

Minutes of the Meeting of the Board of Trustees  
University of Kentucky  
University Health Care Committee  
Thursday, June 21, 2018

The University Health Care Committee of the Board of Trustees of the University of Kentucky met on Thursday, June 21, 2018, in the Lewis Honors College on the University of Kentucky campus.

A. Meeting Opened

Robert Vance, Chair of the University Health Care Committee, called the meeting to order at 8:00 a.m., thanked the poster presenters who competed in the Quality and Safety Improvement competition, and called roll.

B. Roll Call

The following members of the University Health Care Committee answered the call of the roll: Cammie DeShields Grant, Robert Grossman, Robert Vance, and Barbara Young. Community Advisory Members present: Robert Clay, Nick Nicholson, Missy Scanlon, and Luther Deaton.

Chair Vance announced that a quorum was present.

The following additional Board of Trustees members were present: Jennifer Barber, Claude “Skip” Berry III, E. Britt Brockman, Lee X. Blonder, Michael Christian, Angela Edwards, David Hawpe, Kelly Sullivan Holland, Elizabeth McCoy, David Melanson, Derrick Ramsey, and Sandra Shuffet.

The UK HealthCare and University administration was represented by President Eli Capilouto, Executive Vice President for Health Affairs Mark F. Newman, Executive Vice President for Finance and Administration Eric N. Monday, Provost David Blackwell, Vice President and College of Medicine Dean Robert DiPaola, Vice President for Institutional Diversity Sonja Feist-Price, Vice President for Research Lisa Cassis, Vice President for University Relations Tom Harris, Office of the President Chief of Staff William Swinford, Vice President for Administration and External Affairs Mark D. Birdwhistell, Vice President and Chief Operating Officer, Robert “Bo” Cofield, Vice President and Chief Financial Officer Craig Collins, Chief Administrative and Nursing Officer Colleen Swartz.

Guests and members of the news media were also in attendance.

C. Approval of Minutes

Chair Vance asked for a motion for approval of the minutes from the April 10, 2018 meeting. Trustee Young moved approval of the minutes. Trustee Grossman seconded the motion and the minutes passed without dissent. (See minutes on the Board of Trustees website, [www.uky.edu/Trustees](http://www.uky.edu/Trustees), under agenda.)

#### D. Refining Our Strategy to Meet the Opportunities and Challenges of the Future

Dr. Mark Newman welcomed everyone and reviewed the agenda. In his presentation, Dr. Newman described UK HealthCare's (UKHC) updated Strategic Plan. Dr. Newman discussed the key parts that outline the refinement of the strategy. First, UKHC will continue to serve the care needs of Kentuckians. Second, UKHC will intensify efforts and secure the technology necessary to advance quality, safety, and value activities. He discussed the need to invest in a new, single enterprise Electronic Health Record (EHR). The current EHR has multiple interfaces that do not communicate with one another. A new EHR, made up of one single platform, would create better interactions and easier access to data, which could help improve a variety of different facets throughout the enterprise. Advancing the quality, safety, and value of care provided within UKHC is important as markets move from fee-for-service style of reimbursement to value-based payments. Third, UKHC will increase access and efficiency of their outpatient clinic services both on campus and in the community. They want to provide patient-centered care, but to do so patients have to be able to access care. Currently, a patient has a better chance of being seen for care if they are transferred by another hospital rather than scheduling it on their own. Improving access and efficiency of outpatient services can save costs and increase patient satisfaction. Outpatient services are more convenient, less costly than a hospital stay, and offer a lower risk of catching a hospital acquired infection. Fourth, he stated these efforts will serve to ensure financial sustainability and allow UKHC to continually invest in their teaching and research missions.

#### E. Advancing Quality

Dr. Mark Williams, Chief Quality and Transformation Officer, and Dr. Colleen Swartz, Chief Nurse Executive and Chief Administrative Officer, detailed the plan for improving quality at UKHC. The four domains of focus are: exceptional clinical care; safe and effective care; extraordinary engagement; and efficient and affordable care. UKHC aims to achieve extraordinary engagement through improved patient experience, staff, and faculty engagement; and diversity and inclusivity. Efficiency of care will be determined through assessment of readmission rates and length of stay measures. Accessibility of ambulatory care and the value of the care given will be evaluated.

