



UConn Health Board of Directors

Finance Subcommittee of the
Board of Directors

September 11, 2023

8:30 am – FSC

9:15 am – BOD

Meeting location

UConn Health Munson Training Room
16 Munson Road, 4th floor
Farmington, CT

PAGE

1 PUBLIC COMMENT

1

2 CHAIR'S REMARKS

2.1 Welcome

2.2 Approvals: Minutes: June 12, 2023 *[vote]*

3 FINANCIAL REPORTS & UPDATES

3.1 Results of Operations: Fiscal Year Ended: June 30, 2023

197

3.2 Results of Operations: Fiscal Year 2024 as of July 31, 2023

207

4 CONSENT ITEMS *[vote]*

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

12

4.1.1 Berstein-Magoon-Gay LLC

4.1.2 Hartford HealthCare Medical Group

4.1.3 Sellers, Dorsey & Associates, LLC

4.1.4 Varian Medical Systems

4.1.5 St. Francis Hospital and Medical Center

4.1.6 Hologic Sales and Service LLC

4.1.7 Werfen USA LLC

4.1.8 LAZ Parking Ltd LLC

4.1.9 Maxim Healthcare Staffing Services Inc

4.1.10 Olympus America Inc

4.1.11 QuVa Pharma Inc

4.1.12 TRIOSE Inc

4.1.13 Virtual Radiologic Corporation

4.1.14 Alphatec Spine

4.1.15 Agiliti Health

4.2 Leases [F]

4.2.1 Connecticut Children's Medical Center

16

4.3 Project Budgets [F]

17

4.3.1 Project Budget for the UT-7 Pharmacy Fit-Out (Planning Budget)

4.3.2 Project Budget for the Outpatient Pavilion 3rd Floor Backfill (Design Budget)

4.3.3 Project Budget for the Outpatient Pavilion X-Ray & Blood Draw Relocation (Design Budget)

4.3.4 Project Budget for the Musculoskeletal Institute Rehabilitation Expansion (Design Budget)

4.3.5 Project Budget for the CryoElectron Microscope Installation (Design Budget)

4.3.6 Project Budget for the Fluoroscopy Equipment Replacement & Renovation (Final Budget)

4.3.7 Project Budget for the Musculoskeletal Institute Chiller Replacement (Final Budget)

4.3.8 Project Budget for the Central Sterile Washer & Sterilizer Replacement (Final Budget)

4.3.9 Project Budget for the New England Sickle Cell Institute Renovation (Final Budget)

4.3.10 Project Budget for the Cadaver Lab Renovation & AHU Replacement (Final Budget)

4.3.11 Project Budget for the CGSB Data Center Cooling Upgrades (Final Budget)

- 4.3.12 Project Budget for the 16 Munson Rd Emergency Lighting & Egress Upgrades (Final Budget)
- 4.3.13 Project Budget for the TB-121 Blood Bank Relocation (Revised Final Budget)
- 4.3.14 Project Budget for the 16 Munson Road Parking Lot Repaving (Revised Final Budget)
- 4.3.15 Project Budget for the 836 Hopmeadow St, Simsbury Clinical Practice Relocation (Revised Final Budget)
- 4.3.16 Project Budget for the 5 Munson Road Clinical Fit-Out (Revised Final Budget)

5 UPDATES & INFORMATIONAL ITEMS

- 5.1. Contracts to \$999,999 288
- 5.2. Personnel List 289

PAGE

1

1 PUBLIC COMMENT

2 CHAIR’S REMARKS

2.1 Welcome

2.2 Approval of Meeting Minutes: June 12, 2023 **[vote]**

2

2.3 Approval of Meeting Minutes: Special Meeting June 27, 2023 **[vote]**

11

3 CONSENT ITEMS [vote]

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

12

3.1.1 Berstein-Magoon-Gay LLC

3.1.2 Hartford HealthCare Medical Group

3.1.3 Sellers, Dorsey & Associates, LLC

3.1.4 Varian Medical Systems

3.1.5 St. Francis Hospital and Medical Center

3.1.6 Hologic Sales and Service LLC

3.1.7 Werfen USA LLC

3.1.8 LAZ Parking Ltd LLC

3.1.9 Maxim Healthcare Staffing Services Inc

3.1.10 Olympus America Inc

3.1.11 QuVa Pharma Inc

3.1.12 TRIOSE Inc

3.1.13 Virtual Radiologic Corporation

3.1.14 Alphatec Spine

3.1.15 Agiliti Health

3.2 Leases [F]

3.2.1 Connecticut Children’s Medical Center

16

3.3 Project Budgets [F]

17

3.3.1 UConn Health University Tower (UT) 7th Floor Pharmacy Fit Out (*Planning Budget*)

3.3.2 Outpatient Pavilion 3rd Floor Backfill (*Design Budget*)

3.3.3 Outpatient Pavilion X-Ray & Blood Draw Relocation (*Design Budget*)

3.3.4 Musculoskeletal Institute Rehabilitation Expansion (*Design Budget*)

3.3.5 Cryo Electron Microscope Installation (*Design Budget*)

3.3.6 Fluoroscopy Equipment Replacement & Renovation (*Final Budget*)

Key: [F] = previously approved by the Finance Subcommittee

[A] = previously approved by the Academic Affairs Subcommittee

3.3.7	Musculoskeletal Institute Chiller Replacement (<i>Final Budget</i>)	
3.3.8	Central Sterile Washer & Sterilizer Replacement (<i>Final Budget</i>)	
3.3.9	New England Sickle Cell Institute Renovation (<i>Final Budget</i>)	
3.3.10	Cadaver Lab Renovation & AHU Replacement (<i>Final Budget</i>)	
3.3.11	CGSB Data Center Cooling Upgrades (<i>Final Budget</i>)	
3.3.12	16 Munson Rd Emergency Lighting & Egress Upgrades (<i>Final Budget</i>)	
3.3.13	TB-121 Blood Bank Relocation (<i>Revised Final Budget</i>)	
3.3.14	16 Munson Road Parking Lot Repaving (<i>Revised Final Budget</i>)	
3.3.15	836 Hopmeadow St, Simsbury Clinical Practice Relocation (<i>Revised Final Budget</i>)	
3.3.16	5 Munson Road Clinical Fit-Out (<i>Revised Final Budget</i>)	
3.4	Other Approvals	
3.4.1	School of Medicine - Tuition Increase [A]	67
3.4.2	School of Dental Medicine – By-Laws Changes [A]	76
4	CEO/EVP REPORT	
4.1	Chief Executive Officer’s Report – B. Liang	184
4.2	Financial Update – J. Geoghegan	
4.2.1	Results of Operations: Fiscal Year Ended: June 30, 2023	197
4.2.2	Results of Operations: Fiscal Year 2024 as of July 31, 2023	207
4.3	Healthcare Compliance and Privacy Education for Board of Directors – E. Box	217
4.4	Population Health - Signify Accountable Care Organization (ACO) – K. Poitras-Rhea	247
5	MAIN BUSINESS	
5.1	President Update – R. Maric	
5.2	Research Update – P. Alpay	
5.3	Dean, School of Medicine Update – B. Liang/A. Vella	255
5.3.1	Pat and Jim Calhoun Associate Professor in Cardiology [vote]	260
5.3.2	Endowed Chairs Report for the Fiscal Year Ending June 30, 2023 [vote]	262
5.3.3	Social Determinants of Health – C. Steele and H. Siccardi	271
5.4	Dean, School of Dental Medicine Update – S. Lepowsky	
6	FINANCIAL AFFAIRS COMMITTEE REPORT	
6.1	Chair’s Remarks – T. Holt	
6.2	Informational Items:	
6.2.1	Minutes: June 12, 2023	286
6.2.2	Contracts to \$999,999	288
6.2.3	Personnel List	289
7	ACADEMIC AFFAIRS COMMITTEE REPORT	
7.1	Chair’s Remarks – F. Archambault	
7.2	Informational Items:	
7.2.1	Minutes: August 7, 2023	298

Key: [F] = previously approved by the Finance Subcommittee
[A] = previously approved by the Academic Affairs Subcommittee

8	BUILDINGS AND GROUNDS COMMITTEE REPORT	
8.1	Chair’s Remarks – R. Carbray	
8.2	Informational Items	
8.2.1	Minutes: August 17, 2023	302
9	CLINICAL AFFAIRS COMMITTEE REPORT	
9.1	Chair’s Remarks – C. Chase	
9.2	Informational Items	
9.2.1	Summary of Meetings this Quarter (June 20, July 18, August 15)	305
10	JOINT AUDIT & COMPLIANCE COMMITTEE REPORT	
10.1	Director Remarks – M. Boxer	
10.2	Informational Items	
10.2.1	JACC Report – March 23, 2023	306
11	INFORMATIONAL REPORTS	
11.1	Recruitment and Retention MOU/MOAs	307
11.2	UConn Medical Group Operational Report	308
12	EXECUTIVE SESSION	
	As needed	

NEXT REGULARLY SCHEDULED MEETING
December 4, 2023

Key: [F] = previously approved by the Finance Subcommittee
[A] = previously approved by the Academic Affairs Subcommittee

Public Participation at UConn Health Board of Directors Meetings

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

Requests to address the UConn Health Board of Directors 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.

The Chair of the UConn Health Board of Directors shall recognize each speaker in the order of signing up, shall request that the speaker state their name, and shall ensure adherence to time limits, to permit the orderly progress of the BOD through its agenda. Each speaker will be allotted a time period of three minutes to speak.

At a special meeting of the UConn Health Board of Directors, comments by members of the public shall be limited specifically to the subject described in the call of the special meeting.

The UConn Health Board of Directors 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 Board will not ask or answer questions, nor will Board members make comments during this portion of the agenda.

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

Andrea F. Keilty, JD
Liaison to the Board of Directors
Office of Health Affairs
Phone: 860-679-2594
keilty@uchc.edu

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

1. Public Comment

No public comment.

2. Chair's Remarks**2.1 Welcome**

Chairman Cloud brought forth a motion to amend the Agenda to add two revenue-generating contracts with the Department of Public Health.

The Board of Directors unanimously approved the motion to add the contracts to the Agenda under item 3.5.

Chairman Cloud thanked everyone for being present at our regularly scheduled quarterly meeting which is recorded. The Chair recognized longtime assistant to the Board, Deb Kaufman, who will depart UConn Health in July.

2.1.1 Approval of Meeting Minutes

The Board of Directors unanimously approved the minutes of the UConn Health Board of Directors meeting held on March 13, 2023.

2.1.2 BOD Faculty Award Recognition

Chairman Cloud formally recognized Dr. Zita Lazzarini as the recipient of the 2023 Board of Directors Faculty Recognition Award.

3. Consent Items

Items 3.1, 3.2, and 3.3 were reviewed in the Finance Subcommittee meeting held earlier today.

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

- 3.1.1 Alphatec Spine Inc.
- 3.1.2 ScribeAmerica LLC
- 3.1.3 FlashParking Inc.
- 3.1.4 Hologic Inc. dba Gen-Probe Sales & Service Inc.
- 3.1.5 Bioverativ
- 3.1.6 Cardinal Health Inc.
- 3.1.7 McKesson Corporation
- 3.1.8 Priority Healthcare Distribution Inc. dba CuraScript Specialty Distribution
- 3.1.9 Johnson & Johnson
- 3.1.10 Medtronic USA Inc.
- 3.1.11 Owens & Minor Inc.
- 3.1.12 Owens & Minor Distribution Inc.
- 3.1.13 Fisher Scientific Company LLC

- 3.1.14 Makiaris Media Services
- 3.1.15 Connecticut Natural Gas
- 3.1.16 Eversource (CL&P).
- 3.1.17 Dell Marketing LP
- 3.1.18 NWN Corporation
- 3.1.19 SHI International Corporation
- 3.1.20 Industrial Electric & Construction, LLC
- 3.1.21 iMethods LLC
- 3.1.22 Mediant Health Resources Incorporated
- 3.1.23 Superlanet Inc.
- 3.1.24 The CSI Companies Inc.
- 3.1.25 Airgas USA LLC
- 3.1.26 ASD Specialty Healthcare LLC
- 3.1.27 Experian Health Inc.
- 3.1.28 Immucor
- 3.1.29 Datix USA Inc.
- 3.1.30 Connecticut Children's Medical Center
- 3.1.31 Hartford Hospital
- 3.1.32 Saint Francis Hospital and Medical Center
- 3.1.33 The Hospital of Central Connecticut
- 3.1.34 Arthrex
- 3.1.35 Intuitive Surgical Inc.
- 3.1.36 CVS Pharmacy
- 3.1.37 Optum Pharmacy 702 LLC
- 3.1.38 Pharmacy Corporation of America
- 3.1.39 Asylum Hill Family Medicine Center
- 3.1.40 Center of Advanced Reproductive Services PC
- 3.1.41 Bruker Biospin

3.2 Leases [F]

- 3.2.1 Asylum Hill Family Medicine Center, Inc.
- 3.2.2 11 South Road LLC

3.3 Project Budgets [F]

- 3.3.1 Cryon Electron Microscope Installation (Planning: \$960,000)
- 3.3.2 Connecticut Tower (CT) 7th floor Med-Surg Observation Unit Renovation (Planning: \$2,500,000)
- 3.3.3 Hybrid OR #2 Fit out (Planning: \$7,100,000)
- 3.3.4 Interventional Radiology Equipment Replacement & Renovation (Final: \$4,700,000)
- 3.3.5 Outpatient Pavilion 3rd floor backfill (Planning: \$3,300,000)
- 3.3.6 Outpatient Pavilion X-Ray & Blood Draw Relocation (Planning: \$650,000)
- 3.3.7 Musculoskeletal Institute Rehabilitation Expansion (Planning: \$640,000)
- 3.3.8 Cadaver Lab Renovation & Air Handling Unit Replacement (Design: \$1,800,000)
- 3.3.9 Central Sterile Washer & Sterilizer Replacement (Design: \$3,985,000)
- 3.3.10 Cell & Genome Sciences Building Data Center Cooling System Upgrades (Design: \$650,000)
- 3.3.11 New England Sickle Cell Institute Renovation (Design: \$4,865,000)
- 3.3.12 Buildings D & N Roof Replacement (Final: \$2,500,000)
- 3.3.13 Buildings E & K Roof Replacement (Final: \$2,160,000)
- 3.3.14 TB-121 Blood Bank Relocation (Final: \$765,000)
- 3.3.15 Transitional Nursery Renovation (Final: \$1,800,000)
- 3.3.16 Canzonetti (F) Building Wound Care Center Renovation (Final: \$1,225,000)

3.4 Other Approvals]

- 3.4.1 School of Medicine Bylaws [A]
- 3.4.2 Chief of Service – Anesthesiology [C]
- 3.4.3 Chief of Service – Medicine [C]

The Board of Directors unanimously approved Agenda items 3.1, 3.2, 3.3. and 3.4 as described in the Board materials beginning on page 9.

3.5. Department of Public Health revenue-generating contracts

- 3.5.1. **HRSA MOA – \$1,755,000:** Memorandum of Agreement to pass through federal Health Resources and Services Administration (HRSA) funds to UConn Health/CT AHEC to manage the Connecticut State Loan Repayment Program (CT-SLRP). The CT-SLRP is a state loan repayment program to support loan repayment assistance for primary care health professionals who serve in the health professional shortage areas that have a site agreement with CT AHEC.
- 3.5.2. **ARPA MOA - \$11,600,000:** Memorandum of Agreement to pass through federal American Rescue Plan Act (ARPA) funds to UConn Health/CT AHEC to manage the Connecticut State Loan Repayment Program (CTSLRP). The CT-SLRP is a state loan repayment program to support loan repayment assistance for primary care health professionals who serve in the health professional shortage areas that have a site agreement with CT AHEC.

The Board of Directors unanimously approved Agenda item 3.5 as presented on the document distributed in the meeting.

4. EVP Report

4.1 Executive Vice President for Health Affairs/CEO Report – Dr. Bruce Liang

Dr. Bruce Liang began his report by thanking the directors, trustees, and faculty for their continued support and leadership. He also thanked the Governor and General Assembly for their continued support of UConn and UConn Health. He shared that the overall financial picture is performing well across all business units. As reported in previous meetings, visits to the emergency department continue to break records, as we are on target to reach 50,000 visits in 2023. Dr. Liang reported the most recent data of patients seeking care at UConn Health, stating that the trajectory continues upward showing that an additional 1.5 beds are needed for every passing month, which is up slightly from his last report at the March BOD meeting. Surgical activity in the main OR is a key driver in meeting or exceeding budgeted volumes consistently. GI procedures continue to perform well, as do volumes in the UConn Health Surgery Center - although results here are softer, they are still meeting their targets. In Outpatient activity, encounters and RVUs are ahead of budget and the prior year by more than 6.5%. The largest growth area is Dermatology. Dr. Liang reminded the Board that a few years back a number of Dermatology providers left UConn Health to form a private practice, but he is pleased to report that we have bounced back exceedingly well and successfully recruited excellent providers to grow the practice.

Dr. Liang ended his report by addressing some questions from the March meeting: Director Ressel's question about clinical space utilization from the March BoD meeting was addressed by presenting a chart on how space is allocated at the Outpatient Pavilion. Dr. Liang reported that 79% of space is used for exam and treatment areas, and offices integral to a clinical

setting, and 21% for administrative offices, and support functions such as food service, breakrooms and storage. Another follow-up question from March was Director Bessette's request for data to justify the purchase of a Tomotherapy unit, an expensive piece of medical equipment that delivers focused doses of radiation to patients. Dr. Liang reported that, conservatively, Tomotherapy is estimated to generate \$2.1 million in annual revenue and cost is estimated to be fully realized in 2.5 years.

Follow up to Director Freedman's question about what we are seeing with ED wait times now, with record volumes compared to pre-pandemic. Dr. Liang reported that in 2020, door-to-provider wait times were on average 25 minutes with an annual volume of 34K patients. In 2023, wait times only increased by 4 minutes on average – to 29 minutes – and as of April we have seen 52K patients in the ED.

Finally, in follow-up to Directors Archambault and Boxer request for information on the payor mix in the ED, Dr. Liang reported that in FY19, 28.1% of patients seen in the ED had Medicaid; and in 2023 that number increased to 29.%. The percentage of bad debts has decreased from 2.3% to 1.9% between 2021 and 2023.

Finally, Dr. Liang informed the Board of recent clinical awards, reporting that for the 5th consecutive time, JDH received an "A" safety rating from Leapfrog, the patient safety independent watch group in the Spring period. Also, Newsweek ranked JDH as one of the Best Hospitals in the US. Our overall score and ranking improved from 2022. Healthgrades, named JDH as top 10% of U.S. Hospitals for Patient Experience; JDH is the only CT hospital to receive this distinction.

4.2 Financial Update - Jeffrey P. Geoghegan

Mr. Geoghegan reviewed the FY23 Year-End forecast reporting that all business areas are performing well currently with a favorable variance to budget is \$87.4M or 5.2%. This is driven by clinical revenue specifically, net patient revenue of \$48.6M and the Pharmacy 340B program favorable to \$19.8M. Another key factor is state support is ahead of \$17.1M to budget. Staffing expenses in personal services and fringe are only slightly better than budgeted at this time, caused by the increased patient volumes, but temporary/contract support costs are 16.9% less than budgeted. Purchased services and other expenses related to software agreements are coming in less than budgeted and projects/consultants' expenses are not as far along as anticipated. Lease and debt payments are on budget. Capital projects are moving along as noted by the number of project budgets for approval today, especially those revenue generating projects. Director Bessette asked what is affecting the budget the expense or depreciation. Mr. Geoghegan stated it is the capital expense that affects the budget. Depreciation expense is the cash we must pay debts and reinvest through capital projects. Some operating expenses are over budget as shown on page 88, but overall expenses are favorable to budget by \$65.4M or 3.9%.

4.2.1 FY24 Budget/Spending Plan

Mr. Geoghegan began his presentation with words of appreciation for the UConn/UConn Health Government Relations team for their tremendous work at the Capitol, as well as President Maric and Dr. Liang for prioritizing their schedules and tirelessly advocating for our legislative priorities. Mr. Geoghegan also recognized the senior finance staff, Controller Chad Bianchi, AVP Nicole Baker, Budget and Data Analytics VP Lisa Danville, and Senior Director Greg Sznaj, who led our UConn Health leaders from all business units to present a balanced budget to you today.

Mr. Geoghegan reported that the FY24 state budget incorporates a budget-neutral element related to employee fringe benefit costs. This change in methodology will result in the state funding all retirement costs for all employees and the university funding all non-retirement costs for all employees. To accomplish this change in a budget-neutral way, the block grant or state support to UConn Health will be reduced by \$39.8M. This means that UConn Health will no longer be required to fund a portion of the state's unfunded liabilities. UConn Health's fringe benefit rate will be significantly reduced from an average of a 70% fringe rate to approximately 35%. This reduction closes the gap between JDH and other comparable hospitals in the state, where the fringe rate averages 25%. This new fringe methodology removes the future risk of increased costs of unfunded liabilities, and we are hopeful that this will make our faculty more competitive when applying for externally funded research grants.

Mr. Geoghegan presented a balanced budget for FY24 in the amount of \$1,541.2 million as detailed on page 90 of the Board materials. Key factors of this budget include the removal of retirement/pension expenses in the amount of \$210.3M, which will be assumed by the Comptroller. In addition, the annual JDH fringe benefit differential of \$13.5 million has been eliminated, and UConn Health was provided \$4.5M in its budget instead. This \$13.5M was an appropriation that for many years has been required by CT statute to be provided to UConn Health to help with the extra fringe costs it has to pay compared to other CT hospitals.

One-time funds of additional state support in FY24/25 include APRA funds as well as funds that were not utilized by other agencies and allocated to UConn and UConn Health.

Mr. Geoghegan reviewed the FY24 proposed spending plan in detail, highlighting that Grants and Contract revenue is forecasted at \$11.8M more than FY23 due to Dr. Hoch's large grant and noted that some of that revenue will pass through to other institutions and is reflected in the Other Expenses line item, also budgeted higher than FY23. Clinical revenue is forecasted 7.8% higher this year, due to an expected Medicare reimbursement rate increase of 3.5% and increased contractual reimbursements with HMO. The Other Revenue line item budgeted 11.5% less than FY23 is related to the 340B eligibility and the reduction of the 340B pricing by manufacturers in the Contract Pharmacy realm. We expect payment reductions but hope to offset them with a shift to our specialty pharmacy. We will continue to monitor this matter and report significant issues at future meetings.

On the expense side, personal services or salaries are up 8.2%, however, the increase on temporary staffing is 2.2% higher than the previous fiscal year and we expect temporary staffing expenses to continue to fall. Caryl Ryan provided an update on traveling nurses reporting that only 44 travelers remain in the hospital, and that she expects that number to be reduced by 15-20 in the coming months.

Following Mr. Geoghegan's presentation, Chairman Cloud asked for a motion for the UConn Health Board of Directors to endorse and recommend that the University Board of Trustees approve a spending plan for Fiscal Year 2024 in the amount of \$1,541.2 million for UConn Health.

The UConn Health Board of Directors unanimously approved Agenda item 4.2.1 as detailed on the resolution on page 107 in the Board materials.

4.2.2 FY 2024 Capital Budget Spending Plan for UConn Health

Mr. Geoghegan presented the UConn Health Capital Budget Spending Plan in the amount of \$104.5 million for fiscal year 2024, comprised of \$43 million of State General Obligation (GO) bond funds and \$61.5 million of UConn Health Operating funds. The GO bond funds will be allocated for deferred maintenance, code compliance, infrastructure improvements, telecommunications upgrades, purchasing new equipment, and library collections. UConn Health funds operating funds of \$61.5 million will be allocated for campus renovations, clinical equipment, deferred maintenance, IT security, and other capital needs.

Chairman Cloud asked for a motion for the UConn Health Board of Directors to endorse and recommend that the University Board of Trustees approve a Capital Budget Spending Plan for fiscal year 2024 in the amount of \$104.5 million.

The UConn Health Board of Directors unanimously approved agenda item 4.2.2 as detailed on the resolution on page 112 in the Board materials.

Main Business

5.1 President Update

President Maric echoed the previous appreciation of the Government Relations and Finance teams, as well as the Governor and members of the General Assembly who worked so hard to present a budget-neutral spending plan and address the unfunded legacy costs. President Maric reported that unpaid legacy costs have increased by 273% since the fiscal year 2011. This change will position UConn/UConn Health to be successful with grants, recruitment, and philanthropy efforts across the institution.

5.2 Research Update

Dr. Alpay Pamir provided the research report through April 2024. New sponsorship awards for the 10 months of the fiscal year are down slightly compared to this time last year. Dr. Ivo Kalajzic in the SODM was awarded a 5 year NIH \$2 million grant just recently and 2 large equipment grants totaling \$3.5 million were awarded to Dr. Jeffrey Hoch and Dr. Wolfgang Peti in the SOM. Technology commercialization activity in patents and disclosures is down slightly. Dr. Pamir reported a new effort called Patent Monetization. The effort protects against infringement of patents and innovations coming out of UConn and seeks monetization with proceeds being reinvested into research. We will bring more details on this effort to the next Board meeting.

5.2 Dean, School of Medicine Update – Bruce Liang

Dr. Liang reported on recruitments since the last meeting. Dr. Linda Sprague Martinez will join SOM and UCH as the new director of the Health Disparities Institute. Danielle Rux Ph.D. joins as a tenure track assistant professor of Orthopedics and Musculoskeletal Institute as an expert on articular cartilage. Benjamin Sinder Ph.D. joins as an assistant professor of Orthopedics and Musculoskeletal Institute as an expert on spine and rib cage deformities.

Dr. Liang also reported the School of Medicine ranking in research moved up eight places to 53 among all 180 medical schools nationwide and is also ranked 27 among public medical schools. The full presentation begins on page 114 of the board materials.

5.3 Dean, School of Dental Medicine Update – Steven Lepowsky

Dr. Lepowsky reported that self-study documents for the Accreditation site survey this fall are nearly final, and the target date of submission is August 4, 2023. The focus will shift to onsite documentation, conducting mock surveys, and weekly meetings with facilities. The School of Dental Medicine continues to expand community engagement activities by providing oral hygiene screenings and services at the Stand Down event hosted by the Connecticut Department of Veteran Affairs in September 2023. The SODM is also partnering with the Boys and Girls Club of Hartford and finalizing an agreement with the Hospital of Special Care to bring onsite dental care to their patients. In association with the State Dental Association, the SODM has developed materials and assessments for dental assistants to demonstrate competencies in dental radiology. Finally, Dr. Lepowsky reported the American Dental Education Association discourages all dental schools from participating and reporting rankings in public materials which is misleading to potential applicants. In addition, ADEA discontinued the use of gender in reporting national trends.

6. Financial Affairs – Tim Holt

The Finance Subcommittee met before this meeting to approve the minutes of the March 13, 2023 meeting and to review and recommend approval of 41 contracts, 2 leases, and 16 project budgets. Information on contracts from \$500,000-\$999,999 and the personnel report begins on page 119 of the Board materials.

7. Building and Grounds – Rick Carbray

The Buildings and Grounds Subcommittee met on May 18, 2023. The committee received its last COVID-19 update as the public emergency ended on May 11th. The committee received capital projects update reporting 18 new projects added and 19 projects closed. Deferred maintenance project funding of \$22.5 million is committed to active projects. Sixteen project budgets approved earlier today were discussed in detail. The next meeting is August 17, 2023.

8. Academic Affairs – Joel Freedman

The Academic Affairs Subcommittee met on April 17, 2023. The committee approved recommendations from both schools for promotion, emeritus, and tenure decisions. The committee received a positive report from the Oversight Committee, that all department reports are on schedule. The committee approved a revision to the School of Medicine bylaws regarding gender pronouns. Dr. Lepowsky reported on faculty diversity and recruitment in the SODM. The committee had an excellent presentation from Dr. Anton Alerte on the Urban Service Track: AHEC Scholar Program now in its 16th year. The next meeting is scheduled for August 7, 2023.

9. Clinical Affairs – Cheryl Chase

The Clinical Affairs Subcommittee continues to meet monthly on the 3rd Tuesday of each month to review and vote on staff appointments, reappointments, and other credentialing matters relating to the medical staff.

The Subcommittee also held its regular quarterly meeting on May 11, 2023, to address matters outside of credentialing

Dr. Bruce Liang provided an overview of operations for the clinical enterprise, reporting that the average daily census shows that steep growth continues in the number of patients

seeking care at John Dempsey Hospital. Surgery and Procedure volumes also continue to be strong.

Dr. Liang presented his last COVID-19 update to the committee, as UConn Health has been loosening up COVID-19 restrictions for employees, patients, and visitors over the past several months in line with public health guidance and the overall reduction in COVID cases. UConn Health has also reviewed all waivers that were in effect during the Public Health Emergency and has made sure that all its processes were complying when the PHE ended on May 11.

Dr. Liang also reported that UMG visits and revenues have been strong and are ahead of budget. He also shared the exciting news that the UMG Simsbury practice has relocated to 836 Hopmeadow Road and started seeing patients in the new location on May 5th.

During the Quality presentation, the Subcommittee reviewed the scorecard established to track clinical safety and quality metrics, as well as targeted patient satisfaction metrics.

The Subcommittee acted on several items from the JDH Medical Board. It approved Chief of Service appointments for the Department of Medicine and the Department of Anesthesiology and approved the 2022 Utilization Review Report.

The School of Medicine reported on the Graduate Medical Activities, including the addition of four new programs starting this July: Epilepsy, Foot and Ankle Orthopedic Surgery, Musculoskeletal Radiology, and Sleep Medicine are slated to join the existing 70 training programs in the SOM

The School of Dental Medicine reported the results of the second administration of the Patient Safety Culture Survey after a year of process improvement activities and reported most areas saw significant improvement. Patient visits are unfavorable to budget, but revenue remains favorable. Dean Lepowsky announced that Dr. Christy Lottinger, a member of the Clinical Affairs Subcommittee as well as an outstanding Oral and Maxillofacial Surgeon and educator, is leaving UConn Health this summer. The next meeting is August 10, 2023.

10. Joint Audit & Compliance Report – Mark Boxer

The committee met on March 23, 2023, and reviewed and accepted two internal audit reports for UConn Health. There were 115 open matters with actions which is slightly up from the past quarter. On external audits, the state auditors presented a clean opinion of the UCH Annual Comprehensive Financial Report for y/e June 30, 2022. No significant issues were presented on the FY22 UConn 2000 Infrastructure Program Agreed Upon Procedure Report. Annual Compliance and Ethics training launched on February 6, 2023. Elle Box, Chief Healthcare Compliance and Privacy Officer, presented the annual Board Healthcare Compliance and Privacy training.

11. Conflict of interest Committee Report – Sandy Cloud

The Conflict of Interest Subcommittee met on April 24th. The Subcommittee reviewed potential conflicts that were disclosed by Board members and recommended a plan to manage these proposed conflicts, which I accepted. This conflict management plan is effective immediately and will remain in place for the year, and until modified or a new plan is adopted.

12. Other Reports – Informational

- 12.1 Recruitment and Retention MOU/MOAs
- 12.2 UConn Medical Group Operational Report

Informational items begin on page 148 of the Board materials.

12 Executive Session

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; trade secrets as defined by the Freedom of Information Act; Attorney-Client privileged communications; and responses related to requests for proposals, where the process still remains open.

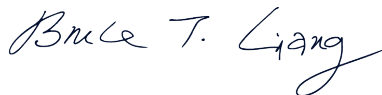
The Board of Directors unanimously approved entering Executive Session.

Guests admitted: A. Keilty, A. Horbatuck, B. Liang, C. Ryan, C. Hyers, D. Toscano, E. Kruger, J. Geoghegan J. Lombardo, M. Williams, R. Rubin, R. McCarthy, S. Simpson, A. Mehta.

The Board returned to the Public Session at 11:42 am.

With no further business, the meeting was adjourned at 11:44 am.

Respectfully submitted,



Bruce T. Liang, M.D.
Interim Executive Vice President for Health Affairs
Dean, UConn School of Medicine

Voting Members Present: A. Bessette, B. Cole-Johnson, C. Chase, C. Gualtieri, J. Freedman, K. Alleyne, M. Boxer, R. Maric, R. Barry, R. Carbray, S. Cloud, T. Holt

Chairman Sanford Cloud, called the meeting to order at 9:00 a.m. and announced the meeting was being recorded.

1. Public Comment

No public comment.

2. Executive Session

Mr. Cloud asked for a motion to move into Executive Session to discuss matters not subject to disclosure pursuant to Conn. Gen. Stat. §§ 1-200(6) and 1-210(b)(1) and other applicable provisions.

No votes will be taken today.

The Board of Directors unanimously approved to enter Executive Session at 9:04 a.m.

Guests for Executive Session: A. Keilty, D. Toscano, M. Williams, R. Rubin

Public Session resumed at 9:16 a.m. With no additional business, the meeting was adjourned at 9:17 a.m.

Respectfully submitted,



Andrea Keilty, JD
Chief of Staff
Administrative Liaison to the Board

Voting Members Present: F. Archambault, P. Baker, A. Bessette, M. Boxer, R. Carbray, C. Chase, S. Cloud, B. Cole-Johnson, J. Freedman, T. Holt, R. Maric, T. Ressel,

UConn Health Board Finance Subcommittee September 11, 2023
CONTRACTS (OTHER THAN REAL ESTATE LEASES) AND PURCHASE ORDERS OF \$1,000,000 OR MORE
FOR UCONN HEALTH BOARD OF DIRECTORS APPROVAL ON SEPTEMBER 11, 2023

No.	Contractor	SMBE?	Previous Contract Amount (if applicable)	Approval Amount	Term	Description
1	Berstein-Magoon-Gay LLC (dba ImageFIRST Healthcare Laundry Specialist)	No	\$1,500,000 (approved by Board September 2022 for term 10/1/16 - 9/30/23)	\$2,055,000	10/1/23 - 9/30/30 (3-year initial term plus two 2-year renewal options)	Linen/laundry pickup and delivery services for various UConn Health locations, including UMG satellite offices in Canton, East Hartford, Farmington, Plainville, Putnam, Simsbury, Southington, Storrs and West Hartford.
2	Hartford HealthCare Medical Group	No	N/A	\$7,000,000	9/1/23 - 8/31/26	Hartford HealthCare surgeons and PAs will provide medical, surgical and call-coverage services for UConn Health cardiac surgery patients, including patients in the new Transcatheter Aortic Valve Replacement ("TAVR") program at the UConn Health Calhoun Cardiology Center.
3	Sellers, Dorsey & Associates LLC	No	N/A	\$5,600,000	9/30/23 - 8/29/30	Consulting services for the design and implementation of Medicaid programs that will result in a net reimbursement benefit to UConn Health and the State of Connecticut.
4	Varian Medical Systems Inc	No	N/A	\$4,500,000	9/1/24 - 8/30/29	New radiation oncology treatment delivery system with a one-year warranty and four-year service agreement after the end of the warranty period. The contract needs to be entered into this year for delivery in 2024.
5	Saint Francis Hospital and Medical Center	No	\$950,000 (9/1/22 - 10/31/23)	\$2,000,000	11/1/23 - 8/31/25	UConn Health provides physicians to Burgdorf Medical Center, which is owned and operated by Saint Francis Hospital and Medical Center. The UConn Health physicians perform internal medicine and general pediatric clinical patient care services at the Burgdorf location.
6	Hologic Sales and Service LLC (fka Hologic, Inc. dba Gen-Probe Sales & Service Inc.)	No	\$4,800,000 (approved by Board June 2023 for term 10/1/19 - 9/30/24)	\$5,800,000 (includes an additional \$1,000,000)	10/1/19 - 9/30/25 (includes additional 1 year)	Hologic supplies UConn Health's Department of Laboratory Medicine with equipment and reagents. This amendment extends the contract term and increases the maximum value to cover ongoing spend.
7	Werfen USA LLC (Instrumentation Laboratory)	No	\$850,000 (10/13/19 - 10/12/24)	\$1,200,000 (includes an additional \$350,000)	10/13/19 - 10/12/24	Werfen supplies UConn Health's Department of Laboratory Medicine with equipment, service/maintenance, reagents and consumables for coagulation testing. This amendment increases the maximum contract value without other changes to the contract. The increased value is needed to cover higher-than-anticipated use of consumables under the contract.
8	LAZ Parking Ltd LLC	No	\$8,000,000 (approved by the Board June 2017 for term 7/1/17 - 6/30/25)	\$11,000,000 (includes an additional \$3,000,000)	7/1/17 - 6/30/25	LAZ Parking is responsible for patient valet service and parking garage management at UConn Health's Farmington campus. This amendment increases the maximum contract value to cover the final contract renewal option that was exercised in June for the period of 7/1/23-6/30/25.
9	Maxim Healthcare Staffing Services Inc	No	\$999,999 (1/13/21 - 1/12/24)	\$2,300,000 (includes an additional \$1,300,001)	1/13/21 - 1/12/25 (includes additional 1 year)	Maxim provides specialty level coders to support UConn Health's clinical operations and prevent lost revenues. A coding supervisor and auditing services were recently added to Maxim's scope of services to improve documentation and ensure the hospital produces continuous revenue under the OIG compliance process. This amendment extends the contract term and increases the maximum value to cover ongoing spend.
10	Olympus America Inc	No	\$2,400,000 (approved by Board June 2022 for term 8/1/18 - 7/31/23)	\$3,000,000 (includes an additional \$600,000)	8/1/18 - 7/31/24 (includes additional 1 year)	These are existing lease and service agreements for endoscopy equipment for the UConn Health Gastroenterology Department. These agreements have been continuing on a month-to-month basis since 2021 because we have been waiting for the supplier to make new equipment available to us. The supplier has indicated that the new equipment is now available; however, it will still take several months for the new equipment to be delivered to us. This amendment will formalize the month-to-month extension to cover UConn Health's ongoing lease and service plan for the existing equipment until the new equipment is delivered and put into use.

UConn Health Board Finance Subcommittee September 11, 2023
CONTRACTS (OTHER THAN REAL ESTATE LEASES) AND PURCHASE ORDERS OF \$1,000,000 OR MORE
FOR UCONN HEALTH BOARD OF DIRECTORS APPROVAL ON SEPTEMBER 11, 2023

No.	Contractor	SMBE?	Previous Contract Amount (if applicable)	Approval Amount	Term	Description
11	QuVa Pharma Inc	No	\$499,999 (1/19/22 - 1/18/24)	\$1,300,000 (includes an additional \$800,001)	1/19/22 - 1/18/26 (includes additional 2 years)	QuVa Pharma provides 503B compounding pharmacy services and is the sole supplier of buffered lidocaine/epinephrine syringes used by UConn Health's Dermatology Clinic. This amendment extends the contract term and increases the maximum value to cover both ongoing spend and increased usage.
12	TRIOSE Inc	No	\$499,999 (12/15/22 - 12/14/23)	\$2,500,000 (includes an additional \$2,000,001)	12/15/22 - 12/14/25 (includes additional 2 years)	TRIOSE provides UConn Health with inbound freight management services, including freight carrier selection, negotiation of carrier agreements, carrier performance monitoring, freight bill payment, claims management, and freight routing services. This amendment extends the contract term and increases the maximum value to cover the ongoing services and account for anticipated increased usage and increased freight costs.
13	Virtual Radiologic Corporation	No	\$1,900,000 (approved by Board September 2022 for term 10/1/19 - 9/30/23)	\$3,050,000 (includes an additional \$1,150,000)	10/1/19 - 9/30/24 (includes additional 1 year)	UConn Health's Diagnostic Imaging Department utilizes vRad radiologists to perform after hours preliminary radiology interpretation services. This amendment extends the contract term and increases the maximum value to cover ongoing spend.
14	Alphatec Spine Inc	No	\$6,000,000 (approved by Board June 2023 for 7/1/22 - 6/30/24)	\$12,000,000 (includes an additional \$6,000,000)	7/1/22 - 6/30/24	Spinal products for John Dempsey Hospital's OR Department. This amendment increases the maximum contract value with no change to the term due to an increase in purchases from this supplier as well as higher overall case volume.
15	Agiliti Health Inc	No	\$2,000,000 (approved by Board December 2022 for term 6/1/18 - 5/31/24)	\$2,600,000 (includes additional \$600,000)	6/1/18 - 5/31/24	Agiliti provides tracking, monitoring, cleaning and management services for UConn Health's infusion pumps and breast pumps. Agiliti also provides consulting and preventive maintenance/repair services on an as-needed basis, as well as a full-time Biomedical Technician (1.0 FTE) who works on-site at UConn Health during normal business hours. This amendment increases the maximum contract value with no change to the term due to an increase in the number of pumps being managed by Agiliti and UConn Health's need for additional support services.

UConn Health Board Finance Subcommittee September 11, 2023
CONTRACTS (OTHER THAN REAL ESTATE LEASES) AND PURCHASE ORDERS OF \$1,000,000 OR MORE
FOR UCONN HEALTH BOARD OF DIRECTORS APPROVAL ON SEPTEMBER 11, 2023

No.	Contractor	PR, PO, Bid or Contract Number	Contract Type	Fund Source	Dept./Individual Sponsor (Business Owner)	Expense (E) Revenue (R)	Sourcing
1	Berstein-Magoon-Gay LLC (dba ImageFIRST Healthcare Laundry Specialist)	UCHC4-169219582	New	Operating Funds	James Odom, University Director Buildings & Grounds	E	Bid
2	Hartford HealthCare Medical Group	UCHCFC-149422416	New	Operating Funds-Clinical	Chris Hyers, Vice President Strategy and Business Development	E	Non-Competitive Purchase
3	Sellers, Dorsey & Associates LLC	UCHCFC-174871588	New	Operating Funds	Chad Bianchi, Controller Finance and Reporting	E	Non-Competitive Purchase
4	Varian Medical Systems Inc	UCHCFC-156774353	New	Operating Funds	Andy Kucia, Administrative Director Neag Cancer Center	E	Bid
5	Saint Francis Hospital and Medical Center	UCHCFC-174138837	New	Operating Funds - Clinical	Donna McKenty, Senior Director Deans Office - Medicine	R	Revenue
6	Hologic Sales and Service LLC (fka Hologic, Inc. dba Gen-Probe Sales & Service Inc.)	UCHCFC-122554542	Amendment	Operating Funds-Clinical	Jessica Underwood, University Director Clinical Laboratory	E	Non-Competitive Purchase
7	Werfen USA LLC (Instrumentation Laboratory)	UCHCFC-116783879	Amendment	Operating Funds - Clinical	Jessica Underwood, University Director Clinical Laboratory	E	Non-Competitive Purchase
8	LAZ Parking Ltd LLC	UCHC4-84208598	Amendment	Operating Funds	Allan Peterson, Director Administrative Support Services	E	Bid
9	Maxim Healthcare Staffing Services Inc	UCHCFC-137269202	Amendment	Operating Funds	Monica Pinette, Asst Vice President Health Information Management	E	Non-Competitive Purchase

UConn Health Board Finance Subcommittee September 11, 2023
CONTRACTS (OTHER THAN REAL ESTATE LEASES) AND PURCHASE ORDERS OF \$1,000,000 OR MORE
FOR UCONN HEALTH BOARD OF DIRECTORS APPROVAL ON SEPTEMBER 11, 2023

No.	Contractor	PR, PO, Bid or Contract Number	Contract Type	Fund Source	Dept./Individual Sponsor (Business Owner)	Expense (E) Revenue (R)	Sourcing
10	Olympus America Inc	UCHCFC1-100311813-009; UCHCFC1-100311813-011; UCHCFC4-100330068	Amendment	Operating Funds	Karen Curley, Director Nursing Administration	E	Non-Competitive Purchase
11	QuVa Pharma Inc	UCHCFC-143806338	Amendment	Operating Funds - Clinical	Kevin Chamberlin, Associate Vice President Pharmacy	E	Non-Competitive Purchase
12	TRIOSE Inc	UCHCFC-SV3043-TRIOSE	Amendment	Operating Funds	Lori Acomb, Director Procurement	E	GPO/Consortium
13	Virtual Radiologic Corporation	UCHCFC-121680132	Amendment	Operating Funds- Clinical	Dr. Leo Wolansky, Professor and Chair Dept of Radiology	E	Non-Competitive Purchase
14	Alphatec Spine Inc	UCHCFC-158492680	Amendment	Operating Funds- Clinical	Karen Curley, Nursing Director Nursing Administration	E	Non-Competitive Purchase
15	Agiliti Health Inc	UCHCFC4-99096293	Amendment	Operating Funds	Ken Blier, Director Clinical Engineering	E	Non-Competitive Purchase


UConn Health Board Finance Subcommittee September 11, 2023
REAL ESTATE/SPACE LEASES
FOR UCONN HEALTH BOARD OF DIRECTORS AND UCONN BOARD OF TRUSTEES APPROVAL

PROPERTY LEASE AGREEMENTS											
UNIVERSITY AS LESSOR											
No.	Lessee	SMBE?	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	Purpose

PROPERTY LEASE AGREEMENTS											
UNIVERSITY AS LESSEE											
No.	Lessor	SMBE?	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	Purpose
1	Connecticut Children's Medical Center	No	\$6,000	\$1.13	10/1/23 - 9/30/24	N/A (one-year term)	Gross	N/A	Operating Funds-Clinical	Julie Vigil, Administrative Director Pediatrics	Connecticut Children's subleases 5,330 square feet of space at located at 385 Washington Street, Hartford, to UConn Health's Department of Pediatrics for the HIV Community Service Group.

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health University Tower (UT) 7th Floor Pharmacy
Fit-Out (Planning: \$10,250,000)

RECOMMENDATION:

That the UConn Health Board of Directors approves the Planning Budget in the amount of \$10,250,000 as detailed in the attached project budget for the UConn Health University Tower (UT) 7th Floor Pharmacy Fit-Out project.

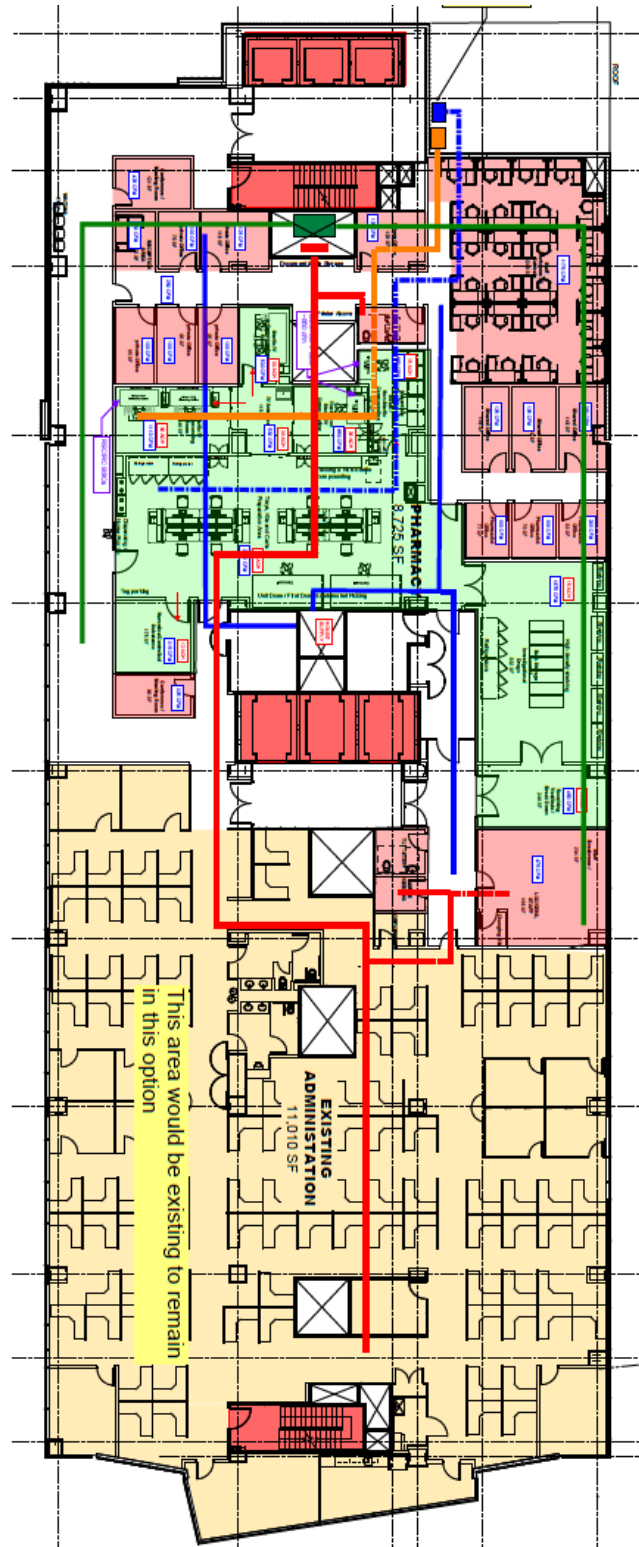
BACKGROUND:

The 7th floor of the new University Tower was constructed as a shell space to accommodate future program expansion. A portion of the floor was fit out as administration space utilized for the deployment of the EPIC medical record system. The remainder of the floor remained as shell/storage space. This project will fit out the remaining space for the relocation and expansion of the John Dempsey Hospital Pharmacy. The Pharmacy relocation will free up space to allow for the much needed expansion and renovation of the John Dempsey Hospital Laboratory Medicine area.

The Planning Budget is attached for your consideration. The Planning Budget is based on conceptual estimates and may change as the design is developed. This Planning Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

UNIVERSITY TOWER (UT) - PROPOSED 7TH FLOOR PLAN



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: PLANNING

**PROJECT NAME: UCONN HEALTH - UNIVERSITY TOWER (UT) 7th FLOOR
PHARMACY FIT-OUT**

<u>BUDGETED EXPENDITURES</u>	<u>PROPOSED PLANNING 9/27/2023</u>
CONSTRUCTION	\$ 7,360,000
DESIGN SERVICES	1,013,000
TELECOMMUNICATIONS	150,000
FURNITURE, FIXTURES AND EQUIPMENT	725,000
CONSTRUCTION ADMINISTRATION	-
OTHER AE SERVICES (including Project Management)	55,000
ART	5,000
RELOCATION	10,000
ENVIRONMENTAL	-
INSURANCE AND LEGAL	-
MISCELLANEOUS	-
SUBTOTAL	\$ 9,318,000
PROJECT CONTINGENCY	932,000
TOTAL BUDGETED EXPENDITURES	<u>\$ 10,250,000</u>
<u>SOURCE(S) OF FUNDING*</u>	
UCONN HEALTH CAPITAL	\$ 6,575,000
FY 23 STATE GO BOND FUNDS	<u>\$ 3,675,000</u>
TOTAL BUDGETED FUNDING	<u>\$ 10,250,000</u>


* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23

23-024

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health Outpatient Pavilion 3rd Floor Backfill
(Design: \$3,300,000)

RECOMMENDATION:

That the UConn Health Board of Directors approves the Design Budget in the amount of \$3,300,000 as detailed in the attached project budget for the UConn Health Outpatient Pavilion 3rd Floor Backfill project.

BACKGROUND:

The Women's OB/GYN, Maternal Fetal Medicine (MFM) & Minimally Invasive Gynecologic Surgery (MIGS) clinical practices located in the Outpatient Pavilion need to expand to address the increased demand for services. This project will renovate portions of the 3rd floor of the Outpatient Pavilion to allow for the relocation and expansion of these clinical practices.

The Design Budget is attached for your consideration. The Design Budget is based on consultant estimates and may change based on actual bids received. This Design Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

OUTPATIENT PAVILION 3RD FLOOR CONCEPTUAL FLOOR PLAN



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: DESIGN

PROJECT NAME: UCONN HEALTH - OUTPATIENT PAVILION 3rd FLOOR BACKFILL


	APPROVED PLANNING 6/28/2023	PROPOSED DESIGN 9/27/2023
<u>BUDGETED EXPENDITURES</u>		
CONSTRUCTION	\$ 1,650,000	\$ 1,650,000
DESIGN SERVICES	290,000	290,000
TELECOMMUNICATIONS	120,000	120,000
FURNITURE, FIXTURES AND EQUIPMENT	757,000	757,000
CONSTRUCTION ADMINISTRATION	-	-
OTHER AE SERVICES (including Project Management)	-	-
ART	32,000	32,000
RELOCATION	10,000	10,000
ENVIRONMENTAL	-	-
INSURANCE AND LEGAL	-	-
MISCELLANEOUS	9,000	9,000
SUBTOTAL	\$ 2,868,000	\$ 2,868,000
PROJECT CONTINGENCY	432,000	432,000
TOTAL BUDGETED EXPENDITURES	<u>\$ 3,300,000</u>	<u>\$ 3,300,000</u>
<u>SOURCE(S) OF FUNDING*</u>		
UCONN HEALTH CAPITAL FUNDS	\$ 3,300,000	\$ 3,300,000
TOTAL BUDGETED FUNDING	<u>\$ 3,300,000</u>	<u>\$ 3,300,000</u>

* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23
22-060

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health Outpatient Pavilion X-Ray & Blood Draw
Relocation (Design: \$850,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Design Budget in the amount of \$850,000 as detailed in the attached project budget for the UConn Outpatient Pavilion X-Ray & Blood Draw Relocation project.

