

# **UConn HEALTH**

**May 24, 2018**

## **Clinical Affairs Subcommittee**

**2:00 pm**

## **Peer Review Committee**

**2:45 pm**

**HR Training Room  
Munson Road**



**Board of Directors  
Clinical Affairs  
Subcommittee**

**Agenda**

May 24, 2018

2:00 pm

Munson Road Training Room  
16 Munson Road

	<b>Time</b>
1 Public Comment	2:00
2 Chair's Remarks - Ms. Cheryl Chase	2:05
2.1 Welcome	
2.2 Approval of Minutes	
2.2.1 February 22, 2018 [vote]	
3 Chief Executive Officer's Report - Dr. Andrew Agwunobi	2:10
4 Quality Reports	
4.1 UConn John Dempsey Hospital - Dr. Scott Allen	2:25
4.1.1 JC Environment of Care Readiness – Kevin Higgins	
4.1.2 JC Clinical Care Readiness - Deb Abromaitis	
4.2 UConn Medical Group – Anne Horbatuck, Dr. Denis Lafreniere	
5 EPIC update – Bruce Metz	2:45
6 School Reports	2:50
6.1 School of Dental Medicine - Dr. Steven Lepowsky	
7 Additional Information	2:55

**NEXT REGULARLY SCHEDULED MEETING**

**August 23, 2018 at 2:00 pm  
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.

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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

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# UCONN HEALTH

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UCONN JOHN DEMPSEY  
HOSPITAL

**TO: Members of the Clinical Affairs Subcommittee of the  
UCHC Board of Directors**

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

**DATE: May 24, 2018**

## **Recommendation**

That the Clinical Affairs Subcommittee approves the minutes of the Clinical Affairs Subcommittee meeting held on February 22, 2018; and the minutes of the Special Clinical Affairs Subcommittee Credentialing meetings held on February 20, 2018, March 20, 2018 and April 17, 2018.

## **Background**

The minutes are contained in the meeting packet.

- 1 Cheryl Chase, Chairman, called the meeting to order at 2:00 pm
  - 1.1 No public comment
- 2 Chair's remarks
  - 2.1 ***The Clinical Affairs Subcommittee unanimously approved the motion to accept the minutes of the subcommittee meeting held on November 30, 2017***

- 3 Chief Executive Officer Report – Dr. Andrew Agwunobi

Dr. Agwunobi provided the following comments:

Dr. Scott Allen has been appointed Chief Quality Officer for the hospital. He also holds the title of Medical Director of Quality. As Chief Quality Officer he will have more influence and a larger scope of activity as we move forward with quality.

UConn Health Finances: John Dempsey Hospital and UConn Medical Group are ahead of budget by \$7.4 million as of January 31<sup>st</sup>. In the clinical area we are about \$4.9 million ahead of budget with a breakdown of UMG being at about \$120,000 ahead of budget and the hospital is the remaining \$4.4 million ahead of budget.

Institutional support is ahead of budget about \$50,000, while research is also still ahead of budget. The school of dental medicine is at about \$1.3 million ahead of budget and the school of medicine is also ahead of budget.

This is primarily driven by increased volume of patients both in the hospital and in UMG. UMG's encounters are about 4% ahead while the RVU's are about 1% ahead of budget and about 8.3% over of last year. This is with approximately the same number of providers. JDH is ahead of budget on both inpatient and outpatient activity. For example discharges were about 3% ahead of budget while being 7.6% ahead of last year. In addition UConn as a whole is keeping our costs down.

The focus is also on patient experience with a plan to hire an AVP or VP of patient experience to ensure that every patient that comes in gets the care that surpasses every expectation. Currently, we do handle patient complaints very well. But we are a little bit re-active rather than pro-active mainly due to the fact that we don't have enough service people in place on the front line.

We also focused on physician and employee engagement. We recently had our second annual engagement survey for employees and physicians. The first survey that was done in 2016 we scored overall 3.67 over a total of 5 for our organization. That has moved to 3.72 over 5. Small increases are very meaningful on a scale of that type. In addition we had more participation from our employees over all.

#### 4 Quality Reports

##### 4.1 UConn John Dempsey Hospital (JDH) – Dr. Scott Allen

Dr. Allen reported on recent scores of the HCAHPS test areas such as serious safety events. The hospital is averaging as good as or better than other Connecticut hospitals overall.

UConn John Dempsey Hospital received a score of A on the Leapfrog assessment for fall of 2017.

Dr. Allen reported on CMS data collected from the HCAHPS (Hospital Consumer Assessment of Hospitals, Providers, and Systems) surveys that are sent to patients following discharge.

- Nurse Communication is now well above the targeted goal of 75% for the 4<sup>th</sup> quarter of 2017.
- A new program called “No Pass Zone” has been initiated in the hospital. The new program in If you are passing a room where someone needs assistance – go in, do not pass by.
- Likelihood to recommend the hospital is now at the 99 percentile

Dr. Allen also reported that the Viziant Mortality Index is tracking right around the median of the top 25 hospitals. Programs are in place to improve these numbers.

The proposed 2018 JDH Quality and Safety Goals were reviewed which included the discussion of adding monitoring of hospital cases of sepsis as a sixth goal. *The board made the decision to continue monitoring the five areas below and add sepsis as a sixth area.*

1. Decrease the hospital-acquired *C. diff* infection rate
2. Decrease Catheter-Associated UTI (CAUTI) rate
3. Decrease Falls with injury
4. Decrease the all-cause readmission rate
5. Improve HCAHPS for Staff Responsiveness

Next Dr. Allen reviewed common cause analysis and the process of how safety events are looked at. Reviewing the safety events summary of data results in either assigned to a root cause analysis (RCA) or an apparent cause analysis (ACA). The reviews look at themes related to type of activity and process, type of individual errors, and system factors. The target process of specimen collection and key activity of performing the double check was to reinforce education regarding use of ‘STAR’.

- Stop** Pause for 1-2 seconds to focus attention on the task at hand
- Think** Consider the action you are about to take
- Act** Concentrate and carry out the task
- Review** Check to make sure the task was done correctly

##### 4.1.2 Environment of Care – Kevin Higgins

Mr. Higgins reported that the Environment of Care Committee and its subcommittees have been meeting monthly. The risk assessments against the 140 elements of performance have been completed. From that, a list of 96 items was created to work on. Of that list about 40 have been completed, and the remaining outstanding items have been listed in order of importance. Mr. Higgins reviewed the list of top high priority outstanding items with the group explaining the planned follow up for each.

#### 4.2 UConn Medical Group – Dr. Denis Lafreniere

Dr. Lafreniere reported that UMG recently received IAC accreditation for our Vascular testing in the Calhoun Cardiology Center, we have expanded our dermatology presence now in Storrs, and we now have psychiatric care and Ob/Gyn care in the Canton facility.

