VANDERBILT | University Staff Advisory Council

Minutes for Tuesday, April 13, 2010
Sarratt 220

ATTENDANCE:

Present

Amos, Stan	Pruitt, Don	Reynolds-Barnes, Deborah
Armstrong, Terri	Rhodes, Katherine	Soxayachanh, Olivia
Atack, Becky	Richter, Andy	Stanard, Ray
Bailey, Bill	Seezen, Karen	Thompson, Molly
Banks, Diane	Sheldon, Brenda	Tucker, Phillip
Boglin, Harriett	Smeltzer, Mike	Walker, Bryon
Chapman, Angela	Smith, Donna	Watts, Katie
Cribbs, Chris	Smith, Susanne	Wenzell, Alison
DiGiovanna, Sheri	Soren, Carol	
Dubois, Daniel	Steward, Dan	Brake, Alyssa, MCSAC
Hiltz, Shirley	Strohl, Sandy	Sumrell, Sharon, MCSAC
Holcroft, Nancy	Stuart, Kate	
Houseman, Andrea	Trenary, Carlos	**Absent**
Johnson, Faye	Villager, Nyla	Alley, Jean
Johnson, Stacy	Vincz , Janiece	Barnett, Lora
Kiely, Kay	Wall, Andrea	Collins, Greg
King, Sue	Whatley, Luci	Dean, Mary Ann
Koval, Kristin	White, Lolita	Dixon, Michele
Lang, Melanie	Whitlow, Cathy	Fisher, Joe
Martin, Ashley		Formont, Jamie
McCurry, Barry	**Absent, sent regrets**	Franklin, Keith
McKee, Brenda	Krueger, Anna Kathleen	Gambill, Jodie
McLeod, Laura	Webb, Mary	Johnson, Faye
Moore, Stacey	Wilson, Cliff	McClure, Cheryl
Norfleet, Lydia	Bransford, Chris	Pryor, Jessica
Owens, Ann Marie	Brassil, John	Renshaw, Grace
Palmer, Dave	Featherston, Ginny	Steine, Cindy
Patterson, JoAnn	Kendrick, Stacy	Suttles, Todd
Pepper, Ronnie	Latham, Vickie	Watson-Wienzetl, Myrna
Pickert, Don	McGrath, Jason	Whaley, Elizabeth
Pring, Michael	McMeen, Ben	Williams, Tara
	Moore, Kenny	

Guest/Visitors: Cliff Joyner, Jane Bruce, Melissa Wocher, Mark Petty and Aileen Tackett, Client's Community Relations

Speakers: Mathew Redd, Midori Lockett, Commencement
Jeff Balser, Vice-Chancellor for Health Affairs and Dean of Vanderbilt University School of Medicine
Laura Berlind and Brian Williams of Hands-On-Nashville

8:00 a.m.   Coffee, Fruit and Pastries

8:30 a.m.   President Diane Banks called the meeting to order.

MINUTES: The minutes of the March meeting were unanimously approved. Diane introduced Jane Bruce, Cliff Joyner, and Mark Petty

COMMITTEE REPORTS

Membership: Andy Richter introduced and welcomed new members who had not been present at previous meetings. Andy reminds members that it is not too late to join a standing committee. If anyone is interested in joining please speak to someone on the Membership Committee.

Recently, staff members in all even-numbered groups received an invitation to run for election to our University Staff Advisory Council. Elections will be conducted in May and all elected members will be invited to our June meeting. If you are a current member, we encourage you to run for re-election. If you wish to run for re-election, you must respond to the invitation that you receive. We will NOT assume that all current members wish to run for re-election.

Members were reminded that attendance it is expected, as is responding to our RSVPs. The response mechanism is used for nametags, but that's not all! Please be sure to put in your name because we need your name to know who has responded. We have recently added a question to our RSVP: those who answer "no" or "maybe" will get a follow-up question asking you to tell us the reason. This is to give the membership committee some information about attendance. The reason choices are as follows: work related conflict, personal conflict, agenda item is not of interest, or other and to specify. Although our by-laws do not specify how many meetings one must attend as a minimum, the membership

committee feels strongly that as there are only 11 meetings in a year, one should attend most if not all meetings, but we realize this is not always possible so we are collecting data to find out what is a reasonable number of meetings to miss.

