

# **UConn HEALTH**

**June 18, 2018**

**Board of Directors**

**9:15 am**

**Finance Subcommittee**

**8:30 am**

**HR Training Room  
Munson Road**

**Time:** 8:30 a.m.

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

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Next Regularly Scheduled Meeting:  
Monday, September 19, 2018

8:30 a.m.  
HR Training Room

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**NEXT REGULARLY SCHEDULED MEETING**  
**September 17, 2018**  
**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

**R. Lamont (Monty) MacNeil**  
**2007 - 2018**

**WHEREAS**, R. Lamont MacNeil has served the people of the State of Connecticut and the University of Connecticut as the Dean of the School of Dental Medicine for the past eleven years as well as being a UConn Health faculty member for twenty years; and

**WHEREAS**, During his period of leadership the School of Dental Medicine has excelled academically in terms of its innovative curriculum, quality of teaching, and number of students & residents and the research it provides, and clinically in terms of quality of care and increasing volume of care, especially to underserved populations; and

**WHEREAS**, Dr. MacNeil's has navigated the School through very fiscally challenging times and still achieved success and growth including the planning and implementation of new clinical facilities under the BioScience Connecticut program; and

**WHEREAS**, Dr. MacNeil has been an outstanding partner on joint efforts with the School of Medicine, UConn Health clinical programs, and UConn including but not limited to the new Biomedical Engineering Department and M-Delta Curriculum; and

**WHEREAS**, Through his deanship, Dr. MacNeil has been an active and productive leader in national dental education organizations including service as the Chair of the Board of the American Dental Education Association; and

**WHEREAS**, Throughout his tenure, Dr. MacNeil has been a colleague and had an exemplary working relationship with the members of the Board of Directors; and Dr. MacNeil leaves his deanship with the gratitude, respect and affection of the members of the Board of Directors, and their best wishes for the future;

**THEREFORE BE IT RESOLVED** That the UConn Health Board of Directors records its deep appreciation to R. Lamont MacNeil 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 Dr. MacNeil.

Sanford Cloud, Jr., Chairperson  
June 18, 2018



# UConn | SCHOOL OF DENTAL MEDICINE

To: Members of the UConn Health Board of Directors  
From: Dr. R. Lamont MacNeil, Dean, School of Dental Medicine  
Date: June 18, 2018  
Subject: Recognition of Dr. Douglas Peterson as the Recipient of the 2018 UCH Board of Directors Faculty Recognition Award

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Dr. Douglas Peterson is the recipient of the 2018 Board of Directors Faculty Recognition Award. This award celebrates and rewards demonstrated academic, administrative and/or excellence of Health Center faculty. The award was conveyed at the 2018 UCH Commencement Exercises on May 7, 2018.

## **Douglas Peterson**

Dr. Peterson began his faculty career in 1976 in the Cancer Center and the Dental School of the University of Maryland, with continuation through 1989. He served as Visiting Scholar at the Fred Hutchinson Cancer Research Center in 1983, following which time he co-published with Dr. E. Donnall Thomas, 1990 Nobel Laureate in Physiology or Medicine. Dr. Peterson was Consultant in Oral Medicine to the National Institutes of Health (NIH) from 1988-1994. Dr. Peterson was also an Associate Medical Staff member at The Johns Hopkins Hospital and Oncology Center from 1988-1991. He served as Professor and Head, Department of Oral Diagnosis, Univ. of Connecticut School of Dental Medicine between 1989-2005, and again as Interim Department Head 2006-2007. Dr. Peterson served as Chair of the School of Dental Medicine Faculty Senate from 2009-2015.

Dr. Peterson's primary academic responsibilities throughout his career have been directed to oral management of the medically complex patient, with emphasis on oral complications in cancer patients. He has contributed to development of interprofessional models for patient care, research, and health professional education in this context for more than 40 years. He has lectured extensively at the regional, national, and international levels throughout this time.

Dr. Peterson is author of approximately 165 peer-reviewed publications and 150 abstracts, and is editor of 2 books and co-editor of a Monograph for the *Journal of the National Institute*. He has been involved in translational and clinical trial research in the oncology setting throughout his career, including serving as Principal Investigator on two multi-center, international clinical trials involving drug development for oral mucositis in cancer patients. He has also served as Principal Investigator on National Institutes of Health (NIH) grants including R01's and R13's, as well as primary mentor via the NIH K Award program. Dr. Peterson has also been a reviewer of grant applications for the NIH on a frequent basis during the past 30 years, including study section chair for several panels.

Dr. Peterson is a Special Government Employee for the United States Food & Drug Administration for mucositis clinical trials, having been initially appointed 13 years ago. Dr. Peterson has also served as lead writer for the NCI's PDQ® website *Oral Complications of*

*Chemotherapy and Head/Neck Radiation* for the past 13 years, with strategic updates to be completed in 2018 via his leadership.

Dr. Peterson chaired the NIH-funded Conference *Oral Complications of Emerging Cancer Therapies* in April 2009. He also chaired an American Society of Clinical Oncology (ASCO) Education Session in June 2012 titled *Mucosal Injury in Patients with Cancer: Targeting the Biology*. Dr. Peterson is Co-chair of ASCO's Supportive Care Guideline Advisory Group, and is a member of ASCO's Clinical Practice Guidelines Committee as well as its Methodology Subcommittee. These ASCO committees are responsible for development of high quality, evidence-based guidelines for the national and international oncology community, including the role of dental medicine in cancer patient care. He is currently contributing a leadership role in developing first-in-kind joint oral oncology guidelines in collaboration with ASCO and the International Society of Oral Oncology. Dr. Peterson has been a frequent contributor to CancerCare for many years, and received CancerCare's Physician-of-The-Year award in 2006. He has also served as lead writer for mucositis guidelines for the European Society of Medical Oncology from 2007-2016.

Dr. Peterson has contributed to the *World Workshop on Oral Medicine* series beginning in the 1990's, with leadership roles from 2004-present. Dr. Peterson is currently Associate Editor for Dentistry and Medicine for the *Journal of the American Dental Association*, and is President and Diplomate of the American Board of Oral Medicine. He is Region 6 Advisor for the European Association of Oral Medicine, having been elected in 2013. Dr. Peterson also serves as a reviewer for the Cochrane Oral Health portfolio, based in Univ. of Manchester, U.K.

In recognition of his career contributions, Dr. Peterson received the FDS RCSEd without Examination from the Royal College of Surgeons/Edinburgh in 2011. He was appointed in March 2015 to the Faculty of Examiners for the Conjoint FDS Examination in Oral Medicine, and as Regional Dental Advisor for the Royal College effective April 2015.

Current UConn Health leadership responsibilities include serving as:

- Chair of Oral Medicine, Dept. of Oral Health & Diagnostic Sciences
- Chair of Scientific Review Committee, UConn Health Institutional Review Board
- Co-Chair of UConn Health Conflict of Interest Committee
- Vice President/Secretary of Medical Staff, UConn Health (re-elected to 2<sup>nd</sup> term Nov 2017)
- School of Dental Medicine representative to the predoctoral biomedical curriculum reform committee *Vertical Teams Aligned in Learning & Scholarship*.

In this role Dr. Peterson is one of two Co-chairs for interprofessional education, in which Univ. of Connecticut students from multiple health professions, including dental medicine, medicine, nursing, and pharmacy, are taught management of medically complex patients via a team-based model.

For these remarkable contributions to education, research, administration and service, Dr. Peterson is this year's recipient for the Board of Directors Faculty Recognition Award.

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Sanford Cloud, Chairman, called the meeting to order at 9:35 a.m.

**1. Public Comment**

Rikel Lightner gave public comment on the transition of Correctional Managed Health Care from UConn Health to DOC. Stating that many feel, as she does, that there is a high probability of nonunionized managerial staff will not be selected to crossover to the DOC leaving them without a job; while unionized managerial staff, such as herself, included in the crossover, may be laid off or put back on the floor at a lower grade level. Combined with this is the fact that all seniority will be lost and not carried over to the DOC and UConn Health being the preferred place of employment may not have suitable positions available for those being affected by this change. In closing, Ms. Lightner publically thanked Gail Johnson for her continued work through this transitional process.

**2. Chair's Remarks**

2.1 Mr. Cloud welcomed everyone to the meeting. Chairman Cloud recognized the work of Mr. Lawrence McHugh and his work with the Board of Directors.

2.1.1 Recognition of Lawrence McHugh

***The Board of Directors unanimously approved the resolution honoring the service of Lawrence McHugh.***

2.2 Minutes –

2.2.1 December 4, 2017 - Regular meeting

***The Board of Directors unanimously approved the minutes of the meetings of the UConn Health Board of Directors held on December 4, 2017.***

**3. Consent Items (items 3.1 – 3.4 were voted on in the Finance Subcommittee meeting held earlier in the day)**

3.1 Contracts > \$1,000,000 [F]

3.1.1 Novo Nordisk, Inc.

3.1.2 Capital Area Health Consortium

3.1.3 Capital Area Health Consortium

3.1.4 Concentra

3.1.5 Edwards Lifescience

3.1.6 GE Healthcare

3.1.7 Jackson & Coker Holdings, LLC, dba Jackson & Coker Locum Tenens, LLC

3.1.8 Locum Tenens Holdings, LLC, dba Locum Tenens.com, LLC

3.1.9 MDA Holdings, Inc., dba Medical Doctor Associates, LLC

3.1.10 Medestar

3.1.11 Quest Healthcare Solutions, LLC

3.1.12 Tusk Enterprises, LLC, dba Rhino Medical and Hospitalists Plus

***The Board of Directors unanimously approved agenda item 3.1 described in detail in the board materials on page 9.***

### **3 CEO/EVP Report – A. Agwunobi**

Dr. Agwunobi briefly highlighted the financial report highlighting the positive margins. At this time we are about \$7.5 million ahead of budget. He added some comments regarding the correctional managed health care transition. There are approximately sixteen different groups working collaboratively with the Department of Correction to ensure a smooth transition while the staff is working tirelessly to guarantee that exceptional care continues to be given to all of our prisoners.

The UConn Health One, the electronic medical records project is slated to go live on April 28. There will be a go-live readiness time, where we will determine whether the program is ready to go-live. If it is necessary, Dr. Agwunobi will delay the date to go-live. At this time, it appears that we are ready for April 28<sup>th</sup>.

The final item Dr. Agwunobi discussed is the preparation for the Joint Commission. The two recent mock surveys brought to light a few areas that needed attention, mainly in the area of Environment of Care. Since then there has been a great deal of focus on these areas in preparation for the Joint Commission's visit.

Jennifer Grey announced that fundraising overall for UConn Health is at \$6.5 million, about \$2 million over last year at this time and continues to track well. She continued by sharing some initiatives that the Foundation is working on including:

- New focuses on naming opportunities for UConn Health. This would include some smaller areas such as a classroom or hospital room - \$25,000, waiting rooms at \$100,000, and the Academic Rotunda is \$1,000,000.
- A new initiative coming up in April which is *#UConn Gives*, which is a university wide initiative. This will be our first ever school wide giving day.
- In 2015 the Foundation committed to raising \$6 million dollars toward the Bioscience CT project. To date they have raised \$4.6 million. Gifts of over \$100,000 will get recognized on the donor wall.

## **5 Main Business**

### **5.1 Fiscal Year 2018 Results of Operations as of January 31, 2018 – J. Geoghegan**

The full report of the results of operations was reviewed in detail at the Finance Subcommittee meeting earlier and can be found in the board materials beginning on page 11. Mr. Geoghegan reinforced that currently UConn Health has a positive bottom line of \$2.9 million, comparable to our budget (loss \$4.6 million). All programs are favorable. The driver is overall positive volume, JDH is positive on discharges and outpatient activity; while UMG is positive in RVU production and the providers RVU's are up year over year. There is additional information in the board materials.

### **5.2 Optum360 LLC and its affiliate, Optuminsight, Inc. – A. Agwunobi**

This report was presented in the Finance Subcommittee meeting earlier the same day. We continue to look for more ways to save funds for UConn Health. One of those cost saving approaches would be through revenue cycle. By outsourcing our revenue cycle management. This will improve the finances with additional revenue capture, improve billing function at UConn Health, and improve our readiness for launching the electronic medical records system. An RFP was issued last fall and interviewed 4 out of the 5 that responded. Jeff Geoghegan led the task of interviews and investigating. Dr. Agwunobi did clarify that he did not participate in the interview or selection process. He explained that although he does not have a direct conflict of interest, Dr. Agwunobi sits on the board of a large hospital system in California. That organization owns about 20% of Optum. Once it was determined that Optum was a respondent, Dr. Agwunobi

immediately recused himself from the process. Optum360, a national revenue cycle management firm, with favorable overall costs compared to the other RFP's; was selected. This firm indicated they serve 4 out of every 5 health care facilities across the US. This firm is part of the same firm that purchased ProHealth Physicians,

Optum did a small assessment prior to the contract stage so we would understand the potential financial benefit of them managing our revenue cycle would be and also to understand the full agreement.

Their assessment was that conservatively we have about \$8 million of opportunity with best practice being up to \$14.5 million over the next twelve months. UConn Health has chosen a target of \$10 million.

Dr. Agwunobi discussed the various breakdown costs of the contract and the separate portions of the agreement, including interim staffing and the HealthOne EPIC consulting. The request to the board is net funds of \$2.6 million. A resolution was handed out to each board members in a total amount not to exceed \$2.6 million.

***The Board of Directors unanimously approved agenda item 5.2, The Resolution for a contract with Optum360, LLC and its affiliate, Optuminsight, Inc. in a total amount not to exceed \$2,000,000.***

#### 5.3 UConn Health One update – Bruce Metz

Mr. Metz reported that considerable progress has been made toward the April 26 go-live date for the UConn Health EPIC project. Major project areas have been improved and strengthened including the overall approach to the implementation, project management governance, testing, training, reporting and an a range of technical activities. The emphasis of the project team has shifted. The focus now is getting the organization ready for Health One. To this end a very extensive communication campaign is moving forward to inform and engage not only our end users but also our patients. In addition comprehensive clinical, revenue cycle and EPIC directive assessments are being completed. As a result of these assessments over 100 critical go-lives risks have been identified with mitigation plans developed. A vendor has been selected to serve as UConn Health's activation partner and activation planning is well underway.

#### 5.4 Dean, School of Medicine – B. Liang

Dr. Liang reported on the LCME full survey that occurred the week prior to the board meeting. LCME stands for Liaison Committee on Medical Education, which is the accrediting board for all United States Medical Schools. Dr. Liang reported that the survey went well. The survey team reported that although the final LCME report will not lists strengths of the school, the team recognized that the investment in facilities, strategy and success of the debt management system, the recently introduced innovative curriculum, and the wellness concept woven throughout the curriculum are admirable. There are several areas believed to be mostly compliant but with a need to monitor; they will need follow ups.

The new curriculum in collaboration with the School of Dental Medicine has successfully completed Stage 1, the pre-clerkship forum and is now moving to Stage 2 which is the required clerkship forum.

In addition, Dr. Liang reported that there have two chairs that been recruited and are now in place. Dr. Riqiang Yan is the new chair of the Neuroscience Department. Dr. Yan comes to us from the Cleveland Clinic and is the world's expert on Alzheimer's disease. Also, Dr. Brenton Graveley will now assume the position of permanent chair of the Department of Genetics and Genome Sciences. Dr. Graveley has recently been awarded a \$9,000,000 grant from the National Institute of Health.

#### 5.4 Dean, School of Dental Medicine update – M. MacNeil

Dr. MacNeil gave an overview of the school's highlights including the school's academic outcomes continue to be very strong reflected in our acceptance rate this year. This year the school had an unusually high response to the first round of offers which speaks to the reputation of the school nationally as well as locally. Starting to see Part 1 National Board results for students who are completing the shared curriculum with medicine and the results look very good. The match results were very strong this year.

Mr. Geoghegan gave the clinical report earlier. Dr. MacNeil wanted it noted that these results are being achieved while an onsite clinical renovation and expansion project is going on. The project should be completed in 12-14 months.

#### 5.5 Clinical update – A. Agwunobi

UConn John Dempsey Hospital has just opened a new state of the art Epilepsy Unit under the leadership of Dr. John Greenfield. Dr. Ketan Bulsara recently performed JDH's first Mechanical Thrombectomy on an advanced stroke patient. The volume at JDH has been running 70% - 74% occupancy over the last few months. The surgeries are increasing generally across the board, with several days when the operating rooms were completely full. The new hybrid operating room will open in May. Overall John Dempsey is growing.

UMG encounters are 5% ahead of the prior year, and productivity is 7% ahead of last year. That is due to some great work by Anne Horbatuck and Denis Lafreniere; adding patients, core physicians, and working with them to ensure they are supported. This has driven UMG to be favorable to budget, which has not occurred in recent prior years. Some of the new providers include physicians hired by UMG but who will also benefit the hospital. In addition Dr. Agwunobi stressed that he and Dr. Liang are working diligently to retain our current physicians.

As our finances start to improve we must take note that the staff on the front line, particularly the nursing staff, take the brunt of the increased volume; and we run the danger of losing nurses. Working with the unions it was decided to pay a stipend to nurses to enable us to retain and recruit.

### 6. Financial Affairs – Tim Holt

The Finance Subcommittee met just prior to the full board meeting. The group reviewed and recommended contracts over \$1,000,000, which were presented at the board meeting. In addition there was a detailed report on the FY 18 through January and the 2017 audited financial statements. There are informational items beginning on page 26 of the board materials.

## **7. Building and Grounds – Richard Carbray**

The building and grounds committee did not formally meeting this quarter. However, Mr. Carbray and Dr. Archambault attended the joint Building and Grounds committee which met in Storrs on February 14<sup>th</sup>. At which time Tom Trutter provided an update which highlighted the completion of the Academic building addition as well as the main building and lab renovations. Currently the clinic building renovations are 70% complete.

## **8. Academic Affairs – Fran Archambault**

Academic Affairs met on January 29<sup>th</sup> and approved recommendations for appointments, sabbatical leaves, and promotions for the medical and dental schools. The group heard a report from the medical oversight committee on department reviews. We are currently in good shape with department reviews which is an improvement over past years. Dr. Steve Angus gave a report on the graduate medical education annual institutional review.

Dr. Archambault made a motion that the board approve two recommendations for appointments to endowed chairs. The first was to Dr. Brenton Graveley, for the Health Net, Inc. Chair in Genetics and Developmental Biology. And the second to Dr. David McFadden, for the Murray-Heilig Chair in Surgery.

***The Board of Directors unanimously approved the recommendations for appointments to Endowed Chairs for Dr. Brenton Graveley, for the Health Net, Inc. Chair in Genetics and Developmental Biology. And the second to Dr. David McFadden, for the Murray-Heilig Chair in Surgery.***

## **9. Clinical Affairs – A. Agwunobi**

Dr. Agwunobi reported for Chair Cheryl Chase. The Clinical Affairs Subcommittee met on February 22<sup>nd</sup>. Dr. Scott Allen was appointed as Chief Quality Officer for John Dempsey Hospital. The finances were also presented and it was announced that a Vice President of Patient Experience will be hired. This will be someone to lead the effort across the organization to further improve the patient experience in our system and make it more consistent. The nurse stipend (mentioned earlier) was also discussed. The surveys for patient satisfaction were reviewed showing that nurse communication has improved. There is additional work to do in the area of staff responsiveness and doctor communication. Some hospital goals were tentatively approved and an additional goal is being added for central line infections because of the challenges expected with the Leapfrog Safety grade. Our CMS star rating is 3 out of 5 which is where we have been and is equal to or better than most hospitals in the state.

## **10. Other Reports– Tim Holt**

The JACC met twice since the last Board of Directors meeting; once on December 19, 2017 and once on March 12, 2018. Over that period of time the group reviewed six audits, one specific to UConn Health. Action plans are in place to address all recommendations that were a result of the audits. There was an audit of the John Dempsey Hospital Deaf and Hard of Hearing Voluntary Resolution Agreement which was a good report and in compliance with the Department of Justice. There was also a report on the Health One Electronic Medical Records. Two audits were presented on the financial statements for 2017 which were presented earlier in this meeting. Marcum, the outside auditor, issued unqualified opinions and did not identify any deficiencies in internal control. Likewise, the auditors of public accounts presented UConn and UConn Health financial statements for 2017 and issued an unqualified opinion and did not identify any issues.

## **Executive Session**

At 10:31 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:** K. Alleyne, F. Archambault, R. Barry, K. Bragherol, R. Carbray, S. Cloud, J. Droney, S. Herbst, T. Holt, R. Pino, W. Rawlins (phone), T. Ressel (phone), and K. Woods

**Guests:** A. Agwunobi, L. Danville, J. Geoghegan, C. Hyers, A. Keilty, S. Jordan (phone), R. Rubin, J. Teitelbaum (phone), B. White

With no further business the meeting was adjourned at 11:28 am.

Respectfully submitted,

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

**Attendees :** K. Alleyne, F. Archambault, R. Barry, K. Bragherol, R. Carbray, S. Cloud, J. Droney, S. Herbst, T. Holt, R. Pino, W. Rawlins (phone), T. Ressel (phone), and K. Woods



TO: Members, Board of Directors

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

DATE: June 18, 2018

SUBJECT: Conflict of Interest

**RECOMMENDATION**

That the Conflict of Interest Subcommittee submit the following advice to Chairman Cloud to support his decision making regarding instituting Conflict of Interest management plans for selected Board of Directors members:

**BACKGROUND**

The committee unanimously approved submitting the following advice to Chairman Cloud to support his decision making regarding instituting Conflict of Interest management plans for selected Board of Directors members:

- 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, Susan, 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 Trustees for the Connecticut Science Center. 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 Connecticut Science Center. Dr. Rawlins should also be recused from voting on any such matters in his capacity as a Board member.

