

UConn HEALTH

June 19, 2017

Board of Directors

9:15 am

Finance Subcommittee

8:30 am

**HR Training Room
Munson Road**

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8:30 a.m.
Munson Road Training Room

June 19, 2017

8:30 am – Finance Subcommittee
9:15 am – BoD Public Session
BoD Executive Session to follow
Munson Road Training Room
16 Munson Road
Farmington, CT

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NEXT REGULARLY SCHEDULED MEETING
September 18, 2017 - 9:15 am
Munson Road Training Room
16 Munson Road

Public Participation at UCHC Board of Directors Meetings

University of Connecticut Health Center Board of Directors starts its agenda with Public Comments. The BOD shall hear brief oral presentations from members of the public who wish to express their views on issues pending before the BOD or on other issues of concern to the University of Connecticut Health Center. The agenda for each regular public meeting of the BOD shall allot up to thirty minutes for this purpose:

- a. Requests to address the BOD shall be made to the Chair's designee at least one day prior to the meeting and may begin to be made the day following the last BOD meeting. The actual person who intends to speak must make the request.
- b. The Chair of the BOD shall recognize each speaker in the order of signing up, shall request the speaker identify himself/herself, and shall ensure adherence to time limits as will permit the orderly progress of the BOD through its agenda. Each speaker will be allotted a time period of three minutes to speak.
- c. At a special meeting of the BOD, comment by members of the public shall be limited specifically to the subject described in the call of the special meeting.

The BOD would like to give each constituency an opportunity to speak. Therefore, groups are encouraged to appoint a single spokesperson to present their point of view.

The purpose of Public Participation is to allow the BOD to hear the views of the public. BOD will neither ask nor answer questions nor make comments during this portion of the agenda.

The Chair appoints the following person as his designee to receive requests to speak in the Public Comments portion of BOD meetings:

Scott L. Wetstone, M.D.
Director, Health Affairs Policy Planning

Phone: (860) 679-4440
Fax: (860) 679-1255
Email: wetstone@nso.uchc.edu

University of Connecticut Health Center
263 Farmington Avenue
Farmington, CT 06030-3800

Sanford Cloud, Chairman, called the meeting to order at 9:15 a.m.

1. Public Comment

Six people requested to make public comments

1. Anthony Ruggiero
2. Neil Prendergast
3. Don Perrault, Jr
4. Carmine Centrella
5. William Perkins
6. Judy Bergan

The above listed public speakers came to address the issue of UConn Health's proposed plan to close the fire department. All the speakers were against the closing of the department and gave opinions and views of the consequences they believe will incur if the department closes. These included but were not limited to economic issues, safety issues, and personnel concerns.

On behalf of the members of the board and the members of the Senior Leadership of UConn Health, Mr. Cloud thanked all those who came in to speak on this important subject.

2. Chair's Remarks

- 2.1 Mr. Cloud welcomed the members. He assured everyone that with the state's current financial situation, the board will be fully engaged with the senior leadership of UConn Health and the university along with their colleagues on the Board of Trustees in developing the UConn Health budget and finding optimum approaches for assuring that we can continue to carry out our mission of patient care, discovering knowledge, and training the next generation of health professionals and researchers.

Mr. Cloud introduced and welcomed Dr. Raul Pino as the newest member of the board. Dr. Pino is the Commissioner of Public Health for the State of Connecticut Department of Health. Dr. Pino's biography is available for public review on the Board of Directors' page of the UConn Health website. In addition, Mr. Cloud announced that due to other pressing conflicts, Mr. Frank Borges has decided to resign from the Board of Directors.

- 2.2 Minutes –
- 2.2.1 November 30, 2016 – Regular meeting
 - 2.2.2 February 9, 2017 – Special meeting

The Board of Directors unanimously approved the minutes of the meetings of the UConn Health Board of Directors held on November 30, 2016 and February 9, 2017.

3. Consent Items (items 3.1 – 3.4 were not voted on in the Finance Subcommittee meeting held earlier in the day)

- 3.1 Contracts > \$1,000,000
 - 3.1.1 314e Corporation

- 3.1.2 Capital Area Health Consortium
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 - 3.1.7 Hartford Hospital
 - 3.1.8 Innovative Consulting Group, LLC
 - 3.1.9 Johnson Controls, Inc.
 - 3.1.10 SMG Corporate Services f/k/a Sun Services, LLC
 - 3.1.11 St. Francis Hospital
 - 3.1.12 The Hospital of Central Connecticut
- 3.2 Leases
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- 3.3 Finance Corporation Contracts
 - 3.3.1 Philips Healthcare Master Service Contract Amendment
- 3.4 Project Budgets
 - 3.4.1 Project Budget for the UConn Health Main Accumulation Building (Design: \$4,400,000)
 - 3.4.2 Project Budget for the UConn Health Elevator 24 & 25 Modernization and Sill Repairs (Design: \$1,100,000)
 - 3.4.3 Project Budget for the UConn Health Parking Lots A, B, & C Repaving (Final: \$637,000)
 - 3.4.4 Project Budget for the UConn Health Main Building, Clinical Area “C” Roof Replacement (Final: \$1,145,000)
 - 3.4.5 Project Budget for the UConn Health Elevator 27 & 28 Modernization (Final: \$725,000)

The Board of Directors unanimously approved agenda items 3.1 - 3.4 as described in detail in the board materials on pages 10 – 30.

4 EVP Report – A. Agwunobi

Dr. Agwunobi began by welcoming our new board member, Dr. Raul Pino. The last time the board met, UConn Health was 2.7 million unfavorable to budget; since then we have made up ground – now 1.9 million unfavorable to budget.

Dr. Agwunobi introduced two new members of the organization, including VP of Human Resources, John Peebles and Mr. Brian White, the new Chief Legal Officer. Mr. White will assume the responsibilities now held by Mr. William Kleinman who will be retiring in April. Mr. White will be part of a continued move to further the “One UConn” philosophy, supporting both the Storrs and Farmington campuses. Mr. Richard Orr, Vice President and General Counsel, briefly explained the plan of integrating the two legal offices; stating the benefits and responsibilities of each location. Mr. Orr concluded his comments, which were echoed by Dr. Agwunobi, by remarking on William Kleinman’s dedication and contributions to the university. He expressed the tremendous gratitude to Mr. Kleinman from not only UConn Health, but the university as a whole for his over 30 years of service. Chairman Cloud also remarked on the wonderful contributions that Mr. Kleinman has provided to the Health Center through the years.

5 Main Business

5.1 Fiscal year 2017 Results of Operations as of January 31, 2017 – J. Geoghegan

The Finance Subcommittee reviewed all the financial reports (beginning on page 35 in the board materials) in detail in their meeting earlier in the day. In an overview, Mr. Geoghegan noted that we ended the seven month period (ending in January) with an \$11.1 million loss compared to our budget of \$9.2, leaving us unfavorable of \$1.9 million. In reviewing the budget variance by program – year to date; the School of Medicine was favorable by \$404,000 and the School of Dental Medicine was also favorable by \$267,000. Research was slightly unfavorable by \$147,000. Institutional support services continues to be favorable to budget by \$376,000 with less spending on purchase services outside and some salaries. The clinical operations are the main drivers of our unfavorable variance. Year to date the clinical operations is \$2.8 million unfavorable with JDH at \$1.9 million and UMG at \$811,000.

Question: Have we had any impact from the new bone and joint clinic at Hartford Healthcare? *Dr. Agwunobi commented that although that a new facility having just opened, we have lost some staff to them and expect to lose some volume as well.*

5.1.1 Approval of Travel Policy for UConn Health – C. Bianchi

As a result of a recent internal audit it was determined that although we have many procedures and websites for travel, we did not have a formal policy. In addition it is required by statute for this new policy to be approved by the board. Mr. Bianchi detailed the policy description highlighting the consistencies with the existing Storrs policy; including adding wording for rail and rental cars, requiring specific documentation when utilizing non-standard travel, and requiring exceptions to be documented on exception forms. These changes will allow departments greater flexibility while providing more complete documentation. In terms of reimbursements; the policy now has stronger caps on lodging preventing travelers from going to four and five star hotels when a comparable two or three star hotel is available, prohibiting the reimbursement of alcohol, and certain types of rental cars.

Question: Was the original audit performed by an outside agency or an internal team? *The answer was that this was determined by an internal audit team for UConn and UConn Health.*

Question: Does UConn Health have contracted rates with any rental car agencies? *The state does have negotiated contracts with two rental agencies.*

The Board of Directors unanimously approved the resolution regarding the adoption of a proposed travel policy for UConn Health as found on page 44 of the board materials.

5.2 UConn Health One (EMR) update – J. Geoghegan

Mr. Geoghegan announced that we are almost at the half way point with a go-live date set for April 28, 2018. Currently the system is developed and is in production doing some testing. We will be moving into the detailed testing phase soon.

We continue to receive monthly reports on the project from EPIC. Overall we have moved from the yellow (watch) status back to the green status as we have made significant inroads in all areas where progress was needed. A steering committee meets

monthly to monitor the areas that still require more focused attention such as interfaces, and contracts with third party systems.

Question: After Jon Carroll left it was understood that we would be hiring someone on an interim basis and conducting a national search. Is that search underway? *The search is underway, we have contracted with a national firm and they have begun the recruiting process. Dr. Agwunobi added that our interim CIO has been doing a phenomenal job.*

5.3 Bioscience Connecticut update – Tom Trutter

Mr. Trutter highlighted the Bioscience Connecticut project.

The January report for Bioscience Connecticut is included in the board materials beginning on page 45. The project workforce is over 6000 workers through February with over 2.7 million hours worked to date. We continue to track at 83% for Connecticut contracts and tracking just under 23% minority, women, and disadvantaged business members exceeding the statutory requirement of 6.25% by a significant margin. On the University Tower the Veteran hiring goal of 3% was achieved. Milestones since the last meeting include:

- The connecting corridor from the University Tower to the Connecticut Tower is complete. This is the last phase of the hospital project. This bright new corridor makes access to areas such as the cafeteria much easier.
- In Academic project, the focus continues to be on the two dental lecture halls with plans for completion in late April.
- The main building lab renovation project 2 will conclude at the end of March with moves taking place in April

Question: Is the main lobby going to open in April also? *The main lobby will open in May.*

Prior to beginning the academic reports, Chairman Cloud took a moment to welcome Jeremy Teitelbaum as the new Interim Provost succeeding Mun Choi.

5.4 Education update – S. Rose, S. Lepowsky

Dr. Rose shared brief updates on the school's preparation for the upcoming LCME accreditation site visit scheduled for March, 2018. We are currently on target with our required timeline and in the midst of our self-study. The School of Medicine has completed an initial draft of the Data Collection Instrument (DCI) which is a data collection instrument that's a population of data stats related to the 12 standards and associated elements covering not only education, students and teaching, but also faculty, research, finances, resources. We now have six committees working to evaluate all the compiled data. In addition we have convened a task force of leaders to scrutinize all areas in great detail. To date we have identified 24 improvement projects, ranging from very minor to more important items.

Dr. Liang is meeting with an executive huddle team to review the work of all the committees and the task forces.

Finally, a major component of the site visit is a review of the student ISA (independent student analysis). We have met and exceeded the LCME response requirement. Our students have been very zealous in this effort. We have over an 80% response for each class with an overall response of four classes of 86%.

Dr. MacNeil reported that at eight months into the thirty month clinical renovation project, and although much of the attention is on the completion of the project; the clinics have maintained their revenues. Phase 1 of this project should be completed in June.

The school had a very strong residency match in January with 100% placement of the students, many with first choice placements. For the second year we had 100% passing grades on Part 1 National Boards and remain about 4-5 percentage points above the national need for Part 2 National Boards.

Regional clinical boards have just completed with very good results. The school just received word from the NIDCR (National Institute of Dental and Craniofacial Research) that UConn School of Dental Medicine ranked 14th out of 65 schools which moves us up about 4 national rankings.

5.5 Dean, School of Medicine update – B. Liang

Dr. Liang reported that Dr. Se-Jin Lee, professor of Genetics from Johns Hopkins will join the School of Medicine faculty in August, 2017 as a co-hire with Jackson Labs. His program will further strengthen the already excellent Department of Genetics and Genome Sciences here.

5.6 Dean, School of Dental Medicine – M. MacNeil (see 5.4 for update)

5.7 Clinical Update report – Anne Diamond, Denis Lafreniere

Ms. Diamond's John Dempsey Hospital CEO report can be found beginning on page 74 of the board materials. Some highlights include:

- JDH has seen significant improvements in both quality and service exceeding benchmarks both nationally and locally. The national service benchmark for HCAHPS puts the hospital in the 91st percentile nationally and 98th percentile for the state of Connecticut.
- Page 75 in the board materials depicts a graph showing the collaboration with the Veterans Administration. This shows our ability to successfully meet the behavioral needs of veterans in our state. Our average daily census has climbed to 3.5 veterans per patient in our inpatient units.
- Statistics of clinical volume show that JDH has realized a 5% increase in discharges since this time last year, a 31% increase in observation status, and a 4.1% increase in emergency department visits. The only area showing a decrease in volume is the 3.7% decrease in surgery (in particular and vascular and neurosurgery).

Dr. Lafreniere reported UMG continues to move forward. A cell phone reminder system has just been started so patients will be reminded of their appointments via cell phone. We continue to move forward on the quality programs to include CG cap scores both for our staff and our physicians. We are moving to improve patient centered care and reduce costs through our physician transformation network grant which is really starting to show some benefit. Finally we are well positioned to take advantage of Merit Based Incentive Program through CMS, not only to avoid penalty but to actually even get incentives from that program.

6 Financial Affairs – Tim Holt

The Finance Subcommittee met earlier in the day. The group recommended contracts, leases and project budgets. In addition there was a detailed report on fiscal 17. There are a number of informational items beginning on page 76 of the board materials including the contracts under \$1,000,000, the Personnel Report and minutes from the last meeting.

7 Building and Grounds – Richard Carbray

The group met on March 2. Tom Trutter provided an update on all the Bioscience CT projects. The committee continues to monitor all projects and address issues concerning these projects which include potential budget impact. The committee is pleased to report that with all the current projects there are minimal issues to resolve. George Karsanow, Director of Construction Services, provided updates on the capital projects unrelated to Bioscience CT. Currently there are 86 projects in either planning, design or construction phase. He reviewed the status and reported on the progress of several projects. The next meeting is June 1.

8 Academic Affairs – Fran Archambault

Dr. Archambault congratulated Jeremy Teitelbaum and added that he looks forward to working with him with regard to Academic Affairs subcommittee. Dr. Archambault also acknowledged the work of Dr. Monty MacNeil who has been reappointed as the dean of the School of Dental Medicine. The committee met on January 30th when they heard a report from Dr. Ki Chon on activities in the department of Biomedical Engineering. This is a joint program between the health center and the Storrs campus which includes several other departments and is on the cutting edge of research. A report was given by the oversight committee stating that reviews were being conducted on schedule. Dr. Barbara Kream gave a comprehensive report on the PhD and MD programs. In addition the group heard an update from Dr. Suzanne Rose on the new curriculum which is progressing as planned and the preparations for the upcoming LCME site visit.

9 Clinical Affairs – Anne Diamond

The Clinical Affairs Subcommittee met on February 23rd. UConn John Dempsey Hospital continues on its journey for high reliability, it has been 325 days since the last serious safety event. The current safety score is at 0.18 which is an all-time low for the hospital, placing us better than the Connecticut and close to the best in the nation. We continue to strive for a rate of 0. Nationally the scores are 0.12 through 5.94. The minutes of the last Clinical Affairs subcommittee meeting are included in the board materials beginning on page 93. The next Clinical Affairs Subcommittee meeting is May 25.

10 Other Reports– Tim Holt

The JACC met on December 14, 2016 and February 16, 2017. There were ten audits with six specific to UConn Health and one covering both campuses. All the reports were accepted except for one which has follow up activity. The compliance report was given and the training stats for compliance, HiPPA, privacy and security were reported at 99.6% overall. Marcum presented their audits for the outside audit of John Dempsey Hospital, UMG and Finance Corporation. All these were unqualified reports as was the reports from the auditors of public accounts. Marcum, LLP was approved as auditors for 2018-2019. The next meeting is scheduled for May 16th.

Executive Session

At 10:26 a.m. a motion was made and unanimously approved to enter into executive session in order to discuss:

Preliminary notes and drafts that the Health Center has determined that the public interest in withholding such documents and discussions clearly outweighs the public interest in disclosure; and trade secrets that derive independent economic value, actual or potential, from not being generally known, and not being readily ascertainable by proper means by other persons who can obtain economic value from their disclosure of use, and are the subject of efforts that are reasonable under the circumstances to maintain secrecy.

Executive Session Attendees: F. Archambault, R. Barry, A. Bessette, K. Braghirol, R. Carbray, S. Cloud, R. Dakers, J. Droney (phone), J. Freedman, S. Herbst, T. Holt, R. Pino, W. Rawlins (phone), T. Ressel (phone), and K. Woods

Guests: A. Agwunobi, L. Danville, D. Galloway, J. Geoghegan, S. Jordan (phone), A. Keilty, L. McHugh (phone), R. Orr, R. Rubin (phone), J. Seemann, J. Teitelbaum, B. White

With no further business the meeting was adjourned at 11:36 am.

Respectfully submitted,

Andrew Agwunobi, MD, MBA
Executive Vice President for Health Affairs

Attendees: F. Archambault, R. Barry, A. Bessette, K. Braghirol, R. Carbray, S. Cloud, R. Dakers, J. Droney (phone), J. Freedman, S. Herbst, T. Holt, L. McHugh (phone), R. Pino, W. Rawlins (phone), T. Ressel (phone), and K. Woods

Sanford Cloud, Chairman, called the meeting to order at 10:06 a.m.

1. Public Comment

There were no public speakers

2. Chair's remarks

The chair welcomed the committee members and thanked them for taking the time to attend

3. Executive Session

At 10:07 a.m. a motion was made and unanimously approved to enter into executive session in order to discuss

Preliminary notes and drafts that UConn Health has determined that the public interest in withholding such documents and discussions clearly outweighs the public interest in disclosure; Trade secrets that derive independent economic value, actual or potential, from not being generally known, and not being readily ascertainable by proper means by other persons who can obtain economic value from their disclosure of use, and are the subject of efforts that are reasonable under the circumstances to maintain secrecy.

Topic 1 Attendees: A. Agwunobi, S. Cloud, S. Herbst, and L. McHugh (all participating by phone)
Guests: R. Ruben (phone) and S. Wetstone

4. Public Session

At 10:13 a.m. public session was resumed.

4.1 A motion was made and seconded to "Invite Dr. Kenneth R. Alleyne to join the UConn Health Board of Directors for a three year term as an at-large member. This term would begin when he accepts the position."

The Nominating Committee of the UConn Health Board of Directors unanimously approved the appointment of Dr. Kenneth R. Alleyne to join the UConn Health Board of Directors as an at-large member for a three year term beginning upon his acceptance of the position.

With no further business the meeting was adjourned at 10:14 am.

Respectfully submitted,

Andrew Agwunobi, MD, MBA
Chief Executive Officer, UConn Health
Executive Vice President for Health Affairs

Attendees: A. Agwunobi, S. Cloud, S. Herbst, and L. McHugh (all participating by phone)

Sanford Cloud, Chairman, called the meeting to order at 9:02 a.m.

1. Public Comment

There were no public speakers

2. Chair's remarks

The chair welcomed the committee members and thanked them for taking the time to participate in this call.

3. Executive Session

At 9:03 a.m. a motion was made and unanimously approved to enter into executive session in order to discuss

Preliminary notes and drafts that UConn Health has determined that the public interest in withholding such documents and discussions clearly outweighs the public interest in disclosure;

Topic 1 Attendees: F. Archambault, S. Cloud, and T. Holt (all participating by phone)
Guests: S. Wetstone

At 9:18 a.m. public session was resumed.

4. Recommendations: Management Plans

A motion was made and seconded to approve the 2017 Management Plans as reviewed in Executive Session and detailed below.

The Conflict of Interest Committee of the UConn Health Board of Directors unanimously approved the 2017 Conflict Management Plan for selected Board of Directors members as follows:

- Richard Barry – The chair of each BoD subcommittee should be made aware that Mr. Barry is the Chief Risk Officer for Key Bank which provides various services to public institutions like UConn. Mr. Barry should be instructed from voicing his opinions or making comments to other Board members on any matter that could benefit Key Bank. Mr. Barry should also be recused from voting on any such matters in his capacity as a Board member.
- Andy Bessette – The chair of each BoD subcommittee should be made aware that Mr. Bessette is an officer at the Travelers. Mr. Bessette should be instructed to refrain from voicing his opinions or making comments to other Board members on any matter that could benefit the Travelers, such as rate setting for UCHC contracts with the Travelers. Mr. Bessette should also be recused from voting on any such matters in his capacity as a Board member.
- Robert Dakers - The chair of each BoD subcommittee should be made aware that Mr. Dakers serves as the Executive Financial Officer for the State Office of Policy and

Management. Mr. Dakers should be instructed to refrain from voicing his opinions or making comments to other Board members on any regulatory matter in which the Department of Policy and Management is transacting with UCHC. Mr. Dakers should also be recused from voting on any such matters in his capacity as a Board member.

- Joel Freedman - The chair of each BoD subcommittee should be made aware that Mr. Freedman's wife is a partner in the law firm of Shipman and Goodwin. Mr. Freedman should be instructed to refrain from voicing his opinions or making comments to other Board members on any matter that could benefit Shipman and Goodwin. Mr. Freedman should also be recused from voting on any such matters in his capacity as a Board member.
- Wayne Rawlins - The chair of each BoD subcommittee should be made aware that Dr. Rawlins is the medical director at Connecticare and is a member of the boards of the following entities: United Way of Central and Northeastern Connecticut, Connecticut Science Center, Eastern Connecticut Health System, and the Regional Health Equity Council. In addition, Dr. Rawlins' wife is employed by the Veterans Administration as an APRN. (retiring in April of 2017)
Dr. Rawlins should be instructed to refrain from voicing his opinions or making comments to other Board members on any matter that could benefit Connecticare or the entities that he serves as a member of their board. Dr. Rawlins should also be recused from voting on any such matters in his capacity as a Board member.
- Charles Shivery - The chair of each BoD subcommittee should be made aware that Mr. Shivery is a Director of Webster Financial Corporation and a Director of the Connecticut Children's Medical Center. Mr. Shivery should be instructed to refrain from voicing his opinions or making comments to other Board members on any matter that could benefit the entities that he serves as a member of their board. Mr. Shivery should also be recused from voting on any such matters in his capacity as a Board member.

With no further business the meeting was adjourned at 9:19 am.

Respectfully submitted,

Andrew Agwunobi, MD, MBA
Chief Executive Officer, UConn Health
Executive Vice President for Health Affairs

Attendees: F. Archambault, S. Cloud, and T. Holt (all participating by phone)

Francisco L. Borges, J.D.
2010 - 2016

WHEREAS, Frank Borges has served the people of the State of Connecticut and the University of Connecticut as a member of the UConn Health Board of Directors for the past seven years; and

WHEREAS, Mr. Borges has brought to his responsibilities as a member of the Board a unique combination of expertise in finance and administration, the ability to define problems and develop solutions, and the capacity to work effectively with Board colleagues and University administrators toward common goals; and

WHEREAS, In all aspects of his service on the Board of Directors, Frank Borges has been an advocate for improving the quality of healthcare and achieving fiscal stability; and

WHEREAS, Mr. Borges has served with distinction on the Board's Finance and Clinical Affairs subcommittees as well as on the UConn Board of Trustees Joint Audit and Compliance Committee; and


WHEREAS, Frank Borges leaves the Board of Directors with the gratitude, respect and affection of his colleagues, and their best wishes for the future.

THEREFORE BE IT RESOLVED That the Board of Directors records its deep appreciation to Frank Borges for exemplary service to the Board and to the University.

BE IT FURTHER RESOLVED That this resolution be spread upon the minutes of the Board of Directors, with copies sent to UConn Board of Trustees and to Mr. Borges.

Sanford Cloud, Jr., Chairperson
June 19, 2017

UConn | SCHOOL OF MEDICINE

TO: Members of the UConn Health Board of Directors
FROM: Dr. Bruce Liang, Dean, School of Medicine 
DATE: June 19, 2017
SUBJECT: Recognition of Dr. Howard Tennen as the recipient of the 2017 UConn Health Board of Directors Faculty Recognition Award

I am pleased to present Dr. Howard Tennen as the recipient of the 2017 Board of Directors Faculty Recognition Award. This award celebrates and rewards demonstrated academic, administrative and/or excellence of UConn Health faculty.

Howard Tennen, PhD

Dr. Tennen, a Board of Trustees Distinguished Professor in the Departments of Community Medicine and Health Care and Psychiatry, joined the UConn Health faculty 39 years ago. He is being recognized as an award-winning educator, an esteemed clinician, a prolific investigator, and a faculty leader.

As a clinician, Dr. Tennen developed and for 20 years directed Psychological Testing Service, in which he provided highly valued treatment recommendations for some of the most challenging patients. His Diagnostic Evaluation Service in Psychiatry ensured the highest quality care while training residents in best practices.

Having authored over 375 journal articles and chapters, Dr. Tennen is a well-respected investigator. He's published pioneering studies examining the daily dynamics of stress and health, and has served on more than 20 journal editorial and scientific advisory boards. Since 1991, he has been the editor of the *Journal of Personality*, a leading journal in his field.

As an educator, Dr. Tennen has received many teaching awards and has been our commencement and convocation speaker. He created a nationally accredited psychology internship, and through our Clinical and Translational Research Program, he has trained fellows and junior faculty for careers in academic medicine. He is a model of educational excellence.

Dr. Tennen's administrative-service contributions are unsurpassed. He has chaired or served on nearly 50 major UCH committees. As SAPC Chair he contributed significantly to Bylaws revisions, the expansion of new pathways to promotion, and the development of post-tenure review.

Dr. Tennen received his Ph.D. from the University of Massachusetts and completed an internship in clinical psychology at the UCLA Neuropsychiatric Institute. He was on the psychology faculty at the State University of New York at Albany from 1975-1978, and he has been a member of the University of Connecticut School of Medicine faculty in Community Medicine and Psychiatry since 1978.

UConn HEALTH

TO: Members, UCHC Finance Subcommittee
Members, UCHC Board of Directors

FROM: Jeffrey P. Geoghegan, Chief Financial Officer



DATE: June 19, 2017

SUBJECT: **Contracts/PO's/Amendments \$1 million and Above + Leases**

RECOMMENDATION:

That the Finance Subcommittee recommends that the Board of Directors approve the expenditure of funds \$ 1 million and over for the following:

CONTRACTS/PO'S/AMENDMENTS \$ 1 million

1. Community Health Services, Inc.
2. Courier Express Inc.
3. Cross Country Staffing
4. CT Natural Gas Corporation
5. Eversource Energy (formerly CL&P)
6. Jaggaer (previously Sciquest)
7. Johnson & Johnson Healthcare Systems Inc.
8. Laz Parking LTD LLC
9. Laz Parking LTD LLC
10. Medtronic USA Inc.
11. Novo Nordisk Inc.
12. Novo Nordisk Inc.
13. NWN Corporation
14. Owens & Minor
15. Service Warehousing & Logistics LLC, d/b/a Avant Business Services
16. Trinity Health New England, Inc., d/b/a Asylum Hill Family Medicine Center Inc. & St. Francis Hospital & Medical Center, Inc.

LEASES

1. Connecticut Children's Medical Center
2. Eagleville Partners LLC
3. Eagleville Partners LLC
4. Trinity Health New England, Inc. d/b/a Asylum Hill Family Medicine Center, Inc. & Saint Francis Hospital & Medical Center Inc.

BACKGROUND:

UConn Health Center's Board of Directors must approve the expenditure of funds for contracts/Amendments \$1 million and above.

Finance Subcommittee June 19, 2017
CONTRACTS (OTHER THAN REAL ESTATE LEASES) AND PURCHASE ORDERS OF \$1,000,000 OR MORE
FOR UCONN HEALTH BOARD OF DIRECTORS APPROVAL ON JUNE 19, 2017

No.	Contractor	PR, PO, Bid or Contract Number	Contract Type	Previous Contract Amount (if applicable)	Approval Amount	Term	Fund Source	Dept./Individual Sponsor (Business Owner)	Expense (E) Revenue (R)	Description	Sourcing
1	Community Health Services, Inc.	UCHC-20150803-CHS	New	NA	\$1,500,000	7/1/17 - 6/30/18	Revenue	Dr. Bruce Liang School of Medicine	R	Clinical Services Agreement between Community Health Services, Inc. and UConn Health. UConn Health will provide the services of certain employed and/or contracted physicians to CHS to support the delivery of primary and preventative health care at the Burdorf.	Revenue
2	Courier Express Inc.	UCHC4-82328439	New	\$5,112,446 (Approved by BOD 6/11/12 for 5-year contract. Approval for additional \$587,554 is being sought at this BOD meeting, for a total of \$5,700,000.)	\$8,000,000	7/1/17 - 6/30/25 (includes three 2-year renewal options)	Operating Funds	Jeffrey Boyko, Director, Office of Logistics Management	E	New contract, beginning 7/1/2017, for courier and distribution services to UConn Health main campus, off-campus and Department of Corrections locations. (Previous contract was for a 5-year period. New contract period is for 2 years plus three 2-year renewal options, for a total of 8 years if all renewal options are exercised.)	RFP
3	Cross Country Staffing	UCHC1-2344	Amendment	\$995,000	\$1,205,000 (includes an additional \$210,000)	9/1/11 - 6/30/17	Operating Funds	Carol Ryan, Seniro Director, Nursing and Nursing Administration	E	This adds money to our temporary staffing of health care personnel contract UCHC1-2344 to cover our needs until the new CHG Medical Staffing Agreement 2017 (6/11/17-5/31/21) is completed. (UCHCFC1-82125227)	Sole Source
4	CT Natural Gas Corporation	Multiple Purchase Orders	Multiple POs	\$2,900,000 (Approved by BOD 6/13/16 for FY17 spend)	\$2,900,000	7/1/17- 6/30/18	Multiple Sources	Cliff Ashton Associate Vice President, Facilities Management & Operations.	E	Purchase of natural gas for heat for all buildings on the Farmington campus for FY18. Actual spend during FY17 (year to date) is \$ 1,451,555.	Non-competitive (Utility)
5	Eversource Energy (formerly CL&P)	Multiple Purchase Orders	Multiple POs	\$12,600,000 (Approved by BOD 6/13/16 for FY17 spend)	\$12,600,000	7/1/17 - 6/30/18	Operating Funds	Cliff Ashton Associate Vice President, Facilities Management & Operations	E	Electricity costs for the Farmington campus for FY18. Actual spend during FY17 (year to date) is \$ 9,429,793.	Sole Source
6	Jaggaer (previously Sciquest)	UCHC2-83603473	New	\$2,108,585.00 (Approved by BOD 9/18/13 for a 5 year contract)	\$1,090,607	6/24/18 - 6/23/21	Operating Funds	Lori Acomb Director, Procurement	E	This agreement is for eProcurement applications. This new 3 year agreement will take effect after the current agreement ends on 6/23/18. We are finalizing early because we were able to obtain a \$155,000 credit by negotiating the contract a year early.	Sole Source
7	Johnson & Johnson Healthcare Systems, Inc.	Multiple Purchase Orders	Multiple POs	\$1,500,000 (Approved by BOD 6/13/16 for FY17 spend)	\$1,900,000	7/1/17 - 6/30/18	Operating Funds-Clinical	Linda Manzelli Director, Calhoun Cardiology Center	E	Purchase of medical devices and cardiovascular products for FY18, some of which are accessed through GPO agreements. Actual spend during FY17 (year to date) is approximately \$1,400,000.	Sole Source/GPO
8	Laz Parking LTD LLC	UCHC4-82250582	New	\$4,405,000 (Approved by BOD 9/21/15 for a 10 year contract)	\$5,300,000	7/1/17 - 6/30/25 (includes three 2-year renewal options)	Operating Funds	Allan Peterson Director, Parking, Transportation and Event Services	E	Provide shuttle bus services on the Farmington Campus and nearby off campus locations as well as provide additional shuttle services for special events as required by UConn Health. (Previous contract was 7 years, new contract will potentially run an 8 year term with all renewal options exercised). Actual spend with Nason Partners LLC (current contractor) during FY17 is approximately \$531,269	RFP
9	Laz Parking LTD LLC	UCHC5-20140701	New	Valet \$5,666,988 and Parking Garage \$1,500,00 (Approved by BOD 9/21/15 for a 5 year contract)	\$8,000,000	7/1/17 - 6/30/25 (includes three 2-year renewal options)	Operating Funds	Allan Peterson Director, Parking, Transportation and Event Services	E	Provide Valet and Parking Garage Management Services (Previous contracts were separate contracts)	RFP
10	Medtronic USA, Inc.	Multiple Purchase Orders	Multiple POs	\$2,000,000 (Approved by BOD 6/13/16 for FY17 spend)	\$2,000,000	7/1/17 - 6/30/18	Operating Funds-Clinical	Augustus Mazzocca, MD Director, Orthopaedic Surgery	E	Purchase of spinal medical supplies for FY18, some of which are accessed through GPO agreements. Actual spend during FY17 (year to date) is \$1,400,000.	GPO/Consortium
11	Novo Nordisk Inc.	P0299693	PO Amendment	\$985,000	\$1,485,000	7/1/16 - 6/30/17	Operating Funds-Clinical	Pramod Srivastava, PhD, MD Director, Carole & Ray Neag Comprehensive Cancer Center	E	Purchases of prescription drug NovoSeven for a patient in the hemophilia clinic's 340B Program during FY17.	Sole Source
12	Novo Nordisk Inc.	86618615	PO	\$1,485,000	\$3,000,000	7/1/17 - 6/30/18	Operating Funds-Clinical	Pramod Srivastava, PhD, MD Director, Carole and Ray Neag Comprehensive Cancer Center	E	Purchases of prescription drug NovoSeven for one or more patients in the hemophilia clinic's 340B Program during FY18.	Sole Source
13	NWN Corporation	5-2785	New	Approximately \$118,500/year maintenance	\$1,500,000	7/1/17 - 6/30/22 (includes three 1-year renewal options)	Operating Funds	Michael Catrini AVP, Enterprise Systems	E	Contract to provide hardware, software, and professional services to implement and configure an enterprise data backup, disaster recovery, archival, and retrieval system solution, replacing our existing backup software. The annual maintenance costs for the new contract are expected to be lower than the current annual maintenance costs; however, there is an up front cost of approximately \$960,000 to purchase hardware, software and implementation support services for the new system.	RFP
14	Owens and Minor	Multiple Purchase Orders	Multiple POs	\$13,000,000 (Approved by BOD 6/13/16 for FY17 spend)	\$13,000,000	7/1/17 - 6/30/18	Operating Funds-Clinical	Anne Diamond Chief Executive Officer, John Dempsey Hospital	E	Medical and surgical supplies for FY18 from our primary distributor for this commodity. Actual spend during FY17 (year to date) is \$9,100,000.	GPO/Consortium

Finance Subcommittee June 19, 2017
CONTRACTS (OTHER THAN REAL ESTATE LEASES) AND PURCHASE ORDERS OF \$1,000,000 OR MORE
FOR UCONN HEALTH BOARD OF DIRECTORS APPROVAL ON JUNE 19, 2017

No.	Contractor	PR, PO, Bid or Contract Number	Contract Type	Previous Contract Amount (if applicable)	Approval Amount	Term	Fund Source	Dept./Individual Sponsor (Business Owner)	Expense (E) Revenue (R)	Description	Sourcing
15	Service Warehousing & Logistics LLC DBA Avant Business Services	FCL-03-00173	Amendment	\$5,112,446 (Approved by BOD 6/11/12 for 5-year contract)	\$5,700,000 (includes an additional \$587,554)	7/1/12 - 6/30/17	Operating Funds	Jeffrey Boyko Director, Office of Logistics Management	E	Current contract, expiring 6/30/2017, for courier and distribution services to UConn Health main campus, off-campus and Department of Corrections locations. Additional approval authority is needed to cover payment of invoices through the end of FY17.	RFP
16	Trinity Health-New England, Inc. dba Asylum Hill Family Medicine Center, Inc. & Saint Francis Hospital and Medical Center, Inc.	UHC87641328	Revenue Contract	\$7,600,000 (Approved by BOD 9/26/14 and 3/16/15 for two separate 3-year contracts)	\$8,154,660	7/1/17 - 6/30/20	Operating Funds	Montgomery Douglas, MD Chair, Family Medicine	R	Trinity/Asylum Hill/Saint Francis reimburses UConn Health for the cost of Family Medicine faculty and staff who provide clinical and educational services at Trinity/Asylum Hill/Saint Francis's site. Two separate contracts for services provided at the Asylum Hill and Saint Francis locations are being combined into one contract for the upcoming 3-year term.	Revenue


**Finance Subcommittee June 19, 2017
REAL ESTATE/SPACE LEASES
FOR UCONN HEALTH BOARD OF DIRECTORS AND UCONN BOARD OF TRUSTEES APPROVAL**

PROPERTY LEASE AGREEMENTS										
UNIVERSITY AS LESSOR										
No.	Lessee	Annual Amount Receivable	Price Per Sq. Ft.	Term	Yearly Increase	Type of Lease: Triple Net or Gross Lease	If any CAM, taxes, Insurance for 1st year	Fund Source	Program Director	Purpose
PROPERTY LEASE AGREEMENTS										
UNIVERSITY AS LESSEE										
No.	Lessor	Annual Amount Payable	Price Per Sq. Ft.	Term	Yearly Increase	Type of Lease: Triple Net or Gross Lease	If any CAM, taxes, Insurance for 1st year	Fund Source	Program Director	Purpose
1	Connecticut Children's Medical Center	\$84,810	\$28.27	7/1/17 - 6/30/18	N/A	Gross	None	Operating Funds-Clinical	John Brigada Director, Dean's Office Dental	Lease renewal for the School of Dental Medicine for 3,000 sf of dental and office space at CCMC.
2	Eagleville Partners LLC	\$21,600	\$19.64	7/1/17 - 6/30/18	N/A	Gross	None	Operating Funds	Suzanne Rose Senior Associate Dean Academic Affairs & Education	Lease of residential property located at 66 Indian Spring Road, Woodstock, to house up to three 3rd-year medical students while they are completing their 6-week clinical rotations in the towns of Putnam, Thompson and Natchaug, Connecticut.
3	Eagleville Partners LLC	\$16,650	\$23.38	9/24/17 - 6/30/18	N/A	Gross	None	Operating Funds	Suzanne Rose Senior Associate Dean Academic Affairs & Education	Lease of residential property located at 33 Hiawatha Heights, Woodstock Valley, to house up to three 3rd-year medical students while they are completing their 6-week clinical rotations in the towns of Putnam, Thompson and Natchaug, Connecticut.
4	Trinity Health-New England, Inc. dba Asylum Hill Family Medicine Center, Inc. & Saint Francis Hospital and Medical Center, Inc.	\$120,964	\$21.69	7/1/17 - 6/30/20	None	Gross	None	Operating Funds	Montgomery Douglas, MD Chair, Family Medicine	The Contractor will provide an educational site, located at 99 Woodland Street, Hartford, for the training of UConn Health medical students, Family Medicine residents and fellows, and other health professionals.

