

University Staff Advisory Council Meeting Minutes

Date: February 13, 2007
Meet Time: 8:30a.m. – 10:00a.m.
Meeting Location: Rand Function Room, Sarratt

Attendees: Becky Atack, Brad Awalt, Diane Banks, John Brassil, Ken Carter, Beth Clark, Cathy Crimi, Ashley Crownover, Tracy Cunningham, Sue Davis, Mary Ann Dean, Michele Dixon, Kay Donigian, Mary Lou Edgar, Nancy Hanna, Beth Hanson, Shirley Hiltz, Jason Hunt, Tiffany Ingram, Fay Johnson, Willa Dean Martin, Ian McCullough, Brenda McKee, Ginny McLean-Swartzell, Jackie McMath, Shelley Meadows, Regina Newsom-Snell, JoAnn Patterson, Martha Reid, Kathy Rhodes, Andy Richter, Karen Seezen, Lori Shepard, Mike Smeltzer, Dan Steward, Gay Tidwell, Malah Tidwell, Carlos Trenary, Susan Widmer, Cliff Wilson, Melissa Woche, Diana Wohlfahrt

Regrets: Jean Alley, Dan Cline, Mary Clissold, Kevin Colon, Kathleen Corbitt, Michael Crowe, Faye Dorman, Jeff Duly, Kenon Ewing, Sandie Frantz, Carol Guth, Sharone Hall, Antoinette Hicks, Pam Hoffner, Sammie Huffmon, Rosalind Johnson, Sue King, Bonnie Kress, Heather Lefkowitz, Ginger Leger, Joe Lowe, Joyce Matthews, Mary Kay Matthys, Laurie McPeak, Stephanie Newton, Donald Pickert, Sheri Reynolds, Robert Rich, Chase Smith, Lyn Smith, Brian Smokler, Carol Soren, Sharon Stanley, Susan Starcher, Davis Strange, Corwin Thomas, Kay Tyler, Jim Webb, Mary Clark Webb, Sherry Willis, Jeff Youngblood

Visitors: Lauren Brisky, Nim Chinniah, Kevin Myatt

President Diana Wohlfahrt called meeting to order

Medical Center Overview

Speaker: Dr. Harry Jacobson, Vice-Chancellor for Health Affairs
([See Presentation](#))

Dr. Jacobson began his presentation with the agenda. He planned to begin with an overview of the Medical Center and then discuss some of the Medical Center's recent achievements. Dr. Jacobson stated that he would close the presentation with a discussion of the Elevate program.

He started by noting that the Medical Center does come under the University as a whole. The annual operating budget of the entire University for Fiscal Year 2007 is 2.4 billion dollars. Dr. Jacobson also noted that 80.1% of the University's overall revenue is generated by the Medical Center. This is not uncommon for Universities with a large Medical Center. There is a common infrastructure for the entire University and the IDS payments (non-tuition based) pays for all of these structures. Dr. Jacobson's presentation noted that Vanderbilt has 18,935 employees; however he sought confirmation of this number from Kevin Myatt, who corrected this number stating that Vanderbilt now has

20,000 employees. The largest percentage of Vanderbilt's employees is in the Medical Center with approximately 14,210 employees. There are currently 1640 faculty members. Most of the faculty members are clinical faculty.

The School of Medicine only accepts about 105 students every year. They interview about 1 out of every 5 applicants and only about 4% of those that apply are accepted. The School usually offers about 240 positions total, because some offers will be turned down. The mean GPA for the Class of 2011 is 3.77 so far. The GPA for the Class of 2010 was 3.75. Generally, we have a top 5 class in the country. We are a very competitive medical school. There are also 670 Graduate students and 490 Fellows in the Medical School. The Fellows specialize in certain areas or research. Overall, VUMC has over 3000 young people in training.

Research is also a large part of what the Medical Center does. Last fiscal year, we received 334 million dollars in research funding. From 2001 to 2005 VUMC has been one of the fastest growing NIH funded research institutions in the country. People often don't understand that there are faculty members in many clinical areas doing research. You can not be a top Medical Center without doing research. Our Medical Center does two things that change the future of healthcare. We train future clinicians and do research. This is what distinguishes us from a normal hospital.

Vanderbilt has many of the NIH's top ranked departments. For example, in 2005 our Physiology department was the top ranked Physiology department in the country and we had our Biochemistry department ranked number 2 in the country (see presentation for additional rankings).

