MEMORANDUM

TO: The Medical Center Operating Board:

Stephen P. Long, M.D., Co-Chair
Edward D. Miller, M.D., Co-Chair
L. D. Britt, M.D. William P. Kanto Jr., M.D.
Hunter E. Craig Constance R. Kincheloe
William H. Goodwin Jr. Charles W. Moorman
Victoria D. Harker The Hon. Lewis F. Payne
Michael M. E. Johns, M.D. George Keith Martin, Rector

Ex Officio Advisory Members:
Teresa A. Sullivan Patrick D. Hogan
Randolph J. Canterbury, M.D. Richard P. Shannon, M.D.
Dorrie K. Fontaine John D. Simon
Robert S. Gibson, M.D. Pamela M. Sutton-Wallace

and

The Remaining Members of the Board of Visitors:

Frank B. Atkinson Frank E. Genovese
Frank M. Conner III John A. Griffin
Allison Cryor DiNardo Bobbie G. Kilberg
Helen E. Dragas John G. Macfarlane III
Kevin J. Fay John L. Nau III
Barbara J. Fried Margaret N. Gould

FROM: Susan G. Harris

RE: Minutes of the Meeting of the Medical Center Operating Board on February 19, 2015

The Medical Center Operating Board (MCOB) met, in Open Session, at 8:35 a.m., Thursday, February 19, 2015, in the Auditorium of the Albert and Shirley Small Special Collections Library of the Harrison Institute. Dr. Long, Co-Chair, presided.
Committee members present were George Keith Martin, L.D. Britt, M.D., Hunter E. Craig, William H. Goodwin Jr., William P. Kanto Jr., M.D., Constance R. Kincheloe, and the Honorable Lewis F. Payne.

Ex Officio advisory members present were Teresa A. Sullivan, Randolph J. Canterbury, M.D., Dorrie K. Fontaine, Robert S. Gibson, M.D., Patrick D. Hogan, Richard P. Shannon, M.D., and Pamela M. Sutton-Wallace.

Present as well were the following vice presidents and staff who report to the president: Susan G. Harris; David W. Martel; Nancy A. Rivers; and Roscoe C. Roberts.

Others attending for presentations were Robert H. Cofield and Larry L. Fitzgerald.

Dr. Long opened the meeting with an overview of the topics that will be addressed. He noted the recent national news stories about University researchers who may have identified the pathway responsible for the metastasis of cancers.

Remarks by the Executive Vice President for Health Affairs

Dr. Shannon noted that the Medical Center will need to expand to secure its future. The need for this expansion has to be understood in the context of population health, which is impacted by biology and demographics. Human diseases are changing. The delivery systems that have been designed to deal with acute care for infectious diseases are giving way to delivery systems for chronic conditions.

Currently, 25% of the population with chronic conditions account for 85% of health care expenditures. If the health system can't figure out how to better manage people with chronic conditions, there is no way that costs can be controlled or reduced. When the Medicare Trust Fund was set up 50 years ago, there were 20 million beneficiaries. Today there are 40 million. In the next 12 years, this number is expected to double. In addition, the Trust Fund was based on an average life expectancy of 71 years. Today, the average life expectancy is 78.

The increase in beneficiaries and the longer life span have had a crippling effect on the Medicare Trust Fund, which is projected to be insolvent by 2027. As a consequence, there will be a steady stream of federal price controls and cost cutting measures. For example, the President's budget includes $400 billion of Medicare cuts over the next 10 years. Many of these measures impact academic medical centers.