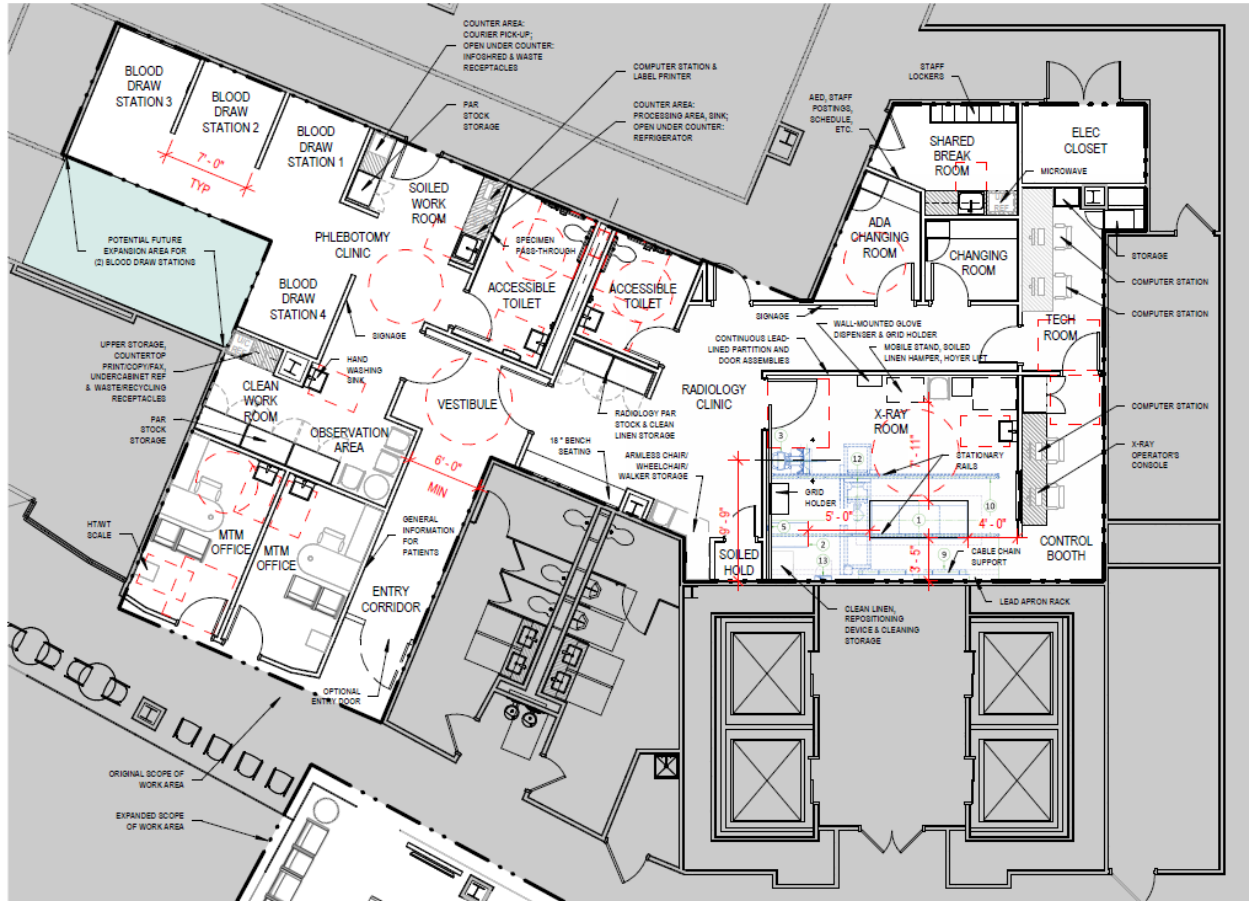
BACKGROUND:

Vacant space on the Outpatient Pavilion 1st floor will be renovated to accommodate the Medication Therapy Management program and the relocation of X-Ray and Blood Draw services from the 3rd floor of the Outpatient Pavilion to allow for the renovations required for the expansion of the Women's OB/GYN, Maternal Fetal Medicine (MFM) & Minimally Invasive Gynecologic Surgery (MIGS) clinical practices.

The Design Budget is attached for your consideration. The Design Budget is based on consultant estimates and may change based on actual bids received. This Design Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

SCHEMATIC FLOOR PLAN



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: DESIGN

**PROJECT NAME: UCONN HEALTH - OUTPATINET PAVILION X-RAY & BLOOD DRAW
RELOCATION**


	APPROVED PLANNING 6/28/2023	PROPOSED DESIGN 9/27/2023
<u>BUDGETED EXPENDITURES</u>		
CONSTRUCTION	\$ 375,000	\$ 500,000
DESIGN SERVICES	90,000	115,000
TELECOMMUNICATIONS	47,000	60,000
FURNITURE, FIXTURES AND EQUIPMENT	48,000	75,000
CONSTRUCTION ADMINISTRATION	-	-
OTHER AE SERVICES (including Project Management)	-	-
ART	-	-
RELOCATION	15,000	15,000
ENVIRONMENTAL	-	-
INSURANCE AND LEGAL	-	-
MISCELLANEOUS	5,000	5,000
SUBTOTAL	\$ 580,000	\$ 770,000
PROJECT CONTINGENCY	70,000	80,000
TOTAL BUDGETED EXPENDITURES	<u>\$ 650,000</u>	<u>\$ 850,000</u>
<u>SOURCE(S) OF FUNDING*</u>		
UCONN HEALTH CAPITAL FUNDS	\$ 650,000	\$ 850,000
TOTAL BUDGETED FUNDING	<u>\$ 650,000</u>	<u>\$ 850,000</u>

* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23
22-046

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health Musculoskeletal Institute Rehabilitation
Expansion (Design: \$640,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Design Budget in the amount of \$640,000 as detailed in the attached project budget for the Musculoskeletal Institute Rehabilitation Expansion project.

BACKGROUND:

To allow for the expansion of clinical programs on the 3rd floor of the Outpatient Pavilion, the Musculoskeletal Institute (MSI) & Outpatient Pavilion Physical Therapy Rehabilitation programs will be consolidated in the MSI. An in-ground pool that is no longer used for water therapy located on the ground floor of the MSI will be removed and infilled to create the additional physical therapy treatment rooms needed for the consolidation of the two programs.

The Design Budget is attached for your consideration. The Design Budget is based on consultant estimates and may change based on actual bids received. This Design Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

[illegible]

CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: DESIGN

**PROJECT NAME: UCONN HEALTH - MUSCULOSKELETAL INSTITUTE REHABILITATION
EXPANSION**

	APPROVED PLANNING 6/28/2023	PROPOSED DESIGN 9/27/2023
<u>BUDGETED EXPENDITURES</u>		
CONSTRUCTION	\$ 460,000	\$ 460,000
DESIGN SERVICES	65,000	65,000
TELECOMMUNICATIONS	5,000	5,000
FURNITURE, FIXTURES AND EQUIPMENT	32,000	32,000
CONSTRUCTION ADMINISTRATION	-	-
OTHER AE SERVICES (including Project Management)	-	-
ART	-	-
RELOCATION	10,000	10,000
ENVIRONMENTAL	-	-
INSURANCE AND LEGAL	-	-
MISCELLANEOUS	-	-
SUBTOTAL	\$ 572,000	\$ 572,000
PROJECT CONTINGENCY	68,000	68,000
TOTAL BUDGETED EXPENDITURES	\$ 640,000	\$ 640,000
<u>SOURCE(S) OF FUNDING*</u>		
UCONN HEALTH CAPITAL FUNDS	\$ 640,000	\$ 640,000
TOTAL BUDGETED FUNDING	\$ 640,000	\$ 640,000


* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23

23-029

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health Cryo Electron Microscope Installation
(Design: \$960,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve a Design Budget in the amount of \$960,000 as detailed in the attached project budget for the UConn Health Cryo Electron Microscope Installation project.

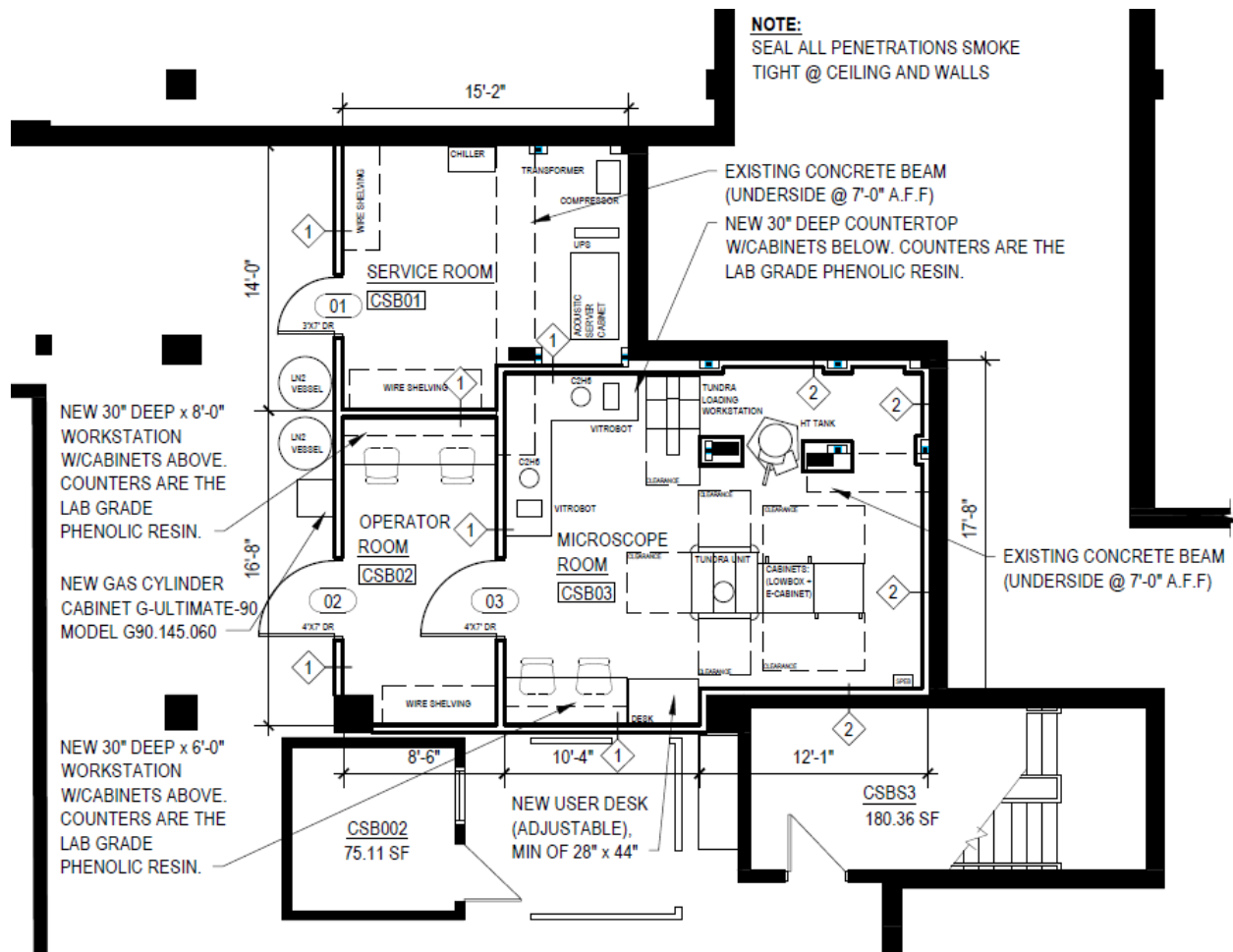
BACKGROUND:

The Molecular Biology department was awarded a \$1,457,000 NIH grant to purchase a Cryo Electron Microscope for research activities. In order to operate properly the electron microscope requires very specific environmental parameters including seismic, vibration, humidity and temperature. This project will construct the specialized climate-controlled rooms required to house the electron microscope.

The Design Budget is attached for your consideration. The Design Budget is based on consultant estimates and may change based on actual bids received. This Design Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

CRYO ELECTRON MICROSCOPE RENOVATION CONCEPTUAL FLOOR PLAN



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: DESIGN

PROJECT NAME: UCONN HEALTH - CRYO ELECTRON MICROSCOPE INSTALLATION


	APPROVED PLANNING 6/28/2023	PROPOSED DESIGN 9/27/2023
<u>BUDGETED EXPENDITURES</u>		
CONSTRUCTION	\$ 700,000	\$ 700,000
DESIGN SERVICES	113,000	113,000
TELECOMMUNICATIONS	35,000	35,000
FURNITURE, FIXTURES AND EQUIPMENT	2,000	2,000
CONSTRUCTION ADMINISTRATION	-	-
OTHER AE SERVICES (including Project Management)	5,000	5,000
ART	-	-
RELOCATION	4,000	4,000
ENVIRONMENTAL	8,000	8,000
INSURANCE AND LEGAL	-	-
MISCELLANEOUS	5,000	5,000
SUBTOTAL	\$ 872,000	\$ 872,000
PROJECT CONTINGENCY	88,000	88,000
TOTAL BUDGETED EXPENDITURES	\$ 960,000	\$ 960,000
<u>SOURCE(S) OF FUNDING*</u>		
UCONN HEALTH RESEARCH IDC CAPITAL	\$ 960,000	\$ 960,000
TOTAL BUDGETED FUNDING	\$ 960,000	\$ 960,000

* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

*BOT 9.27.23
22-055*

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health Fluoroscopy Equipment Replacement & Renovation (Final: \$745,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Final Budget in the amount of \$745,000, as detailed in the attached project budget for the UConn Health Fluoroscopy Equipment Replacement & Renovation.

BACKGROUND:

A Master Plan for the renovation of the Radiology Department located on the Main Level of the Connecticut Tower has been developed to ensure outdated diagnostic radiology imaging equipment can be replaced in a manner that complies with current Connecticut Department of Health design/construction guidelines, improve staff workflow and the patient experience.

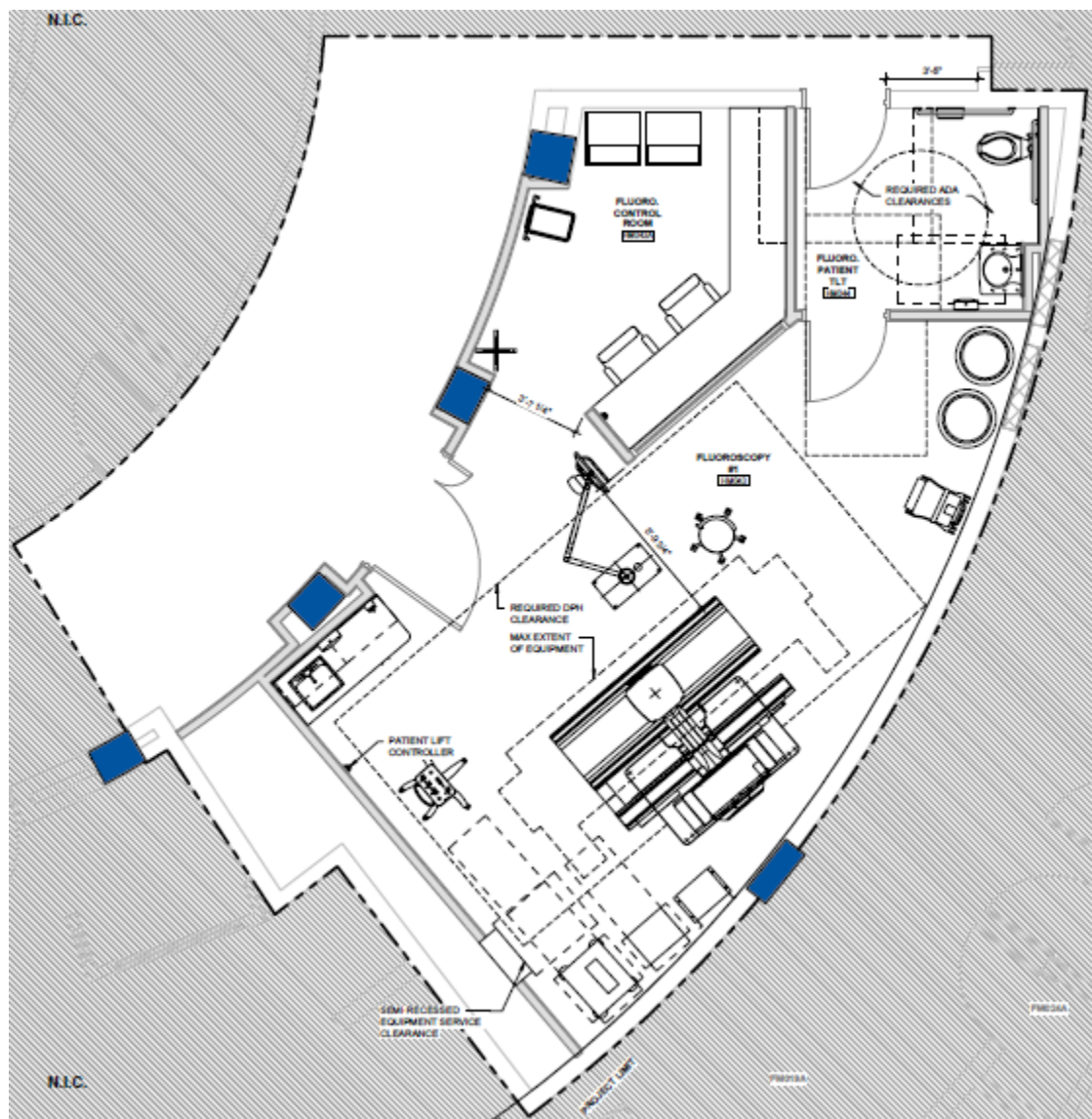
This is the first project of the Master Plan and involves a renovation to create a space for the installation of a new Fluoroscopy Imaging unit. The purchase of the Fluoroscopy unit was done under a separate contract and is not included in the attached project budget.

The original budget for this project was estimated to be under \$500,000. Recent bid results for this project have pushed the budget over \$500,000. The project is currently being redesigned to address concerns raised by clinical personnel related to patient safety. We are requesting a waiver of the Planning & Design Budget phases and approval of a Final Budget to allow the project to move forward, once the redesign work is completed, with construction if the bids received are within budget.

The Final Budget is attached for your consideration. The Final budget reflects current design estimates and may change based on actual bids received. This Final Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

REDESIGNED FLUOROSCOPY ROOM LAYOUT



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: FINAL

**PROJECT NAME: UCONN HEALTH -FLUOROSCOPY EQUIPMENT REPLACEMENT
AND RENOVATION**

<u>BUDGETED EXPENDITURES</u>	PROPOSED FINAL 9/27/2023
CONSTRUCTION	\$ 553,000
DESIGN SERVICES	70,000
TELECOMMUNICATIONS	2,000
FURNITURE, FIXTURES AND EQUIPMENT	20,000
CONSTRUCTION ADMINISTRATION	-
OTHER AE SERVICES (including Project Management)	-
ART	-
RELOCATION	1,000
ENVIRONMENTAL	-
INSURANCE AND LEGAL	-
MISCELLANEOUS	3,000
SUBTOTAL	\$ 649,000
PROJECT CONTINGENCY	96,000
TOTAL BUDGETED EXPENDITURES	\$ 745,000
<u>SOURCE(S) OF FUNDING*</u>	
UCONN HEALTH CAPITAL FUNDS	745,000
TOTAL BUDGETED FUNDING	\$ 745,000


* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23

21-009

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health Musculoskeletal Chiller Replacement (Final: \$570,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Final Budget in the amount of \$570,000, as detailed in the attached project budget for the UConn Health Musculoskeletal Institute Chiller Replacement

BACKGROUND:

This project will replace a 55-ton chiller and associated pumps that serve critical areas within the Muscular Skeletal Institute including the MRI, CT Scanner and IT data closets.

We are requesting a waiver of the planning and design budget phases and approval of a Final Budget to allow the project to move forward with construction if the bids received are within budget.

The Final Budget is attached for your consideration. The Final budget reflects current design estimates and may change based on actual bids received. This Final Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

PACKAGED ROOF TOP CHILLER UNIT



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: FINAL

**PROJECT NAME: UCONN HEALTH MUSCULOSKELETAL INSTITUTE CHILLER
REPLACEMENT**


<u>BUDGETED EXPENDITURES</u>	PROPOSED FINAL 9/27/2023
CONSTRUCTION	\$ 435,000
DESIGN SERVICES	37,000
TELECOMMUNICATIONS	3,000
FURNITURE, FIXTURES AND EQUIPMENT	-
CONSTRUCTION ADMINISTRATION	-
OTHER AE SERVICES (including Project Management)	-
ART	-
RELOCATION	-
ENVIRONMENTAL	-
INSURANCE AND LEGAL	-
MISCELLANEOUS	-
SUBTOTAL	\$ 475,000
PROJECT CONTINGENCY	95,000
TOTAL BUDGETED EXPENDITURES	\$ 570,000
<u>SOURCE(S) OF FUNDING*</u>	
UCONN 2000 BOND FUNDS	570,000
TOTAL BUDGETED FUNDING	\$ 570,000

* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23
23-601.20

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health Central Sterile Washer & Sterilizer
Replacement (Final: \$4,970,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Final Budget in the amount of \$4,970,000 for the UConn Health Central Sterile Washer & Sterilizer Replacement project.

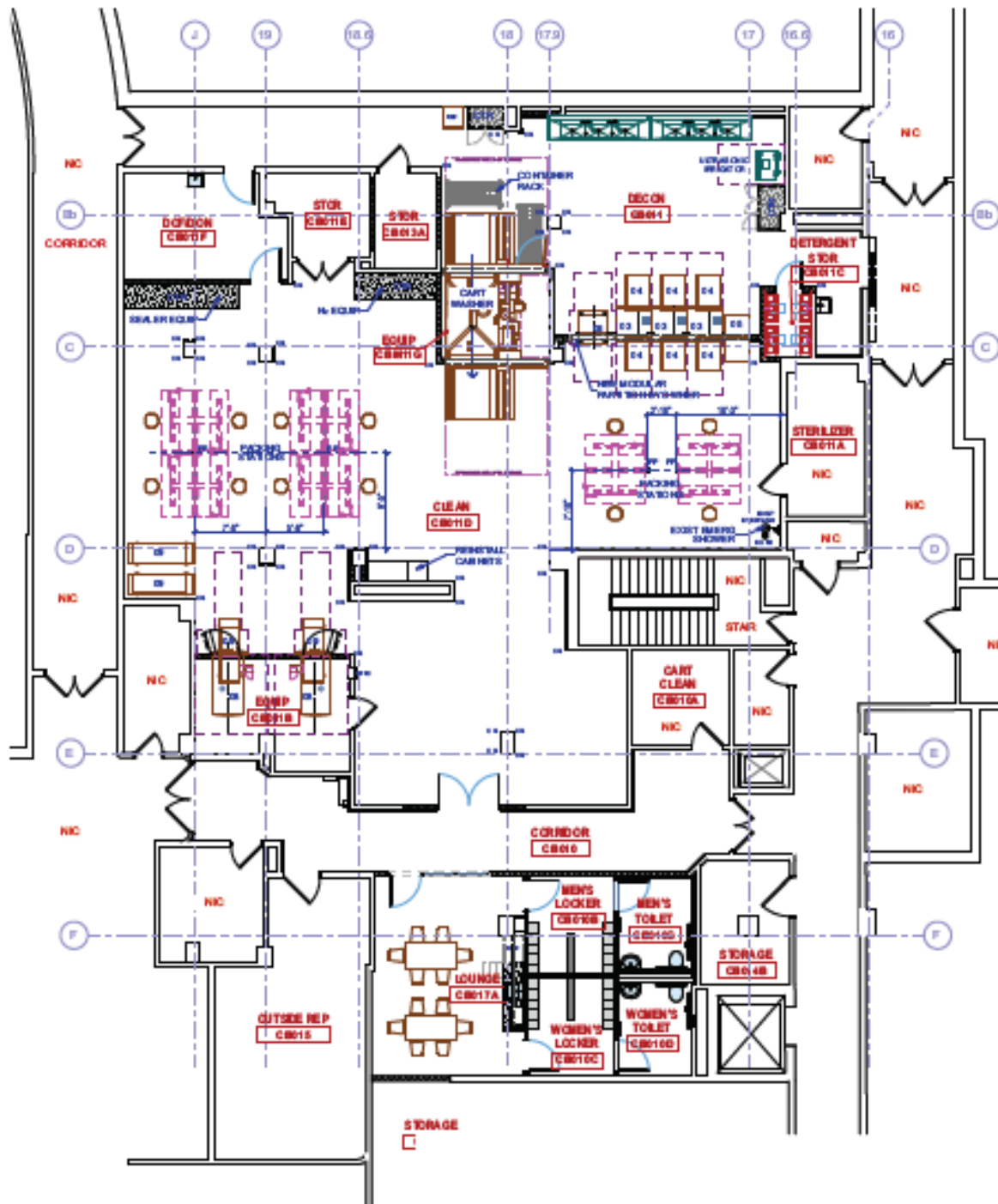
BACKGROUND:

Central Sterile Services located in the basement level of the Connecticut Tower provides instrument sterilization services for the medical and dental clinics and outpatient surgical services. The main washer and sterilizer equipment is outdated and prone to downtime which significantly impacts clinical operations. This project will replace outdated equipment and supporting infrastructure.

The Final Budget is attached for your consideration. The Final budget reflects current design estimates and may change based on bids received. This Final Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting, subject to your approval.

Attachment

PROPOSED EQUIPMENT PLAN



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: FINAL


PROJECT NAME: UCONN HEALTH - CENTRAL STERILE WASHER & STERILIZER REPLACEMENT

	APPROVED PLANNING 6/29/2022	APPROVED DESIGN 6/28/2023	PROPOSED FINAL 9/27/2023
<u>BUDGETED EXPENDITURES</u>			
CONSTRUCTION	\$ 565,000	\$ 2,400,000	\$ 3,005,000
DESIGN SERVICES	95,000	165,000	170,000
TELECOMMUNICATIONS	2,000	50,000	50,000
FURNITURE, FIXTURES AND EQUIPMENT	991,000	990,000	1,260,000
CONSTRUCTION ADMINISTRATION	-	-	-
OTHER AE SERVICES (including Project Management)	-	-	10,000
ART	-	-	-
RELOCATION	-	-	5,000
ENVIRONMENTAL	-	15,000	15,000
INSURANCE AND LEGAL	-	-	-
MISCELLANEOUS	3,000	2,000	-
SUBTOTAL	\$ 1,656,000	\$ 3,622,000	\$ 4,515,000
PROJECT CONTINGENCY	249,000	363,000	455,000
TOTAL BUDGETED EXPENDITURES	<u>\$ 1,905,000</u>	<u>\$ 3,985,000</u>	<u>\$ 4,970,000</u>
<u>SOURCE(S) OF FUNDING*</u>			
UCONN HEALTH CAPITAL FUNDS	\$ 1,905,000	\$ 2,135,000	\$ 2,135,000
UCONN 2000 BOND FUNDS	-	1,850,000	2,835,000
TOTAL BUDGETED FUNDING	<u>\$ 1,905,000</u>	<u>\$ 3,985,000</u>	<u>\$ 4,970,000</u>

* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health New England Sickle Institute Renovation
(Final \$4,865,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Final Budget in the amount of \$4,865,000 for the UConn Health Central New England Sickle Institute Renovation.

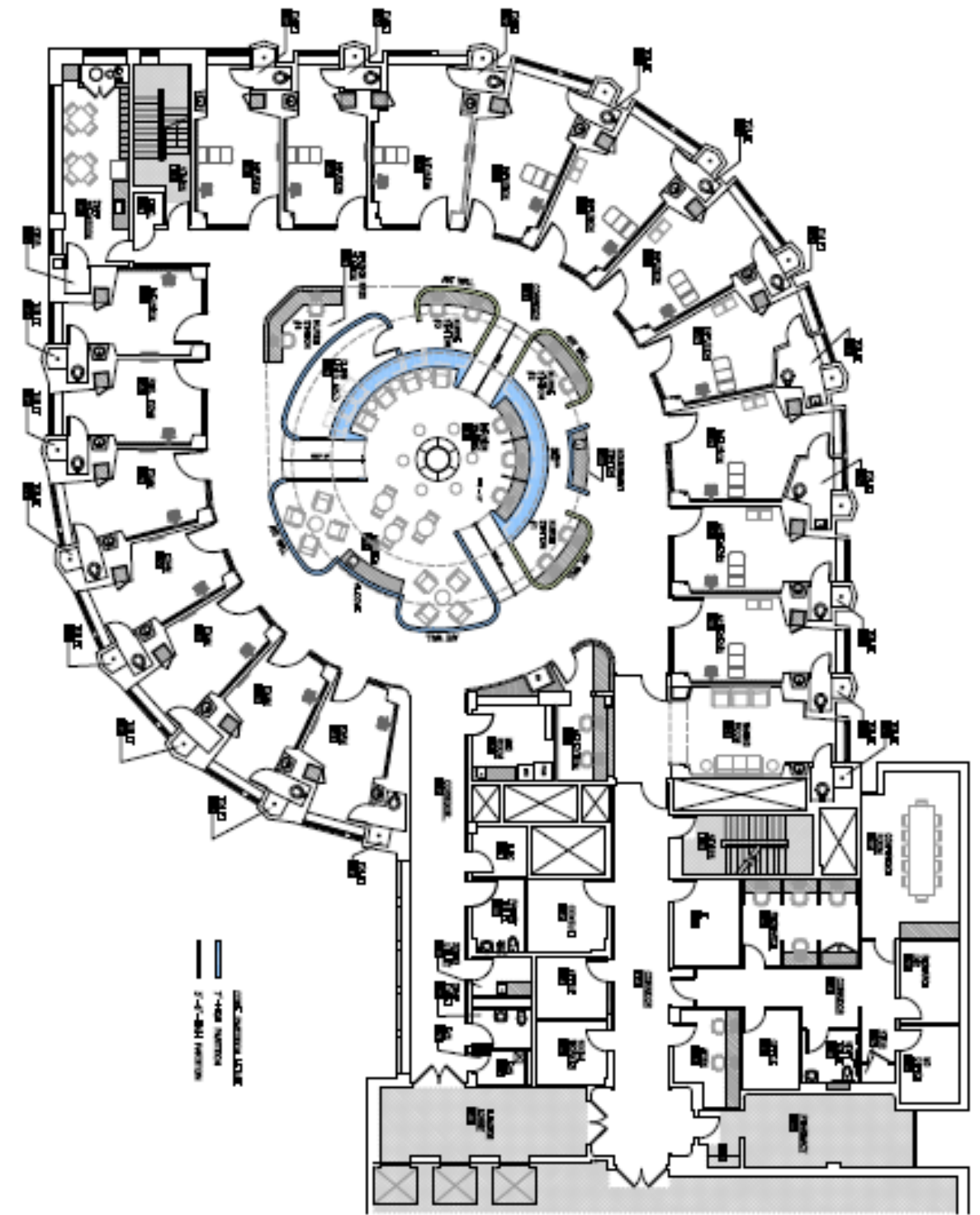
BACKGROUND:

The New England Sickle Cell Institute (NESCI) and Connecticut Blood Disorders (CBD) clinics were located on an under-utilized inpatient floor within the recently constructed University Tower. In response to the COVID pandemic, these clinics were downsized and relocated to allow for the expansion of inpatient services. This project will renovate the 4th floor of the Connecticut Tower to accommodate the relocation of the New England Sickle Cell Institute and Connecticut Blood Disorders clinics.

The Final Budget is attached for your consideration. The Final budget reflects current design estimates and may change based on bids received. This Final Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting, subject to your approval.

Attachment

CONCEPTUAL FLOOR PLAN



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: FINAL

PROJECT NAME: UCONN HEALTH - NEW ENGLAND SICKLE CELL INSTITUTE RENOVATION

	APPROVED PLANNING 6/29/2022	APPROVED DESIGN 6/28/2023	PROPOSED FINAL 9/27/2023
<u>BUDGETED EXPENDITURES</u>			
CONSTRUCTION	\$ 2,235,000	\$ 3,645,000	\$ 3,645,000
DESIGN SERVICES	128,000	342,000	342,000
TELECOMMUNICATIONS	150,000	150,000	150,000
FURNITURE, FIXTURES AND EQUIPMENT	199,000	200,000	200,000
CONSTRUCTION ADMINISTRATION	-	-	-
OTHER AE SERVICES (including Project Management)	-	-	-
ART	15,000	45,000	45,000
RELOCATION	-	5,000	5,000
ENVIRONMENTAL	-	30,000	30,000
INSURANCE AND LEGAL	-	-	-
MISCELLANEOUS	-	5,000	5,000
SUBTOTAL	\$ 2,727,000	\$ 4,422,000	\$ 4,422,000
PROJECT CONTINGENCY	273,000	443,000	443,000
TOTAL BUDGETED EXPENDITURES	<u>\$ 3,000,000</u>	<u>\$ 4,865,000</u>	<u>\$ 4,865,000</u>
<u>SOURCE(S) OF FUNDING*</u>			
UCONN HEALTH CAPITAL FUNDS	\$ 3,000,000	\$ 3,270,000	\$ 3,270,000
UCONN 2000 BOND FUNDS	-	1,595,000	1,595,000
TOTAL BUDGETED FUNDING	<u>\$ 3,000,000</u>	<u>\$ 4,865,000</u>	<u>\$ 4,865,000</u>


* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23

21-063

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health Cadaver Lab Renovation and Air Handling Unit Replacement (Final: \$2,960,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Final Budget in the amount of \$2,960,000 as detailed in the attached project budget for the UConn Health Cadaver Lab Renovation and Air Handling Unit Replacement project.

BACKGROUND:

The Bioscience project: Academic Additions and Renovations included an alternate for the renovation of the Cadaver Lab utilized by students in the School of Medicine. Due to budgetary reasons, the alternate was not implemented. This project will replace the outdated air handling unit (AHU) and renovate the cadaver lab to meet current academic standards.

The Final Budget is attached for your consideration. The Final Budget reflects actual bids received. This Final Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

CADAVER LAB RENDERING



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: FINAL

PROJECT NAME: UCONN HEALTH - CADAVER LAB RENOVATION & AIR HANDLING UNIT REPLACEMENT


	APPROVED DESIGN 6/28/2023	PROPOSED FINAL 9/27/2023
<u>BUDGETED EXPENDITURES</u>		
CONSTRUCTION	\$ 1,000,000	\$ 2,260,000
DESIGN SERVICES	100,000	85,000
TELECOMMUNICATIONS	65,000	
FURNITURE, FIXTURES AND EQUIPMENT	310,000	307,000
CONSTRUCTION ADMINISTRATION	-	
OTHER AE SERVICES (including Project Management)	15,000	15,000
ART	-	
RELOCATION	10,000	10,000
ENVIRONMENTAL	15,000	12,000
INSURANCE AND LEGAL	-	
MISCELLANEOUS	5,000	1,000
SUBTOTAL	\$ 1,520,000	\$ 2,690,000
PROJECT CONTINGENCY	280,000	270,000
TOTAL BUDGETED EXPENDITURES	\$ 1,800,000	\$ 2,960,000
<u>SOURCE(S) OF FUNDING*</u>		
UCONN 2000 BOND FUNDS	\$ 1,800,000	\$ 2,960,000
TOTAL BUDGETED FUNDING	\$ 1,800,000	\$ 2,960,000

* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23
23-601.12

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health Cell & Genome Sciences Building Data Center Cooling System Upgrades (Final: \$840,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Final Budget in the amount of \$840,000 as detailed in the attached project budget for the UConn Health Cell & Genome Sciences Building Data Center Cooling System Upgrades project.

BACKGROUND:

The data center located at the Cell & Genome Sciences Building (CGSB) supports the research of more than 1,000 users from the laboratories of more than 200 investigators across all UConn campuses, who currently have over \$200 million in active research funding, more than half of which are NIH grants. This project will renovate the data center cooling system and make electrical upgrades to provide necessary redundancy to avoid a shutdown in case of system failure.

The Final Budget is attached for your consideration. The Final Budget reflects actual bids received. This Final Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

ROOF TOP COOLING UNIT



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: FINAL

PROJECT NAME: UCONN HEALTH - CELL & GENOME SCIENCE BUILDING DATA CENTER COOLING UPGRADES


	APPROVED DESIGN 6/28/2023	PROPOSED FINAL 9/27/2023
<u>BUDGETED EXPENDITURES</u>		
CONSTRUCTION	\$ 520,000	\$ 600,000
DESIGN SERVICES	50,000	45,000
TELECOMMUNICATIONS	9,000	2,000
FURNITURE, FIXTURES AND EQUIPMENT	-	117,000
CONSTRUCTION ADMINISTRATION	-	-
OTHER AE SERVICES (including Project Management)	10,000	-
ART	-	
RELOCATION	-	
ENVIRONMENTAL	-	
INSURANCE AND LEGAL	-	
MISCELLANEOUS	2,000	
SUBTOTAL	\$ 591,000	\$ 764,000
PROJECT CONTINGENCY	59,000	76,000
TOTAL BUDGETED EXPENDITURES	\$ 650,000	\$ 840,000
<u>SOURCE(S) OF FUNDING*</u>		
UCONN 2000 BOND FUNDS	\$ 650,000	\$ 840,000
TOTAL BUDGETED FUNDING	\$ 650,000	\$ 840,000

* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23
23-601.07

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health 16 Munson Road Emergency Lighting & Egress Upgrades (Final: \$1,900,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Final Budget in the amount of \$1,900,000 for the UConn Health 16 Munson Road Emergency Lighting & Egress Upgrade Project.

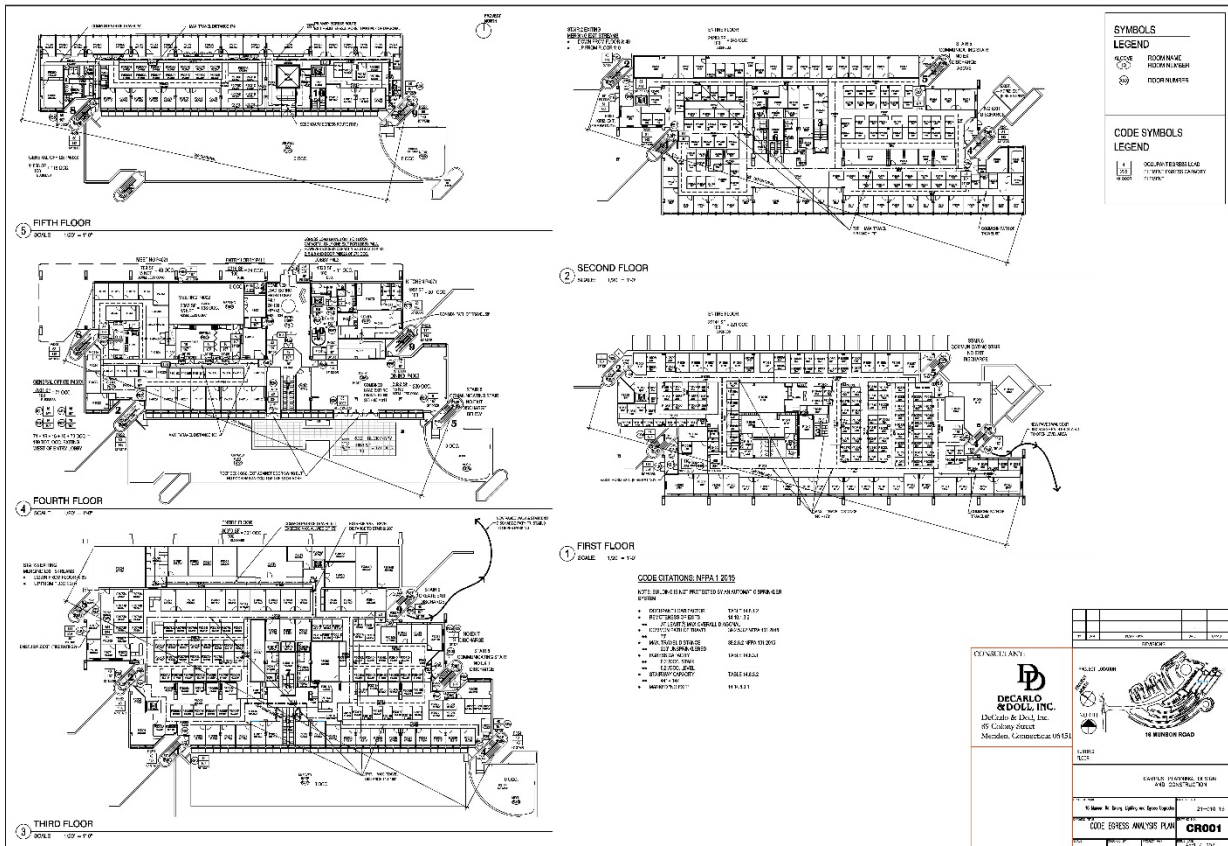
BACKGROUND:

A recent inspection of the 16 Munson Road building by the UConn Fire Marshal's office resulted in a series of violations related to the existing emergency lighting system and building egress systems. At the request of the Fire Marshal, UConn Health prepared a plan of Corrective Actions to address the violations. This project will move forward with the necessary design services and construction activities required to implement the Corrective Action Plan.

The Final Budget is attached for your consideration. The Final Budget reflects actual bids received. This Final Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

16 Munson Road Egress Analysis Plan




16 Munson Road Egress Non-compliant Egress Stair Railings



UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health TB-121 Blood Bank Relocation (Revised Final: \$880,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Revised Final Budget in the amount of \$880,000, as detailed in the attached project budget for the UConn Health TB-121 Blood Bank Relocation Project

BACKGROUND:

Prior to transfusion, blood is irradiated to prevent the donor white cells from replicating and mounting an immune response against a patient causing transfusion-associated graft versus host disease (TA-GvHD). The current irradiator in the UConn Health Blood Bank needs to be replaced. In addition, the current Blood Bank location on the 2nd floor of the Main Building Clinical complex is a great distance from the areas where the blood is required; John Dempsey Hospital Operating Rooms (ORs), the Emergency Department (ED) and Labor & Delivery (LD).

This project will relocate the Blood Bank to an unrenovated shell space on the ground floor of the John Dempsey Hospital which is adjacent to the ORs and significantly closer to the ED and LD. In addition, a new X-ray irradiator will be furnished and installed, and the existing irradiator removed through CIRP.

The project budget has been increased to account for the addition of a required pneumatic tube station.

The Revised Final Budget is attached for your consideration. The Revised Final budget reflects current design estimates and may change based on actual bids received. This Revised Final Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

X-RAY BLOOD IRRADIATOR



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: REVISED FINAL

PROJECT NAME: UCONN HEALTH -TB-121 BLOOD BANK RELOCATION


	APPROVED FINAL 6/28/2023	PROPOSED REVISED FINAL 9/27/2023
<u>BUDGETED EXPENDITURES</u>		
CONSTRUCTION	\$ 255,000	\$ 375,000
DESIGN SERVICES	50,000	50,000
TELECOMMUNICATIONS	25,000	35,000
FURNITURE, FIXTURES AND EQUIPMENT	320,000	320,000
CONSTRUCTION ADMINISTRATION	-	-
OTHER AE SERVICES (including Project Management)	-	-
ART	-	-
RELOCATION	5,000	5,000
ENVIRONMENTAL	-	-
INSURANCE AND LEGAL	-	-
MISCELLANEOUS	10,000	1,000
SUBTOTAL	\$ 665,000	\$ 786,000
PROJECT CONTINGENCY	100,000	94,000
TOTAL BUDGETED EXPENDITURES	<u>\$ 765,000</u>	<u>\$ 880,000</u>
<u>SOURCE(S) OF FUNDING*</u>		
UCONN HEALTH CAPITAL FUNDS	662,000	751,735
CIRP	103,000	128,265
TOTAL BUDGETED FUNDING	<u>\$ 765,000</u>	<u>\$ 880,000</u>

* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23
23-010

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health 16 Munson Road Parking Lot Paving
(Revised Final: \$2,075,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Revised Final Budget in the amount of \$2,075,000, as detailed in the attached project budget for the UConn Health 16 Munson Road Parking Lot Paving Project.

BACKGROUND:

The existing parking lots serving 16 Munson Road are in poor condition, consisting of a patchwork of repaired areas and deteriorated pavement. Based on information gathered from previous repairs, the cause of pavement failure is due to poor drainage and inadequate subbase conditions. This project will address the subsurface conditions leading to the pavement failure and re-pave the parking lots. The project was put out to bid and subsequently canceled due to the inability of bidders to meet the scheduled construction completion in the Fall of 2022. The project was rebid in November 2022 and resulted in savings.

The pavement replacement started in the summer of 2023 and consisted of 3 phases. During Phase 2 unsuitable soils that will not drain or compact properly to form a stable base for the asphalt pavement were encountered. Several remediation scenarios have been explored, some ranging in cost to exceed \$1.5 million. The additional funding requested will be used to mitigate the soil condition without requiring complete removal, disposal and replacement.

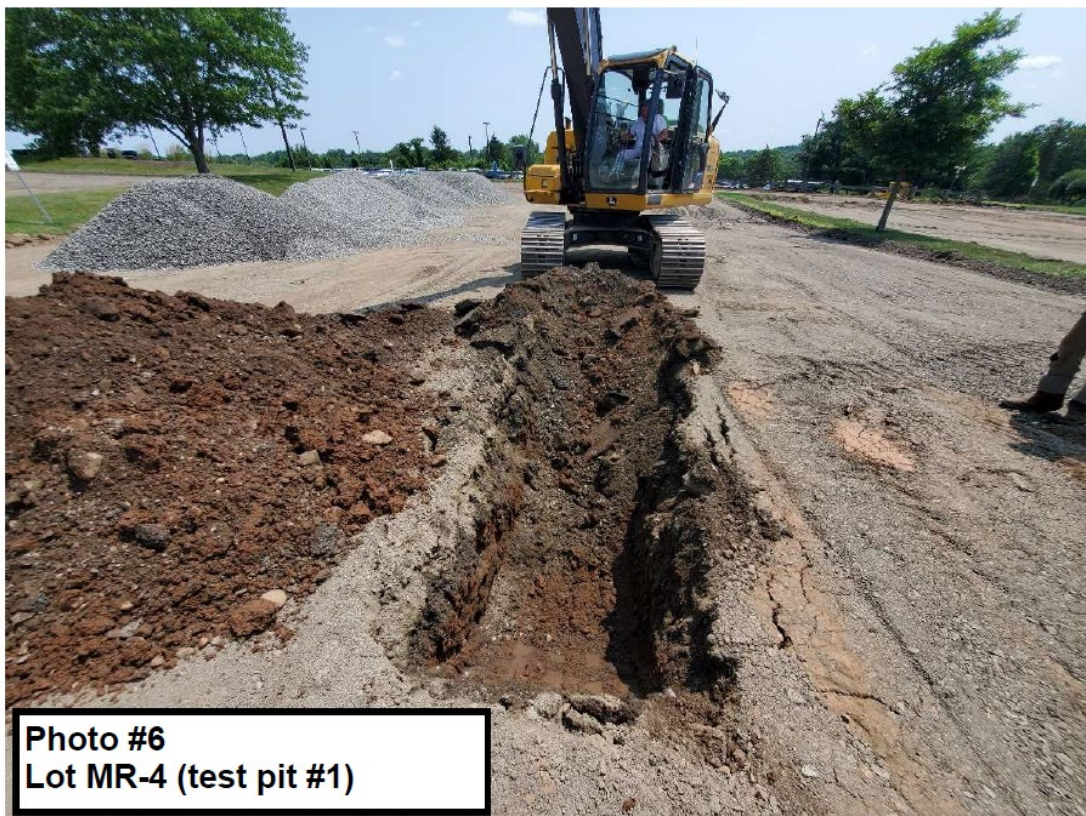
The Revised Final Budget is attached for your consideration. This Revised Final Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

VIEW OF 16 MUNSON ROAD PARKING LOTS



TEST PIT AT UNSUITABLE SOIL LOCATION



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: **REVISED FINAL**

PROJECT NAME: **UCONN HEALTH - 16 MUNSON ROAD PARKING LOT PAVING**


	APPROVED PLANNING 12/8/2021	APPROVED DESIGN 6/29/2022	APPROVED FINAL 9/28/2022	APPROVED REVISED FINAL 2/22/2023	PROPOSED REVISED FINAL 9/27/2023
<u>BUDGETED EXPENDITURES</u>					
CONSTRUCTION	\$ 940,000	\$ 1,232,000	\$ 1,600,000	\$ 1,320,000	\$ 1,800,000
DESIGN SERVICES	113,000	77,000	77,000	77,000	96,000
TELECOMMUNICATIONS	-	-	-	-	-
FURNITURE, FIXTURES AND EQUIPMENT	-	-	-	-	-
CONSTRUCTION ADMINISTRATION	-	-	-	-	-
OTHER AE SERVICES (including Project Management)	-	-	-	5,000	15,000
ART	-	-	-	-	-
RELOCATION	-	-	-	-	-
ENVIRONMENTAL	-	-	-	-	3,000
INSURANCE AND LEGAL	-	-	-	-	-
MISCELLANEOUS	1,000	5,000		2,000	1,000
SUBTOTAL	\$ 1,054,000	\$ 1,314,000	\$ 1,677,000	\$ 1,404,000	\$ 1,915,000
PROJECT CONTINGENCY	106,000	131,000	253,000	211,000	160,000
TOTAL BUDGETED EXPENDITURES	<u>\$ 1,160,000</u>	<u>\$ 1,445,000</u>	<u>\$ 1,930,000</u>	<u>\$ 1,615,000</u>	<u>\$ 2,075,000</u>
<u>SOURCE(S) OF FUNDING*</u>					
UCONN 2000 PHASE III DM	<u>\$ 1,160,000</u>	<u>\$ 1,445,000</u>	<u>\$ 1,930,000</u>	<u>\$ 1,615,000</u>	<u>\$ 2,075,000</u>
TOTAL BUDGETED FUNDING	<u>\$ 1,160,000</u>	<u>\$ 1,445,000</u>	<u>\$ 1,930,000</u>	<u>\$ 1,615,000</u>	<u>\$ 2,075,000</u>


* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 09.27.23
22-601.03

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health 836 Hopmeadow St, Simsbury Clinical Practice Relocation (Revised Final: \$4,729,000)

RECOMMENDATION:

That the UConn Health Board of Directors approves a Revised Final Budget in the amount of \$4,729,000 for the UConn Health 836 Hopmeadow St, Simsbury Clinical Practice Relocation Project.

BACKGROUND:

UConn Health plans to combine the outpatient clinical sites of Simsbury Primary Care and Avon Orthopedic into one larger, new location in the center of Simsbury. This move facilitates program expansion and mitigates deteriorating operating conditions at the current Simsbury site.

The Medical services in the new Simsbury site will include expanded Internal Medicine and Orthopedic offerings, on-site lab and x-ray and an expansion of outreach specialty services to include OB, Cardiology, Vascular Surgery, Urology and Pulmonary.

The project is substantially complete and the clinic had a grand opening on June 13, 2023. Additional funds are required to address costs associated with: the replacement of furniture and equipment that was determined to be in poor condition and not suitable to relocate; construction change order work; and to cover a delay claim that is expected to be reimbursed, associated with the landlord's failure to complete the required core & shell work in a timely manner.

Board of Trustees policy permits the Executive Vice President for Finance and Chief Financial Officer to approve changes up to 5% of the project budget, providing that funding is available, and the BOT is subsequently notified of the revised project budget. Based on this policy, on July 26, 2023 the Executive Vice President for Finance and Chief Financial Officer approved a 4.93% increase (\$212,000) to this project, for a Revised Final Budget of \$4,491,000. However, \$238,000 of additional funds are needed to complete this project, for a total Revised Final Budget in the amount of \$4,729,000.

The Revised Final Budget is attached for your consideration. This Revised Final Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting, subject to your approval.

Attachment

PICTURE OF THE NEW WAITING ROOM



PICTURE OF A TYPICAL EXAM ROOM



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: **REVISED FINAL**

PROJECT NAME: **UCONN HEALTH - 836 HOPMEADOW STREET, SIMSBURY CLINICAL PRACTICE RELOCATION**


	APPROVED PLANNING 9/29/2021	APPROVED DESIGN 12/8/2021	APPROVED FINAL 4/26/2022	PROPOSED REVISED FINAL 9/27/2023
<u>BUDGETED EXPENDITURES</u>				
CONSTRUCTION	\$ 2,730,000	\$2,730,000	\$ 2,830,000	\$ 3,175,000
DESIGN SERVICES	124,000	124,000	124,000	153,000
TELECOMMUNICATIONS	290,000	290,000	407,000	415,000
FURNITURE, FIXTURES AND EQUIPMENT	348,000	348,000	448,000	860,000
CONSTRUCTION ADMINISTRATION	-	-	-	-
OTHER AE SERVICES (including Project Management)	-	-	-	-
ART	10,000	10,000	10,000	20,000
RELOCATION	17,000	17,000	84,000	80,000
ENVIRONMENTAL	-	-	-	-
INSURANCE AND LEGAL	-	-	-	-
MISCELLANEOUS	3,000	3,000	3,000	1,000
SUBTOTAL	\$ 3,522,000	\$3,522,000	\$ 3,906,000	\$ 4,704,000
PROJECT CONTINGENCY	353,000	353,000	391,000	25,000
TOTAL BUDGETED EXPENDITURES	<u>\$ 3,875,000</u>	<u>\$3,875,000</u>	<u>\$ 4,297,000</u>	<u>\$ 4,729,000</u>
<u>SOURCE(S) OF FUNDING*</u>				
UCONN HEALTH CAPITAL FUNDS	3,530,000	3,531,290	3,953,290	4,385,290
LANDLORD TENANT FIT OUT ALLOWANCE	\$ 345,000	\$ 343,710	\$ 343,710	\$ 343,710
TOTAL BUDGETED FUNDING	<u>\$ 3,875,000</u>	<u>\$3,875,000</u>	<u>\$ 4,297,000</u>	<u>\$ 4,729,000</u>


* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23
21-036

UConn HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA 
Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP 
AVP Campus Planning Design & Construction

DATE: September 11, 2023

SUBJECT: Project Budget for the UConn Health 5 Munson Road Clinical Fit-Out (Revised Final: \$9,344,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Revised Final Budget in the amount of \$9,344,000 for the UConn Health 5 Munson Road Clinical Fit-Out Project.

BACKGROUND:

UConn Health plans to create a Brain and Spine Institute by relocating and combining the specialty practices of Neurology, Neurosurgery/Cranial and the Comprehensive Spine (Orthopedics & Neurosurgery) from the Outpatient Pavilion into leased space located at the newly constructed building known as 5 Munson Road. The relocation of these practices will also allow for an expansion of clinical programs within the Outpatient Pavilion located on the main campus in Farmington, CT.

On March 25, 2022, the UConn Finance Corporation executed the lease for the space (approximately 23,000 sq. ft. on the first and second floors and 6,400 sq. ft. on the lower level). The lease terms provide the UConn Health use of the space for 20 years and one month (the “original term”) plus two, five-year extensions. The base lease rate for the space on the first and second floors is \$40.00 per sq. ft. with a 1.3% annual increase during the original term. The base lease rate for the space on the lower level is \$11.00 per sq. ft. during the original term. The Landlord will be responsible for the tenant fit-out of the space. The Landlord has provided an allowance to UConn Health of \$150/square feet of useable space on the first and second floors (approximately \$3,262,000) to be used for the tenant fit-out. UConn Health is responsible for all construction costs in excess of the allowance.

