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December 10, 2012

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Mr. Bill Thro
Dr. Tim Tracy
Dr. John F. Wilson
Ms. Kim Wilson
Dr. Horacio Zagul

Guests

I. CALL TO ORDER AND APPROVAL OF MINUTES

The meeting was called to order at 4:01pm by Ms. Barbara Young. Minutes of the previous meeting were approved unanimously.

II. PALLIATIVE CARE SERVICE

Dr. Gerald Klim, Chairman of the Department of Physical Rehabilitation and the physician in charge of the in-patient hospice and palliative care program at UK HealthCare began his presentation with the origins of the modern hospice movement. Hospice care takes an active role in the treating of symptoms and pain for one that is suffering at the end of their life. In the State of KY, all insurances are required to have a hospice benefit. To be placed in hospice care, the patient's physician and a hospice medical director must certify that they have less than 6 months to live. Criteria have been developed by CMS to determine whether one is placed in hospice care. Many hospice patients suffer from other things than cancer. The key in hospice care is the agreement to forgo treatment for the primary diagnosis but focus on symptoms and comfort. HealthCare Hospice program consists of nurses and physicians certified in palliative care. Dr. Kristy Deep was introduced by Dr. Klim and discussed how the program at UK HeathCare began. The Hospice of the Bluegrass serves as our community partner and works closely with the UK HealthCare nurses and physicians. Program goals are to achieve excellence in pain and symptom management and to facilitate communication in all levels of care. The UK HealthCare Palliative Care program sees over 100 patients per month. The program is available in 8 nursing units throughout Markey Cancer Center and Chandler Hospital. Future goals and directions include: measurable quality outcomes, opportunity for research and possibly their own dedicated unit. Dr. Kristy Deep introduced Dr. Horacio Zagul, the physician in charge of the pediatric palliative program. Dr. Zagul discussed the need for the pediatric palliative program at UK HealthCare and the importance of communication with the families of terminally ill children. Committee members praised Dr. Klim, Dr. Deep and Dr. Zagul for their work in the palliative care program.

III. FINANCIAL REPORT

Murray Clark reviewed the October financials and discussed that he had added a new summary sheet that summarizes key data. Discharges are above budget and last year actual. The occupancy rate is high as is the use of available beds. Our continued high demand has created the need to reopen some semi-private rooms and the need to relook at our inpatient bed complement. The average length of stay and CMI adjusted length of stay are positive. Observation cases and short stay cases are somewhat under budget and last year's volume. This volume change is not material and, in fact, although down slightly, may be considered positive. Emergency room cases remain ahead of budget and last year. This is generally positive; however, we are having some payment challenges with the Medicaid MCO's on the low acuity patients. Operating room cases are above

budget and the prior year. The case mix index is right on budget and slightly better than last year. Outpatient hospital cases are well ahead of last year and virtually on budget. FTE's per adjusted occupied bed are under budget and last year. The payor mix of discharges is strong with the majority of the increase in discharges in Medicare and Blue Cross/other category. The increase in discharges is across all medical services. Overall the increased revenue and lower expenses for the year have produced a much better than anticipated income from operations, amounting to \$29.558 million or a 9.2% operating margin. Strong operating income and non-operating income have combined to produce an increase in net assets for the period significantly above budget and the prior year.

IV. QUALITY AND SAFETY UPDATE

Dr. Bernard Boulanger discussed the FY2013 UK Enterprise Goals set in September. We have reached our goals in mortality and effectiveness and still working on safety, efficiency and patient centeredness. We are nationally ranked regarding our mortality rate. Dr. Boulanger reviewed our core measure performance. Several of the measures are required by the joint commission and some measures are voluntary. CMS has set up value based purchasing guidelines that makes 1% of our Medicare payments at risk based on our surveys. Based upon our scores we can either be penalized or rewarded. Re-admissions are down. Every patient that is discharged from UK HealthCare receives a survey. Our scores are positive and rank in the top 95th percentile. Patient centeredness scores were broken down between Ambulatory, Chandler, Good Samaritan and KCH. On November 29, 2012 a Quarterly Report on Quality meeting was held in the Pavilion A Auditorium. Approximately 200 people attended the meeting. The committee members received a copy of the materials presented at the meeting. Dr. Boulanger stressed that transparency a key to moving forward.

V. PRIVILEGES AND CREDENTIALS

Dr. Steven Strup presented for approval a change to the Medical Staff By-laws and the current list of privileges and credentials. The committee made a motion to accept the change to the by-laws and to accept the privileges and credentials brought before them. Dr. Sachatello asked to go on record as voting no. The motion carried and was approved by the committee with a vote of 4 to 1.

VI. <u>OTHER BUSINESS</u>

Dr. Karpf recognized Ann Smith, Colleen Swartz, Tukea Talbert and Jeff Norton for their hard work regarding the outstanding visit from the Joint Commission.

Ms. Young seeing no other business adjourned the meeting at 5:41pm.