The only way to respond to these pressures is to become the market leader in every aspect of the care that the University delivers and to expand beyond the Charlottesville market. The Baylor Health System and the Mayo Clinic are examples of this approach. Baylor has a $50 billion
计划覆盖德克萨斯州一半的人口，其中位于达拉斯之外。梅奥诊所正与苹果和IBM合作，希望能惠及2000万美国人和2亿全球人口。

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来自医疗中心首席执行官的评论

Ms. Sutton-Wallace报告了立法行动、护士和药剂师招聘工作，以及Epic医疗记录项目。

大学的立法修正案对《弗吉尼亚州公共信息法》（FOIA）进行了修正，该修正案已由众议院和参议院通过。该修正案使FOIA与现有的弗吉尼亚州法律保持一致，提供了对特权患者安全问题、质量改进和认证的记录和通信的豁免。现有的FOIA立法没有明确提供这些豁免。

在众议院和参议院中有一项妥协的公共需要证书（COPN）法案，该法案要求对COPN计划进行研究。该法案是对由HCA Virginia提出的法案的回应，该法案将对COPN法律实施重大但零散的修改。原来的法案遭到所有其他医院系统的反对。

虽然州长的预算包括医疗补助扩展，但众议院和参议院的预算并未包括。两者的预算都包含了提供评估语言。参议院的预算要求实施提供评估，而众议院要求对提供评估进行研究。大学和弗吉尼亚医院与医疗保健协会正为众议院的版本进行倡导。

护士和药剂师招聘项目取得了进展。在过去13个月中，共有185名护士加入了医疗中心，其中包括15名有经验的护士和170名新毕业的护士。医疗中心也开始提升护士的留任。这些人员的增加使医院能够开启15张新床。另外两名药剂师已被雇佣，目标是到4月底再雇佣两名。

对于护士离开的原因，Ms. Sutton-Wallace指出薪酬、在夏洛茨维尔生活成本（高房价）和管理。为了解决这些因素，大学已将护士的基本工资提高了每小时2.25美元，正在努力改善员工体验和参与感，并增加经理开发项目。Lorna Facteau，首席护理官，补充说，医疗中心已能够增加护士每天的工作时间，并通过将供应品更靠近床边来提高工作效率。这些措施使护士能够有更多的时间与患者相处。Ms. Fontaine指出，国家关于护士留任的研究表明，领导力的质量是护士离职的首要原因。
response, the School of Nursing is working with the Darden School of Business to develop training programs for nurse managers and directors.

The Medical Center has begun planning for the Phase II implementation of the Epic electronic medical records system. The majority of the clinical modules were installed in 2011. Phase II will focus on administrative functions, such as patient registration, scheduling, and billing. The effort is estimated to cost between $65 and $85 million, and will enable the Medical Center to take advantage of a fully integrated system that merges clinical and administrative records. If the decision is made to proceed, the goal is to have Phase II implemented by July 2017.

In response to questions about other medical centers being disappointed with electronic record systems because they have not decreased expenses or improved safety and quality, Ms. Sutton-Wallace noted that the key is how the electronic records systems are implemented and integrated. Ms. Kincheloe noted that the Epic system is working well at the hospital and doctors’ offices in Culpeper. Mr. Cofield added that in Virginia the University is considered to be a leader in electronic medical records, and the Mayo Clinic has decided to go with Epic because their home grown system could no longer support its expanding operations.

Medical Center Operations Report

Mr. Cofield asked Ms. Facteau to report on the application for magnet status. The required documentation was submitted on October 1, 2014. A site visit is scheduled for March 30th through April 2nd. The decision on granting magnet status will be made during the summer.

Mr. Cofield reported on employee engagement and satisfaction. A Gallup Pulse Survey was administered this past January to provide engagement feedback for administrators. The survey when compared to previous surveys beginning in 2013 showed positive results for the Medical Center overall and for the nursing staff in particular. For the first time, the nurse ranking is equivalent to the overall Medical Center ranking. In response to questions about the importance of convenient parking for nurse satisfaction, Mr. Cofield noted that three to four years ago parking was the number one issue in the pulse surveys, but it was barely mentioned in the recent survey.