Two approaches will be used to transform the current quality structure to help meet Enterprise Quality Goals. A Dyadic Model will be implemented throughout the organization to help strengthen quality within patient care units. In inpatient settings, Dyads will be a physician and a nurse. In ambulatory settings, Dyads will be a physician and an administrator. These Dyads will coordinate improvement efforts that are aligned with Enterprise Goals and unit-level metrics. The implementation of the Inpatient Dyadic Model began June 1, 2018. These appointed pairs will undergo role clarification, team education, team training, and goal setting over the next few months. Dyads are planned to be ready by October 1, 2018. The second approach is Model Unit Development. This is providing infrastructure through coordinated support and technical assistance to frontline staff. The goal of this approach is to standardize what UKHC does, so that they can reduce unnecessary variation and sustain improvements in the future.

Trustee Grossman commented on the steps leadership would need to take if they wanted

employees to take measured risks and experiment to see what works best. “Experiment often involves failure, so they will need to ensure that employees are not afraid of facing consequences if they fail” stated Trustee Grossman. Dr. Swartz stated that within high-reliability organizations such as UKHC, teams often become preoccupied with looking for failure so they may attack it and improve the system that produced it. However, the Dyadic Model is not experimentation. The Model has been adopted by many other academic medical centers and has shown success. Encouraging the staff to innovate is key. Dr. Newman commented that trust is a key component.

#### F. Employee Engagement Results and Action Plan

Kristy Gay, Senior Advisor at Press Ganey Associates; Dr. Rick McClure, Professor at UK Gill Heart Institute and Associate Dean for Medical Affairs; and Angela Lang, Assistant Operations Executive, presented the UK HealthCare Employee Engagement Results and Action Plan. The Employee Engagement results include engagement and alignment scores for providers and staff. Press Ganey Associates partner with over 40 health care organizations to use patient experience data analysis to guide sustainable improvement initiatives.

Overall, results from the Provider Engagement and Alignment Surveys have improved from last year, but they are still below the national average and not where UKHC wants to be. UKHC scored high in the performance and communication of clinic administration; communication with hospital administration; and improvement in tools and resources available. Areas of improvement included ease of patient scheduling, climate of trust in the hospital, and opportunity to input decisions that affect practice of medicine. Press Ganey Associates issued five provider recommendations. First, celebrate physicians’ strong connection to work and leverage to further strengthen overall physician engagement. Second, develop a plan of actions to strengthen physician alignment items. Third, initiate conversations to better understand key aspects of provider resilience. Fourth, continued focus on recognition to strengthen overall engagement. Fifth, continue to address repeat physician concerns outlining short-term and long-term objectives. The high performing themes from the Staff Engagement and Alignment results were career development and opportunities to grow; improvement in satisfaction with recognition; and improvement in teamwork and ethical business. Areas of opportunities for the staff are: communication between physicians, nurses, and medical personnel; discretionary effort; and staffing. UKHC leadership believe the Dyadic Model Initiative will help improve communication between clinical staff. In addressing these results and recommendations, it is important that UKHC balance both aspects: promotes the positive aspects of its culture and addresses the opportunities. The survey results were scheduled to be shared with faculty and staff by July 31<sup>st</sup>. Staff members were asked to develop Action Plans based upon one-to-two items of focus from the survey. These Plans will have a three-month and six-month checkpoint to evaluate progress.

Leadership is instilling more power for employees by expanding the number of providers involved in various committees and creating direct lines of communication between clinical staff, administrative staff, and leadership. Dr. Newman stated the power UKHC physicians have to determine their own plan of patient care should also empower the physicians and make them feel accomplished with their work. Community Advisory Member Nicholson asked how UKHC planned to address issues with staffing. Bo Cofield explained, “This year will be the first time in a couple of years that UKHC will have a stable number of beds. UKHC has been aggressively growing these past few years, adding over 65 new beds last year. This stability will allow UKHC to catch up in regards to staffing.”