Finance Subcommittee **June 18, 2018**  
 CONTRACTS (OTHER THAN REAL ESTATE LEASES) AND PURCHASE ORDERS OF \$1,000,000 OR MORE  
 FOR UCONN HEALTH BOARD OF DIRECTORS APPROVAL ON **JUNE 18, 2018**

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	CT Natural Gas Corporation	Multiple Purchase Orders	Multiple POs	\$2,900,000 (approved by Board in June 2017 for FY18 spend)	\$2,900,000	7/1/18 - 6/30/19	Multiple Sources	Cliff Ashton, Associate Vice President Facilities Management Administration	E	Purchase of natural gas for heat for all buildings on the Farmington campus for FY19. Actual spend during FY18 (year to date) is approximately \$1,570,000.	Non-competitive (Utility)
2	Eversource (CL&P)	Multiple Purchase Orders	Multiple POs	\$12,600,000 (approved by Board in June 2017 for FY18 spend)	\$12,600,000	7/1/18 - 6/30/19	Operating Funds	Cliff Ashton, Associate Vice President Facilities Management Administration	E	Electricity costs for the Farmington campus for FY19. Actual spend during FY18 (year to date) is approximately \$8,700,000.	Non-competitive (Utility)
3	Johnson & Johnson	Multiple Purchase Orders	Multiple POs	\$1,900,000 (approved by Board in June 2017 for FY18 spend)	\$1,900,000	7/1/18 - 6/30/19	Operating Funds-Clinical	Linda Manzelli, Director Calhoun Cardiology Center	E	Purchase of medical devices and cardiovascular products for FY19, some of which are accessed through GPO agreements. Actual spend during FY18 (year to date) is approximately \$815,000.	Sole Source
4	Medtronic USA, Inc	Multiple Purchase Orders	Multiple POs	\$2,000,000 (approved by Board in June 2017 for FY18 spend)	\$2,000,000	7/1/18 - 6/30/19	Operating Funds-Clinical	Augustus Mazzocca, MD, Director, Orthopaedic Surgery	E	Purchase of spinal medical supplies for FY19, some of which are accessed through GPO agreements. Actual spend during FY18 (year to date) is approximately \$1,200,000.	GPO/Consortium
5	Owens & Minor	Multiple Purchase Orders	Multiple POs	\$13,000,000 (approved by Board in June 2017 for FY18 spend)	\$13,000,000	7/1/18 - 6/30/19	Operating Funds-Clinical	Lori Acomb, Director Procurement & Supply Chain Operations	E	Medical and surgical supplies for FY19 from our primary distributor for this commodity. Actual spend during FY18 (year to date) is approximately \$8,400,000.	GPO/Consortium
6	J Morrissey & Company Inc	UCHC2-35519072	Amendment	\$4,300,000 (approved by Board in September 2016)	\$5,000,000 (includes an additional \$700,000)	3/1/13 - 11/30/18	Multiple Sources	Lori Acomb, Director Procurement & Supply Chain Operations	E	On Call Professional Temporary Services	Bid
7	The Jackson Laboratory	UCHC2-69581408	Amendment	\$900,000	\$5,040,000 (includes an additional \$4,140,000)	3/8/16 - 2/2/22	Operating Funds-Research	Julie Schwager, Assistant Vice President Research Finance	E	Collaborative research agreement where UConn Health will provide funding to JAX to support the equivalent of 10 full-time faculty positions. Joint faculty will be employees of UConn Health with dedicated research space at JAX.	Sole Source
Finance Corporation											
8	Arthrex, Inc.	UCHCFC-1-102671815	New	\$1,500,000 (approved by Board in September 2012 for 8/1/13 - 7/30/18)	\$1,500,000	8/1/18 - 7/31/23	Operating Funds-Clinical	Robert Artero, M.D., Professor/Clinical Orthopedic Surgery	E	Replacement/upgrade of current surgical video arthroscopy equipment. Contract value includes cost of leased equipment and repair/replacement service agreement.	Sole Source
9	Howmedica Osteonics	UCHCFC-1-85408753	Amendment	\$900,000	\$1,800,000 (includes an additional \$900,000)	4/1/17 - 3/31/19	Operating Funds-Clinical	Karen Curley, Director Nursing Administration	E	Spine Implants	Sole Source
10	Medtronic Sofamor Danek	UCHCFC-1-85415238	Amendment	\$700,000	\$1,050,000 (includes an additional \$350,000)	4/1/17 - 3/31/19	Operating Funds-Clinical	Karen Curley, Director Nursing Administration	E	Spine Implants	Sole Source
11	Nuvasive	UCHCFC-1-85406209	Amendment	\$950,000	\$1,900,000 (includes an additional \$950,000)	4/1/17 - 3/31/19	Operating Funds-Clinical	Karen Curley, Director Nursing Administration	E	Spine Implants	Sole Source
12	Connecticut Children's Medical Center	UCHCFC-99832596	New	\$31,616,766 (approved by Board in June 2015 for 7/1/18 - 6/30/18)	\$35,875,729	7/1/18 - 6/30/21	Revenue Generating	Mark Siraco, Director Finance-Graduate Medical Education	R	CCMC agrees to reimburse UConn Health for the salaries and fringe benefits of all UConn Health residents assigned by the School of Medicine to the CCMC's site for rotations. In addition, CCMC shall pay its proportional share of UConn Health's administrative expenses in support of Graduate Medical Education.	N/A - Revenue
13	Hartford Hospital	UCHCFC-99832889	New	\$81,475,808 (approved by Board in June 2015 for 7/1/15 - 6/30/18)	\$93,499,078	7/1/18 - 6/30/21	Revenue Generating	Mark Siraco, Director Finance-Graduate Medical Education	R	HH agrees to reimburse UConn Health for the salaries and fringe benefits of all UConn Health residents assigned by the School of Medicine to Hartford Hospital's site for rotations. In addition, HH shall pay its proportional share of UConn Health's administrative expenses in support of Graduate Medical Education.	N/A - Revenue
14	Saint Francis Hospital and Medical Center	UCHCFC-100335713	New	\$52,775,922 (approved by Board in June 2015 for 7/1/15 - 6/30/18)	\$60,680,034	7/1/18 - 6/30/21	Revenue Generating	Mark Siraco, Director Finance-Graduate Medical Education	R	Saint Francis agrees to reimburse UConn Health for the salaries and fringe benefits of all UConn Health residents assigned by the School of Medicine to Saint Francis's site for rotations. In addition, Saint Francis shall pay its proportional share of UConn Health's administrative expenses in support of Graduate Medical Education.	N/A - Revenue
15	The Hospital of Central Connecticut	UCHCFC-99832901	New	\$19,933,433 (approved by Board in June 2015 for 7/1/15 - 6/30/18)	\$20,915,369	7/1/18 - 6/30/21	Revenue Generating	Mark Siraco, Director Finance-Graduate Medical Education	R	THOCC agrees to reimburse UConn Health for the salaries and fringe benefits of all UConn Health residents assigned by the School of Medicine to THOCC's site for rotations. In addition, THOCC shall pay its proportional share of UConn Health's administrative expenses in support of Graduate Medical Education.	N/A - Revenue
16	HealthWide Solutions, LLC	UCHCFC-1-90864189	Amendment	\$1,500,000 (approved by Board in December 2017)	\$2,000,000 (includes an additional \$500,000)	7/31/17 - 12/31/18	Operating Funds-Clinical	Jeffrey Geoghegan, Chief Financial Officer	E	Continuation of revenue cycle management consulting services for both the Epic implementation project and interim revenue cycle leadership.	Emergency
17	Olympus America, Inc.	UCHCFC-1-100317813	New	\$975,000 (for 1/18/15 - 1/17/18)	\$1,500,000	6/25/18 - 6/24/21	Operating Funds-Clinical	Karen Curley, Director Nursing Administration	E	Endoscopy equipment (scopes, camera, monitors and related accessories) and service agreement for UConn Health Gastroenterology Department.	Sole Source
18	GE Healthcare	Multiple, including PR 103395593	New / Multiple POs	N/A	\$2,500,000	7/1/18 - 6/30/19	Multiple Sources	Morgan Hills, Senior Director Hospital Operations	E	Purchase of four x-ray machines, four ultrasound machines and one C-arm, plus construction/renovation of rooms for the placement of the new equipment.	Sole Source
19	Cardinal Health 110 LLC	Multiple, including UCHCFC-1-72435576	Multiple Contracts / POs	\$3,000,000 (approximate FY18 spend with both Cardinal Health 110 LLC and McKesson Corporation for 340b replenishments)	\$5,000,000	7/1/18 - 6/30/19	Operating Funds-Clinical	Kimberly Metcalf, Senior Director Hospital Operations	E	Purchase of pharmaceuticals to replenish stock of retail pharmacies that are participating in the John Dempsey Hospital Pharmacy's 340b program.	Sole Source
20	McKesson Corporation	Multiple, including UCHCFC-1-53493443	Multiple Contracts / POs	\$3,000,000 (approximate FY18 spend with both Cardinal Health 110 LLC and McKesson Corporation for 340b replenishments)	\$5,000,000	7/1/18 - 6/30/19	Operating Funds-Clinical	Kimberly Metcalf, Senior Director Hospital Operations	E	Purchase of pharmaceuticals to replenish stock of retail pharmacies that are participating in the John Dempsey Hospital Pharmacy's 340b program.	Sole Source
21	Optum360, LLC and its affiliate, OptumInsight, Inc.	UCHCFC-5-2087	Amendment	\$2,000,000	\$2,300,000 (includes an additional \$300,000)	4/1/18 - 6/30/19	Operating Funds-Clinical	Jeffrey Geoghegan, Chief Financial Officer	E	Clinical revenue cycle management services in support of UConn Health's clinical enterprise. The amendment cover additional services related to the implementation of Health One and Health Information Management reviews.	Bid

Finance Subcommittee June 18, 2018

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: <i>Triple Net or Gross Lease</i>	If any CAM, taxes, Insurance for 1st year	Fund Source	Program Director
1	The Jackson Laboratory	\$220,250/year	\$25.32	7/1/18 - 6/30/29	2.5%	Gross	N/A	Revenue Generating	Thomas Trutter, Associate Vice President Campus Planning
Purpose									
UConn Health will lease 8,700 square feet of office space located on the third floor of the Administrative Services Building (ASB) to The Jackson Laboratory.									

PROPERTY LEASE AGREEMENTS									
UNIVERSITY AS LESSEE									
No.	Lessor	Annual Amount Payable	Price Per Sq. Ft.	Term	Yearly Increase	Type of Lease: <i>Triple Net or Gross Lease</i>	If any CAM, taxes, Insurance for 1st year	Fund Source	Program Director
1	Eagleville Partner, LLC	\$21,600/year	\$1.64	7/1/18 - 6/30/19	None	Gross	N/A	Operating Funds-Clinical	Donna McKenty, Senior Director Dean's Office Medical
2	Eagleville Partner, LLC	\$21,600/year	\$1.95	7/1/19 - 6/30/19	None	Gross	N/A	Operating Funds-Clinical	Donna McKenty, Senior Director Dean's Office Medical
3	Blackthorn Holdings LLC	\$468,416/year	\$13.00	9/1/18 - 8/31/23	\$0.50 psf increase in years 2 and 4	Triple Net	Tenant is responsible for CAM, taxes & insurance	Operating Funds-Clinical	Anne Horbatuck, Vice President UMG Administration
4	Connecticut Children's Medical Center	\$84,810/year	\$28.27	7/1/18 - 6/30/19	n/a	Gross	N/A	Operating Funds-Clinical	John Brigada, Director Dean's Office Dental
Purpose									
Residential lease of property at 66 Indian Spring Road, Woodstock, CT. The property will house up to three 3rd-year medical students at a time while they are completing their 6-week clinical rotations in the towns of Putnam, Thompson and Natchaug, CT.									
Residential lease of property at 33 Hiawatha Heights, Woodstock Valley, CT. The property will house up to three 3rd-year medical students at a time while they are completing their 6-week clinical rotations in the towns of Putnam, Thompson and Natchaug, CT.									
5-year lease renewal for UMG of 36,032 square feet located at 65 Kane Street, West Hartford.									
The Dental Clinics of the School of Dental Medicine provide services on site at Connecticut Children's Medical Center. UConn Health purchases facilities, services, and staff time in support of the Dental Clinic's pediatric dentistry practices. This request is for the cost of the facilities only (3,000 sq ft).									



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 18, 2018

SUBJECT: Project Budget for the UConn Health Main Accumulation Building (Revised Final: \$4,050,000)

RECOMMENDATION:

That the Board of Directors approve the Revised Final Budget in the amount of \$4,050,000 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 2,500 sf building to establish a new permanent location for the waste handling and shipping activities.

The Revised Final budget is based upon the estimated cost to complete the project. The proposed increase of \$200,000 is due to complications with the underground water line relocation and winter weather impacts.

With your approval, the budget will be presented to the Board of Trustees at their June 27, 2018 meeting for their approval.

Attachment





**MAIN ACCUMULATION BUILDING RENDERING**



**CONSTRUCTION PROGRESS: 5-17-2018**

## CAPITAL PROJECT BUDGET REPORTING FORM

**TYPE BUDGET:**    **REVISED FINAL**

**PROJECT NAME:**    **UCONN HEALTH - MAIN ACCUMULATION BUILDING**

	<b>APPROVED PLANNING 12/7/2016</b>	<b>APPROVED DESIGN 3/29/2017</b>	<b>APPROVED FINAL 6/28/2017</b>	<b>PROPOSED REVISED FINAL 9/27/2017</b>	<b>PROPOSED REVISED FINAL 6/27/2018</b>
<b><u>BUDGETED EXPENDITURES</u></b>					
CONSTRUCTION	\$ 2,080,000	\$ 3,600,000	\$ 3,600,000	\$ 3,070,000	\$ 3,280,000
DESIGN SERVICES	305,000	305,000	305,000	352,000	406,000
TELECOMMUNICATIONS	25,000	25,000	25,000	25,000	25,000
FURNITURE, FIXTURES AND EQUIPMENT	35,000	35,000	35,000	35,000	35,000
CONSTRUCTION ADMINISTRATION	-	-	-	-	-
OTHER AE SERVICES (including Project Management)	45,000	45,000	45,000	28,000	15,000
ART	-	-	-	-	-
RELOCATION	5,000	5,000	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	10,000	10,000
<b>SUBTOTAL</b>	<b>\$ 2,525,000</b>	<b>\$ 4,045,000</b>	<b>\$ 4,045,000</b>	<b>\$ 3,525,000</b>	<b>\$ 3,776,000</b>
PROJECT CONTINGENCY	255,000	355,000	355,000	325,000	274,000
<b>TOTAL BUDGETED EXPENDITURES</b>	<b><u>\$ 2,780,000</u></b>	<b><u>\$ 4,400,000</u></b>	<b><u>\$ 4,400,000</u></b>	<b><u>\$ 3,850,000</u></b>	<b><u>\$ 4,050,000</u></b>
<b><u>SOURCE(S) OF FUNDING</u></b>					
UCONN HEALTH FUNDS	\$ 2,780,000	\$ 4,400,000	\$ 4,400,000	\$ 1,850,000	\$ 2,050,000
UCONN 2000 FUNDS	-	-	-	2,000,000	2,000,000
<b>TOTAL BUDGETED FUNDING</b>	<b><u>\$ 2,780,000</u></b>	<b><u>\$ 4,400,000</u></b>	<b><u>\$ 4,400,000</u></b>	<b><u>\$ 3,850,000</u></b>	<b><u>\$ 4,050,000</u></b>

BOT 6.27.18  
17-007

**Fiscal Year 2018  
Results of Operations  
As of April 30, 2018**



## Consolidated Financial Reports Financial Update & Highlights

**TO:** Members, Board of Directors  
**FROM:** Jeffrey P. Geoghegan, Chief Financial Officer  
**DATE:** May 16, 2018  
**SUBJECT:** **Unaudited FY 2018 Financial Results for the ten months ended April 30, 2018.**

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### Introduction:

The following provides highlights for the year to date results through April 30, 2018:

The YTD loss for the period ending April 30, 2018, was \$3.1 million as compared to a budgeted loss of \$11.3 million for a favorable variance of \$8.2 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 \$3.1 million. The variance is attributed to the favorable variances in the School of Medicine, School of Dental Medicine, Research and Institutional Support.

Year to date significant highlights include:

- School of Medicine results of operations were favorable to budget by \$1.1 million. There were favorable variances in Personnel Services, Fringe Benefits and Outside and Other Purchase Services.
- School of Dental Medicine results of operations were favorable to budget by \$2.0 million. There were favorable variances in Personnel Services and Fringe Benefits.
- Research results of operations were favorable to budget \$1.1 million. Unfavorable variances in Federal Grant Revenue were offset by favorable variances in Federal expenditures. Auxiliary and Investment revenues were both favorable to budget.

### Clinical

The clinical operations had a combined loss of \$31.7 million compared to a budget loss of \$36.8 million. Summary analysis of revenues and expenses is presented in the following pages.

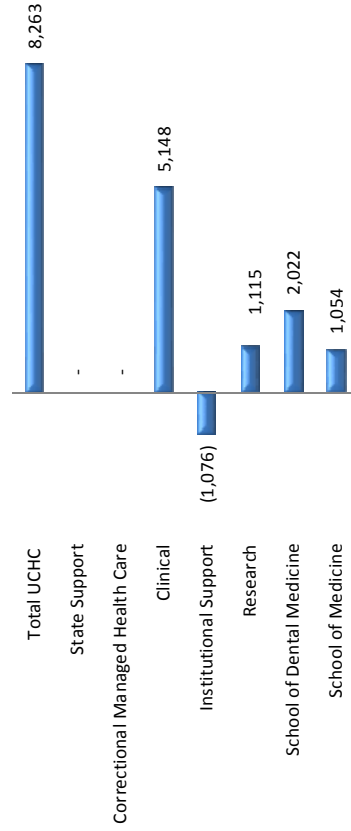
## Key Financial Results

For the period ending April 30, 2018

Category	Year - to - Date					
	Actual	Budget	Variance	Percent	Prior Year	Percent
Total UCHC Excess/(Deficiency)	(\$3,053)	(\$11,316)	\$8,263	73.0%	(\$18,144)	83.2%
Education, Research & Institutional Support-Excess/(Deficiency)	(\$150,004)	(\$153,119)	\$3,115	2.0%	(\$149,428)	-0.4%
Total Clinical (JDH/UMG)	(\$31,690)	(\$36,838)	\$5,148	14.0%	(\$52,853)	40.0%
CMHC - Excess/(Deficiency)	\$0	\$0	\$0		\$0	
State Appropriation-Block Grant	\$90,620	\$90,620	\$0	0.0%	\$101,252	-10.5%
Fringe Benefits & Other Adjustments	\$88,021	\$88,021	\$0	0.0%	\$82,885	6.2%
Total State Support	\$178,641	\$178,641	\$0	0.0%	\$184,137	-3.0%
Total Revenues (000's)	\$764,092	\$754,319	\$9,773	1.3%	\$726,460	5.2%
Total Expenses (000's)	\$945,786	\$944,276	\$1,510	0.2%	\$928,741	1.8%
Research Revenue Recognition in Financial Statements	\$65,389	\$70,373	(\$4,984)	-7.1%	\$71,895	-9.0%

### Budget Variance by Program - Year To Date

(in 000's)