UConn HEALTH

TO: Members, UCHC Board of Directors

FROM: Scott Jordan, 
Executive Director

Jeffrey P. Geoghegan, 
Chief Financial Officer

DATE: June 19, 2017

SUBJECT: **Finance Corporation Resolutions**

RECOMMENDATION:

That the UCHC Board of Directors approve the procurement which will be presented for approval at the UCHC Finance Corporation Meeting on June 26, 2017.

CONTRACTS/AGREEMENTS

1. Cardinal Health 110 LLC
2. Carefusion Solutions
3. Philips Healthcare Solutions

BACKGROUND:

Any items over \$500,000 and up to and including \$1,000,000 are reported to the Board of Directors for informational purposes. Any items greater than \$1,000,000 must be approved by the Health Center's Board of Directors prior to presentation to the Finance Corporation's Board of Directors for approval and execution.

All leases must be approved by both the UCHC Board of Directors and the UConn Board of Trustees.



University of Connecticut Health Center
Finance Corporation

MEMORANDUM

TO: Members, University of Connecticut Health Center Finance Corporation
Board of Directors

FROM: Scott Jordan 
Executive Director

Jeffrey Geoghegan 
Chief Financial Officer

DATE: June 26, 2017

SUBJECT: **CARDINAL HEALTH 110 LLC CONTRACT AMENDMENT**

RECOMMENDATION: That the University of Connecticut Health Center Finance Corporation Board of Directors approve a contract amendment through 08/31/2018, on behalf of the John Dempsey Hospital, with Cardinal Health 110 LLC in support of the JDH 340B program in a total amount not to exceed \$2,750,000 an increase of \$2,253,000 and that the Executive Director be authorized to enter into said contract amendment.

BACKGROUND: Cardinal Health 110 LLC is the JDH 340B Contract Wholesaler for CVS Retail. Our first trial with CVS Retail was successful. JDH receives revenue from CVS in excess of the spending on this contract making this a profitable program. Due to the success of the trial we recognize that we need to increase the contract value significantly in order to cover the spend through the end of the current contract term. This sole source procurement allows for secure pricing and continuity of service.


This contract request will be reviewed by UConn Health's Finance Subcommittee on June 19, 2017 and approved by UConn Health's Board of Directors on June 19, 2017 before being submitted to the University of Connecticut Health Center Finance Corporation Board of Directors.



University of Connecticut Health Center
Finance Corporation

MEMORANDUM

TO: Members, University of Connecticut Health Center Finance Corporation
Board of Directors

FROM: Scott Jordan 
Executive Director

Jeffrey Geoghegan 
Chief Financial Officer

DATE: June 26, 2017

SUBJECT: **CAREFUSION SOLUTIONS, LLC CONTRACT**

RECOMMENDATION: That the Board of Directors approve a contract on behalf of John Dempsey Hospital with CareFusion Solutions, LLC for a period of five (5) years in a total amount not to exceed \$1,260,000 and that the Executive Director be authorized to enter into the agreement.

BACKGROUND: CareFusion Solutions, LLC currently provides JDH with Infusion Disposable Sets related to our Alaris Infusion Pumps. This purchase agreement for disposables such as IV sets and extension sets was procured through a Group Purchasing Organization (GPO). UConn Health's Procurement Department verified pricing with other vendors and based on our purchase volume UConn Health qualified for Tier 4 pricing under the GPO (Vizient) contract, which is least expensive option for this contract.

This contract request will be reviewed by UConn Health's Finance Subcommittee on June 19, 2017 and approved by UConn Health's Board of Directors on June 19, 2017 before being submitted to the University of Connecticut Health Center Finance Corporation Board of Directors.



University of Connecticut Health Center
Finance Corporation

MEMORANDUM

TO: Members, University of Connecticut Health Center Finance Corporation
Board of Directors

FROM: Scott Jordan
Executive Director

Jeffrey Geoghegan
Chief Financial Officer

DATE: June 26, 2017

SUBJECT: PHILIPS HEALTHCARE SOLUTIONS CONTRACT

RECOMMENDATION: That the Board of Directors approve a contract on behalf of John Dempsey Hospital with Philips Healthcare Solutions for the purchase of imaging equipment for a Hybrid OR for the New Hospital Tower including the purchasing of an Allura Xper FD20/15 biplane imaging system in a total amount not to exceed \$2,100,000 and that the Executive Director be authorized to enter into the agreement.

BACKGROUND: This contract allows Philips Healthcare Solutions to provide imaging equipment fit out for a Hybrid OR for the New Hospital Tower including the purchase of an Allura Xper FD20/15 biplane cardiovascular system with C arm. This digital imaging system is necessary for cardiovascular diagnostic and interventional procedures. UConn Health's Procurement Department issued a formal request for proposals from qualified organizations with the goal to purchase imaging equipment for a Hybrid OR for the New Hospital Tower. A three member selection committee was established and after a thorough review Philips Healthcare was determined to be the best fit for serving UConn Health patient care needs.

This contract request will be reviewed by UConn Health's Finance Subcommittee on June 19, 2017 and approved by UConn Health's Board of Directors on June 19, 2017 before being submitted to the University of Connecticut Health Center Finance Corporation Board of Directors.

UConn HEALTH

TO: Members, UConn Health Board of Directors

FROM: Carolle T. Andrews 
Chief Administrative Officer

Thomas P. Trutter, AIA 
Associate Vice President, Campus Planning Design & Construction

DATE: June 19, 2017

SUBJECT: Project Budget for the UConn Health Main Accumulation Building (Final:
\$4,400,000)

RECOMMENDATION:

That the Board of Directors approve the Final Budget in the amount of \$4,400,000 for the UConn Health (UCH) Main Accumulation Building project

BACKGROUND:

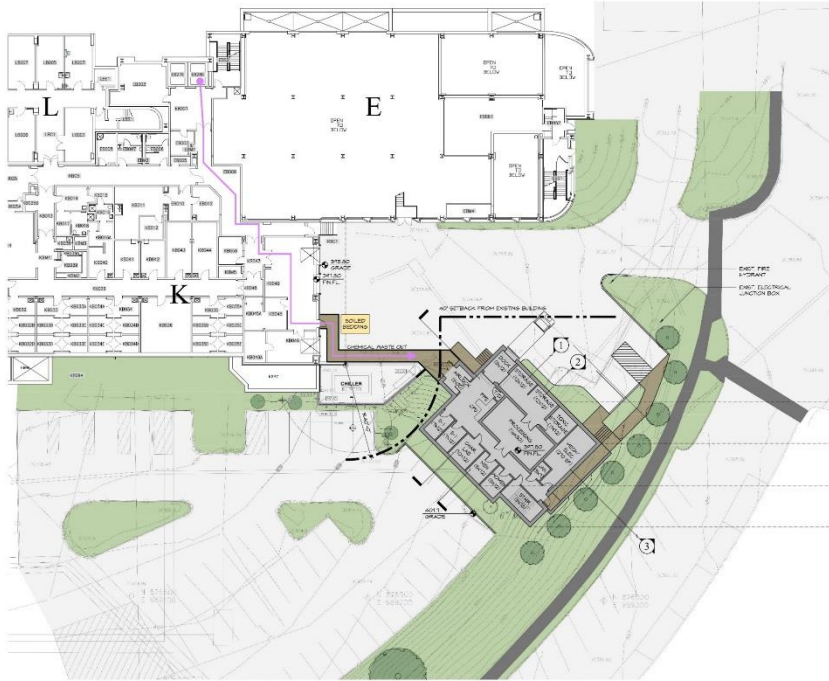
UConn Health's building for the collection, consolidation, and shipping of hazardous waste materials from research and clinical activities was demolished in late 2012 as part of the site preparation for the Jackson Laboratory for Genomic Medicine. Since that time the waste materials have been handled in temporary areas in the Main Building lab area. The temporary area is undersized and does not provide sufficient storage areas, resulting in less than optimal operating conditions including more frequent shipping and thus increased operating expenses. This project will construct a new building sized at approximately 4,000 gross square feet to establish a new permanent location for the waste handling and shipping activities.

The architect has completed the design and prepared the estimate for the project. The project will be sent out for bids in June and we anticipate starting construction in September and completing the project in 2018. The proposed budget reflects the design estimate for the work and may change based upon the actual bids.

With your approval, the budget will be presented to the Board of Trustees at their June 28, 2017 meeting for their approval.

Attachment

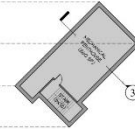
MAIN ACCUMULATION BUILDING: SITE PLAN



OPTION A SUMMARY

- 2700 G/5F
- 860 G/5F MECHANICAL PENTHOUSE
- MECHANICAL PENTHOUSE TO ACCOMMODATE AHU AND EXHAUST EQUIPMENT

MECH. PENTHOUSE PLAN

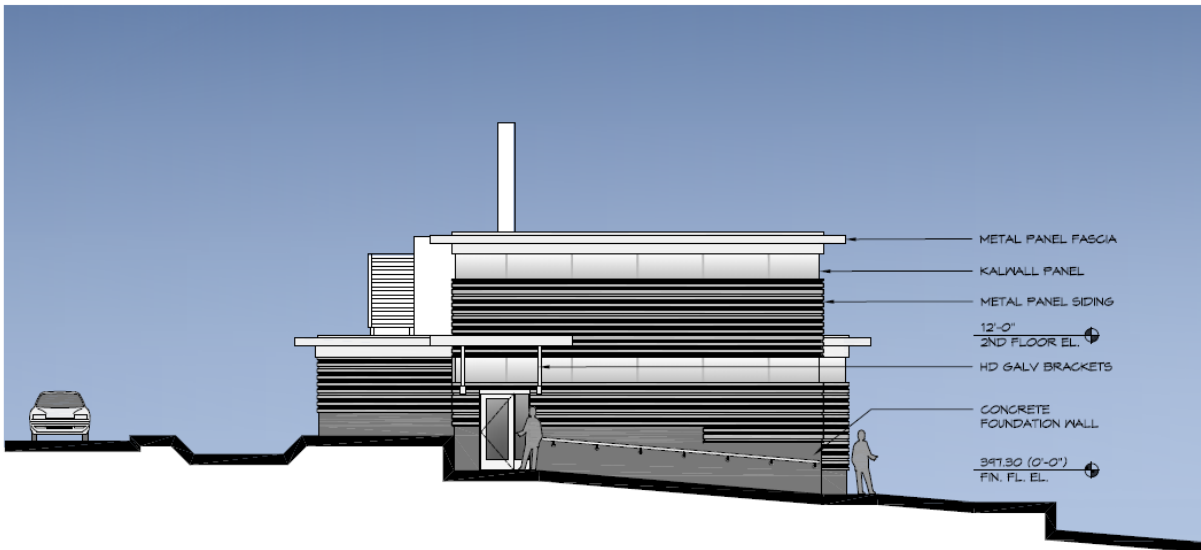


COMPOSITE BASEMENT / SITE PLAN - OPTION A

UCH MAIN ACCUMULATION AREA FACILITY
 UNIVERSITY OF CONNECTICUT
 11.7.16

TLBA JOB #2016.030
 FARMINGTON, CT
 TLB ARCHITECTURE, LLC • 92 WEST MAIN STREET • CHESTER, CT 06412

EAST ELEVATION



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: FINAL


PROJECT NAME: UCONN HEALTH - MAIN ACCUMULATION BUILDING

<u>BUDGETED EXPENDITURES</u>	APPROVED PLANNING 12/7/2016	APPROVED DESIGN 3/29/2017	PROPOSED FINAL 6/28/2017
CONSTRUCTION	\$ 2,080,000	\$ 3,600,000	\$ 3,600,000
DESIGN SERVICES	305,000	305,000	305,000
TELECOMMUNICATIONS	25,000	25,000	25,000
FURNITURE, FIXTURES AND EQUIPMENT	35,000	35,000	35,000
CONSTRUCTION ADMINISTRATION	0	0	0
OTHER AE SERVICES (including Project Management)	45,000	45,000	45,000
ART	0	0	0
RELOCATION	5,000	5,000	5,000
ENVIRONMENTAL	10,000	10,000	10,000
INSURANCE AND LEGAL	10,000	10,000	10,000
MISCELLANEOUS	10,000	10,000	10,000
SUBTOTAL	\$ 2,525,000	\$ 4,045,000	\$ 4,045,000
PROJECT CONTINGENCY	255,000	355,000	355,000
TOTAL BUDGETED EXPENDITURES	\$ 2,780,000	\$ 4,400,000	\$ 4,400,000
<u>SOURCE(S) OF FUNDING</u>			
UCONN HEALTH FUNDS	\$ 2,780,000	\$ 4,400,000	\$ 4,400,000
TOTAL BUDGETED FUNDING	\$ 2,780,000	\$ 4,400,000	\$ 4,400,000

BOT 6.28.17
17-007

UConn HEALTH

TO: Members, UConn Health Board of Directors

FROM: Carolle T. Andrews 
Chief Administrative Officer

Thomas P. Trutter, AIA 
Associate Vice President, Campus Planning Design & Construction

DATE: June 19, 2017

SUBJECT: Project Budget for the UConn Health Elevator 24 & 25 Modernization and Sill Repairs (Final: \$1,100,000)

RECOMMENDATION:

That the Board of Directors approve the Final Budget in the amount of \$1,100,000 for the UConn Health (UCH) Elevator 24 & 25 Modernization and Sill Repairs

BACKGROUND:

Elevators 24 and 25 are the service elevators for the Connecticut Tower area of the Main Building. An initial assessment determined the existing sills have started to fail structurally and need to be replaced. Subsequent evaluation of the elevator operating components and controls determined that a modernization of the units is also needed. Modernization includes replacing the hoist-way and cab components and motor controls and makes the elevators safer, more efficient.

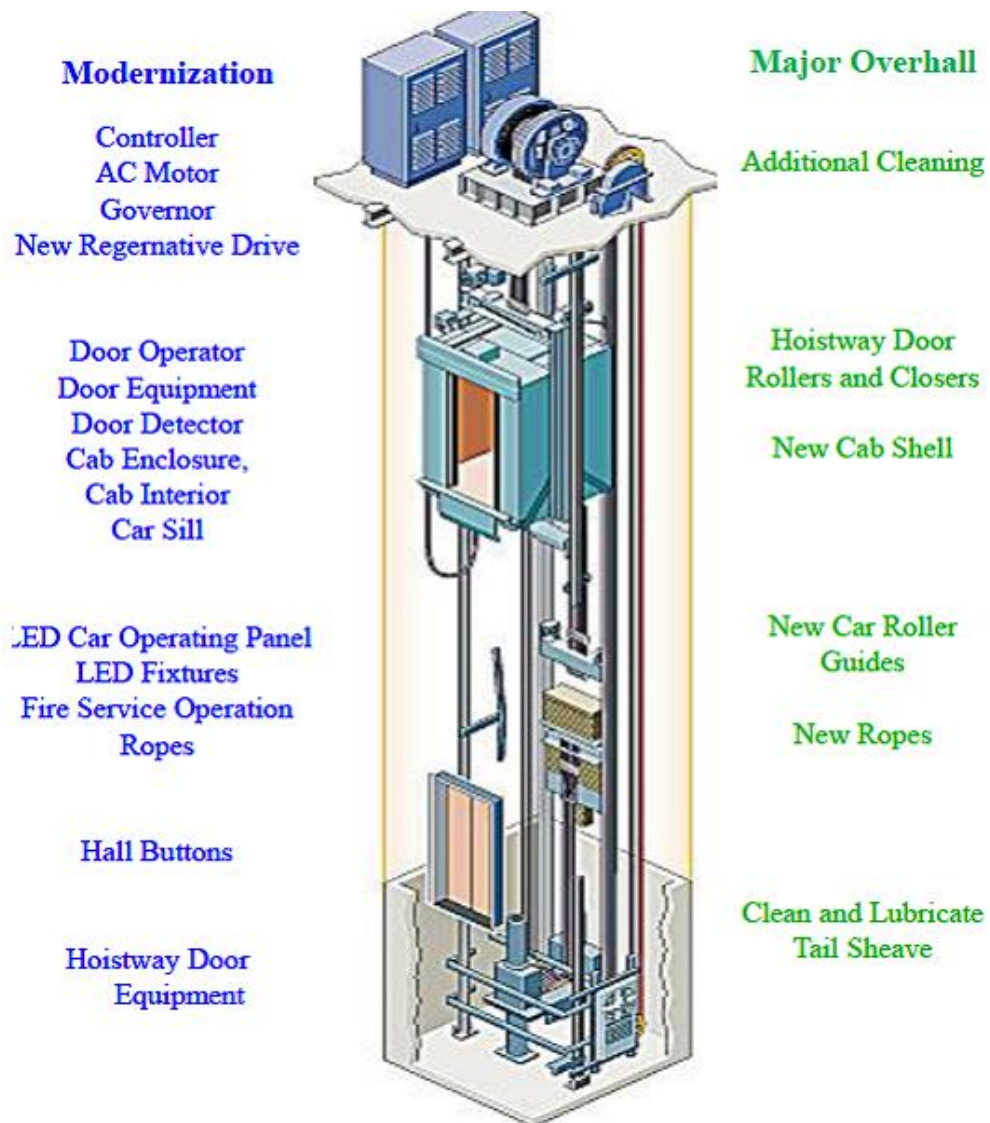
Design work is complete and the project will be bid in June and work is anticipated to begin in September. The construction duration is 6 months.

The Final Budget for this project is attached for your consideration. The proposed budget reflects design estimates for the work and may change based upon the actual bids.

With your approval, the Final Budget will be presented to the Board of Trustees at their June 28, 2017 meeting for their approval.

Attachment

MODERNIZATION DIAGRAM



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: FINAL

PROJECT NAME: UCONN HEALTH - ELEVATOR 24 & 25 SILL REPAIRS

<u>BUDGETED EXPENDITURES</u>	<u>APPROVED PLANNING 3/30/2016</u>	<u>APPROVED DESIGN 3/29/2017</u>	<u>PROPOSED FINAL 6/28/2017</u>
CONSTRUCTION	\$ 489,000	\$ 870,000	\$ 870,000
DESIGN SERVICES	35,000	108,000	108,000
TELECOMMUNICATIONS	0	0	0
FURNITURE, FIXTURES AND EQUIPMENT	0	0	0
CONSTRUCTION ADMINISTRATION	0	0	0
OTHER AE SERVICES (including Project Management)	13,000	13,000	13,000
ART	0	0	0
RELOCATION	0	0	0
ENVIRONMENTAL	0	0	0
INSURANCE AND LEGAL	5,000	5,000	5,000
MISCELLANEOUS	3,000	4,000	4,000
SUBTOTAL	\$ 545,000	\$ 1,000,000	\$ 1,000,000
PROJECT CONTINGENCY	55,000	100,000	100,000
TOTAL BUDGETED EXPENDITURES	\$ 600,000	\$ 1,100,000	\$ 1,100,000
<u>SOURCE(S) OF FUNDING</u>			
UCONN 2000 GO BONDS	\$ 600,000	\$ 1,100,000	\$ 1,100,000
TOTAL BUDGETED FUNDING	\$ 600,000	\$ 1,100,000	\$ 1,100,000

BOT 6.28.17

08-054

UConn HEALTH

TO: Members, UConn Health Board of Directors

FROM: Carolle T. Andrews 
Chief Administrative Officer

Thomas P. Trutter, AIA 
Associate Vice President, Campus Planning Design & Construction

DATE: June 19, 2017

SUBJECT: Project Budget for the UConn Health New Construction and Renovation – Clinic (C) Building Renovations (Revised Final: \$92,514,604)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Revised Final Budget in the amount of \$92,514,604 for the UConn Health New Construction and Renovations: Clinic (C) Building Renovations

BACKGROUND:

As part of the Bioscience Connecticut initiative UConn Health is renovating portions of the Clinic (C) area of the Main Building. The C area, comprised of 345,000 gross square feet over 4 floors, is also the primary entrance to the Main Building and houses the outpatient services that are on the upper campus. The renovations under this project are focused on the Dental Teaching Clinics, the Pat and Jim Calhoun Cardiology Center, Clinical Research, and clinical space for a multi-specialty practice. The work includes various mechanical, electrical and plumbing infrastructure systems that will be replaced as part of the renovations.

The project is approaching 40% complete and work will continue in phases through the end of 2018. The current estimated cost to complete the project exceeds the current budget, therefore we are requesting an increase of \$200,000 to the budget. The funds are available from other bond funded projects that were completed under budget.

The projected overage is attributed to costs to address various unknown existing conditions such as correcting code deficiencies in existing shafts and walls, and abatement hazardous materials. In addition, costs to renovate areas of the clinical pharmacy were expended to enable the operation to remain in place rather than moving it to a new location, an overall saving to the Bioscience Connecticut construction cost, but an added expense to this project.

The Revised Final Budget is attached for your consideration and approval. Upon your approval it will be presented to the Board of Trustees at their June 28, 2017 meeting.

Attachment

DENTAL SCHOOL TEACHING CLINICS



RENOVATIONS TO THE MAIN BUILDING LOBBY



CAPITAL PROJECT BUDGET REPORTING FORM


TYPE BUDGET: REVISED FINAL


PROJECT NAME: UCONN HEALTH NEW CONSTRUCTION AND RENOVATION: CLINIC BUILDING ("C") RENOVATIONS

<u>BUDGETED EXPENDITURES</u>	<u>APPROVED PLANNING 6/28/2012</u>	<u>APPROVED DESIGN 9/24/2014</u>	<u>APPROVED REVISED DESIGN 6/24/2015</u>	<u>APPROVED FINAL 9/30/2015</u>	<u>APPROVED REVISED FINAL 3/30/2016</u>	<u>PROPOSED REVISED FINAL 6/28/2017</u>
CONSTRUCTION	\$ 60,100,000	\$ 70,721,000	\$ 63,800,000	\$ 64,800,000	\$ 68,654,604	\$ 70,145,000
DESIGN SERVICES	6,853,000	6,444,000	7,050,000	7,050,000	7,296,000	7,360,000
TELECOMMUNICATIONS	3,720,000	990,000	990,000	990,000	990,000	975,000
FURNITURE, FIXTURES AND EQUIPMENT	4,082,000	3,462,000	5,298,604	5,298,604	5,288,000	5,245,000
CONSTRUCTION ADMINISTRATION	420,000	420,000	420,000	420,000	420,000	250,000
OTHER AE SERVICES (including Project Management)	2,122,000	2,970,000	3,190,000	3,190,000	3,115,000	3,597,000
ART	-	-	-	-	-	-
RELOCATION	372,000	176,000	176,000	176,000	306,000	345,000
ENVIRONMENTAL	930,000	1,418,000	1,418,000	1,418,000	120,000	250,000
INSURANCE AND LEGAL	75,000	945,000	1,695,000	1,695,000	1,705,000	1,705,000
MISCELLANEOUS	158,000	22,000	22,000	22,000	36,000	55,000
SUBTOTAL	\$ 78,832,000	\$ 87,568,000	\$ 84,059,604	\$ 85,059,604	\$ 87,930,604	\$ 89,927,000
PROJECT CONTINGENCY	7,883,000	8,758,000	7,255,000	6,255,000	4,384,000	2,587,604
TOTAL BUDGETED EXPENDITURES	\$ 86,715,000	\$ 96,326,000	\$ 91,314,604	\$ 91,314,604	\$ 92,314,604	\$ 92,514,604
<u>SOURCE(S) OF FUNDING</u>						
UCONN 2000 FUNDS	\$ 42,716,000	\$ 72,326,000	\$ 86,644,604	\$ 86,644,604	\$ 87,644,604	\$ 87,844,604
UCONN HEALTH/OTHER FUNDS	43,999,000	24,000,000	4,670,000	4,670,000	4,670,000	4,670,000
TOTAL BUDGETED FUNDING	\$ 86,715,000	\$ 96,326,000	\$ 91,314,604	\$ 91,314,604	\$ 92,314,604	\$ 92,514,604

UConn HEALTH

TO: Members, UConn Health Board of Directors

FROM: Carolle T. Andrews 
Chief Administrative Officer

Thomas P. Trutter, AIA 
Associate Vice President, Campus Planning, Design & Construction

DATE: June 19, 2017

SUBJECT: Project Budget for the UConn Health - Medical School Academic Building
Addition and Renovations (Revised Final: \$36,795,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Revised Final Budget in the amount of \$36,795,000 for the Medical School Academic Building Renovation

BACKGROUND:

The Board approved a Revised Final Budget in June 2015 in the amount of \$36,050,000 for the addition and renovations to the Medical and Dental Academic Building. An increase to the project budget in the amount of \$745,000 is being requested to cover costs associated with a number of unforeseen field conditions, including the removal of duct work with asbestos mastic and correcting code issues in existing duct shafts. The funds are available from other bond funded projects that were completed under budget.

The construction work began in March 2015 and is complete with the exception of the final phase of work, renovations for the new Wellness Center. The Academic Addition is in use and provides approximately 17,650 sf of new space including the Academic Rotunda, a 216 seat flat floor learning studio and eight new classrooms. The renovation completed to date includes two new Dental School lecture halls, eight new classrooms of varied size, modifications to the Human Anatomy Labs, and newly renovated Medical School administration space.

All work is expected to be complete by October, 2017.

The Revised Final Budget is attached for your consideration and approval. Upon your approval it will be presented to the Board of Trustees at their June 28, 2017 meeting.

Attachment

ACADEMIC BUILDING ADDITION



DENTAL LECTURE HALLS



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: REVISED FINAL

PROJECT NAME: UCH MEDICAL SCHOOL ACADEMIC BUILDING RENOVATION

<u>BUDGETED EXPENDITURES</u>	<u>APPROVED PLANNING 4/25/2012</u>	<u>APPROVED DESIGN 9/24/2014</u>	<u>APPROVED FINAL 2/25/2015</u>	<u>APPROVED REVISED FINAL 6/24/2015</u>	<u>PROPOSED REVISED FINAL 6/28/2017</u>
CONSTRUCTION	\$ 20,125,000	\$ 23,900,000	\$ 25,490,000	\$ 25,490,000	\$ 28,490,000
DESIGN SERVICES	2,585,000	3,150,000	3,137,000	3,137,000	3,413,000
TELECOMMUNICATIONS	1,550,000	1,365,000	1,148,000	1,148,000	560,000
FURNITURE, FIXTURES AND EQUIPMENT	1,800,000	2,105,000	1,784,000	1,784,000	1,215,000
CONSTRUCTION ADMINISTRATION	300,000	200,000	200,000	200,000	200,000
OTHER AE SERVICES (including Project Management)	1,400,000	1,145,000	1,125,000	1,125,000	1,463,000
ART	-	-	-	-	-
RELOCATION	45,000	145,000	145,000	145,000	50,000
ENVIRONMENTAL	25,000	150,000	150,000	150,000	100,000
INSURANCE AND LEGAL	25,000	350,000	344,000	844,000	830,000
MISCELLANEOUS	30,000	30,000	90,000	90,000	161,500
OTHER SOFT COSTS	-	-	-	-	-
SUBTOTAL	\$ 27,885,000	\$ 32,540,000	\$ 33,613,000	\$ 34,113,000	\$ 36,482,500
PROJECT CONTINGENCY	2,865,000	3,210,000	1,937,000	1,937,000	312,500
TOTAL BUDGETED EXPENDITURES	\$ 30,750,000	\$ 35,750,000	\$ 35,550,000	\$ 36,050,000	\$ 36,795,000
<u>SOURCE(S) OF FUNDING</u>					
UCONN 2000 FUNDS	\$ 30,750,000	\$ 35,750,000	\$ 35,550,000	\$ 35,350,000	\$ 36,095,000
UCONN HEALTH/OTHER FUNDS	-	-	-	700,000	700,000
TOTAL BUDGETED FUNDING	\$ 30,750,000	\$ 35,750,000	\$ 35,550,000	\$ 36,050,000	\$ 36,795,000

BOT 6.28.17
901729

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Clinical Affairs Subcommittee of the UConn Health Board of Directors

DATE: June 19, 2017

SUBJECT: Diagnostic Imaging and Therapeutics Chief of Service

Recommendation: That the UConn Health Board of Directors approve Leo J. Wolansky, M.D. as the Diagnostic Imaging and Therapeutics Chief of Service.

Background: The JDH Medical Staff Bylaws requires that each clinical service have a Chief of Service. The Chief of Service shall be responsible for the overall supervision of clinical work within his or her service and shall be responsible to the Medical Board for the functioning of that service. Each Chief of Service shall be a member of the Active Medical Staff qualified by training, experience and demonstrated ability for the position. He or she shall serve so long as his or her continuation is deemed desirable by those responsible for making and approving such appointments and so long as his or her membership on the Active Medical Staff is maintained.

LEO JOHN WOLANSKY, M.D.

CURRENT APPOINTMENT:

March 2017 – Present
PROFESSOR & CHAIR OF RADIOLOGY
University of Connecticut School of Medicine
263 Farmington Ave.
Farmington, CT 06030
860-679-3626

September 2014 – Present
(Consultant)
DIAGNOSTIC RADIOLOGIST
BioClinica, Inc.
100 Overlook Center
Princeton, New Jersey 08540
609-936-2600

PREVIOUS HOSPITAL APPOINTMENTS:

November 2012 – March 2017
PROFESSOR OF RADIOLOGY
Case Western Reserve University School of Medicine
11100 Euclid Avenue
Cleveland, Ohio 44108
216-844-1000

July 2015 – March 2017
ACTING CHIEF NEURORADIOLOGY DIVISION
Case Western Reserve University School of Medicine
11100 Euclid Avenue
Cleveland, Ohio 44108
216-844-1000

July 2008 – February 2013
(Consultant after 12-31-10)
DIAGNOSTIC RADIOLOGIST
CoreLab Partners, Inc.
100 Overlook Center
Princeton, New Jersey 08540

January 2012 – November 2012
DIAGNOSTIC RADIOLOGIST
Virtual Radiologic
11995 Singletree Lane, #500
Eden Prairie, MN 55344

December 2011 – August 2012
DIAGNOSTIC RADIOLOGIST
Barnabas Health/Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740

May 2012 – August 2012
DIAGNOSTIC RADIOLOGIST
eMedical Offices & Hospitalist EMO
651 West Mount Pleasant Avenue
Livingston, NJ 07039

November 2011 – March 2012
DIAGNOSTIC RADIOLOGIST
International Teleradiology Corporation
15373 Innovation Drive, Suite 105
San Diego, CA 92128

August 2010 – September 2011

NEURORADIOLOGIST
Capital Health
750 Brunswick Avenue
Trenton, New Jersey 08638

1990 – 2008

ATTENDING NEURORADIOLOGIST
The University Hospital, Newark, NJ
150 Bergen St.
Newark, NJ 07101-1709

1992 – 2008

DIRECTOR OF MRI
UMDNJ-New Jersey Medical School
University Hospital, Newark, NJ 07101-1709

1990 – 2006

ATTENDING RADIOLOGIST
(Contract work under UMDNJ appointment)
East Orange VA Medical Center
Tremont Avenue
East Orange, N.J.