## G. Clinical Practice Efficiency

Dr. Jay Grider, Associate Chief Medical Officer and Chief of the Division of Pain, and Regional Anesthesia, and Dr. Wendy Hansen, Chair of Obstetrics and Gynecology, discussed plans to redesign and improve current operations in the ambulatory care settings within the Enterprise. The goal is to create an ambulatory brand, where patients have the same experience and receive the same care across all UKHC ambulatory facilities. Currently, the Ambulatory Practices share common processes but improve their coordination. Leadership is implementing a plan to shift from this current-state to one where all Ambulatory Practices share common processes, have input into those processes, and are expected to achieve established results. Phase I of the Ambulatory Implementation began in select clinical departments in August 2017, and was completed in May 2018. The departments of Orthopaedics; Obstetrics and Gynecology; and Family and Community Medicine all underwent full implementation. Changes included: improved scheduling, increased focus on matching every patient to the right provider, standardization of work, and improved patient experience. Phase I also included two targeted initiatives: improvement to the Imaging Call Center and piloting a predictive model system within the Vascular Surgery Clinic to help predict no-show appointments in advance. Phase II will occur over the next 18 months and include expanding implementation to the remaining ambulatory clinics.

Dr. Hansen spoke specifically about the Care Redesign Obstetrics and Gynecology (OBGYN) clinics and teams underwent as a part of this ambulatory implementation. The OBGYN workgroup better defined roles and responsibilities between the access center and departments in a Service Level Agreement. Physician templates were optimized and standardized to match clinic operations, open additional access, and maximize efficiency. OBGYN clinicians saw a 39% increase in Acknowledged Visits during the first week of the new templates. An accurate, easy-to-use Scheduling Protocol Tool was also developed that ensures the right patient is scheduled with the right provider the first time. Trustee Grossman recommended running a preliminary survey of these pilot teams during this Phase I process to measure the physician and staff engagement.

## H. Fiscal Sustainability

Craig Collins discussed the FY 2018 May Operating results and reviewed the FY 2019 Budget. Initial assumptions based on actual volumes and FY 2018 February year-to-date annualized expenses. It includes \$22,000,000 of identified and implemented Building Efficiencies through Strategic Transformation (BEST) efficiencies. The budget has a projected decrease of \$14.4 million due to changes in the Medicaid Expansion Program. Mr. Collins concluded his review of the FY 2019 Budget and asked Chair Vance for approval. Trustee Grant made a motion to approve and Trustee Young seconded the motion. The motion passed without dissent.

## FCR 1 Approval of Lease

The Committee reviewed FCR 1 requesting approval to execute a lease for UK HealthCare operations. The lease is for 101,264 square feet with an annual rent of \$2,642,990.40 and will be funded with agency funds. This lease was competitively awarded. Trustee Young made a motion to recommend approval to the Finance Committee and Trustee Grant seconded the motion. The motion carried without dissent.

### FCR 2 Approval of Lease

The Committee reviewed FCR 2 requesting approval to execute a lease for 11,199 square feet with an annual rent of \$207,181.50 to be funded with agency funds. UK Center for Trauma and Children has occupied this space since 2000. During the request for proposal process, the landlord requested a rent increase of \$5,823.50 per year. The University determined this response to be the most cost effective alternative and in the best interest of the University. Trustee Grossman made a motion to recommend approval to the Finance Committee and Trustee Young seconded the motion. The motion carried without dissent.

### FCR 3 Approval of Memorandum of Agreement (UK College of Medicine-Northern Kentucky Campus)

The Committee reviewed FCR 3 requesting approval of a Memorandum of Agreement (MOA) between the University of Kentucky and Northern Kentucky University. The MOA will establish a Northern Kentucky satellite campus of the UK College of Medicine. The regional campus will allow for an approximate 21 percent increase in the College's class size. The space will be 22,500 square feet for administrative and academic purposes. The fit up costs are not expected to exceed \$2.9 million. The estimated annual rent is \$365,000 with a modest 1.5 percent increase every year starting in Fiscal Year 2022. The lease will be funded with agency funds. Trustee Grant made a motion to recommend approval to the Finance Committee and Trustee Young seconded the motion. The motion carried without dissent.