Our total number of beds today in the four hospitals that are on campus is about 912. We closed the skilled nursing unit because we needed the beds for the hospital. The Vanderbilt Hospital is undergoing an addition that will add another 140 beds, and the Children's Hospital will have an addition that will add at least another 120 beds. When we are done, we will have close to 1,200 beds.

As a top Medical Center, we end up being the only center in the area for certain services. Among other things, we have 5 Lifeflight helicopters and we are the poison control center for the entire state. We are very important to the community, but this also creates many challenges. Many of the people that need our specialized services do not have insurance. Low socioeconomic status often means you are more likely to experience certain health problems. An example of this is premature birth and the need for NICU services.

In this marketplace, we have the fastest growth in the number of patients we admit. With this, we see growth in our bottom line; however we are also seeing growth in the dollars of uncompensated care. Until FY 06, we were in the \$100-110 million range for uncompensated care. With the TennCare disenrollment, we saw our uncompensated care increase to \$210 million in FY 06. Dr. Jacobson showed a graph that tracked uncompensated care cost for Vanderbilt and other teaching hospitals. Based on the dollar value of our charity care, with the TennCare disenrollment, we are likely in the top 10 hospitals in America in relation to uncompensated care.

After these Medical Center statistics, Dr. Jacobson began to talk about improvements and accolades in the Medical Center. He began with survey results from the Nashville area. His first slide showed results from 1996-2006 from 1,900 area households. The slide addressed the question “if you, or a member of your family, were ill, which hospital would you go to?” The slide showed that in 1996, we were close to the undecided responses with 7.8% of respondents choosing Vanderbilt. In 2006, we clearly received the highest responses with 19.7% of those surveyed selecting Vanderbilt as their hospital of choice. The second hospital of choice was Tri-Star with 13.3% of responses. The next survey questions Dr. Jacobson highlighted concerned quality of care. In 1996, none of the hospitals stood out in the survey. In 2006, Vanderbilt owned quality of care with 35.6% of responses selecting Vanderbilt. St. Thomas was second at 11.6%. The final survey question highlighted addressed physician quality. In 1996, the market did not recognize any hospital as having highest quality, with 24.3% of respondents selecting uncertain. In 2006, Vanderbilt is recognized as having the highest physician quality by receiving 32% of responses. The second highest response selected by participants was uncertain at 12.5%.

The Vanderbilt Children’s Hospital is ranked 14th in the country and Vanderbilt was recently recognized with the Magnet distinction. The Magnet distinction is a recognition that emphasizes the value of nursing and takes many different criteria into consideration. There are only 223 hospitals with this recognition and we are the first Nashville hospital to receive the recognition. We are the second hospital in the state of Tennessee to receive the Magnet distinction.

Quality of care is becoming public information as the Federal government moves forward with their transparency initiative. The University Hospital Consortium ranks quality of care and Vanderbilt ranked #8 in 2006. We are in the upper group at 65-70% range, which is really a grade of D, so all hospitals have some work to do.

In 2000, Vanderbilt was 24th in NIH funding, but we are now ranked 15th and receive \$244,158,993 in funding. We believe we will continue to grow in funding and will eventually be in the top 10.

Dr. Jacobson discussed the U.S. News and World Report’s America’s Best Hospitals, and noted that it is really more of a survey than database evaluation. Last year we tied for 15th in a ranking of 3000 hospitals. Dr. Jacobson then pointed out a number other organizations that recognized Vanderbilt. Among these were the National Research Corporation and America’s top doctors. We specifically discussed the Solucient Top 100 Hospitals recognition where Vanderbilt was one of the top 16 Academic Medical Centers. Their recognition not only looks at clinical performance, but also financial performance. We have been in their top 16 for five years in a row.

After discussing Vanderbilt’s recent achievements, Dr. Jacobson began to discuss the Elevate initiative. Elevate has three missions: teaching, research and patient care. In the area of patient care, we are good in quality, customer care and being a workplace of choice, but we are not yet great. Elevate involves goals that address each of the missions. Under Elevate, the Medical Center has these goals: to be the dominate healthcare

provider in Tennessee; to become the top referral center in the Southeast; to become nationally recognized as one of the top ten Medical Centers; and to earn a Mayo-like brand.

