



# University of Iowa Health Care

*Presentation to  
The Board of Regents, State of Iowa  
September 17-18, 2008*

- Opening Remarks (Robillard)
- Volume and Financial Performance (Fisher)
- Update on Hospital Facilities Replacements and Renovation (Williams)
- Update on Ambulatory Care Campus (Williams/Fisher)
- Communicating Our Vision (Barron)
- Department Head Presentation - Radiation Oncology (Buatti)



## ***Operating and Financial Performance*** ***Year-to-Date July 2008***

Ken Fisher, Associate Vice President for Finance  
and CFO, UIHC

# Volume Indicators

July 2008



	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
<b>Operating Review (YTD)</b>							
Admissions	2,379	2,455	2,439	(76)	-3.1% ●	(60)	-2.5% ○
Patient Days	15,901	15,472	14,947	429	2.8% ●	954	6.4% ●
Length of Stay	6.68	6.30	6.13	0.38	6.1% ●	0.55	9.0% ●
Average Daily Census	512.94	499.10	482.16	13.84	2.8% ●	30.77	6.4% ●
Surgeries – Inpatient	981	1,002	872	(21)	-2.1% ○	109	12.5% ●
Surgeries – Outpatient	1,027	916	909	111	12.1% ●	118	13.0% ●
Emergency Treatment Center Visits	4,070	3,678	3,488	392	10.7% ●	582	16.7% ●
Outpatient Clinic Visits	61,365	58,971	56,718	2,394	4.1% ●	4,647	8.2% ●
Case Mix	1.8721	1.7722	1.7348	0.0999	5.6%	0.1373	7.9%
Medicare Case Mix	1.9019	1.9188	1.8329	(0.0169)	-0.9%	0.0690	3.8%

● Greater than 2.5% Favorable	○ Neutral	● Greater than 2.5% Unfavorable
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# Admissions by Clinical Department

July 2008



	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
<b>Operating Review (YTD)</b>							
Family Medicine	140	101	110	39	38.0% ●	30	27.3% ●
General Surgery	295	261	267	34	12.8% ●	28	10.5% ●
Internal Medicine	654	733	761	(79)	-10.6% ●	(107)	-14.1% ●
Neurology	125	121	102	4	3.4% ●	23	22.6% ●
Neurosurgery	166	173	141	(7)	-3.8% ●	25	17.7% ●
Obstetrics/Gynecology	257	251	266	6	2.2% ○	(9)	-3.4% ●
Ophthalmology	9	9	5	0	0.0% ○	4	80.0% ●
Orthopedics	214	204	182	10	5.0% ●	32	17.6% ●
Otolaryngology	44	56	50	(12)	-21.5% ●	(6)	-12.0% ●
Pediatrics	167	225	202	(58)	-25.9% ●	(35)	-17.3% ●
Psychiatry	165	189	209	(24)	-12.7% ●	(44)	-21.1% ●
Cardiothoracic	49	41	38	8	19.5% ●	11	29.0% ●
Urology	72	77	86	(5)	-7.1% ●	(14)	-16.3% ●
Other	22	14	20	8	57.1% ●	2	10.0% ●
<b>Total</b>	<b>2,379</b>	<b>2,455</b>	<b>2,439</b>	<b>(76)</b>	<b>-3.1% ●</b>	<b>(60)</b>	<b>-2.5% ○</b>

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

# Inpatient Surgeries – by Clinical Department

July 2008



	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
<b>Operating Review (YTD)</b>							
Cardiothoracic	74	81	69	(7)	-8.3% ●	5	7.2% ●
Dentistry	15	15	5	0	0.0% ○	10	200.0% ●
Dermatology	0	0	0	0	0.0% ○	0	0.0% ○
General Surgery	272	255	217	17	6.9% ●	55	25.3% ●
Gynecology	68	71	70	(3)	-4.6% ●	(2)	-2.9% ●
Internal Medicine	0	0	0	0	0.0% ○	0	0.0% ○
Neurosurgery	143	158	136	(15)	-9.6% ●	7	5.1% ●
Ophthalmology	17	14	11	3	19.2% ●	6	54.5% ●
Orthopedics	245	252	231	(7)	-2.9% ●	14	6.1% ●
Otolaryngology	66	78	57	(12)	-15.4% ●	9	15.8% ●
Pediatrics	0	0	0	0	0.0% ○	0	0.0% ○
Urology w/ Procedure Ste.	81	78	76	3	4.1% ●	5	6.6% ●
<b>Total</b>	<b>981</b>	<b>1,002</b>	<b>872</b>	<b>(21)</b>	<b>-2.1% ○</b>	<b>109</b>	<b>12.5% ●</b>

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# Outpatient Surgeries – by Clinical Department

July 2008



	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	1	4	12	(3)	-75.0% ●	(11)	-92.2% ●
Dentistry	52	32	46	20	60.3% ●	6	13.0% ●
Dermatology	4	4	0	0	0.0% ○	4	0.0% ●
General Surgery	138	109	117	29	26.9% ●	21	17.9% ●
Gynecology	48	48	44	0	0.0% ○	4	9.1% ●
Internal Medicine	0	1	2	(1)	-100.0% ●	(2)	-100.0% ●
Neurosurgery	26	6	4	20	333.3% ●	22	550.0% ●
Ophthalmology	290	236	255	54	23.1% ●	35	13.7% ●
Orthopedics	220	207	209	13	6.3% ●	11	5.3% ●
Otolaryngology	150	127	115	23	18.4% ●	35	30.4% ●
Pediatrics	0	1	0	(1)	-100.0% ●	0	0.0% ○
Urology w/ Procedure Ste.	98	142	105	(44)	-30.8% ●	(7)	-6.7% ●
<b>Total</b>	<b>1,027</b>	<b>916</b>	<b>909</b>	<b>111</b>	<b>12.1% ●</b>	<b>118</b>	<b>13.0% ●</b>

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

# Emergency Treatment Center

July 2008



	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
<b>Operating Review (YTD)</b>							
ETC Visits	4,070	3,678	3,488	392	10.7% ●	582	16.7% ●
ETC Admits	1,042	1,075	1,024	(33)	-3.1% ●	18	1.8% ○
Conversion Factor	25.6%	29.2%	29.4%		-12.4% ●		12.8% ●
ETC Admits / Total Admits	43.8%	43.8%	42.0%		0.0% ○		4.3% ●

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Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

# Clinic Visits by Clinical Department

July 2008



	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Anesthesia	1,338	1,383	1,327	(45)	-3.2% ●	11	0.8% ○
CDD	649	588	599	61	10.4% ●	50	8.4% ●
Clinical Research	648	658	622	(10)	-1.5% ○	26	4.2% ●
Dermatology	2,008	2,058	1,873	(50)	-2.5% ○	135	7.2% ●
ETC	4,070	3,670	3,448	400	10.9% ●	622	18.0% ●
Employee Health Clinic	1,516	1,393	1,368	123	8.9% ●	148	10.8% ●
Family Care Center	7,906	8,360	7,905	(454)	-5.4% ●	1	0.0% ○
General Surgery	2,317	2,186	2,179	131	6.0% ●	138	6.3% ●
Hospital Dentistry	1,883	1,936	1,932	(53)	-2.7% ●	(49)	-2.5% ●
Internal Medicine	8,960	8,936	8,392	24	0.3% ○	568	6.8% ●
Neurology	1,223	1,294	1,324	(71)	-5.5% ●	(101)	-7.6% ●
Neurosurgery	834	738	727	96	13.0% ●	107	14.7% ●
Obstetrics/Gynecology	5,975	5,509	5,262	466	8.5% ●	713	13.6% ●
Ophthalmology	6,180	5,328	5,231	852	16.0% ●	949	18.1% ●
Orthopedics	4,489	4,360	4,108	129	3.0% ●	381	9.3% ●
Otolaryngology	2,434	2,277	2,310	157	6.9% ●	124	5.4% ●
Pediatrics	3,106	2,830	2,843	276	9.8% ●	263	9.3% ●
Psychiatry	3,337	3,278	3,285	59	1.8% ○	52	1.6% ○
Cardiothoracic	214	186	180	28	15.0% ●	34	18.9% ●
Urology	1,296	1,281	1,237	15	1.2% ○	59	4.8% ●
Other	982	723	566	259	35.9% ●	416	73.5% ●
<b>Total</b>	<b>61,365</b>	<b>58,971</b>	<b>56,718</b>	<b>2,394</b>	<b>4.1% ●</b>	<b>4,647</b>	<b>8.2% ●</b>