1989 – 1990

INSTRUCTOR OF DIAGNOSTIC RADIOLOGY
Yale/New Haven Hospital School of Medicine
333 Cedar Street
New Haven, CT 06510

PREVIOUS ACADEMIC APPOINTMENTS:

2000 – 2008

PROFESSOR OF RADIOLOGY
UMDNJ-New Jersey Medical School

1996 – 2000

ASSOCIATE PROFESSOR OF RADIOLOGY
UMDNJ-New Jersey Medical School

1990 – 1996

ASSISTANT PROFESSOR OF CLINICAL RADIOLOGY
UMDNJ-New Jersey Medical School

POST-DOCTORAL TRAINING:

1989 – 1990

FELLOWSHIP: NEURORADIOLOGY
Yale/ New Haven Hospital
333 Cedar Street
New Haven, CT 06150

1988 – 1989

CHIEF RESIDENT: RADIOLOGY
Lenox Hill Hospital
100 E 77th Street
New York, NY 10021

1985 – 1989

RESIDENT: DIAGNOSTIC RADIOLOGY
Lenox Hill Hospital
100 E 77th Street
New York, NY 10021

EDUCATION:

1981 – 1985

MEDICAL DOCTOR
Mount Sinai School of Medicine
1 Gustave Levy Place
New York, NY 10029

1976 – 1980

BACHELOR OF ARTS
Columbia College of Columbia University
Broadway & 114th Street
New York, NY 10027

LICENSURE:

5/18/12 – Exp. 10/1/17	Ohio, #099275
5/24/90 – Exp. 6/30/17	New Jersey, #25MA05481200
3/3/89 – Exp. 4/30/16	New York, #177567-1
7/16/8 – Exp. 12/31/16	Pennsylvania, #MD435079
12/19/11 – Exp. 9/12/14	Arizona, #45582 (inactive)
1/5/11 – Exp. 1/31/14	Hawaii, # MD-16454 (inactive)
2/24/12 – Exp. 7/31/14	Illinois, # 036-129665 (inactive)
3/8/12 – Exp. 1/31/13	Missouri, # 2012008253 (inactive)
7/31/12– Exp. 5/12/13	North Dakota, # 12453 (inactive)
1/3/12 – Exp. 1/31/14	Utah, #8163070-1205 (inactive)
4/18/12 – Exp. 11/30/12	Vermont, #042.0012417 (inactive)
1/27/12 – Exp. 6/30/13	Wyoming, #8863A (inactive)
11/10/11 – Exp. 2/3/12	Wyoming, #TL1697 (inactive)
5/15/89 – Exp. ~7/1/90	Connecticut, #29944 (inactive)

CERTIFICATION:

10/4/2015	Sub-specialty Board: CAQ, Neuroradiology
9/16/2009	Positron Emission Tomography & CT Certificate of Proficiency: American College of Radiology
7/13/2005	Sub-specialty Board: CAQ, Neuroradiology
11/4/1995	Sub-specialty Board: CAQ, Neuroradiology
5/31/1992	Senior Member: American Society of Neuroradiology
12/11/1990	Specialty Board: Diagnostic Radiology
3/05/1986	National Board of Medical Examiners USMLE#33057597
9/06/1983	Part I
9/25/1984	Part II
3/05/1986	Part III

NARCOTICS CERTIFICATION:

1990 – Exp. Oct. 31, 2012	N.J. CDS D052452
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1990 – Exp. May 31, 2017

OHIO DEA BW2309347

OTHER CERTIFICATIONS:

UPIN:

E46529NJ

NPI:

1982793741 (Issued 10/12/2006)

Medicare #

PTAN: H28130 (OH), effective 08/22/12

Medicaid #

0761907 (NJ)

CAQH #

10667811

HONORS AND AWARDS:

2014-2015

Teacher of the Year: Radiology
University Hospitals Case Medical Center

2013-2014

Teacher of the Year: Radiology View Box Educator
University Hospitals Case Medical Center

1998-1999

The Foundation of UMDNJ's Excellence in Teaching Award

1998 (November)

Listed among "Best Doctors in New Jersey"
New Jersey Monthly

1998

Named in "The Best Doctors in the United States"

1996 – 1997

Named in "The Best Doctors in the United States,
East Coast Division"

1994 – 1995

New Jersey Medical School Faculty Outstanding Merit Award

EDITORIAL BOARDS:

1998 – 2006

Editorial Board of the Journal of Neuroimaging

2001

Editorial Board of the Emergency Radiology

MAJOR COMMITTEE ASSIGNMENTS:

2013-present

Member of TCGA Glioma Phenotypic Working Group.
Frederick National Laboratory for Cancer Research: Low
Grade Glioma reader/co-investigator

2015-present

RSNA Annual Meeting Scientific Program Committee

2013-present

Clinical Competence Committee of Dept. of Radiology, Case
Western Reserve University/UH Case Medical System

2014-present

Data Monitoring Committee for Immunocellular Therapeutics
(ICON)

2010-2014	Data Monitoring Committee for Immunocellular Therapeutics (Aptiv Solutions)
2012– 2014	Response Assessment in Neuro-Oncology (RANO) Committee
2013 – present	Radiology Research Committee, Case Western Reserve University/UH Case Medical System
2013 – present	Spinal Cord Compression Task Force, Case Western Reserve University/UH Case Medical System

PROFESSIONAL MEMBERSHIPS:

2009 – 2012	American College of Radiology
1998 – Present	Ukrainian Medical Association of North America
1991 – Present	American Society of Neuroradiology, Senior Membership
1985 – Present	Radiology Society of North America

TO: Members of the UConn Health Board of Directors

FROM: The Academic Affairs Subcommittee of the Board of Directors

DATE: June 19, 2017

SUBJECT: Recommendation of the proposed amendment to Appendix B of the School of Medicine bylaws to change the promotional criteria for the Investigator and Clinical Investigator categories

RECOMMENDATION:

That the Board of Directors approve the proposed amendment to Appendix B of the School of Medicine bylaws to change the promotional criteria for the Investigator and Clinical Investigator categories.

BACKGROUND

From May 3rd to May 10th, a vote of the SOM faculty paid by the University took place. On the ballot was a referendum to modify Appendix B, Part I, Subsections 1 and 2 of the SOM bylaws to change the promotional criteria for senior appointments/promotions to the Investigator and Clinical Investigator categories. The election results for the referendum to adopt the proposed changes were as follows:

	Votes	Percentage
Approve	165	73.7%
Disapprove	39	17.4%
No answer	20	8.9%

Having passed by a margin of greater than two thirds of the voting faculty, the amendment was sent to the Academic Affairs Subcommittee of the Board of Directors for consideration at its May 22, 2017 meeting. The proposed amendment was voted on and approved (votes: 8-0-0).

Attachments

Explanation for the proposed change to the bylaws

Last year, a proposed amendment to revise the language regarding the criteria for appointment or promotion to senior rank in the Investigator and Clinical Investigator categories to include grant support or listing as key personnel on collaborators' grants as one indicator of recognition in the criteria for promotion was passed by a majority of voting faculty, but failed to achieve the required two thirds majority of voting faculty necessary for an amendment to be proposed to the Board of Directors. Following a meeting of the Academic Affairs Subcommittee of the Board of Directors, the AASBoD requested that an amendment to change the language regarding promotional criteria for Senior rank in the Investigator and Clinical Investigator categories be developed to revise the language for the Investigator/Clinical Investigator categories.

The Dean appointed a committee to revise this language. The committee considered the language and the spirit of the original drafts of the proposed amendment regarding the changes in the promotional criteria for the Investigator and Clinical Investigator categories. The committee felt that the proposed amendment had two parts - the criteria for the collaborative arm of both the Investigator and Clinical Investigator categories and then the criteria for the independent arm of the two categories.

For the collaborative arm, the concern was that the importance of the contribution of the collaborative investigator had to be something other than testimonial evidence. Therefore, it was critical that there be some documentary evidence that the collaborative investigator was an essential part of the collaborative effort. In the previous amendment, this had been proposed to be the inclusion of the collaborative investigator as a "key personnel" on the collaborators' grants. However, it was noted that key personnel can be determined by outside agencies rather than by the collaborator and also "key personnel" is a term that is not universal to all granting agencies. The committee therefore thought that the language for the promotion criteria for Associate Professor should be "*The applicant must have made significant, essential and unique contributions to this published work. One indicator of these contributions is for the candidate to be listed as key personnel or investigator with collaborators.*" The committee felt that this would capture the unique and essential contribution of the individual.

For the promotion to Professor, the committee felt that similar language that also included the sustained nature of the collaborative effort would be appropriate - "*The applicant must have made significant, essential and unique contributions to this published work. An example of these contributions is continued recognition as key personnel or investigator with collaborators.*" Again, the committee felt that this would capture the unique and essential contribution of the individual in a documentary fashion.

For the independent arm of the Investigator and Clinical Investigator categories, the committee looked at the intent and previous language of the earlier proposed amendment. The committee recognized that the intent of the previous language was to highlight the importance of grant funding as an indicator of the sustainability of the research program of the individual. However, the committee felt that the language as previously written would set a dangerous precedent of including funding in the academic criteria for promotion. The committee spent a considerable time discussing how to capture the importance of a sustainable research program without bringing monetary measurements into the bylaws which had previously only contained academic milestones.

After discussion, the committee felt that the best way to capture the overall vigor of the research effort, was in the following proposed language:

For promotion to Associate Professor, "*The applicant for appointment or promotion should be a contributor of major ideas and innovations and should have an established reputation as an original investigator outside the University of Connecticut Health Center. Examples of reputation are the importance, originality, independence and sustainability of one's scientific contributions.*" It was felt that with the inclusion of sustainability in the criteria, that this would encompass the importance of funding, but without directly including monetary milestones in the bylaws.

This same concept would continue for promotion to Professor with the following language "*A record of sustained publication of original and independent research findings that have had a demonstrable impact on the field. Examples of recognition are the importance, originality, independence and sustainability of one's scientific contributions.*" The wording is slightly different because of the context in the criteria: for the Associate Professor, it is establishing the reputation of the individual while for the Professor it is recognizing the sustained reputation of the individual.

In this way, the committee felt that the excellence, vigor and sustainability of the research program was included in the promotional criteria in a documentary fashion.

The committee was:

Marc F. Hansen (Chair)
Ernesto Canalis
Victor Hesselbrock
Stephen M. King
David McFadden
Howard Tennen

Proposed changes to the promotional criteria for Investigator and Clinical Investigator categories

Current Language – page 28-29 Appendix B. Part I. Guidelines for Appointment or Promotion to Senior Faculty Rank and/or Tenure Section C. Specific Requirements for Appointment or Promotion to Senior Rank Subsection 1. Investigator	Proposed Language (changes highlighted in red)
<p>1. Investigator</p> <p>For appointment or promotion to Associate Professor based on performance as an investigator, the following requirements must be met:</p> <ol style="list-style-type: none"> Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). <p>and either b. or c.</p> <ol style="list-style-type: none"> A record of sustained²⁷ publication in refereed journals of results from original and independent investigations that are recognized as important. The applicant for appointment or promotion should be a contributor of major ideas and innovations and should have an established reputation as an original investigator outside the University of Connecticut Health Center. A record of sustained²⁸ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and independent contributions to this published work. The candidate must also periodically²⁹ be the corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise. <p>Appointment or promotion to the rank of Professor will require:</p> <ol style="list-style-type: none"> A national reputation within his/her field as evidenced by memberships in study sections, advisory groups, prestigious professional societies, etc., or by awards, prizes, or other notable academic achievements. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). An established reputation as an original or essential investigator outside the University of Connecticut Health Center. <p>and either d. or e.</p> <ol style="list-style-type: none"> A record of sustained³⁰ publication of original and independent research findings that have had a demonstrable impact on the field. A record of sustained³¹ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and independent contributions to this published work. The candidate must also demonstrate a sustained³² publication record as corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise. 	<p>1. Investigator</p> <p>For appointment or promotion to Associate Professor based on performance as an investigator, the following requirements must be met:</p> <ol style="list-style-type: none"> Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). <p>and either b. or c.</p> <ol style="list-style-type: none"> A record of sustained²⁷ publication in refereed journals of results from original and independent investigations that are recognized as important. The applicant for appointment or promotion should be a contributor of major ideas and innovations and should have an established reputation as an original investigator outside the University of Connecticut Health Center. Examples of reputation are the importance, originality, independence and sustainability of one's scientific contributions. A record of sustained²⁸ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and unique contributions to this published work. One indicator of these contributions is for the candidate to be listed as key personnel or investigator with collaborators. The candidate must also periodically²⁹ be the corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise. <p>Appointment or promotion to the rank of Professor will require:</p> <ol style="list-style-type: none"> A national reputation within his/her field as evidenced by memberships in study sections, advisory groups, prestigious professional societies, etc., or by awards, prizes, or other notable academic achievements. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). An established reputation as an original or essential investigator outside the University of Connecticut Health Center. <p>and either d. or e.</p> <ol style="list-style-type: none"> A record of sustained³⁰ publication of original and independent research findings that have had a demonstrable impact on the field. Examples of recognition are the importance, originality, independence and sustainability of one's scientific contributions. A record of sustained³¹ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and unique contributions to this published work. An example of these contributions is continued recognition as key personnel or investigator with collaborators. The candidate must also demonstrate a sustained³² publication record as corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise.

Current Language – page 29-30 Appendix B. Part I. Guidelines for Appointment or Promotion to Senior Faculty Rank and/or Tenure Section C. Specific Requirements for Appointment or Promotion to Senior Rank Subsection 2. Clinical Investigator	Proposed Language (changes highlighted in red)
<p>2. Clinician-Investigator</p> <p>For appointment or promotion to Associate Professor based on performance as a clinician-investigator, the candidate must demonstrate:</p> <ol style="list-style-type: none"> Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). Recognition as an authority in a clinical specialty both inside and outside the immediate medical community, or a demonstrably effective leadership role in a department or hospital. An established reputation as an original and important investigator or contributor outside the University of Connecticut Health Center and the immediate medical community. <p>and either d. or e.</p> <ol style="list-style-type: none"> A record of sustained³³ publication in refereed journals of results from original and independent investigations that are recognized as important. The applicant for appointment or promotion should be a contributor of major ideas and innovations. A record of sustained³⁴ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The candidate must have made significant, essential and independent contributions to this published work. The candidate should also be the occasional³⁵ corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise. <p>Appointment or promotion to the rank of Professor will require:</p> <ol style="list-style-type: none"> Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). A national reputation within his/her field as evidenced by memberships in study sections, advisory groups, prestigious professional societies, or by awards, prizes, or other notable academic achievements. Superior accomplishment in a clinical specialty or effective departmental, hospital, or institutional leadership. An established reputation as an original and important investigator or contributor outside the University of Connecticut Health Center and the immediate medical community. <p>and either e. or f.</p> <ol style="list-style-type: none"> A record of sustained³⁶ publication of original and independent research findings that are important. A record of sustained³⁷ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The candidate must have made significant, essential and independent contributions to this published work. The candidate should also be the occasional³⁸ corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise. 	<p>2. Clinician-Investigator</p> <p>For appointment or promotion to Associate Professor based on performance as a clinician-investigator, the candidate must demonstrate:</p> <ol style="list-style-type: none"> Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). Recognition as an authority in a clinical specialty both inside and outside the immediate medical community, or a demonstrably effective leadership role in a department or hospital. An established reputation as an original and important investigator or contributor outside the University of Connecticut Health Center and the immediate medical community. <p>and either d. or e.</p> <ol style="list-style-type: none"> A record of sustained³³ publication in refereed journals of results from original and independent investigations that are recognized as important. The applicant for appointment or promotion should be a contributor of major ideas and innovations. Examples of reputation are the importance, originality, independence and sustainability of one's scientific contributions. A record of sustained³⁴ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The candidate must have made significant, essential and unique contributions to this published work. One indicator of these contributions is for the candidate to be listed as key personnel or investigator with collaborators. The candidate should also be the occasional³⁵ corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise. <p>Appointment or promotion to the rank of Professor will require:</p> <ol style="list-style-type: none"> Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). A national reputation within his/her field as evidenced by memberships in study sections, advisory groups, prestigious professional societies, or by awards, prizes, or other notable academic achievements. Superior accomplishment in a clinical specialty or effective departmental, hospital, or institutional leadership. An established reputation as an original and important investigator or contributor outside the University of Connecticut Health Center and the immediate medical community. <p>and either e. or f.</p> <ol style="list-style-type: none"> A record of sustained³⁶ publication of original and independent research findings that are important. Examples of recognition are the importance, originality, independence and sustainability of one's scientific contributions. A record of sustained³⁷ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The candidate must have made significant, essential and unique contributions to this published work. An example of these contributions is continued recognition as key personnel or investigator with collaborators. The candidate should also be the occasional³⁸ corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise.

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: The Academic Affairs Subcommittee of the Board of Directors

DATE: June 19, 2017

SUBJECT: Recommendation of the proposed amendment to Appendix B of the School of Medicine bylaws to change the promotional criteria for the Investigator category

RECOMMENDATION:

That the Board of Directors approve the proposed amendment to Appendix B of the School of Medicine bylaws to change the promotional criteria for the Investigator category.

BACKGROUND

From May 3rd to May 10th, a vote of the SOM faculty paid by the University took place. On the ballot was a referendum to modify Appendix B, Part I, Subsections 1 and 2 of the SOM bylaws to change the promotional criteria for senior appointments/promotions to the Investigator category. The election results for the referendum to adopt the proposed changes were as follows:

	Votes	Percentage
Approve	166	74.1%
Disapprove	40	17.9%
No answer	18	8.0%

Having passed by a margin of greater than two thirds of the voting faculty, the amendment was sent to the Academic Affairs Subcommittee of the Board of Directors for consideration at its May 22, 2017 meeting. The proposed amendment was voted on and approved (votes: 8-0-0).

Attachments

Explanation for the proposed change to the promotional criteria for the Investigator category

Upon examination of the promotional criteria for the Investigator professional category, it was noted that for promotion to the rank of Professor, candidates in the collaborative arm of the Investigator category were required to have both a record of sustained publications in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills and a sustained publication record as corresponding author in of refereed articles in journals devoted to the candidate's area(s) of professional expertise. It was considered that the latter component; a sustained publication record as corresponding author, was an unreasonably high standard for promotion.

As a result of this consideration, the proposal was made to amend the criteria to change “must also demonstrate a sustained publication record as corresponding author” to “should also periodically be the corresponding author” to more appropriately reflect the standard for promotion.

The terms “sustained” and “periodic” are defined in the bylaws in the following way – “In these contexts, the attributes and relative magnitudes that these words are meant to denote are as follows. “Sustained” suggests repeated publications at regular intervals throughout the current appointment; “periodically” implies repeated publications at a lower frequency than “sustained”; and “occasional” indicates the least frequent publication rate, where publications may occur at irregular intervals.”

Proposed change to the promotional criteria for Investigator category

Current Language – page 28-29 Appendix B. Section I. Part C. Specific Requirements for Appointment or Promotion to Senior Rank	Proposed Language (proposed change highlighted in blue)
<p>1. Investigator</p> <p>For appointment or promotion to Associate Professor based on performance as an investigator, the following requirements must be met:</p> <ul style="list-style-type: none"> a. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). <p>and either b. or c.</p> <ul style="list-style-type: none"> b. A record of sustained²⁷ publication in refereed journals of results from original and independent investigations that are recognized as important. The applicant for appointment or promotion should be a contributor of major ideas and innovations and should have an established reputation as an original investigator outside the University of Connecticut Health Center. c. A record of sustained²⁸ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and independent contributions to this published work. The candidate must also periodically²⁹ be the corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise. <p>Appointment or promotion to the rank of Professor will require:</p> <ul style="list-style-type: none"> a. A national reputation within his/her field as evidenced by memberships in study sections, advisory groups, prestigious professional societies, etc., or by awards, prizes, or other notable academic achievements. b. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). c. An established reputation as an original or essential investigator outside the University of Connecticut Health Center. <p>and either d. or e.</p> <ul style="list-style-type: none"> d. A record of sustained³⁰ publication of original and independent research findings that have had a demonstrable impact on the field. e. A record of sustained³¹ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and independent contributions to this published work. The candidate must also demonstrate a sustained³² publication record as corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise. 	<p>1. Investigator</p> <p>For appointment or promotion to Associate Professor based on performance as an investigator, the following requirements must be met:</p> <ul style="list-style-type: none"> a. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). <p>and either b. or c.</p> <ul style="list-style-type: none"> b. A record of sustained²⁷ publication in refereed journals of results from original and independent investigations that are recognized as important. The applicant for appointment or promotion should be a contributor of major ideas and innovations and should have an established reputation as an original investigator outside the University of Connecticut Health Center. c. A record of sustained²⁸ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and independent contributions to this published work. The candidate must also periodically²⁹ be the corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise. <p>Appointment or promotion to the rank of Professor will require:</p> <ul style="list-style-type: none"> a. A national reputation within his/her field as evidenced by memberships in study sections, advisory groups, prestigious professional societies, etc., or by awards, prizes, or other notable academic achievements. b. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals). c. An established reputation as an original or essential investigator outside the University of Connecticut Health Center. <p>and either d. or e.</p> <ul style="list-style-type: none"> d. A record of sustained³⁰ publication of original and independent research findings that have had a demonstrable impact on the field. e. A record of sustained³¹ publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and independent contributions to this published work. The candidate should also periodically³² be the corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise.



TO: Members of the UConn Health Board of Directors
FROM: The Academic Affairs Subcommittee of the Board of Directors
DATE: June 19, 2017
SUBJECT: Recommendation on the proposed Omnibus Corrections amendment to the School of Medicine bylaws.

RECOMMENDATION:

That the Board of Directors approve the proposed Omnibus Corrections amendment to the School of Medicine bylaws.

BACKGROUND

From May 3rd to May 10th, a vote of the SOM faculty paid by the University took place. On the ballot was a referendum to modify the bylaws to correct a number of inconsistencies that were identified as part of a periodic review of the bylaws by the Oversight Committee. The election results for the referendum to adopt the proposed changes were as follows:

	Votes	Percentage
Approve	197	83.8%
Disapprove	27	11.5%
No answer	11	4.7%

Having passed by a margin of greater than two thirds of the voting faculty, the amendment was sent to the Academic Affairs Subcommittee of the Board of Directors for consideration at its May 22, 2017 meeting. The proposed amendment was voted on and approved (votes: 8-0-0).

Attachments

Rationale for Modification to the Bylaws

One of the duties of the Oversight Committee as outlined in the UConn School of Medicine Bylaws is to identify bylaws that may need to be reviewed and/or amended. The committee will be responsible for *ad hoc* as well as periodic reviews of the Bylaws, at intervals no greater than seven years, and for implementing the amendment process described in Section IX.

As a result of such a periodic review of the bylaws, the Oversight Committee has identified several passages that, in its opinion, require amending. This proposed amended language largely represent changes to reflect current reality, such as changes in affiliated institutional names, changes in governing practices and typographical or other minor corrections.

The Oversight Committee has recommended that all of these housekeeping amendments be made in a single Omnibus amendment rather than in separate amendment form. The explanation for each of the corrections is given with the proposed change.

Proposed Changes to the University of Connecticut School of Medicine Bylaws – Omnibus corrections

Current Language – page 2 Part II. Faculty Footnote 2	Proposed Language (changes in red)
² Affiliation agreements with, but not limited to, Connecticut Children’s Medical Center, New Britain General Hospital, Saint Francis Hospital and Medical Center, and Hartford Hospital will designate which key SOM faculty, working 80% time and effort or greater, are “Faculty Members in Professional Categories” eligible to run for Council seats designated for clinical faculty (excluding the Clinical Council and the Oversight Committee).	² Affiliation agreements with healthcare organizations (both medical and research facilities) such as Connecticut Children’s Medical Center, including their employed faculty ambulatory practices and research facilities will designate which key SOM faculty, working 80% time and effort or greater, are “Faculty Members in Professional Categories” eligible to run for Council seats designated for clinical faculty (excluding the Clinical Council and the Oversight Committee).
Explanation: The proposed language is recommended to remove the specific examples of affiliated institutions, since some of those institutions’ names have changed. Because of the unique relationship with CCMC, it will be specifically retained. The language is also expanded to include affiliations with research institutions such as Jackson Laboratories.	

Current Language – page 3 Part II. Faculty Section A. Faculty Members in Professional Categories	Proposed Language (changes in red)
SOM faculty members paid by the University are also assigned to either a tenure track position or an in-residence position. The modifying term “in-residence” is used for non-tenure track appointments. The designation “in-residence” is for administrative purposes only and not for use in correspondence or published faculty lists. In-residence faculty appointments are generally for one year. Terms of other duration may be granted at the request of the department chair and with the approval of the dean.	SOM faculty members paid by the University are also assigned to either a tenure track position or an in-residence position. The modifying term “in-residence” is used for non-tenure track appointments. The designation “in-residence” is for administrative purposes only and not for use in correspondence or published faculty lists. In-residence faculty appointments are generally for one year. Terms of other duration may be granted at the request of the department chair and with the approval of the dean.
Explanation: Terms of appointment for in-residence faculty are now specified in the UHC-AAUP contract. To avoid confusion, it is recommended that these two sentences be deleted.	

Current Language – page 4 Part III. Administration Section C. Standing Administrative Committees Subsection 1. Admissions Committee Item c. Membership	Proposed Language (changes in red)
One (1) representative from the Office of HCOP	One (1) representative from the Office of Health Career Opportunity Programs

Current Language – page 6 Part III. Administration Section C. Standing Administrative Committees Subsection 4. Academic Advancement Committee Item c. Membership.	
One (1) Chief Academic Officer, Office of HCOP (<i>ex-officio</i> , non-voting)	One (1) Chief Academic Officer, Office of Health Career Opportunity Programs (<i>ex-officio</i> , non-voting)
Explanation: These are the only instances of an abbreviation in the committee membership descriptions – it is proposed to expand the abbreviation to reduce confusion.	

Current Language – page 10 Part VI. Planning and Policy Development Section A. Education Committee Subsection 3. Membership and reference to Footnote 10	Proposed Language (changes in red)
One (1) Chief Academic Officer for Education (<i>ex officio</i>) One (1) Chief Academic Officer of the Graduate School, Farmington campus (<i>ex officio</i>) One (1) faculty member from each standing EC policy subcommittee ¹⁰ Five (5) elected basic science faculty members Five (5) elected clinical faculty members	One (1) Chief Academic Officer for Education (<i>ex officio</i>) One (1) Chief Academic Officer of the Graduate School, Farmington campus (<i>ex officio</i>) One (1) faculty member from each standing EC policy subcommittee ⁴⁹ Five (5) elected basic science faculty members Five (5) elected clinical faculty members
¹⁰ In 2004 these committees are CUME, GPC, GMEC, CCME	⁴⁹ In 2004 these committees are CUME, GPC, GMEC, CCME
Explanation: These education committees no longer have the same names. Since it is unnecessary to specify exact committee acronyms, it is recommended that the footnote be eliminated and all subsequent footnotes be renumbered to avoid confusion.	

Current Language – page 11 Part VI. Planning and Policy Development Section B. Research Council Subsection 3. Membership and reference to Footnote 12	Proposed Language (changes in red)
One (1) Chief Academic Officer for Research (<i>ex-officio</i>) One (1) basic science department chair Two (2) basic science faculty members Two (2) center directors ¹¹ One (1) clinical department chair or delegate elected by the chairs One (1) clinical faculty member One (1) multidisciplinary clinical research center representative ¹²	One (1) Chief Academic Officer for Research (<i>ex-officio</i>) One (1) basic science department chair Two (2) basic science faculty members Two (2) center directors ¹¹ One (1) clinical department chair or delegate elected by the chairs One (1) clinical faculty member One (1) multidisciplinary clinical research center representative ¹²
¹² This position refers to what, in 2004, is the GCRC.	¹² This position refers to what, in 2017, is the Lowell P. Weicker, Jr. Clinical Research Center.
Explanation: The GCRC no longer exists under that acronym. It is now the Lowell P. Weicker, Jr. Clinical Research Center. To avoid confusion, it is recommended that the footnote be changed to reflect the current name of the Center.	

Current Language – page 13 Part VI. Planning and Policy Development Section D. Public Issues Council Subsection 3. Membership	Proposed Language (changes in red)
One (1) Chief Academic Officer for Primary Care (<i>ex-officio</i>) One (1) clinical department chair Four (4) clinical faculty members One (1) center ¹⁴ representative Two (2) basic science faculty members Two (2) faculty members from public health programs One (1) representative from affiliated hospitals (rotating) One (1) representative from the community and not from an affiliated hospital One (1) appointed by the Commissioner for Public Health	One (1) Chief Academic Officer for Primary Care (<i>ex-officio</i>) One (1) clinical department chair Four (4) clinical faculty members One (1) Center Director ¹⁴ Two (2) basic science faculty members Two (2) faculty members from public health programs One (1) representative from affiliated hospitals (rotating) One (1) representative from the community and not from an affiliated hospital One (1) appointed by the Commissioner for Public Health
Explanation: Footnote 14 states that “Only directors of approved Type II centers are eligible”. To avoid confusion, it is recommended that the language in the text be changed to match all previous councils’ membership requirements.	

Current Language – page 38 – 39 Appendix B. Part II. Operating Guidelines for the SAPC Section D. Reconsideration of Negative Actions Taken by the SAPC Subsections 1 and 2.	Proposed Language (changes in red)
Subsection 1b(3) The Chair(s) of the SAPC or designate will present the evidence for the negative action by the SAPC.	Subsection 1b(3) The Chair(s) of the SAPC or designee will present the evidence for the negative action by the SAPC.
Subsection 2b(2) The earlier negative recommendation by the SAPC will be reported to the Dean's Council by the Chair(s) of the SAPC.	Subsection 2b(2) The earlier negative recommendation by the SAPC will be reported to the Dean's Council by the Chair(s) of the SAPC or designee.
Explanation: This appears to be an inadvertent mistake creating a discrepancy over who can present evidence to the Dean's Council. It is proposed that the language be modified to make consistent who can present the evidence to the Dean's Council.	

UConn HEALTH

TO: Members of the Board of Directors

FROM: Andrew Agwunobi, CEO UConn Health

RE: Recommendation to Grant Authorization to Extend CBA

DATE: June 19, 2017

RECOMMENDATION:

That the Board of Directors grant Andrew Agwunobi, CEO UConn Health, authority to extend the Agreement between the University of Connecticut Health Center (“UConn Health”) and the University of Connecticut Health Center American Association of University Professors (“AAUP”), by adopting the resolution at the end of this Memorandum.

BACKGROUND:

The current collective bargaining agreement between UConn Health and AAUP is scheduled expired on June 30, 2017 and a successor agreement has not yet been reached. Connecticut General Statutes Section 5-278a authorizes UConn Health and AAUP to negotiate an extension of the expired agreement or any provisions not otherwise extended by law.

UConn Health and AAUP are currently in negotiations for a successor agreement, although one may not be reached prior to the expiration of the current agreement. In the event that a successor agreement is not reached prior to the expiration of the current contract, UConn Health may want to extend the current agreement until a successor agreement is reached.

RESOLUTION:

Resolved by the Board of Directors that Andrew Agwunobi, in his capacity as CEO of UConn Health, be authorized, at his discretion, to sign any contract extension on behalf of UConn Health to the current UConn Health and AAUP collective bargaining agreement.

UConn HEALTH

TO: Members of the Board of Directors

FROM: Andrew Agwunobi, CEO UConn Health

RE: Recommendation to Grant Authorization to Extend CBA

DATE: June 19, 2017

RECOMMENDATION:

That the Board of Directors grant Andrew Agwunobi, CEO UConn Health, authority to extend the Agreement between the University of Connecticut Health Center (“UConn Health”) and the University Health Professionals Local 3837 AFT/AFT-CT/AFL-CIO (“UHP”), by adopting the resolution at the end of this Memorandum.

BACKGROUND:

The current collective bargaining agreement between UConn Health and UHP is scheduled expired on June 30, 2017 and a successor agreement has not yet been reached. Connecticut General Statutes Section 5-278a authorizes UConn Health and UHP to negotiate an extension of the expired agreement or any provisions not otherwise extended by law.

UConn Health and UHP are currently in negotiations for a successor agreement, although one may not be reached prior to the expiration of the current agreement. In the event that a successor agreement is not reached prior to the expiration of the current contract, UConn Health may want to extend the current agreement until a successor agreement is reached.

RESOLUTION:

Resolved by the Board of Directors that Andrew Agwunobi, in his capacity as CEO of UConn Health, be authorized, at his discretion, to sign any contract extension on behalf of UConn Health to the current UConn Health and UHP collective bargaining agreement.

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jennifer Grey, Associate VP for Development, Health Sciences, UConn Foundation

DATE: June 19, 2017

RE: UConn Foundation Health Sciences Fundraising Report

Total commitments raised for the Schools of Medicine and Dental Medicine and UConn John Dempsey Hospital through 5/24/2017 were \$6.836 million. Although we are lagging last year's totals, they are due partially to a lag time in White Coat Gala fulfilled pledges and research dollars that may still be captured before fiscal year end. The UConn Foundation total is also off pace from last year, however, there are several 6-7 figure proposals in the pipeline that could close this gap for The UConn Foundation and UConn Health depending upon donors' timing. Updating our report from March (see below), another \$178,000 came in from new gifts to the UConn Health endowment, bringing this year's total to date to \$828,000 from 261 donors, a 380% increase over the same time last year.

The White Coat Gala was a successful evening with close to 600 attendees and \$608,000 raised, an increase over last year. Thanks to the generosity of Bob and Renee Samuels who gave \$25,000 and another \$25,000 to match others, \$236,000 was raised that evening for the Center on Aging. The silent auction and stethoscope appeal for medical and dental students brought in \$32,000 and Bioscience CT will receive \$100,000 from the gala net proceeds. The date for next year's event is still TBD and will be at a different venue with a potential new look for the overall program.

On May 20, the UConn Foundation in conjunction with UConn Health leadership hosted a dedication ceremony in recognition of the Board of Trustees official naming of the Ophthalmology Waiting Room on the 5th floor of the Outpatient Pavilion for the CT Lion's Eye Research Foundation (CLERF). More than 40 CLERF members participated in the ceremony. CLERF has partnered with UConn Health for more than 40 years and has donated more than \$1.4 million to support research aimed at preserving vision. The naming of the waiting room is in recognition of their most recent \$100,000 gift in support of genetic sequencing related macular degeneration. CLERF has indicated this most recent gift is the beginning of a stronger partnership in the future and has invited UConn Health to submit a proposal for funding in FY18. During the event Dr. Jeanne Suchecki and Anne Horbatuck engaged the membership of CLERF in a discussion regarding potential collaborations related to community outreach screenings for veterans, children and seniors. This collaboration will greatly enhance the potential for future investment.

The UConn Foundation has been accepted as a designated charity of the 2017 Hartford Marathon Foundation. As a Gold Charity, UConn Health and the UConn Foundation must provide 30 volunteers on race day, a minimum of 50 runners, and collectively raise \$10,000. The proceeds from our fundraising will benefit The Pat & Jim Calhoun Cardiology Center. This new partnership with the Hartford Marathon Foundation is an effort to recapture previous participants and donors to the Jim Calhoun Ride & Walk. As part of the UConn Foundation team, all adult runners receive a code for \$5 off the registration fee; youth and students receive \$2 off. The registration fees DO NOT count towards the minimum fundraising amount of \$10,000. The race is Saturday, October 14, 2017 in Hartford and includes marathon, half marathon, 5K, KidsK and team relay distances.

Upcoming events:

June 19, UConn SoM Resident Welcome Picnic – Wickham Park, Manchester

June 22, Meet & Greet with Dean Liang – home of Dr. Julia Cron MED '99, Guilford

July 13, proposed UConn Health summer BBQ - Scarborough House

August 13-14, The Mohegan Sun/Jim Calhoun Celebrity Classic for the benefit of the Calhoun Cardiology Center at UConn Health.

August 19, the Deans' Circle – Scarborough House

October 14, Hartford Marathon – Hartford

October 28, SoM & SoDM Joint Reunion – UConn Health

In response to the discussion last fall about the role of the UConn Foundation and fundraising in helping to offset bottom line deficits, we will begin to develop endowment goals in alignment with the academic planning process. Currently, while still small relative to other universities, UConn Health endowments are having a positive impact. There are 34 endowed chairs at UConn Health with spendable funds used to supplement salaries, hire research assistants, conduct research and equip labs.

Endowment Overview as of March 2017:

Unit	# of Funds	Current Market Value	Spending Allocation FY17	# Student Support	# Faculty and Research
Exec VP, Health Affairs & JDH	10	\$ 1.1 M	\$36,470		
School of Dental Medicine	30	\$ 4.5 M	\$196,400	10	6
School of Medicine	149	\$ 78.6 M	\$3,440,000	31	68
Total	189	\$ 84.2 M	\$3,672,870		

UConn HEALTH

FROM: Jeff Geoghegan
Chief Financial Officer

DATE: June 19, 2017

RE: **Proposed Spending Plan for Fiscal Year 2018 for UConn Health**

RECOMMENDATION:

The UCH Finance Subcommittee and UCH Board of Directors endorse and recommend to the University Board of Trustees the approval of the spending plan for Fiscal Year 2018 of \$1,078.2 million for UConn Health.