Our previous attempts to remind members of their obligations via individual e-mails were often not well received so we will take a more personal approach. We are mostly concerned with those members who neither respond nor attend. We'd like to reach out to them.

We would also like to remind you that at any time, you may bring a colleague with you - anyone is welcome (they can't vote or serve on a subcommittee unless they are a member, but they can attend). So, we will be adding a text box option for you to tell us if you will be bringing someone and if you know who it will be at the time that you fill out the response, you can list the person so we can have a nametag for them, as well.

Events: Andrea Wall handed out a report from Kroger. Last month 14 members bought a Kroger card. If you purchase a card and load it, we receive 4% back to benefit the Employee Hardship Fund: but only 4 people loaded money onto the card. Pay out amount was $0. We have to do our part. Please remember to load and use your Kroger card. We have 25 cards left and they are $5 each. You can use it for pharmacy and gas also.

Communication: Co-chair Carlos Trenary reported that there was a kerfuffle in updating the list for which he took full responsibility but the list will be fully updated today. We can change name if the email address also changes. HR changes the names officially. We can only do it on our mailing list. Carlos also reported that the web pages have been tweaked.

Rules and Administration: No report.

Staff Life: Kathy Rhodes reported that their group will meet on the 27th of this month. We have a group addressing the grievance issue and this group will be meeting next week on the 22nd. We also have someone reviewing the bereavement issue who has come up with some more current information and a possible suggestion. We hope to be presenting the bereavement information at the next meeting of the executive staff for recommendations on how to proceed.

UNIVERSITY STANDING COMMITTEES

Benefits Committee: The administration is undertaking the task of preparing for health reform.
Traffic Committee: No report.
Athletics: No report.

MCSAC: Bill Bailey reported on the Medical Center Safety Committee where a couple of questions about vendors and badges on campus were raised as vendors are supposed to be wearing badges. There will be a lighting tour in May. Largest issue is theft. The committee reminds us to make sure we lock down our computers, hide iPods, lock our offices, etc. Regarding emergency phones – they are all functioning and checked on a monthly basis and ITS works on fixing phones on priority basis.

NEW BUSINESS
In May, we will hold elections for offices, committees elect chairs and new officers will be elected.

GUEST SPEAKERS
Today's speakers were introduced by Diane Banks.

8:40 a.m. Mathew Redd and Midori Lockett, Commencement

Mathew thanked the group for the invitation to speak and noted the key dates as follows:
- Apr 25th set up begins after Rites of Spring
- Tuesday, May 4th: volunteer training
- Wed 12th, 9 pm party, (which is always the Wed prior to commencement).
- Thursday, May 13 is Senior day, the guest speaker is Khaled Hosseini author of The Kite Runner and 1,000 Splendid Suns. Faculty Seminars will also take place.
- Friday, May 14th is Commencement on alumni lawn at 9 AM.

General Highlights include the following changes made for this year:
- Senior day is in Memorial Gym
- Housing available at the commons – reduced to $89 a night
- Box lunches – offered Thursday and Friday this year
- Text Alerts: sent to phones – anyone can sign up (hotels, guests, staff)
- Tighter program: slight change in order and new additions

Mathew called for volunteers. Improvements for this year include:
Improved training for volunteers
Tues May 4th, 11 am
Professional look
New Commencement polo shirts for volunteers
Commencement gear (so everyone can answer questions/assist)

Better materials
        Almost alumni handbook (copies were handed out to USAC members)
        New and revised maps
Large Format Maps
        Placed around campus
Use of Ushers
Hospitality tent
        Lunch provided on commencement day
        Coffee, drinks, and snacks to start off the day

Midori Lockett informed the Council of an expected 3500 guests for The Party, Wed May 12. This is our annual large dance party with live entertainment. 85 volunteers are needed just for this event. Volunteers will be fed a dinner meal. Volunteers are scheduled for two shifts for this event: 8:15 PM – 10 PM, and 10pm – midnight. Volunteers are still guests and can go enjoy the music (Felix Cavalier) when not on a shift. You can also work both shifts. Sign up information is on the Commencement website: www.Vanderibilt.edu/commencement The faculty and staff volunteers bar is on the left. Choose all or one of the shifts available. There are many volunteer opportunities for Commencement, including The Party. Check out the possibilities at http://www.vanderbilt.edu/commencement/faculty-and-volunteers/registration. For Commencement day, guests arrive early in the morning. This year, we will not change shifts during Commencement. Contact: Office 322-2870; commencement@vanderbilt.edu