Greater than 2.5% Favorable

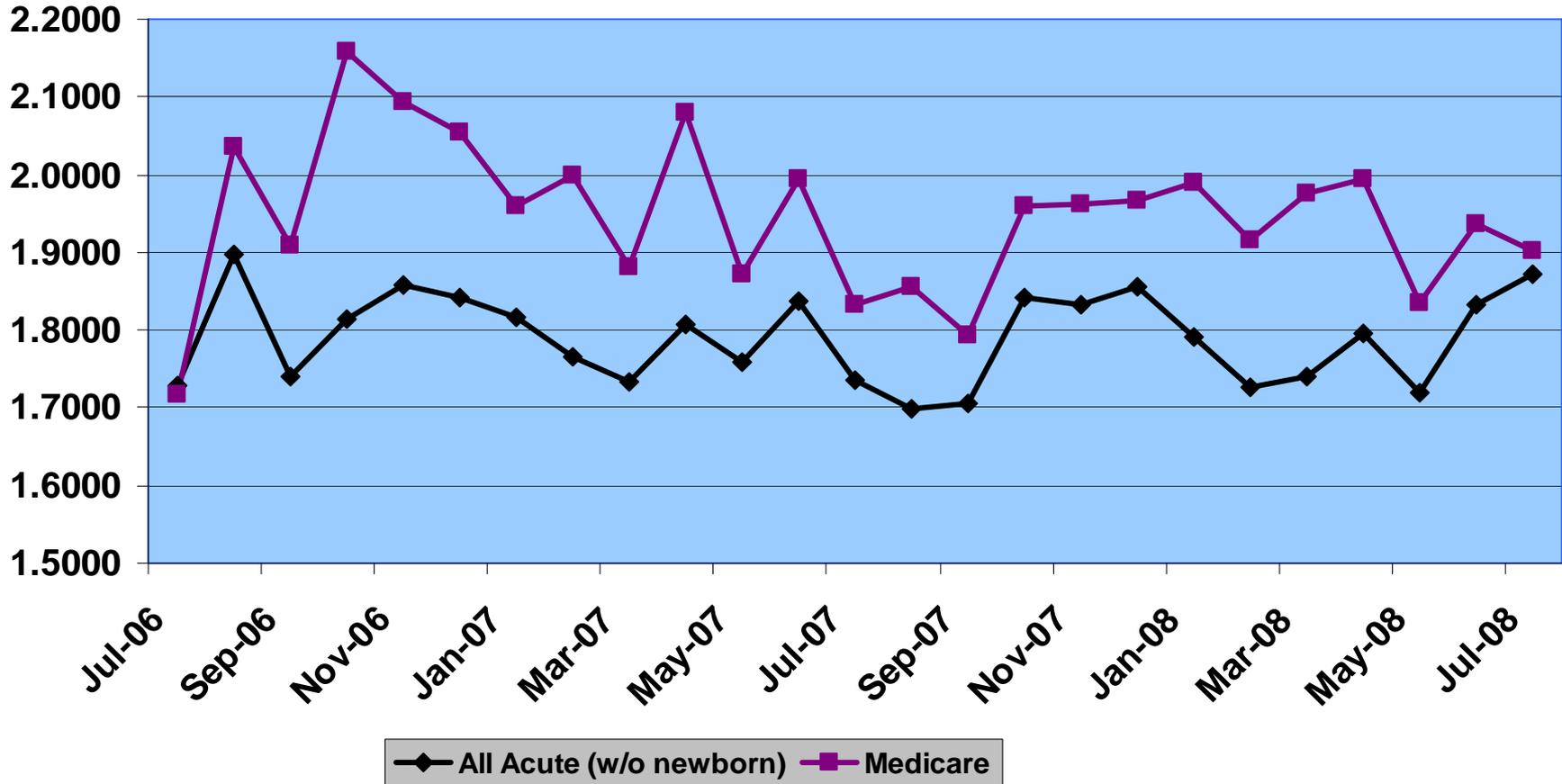


Neutral



Greater than 2.5% Unfavorable

# UIHC Case Mix Index



# UIHC Comparative Financial Results

Fiscal Year to Date July 2008



	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Patient Revenue	72,124	73,195	63,636	(1,071)	-1.5%	8,488	13.3%
Appropriations	585	585	1,171	0	0.0%	(586)	-50.0%
Other Operating Revenue	3,909	3,513	3,655	396	11.3%	254	6.9%
<b>Total Revenue</b>	<b>\$76,618</b>	<b>\$77,292</b>	<b>\$68,462</b>	<b>(\$ 674)</b>	<b>-0.9%</b>	<b>\$ 8,156</b>	<b>11.9%</b>

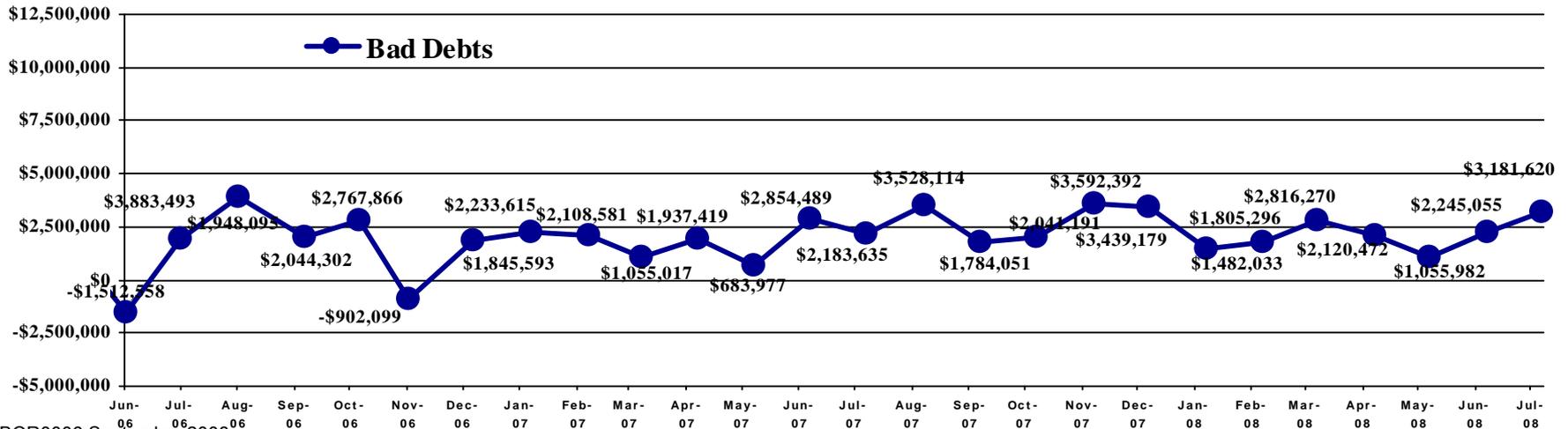
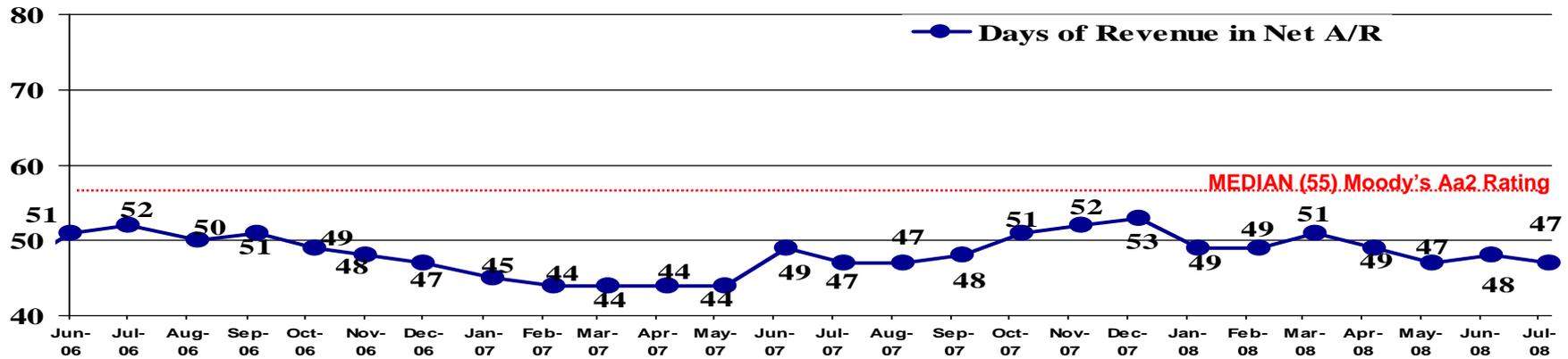
Salaries and Wages	\$40,972	\$40,577	\$36,107	\$395	1.0%	\$4,865	13.5%
General Expenses	29,127	29,862	25,754	(735)	-2.5%	3,373	13.1%
Operating Expense before Capital	\$70,099	\$70,439	\$61,860	(\$340)	-0.5%	\$8,239	13.3%
<b>Cash Flow Operating Margin</b>	<b>\$6,519</b>	<b>\$6,853</b>	<b>\$6,602</b>	<b>(\$334)</b>	<b>-4.9%</b>	<b>(\$83)</b>	<b>-1.3%</b>
Capital- Depreciation and Amortization	5,946	6,315	5,622	(369)	-5.8%	324	5.8%
Total Operating Expense	\$76,045	\$76,754	\$67,482	(\$709)	-0.9%	\$8,563	12.7%

<b>Operating Income</b>	<b>\$573</b>	<b>\$538</b>	<b>\$980</b>	<b>\$35</b>	<b>6.5%</b>	<b>(\$407)</b>	<b>-41.5%</b>
<b>Operating Margin %</b>	<b>0.7%</b>	<b>0.7%</b>	<b>1.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>-0.7%</b>	<b>-50.0%</b>
Gain (Loss) on Investments	670	1,429	962	(759)	-53.1%	(292)	-30.4%
Non-Recurring Items	-	-	-	0	0.0%	0	0.0%
<b>Net Income</b>	<b>\$1,243</b>	<b>\$1,967</b>	<b>\$1,942</b>	<b>(\$724)</b>	<b>-36.8%</b>	<b>(\$699)</b>	<b>-36.0%</b>
<b>Net Margin %</b>	<b>1.6%</b>	<b>2.5%</b>	<b>2.8%</b>	<b>-0.9%</b>	<b>-36.0%</b>	<b>-1.2%</b>	<b>-42.9%</b>

# Comparative Accounts Receivable at July 31, 2008



	June 30, 2007	June 30, 2008 (Preliminary)	July 31, 2008
Net Accounts Receivable	\$101,254,328	\$110,533,709	\$109,050,697
Net Days in AR	49	48	47