A “Be Safe” culture survey was administered in December to measure 12 safety dimensions. When compared with surveys from 2010 and 2012, the 2014 survey showed continued improvement in 11 measurements. Attending physicians showed the most improvement while nurses showed improvements across the board. The Medical Center is struggling with the handoff and transition of care dimension for both
nurses and physicians, and has developed a coalition to address this issue.

Comments received as part of the survey indicate there is a belief that patient safety is a top priority for Medical Center administration. The Medical Intensive Care Unit, which was selected as one of the pilots for the implementation of the "Be Safe" program, outperformed the rest of the hospital on three questions: "Staff will freely speak up if they see something that may negatively affect patient care;" "We are given feedback about changes put into place based on event reports;" and "Staff do not feel like their mistakes are held against them." The General Surgery and General Medicine Clinics in the central unit on the 5th floor in the hospital were also included in the pilot program and showed significant improvement.

In response to a question about handoffs and transitions, Mr. Cofield noted that they are a national problem and the national rankings in this area are typically low. Ms. Kincheloe, chair of the Quality Subcommittee of the MCOB, reported that the Subcommittee found the "Be Safe" program to be very transparent. It encourages people to be open and honest in addressing issues and problems and to get solutions back to the units where the issues arose. The program is improving safety for patients and staff.

Dr. Shannon emphasized that "Be Safe" is a series of tools management can apply to improve safety. Engagement by the front line staff is the key to the program's success. The program, which is only 10 months old, is gaining momentum. Next week a contingent from the University will be at the White House to meet with Mr. Julian Harris from the Office of Management and Budget and several White House staffers who learned about the "Be Safe" program from the Institute of Medicine. The purpose of the meeting is to discuss how the program can be scaled up and shared with other medical centers.

Medical Center FY 2015 Finance Report

Mr. Fitzgerald noted that the financial materials were reviewed the previous week by the MCOB's financial working group and Dr. Long and Ms. Harker had participated. The School of Medicine and the Health Sciences Library are trending toward break even for the year. This is before they receive their gain share payments, which should enable them to use the payments for strategic investments.

The consolidated income statement includes Culpeper Hospital, which was purchased in October. Operating income as of December 31st is $29 million. This equates to a 4.2% operating margin, and is approximately equal to half of the income projected for the year. The $14 million in the "All Other Non-Operating Income" line includes gifts for the Battle Building and Culpeper Hospital income for the first quarter of the fiscal year. In response to a request from the committee, Mr.
Fitzgerald said the "Investment Income" line in future statements would show dividend income from the endowment and not changes in endowment value.

Admissions, excluding Culpeper Hospital, are up in terms of the projections for this fiscal year and compared to last year. Culpeper Hospital data was excluded so admissions could be accurately compared to the prior year’s data. Inpatient and surgical admissions are up, and Emergency Room visits are up. Clinic visits are down. The University’s regional market share for the period from 2008 to 2013 has remained constant with increases in the secondary service area offsetting decreases in the primary service area. The All Payor Case Mix Index is up since 2005, which indicates that the acuity of patients is increasing.

Revenue is up 10% from the previous year. Supplies are above budget and continue to be an issue. This is a nationwide problem and is not unique to the University.

The open session ended with a discussion of the possibility of working more closely with Virginia Commonwealth University (VCU). While our two institutions have not worked closely in the past, the new administration at VCU might be open to a closer relationship. This could benefit the Commonwealth. Dr. Shannon replied that it is essential for the University and VCU to work together and to share services to maximize efficiencies and minimize costs. Ms. Sullivan noted that she has a good working relationship with the president of VCU. It was also noted that the University provided VCU with a list of potential candidates for the executive vice president of its medical center.