It is well known that happy employees make happy customers. There is no business where this is not true. Elevate is a program from the Studer group. The leader of the company, Quint Studer, was very successful at Baptist Hospital in Pensacola and decided to start a business to teach other companies what he did there.

Under Elevate, there are five pillars. The pillars are clinical quality, service and patient satisfaction, financial performance, growth and staff satisfaction. Part of the Elevate program focuses on giving leaders the tools needed to lead. The purpose is to hardwire excellence. Vanderbilt uses the Leadership Development Institute (LDI) to teach leaders. We adopted a credo, "It's who we are", and managers use thank you notes to recognize employees. The MC uses the AIDET introduction to patients and focused on service recovery. We don't always do everything right, but we try to correct things when we are wrong. We have a rewards and recognition program. The Medical Center also has balanced goals and performance development plans. Administration answers tough questions with the goal being management transparency. In the Reporter, Dr. Jacobson has an article where he regularly answers questions.

Dr. Jacobson's presentation includes a slide with the specific pillar goals for 2006. Under quality, a portion of the Medical Center bonus is associated with the mortality rate in the hospital. We are possibly the only hospital that includes this in our bonus.

Under the People pillar, the Medical Center focuses on reducing turnover, elevating new hire retention, elevating staff satisfaction scores and elevating physician satisfaction. The goal is to be on the Fortune 100 Best Places to work list by 2007. Dr. Jacobson showed a slide where the purple line indicates top 100 scores. You can see from the slide that Vanderbilt is inching its way toward that score.

The Medical Center's community survey is an important tool. In 2006, there were 11,020 VUMC staff responses which represented an increase of 46% over the prior survey. They received a higher score on every question, with the average overall in 2006 being 3.9. In 2004, the overall was 3.7. The Medical Center is switching to conducting the survey every year because incentives are annual, and the survey data is needed for evaluation. All domain scores improved and many met or exceeded the year's goal score.

The service pillar addresses overall quality of care. The Medical Center will continue to improve how they serve. The Adult ED is currently in the 97th percentile for quality. It is almost unheard of for an ED to be at that level. They have completely reworked how the Emergency department operates, and while people still have to wait longer than we would like, they are happy.

Under the quality pillar, our goal is to achieve the lowest mortality rate in the nation. When a patient comes in to the hospital, we can predict the likelihood that they will die. This prediction is based on age, diagnosis, etc. This is the expected mortality rate. The observed mortality rate is those that actually die. Last year, our goal was to reach a

mortality rate of .85 and we hit .75. This means that there were roughly 400 people that would have died in a hospital with an observed mortality rate of 1, but they did not at Vanderbilt.

The Leapfrog group recognizes the top hospitals in the country. Vanderbilt was listed in the top 58 in 2006.

It is hard to measure quality in research; however, one way is to look at how often other researchers cite your research in their papers. Over the last 5 years, Vanderbilt has been the second most frequently cited institution, second only to Harvard. Our Pharmacology department at Vanderbilt is the number one most cited department in pharmacology research.

Under the growth pillar, Dr. Jacobson discussed the additions and expansions that Vanderbilt is planning or currently has underway. VUH will have a 9 story addition with 5 new Inpatient ICU floors adding 141 beds. There will be 12 new operating rooms. Construction on the expansion will begin in 2007 and occupancy is scheduled for 2009. The new Vanderbilt Eye Institute will open in January 2008 and the VUH East Garage expansion is scheduled for completion in fall 2007. This expansion will add 800 new parking spaces. The renovation of the Cancer Clinic is scheduled for completion in December 2008.

We have created targeted growth plans. Vanderbilt recognizes that we can not grow everything. Some areas don't make money, so we focus on certain areas where we can do research or contribute to the bottom line. Since 2000, Vanderbilt has seen a 9.3% annual growth rate.

Dr. Jacobson also discussed the financial pillar. The financial goals include increasing net revenue (top line) by 10% year in hospital and clinic and 8% in physician practice, increasing the bottom line by 18% and saving of 5% in cash flow. Our target for 2007 is almost 2 billion in clinical revenue and about 31 billion in total bottom line. Dr. Jacobson discussed uncompensated care again in comparison to other Davidson County. We do more uncompensated care than all of the other Davidson County hospitals combined.

Question: What is one thing you wish staff understood better?