8:50 a.m.   **Jeff Balser, Vice-Chancellor for Health Affairs and Dean of Vanderbilt University School of Medicine**

Diane introduced Dr. Balser.
Jeffrey R. Balser, a 1990 graduate of the Vanderbilt MD/PhD program in pharmacology, undertook residency training in anesthesiology and held a fellowship in critical care medicine at Johns Hopkins University. He joined the faculty at Johns Hopkins in 1995. Dr. Balser moved to Vanderbilt in 1998, and served as Associate Dean for Physician Scientists. In 2001, Dr. Balser was appointed chair of the department of anesthesiology. Under his leadership, the Department was recognized nationally. In 2004 he became Associate Vice Chancellor for Research for the Vanderbilt Medical Center. In 2008, he was named Associate Vice Chancellor for Health Affairs and Dean of the Vanderbilt School of Medicine. He has chaired the NIH Director's Pioneer Awards, is a member of American Society of Clinical Investigation and the Association of American Physicians, and was recently elected to the Institute of Medicine of the National Academy of Sciences.

Dr. Balser appreciates the opportunity to share Medical Center information with us today. He selected his talk title "Personalized Health and Healthcare Reform" because these are the issues on our minds. Vanderbilt took a public stance in the Healthcare discussion. The administration believes that Vanderbilt needs to express its values: we care for everybody that comes here. We don't shrink from that, we are proud of that. The 130 academic medical centers are shouldering the economic cost of that. providing $350 million in uninsured care. We have to support that uninsured care load with everything else we do. We believe everyone should have insurance. To have people getting primary care in the emergency room is the most expensive and least effective way to take care of people. We want to reach people and provide care for them in their communities, where they are. We are thinking not of their insurance, but our focus is how we can take better care of people. VU can lead in personal care.

Slide 2: Referencing Michael Moore's movie "Sicko," Balser notes that Cuba does not have a better system than we do: we're 37th and they are 38th. We are the 2nd most expensive. We have a lot of work to do to make health care more affordable. Good health care is measurable in infant mortality, longevity, obesity, diabetes, etc. US stats are worse than most developed countries. We can argue about healthcare reform: but the fact that it needs to be better is inarguable…it is a human issue, not a political issue.

Slide 3: What health care costs: $7800 per person on average in the US. In most developed countries, it's $3500 per person.

Slide 4: Reasons why that is true. We pay more for drugs, equipment and people. We have a lot of friction in our system. There is an insurance company that stands between you and your health care. Insurance company is in that business to make a profit so you have more expenses. The practice of health care is also more expensive than it should be. Physicians are part of the problem. There is inconsistency in delivery - practices can be totally different in different cities - and we over use tests and medicines. We have to clean up our own act. Financial incentive dwarfs these other things. The public debate is focused on insurance but the truth is that the real opportunity is in how we deliver care.

Slide 4: Adverse drug events. VU co-authored paper in New England journal of med – 125,000 patients die in US hospitals due to adverse reactions with meds. There are 7,000-8,000 hospitals; 10-20 die in each hospital. VU has 60,000 discharges / year. This is the 5th leading cause of death in US in America's hospitals. That would be like a 747 crashing every day in the US. Think of the opportunity. That ignores the reality of drugs that don't have any positive benefits. 10x this number is the use of ineffective drugs.

Slide 5: Lots of reasons why this university is leading and not following the trend in how we're going to change the practice of medicine. VU is different because of how we are structured. We are part of VU. A fully owned, incorporated part of the university. The Chancellor is my boss. We all work as one unit. I work with Jerry Fife over administration. Physicians here are all faculty who are salaried by us. Most medical centers in the country have a different structure. 250 physicians typically contract to work at a given hospital. Imagine what it's like for administration to make changes with independent contractors. If everyone who worked here were just independent contractors like most hospitals, change would be difficult. The VU Medical Center, in the minority, has a huge advantage to change the system of care and do things that make sense to change. We appreciate that we are one integrated entity.

Information remains primitive throughout the country. VU has informatics on steroids. Our Health Record System doesn't just store information, but is a living entity to supply decision support. It argues with our doctors based on the latest and greatest medical evidence/information out there and it pushes back. If you pick a drug that our physicians group has said is more expensive or not better than

another or write the wrong dose, the system will push back. Less than 2% of hospitals have this. No other academic entity has it. Very few have sophisticated informatics like this. We are way off the end of the bell curve regarding what we can do, and analyze, and how we can effect care. We spent 10 years developing this at VU.