The fit-out construction is underway and is on schedule for an end of December completion. The Final Budget was submitted in June of 2022 based on preliminary information regarding the Furniture and Medical and Information Technology equipment required for the clinics. Additional funds are required to cover the actual calculated costs for these items.

The Revised Final Budget is attached for your consideration. The Revised Final budget is based on actual bids received. This Revised Final Budget is anticipated to be approved by the Board of Trustees at their September 27, 2023 meeting subject to your approval.

Attachment

1ST FLOOR & 2ND FLOOR PLANS OF 5 MUNSON ROAD



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: **REVISED FINAL**

PROJECT NAME: **UCONN HEALTH - 5 MUNSON ROAD CLINICAL FIT-OUT**

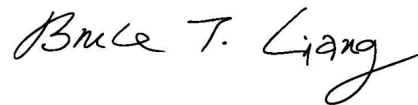
<u>BUDGETED EXPENDITURES</u>	APPROVED FINAL 6/29/2022	PROPOSED REVISED FINAL 9/27/2023
CONSTRUCTION	\$ 5,880,000	\$ 6,000,000
DESIGN SERVICES	-	104,000
TELECOMMUNICATIONS	623,000	1,110,000
FURNITURE, FIXTURES AND EQUIPMENT	950,000	1,320,000
CONSTRUCTION ADMINISTRATION	-	-
OTHER AE SERVICES (including Project Management)	-	-
ART	50,000	45,000
RELOCATION	115,000	115,000
ENVIRONMENTAL	-	-
INSURANCE AND LEGAL	-	-
MISCELLANEOUS	-	-
SUBTOTAL	\$ 7,618,000	\$ 8,694,000
PROJECT CONTINGENCY	762,000	650,000
TOTAL BUDGETED EXPENDITURES	\$ 8,380,000	\$ 9,344,000
<u>SOURCE(S) OF FUNDING*</u>		
UCONN HEALTH CAPITAL FUNDS	4,930,000	6,081,350
LANDLORD TENANT FIT-OUT ALLOWANCE	\$ 3,450,000	\$ 3,262,650
TOTAL BUDGETED FUNDING	\$ 8,380,000	\$ 9,344,000

* This budget reflects the University's current intended source(s) of funding for the specified project. The University may adjust this funding plan in order to ensure compliance with applicable federal and state law(s) or to strategically utilize all fund sources, within the approved budget amount, as appropriate.

BOT 9.27.23
22-042

UConn HEALTH

DATE: September 11, 2023



TO: Members of the Board of Directors

FROM: Dr. Bruce Liang, Interim CEO/EVP for Health Affairs and Dean of the UConn School of Medicine

RE: UConn School of Medicine - Tuition and Fees Proposal for 2024/2025 and 2025/2026 Academic Years

RECOMMENDATION:

That the UConn Health Board of Directors endorse and recommend that the University Board of Trustees approve a tuition and fee increase for the UConn School of Medicine for the next two academic years (2024/2025 and 2025/2026).

BACKGROUND:

UConn School of Medicine tuition and fees remain below that of most local public competitor schools, particularly for residents.

This proposal increases UConn School of Medicine tuition by 2.5% for resident tuition and 0.5% for out-of-state and regional tuition for each academic year, 2024/2025 and 2025/2026. It also increases professional school fees by 4.5% for 2024/2025 only (there is no proposal to increase the professional school fee in 2025/2026).

Attachments to this resolution outline the proposal in more detail and provide background data.

The Academic Affairs Subcommittee has approved these recommended changes, and we now seek approval from the Board of Directors to move this proposal forward for approval by the UConn Board of Trustees.

SCHOOL OF MEDICINE

TUITION AND FEES Academic Years 2024-2025 and 2025-2026

Bruce T. Liang, MD, FACC, Dean

Melissa Held, MD, Interim Sr. Assoc. Dean for Medical Education

Donna McKenty, Sr. Director of Finance

PROPOSED SOM TUITION AND FEE INCREASE

RECOMMENDED 2.5% INCREASE FOR RESIDENT TUITION

RECOMMENDED 0.5% INCREASE FOR OUT OF STATE & REGIONAL TUITION

2024-2025 and 2025-2026

SCHOOL OF MEDICINE		CURRENT		PROPOSED			PROPOSED	
		AY23-24		AY24-25			AY25-26	
Tuition		Base	%	Amount Increase	FY25		Amount Increase	FY26
	Resident	\$44,666	2.50%	\$1,117	\$45,783	2.50%	\$1,145	\$46,928
	Non-Resident	\$74,367	0.50%	\$372	\$74,739	0.50%	\$374	\$75,113
	Regional*	\$70,502	0.50%	\$353	\$70,855	0.50%	\$354	\$71,209
Professional School Fee								
	Resident	\$2,660	4.50%	\$120	\$2,780	0.00%	\$0	\$2,780
	Non-Resident	\$2,660	4.50%	\$120	\$2,780	0.00%	\$0	\$2,780
	Regional	\$2,660	4.50%	\$120	\$2,780	0.00%	\$0	\$2,780
TOTAL TUITION & PROF FEES								
	Resident	\$47,326	2.61%	\$1,237	\$48,563	2.36%	\$1,145	\$49,708
	Non-Resident	\$77,027	0.64%	\$492	\$77,519	0.48%	\$374	\$77,893
	Regional	\$73,162	0.65%	\$473	\$73,635	0.48%	\$354	\$73,989

Health Insurance**

	Resident	\$3,190	3.00%	\$96	\$3,286	3.00%	\$99	\$3,385
	Non-Resident	\$3,190	3.00%	\$96	\$3,286	3.00%	\$99	\$3,385
	Regional	\$3,190	3.00%	\$96	\$3,286	3.00%	\$99	\$3,385

TOTAL: TUITION, FEES AND HEALTH INS**

		CURRENT		PROPOSED			PROPOSED	
		AY23-24		AY24-25			AY25-26	
	Resident	\$50,516	2.64%	\$1,333	\$51,849	2.40%	\$1,244	\$53,093
	Non-Resident	\$80,217	0.73%	\$588	\$80,805	0.59%	\$473	\$81,278
	Regional	\$76,352	0.75%	\$569	\$76,921	0.59%	\$453	\$77,374

Notes:

* The regional rate for tuition must be at least 150% the resident rate.

** The health insurance rate increase for AY24-25 and AY25-26 are estimated based on recent trend data and students can opt out if they have other coverage

HISTORIC PUBLIC SCHOOL RANKINGS COMBINED TUITION, FEES AND HEALTH INSURANCE

RESIDENT

	AY16-17	AY17-18	AY18-19	AY19-20	AY20-21	AY21-22	AY22-23
National Average*	\$34,594	\$35,704	\$36,755	\$37,556	\$37,962	\$38,880	\$39,905
UConn*	\$40,054	\$41,564	\$43,196	\$44,290	\$45,916	\$47,303	\$48,762
National % increase	2.1%	3.2%	2.9%	2.2%	1.1%	2.4%	2.6%
UConn % increase	3.9%	3.8%	3.9%	2.5%	3.7%	3.0%	3.1%
UConn rank (1 - highest)	22	20	19	19	17	15	17
# of Schools reporting	88	90	91	91	90	93	93
UConn percentile	76%	79%	80%	80%	82%	85%	83%

NON-RESIDENT

	AY16-17	AY17-18	AY18-19	AY19-20	AY20-21	AY21-22	AY22-23
National Average*	\$58,740	\$60,141	\$60,802	\$61,858	\$60,955	\$62,774	\$63,718
UConn*	\$71,262	\$74,176	\$77,276	\$78,370	\$79,996	\$79,973	\$79,973
National % increase	1.6%	2.4%	1.1%	1.7%	-1.5%	3.0%	1.5%
UConn % increase	3.9%	4.1%	4.2%	1.4%	2.1%	0.0%	0.0%
UConn rank (1 - highest)	14	11	9	7	8	9	11
# of Schools reporting	88	90	89	86	90	89	89
UConn percentile	85%	88%	91%	93%	92%	91%	89%

Notes:

*Includes Tuition, Professional Fees and Health Insurance - public medical schools

Data gathered from AAMC Tuition and Student Fees for First-Year Students

PUBLIC SCHOOLS OF MEDICINE COMPARISONS TO LOCAL PUBLIC COMPETITOR SCHOOLS COMBINED TUITION & FEES & HEALTH INSURANCE

RESIDENT

SCHOOL	AY22-23*	AY21-22	AY20-21
Stony Brook University - Renaissance	\$51,926	\$51,670	\$51,716
SUNY Downstate College of Medicine	\$50,741	\$49,824	\$48,768
Rutgers New Jersey Medical School	\$50,070	\$48,112	\$47,342
University at Buffalo Sch of Med - Jacobs	\$49,939	\$46,772	\$49,067
SUNY Upstate Medical University	\$49,834	\$45,213	\$48,377
Rutgers, Robert Wood Johnson Medical School	\$49,202	\$48,644	NI
University of Connecticut School of Medicine	\$48,762	\$47,303	\$45,916
University of Maryland School of Medicine	\$45,898	\$46,724	\$47,350
University of Massachusetts Medical School	\$45,521	\$44,085	\$43,181
Rowan University - Cooper Medical School	\$44,793	\$42,769	\$42,769
University of Vermont College of Medicine	\$42,370	\$42,034	\$42,048
CUNY School of Medicine	\$41,912	\$41,662	\$41,912

NON RESIDENT

SCHOOL	AY22-23*	AY21-22	AY20-21
University of Connecticut School of Medicine	\$79,973	\$79,973	\$79,996
University of Maryland School of Medicine	\$75,574	\$77,106	\$76,445
Rutgers New Jersey Medical School	\$74,199	\$72,002	\$70,879
Stony Brook University - Renaissance	\$73,416	\$73,250	\$73,206
Rutgers, Robert Wood Johnson Medical School	\$73,331	\$72,534	NI
University of Massachusetts Medical School	\$72,901	\$70,797	\$69,500
SUNY Downstate College of Medicine	\$72,231	\$71,314	\$70,258
University at Buffalo Sch of Med - Jacobs	\$71,429	\$68,212	\$70,557
SUNY Upstate Medical University	\$71,324	\$66,703	\$69,867
Rowan University - Cooper Medical School	\$69,742	\$66,530	\$66,530
CUNY School of Medicine	\$69,572	\$69,572	\$0
University of Vermont College of Medicine	\$69,470	\$69,134	\$69,148

Notes:

**Data sorted by AY22-23 in descending order*

Data gathered from AAMC Public School Tuition and Fees First Year Tuition, Fees and Health Insurance Costs.

NI = No information; school did not report

STUDENTS ACCEPTED TO UCONN SOM WHO MATRICULATED AT OTHER SCHOOLS (N=106 STUDENTS) TOP 14 COMPETITOR SCHOOLS CLASS ENTERING AY 2022-2023

School	# of Students	# CT Residents	# Non-Residents	%	Resident Tuition, Fees & Health Ins.	Non-Resident Tuition, Fees & Health Ins.
Boston University	5	4	1	4.81%	\$73,851	\$73,851
Columbia University	4	2	2	3.85%	\$75,624	\$75,624
Emory University	4	2	2	3.85%	\$58,680	\$58,680
Uniformed Services University	4	3	1	3.85%	\$0	\$0
Tufts University	3	2	1	2.88%	\$75,642	\$75,642
University of Massachusetts	3	0	3	2.88%	\$45,521	\$72,901
Hofstra/Northwell	3	1	2	2.88%	\$62,074	\$62,074
Case Western Reserve	3	1	2	2.88%	\$73,380	\$73,380
Brown University	3	2	1	2.88%	\$72,799	\$72,799
Mount Sinai	3	2	1	2.88%	\$69,029	\$69,029
Thomas Jefferson University	3	1	2	2.88%	\$67,686	\$67,686
Cornell	3	0	3	2.88%	\$75,118	\$75,118
University of Pennsylvania	3	2	1	2.88%	\$73,293	\$73,293
UC San Diego	3	2	1	2.88%	\$44,950	\$69,742
Subtotal / Average	47	24	23	45.19%	\$61,975	\$65,701
Median					\$70,914	\$72,850
University of Connecticut					\$48,762	\$79,973

Notes:

Source: 2022 Joint Acceptance Report from the AAMC

Dollar amounts include Tuition, Fees and Health Insurance

Schools represent matriculating students of 3 or more

TUITION, FEES, HEALTH INSURANCE COST FOR FIRST YEAR MEDICAL STUDENTS AAMC PUBLIC SCHOOLS - AY 2022-2023

SCHOOL	RESIDENT TUITION & FEES & HLTH. INS.	Rank	% Tile Rank
Virginia Tech Carilion	\$61,054	1	100%
Oakland Beaumont	\$57,936	2	99%
Carle Illinois	\$56,588	3	98%
Oregon	\$55,510	4	97%
Virginia	\$54,384	5	96%
Michigan	\$53,915	6	95%
U Washington	\$53,480	7	93%
Renaissance Stony Brook	\$51,926	8	92%
Illinois	\$51,632	9	91%
SUNY Downstate	\$50,741	10	90%
Michigan State	\$50,610	11	89%
Rutgers New Jersey	\$50,070	12	88%
Buffalo-Jacobs	\$49,939	13	87%
SUNY Upstate-Norton	\$49,834	14	86%
Northeast Ohio	\$49,466	15	85%
Rutgers-RW Johnson	\$49,202	16	84%
Connecticut	\$48,762	17	83%

Average	\$39,905		
Median	\$41,095		
UCONN	\$48,762		

SCHOOL	NON-RESIDENT TUITION & FEES & HLTH. INS.	Rank	% Tile Rank
U Washington	\$94,364	1	100%
South Carolina Columbia	\$91,861	2	99%
South Carolina Greenville	\$91,858	3	98%
Northeast Ohio	\$91,153	4	97%
Michigan State	\$90,741	5	95%
Utah-Eccles	\$87,741	6	94%
Illinois	\$84,812	7	93%
Missouri Columbia	\$82,948	8	92%
South Dakota-Sanford	\$81,708	9	91%
Oregon	\$80,298	10	90%
Connecticut	\$79,973	11	89%
Hawaii-Burns	\$77,308	12	88%
Maryland	\$75,574	13	86%
Kentucky	\$75,328	14	85%
Rutgers New Jersey	\$74,199	15	84%
Colorado	\$74,071	16	83%
Renaissance Stony Brook	\$73,416	17	82%

Average	\$63,718		
Median	\$65,744		
UCONN	\$79,973		

Note: 93 schools included in data set. List is truncated due to space limitations.

TUITION, FEES, HEALTH INSURANCE COST FOR FIRST YEAR MEDICAL STUDENTS AAMC ALL SCHOOLS (PUBLIC & PRIVATE)- AY 2022-2023

SCHOOL	PUBLIC or PRVATE	RESIDENT TUITION & FEES & HLTH. INS.	Rank	% Tile Rank
Hackensack Meridian	Private	\$76,609	1	100%
Tufts	Private	\$75,642	2	99%
Columbia-Vagelos	Private	\$75,624	3	99%
Cornell-Weill	Private	\$75,118	4	98%
Tulane	Private	\$74,834	5	97%
Northwestern-Feinberg	Private	\$74,590	6	97%
Dartmouth-Geisel	Private	\$73,941	7	96%
BU-Chobanian Avedisian	Private	\$73,851	8	95%
Case Western Reserve	Private	\$73,380	9	95%
Pennsylvania-Perelman	Private	\$73,293	10	94%
Rochester	Private	\$72,855	11	94%
Brown-Alpert	Private	\$72,799	12	93%
Southern Cal-Keck	Private	\$72,758	13	92%
Georgetown	Private	\$72,505	14	92%
Harvard	Private	\$72,163	15	91%
Michigan State	Public	\$50,610	65	58%
Rutgers New Jersey	Public	\$50,070	66	58%
Buffalo-Jacobs	Public	\$49,939	67	57%
SUNY Upstate-Norton	Public	\$49,834	68	56%
Northeast Ohio	Public	\$49,466	69	56%
Rutgers-RW Johnson	Public	\$49,202	70	55%
Connecticut	Public	\$48,762	71	55%

Average		\$48,971		
Median		\$47,596		
UConn		\$48,762		

SCHOOL	PUBLIC or PRVATE	NON-RESIDENT TUITION & FEES & HLTH. INS.	Rank	% Tile Rank
U Washington	Public	\$94,364	1	100%
South Carolina Columbia	Public	\$91,861	2	99%
South Carolina Greenville	Public	\$91,858	3	99%
Northeast Ohio	Public	\$91,153	4	98%
Michigan State	Public	\$90,741	5	97%
Utah-Eccles	Public	\$87,741	6	97%
Illinois	Public	\$84,812	7	96%
Missouri Columbia	Public	\$82,948	8	95%
South Dakota-Sanford	Public	\$81,708	9	95%
Oregon	Public	\$80,298	10	94%
Connecticut	Public	\$79,973	11	93%
Hawaii-Burns	Public	\$77,308	12	93%
Hackensack Meridian	Private	\$76,609	13	92%
Tufts	Private	\$75,642	14	91%
Columbia-Vagelos	Private	\$75,624	15	91%
UNLV-Kerkorian	Public	\$68,883	65	57%
George Washington	Private	\$68,850	66	56%
Creighton	Private	\$68,754	67	56%
West Virginia	Public	\$68,665	68	55%
Einstein	Private	\$68,227	69	54%
Kansas	Public	\$67,980	70	54%
Quinnipiac-Netter	Private	\$67,855	71	53%

Average		\$63,874		
Median		\$67,478		
UConn		\$79,973		

Note: 155 schools included in data set. List is truncated due to space limitations.

SCHOOL OF MEDICINE

FINANCIAL AID AY 2021-2022 (FY22)

ITEM	AMOUNT	INTEREST RATE %
Federal Loans		
Unsubsidized Direct Loans	\$ 10,369,504	7.05%
Grad Plus Direct Loans	\$ 2,766,939	8.05%
Military	\$ 127,406	
National Health Service Corp	\$ 26,697	
sub total	\$ 13,290,546	
Institutional Loans		
University Loan	\$ 679,522	fixed 5.00%
Health Professions Loan	\$ -	
Loans for Disadvantaged Students	\$ 2,500	
Primary Care Loans	\$ 219,700	
sub total	\$ 901,722	
Institutional Grants		
HCOP	\$ 2,740,000	
Merit	\$ 168,250	
Tuition Remission	\$ 2,402,957	
sub total	\$ 5,311,207	
Grand Total	\$ 19,503,475	

Notes: Source 2021-2022 LCME Part I-B Student Financial Aid Questionnaire

Summary

- While resident tuition is increasing, UConn SOM tuition and fees remain below that of most local public competitor schools.
- Resident tuition at UConn SOM is above the average for public schools but lower than the average for all public and private schools.
- UConn SOM medical school indebtedness:
 - UConn SOM graduates with indebtedness is 68% compared to the median of 76% for public schools and 74% for public and private schools.
 - UConn SOM graduates have an average of \$177K indebtedness compared to the average of \$183K and the median of \$189K among all medical schools.
- UConn SOM graduates have significantly lower medical school indebtedness among our local public competitor schools.
 - UConn SOM graduates have an average of \$177K indebtedness compared to the average of \$202K and the median of \$201K among local public competitor schools.



TO: Members of the UConn Health Board of Directors

FROM: The Academic Affairs Subcommittee of the Board of Directors

DATE: September 11, 2023

SUBJECT: Recommendation of the Proposed Revisions to the School of Dental Medicine Bylaws

RECOMMENDATION:

That the Board of Directors approve the proposed revisions to the School of Dental Medicine Bylaws.

BACKGROUND:

The proposed comprehensive revisions to the School of Dental Medicine Bylaws are reflective of a multi-year collaborative review process to address conflicts between the Bylaws and the organizational structure and operations of the School of Dental Medicine.

The proposed revisions to the Bylaws:

1. Accurately reflect the current organizational structure of the School of Dental Medicine and allow for greater flexibility to respond to future organizational changes which may be indicated;
2. Allow for equitable recognition of all units (current divisions and departments) by changing naming conventions and deleting references to specific units which no longer exist;
3. Allow for equitable representation of the faculty on Dental Senate based upon recognition of organizational units;
4. Allow for equitable representation of the faculty leadership in the Dean's Advisory Committee;
5. Allow for Dental Senate to be responsive to its charge of representing the faculty by separating the Senate's guidelines from the body of the Bylaws;
6. Allow for periodic review of the School of Dental Medicine's organizational units.

All steps required under the School of Dental Medicine Bylaws relating to amendments and revisions have been carried out, with the exception of Board approval, which is being sought here. Steps taken to date include:

1. Revisions approved by Dental Senate on September 13, 2022;
2. Revisions approved by the Dean's Advisory Committee on April 5, 2023;
3. The proposed revisions were disseminated to all faculty and discussed at an all-faculty meeting on July 11, 2023;
4. A closed ballot vote of the faculty was held between July 11-18, 2023;
5. The revisions were approved by the faculty (80 votes were cast of a possible 96 with 98.75% votes in favor of the proposed revisions);
6. The revisions were approved by the Academic Affairs Subcommittee of the Board of Directors on August 7, 2023.

Attached to this resolution are the proposed revised Bylaws and a copy with track changes from the current Bylaws document.

SCHOOL OF DENTAL MEDICINE PROPOSED REVISED BYLAWS

With Tracked Changes

FOR THE SEPTEMBER 11, 2023
BOARD OF DIRECTORS MEETING

**BYLAWS
UNIVERSITY OF CONNECTICUT
SCHOOL OF DENTAL MEDICINE**

Table of Contents

<u>PREAMBLE</u>	<u>6</u>
<u>SECTION I - FACULTY</u>	<u>7</u>
<u>Article One - Composition.....</u>	<u>7</u>
<u>Article Two - Types of Appointments</u>	<u>7</u>
<u>Article Three - Appointment and Promotions Procedures</u>	<u>9</u>
<u>Article Four – Voting Faculty</u>	<u>10</u>
<u>SECTION II - SCHOOL OF DENTAL MEDICINE SENATE.....</u>	<u>12</u>
<u>Article One – Structure, Operation and Authority</u>	<u>12</u>
<u>Article Two - Meetings</u>	<u>12</u>
<u>Article Three - Modification of Senate Guidelines.....</u>	<u>12</u>
<u>SECTION III – ADMINISTRATION.....</u>	<u>13</u>
<u>Article One – Executive Vice President for Health Affairs</u>	<u>13</u>
<u>Article Two - Dean</u>	<u>13</u>
<u>Article Three - Dean's Advisory Committee.....</u>	<u>13</u>
<u>Article Four - Standing Administrative Committees.....</u>	<u>14</u>
<u>SECTION IV - ORGANIZATIONAL STRUCTURE.....</u>	<u>16</u>
<u>Article One - Purpose.....</u>	<u>16</u>
<u>Article Two - Structure</u>	<u>16</u>
<u>Article Three – Unit Leadership.....</u>	<u>16</u>
<u>Article Four – Subsidiary Unit Leadership</u>	<u>17</u>
<u>SECTION V - AMENDMENTS.....</u>	<u>18</u>
<u>Article One - Adoption</u>	<u>18</u>
<u>Article Two - Amendments.....</u>	<u>18</u>
<u>APPENDIX A - ORGANIZATION OF BASIC SCIENCE TEACHING.....</u>	<u>48</u>
<u>Basic Premises:</u>	<u>48</u>
<u>Organization of Basic Science Departments:.....</u>	<u>48</u>
<u>Basic Science Program Organization.....</u>	<u>49</u>
<u>APPENDIX B - DEPARTMENT OF DENTISTRY</u>	<u>51</u>
<u>APPENDIX C - THE ESTABLISHMENT AND GOVERNANCE OF CENTERS.....</u>	<u>53</u>
<u>I. Definitions</u>	<u>53</u>
<u>II. Mechanism for Establishment of a UCHC Center.....</u>	<u>55</u>

III. Review	55
APPENDIX D - School of Dental Medicine Guidelines for Types of Faculty Appointments ...	57
I. Purpose	57
II. Faculty Appointments and Tracks	57
APPENDIX E - School of Dental Medicine Post Tenure Review Plan.....	65
APPENDIX F - Organizational Structure.....	70
Appendix G – Periodic Organizational Unit Reviews	72
PREAMBLE.....	3
SECTION I – FACULTY.....	3
FACULTY	3
Article One – Composition.....	3
Article Two – Types of Appointments	3
Article Three – Appointment and Promotions Procedures	6
Article Four – Voting Faculty.....	6
SECTION II – SCHOOL OF DENTAL MEDICINE SENATE.....	7
Article One – Structure and Operation.....	7
Article Two – Meetings.....	7
Article Three – Modification of Bylaws	7
SECTION III – ADMINISTRATION	8
Article One – Executive Vice President for Health Affairs	8
Article Two – Dean.....	8
Article Three – Dean's Advisory Committee.....	8
Article Four – Standing Administrative Committees.....	9
SECTION IV – ORGANIZATIONAL STRUCTURE	9
Article One – Purpose.....	9
Article Two – Structure.....	9
Article Three – Department Heads.....	9
Article Four – Division Chairs.....	10
SECTION V – AMENDMENTS.....	10
Article One – Adoption.....	10
Article Two – Amendments.....	10
APPENDIX A – SCHOOL OF DENTAL MEDICINE SENATE	12
PREAMBLE.....	12
CONSTITUTION OF THE SCHOOL OF DENTAL MEDICINE SENATE.....	13
Article One – Name.....	13
Article Two – Authority and Purpose.....	13
Article Three – Membership.....	13

Article Four—Officers and Responsibilities	13
Article Five—Steering Committee	13
Article Six—Standing Councils and ad hoc Committees of the Senate	14
BYLAWS OF THE SCHOOL OF DENTAL MEDICINE SENATE	14
Article One—Composition and Election of the Senate	14
Article Two—The Election and Duties of the Officers	16
Article Three—The Election and Duties of the Steering Committee	16
Article Four—General Rules	17
Article Five—Amendments	18
COUNCIL ON THE ACADEMIC ENVIRONMENT	19
COUNCIL ON EDUCATION	20
COUNCIL ON RESEARCH	22
SUMMARY—SCHOOL OF DENTAL MEDICINE SENATE [[to be revised]]	24
APPENDIX B—ORGANIZATION OF BASIC SCIENCE TEACHING	25
Basic Premises:	25
Organization of Basic Science Departments:	25
Basic Science Program Organization	26
APPENDIX C—DEPARTMENT OF DENTISTRY	27
APPENDIX D—THE ESTABLISHMENT AND GOVERNANCE OF CENTERS	28
I. Definitions	28
II. Mechanism for Establishment of a UCHC Center	29
III. Review	29
APPENDIX E—School of Dental Medicine Guidelines for Types of Faculty Appointments	30
Faculty	30
I. Purpose	30
II. Faculty Appointments and Tracks	30
II. Transfers Between Tracks Within the SDM's (3) Broad Types of Faculty Appointments, i.e. Within Tenurial Appointments, In-Residence Appointments and Clinical Category Appointments	33
APPENDIX F—School of Dental Medicine Post Tenure Review Plan	35
APPENDIX G—Department and Division Structure	38
Appendix H—Departmental Review	39
PREAMBLE	3
<u>SECTION I—FACULTY</u>	3
Article One—Composition	3
Article Two—Types of Appointments	3
Article Three—Appointment and Promotions Procedures	6
<u>Article Four—Voting Faculty</u>	6
<u>SECTION II—SCHOOL OF DENTAL MEDICINE SENATE</u>	7

Article One—Structure and Operation.....	7
Article Two—Meetings.....	7
Article Three—Modification of Bylaws	7
SECTION III – ADMINISTRATION	7
Article One—Executive Vice President for Health Affairs	7
Article Two—Dean.....	7
Article Three—Dean's Advisory Committee.....	8
Article Four—Standing Administrative Committees.....	8
SECTION IV – ORGANIZATIONAL STRUCTURE	9
Article One—Purpose.....	9
Article Two—Structure.....	9
Article Three—Department Heads.....	9
Article Four—Division Chairs.....	10
SECTION V – AMENDMENTS.....	10
Article One—Adoption.....	10
Article Two—Amendments	10
APPENDIX A – CONSTITUTION AND BYLAWS SCHOOL OF DENTAL MEDICINE SENATE	11
PREAMBLE.....	11
CONSTITUTION OF THE SCHOOL OF DENTAL MEDICINE SENATE.....	12
Article One—Name—School of Dental Medicine Senate	12
Article Two—Authority and Purpose.....	12
Article Three—Membership.....	12
Article Four—Officers and Responsibilities	12
Article Five—Steering Committee	12
Article Six—Standing Councils and ad hoc Committees of the Senate	12
BYLAWS OF THE SCHOOL OF DENTAL MEDICINE SENATE.....	13
Article One—Composition and Election of the Senate	13
Article Two—The Election and Duties of the Officers.....	14
Article Three—The Election and Duties of the Steering Committee.....	14
Article Four—General Rules	15
Article Five—Amendments.....	16
COUNCIL ON THE ACADEMIC ENVIRONMENT.....	17
COUNCIL ON EDUCATION	18
COUNCIL ON RESEARCH.....	20
SUMMARY—SCHOOL OF DENTAL MEDICINE SENATE [[to be revised]]	21
APPENDIX B – ORGANIZATION OF BASIC SCIENCE TEACHING	22
Basic Premises:	22
Organization of Basic Science Departments:.....	22

Basic Science Program Organization.....	23
APPENDIX C – DEPARTMENT OF DENTISTRY	24
APPENDIX D – THE ESTABLISHMENT AND GOVERNANCE OF CENTERS	25
I. Definitions	25
II. Mechanism for Establishment of a UCHC Center	26
III. Review	26
<u>APPENDIX E – School of Dental Medicine Guidelines for Types of Faculty Appointments.....</u>	<u>27</u>
<u>I. Purpose</u>	<u>27</u>
<u>II. Faculty Appointments and Tracks.....</u>	<u>27</u>
<u>II. Transfers Between Tracks Within the SDM’s (3) Broad Types of Faculty Appointments, i.e. Within Tenorial Appointments, In Residence Appointments and Clinical Category Appointments</u>	<u>30</u>
APPENDIX F – School of Dental Medicine Post Tenure Review Plan.....	32
APPENDIX G – Department and Division Structure	35
Appendix H – Departmental Review	36

PREAMBLE

All policies of the School of Dental Medicine, a component of the University of Connecticut shall be determined by the Board of Directors of ~~the University of Connecticut Health Center (UConn Health)~~ and/or the ~~University~~ Board of Trustees as specified in the Bylaws of the University of Connecticut (~~s u c h b o a r d s~~) hereafter termed “the Board of Directors and/or Board of Trustees”). Administrative decisions are made by University officials in accordance with the policies of the Board of Directors and/or Board of Trustees. The School of Dental Medicine, within policies established by the Board of Directors and/or Board of Trustees and the guidelines herein, is responsible for: the educational program leading to the degree ~~of~~ Doctor of Dental Medicine; ~~for~~ graduate programs and courses approved by the Graduate School and conducted by Faculty members of the School of Dental Medicine; ~~for~~ internship and residency programs for continuing education programs in the various dental sciences; ~~for~~ rendering patient care in programs established by the School of Dental Medicine; and ~~for~~ conducting research in dental and related sciences.

The Voting Faculty of the School of Dental Medicine (~~see Section I, Article Four~~) is authorized to establish rules, regulations and policy with respect to academic matters, acting within the general policies as established by the Board of Directors and/or Board of Trustees. The chief executive officer of the School of Dental Medicine is the Dean. The Dean is aided in the administration of the School by Associate and Assistant Deans, ~~organizational unit leaders such as by Department Heads, by Division Chairs, and as well as by a~~ Administrative ~~c~~Committees.

The following guidelines describe the interrelationships and responsibilities of the individuals and groups within the School of Dental Medicine.

SECTION I - FACULTY

Article One - Composition

The Faculty shall consist of the President of the University, the Provost, the Executive Vice President for Health Affairs, the Dean, ~~and all p~~Professors, ~~A~~associate ~~P~~professors, ~~A~~assistant ~~P~~professors and ~~I~~nstructors belonging to ~~departments~~ organizational units within administratively organized in the School of Dental Medicine (see SECTION IV - ORGANIZATIONAL STRUCTURE), and others who are appointed by the President.

Article Two - Types of Appointments

- 2.1 Appointments to the position of Professor, Associate Professor, and Assistant Professor shall be given to "full-time" members of the Faculty who are either tenured or appointed in tenure-track positions and shall be subject to the guidelines described in Section I. Faculty Holding Tenurial Appointment of the School of Dental Medicine's document Senior Appointment and Promotions Committee: Principles, Guidelines and Procedures for Appointment, Promotion and Tenure ("SAPC Guidelines"), ~~Section I. Faculty~~Faculty Holding Tenurial Appointment.
- 2.2 Appointments to In-Residence Faculty positions shall be subject to the guidelines described in ~~the School of Dental Medicine's document Senior Appointment and Promotions Committee: Principles, Guidelines and Procedures for Appointment, Promotion and Tenure~~, Section II. Faculty Holding Non-Tenurial In-Residence Appointment of the SAPC Guidelines document. These guidelines shall include, but are not limited to, the following:
- a. that the criteria for promotion that are emphasized in making decisions will be weighted according to the effort by the candidate in teaching, research, patient care and other professional activities.
 - b. that appointments to the rank of Instructor or Assistant Professor in this track will be made on the recommendation of ~~the~~ the respective organizational unit leader ~~Department Head~~ with the concurrence of the Dean. Appointments are for a period up to ~~one~~ two years and are renewable.
 - c. that all future appointments be made with the understanding that individuals must be promoted to the rank of Associate Professor on or before the completion of the ninth year of employment. If the individual is not promoted, the appointment during the tenth year will be terminal.
 - d. that appointments to the rank of Associate Professor or Professor are subject to the usual review process by the Senior Appointments and Promotions Committee and the Dean's Advisory Committee.
 - e. that appointments to the rank of Associate Professor or Professor should be renewable term appointments if funding for the period is assured. The term for an Associate Professor may be for a period up to three years and for a Professor for a period of up to five years. In each case continued appointment is contingent on meeting the terms of agreement that are made at the time of appointment or reappointment.
 - f. that the designation "In Residence" be for administrative purposes only, and need not be used in

correspondence or published Faculty lists.

2.3 Appointments to “Clinical Category” Faculty positions shall be subject to the guidelines described in ~~the School of Dental Medicine’s document Senior Appointment and Promotions Committee: Principles, Guidelines and Procedures for Appointment, Promotion and Tenure, Section III. Faculty Holding Non-Tenorial Clinical Category Appointment of the SAPC Guidelines document~~. These guidelines shall include, but are not limited to, ~~the following: the following:~~

- a. that Faculty appointed in this track shall have responsibilities that are primarily non-academic, e.g. direct patient care, clinical instruction, clinical administration.
- b. that Faculty appointed in this track shall have the opportunity to apply for reassignment to an academic track appointment.
- c. that the modifying term “Clinical” shall be included in the Faculty title e.g. Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, and Clinical Professor.
- d. that appointment to a rank within this track and the term of that appointment shall ~~be determined by guidelines described in the document SAPC Guidelines document Senior Appointments and Promotions Committee: Principles, Guidelines and Provisions for Appointments, Promotion and Tenure (Appendix X).~~
- e. that reappointment and promotion shall be determined by criteria described in the ~~SAPC Guidelines document document Senior Appointments and Promotions Committee: Principles, Guidelines, and Provisions for Appointment, Promotion and Tenure.~~

2.4 Changes in Appointment Type

A change or transfer in appointment type may be considered between certain types of Faculty appointments. Requirements for and restrictions on transfer of appointment are as follows:

- a. Sufficient justification, as determined by the Dean, must exist to warrant consideration of transfer of appointment.
- b. The Faculty member ~~and the respective organizational unit leader [, and the Department Head[±] (or appropriate designate), and the Division Chair[±]]} or their designee (or appropriate designate) and/or Department Head if Division Chair exists,~~ must petition the Dean for consideration of transfer of appointment. The Dean may accept or decline the petition.
- c. Tenorial Faculty may transfer to an In-Residence appointment, but are not permitted to transfer to a non-academic Clinical Category appointment.
- d. In-Residence Faculty may transfer to a tenorial appointment, but are not permitted to transfer to a non-academic Clinical Category appointment.
- e. Clinical Category Faculty may transfer to a tenorial appointment or an In- Residence appointment.
- f. Faculty members who transfer to a tenure track appointment may be given credit toward the required probationary period for tenure appointments. A minimum one-year probationary period is required of all individuals after appointment to the tenure track. With a change in track, appointments at the

Associate Professor and Professor levels are subject to the usual review process by the Senior Appointments and Promotions Committee.

- g. In those instances where it is mutually agreed between the ~~faculty~~Faculty member, ~~the respective unit leadership [[the Department Head and the Division Chair]]~~, ~~their respective at the Division Chair (or appropriate designate) and/or, Department Head~~ and the Dean that a Faculty member was initially appointed in the wrong type or category of appointment, a correction of the employment authorization will be permitted without compromising the privilege of transferring at a future date from one track to another as described in Section 2.4.h.
- h. Transfer from one appointment type or category to another appointment type or category, under the guidelines and restrictions described above in Section 2.4 a-e, will be permitted on one occasion only during the entire employment period of a ~~faculty~~Faculty member in the School of Dental Medicine and such a change is irreversible.

~~Department Heads and Division Chairs may designate another individual to act on their behalf. Division Chairs must be involved if this position exists within the structure of a Department.~~

- 2.5 Appointments to the usual Faculty ranks with the modifying word "Adjunct" included in the title may be given to individuals who serve as part-time Faculty members. Such appointments ~~shall~~may be made for a term of up to one year to individuals who are actively participating in programs of the School of Dental Medicine. Such appointments may be renewed annually.
- 2.6 Appointments to the usual Faculty ranks with the modifying word "Visiting" included in the title may be made on an annual basis for a period not exceeding a total of two consecutive years.
- 2.7 Faculty may hold joint appointments between ~~departments~~organizational units in the School of Dental Medicine, and between ~~departments in~~ the School of Dental Medicine and ~~departments in~~ other schools or colleges within the University.
- 2.7.2.8 A clinician who is neither employed by UConn Health affiliated institutions, nor employed as a faculty member by other units of UConn Health or the University, is eligible for a volunteer clinical faculty appointment if he or she contributes to the academic mission of the School of Dental Medicine. The academic ranks for volunteer faculty include Volunteer Clinical Instructor, Volunteer Clinical Assistant Professor, Volunteer Clinical Associate Professor, and Volunteer Clinical Professor. The title Volunteer Clinical Associate may be used for those who make intermittent or less than major contributions to the academic programs of the School of Dental Medicine.

Article Three - Appointment and Promotions Procedures

- 3.1 Initial appointments are generally made at the Instructor or Assistant Professor level. Initial appointments shall be recommended by the respective organizational unit leader to the Dean. The initial appointment shall be made upon approval by the Dean or their designee, subject to relevant University processes. Initial appointments to the rank of Professor or Associate Professor shall be reviewed by the Senior Appointments and Promotions Committee and the Dean's Advisory Committee, and their comments shall be given due consideration before the Dean approves the recommendation.
- 3.1.3.2 ~~Recommendations~~Faculty nominations for promotion may be made to the Dean by the respective organizational unit leader or by the faculty member themselves. The Dean may also initiate the nomination for promotion of any faculty member. ~~for appointment and promotion of a faculty~~Faculty member² shall be made to the Dean by ~~the respective unit leadership [[the Department Head and the Division Chair~~

~~(if Division Chair exists), or their respective appropriate designates)]~~ Division Chair¹⁷ and/or and endorsed by the Department Head. In the case of appointments or promotions to the rank of Professor or Associate Professor, the recommendation Nominations shall be reviewed by the ~~Committee on~~ Senior Appointments and Promotions ~~Sube~~Committee, (see Section III, Article 3.4), and by the Dean's Advisory Committee, and their comments shall be given due consideration before the Dean makes his/her ~~their~~ recommendation to the Provost of the University for transmittal ~~to the President~~ for final determination by ~~T~~the Board of Directors and/or Board of Trustees. In the case of appointments ~~or promotion~~ to the rank of Assistant Professor or below, or to temporary positions, committee review is not necessary. Recommendations for clinical appointments or to the volunteer Faculty shall be reviewed in the manner established for the various ranks of the full-time Faculty.

3.23.3 Recommendations for tenure shall be made to the Dean by the ~~respectice unit leadership their respective s~~Division Chair and/or and endorsed by the Department Head. The recommendations shall be reviewed by the Senior Appointments and Promotions ~~SubcSub~~Committee and by the Dean's Advisory Committee, (see Section III, Article 3.4), and their comments shall be given due consideration before the Dean makes his/her recommendation to the Provost of the University for transmittal to the President for final determination by the Board of Directors and/or Board of Trustees.

3.3. Annual evaluation of Faculty shall occur as described in the SDM Faculty Evaluation and Compensation Plan and may trigger ~~P~~post-~~T~~enure ~~R~~ereview of FFaculty as described in Appendix F (SDM Post-~~T~~enure Review Plan).

Article Four – Voting Faculty

4.1 — Composition: The Voting Faculty shall be composed of the President and Provost of the University, the ~~Executive~~ Vice President for Health Affairs, the Dean of the School of Dental Medicine, ~~and~~ ~~and~~ all Professors, Associate Professors, ~~and~~ Assistant Professors, ~~and~~ ~~and~~ ~~a n d~~ Instructors ~~with primary appointments in the School of Dental Medicine~~ in any appointment category ~~and~~ who are paid a full or partial salary. ~~Any paid Faculty from any other unit in the University who is a voting member of the School of Dental Medicine Senate and who is not otherwise included herein shall also be a member of the Voting Faculty, and basic science department members of the School of Dental Medicine Senate.~~

~~Faculty members, for the purpose of this document, are defined as those with at least a 50% appointment (paid half time or more by the University).~~

4.1

4.2 Responsibilities: The Voting Faculty is responsible for establishing rules, regulations and policy with respect to academic matters, acting within the general policies as established by ~~the Board of Directors and/or~~ the Board of Trustees. Its responsibilities include matters of student affairs, ~~undergraduate-predoctoral~~ dental education, graduate dental education, continuing education, and research. This responsibility for academic matters is presently delegated ~~(see Section II, Article I following)~~ to the School of Dental Medicine Senate ~~(as established by Section II, herein)Appendix A — Bylaws of the School of Dental Medicine Senate).~~

4.3 Meetings: The Voting Faculty of the School of Dental Medicine shall be convened at the request of the President of the University, the ~~Provost and Executive~~ Vice President for ~~Health Affairs, Academic Affairs,~~ the Dean of the School of Dental Medicine, or by a request to the ~~d~~Dean by one-third of the Voting Faculty. The President of the University, or in his/her/their absence the ~~Provost and Executive~~ Vice President for ~~Health-Academic~~ Affairs, or in his/her/their absence the Dean of the School of Dental Medicine, shall preside at meetings of the Voting Faculty. An attendance of at least fifty per cent of the total Voting Faculty shall be considered a quorum. Decisions of the Voting Faculty shall be by majority vote.

SECTION II - SCHOOL OF DENTAL MEDICINE SENATE

Article One – Structure, ~~and~~ Operation and Authority

The School of Dental Medicine Senate has been established by the Voting Faculty with the approval of the Board of Trustees of the University and operates under the Bylaws of the School of Dental Medicine Senate as approved by the Board of Trustees (Appendix A). It exercises by delegation the responsibility for academic matters within the jurisdiction of the Voting Faculty as outlined in Section I, Article 4.2. In addition to its delegated responsibilities for academic policy, the Senate, an elected group representing the Faculty, may discuss non-academic matters of interest to the Faculty and make recommendations for the consideration of these matters by the administration and the Board of Directors and/or Board of Trustees.

Article Two - Meetings

The Senate shall be convened as specified in the Bylaws-Guidelines of the School of Dental Medicine Senate (Senate Guidelines), (Appendix A), or by the President of the University, the Provost and Executive Vice President for AcademicHealth Affairs, the Dean of the School of Dental Medicine, or by a request to the Dean by one-third of the Voting ~~Faculty~~Faculty.

Article Three - Modification of ~~Bylaws~~Senate Guidelines

The Senate Guidelines ~~Bylaws (Appendix A)~~ and authority of the Senate Senate Guidelines may be modified by the Voting Faculty through the amendment procedures proscribed described in the ~~Bylaws of the Senate Guidelines~~ with approval by the Board of Directors and/or Board of Trustees.

SECTION III – ADMINISTRATION

Article One — Executive Vice President for Health Affairs

The Executive Vice President for Health Affairs shall be a non-voting member of the School of Dental Medicine Senate. S/hHe shall interpret the Bylaws/Senate Guidelines, rules, and regulations of the School of Dental Medicine Senate—and, subject to approval by the Provost and President of the University, determine what matters fall within the purview of academic policy and what matters must be brought to the Board of Directors and/or Board of Trustees prior to implementation.

Article Two - Dean

- 2.1 Appointment: The Dean of the School of Dental Medicine shall be appointed by the Board of Directors and/or Board of Trustees upon recommendation of the President of the University/Provost of the University.
- 2.2 Duties: The Dean shall be the principal administrative officer of the SSchool. The Dean shall be responsible to the President of the University through the Provost and Executive Vice President for Health/Academic Affairs in all matters. The Dean's duties shall include the implementation of the regulations and policies of the University and the School of Dental Medicine as approved by the Board of Directors and/or Board of Trustees. After consultation with the Division Chairs and Department Heads, the Dean shall prepare annual budget recommendations for the School. The Dean shall make recommendations regarding the appointment, promotion and tenure of members of the Faculty, the unit leadership, Division Chairs, Department Heads, and Assistant and Associate Deans. The Dean shall assign space that is available to the School of Dental Medicine to departments and other organizational units.

Article Three - Dean's Advisory Committee

- 3.1 Composition: The Dean's Advisory Committee shall consist of the Dean of the School of Dental Medicine, who will serve as Chairman of the Committee, and the heads of the departments/organizational units of the School of Dental Medicine. At the discretion of the Dean, other administrative leaders of the School of Dental Medicine (e.g., Associate Deans, leaders of subsidiary units, etc.) or School of Medicine may be members of the Committee. Members of the Dean's Advisory Committee shall not concurrently serve as members of the Senior Appointments and Promotions SubcCommittee (SAPC)—and shall not have served on the SAPC within a preceding period of 24 months.
- 3.2 Responsibilities: The Dean's Advisory Committee shall serve as an advisory group to the Dean.
- 3.3 Meetings: Meetings of the Dean's Advisory Committee shall be held as determined by the Dean or at the request of one-third of its members.
- ~~3.4~~ Subcommittees: Subcommittees of the Dean's Advisory Committee may be formed and dissolved at the discretion of the Dean. The membership of Subcommittees need not be limited to those individuals who are members of the Dean's Advisory Committee. The membership of Subcommittees need not be limited to those individuals who are members of the Dean's Advisory Committee. Appointments and reappointments to any subcommittee of the Dean's Advisory Committee shall be made by the Dean.
~~Subcommittees of the Dean's Advisory Committee may be formed and dissolved at the discretion of the Dean. There shall be at least two subcommittees of the Dean's Advisory Committee.~~
- ~~3.5~~
- ~~3.6~~ An Advisory Committee on The Senior Appointments and Promotions Advisory Subcommittee shall

~~advise the Dean and the parent committee on the award of tenure and on all appointments to the rank of Professor or Associate Professor, except for Division Chairs and Department Heads.~~

~~3.7~~

~~An Advisory Committee on The Clinical Affairs Advisory Subcommittee shall advise the Dean and the parent committee on clinical matters as they pertain to the Health Center itself and to community hospitals or other health agencies.~~

~~3.8 Additional subcommittees of the Dean's Advisory Committee may be formed and dissolved at the discretion of the Dean.~~

~~3.9~~

~~Members of These two subcommittees, and of any other Subcommittee that may be required, shall be appointed by the Dean.~~

~~3.10 The membership of the CSsubcommittees need not be limited to those individuals who are members of the Dean's Advisory Committee. Appointments and reappointments to any subcommittee of the Dean's Advisory Committee shall be made by the Dean.~~

~~3.4~~

Article Four - Standing Administrative Committees

~~Purpose: In some areas, administrative decisions or activities are best achieved through the collective effort or judgment of groups of faculty Faculty members. In these areas, standing a Administrative committees shall be appointed to implement established policy.~~

~~4.1 Purpose: In some areas, administrative decisions or activities are best achieved through the collective effort or judgment of groups of Faculty members. In these areas, standing Administrative Committees shall be appointed to implement established policy. Reports summarizing the activities of the Standing Administrative Committees may be made periodically to or by request from the Dental Senate or its Councils.~~

4.2 Standing Committees

~~4.2.1 The Senior Appointments and Promotions Committee (SAPC) shall advise the Dean on the award of tenure and on all appointments to the rank of Professor or Associate Professor, except for the leadership of organizational units.~~

~~4.2.1.1 The SAPC shall operate consistent with the School of Dental Medicine document *Senior Appointments and Promotions Committee: Principles, Guidelines and Provisions for Appointments, Promotion and Tenure* ("SAPC Guidelines").~~

~~4.2.1.2 Revisions to the SAPC Guidelines document are made by the Dean after consultation with the Dean's Advisory Committee and the Dental Senate.~~

~~4.3 A committee shall advise the Dean on clinical matters as they pertain to the school, UConn Health and to community hospitals or other health agencies.~~

~~The Senior Appointments and Promotions Committee shall advise the Dean on the award of tenure and on all appointments to the rank of Professor or Associate Professor, except for the leadership of operational units Division Chairs and Department Heads.~~

~~A committee shall advise the Dean on clinical matters as they pertain to the school, UConn Health and to community hospitals or other health agencies.~~

~~4.3.1 A committee shall advise the Dean on matters related to the school's research activities.~~

~~4.3.2 In the area of student affairs, there shall be standing committees for Admissions and for other needs~~

as they may develop.

~~4.3.1~~ In the area of academic affairs, there shall be standing committees on Student Standing and Promotion as well as committees responsible for the various components of the predoctoral, graduate and continuing dental education programs.

~~4.4~~ Appointment: Standing Administrative Committees and the chairs of those committees shall be appointed annually by the Dean.

~~a.~~ In the area of student affairs, there shall be Standing Administrative Committees for Admissions, Student Standing and Promotion, and for other needs as they may develop.

~~a.~~ _____

~~In the areas of predoctoral undergraduate, graduate and continuing dental education, there shall be Standing Administrative Committees responsible for the various components of the each program. The activities of these committees shall be coordinated with those of Associate Deans, Assistant Deans or Program Directors. Reports summarizing the activities of the sStanding Administrative Committees shall be made each year to the appropriate standing committee of the faculty Faculty.~~

~~3.11~~ Appointment: Administrative Committees and Subcommittees shall be appointed annually by the Dean after consultation with the Department Heads and Division Chairs ~~Division Chairs and Department Heads.~~

SECTION IV - ORGANIZATIONAL STRUCTURE

Article One - Purpose

The Faculty shall be organized into various organizational academic departments ~~units~~ that represent the ~~traditional areas of concern of schools of dental medicine~~. ~~Departments~~ These units and their ~~and any~~ subsidiary units, ~~called Divisions~~ and ~~Divisions may create subunits called Sections~~, shall serve ~~an as~~ organizational ~~units~~ purpose that provides a home for Faculty members with similar interests, and that establish groups with general competence in specific fields of endeavor.

~~Departments~~ These units and their ~~Divisions~~ shall provide personnel for educational and other activities that are organized as interdepartmental or interdisciplinary programs. ~~The organizational structure of the School of Dental Medicine is described in detail in Appendix G.~~

Article Two ~~o - o~~ Structure

~~There shall be Departments, Divisions and Sections~~ The various organizational units in the School of Dental Medicine shall be based upon the operational needs of the School, as determined by the Dean in consultation with the Dean's Advisory Committee. The Dean shall solicit and consider feedback from the Faculty and the Dean's Advisory Committee before any changes, including to unit naming conventions, are made to the organizational structure of the School. The current organizational structure of the School of Dental Medicine, including unit naming conventions, is described in detail in Appendix G. ~~Appendix F~~ shall be updated any time that changes to the structure are made consistent with these ~~Bylaws~~.

~~There shall be departments of Craniofacial Sciences, Oral Health and Diagnostic Sciences, Reconstructive Sciences and Biomedical Engineering. There shall also be divisions within these departments as follows: within Craniofacial Sciences there shall be the Division of General Dentistry, the Division of Orthodontics, the Division of Oral and Maxillofacial Surgery and the Division of Pediatric Dentistry; within Oral Health and Diagnostic Sciences shall be the Division of Endodontology, the Division of Behavioral Science and Community Health, the Division of Oral and Maxillofacial Diagnostic Sciences and the Division of Periodontology; within Reconstructive Sciences there shall be the Division of Prosthodontics. There shall be Departments, Divisions and Sections based upon the operational needs of the SDM school.~~

In addition, There shall also be departments within the UConn School of Medicine that may provide educational programming for the School of Dental Medicine. ~~;~~ ~~s~~ Should it so desire, the School of Dental Medicine may request Faculty representation from ~~these one or more School of Medicine departments in its governance or administrative on the School of Dental Medicine Senate or any of its~~ committees or subcommittees.