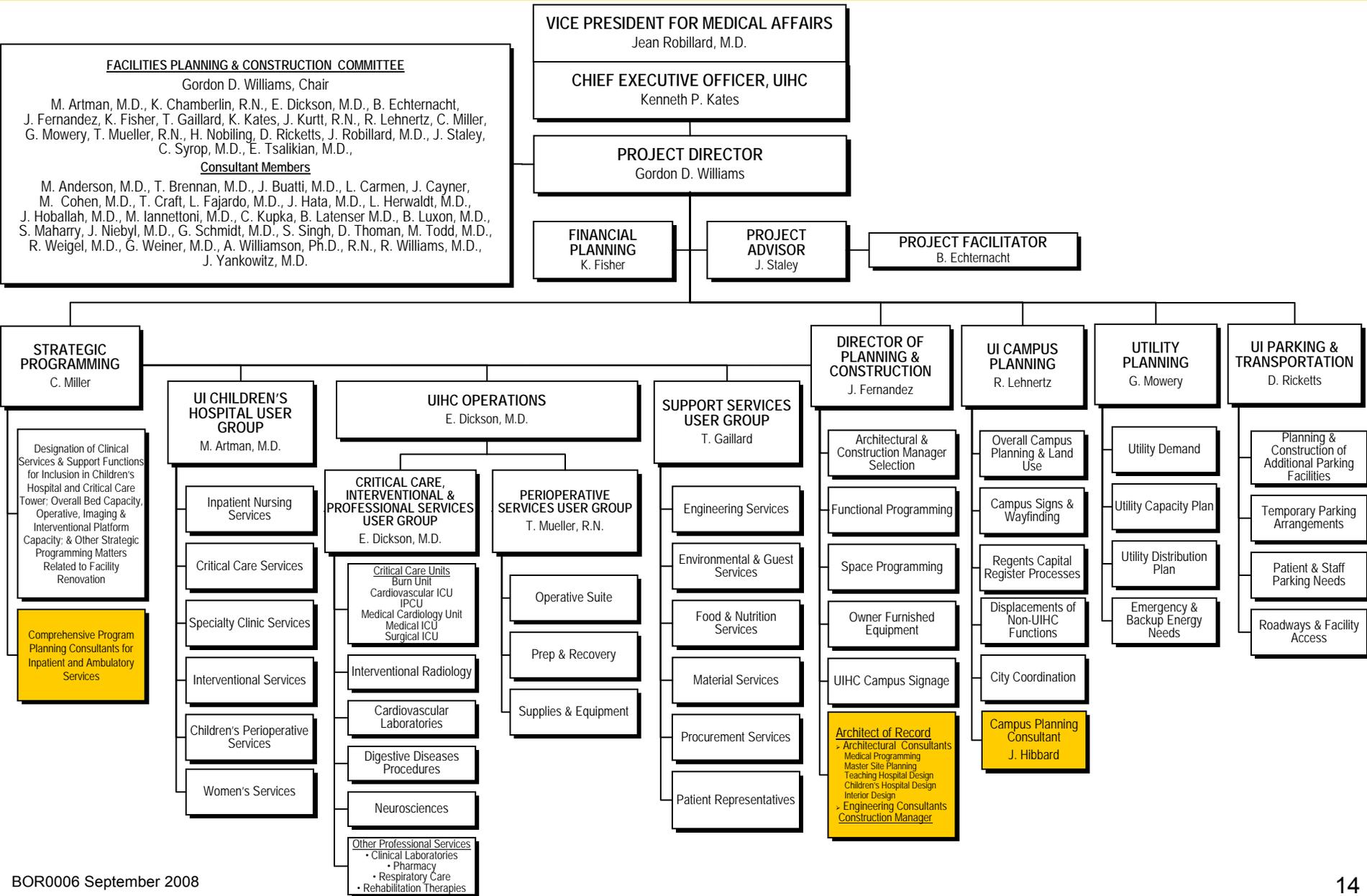


# ***Update on Planning for Replacement Hospital Additions, Renovations and Off-Site Ambulatory Care Facility***

**Gordon D. Williams**

**Project Director**

UNIVERSITY OF IOWA HOSPITALS AND CLINICS FY 2006-2035 STRATEGIC FACILITIES MASTER PLAN IMPLEMENTATION  
**ORGANIZATIONAL STRUCTURE FOR PLANNING AND CONSTRUCTING REPLACEMENT  
 HOSPITAL ADDITIONS, IOWA RIVER LANDING CLINIC AND RENOVATING CURRENT FACILITIES**



# Updated Timeline



## Children's Hospital and Critical Care Tower

2008				2009*		2010		2013		
<b>March, 2008</b> Permission to proceed with project planning approved by Board of Regents  Established Architectural Selection Committee	<b>May, 2008</b> Established Facilities Planning & Construction Committee  <b>May-July, 2008</b> Approved selection of architectural & CM firms	<b>May, July, Aug., Sept., Oct., Dec., 2008</b> Present status reports to Board of Regents	<b>Aug. - Sept., 2008</b> Presentations to UI Capital Projects Review & Campus Planning Committees	<b>Feb., March, May, 2009</b> Present status reports to Board of Regents	<b>June, 2009</b> Present Program Statement to Board of Regents & proceed with final design	<b>Sept., 2009</b> Present Project Description, Budget & Schematic Design to Board of Regents	<b>March, 2010</b> Receive bids for project  <b>Spring 2010</b> Sell "Revenue Bonds"	<b>May, 2010</b> Begin Construction  Present status report to Board of Regents	<b>May, 2013</b> Complete Construction	<b>Sept., 2013</b> Occupancy

\*UIHC will seek determination of CON reviewability and submit CON application if indicated

## Parking, Utilities and other UI Responsibilities

2008		2009		2010		2013	
<b>March, 2008</b> Commence preliminary planning with UI staff		<b>Sept., 2008</b> Appoint Subcomm. on Parking, Access & Roadways	<b>Feb., 2009</b> Subcomm. presents recommendations to Facilities Planning & Construction Committee	<b>April, 2010</b> Relocate Parking as needed alternate site(s)		<b>May, 2013</b> Complete all work on Parking, Utilities & other UI responsibilities	

## Replacement of Facilities or Relocation of Programs Center for Disabilities and Development and possibly Wendell Johnson Speech and Hearing

2008		2009		2010		2013	
<b>June, 2008</b> Appointed Subcomm. for planning replacement of Center for Disabilities and Development		<b>Sept., 2008</b> Subcomm. presents plan for relocation of Center for Disabilities and Development services		<b>May, 2010</b> Relocation of functions to new or interim sites			

## Off-site Ambulatory Care

2008				2009		2010		2013	
<b>March, 2008</b> Commence site identification	<b>July, 2008</b> Appointed Subcomm. to develop off-site Ambulatory Care plans	<b>Aug. - Oct., 2008</b> Consider Coralville proposal on developing clinic at Iowa River Landing  <b>Oct., 2008</b> Subcomm. presents recommendations on patient experience	<b>Oct., 2008</b> Present proposal to Board of Regents for turnkey contract with selected development firm & partners	<b>Jan., 2009</b> Present progress report to Board of Regents	<b>March, 2009</b> Commence construction of initial buildings	<b>July, 2010</b> Developer completes construction of initial buildings	<b>Sept., 2010</b> UIHC moves clinical operations into new facilities		

# Construction Manager Selection

- Process to select Construction Management initiated by June 15 correspondence to 15 national firms and newspaper advertisements requesting submission of qualifications
- Five national firms submitted qualifications and four were selected for initial on-site discussions
- Of these four, two were selected for making detailed presentations and of these, Gilbane Building Co. (Chicago, IL) was selected as Construction Manager

## Subcommittee Appointments

<u>Subcommittees</u>	<u>Date Charged</u>	<u>Completion Date</u>
● Planning Transition of Center for Disabilities & Development Services	6/02/08	9/30/08
● Considering Merits of Developing Main Kitchen & Dining Room in New UIHC Facilities	7/03/08	11/06/08
● Developing Off-Site Ambulatory Care Facility Plans	7/17/08	10/30/08
● Addressing Information Technology Requirements & Options for the Children's Hospital, Critical Care Tower & Off-Site Ambulatory Care Facility	8/07/08	12/15/08
● Patient, Visitor and Staff Parking, Vehicular & Pedestrian Access & Roadways	9/04/08	2/05/09

## Key Decisions (Cont.)

Site  
Options



## Key Decisions (Cont.)

### Site Selection Criteria



- *Patient Experience of the Future*
- *Operational Efficiency*
- *Adjacencies & Flow*
- *Image, Identity & Clarity of Orientation*
- *Capacity for Future Service Line Growth*
- *Financial Realities*
- *Minimize Domino Projects Deterring Priority Initiatives*
- *Future Flexibility*

Option 1	Option 2
+	+
□	+
□	+
+	+
+	+
□	+
□	+
+	□

## **Subcommittee for Developing Off-Site Ambulatory Care Facility Plans**

Ms. Kathleen Barbee, Co-Chair

John Swenning, R.N., Co-Chair

Paul Abramowitz, Pharm.D.

Lori Christensen, M.D.

Laurie Fajardo, M.D.

Dan Fick, M.D.

Mr. Randy Fry

Mr. Jay Goodin

Mr. Mark Hingtgen

Ms. Diana Leventry

Ms. Chris Miller

Keri Semrau, R.N.

Mr. John Staley

Craig Syrop, M.D.

Bonnie Wagner, R.N.