UMG now have 46 doctors on the “best doc” list and that has been relatively consistent over the years. There was a nice provider/networking day in September where the new provers and the established docs got to meet and get to know each other. Dr. Lafreniere showed a slide listing of some of the newer doctors including primary care docs and surgeons. With the addition of the new surgeons, we have had over 700 more surgeries at the health over what was done last year.

The RVU's are up 7% and encounters are up 5% over last year bringing us slightly ahead of budget. We are seeing more patients this year and the overall doctor approval rating is up. From a quality perspective we have some pay for performance programs with Anthem. As of January we will be listed as one of their preferred providers. We also have a new pay for performance program with United also and we are working to become a preferred provider for the Husky Program as well. Our score for the MIPS program was 101 for this year which should entitle us to receive a positive payment during 2019. We are working to establish a better population health program. We have established a strategic committee to overview our population health initiatives, we have a joint committee as well with the hospital and the ambulatory. We are working to become a patient center medical home. We are looking to bring in a Vice President of Population Health.

Recently a patient safety culture survey was done recently with the results showing a positive change of 14% improvement. The question was asked on the progress of decreasing the number of dropped calls. Dr. Lafreniere explained that plans have been put in action to reduce the number of dropped calls; including bringing in an outside firm to assist in answering. Dr. Agwunobi added that he will bring the report to the next meeting to show results of the work.

#### 5. EPIC (UConn HealthOne) update – Bruce Metz

Considerable progress has been made toward the April 28 go-live. Major projects areas have been improved and strengthened including our implementation approach, project Management, governance, training, reporting testing and a range of technical activities. The critical work now revolves around getting the organization ready for Health One. In preparation over 100 go live risks have been identified with action plans designed for each. The activation partner has been selected and we are now preparing an activation plan. Our key next steps include a number of items including finalizing outstanding billed items, testing, work flow issues, operational changes that are essential to go live, executing a number of action plans as a result of the outcome of previous assessments. Conducting training programs for over 400 super-users and 4000 end users for over the next 8 weeks. A technical dress rehearsal will be conducted which will involve connecting about 3500 devices to the system. In addition a command center will be set up with swat teams prepared and ready to be deployed to problem areas once we have gone live. The task at hand will require the organization to have a real laser focus to the task at hand.

#### School Reports

##### 5.1 School of Medicine, Graduate Medical Education – Dr. Kiki Nissen

The School of Medicine is going through accreditation with the representatives from the LCME arriving in approximately two weeks' time.

UConn's Graduate Medical Education Program was selected to participate in the Patient Safety Collaborative” which is a national collaborative through our accrediting organization, ACGME. UConn was one of ten institutions picked to help bridge the gap in patient safety between the hospitals and the resident workforce. Dr. Allen is working with the GME office on this program.

Dr. Nissen reviewed the results of feed back received from approximately 200 graduating residents and fellows rating their experiences in six different hospitals. The survey questions are reviewed with regard to over 26 areas. UConn Health received the largest number of positive comments about faculty and teaching across programs. The University Tower was rated clean, organized, excellent. Some areas for improvement included parking (the distance, poor lighting, walking in ice/snow in winter), not enough call rooms, cafeteria not open 24 hours, and availability of computers (too few or other users)

#### 5.2 School of Dental Medicine – Dr. Steven Lepowsky

Dr. Lepowsky reported that the dental school recently hosted a regional clinical licensure exam for the fourth year students and residents. There were considerable adjustments in accommodations that needed to be made in order to administer the exam in light of the ongoing renovations. Dr. Lepowsky acknowledged the efforts of the facilities, campus planning the police department and IT in doing an incredible job in a very short time to enable a smooth administration of the exam.

Dr. Lepowsky provided an update of the activities at Connecticut Children’s Medical Center. The dental school has provided dentistry at CCMC since the facility opened. This serves as the primary home for our pediatric dentistry program. In January the school was notified that pediatric dentistry needed to relocate off the CCMC campus. The decision has been made to consolidate all of our pediatric dentistry into the 65 Kane Street facility while still maintaining our relationship with CCMC to provide services. The school is in the process of revising the affiliation agreement with CCMC to ensure the relationship remains strong.

At 3:17 p.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.

At 4:05 pm Executive Session ended. There being no further business, the meeting was adjourned at 4:08 pm.

Respectfully submitted,

Andrew Agwunobi, MD, MBA  
Chief Executive Officer,  
John Dempsey Hospital

**Attendees:** Mr. Richard Barry (phone), Ms. Cheryl Chase, Dr. David McFadden, Dr. Robert Fuller, Dr. Daniel McNally, Dr. David Shafer, Dr. Susan Tannenbaum

#### **Next Regularly Scheduled Meeting**

Thursday, May 24, 2018  
2:00 pm – 4:00 pm  
Munson Training Room  
Munson Road Building

**Time:** 12:16 p.m. to 12:53 p.m.

**Location:** LM050

**Present (Voting):** R. Barry (by phone), C. Chase (by phone), D. McFadden, D. McNally (by phone), W. Rawlins (by phone), T. Ressel (by phone) and D. Shafer

**Present (Non-Voting):** M. Debowska, A. Kaplan, J. Kennelly, K. Sibley and R. Simon

Cheryl Chase, Chair, called the meeting to order at 12:16 p.m.

#### MINUTES

1. **Minutes of January 16, 2018:** Motion was made and seconded (McFadden/Barry) to approve the minutes as presented. Motion was unanimously approved.
2. **Public Comment:** There was no public comment.
3. **Executive Session:** Motion was made and seconded (McFadden/Rawlins) at 12:16 p.m. to enter into executive session for discussion concerning the personnel or medical files and similar files the disclosure of which would constitute an invasion of personal privacy. The affected practitioner(s) were notified of the potential discussion and did not require that it be held during the open session of the meeting. Voting members present during executive session were R. Barry (by phone), C. Chase (by phone), D. McFadden, D. McNally (by phone), W. Rawlins (by phone), T. Ressel (by phone) and D. Shafer.
4. **Return to Open Session:** The Subcommittee returned to Open Session at 12:50 p.m.
5. **Chief of Staff Report:** Dr. Simon reported that there were four FPPEs with two extensions because of limited clinical activity and forty-one OPPEs with no issues.
6. **Applications:** Motion was made and seconded (Shafer/McFadden) to table the application of John Bodenhamer, M.D., pending additional information and to approve the remaining applications for initial appointment, reappointment, temporary privileges, changes to the privilege control list, and outcomes of the focused professional practice evaluation and ongoing professional practice evaluation processes. The motion was unanimously approved.
7. **Adjournment:** Motion was made and seconded (McFadden/Ressel) at 12:53 p.m. that the meeting be adjourned. The motion was unanimously approved.

#### **Next Regularly Scheduled Meeting**

Tuesday, March 20, 2018  
12:15 p.m.  
LM-050

**Time:** 12:17 p.m. to 12:30 p.m.

**Location:** LM050

**Present (Voting):** R. Barry (by phone), C. Chase (by phone), D. McFadden, D. McNally, W. Rawlins (by phone), and S. Tannenbaum (by phone)

**Present (Non-Voting):** M. Debowska, A. Kaplan, K. Sibley, R. Simon and L. Wolansky (by phone)

Cheryl Chase, Chair, called the meeting to order at 12:17 p.m.