School of Dental MedicineSDM Faculty from ~~Ddepartments~~ ~~units~~ where ~~with~~ educational or patient care responsibilities ~~require~~ ~~reside~~ may also be appointed to a Department of Dentistry¹ for purposes relating to the John Dempsey Hospital. ~~Changes in the departmental structure or the creation of new units may be brought about on recommendation of the Dean to the University administration after consultation with the Dean's Advisory Committee.~~

Article Three ~~—~~ Department Heads Unit Leadership

3.1 Duties: For each organizational unit of the School of Dental Medicine, there shall be a unit leader who shall serve as the chief executive of the relevant unit. The unit leader shall coordinate all activities of their respective unit and shall consult and collaborate with those responsible for School- and/or Faculty-wide

¹ The Department of Dentistry is not intended to have the same scope of academic and administrative responsibility as the principal organizational units of the School as described throughout these bylaws. See Appendix B.

activities. The unit leader shall represent the unit on the Dean's Advisory Committee and shall make recommendations to the Dean as required with regard to appointments, budgetary needs and space needs. ~~For each department/organizational unit of the School of Dental Medicine, There shall be a Department Head/unit leader who shall serve as the chief executive of each the relevant department/unit. The Department Head/unit leader shall coordinate the all activities of their respective unit department and shall consult and cooperate/collaborate with those who are responsible for School and/or Faculty wide activities, which are organized on a faculty/Faculty wide basis. The Department Head/unit leader shall represent the department unit on the Dean's Advisory Committee and shall make recommendations to the Dean as required with regard to appointments, budgetary needs and space needs to the Dean.~~

3.2 Appointment: The Dean of the School of Dental Medicine shall appoint an *ad-hoc* Faculty Search Committee that will advise the Dean in the selection of ~~a Department Head/unit leaders~~. This Committee shall submit the ~~names or names of~~ individuals who are considered to be eminently qualified for the position. The Dean shall then make a recommendation for ~~an~~ appointment to the ~~Vice President for Health Affairs~~appropriate UConn Health leadership for transmittal to the President and ~~by to~~ the Board of Directors and/or Board of Trustees.

3.23.3 Vacancies: In the event of an unfilled vacancy for a Department Head/unit leader position, the duties of the Department Head/unit leader shall be assigned by the Dean to a member or members of the Dean's Advisory Committee or other member of the Faculty on an interim basis.

Article Four ~~Division~~ Subsidiary Unit Chairs Leadership

4.1 Duties: ~~For units that have subsidiary units, Within those departments that contain have divisions, There shall be a Division Chair who shall subsidiary unit leadership may be established to oversee each the relevant division/respective subsidiary unit. The D/division C/chair Subsidiary unit leaders shall coordinate the discipline-specific activities of the division subsidiary unit in consultation with with the Department/the unit leader of the parent unit-Head of the department in which the division resides.~~

4.2 Appointment: The Dean, in consultation with the Department Head/unit leader, shall select and appoint ~~a Division Chair~~subsidiary unit leaders.

~~— In those Divisions that, by approval of the Dean, include subunits called Sections, the Division Chair may, with their agreement of with the Dean, designate certain defined authorities or responsibilities to the leader of a Ssection, e.g., a Section Chair. With agreement, the ability to designate such authorities and responsibilities with the sSection may apply to all only to aspects and components of the Bylaws where the term 'Division Chair' is used.~~

SECTION V - AMENDMENTS
~~ADOPTION AND AMENDMENTS~~

Article One - Adoption

The provisions described in these ~~Guidelines~~ Bylaws shall become effective after approval by the Board of Directors and/or Board of Trustees.

Article Two - Amendments

2.1 These ~~Guidelines~~ Bylaws, except for Section II (School of Dental Medicine Senate), may be amended by two-thirds of the Dean's Advisory Committee present and voting at any meeting for which due notice of not less than one week has been given, subject to the approval of ~~by~~ the Board of Directors and/or Board of Trustees.

2.1.1 A meeting of the Dean's Advisory Committee to consider amendment of these Bylaws shall be convened by the Dean at his/her initiative or on the request of either one-third of the Dean's Advisory Committee or one-third of the Voting Faculty.

2.2 Notwithstanding Section V, Article 2.1, ~~provided that~~ before transmittal to ~~by~~ the Board of Directors and/or Board of Trustees, any amendment which alters the relationship between the Dean and the Dean's Advisory Committee or the Faculty shall also require the approval of the Dean.

2.3 Notwithstanding Section V, Article 2.1, before transmittal to the Board of Directors and/or Board of Trustees, ~~n, and~~ any amendment to Section I, Article 4 (Voting Faculty) or Section II (Dental Senate), shall ~~also~~ require approval of a majority of the ~~total~~ School of Dental Medicine Voting Faculty.

2.3.1 Amendments to Section I, Article 4 (Voting Faculty) and/or Section II (School of Dental Medicine Senate) shall be discussed at a general meeting of the School of Dental Medicine Voting Faculty and will be voted on by ballot not less than seven calendar days later.

~~A meeting of the Dean's Advisory Committee to consider amendment of this document these Guidelines shall be convened by the Dean at his/her initiative or on the request of either one-third of the Dean's Advisory Committee or one-third of the Vvoting Ffacultyaculty. Amendments to Section I, Article 4 4 (Voting FacultyFaculty), shall be discussed at a general meeting of the School of Dental Medicine Vvoting Ffacultyaculty and will be voted on by mail ballot not less than seven calendar days later.~~

~~Amendments to Section II of these Guidelines (School of Dental Medicine Senate) shall be made as specified therein.~~

Approved by the Board of Trustees: 10/11/1974XXXXXXXXXXXX10/11/74.

Last Amendments Approved by BOD or BOT: XX/XX/XXXX

~~Bylaws of the School of Dental Medicine Senate~~ ~~APPENDIX A~~ CONSTITUTION AND BYLAWS SCHOOL OF DENTAL MEDICINE SENATE

~~CONSTITUTION AND BYLAWS SCHOOL OF DENTAL MEDICINE SENATE~~

PREAMBLE

~~The Senate is the voice of the faculty and a voice for students in student affairs, pre-doctoral dental education, postdoctoral clinical education, continuing education, research, the academic environment, and similar matters. Through active participation in its Senate, the faculty and students of the University of Connecticut School of Dental Medicine (SDM) ensure the vigor of the School's programs in education, research and patient care. To those ends, the Senate, which was previously called the SDM Council, has been reconfigured, and its Constitution and Bylaws, which govern the election, structure and function of this body, have been rewritten.~~

~~Much of the Senate's work will be carried out by its standing Councils and their respective working committees. Service on these Councils and committees affords faculty and students with opportunities to participate directly in setting the direction of the SDM. The Senate will communicate fully and regularly with the faculty and students through open Senate meetings, prompt distribution of their minutes, reports of activities of Senate Councils and committees, and active engagement of Senators with their constituents. The Senate will maintain a dialogue with the administration and Department Heads to facilitate joint initiatives and to allow the faculty and students to deal rapidly and proactively address with issues of importance.~~

~~Because Senators are elected by, and represent, their Departments and student bodies, service on the Senate is both an honor and a responsibility to be taken seriously. Attendance by Senators at Senate meetings ensures the energetic function of the body; thus, Senators who fail to attend meetings will be replaced. The faculty and the students of the School of Dental Medicine rely on their elected Senators to be their voices in School governance.~~

CONSTITUTION OF THE SCHOOL OF DENTAL MEDICINE SENATE

~~Article 1—Name School of Dental Medicine Senate~~

~~Article 2—Authority and Purpose~~

~~The faculty¹ of the School of Dental Medicine (SDM) delegates to the SDM Senate (the “Senate”) responsibility for establishing faculty policies on academic matters including student affairs, predoctoral dental education, postdoctoral clinical education, and continuing education and for commenting and providing advice on the academic environment and research. The Senate also reserves the right to review and comment on issues pertaining to the School of Dental Medicine that are of interest.~~

~~The policies established by the Senate shall not contradict those established by the Board of Directors or the Board of Trustees, nor shall the actions of the Senate abridge the responsibilities assigned to administrative officers of the University by the Board of Trustees. Such administrative responsibilities include the authority to call meetings of the faculty, to preside at faculty meetings, and to serve, or to have their representatives serve, as non-voting members of all standing committees.~~

~~Article 3—Membership~~

~~The Senate shall consist of fifteen elected of Senators from the full and part-time SDM clinical faculty, seven elected Senators from the full-time basic science faculty representing each of its departments, one elected Senator from the predoctoral dental student body, and one elected Senator from the postdoctoral dental student body.~~

~~Each of the three Clinical Science Departments in the SDM shall be represented by five a representative number of Senators; no dDivision shall have more than two Senators. The Basic Science Departments shall be represented by a total of six Senators. Each Basic Science Department from the School of Medicine shall have one Senator.~~

~~Each Clinical Science Department will elect an alternate Senator who will be responsible for attending Senate meetings in the absence of the regular Senator. The alternate will have voting privileges when substituting for the regular Senator, but only if their vote does not bring the voting rights of a division to more than two votes. The basic science faculty shall elect one alternate Senator. The Dean, Associate Deans, Assistant Deans and C l i n i c a l Department Heads of the SDM, and the Executive Vice President for Health Affairs, (or their respective designees), shall be non-voting members of the Senate, but. The aforementioned SDM officers, as well as Department Heads, are s h a l l not be eligible for voting membership in the Senate.~~

~~Article 4—Officers and Responsibilities~~

~~The officers of the Senate shall be the Chairperson and the Vice Chairperson. The~~

~~Chairperson shall preside over Senate meetings and over meetings of the Steering Committee of the Senate. The Chairperson shall call meetings of the Senate and of the Steering Committee on a regular basis. The Chairperson may call meetings of the SDM faculty. The Chairperson shall be responsible for conducting the elections of members of the Steering Committee and of the Vice-Chairperson. The Vice-Chairperson shall record minutes, shall communicate with the Senate webmaster, and shall preside at Senate meetings in the absence of the Chairperson.~~

~~Faculty members, for the purpose of this document, are defined as those with at least a 50% appointment (paid half-time or more by the University).~~

~~¹For the purposes of the School of Dental Medicine Senate, the term “Faculty” shall refer to all Professors, Associate Professors Assistant Professors, a n d —Instructors with primary appointments in the School of Dental Medicine in any appointment category who are paid a full or partial salary. Any paid Faculty from any other unit in the University who is a voting member of the Senate and who is not otherwise included herein shall also be included.~~

~~Article 5—Steering Committee~~

~~The Senate shall be guided by a Steering Committee. The Steering Committee shall meet monthly or more frequently if necessary. The Steering Committee shall be responsible for the Senate agenda and for the prior review of matters brought to the Senate for action. The Steering Committee may appoint *ad hoc* committees as necessary.~~

~~Article 6—Standing Councils and *ad hoc* Committees of the Senate~~

~~Standing Councils and *ad hoc* committees of the Senate shall possess suitable representation and expertise to deal with matters within Senate purview. The three standing Councils of the Senate shall be the Council on Education, the Council on Research, and the Council on the Academic Environment. The Council on Education and the Council on Research will be joint Councils, with voting participation of faculty, students, ~~d~~Department H heads and/or administration (see Council descriptions in the Senate Bylaws, below). There shall be student representation on the Council on Education, and there may be student representation on the Council on Research. These student representatives shall be selected from the appropriate constituencies of predoctoral, resident, graduate, and combined degree students.~~

~~BYLAWS OF THE SCHOOL OF DENTAL MEDICINE SENATE~~

~~Article Three¹—Composition and Election of the Senate~~

~~3.1 There shall be one Senator from each Division and one Senator from each Department that does not have any Divisions and one Senator from any Type I or Type II Centers within the SDM as defined by Appendix D of the SDM Bylaws. No Division or Center shall have more than two Senators, whether full or part-time, clinical or research.~~

~~3.2 In addition, each Department with clinical operations shall have one Senator who is a part-time, clinical member of the Faculty.~~

~~3.3 There shall be one Senator from the predoctoral student body of the SDM and one Senator from the postdoctoral student body of the SDM.~~

~~3.3.1 The predoctoral student body shall include all students currently enrolled in the DMD degree program or the DMD/PhD program.~~

~~3.3.2 The postdoctoral student body shall include all dental residents, regardless of enrollment in degree-granting programs, postdoctoral students in clinical certificate programs, advanced degree programs or combined certificate/degree programs, but not postdoctoral research fellows.~~

~~3.4 There shall be three Faculty Senators from the School of Medicine who have teaching responsibilities in the SDM biomedical science curriculum.~~

~~3.5 Each SDM Department shall have one alternate Senator.~~

~~3.6 The Dean, Associate Deans, Assistant Deans and Department Heads of the SDM (or their respective designees) shall be non-voting members of the Senate and shall not be eligible for voting membership in the Senate during the term of their administrative appointment.~~

~~3.7 The Senate shall be guided by a Steering Committee as defined in Article 6.~~

~~Article Four: Election and Terms of Senators~~

~~4.1 The terms for the seats of all Faculty Senators shall be for three years, which start July 1 and end June 30. Approximately one-third of the seats of SDM Faculty Senators under Section 3.1 and 3.2 shall expire each year. One of the seats of the School of Medicine Faculty Senators under Section 3.4 shall expire each year. The terms for the seats of the student body Senators shall be for one year.~~

~~4.1.1 Senators shall notify the Chair, Vice Chair or Administrative Assistant of any absence from Senate meetings. Failure to notify the Chair, Vice Chair or Administrative Assistant prior to any scheduled meeting may be reviewed by the Steering Committee and, at the discretion of the Steering Committee, designated as unexcused.~~

~~4.1.2 Any Senator who has two successive unexcused absences or who attends less than fifty percent of Senate meetings in a fiscal year may be dismissed by a majority vote of the Steering Committee.~~

~~4.2 For nomination and voting purposes, Faculty members shall have rights only within the Department and subunit of their primary appointment.~~

~~4.3 When an SDM Faculty senate seat, as specified in Sections 3.1 and 3.2 above, becomes vacant for any reason, including end of term, resignation or change in primary appointment, the Chair of the Senate shall notify the relevant constituent group of the vacancy. If the vacancy is due to the expiration of a term, the Senate Chair shall notify the relevant constituent group 60 days prior to the expiration of the term. If a vacancy is anticipated to occur for any reason other than term expiration, the Senate Chair may notify the relevant constituent group as early as 30 days prior to the date of anticipated vacancy. The Senate Chair shall, in no event, notify the relevant constituent group more~~

~~than 7 days after the vacancy occurs.~~

~~4.3.1 If a SDM Faculty senate seat vacancy occurs for any reason other than expiration of term, it shall be filled for the period of the unexpired term by the alternate, as specified in Section 3.5, from the appropriate constituency. If the alternate is either unavailable or no longer eligible to serve, or if the vacancy occurs during the first year of any three year term, the relevant provisions for nomination and election contained herein shall apply.~~

~~4.3.2 A nominations period for nominations from members of the relevant constituent group shall be open for 10 days from the date of vacancy notification by the Senate Chair, except that for vacancies due to the expiration of a term, that nomination period may be extended by up to 14 days at the discretion of the administrative head of the constituent group.~~

~~4.3.3 Nominations must be made to the Senate Chair.~~

~~4.3.4 Nominations may be made by any member of the constituent group, by any current Senator or by any member of the SDM administration. Self-nominations of eligible members of the constituent group are permitted.~~

~~4.3.5 In the event that no nominations are received by the Chair of the Senate at the close of the nomination period, the administrative head of the constituent group shall nominate a member of the constituent group.~~

~~4.3.6 Within 4 days of the close of the nomination period, the Chair of the Senate shall verify with the Dean of the School of Dental Medicine or their designee the eligibility of each nominee for the vacant position, including appointment type, primary department and relevant subunit, if any. If all nominees are deemed eligible, the Senate Chair shall immediately communicate the list of eligible nominees to the constituent group.~~

~~4.3.6.1 If any nominee shall be deemed ineligible by the Dean or their designee, the Chair of the Senate shall immediately notify any nominee deemed ineligible.~~

~~4.3.6.2 Any nominee who is notified that they were deemed ineligible by the Dean or their designee shall have 5 days to request, in writing to the Chair of the Senate, that the Senate Steering Committee review the eligibility decision.~~

~~4.3.6.3 The steering committee shall review the eligibility decision within 48 hours of any such request and verify or reverse the decision of the Dean or their designee. The review of eligibility by the Steering Committee shall be final.~~

~~4.3.6.4 Seven days after notifying ineligible nominees, the Chair of the Senate shall communicate the list of eligible nominees to the constituent group.~~

~~4.3.7 Within 14 days of the communication of the list of eligible nominees to the relevant constituent group, that constituent group shall conduct an election.~~

~~4.3.7.1 Election shall be by secret ballot and all members of the constituent group, subject to the provisions of Section 4.2, shall be eligible to vote.~~

~~4.3.7.2 Each constituent group may determine and promulgate any other rules and procedures for the election process as are necessary, so long as no such rule or procedure conflicts with any provision of these bylaws.~~

~~4.3.7.3 The results of the election shall be immediately communicated to the Senate Chair for presentation at the next regularly scheduled meeting of the Senate.~~

~~4.3.8 In the event that a constituent group has not communicated an election result, as required under Section 4.3.7.3, within the 14 days specified in 4.3.6 above, the Senate Chair, at the next regularly scheduled meeting with a quorum of the Senate, shall present to the Senate the same list of eligible nominees as communicated to such constituent group per Section 4.3.6.4.~~

~~4.3.8.1 No new nominations shall be accepted unless there are fewer than two eligible nominees. If there are fewer than two nominees, new nominations may be accepted from the floor of the Senate.~~

~~4.3.8.2 An election among the Senators present shall then be conducted to determine the Senator from such constituent group who shall fill the vacant seat. Such election shall be by ballot unless, upon motion and vote for a roll call by two fifths of the members present.~~

~~4.3.8.3 The candidate with the plurality of votes shall be elected.~~

~~4.3.8.4 Notwithstanding any other provision of these bylaws, the steering committee shall have 48 hours from the time of election to confirm with the Dean or their designee the eligibility of any nominee from the floor who is elected under Section 4.3.8, prior to their term beginning.~~

~~4.3.9 Terms of newly elected SDM Faculty Senators filling a vacant seat for any reason other than expiration of a term shall officially begin immediately upon election and shall expire at the time such term was originally designated to expire prior to the vacancy.~~

~~4.3.10 Terms of newly elected Faculty Senators filling a vacant seat at the expiration of a term shall officially begin on July 1 of the year the term of the seat is designated to begin or immediately upon election, whichever is later.~~

~~4.3.11 In the event a newly elected SDM Faculty Senator elected under the provisions of Section 4.3 declines to accept their seat or is determined ineligible by the Steering Committee under Section 4.3.8.4, the seat shall be treated as newly vacant and subject to all provisions under Section 4.3.~~

~~4.3.12 Each SDM Department shall establish its own process for nominations for alternates; however, elections of alternates shall be consistent with the process established for the elections to fill other SDM Faculty senate seats as defined by Sections 4.3.7.1, 4.3.7.2, and 4.3.7.3~~

~~4.3.12.1 Alternate status shall terminate after three years.~~

~~4.3.12.2 When alternate status terminates or when an alternate is called upon to fill the unexpired term of a Senator from the same Department under Section 4.3.1, a new alternate shall be elected by the Department.~~

~~4.4 When a student body Senate seat, as specified in Section 4.3 above, becomes vacant for any reason, including end of term, resignation or change in student status, the Chair of the Senate shall notify the Dean. If the vacancy is due to the expiration of a term, the Senate Chair shall notify the Dean 30 days prior to the expiration of the term. If a vacancy is anticipated to occur for any reason other than term expiration, the Senate Chair may notify the Dean as early as 30 days prior to the date of anticipated vacancy. The Senate Chair shall, in no event, notify the Dean more than 7 days after the vacancy occurs.~~

~~4.4.1 The Dean or their designee shall seek nominations from the relevant student body for any student senate seat vacancy. The Dean or their designee shall determine appropriate eligibility criteria related to student academic progress, Honor Code, and Code of Conduct.~~

~~4.4.2 An election shall then be conducted by the Dean or their designee among the relevant student body. The process for such election shall be determined by the Dean, in consultation with the Senate Steering Committee. The candidate with the plurality of votes shall be elected.~~

~~4.4.3 In the event that there are fewer than two nominations for a student Senate seat, the Dean or their designee, in consultation with the Senate Steering Committee, shall determine an alternative method for filling the vacant student Senate seat.~~

~~4.4.4 Terms of newly elected student body Senators filling a vacant seat for any reason other than expiration of a term shall officially begin immediately upon election and shall expire at the time such term was originally designated to expire prior to the vacancy.~~

~~4.4.5 Terms of newly elected student body Senators filling a Senate seat vacated by the expiration of a term shall officially begin on July 1 of the year the term of the seat is~~

designated to begin or immediately upon election, whichever is later.

4.5 When the Senate seat of a School of Medicine Faculty member, as specified in Section 3.4 above, becomes vacant for any reason, including end of term, resignation or elimination of teaching responsibilities within the SDM biomedical sciences curriculum, the Chair of the Senate shall notify the appropriate administrator in the School of Medicine who has oversight of the biomedical sciences curriculum of the vacancy. If the vacancy is due to the expiration of a term, the Senate Chair shall notify the relevant administrator in the School of Medicine 60 days prior to the expiration of the term. If a vacancy is anticipated to occur for any reason other than term expiration, the Senate Chair may notify the relevant administrator in the School of Medicine as early as 30 days prior to the date of anticipated vacancy. The Senate Chair shall, in no event, notify the relevant administrator in the School of Medicine more than 7 days after the vacancy occurs.

4.5.1 Nominations of up to three candidates from the School of Medicine will be requested from the relevant administrator in the School of Medicine who has oversight of the biomedical sciences curriculum.

4.5.2 The Senate Chair, at the next regularly scheduled meeting with a quorum of the Senate, shall present to the Senate the nominees as communicated from the relevant administrator of the School of Medicine per Section 4.5.1.

4.5.3 No new nominations shall be accepted unless there are fewer than two nominees provided by the relevant administrator of the School of Medicine. If there are fewer than two nominees, new nominations may be accepted from the floor of the Senate.

4.5.4 An election among the Senators present shall then be conducted to elect a Senator from the Faculty of the School of Medicine to fill the vacant seat. Such election shall be by ballot unless, upon motion and vote for a roll call by two fifths of the members present.

4.5.5 The candidate with the plurality of votes shall be elected.

4.5.6 Notwithstanding any other provision of these bylaws, the Senate Steering Committee shall have 48 hours from the time of election to confirm with the relevant administrator in the School of Medicine or their designee the eligibility of any nominee from the floor who is elected under this section, prior to their term beginning.

4.5.7 Terms of newly elected Faculty Senators from the School of Medicine filling a vacant seat for any reason other than expiration of a term shall officially begin immediately upon election and shall expire at the time such term was originally designated to expire prior to the vacancy.

4.5.8 Terms of newly elected Faculty Senators from the School of Medicine filling a

~~vacant seat at the expiration of a term shall officially begin on July 1 of the year the term of the seat is designated to begin or immediately upon election, whichever is later.~~

~~4.5.9 In the event a newly elected Faculty Senator from the School of Medicine elected under the provisions of Section 4.5 declines to accept their seat or is determined ineligible by the Steering Committee under Section 4.5.6, the seat shall be treated as newly vacant and subject to all provisions under Section 4.5.~~

~~4.6 All members of the Senate, including its officers and Council and committee members, shall serve until their respective successors have been elected.~~

~~4.7 Upon their agreement to serve, each newly elected Senator will receive a package consisting of the following documents: (1) a cover letter in which the specific duties, responsibilities and expectations of Senators are delineated; (2) copies of the SDM Senate Constitution and Bylaws; and (3) copies of the Bylaws and Guidelines of the University of Connecticut School of Dental Medicine.~~

~~For voting and election purposes, the SDM faculty consists of Clinical and Basic Science constituencies. The Clinical Science constituency shall comprise all faculty in the Departments of the SDM and their constituent divisions. The Basic Science constituency shall comprise all full-time faculty in the basic science departments of the School of Medicine. Any faculty member with a joint appointment in two or more departments shall, for voting and election purposes, be considered a member of the department in which the primary appointment is held.~~

~~The Clinical Science constituency shall have five Senators from each of the SDM's three clinical departments, with no more than two Senators from any one division. One of the five Senators from each Department shall be elected from the part-time faculty with at least a 50% appointment in that Department. Each Department shall elect a single alternate Senator. The Basic Science constituency shall have a total of 6 Senators, one each from the six Basic Science departments. The Basic Science constituency shall elect one alternate Senator.~~

~~For voting and election purposes, the SDM faculty consists of Clinical and Basic Science constituencies. The Clinical Science constituency shall comprise all faculty in the Departments of the SDM and their constituent divisions. The Basic Science constituency shall comprise all full-time faculty in the basic science departments of the School of Medicine. Any faculty member with a joint appointment in two or more departments shall, for voting and election purposes, be considered a member of the department in which the primary appointment is held.~~

~~The Clinical Science constituency Senate shall have proportionate five Senators from~~

~~each of the SDM's three clinical departments, with no more than two Senators from any one division. One of the five Senators from each Department shall be elected from a m o n g the part time faculty with at least a 50% appointment in that Department. Each Department shall elect a single alternate Senator. The Basic Science constituency shall have a total of 6 Senators, one each from the six Basic Science departments. The Basic Science constituency shall elect one alternate Senator.~~

~~Election of the faculty Senators shall be by ballot of the faculty within the appropriate department. Each department will decide on the mechanism for electing their Senators, as well as their alternate.~~

~~All faculty Senators shall be elected for three year terms, which start July 1 and end June 30. Approximately one third of the Department Senators shall be elected each year.~~

~~One Senator representing the predoctoral dental student body shall be elected for a one year term. Predoctoral dental students in the first, second and third year classes are eligible. to vote and stand for election. The election shall be conducted by the Dean (or designee) in an equitable manner allowing interested students to have the opportunity for selection. and shall employ a two ballot system.²~~

~~One Senator representing the postdoctoral dental student body³ shall be elected for a one year term. Students with at least one year remaining in their program are eligible. to vote and stand for election. The election shall be conducted by the Dean in an equitable manner allowing interested students to have the opportunity for election. and shall employ a two ballot system.~~

~~If the number of departments in the Clinical or Basic Science constituencies changes, departmental representation shall be adjusted (increased or decreased) as necessary). so that the total number of Senators in that constituency remains the same.~~

~~Election of the Senators to replace those whose terms are expiring shall occur no later than May.~~

~~If a vacancy in the Senate occurs, it shall be filled for the period of the unexpired term by the alternate from the appropriate constituency or by or by a special departmental election if the alternate is either unavailable or no longer eligible.~~

~~A nominating ballot is circulated to the eligible voting constituency. The names of six members of the constituency with the most votes are placed on a second ballot to stand for election after ascertaining the candidates' willingness to serve. The candidates with the most votes on the second ballot shall be elected.~~

~~Postdoctoral dental students include dental residents, postdoctoral students in clinical certificate programs, advanced degree programs or combined certificate/degree programs, but not postdoctoral research fellows.~~

~~Alternate status shall terminate at the end of one year or when the alternate is called upon to fill the unexpired term of a Department Senator. Unless and uUntil they are called upon to serve, alternates shall not have a vote in the Senate.~~

~~An alternate Senator may attend Senate meetings in place of a Department Senator when the Department Senator is unable to attend. The alternate Senator will have voting privileges when serving as a substitute for the Department Senator.~~

~~Any Senator who has two successive unexcused absences⁴ or who attends less than fifty percent of Senate meetings in a year shall be dismissed by the Steering Committee.~~

~~All members of the Senate, including its officers and Council and committee members, shall serve until their respective successors have been succeeded by newly elected members.~~

~~Article 2—The Election and Duties of the Officers~~

~~Article Five—Election and Responsibilities of Officers~~

~~5.1 The officers of the Senate shall be the Chair and the Vice Chair.~~

~~5.1.1 The term of office for the Senate Chair shall be two years, beginning on July 1 of the first year, or upon election after July 1 of the first year, and ending on June 30 of the second year, except as noted in Article 4.6. No individual may serve as chair for more than two consecutive terms.~~

~~5.1.2 The term of office of the Vice Chair of the Senate shall be one year, beginning on July 1 of the first year, or upon election after July 1 of the first year, and ending on June 30 of the same year, except as noted in Article 4.6.~~

~~5.1.3 The Chair shall preside over Senate meetings and meetings of the Steering Committee of the Senate.~~

~~-~~

~~5.1.4 The Chair shall call meetings of the Senate and of the Steering Committee on a regular basis.~~

~~5.1.5 The Chair may call meetings of the SDM Faculty.~~

~~5.1.6 The Chair shall be responsible for conducting the elections of members of the Steering Committee~~

~~5.1.7 The Vice Chair shall preside at Senate meetings and Steering Committee meetings in the absence of the Chair.~~

~~5.2 Biannually in May, or upon vacancy of the Chair, the Dean shall solicit nominations from the Faculty of the School of Dental Medicine, as defined in Article Two, of candidates for Senate Chair. All nominees must be from within the Faculty of the School of Dental Medicine.~~

~~5.2.1 In June of the year when the Senate Chair term expires, or within 60 days of a vacancy of the Chair, the Dean shall convene a special meeting of the Senate for the sole purpose of electing a Chair. At any such meeting, and for the sole purpose of electing a Chair, the Dean or their designee shall preside over the Senate.~~

~~5.2.2 In the event that no candidate receives the votes of a majority of the Senate at any such meeting convened under Article 5.2.1, the Dean or their designee shall send a ballot no later than June 30, by postal or electronic communication, to all voting members of the Senate. Such ballot shall list the names of the two candidates with the highest numbers of votes. Votes must be received on or before a date set by the Dean, with such date not less than 5 business days nor more than 10 business days from the date the ballots are sent. The Chair's term of office shall begin the first business day after the final election.~~

~~5.2.3 In the event that a special meeting, as described in Article 5.2.1, is unable to be convened for any reason, the Dean or their designee shall send a ballot no later than June 30, by postal or electronic communication, to all voting members of the Senate. Such ballot shall list the name of all eligible nominees solicited under Article 5.2. Votes must be received on or before a date set by the Dean, with such date not less than 5 business days nor more than 10 business days from the date the ballots are sent. In the event that no candidate receives the votes of the majority of the Senate, a subsequent ballot shall be sent consistent with Article 5.2.2. The Chair's term of office shall begin the first business day after the final election.~~

~~The Senate shall elect a Chairperson to be its presiding officer and to chair the Steering Committee of the Senate (the Steering Committee). The Chairperson must be a member of one of the constituencies described in Article 1.1 of these Bylaws. In June, the Deanshall convene a special meeting of the new Senate, elected in May, to nominate and elect its Chairperson. If, at the June meeting, no candidate receives the votes of a majority of the entire Senate, a vote of the entire Senate shall be taken by a mail ballot listing the names of the two candidates with the highest numbers of votes. The Chairperson's term of office shall be two years, starting July 1 after the election. No Chairperson shall serve more than two consecutive terms.~~

~~5.3 At its first meeting after July 1, Following the May election of Senators, the newly constituted Steering Committee (see Article 36.1) shall elect, from among its membership, a Vice Chairperson of the Senate to preside in the absence of the Chairperson and to record the minutes of Senate and Steering Committee meetings. Minutes of meetings shall be submitted to the appropriate body for approval by a vote of the majority of those in attendance. The Vice Chairperson's term of office shall be one~~

~~year, starting July 1begin the first business day after the election, following election.~~

~~Upon their agreement to serve, each newly elected Senator will receive a package which will consist of the following documents: (1) a cover letter in which the specific duties, responsibilities and expectations of Senators are delineated; plus copies of (2) the SDM Senate Constitution and Bylaws; and (3) the Guidelines of the University of Connecticut School of Dental Medicine; and (4) Robert's Rules of order.~~

~~Article 3—The Election and Duties of the Steering Committee~~

~~Article Six—Steering Committee~~

~~6.1 The Steering Committee shall consist of six elected voting members. In addition, the Dean of the SDM and the Chair of the Senate shall be non-voting members of the Steering Committee, except that in the event of a tie vote on any business of the Steering Committee, the Chair may cast a tie-breaking vote. The immediate past Chair of the Senate may also serve as a non-voting *ex officio* member of the Steering Committee upon request by the current Steering Committee.~~

~~6.2 Five of the voting members of the Steering Committee shall be elected by and from among the Faculty Senators. The sixth member shall be elected by and from the Dean's Advisory Committee.~~

~~6.2.1 The Chair of the Senate shall conduct the election for the five members of the Steering Committee from among the Faculty Senators.~~

~~6.2.2 The Dean of the SDM shall conduct the election for the one member of the Steering Committee from the Dean's Advisory Committee.~~

~~6.2.3 Annually, at the first meeting of the newly elected Steering Committee, the Chair shall solicit nominations from among the five Faculty Senators on the Steering Committee for the position of Vice-Chair.~~

~~6.2.3.1 In the event that more than one of the Faculty Senators on the Steering Committee is nominated, the Chair shall then conduct an election by ballot of all voting members of the Steering Committee. The nominee receiving the highest number of votes shall become Vice-Chair.~~

~~6.2.3.2 In the event that only one Faculty Senator on the Steering Committee is nominated and accepts the nomination, that nominee will become the Vice-Chair.~~

~~6.2 The Steering Committee shall consist of six elected members, all of whom are voting members. Five of the six elected members shall be elected by and from among the Senators. The sixth shall be one Clinical Department Head from the SDM, elected by the three Department Heads. The Dean of the SDM and the Chairperson of the Senate shall be non-voting members of the Steering Committee.~~

~~6. The Chairperson of the Senate shall conduct the election of the Faculty members of the Steering Committee, following the May election of Senators. In the event of a tie vote for the final position, the names of those tied shall appear on a second ballot. Of the five elected faculty members of the Steering Committee, two members must be from the Basic Science constituency and three from the Clinical Science constituency. The Steering Committee members shall serve terms of one year, and no member shall serve more than three consecutive terms.~~

~~6.3 The Steering Committee shall meet monthly or more frequently if necessary. The Steering Committee shall be responsible for the Senate agenda, matters relating to membership of the Senate as indicated in Article Four and for the prior review of matters brought to the Senate for action. A quorum of the Steering Committee shall consist of no fewer than three voting members present. Business of the Steering Committee shall be by majority vote of those present or by using an electronic voting mechanism that may include email voting with no fewer than three votes recorded.~~

Again, the SoM representation on Senate needs to be revisited.

⁴ ~~An unexcused absence occurs when a Senator fails to notify the Chairperson, Vice-Chairperson or Administrative Assistant when an absence is anticipated or could not be avoided.~~

~~6.4 The Steering Committee, at any time, may appoint create *ad hoc* committees and appoint members to such committees to deal with address issues of importance to the faculty and/or students of the SDM. The Steering Committee shall submit the names of the Chairpersons and the members of any *ad hoc* Senate committees for approval by a majority vote of those in attendance at the next regularly scheduled meeting of the Senate. The Steering Committee may appoint faculty or students with appropriate expertise to any *ad hoc* Senate committee.~~

~~The Steering Committee shall meet monthly, at a minimum, and set the agenda for Senate meetings.~~

~~6.5 The Steering Committee, when appropriate, may refer new business directly to a Senate Council or committee for review. The Steering Committee shall provide oversight for Senate Councils and committees through regularly scheduled or *ad hoc* meetings with the Council or committee Chairpersons.~~

~~6.6 The Steering Committee shall recommend and forward to the Senate for confirmation the names of SDM faculty members who will serve as Senate representatives on UCHC and University Institutional committees as required.~~

~~To provide continuity when the Senate Chairperson is replaced, the previous Senate Chairperson shall serve on the Steering Committee, without a vote, for one year.~~

~~Article Seven—Standing Councils and *ad hoc* Committees of the Senate~~

~~7.1 Standing Councils and *ad hoc* committees of the Senate shall possess suitable representation and expertise to deal with matters within Senate purview.~~

~~7.2 The three standing Councils of the Senate shall be the Council on Education, the Council on Research, and the Council on the Academic Environment.~~

~~7.2.1 The standing councils of the Senate may include voting participation from the Faculty, students, and/or members of the Dean's Advisory Council.~~

~~7.2.2 There shall be student representation on the Council on Education.~~

~~7.2.3 Student representatives shall be selected from the appropriate constituencies of predoctoral, resident, graduate, and combined degree students by the Dean or their designee.~~

~~Article Four—General Rules~~

~~Any member of the faculty or student bodies who wishes to submit an item of new business for the Senate's consideration shall submit it either to a Senator or to the Steering Committee for presentation at the next meeting of the Senate. New business shall be presented to the Senate for discussion, then shall be referred to the appropriate Council of Senate for review if necessary, and finally shall be presented at the next meeting of the Senate for a vote. Alternatively, with the approval of two thirds of the Senators present, new business may be voted on at the time of its presentation to the Senate.~~

~~Attendance by fifty percent of the duly elected Senators shall constitute a quorum for conducting Senate business.~~

~~A simple majority vote of the quorum of the Senators present and voting at a meeting at which a quorum is present shall suffice for Senate business, except when stated otherwise in these Bylaws or when dictated, for procedural reasons, by Robert's Rules. In the absence of a quorum, votes on pressing business shall be conducted by a mail ballot.~~

~~Regular meetings of the Senate shall be convened monthly, with the exception of May, when no regular meeting is scheduled. Special meetings of the Senate may be called by the Steering Committee, by the Chairperson with the support of a majority vote of the Steering Committee, or by the President of the University, the Executive Vice-President for Health Affairs, the Dean of the SDM, or by a request to the Dean from one-third of the SDM faculty or one-third of either student constituency.~~

~~Senate meetings shall be open to faculty, predoctoral students, dental residents and graduate students, and to members of the Board of Directors and the Board of Trustees, as observers. The privilege of addressing the Senate may be extended to observers by a majority vote of the Senators present.~~

~~Any proposals approved by the Senate, which require administrative or departmental implementation, shall be sent to the Dean of the School of Dental Medicine and to other appropriate administrators or Department Heads for their action. The Dean, other administrator or Department Head shall inform the Senate of progress toward the implementation of its proposals at the next meeting of the Senate, or within a time frame designated by the Senate.~~

~~Article Eight—General Rules and Parliamentary Authority~~

~~8.1 The Senate, by a two-thirds affirmative vote, may alter or amend its rules.~~

~~8.2 Regular meetings of the Senate shall be convened monthly as needed.~~

~~Special meetings of the Senate may be called by the Steering Committee, by the Chair with the support of a majority vote of the Steering Committee, or by the President of the University, the Executive Vice-President for Health Affairs, or by the Dean of the SDM. In addition, a special meeting of the Senate shall be convened by a request to the Dean from one-third of the SDM Faculty or one-third of the pre-doctoral student body or by one-third of all current residents and fellows.~~

~~Senate meetings are open to the public and subject to FOI Open Meeting Requirements under C.G.S. § 1-225. These individuals may not participate in the business of the Senate unless authorized by a simple majority vote of the members present.~~

~~The Senate may vote to enter closed executive session as appropriate and allowed under statute C.G.S. § 1-200. This will require a 2/3 vote of the committee members present and voting, taken in public, and stating the reasons for executive session. Only voting members of the Senate and individuals invited by general consent or a majority vote of the Senate shall be present during an executive session.~~

~~Attendance by fifty percent of the Senators shall constitute a quorum for conducting Senate business.~~

~~Any Senate meeting may be conducted in person, by telephone, by web/video conference and attendance at in-person Senate meetings may be by telephone or web/video conference.~~

~~Votes on Senate business may be conducted at Senate meetings with a quorum present or, at the discretion of the Chair, by electronic vote system or email vote, with a minimum of 50% of Senators submitting a vote.~~

~~Unless otherwise indicated in this Constitution and Bylaws, all votes on main motions before the Senate shall be by simple majority or by unanimous consent, unless otherwise indicated herein. Upon request by a minimum of two fifths of those members present, a roll call vote shall be conducted by the Chair.~~

~~The Senate may consider new business brought up by any Senator, any member of the SDM Faculty or any member of the SDM student bodies.~~

~~Any Senator who wishes to submit an item of new business shall submit the item to the Steering Committee for inclusion on the agenda of a subsequent Senate meeting.~~

~~Any SDM faculty member or student who wishes to submit an item of new business shall submit the item to any Senator or to the Steering Committee. Any Senator who receives a submission of new business from a faculty member or student shall refer the item to the Steering Committee for inclusion on the agenda of a subsequent meeting of the Senate.~~

~~All new business shall be presented to the Senate for discussion and then shall be referred to the appropriate Council or committee of the Senate, or to the Steering Committee for further review or consideration. Following referral to a Council, Committee or Steering Committee, any item requiring further Senate action, upon recommendation by that Council, committee or at the discretion of the Steering Committee, shall be included on~~

~~the agenda of a subsequent meeting of the Senate.~~

~~Any proposals approved by the Senate, which require administrative or departmental implementation, shall be sent to the Dean of the School of Dental Medicine and to other appropriate administrators or Department Heads for their action. The Dean, other administrators or Department Heads shall inform the Senate of progress toward the implementation of its proposals at the next meeting of the Senate, or within a timeframe designated by the Senate.~~

~~In the event of a conflict between the administration and the Senate and the, or Department Heads and the Senate, e.g., in the administrative or departmental implementation of a Senate approved proposal, an *ad hoc* committee consisting of three Senators, appointed by the Steering Committee, and the Department Heads shall meet with the Dean or the Dean's designee for the purpose of trying to three representatives of the administration, appointed by the Dean, shall endeavor to reach a mutually agreeable resolution of differences. Such resolution of differences will be reported in a timely fashion by the Senate members of the *ad hoc* committee to the full Senate. If no satisfactory resolution can be reached, the Dean or the Dean's the following grievance procedure shall be followed: If a two-thirds majority or more of the Senate supports the grievance, it shall be presented to the Board of Directors of the Health Center, or its designee shall make a decision that resolves the matter or matters in dispute, who may choose either to hear the grievance, decline to hear the grievance, mediate the grievance or to refer it (e.g., to their Academic Affairs subcommittee or other appropriate body).~~

~~In the event of a conflict between the Dean and the Senate, an *ad hoc* committee consisting of three Senators, appointed by the Steering Committee, and three representatives of the administration, appointed by the Dean, shall endeavor to reach a mutually agreeable resolution of differences. Such resolution of differences will be reported in a timely fashion by the *ad hoc* committee to the Senate. If no satisfactory resolution can be reached, the Senate may vote to refer the matter for further consideration by the Academic Affairs Subcommittee of the Board of Directors of UConn Health.~~

~~Upon a vote of two-thirds majority of the Senate in support of the referral, the matter or matters in dispute shall be presented to the Academic Affairs Subcommittee of the Board of Directors of UConn Health, or its designee.~~

~~The Academic Affairs Subcommittee may choose to hear the referral, decline to hear the referral, mediate the matter or matters or to refer it to any other appropriate body for intervention (e.g., to the Office of the Provost of the University).~~

~~Should the Academic Affairs Subcommittee decline to hear the referral, the Dean or the Dean's designee shall make a decision that resolves the matter or matters in dispute. Such decision shall be final.~~

~~Any decision on the matter or matters in dispute made by the Academic Affairs Subcommittee other than declining to hear the referral or any intervention made by any other appropriate body based on a referral from the Academic Affairs Subcommittee shall be final.~~

~~There shall be a Senate website. The minutes of the Senate, Steering Committee and standing committee meetings shall be posted on the Senate website and available to all members of the constituencies represented. Once approved, the minutes of all Senate meetings, except those pertaining to an executive session, shall be posted publically in a manner consistent with the State of Connecticut Freedom of Information Act.~~

~~The Senate can be dissolved only with the approval of two-thirds of its total membership. If dissolved, an election shall be held conducted by the Dean within 30 days to form a new Senate for the remainder of that year.~~

~~The composition of the Senate shall be consistent with Article Three of these bylaws.~~

~~The nominations and election processes should be conducted to the extent possible, as determined by the Dean or the Dean's designee, in a manner that is consistent with Article Four of these Bylaws.~~

~~Following the election, Oneone, two or and three year terms of office, as defined in Article 4.1, shall be assigned assigned by lot, by the Deanthe Dean's, by lot.~~

~~In the absence of any controlling rules or procedures, including those for voting on privileged or subsidiary motions, the most current available version of Robert's Rules of Order, Newly Revised, will be the Senate's parliamentary authority.~~

~~Article Five—Amendments~~

~~Amendments to the structure or operation of the Senate, as defined in this documentthe SDM Senate Constitution or these Bylaws, may be proposed if supported by the votes of two-thirds of the Senators present and voting at a meeting of the Senate at which a quorum is present, or one-third of the SDM faculty as defined in Article 1.1 of these Bylaws.~~

~~A meeting of the faculty shall be convened by the Dean to consider such amendments. The Dean shall preside, and the only business of the meeting shall be the discussion of the proposed amendment(s). If revisions to the proposed amendments and/or revisions of to other sections of the Constitution and or these Bylaws are suggested, any such changes revisions must be approved as described in Article 5.1 of these Bylaws, and discussed by the faculty at a meeting convened by the Dean.~~

~~The proposed amendment(s) shall be voted on within seven calendar days following the faculty meeting. Adoption of amendments (subject to Board approval as specified in Section 5.4 below) shall require the affirmative votes of two-thirds of the Senatorse and the affirmative votes of a majority of the SDM faculty as defined in Article 1.1 of the Bylaws.~~

~~This document and subsequent Any amendments to the Senate Constitution or these Bylaws shall require approval by the Board of Directors and/or the~~

~~Board of Trustees as specified in the~~ **Bylaws of the University of Connecticut** ~~before they become effective.~~

~~Approved by~~ **BOD:** ~~June 11, 2007~~

~~COUNCIL ON THE ACADEMIC ENVIRONMENT~~

~~A Standing Council of the School of Dental Medicine Senate~~

Name of Council: ~~Council on the Academic Environment~~

Composition: ~~The Council on the Academic Environment shall consist of six faculty members, no less than four of whom are shall be from School of Dental Medicine (SDM) Clinical Departments and two no less than one who shall be from the School of Medicine, from Basic Science Departments. Eligibility for Council membership is restricted to voting facultySDM Faculty serving on the Council on the Academic Environment may who do not hold simultaneous administrative appointments. The Council on the Academic Environment shallalso include one representative from among the SDMs,ss~~

Selection: ~~Faculty Cnominated by the Steering Committeein consultation with the SDM and SOM The representative from among the SDM graduate students, residents and/or fellows shall be nominated by the Steering Committee in consultation with the Dean or their designee.~~

~~Council nominations shall be presented to the Senate for approval at the first meeting of the Senate after July 1, annually. The Senate may vote to accept the nominations of the Steering Committee, upon which the nominees will be appointed to the Council. In the event that the Senate votes to reject the nominations of the Steering Committee or the Steering Committee fails to present nominations at the first meeting of the Senate in any year, nominations will be taken from the floor of the Senate at the next meeting of the Senate and an election will be held at that meeting, following the nominations from the floor.Cthe The selection of the Council shall be by the two ballot method.²~~

~~Each Faculty Council member shall serve for a term of three years or until a qualified successor is duly selected and qualifiedappointed, with approximately two members elected appointed each year. Initially, two members will serve for one year, two for two years and two for three years. The initial terms of office will be determined by lottery. No faculty member may serve more than two consecutive terms.~~

~~The representative from among the SDM graduate students, residents and/or fellows shall serve a term of one year, but such term may be extended, by vote of the Steering Committee, for a second year so long as they remain a current graduate student, resident or fellow.~~

~~Election of Council members shall take place in June, and the election shall be~~

~~conducted by the Senate Chairperson. The newly-elected committee Council members will assume their duties on July 1. Vacancies shall be filled for the period of the unexpired term by a special election, following the same process as described above.~~

~~The Council chairperson shall be selected by and from among the committee Council members, also by and from among the Council members for a one year term~~

~~Reports to: The Council reports to the SDM Senate. The Council chairperson will meet with the Steering Committee at least quarterly to report on the Council's activities. Minutes of the Council meetings, and recommendations approved by the Senate, shall be posted on the Senate website which will be accessible to all faculty, and to enrolled students/residents.~~

~~Duties: The duties of this Council are to discuss matters of significant interest to the faculty and to relay its findings and views to the Senate. Such matters are specifically defined neither in the University Laws and By Laws nor in the Guidelines of the SDM.~~

~~Approved by BOD: June 11, 2007~~

COUNCIL ON EDUCATION

A Joint Standing Council of the School of Dental Medicine Senate and Administration

Name of Council: ~~—~~ **Council on Education**

Composition: ~~The Council shall consist of 8 faculty members, one predoctoral student, one postdoctoral student, one School of Dental Medicine (SDM) department head, and the Associate Dean for Education and Patient Care (or administrative leader(s) with equivalent responsibility for in academic affairs and clinical affairs within the SDM), and the Dean for Academic Affairs of the School of Medicine. Each of the three SDM-clinical departments will be represented by two faculty members, and the seven basic-science departments will be represented by a total of two faculty members. All Council members shall have voting privileges. The Council shall elect a chairperson from among its SDM faculty members, including those holding administrative positions.~~

Selection: ~~—~~ Faculty Council members shall be elected by the faculty of their respective departments. The elections will be held in June, and the elected faculty member will assume his/her duties on July 1. One representative from each SDM department will be elected each year, and will serve a term of two years. No faculty member may serve more than three consecutive terms. The SDM department head representative shall be selected by the three department heads, and must not be a member of any other SDM Senate Council. The student members will be selected by the Associate Dean for Education and Patient Care (or administrative leader with equivalent responsibility in academic affairs). The Council members must have appropriate expertise and interest in education, and must communicate the activities, recommendations and decisions of the Council to their departmental colleagues.

Reports to: ~~—~~ This Council reports to the SDM Senate. Council activities and recommendations will be communicated regularly to the SDM administration. The Council chairperson will meet with the Senate Steering Committee at least quarterly to report on the Council's activities. Minutes of the Council meetings, recommendations and decisions of the Council will be posted on the Senate website which will be accessible to all faculty, and to enrolled students/residents.

Duties: ~~—~~ This Council will meet at least monthly to oversee the development, modification, evaluation and measurement of educational programs at all levels: predoctoral, postdoctoral, continuing, and other related programs in the SDM. The Council is, thus, authorized to recommend policies and procedures for educational programs, admission, evaluation and promotion of students. The Council also may recommend the development or elimination of courses as the requirements of students, the SDM, and the profession change with time. To aid in its charge, the Council may appoint subcommittees (e.g. Predoctoral Education, Postdoctoral Education, Continuing Education, and Educational Review) composed of faculty members and

~~administrators with appropriate expertise and students from appropriate constituencies. The Chairperson of the Council on Education will serve as liaison to the Offices of Faculty Development and Continuing and Community Education in the School of Medicine.~~

~~Implementation of policies and procedures established by the Senate will be the responsibility of the Dean, who may elect to charge administrative committees or staff with specific tasks. These administrative committees may, at the discretion of the Dean, include members of the Senate or its Councils or committees. Senate representation serves as a conduit between related Councils and committees, and ensures that implementation strategies employed by administration are consistent with the policies and direction set by the Senate.~~

~~Approved by BOT: June 11, 2007~~

COUNCIL ON RESEARCH

A Joint Standing Council of the School of Dental Medicine Senate and Administration

Name of Council: ~~Council on Research~~

Composition: ~~This Council shall consist of one member from each of the three departments of the School of Dental Medicine (SDM), one member from each of the type 2 centers of the SDM, one SDM department head, two members representing the basic science departments, and the Associate Dean for Research of the SDM and the Associate Dean for Research and Planning of the School of Medicine. All Council members shall have voting privileges. The Council shall elect a chairperson from among its SDM faculty members.~~

Selection: ~~SDM faculty Council members shall be elected by the faculty of their respective departments and centers. The basic science faculty members will be elected from among all of the basic science faculty. The elections will be held in June, and the elected faculty member will assume his/her duties on July 1. Faculty members will serve a term of three years; no faculty member may serve more than two consecutive terms. The SDM department head representative shall be selected by the three department heads, and must not be a member of any other SDM Senate Council. The Council members must have appropriate expertise and interest in research, and must communicate the activities, recommendations and decisions of the Council to their departmental colleagues.~~

Reports to: ~~This Council reports to the SDM Senate and the SDM administration. The Council chairperson will meet with the Steering Committee at least quarterly and with the SDM Executive Committee on an as needed basis to report on the Council's activities. Minutes of the Council meetings, recommendations and decisions of the Council will be posted on the Senate website which will be accessible to all faculty, and to enrolled students/residents.~~

Duties: ~~This Council will meet at least monthly to initiate, develop, recommend and evaluate policies concerning all aspects of research. Additionally, the Council will promote SDM research initiatives, SDM interests in strategic and signature program initiatives, technology transfer, and faculty mentoring and collaborative relationships. To aid in its charge, the Council may appoint subcommittees composed of faculty members and administrators with appropriate expertise and students from appropriate constituencies.~~

Approved by BOD: June 11, 2007

SCHOOL OF DENTAL MEDICINE SENATE

Senate Membership

- 15 elected Senators from the full and part-time SDM ~~clinical~~ faculty
- 7 elected Senators from the full-time Basic Science faculty
- 1 elected Senator from the predoctoral dental student body
- 1 elected Senator from the postdoctoral dental student body

Total: 24 members

Standing Councils

COUNCIL ON EDUCATION Total: 13 members	COUNCIL ON ACADEMIC ENVIRONMENT Total: 6 members	COUNCIL ON RESEARCH Total: 9 members
<ul style="list-style-type: none">• 8 faculty members• 1 predoctoral student• 1 postdoctoral student• 1 SDM Department Head• Associate Dean for Education and Patient Care• Associate Dean of Academic Affairs of the School of Medicine	<ul style="list-style-type: none">• 4 faculty from SDM Clinical Departments• 2 faculty from SoM Basic Science Departments	<ul style="list-style-type: none">• 1 member from each of the three SDM Departments• 1 member from each of the of the Type 2 centers of the SDM• 1 SDM Department head• 2 faculty from the Basic Science Departments• SDM Associate Dean of Research• School of Medicine Associate Dean for Research and Planning

Note:

Revised July, 2011 to reflect current position title and organizational structure

APPENDIX ~~AB~~ - ORGANIZATION OF BASIC SCIENCE TEACHING

~~ORGANIZATION OF BASIC SCIENCE TEACHING~~

[June 23, 2011 Note: Appendix ~~B-A~~ (formerly Appendix B) was not updated in the SDM Bylaws update and revision of Summer 2011. Revision was not pursued in the 2011 SDM Bylaws update project as this Appendix refers to both the School of Dental Medicine and School of Medicine; therefore, revision could not be undertaken independently by the School of Dental Medicine.]

Basic Premises:

The Schools of Medicine and ~~—~~ Dental Medicine recognize the importance of reaching an agreement on the teaching of the Basic Sciences as an initial step in the simultaneous development of the two new schools.

After giving due consideration to existing practices in other institutions, to the desire to obtain the highest quality of Faculty, and to the philosophies and objectives of the individual schools, it is agreed that the Basic Science Departments, Anatomy, Biochemistry, Physiology, Microbiology, Pharmacology, Pathology and *Research in Health Education*^a will be administered as described in the following statements.