BACKGROUND:

The Fiscal Year 2018 Spending Plan includes \$1,078.2 million of revenue, including state funding of \$218.4 million, to cover \$1,078.2 million in expenses.

21st Century UConn State Bond Funds
Project List and Project Phasing

Action Items

Board of Directors Meeting
June 19, 2017

UConn HEALTH

UConn 21st Century – FY 2018 Capital Spending Plan

BACKGROUND:

Each Fiscal Year, the UCHC Board of Directors recommends the 21st Century UConn project allocations to the Board of Trustees for their approval. For FY 18 the phasing plan total is \$9,414,150. The phasing plan reflects shifting funds between Named Project line items to align funding with the schedules.

The proposed project list and the program details are on the following pages

UConn HEALTH

21st Century UConn FY 2018 Project List

PROJECT	FY 18 AMOUNT	USE OF FY 18 FUNDS
CLAC Renovations	\$ 0	Project complete, all funds expended
Deferred Maintenance/Code/ADA Renovation	649,150	DM projects for FY 18
Dental School Renovations	0	Projects complete, all funds expended
Equipment, Library Collections & Telecommunications	1,475,000	General Equipment needs: \$500,000; Telecommunications Infrastructure: \$975,000
Library/Student Computer Center Renovation	0	Projects complete
Main Building Renovations	0	Projects complete
Medical School Academic Building Renovations	745,000	Funds to complete the Academic Building renovations
Support Building Addition/Renovations	0	Project complete
UCHC New Construction & Renovations	6,545,000	Funding for the C Building renovations for the Dental School teaching clinics and Calhoun Cardiology Center
Total	\$9,414,150	

UCONN HEALTH

UCONN 2000 Phase III (21st Century UConn) Outline by Fiscal Year
UCONN HEALTH PHASING PLAN - FY 18 (June 28, 2017)

UConn Health Project Name:	June 2017 Indenture Change	FY 05 - 17 Total	FY 18	UCHC 21st Century Total
CLAC Renovations	(933,534)	15,901,466	0	15,901,466
Deferred Maintenance	1,070,534	47,974,373	649,150	48,623,523
Dental School Reno.		3,525,000	0	3,525,000
Equipment, Library Collections & Telecommunications	0	66,954,390	1,475,000	68,429,390
Library/Student Computer Center Renovations	0	1,266,460	0	1,266,460
Main Building Renovations	(1,200,000)	118,905,675	0	118,905,675
Medical School Academic Building Renovations	0	39,047,488	745,000	39,792,488
Research Tower	(482,000)	68,098,997	0	68,098,997
Support Bldg Addition/Renovation	0	100,000	0	100,000
UCHC New Construction and Renovations	1,545,000	406,712,001	6,545,000	413,257,001
Total:	0	768,485,850	9,414,150	777,900,000

UConn HEALTH

FY 18 DEFERRED MAINTENANCE/CODE/ADA RENOVATION
AND LUMP SUM PROJECTS
UConn Health - Farmington Campus

Deferred Maintenance - Buildings/Infrastructure	
Repairs to Facilities Exteriors, Elevators, & Infrastructure	\$ 549,150
Emergency/Reserve	\$ 100,000
Total	\$649,150

UConn Health

Action Item

21st Century UConn Project List

UConn HEALTH

TO: Members of the Board of Directors

FROM: Jeffrey Geoghegan, CFO and Carolle T. Andrews, Chief Administrative Officer

DATE: June 19, 2017

SUBJECT: UCONN 2000 Phase 3 (21st Century UConn) Fiscal Year 2018 Project List

RECOMMENDATION: That the Board of Directors endorses and recommends to the University Board of Trustees the following University of Connecticut Health Center Fiscal Year 2018 Project List:

	FY 2018 Amount
CLAC Renovations	\$ 0
Deferred Maintenance/Code/ADA Renovation	649,150
Dental School Renovations	0
Equipment, Library Collections & Telecommunications (Equipment: \$500,000, Telecomm: \$975,000)	1,475,000
Library/Student Computer Center Renovation	0
Main Building Renovations	745,000
Medical School Academic Building Renovations Support Building Addition/Renovations	0
UHC New Construction & Renovations	<u>6,545,000</u>
Total	\$9,414,150

BACKGROUND: This action by the Board recommends and endorses the University of Connecticut Health Centers Fiscal Year 2018 Project List. Annually, the Board of Directors will recommend to the Board of Trustees the annual project list for the supplemental indentures for annual bond issuances. The Board of Directors will also submit a capital plan as part of the annual budgeting process.

TO: UCONN Health Board of Directors

FROM: Anne Diamond, JD, CNMT
Chief Executive Officer, UCONN John Dempsey Hospital

DATE: June 19, 2017

SUBJECT: John Dempsey Hospital (JDH) CEO Report

GENERAL OPERATIONS UPDATE

- The Serious Safety Event Rate (SSE) is 0.09. SSE is calculated as a rolling 12 month average of serious safety events per 10,000 adjusted patient days. Hospital scores nationally range from 0.12 – 5.94, with 0 as the ultimate goal.
- Inpatient discharges are ahead of last year by 2.6%.
- ED is more than 1,000 visits greater than last year.
- Total of 1,857 observation and extended stays YTD April which is 27% over FY16 and 24% over budget.
- JDH has a 0% net margin, but is behind budget by \$9.4m primarily due to less volume in general surgery, orthopedics, neurosurgery, and vascular surgery.

PROGRESS ON KEY PERFORMANCE INDICATORS

Environment of Care (EOC) is comprised of safety, security, hazardous materials, fire, life safety, medical equipment, radiation/laser safety, and emergency management preparedness. A comprehensive interdisciplinary team of staff and leaders perform hazard and risk assessments that aid in the development of management plans and annual operating goals.

New areas included in this year's EOC plan includes radiation, laser and MRI safety, input from patient advisory council, lost property trending, high risk systems list, transport of contaminated devices and approval of cleaning products in patient care areas. An EOC mock survey is planned for early June to assess performance to date.

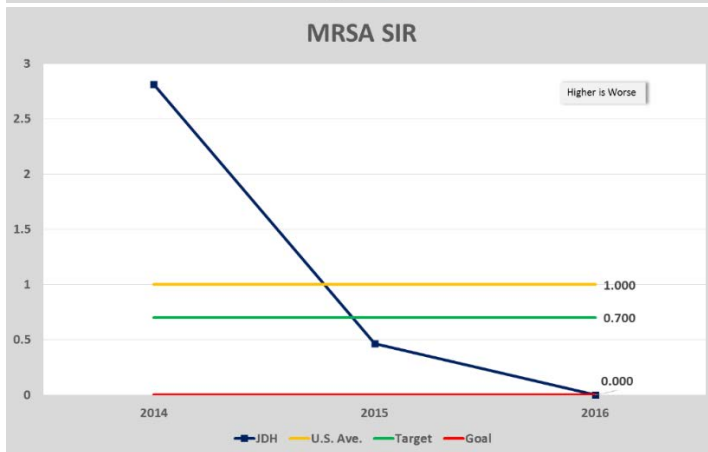
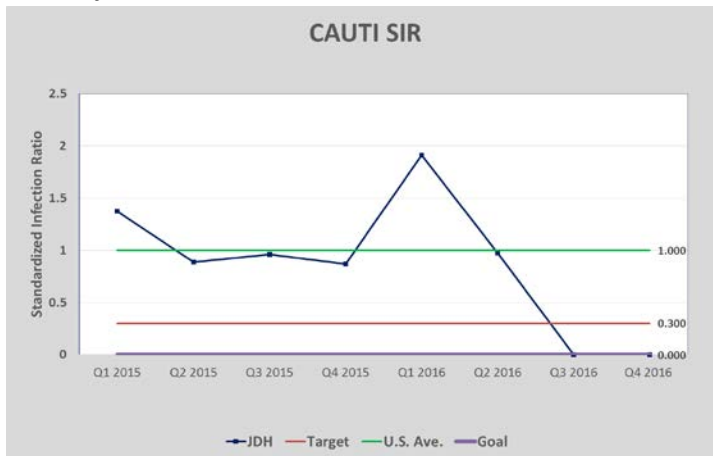
PROGRESS ON ORGANIZATIONAL GOALS: Brief highlights for the second quarter of FY17 include:

Service:

- Inpatient HCHAPS for March achieved a 99%tile rating for Recommending the Hospital and 94th %tile for Staff do Everything to Help You with Pain. Sustainable improvement for all measures, areas for continued improvement include Response of Hospital Staff, and Communication about Medicines.
- JDH Outpatient CGHAPS for March achieved the 91st %tile with strong performance consistently with the exception of Dermatology. Interventions for this high volume practice include working closer with medical records to ensure there are no delays with charts, rounding on patients in the

waiting room and in patient rooms every 15 minutes. Patient Satisfaction comments are reviewed monthly with staff to gather their feedback to improve the patient experience.

Quality:



- Quality metrics continue to improve:
 - CAUTI SIR rate remains at 0.
 - MRSA SIR rate is 0.
 - Sepsis readmission rate is below the Connecticut rate and continues to decline.

AWARDS AND RECOGNITION

- *ACTION Registry Gold Performance Achievement Award.* This is tangible evidence of your team's hard work and commitment to delivering the highest quality in cardiovascular care to transform heart health.
- On May 11th, we honored seven nurses from UCONN Health who were recipients of the Nightingale Award.
- John Dempsey Hospital has received an A-rating for its high-level of patient safety by The Leapfrog Group making it among the safest in both Connecticut and the U.S. For spring 2017 Conn John Dempsey is one of only five hospitals in the state to receive the top patient safety designation. This marks the third time UConn John Dempsey has been awarded an 'A' letter grade.
- 2017 Consumer Reports Safety Score for JDH is 59, which is only 1 point lower than the top score for the state.

TO: UCONN Health Board of Directors

FROM: Anne Horbatuck, RN, BSN, MBA
Vice President, Ambulatory Operations

Denis Lafreniere, MD, FACS

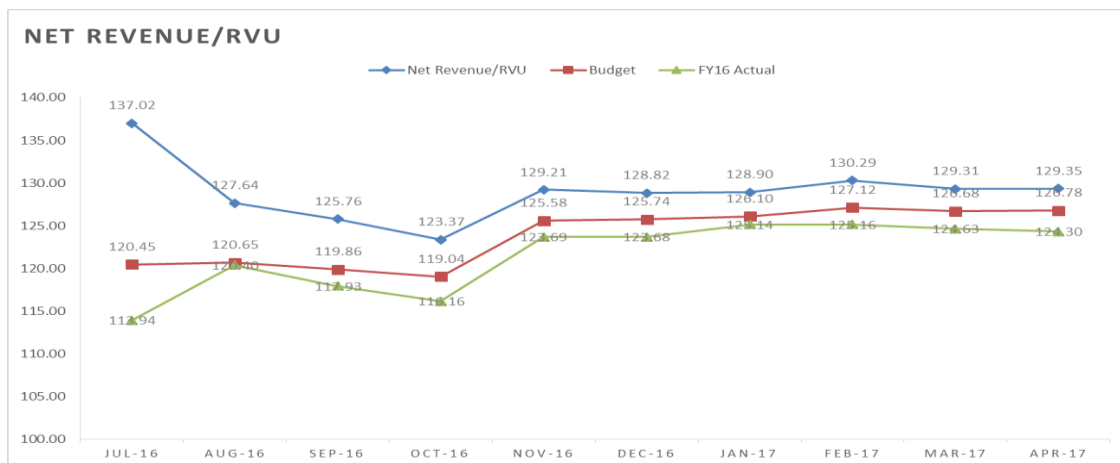
**Medical Director, UConn Medical Group, Professor and Chief, Division of Otolaryngology,
Head and Neck Surgery, Associate Dean of Clinical Affairs**

DATE: June 19, 2017

SUBJECT: UConn Medical Group (UMG) Operations Report

OPERATIONS UPDATE

- YTD Net Revenue/Encounters is ahead of last year at 152.70 compared to 150.91
- YTD Net Revenue/RVU's continues to increase from 124.30 during this time in FY16 to 129.35 FY17 YTD, which is also positive to the FY17 budget at 126.78.



PROGRESS ON AMBULATORY ORGANIZATIONAL GOALS and INITIATIVES

Brief highlights for the third quarter of FY17 include:

Service

- **Text Appointment Reminders:** The implementation of appointment reminders via SMS messaging began on February 22, 2017. This was implemented as a way to better connect with our patients regarding appointment reminders and a way to decrease no show rates. An enhanced option to be able to cancel the appointment via a text response will be rolled out in April.

Quality – Meaningful Use Revenue

- For YTD FY 2017 UMG collected \$412,597.45 in MU incentive payments
- Additional Medicaid incentive payments of approximately \$125,000 are anticipated.

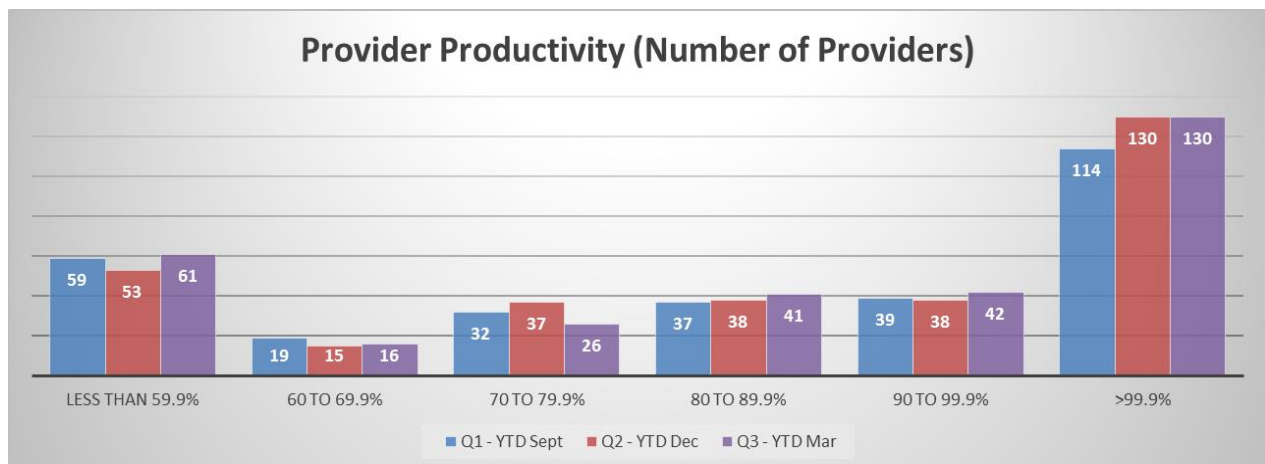
- For all providers using NextGen in 2015 we were able to successfully attest for MU avoiding the 3% Medicare penalty for payment year 2017.
- For payment year 2018 (performance year 2016) all providers with successful MU attestations will avoid the 4% Medicare penalty.

Finance

- Providers meeting or exceeding the 55th percentile: As of the end of the third quarter, there are 130 providers (41.1%) who are meeting or exceeding the 55th percentile. This remained the same as compared to the end of as of the end of the second quarter, with minor shifts in the distribution of percentages as defined below.
- Pay for Performance
 - Aetna Pay for Performance - Incentive Payments to University Physicians
 - FY 16: \$87,500
 - FY17: \$100,000
 - Beginning in Q4, began working with United’s Practice Performance Manager and a Practice-based resource to maximize incentive payments available

Distribution of providers based on percentage of the 55th percentile target

As of March(YTD)	Less than 59.9%	60 to 69.9%	70 to 79.9%	80 to 89.9%	90 to 99.9%	>99.9%	Grand Total
Count of Provider Name	61	16	26	41	42	130	316
% of Providers	19.3%	5.1%	8.2%	13.0%	13.3%	41.1%	100.0%



- Scribe Pilot project: During Q3, the UMG team met with Scribe America to discuss the implementation needs for the pilot project. UMG worked to review eligible providers for the service and will work in Q4 to prepare the information needed for Scribe America to begin to hire scribes. To date approximately 30 providers are eligible to review a scribe based on the established parameters of being a 0.5 FTE or greater, above the 55th percentile and currently working in an electronic medical record

Fiscal Year 2017
Results of Operations
As of April 30, 2017

Consolidated Financial Reports Financial Update & Highlights

TO: Members, Board of Directors
FROM: Jeffrey P. Geoghegan, Chief Financial Officer
DATE: June 14, 2017
SUBJECT: **Unaudited FY 2017 Financial Results for the ten months ended April 30, 2017.**

Introduction:

The following provides highlights for the year to date results as of April 30, 2017:

The year to date loss was \$18.6 million as compared to a budgeted loss of \$13.2 million for an unfavorable variance of \$5.4 million. Key drivers of budget variances are outlined below.

Education, Research & Institutional Support

The result of operations for Education, Research & Institutional Support is favorable to the budget by \$4.0 million. The variance is attributed to the favorable variances in the schools of Medicine and Dental Medicine, Institutional Support and Research.

Year to date significant highlights include:

- School of Medicine results of operations were favorable to budget by \$676,000 (1.5%) primarily due to favorable variances in Personnel Services and Outside and Other Purchased Services as well as Medical Contractual Support.
- School of Dental Medicine results of operations were favorable to budget by \$635,000. Unfavorable variances in net patient revenue were offset by favorable results in Personnel Services and Fringe Benefits.
- Institutional support (which includes the Finance Corporation) results of operations was favorable to budget by \$1.9 million. The favorable variance was primarily due to favorable variances on the Outside and Other Purchase Services and Other Expense lines.
- Research results of operations are favorable to budget \$832,000. Unfavorable variances in Federal Grant Revenue were offset by favorable variances in expenditures including Outside and Other Purchase Services and Personnel Services costs.

Included in the State Appropriation is one third of the 2017 rescission announced by the Governor on May 10, 2017. The rescission represents a 1.04% reduction of the overall State Appropriation.

Clinical

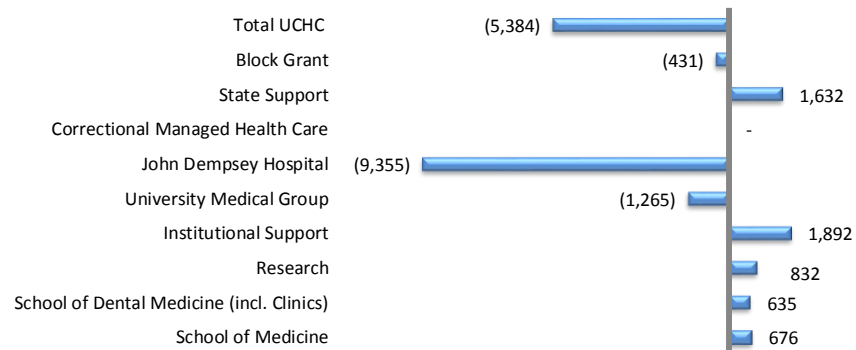
The clinical operations had a combined loss of \$52.9 million compared to a budget loss of \$42.2 million. Summary analysis of revenues and expenses is presented in the following pages.

Key Financial Results

For the period ending April 30, 2017

<u>Category</u>	<u>Year - to - Date</u>						
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percent</u>	<u>Prior Year</u>	<u>Variance</u>	<u>Percent</u>
Total UHC Excess/(Deficiency)	(\$18,570)	(\$13,186)	(\$5,384)	-40.8%	(\$773)	(\$17,797)	-2302.3%
Education, Research & Institutional Support-Excess/(Deficiency)	(\$149,427)	(\$153,462)	\$4,035	2.6%	(\$151,956)	\$2,529	1.7%
Total Clinical (JDH/UMG)	(\$52,849)	(\$42,229)	(\$10,620)	-25.1%	(\$46,927)	(\$5,922)	-12.6%
CMHC - Excess/(Deficiency)	\$0	\$0	\$0		\$0	\$0	
State Appropriation-Block Grant	\$100,821	\$101,252	(\$431)	-0.4%	\$111,647	(\$10,826)	-9.7%
Transfer to State of CT	\$0	\$0	\$0		\$0	\$0	
Fringe Benefits & Other Adjustments	\$82,885	\$81,253	\$1,632	2.0%	\$86,463	(\$3,578)	-4.1%
Total State Support	\$183,706	\$182,505	\$1,201	0.7%	\$198,110	(\$14,404)	-7.3%
Total Revenues (000's)	\$736,960	\$746,718	(\$9,758)	-1.3%	\$723,360	\$13,600	1.9%
Total Expenses (000's)	\$939,236	\$942,408	(\$3,172)	-0.3%	\$922,243	\$16,993	1.8%
Research Revenue Recognition in Financial Statements	\$71,895	\$73,571	(\$1,676)	-2.3%	\$71,125	\$770	1.1%

Budget Variance by Program - Year To Date
(in 000's)



Consolidated Statement of Revenues and Expenses (without Eliminations)

	Consolidated UConn Health YTD April 2017				Consolidated UConn Health YTD April 2016		
	Actual	Budget	Variance	Percent Variance	Actual	Variance	Percent Variance
Revenues:							
Tuition	\$ 19,287,499	\$ 19,076,475	\$ 211,023	1.1%	\$ 17,961,439	\$ 1,326,060	7.4%
Research Grants and Contracts	71,894,779	73,570,852	(1,676,073)	-2.3%	71,124,600	770,179	1.1%
Auxiliary Enterprises	14,262,420	13,666,952	595,468	4.4%	13,309,234	953,186	7.2%
Internal Income	100,304,639	99,663,274	641,365	0.6%	96,186,176	4,118,463	4.3%
Interns and Residents	52,029,268	52,831,768	(802,500)	-1.5%	53,690,259	(1,660,991)	-3.1%
Net Patient Care	375,414,769	385,370,501	(9,955,732)	-2.6%	367,110,931	8,303,838	2.3%
Correctional Managed Health Care	69,692,941	69,402,563	290,378	0.4%	72,247,509	(2,554,568)	-3.5%
Gifts & Endowment Income	4,623,284	4,842,479	(219,195)	-4.5%	6,576,261	(1,952,977)	-29.7%
Investment Income	100,533	54,584	45,949	84.2%	86,085	14,448	16.8%
Other Income	29,349,737	28,238,252	1,111,486	3.9%	25,067,443	4,282,294	17.1%
Total Revenues	\$ 736,959,868	\$ 746,717,700	\$ (9,757,831)	-1.3%	\$ 723,359,936	\$ 13,599,932	1.9%
Expenses:							
Personnel Services	\$ 320,191,629	\$ 320,158,417	\$ 33,213	0.0%	\$ 320,531,884	\$ (340,254)	-0.1%
Fringe Benefits	171,451,048	171,994,900	(543,851)	-0.3%	167,770,206	3,680,842	2.2%
Medical Contractual Support	12,929,943	12,813,907	116,036	0.9%	12,779,418	150,525	1.2%
Internal Contractual Support	99,587,259	99,042,723	544,537	0.5%	95,452,587	4,134,672	4.3%
Medical/Dental House Staff	43,845,799	43,955,750	(109,951)	-0.3%	43,689,100	156,699	0.4%
Correctional Managed Healthcare	69,692,941	69,402,563	290,378	0.4%	72,247,509	(2,554,568)	-3.5%
Outside Agency Per Diems	2,546,960	2,495,006	51,953	2.1%	1,200,524	1,346,436	112.2%
Drugs	27,198,001	26,137,467	1,060,534	4.1%	24,333,626	2,864,374	11.8%
Medical Supplies	41,583,289	40,885,428	697,861	1.7%	39,785,077	1,798,212	4.5%
Utilities	10,950,711	12,201,002	(1,250,291)	-10.2%	10,575,065	375,646	3.6%
Outside & Other Purchased Services	61,178,833	64,485,504	(3,306,671)	-5.1%	57,772,964	3,405,869	5.9%
Insurance	3,764,900	3,720,129	44,771	1.2%	3,995,280	(230,380)	-5.8%
Repairs & Maintenance	11,021,646	11,448,859	(427,213)	-3.7%	10,034,353	987,293	9.8%
Debt Service	8,541,748	8,538,995	2,753	0.0%	8,758,987	(217,239)	-2.5%
Other Expenses	22,745,818	23,166,267	(420,449)	-1.8%	24,357,505	(1,611,686)	-6.6%
Depreciation	32,005,783	31,961,549	44,234	0.1%	28,958,979	3,046,804	10.5%
Total Expenses	\$ 939,236,309	\$ 942,408,465	\$ (3,172,157)	-0.3%	\$ 922,243,064	\$ 16,993,245	1.8%
Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations	\$ (202,276,440)	\$ (195,690,766)	\$ (6,585,675)	-3.4%	\$ (198,883,127)	\$ (3,393,313)	-1.7%
State Appropriation-Block Grant	\$ 100,821,301	\$ 101,252,152	\$ (430,851)	-0.4%	\$ 111,646,509	\$ (10,825,208)	-9.7%
Workers Compensation Net of Appropriations	(721,350)	(168,930)	(552,420)		(110,808)	(610,542)	
State Supported Fringe Benefits and Other Adjustments	83,606,262	81,421,518	2,184,744	2.7%	86,573,941	(2,967,679)	-3.4%
Excess/(Deficiency)	\$ (18,570,228)	\$ (13,186,026)	\$ (5,384,201)	-40.8%	\$ (773,486)	\$ (17,796,742)	-2302.3%

John Dempsey Hospital
Consolidated Statement of Revenues and Expenses
April 30, 2017

Year-to-Date April				
Actual '17	Budget '17	Variance	Percent Variance	Actual '16

Revenues:

Net Patient Care	\$ 301,103,688	\$ 308,339,203	\$ (7,235,515)	-2.3%	\$ 290,955,626
Other Income	23,951,393	22,963,923	987,470	4.3%	21,641,850
Total Revenues	\$ 325,055,081	\$ 331,303,126	\$ (6,248,045)	-1.9%	\$ 312,597,476

Expenses:

Personnel Services	\$ 99,045,664	\$ 98,197,942	\$ 847,722	0.9%	\$ 96,820,739
Fringe Benefits	58,725,224	58,080,455	644,769	1.1%	54,648,222
Medical Contractual Support	167,204	151,494	15,710	10.4%	144,546
Internal Contractual Support	61,411,568	59,877,739	1,533,829	2.6%	60,013,358
Medical/Dental House Staff	2,596,170	2,583,333	12,837	0.5%	2,510,319
Outside Agency Per Diems	2,266,660	2,100,263	166,397	7.9%	927,602
Drugs	23,750,788	23,037,310	713,478	3.1%	21,097,185
Medical Supplies	31,603,770	30,659,217	944,553	3.1%	30,319,782
Utilities	2,886,566	3,549,730	(663,164)	-18.7%	1,746,444
Outside & Other Purchased Services	24,951,497	25,507,298	(555,801)	-2.2%	22,953,427
Insurance	2,833,190	2,830,921	2,269	0.1%	2,832,651
Repairs & Maintenance	5,675,173	6,134,345	(459,172)	-7.5%	4,581,736
Other Expenses	1,574,371	1,721,202	(146,831)	-8.5%	2,239,019
Interest Expense	22,311	19,557	2,754	14.1%	-
Depreciation	7,384,728	7,337,766	46,962	0.6%	6,739,846
Total Expenses	\$ 324,894,884	\$ 321,788,572	\$ 3,106,312	1.0%	\$ 307,574,876

<u>Excess/(Deficiency) of Revenues</u>					
<u>over Expenses Prior to State Appropriations</u>	\$ 160,197	\$ 9,514,554	\$ (9,354,357)	-98.3%	\$ 5,022,600

John Dempsey Hospital

Results of Operations

Year-to-date the gain is \$160,000 compared to a budgeted gain of \$9.5 million, for an unfavorable variance of \$9.4 million. Total revenues were unfavorable by \$6.2 million while expenses, driven by personnel costs and fringe benefits costs and medical supplies, were unfavorable \$3.1 million. Revenue variances were driven by unfavorable net patient revenue of \$7.2 million, partially offset by other operating income. The gain for the same period in the prior year was \$5.0 million for an unfavorable variance of \$4.9 million.

<u>Category</u>	<u>Year - to - Date</u>						
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percent</u>	<u>Prior Year</u>	<u>Variance</u>	<u>Percent</u>
John Dempsey Hospital (in thousands)							
JDH Excess of Revenues over Expenses/(Deficiency)	\$160	\$9,515	(\$9,355)	-98.3%	\$5,023	(\$4,863)	-96.8%
JDH Operating Margin	0.0%	2.9%	-2.8%	-98.3%	1.6%	-1.6%	-96.9%
Inpatient Discharges	7,664	8,264	(600)	-7.3%	7,502	162	2.2%
Outpatient Equivalents	14,191	14,137	54	0.4%	13,418	773	5.8%
Net Revenue per Adjusted Discharge	\$13,777	\$13,765	\$12	0.1%	\$13,908	(\$131)	-0.9%
Cost per Adjusted Discharge	\$14,866	\$14,365	\$501	3.5%	\$14,702	\$164	1.1%
Days Revenue in Accounts Receivable	47	43	4	9.3%	42	5	11.9%
Case Mix Index	1.5309	1.5220	0.0089	0.6%	1.5307	0.0002	0.0%

Net Revenue: Year to Date

Total net patient revenue was unfavorable to the budget plan by \$7.2 million (2.3%) but favorable to prior year by \$10.1 million (3.5%). Inpatient discharges are below budget by 600 (7.3%) while outpatient volume, represented by Outpatient Equivalents, was favorable by 54 (.4%).

The key drivers for net revenue are:

- Compared to Budget JDH had the following Price/Volume variances on Adjusted Discharges
 - Volume variance: Adjusted discharges were unfavorable to budget by 546 a variance valued at \$7.5 million.
 - Price variance: Net Revenue per adjusted discharge was \$12 above budget, a favorable variance valued at \$262,000.
- Case mix index is 1.5309 compared to a budget of 1.5220 and a prior year actual of 1.5307.

Volume: Year to Date

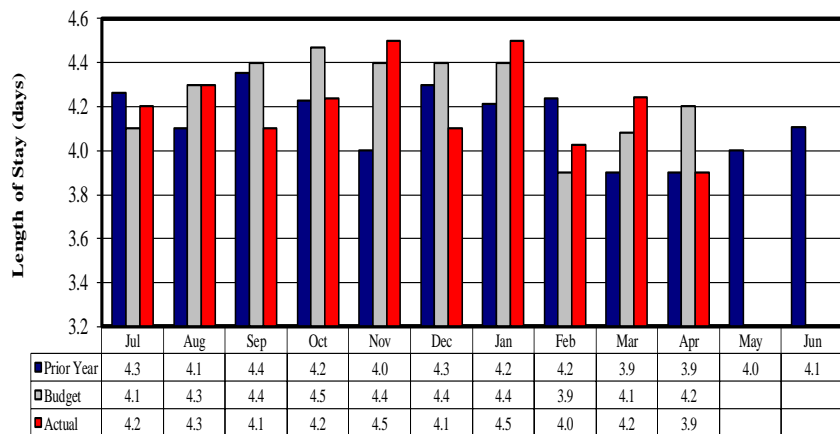
Inpatient discharges were unfavorable to the budget plan by 600 cases (7.3%) but are above prior year by 162 cases (2.2%).

Outpatient equivalents were favorable to the budget plan by 54 cases (.4%) and are favorable to prior year by 773 cases (5.8%) driven by outpatient pharmacy revenues.

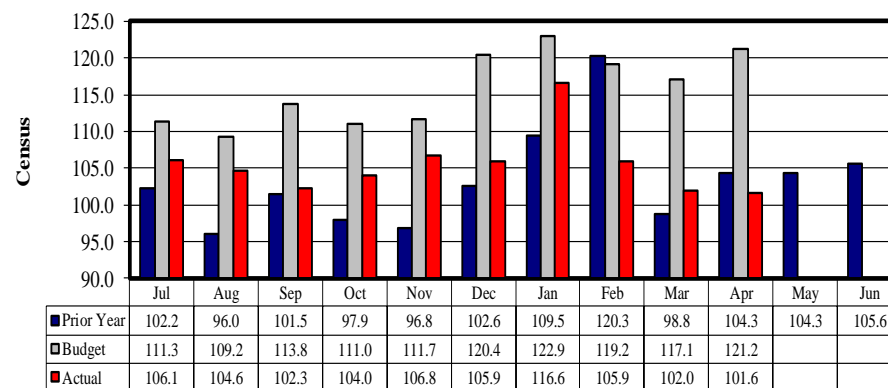
Expenses

- Expenses were unfavorable to the budget by \$3.1 million. Unfavorable variances in Personnel Services and Fringe Benefits and Medical Supplies were partially offset by favorable variances in Utilities and Repairs and Maintenance. Drug expenses, which exceed budget, are offset by higher pharmacy revenue.
- Total cost per adjusted discharge was \$14,866 compared to a budget of \$14,365 for an unfavorable variance of \$501 (3.5%). Total cost per adjusted discharge is unfavorable to prior year by \$164 (1.1%).