Ms. Lauren Waitzman

TBN Patient Representative/Customer

# ***Subcommittee Tasks: August - October***

Define the ideal patient experience for those who will be served at the Off-Site Ambulatory Care Facility. In developing this definition stress that all care and services will be provided in keeping with the “Ambulatory Care Standards of Excellence” and emphasize:

- Timely services provided in a pleasant and friendly environment
- Patient and family – centered care
- Open access
- Interdisciplinary collaboration
- An environment that supports the highest level of quality and safety

Establish standards for each segment of the patient care experience that would include:

- Patient calls for appointments/information
- Correspondence with patients
- Access to the facility
- Parking accommodations
- Reception and patient check-in
- Escorting patients to exam rooms
- Examination, diagnostic testing and treatment
- Departure from the clinic
- Reports on results of laboratory and other tests
- Scheduling future off-site clinic appointments and referral appointments

# Subcommittee Activities/Tasks Completed

- To date, the Subcommittee for Developing Off-Site Ambulatory Care Facility Plans has completed four meetings.
- On August 26, two representatives from the Disney Institute met with the Subcommittee and thirty others to discuss Disney's approach to service.
- The Subcommittee is in the process of defining the Iowa Patient Experience for the facility.
- The Subcommittee is working on defining the service lines to be relocated to the Off-Site Facility.
- The Subcommittee has identified six workgroups to address the following:
  - Define ideal patient experience
  - Establish standards for patient experience
  - Functional evaluation of clinics with workload projections
  - Functional space program for off-site facility
  - Staffing model
  - Business planning





## ***Communicating Our Vision***

Ellen Barron

Associate Vice President for Marketing & Communications

# Cohesive approach

- For the first time, UI Health Care has a comprehensive marketing communications approach and philosophy that encompasses the entire enterprise and its priority initiatives:
  - UI Hospitals and Clinics
  - Carver College of Medicine
  - UI Physicians
- Going forward, we will communicate as one entity and collaborate closely with others, especially the UI foundation
- UI Health Care Facility Evolution Plan

***Changing Medicine. Changing Lives.®***

## **Communicating the UI Health Care Facility Evolution Plan: Replacement Hospital Development**

***Four-phase approach***

## Plan highlights

- Build understanding about the **promise of the future**
- **Inform & engage** audiences about impact and progress
- Reinforce the need for investing in the Academic Medical Center (AMC) Mission
  - **Complex & highly sophisticated care**
  - **Growth in demand for health care services**
  - **Existing facilities not aligned with emerging technology and patient requirements**
  - **Improve patient safety and privacy**
  - **Educate physicians, nurses and other professionals**
- Further enhance UI Health Care image and brand

# Audience focused

- Patients, families & visitors
- Consumers (community-at-large)
- Current and prospective donors
- Employees
- UI physicians
- Referring physicians
- Media
- Volunteers
- Business and civic leaders
- Alumni
- Prospective students
- Iowa political leadership
- Employers
- Payors
- Regulatory agencies

# ***Phase 1: Pre-construction Phase (2008-2010)***

- ***Communicate via all channels:***
  - Educate audiences:
    - What's the plan? Why now? What does it mean to Iowans?
    - What are funding opportunities?
  - Showcase milestones:
    - Architect selection
    - Timelines
    - Key decisions
  - Opportunities for input/Next steps

## ***Phase 1: Pre-construction Planning – Communications Strategies (examples)***

- ***Create a micro Web site devoted to UI Health Care facility evolution***
  - “Push” email and text messaging
  - Construction web cams
  - Virtual tours

## ***Phase 1: Pre-construction Planning – Communications Strategies (cont'd)***

- ***Consumer communications***

- Neighborhood communications program
- Sunday newspaper supplements

- ***Employee communications***

- Manager “toolkit” to explain plans, benefits
- Countdown to groundbreaking promotion

## ***Phase 2: Construction Phase (2010-2013)***

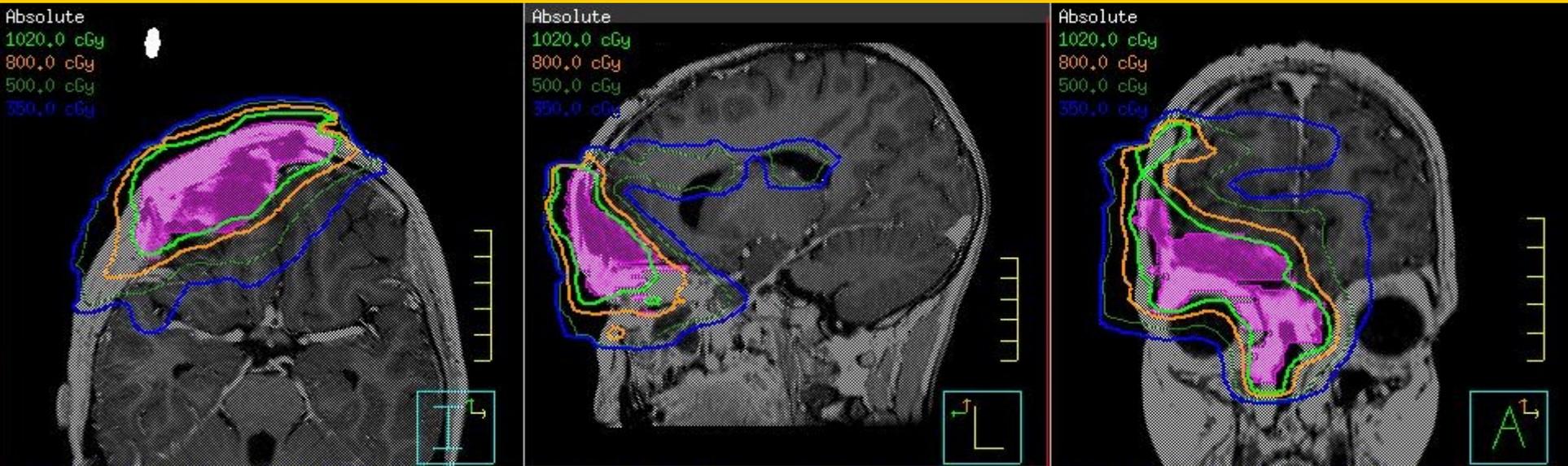
- ***Maintain ongoing exposure***
  - Proactive media relations program
  - Progress reports to all audiences at key milestones
  - Communicate short-term changes as needed
    - Temporary entrances, road closings/detours, parking
  - Invite community participation

## ***Phase 3: Opening Stage (2013)***

- ***Leverage opening opportunities***
  - Plan and host special opening receptions for select audiences
  - Develop informational DVD
  - Other strategies related to program

## ***Phase 4: Post-opening (2013+)***

- ***Continue communications via all channels***
  - Media opportunities: highlight “firsts”
  - Evaluate and refine wayfinding/signage
  - Seek feedback



## ***Center of Excellence in Image-Guided Radiation Therapy***

John M. Buatti, MD

Professor and Head

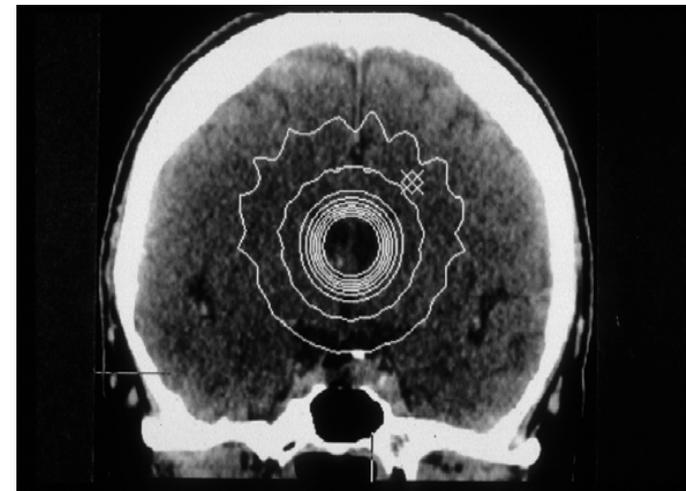
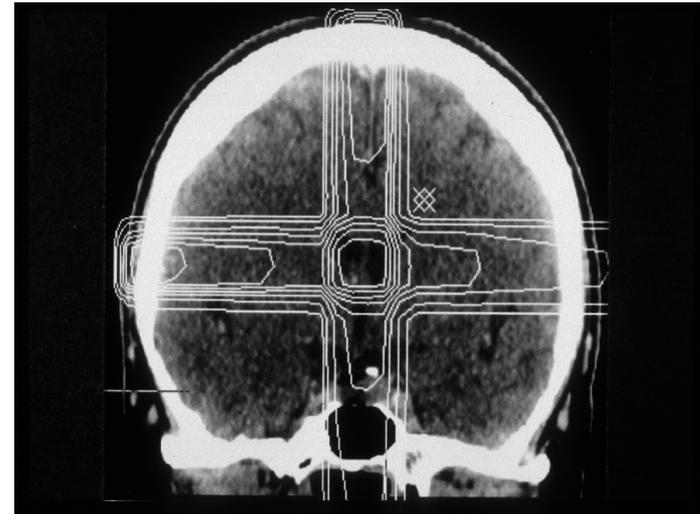
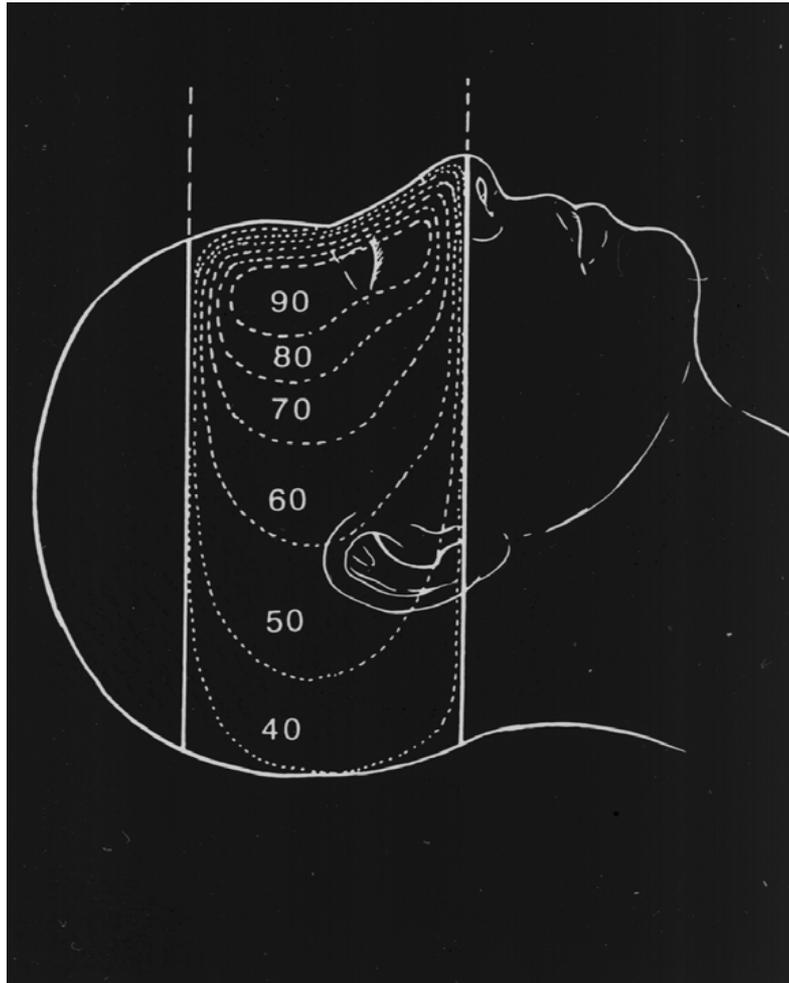
Department of Radiation Oncology