Organization of Basic Science Departments:

1. There will be several departments in the Basic Science area, their number and character to be determined according to the progress of planning. Anatomy, Biochemistry, Physiology, Pharmacology, Microbiology, Pathology, and *Research in Health Education*^{a2} will be represented together with what others seem appropriate in the fullness of time.
2. For administrative purposes these departments will be in the organization of the School of Medicine, and the chairman of each department will report to the Dean of the Medical School. Names of Faculty members in all Basic Science departments will be listed in the bulletins of both Schools, as members of the Faculty of each School.
3. Faculty personnel in each department will consist of a chairman, several senior members (professors and associate professors), and several junior members (assistant professors and instructors).
4. Selection and promotion of Faculty:

² Approved by the Board of Trustees January 4, 1990: The closure of the Department of Research in Health Education.

- a. ~~Chairman~~: The Dean of Medicine will appoint a Search Committee to advise ~~them him~~ in the selection of a department chairman. The Dean of Dental Medicine shall name one member of this Search Committee. When the report of the Search Committee is submitted the Dean of Medicine must consult with the Dean of Dental Medicine before recommending the appointment to the ~~President~~Provost. Should the recommendation of the Dean of Medicine be seriously at variance with the opinion of the Dean of Dental Medicine, the latter has the right to present his view also to the ~~President~~Provost.
 - b. Senior Faculty: The Dean of Medicine will appoint an *ad-hoc* committee, one member of which will be named by the Dean of Dental Medicine, to examine qualifications of candidates for appointment or promotion at the senior level, and to make recommendations to the Dean. Before acting on these recommendations, the Dean of Medicine must consult with the Dean of Dental Medicine. Should the action following such consultation be seriously at variance with the opinion of the Dean of Dental Medicine, the latter has the right to appeal such action to the ~~President~~Provost.
 - c. Junior Faculty: These will be appointed by the Dean of Medicine on the recommendation of the department chairman. When he deems it appropriate the Dean of Medicine may consult with the Dean of Dental Medicine before acting on any appointment or promotion within the junior level.
5. The ~~Chairman~~ of each Basic Science department will present the recommended budget to the Dean of Medicine. The latter will consult with the Dean of Dental Medicine to determine the amount of each departmental budget. Under ordinary circumstances, each departmental budget will be allocated to the budgets of the two Schools, in proportion to the respective number of ~~predoctoral undergraduate~~ students, but there special circumstances make it advisable there may be an unequal allocation.

Basic Science Program Organization

1. A Committee on Medical Education of the School of Medicine will have as its responsibility the overall educational program of the Medical School. Its membership will include the Associate Dean for ~~PredoectoralUndergraduate~~ Dental Education. The Basic Science Program will be determined in its broad aspects by this committee, subject to approval by the School of Medicine Faculty. Where the program is deemed unsuitable by the Associate Dean for Dental Education who shall have the right of appealing the decision of the CME to the President.
2. Should the Medical Basic Science Program, as it develops in ways appropriate to medicine, come to contain segments inappropriate for dental education, it is understood

that the School of Dental Medicine may choose to organize, staff and support programs more suitable to its needs.

Approved by the Health Center Planning Committee: 9/30/65 Updated-12/4/73

Approved by the Board of Trustees: October 11, 1974

~~a) Approved by the Board of Trustees January 4, 1990: The closure of the Department of Research in Health Education.~~

APPENDIX ~~BC~~ - DEPARTMENT OF DENTISTRY

The Department of Dentistry shall be an organizational entity within the School of Dental Medicine. The purposes shall be to facilitate access by School of Dental Medicine Faculty to the University's John Dempsey Hospital as part of their educational and patient care responsibilities and to enhance compliance with various standards, rules and regulations, which govern the operation of hospitals.

The Department of Dentistry is not intended to have the same scope of academic and administrative responsibility as the principal ~~academic departments~~organizational units of the School.

1. Membership

Faculty holding primary academic appointments in any of the other ~~departments~~organizational units of the School of Dental Medicine may also be appointed to the Department of Dentistry for the above stated purpose. Appointment will require successful completion of the John Dempsey Hospital's credentialing process and the approval of the head of the ~~department~~organizational unit in which the Faculty holds their primary appointment and the Dean of the School of Dental Medicine. It is expected that all Faculty who have the need to admit patients, provide consultation for inpatients and/or utilize the hospital's same-day surgery facility would apply for appointment.

2. Organization

The Dean of the School of Dental Medicine or his/her designee will serve as Head of the Department of Dentistry and Chief of Dentistry, John Dempsey Hospital. The Chief, with the concurrence of the Dean, will be responsible for the appointment of department members to appropriate hospital committees. In addition, the Chief will be responsible for convening meetings of the Department, carrying out the Department's responsibilities under Quality Assurance and such other duties and responsibilities as provided for in the Bylaws of the Medical Staff of the University Hospital.

Approved: Board of Trustees

September, 1988

APPENDIX CD - THE ESTABLISHMENT AND GOVERNANCE OF CENTERS

SCHOOL OF DENTAL MEDICINE

OR

APPENDIX G -SCHOOL OF MEDICINE

OR

APPENDIX D -SCHOOL OF DENTAL MEDICINE

THE ESTABLISHMENT AND GOVERNANCE OF CENTERS

[June 23, 2011 Note: Appendix DC (formerly Appendix D) -was not updated in the SDM Bylaws update and revision of summer 2011. Revision was not pursued in the 2011 SDM Bylaws update project as this Appendix refers to both the School of Dental Medicine and School of Medicine; therefore, revision could not be undertaken independently by the School of Dental Medicine.]

I. Definitions

USE OF THE WORDS "CENTER" AND "INSTITUTE": There are external reasons, which require the free use of these words. Thus, while a "Center" grant may be administered entirely within one department, it would cause unnecessary confusion and even institutional harm if such usage were not allowed. Therefore, no limitations shall be placed on the free use of the words, "Center" or "Institute", whenever the use of such a term is advantageous to the University.

For internal use, centers and institutes shall be categorized by type number for purposes of describing their administrative structure. Two types are identified and defined as follows:

Type I Center: —A Type I Center is a center of activity administered within the usual and customary structure of a department. The center itself by agreement among the heads of the relevant departments and the Center Director may consist of ~~faculty~~ Faculty members of more than one department or school. However, the heads of the departments, which contribute ~~faculty~~ Faculty, must agree in advance that the center will exist within the administrative structure of one of the departments. The head of that department shall accept administrative responsibility for the center. The heads will need to agree to matters such as resource allocation and conditions for continuing or discontinuing the center. No special approval of the dean(s) is required apart from the usual and customary reporting responsibility of the department head. Article XIII of the Bylaws of the Board of Trustees does not apply to Type I Centers.

Type II Center: A Type II Center may be created by the dean(s) when a university activity (research, service or outreach) cannot flourish within existing academic structures. The director of such a center reports directly to the dean of either school and the administrative structure exists outside of departments. If a Type II Center has ~~faculty~~ Faculty from both the Dental and the Medical Schools, the two deans shall agree in advance as to which dean shall be the responsible dean. ~~Faculty~~ Faculty members may participate in Type II Centers with the agreement of their department heads, who remain responsible for assignment of their duties and for promotion and tenure. Creation of Type II Centers shall require a written plan or description of their purposes and resources, approval by a majority of the relevant Dean's Advisory Committee(s), and approval by the relevant dean(s). Type II Centers shall be

periodically reviewed by the dean and the results of such review shall be transmitted to the DAC(s). -Type II Centers may be dissolved at the discretion of the responsible dean.

II. Mechanism for Establishment of a UCHC Center

TYPE I CENTER

A formal written agreement is required. The form of the inter-departmental agreement outlining the structure and governance of a Type I center shall be decided on an *ad-hoc* basis by the relevant department heads and the Center Director. The agreement shall be shared with the Dean and DAC for informational purposes.

A formal written proposal is required.

Content

1. Rationale, including a statement of the purpose of the center and the reason that the proposed activity cannot flourish within existing academic structures.
2. Relation to existing departmental and center programs.
3. Reporting relationships, including budgetary responsibilities.
4. Governance.
5. Requested institutional resources.
6. Extramural and intramural start-up and continuing funding.
7. Participation of departmental Faculty, including time commitments, salary sources and distribution of grant and clinical income.
8. Academic development and academic responsibilities (including teaching) of involved Faculty.
9. Time line of anticipated accomplishments.
10. Time line and mechanism of periodic review.
11. Guidelines to be followed if the center is dissolved, including the nature of any departmental responsibility for the affected Faculty.

III. Review

Type II proposals are to be presented to the dean(s), who will then initiate a formal review. Relevant school committees and department heads shall participate in the review. Their findings shall be forwarded to the dean. If the dean judges the proposal to have merit, the dean shall transmit these findings along with the proposal to the DAC(s).

Approved: BOT 9/1/94

APPENDIX ~~DE~~ - School of Dental Medicine Guidelines for Types of Faculty ~~Faculty~~ Appointments

~~School of Dental Medicine Guidelines for Types of Faculty ~~Faculty~~ Appointments~~

I. Purpose

The Guidelines of The University of Connecticut School of Dental Medicine (SDM) recognizes three broad types of Faculty appointments: a) Tenurial or Tenure Track, b) In-Residence and c) Clinical Category. Tenurial Faculty must be “full time” while In-Residence and Clinical Category Faculty may be “full time” or “part time”. (Section 1 Faculty, School of Dental Medicine Bylaws). Within these three broad classifications or types of Faculty appointments it is possible to identify multiple categories of Faculty whose efforts directed to teaching, research, professional development activities³ and service to the institution and patient care can vary significantly. The purpose of this appendix ~~which sets forth~~describing these tracks is to 1) recognize the diversity of Faculty contributions, 2) serve as a basis for allocating Faculty resources consistent with program priorities, 3) provide a framework for better relating the criteria for promotion and tenure to school and departmental expectations of Faculty and 4) facilitate the setting of expectations and the evaluation of performance of departments unit programs and the SDM itself. This Appendix describes how existing University of Connecticut, University of Connecticut Health ~~Center~~ (UConn Health~~HC~~) and SDM policies regarding types of appointments and tenure relate to each of the proposed Faculty tracks.

II. Faculty Appointments and Tracks

A. Tenurial or Tenure Track Faculty

Faculty in this appointment type will be specifically appointed in the following tracks or sub categories: Dentist-Scientist; Clinician Scholar; Research Scientist or Leadership.

³ Academically related professional development activities for Dentist-Scientists and Research Scientists include but are not limited to professional consulting authorized by the Dean and within the limits imposed by UConn Health policy; acquiring additional clinical, research or educational knowledge or skills; patient care, developing educational materials or programs and presentations for professional meetings, participation and leadership roles in internal and external committees and organizations or societies; acquiring additional clinical, research or educational knowledge or skills; giving invited talks; and organizing educational opportunities outside of UConn Health.

Academically related professional development activities for Clinician-Scholars include but are not limited to conducting research and other activities such as professional consulting authorized by the Dean and within the limits imposed by UConn Health policy; acquiring additional clinical, research or, educational knowledge or skills, patient care, preparing manuscripts and grant applications developing educational materials or programs and presentations for professional meetings.

Such Faculty will hold the rank of Assistant Professor, Associate Professor or Professor in accordance with criteria recommended by the Dental Dean's Advisory Committee (DAC) and approved by the Dean. With the exception of special appointments clearly limited to a temporary association with the institution, such Faculty will be eligible for appointment with tenure according to regulations regarding academic appointment and tenure as described in The University of Connecticut Laws and Bylaws (Section XIV.C., 2009) and will be subject to the terms and conditions of Article Two of The University of Connecticut School of Dental Medicine Guidelines (1988). Consistent with Article Two of the SDM Guidelines the criteria used in making decisions regarding promotion and/or tenure must be weighted according to the candidate's effort in teaching, research, patient care and other professional activities. The actual activities and apportionment of effort in the area of academically related professional development will be determined for individual Faculty members through discussions with and the concurrence of the leadership of the respective operational/organizational unit in Department Head and Division Chair in the unit which the faculty/Faculty member holds their/his or her primary appointment.

Allocations of efforts for Faculty members in the various Faculty tracks may be individualized and should be clearly described in letters of appointment. In the absence of documentation to the contrary, levels of effort for Faculty members in the various Faculty tracks will be weighted according to the following standard time and effort profile specified for each Faculty track:

Research Scientist: 80% research, 10% teaching, 5% institutional service, 5%-other academically related professional development activities.⁺¹

Dentist-Scientist: 50% research, 20% teaching, 15% institutional service, 15%-other academically related professional development activities;⁺¹ *Clinician-Scholar:* 50% teaching, 15% institutional service, 35% other academically related professional development activities.⁻²

Clinician-Scholar: 50% teaching, 15% institutional service, 35% other academically related professional development activities.

Leadership: The Dentist-Scientist, Research-Scientist and Clinician-Scholar Tracks with appropriate additions to institutional service for administrative contributions, not to exceed 65% for the Dean, 50% for Associate/Assistant Dean, 35% for Unit Leaders and 15% for others (e.g., Subunit Leaders), as determined by the Dean in consultation with the Unit Leader. (See section 1 D Leadership) Dean, 65% administration; Associate or Assistant Dean, 50% administration; leadership of the respective operational units Department Head or Division Chair (or other leadership positions as specifically determined by the Dean, e.g. center directors, section chairs), 35% administration; other aAppointments, 15% administration.

B. In-Residence Faculty

The guidelines for appointment to In-Residence positions are described in these Bylaws, Section 1, Article 2. Faculty in this appointment type will be specifically appointed in one of the following tracks or subcategories: Dentist Scientist; Research Scientist; Clinician Scholar; Research Development or Leadership. Such Faculty will hold the rank or title of Assistant Professor In-Residence, Associate Professor In-Residence or Professor In-Residence in accordance with criteria recommended by the SDM's Dean's Advisory Committee (DAC) and approved by the Dean. Appointments will be for periods as determined by the Dean as follows: up to ~~one~~^{one}~~two~~^{two} years for Assistant Professor In-Residence; up to three years for Associate Professor In-Residence; and up to five years for Professor In-Residence. In all cases, appointments will be renewable contingent upon satisfactory performance and availability of funds. In-Residence Faculty will not be eligible for appointment with Tenure (The University of Connecticut Laws and Bylaws, Section XIV.C., 2009).

Efforts for Faculty in the various Faculty tracks may be individualized and should be clearly described in letters of appointment. In the absence of documentation to the contrary, efforts for Faculty in the various Faculty tracks will be weighted according to the following standard time and effort profile specified for each Faculty track:

Research Scientist: 80% research, 10% teaching, 5% institutional service, 5%-other academically related professional development activities⁺¹;

Dentist Scientist: 50% research, 20% teaching, 15% institutional service, 15% other academically related professional development activities⁺¹;

Clinician-Scholar: 50%- teaching, 15%- institutional service, 35%- other academically related professional development activities^{-2, 27}.

Leadership: The Dentist-Scientist, Research-Scientist and Clinician-Scholar Tracks with appropriate additions to institutional service for administrative contributions, not to exceed 65% for the Dean, 50% for Associate/Assistant Dean, 35% for Unit Leaders and 15% for others (e.g., Subunit Leaders), as determined by the Dean in consultation with the Unit Leader.

~~*Leadership:* (see section 1 D Leadership) Dean, 65% administration; Associate or Assistant Dean, 50% administration; leadership of the respective operational units Department Head or Division Chair (or other leadership positions as specifically determined by the Dean, e.g. center directors, section chairs), 35% administration; other appointments, 15% administration.~~

⁺¹ ~~academically related professional development activities for Dentist-Scientists and Research Scientists include but are not limited to professional consulting authorized by the Dean and within the limits imposed by UConn HealthHC policy; acquiring additional clinical, research or educational knowledge or skills; patient care, developing educational materials or programs and presentations for professional meetings,~~

~~participation and leadership roles in internal and external committees and organizations or societies; acquiring additional clinical, research or educational knowledge or skills; giving invited talks; and organizing educational opportunities outside of UConn Health.~~
~~acquiring additional important to the mission of the school through continuing education courses or similar or skills patient care, preparing manuscripts and grant applications, conducting research developing educational materials or programs and presentations for professional meetings.~~

²~~academically related professional development activities for Clinician Scholars include but are not limited to conducting research and other activities such as professional consulting authorized by the Dean and within the limits imposed by UCHC Uconn Health policy; acquiring additional clinical, research or, educational knowledge or skills, patient care, preparing manuscripts and grant applications developing educational materials or programs and presentations for professional meetings.~~

C. Clinical Category:

The guidelines for appointment to Clinical Category positions are described in the Senior Appointments and Promotion Committee (SAPC)-guidelines Section I, Article 3. ~~Faculty~~ Faculty in this appointment type will have few if any academic responsibilities in classroom-based teaching, research ~~and-or~~ service, ~~and will have to~~ The majority of their effort (e.g. 95% effort) will be devoted to patient care, clinical instruction or clinical administration. Such ~~faculty~~ Faculty will hold the rank or title of Clinical Assistant Professor, Clinical Associate Professor, or Clinical Professor in accordance with criteria recommended by the Dental Dean's Advisory Committee (DAC) and approved by the Dean. Appointments will be for periods as determined by the Dean as follows: up to ~~one-two~~ years for Clinical Assistant Professor ~~In-Residence~~; up to three years for Clinical Associate Professor; and up to five years for Clinical Professor. In all cases, appointments will be renewable contingent upon satisfactory performance and availability of funds. Clinical Category Faculty will not be eligible for ~~appointment to~~ tenure.

Efforts for Faculty in the Clinical Category of appointment may be individualized and should be clearly described in letters of appointment. In the absence of documentation to the contrary, efforts for Faculty in the various Faculty tracks will be weighted according to the following standard time and effort profile specified for each Faculty track:

Clinician, Clinical Instructor, or Clinical Administration: 95% patient care, instruction or administration; 5% teaching or institutional service.

D. Additional Information

1) Instructors

Eligible individuals may be appointed as Instructors. ~~The Instructor position is a unique faculty~~ Faculty ~~position that is structured to be of a short term or interim basis~~ nature. The Instructor position may ~~also~~ be utilized as a developmental appointment of limited duration over which a Faculty member may qualify, as determined by the Dean, for appointment as an Assistant Professor in one of the three traditional types of appointments. The Dean may appoint both Clinical Instructors and Research Instructors. Appointments may be made for short periods of several weeks or months ~~and in no case greater than one year, though reappointment is possible. or for a traditional timeframe consistent with other appointments and positions.~~ Appointments may be terminated for any reason as determined by the Dean; appropriate notice of termination must be given as determined by the University of Connecticut UConn Health Center policy.

Specific school policies and expectations apply to the position of Research Instructor. A specified profile of scholarly activity and achievement is expected within the first

two years of appointment as a Research Instructor; if not achieved, the appointment is subject to termination.

Efforts for Instructors may be individualized and should be clearly described in letters of appointment. In the absence of documentation to the contrary, efforts for Faculty termed Instructors will be weighted according to the following standard time and effort profile specified for each Faculty track:

Clinical Instructor: 95% patient care; 5% other effort

Research Instructor: 95% research; 5% other effort.

2) Leadership Track

The leadership track is reserved for senior Faculty with major administrative responsibilities. Individuals in this track will hold a senior rank (i.e., Associate Professor or Professor) in either a Tenorial or In-Residence type appointment. The criteria used in making decisions regarding promotion must be consistent with those described in the Guidelines and must be weighted according to the effort by the individual in teaching, research, patient care and other professional activities.

In the absence of documentation to the contrary, efforts for Faculty in this track will be weighted according to the standard time and effort profile specified for each Faculty track in Section II.A above with appropriate additions to institutional service for administrative contributions not to exceed 65% for Dean, 50% for Associate/Assistant Dean, 35% for Unit Leaders and 15% for others (e.g., Subunit Leaders), as determined by the Dean in consultation with the Unit Leader. ~~35% for Department Head and 15% for others as determined by the Dean in consultation with their Department Head.~~

3) Emeritus Designation

Individuals will be appointed as emeritus Faculty according to the terms and conditions outlined in The University of Connecticut Laws and Bylaws (Twelfth Edition 1985).

~~4) Transfers Between Tracks~~ Within the SDM's (3) Broad Types of Faculty Appointments, i.e. Within Tenorial Appointments, In-Residence Appointments and Clinical Category Appointments

~~5)4)~~

Transfers between the School of Dental Medicine's three (3) broad types of Faculty appointments may be granted under certain circumstances (i.e., Between Tenorial appointments, In-Residence appointments and Clinical Category appointments).

a. Between Dentist-Scientist and Clinician-Scholar Tracks

Transfer from the Dentist-Scientist track to the Clinician-Scholar track will be considered if the individual does not have sufficient funded research to justify the allocation of 50% effort to research and ~~either~~ has not submitted a grant with a request for personal salary support approved or funded over the past 3 years. In order to transfer, the individual should be recognized as having a high level of contemporary clinical knowledge and skills and demonstrated proficiency as a teacher.

Transfer from the Clinician-Scholar track to the Dentist-Scientist track will be considered on request if the clinician-scholar has received recurrent peer-

reviewed grant funding with personal salary support for a three-year period.

b. Leadership Track Transfers

B. Leadership Track Transfers

Transfer to the leadership track shall be made upon appointment by the Dean of an individual to a position having major administrative responsibilities. Transfer out of the Leadership track will occur upon discontinuation of the administrative appointment by the Dean. Individuals with tenure will be allowed to return to their previous track provided that they meet the stated criteria for appointment to that track. Individuals who no longer meet the criteria for appointment to their prior track or who want to enter an alternative track will be evaluated and assigned to a track for which they are qualified consistent with the current needs of the SDM.

b.c. C. Other Transfers Between Tracks

Faculty appointed in the Clinical Category may switch to the In-Residence Track. A switch of track from In-Residence to the Clinical Category is not allowed. All changes of tracks represent a change in type of appointment and must therefore be approved by the Department Head/relevant unit leader.

Transfer from the research development or full-time clinician tracks to other tracks will be considered, provided that a need for additional Faculty of that type has been recognized by the SDM and the Faculty member meets the criteria for appointment to the track.

APPENDIX ~~EF~~ - School of Dental Medicine Post Tenure Review Plan

~~School of Dental Medicine Post Tenure Review Plan~~

All tenured Faculty members may be subject to Post Tenure Review.

A. What will initiate ~~P~~ost ~~T~~enure ~~R~~eview?

The performance of tenured Faculty will be assessed annually as described in the school's Faculty Evaluation and Compensation Plan. The final overall rating from this assessment (after all appeals are completed) will initiate Post Tenure Review under either of the following conditions:

1. The Faculty member receives 2 “marginally meets expectation” ratings within any 5-consecutive year period after the commencement of tenure. Post Tenure Review will be initiated immediately after receipt of the 2nd “marginally meets expectation”: rating.
2. The Faculty member receives 1 “fails to meet expectation” rating any time after commencement of tenure. Post Tenure Review will be initiated immediately after receipt of the “fails to meet expectation” rating.
- ~~3. The faculty member receives at least two “marginally meets expectation” ratings in a five-year review period that commences when tenure is awarded and is reset after each 5 years. This trigger only occurs at the end of each 5-year cycle.~~
- ~~4. The faculty member receives one “fails to meet expectation” rating. This trigger only occurs at the end of each 5-year cycle. EXCEPTION: during the period July 1, 2005—June 30, 2010, two consecutive “fails to meet expectations” ratings will be cause for post-tenure review, and in this time interval such review will begin immediately (i.e. doesn’t wait for the end of the 5-year cycle).~~

B. ~~Post~~ ~~T~~enure Review

1. The ~~Senior Appointments and Promotion~~ SubCommittee (SAPC) will assess the performance of the Faculty member over the pertinent years of the performance ratings ~~last 5 years~~ and determine if this is “satisfactory performance” or “unsatisfactory performance” for this time period. Failure of a Faculty member to participate in the post_-tenure review process will be grounds for a rating of unsatisfactory performance. SAPC will transmit its assessment to the Dean, the ~~[Department Head/Division Chair/Center Director]~~relevant unit leader ~~Chair~~ and to the Faculty member. The rating issued by the SAPC may be appealed using the Faculty grievance process described in the University's Laws and Bylaws (article ~~XIV~~.T).

2. The criteria for this review will be that the Faculty member must make sufficient meaningful contributions to the School's academic mission while taking into account the assigned distribution of effort. Such criteria include, but are not limited to the following:

Teaching

- Depth of knowledge, currency of information and mastery of the subject matter taught
- Organized, lucid and challenging presentations of subject matter
- Ability to interrelate material by showing applications and correlations as, for example, between basic science principles and their clinical applications
- Development and presentation of electives in field(s) of expertise
- Development of innovative teaching methods or material
- Creation of new, combined or integrated courses or other educational experiences
- Mentoring relationships with other Faculty and/ or graduate students
- Development and supervision of predoctoral~~undergraduate~~, graduate or postgraduate laboratory-research or clinical rotations
- Development and presentation of continuing education courses
- Development of improved evaluation or grading mechanisms
- Development of innovative and improved residency programs
- Development of innovative mechanisms for the provision of care in an educational context as, for example, student instruction in a Faculty practice context
- Invited talks at other educational institutions or national and international meetings
- Teaching awards

Research

- Originality and importance of work
- Steady, focused, continued productivity
- Invitations to contribute (to) reviews, compilations or textbooks
- Competitively awarded intra- and extramural grant and contract support
- Impact of published work on the research field
- Substantive collaborations
- Participation in basic science or in clinical research centers
- Development of innovative research programs, for example, those transferring laboratory findings to the clinic, or employing clinical subjects or novel databases, or extending into the community at large

Health Care

- Excellence and innovation in patient care

- Development of continuing clinical education courses
- Significant clinical consultancies (consistent with University of Connecticut School of Dental Medicine and [Health Center UConn Health](#) Policy)
- Development and implementation of improved health care programs for underserved patient groups
- Skill in comprehensive patient management with medical integration
- Election to the staff of external hospitals or other healthcare delivery groups

Academically Related Professional Development Activities

- Acquisition and application of new clinical, educational, research or health care skills, for example, as a mentee or significant collaborator in research
- Preparation and submission of manuscripts
- Preparation and submission of grant and contract proposals
- Additional time spent in teaching, research or health care
- Participation and leadership roles in substantive University, local, regional, national and international committees
- Editorial or reviewer service for professional books or journals
- Service as an ad hoc reviewer study section or as a fixed-term member of a grant review or contract-review
- Service as an examiner for specialty boards
- Service as a [department section or division head unit or subsidiary unit leader](#)
- Achievement of diplomat status in area of specialization

3. The SAPC may request and/or obtain any information on performance it deems necessary to carry out the Post Tenure Review, but, at a minimum, the following items will be included:
 - a. Copies of the Faculty member's annual performance ratings as assessed in the Faculty Evaluation and Compensation Plan over the pertinent years prior to and after receipt of the "marginally meets expectations" and "fails to meet expectation" performance ratings. ~~past 5 years.~~
 - b. A letter from the [leadership of the respective operational/organizational unit](#) ~~Department Head/Division Chair/Center Director~~ of the Faculty member's ~~the [Department Head/Division Chair/Center Director] department chair~~ summarizing the individual's activities over these years ~~the past 5 years~~ including any mitigating circumstances and an evaluation of future prospects for academic success.
 - c. A current curriculum vitae and any other materials the Faculty member may choose to submit to assist in assessing past academic performance. Failure to submit such materials in a timely manner will not be cause to delay the final assessment of the Faculty member.
4. Within 3 months of the transmission by the SAPC of an assessment of "unsatisfactory

performance”, a “Faculty development plan” must be prepared by the ~~Department Head/Division Chair/Center Director~~ relevant unit leader and approved by the Dean. Each ~~operational/organizational unit~~ Department/Division/Center department will define a procedure for developing such a plan that will in the least involve the chair and the Faculty member. If the Faculty member fails to cooperate in the development of the plan, the plan may be developed and approved without the Faculty member’s input.

- a. Within 10 working days of approval of the Faculty development plan by the Dean, the Faculty member may appeal the content of the Faculty development plan to the SAPC.
- b. The goal of the plan is to return the Faculty member to a state of satisfactory performance by both the criteria of the Faculty Evaluation and Compensation Plan and the Post Tenure Review process.
- c. The plan may include reassignment of duties and effort.
- d. The plan will not be implemented until any final appeal on the SAPC’s initial assessment of “unsatisfactory performance” is completed.
- e. The plan may include metrics. For example, the metrics might be that two NIH grant proposals of reasonable quality are submitted, or that two publications in peer-reviewed journals occur. Unlike criteria for promotion and tenure decisions, such criteria may be specified quantitatively since the overall standard is making sufficient meaningful contributions to the School’s academic mission.
- f. Interim metrics may be assigned for each year of the Faculty development plan. For example, while the requirement may only be to submit two reasonably sound NIH grant proposals by the end of year one, obtaining an R01 might be the criteria in year three.

5. SAPC will monitor progress and performance towards the goals of the Faculty development plan annually and will transmit its assessment to the ~~Dean,~~ the leadership of the ~~operational/organizational unit~~ Department Head/Division Chair/Center Director department head and Faculty member using one of the following categories:

- a. The Faculty member’s performance has reached the level of “sustained satisfactory performance”, in which case the post tenure review and monitoring process will end and the Faculty member will begin a new consecutive year-period of ~~5-year-cycle-of~~ annual reviews. Subsequent ~~P~~post ~~T~~-tenure ~~R~~review would be triggered by the criteria described in paragraph A (“What will initiate ~~P~~post-~~T~~tenure ~~R~~review”) above.
- b. ~~b.~~ The Faculty member’s performance in the preceding year adequately addressed the performance metrics in the Faculty development plan for that year.

- c. The Faculty member's performance in the preceding year did not adequately address the performance metrics in the Faculty development plan for that year. This assessment may be appealed using the Faculty grievance process described in the University's Laws and Bylaws (article XIV.T.)
- 6. A prolonged failure to contribute to the missions of the schools is deemed as adequate cause for loss of tenure and dismissal from the University for failure to perform one's duties. In such cases the Dean may initiate dismissal procedures as described in the University Laws and Bylaws (Article XIV.F).

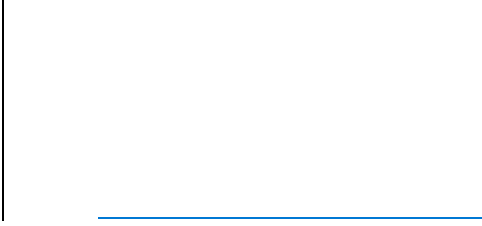
Revisions in either the SDM Faculty Evaluation and Compensation Plan or the SDM Post Tenure Review Plan shall be approved by the Dean's Advisory Committee (see Section 3, Article 3) and will be duly noted and dated in the Guidelines of the University of Connecticut School of Dental Medicine.

Approved: UCHC Board of Directors, ~~March 1, 2005~~XXXXXXXXXX

~~A~~APPENDIX F - ~~Department and Division~~Organizational Structure

~~There shall be~~At present, the School of Dental Medicine has ~~Departments~~ of Craniofacial Sciences, Oral Health and Diagnostic Sciences, ~~Reconstructive Sciences~~, and Biomedical Engineering. ~~There shall also be~~Divisions within these Departments ~~exist~~ as follows: within Craniofacial Sciences ~~there shall be~~---the Division of General Dentistry, the Division of Orthodontics, the Division of Oral and Maxillofacial Surgery and the Division of Pediatric Dentistry; within Oral Health and Diagnostic Sciences ~~shall be~~---the Division of Endodontology, the Division of Behavioral Science and Community Health, the Division of Oral and Maxillofacial Diagnostic Sciences and the Division of Periodontology; within ~~Reconstructive Sciences~~-- ~~there shall be~~ the Division of Prosthodontics. ~~This Appendix shall be revised upon any changes to the Department and Division structures made consistent with the School of Dental Medicine Bylaws.~~

For purposes relating to the John Dempsey Hospital, Faculty from ~~those Departments~~any organizational unit within the School of Dental Medicine can be assigned to an entity called the Department of Dentistry.



Appendix GH — Departmental Review of Periodic Operational-Organizational Units Reviews

Departmental Review

Bylaws of the University of Connecticut School of Dental Medicine Appendix D-G Procedure for Departmental and Center Reviews of Operational Units

I. Objectives of Review: The major objectives are to (1) review the Faculty, space, staff, and other needs of an organizational unit of the School of Dental Medicine ~~Ddepartment/Ccenter~~ in the light of changing and/or developing institutional goals; and (2) ~~reappoint or remove~~ evaluate the effectiveness of a unit leadership. ~~Ddepartment Headchair/Ccenter Ddirector.~~

II. Frequency of Review: The frequency of review is at least every seven (7) years, in addition to any other review requested by the Dean.

III. Triggers for Review: Routine (every 7 years) reviews are initiated by the ~~Oversight Committee~~ Dental Senate. When a review is triggered, the Dean informs the ~~Ddepartment/Ccenter~~ organizational unit of the planned review and appoints an ad hoc committee to evaluate the operational unit. ~~department.~~

IV. Organizational support for the collection of departmental data, gathering of surveys, assembling of reports and collation of the review package will be provided by the Dean's office or a designee.

~~IV. -~~ Composition of the Committee: Review ~~C~~committees include three University representatives, one of whom must be a senior Faculty member of ~~the UConn Health Center~~ who is not currently a ~~Ddepartment Head~~ unit leader in the School of Dental Medicine ~~chair~~, and at least one senior Faculty reviewer from another university. ~~-~~Committee members may not be from the department or center organizational unit under review.

VI. The Charge of the Review Committee: The committee will provide both a comprehensive evaluation and recommendations in the relevant areas described below. The results of such reviews will be transmitted to the Dean /Office of Faculty Affairs, ~~the leader of the organizational unit being~~ Department Head/Center Director ~~chair or director of the department or center under~~ review ed, and the ~~Oversight Committee~~ Dental Senate.

1. Quality of the Faculty in the domains of education, research, and ~~(for clinical departments)~~ clinical services (as appropriate to the appointment types of the Faculty in the unit); national stature; professionalism.

2. Research: quality, vitality, and breadth of research efforts; need for facilities, equipment, or growth.
3. Teaching: the intellectual environment; availability of Faculty for teaching; effectiveness of the teaching efforts; need for additional resources.
4. Clinical Service: availability, quality, breadth, and vitality of clinical services; need for improved or expanded personnel or clinical facilities.
5. Mentoring: quality and availability of mentoring of professional development.
6. ~~Department chair/center director~~Unit leader: ability, leadership, and effectiveness, considering departmental/center and institutional goals in the education, research, and clinical domains.
7. Recommendations should include changes in size, facilities, or directions of the ~~organizational department/center~~unit. A specific recommendation regarding the continuation of a center is required. A specific recommendation regarding retention or replacement of the ~~Department Head/chair/Center Director~~ unit leader is also required.

VII. The ~~Department Head/Division Chairs~~ leader of the organizational unit being reviewed should have the opportunity to respond to the review team in an exit interview. The Dean will discuss the review outcome with the ~~Department Head/Division Chairs~~ unit leader and will provide a report to the Dental Senate during a regular meeting.

Chronological Record of Revisions:

1. Revision Approved by the Board of Trustees, July 11, 1975.
2. Revision Approved by the Board of Trustees, December 14, 1976.
3. Revision Approved by the Board of Trustees, March 11, 1983.
4. Revision Approved by the Board of Trustees, March 8, 1985.
5. Revision Approved by the Board of Trustees, November 14, 1986.
6. Revision Approved by the Board of Trustees, July 10, 1987.
7. Revision Approved by the Board of Trustees, March 11, 1988.
8. Revision Approved by the Board of Trustees, January 4, 1990.
9. Revision Approved by the Board of Trustees, June 14, 1991.
10. Revision Approved by the Board of Directors, March 1 2005
11. Revision Approved by the Board of Trustees, June 11, 2007.
12. Revision Approved by the Board of Directors, September 12, 2011.

SCHOOL OF DENTAL MEDICINE PROPOSED REVISED BYLAWS

FOR THE SEPTEMBER 11, 2023
BOARD OF DIRECTORS MEETING

BYLAWS **UNIVERSITY OF CONNECTICUT** **SCHOOL OF DENTAL MEDICINE**

Table of Contents

PREAMBLE.....	3
SECTION I - FACULTY	4
Article One - Composition.....	4
Article Two - Types of Appointments.....	4
Article Three - Appointment and Promotions Procedures.....	6
Article Four – Voting Faculty	7
SECTION II - SCHOOL OF DENTAL MEDICINE SENATE	8
Article One – Structure, Operation and Authority.....	8
Article Two - Meetings.....	8
Article Three - Modification of Senate Guidelines.....	8
SECTION III – ADMINISTRATION	9
Article One – Executive Vice President for Health Affairs	9
Article Two - Dean.....	9
Article Three - Dean's Advisory Committee	9
Article Four - Standing Administrative Committees.....	10
SECTION IV - ORGANIZATIONAL STRUCTURE.....	11
Article One - Purpose.....	11
Article Two - Structure	11
Article Three – Unit Leadership.....	11
Article Four – Subsidiary Unit Leadership	11
SECTION V - AMENDMENTS.....	12
Article One - Adoption	12
Article Two - Amendments	12
APPENDIX A - ORGANIZATION OF BASIC SCIENCE TEACHING	12
Basic Premises:	12
Organization of Basic Science Departments:	13
Basic Science Program Organization.....	14
APPENDIX B - DEPARTMENT OF DENTISTRY	15
APPENDIX C - THE ESTABLISHMENT AND GOVERNANCE OF CENTERS.....	16
I. Definitions.....	16
II. Mechanism for Establishment of a UCHC Center.....	17

III. Review	17
APPENDIX D - School of Dental Medicine Guidelines for Types of Faculty Appointments	18
I. Purpose	18
II. Faculty Appointments and Tracks	18
II. Transfers Between Tracks Within the SDM's (3) Broad Types of Faculty Appointments, i.e. Within Tenorial Appointments, In-Residence Appointments and Clinical Category Appointments.....	22
APPENDIX E - School of Dental Medicine Post Tenure Review Plan	24
APPENDIX F - Organizational Structure	27
Appendix G – Periodic Organizational Unit Reviews	29

PREAMBLE

All policies of the School of Dental Medicine, a component of the University of Connecticut shall be determined by the Board of Directors of UConn Health and/or the University Board of Trustees as specified in the Bylaws of the University of Connecticut (such boards hereafter termed "the Board of Directors and/or Board of Trustees"). Administrative decisions are made by University officials in accordance with the policies of the Board of Directors and/or Board of Trustees. The School of Dental Medicine, within policies established by the Board of Directors and/or Board of Trustees and the guidelines herein, is responsible for: the educational program leading to the degree of Doctor of Dental Medicine; graduate programs and courses approved by the Graduate School and conducted by Faculty members of the School of Dental Medicine; internship and residency programs for continuing education programs in the various dental sciences; rendering patient care in programs established by the School of Dental Medicine; and conducting research in dental and related sciences.

The Voting Faculty of the School of Dental Medicine (see Section I, Article Four) is authorized to establish rules, regulations and policy with respect to academic matters, acting within the general policies as established by the Board of Directors and/or Board of Trustees. The chief executive officer of the School of Dental Medicine is the Dean. The Dean is aided in the administration of the School by Associate and Assistant Deans, organizational unit leaders, as well as administrative committees.

The following guidelines describe the interrelationships and responsibilities of the individuals and groups within the School of Dental Medicine.

SECTION I - FACULTY

Article One - Composition

The Faculty shall consist of the President of the University, the Provost, the Executive Vice President for Health Affairs, the Dean, all Professors, Associate Professors, Assistant Professors and Instructors belonging to organizational units within the School of Dental Medicine (see SECTION IV - ORGANIZATIONAL STRUCTURE), and others who are appointed by the President.

Article Two - Types of Appointments

- 2.1 Appointments to the position of Professor, Associate Professor, and Assistant Professor shall be given to "full-time" members of the Faculty who are either tenured or appointed in tenure-track positions and shall be subject to the guidelines described in *Section I. Faculty Holding Tenurial Appointment* of the School of Dental Medicine's document *Senior Appointment and Promotions Committee: Principles, Guidelines and Procedures for Appointment, Promotion and Tenure* ("SAPC Guidelines").
- 2.2 Appointments to In-Residence Faculty positions shall be subject to the guidelines described in *Section II. Faculty Holding Non-Tenurial In-Residence Appointment* of the *SAPC Guidelines* document. These guidelines shall include, but are not limited to, the following:
 - a. that the criteria for promotion that are emphasized in making decisions will be weighted according to the effort by the candidate in teaching, research, patient care and other professional activities.
 - b. that appointments to the rank of Instructor or Assistant Professor in this track will be made on the recommendation of the respective organizational unit leader with the concurrence of the Dean. Appointments are for a period up to two years and are renewable.
 - c. that all future appointments be made with the understanding that individuals must be promoted to the rank of Associate Professor on or before the completion of the ninth year of employment. If the individual is not promoted, the appointment during the tenth year will be terminal.
 - d. that appointments to the rank of Associate Professor or Professor are subject to the usual review process by the Senior Appointments and Promotions Committee and the Dean's Advisory Committee.
 - e. that appointments to the rank of Associate Professor or Professor should be renewable term appointments if funding for the period is assured. The term for an Associate Professor may be for a period up to three years and for a Professor for a period of up to five years. In each case continued appointment is contingent on meeting the terms of agreement that are made at the time of appointment or reappointment.
 - f. that the designation "In Residence" be for administrative purposes only, and need not be used in correspondence or published Faculty lists.
- 2.3 Appointments to "Clinical Category" Faculty positions shall be subject to the guidelines described in

Section III. Faculty Holding Non-Tenurial Clinical Category Appointment of the *SAPC Guidelines* document. These guidelines shall include, but are not limited to, the following:

- a. that Faculty appointed in this track shall have responsibilities that are primarily non-academic, e.g. direct patient care, clinical instruction, clinical administration.
- b. that Faculty appointed in this track shall have the opportunity to apply for reassignment to an academic track appointment.
- c. that the modifying term “Clinical” shall be included in the Faculty title e.g. Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, and Clinical Professor.
- d. that appointment to a rank within this track and the term of that appointment shall be determined by guidelines described in the *SAPC Guidelines* document.
- e. that reappointment and promotion shall be determined by criteria described in the *SAPC Guidelines* document.

2.4 Changes in Appointment Type

A change or transfer in appointment type may be considered between certain types of Faculty appointments. Requirements for and restrictions on transfer of appointment are as follows:

- a. Sufficient justification, as determined by the Dean, must exist to warrant consideration of transfer of appointment.
- b. The Faculty member and the respective organizational unit leader or their designee, must petition the Dean for consideration of transfer of appointment. The Dean may accept or decline the petition.
- c. Tenurial Faculty may transfer to an In-Residence appointment, but are not permitted to transfer to a non-academic Clinical Category appointment.
- d. In-Residence Faculty may transfer to a tenurial appointment, but are not permitted to transfer to a non-academic Clinical Category appointment.
- e. Clinical Category Faculty may transfer to a tenurial appointment or an In- Residence appointment.
- f. Faculty members who transfer to a tenure track appointment may be given credit toward the required probationary period for tenure appointments. A minimum one-year probationary period is required of all individuals after appointment to the tenure track. With a change in track, appointments at the Associate Professor and Professor levels are subject to the usual review process by the Senior Appointments and Promotions Committee.
- g. In those instances where it is mutually agreed between the Faculty member, the respective unit leadership and the Dean that a Faculty member was initially appointed in the wrong type or category of appointment, a correction of the employment authorization will be permitted without compromising the privilege of transferring at a future date from one track to another as described in Section 2.4.h.

- h. Transfer from one appointment type or category to another appointment type or category, under the guidelines and restrictions described above in Section 2.4 a-e, will be permitted on one occasion only during the entire employment period of a Faculty member in the School of Dental Medicine and such a change is irreversible.
- 2.5 Appointments to the usual Faculty ranks with the modifying word "Adjunct" included in the title may be given to individuals who serve as part-time Faculty members. Such appointments may be made for a term of up to one year to individuals who are actively participating in programs of the School of Dental Medicine. Such appointments may be renewed annually.
- 2.6 Appointments to the usual Faculty ranks with the modifying word "Visiting" included in the title may be made on an annual basis for a period not exceeding a total of two consecutive years.
- 2.7 Faculty may hold joint appointments between organizational units in the School of Dental Medicine, and between the School of Dental Medicine and other schools or colleges within the University.
- 2.8 A clinician who is neither employed by UConn Health affiliated institutions, nor employed as a faculty member by other units of UConn Health or the University, is eligible for a volunteer clinical faculty appointment if he or she contributes to the academic mission of the School of Dental Medicine. The academic ranks for volunteer faculty include Volunteer Clinical Instructor, Volunteer Clinical Assistant Professor, Volunteer Clinical Associate Professor, and Volunteer Clinical Professor. The title Volunteer Clinical Associate may be used for those who make intermittent or less than major contributions to the academic programs of the School of Dental Medicine.

Article Three - Appointment and Promotions Procedures

- 3.1 Initial appointments are generally made at the Instructor or Assistant Professor level. Initial appointments shall be recommended by the respective organizational unit leader to the Dean. The initial appointment shall be made upon approval by the Dean or their designee, subject to relevant University processes. Initial appointments to the rank of Professor or Associate Professor shall be reviewed by the Senior Appointments and Promotions Committee and the Dean's Advisory Committee, and their comments shall be given due consideration before the Dean approves the recommendation.
- 3.2 Faculty nominations for promotion may be made to the Dean by the respective organizational unit leader or by the faculty member themselves. The Dean may also initiate the nomination for promotion of any faculty member. Nominations shall be reviewed by the Senior Appointments and Promotions Committee and the Dean's Advisory Committee, and their comments shall be given due consideration before the Dean makes their recommendation to the Provost of the University for transmittal for final determination by the Board of Directors and/or Board of Trustees. In the case of appointments or promotion to the rank of Assistant Professor or below, or to temporary positions, committee review is not necessary. Recommendations for clinical appointments or to the volunteer Faculty shall be reviewed in the manner established for the various ranks of the full-time Faculty.
- 3.3 Recommendations for tenure shall be made to the Dean by the respective unit leadership [[Department Head and Division Chair (if Division Chair exists)]]. The recommendations shall be reviewed by the Senior Appointments and Promotions Subcommittee and the Dean's Advisory Committee (see Section III, Article 3.4), and their comments shall be given due consideration before the Dean makes his/her recommendation to the Provost of the University for transmittal to the President for final determination by the Board of Directors and/or Board of Trustees.
- 3.3. Annual evaluation of Faculty shall occur as described in the SDM Faculty Evaluation and Compensation Plan and may trigger Post-Tenure Review of Faculty as described in Appendix F (SDM Post-Tenure

Review Plan).

Article Four – Voting Faculty

- 4.1 Composition: The Voting Faculty shall be composed of the President and Provost of the University, the Executive Vice President for Health Affairs, the Dean of the School of Dental Medicine, and all Professors, Associate Professors Assistant Professors, and Instructors with primary appointments in the School of Dental Medicine in any appointment category who are paid a full or partial salary. Any paid Faculty from any other unit in the University who is a voting member of the School of Dental Medicine Senate and who is not otherwise included herein shall also be a member of the Voting Faculty.
- 4.2 Responsibilities: The Voting Faculty is responsible for establishing rules, regulations and policy with respect to academic matters, acting within the general policies as established by the Board of Directors and/or the Board of Trustees. Its responsibilities include matters of student affairs, predoctoral dental education, graduate dental education, continuing education, and research. This responsibility for academic matters is presently delegated to the School of Dental Medicine Senate (as established by Section II, herein).
- 4.3 Meetings: The Voting Faculty of the School of Dental Medicine shall be convened at the request of the President of the University, the Provost and Executive Vice President for Academic Affairs, the Dean of the School of Dental Medicine, or by a request to the Dean by one-third of the Voting Faculty. The President of the University, or in his/her/their absence the Provost and Executive Vice President for Academic Affairs, or in his/her/their absence the Dean of the School of Dental Medicine, shall preside at meetings of the Voting Faculty. An attendance of at least fifty per cent of the total Voting Faculty shall be considered a quorum. Decisions of the Voting Faculty shall be by majority vote.

SECTION II - SCHOOL OF DENTAL MEDICINE SENATE

Article One – Structure, Operation and Authority

The School of Dental Medicine Senate has been established by the Voting Faculty with the approval of the Board of Trustees of the University and operates under the Bylaws of the School of Dental Medicine Senate as approved by the Board of Trustees. It exercises by delegation the responsibility for academic matters within the jurisdiction of the Voting Faculty as outlined in Section I, Article 4.2. In addition to its delegated responsibilities for academic policy, the Senate, an elected group representing the Faculty, may discuss non-academic matters of interest to the Faculty and make recommendations for the consideration of these matters by the administration and the Board of Directors and/or Board of Trustees.

Article Two - Meetings

The Senate shall be convened as specified in the Guidelines of the School of Dental Medicine Senate (Senate Guidelines), or by the President of the University, the Provost and Executive Vice President for Academic Affairs, the Dean of the School of Dental Medicine, or by a request to the Dean by one-third of the Voting Faculty.

Article Three - Modification of Senate Guidelines

The Senate Guidelines may be modified by the Voting Faculty through the amendment procedures proscribed in the Senate Guidelines.

SECTION III – ADMINISTRATION

Article One – Executive Vice President for Health Affairs

The Executive Vice President for Health Affairs shall be a non-voting member of the School of Dental Medicine Senate. S/he may interpret the Bylaws, rules, and regulations of the School of Dental Medicine Senate and, subject to approval by the Provost and President of the University, determine what matters fall within the purview of academic policy and what matters must be brought to the Board of Directors and/or Board of Trustees prior to implementation.

Article Two - Dean

- 2.1 Appointment: The Dean of the School of Dental Medicine shall be appointed by the Provost of the University.
- 2.2 Duties: The Dean shall be the principal administrative officer of the School. The Dean shall be responsible to the Provost and Executive Vice President for Academic Affairs in all matters. The Dean's duties shall include the implementation of the regulations and policies of the University and the School of Dental Medicine as approved by the Board of Directors and/or Board of Trustees. After consultation with the Division Chairs and Department Heads, the Dean shall prepare annual budget recommendations for the School. The Dean shall make recommendations regarding the appointment, promotion and tenure of members of the Faculty, the unit leadership, and Assistant and Associate Deans. The Dean shall assign space that is available to the School of Dental Medicine organizational units.

Article Three - Dean's Advisory Committee

- 3.1 Composition: The Dean's Advisory Committee shall consist of the Dean of the School of Dental Medicine, who will serve as Chair of the Committee, and the heads of organizational units of the School of Dental Medicine. At the discretion of the Dean, other administrative leaders of the School of Dental Medicine (e.g., Associate Deans, leaders of subsidiary units, etc.) or School of Medicine may be members of the Committee. Members of the Dean's Advisory Committee shall not concurrently serve as members of the Senior Appointments and Promotions Subcommittee (SAPC).
- 3.2 Responsibilities: The Dean's Advisory Committee shall serve as an advisory group to the Dean.
- 3.3 Meetings: Meetings of the Dean's Advisory Committee shall be held as determined by the Dean or at the request of one-third of its members.
- 3.4 Subcommittees: Subcommittees of the Dean's Advisory Committee may be formed and dissolved at the discretion of the Dean. The membership of Subcommittees need not be limited to those individuals who are members of the Dean's Advisory Committee. Appointments and reappointments to any subcommittee of the Dean's Advisory Committee shall be made by the Dean.

Article Four - Standing Administrative Committees

- 4.1 Purpose: In some areas, administrative decisions or activities are best achieved through the collective effort or judgment of groups of Faculty members. In these areas, standing Administrative Committees shall be appointed to implement established policy. Reports summarizing the activities of the Standing Administrative Committees may be made periodically to or by request from the Dental Senate or its Councils.
- 4.2 Standing Committees
 - 4.2.1 The Senior Appointments and Promotions Committee (SAPC) shall advise the Dean on the award of tenure and on all appointments to the rank of Professor or Associate Professor, except for the leadership of organizational units.
 - 4.2.1.1 The SAPC shall operate consistent with the School of Dental Medicine document *Senior Appointments and Promotions Committee: Principles, Guidelines and Provisions for Appointments, Promotion and Tenure* (“SAPC Guidelines”).
 - 4.2.1.2 Revisions to the SAPC Guidelines document are made by the Dean after consultation with the Dean’s Advisory Committee and the Dental Senate.
- 4.3 A committee shall advise the Dean on clinical matters as they pertain to the school, UConn Health and to community hospitals or other health agencies.
 - 4.3.1 A committee shall advise the Dean on matters related to the school’s research activities.
 - 4.3.2 In the area of student affairs, there shall be standing committees for Admissions and for other needs as they may develop.

In the area of academic affairs, there shall be standing committees on Student Standing and Promotion as well as committees responsible for the various components of the predoctoral, graduate and continuing dental education programs.
- 4.4 Appointment: Standing Administrative Committees and the chairs of those committees shall be appointed annually by the Dean.

SECTION IV - ORGANIZATIONAL STRUCTURE

Article One - Purpose

The Faculty shall be organized into various organizational units. These units and any subsidiary units shall serve an organizational purpose that provides a home for Faculty members with similar interests, and that establish groups with general competence in specific fields of endeavor. These units shall provide personnel for educational and other activities that are organized as interdepartmental or interdisciplinary programs.

Article Two - Structure

The various organizational units in the School of Dental Medicine shall be based upon the operational needs of the School, as determined by the Dean in consultation with the Dean's Advisory Committee. The Dean shall solicit and consider feedback from the Faculty and the Dean's Advisory Committee before any changes, including to unit naming conventions, are made to the organizational structure of the School. The current organizational structure of the School of Dental Medicine, including unit naming conventions, is described in detail in Appendix F. Appendix F shall be updated any time that changes to the structure are made consistent with these Bylaws.

In addition, departments within the UConn School of Medicine may provide educational programming for the School of Dental Medicine. Should it so desire, the School of Dental Medicine may request Faculty representation from one or more School of Medicine departments on the School of Dental Medicine Senate or any of its committees or subcommittees.

School of Dental Medicine Faculty from units with educational or patient care responsibilities may also be appointed to a Department of Dentistry for purposes relating to the John Dempsey Hospital.