#### MINUTES

1. **Minutes of February 20, 2018:** Motion was made and seconded (McFadden/Barry) to approve the minutes as presented. Motion was unanimously approved.
2. **Public Comment:** There was no public comment.
3. **Executive Session:** Motion was made and seconded (McFadden/Tannenbaum) at 12:17 p.m. to enter into executive session for discussion concerning the personnel or medical files and similar files the disclosure of which would constitute an invasion of personal privacy. The affected practitioner(s) were notified of the potential discussion and did not require that it be held during the open session of the meeting. Voting members present during executive session were R. Barry (by phone), C. Chase (by phone), D. McFadden, D. McNally, W. Rawlins (by phone), and S. Tannenbaum (by phone).
4. **Return to Open Session:** The Subcommittee returned to Open Session at 12:28 p.m.
5. **Chief of Staff Report:** Dr. Simon reported that there were eight FPPEs with three extensions because of limited clinical activity and four OPPEs with no issues.
6. **Applications:** Motion was made and seconded (McFadden/Tannenbaum) to approve the applications for initial appointment, reappointment, temporary privileges, and outcomes of the focused professional practice evaluation and ongoing professional practice evaluation processes. The motion was unanimously approved.
- 7.
8. **Adjournment:** Motion was made and seconded (McFadden/McNally) at 12:30 p.m. that the meeting be adjourned. The motion was unanimously approved.

#### **Next Regularly Scheduled Meeting**

Tuesday, April 17, 2018

12:15 p.m.

LM-050

**Time:** 12:16 p.m. to 12:20 p.m.

**Location:** LM050

**Present (Voting):** R. Barry (by phone), C. Chase (by phone), R. Fuller, D. McFadden (joined meeting at 12:18 p.m.), D. McNally (by phone) and S. Tannenbaum.

**Present (Non-Voting):** J. Kennelly, K. Sibley and R. Simon

Cheryl Chase, Chair, called the meeting to order at 12:16 p.m.

#### MINUTES

1. **Minutes of March 20, 2018:** Motion was made and seconded (Barry/McNally) to approve the minutes as presented. Motion was unanimously approved.
2. **Public Comment:** There was no public comment.
3. **Executive Session:** Motion was made and seconded (Tannenbaum/McNally) at 12:17 p.m. to enter into executive session for discussion concerning the personnel or medical files and similar files the disclosure of which would constitute an invasion of personal privacy. The affected practitioner(s) were notified of the potential discussion and did not require that it be held during the open session of the meeting. Voting members present during executive session were R. Barry (by phone), C. Chase (by phone), R. Fuller, D. McFadden (joined meeting at 12:18 p.m.), D. McNally (by phone) and S. Tannenbaum (by phone).
4. **Return to Open Session:** The Subcommittee returned to Open Session at 12:18 p.m.
5. **Chief of Staff Report:** Dr. Simon reported that there were eight FPPEs with three extensions and 56 OPPEs with no outliers. He also reported that another round of OPPEs will begin in the near future.
6. **Applications:** Motion was made and seconded (Credentials Committee/Medical Board) to approve the applications for initial appointment, reappointment, temporary privileges, and outcomes of the focused professional practice evaluation and ongoing professional practice evaluation processes. The motion was unanimously approved.
7. **Adjournment:** Motion was made and seconded (Fuller/Tannenbaum) at 12:20 p.m. that the meeting be adjourned. The motion was unanimously approved.

#### **Next Regularly Scheduled Meeting**

Tuesday, May 15, 2018

12:15 p.m.

LM-050

## **Agenda Item #7**

*Additional Information*

*Key Statistical Indicators*

*Minutes, Medical Board Meetings*

- *February 20, 2018*
- *March 20, 2018*
- *April 17, 2018*

*Dates for 2018  
Clinical Affairs Subcommittee Meetings*

- *August 23, 2018*
- *November 29, 2018*

John Dempsey Hospital  
 Summary of Key Inpatient and Ancillary Indicators  
 Mar YTD FY 18

<u>Key Inpatient Indicators</u>	<u>Mar YTD FY 18</u>	<u>Prior Year to Date</u>	<u>Variance</u>	<u>% Variance</u>
Admissions	7,485	6,895	590	8.6%
Discharges	7,467	6,887	580	8.4%
Patient Days	31,358	29,056	2,302	7.9%
ALOS	4.10	4.23	-0.13	-3.1%
Average Daily Census	114.4	106.0	8.4	7.9%

<u>Key Ancillary Services</u>	<u>Mar YTD FY 18</u>	<u>Prior Year to Date</u>	<u>Variance</u>	<u>% Variance</u>
ED Visits	26,837	25,166	1,671	6.6%
Surgical Cases (excl pain mgt cases)	7,270	6,805	465	6.8%
UConn Medical Group Encounters	514,747	499,060	15,687	3.1%

Key Inpatient Indicators by Medical Unit  
Mar YTD FY 18

	Admissions				Discharges				Patient Days				ALOS (discharged pts)			Average Daily Census		
	Mar YTD FY 18	Prior Year to Date	Var	% Var	Mar YTD FY 18	Prior Year to Date	Var	% Var	Mar YTD FY 18	Prior Year to Date	Var	% Var	Mar YTD FY 18	Prior Year to Date	Var	Mar YTD FY 18	Prior YTD	Var
<b>Med/Surg Units</b>																		
Intermedite	1,389	1,088	301	27.7%	1,080	909	171	18.8%	5,248	4,248	1,000	23.5%	3.60	3.94	-0.34	19.2	15.5	3.6
Oncology	781	841	-60	-7.1%	998	1,014	-16	-1.6%	3,788	3,878	-90	-2.3%	4.55	4.60	-0.04	13.8	14.2	-0.3
ICU	647	541	106	19.6%	144	110	34	30.9%	2,646	2,573	73	2.8%	6.75	7.76	-1.01	9.7	9.4	0.3
Medicine	1,121	1,141	-20	-1.8%	1,489	1,435	54	3.8%	5,797	5,411	386	7.1%	4.59	4.45	0.14	21.2	19.7	1.4
Surgery	1,595	1,498	97	6.5%	1,719	1,564	155	9.9%	5,267	4,874	393	8.1%	3.32	3.38	-0.06	19.2	17.8	1.4
<b>Subtotal Med Surg</b>	<b>5,533</b>	<b>5,109</b>	<b>424</b>	<b>8.3%</b>	<b>5,430</b>	<b>5,032</b>	<b>398</b>	<b>7.9%</b>	<b>22,746</b>	<b>20,984</b>	<b>1,762</b>	<b>8.4%</b>	<b>4.04</b>	<b>4.13</b>	<b>-0.08</b>	<b>83.0</b>	<b>76.6</b>	<b>6.4</b>
<b>Non Med/Surg Units</b>																		
Maternity	685	610	75	12.3%	684	610	74	12.1%	2,127	1,873	254	13.6%	3.06	3.06	0.00	7.8	6.8	0.9
Newborn Nurseries	503	439	64	14.6%	502	438	64	14.6%	1,067	942	125	13.3%	2.12	2.14	-0.02	3.9	3.4	0.5
Psych 1	575	559	16	2.9%	572	560	12	2.1%	4,392	4,372	20	0.5%	7.41	7.91	-0.50	16.0	16.0	0.1
Med/Surg 5	189	178	11	6.2%	279	247	32	13.0%	1,026	885	141	15.9%	4.63	4.62	0.00	3.7	3.2	0.5
<b>Subtotal Specialty</b>	<b>1,952</b>	<b>1,786</b>	<b>166</b>	<b>9.3%</b>	<b>2,037</b>	<b>1,855</b>	<b>182</b>	<b>9.8%</b>	<b>8,612</b>	<b>8,072</b>	<b>540</b>	<b>6.7%</b>	<b>4.26</b>	<b>4.51</b>	<b>-0.25</b>	<b>31.4</b>	<b>29.5</b>	<b>2.0</b>
<b>Total</b>	<b>7,485</b>	<b>6,895</b>	<b>590</b>	<b>8.6%</b>	<b>7,467</b>	<b>6,887</b>	<b>580</b>	<b>8.4%</b>	<b>31,358</b>	<b>29,056</b>	<b>2,302</b>	<b>7.9%</b>	<b>4.10</b>	<b>4.23</b>	<b>-0.13</b>	<b>114.4</b>	<b>106.0</b>	<b>8.4</b>