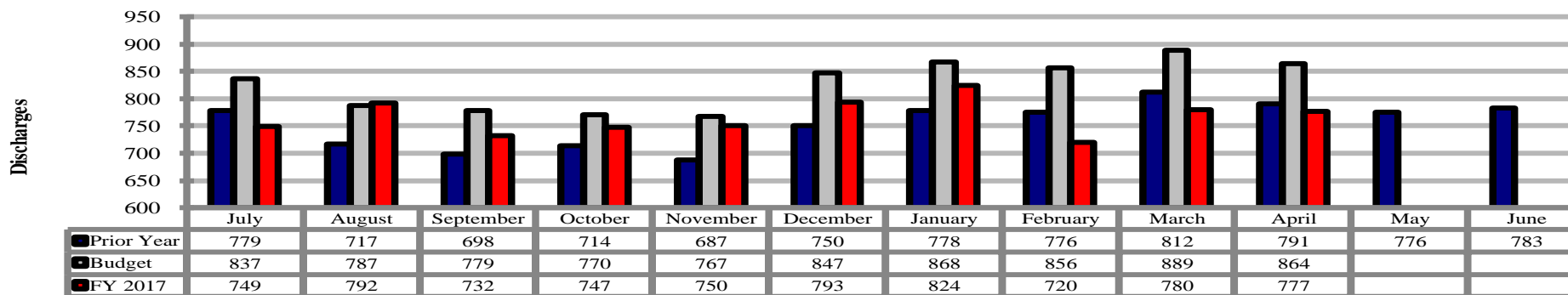
JDH Average Length of Stay by Month



JDH Average Daily Census FY 17 By Month



JDH Discharges by Month



UConn Medical Group
Consolidated Statement of Revenues and Expenses
April 30, 2017

	Year-to-Date April				
	Actual '17	Budget '17	Variance	Percent Variance	Actual '16
<u>Revenues:</u>					
Net Patient Care	\$ 66,310,630	\$ 68,057,662	\$ (1,747,032)	-2.6%	\$ 67,320,095
Other Income	17,574,349	16,811,243	763,106	4.5%	16,975,429
Total Revenues	\$ 83,884,979	\$ 84,868,905	\$ (983,926)	-1.2%	\$ 84,295,524
<u>Expenses:</u>					
Personnel Services	\$ 69,634,369	\$ 69,076,750	\$ 557,619	0.8%	\$ 69,891,433
Fringe Benefits	31,996,451	31,842,420	154,031	0.5%	32,396,778
Medical Contractual Support	5,443,019	5,230,157	212,862	4.1%	5,381,565
Internal Contractual Support	12,015,096	12,247,966	(232,870)	-1.9%	11,028,394
Outside Agency Per Diems	224,296	352,657	(128,361)	-36.4%	253,535
Drugs	3,414,403	3,046,909	367,494	12.1%	3,201,230
Medical Supplies	1,303,486	1,146,214	157,272	13.7%	972,252
Utilities	174,029	178,750	(4,721)	-2.6%	172,754
Outside & Other Purchased Services	6,552,230	7,260,209	(707,979)	-9.8%	6,991,043
Insurance	243,727	257,736	(14,009)	-5.4%	267,492
Repairs & Maintenance	617,054	662,897	(45,843)	-6.9%	715,868
Other Expenses	420,671	454,127	(33,456)	-7.4%	610,037
Depreciation	4,855,206	4,856,090	(884)	0.0%	4,362,657
Total Expenses	\$ 136,894,037	\$ 136,612,882	\$ 281,155	0.2%	\$ 136,245,038
<u>Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations</u>	\$ (53,009,058)	\$ (51,743,977)	\$ (1,265,081)	-2.4%	\$ (51,949,514)

UConn Medical Group

Results of Operations

The year to date deficit is \$53.0 million compared to a budgeted deficit of \$51.7 million, for an unfavorable variance of \$1.3 million. The deficit in the prior year was \$51.9 million, an unfavorable change of \$1.1 million. Other significant highlights include:

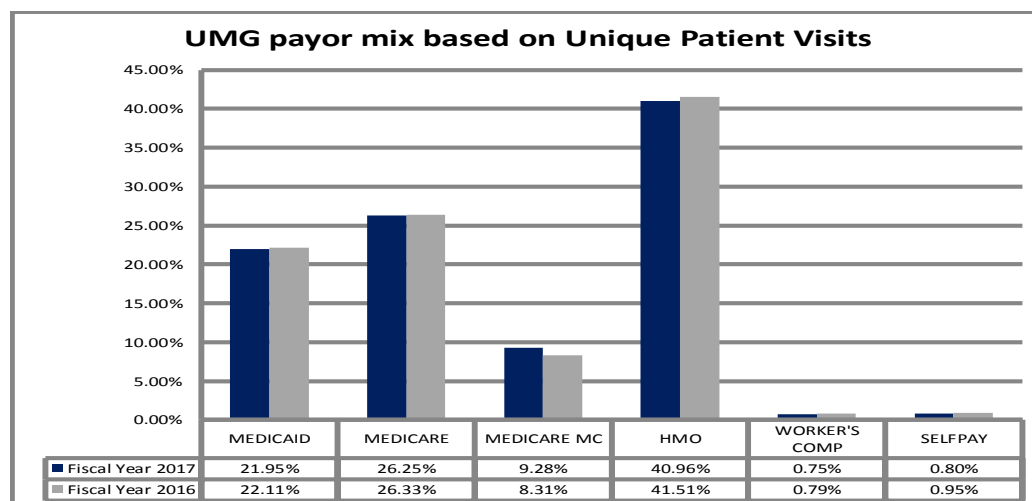
Category	Year - to - Date						
	Actual	Budget	Variance	Percent	Prior Year	Variance	Percent
University Medical Group (in thousands)							
Excess of Revenues over Expenses/(Deficiency)	(\$53,009)	(\$51,744)	(\$1,265)	-2.4%	(\$51,950)	(\$1,059)	-2.0%
Operating Margin	-63.2%	-61.0%	-2.2%	-3.6%	-61.6%	-1.56%	-2.5%
RVU's	860,506	865,674	(5,168)	-0.6%	876,339	(15,833)	-1.8%
Net Revenue Per RVU	\$77.06	\$78.62	(\$1.56)	-2.0%	\$76.82	\$0.24	0.3%
Cost per RVU (w.o. Anesthesia)	\$150.71	\$149.65	\$1.06	0.7%	\$146.98	\$3.73	2.5%
Average Provider FTE	190	188	2	0.9%	185	6	3.0%
Average Monthly RVU Per Provider	453	459	(7)	-1.5%	475	(22)	-4.7%
Days Revenue in Accounts Receivable	42	42	0	0.0%	42	-	0.0%

Net Revenue: Year to Date

Net patient revenue is unfavorable to the budget plan by \$1.7 million (2.6%) and is unfavorable to prior year by \$1.0 million (1.5%).

The key drivers for net revenue are:

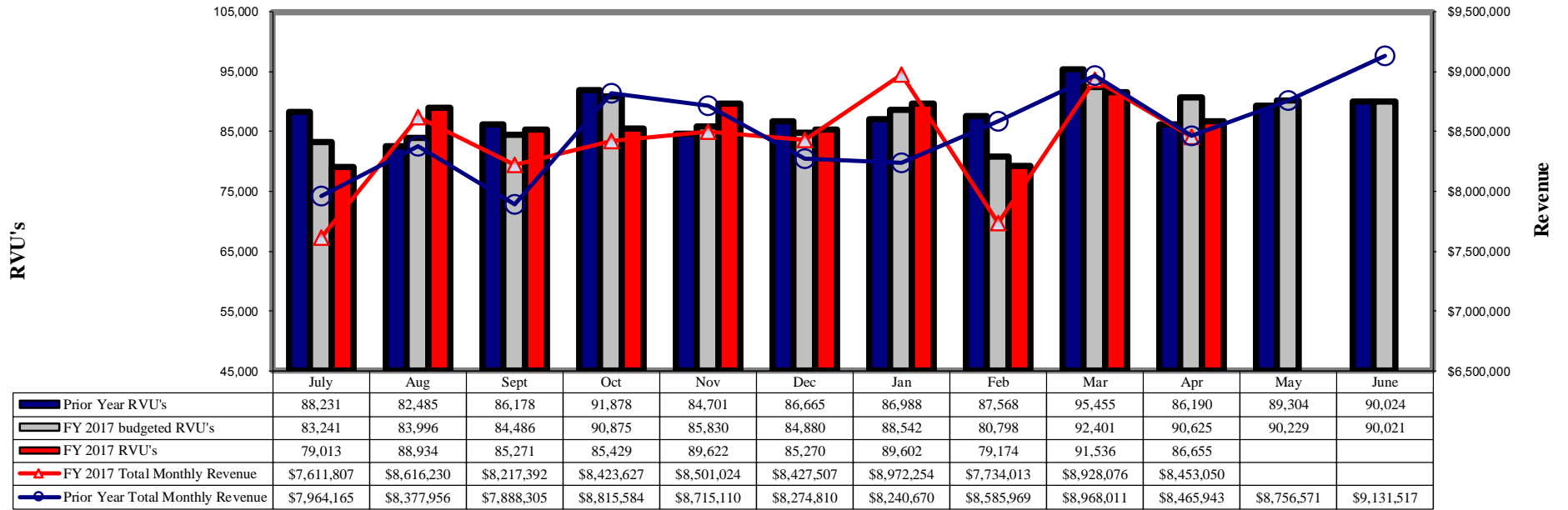
- RVU's are below budget 5,168 units (.6%) – an unfavorable volume variance of \$406,000.
- Compared to Budget –The net revenue per unit was \$1.56 unfavorable to budget – an unfavorable price variance of \$1,342,000.



Expenses: Year-to-date

- Total expenses are unfavorable to the budget by \$281,000 or .2%. Notable unfavorable variances are in Personnel and Fringe Costs, Drugs, and Medical Supplies.

**University Medical Group
Comparison of Actual, Budgeted, and Prior Year RVU's Against Monthly Total Revenues**



Time: 8:30 a.m.

Location: HR Training Room, Munson Road

Present (Voting): B. Dakers, T. Holt, K. Woods

Present (Non-Voting) S. Cloud, Larry McHugh

Excused (Voting): C. Shivery

Chair Tim Holt called the meeting to order at 8:30 a.m.

1. Public Comment

There was no public comment.

2. Chair's Remarks

2.1 Chair Tim Holt welcomed the group.

2.2 Approval of Minutes

2.2.1 November 30, 2016

In a motion duly made and seconded, the Committee approved the minutes of November 30, 2016.

3. Fiscal Reports and Updates:

Mr. Geoghegan gave an update on UConn Health's support from the State. For the current fiscal year, there were no additional cuts or reductions. For FY2018 budget, the state estimates they will need to cut \$1.5 billion. The Governor released a proposed budget, which balances the state's deficit in three main categories: 1) adjustments to support for towns and cities, 2) personnel and benefit savings from state employees, 3) cuts to state agencies. For FY18, UConn Health's reduction in state support could be \$13.2 million.

The legislature will meet to put together a proposed budget. UConn Health is closely monitoring this. Mr. Geoghegan stated that he and Dr. Agwunobi will be testifying at the Higher-Ed Subcommittee on Monday, 3/13/17.

3.1 Fiscal Year 2017 Results of Operations as of January 31, 2017

Mr. Geoghegan reviewed the January YTD FY17 Results of Operations. UConn Health reported a loss for 7 months ended January of \$11.1 million, compared to a budgeted loss of \$9.2 million, for an unfavorable variance of \$1.9 million.

Mr. Geoghegan reviewed the graph showing variances by business unit. The School of Medicine was favorable by \$404,000. The School of Dental Medicine was favorable to budget by \$267,000.

Research revenue on grants and contracts was unfavorable by \$1.6 million or 3.2%. This was offset by less expenditures, which led to less F & A or indirect cost recovery.

Clinical Operations was the main driver of the unfavorable variance. Clinical Operations was \$2.8 million unfavorable with JDH at \$1.9 million and UMG at \$811,000.

Mr. Geoghegan reviewed the JDH Results of Operations. JDH was unfavorable to budget by \$1.9 million, even though the hospital continued to have a positive operating margin of \$3.3 million. The main driver continues to be inpatient discharges. In January, JDH was under 268 discharges (4.7%) due to activity in the Operating Room. This was offset by outpatient equivalents of 67 (1%) greater than budget. One of the drivers included increased activity in the Emergency Department. In FY17, there was an increase in observation patients, which is measured by outpatient activity. This increase in volume came through the ED.

Mr. Geoghegan reviewed UConn Medical Group's Operating Statement. RVU's were favorable to budget by 2,326 units (5%). This was driven by new providers who came on board during FY17. Mr. Geoghegan reviewed the average provider FTE. UCH was one provider greater than budgeted. UMG hired six new provider FTE's. The average RVU per provider is expected to increase, which will help us close the gap on UMG for the year.

Mr. Dakers noted that normally the deficit for the hospital is on the revenue side. Mr. Geoghegan stated that currently, the deficit is due to an increase in expenses. He stated that this is partly due to the hospital moving from inpatient to outpatient. Expenses have increased due to the Interns and Residents Program and increased bills for residency training. Drugs, medical supplies, infusions and outpatient drug activity are driving up costs. In addition, JDH is missing high revenue inpatient stays.

Fran Archambault asked about inpatient discharges within surgery. Mr. Geoghegan stated that as we move towards outpatient, more surgeries would be performed at the UConn Outpatient Surgery Center. He stated that we hired three new surgeons. The deficits are in Neurosurgery and Vascular.

There is a rapid increase in outpatient services. If a third party payer can provide the same service in an outpatient facility, the trend is to move from inpatient to outpatient. Dr. Agwunobi stated that this is a national trend.

Bob Dakers asked about readmissions associated with outpatient services. Anne Diamond stated that we have good readmission rates. Our 30-day readmission rate is 11%, which is well below the national average.

4. Items Needing Approval:

The following Contracts, Leases & Finance Corporation Resolutions were approved:

4.1 CONTRACTS/PO'S/AMENDMENTS \$1Million +:

- 4.1.1. 314e Corporation
- 4.1.2. Capital Area Health Consortium
- 4.1.3. Capital Area Health Consortium
- 4.1.4. Connecticut Children's Medical Center
- 4.1.5. Connecticut Children's Medical Center
- 4.1.6. Global Information Technology Resources Inc.
- 4.1.7. Hartford Hospital
- 4.1.8. Innovative Consulting Group LLC
- 4.1.9. Johnson Controls, Inc.
- 4.1.10. SMG Corporate Services f/k/a Sun Services LLC
- 4.1.11. St. Francis Hospital
- 4.1.12. The Hospital of Central Connecticut

4.2 LEASES:

- 4.2.1 Lee & Mason Financial Services

4.3 FINANCE CORPORATION RESOLUTIONS:

- 4.3.1 Philips Health

4.4 PROJECT BUDGETS:

- 4.4.1 UConn Health Main Accumulation Building (Design)
- 4.4.2 UConn Health Elevator 24& 25 (Design)
- 4.4.3 UConn Health Parking Lots A, B & C Repaving (Final)
- 4.4.4 UConn Health Main Building, Clinical Area "C" Roof Replacement (Final)
- 4.4.5 UConn Health Elevator 27/28 Modernization (Final)

5. Updates and Informational Items:

- 5.1 Institute for Community Research, Inc.
- 5.2 Naval Surface Warfare Center
- 5.3 Owens and Minor

6. Other Reports

- 6.1 Personnel List

The Finance Subcommittee meeting was adjourned at 9:01 a.m.
Respectfully submitted,



Jeffrey Geoghegan
Chief Financial Officer

The Next Regularly Scheduled Meeting is on:

Monday, June 19, 2017

Time: 8:30 a.m.

Location: HR Training Room, Munson Road

Finance Subcommittee June 19, 2017
CONTRACTS (OTHER THAN REAL ESTATE LEASES) AND PURCHASE ORDERS OF \$500K TO \$999,999
INFORMATIONAL ITEMS

No.	Contractor	PO/Contract Number	Contract Type	Total Amount	Term	Fund Source	Dept./Individual Sponsor (Business Owner)	Expense (E) Revenue (R)	Description	Sourcing
1	C Squared Systems LLC	P0323037	PO	\$561,861	2/17/17 (PO date)	Capital	Steve Mann Director, IT Telecommunications	E	Design and installation of an in-building distributed antenna system (DAS) solution for wireless cellular coverage in Building C.	Sole Source
2	Institute for Community Research, Inc.	UCHC7-77803937-A2	Amendment	\$605,654	8/1/16-7/31/17	Grant-Federal	Susan Reisine Professor, Behavioral Sciences and Community Health	E	Amendment to add \$28,771.78 in carryover funds for Year 3 of the NIH funded subaward for data management services for Dr. Susan Reisine's project, "Good Oral Health: A Bi-Level Intervention to Improve Older Adult Oral Health."	Federal Grant

UNIVERSITY OF CONNECTICUT HEALTH

PERSONNEL LIST

JUNE 2017

ACTIONS FOR INFORMATION

What follows is a list of actions taken by the Executive Vice-President for Health Affairs under the authority delegated to him by the Board for the period February 1, 2017 through May 12, 2017. This list is presented to the Members of the UCH Board of Directors FOR INFORMATION at the meeting of June 19, 2017.

Leaves of Absence

1. Angelo, Lana T., Administrative Program Coordinator, Clinical and Translational Science Institute, medical leave with pay for the period March 27, 2017 through April 30, 2017.
2. Banevicius, Sigita, Occupational Therapist, Partial Hospital Program, medical leave with pay for the period April 4, 2017 through April 18, 2017.
3. Beck, David, Physician Assistant, Emergency Room, medical leave with pay for the period February 28, 2017 through March 11, 2017.
4. Behme, James K., Clinical Simulation CTR Coordinator, Curricular Affairs, medical leave with pay for the period February 20, 2017 through March 12, 2017.
5. Bejleri, Ajana, Medical Technologist 2, Core Lab, medical leave with pay for the period April 6, 2017 through June 26, 2017.
6. Bennettson, Raymond G., Operations Manager, Facilities Management Administration, medical leave with pay for the period March 28, 2017 through April 13, 2017.
7. Brice, Robert J., Physician Assistant, Storrs Urgent Care, family leave with pay for the period May 3, 2017 through May 19, 2017.
8. Brookshire, Elizabeth A., Nurse Manager, Medical Surgical Oncology Unit, medical leave with pay for the period March 17, 2017 through March 25, 2017.
9. Bullard, Brian S., Nurse Anesthetist, Anesthesiology, medical leave with pay for the period March 10, 2017 through April 9, 2017.

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JUNE 2017
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Leaves of Absence continued

10. Conderino, Denise S., Medical Technologist 2, Microbiology & Serology, medical leave with pay for the period February 1, 2017 through February 5, 2017.
11. Crea, Kathleen, Librarian 3, Library, medical leave with pay for the period February 21, 2017 through April 3, 2017, and medical leave without pay for the period April 4, 2017 through April 17, 2017.
12. Cronan, Nicole M., Nurse Practitioner, UConn Surgery Center - OR, medical leave with pay for the period February 24, 2017 through March 12, 2017.
13. Delucia, Terriann L., Clinical Documentation Specialist, Health Information Management, medical leave with pay for the period February 3, 2017 through February 13, 2017.
14. DeSimone, Denise A., Social Worker 2, Partial Hospital Program, medical leave with pay for the period April 10, 2017 through April 23, 2017.
15. Diaz, Jessica L., Pathologist's Assistant, Anatomic Pathology, medical leave with pay for the period February 15, 2017 through March 8, 2017.
16. Elkayam, Aviva, Application Analyst 2, UConn HealthOne, medical leave with pay for the period March 27, 2017 through April 9, 2017.
17. Fay, Elizabeth E., Records Manager, Human Resources, medical leave with pay for the period February 17, 2017 through March 5, 2017.
18. George, Theresa A., Administrative Program Coordinator, Pediatrics, medical leave with pay for the period February 27, 2017 through March 12, 2017.
19. Hermann, Judith A., Assistant Director, Campus Planning, medical leave with pay for the period April 21, 2017 through April 30, 2017.
20. Indes, Jeffrey E., Associate Professor/Clinical, Vascular Surgery, medical leave with pay for the period March 3, 2017 through May 4, 2017.
21. Jani-Acsadi, Agnes A., Associate Professor/Clinical, Neurology, medical leave with pay for the period February 14, 2017 through March 28, 2017.

UNIVERSITY OF CONNECTICUT HEALTH
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Leaves of Absence continued

22. Jennings, Jean, Medical Technologist 2, Clinical Laboratory, medical leave with pay for the period March 5, 2017 through March 8, 2017, and medical leave with pay for the period March 11, 2017 through March 22, 2017.
23. Jensen, Richard, Technical Analyst 1, IT Security, medical leave with pay for the period May 1, 2017 through May 10, 2017.
24. Kelly, Martin J., Clinical Practice Manager, Psychiatric Clinic, medical leave with pay for the period May 10, 2017 through May 16, 2017.
25. Kennedy, Molly A., Executive Assistant, Pharmacy, medical leave with pay for the period February 10, 2017 through March 26, 2017.
26. King, Esther H., Medical Technologist 2, Core Lab, medical leave with pay for the period March 12, 2017 through April 23, 2017, and medical leave with pay for the period May 4, 2017 through May 21, 2017.
27. Knapik, Ursula K., Administrative Officer, Academic Affairs and Education, medical leave with pay for the period April 25, 2017 through June 27, 2017, and family leave with pay for the period June 28, 2017 through September 10, 2017.
28. Kulko, Judith M., Instructor/Clinical, Clinical and Translation Research Services, medical leave with pay for the period March 23, 2017 through March 28, 2017.
29. Littlefield, Gary A., Application Developer 2, Enterprise Systems, family leave with pay for the period February 27, 2017 through March 6, 2017.
30. Matyjas, John P., Application Developer 3, Enterprise Systems, medical leave with pay for the period March 30, 2017 through May 24, 2017.
31. McAbee-Sevick, Heather M., Clinical Research Assistant 2, UConn Center on Aging, medical leave with pay for the period May 2, 2017 through June 12, 2017, family leave with pay for the period June 13, 2017 through July 25, 2017 and family leave without pay for the period July 26, 2017 through September 4, 2017.
32. Mineo, Donna J., Director, Customer Support Services, medical leave with pay for the period March 6, 2017 through March 27, 2017 and medical leave without pay for the period March 28, 2017 through June 3, 2017.

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Leaves of Absence continued

33. Niziolek, Anne C., Nurse Manager, Medicine 3 Unit, medical leave with pay for the period March 7, 2017 through March 15, 2017, and medical leave with pay for the period March 31, 2017 through April 16, 2017.
34. Olson, Marianne, Administrative Program Coordinator, Curricular Affairs, medical leave with pay for the period February 6, 2017 through February 15, 2017.
35. Palamar, Andriy, Nurse Anesthetist, Anesthesiology, family leave with pay for the period February 22, 2017 through February 27, 2017.
36. Patterson-Moss Solomon, Denise A., Administrative Program Coordinator, UConn Health Disparities Institute, medical leave with pay for the period March 27, 2017 through April 9, 2017.
37. Pehmoeller, Vicki L., Clinical Systems Informatics Analyst, NNICU, medical leave with pay for the period May 2, 2017 through June 12, 2017.
38. Pfeiffer, Kevin S., Magnetic Resonance Imaging Technician 2, Radiology-MRI, medical leave with pay for the period February 15, 2017 through March 26, 2017.
39. Pilares, Sandra L., Clinical Systems Informatics Analyst, Strategic Projects and Clinical Systems, medical leave with pay for the period April 24, 2017 through May 7, 2017.
40. Pisarsky, Beth A., Assistant Nursing Manager, Neag Cancer Center, medical leave with pay for the period February 17, 2017 through April 2, 2017.
41. Rauch, Catherine M., Business Systems Analyst, Finance and Reporting, medical leave with pay for the period April 27, 2017 through May 23, 2017.
42. Rosenberg, Daniel W., Professor/Basic Science, Center for Molecular Oncology, medical leave with pay for the period February 6, 2017 through March 20, 2017.
43. Roth, Lisa B., Administrative Officer, Neurology, medical leave with pay for the period May 15, 2017 through July 27, 2017, and medical leave without pay for the period July 28, 2017 through August 6, 2017.

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Leaves of Absence continued

44. Rudolewicz, Katherine C., Coding Trainer, UMG Administration, medical leave with pay for the period March 16, 2017 through April 10, 2017, and medical leave without pay for the period April 11, 2017 through April 16, 2017.
45. Russo, Nancy E., Computed Tomography Technician 2, Radiology-CT, family leave with pay for the period February 27, 2017 through March 22, 2017.
46. Schweinsburg, Brian C., Assistant Professor/Clinical, Psychiatry, family leave with pay for the period May 8, 2017 through May 17, 2017, and family leave without pay for the period May 18, 2017 through June 1, 2017.
47. Seklecki, Donna M., Human Resources Officer, Human Resources, medical leave with pay for the period April 11, 2017 through May 7, 2017.
48. Sleboda, Matthew A., Physician Assistant, UMG IMA Putnam, family leave with pay for the period March 8, 2017 through March 22, 2017.
49. Slivinsky, Michelle D., Clinical Research Assistant 3, Psychiatry, medical leave with pay for the period February 27, 2017 through March 9, 2017, and medical leave with pay for the period April 17, 2017 through April 30, 2017.
50. Smith, Lina E., Administrative Program Coordinator, Curricular Affairs, medical leave with pay for the period May 17, 2017 through July 4, 2017, and medical leave without pay for the period July 5, 2017 through July 9, 2017.
51. Sonnenberg, Catherine M., Clinical Practice Manager 2, UMG- General Dermatology, medical leave with pay for the period March 13, 2017 through April 9, 2017.
52. Sposito, Nicolette F., Reimbursement Analyst 2, Clinical Business Services, medical leave with pay for the period March 30, 2017 through April 10, 2017.
53. Spyros, Patricia A., Assistant Nurse Manager, UConn Surgery Center-PACU, medical leave with pay for the period May 1, 2017 through May 7, 2017.
54. Velic, Adita, Staff Accountant 2, Finance and Reporting, medical leave with pay for the period May 4, 2017 through June 14, 2017, family leave without pay for the period June 15, 2017, and family leave without pay for the period June 16, 2017 through January 7, 2018.

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Leaves of Absence continued

55. Veno, Christa L., Administrative Officer, Center for Molecular Oncology, medical leave with pay for the period April 7, 2017 through April 18, 2017.
56. Wilkinson, Craig A., Nurse Anesthetist, Anesthesiology, family leave with pay for the period February 15, 2017 through March 8, 2017.
57. Wright, Lorna J., Librarian 4, Library, medical leave with pay for the period May 2, 2017 through June 12, 2017.
58. Zeffiro, Frank F., Application Developer 3, Enterprise Systems, medical leave with pay for the period April 24, 2017 through April 30, 2017.
59. Zucker, Richard M., Medical Technologist 2, Electron Microscopy, medical leave with pay for the period April 26, 2017 through May 9, 2017.

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Resignations

1. Brown, Lakeesha L., HR Consultant, Human Resources, effective April 26, 2017.
2. Castellanos-Nunez, Paola A., Instructor/Clinical, General Dentistry, effective March 10, 2017.
3. Delucia, Terriann L., Clinical Documentation Specialist, Health Information Management, effective March 16, 2017.
4. Evans, Marisa, Research Compliance Monitor, Research Compliance Services, effective April 3, 2017.
5. Huynh, Vivian, Nurse Practitioner, UMG-General Medicine, effective April 5, 2017.
6. Mann, Steven H., Director, Unified Communications, effective March 17, 2017.

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Retirements

1. Bazzano, Julie E., Reimbursement Analyst 1, UMG-University Physicians Patient Accounts, effective April 30, 2017.
2. Collins, Michael F., Assistant Professor/Clinical, Internal Medicine Associates, effective March 31, 2017.
3. Davis, Esther L., Medical Technologist 2, Core Lab, effective March 31, 2017.
4. Devereaux, Andrea B., Financial Aid Officer, Student Services, effective February 28, 2017.
5. Donahoe, Sandra P., Associate Vice President, Performance Improvement and Operational Integration, effective March 31, 2017.
6. Dorsky, David I., Associate Professor/Clinical, Infectious Disease, effective March 31, 2017.
7. Goldberg, A. Jon, Professor/Clinical, Prosthodontics and Operative Dentistry, effective March 31, 2017.
8. Luby, Roberta C., Assistant Vice President, UConn HealthOne, effective April 30, 2017.
9. Mangual, Ana M., Medical Technologist 2, Core Lab, effective March 31, 2017.
10. Peer, Richard A., Director, Patient Services, effective February 28, 2017.
11. Schenck, Paula, Assistant Director Indoor Environmental Quality, Occupational & Environmental Medicine, effective February 28, 2017.
12. Soneson, Wendy B., Administrative Program Coordinator, Calhoun Cardiology Center, effective April 30, 2017.
13. Stockwell, Lynn B., Human Resources Officer, Human Resources, effective April 30, 2017.

UCONN HEALTH

Data Date: 05/30/17
Report Date: 06/07/17

Bioscience Connecticut Monthly Capital Projects Report No. 64 - May 2017



CENTERBROOK

Prepared by
UCONN Health
Jacobs and Campus Planning,
Design and Construction

JACOBS

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Program Overview

Program Description

Bioscience Connecticut is an important component of Governor Malloy's plan to jumpstart Connecticut's economy by creating construction-related jobs immediately and generating long term, sustainable economic growth based on bioscience research, innovation, entrepreneurship and commercialization. The Construction Program at UConn Health includes all aspects of planning, constructing, and activating the following projects:

- **New Hospital tower, Site & Parking (Complete):** Construction of a new 384,000 SF, 169 bed, eleven floor hospital tower housing key patient areas including the emergency department, surgery suite, MRI suite, renal dialysis, respiratory therapy, inpatient rehab (orthopedics, rehab gym and workspace), clinical support, and patient education space. The project includes a new 403 space public garage and a new 397 space staff garage.
- **Existing Hospital Renovations (On Hold):** Renovation to several departments and upgrades to utility and electrical systems.
- **Academic Building Addition & Renovations (In Progress):** A 19,153 SF classroom addition and renovation of existing classrooms, office, and lab space. Renovations will include the upgrade of the mechanical, electrical and plumbing infrastructure and program expansions.
- **Clinical Building Renovations (In Progress):** Renovations will include the upgrade or replacement of the mechanical, electrical and plumbing infrastructure and program expansions for the Pat and Jim Calhoun Cardiology Center and the School of Dental Medicine.
- **Main Building Lab (L) Renovations (Complete):** Two Multi-Phased renovation projects will renovate 200,000 of the 283,000 square feet of existing research lab facilities and building infrastructure.
- **UConn Health Outpatient Pavilion (Complete):** Construction of a new \$203 million, 306,880 sq. ft. ambulatory care facility will be occupied by the Carole and Ray Neag Comprehensive Cancer Center and other outpatient services. This project includes a new parking garage of approximately 1,400 spaces.
- **Incubator Lab Addition (Complete):** New building addition to the existing Cell and Genome Science Building (CGSB) to create an additional 28,000 square feet of new incubator space to foster new business start-ups.



Program Team

Owner:

UConn Health Campus Planning, Design, and Construction

Project Management Oversight:

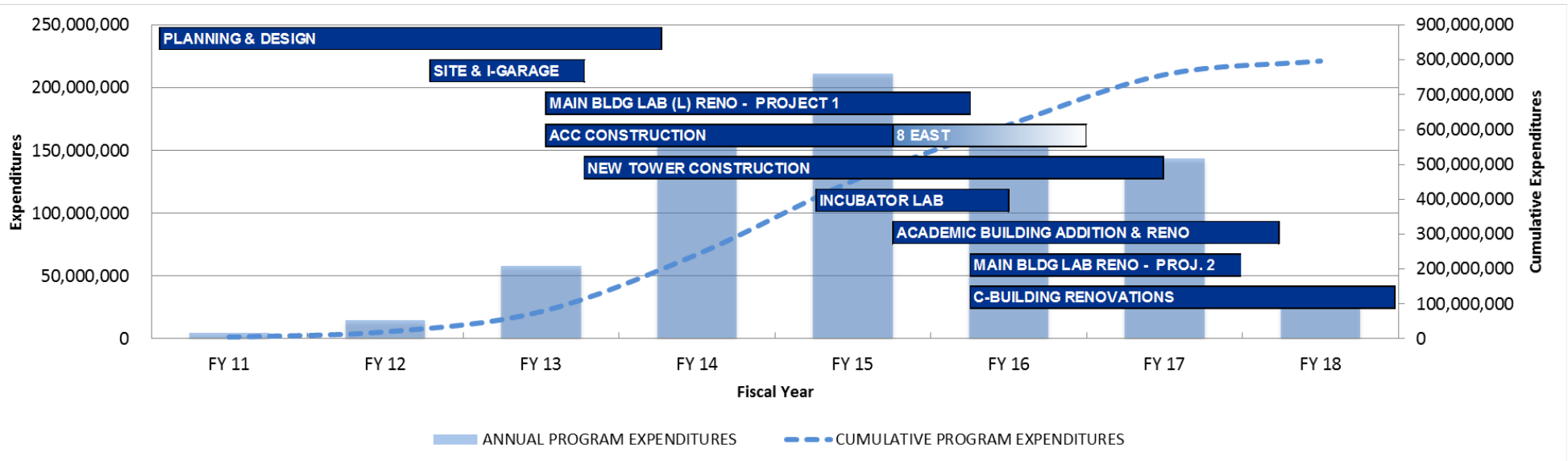
Jacobs Project Management Co.

Schedule and Budget

Planning & Design was initiated in June of 2010. There are many interdependencies between the projects which dictate much of the timing of the individual components. The program is planned for completion in 2018. Currently, no major issues have been identified which put the completion at risk. A summary schedule is located on the last page of this report.

Funding The New Construction & Renovations for UConn Health are funded in the amount of \$796 million with \$578 million from UC21. The balance will be from private financing and UConn Health funds (including philanthropy).

Summary Schedule & Cash flow



Executive Summary:

Milestones, Current / Upcoming Construction Activities

- **Academic Building Addition and Renovation**

Milestones:

- Completed installation of ductwork on roof.
- Started renovation for Wellness Center and Learning Center.
- \$29.8M (81%) of funds expended.

Current / Upcoming Activities:

- Complete replacement of existing air mixing units on the Main floor.
- Complete installation of mechanical equipment in subbasement.

- **Clinic Building Renovation**

Milestones:

- Flooring installation in Cardiology level 2.
- Contractor punch list started on Level 1.
- \$46.3M (50%) of funds expended.

Current / Upcoming Activities:

- Complete Dental x-ray installation in the Dental area on level 1.
- Computer wall arm installation on Level 2.
- Wireless access point installation.
- Mechanical equipment Start-up



Academic Building Renovation: Demolition Complete in New Wellness Center Space



Clinic Building Renovation: Dental Clinic on 1 North Nearing Completion

- **Main Building Lab (L) Renovations – Project 2**

Milestones:

- TCO received.
- Moves into the renovated labs began.
- Commissioning is wrapping up.
- \$33.8 (82%) of funds expended.

Current / Upcoming Activities:

- Final inspection, complete all moves.

- **Hospital Tower Phase II**

Milestones:

- All project scope is complete. Closeout is underway.
- \$312.7M (96%) of funds expended.

Current / Upcoming Activities:

- Obtain final CO and closeout all contracts. Final CO will be issued after completion of Hybrid O.R. and permanent scaffolding is installed in penthouse.

Information Technology

- Academic Building Addition & Renovations:
 - AV equipment in Dental Lecture Halls is being used for classes.
- Clinic Building Renovation:
 - Procurement of new end user devices is in progress.

Furniture, Fixtures, and Equipment (FF&E) and Move Management

- Main Building Lab (L) Renovations – Project 2:
 - Moves are underway.
- Clinic Building:
 - Furniture delivery being scheduled.
 - New dental intra-oral x-rays have been procured, and delivery is being scheduled.
 - Installation of owner furnished, contractor installed equipment is underway.

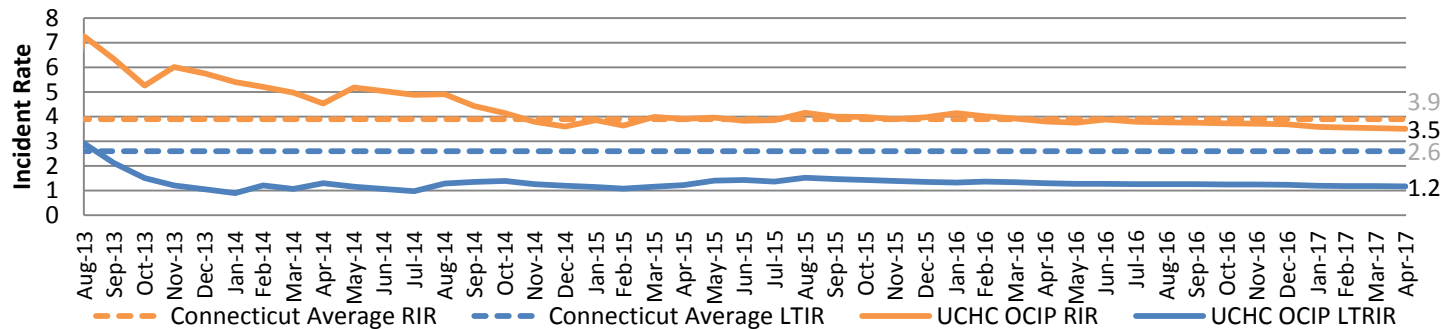
Safety (Statistics- cumulative through April 2017)

Project	Workers Oriented	Incidents			Hours Worked	OSHA Incident Rates *		Activities & Training Completed This Month
		First Aid	Recordable	Lost Time		Recordable	Lost Time	
Pre-OCIP Projects	164	7	5	3	93,804	10.7	6.4	• Complete (Work prior to OCIP start)

OCIP Projects

Outpatient Pavilion C&S	943	12	7	1	394,251	3.6	0.5	• Complete
Outpatient Pavilion Fit Out	810	13	5	2	293,376	3.4	1.4	• Complete
Outpatient Pavilion – 8 East	81	0	0	0	17,295	0.0	0.0	• Complete
Main Lab Renovation	660	19	3	3	428,067	1.4	1.4	• Complete
Main Lab – Phase II	408	3	1	0	55,977	3.6	0.0	• Punch list, mech. penthouse completion
New Hospital Tower	2,084	72	29	10	1,336,546	4.3	1.5	• Complete
Incubator Lab Addition	316	4	3	0	34,429	17.4	0.0	• Complete
Academic Addition	369	1	0	0	83,914	0.0	0.0	• Selective demo, mech. rough, finish trades
Clinic Building Renovation	278	1	1	0	99,381	2.0	0.0	• Crane planning, MEP rough, finish trades
OCIP Totals:	5,949	124	49	16	2,743,236	3.5	1.2	
Program Totals:	6,113	130	54	19	2,837,040	3.8	1.3	

UCH Incident Rate Trending (OCIP Projects Only)



Program Wide Activities This Month:

Jacobs Project HSSE Manager attended weekly safety meetings for the active projects. Safety risk audits focused on: PPE, ladders, electrical safety, public protection, scaffolding, demolition safety, infection control, crane operations, and MEP rough-in access issues. Contractors asked to perform more safety audits. Attended monthly OCIP meeting to review current issues and open cases. Orient owner equipment vendors and installers.