# UConn HEALTH

## Consolidated Statement of Revenues and Expenses (without Eliminations)

	Consolidated UConn Health YTD April 2018				Consolidated UConn Health YTD April 2017			
	Actual	Budget	Variance	Percent Variance	Actual	Variance	Percent Variance	
<b>Revenues:</b>								
Tuition	\$ 20,122,410	\$ 20,357,438	\$ (235,028)	-1.2%	\$ 19,287,499	\$ 834,911	4.3%	
Research Grants and Contracts	65,388,682	70,373,316	(4,984,633)	-7.1%	71,894,779	(6,506,097)	-9.0%	
Auxiliary Enterprises	15,267,114	14,258,505	1,008,608	7.1%	14,262,420	1,004,694	7.0%	
Internal Income	81,114,238	81,539,085	(424,847)	-0.5%	89,804,639	(8,690,401)	-9.7%	
Interns and Residents	55,752,022	56,189,424	(437,402)	-0.8%	52,029,268	3,722,754	7.2%	
Net Patient Care	410,800,170	399,097,343	11,702,827	2.9%	375,414,769	35,385,402	9.4%	
Correctional Managed Health Care	68,548,539	67,275,937	1,272,601	1.9%	69,692,941	(1,144,402)	-1.6%	
Gifts & Endowment Income	4,296,716	5,121,942	(825,226)	-16.1%	4,623,284	(326,568)	-7.1%	
Investment Income	479,811	130,300	349,511	268.2%	100,533	379,278	377.3%	
Other Income	42,322,718	39,975,629	2,347,089	5.9%	29,349,737	12,972,980	44.2%	
<b>Total Revenues</b>	\$ 764,092,418	\$ 754,318,919	\$ 9,773,499	1.3%	\$ 726,459,868	\$ 37,632,550	5.2%	
<b>Expenses:</b>								
Personnel Services	\$ 322,346,236	\$ 322,374,628	\$ (28,392)	0.0%	\$ 320,191,629	\$ 2,154,607	0.7%	
Fringe Benefits	177,828,072	180,012,452	(2,184,380)	-1.2%	171,451,048	6,377,024	3.7%	
Medical Contractual Support	13,779,627	13,943,370	(163,743)	-1.2%	12,929,943	849,684	6.6%	
Internal Contractual Support	80,617,384	81,131,305	(513,921)	-0.6%	89,087,259	(8,469,875)	-9.5%	
Medical/Dental House Staff	44,409,936	44,936,588	(526,652)	-1.2%	43,845,799	564,137	1.3%	
Correctional Managed Healthcare	68,548,539	67,275,937	1,272,601	1.9%	69,692,941	(1,144,402)	-1.6%	
Outside Agency Per Diems	3,154,672	2,998,218	156,454	5.2%	2,546,960	607,712	23.9%	
Drugs	32,581,889	31,909,892	671,998	2.1%	27,198,001	5,383,889	19.8%	
Medical Supplies	44,321,318	42,948,353	1,372,964	3.2%	41,587,881	2,733,436	6.6%	
Utilities	10,695,950	11,256,117	(560,168)	-5.0%	10,950,711	(254,762)	-2.3%	
Outside & Other Purchased Services	68,213,103	68,499,132	(286,028)	-0.4%	61,178,833	7,034,271	11.5%	
Insurance	4,181,802	2,946,939	1,234,863	41.9%	3,764,900	416,903	11.1%	
Repairs & Maintenance	12,369,064	12,100,158	268,906	2.2%	11,021,646	1,347,418	12.2%	
Debt Service	8,299,088	8,305,571	(6,483)	-0.1%	8,541,748	(242,661)	-2.8%	
Other Expenses	24,323,075	23,785,409	537,667	2.3%	22,745,818	1,577,257	6.9%	
Depreciation	30,116,018	29,851,943	264,076	0.9%	32,005,783	(1,889,765)	-5.9%	
<b>Total Expenses</b>	\$ 945,785,774	\$ 944,276,011	\$ 1,509,763	0.2%	\$ 928,740,901	\$ 17,044,873	1.8%	
<b>Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations</b>	\$ (181,693,356)	\$ (189,957,092)	\$ 8,263,736	4.4%	\$ (202,281,033)	\$ 20,587,677	10.2%	
State Appropriation-Block Grant	\$ 90,619,981	\$ 90,619,981	\$ (0)	0.0%	\$ 101,252,152	\$ (10,632,171)	-10.5%	
Workers Compensation Net of Appropriations			0		(721,350)	(1,049,521)		
State Supported Fringe Benefits and Other Adjustments	88,020,763	88,020,763	(0)	0.0%	83,606,262	4,414,501	5.3%	
<b>Excess/(Deficiency)</b>	\$ (3,052,612)	\$ (11,316,347)	\$ 8,263,735	73.0%	\$ (18,143,969)	\$ 15,091,357	83.2%	

**John Dempsey Hospital**  
**Consolidated Statement of Revenues and Expenses**  
**April 30, 2018**

Year-to-Date April			
Actual '18	Budget '18	Variance	Percent Variance

**Revenues:**

Net Patient Care	\$ 327,371,557	\$ 317,695,128	\$ 9,676,429	3.0%	\$ 301,103,688
Other Income	34,127,401	31,932,036	2,195,365	6.9%	23,951,393

**Total Revenues**

	\$ 361,498,958	\$ 349,627,164	\$ 11,871,794	3.4%	\$ 325,055,081
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**Expenses:**

Personnel Services	\$ 114,577,187	\$ 113,088,239	\$ 1,488,948	1.3%	\$ 99,045,664
Fringe Benefits	72,324,788	71,992,724	332,064	0.5%	58,725,224
Medical Contractual Support	205,332	198,302	7,030	3.5%	167,204
Internal Contractual Support	41,562,105	41,364,565	197,540	0.5%	61,411,568
Medical/Dental House Staff	1,868,645	2,308,333	(439,688)	-19.0%	2,596,170
Outside Agency Per Diems	2,775,798	2,638,612	137,186	5.2%	2,266,660
Drugs	28,889,012	28,405,233	483,779	1.7%	23,750,788
Medical Supplies	34,807,275	32,839,324	1,967,951	6.0%	31,607,778
Utilities	2,783,198	2,793,899	(10,701)	-0.4%	2,886,566
Outside & Other Purchased Services	26,224,623	24,685,415	1,539,208	6.2%	24,951,497
Insurance	2,602,227	2,117,165	485,062	22.9%	2,833,190
Repairs & Maintenance	6,484,970	6,179,673	305,297	4.9%	5,675,173
Other Expenses	1,813,588	1,586,433	227,155	14.3%	1,574,371
Interest Expense	31,973	38,457	(6,484)	-16.9%	22,311
Depreciation	6,526,332	6,145,609	380,723	6.2%	7,384,728

**Total Expenses**

	\$ 343,477,053	\$ 336,381,983	\$ 7,095,070	2.1%	\$ 324,898,892
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**Excess/(Deficiency) of Revenues**  
over Expenses Prior to State Appropriations

	\$ 18,021,905	\$ 13,245,181	\$ 4,776,724	36.1%	\$ 156,189
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## John Dempsey Hospital

### Results of Operations

The YTD gain for the period ending April 30, 2018, was \$18.0 million compared to a budgeted gain of \$13.2 million, for a favorable variance of \$4.8 million. Total revenues were favorable by \$11.9 million. Revenue variances were driven by favorable net patient revenue of \$9.7 million, along with other operating income. Total expenses were unfavorable \$7.1 million and were driven by increased patient care expenses in Drugs and Medical Supplies as well as Outside and other purchase services. The gain for the same period in the prior year was \$156,000 for a favorable variance of \$17.9 million.

Category	Year - to - Date					
	Actual	Budget	Variance	Percent	Prior Year	Percent
<b>John Dempsey Hospital (in thousands)</b>						
JDH Excess/(Deficiency) of Revenues over Expenses	\$18,022	\$13,245	\$4,777	36.1%	\$156	11452.6%
JDH Operating Margin	5.0%	3.8%	1.2%	31.6%	0.0%	10275.3%
Inpatient Discharges	8,358	7,947	411	5.2%	7,664	9.1%
Outpatient Equivalents	14,904	14,946	(42)	-0.3%	14,191	5.0%
Average Length of Stay	4.2	4.2	0.0	0.0%	4.2	0.0%
Net Revenue per Adjusted Discharge	\$14,073	\$13,877	\$196	1.4%	\$13,777	2.1%
Cost per Adjusted Discharge	\$14,766	\$14,694	\$72	0.5%	\$14,866	-0.7%
Days Revenue in Accounts Receivable	46	41	5	12.2%	45	2.2%
Case Mix Index	1.5670	1.5384	0.0286	1.9%	1.5296	2.4%

### Net Revenue: Year to Date

Total net patient revenue was favorable to the budget plan by \$9.7 million (3.0%) and favorable to prior year by \$26.3 million (8.7%). Inpatient discharges of 8,358 are above budget by 411 (5.2%) and represent an 9.1% increase from prior year. Outpatient volume, represented by Outpatient Equivalents of 14,904, was unfavorable to budget by 42 (.3%) and above prior year by 713 (5.0%).

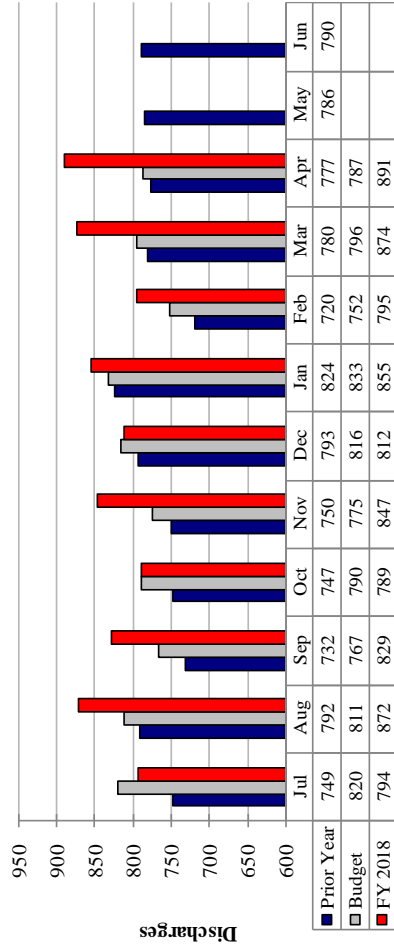
The key drivers for net revenue are:

- Compared to Budget JDH had the following Price/Volume variances on Adjusted Discharges
  - Volume variance: Adjusted discharges were favorable to budget by 369 a variance valued at \$5.1 million.
  - Price variance: Net Revenue per adjusted discharge was \$196 above budget, a favorable variance valued at \$4.6 million.
- Case mix index is 1.5670 compared to a budget of 1.5384 and a prior year actual of 1.5296.

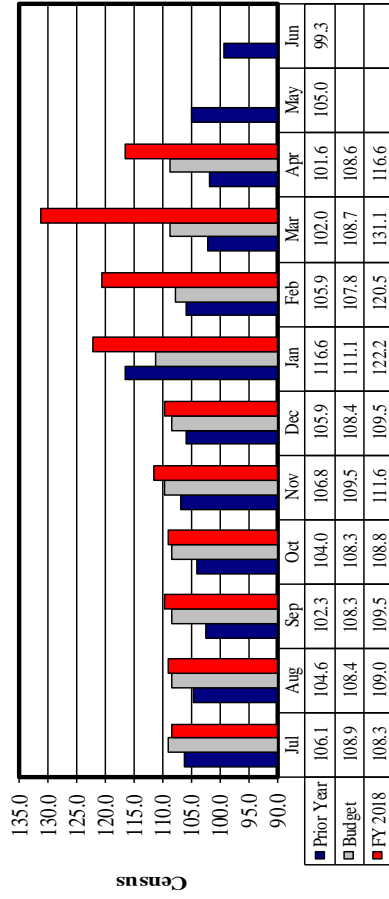
## Expenses

- Expenses were unfavorable to the budget by \$7.1 million. Significant unfavorable variances included Outside and Other Purchase Services and Insurance Expenses. Drug expenses, which exceed budget, are offset by higher pharmacy revenue. Medical Supplies, which was also over budget, is the result of higher surgical volume.
- Total cost per adjusted discharge was \$14,766 compared to a budget of \$14,694 for an unfavorable variance of \$72 (.5%). Total cost per adjusted discharge was unfavorable to prior year by \$100 (.7%).

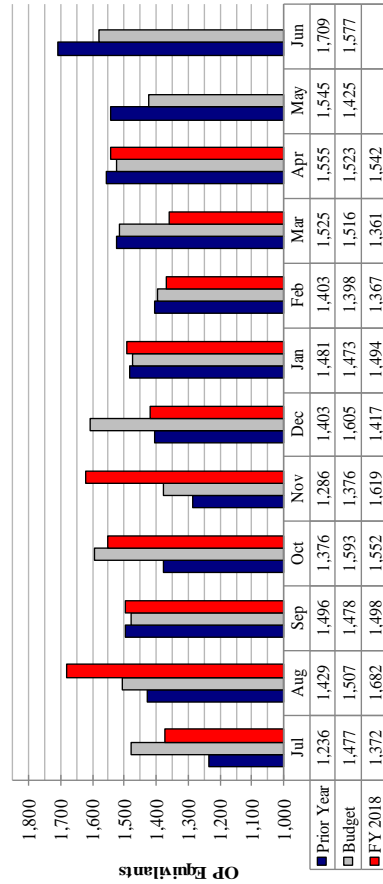
## JDH Discharges by Month



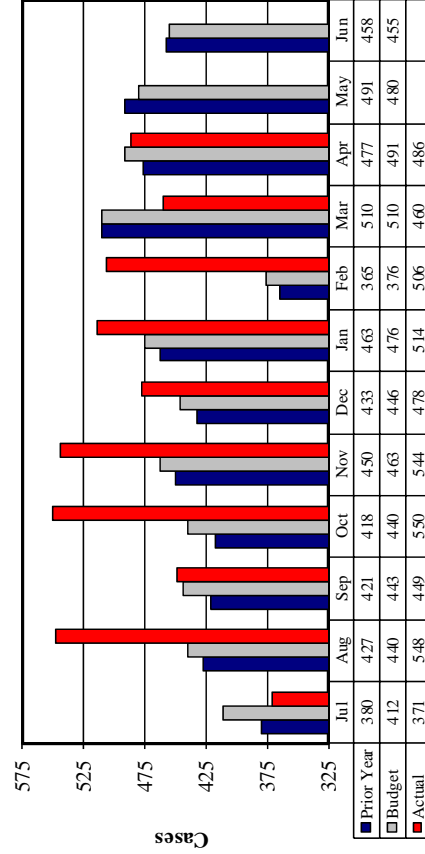
## JDH Average Daily Census By Month



## JDH Outpatient Equivalents



## Outpatient Surgery Center Cases



**UConn Medical Group**  
**Consolidated Statement of Revenues and Expenses**  
**April 30, 2018**

Year-to-Date April			
Actual '18	Budget '18	Variance	Percent Variance
Actual '17			

**Revenues:**

Net Patient Care	\$ 74,253,295	\$ 72,564,198	\$ 1,689,097	2.3%	\$ 66,310,630
Other Income	18,193,115	18,497,588	(304,473)	-1.6%	17,574,349

**Total Revenues**

\$ 92,446,410	\$ 91,061,786	\$ 1,384,624	1.5%	\$ 83,884,979
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**Expenses:**

Personnel Services	\$ 71,303,311	\$ 70,685,783	\$ 617,528	0.9%	\$ 69,634,369
Fringe Benefits	34,518,722	34,400,207	118,515	0.3%	31,996,451
Medical Contractual Support	5,731,724	5,842,287	(110,563)	-1.9%	5,443,019
Internal Contractual Support	11,998,962	12,090,804	(91,842)	-0.8%	12,015,096
Outside Agency Per Diems	350,669	308,469	42,200	13.7%	224,296
Drugs	3,633,577	3,461,498	172,079	5.0%	3,414,403
Medical Supplies	1,496,593	1,391,560	105,033	7.5%	1,303,486
Utilities	203,989	206,649	(2,660)	-1.3%	174,029
Outside & Other Purchased Services	6,911,814	6,694,024	217,790	3.3%	6,552,230
Insurance	195,666	197,231	(1,565)	-0.8%	243,727
Repairs & Maintenance	753,379	775,184	(21,805)	-2.8%	617,054
Other Expenses	373,763	402,945	(29,182)	-7.2%	420,671
Depreciation	4,686,682	4,688,358	(1,676)	0.0%	4,855,206

**Total Expenses**

\$ 142,158,851	\$ 141,144,999	\$ 1,013,852	0.7%	\$ 136,894,037
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Excess/(Deficiency) of Revenues  
over Expenses Prior to State Appropriations

\$ (49,712,441)	\$ (50,083,213)	\$ 370,772	0.7%	\$ (53,009,058)
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## UConn Medical Group

### Results of Operations

The YTD deficit for the period ending April 30, 2018, is \$49.7 million compared to a budgeted deficit of \$50.1 million, for a favorable variance of \$371,000. The deficit in the prior year was \$53.0 million for a favorable variance of \$3.3 million. Other significant highlights include:

Category	Year - to - Date					
	Actual	Budget	Variance	Percent	Prior Year	Percent
<b>University Medical Group (in thousands)</b>						
(Deficiency)/Excess of Revenues over Expenses	(\$49,712)	(\$50,083)	\$371	0.7%	(\$53,009)	6.2%
Operating Margin	-53.8%	-55.0%	1.2%	2.2%	-63.2%	14.9%
RVU's	948,672	940,061	8,611	0.9%	861,242	10.2%
Net Revenue Per RVU	\$78.27	\$77.19	\$1.08	1.4%	\$76.99	1.7%
Cost per RVU (w.o. Anesthesia)	\$138.96	\$139.39	(\$0.43)	-0.3%	\$147.60	-5.9%
Average Provider FTE	190	188	1	0.8%	190	-0.3%
Average Monthly RVU Per Provider	500	500	1	0.1%	453	10.5%
Days Revenue in Accounts Receivable	44	42	2	4.8%	43	2.3%

### Net Revenue: Year to Date

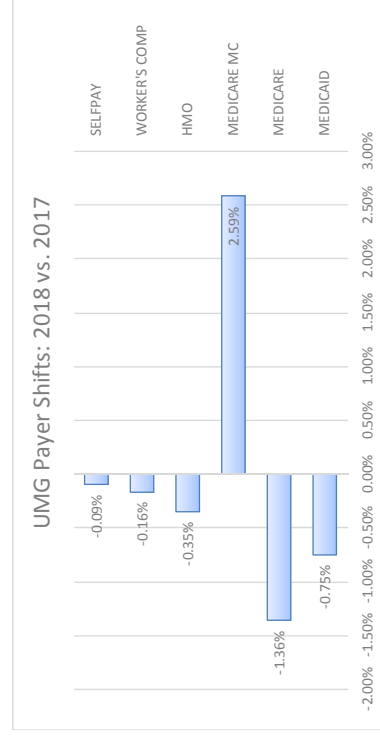
Net patient revenue is favorable to the budget plan by \$1.7 million and is favorable to prior year by \$7.9 million (12.0%).

The key drivers for net revenue are:

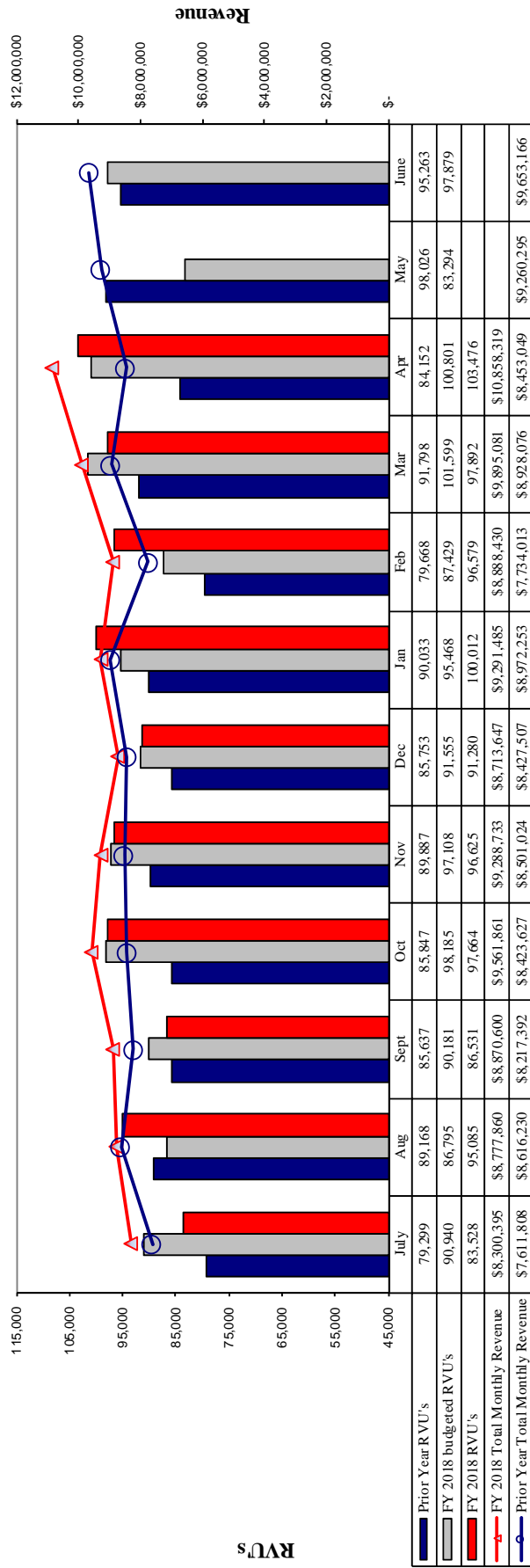
- RVU's are ahead of budget 8,611 units (.9%) – a favorable volume variance of \$665,000.
- Compared to Budget –The net revenue per unit was \$1.08 favorable to budget – a favorable price variance of \$1.0 million.

### Expenses: Year-to-date

- Total expenses are unfavorable to the budget by \$1.0 million or .7%. Notable favorable variances were in Personnel Services and Outside and other purchase services.



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



# UConn HEALTH

FROM: Jeffrey P. Geoghegan  
Chief Financial Officer



DATE: June 18, 2018

RE: Proposed Spending Plan for Fiscal Year 2019 for UConn Health

## RECOMMENDATION:

The UCH Board of Directors endorse and recommend to the University Board of Trustees approval of the spending plan for Fiscal Year 2018 of \$1,047.6 million for UConn Health.

## BACKGROUND:

The Fiscal Year 2019 Spending Plan includes \$1,047.6 million of revenue, including state funding of \$238.8 million, to cover \$1,047.6 million in expenses.