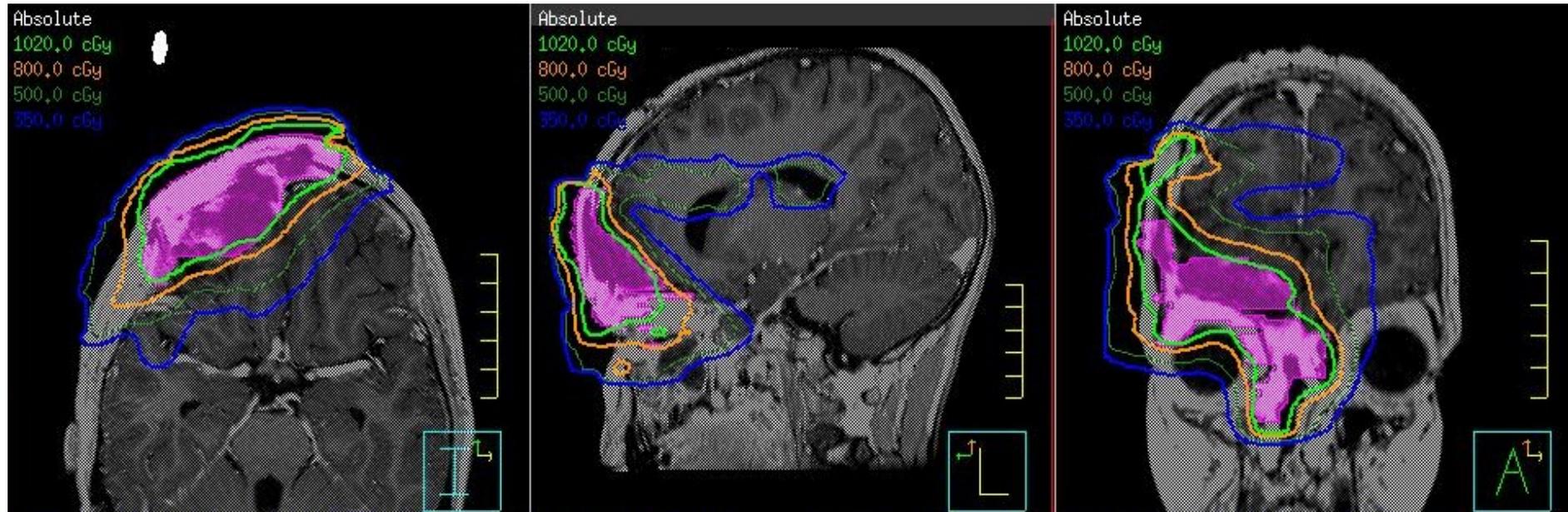
University of Iowa

# Transforming Change



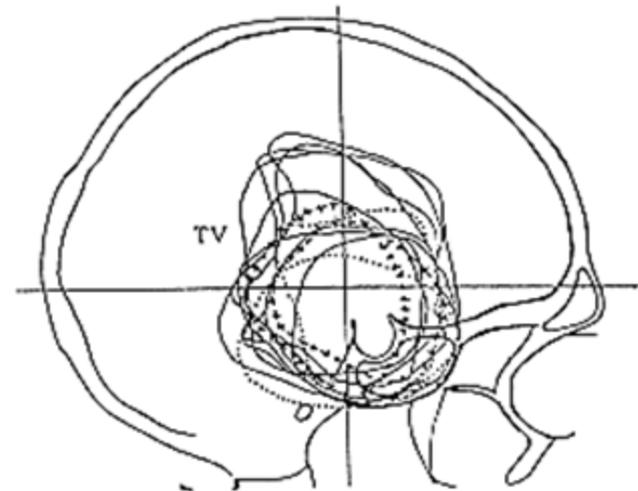
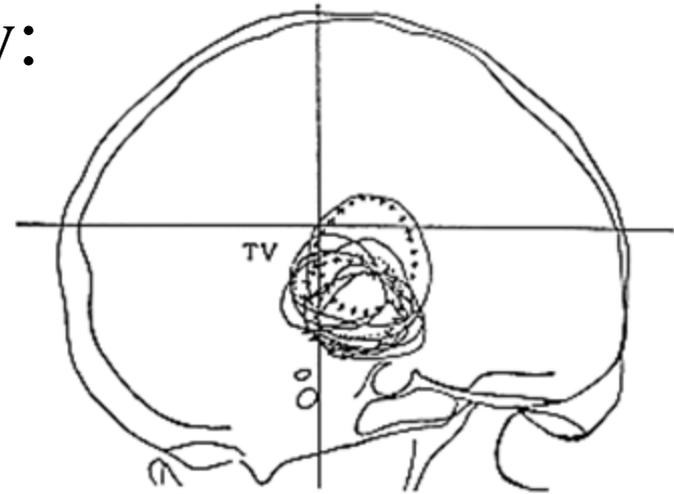
- *Dedicated to improved compassionate patient care, research and education through a synthesis of free radical science, advanced technologies and skilled professionals*