* Incident Rate = (#Injury/Illness Cases x 200,000) / Total Hours worked.

Issues / Concerns

- **Hospital Tower:**

- New or Updated Items:

- Settlement agreements for all but one sub-contractor claim have been agreed to and are being processed. The final claim is very nearly resolved.
- At this time, it appears that the outstanding change order amounts can be accommodated within the project budget. While it was previously thought that settlement of subcontractor claims might require additional funding from savings on other Bioscience projects, it now appears that all costs can be absorbed within the project budget.
- The Hybrid OR fit out is proceeding with bond funds from the current project; however equipment costs are not budgeted. Design and construction costs will be monitored and paid with funds to the extent possible.

- Previously Reported Open Items:

- The existing Hospital (Connecticut Tower) renovations are on hold pending funding.

- **L Building – Project 1:**

- New or Updated Items:

- Natural gas service disconnection is being scheduled.
- The project budget is projected to be completed under budget; therefore \$900,000 is being moved to fund other needs.

- **L Building – Project 2:**

- New or Updated Items:

- Chemical inventory for the entire L Building area is an issue that will hold up final CO. Research Safety is drafting a policy and working on inventory report.
- The project is projected to be completed under budget; therefore \$300,000 is being moved to fund other needs.

- Previous Reported Open Items:

- Testing of odorant retention in the natural gas system needs to be conducted.

- **Incubator Lab Addition (CGSB):**
 - New or Updated Items:
 - The project is projected to be completed under budget; therefore \$400,000 is being moved to fund other needs.
 - Chemical safety signage installed, lab gas disconnected, and the building officials issued the final Certificate of Occupancy (CO).
 - **Academic Building:**
 - New or Updated Items:
 - The cumulative impact of the unforeseen asbestos and shaft enclosures is projected to require additional funds and an increase in the Project Budget. The current projection is a budget overage of \$745,000 (2.0 %). The project budget is being increased using savings from other projects.
 - **C Building:**
 - New or Updated Items:
 - The amount of expenditure of project contingency funds to correct existing deficiencies in shafts and firewalls and other unforeseen conditions is a concern. By negotiating some credits with the contractor, mitigating some potential additional costs, and increasing the project budget by \$200,000 (0.2%) with savings from other projects, contingency is now up to 2% of construction; with continued management and monitoring of the contingency funds, we expect the funds will be adequate to complete the project. The expenditure of significant contingency funds for work in the Pharmacy has contributed to the issue.
- ❖ Note that UCH contribution of funds to the projects includes OCIP loss payments and capitalized salaries. Both of these items are underrunning projections, resulting in a smaller amount of funds being contributed by UCH at this time.

Program Status

- No Activity or NA
 No current issues/decisions required
 Issues need attention or resolution
 Unresolved issues are impacting the project.

Project	Scope	Schedule	Budget
Phase I - Site & Parking			
	<input type="radio"/> No scope issues.	<input type="radio"/> Completed on schedule.	<input type="radio"/> Completed on budget.
Phase II - New Hospital			
	<input type="radio"/> No Scope Issues.	<input type="radio"/> Complete!	<input checked="" type="radio"/> Project is currently on budget. Sub-contractor claims will be negotiated within the project budget. (+)
Phase III - H Building Renovation			
	<input type="radio"/> Scope dependent on future funding.	<input type="radio"/> Design is on hold pending funding.	<input type="radio"/> TBD
Main Building Lab (L) Renovations – Project 1			
	<input type="radio"/> No scope issues.	<input type="radio"/> Project completed a few weeks behind schedule	<input type="radio"/> Project will be completed on budget
Main Building Lab (L) Renovations – Project 2			
	<input checked="" type="radio"/> No scope issues.	<input checked="" type="radio"/> (+) Project final completion has been delayed due to existing code deficiencies including chemical quantities in L Building. However, Actual substantial completion date w May 5, 2017 and moves are in progress	<input checked="" type="radio"/> Project will be completed on budget.
Outpatient Pavilion (Including 8th floor East)			
	<input type="radio"/> All additional scope and changes were completed within the project budget.	<input type="radio"/> Final CO received 4/19/2017	<input type="radio"/> Completed on budget.
Academic Building Addition & Renovations			
	<input checked="" type="radio"/> Changes to the Dental Lecture Hall configuration, and to the Central Office including additional security and sound proofing are complete.	<input checked="" type="radio"/> (+) The schedule has been impacted by a variety of issues. We continue to face new challenges and continue to look for ways to recover time. There are no issues delaying the schedule.	<input checked="" type="radio"/> (+) Asbestos and shaft rating issues have impacted budget. Additional funds have been added. Will be added at the June board meeting.
Clinical Building Renovations (C Building)			
	<input checked="" type="radio"/> Scope was expanded to include pharmacy and lab medicine.	<input checked="" type="radio"/> The closing of the Main Lobby was delayed but is not impacting the overall schedule. Crane mobilization logistics were resolved.	<input checked="" type="radio"/> (+) By negotiating some credits with the contractor, mitigating some potential additional costs, and increasing the project budget by \$200,000 (0.2%) with savings from other projects, contingency is now 2%.
Incubator Lab Addition (CGSB)			
	<input type="radio"/> No scope issues.	<input type="radio"/> Final Certificate of Occupancy received.	<input type="radio"/> Project is complete under budget.

(+) or (-) denotes change in status from last month

Business Participation & Workforce Metrics ⁽¹⁾

Small Business Participation ⁽²⁾



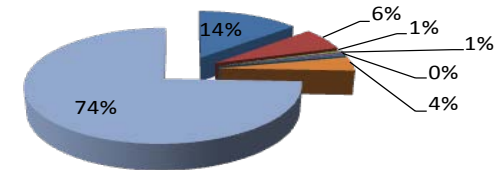
Category	Obligated Contract Values	Required	Goal	Projected	% Above or Below	
					Required	Goals
M/W/DBE	\$ 102,783,869	6.25%	10.00%	22.85%	+17%	+13%
Other SBE	\$ 67,182,479					
Total SBE	\$ 169,966,348	25.00%	30.00%	37.79%	+13%	+8%
Non-SBE	\$ 279,853,388					
Total	\$ 449,819,737					

Workforce Makeup ⁽⁴⁾



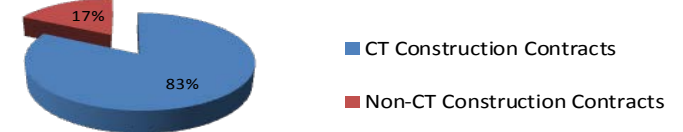
Category	Hours Worked	Percent of Total
Minority	536,168	19%
Women	40,085	1%
Other	2,260,787	80%
Total	2,837,040	100%
<i>Veteran (3% Goal - Hospital Only)</i>	<i>41,855</i>	<i>3%</i>

Makeup of Awarded M/W/DBE Sub-Contracts ⁽³⁾



M/W/DBE Component	Actual Contract Values	% of Awarded Sub-Contracts	Number of Sub-Contracts
African American	\$ 13,229,319	13.84%	38
Hispanic	\$ 6,117,170	6.40%	31
Iberian Peninsula	\$ 418,402	0.44%	4
American Indian	\$ 681,895	0.71%	3
Disabled	\$ 245,515	0.26%	2
Asian	\$ 3,843,794	4.02%	4
Woman	\$ 71,046,467	74.33%	135
Total Awarded M/W/DBE Contracts	\$ 95,582,561	100%	217
Yet to be awarded M/W/DBE Sub-Contracts	\$ 7,201,308		
Total Obligated M/W/DBE Contracts	\$ 102,783,869		

Connecticut Contracts ⁽⁵⁾



Category	Awarded Contract Values	Percent of Total
CT Construction Contracts	\$ 371,237,444	83%
Non-CT Construction Contracts	\$ 78,582,293	17%
Total	\$ 449,819,737	100%

Notes:

(1) These metrics are based on the most current data received from prime construction contractors and are inclusive of all UCHC Bioscience projects completed or in construction.

(2) Small Business Participation is based upon current construction contractor projections.

(3) Makeup of Awarded M/W/DBE Sub-Contracts is based upon actual sub-contract award information received from prime construction contractors.

(4) Workforce Makeup is based upon summary payroll information received from prime construction contractors.

(5) Connecticut Contracting information is based on information received from prime construction contractors for 1st tier subcontractors only.

meetings to discuss project and program issues. Provide weekly construction updates and this monthly report.

- **OCIP:** Jacobs continues to oversee the OCIP Safety program and providing worker orientations. The safety team coordinates with OnSite OHS nurses and their worker care and return to work program. We are coordinating a monthly OCIP administration meeting with the OCIP administrator (Willis), underwriter (The Hartford), and CMs (Fusco, and Skanska).
- **Project Management:** Jacobs PMs are managing the Academic Building project. The Clinic Building project has been successfully transitioned to UConn Health PM.
- **Program Management:** Jacobs continues to provide council and examples of best practices for large scale program and construction management to the Campus Planning, Design, and Construction department.
- **Value Plus:** Jacobs tracks the value we bring to our clients in a system called Value+. Items tracked can be innovate methods or processes that reduce construction or operating costs, value engineering, procurement improvements, negotiated reductions in change costs, etc. These ideas are approved by the client before they are logged into the system. Since we are imbedded with the UConn Health Campus Planning, Design, and Construction department, we are also tracking these items for the project team. To date UCH has approved Value Plus items totaling **\$70,609,355**.

Jacobs Project Management Oversight Activities

Introduction

Jacobs is providing Program Management Oversight support and staff augmentation services to the UConn Health for the Bioscience CT construction projects at the Farmington campus. This support began in early January 2012 and this report is a contract deliverable intended to provide management information to support the significant planning, scheduling, design, demolition, site preparation, construction and financial activities.

Summary of Work Performed This Period

- **Planning and Programming:** Jacobs continues to work with CPDC and construction managers on Construction phasing and scheduling for the Clinic building and Academic building renovations. Current focus is on planning for C building site logistics and move planning.
- **Technology Planning:** Jacobs Program Manager continues to coordinate with project teams for IT and AV design in the Clinic and Academic Buildings.
- **FF&E:** Jacobs continues to coordinate procurement, delivery and setup of the furniture for the C building project.
- **Move and Activation Management:** Jacobs is working with the Clinic Building team on move planning efforts.
- **Budget Planning:** Detailed reviews of budgets and reports for each BSC project with UConn Health mgt., CPDC mgt. & PMs continue.
- **Cost Tracking:** Reviewing contractor change order requests, schedule of values, and payment applications. Jacobs continues to assist in mitigation and of potential claims.
- **Safety Oversight Services:** Safety Managers continue coordinating observations with the Construction Managers and verifying their compliance with UConn Health safety regulations. They continue to review SPAs, JHAs, crane lift plans, etc. They also coordinate the team “buddy walks”. They coordinate near-miss and injury incident investigations with the CMs, Willis, and The Hartford.
- **Project Management Control System (Delcon):** Jacobs continues to maintain the system which tracks and maintains program budgets and documents. The team continues to coordinate with project managers for their input and use.
- **Master Program Schedule:** Jacobs continues to update logic, add critical activities, and monitor the project schedule. Schedules for remaining project work have been integrated into the overall Capital Projects Master schedule and are being managed in conjunction with the other projects currently in progress. Project managers continue to review contractor submitted schedules and monthly updates submitted by CMs with assistance from Jacobs scheduler as needed.
- **Communication and Coordination of Efforts:** Attending OAC meetings, Operations Transition Committee meetings, BSC Steering Committee, BSC Oversight committee, building committees, CPDC/ECC Manager’s Meeting and other

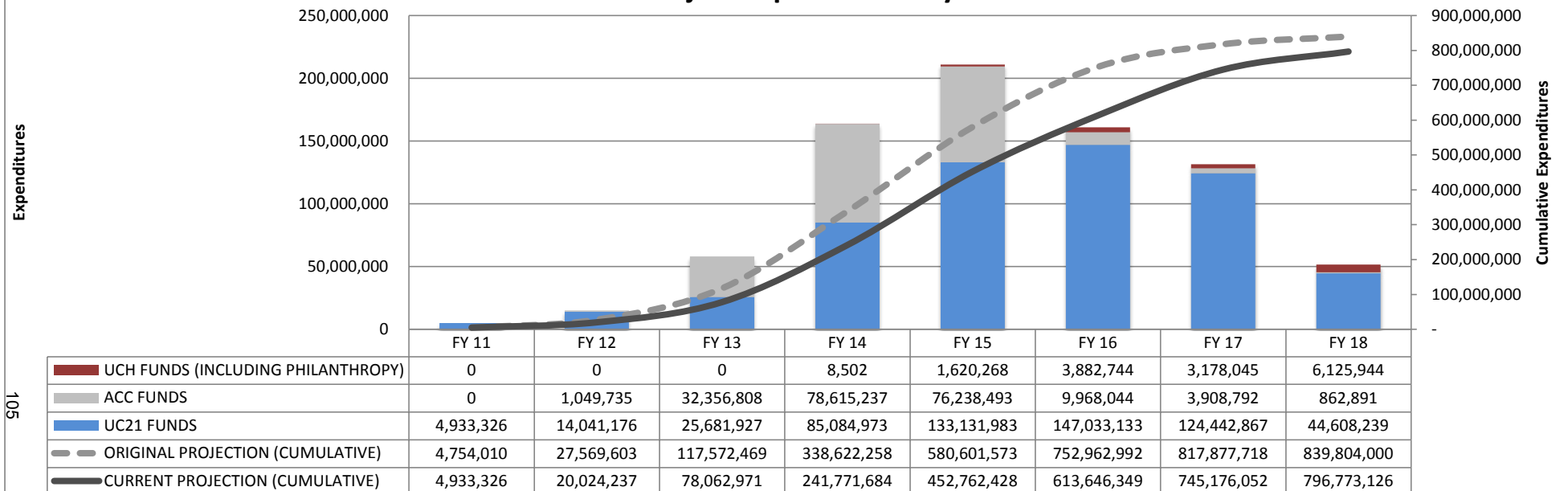
	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	FY 17	FY 18	Funding Total
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Current Funding									
UC 21 Bond Funds	35,142,513	68,700,000	83,460,329	127,200,000	96,265,000	103,063,875	57,990,906	7,135,000	578,957,623
OutPatient Pavilion Funds	-	-	48,279,203	125,920,090	28,800,707	-	-	-	203,000,000
UCH Funds (including philanthropy)	-	-	-	8,502	1,620,268	3,882,744	3,178,045	6,125,944	14,815,503
TOTAL FUNDS	35,142,513	68,700,000	131,739,532	253,128,593	126,685,975	106,946,619	61,168,951	13,260,944	796,773,126

Planned Expenditures									
JDH New Construction & Renovations	2,599,716	13,299,323	18,016,849	48,583,426	101,025,055	102,458,448	36,530,458	3,352,726	325,866,000
Academic Building Additions & Renovations	-	-	315,085	1,236,019	2,048,475	14,538,871	13,387,881	5,268,669	36,795,000
Clinical Renovations - C Bldg	-	-	407,346	2,068,162	3,006,547	4,920,703	42,752,592	39,359,254	92,514,604
Main Building Lab (L) Renovations - Project 1	2,333,610	741,853	6,404,486	32,044,365	21,280,468	10,123,221	4,418,798	168,702	77,515,503
Main Building Lab (L) Renovations - Swing Space	-	-	476,112	17,762	98,474	-	-	-	592,348
Main Building Lab (L) Renovations - Project 2	-	-	-	331,573	660,740	8,020,677	30,036,087	2,040,594	41,089,671
Outpatient Pavilion	-	1,049,735	32,356,808	78,615,237	76,238,493	9,968,044	3,908,792	862,891	203,000,000
Incubator Lab Addition - CGSB	-	-	62,049	812,169	6,632,492	10,853,957	495,095	544,238	19,400,000
ANNUAL PROGRAM EXPENDITURES	4,933,326	15,090,911	58,038,735	163,708,713	210,990,744	160,883,921	131,529,703	51,597,074	796,773,126

TOTAL UNEXPENDED	30,209,187	83,818,276	157,519,074	246,938,953	162,634,184	108,696,882	38,336,130	-	-
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Planned Project Expenditures by Source



Cost Summary by Project	Current Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Expenditure to Date	% Expended
Phase I - Site & Parking	13,969,795	13,969,795	-	-	13,969,795	-	13,969,794	100%
Phase II - New Hospital Tower	311,896,205	308,548,483	1,843,846	1,503,876	311,896,205	-	298,785,500	96%
Phase III - H Bldg Renovations - Scope Eliminated	-	-	-	-	-	-	-	0%
Total - New Hospital Tower, Site & Parking	325,866,000	322,518,278	1,843,846	1,503,876	325,866,000	-	312,755,295	96%
Academic Building Additions & Renovations	36,795,000	34,995,648	903,445	895,907	36,795,000	-	29,809,912	81%
Clinical Renovations - C Bldg	92,514,604	89,524,292	2,310,712	679,600	92,514,604	-	46,398,022	50%
Main Building Lab (L) Renovations - Project 1	77,515,503	77,346,801	168,702	-	77,515,503	-	76,762,990	99%
Main Building Lab (L) Renovations - Swing Space	592,348	592,348	-	-	592,348	-	592,348	100%
Main Building Lab (L) Renovations - Project 2	41,089,671	39,049,077	1,688,835	351,759	41,089,671	-	33,862,495	82%
Outpatient Pavilion	203,000,000	202,137,108	862,891	-	203,000,000	-	201,858,880	99%
Incubator Lab Addition - CGSB	19,400,000	18,855,762	544,238	-	19,400,000	-	18,625,895	96%
TOTAL PROJECTS EXPENDITURES	796,773,126	785,019,314	8,322,669	3,431,142	796,773,126	-	720,665,837	90%

Cost Summary by Category	Current Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Expenditure to Date	% Expended
Construction	611,085,691	607,297,482	357,067	3,431,142	611,085,691	-	552,308,915	90%
Design Services	52,573,136	52,500,137	72,999	-	52,573,136	-	49,758,174	95%
Telecomm	15,351,419	15,278,660	72,759	-	15,351,419	-	15,051,234	98%
Furnishing, Fixtures & Equipment	48,510,080	48,097,698	412,382	-	48,510,080	-	43,552,383	90%
Construction Administration	5,043,793	4,709,853	333,940	-	5,043,793	-	4,709,853	93%
Other A/E & Consulting Services	23,246,901	23,104,140	142,761	-	23,246,901	-	22,088,096	95%
Artwork	449,387	449,387	-	-	449,387	-	449,387	100%
Relocation	1,871,684	1,474,408	397,276	-	1,871,684	-	1,274,655	68%
Environmental	1,209,563	1,112,124	97,439	-	1,209,563	-	1,003,565	83%
Insurance & Legal	12,972,111	11,620,232	1,351,879	-	12,972,111	-	11,308,192	87%
Other Miscellaneous	19,784,830	19,375,194	409,636	-	19,784,830	-	19,161,384	97%
Subtotal	792,098,595	785,019,315	3,648,138	3,431,142	792,098,595	-	720,665,837	91%
Contingency	4,674,531	-	4,674,531	-	4,674,531	-	-	0%
TOTAL	796,773,126	785,019,315	8,322,669	3,431,142	796,773,126	-	720,665,837	90%

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DESCRIPTION / TEAM
<p>Project Title: JDH New Construction & Renovations (Roll up)</p> <p>Delivery Method: Construction Management</p> <p>Status: Construction</p> <p>Designer: SBA / HKS</p> <p>Constructor: Turner Construction</p> <p>Project Manager: Kevin Norton</p> <p>Project Number: 901590</p>

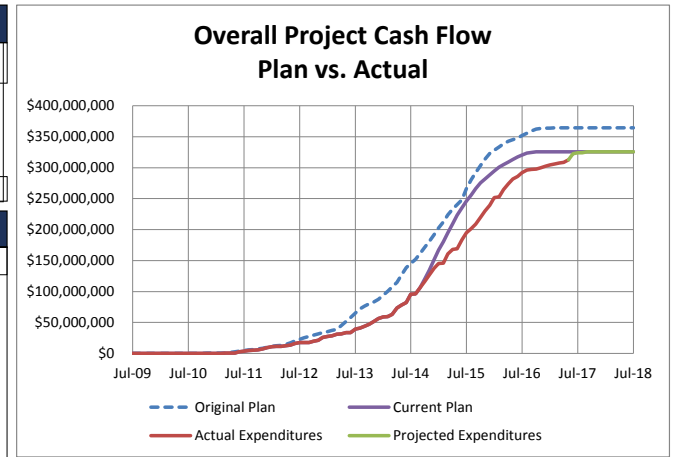
SCOPE
<p>Phase I - Parking & Site: Construction of a new 403 space public garage in the existing I lot. In addition to the normal site work for construction, existing site utilities including sanitary, storm, water, and electrical will be relocated during the initial construction phase to accommodate the construction of the new tower.</p> <p>Phase II - The New Hospital Tower: Will include eleven levels and will house key patient areas including the emergency department, surgery suite, MRI suite, renal dialysis, respiratory therapy, inpatient rehab (orthopedics, rehab gym and workspace), clinical support, and patient education space. Support services located in the new tower will include central sterile processing and a new main lobby. Phase II also includes a new 397 space staff garage.</p> <p>Phase III - H Building Renovation: Replacements and upgrades to systems including heating, air conditioning, ventilation, plumbing and electrical systems. Renovation of the existing John Dempsey Hospital floors is not currently funded.</p>



SCHEDULE				
	Target	Actual/ Projected	Variance in Months	
Program Approval	6/30/2010	6/30/2010	A	0.0
Design Start (NTP)	9/2/2010	9/2/2010	A	0.0
Schematic Design Received	8/19/2011	8/19/2011	A	0.0
Schematic Design Approved	9/30/2011	9/30/2011	A	0.0
Design Dev. / Phase I CD's Received	2/17/2012	2/10/2012	A	0.2
Design Development Approved	3/30/2012	4/24/2012	A	(0.8)
Phase II Construction Docs Received	11/21/2012	11/30/2012	A	(0.3)
Phase I Construction Start (NTP)	6/11/2012	6/4/2012	A	0.2
Phase I Construction Complete	3/29/2013	3/29/2013	A	0.0
Phase II Construction Start (NTP)	4/10/2013	5/13/2013	A	(1.1)
Phase II Construction Complete	1/7/2016	5/2/2016	A	(3.8)
Phase II FF&E / Move-In Complete	3/17/2016	5/13/2016	A	(1.9)
Phase III Construction Start (NTP)	5/5/2016	TBD		
Phase III Construction Complete	2/12/2017	TBD		
Phase III FF&E / Move-In Complete	3/4/2017	TBD		
Project Completion	3/4/2017	TBD		

FUNDING *			
Source	Budget	Cost to Date	% Expended
UC21	\$ 318,288,000	\$ 308,557,441	97%
UCH Funds	\$ 7,578,000	\$ 4,197,854	55%
Total	\$ 325,866,000	\$ 312,755,295	96%

METRICS		
Metric	Target (To Date)	Current
SBE Participation	30%	39% ●
MBE/WBE/DBE Participation	10%	24% ●
Contracts Awarded to Date	100%	99% ●
Earned Value to Date	100%	99% ●
Expenditures to Date	95%	96% ●
Construction Change Orders	5%	7% ●
Contingency / Remaining Costs	5%	14% ●



COST / FORECAST *							
	Projected Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Cost to Date
Construction	\$248,457,958	\$246,823,900	\$130,182	\$1,503,876 ⁽¹⁾	\$248,457,958	\$0	\$239,329,350
Design Services	\$24,126,860	\$24,126,860	\$0	\$0	\$24,126,860	\$0	\$22,858,392
Telecomm	\$7,519,294	\$7,514,293	\$5,001	\$0	\$7,519,294	\$0	\$7,458,232
Furnishing, Fixtures & Equipment	\$24,977,283	\$24,927,282	\$50,001	\$0	\$24,977,283	\$0	\$24,155,044
Construction Administration	\$2,878,531	\$2,878,530	\$1	\$0	\$2,878,531	\$0	\$2,878,530
Other A/E & Consulting Services	\$8,864,442	\$8,864,441	\$1	\$0	\$8,864,442	\$0	\$8,690,275
Artwork	\$201,080	\$201,080	\$0	\$0	\$201,080	\$0	\$201,080
Relocation	\$491,212	\$491,212	\$0	\$0	\$491,212	\$0	\$459,163
Environmental	\$241,282	\$241,282	\$0	\$0	\$241,282	\$0	\$241,282
Insurance & Legal	\$5,099,751	\$5,099,751	\$0	\$0	\$5,099,751	\$0	\$5,154,892
Other Miscellaneous	\$1,349,869	\$1,349,647	\$222	\$0	\$1,349,869	\$0	\$1,329,054
Subtotal	\$324,207,562	\$322,518,278	\$185,408	\$1,503,876	\$324,207,562	\$0	\$312,755,295
Contingency	\$1,658,438		\$1,658,438	\$0	\$1,658,438	\$0	\$0
TOTAL	\$325,866,000	\$322,518,278	\$1,843,846	\$1,503,876	\$325,866,000	\$0	\$312,755,295

NOTES
<p>(1) The pending commitment amount does not include the entire estimated cost of potential subcontractor claims. It does include an estimate of the portion of those claims that is likely compensable. It does not include amounts that Turner is disputing, and for which they have not yet formally requested any compensation.</p>

DESCRIPTION / TEAM
Project Title: Phase I - Site & East Parking Garage
Delivery Method: Construction Management
Status: Close Out
Designer: SBA / HKS
Constructor: Turner Construction
Project Manager: Kevin Norton

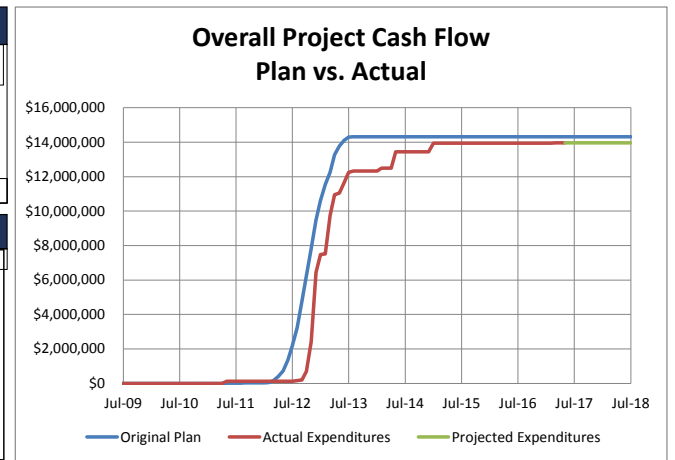
SCOPE
Site: In addition to the normal site work for construction, existing site utilities including sanitary, storm, water, and electrical will be relocated during the initial construction phase to accommodate the construction of the new tower and parking facilities.
Parking: Construction of a new 403 space public garage in the existing I lot



SCHEDULE				
	Target	Actual/ Projected	Variance in Months	
Program Approval	6/30/2010	6/30/2010	A	0.0
Design Start (NTP)	9/2/2010	9/2/2010	A	0.0
Schematic Design Received	8/19/2011	8/19/2011	A	0.0
Schematic Design Approved	9/30/2011	9/30/2011	A	0.0
Enabling CD's Received	2/17/2012	2/10/2012	A	0.2
Site & Parking GMP	5/22/2012	5/22/2012	A	0.0
Site & Parking Construction Start (NTP)	6/11/2012	6/4/2012	A	0.2
Construction Substantial Complete	3/29/2013	3/29/2013	A	0.0
Project Complete	6/26/2013	4/30/2013	A	1.9
Project Completion	6/26/2013	4/30/2013	A	1.9

FUNDING *			
Source	Budget	Cost to Date	% Expended
UC21	\$ 13,969,795	\$ 13,969,794	100%
Total	\$ 13,969,795	\$ 13,969,794	100%

METRICS		
Metric	Target (To Date)	Current
SBE Participation	30%	37% ●
MBE/WBE/DBE Participation	10%	13% ●
Contracts Awarded to Date	100%	100% ●
Earned Value to Date	100%	100% ●
Expenditures to Date	100%	100% ●
Construction Change Orders ⁽¹⁾	6%	0% ●
Contingency / Remaining Costs	0%	0% ●



COST / FORECAST *							
	Projected Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Cost to Date
Construction	\$13,435,907	\$13,435,907	\$0	\$0	\$13,435,907	\$0	\$13,435,906
Design Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Telecomm	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Furnishings, Fixtures & Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Construction Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other A/E & Consulting Services	\$437,710	\$437,710	\$0	\$0	\$437,710	\$0	\$437,710
Artwork	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Environmental	\$8,000	\$8,000	\$0	\$0	\$8,000	\$0	\$8,000
Insurance & Legal	\$25,000	\$25,000	\$0	\$0	\$25,000	\$0	\$25,000
Other Miscellaneous	\$63,178	\$63,178	\$0	\$0	\$63,178	\$0	\$63,178
Subtotal	\$13,969,795	\$13,969,795	\$0	\$0	\$13,969,795	\$0	\$13,969,794
Contingency	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL	\$13,969,795	\$13,969,795	\$0	\$0	\$13,969,795	\$0	\$13,969,794

(1) Final construction cost was 2% less than initial construction contract

* Financial Data Subject to Plant Accounting Verification

DESCRIPTION / TEAM
Project Title: Phase II - New Hospital Tower & Staff Parking Garage
Delivery Method: Construction Management
Status: Construction
Designer: SBA / HKS
Constructor: Turner Construction
Project Manager: Kevin Norton

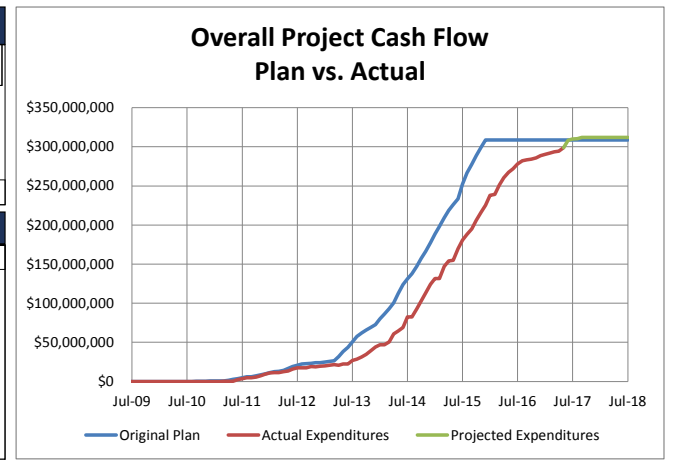
SCOPE
The New Hospital Tower: Construction of a new 384,000 square foot, 169 bed, eleven floor hospital tower.
New Space:
- Emergency Department
- Surgery Suite
- MRI Suite
- Renal Dialysis
- Respiratory Therapy
- Inpatient Rehabilitation
- Clinical Support
- Patient Education
Parking: 397 space staff garage.



SCHEDULE				
	Target	Actual/Projected	Variance in Months	
Program Approval	6/30/2010	6/30/2010	A	0.0
Design Start (NTP)	9/2/2010	9/2/2010	A	0.0
Schematic Design Received	8/19/2011	8/19/2011	A	0.0
Schematic Design Approved	9/30/2011	9/30/2011	A	0.0
Design Dev. / Enabling CD's Received	2/17/2012	2/10/2012	A	0.2
Design Development Approved	3/30/2012	3/30/2012	A	0.0
Construction Documents Received	11/9/2012	11/30/2012	A	(0.7)
New Tower GMP	3/29/2013	5/2/2013	A	(1.1)
New Tower Construction Start (NTP)	4/10/2013	5/13/2013	A	(1.1)
Commissioning Complete	11/13/2015	5/11/2016	A	(5.9)
Substantial Completion	1/7/2016	5/2/2016	A	(3.8)
FF&E Complete	3/3/2016	5/11/2016	A	(2.3)
New Tower Move-In Complete	3/17/2016	5/13/2016	A	(1.9)
Phase 2b Sitework Complete	6/17/2016	10/25/2016	A	(4.3)
Project Closeout	8/5/2016	12/31/2016	A	(4.9)
Project Completion	8/5/2016	12/31/2016	A	(4.9)

FUNDING *			
Source	Budget	Cost to Date	% Expended
UC21	\$ 304,318,205	\$ 294,587,646	97%
UCH Funds	\$ 7,578,000	\$ 4,197,854	55%
Total	\$ 311,896,205	\$ 298,785,500	96%

METRICS		
Metric	Target (To Date)	Current
SBE Participation	30%	39% ●
MBE/WBE/DBE Participation	10%	24% ●
Contracts Awarded to Date	97%	99% ●
Earned Value to Date	100%	99% ●
Expenditures to Date	95%	96% ●
Construction Change Orders	5%	7% ●
Contingency / Remaining Costs	5%	14% ●



COST / FORECAST *							
	Projected Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Cost to Date
Construction	\$235,022,051	\$233,387,993	\$130,182	\$1,503,876	\$235,022,051	\$0	\$225,893,444
Design Services	\$24,126,860	\$24,126,860	\$0	\$0	\$24,126,860	\$0	\$22,858,392
Telecomm	\$7,519,294	\$7,514,293	\$5,001	\$0	\$7,519,294	\$0	\$7,458,232
Furnishings, Fixtures & Equipment	\$24,977,283	\$24,927,282	\$50,001	\$0	\$24,977,283	\$0	\$24,155,044
Construction Administration	\$2,878,531	\$2,878,530	\$1	\$0	\$2,878,531	\$0	\$2,878,530
Other A/E & Consulting Services	\$8,426,732	\$8,426,731	\$1	\$0	\$8,426,732	\$0	\$8,252,565
Artwork	\$201,080	\$201,080	\$0	\$0	\$201,080	\$0	\$201,080
Relocation	\$491,212	\$491,212	\$0	\$0	\$491,212	\$0	\$459,163
Environmental	\$233,282	\$233,282	\$0	\$0	\$233,282	\$0	\$233,282
Insurance & Legal	\$5,074,751	\$5,074,751	\$0	\$0	\$5,074,751	\$0	\$5,129,892
Other Miscellaneous	\$1,286,691	\$1,286,469	\$222	\$0	\$1,286,691	\$0	\$1,265,876
Subtotal	\$310,237,767	\$308,548,483	\$185,408	\$1,503,876	\$310,237,767	\$0	\$298,785,500
Contingency	\$1,658,438	\$0	\$1,658,438	\$0	\$1,658,438	\$0	\$0
TOTAL	\$311,896,205	\$308,548,483	\$1,843,846	\$1,503,876	\$311,896,205	\$0	\$298,785,500

*Phase II: Is showing a Project Completion date of 8/16/16. This later date is due to the Phase 2b Post ED work scheduled to occur 3/23/16-6/28/16.