**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 18, 2018

**SUBJECT:** UConn Medical Group (UMG) Operations Report

## PROGRESS ON AMBULATORY ORGANIZATIONAL GOALS and INITIATIVES

Brief highlights for the third quarter of FY18 include:

### Service

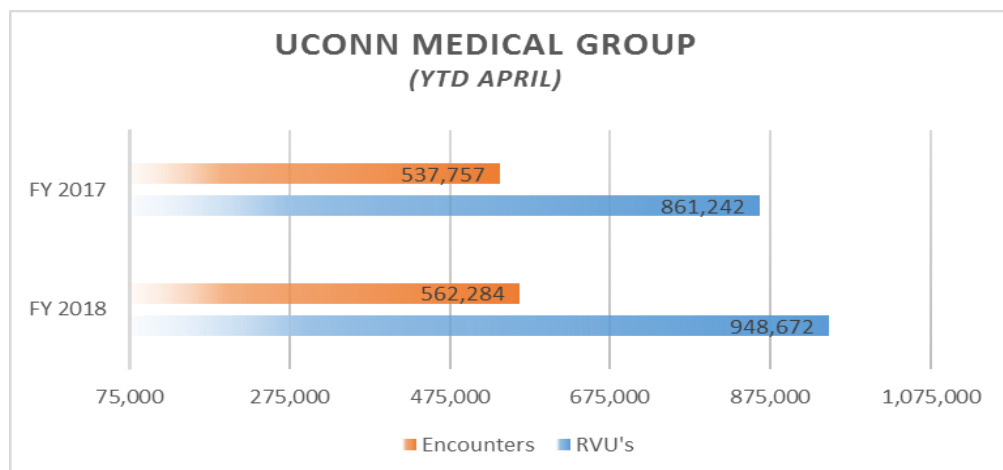
- Substantial work to prepare for the HealthOne go-live continued in Q3, efforts this quarter focused on Workflow planning; Provider preferences; Provider scheduling and productivity standards; Scheduling set-up; along with coordination and the completion of Epic certified trainer and user trainings
- In addition, 199 Medical Assistants were certified or registered in preparation for HealthOne

### Quality

- YTD UMG collected \$442,000 in MU incentive payments, \$136,000 received in Q3 for providers meeting MU.
- Population Health efforts have continued with the expansion of the Chronic Care Management Program.

### Finance

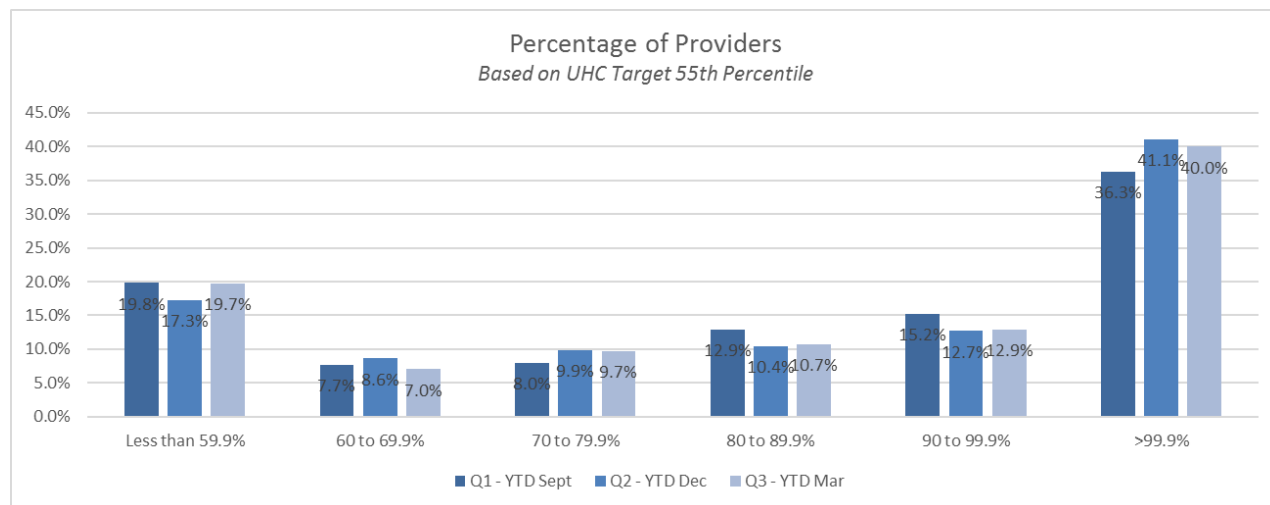
- As of April, encounters are 5% ahead of prior year actual, with RVU's are 10% ahead of prior year actual. YTD Encounters are 1.54% ahead of budget with RVU's are slightly ahead budget by just under 1%



- In Q3, UMG received \$60,000 from United Medicare Advantage for work done to close gaps in care for attributed lives under this contract.
- Providers meeting or exceeding the 55th percentile: As of the end of the third quarter, 161 providers (40.0%) are meeting or exceeding the 55th percentile. This quarter, UMG has experienced a slight decrease compared to the baseline, where in March 2017, 130 of 315 providers had met the 55th percentile, which equated to 41.4% of all providers meeting or exceeding the target.

#### Distribution of providers based on percentage of the 55<sup>th</sup> percentile target

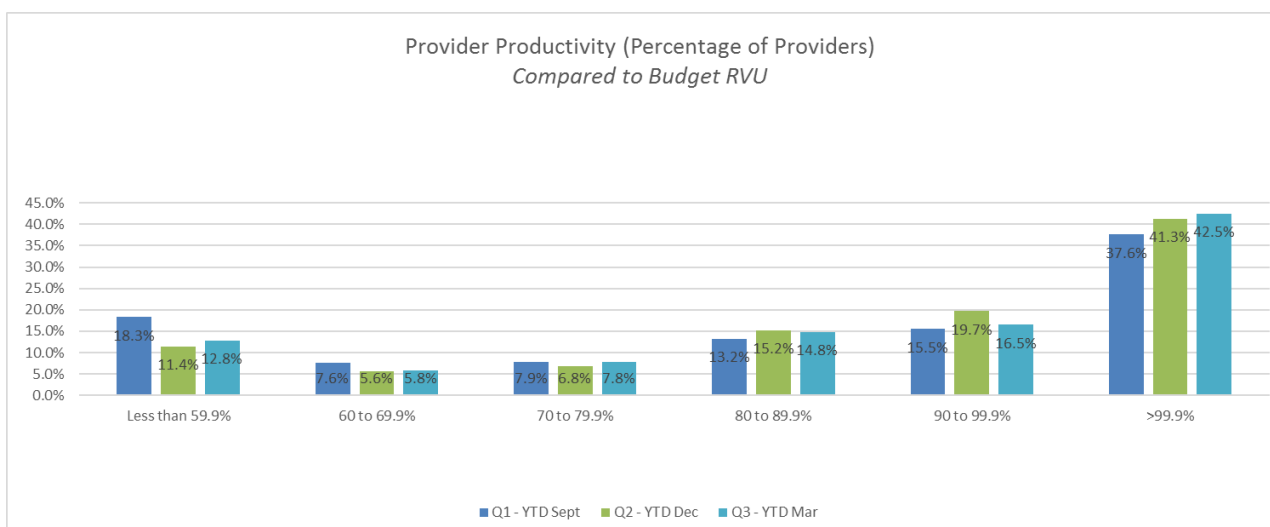
As of March (YTD)	Less than 59.9%	60 to 69.9%	70 to 79.9%	80 to 89.9%	90 to 99.9%	>99.9%	Grand Total
Count of Provider Name	79	28	39	43	52	161	402
% of Providers	19.7%	7.0%	9.7%	10.7%	12.9%	40.0%	100%



- Provider Productivity Summary (*compared to Budget wRVUs*): As of the end of the third quarter, 170 providers (42.5%) are meeting or exceeding budgeted wRVUs.

#### Distribution of providers based on percentage of the budget (wRVUs)

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	51	23	31	59	66	170	400
% of Providers	12.8%	5.8%	7.8%	14.8%	16.5%	42.5%	100.0%



Location: HR Training Room, Munson Road  
Present (Voting): R. Carbray; R. Dakers; T. Holt; K. Woods

Chairman Tim Holt called the meeting to order at 8:32 am

### **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 December 4, 2017

***In a motion duly made and seconded, the Committee approved the minutes of December 4, 2017***

### **3. Fiscal Reports and Updates**

Mr. Geoghegan reported that at the end of January, 2018 UConn Health had a favorable variance to budget of \$7.4 million. The forecast for the rest of the year is for the next five months there are a number of items that are coming up against the budget including a reduction in our Medicare payments and a reduction in our payments for pharmaceuticals related to 340b which will result in less revenue. Mr. Geoghegan reminded the board that we are still budgeted for the implementation of the EPIC project for May and June.

Mr. Geoghegan showed a slide of the budget variance to the group depicting all business units were favorable to the overall budget. Clinical is about \$5 million favorable, Institutional Support, Research, both the School of Medicine and the School of Dental Medicine are also favorable. Overall salaries and fringe benefits are under as we still continue to monitor all of the hiring through the entity. In the School of Dental Medicine, as they are still ramping up and utilizing their new dental clinics, they continue to be favorable to budget.

John Dempsey Hospital has seen excellent volume overall. Hospital discharges are about 3.3% greater than expectations; which is 7.7% greater than the prior year. Outpatient equivalents are 1.1% greater than budget, and 9.3% greater than the prior year. Showing the hospital is making great strides overall. Another main driver for our overall hospital progress is our surgeries. The main OR in University Tower as well as the Outpatient Surgery Center both continue to be favorable to budget with significant growth. Another area for this year for volume is our emergency room which continues to track over budget. This year we have seen double the number of flu patients over past years.

UMG: The Physician RVU's have been tracking about 1% greater than budgeted. The average provider FTE's is currently over budget about 3 indicating we have highered about 3 providers more than the number of providers that have left. The average monthly RVU's is almost exactly right on the budget target which is 39 RVU's over last year's productivity. The Medicare managed care plans are resulting in a slight increase in the revenue over prior year.

The question was asked about new hire physicians for specialties. Dr. Agwunobi answered our increase in faculty in one of the drivers our recent volume, especially in the area of specialties such as neurosurgery and neurology.

The State of Connecticut budget: The Governor did release a proposed budget for next year (fiscal 2019). That budget basically rolls forward our state appropriations from this year into next year. There was a slight increase which has been reduced due to cuts made by the state which were rolled to 2019. This was an expected occurrence. Otherwise there is not significant change in the budget to date. In May Mr. Geoghegan expects to have a special meeting of the Finance Subcommittee to discuss where we feel the proposed budget will land and to prepare a 2019 budget plan.

There were estimated retirement contribution rates released from the Comptroller's office. All of the rates regardless of the plan have an increase. The state retirement plan increased 11%. The contribution for this is now a 67.6% proposal. This is not an increase or a change in the employees' contributions, those changes were made last year. This is the amount charged to UConn Health for the plan. Overall for all the plans it is expected we will see a \$13.1 million increase with the new rates. Approximately \$5.6 million of that could be covered by the block grant, but the remaining \$7.5 million will need to be covered by additional revenues. The question was asked how our fringe rate costs compare with other Connecticut Hospitals. Mr. Geoghegan answered: Connecticut Hospital Association does an analysis of fringe costs state wide. That has been tracking an overall rate around 28-30% rate. UConn does have an alternate plan here that is at about 15%. When we do our combination our overall rate is in the mid 60's.

Mr. Geoghegan noted that there were handouts of the state auditors' report distributed to each board member. That information can be found with the Board of Directors meeting materials at <https://health.uconn.edu/finance/accounting/overview/financial-reports/>

#### **4. Items Needing Approval**

In preparation of the approval of the contracts, Dr. Agwunobi reviewed the Optum360 revenue cycle management RFP. The decision was made to outsource our revenue cycle management which will cause additional financial capture. The selection process ran from September to December, 2017. Mr. Geoghegan led the selection committee process to choose a firm. Dr. Agwunobi pointed out that because he is on the board of a large hospital group in California which owns 20% of one of the firms that applied he recused himself from the selection process. The firm that was selected is Optum360, which is a national revenue cycle firm that had favorable overall costs. Optum states that it serves 4 out of every five hospital centers across the United States with revenue cycle solutions and has over 7,700 revenue cycle experts. This company is part of the same firm that has purchased ProHealth, however a different arm of the same corporation. Optum was asked to do a thirty day assessment of UConn Health to evaluate the opportunities and help us determine what the contract would look like. The results showed a low opportunity of \$8 million and the aggressive opportunity of \$13 million. The actual revenue cycle improvement cost will be \$1.8 million. In addition Optum will be supplying us with some short term staffing, and some EPIC consulting help (EPIC work will be offset by EPIC budgeted funds). The total contract is \$2.6 million, however \$730,000 is being offset by vacant position salaries. The total requested operating funds is \$2.3 million.

**4.1 Contracts/PO's/Amendments \$1million+**

- 4.1.1 Novo Nordisk, Inc.
- 4.1.2 Capital Area Health Consortium
- 4.1.3 Capital Area Health Consortium
- 4.1.4 Concentra
- 4.1.5 Edwards Lifescience
- 4.1.6 GE Healthcare
- 4.1.7 Optum360, LLC and its affiliate, Optuminsight, Inc
- 4.1.8 Jackson & Coker Holdings, LLC, dba Jackson & Coker Locum Tenens, LLC
- 4.1.9 Locum Tenens Holdings, LLC, dba Locum Tenens.com, LLC
- 4.1.10 MDA Holdings, Inc., dba Medical Doctor Associates, LLC
- 4.1.11 Medestar
- 4.1.12 Quest Healthcare Solutions, LLC
- 4.1.13 Tusk Enterprises, LLC, dba Rhino Medical and Hospitalists Plus

**4.2 Leases**

There were no leases presented to the group

**4.4 Project Budgets**

There were no project budgets presented to the group

***In a motion duly made and seconded, the Committee approved agenda item 4.1 as described in detail in the board materials on pages 9.***

**5. Updates and Informational Items****5.1 Contracts to \$999,999**

- 5.1.1 Health Sciences North Research Institute
- 5.1.2 Institute for Community Research
- 5.1.3 Khmer Health Advocates, Inc.
- 5.1.4 Regents of the University of California, Davis
- 5.1.5 Yale University
- 5.1.6 Agilent Technologies
- 5.1.7 Edge pharmacy Services, LLC
- 5.1.8 Tomotherapy, Inc.

**6. Other Reports****6.1 Personnel List**

With no further business, the Finance Subcommittee meeting was adjourned at 9:22 am

Respectfully submitted,



Jeffrey Geoghegan  
Chief Financial Officer

***The Next Regularly Scheduled Meeting***

Monday, June 18, 2018 at 8:30 am



Finance Subcommittee June 18, 2018

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	Instrumentation Laboratory	UCHCFC1-34769263	Amendment	\$950,000	7/9/13 - 7/8/18	Operating Funds-Clinical	Kimberly Metcalf, Senior Director Hospital Operations	E	JDH uses Instrumentation Laboratory for all coagulation testing including factors & specialty coagulation assays. This agreement for equipment, service and consumables for coagulation testing includes transition to newer equipment, service including labor, travel, parts and reagents	Sole Source
2	Universal Hospital Services	UCHCFC4-99096293	New	\$750,000	4/2/18 - 4/1/21	Operating Funds-Clinical	Kimberly Metcalf, Senior Director Hospital Operations	E	University Hospital Services (UHS) provides an Asset360 medical equipment management program.	Sole Source
3	Advisory Board	UCHCFC2-60164960-CCC	Amendment	\$580,000	3/31/15 - 3/30/20	Operating Funds-Clinical	James Thiabeault, Director Strategic Planning	E	Annual membership to Crimson Continuum of Care, a proprietary software product that allows us to analyze physician economic and quality performance and compare performance metrics to cohort databases.	Sole Source
4	Hartford Healthcare Medical Group	UCHCFC1-Fusco 2018	New	\$560,000	7/1/18 - 6/30/19	Operating Funds-Clinical	Linda Manzelli, Director Calhoun Cardiology Center	E	HHCWG provides the services of Dr. Daniel Fusco for clinical, call coverage and hospital rounding. UConn Health bills and collects for services.	Sole Source

# UNIVERSITY OF CONNECTICUT HEALTH

## PERSONNEL LIST

JUNE 2018

### 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 January 20, 2018 through May 10, 2018. This list is presented to the Members of the UCH Board of Directors FOR INFORMATION at the meeting of June 18, 2018.

#### **Leaves of Absence**

1. Aguila, Hector L., Associate Professor/Basic Sciences, Department of Immunology, medical leave with pay for the period April 6, 2018 through May 18, 2018.
2. Appleby, Lesley, Physical Therapist 2 - UHP, Rehabilitation Services - Outpatient, medical leave with pay for the period February 23, 2018 through May 6, 2018, medical leave without pay for the period May 7, 2018 through May 17, 2018, maternity leave without pay for the period May 18 through May 30 and family leave without pay for the period May 31, 2018 through August 30, 2018.
3. Bartos, Megan E., Occupational Therapist 2 - UHP, Rehabilitation Services - Inpatient, medical leave with pay for the period March 26, 2018 through April 12, 2018 and medical leave with pay for the period April 14, 2018 through April 15, 2018.
4. Bath, Roopjeet K., Assistant Professor/Clinical, Gastroenterology, maternity leave with pay for the period February 2, 2018 through March 29, 2018 and family leave with pay for the period March 30, 2018 through April 29, 2018.
5. Brennan, Lauren E., Nurse Practitioner, UMG-Surgery - Urology, maternity leave with pay for the period February 25, 2018 through April 6, 2018, family leave with pay for the period April 7, 2018 through May 9, 2018 and family leave without pay for the period May 10, 2018 through June 3, 2018.
6. Carreiro, Irene D., Application Analyst 1, UConn HealthONE, medical leave with pay for the period February 16, 2018 through May 10, 2018.
7. Champeau, Corey A., Lead Physician Assistant, N.N.I.C.U. Unit, medical leave with pay for the period March 12, 2018 through March 25, 2018
8. Cirullo, Lisanne M., Nurse Practitioner, UMG-Rheumatology, family leave with pay for the period February 5, 2018 through February 25, 2018.

UNIVERSITY OF CONNECTICUT HEALTH  
PERSONNEL LIST  
ACTIONS FOR INFORMATION  
JUNE 2018

**Leaves of Absence continued**

9. Cleaveland, Karen S., Nurse Practitioner, N.N.I.C.U. Unit, medical leave with pay for the period November 7, 2017 through November 13, 2017 and medical leave without pay for the period November 14, 2017 through March 20, 2018.
10. Constantine, Cheryl, Clinical Research Assistant 3, Psychiatry, medical leave with pay for the period February 23, 2018 through March 25, 2018.
11. Craven, Nancy A., Physical Therapist 2 - UHP, Rehabilitation Services - Outpatient, medical leave with pay for the period April 9, 2018 through April 22, 2018.
12. Crosson, John, Physical Therapist 2 - UHP, Rehabilitation Services - Outpatient, medical leave with pay for the period February 6, 2018 through May 6, 2018.
13. Desousa, Marcia T., Clinical Research Assistant 2, Calhoun Cardiology Center, medical leave with pay for the period March 19, 2018 through April 29, 2018 and maternity leave with pay for the period April 30, 2018 through July 8, 2018.
14. Dias, Feliciano, Clinical Lab Supervisor, Microbiology and Serology, medical leave with pay for the period April 5, 2018 through April 15, 2018.
15. Fogue, Ken F., Technical Analyst 2, Customer Support Services, medical leave with pay for the period February 26, 2018 through March 6, 2018.
16. Giove, Kimberly S., Administrative Program Coordinator, Oral and Maxillofacial Surgery, medical leave with pay for the period May 3, 2018 through May 7, 2018 and medical leave without pay for the period May 8, 2018 through June 27, 2018.
17. Gomlinski, Gregg, Rehabilitation Services Supervisor, Rehabilitation Services - Outpatient, medical leave with pay for the period February 23, 2018 through March 5, 2018.
18. Goodwin, Kerri A., Executive Assistant, Neag Cancer Center, medical leave with pay for the period April 5, 2018 through April 22, 2018.
19. Grala, Elizabeth M., Nurse Manager, Psychiatry 1 Unit, medical leave with pay for the period March 5, 2018 through April 24, 2018.
20. Guarino, Carolyn A., Quality Assurance Specialist, Clinical Effectiveness Administration, medical leave with pay for the period March 7, 2018 through April 8, 2018.

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**Leaves of Absence continued**

21. Hepner, Aubrey A., Nurse Practitioner, Intensive Care Unit, maternity leave with pay for the period February 1, 2018 through April 25, 2018, family leave with pay for the period April 26, 2018 through June 25, 2018 and family leave without pay for the period June 26, 2018 through July 12, 2018.
22. Hong, Mi Y., Nurse Practitioner, Intermediate Unit, medical leave with pay for the period April 4, 2018 through May 2, 2018.
23. Ives, Alissa J., Medical Technologist 2, Blood Bank – Lab Medicine, medical leave with pay for the period February 17, 2018 through March 11, 2018
24. Johnson, Debra V., Nurse Practitioner, Psychiatric Clinic, medical leave with pay for the period February 13, 2018 through March 13, 2018.
25. Knapik, Ursula K., Administrative Officer, Academic Affairs and Education, medical leave with pay for the period February 13, 2018 through February 19, 2018.
26. Laborde-Lilley, Carmen, Medical Technologist 2, Core Lab, family leave with pay for the period March 25, 2018 through March 29, 2018.
27. Leblanc, Laura B., Administrative Officer, Medicine Administration, maternity leave with pay for the period April 10, 2018 through May 21, 2018 and family leave with pay for the period May 22, 2018 through July 11, 2018.
28. Lepowsky, Steven M., Senior Associate Dean of Education and Patient Care, General Dentistry, medical leave with pay for the period March 5, 2018 through March 18, 2018.
29. Levine, Nadia, Supervisor, Clinical Case Manager, Case Management, medical leave with pay for the period April 25, 2018 through May 16, 2018.
30. Longo, Lynn D., Radiation Therapy Technologist, Radiation Therapy, medical leave with pay for the period May 3, 2018 through May 16, 2018.
31. Lotko, John, Application Developer 3, Enterprise Systems, medical leave with pay for the period January 26, 2018 through April 19, 2018.
32. Manion, Jody L., Occupational Therapist 2 - UHP, Rehabilitation Services - Outpatient, maternity leave with pay for the period March 29, 2018 through May 9, 2018 and family leave with pay for the period May 10, 2018 through July 15, 2018.