Slide 6: Some examples. Where we want to be is not "you have high blood pressure, we will charge you $100 each time you come to be treated by the doctor. That works for groceries, but not health care. Better: you have a team and that team is reimbursed over time to help manage your blood pressure. Your costs go down, insurance companies do better. If it's per click payment to doctors, we're like mice that get cheese each time they click the bar. Order a test, you get paid, order this, you get paid, etc. it encourages more clicks instead of focus on getting you better. We are trying to deconstruct the system and change it so it's more sensible. You could, instead of paying us per click, pay us to manage a portfolio of groups of people with a certain disease - twice the quality at half the cost, etc. You have a medical home: it's not just your physician that cares for you, it's a team of doctors, staff, and nurses. One might call and check on you, interact with you, change your doses, etc. It's personalized medicine.

Slide 7: Access is Prevention: the medical home.
Balser has learned the most important thing in health care is parking! But seriously, people like 100 Oaks because they can park. Balser receives more emails regarding the difference that the ease of parking has made for their health visits than almost anything else. They now offer breast cancer screening at 100 Oaks without an appointment. We will catch tumors early and who knew that the driver around reduced breast cancer rates might be parking!

Slide 8: Access is also the web with MyHealth@Vanderbilt. Patients can look at appointments, their drugs, labs, etc. 150,000 patients already participate. MyHealth receives 7,000 hits a day, and increases by 50,000/year. We are moving more and more healthcare into this platform because people like to manage their care themselves. Doctors like it because they don't have to call you. That's what healthcare should look like: constant interaction/feedback without an appointment. Everyone is getting answers. They want answers and they want them right away.
We will see more and more in this portal. We have lots of ideas there. Make care more affordable and easier. We don't get paid when our physician interacts with you via email on MyHealth: But, if we're paid to manage your care over time, we'd rather they interact with you every day rather than coming in every 6 months for tests, etc. We are managing disease over time from per click to constant disease management.

Slide 9: Balser gave an example of the impact sophisticated informatics can have at a hospital. We're not just a community health care system. We have 2500 faculty and about ½ of those do research and take care of patients. Each attended medical school, then received a PhD and MD and do both clinical and research. These same doctors treating patients are actually publishing on best ways to handle a disease. Evidence based order sets – a base line for their orders that come out in electronic ordering system. The default order comes from our best studies in the world on how to take care of your patient. We have over 500 on our system. No other system in world has over 20 we think! You can over ride this if your patient is different or special. Balser gave an example: mechanical ventilation. We have hundreds of such people on Ventilation. Medical Centers are now large ICUs. There are two reasons why people die in ICU: infection and pneumonia. You don't have your normal airway defenses so you contract infection. So, if you always do these 7 things at the right time, your risk of pneumonia goes down. But when you have 20 people taking care of you (respiratory, nutritionists, doctors, nurses, etc), it's like a busy bus terminal - it's organized chaos so sometimes someone forgets or doesn't do something on time and the patient can contract pneumonia and die. Evidence order helped because we knew what to do but we also needed a way to keep track of what was already done and what needed to be done when and by whom. We have developed ….

Slide 10: A way to project all the information so all participants know that things happen at the right time, thereby saving lives. The screen saver in the ICU consists of this chart. You see it everywhere, in every room. Big screens with color coded steps to be taken (again based on the latest medical evidence of what works). Colors: green means it's been done; red means you're late; yellow means the step needs to be done. Families can see it and it has a big impact (of course they do not like to see red). You could never contemplate this unless you had an electronic health system that could tell you this. We couldn't do this on paper.

Slide 11: What happened when it was rolled out? We went from over 300 pneumonia cases a year while on a ventilator (which was already below the national average so we could have just said that's why we're 37th, we were better than average and leave it at that: but we knew we could do better with the evidence based order sets and we did, we lowered cases of pneumonia from 300) to 170 when this was first implemented and then when we turned on the screen saver promoting more visibility, it dropped to 100. We saved $4.3 M and saved probably 16 lives.

What if we did this for all different kinds of conditions? Conservatively we could save $4.3 trillion…and we just paid for health care reform. Yes, there's friction in the system, and problems in how we pay, but the bottom line is we could take better care of people, less expensively and with increased quality.