UMG Encounters

Mar YTD FY 18

	Mar YTD FY 18	Prior Year to Date	Change	% Change
<b>Total UMG</b>	<b>514,747</b>	<b>499,060</b>	<b>15,687</b>	<b>3.1%</b>
70090 - UMG Radiology	67,332	62,230	5,102	8.2%
70220 - UMG-Cardiology	42,276	39,104	3,172	8.1%
70100 - UMG-Orthopaedics	40,253	42,588	-2,335	-5.5%
70120 - UMG-General Dermatology	39,372	38,886	486	1.2%
70122 - UMG-Dermatopathology	21,652	23,093	-1,441	-6.2%
70060 - UMG-General OB	19,269	18,178	1,091	6.0%
70201 - UMG-Medical Oncology	18,258	19,147	-889	-4.6%
70050 - UMG-Hospitalists	18,055	16,296	1,759	10.8%
70081 - UMG-Ears, Nose And Throat	13,682	13,559	123	0.9%
70040 - UMG-Internal Medicine	13,366	13,389	-23	-0.2%
70001 - UMG-IMA West Hartford	13,058	11,849	1,209	10.2%
70086 - Anesthesiology Operating Statement	12,847	12,149	698	5.7%
70083 - UMG-Surgery - Ophthalmology	11,961	12,391	-430	-3.5%
70054 - UMG-Family Practice Storrs Center	11,035	8,523	2,512	0.0%
70110 - UMG-Comprehensive Spine Center	10,619	7	10,612	151600.0%
70041 - UMG-General Medicine	10,531	10,105	426	4.2%
70500 - UMG Pathology	10,137	9,980	157	1.6%
70057 - UMG - IMA Southington	9,932	5,784	4,148	71.7%
70160 - UMG-General Neurology	9,219	8,191	1,028	12.6%
70222 - UMG-Pulmonary	8,643	8,881	-238	-2.7%
70140 - UMG-Psychiatry	8,450	9,179	-729	-7.9%
70046 - UMG-Internal Medicine Simsbury	8,158	7,420	738	9.9%
70043 - UMG-Gastroenterology	8,013	8,336	-323	-3.9%
70121 - UMG-MOHS Surgery	7,336	6,891	445	6.5%
70082 - UMG-Surgery - Urology	7,156	6,382	774	12.1%
70045 - UMG-Geriatrics	7,099	6,803	296	4.4%
70000 - UMG-IMA East Hartford	6,003	5,980	23	0.4%
70061 - UMG-Maternal Fetal Medicine	5,924	5,744	180	3.1%
70080 - UMG-Surgery - General	5,886	4,902	984	20.1%
70048 - UMG-Nephrology	5,209	5,175	34	0.7%
70047 - UMG-Endocrine	4,972	4,137	835	20.2%
70102 - UMG-Rheumatology	4,878	5,196	-318	-6.1%
70051 - UMG-Internal Medicine-Canton	4,641	4,949	-308	-6.2%
70103 - UMG-Osteoporosis	4,304	4,110	194	4.7%
70044 - UMG-Infectious Disease	3,797	3,664	133	3.6%
70058 - UMG - Family Medicine	3,313	1,750	1,563	89.3%
70042 - UMG-Occupational Medicine	3,159	3,581	-422	-11.8%
70560 - UMG-ICU	2,079	2,071	8	0.4%
70064 - UMG-OB/GYN Storrs	2,056	2,189	-133	-6.1%
70056 - UMG - IMA Putnam	2,054	4,473	-2,419	-54.1%
70085 - UMG-Vascular Surgery	2,025	1,469	556	37.8%
70104 - UMG-Podiatry	2,014	2,216	-202	-9.1%
70101 - UMG-Neurosurgery	1,126	3,479	-2,353	-67.6%
70084 - UMG-Plastic Surgery	1,116	1,129	-13	-1.2%
70105 - UMG-Orthopedics Storrs Center	655	595	60	10.1%
70521 - UMG-Oral Maxillofacial Pathology	535	2,772	-2,237	-80.7%
All Other	1,292	10,138	-8,846	-87.3%

University of Connecticut Health Center  
 John Dempsey Hospital  
 Medical Board Meeting, February 13, 2018