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**Leaves of Absence continued**

33. Marshall, Kristin R., Cardio Sonographer, Cardiology, medical leave with pay for the period February 12, 2018 through March 4, 2018 and medical leave with pay for the period April 5, 2018 through April 17, 2018.
34. McNally, Christine E., Academic Curriculum Coordinator, Curricular Affairs, medical leave with pay for the period February 8, 2018 through February 19, 2018 and medical leave with pay for the period February 22, 2018 through March 4, 2018.
35. Mills-Miller, Racine M., Administrative Program Coordinator, Endocrinology, medical leave with pay for the period January 19, 2018 through January 22, 2018 and medical leave without pay for the period January 23, 2018 through February 4, 2018.
36. Morin, Arlene M., Clinical Nurse Specialist, JDH – Organization and Staff Development, medical leave with pay for the period February 5, 2018 through February 18, 2018.
37. Neff, Lynne D., Clinical Case Manager, Case Management, medical leave with pay for the period April 19, 2018 through May 6, 2018.
38. Nelson, Susan M., Clinical Case Manager, Case Management, medical leave with pay for the period February 19, 2018 through February 20, 2018 and medical leave without pay for the period February 21, 2018 through March 4, 2018.
39. Oguro, Mayu, Assistant Professor/Basic Sciences, Cell Biology, medical leave with pay for the period March 14, 2018 through May 7, 2018.
40. Poetzsch, Robert E., Application Developer 3, Enterprise Systems, medical leave with pay for the period March 22, 2018 through April 8, 2018.
41. Porter, Martha A., Clinical Research Associate 1, University of Connecticut Center on Aging, medical leave with pay for the period May 1, 2018 through June 13, 2018.
42. Schwenn, Janet H., Neonatal Specialist, Respiratory Care, N.N.I.C.U. Unit, medical leave with pay for the period March 8, 2018 through April 8, 2018.

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43. Spyros, Patricia A., Assistant Nursing Manager, UConn Health Surgery Center, medical leave with pay for the period February 22, 2018 through March 11, 2018.
44. Sun, Lei, Application Architect, Strategic Projects and Clinical Systems, family leave with pay for the period March 19, 2018 through March 27, 2018.
45. Urciuoli, Wendy S., Librarian 2, Library, medical leave with pay for the period February 23, 2018 through March 28, 2018.
46. Vera-Licona, Martha, Assistant Professor/Basic Sciences, Center for Quantitative Medicine, maternity leave with pay for the period February 28, 2018 through April 24, 2018.
47. Vieira, Tammy L., Executive Assistant, General Surgery, medical leave with pay for the period March 8, 2018 through March 29, 2018.
48. Weinstock, Clara G., Assistant Professor/Clinical, Internal Medicine Associates, medical leave with pay for the period March 12, 2018 through April 1, 2018.
49. White, Bruce A., Professor/Basic Sciences, Cell Biology, medical leave with pay for the period April 12, 2018 through May 13, 2018.

**Resignations**

1. Bansal, Ridhi, Assistant Professor/Clinical, Internal Medicine Associates, effective March 1, 2018.
2. Burdick, Erica L., Clinical Case Manager, Case Management, effective March 1, 2018.
3. DeMeo, Margaret O., Associate Compliance Officer, Healthcare and Regulatory Compliance, effective, March 2, 2018.
4. Farrell, Kimberly A., Assistant Professor/Clinical, Prosthodontics and Operative Dentistry, effective April 30, 2018.
5. Huey, Leighton Y., Professor/Clinical, Psychiatry, effective February 28, 2018.
6. Larsen, Kevin W., Associate Vice President of Business and Ancillary Services, Operating Room Unit, effective February 16, 2018.

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**Resignations continued**

7. Rose, Suzanne, Senior Associate Dean, Academic Affairs and Education, effective February 5, 2018.
8. Sylvain, Jonathan M., Rehabilitation Services Supervisor, Rehabilitation Services - Outpatient, effective April 25, 2018.
9. Tremblay, Matthew A., Assistant Professor/Clinical, Neurology, effective April 12, 2018.
10. Trudel, Crystal L., Reimbursement Analyst 1, UMG-University Physician Patient Accounts, effective May 1, 2018.
11. Worshoufsky, Ann M., Clinical Nurse Specialist, JDH - Organization and Staff Development, effective April 5, 2018.
12. Zanotti, Stefano, Assistant Professor/Basic Sciences, Orthopaedic Surgery, effective April 6, 2018.

**Retirements**

1. Bruinsma, Patricia E., Histotechnologist, UMG – General Dermatology, effective February 28, 2018.
2. Collins, Roxanne, Clinical Lab Supervisor, Core Lab, effective March 31, 2018.
3. Granger, Margo C., Compensation and Classification Officer, Human Resources Administration, effective March 31, 2018.
4. Guynn, Robert S., Pharmacist - UHP, CMHC - Pharmacy, effective February 28, 2018.
5. Haar, Maria M., Nurse Practitioner, N.N.I.C.U. Unit, effective March 31, 2018.
6. Hanlon, Mary P., Histotechnologist, UMG - General Dermatology, effective February 28, 2018.
7. Kalagher, Nancy Anne, Nurse Practitioner, UMG – General Obstetrics, effective March 31, 2018.
8. Kelly, Martin J., Clinical Practice Manager, Psychiatric Clinic, effective March 31, 2018.

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**Retirements continued**

9. Kels, Barry D., Associate Professor/Clinical, Ophthalmology Surgery, effective April 30, 2018.
10. Olson, Marianne, Administrative Program Coordinator, Curricular Affairs, effective April 30, 2018.
11. Spracklin, Kathy D., Medical Technologist 2, Microbiology and Serology, effective February 28, 2018.

**Deceased**

1. Jani-Acsadi, Agnes A., Associate Professor/Clinical, Neurology, effective May 9, 2018.



## MINUTES

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

I. Public Comment:

- No public comment.

II. Chair's Remarks:

- **Approval of Minutes:** *In a motion duly made, seconded and unanimously carried the UCHC Building & Grounds Subcommittee approved the meeting minutes from September 7, 2017.*

III. Discussion Items:

- **Bioscience Connecticut Capital Project Status:** Mr. Trutter provided an overview of the April 2018 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.
- **Construction Updates**
  - **Academic Building:** This project will move into the completed projects by our next meeting. A tour of the completed Wellness Center was provided.
  - **C Building:** Phase 1 is completed. Phase II is underway. Budget increase will be brought to the BOD. A group that advocates for equal access for all toured our facilities and were pleased with the improvements made to accommodate individuals with disabilities. The Jacobs group is scaling back to minimal staff through 2018.

### Planning Updates

- **Main Accumulation Building:** Started site work. Currently, a couple of weeks behind due to water main issue with MDC having to re-route a 12" water/fire line. Once completed excavation for the foundation will begin.
- **C Building Roof Replacement:** Majority of work is completed.
- **Parking Garage Fencing:** Eagle Fence awarded fencing contract.

### 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 Fire Code Deficiency Corrections which are ongoing, Elevator upgrades, H Building Sealant Replacement.

- Environment of Care (EOC) Update: Joint Commission Survey expected in 2018, which has Dr. Agwunobi's attention and he has implemented an action plan and appointed Kevin Higgins, Director Environment of Care. Mock Survey results suggest a conditional accreditation could occur if issue are not resolved.

At 9:48 am The Committee unanimously voted to adjourn.

In attendance: F. Archambault, R. Carbray

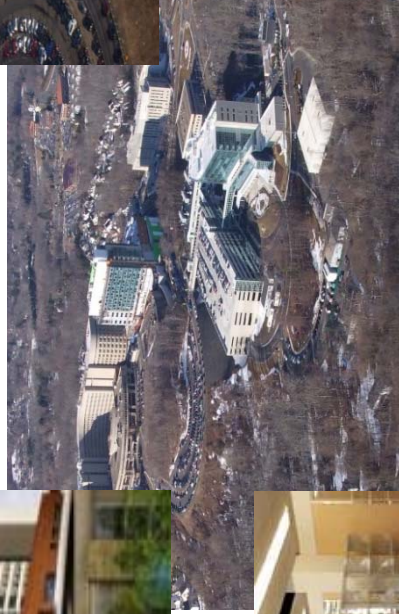
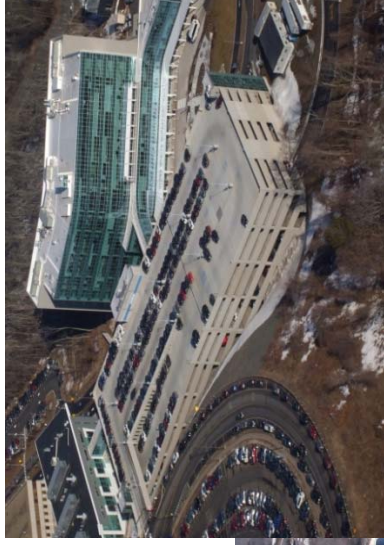
Respectfully submitted,

Carolle Andrews  
Administrative Liaison to the Board

# UConn HEALTH

## Bioscience Connecticut Capital Projects Report No. 72 - April 2018

Data Date: 04/23/18  
Report Date: 05/01/18



CENTERBOOK

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

**JACOBS**

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## Program Overview

### Program Description

Bioscience Connecticut is intended to help 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 (Complete):** 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:

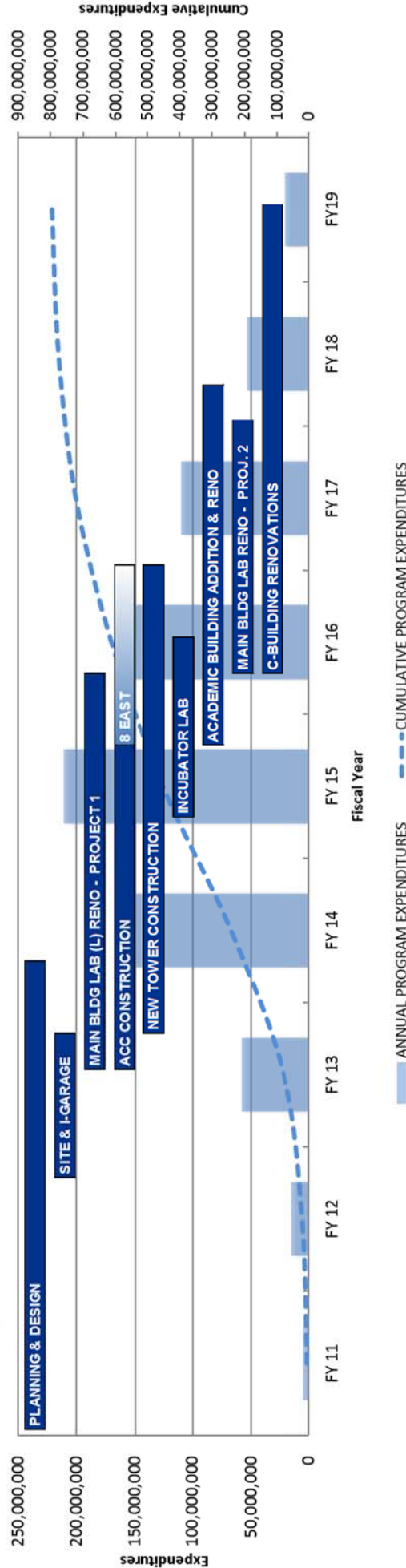
Jacobs Project Management Co.

## Schedule and Budget

Planning & Design was initiated in June of 2010. The program is planned for completion in early 2019. 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

- **Clinic Building Renovation**

Milestones:

- Phase 2 construction is complete.
- Phase 3 construction is underway.
- \$67.7M (72%) of funds expended.

Current / Upcoming Activities:

- Framing is underway in Phase 3 Dental Surgery area.
- Demolition is underway in Phase 3 Dental Exam areas.

- **Hospital Tower – Hybrid O.R.**

Milestones:

- Hybrid O.R. Project is complete!
- \$317.2M (98%) of funds expended (entire project)

Current / Upcoming Activities:

- Scaffolding is being installed in the penthouse.
- Final CO for the building will be issued after permanent scaffolding is installed in penthouse.

- **Academic Building Addition and Renovation**

Milestones:

- All contract work is complete.
- \$35.4M (96%) of funds expended.

Current / Upcoming Activities:

- Resolve minor issues to obtain Final Certificate of Occupancy
- Financial Closeout is underway.

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

Milestones:

- Final Certificate of Occupancy received.
- \$38.6M (97%) of funds expended.

Current / Upcoming Activities:

- Financial closeout is underway.



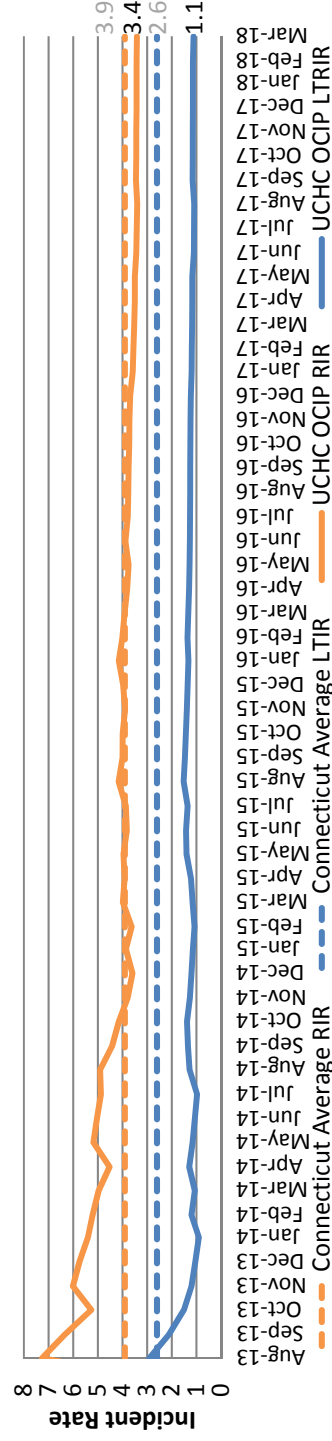
## Safety (Statistics- cumulative through March of 2018)

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

## 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	410	3	1	0	192,257	1.0	0.0	• Complete
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	373	1	0	0	99,440	0.0	0.0	• Complete
Clinic Building Renovation	360	5	4	1	252,932	3.2	0.8	• Reinforcing Infection Prevention
<b>OCIP Totals:</b>	<b>6,037</b>	<b>129</b>	<b>52</b>	<b>17</b>	<b>3,048,593</b>	<b>3.4</b>	<b>1.1</b>	
<b>Program Totals:</b>	<b>6,201</b>	<b>136</b>	<b>57</b>	<b>20</b>	<b>3,142,397</b>	<b>3.6</b>	<b>1.3</b>	

## UCH Incident Rate Trending (OCIP Projects Only)



**Program Wide Activities This Month:**  
Overall contractor safety performance continues to be very good. There have been no first-aid or recordable injuries for the past three months.

As the only remaining work for the program is renovation of existing clinical facilities, focus has primarily shifted to infection prevention.

## Issues / Concerns

- **C Building:**
  - Previous Reported Open Items:
    - Funds from the foundation are required to complete the project. Other fund sources will be required if the foundation funds are not available.

## 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
<b>Phase I - Site &amp; Parking</b>			
	<input type="radio"/> No scope issues.	<input type="radio"/> Completed on schedule.	<input type="radio"/> Project Completed on budget.
<b>Phase II - New Hospital</b>			
	<input type="radio"/> No Scope Issues.	<input type="radio"/> Complete	<input type="radio"/> Remaining funds will be used for Hybrid O.R. design and construction.
<b>Phase III - H Building Renovation</b>			
	<input type="radio"/> Scope dependent on future funding.	<input type="radio"/> Design is on hold pending funding.	<input type="radio"/> TBD
<b>Main Building Lab (L) Renovations – Project 1</b>			
	<input type="radio"/> No scope issues.	<input type="radio"/> Project completed a few weeks behind schedule	<input type="radio"/> Project completed under budget.
<b>Main Building Lab (L) Renovations – Project 2</b>			
	<input type="radio"/> No scope issues.	<input type="radio"/> Actual substantial completion date was May 3, 2017 and moves are complete	<input type="radio"/> Project completed under budget.
<b>Outpatient Pavilion (Including 8<sup>th</sup> floor East)</b>			
	<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"/> Project completed under budget.
<b>Academic Building Addition &amp; Renovations</b>			
	<input type="radio"/> No new scope issues.	<input type="radio"/> All work is complete	<input type="radio"/> Additional Skanska staff costs were resolved within project budget
<b>Clinical Building Renovations (C Building)</b>			
	<input checked="" type="radio"/> No new scope issues.	<input checked="" type="radio"/> Phase II work proceeding on schedule.	<input checked="" type="radio"/> Current projection is on budget.
<b>Incubator Lab Addition (CGSB)</b>			
	<input type="radio"/> No scope issues.	<input type="radio"/> Final Certificate of Occupancy received.	<input type="radio"/> Project completed under budget.

(+) denotes change in status from last month

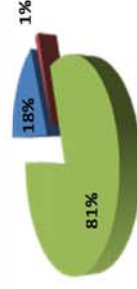
## Business Participation & Workforce Metrics <sup>(1)</sup>

Small Business Participation <sup>(2)</sup>



Category	Obligated Contract Values	% Above or Below	
		Required	Goals
M/W/DBE	\$ 114,082,060	22.22%	+12%
Other SBE	\$ 72,402,166		
<b>Total SBE</b>	<b>\$ 186,484,226</b>	<b>36.32%</b>	<b>+6%</b>
Non-SBE	\$ 326,972,214		
<b>Total</b>	<b>\$ 513,456,440</b>		

Workforce Makeup <sup>(4)</sup>

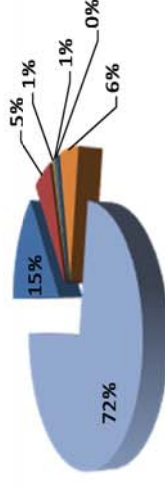


Category	Hours Worked	Percent of Total
Minority	563,015	18%
Women	45,542	1%
Other	2,533,840	81%
<b>Total</b>	<b>3,142,397</b>	<b>100%</b>
<i>Veteran (3% Goal - Hospital Only)</i>	<i>41,855</i>	<i>3%</i>

### Notes:

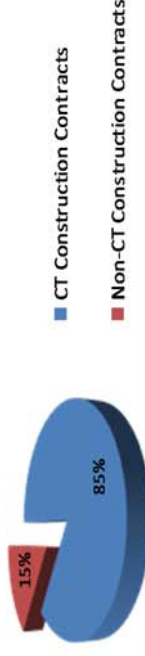
- (1) These metrics are based on the most current data received from prime construction contractors and are inclusive of all UCHC Bioscience projects completed or in construction.
- (2) Small Business Participation is based upon current construction contractor projections.
- (3) Makeup of Awarded M/W/DBE 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.

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



M/W/DBE Component	Actual Contract Values	% of Awarded Sub-Contracts	Number of Sub-Contracts
African American	\$ 17,059,062	14.95%	45
Hispanic	\$ 6,142,995	5.38%	31
Iberian Peninsula	\$ 718,402	0.63%	5
American Indian	\$ 681,895	0.60%	3
Disabled	\$ 245,515	0.22%	2
Asian	\$ 6,447,468	5.65%	6
Woman	\$ 82,786,724	72.57%	148
<b>Total Awarded M/W/DBE Contracts</b>	<b>\$ 114,082,060</b>	<b>100%</b>	<b>240</b>
Yet to be awarded M/W/DBE Sub-Contracts	\$ -		
<b>Total Obligated M/W/DBE Contracts</b>	<b>\$ 114,082,060</b>		

Connecticut Contracts <sup>(5)</sup>



Category	Awarded		Percent of Total
	Contract Values		
CT Construction Contracts	\$ 434,874,147		85%
Non-CT Construction Contracts	\$ 78,582,293		15%
<b>Total</b>	<b>\$ 513,456,440</b>		<b>100%</b>

## 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 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 of potential claims and negotiation of change requests.