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Executive Session

The following motion was approved, and the MCOB commenced in Executive Session at 10:10 a.m.:

Mr. Chair, I respectfully move the Medical Center Operating Board into closed meeting to discuss proprietary, business-related information pertaining to the operations of the Medical Center including strategic personnel, financial and market and resource considerations, potential joint ventures or affiliations, other marketing and clinical growth efforts, report on the performance of Culpeper Hospital, long range financial plan and operating and capital budget assumptions and performance measures and metrics, to consider confidential information and data related to the adequacy and quality of professional services, competency and qualifications for professional staff privileges, evaluation of the performance of specific personnel and patient safety in clinical care all for the purpose of improving patient care; and, in consultation with legal counsel, to discuss the Medical Center’s compliance with relevant
federal and state legal requirements, licensure, legislative and accreditation standards, which also will involve proprietary business information of the Medical Center 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.

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At 1:28 p.m., the MCOB 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 Member's knowledge only public business matters lawfully exempted from open meeting requirements and which were identified in the motion authorizing the closed session, were heard, discussed or considered in closed session.

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Approval of Credentialing and Recredentialing Actions

On motion, the MCOB approved the following resolutions:

RECOMMENDED CREDENTIALING AND RECREDENTIALING ACTIONS

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:

1. 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:

Albrecht, Gerald T., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Appointment: January 31, 2015, through January 30, 2017; Privileged in Pediatrics.

Crowley, Angela K., M.D., Rheumatologist in the Department of Medicine and Clinical Practice Group; Attending Staff Status; Period of Appointment: February 4, 2015, through February 3, 2017; Privileged in Medicine.
Driver, Kevin A., M.D., Cardiologist in the Department of Medicine; Attending Staff Status; Period of Appointment: February 1, 2015, through January 31, 2016; Privileged in Medicine.

Eagleson, Christine A., M.D., Endocrinologist in the Department of Medicine; Attending Staff Status; Period of Appointment: January 30, 2015, through August 30, 2016; Privileged in Medicine.

Ghaemmaghami, Chris A., M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Appointment: January 31, 2015, through January 30, 2017; Privileged in Emergency Medicine.

Gibson, Robert S., M.D., Cardiologist in the Department of Medicine; Attending Staff Status; Period of Appointment: January 31, 2015, through January 30, 2017; Privileged in Medicine.

Harsh, Veronica L., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Appointment: March 1, 2015, through February 27, 2017; Privileged in Psychiatry and Neurobehavioral Sciences.

Hughes, Molly A., M.D., Physician in the Department of Medicine (Infectious Diseases); Attending Staff Status; Period of Appointment: January 31, 2015, through January 30, 2017; Privileged in Medicine.

Kapur, Jaideep, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Appointment: January 31, 2015, through January 30, 2017; Privileged in Neurology.

Keith, Douglas S., M.D., Nephrologist in the Department of Medicine; Attending Staff Status; Period of Appointment: February 4, 2015, through April 29, 2016, 2016; Privileged in Medicine.

Khandelwal, Shiv R., M.D., Radiation Oncologist in the Department of Radiation Oncology; Attending Staff Status; Period of Appointment: February 16, 2015, through August 30, 2016; Privileged in Radiation Oncology.

Kipp, Amy S., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: February 1, 2015, through January 30, 2017; Privileged in Anesthesiology.

Langer, Jennifer E., M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Appointment: January 31, 2015, through January 30, 2017; Privileged in Neurology.

Moore, Preska M., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Appointment: February 24, 2015, through January 30, 2017; Privileged in Psychiatry and Neurobehavioral Sciences.
Olsakovsky, Leslie A., M.D., Ophthalmologist in the Department of Ophthalmology; Attending Staff Status; Period of Appointment: February 1, 2015, through January 30, 2017; Privileged in Ophthalmology.

Sefczek, Robert J., M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: March 1, 2015, through February 27, 2017; Privileged in Radiology and Medical Imaging.

Sheppard, Chelsea A., M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Appointment: February 20, 2015, through October 30, 2016; Privileged in Pathology.

Silverman, Lawrence M., Ph.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Appointment: January 31, 2015, through January 30, 2017; Privileged in Pathology.

Stelow, Edward B., M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Appointment: January 31, 2015, through January 30, 2017; Privileged in Pathology.