Topic	Discussion/Conclusion	Recommendation	Action	Follow-up
<b>Call to Order</b>	<p>The meeting was called to order by Dr. Richard Simon, Chair, at 12:00 p.m.</p> <p><u>Voting members present:</u> J. Baldwin, E. Ballesteros, A. Dotur, M. Douglas, R. Fuller, J. Greenfield, T. Lawlor, M. Metersky (for C. Oncken), D. Peterson, M. Sanders, P. Schulman, D. Shafer, K. Shea (for A. Mazzocca), N. Silverstein, R. Simon, L. Song, C. Stevenson, S. Tannenbaum, L. Wolansky and T. Yasuda</p> <p><u>Non-voting members present:</u> A. Agwunobi (by phone) and A. Capo</p> <p><u>Guests present:</u> S. Allen, J. Blumenthal, M. Debowska, J. Gross, A. Kaplan, I. Keating, J. Kennelly, K. Sibley and D. Stanley</p>			
<b>Minutes</b>	Minutes of January 9, 2018 meeting were reviewed.	Motion made and seconded (Peterson/Wolansky) to approve the minutes as presented.	Motion unanimously approved.	Forward minutes to Clinical Affairs Subcommittee.
<b>Hospital CEO Report</b>	None	N/A	N/A	N/A
<b>Chief of Staff Report</b>	None	N/A	N/A	N/A
<b>Chief Nursing Officer</b>	None	N/A	N/A	N/A
<b>Committee Reports</b>	<ul style="list-style-type: none"> <li>• <b>Cancer Committee:</b> December '17</li> <li>• <b>CPR Committee:</b> (<i>Minutes pending November '17</i>)</li> <li>• <b>Critical Care Advisory Committee:</b> August '17 through January '18. Dr. Silverstein reported that the committee is addressing staffing issues.</li> <li>• <b>Health Information Management Committee:</b> November '17. Dr. Stanley reported that the committee is addressing scanning issues related to EPIC and also working with stakeholders on the required timeframe in which notes should be signed (48 hours vs. 72 hours).</li> <li>• <b>Infection Control Committee:</b> November '17</li> <li>• <b>Medical Ethics Committee:</b></li> <li>• <b>Operating Room Committee:</b> December '17. Dr. Gross reported that surgical volume has increased.</li> <li>• <b>Pharmacy, Therapeutics &amp; Medication Safety Committee:</b> (<i>Minutes pending December '17</i>) Dr. Gross reported that Dilaudid is the newest drug in short supply.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion made and seconded (committees) to approve the reports as presented.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion unanimously approved.</li> </ul>	<ul style="list-style-type: none"> <li>• Forward reports to Clinical Affairs Subcommittee.</li> </ul>

University of Connecticut Health Center  
 John Dempsey Hospital  
 Medical Board Meeting, February 13, 2018

Topic	Discussion/Conclusion	Recommendation	Action	Follow-up
<b>Committee Reports (continued)</b>	<ul style="list-style-type: none"> <li>• <b>Quality Resource Management Committee:</b> <i>(Minutes pending January '18)</i> Dr. Allen reported that: the SSER has increased slightly and there has been two RCAs; HCAHPS scores for “Doctor Communication” and “Likelihood to Recommend” are positive; a 3-star rating was awarded to JDH by CMS, which is the same as the previous rating; areas for improvement identified by CMS include measures related to CLABSI, C. diff, cardiac imaging for preoperative risk assessment and endoscopy and polyp surveillance. It was also discussed that an ad hoc peer review subcommittee has been established for a quality review of CMHC medical records and that a “Notify Physician Temperature” was approved by QRM. It was noted by Dr. Stanley that patient temperatures can be displayed in EPIC in both Fahrenheit and Celsius.</li> <li>• <b>Transfusion Committee:</b> <i>(Minutes pending January '18)</i> Dr. Allen reported that the committee is addressing emergency release protocols.</li> </ul>			
<b>New Business</b>	<ul style="list-style-type: none"> <li>• <b>Duration of Bone Density Orders (HAM 06-019):</b> Dr. Simon reviewed the proposed change that orders for bone density scans to be valid for a maximum of fifteen months, which has been requested by the endocrinology division.</li> <li>• <b>Duration of All Annual Orders (HAM 06-019):</b> Dr. Simon indicated that in light of the recent requests for exceptions to the one-year order limit that the Board may consider if <u>all</u> recurring orders for diagnostic tests and treatments should be extended beyond the current one-year limit. Ms. Capo indicated that when revising the policy, it is important to consider if insurance companies will still reimburse for tests older than 1-year.</li> <li>• <b>Physician Health Program (Bylaws Article XXI):</b> Dr. Simon reviewed the proposed Bylaws changes which are being made to comply with the mandatory reporting requirements.</li> <li>• <b>Breast Cancer Screening Guidelines:</b> Dr. Stevenson reported that the Breast Program Leadership Committee (BPLC) has elected to use the ACR screening guidelines and also suggests that the termination of screening be considered when life expectancy falls below 10-years. She also indicated that she is open to suggestions on how to best accomplish the training requirements required by the National Accreditation for Breast Centers (NAPBC).</li> </ul>	<ul style="list-style-type: none"> <li>• Motion made and seconded (Silverstein/Fuller) to approve the proposed change.</li> <li>• N/A</li> <li>• Motion was made and seconded (Shea/Fuller) to approve the changes with the exception of the title. It was agreed to change the title as follows: “Practitioner Health <u>Issues Program</u>”</li> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Motion unanimously approved.</li> <li>• N/A</li> <li>• Motion unanimously approved.</li> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Forward to Hospital CEO and COS for signature of updated policy.</li> <li>• Future agenda item.</li> <li>• Forward for vote at Annual Medical Staff Meeting.</li> <li>• N/A</li> </ul>

University of Connecticut Health Center  
 John Dempsey Hospital  
 Medical Board Meeting, February 13, 2018

Topic	Discussion/Conclusion	Recommendation	Action	Follow-up
<b>New Business</b>	<ul style="list-style-type: none"> <li>• <b>Authentication of APRN and PA Orders in Epic:</b> deferred</li> <li>• <b>Qualification of Radiology Staff:</b> The qualifications of the non-physician radiology positions was distributed. Since the information was unavailable for distribution prior to the meeting, it was agreed to table vote until the next meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Future agenda item</li> <li>• Future agenda item</li> </ul>
<b>Old Business</b>	<ul style="list-style-type: none"> <li>• <b>Newborn Order Set/Nurse-Driven Protocol:</b> Deferred</li> <li>• <b>“Consult Only” Services:</b> Deferred</li> <li>• <b>FPPE Policy &amp; Low-Volume Providers:</b> Dr. Simon reviewed the proposed changes to the policy which 1-defines a low volume practitioner as one with fewer than six procedures or admissions following the one-year extension of their FPPE because of a lack of clinical activity and 2-also requires that their first five cases are proctored. It was discussed that the policy should be expanded to include patient encounters other than only admissions and procedures. It was decided to re-review the policy next month with the addition of such language.</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Future agenda item</li> <li>• Future agenda item</li> <li>• Future agenda item</li> </ul>

Meeting adjourned at 12:43 p.m.