### FCR 4 Approval of the Dissolution of UK HealthCare/Norton Healthcare Strategic Health Alliance, Inc.

The Committee reviewed FCR 4 requesting approval to dissolve the UK Healthcare/Norton Healthcare Strategic Health Alliance, Inc. originally incorporated in 2012. Before fully operationalizing and funding the corporation, however, UK HealthCare and Norton Healthcare decided to join other hospital systems in forming a new Kentucky Health Collaboration Limited Liability Corporation. Both parties, UK HealthCare and Norton Healthcare, have agreed to this dissolution. Trustee Young made a motion to recommend approval to the Finance Committee and Trustee Grossman seconded the motion. The motion carried without dissent.

### FCR 5 Improve Good Samaritan Hospital Facilities Capital Project

The Committee reviewed FCR 5 requesting approval of a Capital Project to address expansion of clinical services available at the UK Healthcare Good Samaritan campus by renovating an area in the main facility and installing up to two Magnetic Resonance Imaging (MRI) machines. The \$8,000,000 project would be funded with agency funds. Trustee Grant made a motion to recommend approval to the Finance Committee and Trustee Young seconded the motion. The motion carried without dissent.

## FCR 6 Improve Clinical/Ambulatory Service Pool Capital Project

The Committee reviewed FCR 6 requesting approval for a Capital Project which will expand clinical services. The \$15,000,000 project will provide additional outpatient service space and create a permanent location for Positron Emission Tomography (PET) Scanning. Trustee Grossman made a motion to recommend approval to the Finance Committee and Trustee Grant seconded the motion. The motion carried without dissent.

### I. Enterprise Goals

Dr. Colleen Swartz, Chief Nurse Executive and Chief Administrative Officer, presented the UKHC FY18 Enterprise Goals and Performance Update. Goals are set annually and approved by the Health Care Committee to define UKHC's performance agenda. Varieties of benchmarks are used to evaluate and measure operations; and compare UKHC to similar academic medical centers.

Dr. Phillip Chang, Chief Medical Officer, presented the proposal for the FY19 UK HealthCare Enterprise Goals (FY19 Goals). Key changes were made to the FY19 Goals with the first change being an emphasis on ambulatory access. UKHC removed ambulatory access from under the Care Continuum domain and made it a separate domain for the FY19 Goals. For the first time, a separate set of goals were presented for the Kentucky Children's Hospital for FY19. Before this year, UKHC combined the two goals. Realizing not all metrics have the same goal between adult and children's hospitals, a different set of goals were created for the Kentucky Children's Hospital. Dr. Chang concluded and requested approval of the FY19 Goals.

Chair Vance made a motion to approve the FY19 Goals. Trustee Grant moved to approve and Trustee Young seconded the motion. The FY19 Goals passed without dissent.

Community Advisory Member, Nick Nicholson asked Dr. Chang to bring the Board up-to-date on the changes made to opioid prescriptions at UKHC and how the changes were being adopted. Dr. Chang stated, "Since my presentation about the issue of opioid crisis at the September 2017 Health Care Committee meeting, UKHC has established an Office of Opioid Safety, which is the first in the state. Through that office they have seen; the reduction of prescribing opioid by 33%, an increase in opioid-free hospital days by 10%; a decrease in the number of pills given to patients by 400 pills per day in UKHC, and more. This office has a focused effort on surgical clinics providing patients with a potentially opioid-free surgery."

### J. Privileges and Appointments

Bo Cofield proposed the current list of privileges and credentials. Chair Vance called for a motion to approve the list of providers. Trustee Grossman moved to approve the list. Trustee Young seconded the motion and it passed without dissent.

Dr. Newman thanked his team, and gave a small recap of the items discussed within the Retreat. President Capilouto thanked the Board of Trustees for their attention and care for their responsibilities. He also thanked Dr. Newman and the UKHC team, and stated that he is very encouraged by the continued impact UK HealthCare has on Lexington and the plan presented today. President Capilouto stated that he sees a culture of continuous quality improvement being embraced.

K. Meeting Adjourned

Chair Vance called for new or other business that needed to be brought before the University Health Care Committee. Hearing no further business, the meeting was adjourned at 12:10 p.m.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Robert D. Vance".

Robert Vance  
Chair, University Health Care Committee