Dr. Jacobson said that there was not one thing, but he would like for staff to understand that Vanderbilt is a complex place with multiple missions and the surrounding community's image of Vanderbilt is very important. Vanderbilt has a really diverse set of missions. If you compare it to others, they are in a single business. It is important for staff to know and understand our missions. We are a University, but there is so much more to Vanderbilt than just education.

Question: I heard Bredeesen mention making sure that everyone is insured. What is the reality of that?

Dr. Jacobson believes that this is one of the Governor's values, but he doesn't believe the Governor has been effective in executing it. The only thing major change we have seen in his administration is TennCare disenrollment. When we went from TennCare to what we have now, we started a program that is wavered by Congress and is not officially

recognized as a Medicaid program. All of the other states have a Federal program where the government provides several hundred million dollars to the states to give to the hospitals that do a disproportionate amount of care. Tennessee does not have one of these programs.

Dr. Jacobson doesn't believe that the state or federal governments should be responsible for taking care of the uninsured. There are other initiatives that should be taken. There are a lot of people in Nashville that come to Vanderbilt, but they could go to other hospitals. The problem has less to do with hospitals and more to do with doctors. Hospitals don't admit patients, doctors do. If doctors were true to the Hippocratic Oath that they took, they would do their fair share of Medicaid and TennCare patients and the load would be distributed more evenly. There are also a lot of small employers and there has to be some way that they contribute.

Dr. Jacobson asked the council why America spends more money per capita on healthcare than any other country. He believes that at least 40% of the difference is caused by the friction around healthcare transactions. The provider gives the bill and the insurance company scrutinizes it. The insurance company has an infrastructure to get the lowest cost. 18% of healthcare costs are insurance companies getting their money and 2% is the provider battling the insurance company. We also have overuse of healthcare. We run too many tests and give too many prescriptions because they are available. Over the last few decades we have been trying to control the costs, but it is not working because we are not addressing these two problems. We don't have any leadership in federal or state government who know how to address the issues.

Question: It has been obvious over the past couple of years that Elevate is working. Is there any movement to expand it across the University?

There is certainly discussion on how to do this, and Dr. Jacobson thinks it should. He also noted that he believed that Kevin wanted to see this also, and Kevin confirmed that there is discussion and movement toward this.

Question: Have you ever thought about running for political office?

Yes, but Dr. Jacobson stated that he was more attracted to appointed positions. He would not want to be in a position where he had ideas but no platform. He said that one of the problems with politics is that once you win the election you may not be able to get anything done. There is too much politics and not enough governing.

Establishment of Standing Committees

Speaker: Andy Richter, Chair Membership Committee

Andy reported that the membership committee has completed its work to form five new standing committees within the Staff Advisory Council to implement the new USAC bylaws. These committees are set to begin meeting this month. We anticipate this new infrastructure will enable the Council to provide better service to its constituencies in the future. Andy also thanked the Membership Committee for their work in getting these committees established.

America on the Move

Speaker: Brad Awalt, Healthplus

Brad first announced that Count on Your Health would be taking place in February and March. If you do Know Your Numbers, you will receive a prize while supplies last. Count on your Health is scheduled to be in the RRB breezeway on February 14 from 7a-11a, in Frist Hall room 144 on February 20 from 10:30a-1:30p, the Law School 1st floor North Lobby on February 21 from 10:30a-1:30p and VMG Green Hills on February 28 from 7:30a-9:30a. You can also participate in Know Your Numbers throughout February at Healthplus during normal hours of operation.

Brad also announced the America on the Move initiative. This is a national initiative that is trying to get people to be more active and eat less. You can sign up for America on the Move and any Count on Your Health location. When you sign up, you will receive a pedometer while supplies last. Once you receive your America on the Move packet, you will go online and sign up. You can select different trails and track your progress in steps or minutes of activity. The goal is to get you to increase your steps by 2000 per day and decrease your calories by 100. Call the Nutrition Clinic at 6-3952 with questions.

Question: If you have done America on the Move before, do you still need to sign up this way?

Yes, because it is a little different than it was.

Brad also announced to the Council that last January Healthplus averaged 238 per day in the old facility. This January they saw the number increase to 400 people per day.

Diana Wohlfahrt called for a reading and approval of the minutes.

The December and January meeting minutes were approved.

Diana Wohlfahrt adjourned the meeting.