Recorded by,

Submitted by,

John Kennelly, MPH  
 Manager, Medical Staff Office

Richard Simon, MD  
 Chair

University of Connecticut Health Center  
 John Dempsey Hospital  
 Medical Board Meeting, March 19, 2018

Topic	Discussion/Conclusion	Recommendation	Action	Follow-up
<b>Call to Order</b>	<p>The meeting was called to order by Dr. Richard Simon, Chair, at 12:00 p.m.</p> <p><u>Voting members present:</u> E. Ballesteros, T. Lawlor, M. Metersky (for C. Oncken), P. Schulman, N. Silverstein, R. Simon, L. Song, C. Stevenson, L. Wolansky, T. Yasuda,</p> <p><u>Non-voting members present:</u> None</p> <p><u>Guests present:</u> J. Blumenthal, S. Allen, J. Gross, A. Kaplan, D. Banach, N. Dupont, M. Debowska, G. DeFilio, K. Sibley</p>			
<b>Minutes</b>	Minutes of February 13, 2018 meeting were reviewed.	Motion made and seconded (Schulman/Lawlor) to approve the minutes as presented.	Motion unanimously approved.	Forward minutes to Clinical Affairs Subcommittee.
<b>Hospital CEO Report</b>	None	N/A	N/A	N/A
<b>Chief of Staff Report</b>	None	N/A	N/A	N/A
<b>Chief Nursing Officer</b>	None	N/A	N/A	N/A

University of Connecticut Health Center  
 John Dempsey Hospital  
 Medical Board Meeting, March 19, 2018

Topic	Discussion/Conclusion	Recommendation	Action	Follow-up
<b>Committee Reports</b>	<ul style="list-style-type: none"> <li>• <b>Infection Control Committee Annual Report</b> – Dr. Banach reported an increasing trend in the number of hospital onset of C. difficile infections in our inpatient population. In response to this trend a multidisciplinary task force was formed in Nov. 2016, which consist of members from Infection Prevention and Control, Infectious Diseases, Pharmacy, Hospitalists, Nursing, Quality and Housekeeping. The C. difficile team reviewed all cases to identify gaps of care pertaining to infection control, testing practices and antibiotic utilization. Achievements included: improvement in testing and isolation practices, staff education with specific modules on C. difficile added to the annual Infection Prevention training required of all healthcare staff, increased housekeeping staff involvement with focus on terminal cleaning of room where C. difficile patients were receiving care. The number of hospital C. difficile cases decreased 50% from 33 in 2016 down to 16 in 2017. Catheter Associated Urinary Tract Infection (CAUTI) was identified as another area for improvement. In 2017 there were 7 CAUTIs identified in Adult Intensive Care Unit with SIR of 3.369 above the national benchmark of 1. There are ongoing efforts to educate faculty and nursing staff regarding CAUTI bundle, best practices in use of closed system catheter kit, urine collection system and testing practices. New urine collection system was introduced to ensure no contamination. SABA education was also added for anyone who may care for patients with Foley catheter.</li> <li>• <b>Cancer Committee:</b> <i>(Minutes pending February '18)</i> Dr. Stevenson reported upcoming UConn Breast Program accreditation.</li> <li>• <b>CPR Committee:</b> <i>(Minutes pending November '17)</i></li> <li>• <b>Critical Care Advisory Committee:</b> February '18 Dr. Allen reported new pilot program of critical care residents providing consults. Staffing is still an issue with efforts to hire more intensivists.</li> <li>• <b>Health Information Management Committee:</b> January '18</li> <li>• <b>Infection Control Committee:</b> January '18</li> <li>• <b>Medical Ethics Committee:</b></li> <li>• <b>Operating Room Committee:</b> <i>(Minutes pending January '18)</i> Dr. Yasuda reported upcoming opening of the Hybrid Operating Room on 3/28.</li> <li>• <b>Pharmacy, Therapeutics &amp; Medication Safety Committee:</b> January '18 Dr. Gross reported shortage of medications, especially those manufactured and shipped from Puerto Rico. One example of shortage is IV Methadone used in the OR.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion made and seconded (Simon/Silverstein) to approve the annual report as presented.</li> <li>• Motion made and seconded (committees) to approve the reports as presented.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion unanimously approved.</li> <li>• Motion unanimously approved.</li> </ul>	<ul style="list-style-type: none"> <li>• Forward reports to Clinical Affairs Subcommittee.</li> <li>• Forward reports to Clinical Affairs Subcommittee.</li> </ul>

University of Connecticut Health Center  
 John Dempsey Hospital  
 Medical Board Meeting, March 19, 2018

Topic	Discussion/Conclusion	Recommendation	Action	Follow-up
<b>Committee Reports (continued)</b>	<ul style="list-style-type: none"> <li>• <b>Quality Resource Management Committee:</b> <i>(Minutes pending January '18)</i>            Dr. Allen presented SSER report. Also reported high hospital census the week before Medical Board meeting. Preliminary Leapfrog Metric report was presented.            Dr. Allen reported JDH Quality and Safety Goals for 2018:           <ol style="list-style-type: none"> <li>1. Decrease hospital acquired <i>C. diff</i> infection rate.</li> <li>2. Decrease catheter-associated UTI rate.</li> <li>3. Decrease patient falls with injury.</li> <li>4. Decrease the all-cause readmission rate.</li> <li>5. Improve HCAHPS for staff responsiveness.</li> <li>6. Sepsis mortality.</li> </ol>           Proposed Duplicate Lab Cancellation Policy – duplicate lab orders within 120 minutes will auto-cancel unless:           <ol style="list-style-type: none"> <li>1. Ordered as STAT</li> <li>2. Specific lab test exceptions to include: sodium, potassium, Hct/Hgb, platelets, PT/INR, PTT, VBG/AGB and ionized calcium.</li> </ol>           Dr. Wolansky expressed concern about auto-cancel of an order without notifying ordering physician. Dr. Metersky requests glucose to be added to the test exception list. Dr. Yasuda asked for clarification of 120 minutes timing and how it's calculated as far as order, collection and result. Dr. Allen will follow up with Irene Kowalski.         </li> <li>• <b>Transfusion Committee:</b> <i>(Minutes pending January '18).</i></li> </ul>			

University of Connecticut Health Center  
 John Dempsey Hospital  
 Medical Board Meeting, March 19, 2018