601

DESCRIPTION / TEAM
Project Title: H Building Renovation
Delivery Method: Construction Management
Status: On Hold
Designer: SBA / HKS
Constructor: Turner Construction
Project Manager: Kevin Norton

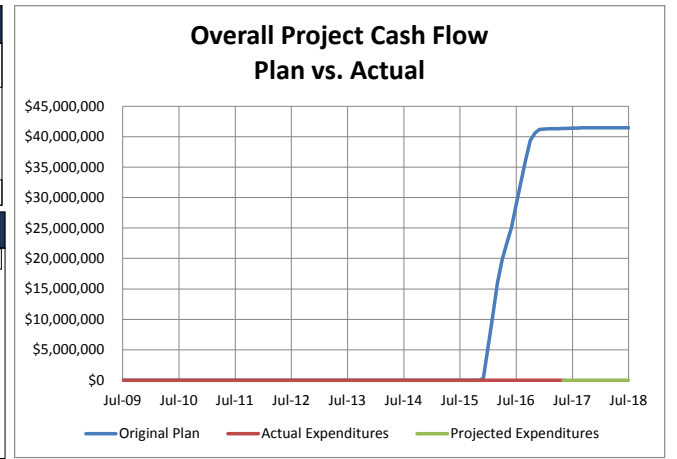
SCOPE
Infrastructure: Replacements and upgrades to systems including heating, air conditioning, ventilation, plumbing and electrical systems
Renovation: of the existing John Dempsey Hospital to allow several departments to expand including: -Clinical Pathology Labs -Clinical Pharmacy
This Scope IS NOT FUNDED



SCHEDULE				
	Target	Actual/ Projected	Variance in Months	
Program Approval	6/30/2010	6/30/2010	A	0.0
Design Start (NTP)	9/2/2010	9/2/2010	A	0.0
Schematic Design Received	8/19/2011	8/19/2011	A	0.0
Schematic Design Approved	9/30/2011	9/30/2011	A	0.0
Design Development Received	2/17/2012	2/10/2012	A	0.2
Design Development Approved	3/30/2012	3/30/2012	A	0.0
Construction Documents Received	11/9/2012	11/30/2012	A	(0.7)
Construction GMP	1/31/2016	TBD		
Construction Start (NTP)	5/5/2016	TBD		
Construction Complete	2/12/2017	TBD		
Commissioning Complete	2/12/2017	TBD		
FF&E Complete	3/4/2017	TBD		
Move-In Complete	3/4/2017	TBD		
Project Completion	3/4/2017	TBD		

FUNDING *				
Source	Budget	Cost to Date	% Expended	
UC21	\$ -	\$ -	#DIV/0!	
UCH Funds	\$ -			
Total	\$ -	\$ -	#DIV/0!	

METRICS		
Metric	Target (To Date)	Current
SBE Participation	30%	N/A ●
MBE/WBE/DBE Participation	10%	N/A ●
Contracts Awarded to Date	N/A	N/A ●
Earned Value to Date	100%	100% ●
Expenditures to Date	100%	100% ●
Construction Change Orders	N/A	0% ●
Contingency / Remaining Costs	10%	N/A ●



COST / FORECAST *							
	Projected Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Cost to Date
Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Design Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Telecomm	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Furnishings, Fixtures & Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Construction Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other A/E & Consulting Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Artwork	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Environmental	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insurance & Legal	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contingency	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Costs for Phase III Design Services are included in Phase II Report

* Financial Data Subject to Plant Accounting Verification

DESCRIPTION / TEAM
Project Title: Academic Building Addition &
Delivery Method: Construction Manager
Status: Construction
Designer: Centerbrook Architects & Planners
Constructor: Skanska
Project Manager: David Semnoski
Project Number: 901729

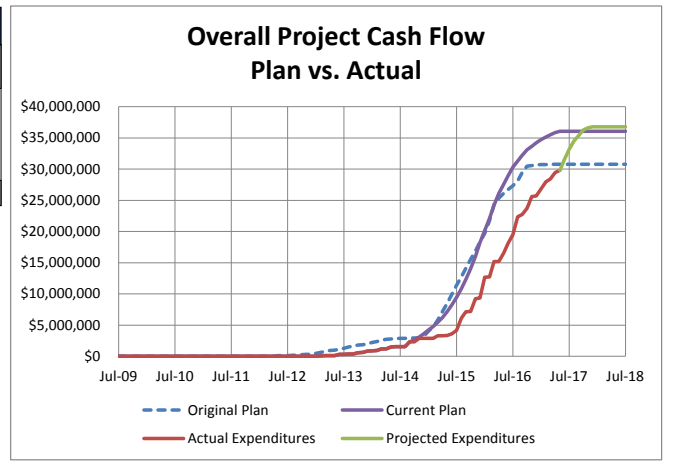
SCOPE
Construction of a 17,600 s.f. addition and renovations to the existing Academic Building to provide new classroom space for the medical and dental schools.



SCHEDULE				
	Target	Actual/ Projected	Variance in Months	
Program Start	1/23/2013	1/23/2013	A	0.0
Program Approval	6/24/2013	7/15/2013	A	(0.7)
Schematic Design Start	7/15/2013	7/15/2013	A	0.0
Schematic Design Received	10/17/2013	10/17/2013	A	0.0
Schematic Design Approved	11/4/2013	11/26/2013	A	(0.7)
Design Development Received	2/28/2014	2/26/2014	A	0.1
Design Development Approved	4/4/2014	3/21/2014	A	0.5
Construction Documents Received	8/14/2014	11/21/2014	A	(3.3)
Construction GMP	11/6/2014	3/17/2015	A	(4.3)
Construction Start	11/21/2014	4/20/2015	A	(4.9)
Construction Complete	9/28/2016	9/19/2017		(11.7)
FF&E Complete	11/8/2016	9/25/2017		(10.6)
Commissioning Complete	11/8/2016	9/25/2017		(10.6)
Move-In Complete	11/8/2016	10/2/2017		(10.8)
Project Completion	11/8/2016	9/19/2017		(10.4)

FUNDING *				
Source	Budget	Cost to Date	% Expended	
UC21	\$ 36,095,000	\$ 29,809,912	83%	
UCH Funds	\$ 700,000	\$ 149,668	21%	
Total	\$ 36,795,000	\$ 29,809,912	81%	

METRICS		
Metric	Target (To Date)	Current
SBE Participation	30%	45% ●
MBE/WBE/DBE Participation	10%	21% ●
Contracts Awarded to Date	93%	95% ●
Earned Value to Date	95%	85% ●
Expenditures to Date	87%	76% ●
Construction Change Orders	4%	5% ●
Contingency / Remaining Costs	5%	1% ●



COST / FORECAST *							
	Projected Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Cost to Date
Construction	\$28,696,392	\$27,633,026	\$167,459	\$895,907	\$28,696,392	\$0	\$22,937,088
Design Services	\$3,413,397	\$3,393,397	\$20,000	\$0	\$3,413,397	\$0	\$3,195,524
Telecomm	\$564,728	\$564,727	\$1	\$0	\$564,728	\$0	\$560,833
Furnishings, Fixtures & Equipment	\$1,216,848	\$1,216,847	\$1	\$0	\$1,216,848	\$0	\$1,073,587
Construction Administration	\$200,000	\$125,357	\$74,643	\$0	\$200,000	\$0	\$125,357
Other A/E & Consulting Services	\$1,462,857	\$1,382,857	\$80,000	\$0	\$1,462,857	\$0	\$1,349,260
Artwork	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation	\$50,000	\$43,486	\$6,514	\$0	\$50,000	\$0	\$30,799
Environmental	\$99,000	\$42,980	\$56,020	\$0	\$99,000	\$0	\$23,804
Insurance & Legal	\$921,997	\$479,383	\$442,614	\$0	\$921,997	\$0	\$451,878
Other Miscellaneous	\$127,740	\$113,588	\$14,152	\$0	\$127,740	\$0	\$61,782
Subtotal	\$36,752,959	\$34,995,648	\$861,404	\$895,907	\$36,752,959	\$0	\$29,809,912
Contingency	\$42,041	\$0	\$42,041	\$0	\$42,041	\$0	\$0
TOTAL	\$36,795,000	\$34,995,648	\$903,445	\$895,907	\$36,795,000	\$0	\$29,809,912

* Financial Data Subject to Plant Accounting Verification

DESCRIPTION / TEAM
Project Title: Clinical Renovations - C Bldg
Delivery Method: Construction Manager
Status: Ready to bid to sub-contractors
Designer: Architectural Resources Cambridge
Constructor: Fusco
Project Manager: Kevin Norton
Project Number: 901737

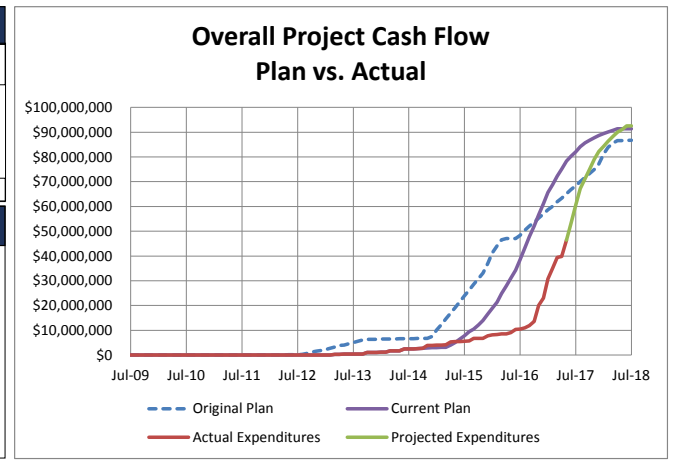
SCOPE
Infrastructure Renovations to the existing Clinic (C) building including MEP systems
School of Dental/ Medicine Expansion and Renovations
Pat and Jim Calhoun Cardiology Center Expansion and Renovations



SCHEDULE			
	Target	Actual/ Projected	Variance in Months
Program Start	2/25/2013	2/12/2013 A	0.4
Program Approval	10/24/2013	10/14/2013 A	0.3
Schematic Design Start (NTP)	10/25/2013	10/15/2013 A	0.3
Schematic Design Received	1/28/2014	4/24/2014 A	(2.8)
Schematic Design Approved	2/26/2014	8/1/2014 A	(5.1)
Design Development Received	7/23/2014	1/15/2015 A	(5.8)
Design Development Approved	8/22/2014	5/8/2015 A	(8.5)
Construction Documents Received	1/2/2015	10/15/2015 A	(9.4)
Construction Documents Reviewed	1/30/2015	10/15/2015 A	(8.5)
Construction GMP	4/10/2015	3/18/2016 A	(11.3)
Construction Start (NTP)	4/24/2015	5/23/2016 A	(13.0)
Construction Complete	4/27/2018	11/15/2018	(6.6)
FF&E Complete	4/27/2018	11/29/2018	(7.1)
Commissioning Complete	4/27/2018	12/18/2018	(7.7)
Move-In Complete	4/27/2018	12/18/2018	(7.7)
Project Completion	4/27/2018	12/18/2018	(7.7)

FUNDING *			
Source	Budget	Cost to Date	% Expended
UC21	\$ 87,844,604	\$ 46,398,022	53%
UCH Funds	\$ 4,670,000	\$ 384,148	8%
Total	\$ 92,514,604	\$ 46,398,022	50%

METRICS		
Metric	Target (To Date)	Current
SBE Participation	30%	N/A ●
MBE/WBE/DBE Participation	10%	N/A ●
Contracts Awarded to Date	99%	97% ●
Earned Value to Date	74%	43% ●
Expenditures to Date	69%	38% ●
Construction Change Orders	3%	0% ●
Contingency / Remaining Costs	5%	3% ●



COST / FORECAST *							
	Projected Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Cost to Date
Construction	\$71,366,822	\$70,686,693	\$529	\$679,600	\$71,366,822	\$0	\$33,186,153
Design Services	\$7,360,563	\$7,351,563	\$9,000	\$0	\$7,360,563	\$0	\$6,476,318
Telecomm	\$984,522	\$920,763	\$63,759	\$0	\$984,522	\$0	\$759,016
Furnishings, Fixtures & Equipment	\$5,245,198	\$4,920,075	\$325,123	\$0	\$5,245,198	\$0	\$1,410,738
Construction Administration	\$250,000	\$189,397	\$60,603	\$0	\$250,000	\$0	\$189,397
Other A/E & Consulting Services	\$3,596,946	\$3,587,899	\$9,047	\$0	\$3,596,946	\$0	\$2,877,005
Artwork	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation	\$349,395	\$162,709	\$186,686	\$0	\$349,395	\$0	\$58,616
Environmental	\$248,990	\$248,990	\$0	\$0	\$248,990	\$0	\$163,094
Insurance & Legal	\$1,809,853	\$1,420,129	\$389,724	\$0	\$1,809,853	\$0	\$1,245,400
Other Miscellaneous	\$54,486	\$36,074	\$18,412	\$0	\$54,486	\$0	\$32,286
Subtotal	\$91,266,775	\$89,524,292	\$1,062,883	\$679,600	\$91,266,775	\$0	\$46,398,022
Contingency	\$1,247,829	\$0	\$1,247,829	\$0	\$1,247,829	\$0	\$0
TOTAL	\$92,514,604	\$89,524,292	\$2,310,712	\$679,600	\$92,514,604	\$0	\$46,398,022

* Financial Data Subject to Plant Accounting Verification

DESCRIPTION / TEAM
Project Title: Main Building Lab (L) Renovations - Project 1
Delivery Method: Construction Management
Status: Substantial completion
Designer: Stantec
Constructor: Turner Construction
Project Manager: Rich Allen
Project Number: 901134

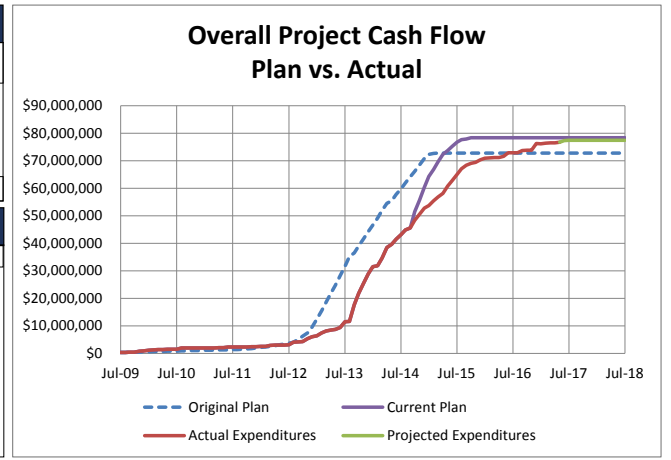
SCOPE
Master Plan for the complete renovation of 283,000 GSF of space on floors 1-7 of the Lab (L) building
Renovations to approximately 50% of the 283,000 GSF of research and admin space on floors 1 – 7 of the Main Building
Replacement of the MEP infrastructure for the renovated areas



SCHEDULE			
	Target	Actual/Projected	Variance in Months
Complete SD (Pre-Bioscience Planning)	5/15/2011	5/15/2011	A 0.0
Revised Master Plan Approval	11/11/2011	11/11/2011	A 0.0
NTP for Revised Design	12/16/2011	12/16/2011	A 0.0
Revised Program	2/8/2012	2/8/2012	A 0.0
Design Development Received	4/6/2012	3/30/2012	A 0.2
Design Development Approved	5/22/2012	6/1/2012	A (0.3)
50% Construction Documents Received	8/17/2012	8/17/2012	A 0.0
Demolition Documents Received	9/14/2012	9/14/2012	A 0.0
Construction Documents Received	11/9/2012	11/30/2012	A (0.7)
Construction GMP	11/16/2012	12/7/2012	A (0.7)
Construction Start (NTP)	11/16/2012	12/7/2012	A (0.7)
Commissioning Complete	6/19/2015	9/21/2015	A (3.1)
Construction Complete	7/10/2015	9/21/2015	A (2.4)
FF&E Complete	8/7/2015	10/19/2015	A (2.4)
Move-In Complete	8/7/2015	11/3/2015	A (2.9)
Project Completion	8/7/2015	11/3/2015	A (2.9)

FUNDING *			
Source	Budget	Cost to Date	% Expended
UC21	\$ 77,600,000	\$ 76,215,723	98%
UCH Funds	\$ (84,497)	\$ 547,267	0%
Total	\$ 77,515,503	\$ 76,762,990	99%

METRICS		
Metric	Target (To Date)	Current
SBE Participation	30%	48% ●
MBE/WBE/DBE Participation	10%	29% ●
Contracts Awarded to Date	100%	100% ●
Earned Value to Date	100%	99% ●
Expenditures to Date	100%	99% ●
Construction Change Orders	5%	6% ●
Contingency / Remaining Costs	5%	8% ●



COST / FORECAST *							
	Projected Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Cost to Date
Construction	\$63,486,678	\$63,486,677	\$1	\$0	\$63,486,678	\$0	\$62,964,236
Design Service	\$6,707,362	\$6,707,363	(\$1)	\$0	\$6,707,362	\$0	\$6,707,363
Telecomm	\$613,939	\$613,940	(\$1)	\$0	\$613,939	\$0	\$613,940
Furnishing, Fixtures & Equipment	\$1,370,265	\$1,370,264	\$1	\$0	\$1,370,265	\$0	\$1,370,264
Construction Administration	\$392,357	\$392,357	\$0	\$0	\$392,357	\$0	\$392,357
Other A/E & Consulting Services	\$2,137,099	\$2,137,098	\$1	\$0	\$2,137,099	\$0	\$2,137,098
Artwork	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation	\$479,969	\$479,969	\$0	\$0	\$479,969	\$0	\$479,969
Environmental	\$242,038	\$242,039	(\$1)	\$0	\$242,038	\$0	\$242,039
Insurance & Legal	\$1,257,403	\$1,213,019	\$44,384	\$0	\$1,257,403	\$0	\$1,151,650
Other Miscellaneous	\$775,263	\$704,075	\$71,188	\$0	\$775,263	\$0	\$704,076
Subtotal	\$77,462,373	\$77,346,801	\$115,572	\$0	\$77,462,373	\$0	\$76,762,990
Contingency	\$53,130	\$0	\$53,130	\$0	\$53,130	\$0	\$0
TOTAL	\$77,515,503	\$77,346,801	\$168,702	\$0	\$77,515,503	\$0	\$76,762,990

* Financial Data Subject to Plant Accounting Verification

DESCRIPTION / TEAM
Project Title: Main Building Lab (L) Renovations - Project 2
Delivery Method: Construction Management
Status: Procurement for Construction
Designer: Stantec
Constructor: Whiting Turner
Project Manager: Rich Allen
Project Number: 901772

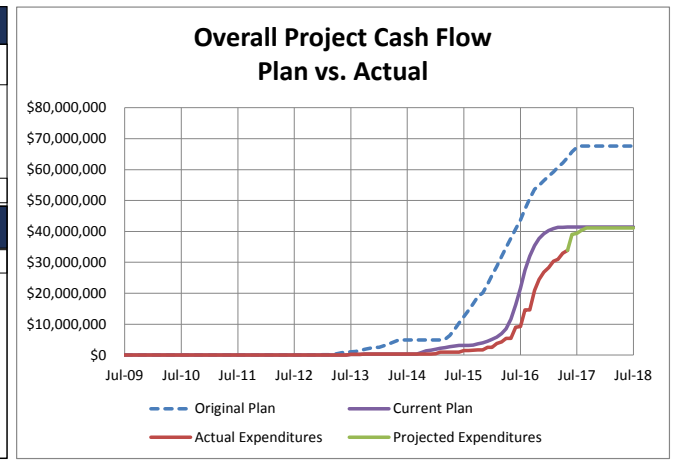
SCOPE
Renovations to approximately 50% of the 283,000 GSF of research and admin space on floors 1 – 7 of the Main Building
Replacement of the MEP infrastructure for the renovated areas



SCHEDULE			
	Target	Actual/ Projected	Variance in Months
Program Approval			0.0
Design Start (NTP)	5/1/2014	9/16/2014	A (4.5)
Schematic Design Received	9/16/2014	12/12/2015	A (14.9)
Schematic Design Approved	10/3/2014	2/13/2015	A (4.4)
Design Development Received	12/30/2014	7/2/2015	A (6.0)
Design Development Approved	1/27/2015	7/2/2015	A (5.1)
Construction Documents Received	3/24/2015	10/16/2015	A (6.8)
Construction GMP	5/19/2015	1/27/2016	A (8.3)
Construction Start	8/19/2015	12/14/2015	A (3.8)
Construction Complete	11/24/2017	3/29/2017	7.9
FF&E Complete	12/25/2017	4/13/2017	8.4
Commissioning Complete	12/25/2017	4/13/2017	8.4
Move-In Complete	12/25/2017	5/11/2017	7.5
Project Completion	12/25/2017	5/11/2017	7.5

FUNDING *			
Source	Budget	Cost to Date	% Expended
UC21	\$ 40,587,671	\$ 33,862,495	83%
UCH Funds	\$ 502,000	\$ 174,613	0%
Total	\$ 41,089,671	\$ 33,862,495	82%

METRICS		
Metric	Target (To Date)	Current
SBE Participation	30%	25% ●
MBE/WBE/DBE Participation	10%	19% ●
Contracts Awarded to Date	96%	95% ●
Earned Value to Date	100%	95% ●
Expenditures to Date	80%	75% ●
Construction Change Orders	5%	0% ●
Contingency / Remaining Costs	10%	12% ●



COST / FORECAST *							
	Projected Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Cost to Date
Construction	\$33,374,370	\$32,963,715	\$58,896	\$351,759	\$33,374,370	\$0	\$28,223,252
Design Services	\$2,945,516	\$2,901,516	\$44,000	\$0	\$2,945,516	\$0	\$2,605,262
Telecomm	\$435,400	\$431,400	\$4,000	\$0	\$435,400	\$0	\$425,676
Furnishings, Fixtures & Equipment	\$383,965	\$346,711	\$37,254	\$0	\$383,965	\$0	\$277,602
Construction Administration	\$327,429	\$327,429	\$0	\$0	\$327,429	\$0	\$327,429
Other A/E & Consulting Services	\$1,196,352	\$1,142,640	\$53,712	\$0	\$1,196,352	\$0	\$1,099,133
Artwork	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation	\$255,000	\$50,924	\$204,076	\$0	\$255,000	\$0	\$0
Environmental	\$85,000	\$43,580	\$41,420	\$0	\$85,000	\$0	\$40,093
Insurance & Legal	\$914,047	\$692,660	\$221,387	\$0	\$914,047	\$0	\$775,810
Other Miscellaneous	\$423,376	\$148,502	\$274,874	\$0	\$423,376	\$0	\$88,237
Subtotal	\$40,340,455	\$39,049,077	\$939,619	\$351,759	\$40,340,455	\$0	\$33,862,495
Contingency	\$749,216	\$0	\$749,216	\$0	\$749,216	\$0	\$0
TOTAL	\$41,089,671	\$39,049,077	\$1,688,835	\$351,759	\$41,089,671	\$0	\$33,862,495

* Financial Data Subject to Plant Accounting Verification

DESCRIPTION / TEAM
Project Title: Outpatient Pavilion
Delivery Method: Design/Build (Core & Shell) Construction Management (Fit-Out) Status: Close-out
D/B Criteria Architect: Fletcher Thompson/Tsoi Kobus Assoc. Fit-Out Architect: Perkins Eastman Architects Design/Builder: Fusco / Clark, A Joint Venture Fit-Out Construction Manager: Dimeo Construction Company Project Manager: Robert Paloma Project Number: 11-042

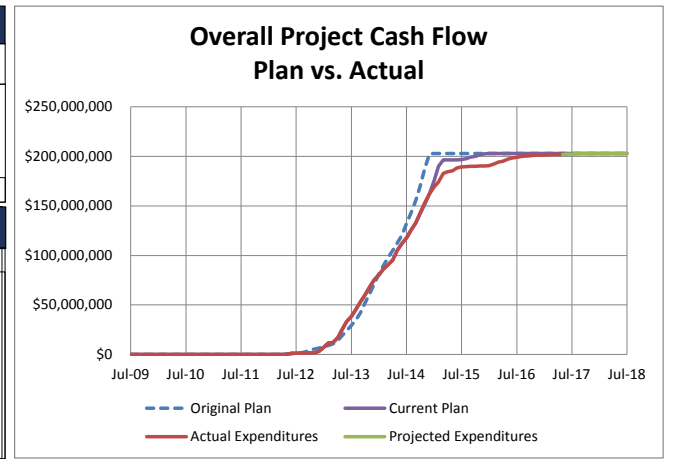
SCOPE
New Parking Garage: 1,440 spaces which include 82 handicap spaces. New 306,880 square foot Outpatient Pavilion to Include: Relocation of medical offices that are currently housed in outdated and inadequate medical office space in Dowling South (85,000 square feet) and a portion of Dowling North (13,500 square feet).
Relocation of the Carole and Ray Neag Comprehensive Cancer Center and Radiation Oncology from the existing main building to the Outpatient Pavilion.
Patient-centered services such as a café, retail space for a commercial pharmacy and an optical shop.



SCHEDULE				
	Target	Actual/ Projected	Variance in Months	
FO Construction Documents Received	6/30/2013	8/28/2013	A	(1.9)
FO GMP	9/5/2013	11/12/2013	A	(2.2)
FO Construction Start	1/6/2014	1/6/2014	A	0.0
Core & Shell Construction Complete	10/15/2014	10/15/2014	A	0.0
FO Construction Complete	12/3/2014	4/10/2015	A	(4.2)
FF&E, Cx, Move-In Complete	1/21/2015	6/15/2015	A	(4.8)
Project Complete (Net of 8th Floor East)	1/21/2015	6/15/2015	A	(4.8)
8 East Construction Documents Rec	5/29/2015	6/1/2015	A	(0.1)
8 East GC Contract Executed	1/28/2016	1/28/2016	A	0.0
8 East Construction Start	1/29/2016	1/29/2016	A	0.0
8 East Construction Complete	7/1/2016	7/22/2016	A	(0.7)
FF&E, Cx, Move-In Complete	7/8/2016	7/22/2016	A	(0.5)
8th Floor East Project Complete	7/8/2016	7/25/2016	A	(0.6)

FUNDING *			
Source	Budget	Cost to Date	% Expended
CTL Funds	\$ 203,000,000	\$ 201,858,880	99%
Total	\$ 203,000,000	\$ 201,858,880	99%

METRICS		
Metric	Target (To Date)	Current
SBE Participation	30%	36% ●
MBE/WBE/DBE Participation	10%	22% ●
Contracts Awarded to Date	100%	100% ●
Earned Value to Date	100%	100% ●
Expenditures to Date	100%	100% ●
Construction Change Orders	5%	7% ●
Contingency / Remaining Costs	5%	283% ●



COST / FORECAST *							
	Projected Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Cost to Date
Construction	\$149,378,792	\$149,378,792	\$0	\$0	\$149,378,792	\$0	\$149,378,792
Design Services	\$6,409,108	\$6,409,108	\$0	\$0	\$6,409,108	\$0	\$6,405,634
Telecomm	\$5,015,926	\$5,015,927	(\$1)	\$0	\$5,015,926	\$0	\$5,015,927
Furnishings, Fixtures & Equipment	\$14,926,142	\$14,926,141	\$1	\$0	\$14,926,142	\$0	\$14,926,141
Construction Administration	\$745,476	\$745,476	\$0	\$0	\$745,476	\$0	\$745,476
Other A/E & Consulting Services	\$5,533,361	\$5,533,361	\$0	\$0	\$5,533,361	\$0	\$5,483,210
Artwork	\$248,307	\$248,307	\$0	\$0	\$248,307	\$0	\$248,307
Relocation	\$246,108	\$246,108	\$0	\$0	\$246,108	\$0	\$246,108
Environmental	\$293,253	\$293,253	\$0	\$0	\$293,253	\$0	\$293,253
Insurance & Legal	\$2,413,580	\$2,393,599	\$19,981	\$0	\$2,413,580	\$0	\$2,237,518
Other Miscellaneous	\$16,947,042	\$16,947,037	\$5	\$0	\$16,947,042	\$0	\$16,878,514
Subtotal	\$202,157,095	\$202,137,108	\$19,986	\$0	\$202,157,095	\$0	\$201,858,880
Contingency	\$842,905	\$0	\$842,905	\$0	\$842,905	\$0	\$0
TOTAL	\$203,000,000	\$202,137,108	\$862,891	\$0	\$203,000,000	\$0	\$201,858,880

* Financial Data Subject to Plant Accounting Verification

DESCRIPTION / TEAM
Project Title: Incubator Lab Addition - CGSB
Delivery Method: Construction Management
Status: Substantial Completion
Designer: Goody Clancy
Constructor: Standard Builders
Project Manager: Janice Hill
Project Number: 901750

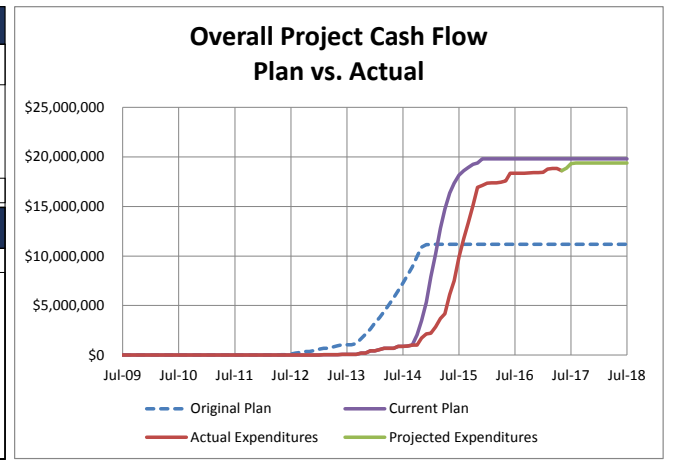
SCOPE
New building addition to the existing Cell and Genome Science Building to create an additional 28,000 gross square feet of new incubator space to foster new business start-ups and 2,000 gross square feet for a Data Center Disaster Recovery space.



SCHEDULE				
	Target	Actual/ Projected	Variance in Months	
Program Approval	6/28/2013	9/12/2013	A	(2.5)
Schematic Design Start (NTP)	7/1/2013	9/13/2013	A	(2.4)
Schematic Design Received	8/15/2013	11/21/2013	A	(3.2)
Schematic Design Approved	9/13/2013	11/21/2013	A	(2.3)
Design Development Received	12/18/2013	1/30/2014	A	(1.4)
Design Development Approved	1/16/2014	4/1/2014	A	(2.5)
Construction Documents Received	6/2/2014	7/24/2014	A	(1.7)
Construction GMP & mobilization	8/15/2014	10/6/2014	A	(1.7)
Construction Start (NTP)	9/1/2014	10/6/2014	A	(1.2)
Construction Complete	10/9/2015	10/30/2015	A	(0.7)
FF&E Complete	10/9/2015	4/29/2016	A	(6.7)
Commissioning Complete	10/9/2015	5/6/2016	A	(6.9)
Move-in Complete	10/9/2015	4/29/2016	A	(6.7)
Project Completion	10/9/2015	5/7/2016	A	(6.9)

FUNDING *				
Source	Budget	Cost to Date	% Expended	
UC21	\$ 19,250,000	\$ 18,625,895	97%	
UCH Funds	\$ 150,000	\$ 134,776	0%	
Total	\$ 19,400,000	\$ 18,625,895	96%	

METRICS		
Metric	Target (To Date)	Current
SBE Participation	30%	23% ●
MBE/WBE/DBE Participation	10%	9% ●
Contracts Awarded to Date	100%	97% ●
Earned Value to Date	102%	98% ●
Expenditures to Date	100%	97% ●
Construction Change Orders	6%	4% ●
Contingency / Remaining Costs	5%	12% ●



COST / FORECAST *							
	Projected Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Cost to Date
Construction	\$15,732,331	\$15,732,331	\$0	\$0	\$15,732,331	\$0	\$15,697,696
Design Services	\$1,610,330	\$1,610,330	\$0	\$0	\$1,610,330	\$0	\$1,509,681
Telecomm	\$217,610	\$217,610	\$0	\$0	\$217,610	\$0	\$217,610
Furnishings, Fixtures & Equipment	\$390,379	\$390,378	\$1	\$0	\$390,379	\$0	\$339,007
Construction Administration	\$250,000	\$51,307	\$198,693	\$0	\$250,000	\$0	\$51,307
Other A/E & Consulting Services	\$455,844	\$455,844	\$0	\$0	\$455,844	\$0	\$452,115
Artwork	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Environmental	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insurance & Legal	\$555,480	\$321,691	\$233,789	\$0	\$555,480	\$0	\$291,044
Other Miscellaneous	\$107,054	\$76,271	\$30,783	\$0	\$107,054	\$0	\$67,435
Subtotal	\$19,319,028	\$18,855,762	\$463,266	\$0	\$19,319,028	\$0	\$18,625,895
Contingency	\$80,972	\$0	\$80,972	\$0	\$80,972	\$0	\$0
TOTAL	\$19,400,000	\$18,855,762	\$544,238	\$0	\$19,400,000	\$0	\$18,625,895

* Financial Data Subject to Plant Accounting Verification

**BIOSCIENCE CONNECTICUT
MASTER PLAN SCHEDULE**

ID	Task Name	Duration	Start	Finish	2012	2013	2014	2015	2016	2017	2018	2019		
1	New Bedtower & Renovations	76.38 mons	Thu 9/2/10	Tue 10/25/16										
2	Design Sitework & East Parking	377 days	Thu 9/2/10	Fri 2/10/12										
3	Design New Tower & Renovations	430 days	Mon 3/21/11	Fri 11/9/12										
4	Site & East Parking Garage Construction (Phase I)	237 days	Mon 6/4/12	Tue 4/30/13										
5	New Tower Construction (Phase II)	790 days	Thu 5/2/13	Wed 5/11/16										
6	New Tower FF&E	84 days	Wed 1/6/16	Wed 5/11/16										
7	New Tower Move-In	2 days	Thu 5/12/16	Fri 5/13/16										
8	Phase 2b - Post Turnover Work	117 days	Mon 5/16/16	Tue 10/25/16										
9	Academic Addition & Renovation	55.86 mons	Wed 1/23/13	Fri 7/21/17										
10	Design	468 days	Wed 1/23/13	Fri 11/7/14										
11	Site Enabling & Addition Construction	335 days	Mon 4/20/15	Fri 7/29/16										
12	A Building Renovation	515 days	Mon 8/3/15	Fri 7/21/17										
13	Clinical Renovations	72.67 mons	Tue 2/12/13	Tue 12/18/18										
14	Design Clinical Renovations	698 days	Tue 2/12/13	Thu 10/15/15										
15	Phase 1 Renovation	312 days	Mon 5/23/16	Wed 8/2/17										
16	Phase 2 Renovation	125 days	Thu 8/3/17	Wed 1/24/18										
17	Phase 3 Renovation	105 days	Thu 1/25/18	Wed 6/20/18										
18	Phase 4 Renovation	129 days	Thu 6/21/18	Tue 12/18/18										
19	Lab Renovations Project 1	80.1 mons	Fri 4/10/09	Mon 9/21/15										
20	Lab Renovation Planning & Design	936 days	Fri 4/10/09	Fri 11/9/12										
21	Phase 1A Construction	340 days	Tue 12/11/12	Mon 3/31/14										
22	Phase 1B Construction	238 days	Mon 4/7/14	Wed 3/4/15										
23	Phase 2A Construction	154 days	Wed 2/4/15	Mon 9/21/15										
24	Lab Renovations Project 2	16.1 mons	Mon 12/14/15	Wed 3/29/17										
25	Phase 3A Construction	338 days	Mon 12/14/15	Wed 3/29/17										
26	Ambulatory Care Center (ACC)	57.62 mons	Mon 12/5/11	Fri 7/22/16										
27	ACC Planning / Core & Shell Design	460 days	Mon 12/5/11	Fri 9/6/13										
28	ACC Parking Garage	210 days	Mon 1/21/13	Fri 11/8/13										
29	ACC Core & Shell	488 days	Mon 3/4/13	Wed 1/14/15										
30	ACC Interiors - Fit Out	310 days	Mon 1/6/14	Fri 3/13/15										
31	Dowling Relocations to ACC	2 days	Fri 1/30/15	Mon 2/2/15										
32	Demolish Dowling North & South	60 days	Mon 3/2/15	Fri 5/22/15										
33	8 East Construction	126 days	Fri 1/29/16	Fri 7/22/16										
34	Addition to CGSB: Incubator Labs	28.14 mons	Fri 9/13/13	Fri 12/18/15										
35	Incubator Lab Planning & Design	207 days	Fri 9/13/13	Mon 6/30/14										
36	Incubator Lab Construction	316 days	Fri 10/3/14	Fri 12/18/15										

MINUTES

The meeting was convened by R. Carbray at 8:30 am.