- **Safety Oversight Services:** Jacobs continues 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.
- **Project Management Control System (Delcon/Unifier):** Project controls have been transitioned from Delcon to Unifier. Jacobs continues to assist with reconciliation of financial data.
- **Master Program Schedule:** Jacobs continues to work with the contractors to assist with schedule management and leadership.
- **Communication and Coordination of Efforts:** Attending OAC meetings and BSC Oversight committee, and other meetings as required to discuss project and program issues. Provide quarterly reports.
- **OCIP:** Jacobs continues to attend quarterly OCIP administration meetings with the OCIP administrator (Willis), underwriter (The Hartford), and CM (Fusco)

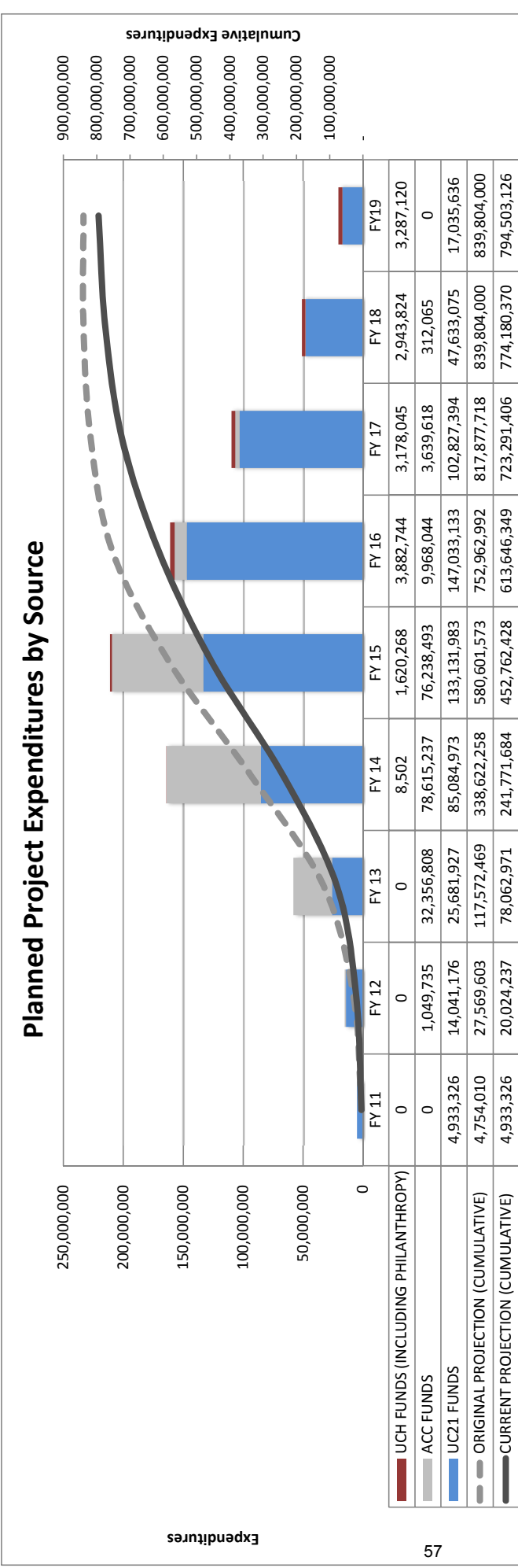
- **Project Management:** The Clinic Building project has been successfully transitioned to UConn Health PM. Jacobs continues to support the project with full time Project Engineering staff and Part time Executive Oversight.
- **Program Management:** Jacobs continues to provide council and examples of 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 **\$73,295,355**.



	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	Funding Total
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<b>Current Funding</b>										
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	5,580,000	-	577,402,623
Outpatient Pavilion Funds	-	-	48,279,203	125,920,090	27,980,707	-	-	-	-	202,180,000
UCH Funds (including philanthropy)	-	-	-	8,502	1,620,268	3,882,744	3,178,045	2,943,824	3,287,120	14,920,503
<b>TOTAL FUNDS</b>	<b>35,142,513</b>	<b>68,700,000</b>	<b>131,739,532</b>	<b>253,128,593</b>	<b>125,865,975</b>	<b>106,946,619</b>	<b>61,168,951</b>	<b>8,523,824</b>	<b>3,287,120</b>	<b>794,503,126</b>

<b>Planned Expenditures</b>										
JDH New Construction & Renovations	2,599,716	13,299,323	18,016,849	48,583,426	101,025,055	102,458,448	26,804,107	12,229,077	-	325,016,000
Academic Building Additions & Renovations	-	-	315,085	1,236,019	2,048,475	14,538,871	11,697,890	6,958,660	-	36,795,000
Clinical Renovations - C Bldg	-	-	407,346	2,068,162	3,006,547	4,920,703	38,478,671	24,160,419	20,322,756	93,364,604
Main Building Lab (L) Renovations - Project 1	2,333,610	741,853	6,404,486	32,044,365	21,280,468	10,123,221	3,834,987	582,513	-	77,345,503
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	24,924,626	5,952,055	-	39,889,671
Outpatient Pavilion	-	1,049,735	32,356,808	78,615,237	76,238,493	9,968,044	3,639,618	312,065	-	202,180,000
Incubator Lab Addition - CGSB	-	-	62,049	812,169	6,632,492	10,853,957	265,158	694,175	-	19,320,000
<b>ANNUAL PROGRAM EXPENDITURES</b>	<b>4,933,326</b>	<b>15,090,911</b>	<b>58,038,735</b>	<b>163,708,713</b>	<b>210,990,744</b>	<b>160,883,921</b>	<b>109,645,057</b>	<b>50,888,964</b>	<b>20,322,756</b>	<b>794,503,126</b>
<b>TOTAL UNEXPENDED</b>	<b>30,209,187</b>	<b>83,818,276</b>	<b>157,519,074</b>	<b>246,938,953</b>	<b>161,814,184</b>	<b>107,876,882</b>	<b>59,400,776</b>	<b>17,035,636</b>	<b>-</b>	<b>-</b>



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 (& Hybrid OR)		311,046,205	310,079,090	669,544	297,571	311,046,205	-	303,264,280	97%
Phase III - H Bldg Renovations - Scope Eliminated		-	-	-	-	-	-	-	0%
<b>Total - New Hospital Tower, Site &amp; Parking</b>		<b>325,016,000</b>	<b>324,048,885</b>	<b>669,544</b>	<b>297,571</b>	<b>325,016,000</b>	<b>-</b>	<b>317,234,075</b>	<b>98%</b>
Academic Building Additions & Renovations		36,795,000	36,528,671	231,329	35,000	36,795,000	-	35,400,334	96%
Clinical Renovations - C Bldg		93,364,604	92,538,807	465,837	359,960	93,364,604	-	67,658,975	72%
Main Building Lab (L) Renovations - Project 1		77,345,503	77,343,598	1,905	-	77,345,503	-	77,343,598	100%
Main Building Lab (L) Renovations - Swing Space		592,348	592,348	-	-	592,348	-	592,348	100%
Main Building Lab (L) Renovations - Project 2		39,889,671	39,390,047	499,624	-	39,889,671	-	38,565,250	97%
Outpatient Pavilion		202,180,000	202,150,053	29,947	-	202,180,000	-	202,074,529	100%
Incubator Lab Addition - CGSB		19,320,000	18,890,103	429,897	-	19,320,000	-	18,796,738	97%
<b>TOTAL PROJECTS EXPENDITURES</b>		<b>794,503,126</b>	<b>791,482,513</b>	<b>2,328,082</b>	<b>692,531</b>	<b>794,503,126</b>	<b>-</b>	<b>757,665,847</b>	<b>95%</b>

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		612,118,913	611,336,382	90,000	692,531	612,118,913	-	584,616,716	96%
Design Services		52,464,206	52,404,006	60,200	-	52,464,206	-	50,766,314	97%
Telecomm		15,333,194	15,272,904	60,289	-	15,333,194	-	15,215,702	99%
Furnishing, Fixtures & Equipment		48,611,678	48,371,990	239,688	-	48,611,678	-	44,907,698	92%
Construction Administration		5,530,623	5,331,930	198,693	-	5,530,623	-	4,926,914	89%
Other A/E & Consulting Services		23,675,912	23,645,032	30,880	-	23,675,912	-	23,067,098	97%
Artwork		449,387	449,387	-	-	449,387	-	449,387	100%
Relocation		1,593,184	1,593,184	-	-	1,593,184	-	1,342,051	84%
Environmental		1,098,143	1,098,143	-	-	1,098,143	-	1,084,051	99%
Insurance & Legal		12,720,604	12,298,092	422,512	-	12,720,604	-	11,812,538	93%
Other Miscellaneous		19,746,377	19,681,463	64,915	-	19,746,377	-	19,477,377	99%
<b>Subtotal</b>		<b>793,342,221</b>	<b>791,482,513</b>	<b>1,167,177</b>	<b>692,531</b>	<b>793,342,221</b>	<b>-</b>	<b>757,665,847</b>	<b>96%</b>
<b>Contingency</b>		<b>1,160,905</b>	<b>-</b>	<b>1,160,905</b>	<b>-</b>	<b>1,160,905</b>	<b>-</b>	<b>-</b>	<b>0%</b>
<b>TOTAL</b>		<b>794,503,126</b>	<b>791,482,513</b>	<b>2,328,082</b>	<b>692,531</b>	<b>794,503,126</b>	<b>-</b>	<b>757,665,847</b>	<b>95%</b>



## DESCRIPTION / TEAM

Project Title: **JDH New Construction & Renovations (Roll up)**  
Delivery Method: Construction Management

Status: Complete  
(Hybrid OR In Construction)  
Designer: SBA / HKS

Constructor: Turner Construction

Project Manager: Kevin Norton  
Project Number: 901590

## SCOPE

**Phase I - Parking & Site:** Construction of a new 403 space public garage in the existing 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.

**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.

**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.



## SCHEDULE

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

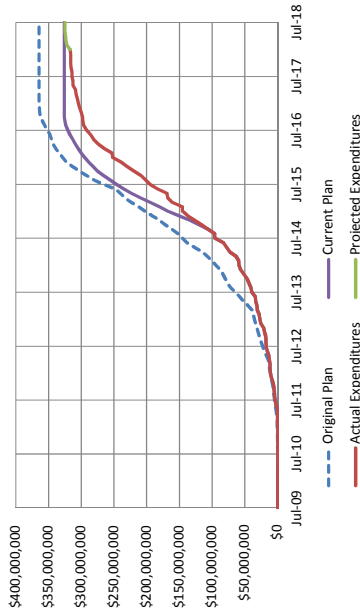
## FUNDING \*

Source	Budget	Cost to Date	% Expended
UC21	\$ 317,438,000	\$ 310,921,368	98%
UCH Funds	\$ 7,578,000	\$ 6,312,707	83%
<b>Total</b>	<b>\$ 325,016,000</b>	<b>\$ 317,234,075</b>	<b>98%</b>

## METRICS

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

## Overall Project Cash Flow Plan vs. Actual



## NOTES

(1) The pending commitment amount includes all potential costs for Turner and their subcontractors.

## 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	\$248,872,608	\$248,485,037	\$90,000	\$297,571 <sup>(1)</sup>	\$248,872,608	\$0	\$243,819,906
Design Services	\$23,925,545	\$23,925,545	\$0	\$0	\$23,925,545	\$0	\$22,754,392
Telecomm	\$7,514,293	\$7,506,847	\$7,446	\$0	\$7,514,293	\$0	\$7,474,689
Furnishing, Fixtures & Equipment	\$25,059,390	\$24,986,447	\$72,943	\$0	\$25,059,390	\$0	\$24,274,321
Construction Administration	\$2,878,531	\$2,878,531	\$0	\$0	\$2,878,531	\$0	\$2,878,530
Other A/E & Consulting Services	\$8,864,441	\$8,864,441	\$0	\$0	\$8,864,441	\$0	\$8,706,302
Artwork	\$201,080	\$201,080	\$0	\$0	\$201,080	\$0	\$201,080
Relocation	\$491,212	\$491,212	\$0	\$0	\$491,212	\$0	\$460,035
Environmental	\$241,282	\$241,282	\$0	\$0	\$241,282	\$0	\$241,282
Insurance & Legal	\$5,211,141	\$5,099,751	\$111,390	\$0	\$5,211,141	\$0	\$5,095,482
Other Miscellaneous	\$1,387,963	\$1,368,712	\$19,251	\$0	\$1,387,963	\$0	\$1,329,055
<b>Subtotal</b>	<b>\$324,647,486</b>	<b>\$324,048,885</b>	<b>\$301,030</b>	<b>\$297,571</b>	<b>\$324,647,486</b>	<b>\$0</b>	<b>\$317,234,075</b>
Contingency	\$368,514		\$368,514	\$0	\$368,514	\$0	\$0
<b>TOTAL</b>	<b>\$325,016,000</b>	<b>\$324,048,885</b>	<b>\$669,544</b>	<b>\$297,571</b>	<b>\$325,016,000</b>	<b>\$0</b>	<b>\$317,234,075</b>

\* Financial Data Subject to Plant Accounting Verification

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

SCOPE			
<b>Site:</b> 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. <b>Parking:</b> Construction of a new 403 space public garage in the existing lot			

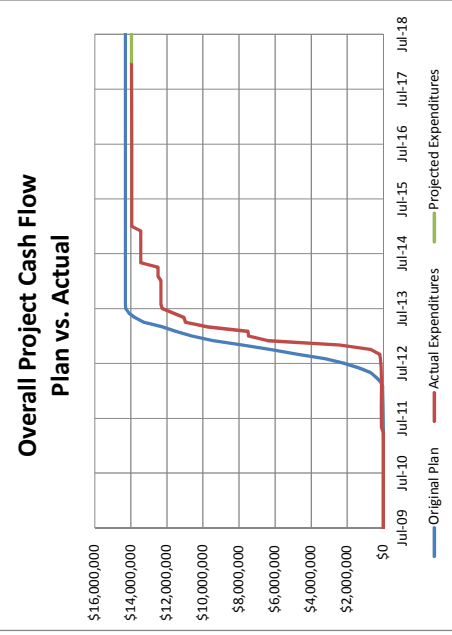


SCHEDULE				
	Target	Actual/Projected	Variance in Months	
Program Approval	6/30/2010	A	0.0	
Design Start (NTP)	9/2/2010	A	0.0	
Schematic Design Received	8/19/2011	A	0.0	
Schematic Design Approved	9/30/2011	A	0.0	
Enabling CD's Received	2/17/2012	A	0.2	
Site & Parking GMP	5/22/2012	A	0.0	
Site & Parking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

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

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 <sup>(1)</sup>	6%	0%	●
Contingency / Remaining Costs	0%	0%	●



COST / FORECAST *				
	Projected Budget A	Committed Costs B	Uncommitted Costs C	
Construction	\$13,435,907	\$13,435,907	\$0	
Design Services	\$0	\$0	\$0	
Telecomm	\$0	\$0	\$0	
Furnishings, Fixtures & Equipment	\$0	\$0	\$0	
Construction Administration	\$0	\$0	\$0	
Other A/E & Consulting Services	\$437,710	\$437,710	\$0	
Artwork	\$0	\$0	\$0	
Relocation	\$0	\$0	\$0	
Environmental	\$8,000	\$8,000	\$0	
Insurance & Legal	\$25,000	\$25,000	\$0	
Other Miscellaneous	\$63,178	\$63,178	\$0	
<b>Subtotal</b>	<b>\$13,969,795</b>	<b>\$13,969,795</b>	<b>\$0</b>	
<b>Contingency</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>TOTAL</b>	<b>\$13,969,795</b>	<b>\$13,969,795</b>	<b>\$0</b>	

Pending Commitments D	Projected Costs E=B+C+D	Projected Over/Under F=A-E	Cost to Date
\$0	\$13,435,907	\$0	\$13,435,906
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$437,710	\$0	\$437,710
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$8,000	\$0	\$8,000
\$0	\$25,000	\$0	\$25,000
\$0	\$63,178	\$0	\$63,178
<b>\$0</b>	<b>\$13,969,795</b>	<b>\$0</b>	<b>\$13,969,794</b>
<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>\$0</b>	<b>\$13,969,795</b>	<b>\$0</b>	<b>\$13,969,794</b>

(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: Complete  
(Hybrid OR In 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)
<b>Substantial Completion</b>	<b>1/7/2016</b>	<b>5/2/2016</b>	<b>A (3.8)</b>
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)
<b>Project Completion</b>	<b>8/5/2016</b>	<b>12/31/2016</b>	<b>A (4.9)</b>

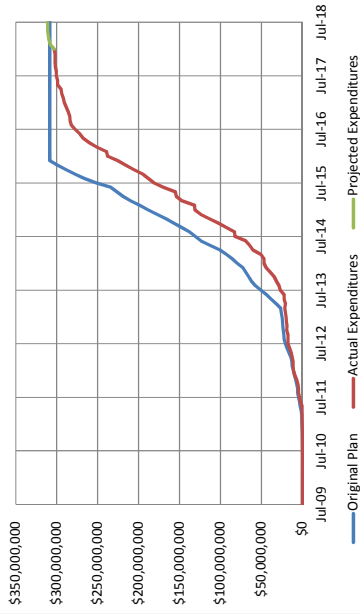
## FUNDING \*

Source	Budget	Cost to Date	% Expended
UC21	\$ 303,468,205	\$ 296,951,573	98%
UCH Funds	\$ 7,578,000	\$ 6,312,707	83%
<b>Total</b>	<b>\$ 311,046,205</b>	<b>\$ 303,264,280</b>	<b>97%</b>

## METRICS

Metric	Target (To Date)	Current
SBE Participation	30%	39%
MBE/WBE/DBE Participation	10%	24%
Contracts Awarded to Date	100%	100%
Earned Value to Date	100%	99%
Expenditures to Date	100%	97%
Construction Change Orders	5%	11%
Contingency / Remaining Costs	5%	5%

## Overall Project Cash Flow Plan vs. Actual



## 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	\$235,436,701	\$235,049,130	\$90,000	\$297,571	\$235,436,701	\$0	\$230,384,000
Design Services	\$23,925,545	\$23,925,545	\$0	\$0	\$23,925,545	\$0	\$22,754,392
Telecomm	\$7,514,293	\$7,506,847	\$7,446	\$0	\$7,514,293	\$0	\$7,474,689
Furnishings, Fixtures & Equipment	\$25,059,390	\$24,986,447	\$72,943	\$0	\$25,059,390	\$0	\$24,274,321
Construction Administration	\$2,878,531	\$2,878,531	\$0	\$0	\$2,878,531	\$0	\$2,878,530
Other A/E & Consulting Services	\$8,426,731	\$8,426,731	\$0	\$0	\$8,426,731	\$0	\$8,267,592
Artwork	\$201,080	\$201,080	\$0	\$0	\$201,080	\$0	\$201,080
Relocation	\$491,212	\$491,212	\$0	\$0	\$491,212	\$0	\$460,035
Environmental	\$233,282	\$233,282	\$0	\$0	\$233,282	\$0	\$233,282
Insurance & Legal	\$5,186,141	\$5,074,751	\$111,390	\$0	\$5,186,141	\$0	\$5,070,482
Other Miscellaneous	\$1,324,785	\$1,305,534	\$19,251	\$0	\$1,324,785	\$0	\$1,265,877
<b>Subtotal</b>	<b>\$310,677,691</b>	<b>\$310,079,090</b>	<b>\$301,030</b>	<b>\$297,571</b>	<b>\$310,677,691</b>	<b>\$0</b>	<b>\$303,264,280</b>
Contingency	\$368,514	\$0	\$368,514	\$0	\$368,514	\$0	\$0
<b>TOTAL</b>	<b>\$311,046,205</b>	<b>\$310,079,090</b>	<b>\$669,544</b>	<b>\$297,571</b>	<b>\$311,046,205</b>	<b>\$0</b>	<b>\$303,264,280</b>

\*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.