Topic	Discussion/Conclusion	Recommendation	Action	Follow-up
<b>New Business</b>	<ul style="list-style-type: none"> <li>• <b>Informed Consent</b> - Dr. Allen presented consideration of changing the HCH-127 form. According to Joint Commission Resources findings JDH Informed consent form needs to include additional lines for provider to write patient-specific “risk and benefits of alternatives to the proposed treatment” (#5 on HCH-127). Dr. Allen stated that informed consent is never a single document. Also, informed consent is not the actual document, but it is what provider discussed in the office with his/her patient. Dr. Lawlor objected to not having “decisional capacity” statement on the consent. Dr. Allen suggested adding a check box with question “does the patient appear to have decisional capacity”. Dr. Lawlor prefers sentence to be added “patient is capable of understanding consent”. Dr. Simon ask for endorsement from Medical Board members not to add text lines to form HCH-127.</li> <li>• <b>Duration of All Annual Orders HAM 06-019:</b> Deferred</li> <li>• <b>Qualification of Radiology Staff:</b>            Dr. Simon presented a handout of update job descriptions / qualifications of non-physician radiology staff. All have been reviewed and updated by Dr. Wolansky. Dr. Simon asked Medical Board members to review. Dr. Allen mentioned Nuclear Medicine tech qualification was not in the handout. Dr. Allen asked for the Nuclear Medicine job description to be e-mailed to board members for review and approval. All Medical Board members reviewed updated handout. No vote was needed per Dr. Simon.</li> <li>• <b>Coordination of Bedside Blood Glucose Testing, Nutrition Delivery and Insulin Administration</b>            Dr. Gross presented memorandum from The Pharmacy, Therapeutics and Medications Safety Committee with recommendation of implementation of initiatives to improve coordination of bedside blood glucose monitoring, nutrition delivery and prandial insulin administration. Tracking of complications associated with medications shows that insulin has one the highest rates of complications mainly due to timing gap in insulin administration and nutrition delivery. A multidisciplinary approach is needed to implement initiatives to reduce harm and improve patient outcomes related to insulin administration. A multidisciplinary group / subcommittee representing prescribers, dietitians, nursing, pharmacy and informatics should be formed. It will need administrative support from the Medical Group and does not have to be peer review protected. Dr. Simon suggested Dr. Gross to chair. Dr. Gross feels it should be someone from the Pharmacy. Dr. Silverstein feels it should be either hospitalist or nursing. Dr. Gross does not need a vote and will follow up with Dr. Simon at a later date.</li> </ul>	<ul style="list-style-type: none"> <li>• All voting Medical Board members endorsed proposal not to add additional language to informed consent.</li>   <li>• N/A</li> <li>• N/A</li>   <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li>   <li>• N/A</li> <li>• N/A</li>   <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li>   <li>• Future agenda item</li> <li>• N/A</li>   <li>• N/A</li> </ul>

University of Connecticut Health Center  
 John Dempsey Hospital  
 Medical Board Meeting, March 19, 2018

Topic	Discussion/Conclusion	Recommendation	Action	Follow-up
<b>Old Business</b>	<ul style="list-style-type: none"> <li>• <b><u>Newborn Order Set/Nurse-Driven Protocol</u></b>: Deferred</li> <li>• <b><u>“Consult Only” Services</u></b>: Deferred</li> <li>• <b><u>FPPE Policy &amp; Low-Volume Providers</u></b>: Deferred</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Future agenda item</li> <li>• Future agenda item</li> <li>• Future agenda item</li> </ul>

Meeting adjourned at 12:40pm

Recorded by,

Monika Debowska  
 Medical Staff Office

Submitted by,

Richard Simon, MD  
 Chair

University of Connecticut Health Center  
 John Dempsey Hospital  
 Medical Board Meeting, April 10, 2018

Topic	Discussion/Conclusion	Recommendation	Action	Follow-up
<b>Call to Order</b>	The meeting was called to order by Dr. Richard Simon, Chair, at 12:03 p.m.  <u>Voting members present:</u> E. Ballesteros, A. Dotur, M. Douglas, R. Fuller, T. Lawlor, D. McFadden, M. Metersky (for C. Oncken), L. Scherzer, , P. Schulman, R. Simon, L. Song, C. Stevenson, L. Wolansky and T. Yasuda, <u>Non-voting members present:</u> A. Agwunobi <u>Guests present:</u> S. Allen, M. Debowska, G. Defilio, J. DeVitto, A. Kaplan, I. Keating, J. Kennelly, K. Sibley, D. Stanley and B. White			
<b>Minutes</b>	Minutes of the March 19, 2018 meeting were reviewed.	Motion made and seconded (Schulman/Wolansky) to approve the minutes as presented.	Motion unanimously approved.	Forward minutes to Clinical Affairs Subcommittee.
<b>Hospital CEO Report</b>	Dr. Agwunobi reported that he is busy with the Epic rollout and that CLABSI will be getting increased attention.	N/A	N/A	N/A
<b>Chief of Staff Report</b>	None	N/A	N/A	N/A
<b>Chief Nursing Officer</b>	Ms. Capo was not present at today's meeting	N/A	N/A	N/A
<b>Committee Reports</b>	<ul style="list-style-type: none"> <li>• <b>Cancer Committee:</b> February '18. Dr. Stevenson reported that the committee is establishing its yearly goals and quality projects.</li> <li>• <b>CPR Committee:</b> <i>(Minutes pending November '17)</i></li> <li>• <b>Critical Care Advisory Committee:</b> <i>(Minutes pending March '18)</i></li> <li>• <b>Health Information Management Committee:</b> February '18</li> <li>• <b>Infection Control Committee:</b> <i>(Minutes pending February '18)</i></li> <li>• <b>Medical Ethics Committee:</b></li> <li>• <b>Operating Room Committee:</b> <i>(Minutes pending January '18)</i> <u>Annual Report</u> Dr. Yasuda reported that the committee has spent a considerable amount of time addressing the HealthONE implementation and also indicated: that there has been successful recruitment of physicians in several surgical areas, that recruiting and retaining OR personnel has been difficult, that Karen Curley, MSN, has been hired as the new Nursing Director of Specialty Services and that recruitment continues for an Executive Director of Perioperative Services. He also commented that OR revenue has exceeded budget and that the Comparative Effectiveness Committee has saved about \$100,000.00 in CY 2018. In addition, he reported that the first case was done in the Hybrid Room last month, that an increase in OR marketing is underway and that Press Ganey scores are 88.9% on the "likelihood to recommend" measure.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion made and seconded (committees) to approve the committee reports as presented.</li> <li>• Motion made and seconded (OR Committee) to approve the report as presented.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion unanimously approved.</li> <li>• Motion unanimously approved.</li> </ul>	<ul style="list-style-type: none"> <li>• Forward reports to Clinical Affairs Subcommittee.</li> <li>• Forward report to Clinical Affairs Subcommittee.</li> </ul>

University of Connecticut Health Center  
 John Dempsey Hospital  
 Medical Board Meeting, April 10, 2018

