

UNIVERSITY of KENTUCKY
University Health Care Committee
December 11, 2007

MEMBERS

Mr. James Hardymon
Judge Phillip Patton
Dr. Charles Sachatello
Mr. Billy Wilcoxson

COMMUNITY ADVISORY
MEMBERS

Ms. Pam Miller

ADVISORY MEMBERS

Mr. Frank Beirne
Dr. Michael Cibull
Mr. Murray Clark
Ms. Caroline Henderson
Dr. Michael Karpf
Dr. Richard Lofgren
Dr. Lee T. Todd, Jr.
Dr. Jay Perman
Dr. Karen Stefaniak

GUESTS

Ms. Mira Ball
Mr. Jay Blanton
Mr. Stephen Branscum
Ms. Penny Brown
Ms. Ruth Booher
Mr. Frank Butler
Mr. Joe Claypool
Mr. Harry Dadds
Mr. Bill Gombeski
Ms. Courtney Higdon
Ms. Barbara Jones
Mr. Marc Matthews
Mr. Sergio Melgar
Ms. Amanda Nelson
Dr. Kevin Nelson
Mr. Erwin Roberts
Mr. Bob Wiseman
Ms. Barbara Young

I. CALL TO ORDER

The meeting was called to order at 8:00 a.m. by Mr. James Hardymon. The minutes were reviewed and approved.

Dr. Karpf reported to the committee that UK HealthCare had come to a reasonable agreement with Cardinal Hill related to Good Samaritan Hospital. More details will be communicated as the agreements are finalized.

II. FINANCIAL REPORT

Mr. Melgar reviewed the October financial reports with the committee. Cash is up and revenue is growing faster than volume. Our mix of patients is remaining on target, and the quality of the commercial business is improving. Average days in accounts receivable is still among the best in the country, and the quality of those receivables is good. He noted the decrease in outpatient volumes at Good Samaritan and described why that is not necessarily a negative for the organization right now. The census at Chandler remains high. Mr. Melgar reported that KMSF will be repaid in full for the Good Samaritan transaction by the end of this week. Mr. Melgar discussed the one month lag in reporting on investment income and that October's financial statements were only reflective of investment activity through September. Mr. Hardymon expressed a desire for Mr. Melgar and Mr. Mathews to look at the timing of reporting investment income to develop a better process. Mr. Melgar also reported that bad debt expense for the organization is very positive this year even given the addition of Good Samaritan Hospital.

III. MEDICAL STAFF REPORT

Dr. Michael Cibull presented the Chandler Hospital Medical Staff report and the credentials being put forward for approval. The committee made a motion and approved the Chandler Hospital Credentials.

Dr. Richard Lofgren presented the Good Samaritan Hospital Medical Staff report and the credentials being put forward for approval. The committee made a motion and approved the Good Samaritan Hospital Credentials.

Dr. Lofgren also commented that the integration of Good Samaritan Hospital into the organization has gone remarkably well. The physicians on board in the organization are very committed.

IV. PATIENT SATISFACTION REPORT

Mr. Gombeski, Mr. Clark and Dr. Perman presented an extensive overview of patient satisfaction at UK HealthCare to the committee. Improving patient satisfaction is a complex problem with many factors contributing to the outcomes. We are currently measuring satisfaction at many points in the organization. One of our most challenged areas that is receiving an intense focus right now is the Emergency Department (ED). There are several factors contributing to their low satisfaction scores including long waits to be treated and long waits to be moved out of the ED into a hospital room for admission. One of the factors contributing to the long wait to be admitted to a hospital room is the limited number of intensive care beds. This

problem will not be resolved until the new hospital opens. The committee discussed the need to help the public understand the opportunity for equivalent care in the emergency department at Good Samaritan with that being a good option for quicker service for lower acuity emergencies. Mr. Clark reviewed the many initiatives and efforts currently underway to address the ED satisfaction scores.

Dr. Perman discussed the role of the physicians in satisfaction scores, the scores they are currently receiving and efforts underway to address deficiencies with that cohort of personnel. Mr. Hardymon commented on the unbelievable complexity of the discharge process depicted in the presentation—this must be addressed. He appreciated the leadership for bringing this patient satisfaction information to the committee. Hearing the bad news is as important as hearing about all of the good things happening in the organization. The committee looks forward to continued updates on progress in this arena.

V. OTHER BUSINESS

Ms. Young commented on her delight with the recent announcement of the organization going tobacco free. This is an important step for our campus and for the other hospitals in the region partnering with us on this initiative.

There being no other business, the meeting adjourned at 9:45am.