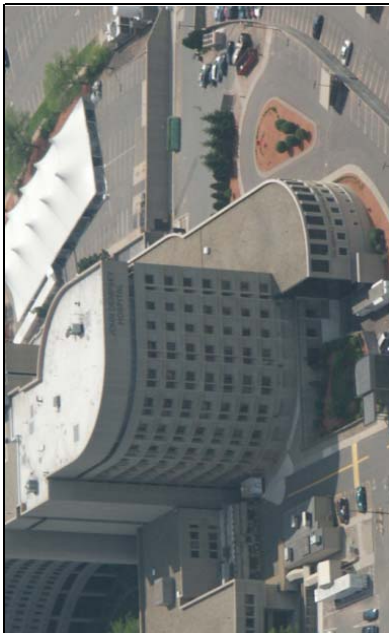
## DESCRIPTION / TEAM

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	A	0.0
Design Start (NTP)	9/2/2010	A	0.0
Schematic Design Received	8/19/2011	A	0.0
Schematic Design Approved	9/30/2011	A	0.0
Design Development Received	2/17/2012	A	0.2
Design Development Approved	3/30/2012	A	0.0
Construction Documents Received	11/9/2012	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	
<b>Project Completion</b>	<b>3/4/2017</b>	<b>TBD</b>	

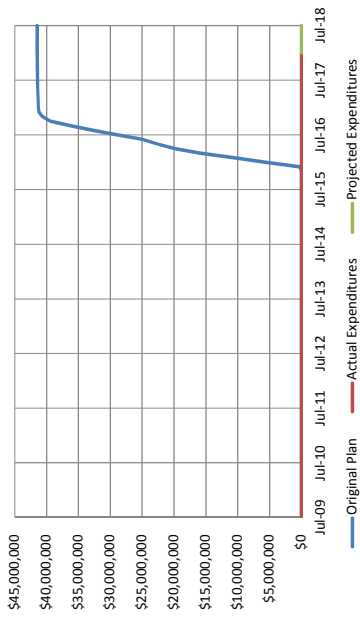
## FUNDING \*

Source	Budget	Cost to Date	% Expended
UC21	\$ -	\$ -	#DIV/0!
UCH Funds	\$ -	\$ -	
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>

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

## Overall Project Cash Flow Plan vs. Actual



## 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
<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Contingency</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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: Complete

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	A (11.7)
FF&E Complete	11/8/2016	9/25/2017	A (10.6)
Commissioning Complete	11/8/2016	9/25/2017	A (10.6)
Move-In Complete	11/8/2016	10/2/2017	A (10.8)
<b>Project Completion</b>	<b>11/8/2016</b>	<b>10/2/2017</b>	<b>(10.8)</b>

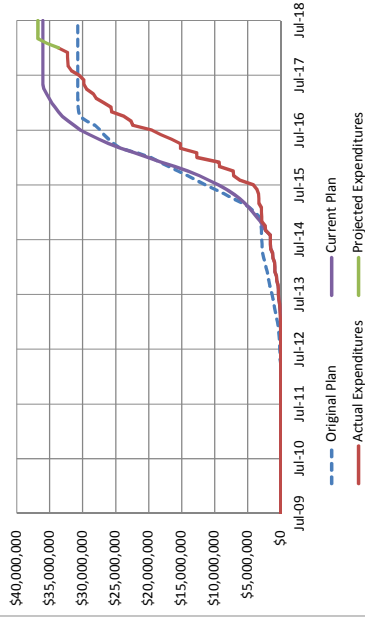
## FUNDING \*

Source	Budget	Cost to Date	% Expended
UC21	\$ 36,095,000	\$ 35,124,187	97%
UCH Funds	\$ 700,000	\$ 276,147	39%
<b>Total</b>	<b>\$ 36,795,000</b>	<b>\$ 35,400,334</b>	<b>96%</b>

## METRICS

Metric	Target (To Date)	Current
SBE Participation	30%	45%
MBE/WBE/DBE Participation	10%	21%
Contracts Awarded to Date	100%	99%
Earned Value to Date	100%	99%
Expenditures to Date	95%	92%
Construction Change Orders	5%	9%
Contingency / Remaining Costs	5%	13%

## Overall Project Cash Flow Plan vs. Actual



## 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	\$28,475,345	\$28,440,345	\$0	\$35,000 <sup>(1)</sup>	\$28,475,345	\$0	\$27,909,513
Design Services	\$3,494,269	\$3,464,269	\$30,000	\$0	\$3,494,269	\$0	\$3,460,940
Telecomm	\$567,584	\$567,584	\$0	\$0	\$567,584	\$0	\$560,833
Furnishings, Fixtures & Equipment	\$1,249,073	\$1,249,073	\$0	\$0	\$1,249,073	\$0	\$1,185,153
Construction Administration	\$205,372	\$205,372	\$0	\$0	\$205,372	\$0	\$125,357
Other A/E & Consulting Services	\$1,470,078	\$1,460,078	\$10,000	\$0	\$1,470,078	\$0	\$1,453,687
Artwork	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation	\$40,000	\$40,000	\$0	\$0	\$40,000	\$0	\$30,958
Environmental	\$35,000	\$35,000	\$0	\$0	\$35,000	\$0	\$33,029
Insurance & Legal	\$942,628	\$919,799	\$22,829	\$0	\$942,628	\$0	\$566,133
Other Miscellaneous	\$156,645	\$147,151	\$9,494	\$0	\$156,645	\$0	\$74,731
<b>Subtotal</b>	<b>\$36,635,994</b>	<b>\$36,528,671</b>	<b>\$72,323</b>	<b>\$35,000</b>	<b>\$36,635,994</b>	<b>\$0</b>	<b>\$35,400,334</b>
Contingency	\$159,006	\$0	\$159,006	\$0	\$159,006	\$0	\$0
<b>TOTAL</b>	<b>\$36,795,000</b>	<b>\$36,528,671</b>	<b>\$231,329</b>	<b>\$35,000</b>	<b>\$36,795,000</b>	<b>\$0</b>	<b>\$35,400,334</b>

(1) The pending commitment amount includes all potential costs for Skanska and their subcontractors.

\* Financial Data Subject to Plant Accounting Verification

## DESCRIPTION / TEAM

Project Title: **Clinical Renovations - C Bldg**

Delivery Method: Construction Manager

Status: In Construction

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

	Original 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	2/18/2019	(9.8)
FF&E Complete	4/27/2018	2/18/2019	(9.8)
Commissioning Complete	4/27/2018	2/18/2019	(9.8)
Move-In Complete	4/27/2018	2/25/2019	(10.0)
<b>Project Completion</b>	<b>4/27/2018</b>	<b>2/25/2019</b>	<b>(10.0)</b>

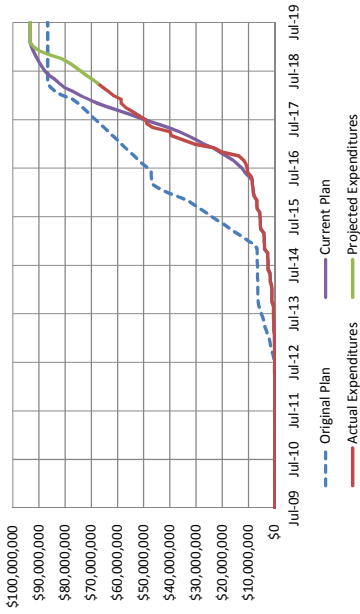
## FUNDING \*

Source	Budget	Cost to Date	% Expended
UC21	\$ 88,589,604	\$ 65,744,472	74%
UCH Funds	\$ 4,775,000	\$ 1,914,503	40%
<b>Total</b>	<b>\$ 93,364,604</b>	<b>\$ 67,658,975</b>	<b>72%</b>

## METRICS

Metric	Target (To Date)	Current
SBE Participation	30%	N/A
MBE/WBE/DBE Participation	10%	N/A
Contracts Awarded to Date	98%	99%
Earned Value to Date	88%	83%
Expenditures to Date	82%	72%
Construction Change Orders	4%	6%
Contingency / Remaining Costs	5%	2%

## Overall Project Cash Flow Plan vs. Actual



## 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	\$72,471,984	\$72,112,024	\$0	\$359,960	\$72,471,984	\$0	\$51,388,736
Design Services	\$7,399,424	\$7,369,224	\$30,200	\$0	\$7,399,424	\$0	\$6,906,021
Telecomm	\$986,994	\$938,485	\$48,508	\$0	\$986,994	\$0	\$821,442
Furnishings, Fixtures & Equipment	\$5,262,967	\$5,096,222	\$166,745	\$0	\$5,262,967	\$0	\$2,410,723
Construction Administration	\$730,094	\$730,094	\$0	\$0	\$730,094	\$0	\$405,094
Other A/E & Consulting Services	\$4,082,964	\$4,082,964	\$0	\$0	\$4,082,964	\$0	\$3,700,808
Artwork	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation	\$280,347	\$280,347	\$0	\$0	\$280,347	\$0	\$103,218
Environmental	\$248,990	\$248,990	\$0	\$0	\$248,990	\$0	\$237,668
Insurance & Legal	\$1,566,062	\$1,566,062	\$0	\$0	\$1,566,062	\$0	\$1,495,872
Other Miscellaneous	\$114,394	\$114,394	\$0	\$0	\$114,394	\$0	\$89,394
<b>Subtotal</b>	<b>\$93,144,221</b>	<b>\$92,538,807</b>	<b>\$245,453</b>	<b>\$359,960</b>	<b>\$93,144,221</b>	<b>\$0</b>	<b>\$67,658,975</b>
Contingency	\$220,383	\$0	\$220,383	\$0	\$220,383	\$0	\$0
<b>TOTAL</b>	<b>\$93,364,604</b>	<b>\$92,538,807</b>	<b>\$465,837</b>	<b>\$359,960</b>	<b>\$93,364,604</b>	<b>\$0</b>	<b>\$67,658,975</b>

\* Financial Data Subject to Plant Accounting Verification

## DESCRIPTION / TEAM

Project Title: **Main Building Lab (L) Renovations - Project 1**

Delivery Method: Construction Management

Status: Complete

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 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)
<b>Project Completion</b>	<b>8/7/2015</b>	<b>11/3/2015</b>	<b>A (2.9)</b>

## FUNDING \*

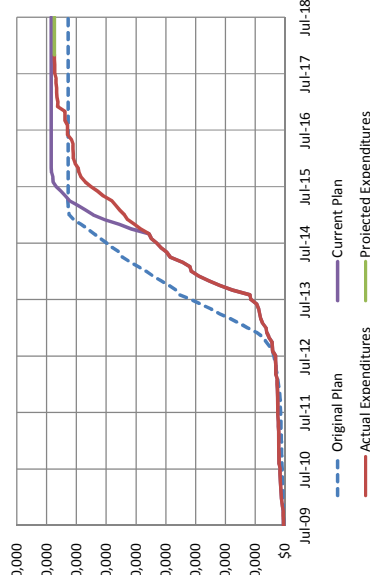
Source	Budget	Cost to Date	% Expended
UC21	\$ 76,530,000	\$ 76,528,099	100%
UCH Funds	\$ 815,503	\$ 815,499	100%
<b>Total</b>	<b>\$ 77,345,503</b>	<b>\$ 77,343,598</b>	<b>100%</b>

## 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%	100%
Expenditures to Date	100%	100%
Construction Change Orders	5%	6%
Contingency / Remaining Costs	5%	N/A

## Overall Project Cash Flow

### Plan vs. Actual



## 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	\$63,326,701	\$63,326,701	\$0	\$0	\$63,326,701	\$0	\$63,326,701
Design Service	\$6,707,362	\$6,707,362	\$0	\$0	\$6,707,362	\$0	\$6,707,362
Telecomm	\$613,939	\$613,939	\$0	\$0	\$613,939	\$0	\$613,940
Furnishing, Fixtures & Equipment	\$1,370,265	\$1,370,265	\$0	\$0	\$1,370,265	\$0	\$1,370,264
Construction Administration	\$392,357	\$392,357	\$0	\$0	\$392,357	\$0	\$392,357
Other AVE & Consulting Services	\$2,137,099	\$2,137,099	\$0	\$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	\$242,038	\$0	\$0	\$242,038	\$0	\$242,039
Insurance & Legal	\$1,257,403	\$1,257,403	\$0	\$0	\$1,257,403	\$0	\$1,257,402
Other Miscellaneous	\$816,465	\$816,465	\$0	\$0	\$816,465	\$0	\$816,465
<b>Subtotal</b>	<b>\$77,343,598</b>	<b>\$77,343,598</b>	<b>\$0</b>	<b>\$0</b>	<b>\$77,343,598</b>	<b>\$0</b>	<b>\$77,343,598</b>
<b>Contingency</b>	<b>\$1,905</b>	<b>\$0</b>	<b>\$1,905</b>	<b>\$0</b>	<b>\$1,905</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL</b>	<b>\$77,345,503</b>	<b>\$77,343,598</b>	<b>\$1,905</b>	<b>\$0</b>	<b>\$77,345,503</b>	<b>\$0</b>	<b>\$77,343,598</b>

## DESCRIPTION / TEAM

Project Title: **Main Building Lab (L) Renovations - Project 2**

Delivery Method: Construction Management

Status: Complete

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



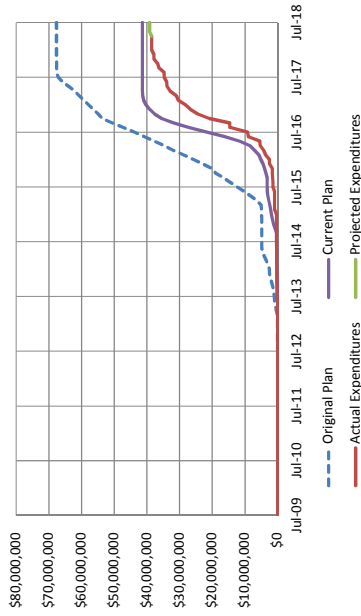
## SCHEDULE

	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
<b>Project Completion</b>	<b>12/25/2017</b>	<b>5/11/2017</b>	<b>7.5</b>

## FUNDING \*

Source	Budget	Cost to Date	% Expended
UC21	\$ 39,387,671	\$ 38,063,250	97%
UCH Funds	\$ 502,000	\$ 502,000	100%
<b>Total</b>	<b>\$ 39,889,671</b>	<b>\$ 38,565,250</b>	<b>97%</b>
METRICS			
Metric	Target (To Date)	Current	
SBE Participation	30%	25%	●
MBE/WBE/DBE Participation	10%	19%	●
Contracts Awarded to Date	100%	99%	●
Earned Value to Date	100%	99%	●
Expenditures to Date	91%	92%	●
Construction Change Orders	5%	6%	●
Contingency / Remaining Costs	10%	44%	●

## Overall Project Cash Flow Plan vs. Actual



## 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	\$33,264,566	\$33,264,566	\$0	\$0	\$33,264,566	\$0	\$32,503,024
Design Services	\$2,918,168	\$2,918,168	\$0	\$0	\$2,918,168	\$0	\$2,918,168
Telecomm	\$416,848	\$416,848	\$0	\$0	\$416,848	\$0	\$415,597
Furnishings, Fixtures & Equipment	\$353,463	\$353,463	\$0	\$0	\$353,463	\$0	\$353,463
Construction Administration	\$328,793	\$328,793	\$0	\$0	\$328,793	\$0	\$328,793
Other A/E & Consulting Services	\$1,132,125	\$1,132,125	\$0	\$0	\$1,132,125	\$0	\$1,131,878
Artwork	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation	\$55,548	\$55,548	\$0	\$0	\$55,548	\$0	\$21,763
Environmental	\$37,580	\$37,580	\$0	\$0	\$37,580	\$0	\$36,780
Insurance & Legal	\$765,659	\$695,520	\$70,139	\$0	\$765,659	\$0	\$692,584
Other Miscellaneous	\$210,151	\$187,436	\$22,715	\$0	\$210,151	\$0	\$163,199
<b>Subtotal</b>	<b>\$39,482,901</b>	<b>\$39,390,047</b>	<b>\$92,854</b>	<b>\$0</b>	<b>\$39,482,901</b>	<b>\$0</b>	<b>\$38,565,250</b>
Contingency	\$406,770	\$0	\$406,770	\$0	\$406,770	\$0	\$0
<b>TOTAL</b>	<b>\$39,889,671</b>	<b>\$39,390,047</b>	<b>\$499,624</b>	<b>\$0</b>	<b>\$39,889,671</b>	<b>\$0</b>	<b>\$38,565,250</b>

\* Financial Data Subject to Plant Accounting Verification



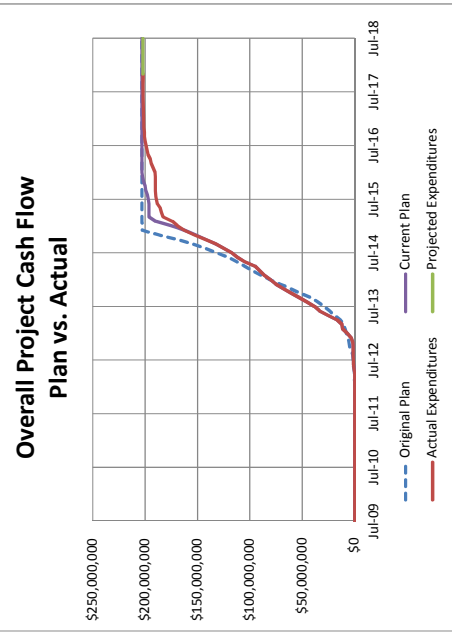
DESCRIPTION / TEAM			
Project Title: <b>Outpatient Pavilion</b>			
Delivery Method: Design/Build (Core & Shell) Construction Management (Fit-Out) Status: Complete			
D/B Criteria Architect: Fletcher Thompson/Tsoi Kobus Assoc. Fit-Out Architect: Perkins Eastman Architects Design/Builder: Fusco / Clark, 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)
<b>Project Complete (Net of 8th Floor East)</b>	<b>1/21/2015</b>	<b>6/15/2015</b>	<b>A</b>	<b>(4.8)</b>
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)
<b>8th Floor East Project Complete</b>	<b>7/8/2016</b>	<b>7/25/2016</b>	<b>A</b>	<b>(0.6)</b>

FUNDING *			
Source	Budget	Cost to Date	% Expended
CTL Funds	\$ 203,000,000	\$ 202,074,529	100%
<b>Total</b>	<b>\$ 202,180,000</b>	<b>\$ 202,074,529</b>	<b>100%</b>
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%	0%	●



COST / FORECAST *						
	Projected Budget A	Committed Costs B	Uncommitted Costs C	Pending Commitments D	Projected Costs Over/Under F=A-E	Cost to Date
Construction	\$149,378,792	\$149,378,792	\$0	\$0	\$0	\$149,378,792
Design Services	\$6,409,108	\$6,409,108	\$0	\$0	\$0	\$6,409,108
Telecomm	\$5,015,926	\$5,015,926	\$4,335	\$0	\$0	\$5,011,591
Furnishings, Fixtures & Equipment	\$14,926,142	\$14,926,142	\$0	\$0	\$0	\$14,923,396
Construction Administration	\$745,476	\$745,476	\$0	\$0	\$0	\$745,476
Other A/E & Consulting Services	\$5,533,361	\$5,516,210	\$17,151	\$0	\$0	\$5,486,210
Artwork	\$248,307	\$248,307	\$0	\$0	\$0	\$248,307
Relocation	\$246,108	\$246,108	\$0	\$0	\$0	\$246,108
Environmental	\$293,253	\$293,253	\$0	\$0	\$0	\$293,253
Insurance & Legal	\$2,413,580	\$2,413,580	\$0	\$0	\$0	\$2,413,580
Other Miscellaneous	\$16,969,947	\$16,961,486	\$8,461	\$0	\$0	\$16,918,716
<b>Subtotal</b>	<b>\$202,180,000</b>	<b>\$202,150,053</b>	<b>\$29,947</b>	<b>\$0</b>	<b>\$202,180,000</b>	<b>\$202,074,529</b>
Contingency	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$202,180,000</b>	<b>\$202,150,053</b>	<b>\$29,947</b>	<b>\$0</b>	<b>\$202,180,000</b>	<b>\$202,074,529</b>

\* Financial Data Subject to Plant Accounting Verification

## DESCRIPTION / TEAM

Project Title: **Incubator Lab Addition - CGSB**

Delivery Method: Construction Management

Status: Complete

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

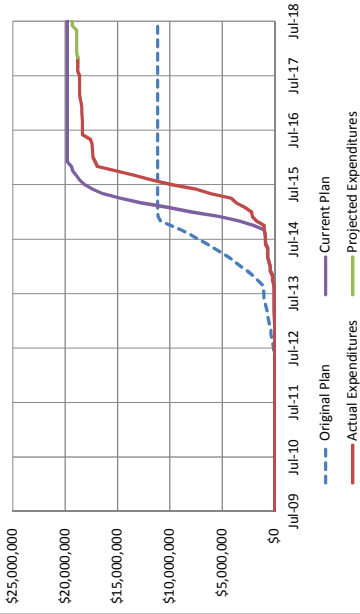
	Target	Actual/ Projected	Variance in Months
Program Approval	6/28/2013	9/12/2013	A (2.5)
Schematic Design Start (NTP)	7/1/2013	9/13/2013	A (2.4)
Schematic Design Received	8/15/2013	11/21/2013	A (3.2)
Schematic Design Approved	9/13/2013	11/21/2013	A (2.3)
Design Development Received	12/18/2013	1/30/2014	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)
<b>Project Completion</b>	<b>10/9/2015</b>	<b>5/7/2016</b>	<b>A (6.9)</b>

## FUNDING \*

Source	Budget	Cost to Date	% Expended
UC21	\$ 18,770,000	\$ 18,662,793	99%
UCH Funds	\$ 550,000	\$ 133,945	24%
<b>Total</b>	<b>\$ 19,320,000</b>	<b>\$ 18,796,738</b>	<b>97%</b>
METRICS			
Metric	Target (To Date)	Current	
SBE Participation	30%	23%	●
MBE/WBE/DBE Participation	10%	9%	●
Contracts Awarded to Date	100%	98%	●
Earned Value to Date	100%	98%	●
Expenditures to Date	100%	96%	●
Construction Change Orders	6%	4%	●
Contingency / Remaining Costs	5%	1%	●

## Overall Project Cash Flow

### Plan vs. Actual



## 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	\$15,736,568	\$15,736,568	\$0	\$0	\$15,736,568	\$0	\$15,697,696
Design Services	\$1,610,330	\$1,610,330	\$0	\$0	\$1,610,330	\$0	\$1,610,330
Telecomm	\$217,610	\$217,610	\$0	\$0	\$217,610	\$0	\$217,610
Furnishings, Fixtures & Equipment	\$390,378	\$390,378	\$0	\$0	\$390,378	\$0	\$390,378
Construction Administration	\$250,000	\$51,307	\$198,693	\$0	\$250,000	\$0	\$51,307
Other A/E & Consulting Services	\$455,844	\$452,115	\$3,729	\$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	\$564,131	\$345,977	\$218,154	\$0	\$564,131	\$0	\$291,485
Other Miscellaneous	\$90,812	\$85,818	\$4,994	\$0	\$90,812	\$0	\$85,817
<b>Subtotal</b>	<b>\$19,315,673</b>	<b>\$18,890,103</b>	<b>\$425,570</b>	<b>\$0</b>	<b>\$19,315,673</b>	<b>\$0</b>	<b>\$18,796,738</b>
Contingency	\$4,327	\$0	\$4,327	\$0	\$4,327	\$0	\$0
<b>TOTAL</b>	<b>\$19,320,000</b>	<b>\$18,890,103</b>	<b>\$429,897</b>	<b>\$0</b>	<b>\$19,320,000</b>	<b>\$0</b>	<b>\$18,796,738</b>

\* Financial Data Subject to Plant Accounting Verification

# BIOSCIENCE CONNECTICUT MASTER PLAN SCHEDULE

ID	Task Name	Duration	Start	Finish	12	2013	2014	2015	2016	2017	2018	20
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	58.48 mons	Wed 1/23/13	Fri 10/6/17								
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	570 days	Mon 8/3/15	Fri 10/6/17								
13	Clinical Renovations	75 mons	Tue 2/12/13	Mon 2/25/19								
14	Design Clinical Renovations	698 days	Tue 2/12/13	Thu 10/15/15								
15	Phase 1 Renovation	339 days	Mon 5/23/16	Fri 9/8/17								
16	Phase 2 Renovation	142 days	Mon 9/11/17	Tue 3/27/18								
17	Phase 3 Renovation	118 days	Wed 3/28/18	Fri 9/7/18								
18	Phase 4 Renovation	121 days	Mon 9/10/18	Mon 2/25/19								
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	17.24 mons	Mon 12/14/15	Tue 5/2/17								
25	Phase 3A Construction	362 days	Mon 12/14/15	Tue 5/2/17								
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								

**Time:** 10:00 a.m. – 12:00 p.m.

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

**Present (Voting):** Archambault, F; Cloud, S; Duncan, J; Freedman, J; Hansen, M; Hurley, M; Rawlins, W (telephonically); Woods, K

**Present (Non-Voting):** Liang, B; MacNeil, L; Volin, J (telephonically); Henderson, D; Regan, T; Pilbeam, C; Kream, B; Nissen, J; Metz, B; Wetstone, S; Thatcher, C; Hesselbrock, V; Geoghegan, J; Blumenthal, J (telephonically); McKenty, D; Perregaux, R; Andrews, C; Keilty, A; Abu-Hasaballah, K

**Excused (Voting):** Alleyne, K; Droney, J; Mina, M

**Excused (Non-Voting):** Agwunobi, A; McFadden, D; Lepowsky, S; Nestler, E; Angus, S; Siraco, M; Swiatek, J

*Meeting commenced at 10:00am*

## **1. Public Comment**

## **2. Chair's Remarks**

### **a. Welcome and updates**

The Chair wished Dr. R.L. MacNeil, Dean of the SODM all the best as he moves on from his deanship to teach and work on internationalizing his already national organization.