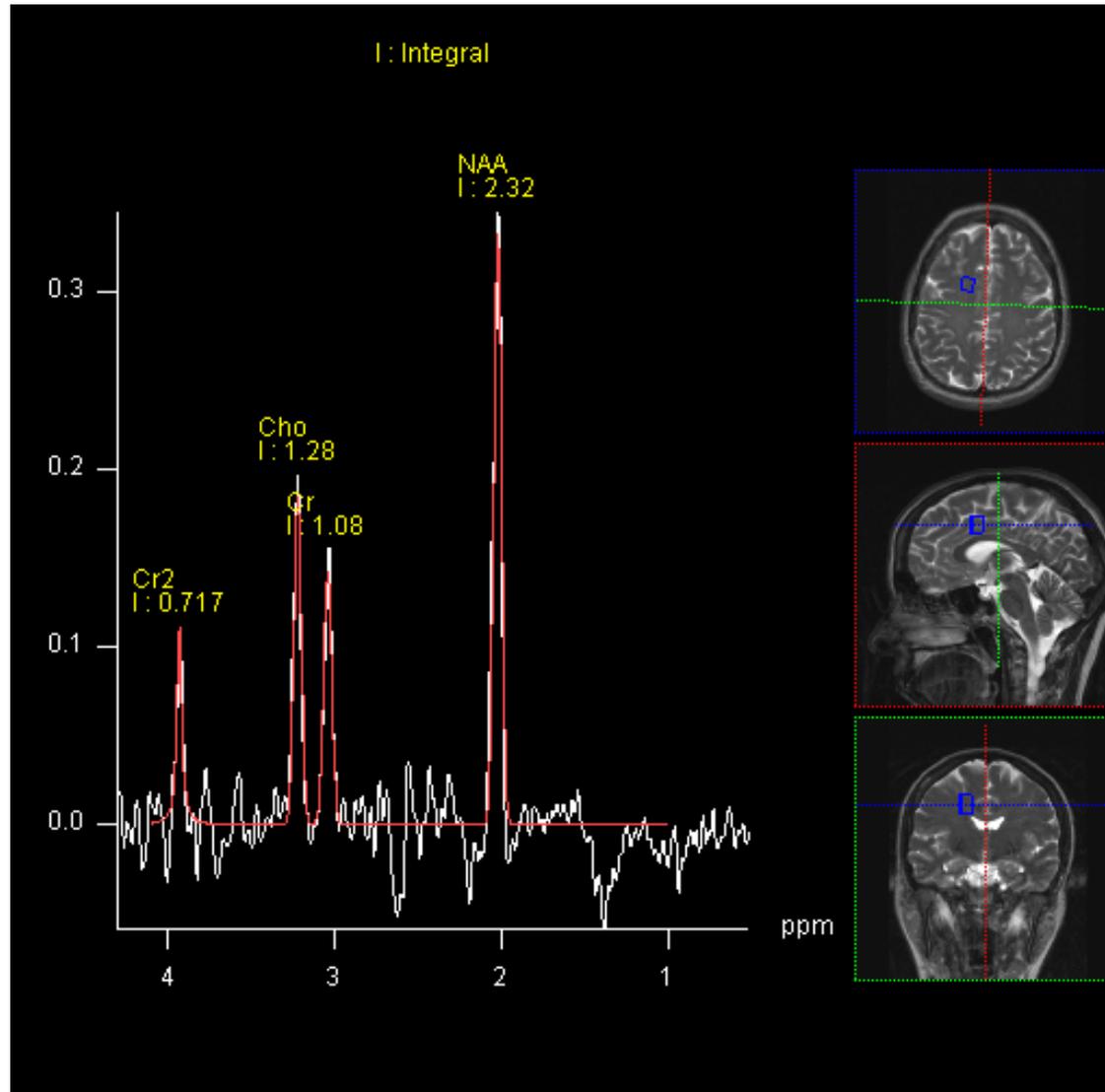


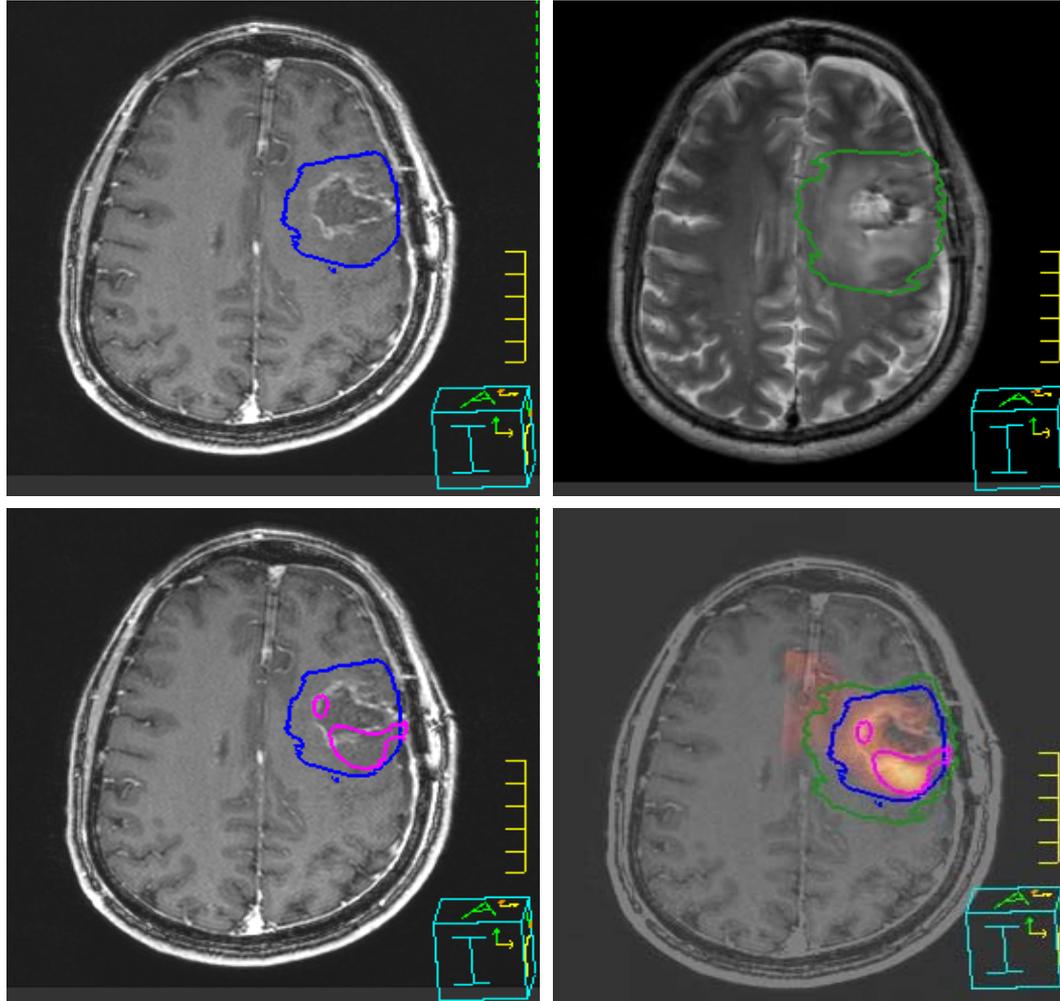


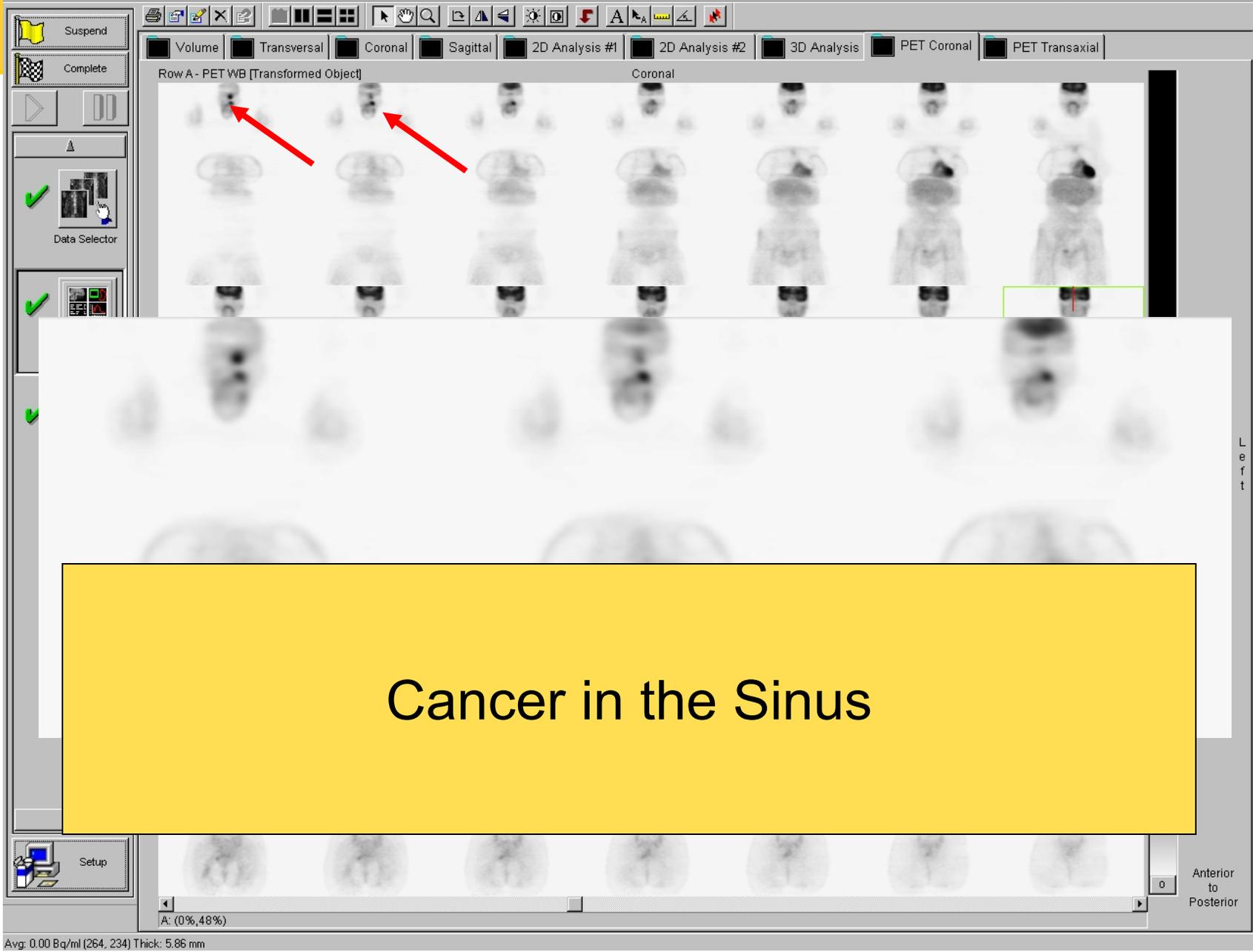
## Tumor Volume delineated by:

- 8 radiation oncologists (-----),
- 2 radiodiagnosticians (.....),
- 2 neurosurgeons (- - - -).