Article Three – Unit Leadership

- 3.1 Duties: For each organizational unit of the School of Dental Medicine, there shall be a unit leader who shall serve as the chief executive of the relevant unit. The unit leader shall coordinate all activities of their respective unit and shall consult and collaborate with those responsible for School- and/or Faculty-wide activities. The unit leader shall represent the unit on the Dean's Advisory Committee and shall make recommendations to the Dean as required with regard to appointments, budgetary needs and space needs.
- 3.2 Appointment: The Dean of the School of Dental Medicine shall appoint an *ad-hoc* Faculty Search Committee that will advise the Dean in the selection of unit leaders. This Committee shall submit the names of individuals who are considered to be eminently qualified for the position. The Dean shall then make a recommendation for appointment to the appropriate UConn Health leadership for transmittal to the President and to the Board of Directors and/or Board of Trustees.
- 3.3 Vacancies: In the event of an unfilled vacancy for a unit leader position, the duties of the unit leader shall be assigned by the Dean to a member or members of the Dean's Advisory Committee or other member of the Faculty on an interim basis.

Article Four – Subsidiary Unit Leadership

- 4.1 Duties: For units that have subsidiary units, subsidiary unit leadership may be established to

oversee

the respective subsidiary unit. Subsidiary unit leaders shall coordinate the activities of the subsidiary unit in consultation with the unit leader of the parent unit.

- 4.2 Appointment: The Dean, in consultation with the unit leader, shall select and appoint subsidiary unit leaders.

SECTION V - AMENDMENTS

Article One - Adoption

The provisions described in these Bylaws shall become effective after approval by the Board of Directors and/or Board of Trustees.

Article Two - Amendments

- 2.1 These Bylaws, except for Section II (School of Dental Medicine Senate), may be amended by two-thirds of the Dean's Advisory Committee present and voting at any meeting for which due notice of not less than one week has been given, subject to the approval of the Board of Directors and/or Board of Trustees.
- 2.1.1 A meeting of the Dean's Advisory Committee to consider amendment of these Bylaws shall be convened by the Dean at his/her initiative or on the request of either one-third of the Dean's Advisory Committee or one-third of the Voting Faculty.
- 2.2 Notwithstanding Section V, Article 2.1, before transmittal to the Board of Directors and/or Board of Trustees, any amendment which alters the relationship between the Dean and the Dean's Advisory Committee or the Faculty shall also require the approval of the Dean.
- 2.3 Notwithstanding Section V, Article 2.1, before transmittal to the Board of Directors and/or Board of Trustees, any amendment to Section I, Article 4 (Voting Faculty) or Section II (Dental Senate), shall require approval of a majority of the School of Dental Medicine Voting Faculty.
- 2.3.1 Amendments to Section I, Article 4 (Voting Faculty) and/or Section II (School of Dental Medicine Senate) shall be discussed at a general meeting of the School of Dental Medicine Voting Faculty and will be voted on by ballot not less than seven calendar days later.

APPENDIX A - ORGANIZATION OF BASIC SCIENCE TEACHING

[June 23, 2011 Note: Appendix A (formerly Appendix B) was not updated in the SDM Bylaws update and revision of Summer 2011. Revision was not pursued in the 2011 SDM Bylaws update project as this Appendix refers to both the School of Dental Medicine and School of Medicine; therefore, revision could not be undertaken independently by the School of Dental Medicine.]

Basic Premises:

The Schools of Medicine and Dental Medicine recognize the importance of reaching an agreement on the teaching of the Basic Sciences as an initial step in the simultaneous development of the two new schools.

After giving due consideration to existing practices in other institutions, to the desire to obtain the highest quality of Faculty, and to the philosophies and objectives of the individual schools, it is agreed that the Basic Science Departments, Anatomy, Biochemistry, Physiology, Microbiology, Pharmacology, Pathology and *Research in Health Education*^a will be administered as described in the following statements.

Organization of Basic Science Departments:

1. There will be several departments in the Basic Science area, their number and character to be determined according to the progress of planning. Anatomy, Biochemistry, Physiology, Pharmacology, Microbiology, Pathology, and *Research in Health Education*^a will be represented together with what others seem appropriate in the fullness of time.
2. For administrative purposes these departments will be in the organization of the School of Medicine, and the chairman of each department will report to the Dean of the Medical School. Names of Faculty members in all Basic Science departments will be listed in the bulletins of both Schools, as members of the Faculty of each School.
3. Faculty personnel in each department will consist of a chairman, several senior members (professors and associate professors), and several junior members (assistant professors and instructors).
4. Selection and promotion of Faculty:
 - a. Chair: The Dean of Medicine will appoint a Search Committee to advise them in the selection of a department chair. The Dean of Dental Medicine shall name one member of this Search Committee. When the report of the Search Committee is submitted the Dean of Medicine must consult with the Dean of Dental Medicine before recommending the appointment to the Provost. Should the recommendation of the Dean of Medicine be seriously at variance with the opinion of the Dean of Dental Medicine, the latter has the right to present his view also to the Provost.
 - b. Senior Faculty: The Dean of Medicine will appoint an *ad-hoc* committee, one member of which will be named by the Dean of Dental Medicine, to examine qualifications of candidates for appointment or promotion at the senior level, and to make recommendations to the Dean. Before acting on these recommendations, the Dean of Medicine must consult with the Dean of Dental Medicine. Should the action following such consultation be seriously at variance with the opinion of the Dean of Dental Medicine, the latter has the right to appeal such action to the Provost.
 - c. Junior Faculty: These will be appointed by the Dean of Medicine on the recommendation of the department chair. When he deems it appropriate the Dean of Medicine may consult with the Dean of Dental Medicine before acting on any appointment or promotion within the junior level.
5. The Chair of each Basic Science department will present the recommended budget to the Dean of Medicine. The latter will consult with the Dean of Dental Medicine to determine the amount of each departmental budget. Under ordinary circumstances, each departmental budget will be allocated to the

budgets of the two Schools, in proportion to the respective number of predoctoral students, but there special circumstances make it advisable there may be an unequal allocation.

Basic Science Program Organization

1. A Committee on Medical Education of the School of Medicine will have as its responsibility the overall educational program of the Medical School. Its membership will include the Associate Dean for Predoctoral Dental Education. The Basic Science Program will be determined in its broad aspects by this committee, subject to approval by the School of Medicine Faculty. Where the program is deemed unsuitable by the Associate Dean for Dental Education who shall have the right of appealing the decision of the CME to the President.
2. Should the Medical Basic Science Program, as it develops in ways appropriate to medicine, come to contain segments inappropriate for dental education, it is understood that the School of Dental Medicine may choose to organize, staff and support programs more suitable to its needs.

Approved by the Health Center Planning Committee: 9/30/65 Updated-12/4/73

Approved by the Board of Trustees: October 11, 1974

- a) Approved by the Board of Trustees January 4, 1990: The closure of the Department of Research in Health Education.

APPENDIX B - DEPARTMENT OF DENTISTRY

The Department of Dentistry shall be an organizational entity within the School of Dental Medicine. The purposes shall be to facilitate access by School of Dental Medicine Faculty to the University's John Dempsey Hospital as part of their educational and patient care responsibilities and to enhance compliance with various standards, rules and regulations, which govern the operation of hospitals.

The Department of Dentistry is not intended to have the same scope of academic and administrative responsibility as the principal organizational units of the School.

1. Membership

Faculty holding primary academic appointments in any of the other organizational units of the School of Dental Medicine may also be appointed to the Department of Dentistry for the above stated purpose. Appointment will require successful completion of the John Dempsey Hospital's credentialing process and the approval of the head of the organizational unit in which the Faculty holds their primary appointment and the Dean of the School of Dental Medicine. It is expected that all Faculty who have the need to admit patients, provide consultation for inpatients and/or utilize the hospital's same-day surgery facility would apply for appointment.

2. Organization

The Dean of the School of Dental Medicine or his/her designee will serve as Head of the Department of Dentistry and Chief of Dentistry, John Dempsey Hospital. The Chief, with the concurrence of the Dean, will be responsible for the appointment of department members to appropriate hospital committees. In addition, the Chief will be responsible for convening meetings of the Department, carrying out the Department's responsibilities under Quality Assurance and such other duties and responsibilities as provided for in the Bylaws of the Medical Staff of the University Hospital.

Approved: Board of Trustees
September, 1988

**APPENDIX C - THE ESTABLISHMENT AND GOVERNANCE OF CENTERS
OR
APPENDIX G -SCHOOL OF MEDICINE**

[June 23, 2011 Note: Appendix C (formerly Appendix D) was not updated in the SDM Bylaws update and revision of summer 2011. Revision was not pursued in the 2011 SDM Bylaws update project as this Appendix refers to both the School of Dental Medicine and School of Medicine; therefore, revision could not be undertaken independently by the School of Dental Medicine.]

I. Definitions

USE OF THE WORDS "CENTER" AND "INSTITUTE": There are external reasons, which require the free use of these words. Thus, while a "Center" grant may be administered entirely within one department, it would cause unnecessary confusion and even institutional harm if such usage were not allowed. Therefore, no limitations shall be placed on the free use of the words, "Center" or "Institute", whenever the use of such a term is advantageous to the University.

For internal use, centers and institutes shall be categorized by type number for purposes of describing their administrative structure. Two types are identified and defined as follows:

Type I Center: A Type I Center is a center of activity administered within the usual and customary structure of a department. The center itself by agreement among the heads of the relevant departments and the Center Director may consist of Faculty members of more than one department or school. However, the heads of the departments, which contribute Faculty, must agree in advance that the center will exist within the administrative structure of one of the departments. The head of that department shall accept administrative responsibility for the center. The heads will need to agree to matters such as resource allocation and conditions for continuing or discontinuing the center. No special approval of the dean(s) is required apart from the usual and customary reporting responsibility of the department head. Article XIII of the Bylaws of the Board of Trustees does not apply to Type I Centers.

Type II Center: A Type II Center may be created by the dean(s) when a university activity (research, service or outreach) cannot flourish within existing academic structures. The director of such a center reports directly to the dean of either school and the administrative structure exists outside of departments. If a Type II Center has Faculty from both the Dental and the Medical Schools, the two deans shall agree in advance as to which dean shall be the responsible dean. Faculty members may participate in Type II Centers with the agreement of their department heads, who remain responsible for assignment of their duties and for promotion and tenure. Creation of Type II Centers shall require a written plan or description of their purposes and resources, approval by a majority of the relevant Dean's Advisory Committee(s), and approval by the relevant dean(s). Type II Centers shall be periodically reviewed by the dean and the results of such review shall be transmitted to the DAC(s). Type II Centers may be dissolved at the discretion of the responsible dean.

II. Mechanism for Establishment of a UCHC Center

TYPE I CENTER

A formal written agreement is required. The form of the inter-departmental agreement outlining the structure and governance of a Type I center shall be decided on an *ad-hoc* basis by the relevant department heads and the Center Director. The agreement shall be shared with the Dean and DAC for informational purposes.

A formal written proposal is required.

Content

1. Rationale, including a statement of the purpose of the center and the reason that the proposed activity cannot flourish within existing academic structures.
2. Relation to existing departmental and center programs.
3. Reporting relationships, including budgetary responsibilities.
4. Governance.
5. Requested institutional resources.
6. Extramural and intramural start-up and continuing funding.
7. Participation of departmental Faculty, including time commitments, salary sources and distribution of grant and clinical income.
8. Academic development and academic responsibilities (including teaching) of involved Faculty.
9. Time line of anticipated accomplishments.
10. Time line and mechanism of periodic review.
11. Guidelines to be followed if the center is dissolved, including the nature of any departmental responsibility for the affected Faculty.

III. Review

Type II proposals are to be presented to the dean(s), who will then initiate a formal review. Relevant school committees and department heads shall participate in the review. Their findings shall be forwarded to the dean. If the dean judges the proposal to have merit, the dean shall transmit these findings along with the proposal to the DAC(s).

APPENDIX D - School of Dental Medicine Guidelines for Types of Faculty Appointments

I. Purpose

The Guidelines of The University of Connecticut School of Dental Medicine (SDM) recognizes three broad types of Faculty appointments: a) Tenurial or Tenure Track, b) In-Residence and c) Clinical Category. Tenurial Faculty must be “full time” while In-Residence and Clinical Category Faculty may be “full time” or “part time”. (Section 1 Faculty, School of Dental Medicine Bylaws). Within these three broad classifications or types of Faculty appointments it is possible to identify multiple categories of Faculty whose efforts directed to teaching, research, service to the institution and patient care can vary significantly. The purpose of this appendix describing these tracks is to 1) recognize the diversity of Faculty contributions, 2) serve as a basis for allocating Faculty resources consistent with program priorities, 3) provide a framework for better relating the criteria for promotion and tenure to school and departmental expectations of Faculty and 4) facilitate the setting of expectations and the evaluation of performance of unit programs and the SDM itself. This Appendix describes how existing University of Connecticut, University of Connecticut Health (UConn Health) and SDM policies regarding types of appointments and tenure relate to each of the proposed Faculty tracks.

II. Faculty Appointments and Tracks

Tenurial or Tenure Track Faculty

Faculty in this appointment type will be specifically appointed in the following tracks or sub categories: Dentist-Scientist; Clinician Scholar; Research Scientist or Leadership. Such Faculty will hold the rank of Assistant Professor, Associate Professor or Professor in accordance with criteria recommended by the Dental Dean's Advisory Committee (DAC) and approved by the Dean. With the exception of special appointments clearly limited to a temporary association with the institution, such Faculty will be eligible for appointment with tenure according to regulations regarding academic appointment and tenure as described in The University of Connecticut Laws and Bylaws (Section XIV.C., 2009) and will be subject to the terms and conditions of Article Two of The University of Connecticut School of Dental Medicine Guidelines (1988). Consistent with Article Two of the SDM Guidelines the criteria used in making decisions regarding promotion and/or tenure must be weighted according to the candidate's effort in teaching, research, patient care and other professional activities. The actual activities and apportionment of effort in the area of academically related professional development will be determined for individual Faculty members through discussions with and the concurrence of the leadership of the respective organizational unit in which the Faculty member holds his or her primary appointment.

Allocations of effort for Faculty members in the various Faculty tracks may be individualized and should be clearly described in letters of appointment. In the absence of documentation to the contrary, levels of effort for Faculty members in the various Faculty tracks will be weighted according to the following standard time and effort profile specified for each Faculty track:

Research Scientist: 80% research, 10% teaching, 5% institutional service, 5%-other academically

related professional development activities.¹

Dentist-Scientist: 50% research, 20% teaching, 15% institutional service, 15%-other academically related professional development activities;¹ *Clinician-Scholar:* 50% teaching, 15% institutional service, 35% other academically related professional development activities.²

Clinician-Scholar: 50% teaching, 15% institutional service, 35% other academically related professional development activities.

Leadership: The Dentist-Scientist, Research-Scientist and Clinician-Scholar Tracks with appropriate additions to institutional service for administrative contributions, not to exceed 65% for the Dean, 50% for Associate/Assistant Dean, 35% for Unit Leaders and 15% for others (e.g., Subunit Leaders), as determined by the Dean in consultation with the Unit Leader.

In-Residence Faculty

The guidelines for appointment to In-Residence positions are described in these Bylaws, Section 1, Article 2. Faculty in this appointment type will be specifically appointed in one of the following tracks or subcategories: Dentist Scientist; Research Scientist; Clinician Scholar; Research Development or Leadership. Such Faculty will hold the rank or title of Assistant Professor In-Residence, Associate Professor In-Residence or Professor In-Residence in accordance with criteria recommended by the SDM's Dean's Advisory Committee (DAC) and approved by the Dean. Appointments will be for periods as determined by the Dean as follows: up to two years for Assistant Professor In-Residence; up to three years for Associate Professor In-Residence; and up to five years for Professor In-Residence. In all cases, appointments will be renewable contingent upon satisfactory performance and availability of funds. In-Residence Faculty will not be eligible for appointment with Tenure (The University of Connecticut Laws and Bylaws, Section XIV.C., 2009).

Efforts for Faculty in the various Faculty tracks may be individualized and should be clearly described in letters of appointment. In the absence of documentation to the contrary, efforts for Faculty in the various Faculty tracks will be weighted according to the following standard time and effort profile specified for each Faculty track:

Research Scientist: 80% research, 10% teaching, 5% institutional service, 5%-other academically related professional development activities¹;

Dentist Scientist: 50% research, 20% teaching, 15% institutional service, 15% other academically related professional development activities¹;

Clinician-Scholar: 50% teaching, 15% institutional service, 35% other academically related professional development activities²;

Leadership: The Dentist-Scientist, Research-Scientist and Clinician-Scholar Tracks with appropriate additions to institutional service for administrative contributions, not to exceed 65% for the Dean, 50% for Associate/Assistant Dean, 35% for Unit Leaders and 15% for others (e.g., Subunit Leaders), as determined by the Dean in consultation with the Unit Leader.

¹ academically related professional development activities for Dentist-Scientists and Research Scientists include but are not limited to professional consulting authorized by the Dean and within the limits imposed by UConn Health policy; acquiring additional clinical, research or educational knowledge or skills; patient care, developing educational materials or programs and presentations for professional meetings, participation and leadership roles in internal and external committees and organizations or societies; acquiring additional clinical, research or educational knowledge or skills; giving invited talks; and organizing educational opportunities outside of UConn Health.

² academically related professional development activities for Clinician-Scholars include but are not limited to conducting research and other activities such as professional consulting authorized by the Dean and within the limits imposed by UConn Health policy; acquiring additional clinical, research or, educational knowledge or skills, patient care, preparing manuscripts and grant applications developing educational materials or programs and presentations for professional meetings.

Clinical Category:

The guidelines for appointment to Clinical Category positions are described in the Senior Appointments and Promotion Committee (SAPC) guidelines Section I, Article 3. Faculty in this appointment type will have few if any academic responsibilities in classroom-based teaching, research or service. The majority of their effort (e.g. 95% effort) will be devoted to patient care, clinical instruction or clinical administration. Such Faculty will hold the rank or title of Clinical Assistant Professor, Clinical Associate Professor, or Clinical Professor in accordance with criteria recommended by the Dental Dean's Advisory Committee (DAC) and approved by the Dean. Appointments will be for periods as determined by the Dean as follows: up to two years for Clinical Assistant Professor; up to three years for Clinical Associate Professor; and up to five years for Clinical Professor. In all cases, appointments will be renewable contingent upon satisfactory performance and availability of funds. Clinical Category Faculty will not be eligible for tenure.

Efforts for Faculty in the Clinical Category of appointment may be individualized and should be clearly described in letters of appointment. In the absence of documentation to the contrary, efforts for Faculty in the various Faculty tracks will be weighted according to the following standard time and effort profile specified for each Faculty track:

Clinician, Clinical Instructor, or Clinical Administration: 95% patient care, instruction or administration; 5% teaching or institutional service.

Additional Information

A. Instructors

Eligible individuals may be appointed as Instructors.. The Instructor position may be utilized as a developmental appointment of limited duration over which a Faculty member may qualify, as determined by the Dean, for appointment as an Assistant Professor in one of the three traditional types of appointments. The Dean may appoint both Clinical Instructors and Research Instructors. Appointments may be made for short periods of several weeks or months. or for a traditional timeframe consistent with other appointments and positions. Appointments may be terminated for any reason as determined by the Dean; appropriate notice of termination must be given as determined by the UConn Health policy.

Specific school policies and expectations apply to the position of Research Instructor. A specified profile of scholarly activity and achievement is expected within the first two years of appointment as a Research Instructor; if not achieved, the appointment is subject to termination.

Efforts for Instructors may be individualized and should be clearly described in letters of appointment. In the absence of documentation to the contrary, efforts for Faculty termed Instructors will be weighted according to the following standard time and effort profile specified for each Faculty track:

Clinical Instructor: 95% patient care; 5% other effort

Research Instructor: 95% research; 5% other effort.

B. Leadership Track

The leadership track is reserved for senior Faculty with major administrative responsibilities. Individuals in this track will hold a senior rank (i.e., Associate Professor or Professor) in either a Tenurial or In-Residence type appointment. The criteria used in making decisions regarding promotion must be consistent with those described in the Guidelines and must be weighted according to the effort by the individual in teaching, research, patient care and other professional activities.

In the absence of documentation to the contrary, efforts for Faculty in this track will be weighted according to the standard time and effort profile specified for each Faculty track in Section II.A above with appropriate additions to institutional service for administrative contributions not to exceed 65% for Dean, 50% for Associate/Assistant Dean, 35% for Unit Leaders and 15% for others (e.g., Subunit Leaders), as determined by the Dean in consultation with the Unit Leader.

C. Emeritus Designation

Individuals will be appointed as emeritus Faculty according to the terms and conditions outlined in The University of Connecticut Laws and Bylaws (Twelfth Edition 1985).

II. Transfers Between Tracks Within the SDM's (3) Broad Types of Faculty Appointments, i.e. Within Tenurial Appointments, In-Residence Appointments and Clinical Category Appointments

A. Between Dentist-Scientist and Clinician-Scholar Tracks

Transfer from the Dentist-Scientist track to the Clinician-Scholar track will be considered if the individual does not have sufficient funded research to justify the allocation of 50% effort to research and has not submitted a grant with a request for personal salary support approved or funded over the past 3 years. In order to transfer, the individual should be recognized as having a high level of contemporary clinical knowledge and skills and demonstrated proficiency as a teacher.

Transfer from the Clinician-Scholar track to the Dentist-Scientist track will be considered on request if the clinician-scholar has received recurrent peer-reviewed grant funding with personal salary support for a three-year period.

B. Leadership Track Transfers

Transfer to the leadership track shall be made upon appointment by the Dean of an individual to a position having major administrative responsibilities. Transfer out of the Leadership track will occur upon discontinuation of the administrative appointment by the Dean. Individuals with tenure will be allowed to return to their previous track provided that they meet the stated criteria for appointment to that track. Individuals who no longer meet the criteria for appointment to their prior track or who want to enter an

alternative track will be evaluated and assigned to a track for which they are qualified consistent with the current needs of the SDM.

C. Other Transfers Between Tracks

Faculty appointed in the Clinical Category may switch to the In-Residence Track. A switch of track from In-Residence to the Clinical Category is not allowed. All changes of tracks represent a change in type of appointment and must therefore be approved by the relevant unit leader.

Transfer from the research development or full-time clinician tracks to other tracks will be considered, provided that a need for additional Faculty of that type has been recognized by the SDM and the Faculty member meets the criteria for appointment to the track.

APPENDIX E - School of Dental Medicine Post Tenure Review Plan

All tenured Faculty members may be subject to Post Tenure Review.

A. What will initiate Post Tenure Review?

The performance of tenured Faculty will be assessed annually as described in the school's Faculty Evaluation and Compensation Plan. The final overall rating from this assessment (after all appeals are completed) will initiate Post Tenure Review under either of the following conditions:

1. The Faculty member receives 2 "marginally meets expectation" ratings within any 5-consecutive year period after the commencement of tenure. Post Tenure Review will be initiated immediately after receipt of the 2nd "marginally meets expectation": rating.
2. The Faculty member receives 1 "fails to meet expectation" rating any time after commencement of tenure. Post Tenure Review will be initiated immediately after receipt of the "fails to meet expectation" rating.

B. Post Tenure Review

1. The Senior Appointments and Promotion Committee (SAPC) will assess the performance of the Faculty member over the pertinent years of the performance ratings and determine if this is "satisfactory performance" or "unsatisfactory performance" for this time period. Failure of a Faculty member to participate in the post tenure review process will be grounds for a rating of unsatisfactory performance. SAPC will transmit its assessment to the Dean, the relevant unit leader and to the Faculty member. The rating issued by the SAPC may be appealed using the Faculty grievance process described in the University's Laws and Bylaws (article XIV.T).
2. The criteria for this review will be that the Faculty member must make sufficient meaningful contributions to the School's academic mission while taking into account the assigned distribution of effort. Such criteria include, but are not limited to the following:

Teaching

- Depth of knowledge, currency of information and mastery of the subject matter taught
- Organized, lucid and challenging presentations of subject matter
- Ability to interrelate material by showing applications and correlations as, for example, between basic science principles and their clinical applications
- Development and presentation of electives in field(s) of expertise
- Development of innovative teaching methods or material
- Creation of new, combined or integrated courses or other educational experiences
- Mentoring relationships with other Faculty and/ or graduate students
- Development and supervision of predoctoral, graduate or postgraduate laboratory-research or clinical rotations
- Development and presentation of continuing education courses
- Development of improved evaluation or grading mechanisms
- Development of innovative and improved residency programs
- Development of innovative mechanisms for the provision of care in an educational

- context as, for example, student instruction in a Faculty practice context
- Invited talks at other educational institutions or national and international meetings
- Teaching awards

Research

- Originality and importance of work
- Steady, focused, continued productivity
- Invitations to contribute (to) reviews, compilations or textbooks
- Competitively awarded intra- and extramural grant and contract support
- Impact of published work on the research field
- Substantive collaborations
- Participation in basic science or in clinical research centers
- Development of innovative research programs, for example, those transferring laboratory findings to the clinic, or employing clinical subjects or novel databases, or extending into the community at large

Health Care

- Excellence and innovation in patient care
- Development of continuing clinical education courses
- Significant clinical consultancies (consistent with University of Connecticut School of Dental Medicine and UConn Health Policy)
- Development and implementation of improved health care programs for underserved patient groups
- Skill in comprehensive patient management with medical integration
- Election to the staff of external hospitals or other healthcare delivery groups

Academically Related Professional Development Activities

- Acquisition and application of new clinical, educational, research or health care skills, for example, as a mentee or significant collaborator in research
- Preparation and submission of manuscripts
- Preparation and submission of grant and contract proposals
- Additional time spent in teaching, research or health care
- Participation and leadership roles in substantive University, local, regional, national and international committees
- Editorial or reviewer service for professional books or journals
- Service as an ad hoc reviewer study section or as a fixed-term member of a grant review or contract-review
- Service as an examiner for specialty boards
- Service as a unit or subsidiary unit leader
- Achievement of diplomat status in area of specialization

3. The SAPC may request and/or obtain any information on performance it deems necessary to carry out the Post Tenure Review, but, at a minimum, the following items will be included:
 - a. Copies of the Faculty member's annual performance ratings as assessed in the Faculty Evaluation and Compensation Plan over the pertinent years prior to and after receipt of the "marginally meets

expectations” and “fails to meet expectation” performance ratings.

- b. A letter from the leadership of the respective organizational unit of the Faculty member summarizing the individual’s activities over these years including any mitigating circumstances and an evaluation of future prospects for academic success.
 - c. A current curriculum vitae and any other materials the Faculty member may choose to submit to assist in assessing past academic performance. Failure to submit such materials in a timely manner will not be cause to delay the final assessment of the Faculty member.
4. Within 3 months of the transmission by the SAPC of an assessment of “unsatisfactory performance”, a “Faculty development plan” must be prepared by the relevant unit leader and approved by the Dean. Each organizational unit will define a procedure for developing such a plan that will in the least involve the chair and the Faculty member. If the Faculty member fails to cooperate in the development of the plan, the plan may be developed and approved without the Faculty member’s input.
- a. Within 10 working days of approval of the Faculty development plan by the Dean, the Faculty member may appeal the content of the Faculty development plan to the SAPC.
 - b. The goal of the plan is to return the Faculty member to a state of satisfactory performance by both the criteria of the Faculty Evaluation and Compensation Plan and the Post Tenure Review process.
 - c. The plan may include reassignment of duties and effort.
 - d. The plan will not be implemented until any final appeal on the SAPC’s initial assessment of “unsatisfactory performance” is completed.
 - e. The plan may include metrics. For example, the metrics might be that two NIH grant proposals of reasonable quality are submitted, or that two publications in peer-reviewed journals occur. Unlike criteria for promotion and tenure decisions, such criteria may be specified quantitatively since the overall standard is making sufficient meaningful contributions to the School’s academic mission.
 - f. Interim metrics may be assigned for each year of the Faculty development plan. For example, while the requirement may only be to submit two reasonably sound NIH grant proposals by the end of year one, obtaining an R01 might be the criteria in year three.
5. SAPC will monitor progress and performance towards the goals of the Faculty development plan annually and will transmit its assessment to the Dean, the leadership of the organizational unit and Faculty member using one of the following categories:
- a. The Faculty member’s performance has reached the level of “sustained satisfactory performance”, in which case the post tenure review and monitoring process will end and the Faculty member will begin a new consecutive period of annual reviews. Subsequent Post Tenure Review would be triggered by the criteria described in paragraph A (“What will initiate Post Tenure Review”) above.
 - b. The Faculty member’s performance in the preceding year adequately addressed the performance metrics in the Faculty development plan for that year.
 - c. The Faculty member’s performance in the preceding year did not adequately address the performance

metrics in the Faculty development plan for that year. This assessment may be appealed using the Faculty grievance process described in the University's Laws and Bylaws (article XIV.T.)

6. A prolonged failure to contribute to the missions of the schools is deemed as adequate cause for loss of tenure and dismissal from the University for failure to perform one's duties. In such cases the Dean may initiate dismissal procedures as described in the University Laws and Bylaws (Article XIV.F).

Revisions in either the SDM Faculty Evaluation and Compensation Plan or the SDM Post Tenure Review Plan shall be approved by the Dean's Advisory Committee (see Section 3, Article 3) and will be duly noted and dated in the Guidelines of the University of Connecticut School of Dental Medicine.

At present, the School of Dental Medicine has Departments of Craniofacial Sciences, Oral Health and Diagnostic Sciences, Reconstructive Sciences, and Biomedical Engineering. Divisions within these Departments exist as follows: within Craniofacial Sciences--the Division of General Dentistry, the Division of Orthodontics, the Division of Oral and Maxillofacial Surgery and the Division of Pediatric Dentistry; within Oral Health and Diagnostic Sciences--the Division of Endodontology, the Division of Behavioral Science and Community Health, the Division of Oral and Maxillofacial Diagnostic Sciences and the Division of Periodontology; within Reconstructive Sciences--the Division of Prosthodontics. This Appendix shall be revised upon any changes to the Department and Division structures made consistent with the School of Dental Medicine Bylaws.

For purposes relating to the John Dempsey Hospital, Faculty from any organizational unit within the School of Dental Medicine can be assigned to an entity called the Department of Dentistry.

Appendix G – Periodic Organizational Unit Reviews

I. Objectives of Review: The major objectives are to (1) review the Faculty, space, staff, and other needs of an organizational unit of the School of Dental Medicine in light of changing and/or developing institutional goals and (2) evaluate the effectiveness of unit leadership.

II. Frequency of Review: The frequency of review is at least every seven (7) years, in addition to any other review requested by the Dean.

III. Triggers for Review: Routine (every 7 years) reviews are initiated by the Dental Senate. When a review is triggered, the Dean informs the organizational unit of the planned review and appoints an ad hoc committee to evaluate the unit.

IV. Organizational support for the collection of data, gathering of surveys, assembling of reports and collation of the review package will be provided by the Dean's office or a designee.

V. Composition of the Committee: Review Committees include three University representatives, one of whom must be a senior Faculty member of UConn Health who is not currently a unit leader in the School of Dental Medicine, and at least one senior Faculty reviewer from another university. Committee members may not be from the organizational unit under review.

VI. The Charge of the Review Committee: The committee will provide both a comprehensive evaluation and recommendations in the relevant areas described below. The results of such reviews will be transmitted to the Dean, the leader of the organizational unit being reviewed, and the Dental Senate.

1. Quality of the Faculty in the domains of education, research, and clinical services (as appropriate to the appointment types of the Faculty in the unit); national stature; professionalism.
2. Research: quality, vitality, and breadth of research efforts; need for facilities, equipment, or growth.
3. Teaching: the intellectual environment; availability of Faculty for teaching; effectiveness of the teaching efforts; need for additional resources.
4. Clinical Service: availability, quality, breadth, and vitality of clinical services; need for improved or expanded personnel or clinical facilities.
5. Mentoring: quality and availability of mentoring of professional development.
6. Unit leader: ability, leadership, and effectiveness, considering departmental/center and institutional goals in the education, research, and clinical domains.
7. Recommendations should include changes in size, facilities, or directions of the organizational unit. A specific recommendation regarding the continuation of a center is required. A specific recommendation regarding retention or replacement of the unit leader is also required.

VII. The leader of the organizational unit being reviewed should have the opportunity to respond to the review team in an exit interview. The Dean will discuss the review outcome with the unit leader-and will provide a report to the Dental Senate during a regular meeting.

Chronological Record of Revisions:

1. Revision Approved by the Board of Trustees, July 11, 1975.
2. Revision Approved by the Board of Trustees, December 14, 1976.
3. Revision Approved by the Board of Trustees, March 11, 1983.
4. Revision Approved by the Board of Trustees, March 8, 1985.
5. Revision Approved by the Board of Trustees, November 14, 1986.
6. Revision Approved by the Board of Trustees, July 10, 1987.
7. Revision Approved by the Board of Trustees, March 11, 1988.
8. Revision Approved by the Board of Trustees, January 4, 1990.
9. Revision Approved by the Board of Trustees, June 14, 1991.
10. Revision Approved by the Board of Directors, March 1 2005
11. Revision Approved by the Board of Trustees, June 11, 2007.
12. Revision Approved by the Board of Directors, September 12, 2011.
13. Revision Approved by the Academic Affairs Subcommittee of the Board of Directors, August 7, 2023.

CEO Update Sept 11, 2023

Bruce T. Liang, MD
Interim Chief Executive
Officer & EVP for
Health Affairs
Dean, School of
Medicine



CEO Update

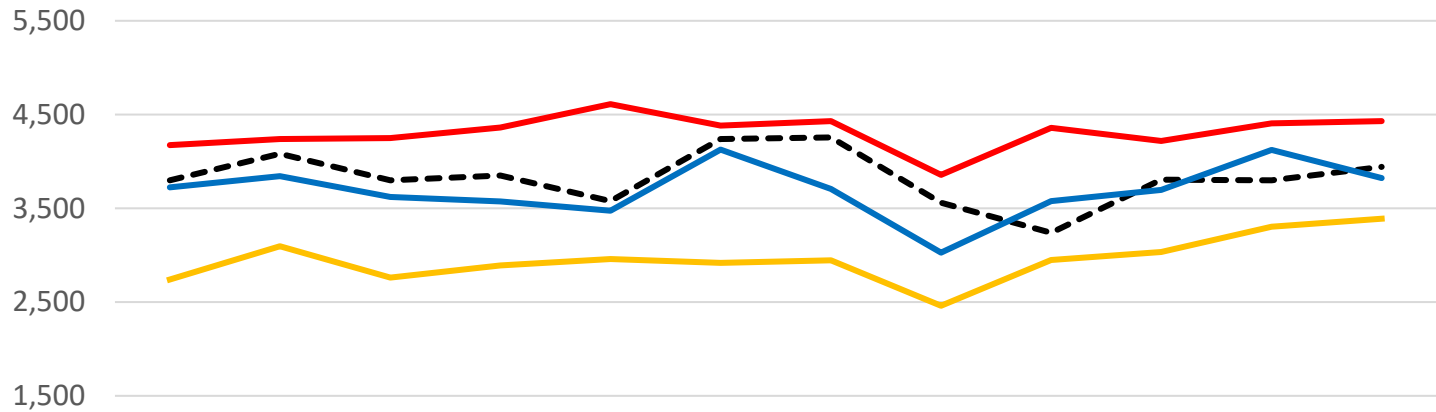
Clinical Activities

Overall Finances/Budget-FY2023 closeout and July in FY2024

Healthcare Compliance and Privacy

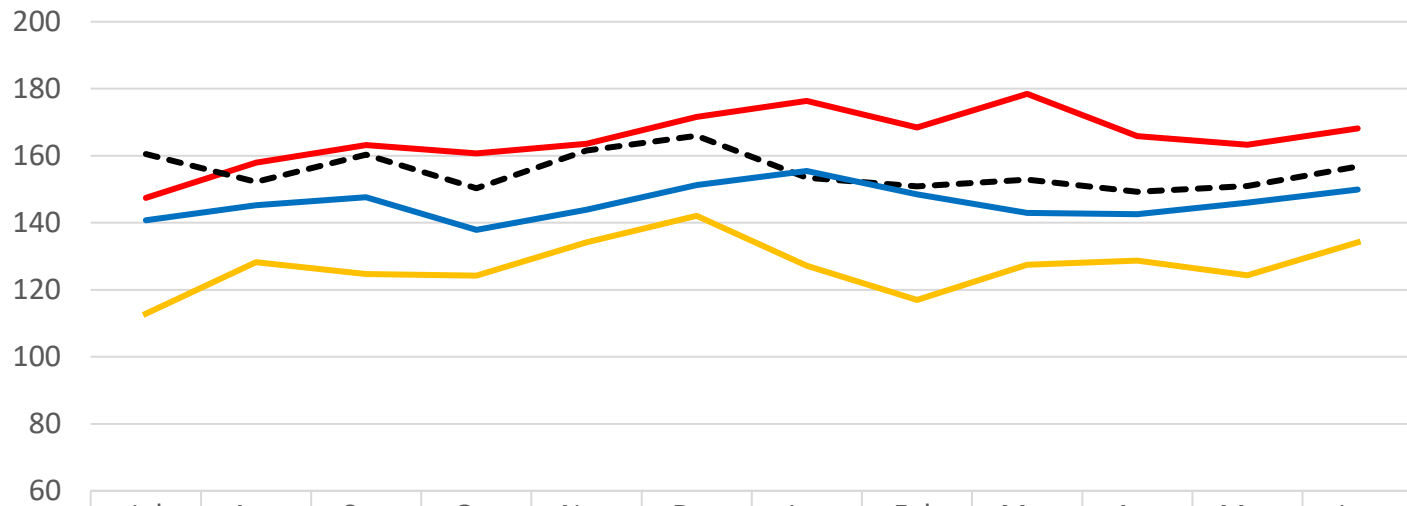
Population Health and ACO

Emergency Room Visits



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2023 Actuals	4,175	4,239	4,249	4,362	4,610	4,381	4,432	3,858	4,359	4,219	4,407	4,431	51,722
2023 Budget	3,798	4,083	3,799	3,850	3,577	4,241	4,257	3,560	3,241	3,806	3,798	3,941	45,951
2022 Actuals	3,723	3,844	3,623	3,575	3,475	4,126	3,706	3,029	3,577	3,696	4,122	3,824	44,320
2021 Actuals	2,742	3,095	2,762	2,892	2,960	2,918	2,945	2,463	2,950	3,035	3,304	3,390	35,456

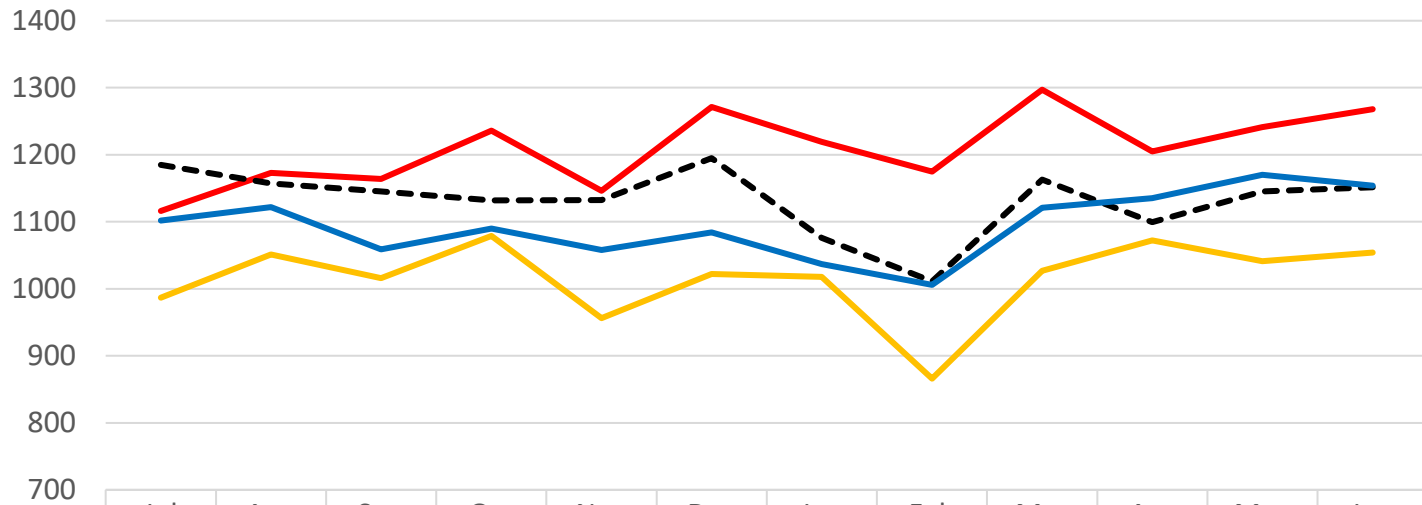
Average Daily Census including OBS/OEXT



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2023 Actuals	147	158	163	161	164	172	176	168	178	166	163	168	1,985
2023 Budget	161	152	160	150	162	166	153	151	153	149	151	157	1,865
2022 Actuals	141	145	148	138	144	151	155	149	143	143	146	150	1,752
2021 Actuals	113	128	125	124	134	142	127	117	127	129	124	134	1,525

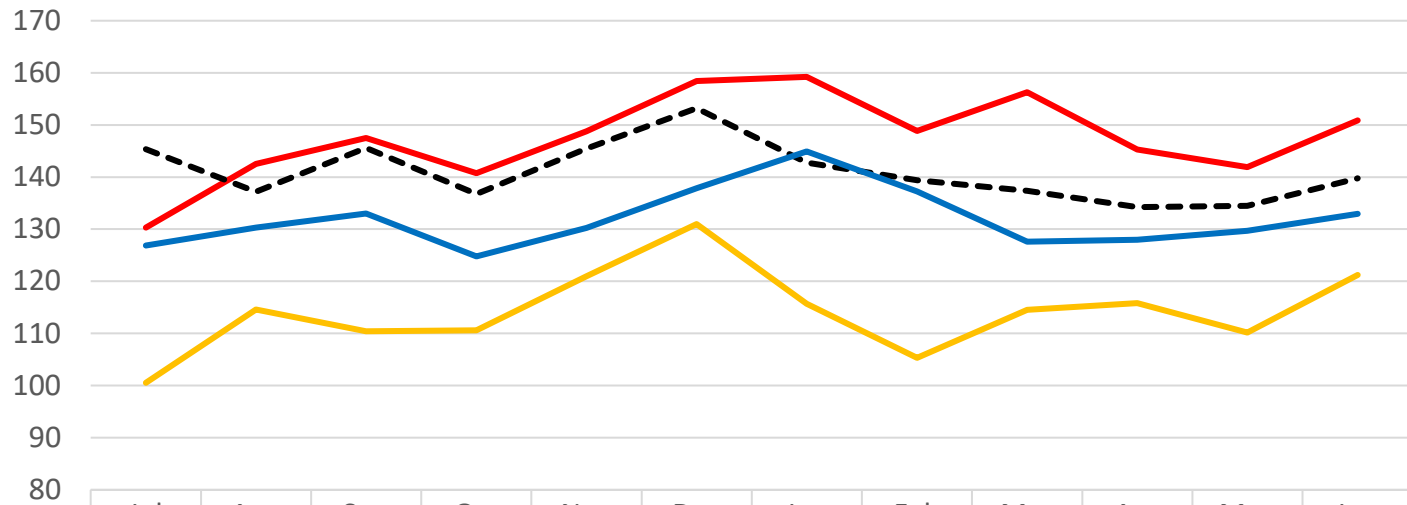
Discharges

including OBS/OEXT



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2023 Actuals	1116	1173	1164	1236	1146	1271	1219	1175	1297	1205	1241	1268	14,511
2023 Budget	1185	1157	1145	1132	1132	1195	1076	1011	1163	1100	1145	1151	13,593
2022 Actuals	1102	1122	1059	1090	1058	1084	1037	1006	1121	1135	1170	1154	13,138
2021 Actuals	987	1051	1016	1079	956	1022	1018	866	1027	1072	1041	1054	12,189

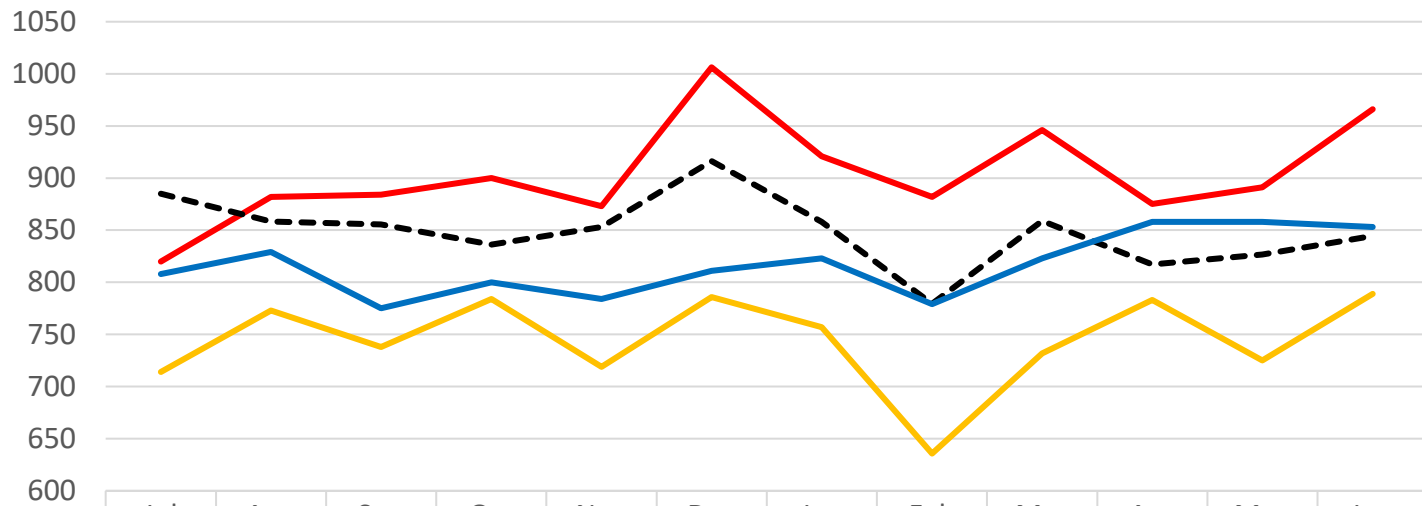
Average Daily Census Inpatient



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2023 Actuals	130	143	147	141	149	158	159	149	156	145	142	151	1771
2023 Budget	145	137	146	137	145	153	143	139	137	134	134	140	1691
2022 Actuals	127	130	133	125	130	138	145	137	128	128	130	133	1583
2021 Actuals	101	115	110	111	121	131	116	105	115	116	110	121	1371

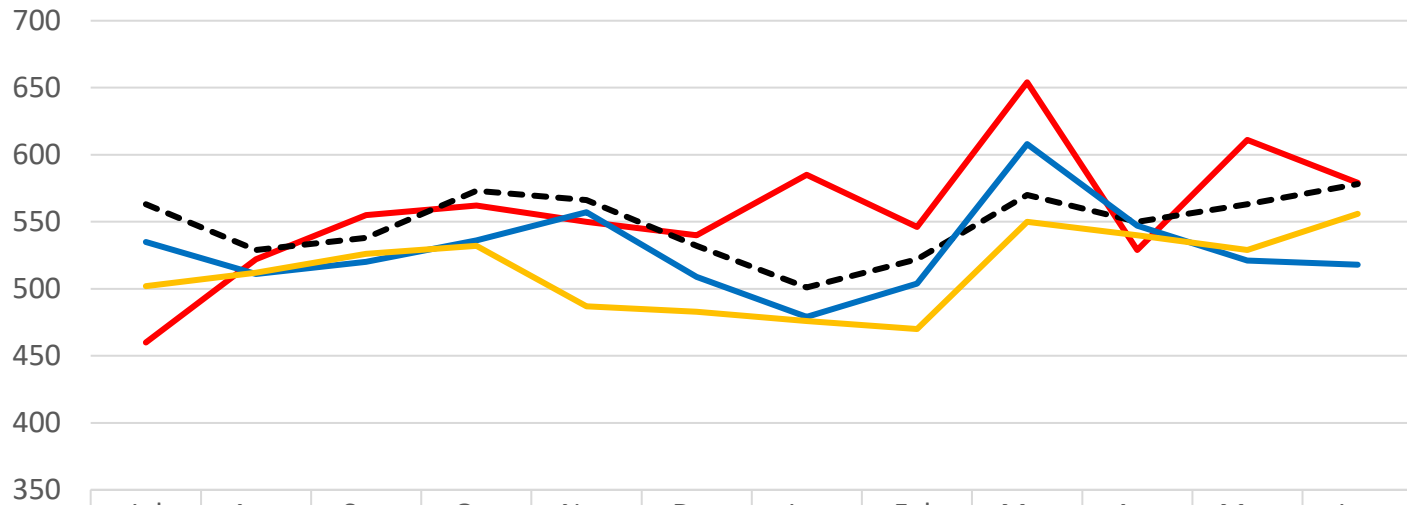
Discharges

Inpatient



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2023 Actuals	820	882	884	900	873	1006	921	882	946	875	891	966	10,846
2023 Budget	885	858	855	836	853	916	858	779	859	817	827	844	10,189
2022 Actuals	808	829	775	800	784	811	823	779	823	858	858	853	9,801
2021 Actuals	714	773	738	784	719	786	757	636	732	783	725	789	8,936

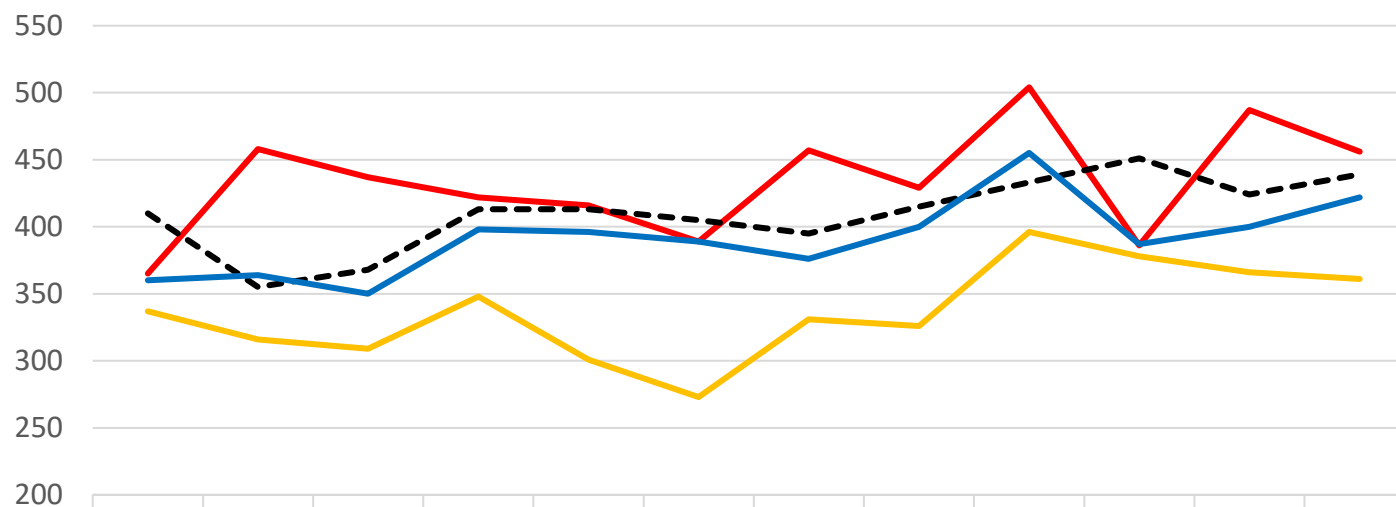
JDH - Main OR



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2023 Actuals	460	522	555	562	550	540	585	546	654	529	611	579	6,693
2023 Budget	563	529	538	573	566.2	532	501	522	570	550	563	578	6,585
2022 Actuals	535	511	520	536	557	509	479	504	608	547	521	518	6,345
2021 Actuals	502	512	526	532	487	483	476	470	550	540	529	556	6,163