### **b. Approval of minutes from January 29, 2018 Meeting**

***Motion to approve the minutes as written. Seconded. Approved 7-0-0.***

## **3. Consent Items**

### **a. Approval of School of Medicine Recommendations for Reappointment of Tenure Track Faculty, Endowed Chair Appointment, Emeritus Appointments and Sabbatical Leave (Dr. Bruce T. Liang)**

Dr. Bruce Liang, Dean of the SOM, is requesting that the AASBOD approve the faculty being recommended for reappointment of tenure track, as listed on page 10 in the materials. His request includes the recommendation of Dr. David Steffens to be appointment as the Samuel "Sy" Birnbaum/Ida, Louis and Richard Blum Chair in Psychiatry. He is additionally asking that the AASBOD approve the recommendations for emeritus appointments, as listed on page 12, as well as Dr. Cato Laurencin's request for sabbatical leave, as described on page 13. While Dr. Laurencin is on his sabbatical, which will be taken in smaller periods of time, he will stay engaged in both CICATS and the Institute for Regenerative Engineering, as well as appoint a deputy to continue the work being done in these institutes.

***Motion to approve the recommendations. Seconded. Approved 6-0-1.***

## **4. Business Items**

## **5. Informational Items**

### **a. School of Medicine Junior Rank Promotions (Dr. Bruce T. Liang)**

Dr. Liang presented the names of those receiving junior rank promotion in the SOM, as shown on page 15 in the materials.

b. Oversight Committee Update – Department and Center Reviews (Marc Hansen)

Dr. Mark Hansen reported the status of the department and center reviews. The five reviews scheduled for 2018 are: CT Institute for Clinical and Translational Science, Department of Obstetrics and Gynecology, Department of Pediatrics, Department of Psychiatry, and Institute for Regenerative Engineering. The reviews scheduled for 2019 are: Department of Family Medicine, Departments of Immunology, and Department of Neurology. The completion of these reviews will complete the 7-year cycle of reviews, as mandated by the SOM bylaws.

A type-I center is a center located within a department and answers to the department. A type-II center is an independent entity and is meant to be outside of the departmental structure. Both are at the discretion of the Dean to appoint, dissolve or consolidate as necessary, in consultation with the Dean's council.

The board acknowledged this to be Dr. Hansen's last meeting as a member of the AASBOD, thanked him and his committee for the excellent work done to get the reviews back on track.

c. LCME Exit Report (Dr. David Henderson)

The SOM had their LCME site survey on March 4<sup>th</sup>-7<sup>th</sup>. A five-person team evaluated the SOM on the basis of 12-standards and 93 constituent elements. The outcome of the review was that five elements were found to be less than outright satisfactory:

- 1.4 Affiliation Agreements: the agreements have all of the information that is required but need to be reorganized to meet the LCME's standards.
- 2.4 Sufficiency of Administrative Staff: there were some issues identified in the ISA, regarding communication with the students and will require some monitoring with the departure of Dr. Rose and the reorganization of the administrative structure.
- 3.2 Community Scholars/ Research Opportunities: solutions were already in place to address the issues noted in scholarship.
- 3.3 Diversity: the LCME team found issue with the fact that the SOM does not have a diversity policy for medical students, separate from UConn Health. This policy was already written at the time, but had not gone through the approval process. This policy describes how the school defines diversity for our students. It was suggested that the policy incorporate verbiage that already exists on the website about the Health Career Opportunity Programs (HCOP).
- 8.8 Monitoring Student Time: a solution was already put into effect with a positive repeat survey, but the LCME felt that additional data collection would be appropriate given that it is a new curriculum.

More detail related to the visit can be found on pages 19-22 in the materials.



There is a growing alarm surrounding the decrease in URM students, particularly African American and Latino male students, attending medical school nationally. The issue is rooted in the socioeconomic structure and stems back deep into the educational system early on. Dr. David Henderson has engaged the AAMC consortium and participated in a workshop to develop leadership among minorities; also working with UConn specialties to make an active concerted effort to keep our URM students here after graduation. Maintaining students after graduation would help produce more mentors and create a more inviting environment for incoming students. President Herbst recently signed off on a large proposal submitted to the Dept. of Health and Human Services, which will provide significant resources to improve upon and position UConn to take a leadership role in addressing this matter.

d. Match Day Statistics (Dr. David Henderson)

Dr. Henderson presented the 2018 match day statistics, found on page 23 in the materials. Of note, all 84 students eligible for graduation were placed in residency, not 83/84 as listed in the materials. 25% of the matched students stayed in CT, last year it was 27%, however this number varies from year to year.

e. Admissions Update (Dr. Thomas Regan)

Dr. Thomas Regan provided a handout for those in attendance, noting that it was the first time UConn SOM's acceptance has been overfilled on the day after students were required to make final selections. Of 3,107 applicants, they interviewed 315; 219 of which were CT residents. The LCME has approved the SOM to have a class size of 110, but we are currently at 112. Dr. Regan believes the new curriculum and the learning environment, including new learning areas, are what sold the Medical School to potential applicants. If the school does overenroll, they will need to inform the LCME.

f. MD/PhD Program Update (Dr. Carol Pilbeam)

Dr. Carol Pilbeam presented an update on the MD/PhD program, who has a goal of training physician scientists who will devote the majority of their time to research. The information from her presentation can be found on page 24 of the materials. Their program has graduated 79 students, with an 8-year average time of completion, integrating medical and research training. For the 2018 entering class, they received 144 applicants, made 29 offers, and matriculated 7 students; four women, three men. The GPA and MCAT scores of those matriculating are higher than the national average and applications, acceptances, and enrollment have increased with an end goal of 40 students. The Dean has been a great supporter of the program and its collaboration with JAX and new faculty positions only strengthen the program.

In reviewing applications from URM students, they often do not have enough research experience to make them qualified for admission to the MD/PhD program. The hope is to develop a pipeline where URM students spend time doing research with and getting to know the faculty.

The school does track the graduates to see who indeed devotes their career to biomedical sciences. 45/64 graduates are in an environment where they can do research, but it does not specify whether or not they are in fact doing research. Dr. Pilbeam estimates that approximately 50% of the graduates are indeed engaged in active research.

g. ACGME Update (Dr. Jacqueline “Kiki” Nissen)

Dr. Kiki Nissen provided the AASBOD with an ACGME update; her slides are available on pages 25-38 in the materials. The ACGME now has an international accreditation arm since 2010.. There are 128 new international programs and 10,683 US programs accredited by the ACGME. It is the 5<sup>th</sup> Anniversary of milestones, which are used to enhance the curriculum in each of the residency programs. The ACGME is constantly improving the milestones and using the milestone data to enhance the curriculum.

UConn’s GME has gone through 2-rounds of CLER (Clinical Learning Environment Review), which takes place at the hospitals where the learning happens. The focus of the reviews is on patient safety, healthcare quality/health disparities, supervision, professionalism, transition in care, and well-being across the clinical care team. A landmark study has shown that the clinical learning environment is an important predictor of the quality of care provided long after training. Some overarching themes and findings are listed out on page 29-30 in the materials.

Broad issues affecting GME are the opioid epidemic, diversity, and physician well-being. Due to the opioid epidemic, the clinical learning environments must use evidence-based medicine in protocols and procedures using opioids; have effective teaching strategies with residents include prevention and recognition of addiction, teach residents how to effectively treat pain syndromes using non-pharmacological means, and participate in clinical trials of new non-opioid pain relief. The ACGME has convened a taskforce and have new and expanded standards related to diversity and culture. All GME offices will be required to have a diversity statement, mission, and plan for addressing diversity in their own programs. With regard to physician well-being, the ACGME is looking at suicide, clinical depression, and physician burnout. They have sponsored a well-being symposium and since February 2018 there have been ten key papers addressing this topic. The AAMC and National Academy of Medicine are also collaborating to work on this issue. A national suicide hotline has been added to the GME website and a de-identified (by name, not program)

burnout study is being conducted so that each program will receive this critical data regarding physician burnout.

This however needs to be addressed more broadly and prevention needs to be a greater focus, by improving the workplace environment. Dr. Nissen is working with hospital leadership to develop a wellness committee here at Uconn Health.

**Update on the Dean search for the SODM:** The search is being coordinated through the Vice Provosts office. There was a robust pool of applicants and is now narrowed down to 4 final candidates:

- Sharon M. Gordon, DDS, MPH, PhD
  - East Carolina University
- Michael Glick, DMD
  - University at Buffalo, SUNY
- Russel S. Taichman, DMD, DMSc
  - University of Michigan
- Frank A. Scannapieco, DMD, PhD
  - University of Buffalo

The hope is that a Dean will be named and on site by July 1, 2018.

*Motion to adjourn. Approved. 11:54am.*

**Next Regularly Scheduled Meeting**

Monday, September 10, 2018

10 a.m. – 12 p.m.

Munson Training Room, 16 Munson Road, Farmington, CT



- 1 Cheryl Chase, Chairman, called the meeting to order at 2:04 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 February 22, 2018***
- 3 Chief Executive Officer Report – Dr. Andrew Agwunobi

Dr. Agwunobi provided the following comments:

UConn Health Finances: UConn Health will be ending the fiscal year at approximately \$9m ahead of budget. Year to date we are ahead of budget by \$8.26 million. Over the next couple of months some expenses related to EPIC are expected, including the expected productivity of physicians. The group viewed a slide which reviewed the breakdown of the various categories and variance to budget; including clinical which is at \$5.148 ahead of budget, research at \$1.115 ahead of budget, and the schools of medicine and dental medicine at \$1.054 and \$2.022 respectfully. Institutional Support is currently showing a deficit due to expenses relating to the transition of Correctional Managed Health Care which have been temporarily categorized in that fund. Anticipation for next year is expected to be a very tough year financially due to required raises, fringe rate increases determined by the State Comptroller, and ongoing expenses related to the EPIC implementation.

Dr. Agwunobi talked briefly on the EPIC (Health One) implementation. Although the go-live did happen as scheduled, some areas, such as the Cancer Center, Dermatology and Ophthalmology, still have work through some issues. Dr. Agwunobi noted that he is very proud of the work done by the hospital and by UMG leadership for the work they continue to do to make sure that this implementation is successful.

- 4 Quality Reports
  - 4.1 UConn John Dempsey Hospital (JDH) – Dr. Scott Allen

Dr. Allen reported that the hospital's Leap Frog score dropped from an A to a B for this past quarter. Dr. Allen felt the reasoning for was most likely centered around the increase in CLABSI (central line associated blood stream infections) numbers for the quarter. A plan has been put in place to ensure the cases of CLABSI will be reduced going forward in addition to all other serious infection incidence.

The Serious Safety Event rate maintained through April with a score of 0.7 only one event. There were no serious safety events during the EPIC implementation.

Dr. Allen reviewed the 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%.

- A new program called “No Pass Zone” has been initiated in the hospital. The new program is If you are passing a room where someone needs assistance – go in.
- The Doctor communication score did drop just a little. However the responses are still hovering in the 80% range.

Lastly, the QAPI Committee (Quality Assessment Performance Improvement Committee) which is chaired by Andy is a group that meets monthly and reviews the performance improvement and quality metrics throughout the hospital. Going forward as part of the QAPI Program Dr. Allen will present minutes from the meetings at the quarterly Clinical Affairs Subcommittee meetings.

#### 4.1.2 Environment of Care - Kevin Higgins

Mr. Higgins reported that six months ago the Environment of Care Committee reported about 100 action items that needed attention. To date, the number of items is down to 5 items remaining. A tremendous amount of work has been done. The surveyors are expected soon and at this time the work is winding down and the team will be ready. A company called Joint Commission Readiness will be coming to do a mock survey early in June to ensure that the hospital is prepared.

#### 4.1.3 Joint Commission Clinical Readiness – Deb Abromaitis

Last survey was in November 2015, we are on a three year cycle. The surveys begin at 8:00 am and are always unannounced. The steps are first we process an application and then they tell us who the surveyors will be. The processing of the application has been completed. We have been told that our compliment will include a behavioral health care survey which will have a dedicated specialist for one day The second survey will be for the hospital which will include a specialist an ambulatory care specialist for two days, engineer for two days, physician for 4 days, nurse for 4 days and administrator for 3 days. We will be notified at 7:30 the morning of their arrival with the bios of those people coming. The biggest change in the management of the survey is that the findings are not only discussed with the leaders, but put into a matrix that is color coded to designate the severity of the findings.

Plans have been put in place to aid in preparation of the Joint Commission visit to ensure that all areas are as ready as possible. These plans include chapter champions, chapter meetings, monthly mock surveys, leadership binders, survey folders and Joint Commission Resources coming back in June to review and run a mock survey.

#### 4.2 UConn Medical Group – Anne Horbatuck, Dr. Denis Lafreniere

Ms. Horbatuck reported some of the key accomplishments from the last quarter. The component preparations for Health One included additional work flow planning, provider scheduling, provider preferences (which allows us to get the right patient to the right provider), making sure patients were seen in a good timeframe, extensive training, hired two new faculty and four APRNs. In addition 199 medical assistants had to be registered. The Putnam site was moved into the multi-specialty area, West Hartford had

a lot of physical site improvements done, and ambulatory operations focused on the office assistant and how that person is utilized.

Encounters are 5% ahead of prior year and 1.54% ahead budget and the RVU's are 10% over last year and just under 1% ahead of budget. There has been an increase in overall doctor rating and also in recommend this provider.

Some of the quality updates were:

**Population Health**

- Interviewing for Assistant VP, Nurse Care Manager/Navigator and two Care Coordinators

**Chronic Care Management program expansion**

- New position hired for expansion (grant funded)
  - Designed for patients with 2 or more chronic conditions

**Person Centered Medical Home**

- Application anticipated to be submitted in July

**Quality and Contract Performance**

- Medicaid Meaningful Use (MU)
  - \$442,000 total to date in FY18
- Awarded \$60,000 from United Medicare Advantage for closing gaps in care for their members
- Anthem – Receiving an additional per member per month (PMPM) payment to assist with care management for their members
  - Focus will be on frequent ED users and gaps in care

Dr. Lafreniere reported on the Merit Based Incentive Program (MBIP). The reporting period ended at the end of 2017 and UMG has a score of 100. Anything over 70 indicates the Health Center will receive an increase year in our CMS payment rate over the next fiscal. The amount is not known at this time.

The Practice Transformation Network grant is entering its final year. This is a grant to help the Health Center develop a system where we can consistently give patient centered care with increased costs and maximized quality. Part of the mission is to instill this process within UConn Health so it will move forward once the grant is completed. We are working with third party payers (Anthem) to decrease unnecessary ED admissions and working to save money using formulary pharmaceutical costs to ensure what we select is on formulary that will save costs. We are also working with other state agencies in the project, such as the State Comptroller and the new Office of Health Strategy which is helping us to utilize some of the benefits that we can get out of working closer with Medicaid and several other programs within the state

5. EPIC (UConn HealthOne) update – Bruce Metz

The HealthOne cut over took place at 5:17 on April 28. Overall the go-live has gone very well. Since the beginning a 24/7 hour support structure has been in place which consisted of a series of command centers, a call center, over 100 EPIC analysts. We brought in about 360 “at the elbow” personnel and we have been depending on a host of after ready clinical ready cycle teams around the clock. The at the elbow personnel work side by side with our end users to help everyone navigate they system and perform the workflows. We have been able to taper down our ATE personnel each week as the end users become more proficient.

Summary of Early Successes include:

- On track to meet milestones and metrics established to monitor progress and determine go-live success
- Hospital and inpatient areas as a whole have adapted quicker than expected
- Ambulatory clinics that moved from NextGen are reaching pre go-live productivity levels
- For Revenue Cycle billing, cumulative charges are consistent with Epic benchmarks for this stage of the go-live
- Departments, such as Orthopedics and Pharmacy, that took ownership of operationalizing Epic during implementation are having a smoother transition
- Some providers have commented about the benefits of HealthONE (e.g., “HealthONE is way better than NextGen for doing orders/charts for the doctor. Takes me a quarter of the time to chart. Vast improvement!” Dr. Craig Rodner)

Summary of Major Concerns and Outstanding Issues include:

- Enterprise-wide adoption of converged and standardized ways of working represents a dramatic change
- Effective and efficient operation of more complex workflows has been challenging for certain clinical areas (e.g., treatment plans in Cancer Center; ordering of procedures in Radiology)
- Ambulatory clinics that moved from paper are experiencing a range of system and process issues (e.g., Dermatology, Cancer Center, Ophthalmology)
- Registration and check-in process is not being completed from start to finish in all cases
- Advanced Epic tools that increase provider productivity and benefit patient care have not been deployed in all clinical areas (e.g., order sets in specialty practices)
- New hardware and device needs have emerged as a result of end-users experiencing the system
- Focused efforts and SWAT teams have been formed to tackle these and other issues

Summary of Key Next Steps include:

- Continue to closely monitor the Go-Live, remediate problems and address challenges
- Develop a roadmap for stabilization and plan for shifting to this phase once the go-live period is complete
- Recognize additional successes and the huge effort from thousands of people who are making change of this magnitude possible

School Reports

5.1 School of Dental Medicine – Dr. Steven Lepowsky

Dr. Lepowsky shared with the group about his recent care as he was hospitalized here at the health center. He remarked that all aspects of his care could not have been better from the doctors and nurses to the housekeepers.

The Dental School recently entered the third phase of the renovations. This phase has created some unique challenges that have not been faced before in the terms of space and space allocation, treatment areas and accessibility to the treatment areas. They

started o receive feedback from patients, some of which is negative and related to the construction. Dispute the challenges the clinical operations are doing very well. All of the financial measures across all aspects of the school are doing well. Every financial measure is not only ahead of last year, but also ahead of budget. The net revenue as opposed to gross revenue has improved measurably over last year and budget.

Update on CCMC transition: Although we no longer will have a presence at CCMC we continue to have ongoing discussions with the leadership of CCMC to ensure that we have a meaningful presence although our outpatient practices will no longer be at CCMC. We are doing quite a bit of work maximizing the utilization of the space at Kane Street to accommodate the activity that used to take place at CCMC.

There being no further business, the meeting was adjourned at 3:04 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. Wayne Rawlins (phone), Ms. Teresa Ressel (phone), 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

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

The meeting was called to order by Dr. Agwunobi at 3:06 pm

**Public Comment**

There was no public comment

**Chairs comments**

*A motion was made, seconded and the minutes of the February 22, 2018 meeting of the Clinical Affairs Peer Review Subcommittee meeting were approved*

**Executive Session**

At 3:07 pm, the Committee voted, upon motion made and seconded, to go into Executive Session, pursuant to the General Statutes, 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.

**Adjournment**

At 3:23 pm the Committee went out of Executive Session and upon motion made and seconded, at 3:24 pm voted to adjourn the meeting.

Respectfully submitted,



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

**Attendance:**

Mr. Richard Barry (phone), Ms. Cheryl Chase, Dr. David McFadden, Dr. Wayne Rawlins, Dr. David Shafer, Dr. Susan Tannenbaum

Guests: Dr. Andrew Agwunobi, Dr. Scott Allen, Dr. Richard Simon, Elizabeth Bjorge, Joanne Boucher, Michelle DeLayo, Anne Niziolek, Caryl Ryan, Jeffrey Blumenthal, Scott Simpson

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	4.1	4.2	-0.1	-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%