Now VU is #1 in the country in terms of the likelihood of surviving if you're on a ventilator. Across health systems, if you have condition X based on national standards, the average is 1.0 across all diseases but VU is .7 which is 30% better than average. That means 380 people every year survive because they came to VU relative to the average hospital in this country. We want to get it down to .5 or .2. This type of process drives these statistics which seem cold - until you attribute them to actual people.
Balser opened up the floor for questions:

Q: Why are the other hospitals leasing out their doctors?
A: Physicians who graduate from med school and go into residency have options : to be employed by hospital physician groups or to go into private practice. Traditions in private practice are very strong. Physicians have looked for independence and autonomy and what is what created that system. So physicians are free to set up their own private corporation or groups and they do. This structure evolved through 150 years.

Q: What if you have a private practice that is not associated with any hospital?

A: A physician can practice in any hospital that will contract with him/her. There are physician groups looking at the economics of their group and looking for the best outcome. It is different at VU. We have to hire you as faculty member. You can't practice in our hospitals unless you are a faculty member.

Q: What is your vision for longer term?
A: VU will be a national leader. We are very well known in our region, in the Mid-South. If I'm flying form NY and Chicago and sitting next to a CEO, I ask, "What do you know about VU Medical Center?" Most have heard of VU, market research shows everyone knows about it; but they are not sure about the Medical Center. It's "Yeah, I think there's one" but they don't know about us. Or they say something about Elvis. My goal over next decade is to change that. Ten years ago, the goal was to make VU the leading provider of medicine in the region. We are there. Now the goal is to make VU Medical Center the leading provider in the country. Initiatives like this help to get us there. We had a marketing brochure in US airways recently.

Our DNA initiatives will also help. VU is the first place to use your DNA sequence to manage your own care. Again, this is possible because of our electronic health system.

Q: We have 100 Oaks. Do you plan on any expansions in other directions?
A: We have the largest practice in Williamson County (125 doctors) responsible for 40% of the admissions to Williamson County Medical Center. The situation has grown. Should we consolidate into a single location there? When we survey Williamson county people, they like getting their services at VU but prefer to be out there and not drive in to Nashville. We don't want to build another hospital so we are looking at how to structure things to provide more and more care to that community - probably consolidation of the 25 sites.

Q: How can we lower our infant mortality rate?
A: This is a national problem. Systems approach to care in terms of infant mortality is the problem of managing the mom early. We need to load up in community health centers. VU has a good community health center network, but handles only 40% of need. If we doubled it, it would help. Wwe need to provide more prenatal care of moms all through their pregnancy which will dramatically improve outcomes for babies.

We are getting our residents out there - sending medical students into two different community health centers in Nashville. Stimulus money might help that also. East Nashville folks will see a prenatal health care person if there is one there.

Q: What about incentives for patients to be more active and responsible for their care?
A: Good question. There is stuff in the media about Walgreens or Costco that changed its health care benefits such that you get a better rate if you can show that you do certain things (you don't smoke, keep your weight under control, etc.) to impact health care, positive prevention measures that influence what you pay for healthcare. A strong incentive is the pocket book. Now it's totally independent of how you live your life and that is not sustainable. There are reasonable things that encourage people. Other major corporations are doing that.

Q; Do you think healthcare should be a for-profit business?
A: There are large for-profit health systems in this country. The most honest answer is I'm not sure. There are some for profit systems that deliver excellent care at low costs such as Kaiser (whose national statistics of disease management is impressive). I am cautious about saying I don't believe in for-profit health care. I am more comfortable with a not-for-profit because I worry about incentives in health care and how that works. I don't want VU to be a for–profit. I would be surprised if for-profit medicine is the answer to improving health care but the jury is out on whether there is a role for that.

9:35 a.m. Laura Berlind (OFA) and Brian Williams of Hands-On-Nashville

VU staff member Laura Berlind introduced Brian Williams, Executive Director, to speak about Hands-On-Nashville (HON). This is Laura's 2nd year on their board.

Brian thanked the group for the invitation presented slides. Highlights from the slides include the following:

- Hands-on-Nashville became a 501c3 20 yrs ago in 1991, with the mission of connecting volunteers to community need.

- They are the only volunteer resource in middle TN. Davidson, Williamson and Rutherford historically have been covered and they have expanded to other counties over the past 1 ½ years.