Topic	Discussion/Conclusion	Recommendation	Action	Follow-up
<b>Committee Reports (continued)</b>	<ul style="list-style-type: none"> <li>• Dr. Yasuda also reported on compliance-related initiatives (operative consent forms, surgical attire, food and beverage policy, fire safety policy and drill and universal protocol and H&amp;P policies), quality measures initiatives related to ERAS, SSI and massive transfusion protocol as well as the relocation of the Center for Perioperative Medicine to the OP.</li> <li>• <b>Pharmacy, Therapeutics &amp; Medication Safety Committee:</b> February '18 Dr. Schulman reported that drug shortages continue to be an issue.</li> <li>• <b>Quality Resource Management Committee:</b> (<i>Minutes pending January '18</i>) Dr. Allen reported: that there was a decrease in the SSER last month, that HCAHPS measures on Doctor Communication and Likelihood to Recommend remain above target, and that CMS Pay-for-Performance measures, (particularly hospital acquired conditions, indicate a significant financial liability. It was also noted that the next Leapfrog quality rating will be a "B" and that this is primarily due to poor the poor CLABSI scores.</li> <li>• <b>Transfusion Committee:</b> (<i>Minutes pending January '17</i>).</li> </ul>			
	<ul style="list-style-type: none"> <li>• <b>Annual Report on Clinical Contracts:</b> Ms. Devitto provided a list of the clinical revenue and expense contracts and advised the Board about how to access and search for contracts in the contract database.</li> <li>• <b>Emergency Release of Blood:</b> Dr. Allen reported on the emergency blood release pilot program and indicated that there are operational and quality issues that need to be considered by the Board (e.g., order via phone call vs. Epic vs. blood bank system, loss of barcode scanning if done by phone). Some members indicated that they would prefer if the emergency blood release would be activated in the same manner as the massive transfusion protocol for process consistency as well as maintaining the patient barcode.</li> <li>• <b>Restraint Orders:</b> Dr. Allen indicated that CMS regulations do not appear to allow PAs to order restraints which is in conflict with the Medical Staff Bylaws and that a recent restraint audit in the ICU shows significant timing and documentation issues. He also reported that residents are required to complete a one-hour restraint education module and inquired if the same should be expected for attendings.</li> <li>• <b>Scheduling Discharge Follow-up Visits:</b> Dr. Allen introduced the topic of whether the hospitalist group or specialists should coordinate post discharge follow-up visits for quality reasons and retention of patients. Dr. Agwunobi indicated that he, Dr. Allen and Ms. Capo should address the issue off-line and that case management/technical support would be needed regardless of who was responsible (hospitalist vs. specialist).</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• The Board agreed to table the discussion on the issue until a future meeting.</li> <li>• The Board agreed to table the discussion until a future meeting.</li> <li>• The issue will be addressed outside of Medical Board by Senior Leadership.</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> <li>• N/A</li> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Forward to Clinical Affairs Subcommittee.</li> <li>• Future agenda item.</li> <li>• Future agenda item.</li> <li>• Future agenda item.</li> </ul>

University of Connecticut Health Center  
 John Dempsey Hospital  
 Medical Board Meeting, April 10, 2018

Topic	Discussion/Conclusion	Recommendation	Action	Follow-up
New Business	<ul style="list-style-type: none"> <li>• <b>Death Note and Discharge Summary of Deceased Patients:</b> Dr. Allen reported that the Epic functionality that allows for pronouncement to be entered and a death dc summary and note to be automatically populated, is still being developed.</li> <li>• <b>Informed Consent and Decisional Capacity:</b> Discussion was continued from last month about whether or not a decisional capacity statement should be included on the Consent Form or in a chart note and the language proposed by Dr. Lawlor was reviewed. The Board supported the concept of including such a statement, but requested that Dr. Lawlor revise his proposed language so that it is more succinct.</li> <li>• <b>Duration of All Annual Orders (HAM 06-019):</b> Dr. Simon reviewed the proposed change to the policy which would extend the timeframe in which recurrent orders for all diagnostic tests and treatments would be considered valid from 12-months to 18-months.</li> <li>• <b>Ordering Outpatient Services (HAM 07-024):</b> Dr. Simon reviewed the proposed change to the policy which would eliminate item #4 since it is neither required nor actual practice: <i>“JDH Resident, APRN and Physician Assistant staff may write orders consistent with their privileges and supervision/collaboration of the attending physician. For any medical/dental residents or physician assistant who writes orders for treatment, the name of the responsible physician should be noted as the ordering physician.”</i></li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• Continue discussion at next meeting.</li> <li>• Motion was made and seconded (Simon/Schulman) to approve the changes as presented.</li> <li>• Motion was made and seconded (Simon/Stevenson) to approve the changes as presented.</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> <li>• Motion unanimously approved.</li> <li>• Motion unanimously approved.</li> </ul>	<ul style="list-style-type: none"> <li>• Dr. Allen to provide future updates.</li> <li>• Future agenda item.</li> <li>• Forward to Hospital CEO and Chief of Staff for signature.</li> <li>• Forward to Hospital CEO and Chief of Staff for signature.</li> </ul>
Old Business	<ul style="list-style-type: none"> <li>• <b>Newborn Order Set/Nurse-Driven Protocol:</b> Deferred</li> <li>• <b>“Consult Only” Services:</b> Deferred</li> <li>• <b>FPPE Policy &amp; Low-Volume Providers:</b> Dr. Simon reviewed the proposed changes to the Medical Staff Office Policy and Procedure Manual which: defines a low-volume provider as one with fewer than six procedures, admissions or encounters at the end of the one-year FPPE extension and that requires a proctor for low-volume providers that would like to extend their FPPE period beyond one-year. It was also noted that “UConn Health” was missing following the strikeout of “UCHC” on page 2. Attorney White also recommended that the word “automatically” be inserted on page 2 as follows: “Practitioners who do not submit the required clinical case data or respond to requests for clinical information will have their privileges <u>automatically</u> suspended.</li> <li>• <b>Coordination of Bedside Blood Glucose Testing, Nutrition Delivery and Insulin Administration:</b> Deferred</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> <li>• Motion was made and seconded to approve the policy with the proposed revisions.</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> <li>• Motion unanimously approved.</li> </ul>	<ul style="list-style-type: none"> <li>• Future agenda item</li> <li>• Future agenda item</li> <li>• Medical Staff Office will begin to implement the new policy.</li> </ul>

**University of Connecticut Health Center  
John Dempsey Hospital  
Medical Board Meeting, April 10, 2018**

Meeting adjourned at 12:56 p.m.

Recorded by,

John Kennelly, MPH  
Manager, Medical Staff Office

Submitted by,

Richard Simon, MD  
Chair



**Board of Directors  
Clinical Affairs  
Peer Review Committee**

**Agenda**

May 24, 2018

2:45 pm

Munson Road Training Room  
16 Munson Road

- 1 Public Comment
- 2 Chair's Remarks - Ms. Cheryl Chase
  - 2.1. Welcome
  - 2.2. Approval of Minutes
    - 2.2.1 February 22, 2018 [vote]

- 3 Executive Session

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.”

**NEXT REGULARLY SCHEDULED MEETING**

**August 23, 2018 at 2:00 pm  
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.

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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](mailto:wetstone@nso.uchc.edu)

University of Connecticut Health Center  
263 Farmington Avenue  
Farmington, CT 06030-1920

**Location:** Munson Training Room, Munson Road Building

The meeting was called to order by Dr. Agwunobi at 4:08 pm

**I. Public Comment**

There was no public comment.

**Executive Session 1**

At 4:06 PM, 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:**

**Attendees:** Dr. Andrew Agwunobi (guest), Mr. Richard Barry (phone), Ms. Cheryl Chase, Dr. David McFadden, Dr. Robert Fuller, Dr. Daniel McNally, Dr. David Shafer, Dr. Susan Tannenbaum

**II. Adjournment**

At 5:00 pm the Committee went out of Executive Session and upon motion made and seconded, voted to adjourn the meeting.

Respectfully submitted,

Andrew Agwunobi, MD, MBA  
Chief Executive Officer  
John Dempsey Hospital