blizzard Chair in Pediatric Endocrinology.
- A commitment of \$125,000 for support of the Children's Hospital Family Advocacy Program, a collaboration between the Department of Pediatrics and the Law School.

- A \$125,000 commitment to the medical education building.
- A \$112,000 annual grant for medical school scholarships.
- A pledge of \$100,000 to lung cancer research with a promise to match up to \$400,000 in additional contributions to this program.
- A \$100,000 commitment for ALS research.
- A gift of \$100,000 to support neurogenetics research.
- A \$100,000 commitment to establish a Medical School scholarship benefiting a student from Southwest Virginia or the University of Virginia's College at Wise.

OTHER DEVELOPMENT INITIATIVES

The Health System officially launched the public phase of a \$500 million campaign for health at the University of Virginia on September 29-30 as part of the University's \$3 billion campaign launch.

- The Health System welcomed 153 attendees to its Campaign launch event at Keswick Hall on September 29. The event featured the premiere of "Transforming the Landscape of Healthcare," a 5-minute video showcasing the Health System's capital campaign projects and the accomplishments they will make possible. (The video is available for viewing online at www.uvahealthfoundation.org.)
- The University's Campaign launch gala on September 30th featured the announcement of the Sharp and Barber gifts to the Health System as well as a compelling speech by Randy Shure.
- During the weekend, the Board of Visitors also established namings for Health System facilities connected with the Ivy Foundation's \$45 million gift: the Ivy Foundation Translational Research Building, the Barry & Bill Battle Building at University of Virginia Children's Hospital, and the Emily Couric Clinical Cancer Center.

The Charlottesville Women's Four Miler, held on September 2, featured more than 1,750 runners. For the fourteenth consecutive year, proceeds will benefit the University of Virginia Cancer Center Breast Care Program. This year's event raised \$125,000, the largest amount in the event's 24-year history, including more than \$61,000 in personal sponsorship donations.

On September 14, Patients and Friends of the University of Virginia Cancer Center welcomed more than 50 guests to a showcase event featuring four cancer research presentations from Drs. David Brautigan, David Brenin, Peggy Shupnik, and Christopher Moskaluk, as well as a testimonial from donor Jim Craig.

Between July 1, 2006, and September 30, 2006, development staff made a total of 391 face-to-face visits with donors and prospects.

CAMPAIGN PROGRESS THROUGH SEPTEMBER 30, 2006

Through the end of September, the Health System Campaign total is \$267,142,697. This represents 53% of the Campaign goal, with 34% of the Campaign period elapsed. The following table shows the Fiscal Year 2007 totals for new commitments, including new gifts and pledges.

	FY '07	FY '06
Total new commitments (excluding payments on previously booked pledges)	\$53,630,582	\$9,964,874
New gifts	\$5,996,852	\$4,480,127
New pledges	\$47,633,730	\$5,484,747

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 11, 2006

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: II.G. Integrated Healthcare Information Management System

ACTION REQUIRED: None

BACKGROUND: The purpose of the Integrated Healthcare Information Management System project is to provide a central patient information system that is consistent across the continuum of care, inclusive of outpatient, emergency department, and inpatient care. The Medical Center last reported on this project to the Medical Center Operating Board in December 2005.

IDX Systems, Inc., was the original vendor for the Integrated Healthcare Information Management System project. In January 2006, IDX merged with GE Healthcare. At the time that GE assumed the Medical Center contract, IDX had missed all but the first milestone date, and GE was projected to miss other milestone dates in 2006. Since February the Medical Center and GE have been working together to establish mutually agreeable milestones. Despite the delays in delivery by IDX and GE, the project remains within budget.

DISCUSSION: The Integrated Healthcare Information Management System project is structured in phases and milestones in order to transform the existing information system, with the primary focus on the clinical information system known as "Carecast." The end product will be a single electronic patient record for inpatients and outpatients, with more efficient clinical care workflow processes for both direct care providers and support staff.

As reported previously, the first significant milestone in this project was the implementation of the clinical results repository in November 2004. This clinical repository permits Health System staff to efficiently view online patients' laboratory, radiology, cardiology and other test results, and to access other key patient documents, such as advance directives.

The second planned milestone was to establish three pilot outpatient clinics on IDX's online order entry system. This milestone was delayed from the original date of December 2004 because of an IDX delay in delivering software. By October, 2005, however, the three pilot clinics were successfully implemented, including online prescriptions.

After an assessment of the implementation process for the three pilot clinics, implementation began in the remaining 90 ambulatory care sites. As of December 2006, 17 ambulatory care sites have been implemented. These 17 sites represent over 25% of ambulatory visits that now have clinical information, such as allergies and medications, recorded in GE's Carecast system. It is expected that by March 2007, all on-grounds ambulatory care sites will be implemented with the exception of Dentistry and Dermatology. Implementation of clinics that are off grounds will begin April 2007. All clinics are expected to be completed by April 2008.

The next major milestone is the implementation of the critical care system from PICIS, Inc., which was scheduled for February 2006. Because of delays in software delivery, PICIS is scheduled to be implemented in the first of seven critical care units in December 2006. PICIS is a business partner of GE. The PICIS system will collect "real time" patient information from various medical equipment monitors in critical care patient units. The PICIS system will organize the information from the monitors to generate an online view of the patient's status and provide automated documentation of the patient's condition and care. The PICIS system connects with the GE Carecast system to facilitate care providers working in both systems.

As noted earlier, GE has been late in delivering its updated programs. Although the GE basic outpatient ordering system is now working, the more complex software required to support Phase 2 inpatient ordering and medication documentation has not been delivered. As a result, the replacement of the current inpatient system will be delayed from the planned date of September 2006. It is expected the Phase 2 Cure Plan, which will be completed December 2006, will set dates for conversion of the inpatient system and completion of the Integrated Healthcare Information Management System project.

In 2005 IDX requested that the Medical Center become a development partner (Alpha Site) based on the Medical Center's track record of effective implementation. GE has extended this same request. Becoming a development partner means that the Medical Center could assist in defining system functionality and be involved in early testing of software programs to assure they work correctly. It would also allow the Medical Center to continue to drive GE to deliver programming on a more timely basis. Medical Center Management has agreed to participate as a development partner to assure the University of Virginia Medical Center receives working clinical software as soon as it is ready to be released.

UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: December 11, 2006

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.