UNIVERSITY OF VIRGINIA
BOARD OF VISITORS
MEETING OF THE
MEDICAL CENTER
OPERATING BOARD
FOR THE UNIVERSITY
OF VIRGINIA
TRANSITIONAL CARE HOSPITAL
September 14, 2010
UNIVERSITY OF VIRGINIA
MEDICAL CENTER OPERATING BOARD

Tuesday, September 14, 2010
11:15 – 11:30 a.m.
Medical Center Board Room

Committee Members:
Vincent J. Mastracco Jr., Chair
Chair of the Finance Comm. Randy J. Koporc
Sheila C. Johnson The Hon. Lewis F. Payne
William P. Kanto Jr., M.D. Randl L. Shure
Constance R. Kincheloe E. Darracott Vaughan, Jr., M.D.

Ex Officio Members:
Steven T. DeKosky, M.D.
R. Edward Howell
Leonard W. Sandridge
Jonathon D. Truwit, M.D.

AGENDA

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

II. REPORT BY THE PRESIDENT OF THE CLINICAL STAFF OF THE TRANSITIONAL CARE HOSPITAL (Mr. Howell to introduce Jonathon D. Truwit, M.D.; Dr. Truwit to report)

III. EXECUTIVE SESSION
   • ACTION ITEMS – To consider proposed personnel actions regarding the appointment, reappointment, resignation, assignment, performance, and credentialing of specific clinical staff and allied 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 Transitional Care Hospital, where disclosure at this time would adversely affect the competitive position of the Transitional Care Hospital, specifically:
  - Confidential information and data related to the adequacy and quality of professional services, patient safety in clinical care, and patient grievances for the purpose of improving patient care at the Transitional Care Hospital; and
  - Consultation with legal counsel regarding the Transitional Care Hospital’s compliance with relevant federal reimbursement regulations and licensure as well as accreditation standards, all of which will involve proprietary business information of the Transitional Care Hospital and evaluation of the performance of specific Transitional Care Hospital personnel.

The relevant exemptions to the Virginia Freedom of Information Act authorizing the discussion and consultation described above are provided for in Section 2.2-3711 (A) (1), (7), and (22) of the Code of Virginia. The meeting of the Medical Center Operating Board is further privileged under Section 8.01-581.17 of the Code of Virginia.
UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: September 14, 2010

COMMITTEE: Medical Center Operating Board

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

ACTION REQUIRED: None

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

BOARD MEETING: September 14, 2010

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: I.B. Finance, Write-offs, and Operations

ACTION REQUIRED: None

BACKGROUND: The University of Virginia Transitional Care Hospital opened on August 4, 2010, and this is the first report to the Medical Center Operating Board.

FINANCE AND OPERATIONS REPORT

The University of Virginia Transitional Care Hospital (TCH) accepted its first patient on August 4, 2010, after successfully completing a Life Safety Survey. A second patient was admitted the following day.

The Transitional Care Hospital now awaits an unannounced Centers for Medicare and Medicaid Services Initial Hospital Survey. Upon successful completion of that survey, a six month demonstration period will officially begin. During the demonstration period, the Transitional Care Hospital must establish an average length of stay in excess of twenty five days for its Medicare admissions. To achieve this goal Medicare admissions during this period will be restricted to patients where there is a high probability that the length of stay will be greater than twenty five days. Commercial patients, whose length of stay does not affect the Medicare measurement, will also be admitted during this period.

This new facility is a three story, 40 bed long term acute care hospital located two miles west of Charlottesville at the Northridge Medical Park. The Transitional Care Hospital is specifically designed for patients with acute care needs who are chronically ill and require inpatient stays of 25 days or more. These patients require extended acute care, but because of the complexities of their conditions, they cannot be discharged to a skilled nursing facility or rehabilitation hospital. The Transitional Care Hospital focuses solely on these long stay patients and provides care in an environment customized for their needs. The Transitional Care Hospital is the first such facility in this Health Planning Region.
We have the capacity to expand up to a 50 bed facility by adding a ten bed unit on the third floor. Any such expansion will require a Certificate of Public Need for the additional ten beds.

Because the University of Virginia Transitional Care Hospital only recently commenced operations, there are no financial results to report at this time. The budget, consistent with the pro forma approved by the Medical Center Operating Board in July, estimates a loss of $2.7 million for Fiscal Year 2011. By Fiscal Year 2012 we expect the Transitional Care Hospital to be profitable.
UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY

BOARD MEETING: September 14, 2010

COMMITTEE: Medical Center Operating Board

AGENDA ITEM: II. Report by the President of the Clinical Staff

ACTION REQUIRED: None

DISCUSSION: The President of the Clinical Staff of the University of Virginia Transitional Care Hospital 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.