Tioririne, Nassima, M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Appointment: January 31, 2015, through January 30, 2017; Privileged in Psychiatry and Neurobehavioral Sciences.

Tripathi, Anubha, M.D., Allergist/Immunologist in the Department of Medicine; Attending Staff Status; Period of Appointment: February 28, 2015, through February 28, 2016; Privileged in Medicine.

Vande Pol, Scott B., M.D., Ph.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Appointment: February 1, 2015, through September 29, 2016; Privileged in Pathology.

Vollmer, Dennis G., M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Period of Appointment: February 1, 2015, through October 30, 2016; Privileged in Neurosurgery.

Xu, Zhiyuan, M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Period of Appointment: February 1, 2015, through January 31, 2016; Privileged in Neurosurgery.

2. STATUS CHANGES TO CLINICAL STAFF

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the status change in clinical privileges to the following practitioner are approved:

Beller, George A., M.D., Cardiologist in the Department of Medicine; Attending Staff Status; Date Change effective January 1, 2014 through December 31, 2015; Privileged in Medicine.
Oliver, M. Norman, M.D., Physician in the Department of Family Medicine; Administrative Staff Status; Status Change effective January 1, 2015 through May 31, 2015; Privileged in Family Medicine.

3. 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:

Carey, Robert M., M.D., Endocrinologist in the Department of Medicine; Effective Date of Resignation: December 24, 2014.

Chevalier, Robert L., M.D., Pediatrician in the Department of Pediatrics; Effective Date of Resignation: December 31, 2014.

DeGood, Douglas E., Ph.D., Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Effective Date of Resignation: December 31, 2014.

Gardiner, James E., M.D., Gastroenterologist in the Department of Medicine; Effective Date of Resignation: December 31, 2014.

O’Brien, Richard A., M.D., Neurologist in the Department of Neurology; Effective Date of Resignation: September 25, 2014.

Robinson, Christopher J., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Effective Date of Resignation: December 31, 2014.

Smith, Diana A., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Effective Date of Resignation: December 31, 2014.

Templeton, Dennis J., M.D., Pathologist in the Department of Pathology; Effective Date of Resignation: December 24, 2014.

Wintermark, Max, M.D., Radiologist in the Department of Radiology and Medical Imaging; Effective Date of Resignation: December 31, 2014.

4. 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:

Darko, Naa-Densua B., R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: December 4, 2014 through December 3, 2015; Privileged as a Certified Nurse Anesthetist.
Hardy, Mary, R.N., N.P., Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: January 5, 2014 through January 4, 2016; Privileged as an Acute Care Nurse Practitioner.

Kutsch, Jennifer A., R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Period of Privileging: December 18, 2014 through December 17, 2015; Privileged as a Neonatal Nurse Practitioner.

Moorehead, Heather K., R.N., N.P., Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: December 4, 2014 through December 3, 2016; Privileged as an Acute Care Nurse Practitioner.

Oot, Patricia, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Period of Privileging: December 18, 2014 through December 17, 2015; Privileged as a Neonatal Nurse Practitioner.


5. RENEWAL OF PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS

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

Aretakis, Dyan, R.N., N.P., Family Nurse Practitioner in the Department of Obstetrics and Gynecology; Period of Privileging: March 1, 2015 through February 28, 2017; Privileged as a Family Nurse Practitioner.

Barch, Eileen C., P.A., Physician Assistant in the Department of Surgery; Period of Privileging: February 1, 2015 through February 2, 2017; Privileged as a Physician Assistant.

Brown, Robyn, R.N., N.P., Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: December 1, 2014 through November 30, 2015; Privileged as an Acute Care Nurse Practitioner.

Campbell, Patricia L., R.N., N.P., Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: February 18, 2015 through February 17, 2017; Privileged as an Acute Care Nurse Practitioner.