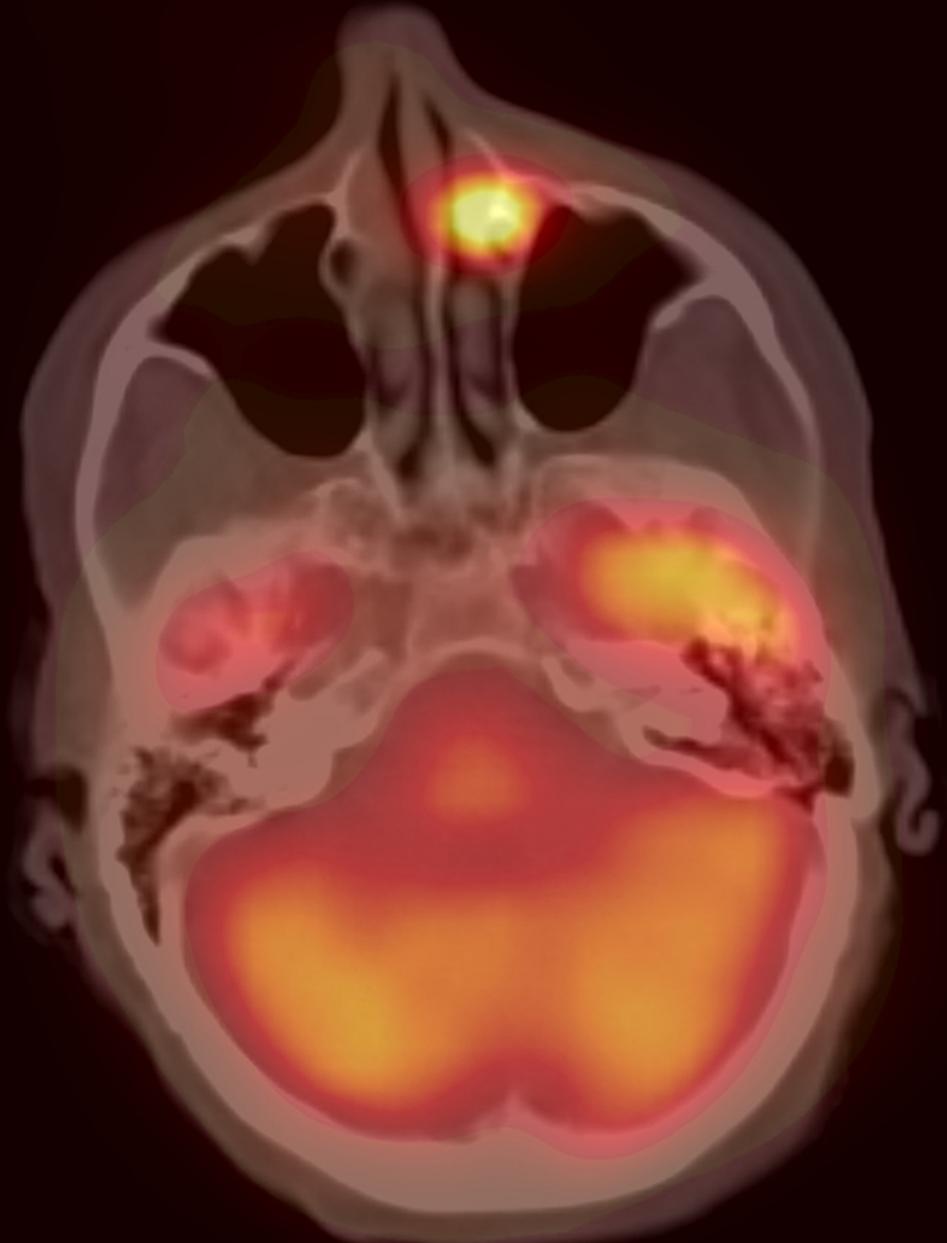








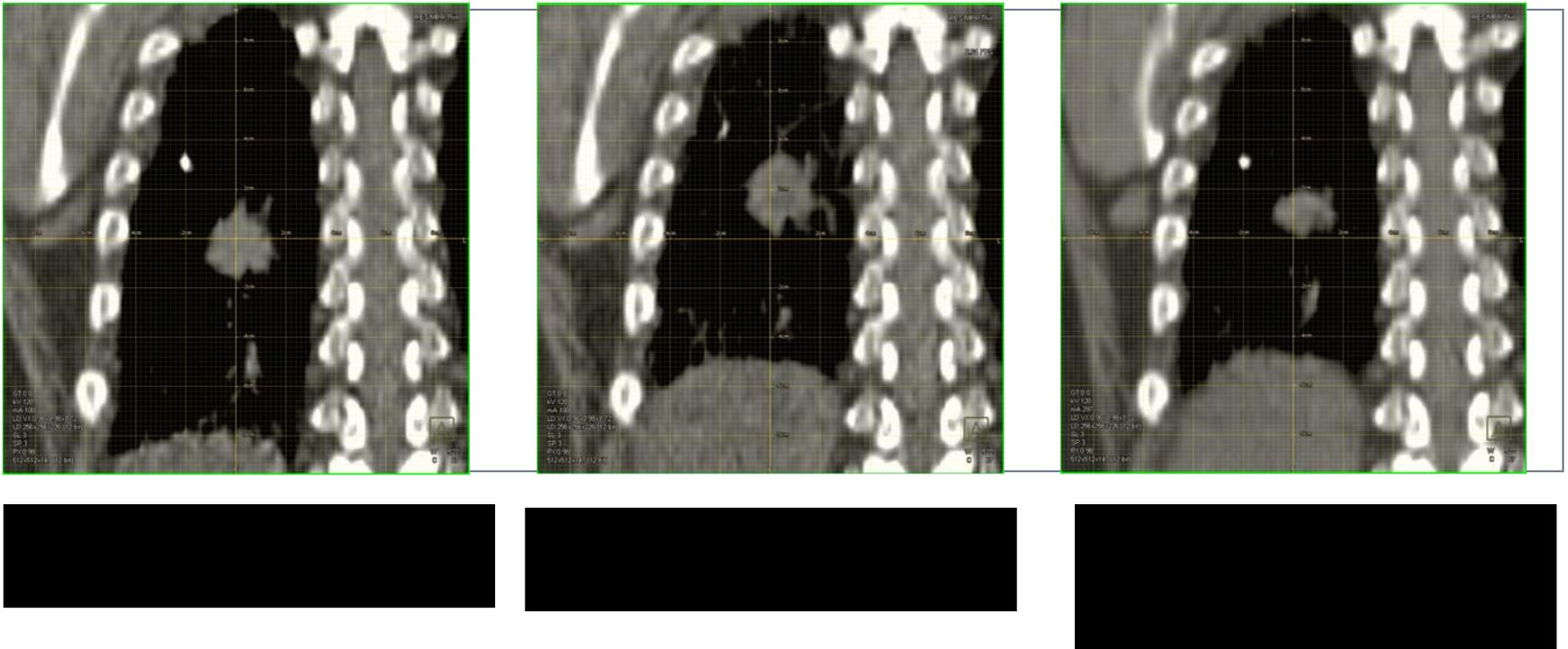




# 4DCT Imaging of Moving Targets

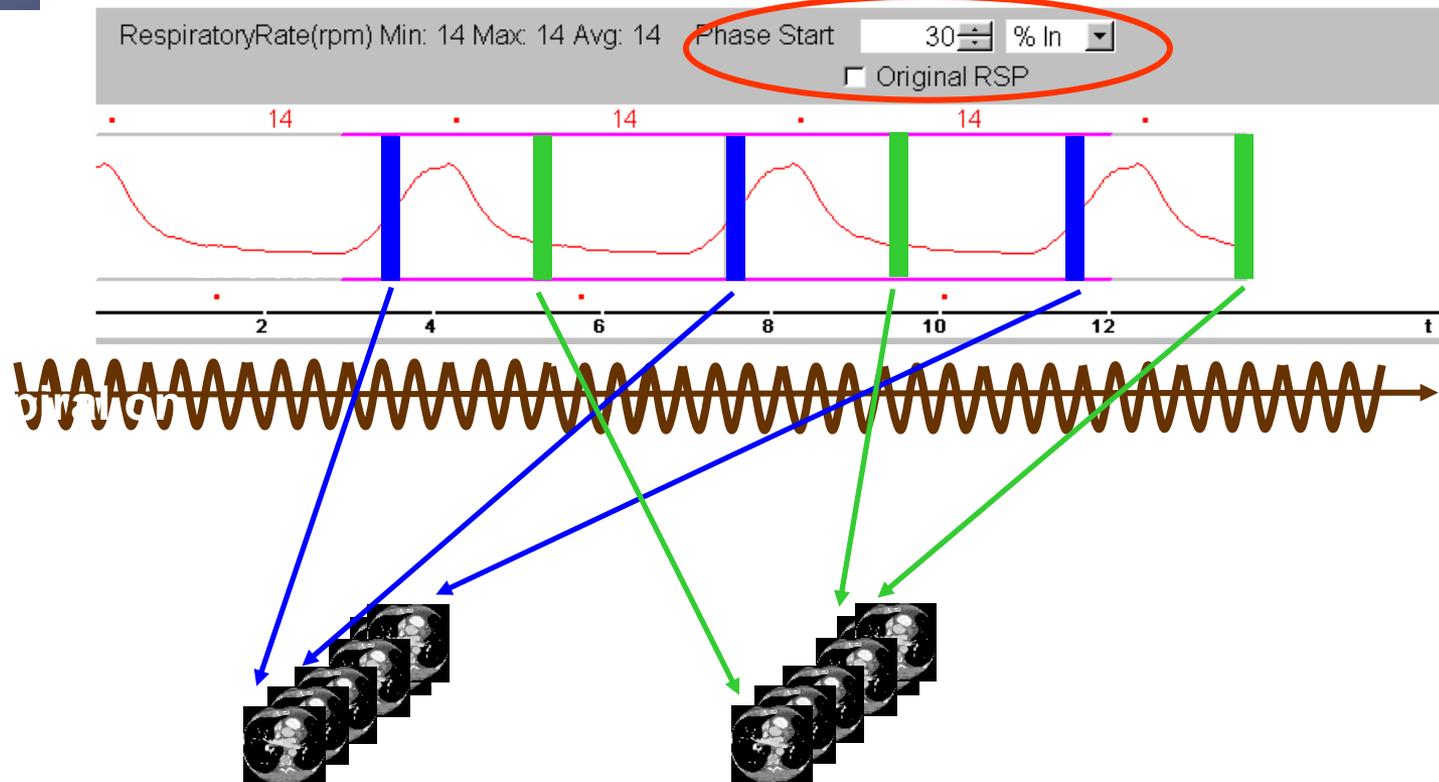
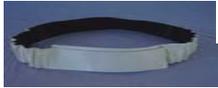
*provides correct tumor shape, location, and motion*