- 2009 stats show 38,969 volunteers with over 300 non-profit school and government agencies. They have a staff of 6 1/2 and a budget of 500,000 to assist with volunteerism in 17 different issue areas such as hunger, homes, environment, etc. Their annual estimated economic impact is $20 M.

- Brian spoke of the current state of volunteerism: even during the economic crisis, volunteerism remained constant - from 26.2% in 2007 to 26.4% in 2008. Volunteerism is counter cyclical. When individuals don't have cash to give, they give their time. When they have decreased hours at their job, they look for ways to network, help, etc.

- TN ranks 38th among the 50 states in volunteerism. 24.7% of TN adults volunteered in 2008. The national volunteer rate is 26.4%. 1.7% behind national volunteer rate.

- Nashville ranks 35th among 51 large cities. Still, Hands on Nashville's services grew by 30% between 2008 and today. HON has a relationship with the various entities, and works to make it a good experience for volunteers with something tangible for them to do when they arrive at the project.

- Volunteer Rate graph shows a spike in 04-05-06 – heavily related to Katrina and post Katrina. 3.5% change

- Where people volunteer: 2006-2008 – churches 38%, Education 24.4. %, social services 11.3%, other 7.5%. The religious sector is decreasing because many faith groups have connections to non-profits and so are now volunteering directly with those entities instead through their faith groups. This is a positive trend.

- HON provided 85+ volunteer opportunities; planned, implemented, and evaluated by HON and its dedicated corps of volunteer project leaders. A benefit to an individual, each can review activities, expectations, attire required, etc. for projects at their site. HON projects are usually 3-12 folks, weekday evenings and weekends and there are 250 affiliates across country working off same model.

- HON can track all volunteers and provide an impact report back to VU. Other benefit of HON is that they actually manage the volunteers for the nonprofit. If you sign up and show up to volunteer, the individual that will be managing that project is a HON volunteer (trained and had over 200 hours experience) which are extensions of their staff. HON also engages volunteers in service via volunteer classifieds and there are individual volunteer activities.

- HON plays an integral role in Metro Nashville's Disaster Preparedness and Response efforts and is the designated volunteer processing agency for the Mayor's Office of Emergency Management and the Metro Public Health Department. To dispense volunteers, they create PODs (Points of dispensing)….volunteers are trained and ready to support these pods.

- Corporate program is ImpACT@Work. Customized volunteer projects managed for local business's employees in exchange for a fee.

- Skills bank matches trade and profession of volunteers to HON's nonprofit Partner Agencies. Creating skills-based volunteer opportunities that maximize these individual's economic impact.   Tap into skills of the community – enormous benefit to non profits without resources.

- Hands on Nashville Day. In 2009, connected 1251 volunteers to 49 school sites, making a $101,000 economic impact.

- Mary Catherine Strobel Volunteer Awards – recognizes most outstanding volunteers and recently awarded Vanderbilt folks: Jim White, and Edd Allision.

- On Board program: Center for nonprofit management, trains individuals for positions on boards of directors and introduces them to agencies that may benefit from their involvement.

HON's website: www.hon.org

USAC will be doing a survey to us to get an idea of what you'd like to do and try to help us navigate this and decide what we want to do as a VU community.

Q: Can we refer people to you?
A: Yes, HON serves as a referral source.

Q: We did a habitat for humanity house. Do you do those?
A: Yes, we do that for groups. Whether it's individuals wanting to serve or corporate groups, we indentify opportunities, vet them, and organize it. We take care of the details….water at the work site, volunteer scheduling, etc.

Q: Do you track or check backgrounds on volunteers?
A: When you search our site to apply, the basic info collected is name and email. The majority of nonprofits have legal requirements to do background checks and have to comply with DHR laws – they have to do it themselves so we don't do it for them. We have relationships with some where we perform background checks if they don't have the rules and regulations but daycare centers, etc. We also have a no-show tracking system. If you do that a second time we don't allow you to volunteer unless we meet with you.

10:00 a.m. The meeting was adjourned.

The next USAC meeting will be on May 11, 2010 in Sarratt 220, the Rand Function Room. Martha Ingram will be our guest.
 Reminder: All meeting times and locations are posted on the Staff Council website *http://www.vanderbilt.edu/usac/next.html*. Minutes of previous meetings and other USAC information may be found at www.vanderbilt.edu/usac