I. Public Comment:

- o No public comment.

II. Chair's Remarks:

- o **Approval of Minutes:** *In a motion duly made, seconded and unanimously carried the UCHC Building & Grounds Subcommittee approved the meeting minutes from March 2, 2016*

III. Discussion Items:

- o **Bioscience Connecticut Capital Project Status:** Mr. Trutter provided an overview of the January Bioscience Monthly Program Report to the committee, and provided an overview of budget, scope and other issues of each of the planned construction projects. Slides were presented to provide a visual reference to the overall program update.
- o **Construction Updates**
 - o **Hospital Tower:** Phase 2B interior connector is completed and open. Starbucks is open!
 - o **Academic Building:** Only final landscaping remains on the building addition. Academic Parking lots A/B & C will be addressed this summer with new curbs and drainage improvements.
 - o **L Building Project 2:** - Work on floors 7, 6, 5 & 4 will be completed at the end of March. Penthouse mechanicals have been enclosed. Exhaust fan stacks have been installed and electrical shutdowns are scheduled for connections to building infrastructure.
 - o **C Building:** Air handling units have been installed and set. Drywall completed in Dental Area and demolition activities in the old women's center underway. Partial Lobby pathway opened,
- o **Planning Updates**
 - o **Signage:** Planning is ongoing for a new comprehensive way-finding signage program for the UCH campus
 - o **Hazardous Waste Storage:** Will be located near the East loading dock. Will incorporate a penthouse for mechanicals to be housed. This will cut down on noise levels. Value engineering process took place and a revised budget will be presented at the March Board Meeting. At this time we have not down a campaign to notify our neighbors but Town of Farmington officials have been made aware.

- **Presentations**

- George Karsanow, Director of Construction Services, provided an update on the Capital Projects unrelated to Bioscience Connecticut. This update focused on capital renewal and infrastructure improvements projects completed in and progress, including H Building Sealant Project, Munson Road Roof Project, and the demolition of Building 20.

At 9:14 am The Committee unanimously voted to adjourn.

In attendance: F. Archambault, R. Carbray

Respectfully submitted,

Carolle Andrews
Administrative Liaison to the Board

Time: 8:30 a.m. – 9:00 a.m.

Location: SOM Dean Conference Room (AM-046B), Academic Building, 263 Farmington Ave., Farmington, CT

Present (Voting): Hansen, M., Hurley, M.; Duncan, J.; Mina, M.

Call in (Voting): Archambault, F; Cloud, S; Freedman, J; Rawlins, W; Woods, K.

Present (Non-Voting): Liang, B; MacNeil, M., Kream, B; Wetstone, S.; Reis, S.; Rose, S., White, B.

Excused (Voting): Droney, J;

Excused (Non-Voting): Teitelbaum, J., Lepowsky, S.; Agwunobi, A.; Andrews, C.; Hesselbrock, V.; Blumenthal, J.; Henderson, D.; McFadden, D.;

Dr. Francis Archambault called the meeting to order at 8:30 a.m.

1. Public Comment - none

2. Chair's Remarks

a. Welcome

3. Consent Items

a. Approval of School of Medicine Recommendation for Appointment to Senior Rank with Tenure, (Dr. Bruce T. Liang)

Dr. Liang, Dean of the SOM, is requesting that the AASBOD approve the recommended Appointment at Senior Rank with Tenure, listed on page 6 in the materials.

Dr. Liang provided background information regarding the candidate, Dr. Wizdom Powell, including her prestigious service as a White House Fellow and Special Government Employee in the Office of the Secretary of Defense. Dr. Powell is nationally recognized for her work on: 1) social constructions of masculinity and their implications for health behaviors and outcomes; and 2) associations between race-related stress, masculinity, and their combined influence on medical mistrust, healthcare use, and mental health. In addition to a NIH grant on which she is Principal Investigator, she is also a Co-Investigator on 3 other NIH grants. Dr. Liang thanked the subcommittee for their attention to this matter after summarizing his request by providing SAPC's unanimous vote of 8-0 on the nomination of both senior appointment and tenure for Dr. Powell.

Dr. Fran Archambault asked for questions and comments. Dr. Sally Reis provided her enthusiastic comments in support of the candidate. Dr. Liang was asked for the reason a special meeting was needed at this time and he replied that Dr. Powell currently has tenure and acceptance of our offer is contingent on the approval of tenure at UConn SOM.

A motion was made to approve the consent item. Seconded. Unanimously Approved 9-0-0.

A motion was made to adjourn. Seconded. Unanimously approved (9-0-0).

Meeting adjourned at 8:40 a.m.

Next Regularly Scheduled Meeting

Monday, May 22, 2017

10 a.m. – 12 p.m.

HR Training Room, 16 Munson Road, Farmington, CT

For the next meeting:

a. Update on Aetna Health Professions Partnership Initiative to diversify the student body (Dr. Marja Hurley)

Time: 10 a.m. – 12 p.m.

Location: HR Training Room, 16 Munson Road, Farmington, CT

Present (Voting): Archambault, F (call-in); Cloud, S (call-in); Duncan, J; Freedman, J; Hansen, M; Hurley, M; Rawlins, W (11am call-in); Woods, K.

Present (Non-Voting): Liang, B; MacNeil, L; Rose, S; Volin, J (call-in) Kream, B; Nissen, J; Wetstone, S; Geoghegan, J; McKenty, D; White, B.

Excused (Voting): Droney, J; Mina, M

Excused (Non-Voting): Agwunobi, A; Andrews, C; Blumenthal, J; Henderson, D; Hesselbrock, V; McFadden, D; Teitelbaum, J; Thatcher, C

Dr. Francis Archambault called the meeting to order at 10:00 a.m.

1. Public Comment

2. Chair's Remarks

- a. Welcome and updates
- b. Approval of minutes from January 30, 2017 Meeting
- c. Approval of minutes from April 13, 2017 Special Meeting

A motion was made to approve the minutes. Seconded. Approved 8-0-0.

Dr. Francis Archambault asked Dr. Bruce Liang to introduce and summarize his add-on items to the agenda. Dr. Liang presented his add-on items. 1) The proposed promotion of Dr. Linda Barry and 2) his recommendation to the AASBOD on the removal of the promotional clock proposal in the bylaws that he would like the board to consider. A motion was made to add the consent item and business item onto the agenda. Seconded. Approved 8-0-0.

3. Consent Items

- a. Approval of School of Medicine Recommendation for Appointment at and Promotion to Senior Rank, Appointment of Endowed Chair, and Emeritus Appointment (Dr. Bruce T. Liang)

Dr. Liang, Dean of the SOM, is requesting that the AASBOD approve those recommended for appointment at senior rank, promotion to senior rank with award of academic tenure, tenure track reappointments, emeritus appointment and sabbatical leave listed on pages 11-20 in the materials, including his add-on recommendation for promotion that was voted onto the agenda today.

- b. Approval of School of Dental Medicine Recommendation for Emeritus Appointment (Dr. Monty MacNeil).

Dr. MacNeil, Dean of the SODM, is requesting that the AASBOD approve the emeritus appointment listed on page 21 in the materials.

A motion was made to approve the consent items, including the add-on item. Seconded. Approved 8-0-0.

4. Business Items

Dr. Archambault suggested that 4a, 4b & 4c be presented apart from 4d and voted on by the board separately from 4d. A motion was made by Dr. Marc Hansen to present and vote on Business Items 4a, 4b, & 4c. below. Seconded. Approved 8-0-0.

- a. Outcome of the proposed Omnibus Corrections amendment (Dr. Marc Hansen). Dr. Hansen presented a brief summary of the changes covered by the Omnibus amendment. One of the charges of the Oversight Committee is a periodic review of the bylaws to check if there is anything that needs to be updated or changed including amending typographical errors. As part of that process, the committee came across a number of things that needed to be updated. The highlighted changes include affiliation agreements (Jax a research entity is now an affiliated institution), clarifications and changes to names of programs, and typographical errors. They were voted on as a group (pages 24-25 in the materials). The affiliation agreements in the current bylaws reflect names that are no longer known by those names. The names were corrected and they added JAX Laboratories in now as an affiliate. The only abbreviation in the entire in the bylaws was HCOP so they expanded it to the full name of Health Careers Opportunity Program in all instances. In the education council, the subcommittees no longer exist so they were removed; they changed the name of the GCRC to its correct name which is the Lowell P. Weicker, Jr. Clinical Research Center. 83% of the faculty who voted had voted to correct these typographical errors. Joel Freedman asked why 17% of faculty opposed, but Dr. Hansen was uncertain of the reasons. He said 11.5% disapproved and 4.7% did not vote on it.
- b. Investigator category: Outcome of Proposed Amendment to Appendix B of the SOM Bylaws to change the promotional criteria (Dr. Marc Hansen). Dr. Hansen reviewed a change (page 35 in the materials) to adjust the publication criteria for the collaborative leg of the Investigator Professional category: to change a metric on promotion to the rank of Professor. The current bylaws requires a sustained publication record as corresponding author of refereed articles and journals that are devoted largely to the individual's area of professional expertise. That was thought to be too high of a bar so now it has been reduced to publications should be "periodic" which is the next level down from "sustained". In general the councils were in favor of this. The Public Issues Council questioned what the difference between periodic vs. sustained vs. occasional actually meant. Those terms in the bylaws are defined in a way that is intended to be somewhat ambiguous which allows the SAPC the ability to determine the appropriate publication frequencies. The Research Council was unanimously opposed to it because they noted that the Associate Professor promotional criteria requirement should also have been amended and because the Associate Professor wasn't proposed to be amended, they opposed the entire idea. It was noted that the Associate Professor criteria could be modified in the next omnibus corrections bill. 83.8% approved, 11.5% disapproved and 4.7% did not vote on it.
- c. Investigator and Clinical Investigator categories: Outcome of Proposed Amendment to Appendix B of the SOM Bylaws to change the promotional criteria (Dr. Marc Hansen). The changes are detailed on pages 44-45 of the materials. Dr. Hansen summarized the proposed amendment saying SAPC desired to include language to add precision to the promotional criteria. There are 2 parts to this for promotion to Associate Professor: 1) the examples of reputation including importance, originality, independence and sustainability of one's scientific contributions was an addition, 2) the candidate to be listed as key personnel or investigator with collaborator status in the collaborator arm of the Investigator category. This way people must be shown to be an acknowledged contributor. This part of the amendment was proposed last year and was voted down by the faculty because it only included the words "key personnel" which is noted to be exclusive to the NIH designation and not any other.

The proposal is to change the language to be key personnel or investigators with collaborators. Similar language is proposed for the promotion to rank of Professor, 1) examples of recognition are the importance, originality, independence and sustainability of one's scientific contributions, and 2) in the collaborative arm, the continued recognition as key personnel or investigator with collaborators. It is the idea of continuing the sustainability of one's scientific reputation. The Dean, Clinical Council, Education Council and Public Issues Council were in favor of this. The Research Council was unanimously opposed with their major objection being that the NIH can define who is and who is not key personnel which takes the control of that out of the hands of the investigator and puts it in the bureaucratic confines of the NIH. They also objected to the wording of the amendment. Of the faculty who voted, 74% were in favor. No questions were asked.

A motion was made to approve business items 4a., 4b. & 4c.. Seconded. Approved 8-0-0.

- d. In-Residence Track Appointments: Outcome of the proposed amendment to Appendix B of the SOM Bylaws to remove the promotional clock (Dr. Marc Hansen). Dr. Hansen presented the proposal to remove the promotional clock from all in-residence tracks of all professional categories as outlined in Appendix B. Oversight committee knows that Appendix A is the purview of the Dean; the proposal was to modify Appendix B to remove the promotional clock criteria from all of the in-residence tracks. The Clinical Council, Deans Council and Public Issues Council were in favor. The Research Council had a split vote and the Dean's position was not in favor. Those opposed were concerned that individuals who are now in the in-residence track would not be motivated to try to get promotion. Dr. Liang presented his add-on item which is the Dean's recommendation that the AASBOD not approve the recommendation to eliminate the promotional clock for all in-residence faculty. Dr. Liang referenced his original position paper on page 57 [of the meeting materials] that he was not in favor of that bylaws revision for the reasons listed in his position paper, mainly having to do with difficult fiscal times, having a promotional clock serves to emphasize some urgency and motivation in developing a viable research program as both university and School of Medicine resources are limited. In the age of team science, we could have researchers in the Medical Researcher category that has no promotional clock who can still contribute significantly to the overall success of the research project. He discussed the task force he commissioned in 2015 headed by Dr. George Kuchel and composed of senior faculty members who spent a lot of time on this and other questions proposed. The end result was a recommendation of creating a medical researcher professional category without a promotional clock for those researchers who are critical to the overall success in team science. By removing the promotional clock for those who choose to be in the medical researcher professional category, the contribution of such faculty can continue. That new category was voted in by the faculty and subsequently agreed to and adopted by the AASBOD on Sept 12, 2016. Since the medical researcher category was voted in, there was ample time, up to 6-7 months for the Councils to consider whether the newly created medical researcher category suffices to allow scientists to continue research without a promotional clock. All position papers on this topic were developed before the medical researcher category was voted in by the board in September, 2016. It could have been important that the various councils have the chance to revisit the proposed removal of promotional clock for all in-residence faculty after the medical researcher category was voted in by the Board, but this did not

occur. If this had occurred, any concern that a faculty member may have on the promotional clock removal may be assuaged. This is because there is now a pathway for the medical researchers to stay on and continue to contribute by being in the medical researcher category. More importantly, the bylaws in Appendix A give the Dean the purview on promotional clock of existing categories which includes investigator and clinical investigator, and clinical scholar categories and on categories without clock. Appendix B has within its purview the promotion criteria and metrics which can be changed via a bylaws revision process. That purview of the dean is not vote-able by the faculty under Appendix B which is what happened. For some reason this was voted on by the faculty that impacts on bylaws Appendix A. He asked that the board consider this from a procedural standpoint as well. Dr. Hansen responded that the reason for the delay was that they had attempted to get in the amendment last year at the same time the professional medical researcher category was being developed, but they were unable to get position papers from all of the councils in order to put the promotional clock amendment into the faculty forum agenda last year. Dr. Hansen and the Oversight Committee do not dispute the dean's purview in Appendix A. While Appendix A does note that the 3 professional categories are time limited and require promotion, the majority of the discussion of that procedure is in Appendix B. He said Appendix B is cumbersome to modify Appendix B and since the amendment passed, it is much easier to modify Appendix A than Appendix B. The intent behind the Medical Researcher professional category was for the – individual faculty who were in laboratories of other principal investigators and it was felt that removing the promotional clock from the other categories would allow faculty to choose a professional category with the correct promotional criteria for their advancement. Medical Researcher has very specific criteria for promotion that might not necessarily be fulfilled by individuals who would be better placed in the Investigator, Clinical Investigator or Clinical Scholar categories if the promotional clock were removed from those professional categories as well. Dr. Liang responded that there was ample time for the various councils to consider the new category, but it wasn't done. Dr. Kiki Nissen spoke to underscore Dr. Liang's perspective on Appendix A. Appendix A is for the initial appointment. It doesn't make sense to make this change when the majority of initial appointments (Appendix A) are new Junior Faculty. There is a disconnect; they would be on a clock until they go up for promotion and then the clock would be removed. There should have been a discussion with the dean after the medical researcher category had been passed to see if there is still some uniqueness in the other professional categories that really defined a group of people without a clock. Chief Counsel, Brian White added that procedurally, it would require modification to both appendices simultaneously in multiple places which the committee does not have the authority to do. It would be problematic if any change in the two appendices are not in synchrony. Dr. Hansen confirmed they only have the authority to modify Appendix B. Dr. Nissen said she didn't think the vote reflected the full understanding that changes to both Appendix A and B would have to be done at the same time. Dr. Hansen did not dispute that, adding 75-76% of faculty voted in favor of it, but it's problematic to set up tension /conflict between Appendix A & B.

A motion was made to adopt the amendment. Seconded. Votes 1-7-0. Motion failed to carry. Dr. Francis Archambault thanked Dr. Marc. Hansen and the oversight committee for their hard work.

5. Informational Items

- a. **Post-Tenure Review: Outcome of Proposed Amendments (Dr. Marc Hansen).** Dr. Hansen summarized last year's motion to revise Appendix C of the bylaws regarding the Post-Tenure Review process. There is currently a 5 year rolling window starting at the initiation of tenure that every 5 years you can be considered for post-tenure review after receiving one (1) unacceptable merit rating or two (2) marginal merit ratings. At the end of the 5 year period it resets and begins again. It was felt to be somewhat arbitrary. Last year, the motion was written to eliminate the 5 year rolling clock. Faculty passed it, but the board did not because it didn't include the SODM which is also under post-tenure review criteria; it was felt that both schools should have the same triggering process and also that the 4 year remediation period was excessive. Dr. Hansen reported that all Councils approved this amendment, including the Dean yet the faculty vote did not meet the 2/3 majority and failed to approve the amendment by a vote of 46.4% in favor, 44.3% opposed, 9.4% no answer. For the second amendment regarding post-tenure review, there is a gap in the appeals process. The process does not have a time requirement for faculty to file an appeal notice. The amendment was to include the language of "in a timely fashion", in regard to the timeliness of appeals of the SAPC's decision but while it received a vote of 59.1% in favor, it did not receive the required 2/3s vote to move forward.
Dr. MacNeil spoke to the SODM process. In the Dental School, there was general support by Faculty Senate as an informational item, but it has not gone to the faculty for vote on it yet. Dr. Marja Hurley asked who will decide what "timely fashion" means. Who will decide what and when this would be placed in the faculty handbook. Dr. Hansen said it will be defined in the faculty handbook. Dr. Nissen said the Dean's office defines the processes for post-tenure review outside of the School of Medicine bylaws. It would be presented to Deans Council at a future date. Dr. Archambault asked why the faculty opposed it. Dr. Hansen suggested that the faculty were disturbed by the change that the post-tenure review would be put upon them immediately upon receipt of the trigger and no time would be given for them to address the problems causing the post-tenure review that were raised. Dr. Nissen said the "reduction of salary" which can occur (health center policy) to a faculty after all appeals are exhausted was a cause for concern brought forth by the faculty. Dr. Archambault asked if this was something that could be reconsidered. Dr. Liang said yes, we think it could be revisited to get to a new set of bylaws on post tenure review. We currently have effective bylaws on post-tenure review with procedures of how to deal with post tenure review. Dr. Archambault asked Dr. Hansen if the Oversight Committee would be willing to revisit this topic. Dr. Hansen said yes, absolutely. Dr. MacNeil mentioned that we have a post-tenure review process that needs to be respected during the timeframe it takes to improve it. As a word of caution, he said he's concerned that the bylaws are becoming so prescriptive –making them difficult to comply with and also limits the ability of deans and others to create policies and procedures around them to actually implement them. Dr. Liang concurred with Dr. MacNeil's comment on the bylaws. Dr. Archambault said he looks forward to hearing more on this topic.
- b. **School of Medicine Junior Rank Promotions (Dr. Bruce T. Liang)** Dr. Liang presented the junior rank promotions listed on pages 81-82 in the materials.
- c. **Update on the Aetna Health Professions Partnership Initiative to diversify the student body (Dr. Marja Hurley).** Dr. Hurley gave her presentation listed on pages 83-100 in the materials. UConn was one of ten medical schools in the United States to be selected to begin a pilot program to see what we could do about the low number of underrepresented minorities in the Hartford area who are seeking health professions

careers so UConn developed the HPPI program. Joel Freedman asked about the distribution of students from Hartford area. Majority are from Hartford, but some are from surrounding areas. Sandy Cloud thanked Dr. Hurley for her report and work. Sandy Cloud asked if funding is our only limitation and Dr. Hurley agreed. Wayne Rawlins thanked Dr. Hurley for her work in this program and applauded her for the good work she's done. Dr. MacNeil encouraged everyone to attend the functions we have on campus for the HCOP program. Dr. Liang congratulated Dr. Hurley and gave his thanks for Dr. Hurley's wonderful effort over the years. We rely on her and the program to get the students into the medical and dental schools. Faculty are recognized for their service to the program, all funding is available for the students, while none is paid to faculty. Joel Freedman asked where we advertise HCOP. Dr. Hurley responded that she speaks about it, but we could be more proactive in getting the word out on this initiative to generate promotion on this. We could be doing more to promote it.

- d. GME Annual Report (Dr. Steven Angus) Dr. Angus introduced himself as the new DIO and presented the annual report. Joel asked about the exit surveys and when they were completed. Dr. Angus said the surveys were completed in 2015. This does not reflect feedback on the new hospital tower. We lost points on EMR, that we are the only hospital not currently be used. The walk from the parking to the work location also negatively affected us. Joel asked about the salaries...are we required to keep salaries at the 50th percentile. Dr. Hurley asked about the low score for JDH on the exit survey (page 157). Dr. Angus felt that the residents did not have the opportunity to develop a feeling of community like those in the primary care internal medicine program based at HOCC. Dr. Hurley asked if we have house staff centered mostly at JDH. Dr. Angus said no. Dr. Liang thanked Dr. Angus and the entire GME team for a job well done. Dr. Archambault congratulated and thanked Dr. Angus.

With the conclusion of the agenda items, Dr. Archambault adjourned the meeting.

Next Regularly Scheduled Meeting

September 6, 2017

10 a.m. – 12 p.m.

HR Training Room, 16 Munson Road, Farmington, CT

Time: 2:00 – 4:00 PM

Location: Munson Training Room, Munson Rd.

Present (Voting): Mr. Richard Barry (Dial-in), Dr. Robert Fuller, Dr. David McFadden, Dr. Joseph Palmisano, Dr. Wayne Rawlins (dial-in), Teresa Ressel (Dial-in), Dr. David Shafer, Dr. Susan Tannenbaum

Present (Non-Voting): Ms. Debra Abromaitis, Dr. Andrew Agwunobi, Dr. Scott Allen, Ms. Grace Boucher, Ms. Lisa Danville, Ms. Margaret DeMeo, Ms. Nancy Dupont, Ms. SueEllen Goodrich, Ms. Anne Horbatuck, Ms. Beata Labunko, Dr. Denis Lafreniere, Mr. Kevin Larsen, Ms. Mary Laucks, Dr. Steven Lepowsky, Dr. Mark Metersky, Ms. Marilyn Molnar, Ms. Sarah Oravec, Dr. Ronald Preston, Ms. Denise Purington, Mr. Daniel Ray, Dr. Richard Simon, Dr. Scott Wetstone, Chief Counsel Brian White, Dr. Leo Wolansky

Guests: Jane Presnick-Lyons, Michelle Tardiff, Fiona Campbell Furlong, Elizabeth Grala, Joan Galvin Matus, Marie Sudsbury

Excused (Voting): Ms. Cheryl Chase

Excused (Non-Voting): Ms. Ann Marie Capo, Ms. Anne Diamond, Dr. Cheryl Oncken

Dr. David Shafer called the meeting to order at 2:02 p.m.

1. Public Comment

- a. No comment

2. Chair's Remarks

- Dr. Shafer announced achievement of "A" rating for high level of patient safety by Leapfrog. John Dempsey Hospital is one of five hospitals to receive this award and the 3rd time awarded an "A" letter grade.

2.1 Minutes of the Clinical Affairs Subcommittee Meetings

A motion was made and seconded to recommend that the Clinical Affairs Subcommittee approve the minutes of the Clinical Affairs subcommittee meeting held on February 23, 2017. The minutes of the Special Clinical Affairs Subcommittee Credentialing meetings held on February 21, 2017, March 21, 2017 and April 18, 2017.

3. Executive Vice President Comments

Dr. Andrew Agwunobi, Executive Vice President for Health Affairs

- Discussed overview of Finances
- Framework for SEBAC agreement is underway
- Timeframe is between 30-45 days
- Unions will oversee agreement

4. John Dempsey Hospital (JDH) Operations Update

4.1 CEO Report- JDH

Dr. Scott Allen, Medical Director of Clinical Effectiveness and Patient Safety, discussed the following operations update in Anne Diamond's absence:

- The Serious Safety Event rate decreased to 0.09.
- Inpatient discharges are ahead of last year by 3%.
- Environment of Care visit schedule in early June
- Congratulations to the seven nurses awarded Nightingales in May during Nurses Week
 - Jane Presnick-Lyons
 - Michelle Tardiff
 - Fiona Campbell Furlong
 - Elizabeth Grala
 - Joan Galvin Matus
 - Marie Sudsbury
 - Ann Marie Capo
- Environment of Care Delegation of Authority was approved by the Board for:
 - Safety Officer: Stephanie Makar
 - Director of Quality, Regulatory Compliance & Patient Support, Deb Abromaitis, RN, BSN, MS
 - Radiation Safety Officer, James Fomenko, CHP
 - Hazardous Materials, Steven Jacobs, BSCHE, IH, HEM
 - Epidemiology, Nancy Dupont, RN, MPH
 - Security, Chief Joseph Curreri
 - Fire Safety, Chief James Brown
 - Laser Safety Officer: Gail Larkin
- The Board voted and approved Dr. Leo J. Wolansky as Diagnostic Imaging and Therapeutics Chief of Service.

Dr. Andrew Agwunobi thanked and recognized Dr. Joseph Palmisano for his all his achievements and great work. He also announced on behalf of President of UConn and leadership, it's been an honor and pleasure to work with Dr. Palmisano.

Dr. Scott Allen was pleased to add Dr. Palmisano worked as the ICU Director since 2000 and President of Medical Staff.

4.2 Quality Report

Dr. Scott Allen, Medical Director of Clinical Effectiveness and Patient Safety, discussed the following quality updates:

- JDH received one of five Leapfrog "A" ratings in the state.
- An overview of the patient safety survey results were reviewed.
- SSER reviewed trend – lowest rate to date.
- An overview of the QAPI Committee was discussed:
 - Grievance Committee Charter in development
 - New Radiation Safety Committee
 - Hospital-acquired C. diff action plans – new testing algorithm
 - Code Blue/Rapid Response Team Review Committee
- Reviewed DPH reportable events - highlights – high retention of foreign objects, better than state historically, 2016 – no falls with injuries
- Consumer reports – tied as 2nd for the State
- HCAHPS – Doctor communication and likelihood to recommend performance trends reviewed.

- JDH Safety Culture Survey – discussed; Action plan to include leadership rounding and greater feedback to staff
- Postop UTI rate at target; postop pneumonia rate near target
- Sepsis readmission rate better than State for last 3 consecutive months
- Hospital acquired infection rates reviewed:
 - Overall improved SSI: Colon, CAUTI, and C. diff
 - CLABSI continues to be above national mean

4.3 Nursing Service Update

Ms. Sue Ellen Goodrich, Director of Magnet Journey, shared the following Nursing Department update:

- In early May, the nursing division held a seminar titled, “Writing Essentials for Publication Workshop.”
- In September 2017, there will be a nursing research fellows program to advance interest in nursing research.
- Nursing Week was held in early May
- Nurses Week Awards and Recognition:
 - 25 nurses graduated with BSN or advanced degrees; MSN and DNP
 - 44 nurses received certification in the clinical specialty area
 - 4 nurses advanced to CN III
 - Nightingales were recognized
- Efforts in Shared Governance Council Teams continue.

5. EPIC Update (Clinical)

Denise Purington, Interim CIO, provided an update on the EPIC project:

- Announced HealthOne EMR project one year to Go-live date of April 28, 2018
- Completed four waves of the system
- Mass Migration which was scheduled to happen over two week period, was accomplished in two days
- Phase testing being held now through April 27, 2018
- Next milestone is to develop training plan; 3,000 employees to train prior to EPIC Go-Live in a 6-8 week window; Recruiting 40+ trainers
- Project leadership: Dr. Dierks Stanley, CMIO and Mr. Bryan Kerr, Interim AVP for UConn Health One

6. UConn Medical Group Operations Update

Ms. Anne Horbatuck provided an operations update:

Acknowledged awards and recognitions:

- Dedication of Ophthalmology waiting room - Donated 1.3 million towards eye research
- Get with the Guideines Gold – Received Honor Roll award
- Reviewed CGCAHPS – Office Staff Quality and Provider Listens Carefully – Faces of Possible Posters located in clinics
- “Welcome” reception scheduled in September for 13 new providers beginning between now and September
- Announced new addition – Practice Relations liaisons in Marketing and Communication
- Receiving positive responses on “Text Messaging” program to confirm appointment via text messaging or option to cancel; approximately 40 patients per day responding
- Installation an upgrades in the Outpatient Pavilion began this quarter, completed in early May

- Finalization of building hours, elevator lock down times and communication plan to occur by the end of May
- Security system changes to Storrs, Southington, East Hartford and West Hartford to be completed by early July
- Financial Improvement Plan 2.0 updated on target for Outpatient Pavilion areas
- Pay for Performance – FY 16: \$87,500, FY 17: \$100,000
- Meaningful Use revenue – For YTD FY 17, UMG collected \$412K in MU incentive payments

Dr. Denis Lafreniere, Associate Dean for Clinical Affairs/Medical Director, UConn Medical Group provided an operations update:

- Provided an update for FY18 goals
- YTD actual encounters are better than budget.
- MIPS Monitor – currently working toward potential bonus dollars, up to an estimate of \$800,000
- Progress of organizational goals was reviewed for quality, service, people, finance, and growth

7. School of Dental Medicine

Dr. Steven Lepowsky, Senior Associate Dean for Education and Patient Care, School of Dental Medicine, provided a School of Dental Medicine update:

- YTD activity remains on target to budget
- Total visits YTD slightly positive
- Over financials are positive
- Evening sessions reduced to two nights per week from June through September
- Payor mix continues to improve
- Volume and revenue at Storrs Dental continues to increase

8. Additional Information

2017 Clinical Affairs Subcommittee Meetings:

8/24/17

11/30/17

Adjournment

There being no further business, the meeting was adjourned at 3:14 pm.

Respectfully submitted,



Anne Diamond, JD, CNMT
Chief Executive Officer

Next Regularly Scheduled Meeting

Thursday, August 24, 2017
2:00 pm – 4:00 pm
Munson Training Room
Munson Road Building

Time: 3:25 – 3:45 pm

Location: Munson Training Room, Munson Road Building

The meeting was called to order by Dr. Scott Allen at 3:25 pm

I. Public Comment

There was no public comment.

Executive Session 1

At 3:26PM, the Committee voted, upon motion made and seconded, to go into Executive Session, pursuant to Section 1-210(b)(1) of the General Statutes, to discuss preliminary notes and drafts related to quality improvement in the hospital having determined that the public interest in withholding such documents clearly outweighed the public interest in disclosure.

Attendance:

Present (Voting): Mr. Richard Barry (via conference call), Dr. Wayne Rawlins (via conference call), Dr. David Shafer, Dr. Robert Fuller, Dr. Susan Tannenbaum, Dr. David McFadden, Dr. Joseph Palmisano

Topic 1 Guests:

Ms. Debra Abromaitis, Dr. Andrew Agwunobi, Dr. Scott Allen, Ms. Sue Ellen Goodrich, Mr. Kevin Larsen, Ms. Mary Laucks, Dr. Richard Simon, Dr. Scott Wetstone, General Counsel Brian White

II. Adjournment

At 3:45 pm the Committee went out of Executive Session and upon motion made and seconded, voted to adjourn the meeting.

Respectfully submitted,



Anne Diamond, JD, CNMT
Chief Executive Officer

John Dempsey Hospital
 Summary of Key Inpatient and Ancillary Indicators
 Mar YTD FY 17

<u>Inpatient Indicators</u>	<u>Mar YTD FY 17</u>	<u>Prior Year to Date</u>	<u>Variance</u>	<u>% Variance</u>
Admissions	6,895	6,712	183	2.7%
Discharges	6,887	6,711	176	2.6%
Patient Days	29,056	27,827	1,229	4.4%
ALOS	4.2	4.2	0.1	1.2%
Average Daily Census	106.0	101.2	4.9	4.8%
Observation Days	1,649	1,273	376	29.5%
<u>Key Ancillary Services *</u>	<u>Mar YTD FY 17</u>	<u>Prior Year to Date</u>	<u>Variance</u>	<u>% Variance</u>
ED Visits	25,166	24,036	1,130	4.7%
Surgical Cases	6,805	7,109	-304	-4.3%
UConn Medical Group Encounters	493,576	502,271	-8,695	-1.7%
	<u>525,547</u>	<u>533,416</u>	<u>-7,869</u>	<u>-1.5%</u>

* Key ancillary indicators include both inpatient and outpatient volume.

UConn Health Board of Directors Meeting, June 19, 2017
Joint Audit and Compliance Committee (JACC) Report

JACC met on May 16, 2017

1. Internal Audits

- JACC reviewed and accepted nine audits, three were specific to UConn Health, five were specific to UConn and one was applicable to both campuses. Action plans are in place to address the recommendations. Follow-up activity is ongoing.

2. Compliance Activities - UConn Health

- Department of Health and Human Services Office of Inspector General Work Plan –Work Plan items of key importance have been sent to UConn Health stakeholders responsible for oversight of identified risks areas. Stakeholders are currently assessing the adequacy of the internal controls that have been implemented to mitigate risk. OACE Compliance is also monitoring compliance with selected high risk areas.
- Overpayment Refunds – Refunds were processed for billing errors related to services already reimbursed under the surgeon’s global surgery payment and for certain Pharmacist services
- New Compliance Committees – The Finance Compliance Committee (UHFCC) has been initiated. The UHFCC’s purpose is to advise the UConn Health Compliance Work Group regarding activities that assure achievement of the necessary compliance with the revenue cycle for clinical services. The Information Security and Privacy Governance Committee (ISPG) is being developed. ISPG’s purpose will be to advise and recommend to the EVP for Health Affairs and the Compliance Work Group an information security and privacy program that achieves the necessary confidentiality of UConn Health information and data. The Committees will provide periodic updates to the JACC.
- Electronic Medical Record (EMR) Project – UConn Health has been working with Epic Systems Corporation to implement a comprehensive EMR, referred to as HealthONE. OACE Compliance and Privacy are providing subject matter expertise to the project.

3. HealthONE EMR - Project update was provided by UConn Health’s Interim Chief Information Officer. Overall budget tracking is on target. Planned go-live date is April 28, 2018.

4. External Audit Engagements

- UCONN 2000 Engagement. CohnReznick presented the audit of substantially complete projects for the year ended June 30, 2016 and agreed upon procedures on FY 2016 expenditures. The auditors issued an unqualified (clean) opinion and no material weaknesses or significant deficiencies in internal controls were identified.
- Statewide Single Audit. Auditors of Public Accounts presented the audit of the UConn and UConn Health’s Federal Research and Development Programs and UConn’s Federal Financial Assistance Programs for the year ended June 30, 2016. No material weaknesses in internal controls were identified. For UConn Health there were no findings or recommendations related to the administration of Federal Research and Development Programs. For UConn, actions plans are in place to address the recommendations.

The next JACC meeting is scheduled for September 14, 2017.