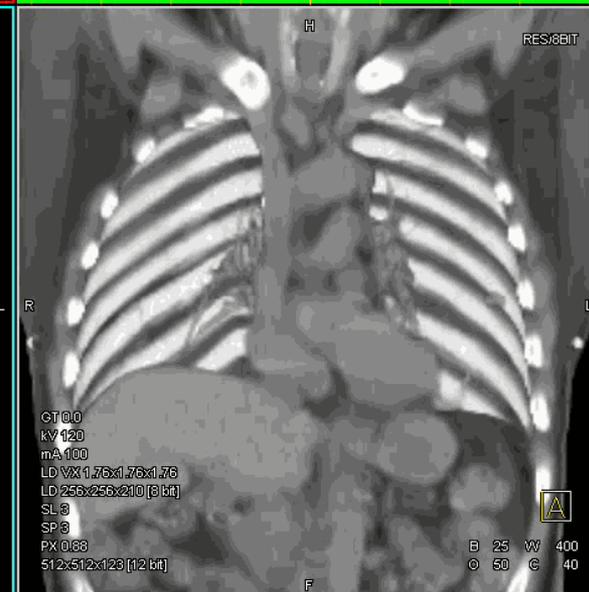
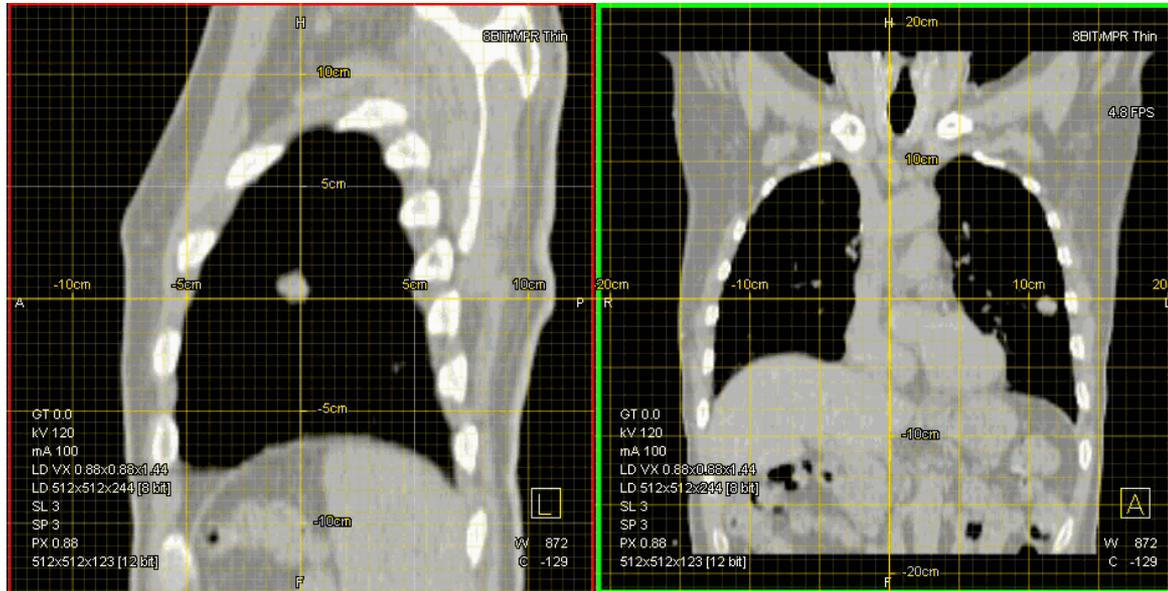
- Radiation Therapy

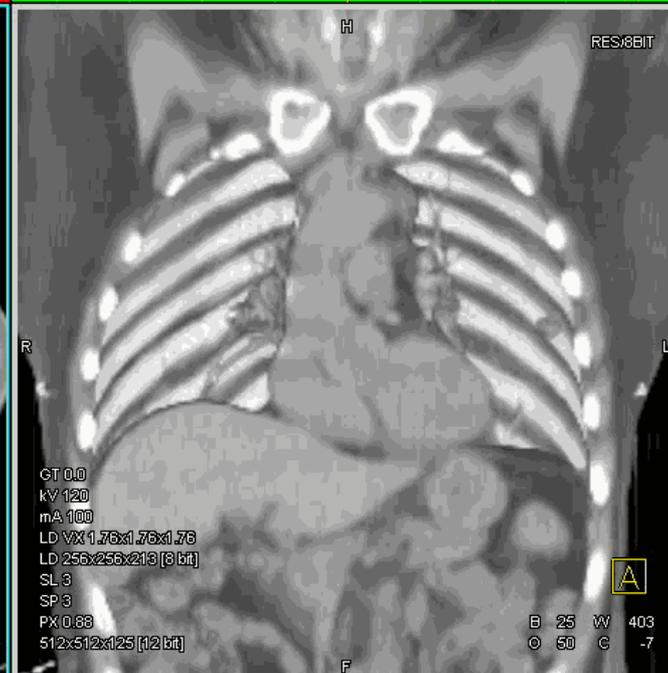
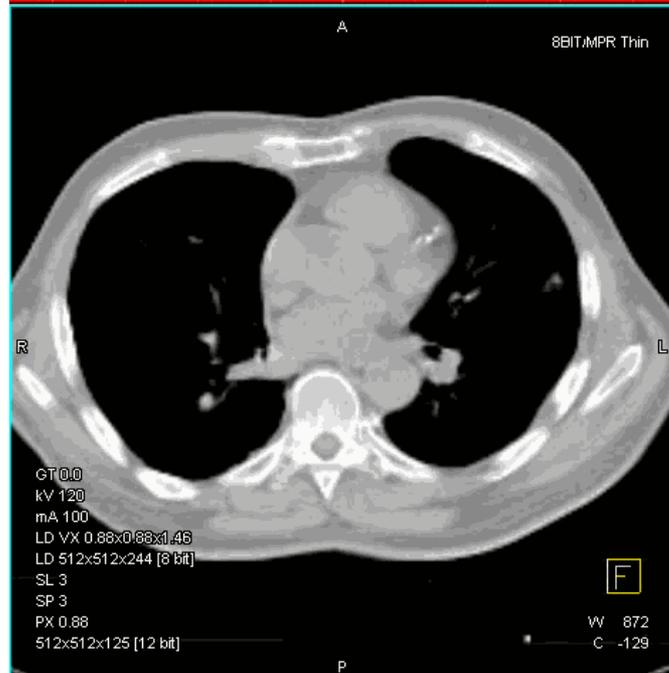
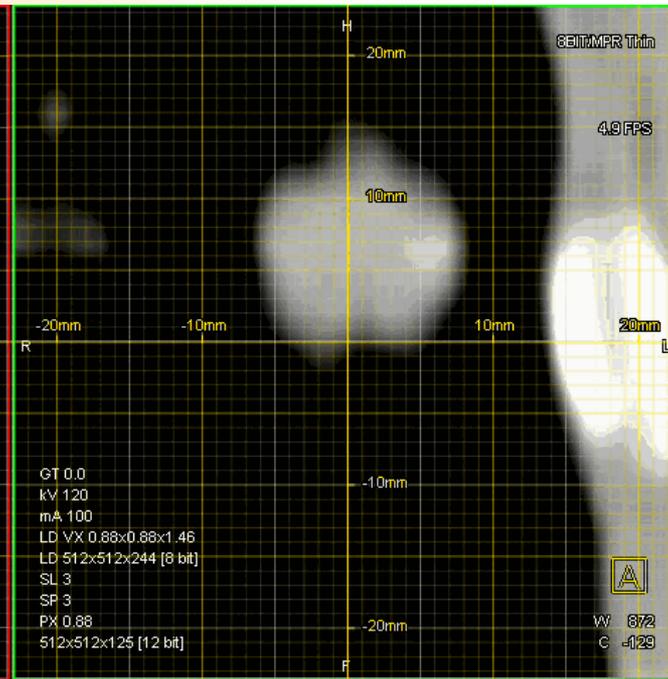
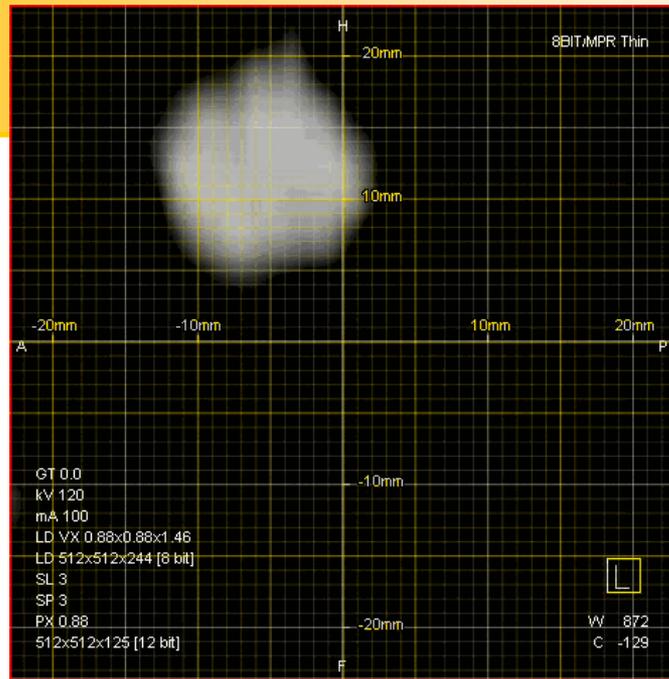


# Function:

## Retrospective respiratory gating after continuous Spiral acquisition







- Conversion from paper chart to computerized data transfer improves patient safety
  - Error Rate Pre-conversion:  $\sim 1/15,000$
  - Error Rate Post-conversion:  $\sim 0/60,000$
  
- Patient Satisfaction in top 5% percent of academic medical centers

- Physician residency - #1/72 US accredited programs from ACR
- New Physics Residency – fully accredited, among best
- Free Radical Biology Graduate Program – funded training grant, numerous awards
- Radiations Therapist Program – top 5 program

- Funded Peer Reviewed (NIH, DOD, NSF) Grants \$1.9 million
- New grants in the past year \$976,000
- Total anticipated funds \$13.6 million
- Pending Grants \$8.7 million