Chandler, Mary, R.N., N.P., Family Nurse Practitioner in the Department of Plastic Surgery; Period of Privileging: February 20, 2015 through February 19, 2017; Privileged as a Family Nurse Practitioner.
Chaney, Cherie R., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: February 20, 2015 through February 16, 2017; Privileged as a Family Nurse Practitioner.

Cluett, Susan B., R.N., N.P., Family Nurse Practitioner in the Department of Pediatrics; Period of Privileging: March 1, 2015 through February 28, 2017; Privileged as a Family Nurse Practitioner.

Curry, John R., P.A., Physician Assistant in the Department of Surgery; Period of Privileging: February 17, 2015 through February 16, 2017; Privileged as a Physician Assistant.

Hackett, Jeffrey C., R.N., N.P., Certified Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: February 26, 2015 through February 25, 2017; Privileged as a Certified Nurse Anesthetist.

John, Jainy, R.N., N.P., Certified Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: February 20, 2015 through February 19, 2017; Privileged as a Certified Nurse Anesthetist.

Joran-Thiel, Evelyn, R.N., N.P., Pediatric Nurse Practitioner in the Department of Pediatrics; Period of Privileging: February 6, 2015 through February 5, 2017; Privileged as a Pediatric Nurse Practitioner.

Kelleher, Robert S., R.N., N.P., Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: February 12, 2015 through February 11, 2017; Privileged as an Acute Care Nurse Practitioner.

Lehman, Rebecca D., P.A., Physician Assistant in the Department of Orthopedic Surgery; Period of Privileging: February 13, 2015 through February 12, 2017; Privileged as a Physician Assistant.

Moses, Danielle A., P.A., Physician Assistant in the Department of Surgery; Period of Privileging: February 17, 2015 through February 16, 2017; Privileged as a Physician Assistant.

Payne, Heather E., R.N., N.P., Women’s Health Nurse Practitioner in the Department of Pediatrics; Period of Privileging: February 17, 2015 through February 16, 2017; Privileged as a Women’s Health Nurse Practitioner.

Persinger, Matthew B., P.A., Physician Assistant in the Department of Surgery; Period of Privileging: February 8, 2015 through February 7, 2017; Privileged as a Physician Assistant.

Thompson, Reagan H., R.N., N.P., Family Nurse Practitioner in the Department of Family Medicine; Period of Privileging: February 28,
2015 through February 27, 2017; Privileged as a Family Nurse Practitioner.

Turman, Ann E., R.N., N.P., Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: February 26, 2015 through February 25, 2017; Privileged as an Acute Care Nurse Practitioner.

Winer, Ann C., R.N., N.P., Certified Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: February 6, 2015 through February 5, 2017; Privileged as a Certified Nurse Anesthetist.

6. RESIGNATIONS FOR 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 professionals are approved:

Cherniawski, Patricia M, R.N., N.P., Certified Nurse Anesthetist in the Department of Anesthesiology; Effective Date of Resignation: June 1, 2012.

Colliton, Mary K., R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Effective Date of Resignation: November 17, 2013.

Church, Ashley, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Effective Date of Resignation: September 30, 2013.


Ford, Ruby M., R.N., N.P., Adult Nurse Practitioner in the Department of Medicine; Effective Date of Resignation: July 5, 2014.

McGlone, Mary, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Effective Date of Resignation: November 17, 2013.

Neese, Patrice Y., R.N., N.P., Adult Nurse Practitioner in the Department of Pediatrics; Effective Date of Resignation: October 31, 2013.

Peterson, Neil E., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Effective Date of Resignation: September 29, 2014.
Sharpe, Cynthia, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Effective Date of Resignation: September 30, 2013.

Tranum, Sara E., P.A., Physician Assistant in the Department of Medicine; Effective Date of Resignation: April 26, 2012.


Whittlesey, Amy, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Effective Date of Resignation: July 20, 2014.

Whytal, Danielle, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Effective Date of Resignation: March 31, 2013.

On motion, the meeting was adjourned at 1:28 p.m.

SGH:wtl

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