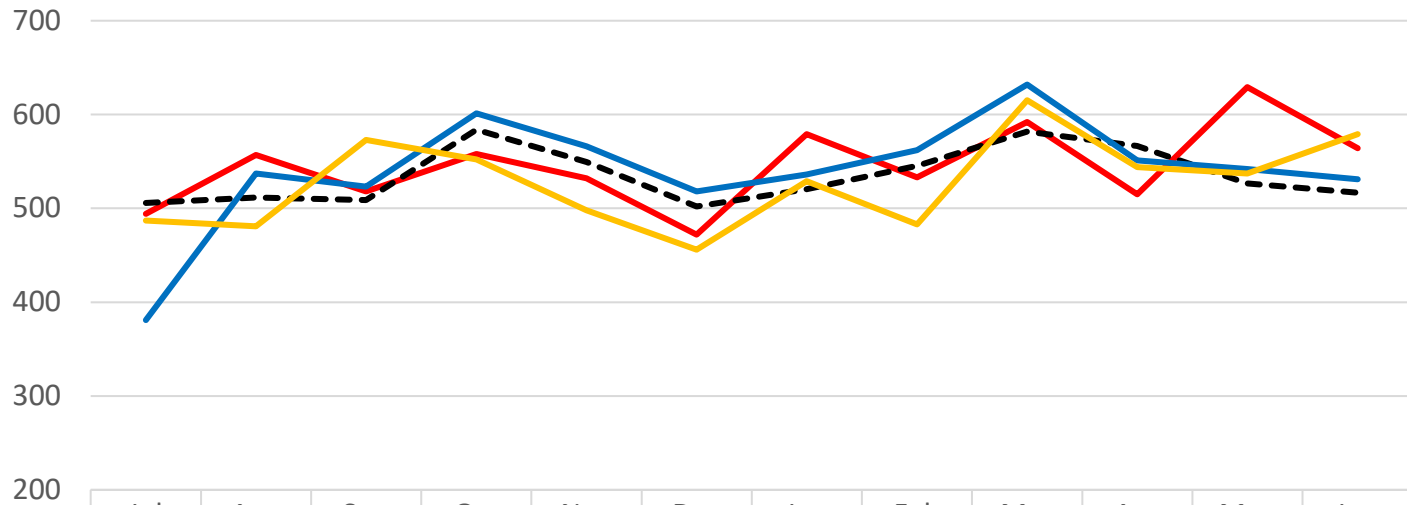
PROCEDURE CENTER

GI ENDOSCOPY



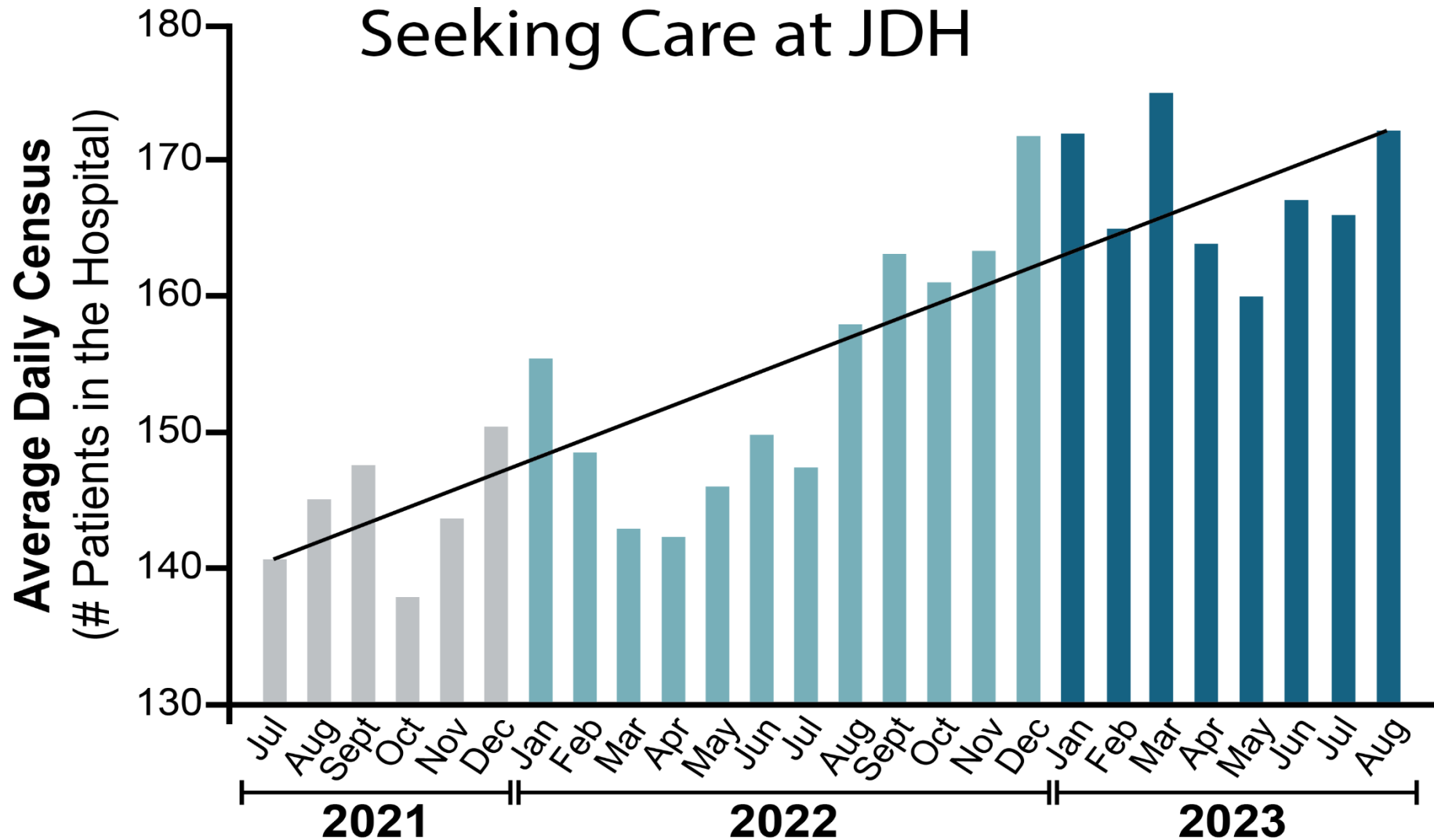
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2023 Actuals	365	458	437	422	416	389	457	429	504	386	487	456	5,206
2023 Budget	410	355	368	413	413	405	395	415	433	451	424	439	4,921
2022 Actuals	360	364	350	398	396	389	376	400	455	387	400	422	4,697
2021 Actuals	337	316	309	348	301	273	331	326	396	378	366	361	4,042

UHSC - OR

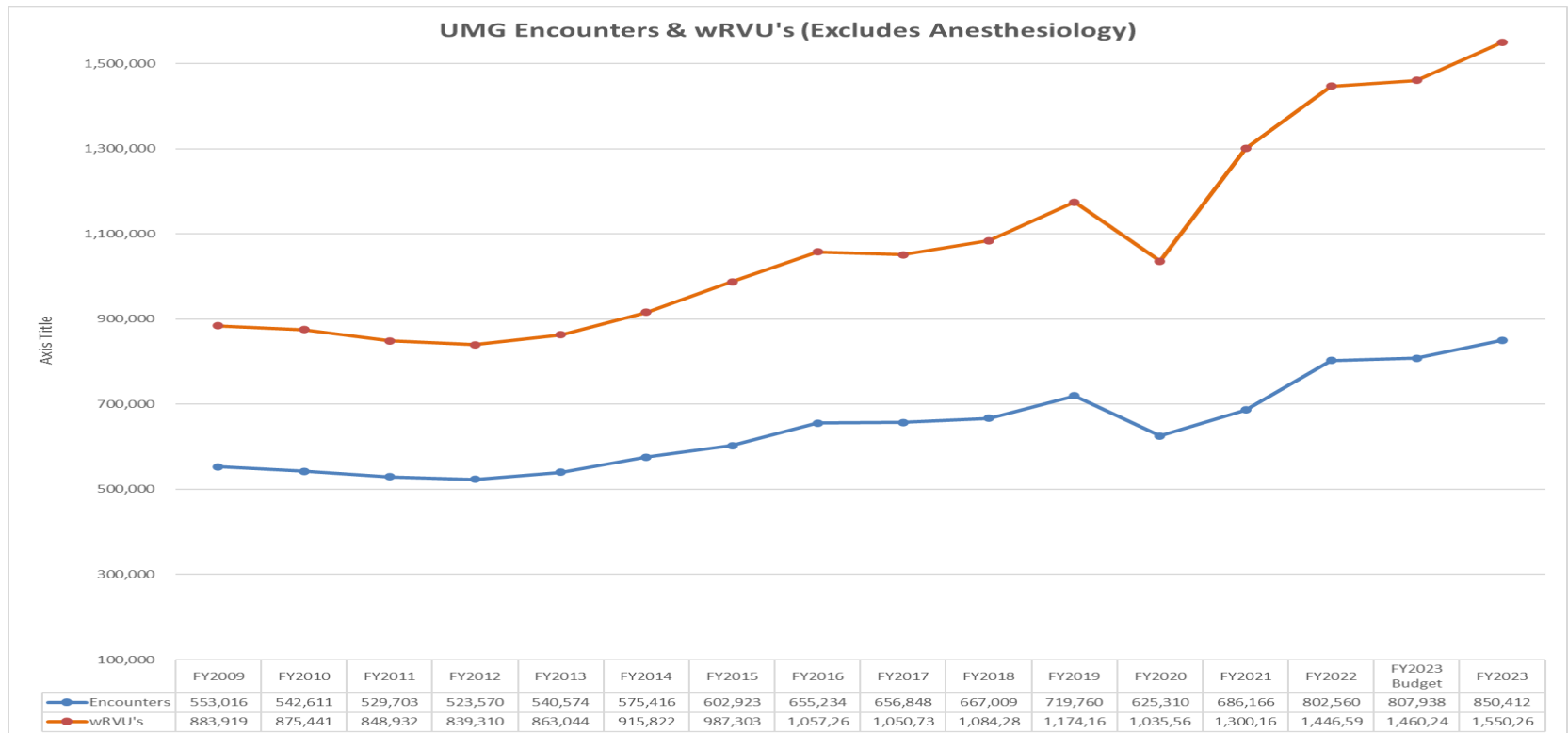


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2023 Actuals	494	557	518	558	532	472	579	533	592	515	629	564	6,543
2023 Budget	506	511	509	584	550	502	520	545	582	566	526	517	6,418
2022 Actuals	381	537	523	601	566	518	536	562	632	551	542	531	6,480
2021 Actuals	487	481	573	552	498	456	529	483	615	544	537	579	6,334

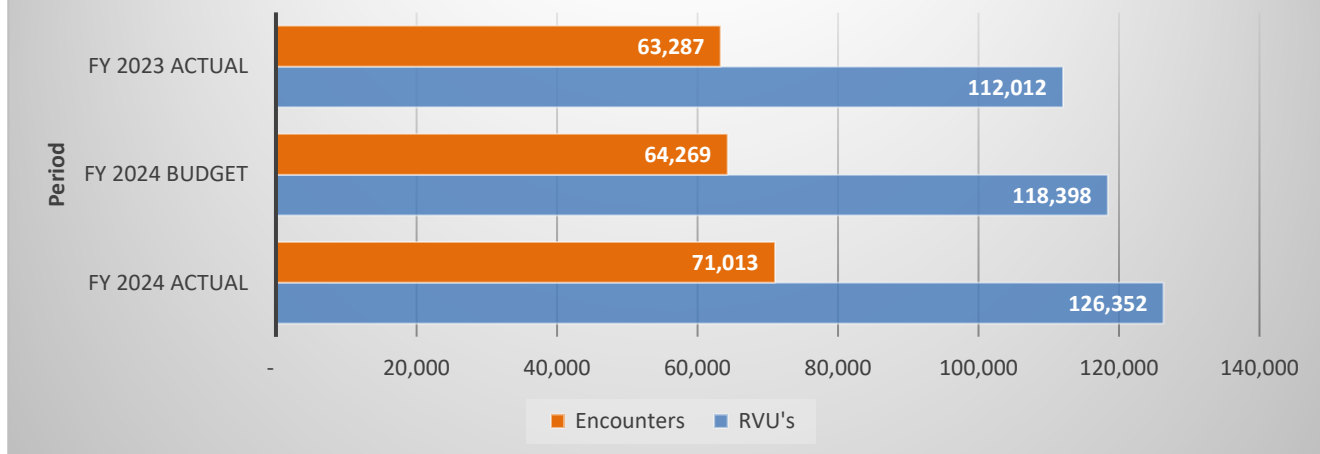
Sustained Growth of Patients Seeking Care at JDH



UMG Encounters & wRVU's (Excludes Anesthesiology)



UCONN Medical Group July 2023



Encounters:

- YTD encounters are ahead of budget by 10.5% & ahead of prior year by 12.2%.

wRVU:

- YTD wRVU's are ahead of budget by 6.7% & ahead prior year by 12.8%.

Revenues:

- YTD net patient revenues are ahead of budget by 7.5% & ahead of prior year by 12.4%.
 - Largest growth areas for YTD charges/stats are MOHS, Primary Care & Radiology when compared to budget.

	FY 2024 Actual	FY 2024 Budget	FY 2023 Actual	Budget	vs PY
RVU's	126,352	118,398	112,012	6.7%	12.8%
Encounters	71,013	64,269	63,287	10.5%	12.2%
Net Revenue	10,953,076	10,192,963	9,741,738	7.5%	12.4%

Fiscal Year 2023
Results of Operations
As of June 30, 2023

UConn HEALTH

Consolidated Financial Reports Financial Update & Highlights

TO: Members, Board of Directors
FROM: Jeffrey P. Geoghegan, Chief Financial Officer
DATE: August 8, 2023
SUBJECT: **Unaudited FY 2023 Financial Results for the twelve months ended June 30, 2023.**

Introduction:

The following provides highlights for the twelve months ended June 30, 2023.

UConn Health had a positive margin of \$24.9 million for fiscal 2023. Overall UConn Health was \$24.3 million favorable to budget. UConn Health is monitoring the impacts of the end of the public health emergency (PHE) which include potential Medicaid enrollment rollbacks, bed licensure requirements, and enhanced reporting mandates. We are also keeping an eye on the latest COVID trends and forecasts. In addition, management is monitoring impacts of inflationary pressures, supply chain shortages and disruptions, and other emerging threats to operations. Finally, UConn Health continues to watch local, national, and global political and geopolitical tensions as they affect our operations, patients, and staff.

Key drivers of budget variances are outlined below.

Education, Research & Institutional Support

The result of operations for Education, Research & Institutional Support was unfavorable to the budget by \$2.3 million. This includes charges for funded depreciation allocated from Institutional Support.

Year to date significant highlights include:

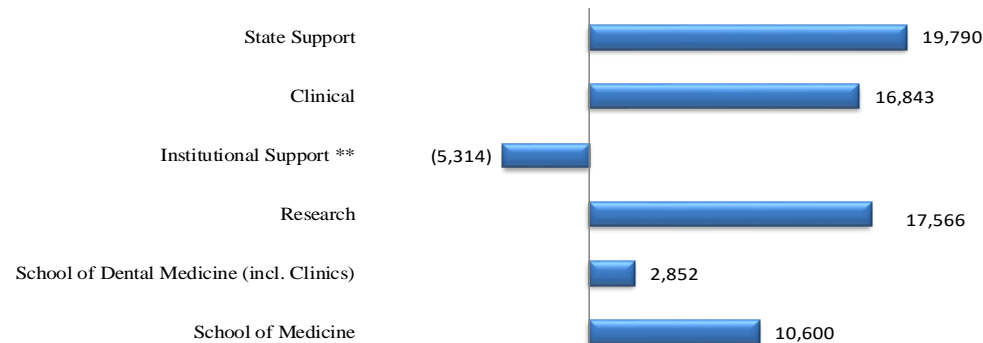
- Research results of operations were favorable to budget by \$17.6 million. Favorable variances were driven by administrative cost savings and favorable variances in Outside and Other Purchase Services.
- School of Medicine results of operations were favorable to budget by \$10.6 million. Favorable variances were driven by lower than anticipated personnel costs as well as Outside and Other Purchase Services.
- School of Dental Medicine results of operations were favorable to budget by \$2.9 million. Favorable variances were driven by lower than anticipated personnel costs including salaries and fringe benefits.
- **Clinical:** Clinical operations had a combined loss of \$193.3 million, which was ahead of budget by approximately \$16.8 million. Clinical results exclude an allocation for in-kind fringe benefits so a loss under this presentation is expected. Summary analysis of revenues and expenses appear in the following pages.

UConn HEALTH

Key Financial Results For the period ending June 30, 2023

Category	Year - to - Date					
	Actual	Budget	Variance	Percent	Prior Year	Percent
Total UCH Excess/(Deficiency)	\$24,942	\$605	\$24,337	4022.6%	\$59,887	-58.4%
Education, Research & Institutional Support- Excess/(Deficiency)	(\$220,520)	(\$208,225)	(\$12,295)	-5.9%	(\$164,824)	-33.8%
Finance Corp	(\$1,386)	(\$2,510)	1,124	44.8%	\$500	-377.2%
John Dempsey Hospital - Excess/(Deficiency)	(\$65,399)	(\$75,740)	\$10,341	13.7%	(\$48,414)	-35.1%
UMG - Excess/(Deficiency)	(\$126,441)	(\$131,818)	\$5,377	4.1%	(\$114,056)	-10.9%
Total Clinical (JDH/UMG/Finance Corp)	(\$193,226)	(\$210,068)	\$16,842	8.0%	(\$161,970)	-19.3%
CMHC - Excess/(Deficiency)	\$0	\$0	\$0		\$0	
State Appropriation-Block Grant	\$153,129	\$151,464	\$1,665	1.1%	\$142,227	7.7%
State Support ARPA/Other	\$110,469	\$110,400	\$69	0.1%	\$85,000	30.0%
Fringe Benefits & Other Adjustments	\$175,090	\$157,034	\$18,056	11.5%	\$159,454	9.8%
Total State Support	\$438,688	\$418,898	\$19,790	4.7%	\$386,681	13.4%
Total Revenues (000's)	\$1,281,048	\$1,189,304	\$91,744	7.7%	\$1,154,589	11.0%
Total Expenses (000's)	\$1,694,794	\$1,607,596	\$87,198	5.4%	\$1,481,384	14.4%
Research Revenue Recognition in Financial Statements	\$89,162	\$87,444	\$1,718	2.0%	\$96,823	-7.9%

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



** Excludes \$38M transferred to capital

UConn HEALTH

Consolidated Statement of Revenues and Expenses (without Eliminations)

	Consolidated UConn Health YTD June 2023				Consolidated UConn Health YTD June 2022		
	Actual	Budget	Variance	Percent Variance	Actual	Variance	Percent Variance
<u>Revenues:</u>							
Tuition	\$ 32,729,788	\$ 32,150,226	\$ 579,562	1.8%	\$ 31,089,342	\$ 1,640,446	5.3%
Research Grants and Contracts	89,162,095	87,443,519	1,718,576	2.0%	96,823,048	(7,660,953)	-7.9%
Non-Federal Research Grants and Contracts	26,739,734	23,812,199	2,927,535	12.3%	25,860,274	879,460	3.4%
Auxiliary Enterprises	17,991,287	20,436,865	(2,445,579)	-12.0%	13,690,769	4,300,518	31.4%
Internal Income	99,994,205	86,018,391	13,975,814	16.2%	84,400,925	15,593,280	18.5%
Interns and Residents	79,184,109	77,500,052	1,684,057	2.2%	72,587,145	6,596,964	9.1%
Net Patient Care	843,146,951	782,465,021	60,681,929	7.8%	743,209,742	99,937,209	13.4%
Gifts & Endowment Income	5,419,042	3,265,807	2,153,235	65.9%	4,417,503	1,001,539	22.7%
Investment Income	9,817,304	1,384,991	8,432,313	608.8%	132,807	9,684,497	7292.1%
Other Income	76,863,468	74,826,729	2,036,738	2.7%	82,377,740	(5,514,272)	-6.7%
Total Revenues	\$ 1,281,047,982	\$ 1,189,303,801	\$ 91,744,181	7.7%	\$ 1,154,589,295	\$ 126,458,687	11.0%
<u>Expenses:</u>							
Personnel Services	\$ 550,181,963	\$ 529,506,072	\$ 20,675,891	3.9%	\$ 504,575,543	\$ 45,606,421	9.0%
Fringe Benefits	357,800,974	351,276,571	6,524,403	1.9%	330,086,976	27,713,998	8.4%
Medical Contractual Support	16,469,506	15,588,943	880,562	5.6%	13,839,814	2,629,692	19.0%
Internal Contractual Support	99,414,409	86,017,687	13,396,722	15.6%	87,882,394	11,532,015	13.1%
Medical/Dental House Staff	63,309,730	63,216,003	93,727	0.1%	58,734,866	4,574,864	7.8%
Outside Agency Per Diems	30,734,933	19,338,501	11,396,432	58.9%	15,333,581	15,401,352	100.4%
Drugs	190,467,934	179,992,610	10,475,324	5.8%	150,954,218	39,513,717	26.2%
Medical Supplies	85,109,579	82,012,628	3,096,951	3.8%	77,053,892	8,055,687	10.5%
Utilities	13,843,098	15,224,597	(1,381,499)	-9.1%	14,120,481	(277,383)	-2.0%
Outside & Other Purchased Services	126,198,623	139,360,559	(13,161,936)	-9.4%	111,899,911	14,298,711	12.8%
Insurance	9,471,583	7,944,582	1,527,001	19.2%	12,301,663	(2,830,080)	-23.0%
Repairs & Maintenance	21,948,133	22,551,398	(603,265)	-2.7%	20,880,533	1,067,600	5.1%
Debt Service	8,319,748	8,326,846	(7,098)	-0.1%	8,660,272	(340,524)	-3.9%
Other Expenses	43,079,584	48,245,135	(5,165,551)	-10.7%	49,413,025	(6,333,441)	-12.8%
Depreciation/Funded Capital Projects	78,444,230	38,994,022	39,450,207	101.2%	25,646,350	52,797,880	205.9%
Total Expenses	\$ 1,694,794,027	\$ 1,607,596,154	\$ 87,197,874	5.4%	\$ 1,481,383,519	\$ 213,410,508	14.4%
<u>Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations</u>	\$ (413,746,046)	\$ (418,292,352)	\$ 4,546,306	1.1%	\$ (326,794,224)	\$ (86,951,822)	-26.6%
State Appropriation-Block Grant	\$ 153,129,160	\$ 151,464,054	\$ 1,665,106	1.1%	\$ 142,226,938	\$ 10,902,222	7.7%
State Support ARPA/Other	110,468,649	110,400,000	68,649	0.1%	85,000,000	\$ 25,468,649	0.0%
State Support Other Adjustments	175,089,738	157,033,637	18,056,101	11.5%	159,453,855	15,635,882	9.8%
<u>Excess/(Deficiency)</u>	\$ 24,941,500	\$ 605,339	\$ 24,336,161	4020.3%	\$ 59,886,569	\$ (34,945,069)	-58.4%

UConn HEALTH

John Dempsey Hospital Consolidated Statement of Revenues and Expenses June 30, 2023

	Year-to-Date June				
	Actual '23	Budget '23	Variance	Percent Variance	Actual '22
<u>Revenues:</u>					
Net Patient Care	\$ 591,437,075	\$ 550,307,630	\$ 41,129,446	7.5%	\$ 533,884,635
Other Income	109,798,889	97,411,092	12,387,797	12.7%	89,455,031
Total Revenues	\$ 701,235,965	\$ 647,718,722	\$ 53,517,243	8.3%	\$ 623,339,666
<u>Expenses:</u>					
Personnel Services	\$ 233,913,027	\$ 213,435,969	\$ 20,477,058	9.6%	\$ 202,595,954
Fringe Benefits	171,010,373	158,659,470	12,350,902	7.8%	149,577,442
Medical Contractual Support	2,439,996	1,949,988	490,009	25.1%	338,011
Internal Contractual Support	51,430,339	50,383,486	1,046,853	2.1%	53,398,040
Medical/Dental House Staff	3,695,641	3,688,000	7,641	0.2%	2,743,421
Outside Agency Per Diems	28,416,824	17,310,039	11,106,785	64.2%	13,305,408
Drugs	104,414,654	99,448,115	4,966,539	5.0%	93,312,005
Medical Supplies	69,900,163	66,808,378	3,091,785	4.6%	63,367,694
Utilities	5,763,273	6,287,698	(524,425)	-8.3%	5,590,824
Outside & Other Purchased Services	64,710,496	73,480,533	(8,770,036)	-11.9%	60,632,988
Insurance	5,815,119	6,042,366	(227,247)	-3.8%	4,267,210
Repairs & Maintenance	12,614,499	13,338,063	(723,563)	-5.4%	11,659,680
Other Expenses	5,987,039	6,521,174	(534,136)	-8.2%	5,716,370
Debt Service	165,825	157,968	7,857	5.0%	104,273
Depreciation	6,358,112	5,947,737	410,374	6.9%	5,144,671
Total Expenses	\$ 766,635,382	\$ 723,458,985	\$ 43,176,397	6.0%	\$ 671,753,989
<u>Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations</u>	\$ (65,399,417)	\$ (75,740,263)	\$ 10,340,846	13.7%	\$ (48,414,323)

UConn HEALTH

John Dempsey Hospital

Results of Operations

JDH's YTD loss for the twelve months ended June 30, 2023, was \$65.5 million compared to a budgeted loss of \$75.7 million, for a favorable variance of \$10.2 million. Total revenues were favorable by \$53.5 million. Net patient revenue was favorable by \$41.1 million. Total expenses were unfavorable to budget by \$43.2 million.

<u>Category</u>	<u>Year - to - Date</u>						
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percent</u>	<u>Prior Year</u>	<u>Variance</u>	<u>Percent</u>
John Dempsey Hospital (in thousands)							
JDH Excess/(Deficiency) of Revenues over Expenses	(\$65,399)	(\$75,740)	\$10,341	13.7%	(\$48,414)	(\$16,985)	-35.1%
JDH Operating Margin	-9.3%	-11.7%	2.4%	20.2%	-7.8%	-1.6%	20.1%
Inpatient Discharges	10,891	10,206	685	6.7%	9,801	1,090	11.1%
Observation Stays	7,681	6,303	1,378	21.9%	5,501	2,180	39.6%
Outpatient Equivalents	21,472	22,746	(1,274)	-5.6%	20,665	807	3.9%
Average Length of Stay	5.0	5.0	(0.0)	-0.3%	4.9	0.1	2.2%
Net Patient Revenue per Adjusted Discharge	\$18,275	\$16,700	\$1,575	9.4%	\$17,524	\$751	4.3%
Cost per Adjusted Discharge	\$23,688	\$21,955	\$1,733	7.9%	\$22,049	\$1,639	7.4%
Days Revenue in Accounts Receivable	25	24	1	4.2%	25	0	0.0%
Case Mix Index	1.5546	1.5611	(0.0065)	-0.4%	1.5596	(0.0050)	-0.3%

Net Revenue: Year to Date

Total net patient revenue was favorable to the budget plan by \$41.1 million (7.5%) and favorable to prior year by \$57.6 million (10.78%). Inpatient discharges of 10,891 are ahead of budget by 685 (6.7%) and ahead of the prior year by 1,090 (11.1%). Outpatient volume, represented by Outpatient Equivalents of 21,472, was unfavorable to budget by 1,274 (5.6%) but higher than the prior year by 807 (3.9%).

The key drivers for net revenue are:

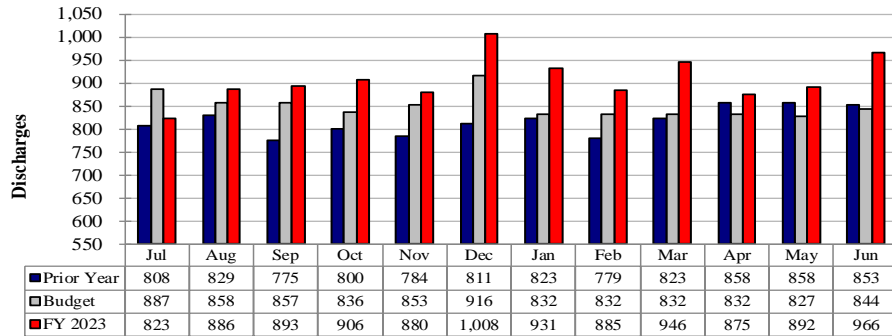
- Compared to budget JDH had the following price/volume variances on adjusted discharges
 - Volume variance: Adjusted discharges were unfavorable to budget by 589 unfavorable variances valued at \$9.8 million.
 - Price variance: Net Revenue per adjusted discharge was \$1,575 ahead of budget, a favorable variance valued at \$50.9 million.

Expenses: Year to Date

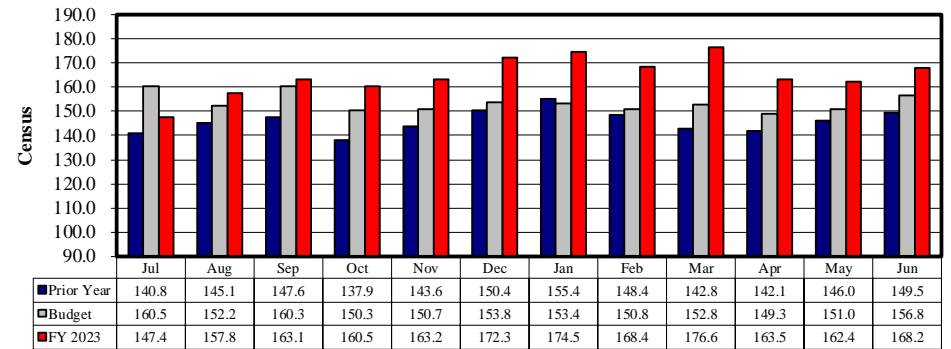
Expenses were unfavorable to the budget by \$43.2 million. The main drivers for the unfavorable variance were personnel costs including outside agency per diems. These costs reflect increased wages for hospital personnel and increased usage of temporary staff due to higher hospital volumes. Drug costs and medical supplies were also a driver rising in line with higher patient volumes.

UConn HEALTH

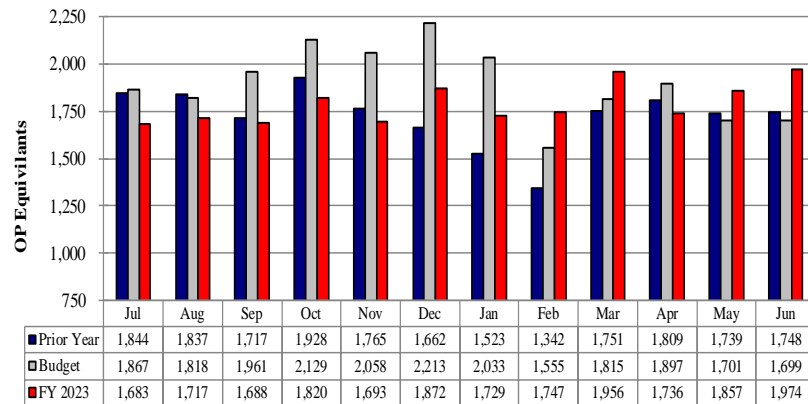
JDH Discharges by Month



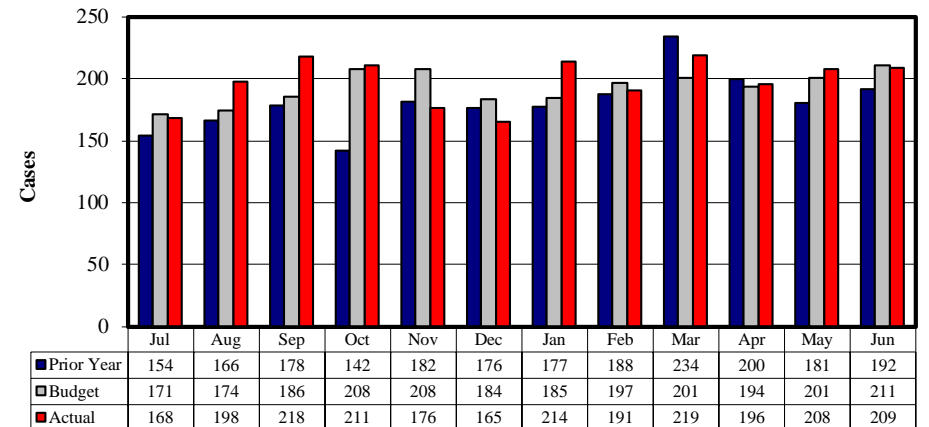
JDH Average Daily Census By Month



JDH Outpatient Equivalents



Inpatient Surgical Cases



UConn HEALTH

UConn Medical Group Consolidated Statement of Revenues and Expenses June 30, 2023

	Year-to-Date June				
	Actual '23	Budget '23	Variance	Percent Variance	Actual '22
<u>Revenues:</u>					
Net Patient Care	\$ 129,532,422	\$ 126,206,516	\$ 3,325,906	2.6%	\$ 123,623,355
Other Income	7,624,470	6,888,541	735,929	10.7%	17,225,523
Total Revenues	\$ 137,156,892	\$ 133,095,057	\$ 4,061,835	3.1%	\$ 140,848,878
<u>Expenses:</u>					
Personnel Services	\$ 135,717,137	\$ 133,071,553	\$ 2,645,585	2.0%	\$ 130,876,359
Fringe Benefits	78,578,744	78,612,334	(33,591)	0.0%	76,678,430
Medical Contractual Support	1,516,192	1,336,401	179,791	13.5%	2,771,047
Internal Contractual Support	8,928,630	9,696,183	(767,554)	-7.9%	9,259,470
Outside Agency Per Diems	1,253,309	1,390,430	(137,121)	-9.9%	1,311,871
Drugs	7,788,930	7,319,488	469,442	6.4%	6,694,750
Medical Supplies	2,010,179	2,596,637	(586,458)	-22.6%	2,050,993
Utilities	2,454,222	2,717,040	(262,818)	-9.7%	2,418,533
Outside & Other Purchased Services	18,554,124	21,148,548	(2,594,423)	-12.3%	16,461,581
Insurance	554,018	548,440	5,578	1.0%	523,463
Repairs & Maintenance	3,500,432	3,426,996	73,436	2.1%	3,445,451
Other Expenses	1,539,876	1,991,784	(451,908)	-22.7%	1,583,434
Debt Service	37,122	33,756	3,366	10.0%	4,883
Depreciation	1,164,914	1,023,915	140,998	13.8%	824,419
Total Expenses	\$ 263,597,830	\$ 264,913,508	\$ (1,315,678)	-0.5%	\$ 254,904,685
<u>Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations</u>	\$ (126,440,938)	\$ (131,818,451)	\$ 5,377,513	4.1%	\$ (114,055,807)

UConn HEALTH

UConn Medical Group

Results of Operations

UMG's loss for the twelve months ended June 30, 2023, was \$126.4 million, \$5.4 million less than the budgeted deficit of \$131.8 million. The deficit in the prior year was \$114 million for an unfavorable variance of \$12.4 million.

Other significant highlights include:

	Year - to - Date						
Category	Actual	Budget	Variance	Percent	Prior Year	Variance	Percent
University Medical Group (in thousands)							
(Deficiency)/Excess of Revenues over Expenses	(\$126,441)	(\$131,818)	\$5,377	4.1%	(\$114,056)	(\$12,385)	-10.9%
Operating Margin	-92.2%	-99.0%	6.9%	6.9%	-81.0%	-11.2%	-13.8%
RVU's	1,550,265	1,460,242	90,023	6.2%	1,446,597	103,668	7.2%
Net Revenue Per RVU	\$83.56	\$86.43	(\$2.87)	-3.3%	\$85.46	(\$1.90)	-2.2%
Cost per RVU (w.o. Anesthesia)	\$170.03	\$181.42	(\$11.39)	-6.3%	\$176.21	(\$6.18)	-3.5%
Average Provider FTE	232	243	(11)	-4.7%	221	11	4.8%
Average Monthly RVU Per Provider	557	501	57	11.3%	545	12	2.3%
Days Revenue in Accounts Receivable	15	22	(7)	-31.8%	19	(4)	-21.1%

Net Revenue: Year to Dates

Net patient revenue is favorable to the budget plan by \$3.3 million (2.6%) and is favorable to prior year by \$5.9 million (4.78%).

The key drivers for net revenue are:

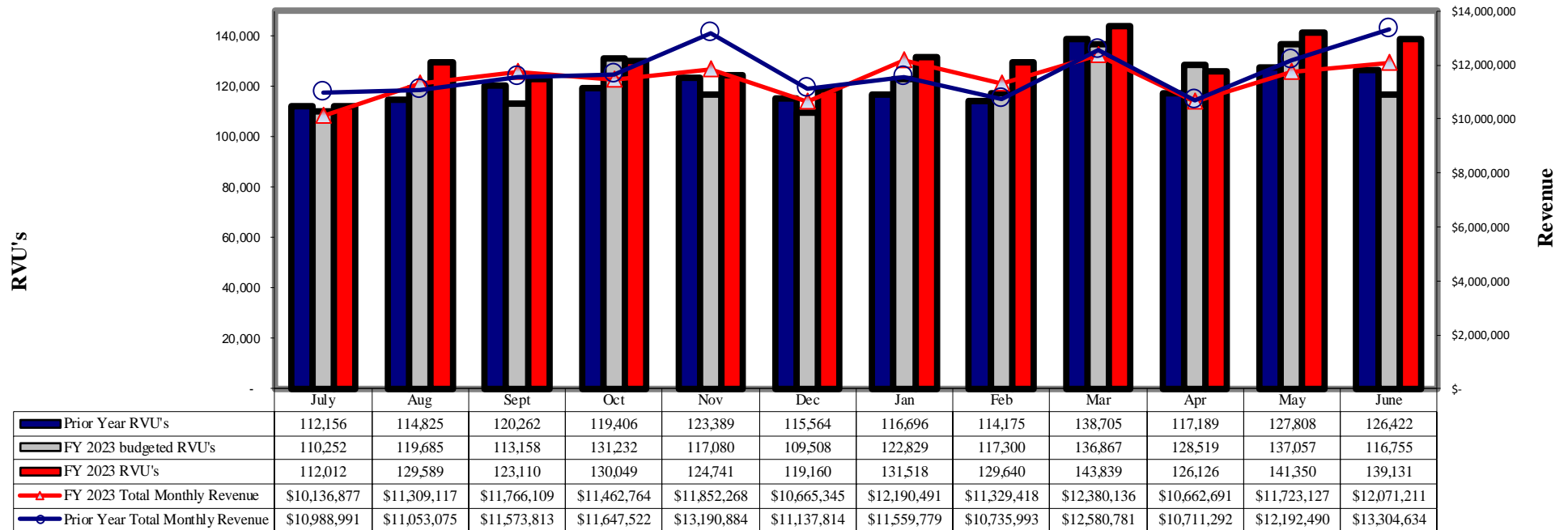
- RVU's are favorable to budget by 90,023 units (6.2%) – a favorable volume variance of \$7.8 million.
- Compared to Budget –The net revenue per unit was 2.87 unfavorable to budget – an unfavorable price variance of \$4.5 million.

Expenses: Year-to-date

Total expenses are favorable to the budget by \$1.3 million. Unfavorable variances are most notable in Personal Services and Drugs expenses, which are offset by savings in Outside and Other Purchased Services, Medical Supplies, and Other Expenses.

UConn HEALTH

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



Fiscal Year 2024
Results of Operations
As of July 31, 2023

UConn HEALTH

Consolidated Financial Reports Financial Update & Highlights

TO: Members, Board of Directors
FROM: Jeffrey P. Geoghegan, Chief Financial Officer
DATE: September 6, 2023
SUBJECT: Unaudited FY 2024 Financial Results for the one month ended July 31, 2023.

Introduction:

The following provides highlights for the month ended July 31, 2023.

UConn Health had a negative margin of \$3.5 million through July 31, 2023. For fiscal 2024, a deficit has been forecast and is expected to be covered by prior year surpluses. The amount allocated for the month was \$3.5 million. Overall, UConn Health operations were \$1.6 unfavorable to budget. UConn Health continues to monitor the ending of the public health emergency (PHE) while keeping an eye on the latest COVID variants. In addition, management is monitoring impacts of increased inflationary pressures, supply chain shortages, and other emerging health threats on operations. Finally, UConn Health continues to watch local, national, and global political and geopolitical tensions as they affect our operations, patients, and staff.

Key drivers of budget variances are outlined below.

Education, Research & Institutional Support

The result of operations for Education, Research & Institutional Support was unfavorable to the budget by \$3 million. This includes charges for funded depreciation allocated from Institutional Support.

Year to date significant highlights include:

- Research operations were unfavorable to budget by \$1.5 million. Spending and revenues on federal and non-federal grants were lower than forecasted in July resulting in less revenues and F&A recoveries.
- Institutional support was unfavorable to budget by \$1.7 million. Unfavorable variances in fringe benefits and Outside and Other Purchased Services.
- School of Medicine operations were favorable to budget by \$17,000. favorable variances were driven by lower than anticipated outside and other professional services.
- School of Dental Medicine operations were favorable to budget by \$168,000. Favorable variances were driven by lower than anticipated personnel costs including salaries and fringe benefits and Outside and Other Purchased Services.
- **Clinical:** Clinical operations had a combined loss of \$9.5 million, which was ahead of budget by approximately \$1.4 million. Clinical results exclude an allocation for state appropriations so a loss under this presentation is expected. Summary analysis of revenues and expenses appear in the following pages.

UConn HEALTH

Key Financial Results

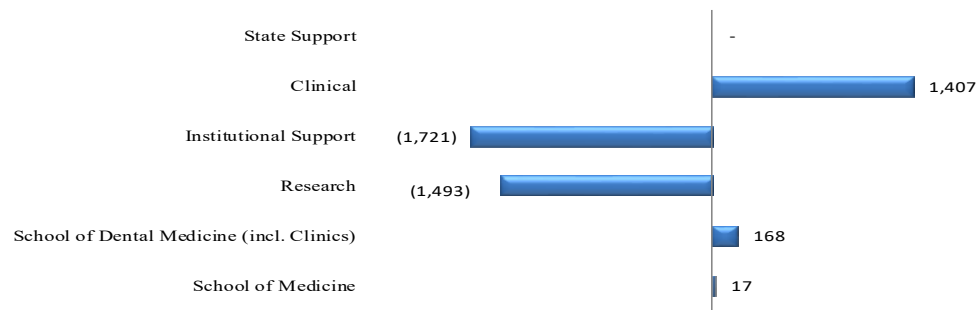
For the period ending July 31, 2023

(in thousands)

Category	Year - to - Date					
	Actual	Budget	Variance	Percent	Prior Year	Percent
Total UCH Results of Operations	(\$3,406)	(\$1,784)	(\$1,622)	-90.9%	\$6,592	-151.7%
Transfer FY23 Increase to Unrestricted Fund Balance	\$3,406	\$1,784	\$1,622	90.9%	\$0	0.0%
Total UCH Excess/(Deficiency)	\$0	\$0	\$0			
Education, Research & Institutional Support-Excess/(Deficiency)	(\$14,382)	(\$11,353)	(\$3,029)	-26.7%	(\$15,199)	5.4%
Finance Corp	135	(\$557)	692	124.2%	\$192	-29.7%
John Dempsey Hospital - Excess/(Deficiency)	(\$1,424)	(\$1,422)	(\$2)	-0.1%	(\$10,067)	85.9%
UMG - Excess/(Deficiency)	(\$8,178)	(\$8,895)	\$717	8.1%	(\$12,019)	32.0%
Total Clinical (JDH/UMG/Finance Corp)	(\$9,467)	(\$10,874)	\$1,407	12.9%	(\$21,894)	56.8%
CMHC - Excess/(Deficiency)	\$0	\$0	\$0	0.0%	\$0	
State Appropriation-Block Grant	\$9,282	\$9,282	\$0	0.0%	\$16,829	-44.8%
State Support ARPA/Other	\$10,723	\$10,723	\$0	0.0%	\$9,408	14.0%
Fringe Benefits & Other Adjustments	\$438	\$438	\$0	0.0%	\$17,448	-97.5%
Total State Support	\$20,443	\$20,443	\$0	0.0%	\$43,685	-53.2%
Total Revenues	\$100,684	\$103,472	(\$2,788)	-2.7%	\$93,811	7.3%
Total Expenses	\$124,534	\$125,699	(\$1,165)	-0.9%	\$130,905	-4.9%
Research Revenue Recognition in Financial Statements	\$5,573	\$7,323	(\$1,750)	-23.9%	\$6,492	-14.2%

Budget Variance by Program - Year To Date

(in 000's)



UConn HEALTH

Consolidated Statement of Revenues and Expenses (without Eliminations)

	Consolidated UConn Health YTD July 2023				Consolidated UConn Health YTD July 2022		
	Actual	Budget	Variance	Percent Variance	Actual	Variance	Percent Variance
<u>Revenues:</u>							
Tuition	\$ 2,767,366	\$ 2,783,188	\$ (15,822)	-0.6%	\$ 2,650,752	\$ 116,614	4.4%
Research Grants and Contracts	5,573,176	7,322,986	(1,749,810)	-23.9%	6,491,684	(918,508)	-14.1%
Non-Federal Research Grants and Contracts	1,853,200	2,086,309	(233,109)	-11.2%	2,146,364	(293,165)	-13.7%
Auxiliary Enterprises	1,428,112	1,652,726	(224,614)	-13.6%	1,662,744	(234,632)	-14.1%
Internal Income	8,466,898	8,777,030	(310,132)	-3.5%	7,191,336	1,275,562	17.7%
Interns and Residents	6,730,709	6,918,757	(188,049)	-2.7%	6,730,465	244	0.0%
Net Patient Care	69,670,009	69,176,983	493,026	0.7%	59,123,031	10,546,978	17.8%
Gifts & Endowment Income	304,653	378,962	(74,309)	-19.6%	383,761	(79,107)	-20.6%
Investment Income	632,112	374,986	257,126	68.6%	66,260	565,851	854.0%
Other Income	3,258,034	3,999,904	(741,869)	-18.5%	7,364,565	(4,106,531)	-55.8%
Total Revenues	\$ 100,684,269	\$ 103,471,831	\$ (2,787,562)	-2.7%	\$ 93,810,963	\$ 6,873,306	7.3%
<u>Expenses:</u>							
Personnel Services	\$ 49,049,878	\$ 49,027,443	\$ 22,435	0.0%	\$ 47,240,600	\$ 1,809,278	3.8%
Fringe Benefits	14,807,345	14,185,165	622,180	4.4%	30,678,492	(15,871,147)	-51.7%
Medical Contractual Support	1,718,345	1,739,169	(20,825)	-1.2%	1,254,779	463,566	36.9%
Internal Contractual Support	8,403,828	8,734,550	(330,722)	-3.8%	7,321,870	1,081,958	14.8%
Medical/Dental House Staff	5,697,749	5,748,900	(51,151)	-0.9%	5,288,971	408,778	7.7%
Outside Agency Per Diems	1,998,377	1,921,307	77,070	4.0%	2,108,672	(110,295)	-5.2%
Drugs	16,636,019	15,735,415	900,604	5.7%	12,962,618	3,673,401	28.3%
Medical Supplies	6,361,411	6,705,061	(343,650)	-5.1%	5,807,036	554,376	9.5%
Utilities	1,184,884	1,318,263	(133,379)	-10.1%	1,382,185	(197,301)	-14.3%
Outside & Other Purchased Services	10,916,287	11,802,983	(886,696)	-7.5%	10,518,023	398,264	3.8%
Insurance	509,167	691,429	(182,262)	-26.4%	542,580	(33,413)	-6.2%
Repairs & Maintenance	1,819,134	2,092,777	(273,644)	-13.1%	1,276,863	542,271	42.5%
Debt Service	676,097	686,846	(10,748)	-1.6%	707,707	(31,610)	-4.5%
Other Expenses	2,620,154	3,060,127	(439,973)	-14.4%	1,656,120	964,034	58.2%
Depreciation/Funded Capital Projects	2,134,827	2,250,000	(115,173)	-5.1%	2,158,509	(23,681)	-1.1%
Total Expenses	\$ 124,533,503	\$ 125,699,436	\$ (1,165,933)	-0.9%	\$ 130,905,024	\$ (6,371,521)	-4.9%
<u>Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations</u>	\$ (23,849,234)	\$ (22,227,605)	\$ (1,621,629)	-7.3%	\$ (37,094,061)	\$ 13,244,827	35.7%
State Appropriation-Block Grant	\$ 9,282,383	\$ 9,282,383	\$ 0	0.0%	\$ 16,829,339	\$ (7,546,956)	-44.8%
State Support ARPA/Other	10,723,199	10,723,199	0	0.0%	9,408,334	\$ 1,314,865	0.0%
State Support Other Adjustments	437,689	437,690	(0)	0.0%	17,448,182	(17,010,492)	-97.5%
<u>Excess/(Deficiency) over Expenses Prior to Transfers</u>	(3,405,963)	(1,784,334)	(1,621,629)	-90.9%	6,591,794	(9,997,757)	-151.7%
Transfers							
Transfer FY23 Increase to Unrestricted Fund Balance	3,405,963	1,784,334	1,621,629	100.0%	-	3,405,963	100.0%
Total Transfers	3,405,963	1,784,334	1,621,629	100.0%	-	3,405,963	100.0%
<u>Excess/(Deficiency)</u>	\$ -	\$ -	\$ -	0.0%	\$ 6,591,794	\$ (6,591,794)	-100.0%

UConn HEALTH

John Dempsey Hospital Consolidated Statement of Revenues and Expenses July 31, 2023

Year-to-Date July					
	Actual '24	Budget '24	Variance	Percent Variance	Actual '23
<u>Revenues:</u>					
Net Patient Care	\$ 46,943,097	\$ 48,499,622	\$ (1,556,525)	-3.2%	\$ 41,414,664
Other Income	6,737,109	7,110,377	(373,267)	-5.2%	9,429,533
Total Revenues	\$ 53,680,206	\$ 55,609,999	\$ (1,929,793)	-3.5%	\$ 50,844,197
<u>Expenses:</u>					
Personnel Services	\$ 20,889,645	\$ 20,861,868	\$ 27,777	0.1%	\$ 19,774,174
Fringe Benefits	5,811,749	6,549,519	(737,770)	-11.3%	13,839,797
Medical Contractual Support	272,731	282,940	(10,209)	-3.6%	201,498
Internal Contractual Support	4,975,002	4,660,823	314,179	6.7%	4,464,657
Medical/Dental House Staff	282,794	308,333	(25,539)	-8.3%	284,615
Outside Agency Per Diems	1,717,786	1,736,234	(18,448)	-1.1%	1,995,561
Drugs	7,873,325	8,080,732	(207,407)	-2.6%	7,572,381
Medical Supplies	5,433,065	5,492,130	(59,065)	-1.1%	5,014,998
Utilities	486,731	505,774	(19,043)	-3.8%	550,574
Outside & Other Purchased Services	5,241,573	5,938,417	(696,843)	-11.7%	5,463,633
Insurance	401,329	536,715	(135,386)	-25.2%	412,430
Repairs & Maintenance	952,759	1,207,489	(254,731)	-21.1%	669,371
Other Expenses	207,327	359,454	(152,126)	-42.3%	207,446
Debt Service	14,210	20,491	(6,281)	-30.7%	9,077
Depreciation	543,894	490,716	53,178	10.8%	450,741
Total Expenses	\$ 55,103,920	\$ 57,031,635	\$ (1,927,715)	-3.4%	\$ 60,910,954
<u>Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations</u>	\$ (1,423,714)	\$ (1,421,637)	\$ (2,077)	-0.1%	\$ (10,066,757)

UConn HEALTH

John Dempsey Hospital

Results of Operations

JDH's YTD loss for the one month ended July 31, 2023, was \$1.4 million compared to a budgeted loss of \$1.4 million, for a small unfavorable variance. Total revenues were unfavorable by \$1.9 million. Net patient revenue was unfavorable by \$1.6 million. Total expenses were favorable to budget by \$1.9 million.

<u>Category</u>	<u>Year - to - Date</u>					
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percent</u>	<u>Prior Year</u>	<u>Variance</u>
John Dempsey Hospital (in thousands)						
JDH Excess/(Deficiency) of Revenues over Expenses	(\$1,424)	(\$1,422)	(\$2)	-0.1%	(\$10,067)	\$8,643
JDH Operating Margin	-2.7%	-2.6%	-0.1%	-3.7%	-19.8%	17.1%
Inpatient Discharges	904	905	(1)	-0.1%	823	81
Observation Stays	644	568	76	13.4%	677	(33)
Outpatient Equivalents	1,735	1,794	(59)	-3.3%	1,844	(109)
Average Length of Stay	4.7	4.9	(0.2)	-4.1%	4.8	(0.1)
Net Patient Revenue per Adjusted Discharge	\$17,789	\$17,969	(\$180)	-1.0%	\$15,530	\$2,259
Cost per Adjusted Discharge	\$20,881	\$21,131	(\$250)	-1.2%	\$22,841	(\$1,960)
Days Revenue in Accounts Receivable	27	24	3	10.4%	25	2
Case Mix Index	1.5196	1.5611	(0.0415)	-2.7%	1.5676	(0.0480)

Net Revenue: Year to Date

Total net patient revenue was unfavorable to the budget plan by \$1.6 million (3.2%) and favorable to prior year by \$5.5 million 13.4%. Inpatient discharges of 904 are below budget by 1 (0.1%) and ahead of the prior year by 81 (9.8%). Outpatient volume, represented by Outpatient Equivalents of 1,735, was unfavorable to budget by 59 (3.3%) and less than the prior year by 109 (5.9%).

The key drivers for net revenue are:

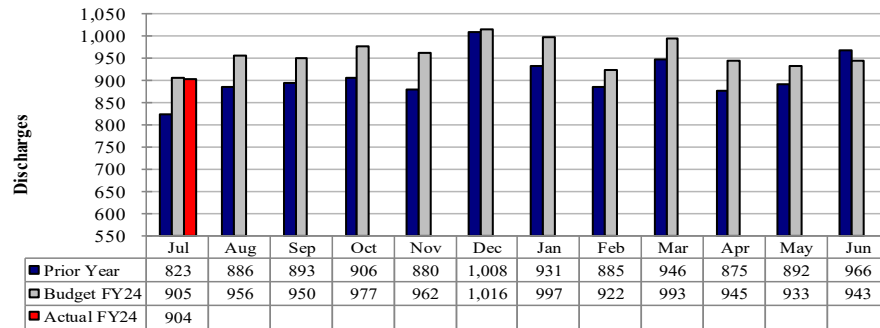
- Compared to budget JDH had the following price/volume variances on adjusted discharges
 - Volume variance: Adjusted discharges were unfavorable to budget by 60 unfavorable variances valued at \$1.1 million.
 - Price variance: Net Revenue per adjusted discharge was \$180 below of budget, an unfavorable variance valued at \$475,000.

Expenses: Year to Date

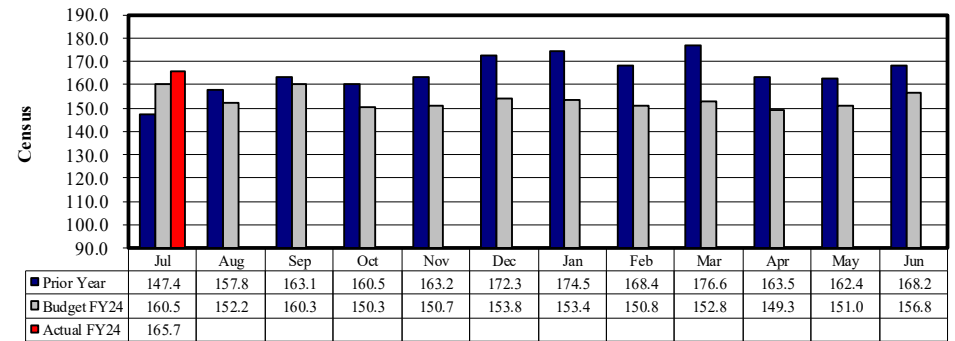
Expenses were favorable to the budget by \$1.9 million. The main drivers for the favorable variance were outside and other professional services along with drug costs and medical supplies coming in under budget as a result of the level of activity.

UConn HEALTH

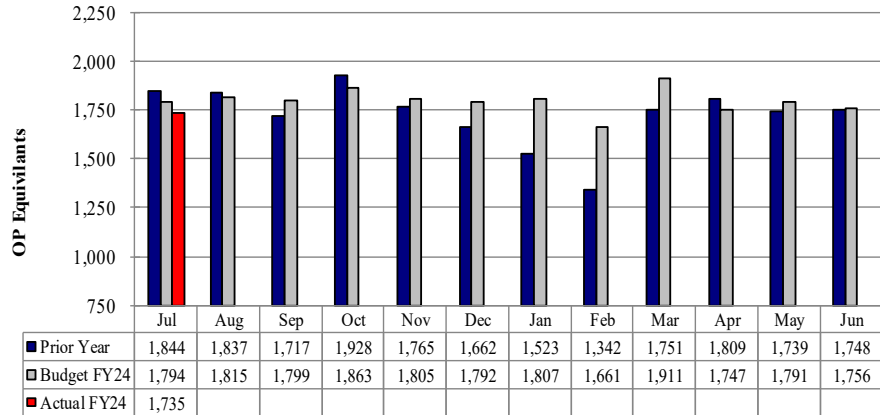
JDH Discharges by Month



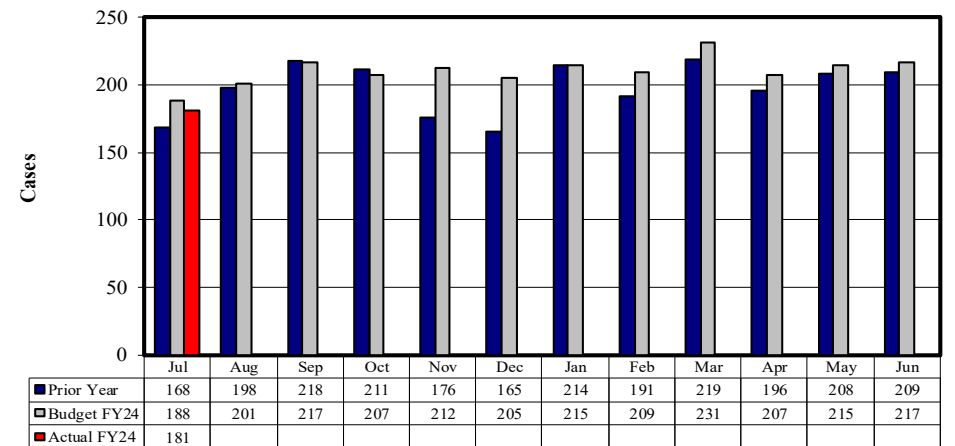
JDH Average Daily Census By Month



JDH Outpatient Equivalents



Inpatient Surgical Cases



UConn HEALTH

UConn Medical Group Consolidated Statement of Revenues and Expenses July 31, 2023

Year-to-Date July				
Actual '24	Budget '24	Variance	Percent Variance	Actual '23

Revenues:

Net Patient Care	\$ 10,953,076	\$ 10,192,963	\$ 760,113	7.5%	\$ 9,565,288
Other Income	278,514	583,571	(305,057)	-52.3%	571,589
Total Revenues	\$ 11,231,590	\$ 10,776,534	\$ 455,057	4.2%	\$ 10,136,877

Expenses:

Personnel Services	\$ 12,060,379	\$ 12,044,701	\$ 15,678	0.1%	\$ 11,488,563
Fringe Benefits	3,144,375	3,126,659	17,716	0.6%	6,932,151
Medical Contractual Support	36,355	202,095	(165,740)	-82.0%	33,307
Internal Contractual Support	789,539	786,638	2,900	0.4%	811,943
Outside Agency Per Diems	155,901	128,200	27,700	21.6%	84,346
Drugs	682,765	564,565	118,201	20.9%	563,276
Medical Supplies	171,341	169,482	1,859	1.1%	110,935
Utilities	202,743	220,999	(18,256)	-8.3%	238,374
Outside & Other Purchased Services	1,642,360	1,841,473	(199,112)	-10.8%	1,488,027
Insurance	37,161	55,363	(18,202)	-32.9%	41,489
Repairs & Maintenance	294,281	356,465	(62,184)	-17.4%	245,239
Other Expenses	63,901	76,641	(12,740)	-16.6%	47,963
Debt Service	2,750	3,414	(664)	-19.5%	2,466
Depreciation	125,281	94,440	30,842	32.7%	68,297
Total Expenses	\$ 19,409,131	\$ 19,671,134	\$ (262,003)	-1.3%	\$ 22,156,376

Excess/(Deficiency) of Revenues
over Expenses Prior to State Appropriations

\$ (8,177,541)	\$ (8,894,600)	\$ 717,059	8.1%	\$ (12,019,499)
----------------	----------------	------------	------	-----------------

UConn HEALTH

UConn Medical Group

Results of Operations

UMG's loss for the month ended July 31, 2023, was \$8.2 million, \$717,000 less than the budgeted deficit of \$8.9 million. The deficit in the prior year was \$12 million for a favorable variance of \$3.8 million.

Other significant highlights include:

<u>Category</u>	<u>Year - to - Date</u>					
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percent</u>	<u>Prior Year</u>	<u>Variance</u>
University Medical Group (in thousands)						
(Deficiency)/Excess of Revenues over Expenses	(\$8,178)	(\$8,895)	\$717	8.1%	(\$12,019)	\$3,841
Operating Margin	-72.8%	-82.5%	9.7%	11.8%	-118.6%	45.8%
RVU's	126,352	118,398	7,954	6.7%	112,012	14,340
Net Revenue Per RVU	\$86.69	\$86.09	\$0.60	0.7%	\$85.40	\$1.29
Cost per RVU (w.o. Anesthesia)	\$153.61	\$166.14	(\$12.53)	-7.5%	\$197.80	(\$44.19)
Average Provider FTE	249	252	(3)	-1.3%	232	17
Average Monthly RVU Per Provider	508	469	38	8.2%	483	24
Days Revenue in Accounts Receivable	24	22	2	9.1%	25	(1)

Net Revenue: Year to Dates

Net patient revenue is favorable to the budget plan by \$760,000 (7.5%) and is favorable to prior year by \$1.4 million (14.51%).

The key drivers for net revenue are:

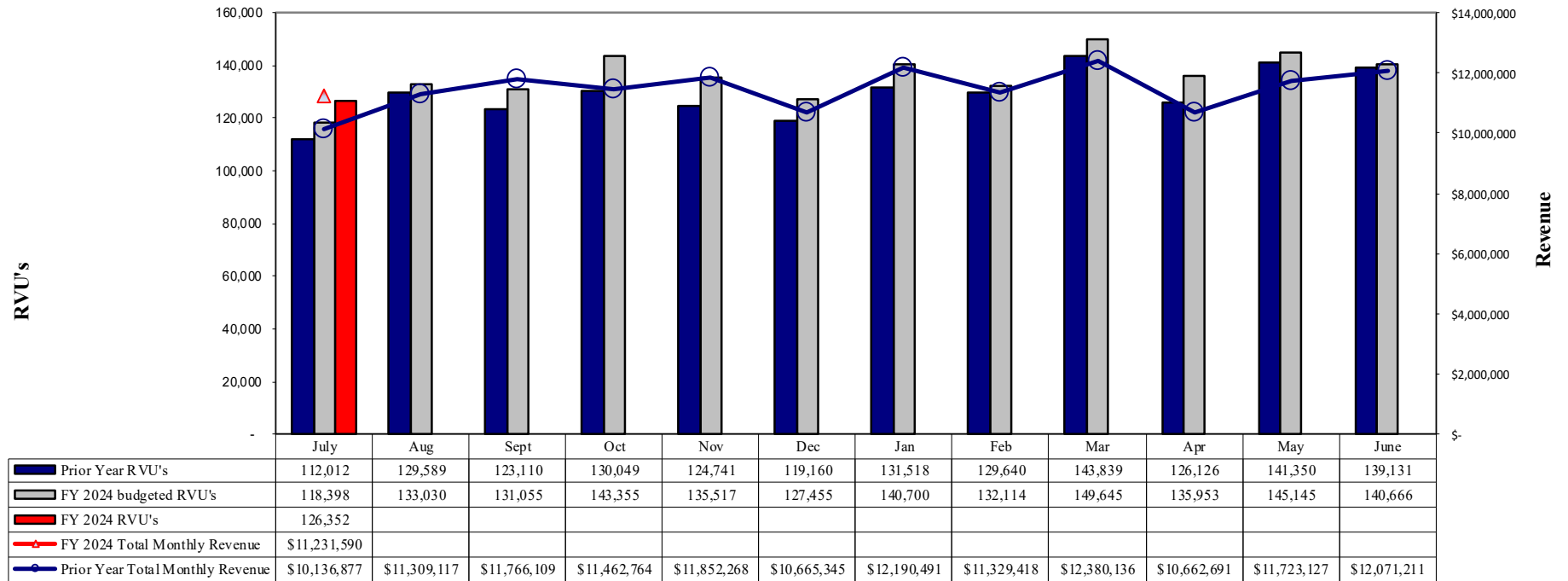
- RVU's are favorable to budget by 7,954 units (6.7%) – a favorable volume variance of \$685,000.
- Compared to Budget –The net revenue per unit was .60 favorable to budget – a favorable price variance of \$75,000.

Expenses: Year-to-date

Total expenses are favorable to the budget by \$262,000. The largest favorable variances are in Outside and Other Purchased Services and Repairs and Maintenance.

UConn HEALTH

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



Healthcare Compliance & Privacy Annual Review

for the University of Connecticut Health Center Board of Directors

September 2023

Elle Box

Chief Healthcare Compliance & Privacy Officer

Based on, and used in accordance with permissions and requirements of, Thomas Reuters Practical Law™ "Compliance Training for Non-Profit Hospital Board of Directors."

Practical Law A THOMSON REUTERS
LEGAL SOLUTION

Introduction

- Trustees of non-profit hospitals are trustees of charitable assets.
- Members of the University of Connecticut Health Center Board of Directors (BOD) owe certain fiduciary duties to the University of Connecticut Board of Trustees, including responsibility for proper governance and compliance with federal and state laws.
- As a member of the BOD, it is important to understand legal and compliance obligations pertaining to healthcare compliance and privacy program oversight.

Introduction (continued)

As related to healthcare compliance and privacy, this presentation covers:

- BOD members' key roles and responsibilities.
- Core fiduciary duties of care, loyalty, and obedience.
- Specific obligations related to those fiduciary duties, such as the duty to oversee the University of Connecticut's Healthcare Compliance, Privacy & Integrity Program.
- Important federal and state laws and regulations governing healthcare operations.

Roles and Responsibilities

Roles and Responsibilities

- Healthcare boards and their committees bear **responsibility** for the **successful operation** of the healthcare organization, including the following compliance- and privacy-related responsibilities:
 - Overseeing appropriate use of assets and resources, particularly those provided or afforded by state and federal programs.
 - Ensuring establishment and implementation of an effective, comprehensive compliance and privacy program.
 - Regularly reviewing and approving healthcare compliance and privacy program-related policies and documents.
 - Staying informed of applicable legal obligations.

- BOD members actively engage in healthcare compliance- and privacy-related duties and responsibilities by:
 - Reviewing healthcare industry news and best practices.
 - Participating in ongoing healthcare compliance and privacy education.
 - Preparing for, attending, and participating in healthcare compliance and privacy meetings and discussions.
 - Complying with presiding Codes of Conduct and promoting an ethical culture.

Roles and Responsibilities (continued)

Fiduciary Duties

Fiduciary Duties

- Core fiduciary duties:
 - Duty of **care**.
 - Duty of **loyalty**.
 - Duty of **obedience**.
- Secondary fiduciary duties:
 - Duty of **good faith**.
 - Duty of **disclosure**.
 - Duty of **confidentiality**.
 - Duty of **oversight**.

Fiduciary Duties: Understanding Healthcare Compliance and Privacy Issues

To fulfill fiduciary duties and healthcare compliance- and privacy-related responsibilities, BOD members must understand:

- Federal and state laws governing healthcare compliance and privacy management and oversight.
- Operational and policy issues associated with maintaining an effective healthcare compliance and privacy program.
- Applicable legal obligations associated with management and disclosure of healthcare compliance- and privacy-related incidents.
- Delegation of duties to the University of Connecticut: Healthcare Compliance & Privacy Committee.

Duty of Care: Oversight of Compliance & Privacy Programs

Oversee Compliance & Privacy Program functions:

- Establishment and implementation of policies.
- Revenue Cycle operations related to government payer programs.
- Upholding patient rights.
- HIPAA Privacy and Security safeguards.
- Clinical research activities related to human subject protections and federal requirements.
- Compliance & Privacy Work Plan status.
- Verification processes to avoid business with individuals and entities excluded from federal programs.
- Monitoring systems and processes for evidence of efficient and effective adherence to requirements.

Ensure establishment and maintenance of:

- Systems to detect and deter misconduct and fraud.
- An adequate reporting system to bring issues to the BOD's attention in a timely manner.
- A non-retaliation policy that ensures no adverse action is taken against a person for a good faith report of suspected misconduct.

Duty of Care: Oversight of Compliance & Privacy Programs (cont.)

Ask questions of management to:

- Determine adequacy and effectiveness of the Compliance & Privacy Program.
- Assess performance of the Chief Healthcare Compliance & Privacy Officer and the department, and expect regular reporting directly from the Chief Healthcare Compliance & Privacy Officer.
- Accept compliance and privacy oversight as a BOD responsibility, but also make it the responsibility of all levels of management.
- Be aware of high-risk compliance and privacy issues. Follow up on any red flags or problems, and take action in situations where a careful person would likely take action.

OIG recommendations to establish commitment:

- Appoint a high-level, well-qualified, and independent Chief Healthcare Compliance & Privacy Officer.
- Allocate sufficient resources.
- Authorize the Chief Healthcare Compliance & Privacy Officer to report issues directly to the BOD.
- Develop comprehensive entity-wide compliance and privacy policies.
- Participate in entity-wide compliance and privacy training and education.

Duty of Loyalty

Core principles:

- Act in good faith with honesty of purpose.
Bad faith usually involves:
 - Intentional failure to act in the face of a known duty to act, demonstrating a conscious disregard for one's duties.
 - Knowing violation of the law.
 - Acting for any purpose other than advancing the best interests of the institution.
- Act in the best interest of the University of Connecticut, including UConn Health, and its mission, not in self interests.
- Do not engage in self-dealing or otherwise take advantage of a position of influence.

Specific obligations:

- Fully disclose potential conflicts of interest.
- Comply with UConn and UConn Health Conflict of Interest policies.
- Avoid use of corporate opportunity for personal gain or benefit.
- Maintain confidentiality.

Duty of Obedience

Core principles:

- Be faithful to the missions of UConn and UConn Health.
- Ensure that UConn and UConn Health (including management):
 - Obey applicable laws and regulations.
 - Follow applicable bylaws.
 - Adhere to stated purpose and mission.

Specific obligations:

- Be responsible for the compliance- and privacy-related conduct of the institution, including establishment of the compliance and privacy program and its initiatives.
- Ensure that compliance- and privacy-related strategic decisions further UConn and UConn Health's missions and comply with governing documents.
- Protect the limited financial resources of the institution.
- Comply with applicable laws and regulations when representing the interests of UConn and UConn Health.
- Participate in compliance and privacy training.
- Understand and adhere to those documents governing the BOD, its compliance and privacy-related obligations, and its operations.

Overview of Key Healthcare Compliance Laws

Fraud, Waste, and Abuse

Fraud

Intentionally making false statements or representations of material facts to obtain some benefit or payment from government programs for which no entitlement would otherwise exist.

Waste

Overutilization or inappropriate utilization of services and misuse of resources, directly or indirectly, which result in unnecessary costs to the healthcare system and the needless expenditure of state and/or federal funds.

Abuse

Provider practices inconsistent with sound fiscal, business, or medical practices, and which result in unnecessary costs to federal and/or state programs, including UConn and UConn Health, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare.

Overview

- Prohibits knowingly filing, or causing to be filed, a false or fraudulent claim for payment with the federal government.
- Intent to defraud not required; filing claims with reckless disregard of truth or falsity suffices.
- There is an express or implied certification of compliance with Medicare or Medicaid rules upon claim submission.
- Providers must report and repay false claims within 60 days.

Penalties

- Civil monetary penalties from \$11,181 to \$22,363 per claim for each violation of the FCA.
- Treble damages plus interest. Single damages are the loss to the government program for every false claim submitted.
- Exclusion from Medicare and Medicaid.

Qui Tam (Whistleblower) Suits

- A private person (such as an employee, patient, provider, or competitor) may file suit against the institution under FCA on behalf of the government; government may or may not intervene or join in the suit.
- Qui tam relators (private plaintiffs):
 - Receive a percentage of any recovery.
 - Recover their costs and attorneys' fees.

Federal False Claims Act (FCA)

Connecticut False Claims Act

Overview

- Connecticut has its own false claims act that applies to fraud against Connecticut Medicaid and other medical assistance programs administered by the Connecticut Department of Social Services.

Penalties

- Civil monetary penalties per claim for each violation.
- Treble damages of those sustained by the State plus interest.
- The costs of investigating and prosecuting the case.
- Exclusion from Connecticut Medicaid.

Whistleblower Suits

- Like the Federal False Claims Act, the Connecticut False Claims Act permits a person with knowledge of fraud to file a lawsuit on behalf of the State against those that committed the fraud, and in certain circumstances, to receive a portion of the money recovered by the State.

False Claims Act: Violation Examples

- Submitting claims for services the hospital, clinics, or medical staff did not provide, did not perform as billed, or did not order.
- Submitting claims for services that were not medically necessary.
- Submitting claims for services that are up-coded or billed at a higher level of reimbursement than provided.
- Knowingly providing false information on cost reports.
- Knowingly providing false documentation in medical, financial, or business records.
- Retaliating against an individual for reporting or assisting in an investigation of alleged healthcare fraud.

Overview

- Prohibits knowingly or willfully:
 - ... offering, paying, soliciting, or receiving, directly or indirectly,
 - ... any form of remuneration, thing of value, or benefit,
 - ... for the referral of a patient or business covered by Medicare, Medicaid, or any other federal or state health care benefits program,
 - ... unless a statutory exception or regulatory safe harbor squarely applies.

Remuneration includes:

- Cash or a cash equivalent, e.g., a gift card.
- Free or discounted items, services, gifts, perks or subsidies (such as free use of hospital services, equipment, or space).
- Compensation based on referrals or volume of business.
- Business opportunities.
- Waivers of copays or deductibles.
- Overpayments or underpayments (paying more or less than fair market value).

Penalties

- Up to ten (10) years in prison; felony conviction.
- \$100,000 criminal fine.
- Civil monetary penalties up to \$50,000 per kickback plus treble damages.
- Exclusion from Medicare, Medicaid, and all federal health care programs.
- An AKS violation is also an FCA violation. FCA damages and penalties apply if the case is brought as a civil, and not a criminal, matter.

Anti-Kickback Statute (AKS)

Anti-Kickback Statute (AKS)

Violation Risk Examples

- Financial arrangements trigger AKS risks if the other person or entity involved could generate healthcare program business for UConn or UConn Health, directly or indirectly. For example:
 - Ambulance companies have an exclusive contract with UConn Health as preferred transportation.
 - Physician-owned clinics have referral arrangements with UConn Health.
 - Hospices, home health, and nursing facilities have a preferred provider arrangement with UConn Health.
 - Other hospitals cross-refer patients to generate business for UConn Health.

Safe Harbor Examples

- The AKS contains statutory exceptions and regulatory safe harbors (such as leases for space or equipment).
- To qualify, the arrangement must comply with each of the conditions set out in the exception or safe harbor regulation.
- Before the hospital or other UConn or UConn Health healthcare entity enters into any agreement with a potential referral source, legal counsel should review and approve the transaction, especially where the entity will assert an exception or safe harbor.

Physician Self-Referral Law (Stark)

Overview

- Prohibits the submission of claims for, and payment for,:
 - ... certain Medicare and Medicaid items and services called designated health services (DHS),
 - ... furnished by the hospital,
 - ... if the referral for the DHS comes from a physician with whom the hospital has a prohibited financial relationship,
 - ... unless a specific legal exception applies.

DHS includes:

- All inpatient and outpatient hospital services furnished to Medicare or Medicaid patients (including services furnished directly or indirectly under arrangements with the hospital).
- Additional categories of services such as:
 - Clinical laboratory services.
 - Radiology services.
 - Durable medical equipment.

Financial Relationship

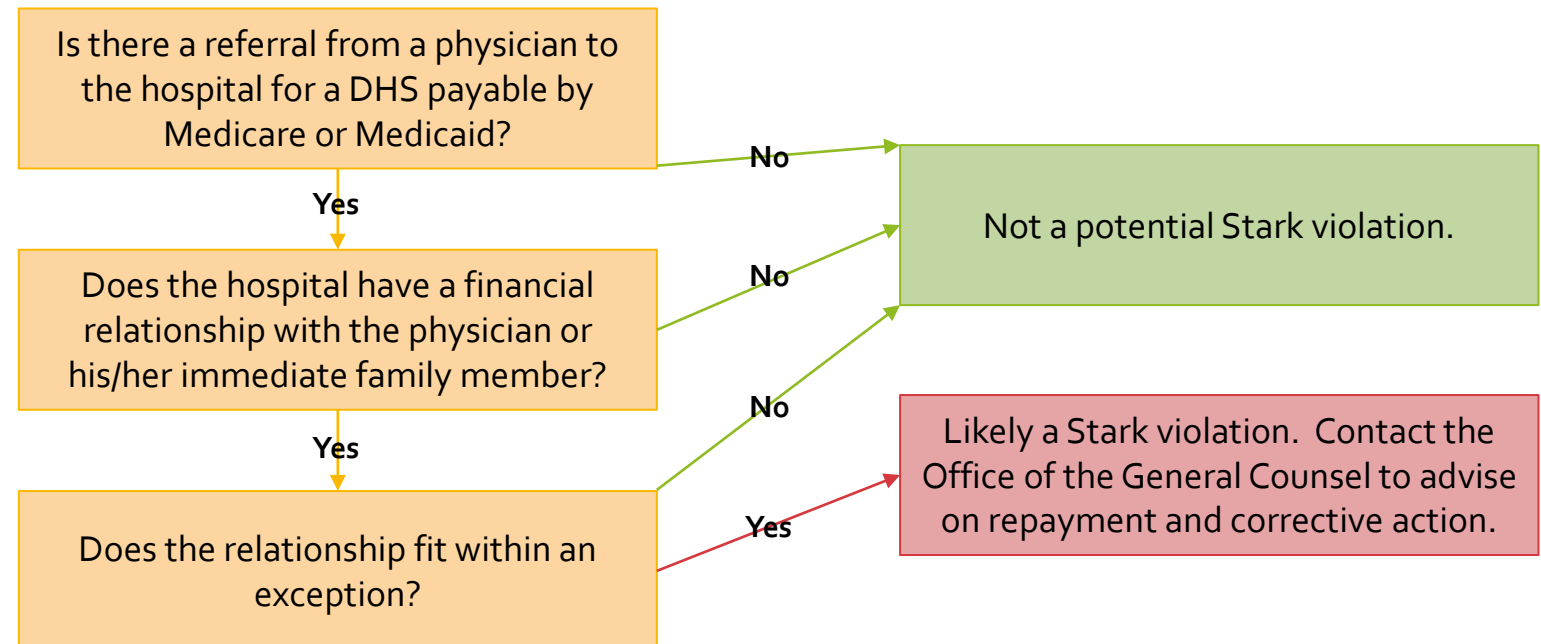
- A financial relationship can be almost any kind of direct or indirect ownership or investment relationship such as:
 - Stock ownership.
 - Share in a partnership.
 - Secured debt.
- A financial relationship can also be a direct or indirect compensation arrangement.

Physician Self-Referral Law (Stark)

Penalties

- No payments for DHS that violate Stark.
- Hospital must repay funds improperly received within 60 days (plus interest).
- Civil monetary penalties up to \$22,000 per improper referral/claim and \$100,000 per circumvention scheme.
- Any Stark violation also potentially violates AKS and FCA.

Analysis



Overview

- Prohibits specified conduct, such as:
 - Submitting false or fraudulent claims or claims for unnecessary services.
 - Offering inducements (such as free or discounted items or services) to Medicare beneficiaries to get them to purchase other items or services.
 - Offering incentives to physicians to reduce services payable under managed care programs.
- Must report and repay a false claim within 60 days.

Penalties

- \$2,000 to \$100,000 fines for each violation.
- Repayment three times the amount(s) claimed.
- Exclusion from government programs.
- CMPL violations may also violate the FCA, AKS, and Stark.

Civil Monetary Penalties Law (CMPL)

HIPAA Privacy

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA

- A federal act that protects the privacy and security of protected health information (PHI) created or received by covered entities and their business associates.

Covered Entities

- Healthcare providers (including each entity of UConn Health as well as certain entities of UConn), health insurance plans, and healthcare clearinghouses.

PHI

- Information, including payment information, whether oral or recorded, transmitted, or retained in any form or medium, including demographic information collected from an individual, that (1) is created or received by UConn or UConn Health; (2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; (3) identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual; and (4) is not information in education records covered by the Family Educational Right and Privacy Act (FERPA), records described in 20 USC 1232g(a)(4)(B)(iv), employment records held by UConn or UConn Health in its role as an employer, or healthcare records related to individuals who have been deceased for more than 50 years.

Business Associates

- Individuals and entities that create, receive, maintain, or transmit PHI on behalf of a covered entity.

HIPAA

Compliance

- UConn and UConn Health have a duty to keep:
 - Patient-identifying information private.
 - Patient data and financial information secure.
- UConn and UConn Health have developed detailed HIPAA privacy and information security policies as part of the overall healthcare compliance and privacy program.

Breaches

- **HIPAA breach:** the unauthorized acquisition, access, use, or disclosure of PHI which compromises its security and privacy.
- UConn and UConn Health must document all breaches and notify affected individuals within 60 days of discovering a HIPAA breach. HHS must also be notified, either within 60 days of the discovery or within 60 days after the end of the calendar year, depending on the size of the breach.
- Third parties handling PHI must notify UConn or UConn Health of any breach that has occurred with respect to their use or disclosure of PHI.

Penalties

- Penalties depend on level of culpability (for example, did not know, reasonable cause, or willful neglect (corrected and not corrected)).
- Maximum penalty of \$1,785,651 in a calendar year for all violations of an identical provision.
- A violation of each requirement may be counted separately.
- Civil monetary penalties are adjusted for inflation each year.
- Potential criminal penalties.

Conflicts of Interest

Conflicts of Interest

Core principles:

- A conflict of interest occurs when:
 - A transaction may result in a private benefit to a director, officer, key employee, or other covered person of UConn or UConn Health to the detriment of UConn or UConn Health.
 - The outside interests of a director, officer, employee, or other covered person interfere with UConn or UConn Health's interests or the individual's duties to UConn or UConn Health.
- UConn and UConn Health prohibit BOD members from using a position with UConn or UConn Health or using UConn or UConn Health's relationships with customers, suppliers, contractors, and other business partners, for private gain or to obtain benefits for themselves or their family members.

Disclosure requirements:

- If a BOD member raises a potential conflict of interest:
 - The BOD must document in minutes the potential conflict and demonstrate how it handled the conflict, along with any related discussion, who was present, and who voted.
 - Parties involved in the conflict of interest should leave the room during any discussion or vote.

Conflicts of Interest: Guidance

- Avoid participation in hiring, supervising, or promoting persons with whom you have a close relationship; this includes making official recommendations. Avoid any involvement with influencing their compensation, benefits, or opportunities.
- Avoid participating in transactions between UConn or UConn Health and businesses that employ or are owned by someone with whom you have a close relationship.
- Avoid loans or guarantees by UConn or UConn Health of individual obligations or the obligations of family members. These are expressly prohibited.

Contact Information

- **Office of Healthcare Compliance & Privacy**
OHCP@uchc.edu
Elle Box, Chief Healthcare Compliance & Privacy Officer
ebox@uchc.edu
- **Office of University Compliance**
universitycompliance@uconn.edu
Kim Fearney, UConn Chief Compliance Officer
kim.fearney@uconn.edu
- **UConn Health Office of the General Counsel**
Scott Simpson, Interim Chief Counsel ssimpson@uchc.edu

Value Based Care Initiatives

Khadija Poitras-Rhea, LCSW
AVP, Population Health

Sept. 11, 2023

Introduction

- Value Based Care (VBC) programs vary in structure and detail but conceptually, they all aim to reduce cost/utilization, improve quality and increase patient access/experience of care.
- Many payors are growing their VBC programs and encouraging health systems to expand in this area as well.

UConn Health's VBC Portfolio

Payor	Program Type	Risk
Anthem Commercial	Cost reduction targets. Quality gate. Shared savings model.	Two-sided risk
Anthem State of CT Employee Plan	Cost reduction targets. Quality gate + bonus. Shared savings model.	Two-sided risk
Aetna MA	Cost reduction targets. Quality bonus. Shared savings model.	Upside only through CY25
Medicare Shared Savings Program (New ACO 2024)	Cost reduction target. Quality/APM bonus (FFS increase). Shared savings model.	Upside only. Negotiated gainshare with Signify Health.

Revenue Earned

Fiscal Year	FY20	FY21	FY22	FY23	FY24 Projected
Dollars Earned	\$1.1M	\$1.8M	\$2.2M	\$3.5M	\$4.2M

What's Next?

Jan 1, 2024 UConn Health will enter an Enhanced track Accountable Care Organization (ACO) with Signify Health



ACOs are **groups** of Medicare providers that work together to **coordinate** care for the Medicare patients they serve



ACOs were created to facilitate cooperation among providers, **improve the quality of care** for (traditional) Medicare beneficiaries, and **reduce unnecessary costs**



If the **actual cost** to care for your Medicare ACO patients is **less** than their predicted cost of care, your organization may receive a **Shared Savings** check from CMS

Why Signify Health?

- Signify has a proven track record
- Signify currently manages over 700K Medicare beneficiaries across four national ACOs
- Signify brings scale, expertise and assumes the downside risk on UConn Health's behalf



100%

Average MIPS score
2022



\$138M

Total savings to
Medicare in 2021



100%

of model participants
earned shared savings
in 2020 and 2021



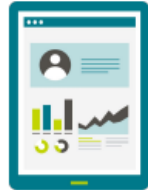
\$59M

Shared savings
earned in 2021

Areas of Focus



Annual
Wellness
Visits



Diagnosis
Reconciliation
and HCC
Capture



ACO
Quality
Metrics



ACO
Utilization
Metrics



Care
Management

Questions?



SCHOOL OF MEDICINE REPORT

Board of Directors

September 11, 2023

Bruce T. Liang, MD, FACC, Dean

And

Anthony Vella, PhD, Senior Associate Dean for Research
Planning and Coordination

Update on SOM Recruitment of Faculty Leadership:

- **Margaret K. Callahan** MD, PhD from Memorial Sloan Kettering Cancer Center will join as new chief of Hematology and Oncology Division in the Neag Cancer Center. Currently associate attending of Medicine (equivalent to associate professor) at Memorial Hospital.

Dr. Callahan is a graduate of UConn SOM and the UConn College. She is nationally recognized for clinical immune monitoring, early therapeutic development and immunotherapy.

Dr. Callahan will bring her National Cancer Institute/NIH-funded RO1 grant and new clinical trials of cancer drugs. Her work on new circulating immune cell markers to predict responsiveness to immunotherapies may transform our treatment for example in cutaneous cancers.

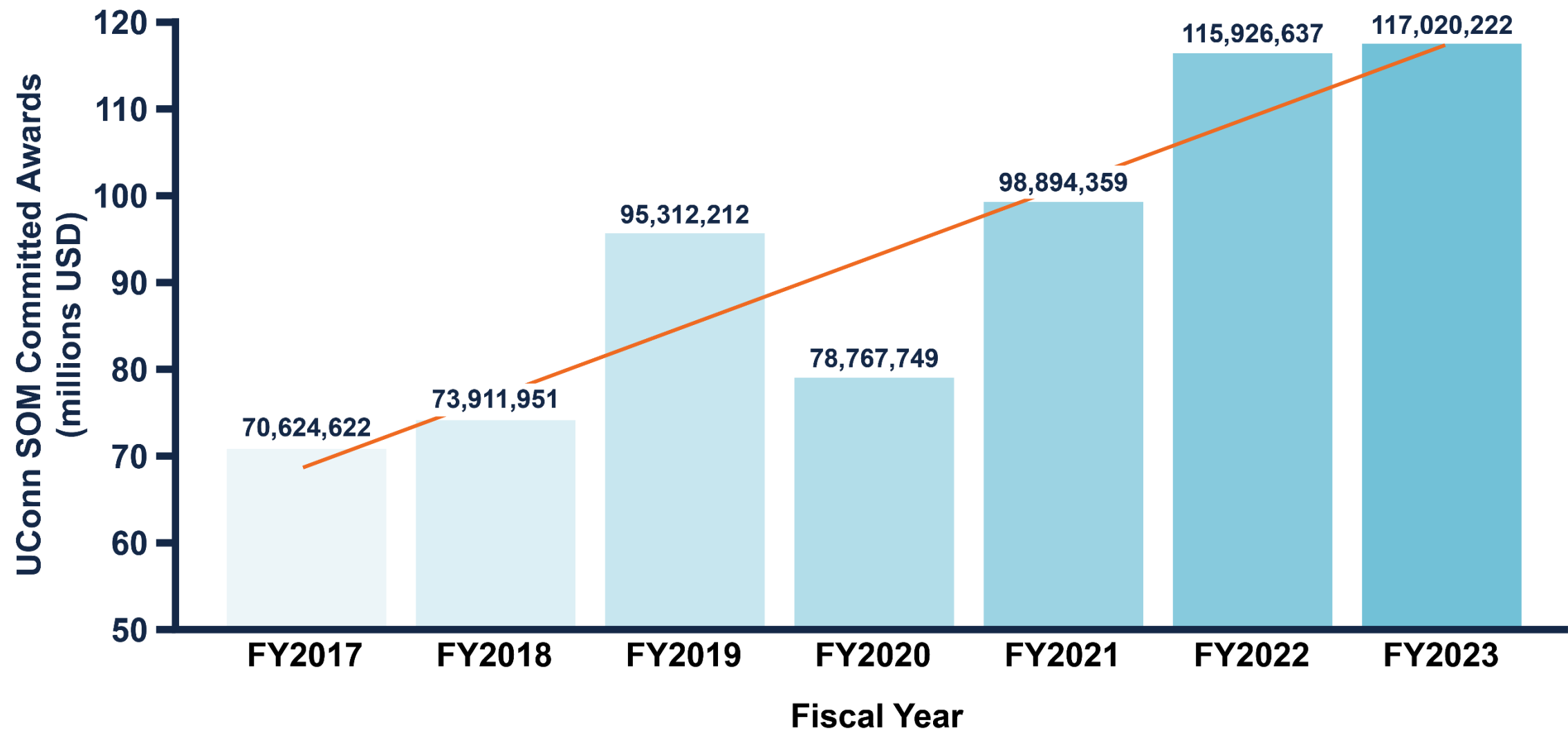
- **Thomas Agresta** MD, Master in Biomedical Informatics, has accepted to be the next chair of Department of Family Medicine, succeeding Dr. David Henderson. Dr. Agresta has been a long time leader in family medicine with Connecticut and national recognition for his expertise on clinical informatics. He has received multiple grants and contracts from state and federal agencies.

Dr. Agresta will continue to lead a joint effort with St. Francis Hospital for the shared common clinical and academic activities in Family Medicine at Asylum Hill in Hartford.

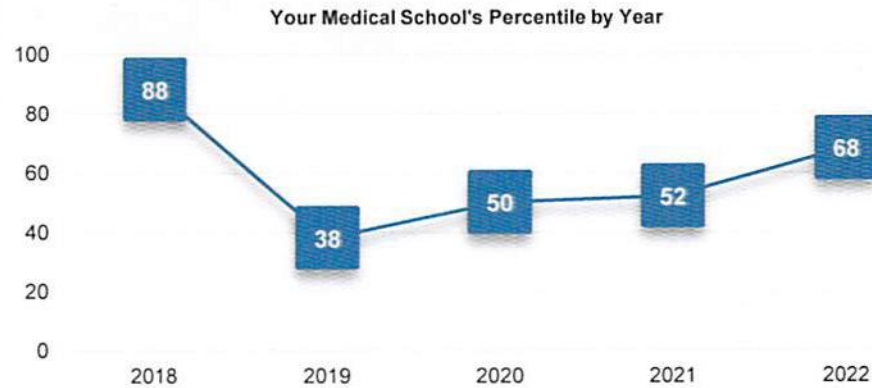


Trajectory of Research Growth at SOM

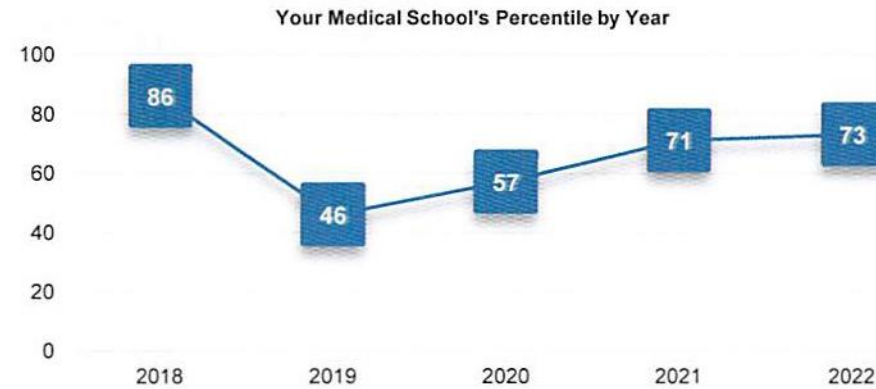
2017-2023



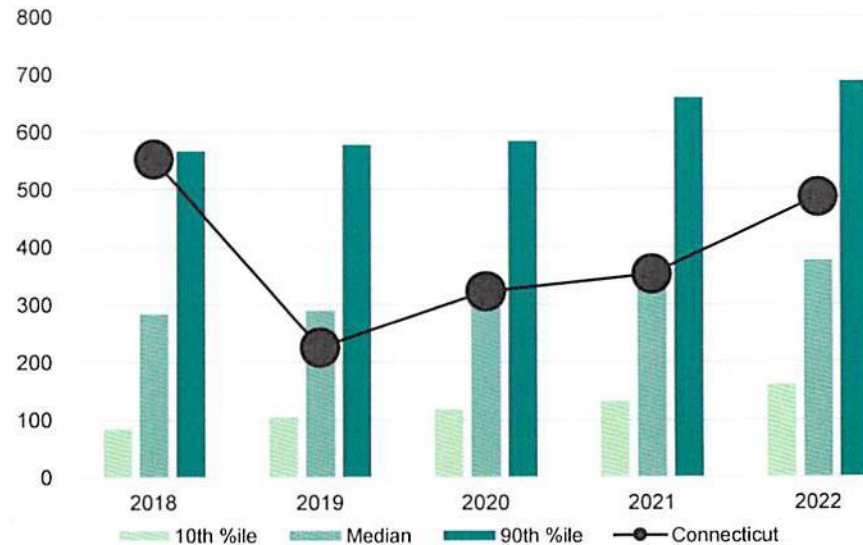
Total Direct Expenditures Per NASF*



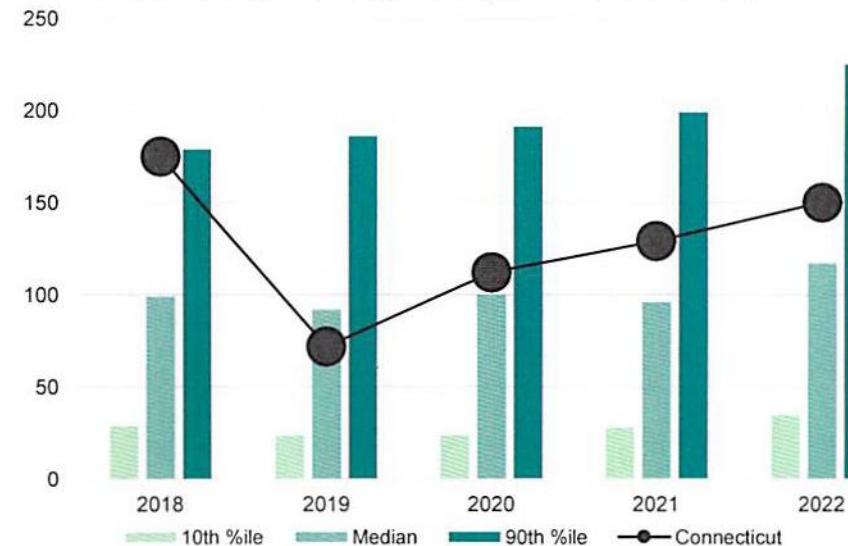
Total F&A Expenditures Per NASF*



Your Medical School's Value by Year Compared to National Percentiles



Your Medical School's Value by Year Compared to National Percentiles



When new space opened up in 2019, there was a drop in \$/net sq. ft space. However, with productive faculty recruited, there has been a steady increase in \$ density as measured by either total direct expenditures or facility & administrative (F&A) expenditures per net sq.ft of laboratories.

Current status

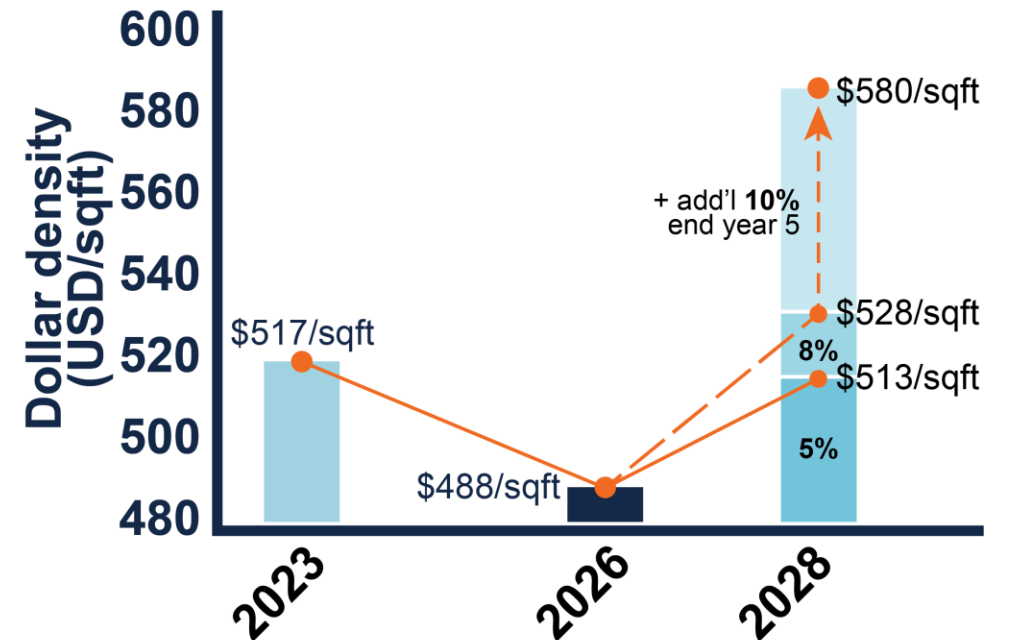
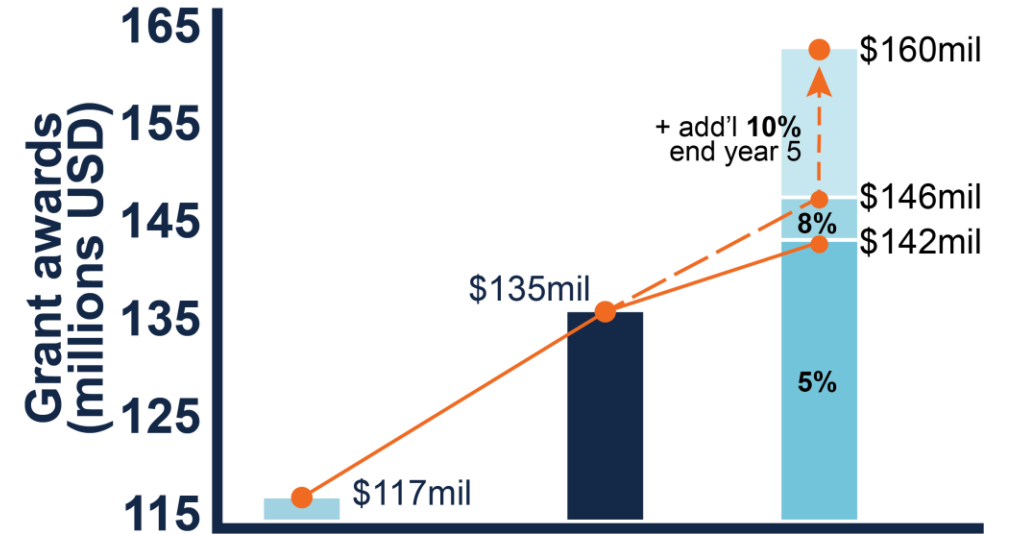
Grant awards (2023): \$117,020,222
SOM research lab space: 226,232 sqft
Dollar density: \$517/sqft

Wet lab addition

NEW wet lab adds:
+50000 sqft
+42 faculty
+\$427,000/faculty by year 3
\$17,934,000 new funding

By 2026

Grant awards (2026): \$134,924,316
SOM research lab space: 276,232 sqft
Dollar density: \$488/sqft



UConn HEALTH

DATE: August 23, 2023

TO: Members of the Board of Directors

FROM: Dr. Bruce Liang, Interim CEO/EVP for Health Affairs and Dean of the UConn School of Medicine

RE: Pat and Jim Calhoun Associate Professor in Cardiology

RECOMMENDATION:

That the UConn Health Board of Directors approve the nomination of Dr. Travis Hinson as the Pat and Jim Calhoun Associate Professor in Cardiology at the Calhoun Cardiology Center.

BACKGROUND:

Dr. Hinson's biomedical training began at the University of Pennsylvania where he graduated with a Bachelor of Arts degree in Chemistry (summa cum laude; Alpha Chi Sigma award winner for top chemistry graduate) with a research focus on biomedical engineering in the laboratories of Robert J. Levy, M.D. (Professor of Pediatrics at Children's Hospital of Philadelphia), and Leslie A. Geddes, Ph.D. (Professor of Biomedical Engineering at Purdue University, National Academy of Engineers member and winner of the 2006 National Medal of Technology and Medicine). In the Levy lab, he contributed to several publications in the field of cardiovascular device gene therapy, while in the Geddes lab, he contributed to several publications describing a novel vascular xenograft composed of engineered porcine small intestine sub mucosa.

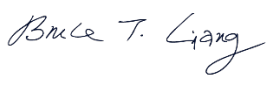
Travis then attended Harvard Medical School for his MD degree in 2007 where he received the Henry Asbury Christian Award for his publication in the New England Journal of Medicine. For this study, he completed an Internal Medicine residency training program at Massachusetts General Hospital, after which he completed Cardiovascular Medicine fellowship training at Brigham and Women's Hospital (BWH) with a research and clinical focus on cardiovascular genetics. After finishing the clinical portion of his fellowship in 2011, he transitioned to Instructor after receiving a KOS award from the National Institutes of Health (NIH). In 2013, he was awarded the Thomas Smith Award from BWH, and, in 2015, he won first prize for basic research at the Cardiovascular Young Investigators Forum at Northwestern

University, the ASCI Young Physician Scientist award and the Lerner Prize for his basic research.

In 2016, we recruited Travis to the UConn School of Medicine and The Jackson Laboratory for Genomic Medicine as a tenure- track, "dual" faculty member (1 of 10 positions originally funded by Bioscience Connecticut). At UCH, in addition to establishing a well-funded and productive research program, Travis has continued to serve as the founding clinical director of the Cardiovascular Genetics Clinical Program (<https://health.uconn.edu/cardiology/areas-of-care/cardiovascular-genetics-clinic/>), where he provided cutting-edge clinical genetics care to hundreds of patients who suffer from inherited cardiovascular conditions, including cardiomyopathy, arrhythmia, aortopathy, and hyperlipidemia. His accomplishments in education and research include: (I) a record of sustained publications in refereed journals of original and independent investigations that are recognized as important with a strong track record for obtaining extramural funding; (ii) active and effective participation in graduate and postgraduate education; and (iii) recognition as an authority in a clinical specialty both inside and outside the immediate medical community, or a demonstrably effective leadership role in a department or hospital.



TO: Members of the UConn Health Board of Directors

FROM: Bruce T. Liang, MD 
Interim, CEO & Executive Vice President for Health Affairs
Dean, School of Medicine

DATE: September 11, 2023

RE: Reports of Endowed Chairs for FY23 (July 1, 2022 to June 30, 2023)

RECOMMENDATION:

That the UConn Health Board of Directors approve the attached Annual Reports for the following Endowed Chairs, and recommend approval of such reports to the UConn Board of Trustees:

1. Human Genetics
2. Infectious Diseases
3. Transfusion Medicine

BACKGROUND:

Section 10a-20a of the Connecticut General Statutes established a fund within the Office of Higher Education known as the Endowed Chair Investment Fund. The statute authorizes the UConn Board of Trustees to apply for the establishment of an endowed chair to be supported by a grant from the Fund and a matching nonstate contribution. The three endowed chairs referenced above were established during Fiscal Year 1988-89 pursuant to this statute.

Subsection (g) of the statute requires the Board of Trustees to submit annual reports to the legislature's Higher Education Committee and other state offices concerning the management of the endowed chairs established under the statute. The reports presented today represent those annual reports, showing financial activity associated with the three endowed chairs for fiscal year 2023 (July 1, 2022 to June 30, 2023). Upon the Board of Directors' approval, these reports will be forwarded to the Board of Trustees for their approval, and if approved by the Trustees, they will be provided to Government Relations for filing with the State.

**State of Connecticut Board of
Governors for Higher Education
Chair in Infectious Diseases**

Kevin Dieckhaus, MD

dieckhaus@uchc.edu



THANK YOU MESSAGE

I would like to express my gratitude to the donors that support the endowed chair. The endowment provides material support for ongoing educational activities of infectious disease fellows, students, and residents pursuing research and interests in the field of infectious diseases. The chair also supports ongoing development activities to increase infectious disease related opportunities for learners at UConn.

RESEARCH AND TEACHING

This chair supports the development of trainees interested in infectious diseases at all levels of medical training. Specifically, it facilitates the onsite tropical medicine training provided to University Connecticut trainees in Southwestern Uganda. This experience promotes the acquisition of direct medical skills as well as valuable cross cultural and integrative skills important for any physician practicing in a multiethnic world. In the past academic year, a total of 9 resident physicians traveled to Uganda for a 4-week experience each. With the easing of the pandemic, the chair is helping to support discussions to expand opportunities for collaborative research as well as immersive opportunities for learners in additional locations including Columbia, Sri Lanka, and Vietnam.

Collaboration with Storrs investigators have focused on CRISPR-based technology for respiratory disease diagnostics, resulting in two published papers and a third manuscript submission emanating from this collaboration thus far.

PUBLICATIONS, CONFERENCES, AND AWARDS

The chair supported the UConn Global Health symposium series (April 2023) where the theme “The Price of life” was explored. This symposium at UConn health integrated with a related symposium at UConn Storrs, as well as Connecticut Children’s, and brought in a wide variety of speakers both nationally and internationally.

Cross-campus collaborations facilitated by this chair have led to two published manuscripts, with a third submitted.

SERVICE AND PUBLIC ENGAGEMENT

Related to infectious diseases in the global setting, programs have fostered ongoing and developing relationships between collaborators in the global north and south. One specific focus has been to foster linkages between researchers at international sites within low and middle income countries with potential collaborators within the UConn system through numerous web-based formats. Over the past 12 months, discussions have advanced for locations including Colombia, Sri Lanka, Uganda and Vietnam. Formal memorandum of understandings for ongoing cooperation have been in place for the Uganda site as well as the University of Peradeniya in Sri Lanka.

ACADEMIC PROGRAMS AND FACULTY DEVELOPMENT

Programs have fostered developing partnerships between collaborators at UConn with those in the global south. One specific focus has been to foster linkages between researchers at international sites within low and middle income countries with potential collaborators within the UConn system through numerous web-based formats.

LOOKING AHEAD

We plan to continue to advance many of the initiatives already in process. This includes additional studies of CRISPR-based infectious diseases diagnostic and pursuing ongoing international collaborations in research, education, and clinical care. With the easing of the COVID-19 pandemic and travel restrictions, a renewed focus on learner participation in immersive global health experiences will resume. A seminar series is planned between the University of Connecticut and the University of Peradeniya in Sri Lanka to strengthen educational and research ties, with a site visit planned for autumn 2023.

UConn Health
Endowed Chair in Infectious Diseases/AIDS Research
631129-10141-10

	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23
Beginning Cash Balance	\$36,703.75	\$29,724.75	\$31,410.28	\$40,387.28	\$55,364.16	\$67,944.17	\$71,169.17	\$71,169.09
Receipts :								
Interest Transferred from DHE:		3,327.03	13,237.81	17,433.88	26,250.38	5,887.00	2,161.82	19,330.15
Total Receipts	-	3,327.03	13,237.81	17,433.88	26,250.38	5,887.00	2,161.82	19,330.15
Expenditures :								
Salaries and Wages								
Fringe Benefits								
Purchased Services	6,979.00			285.00	3,919.98	2,047.00	1,547.55	5,928.27
Supplies				1,527.00	4,242.47	615.00		199.98
Equipment		1,641.50	4,260.81	645.00	5,507.92			
Change in accruals							614.35	
Total Expenditures	6,979.00	1,641.50	4,260.81	2,457.00	13,670.37	2,662.00	2,161.90	6,128.25
Ending Cash Spendable Balance	\$29,724.75	\$31,410.28	\$40,387.28	\$55,364.16	\$67,944.17	\$71,169.17	\$71,169.09	\$84,370.99

Health Net, Inc. Chair in Human Genetics

David W. Rowe, MD

drowe@uchc.edu



THANK YOU MESSAGE

The prior years of Genetics Chair support to acquire and operate advanced microscope imaging systems has placed our Skeletal Center in an international leadership position for implementing high throughput imaging and computer analysis of skeletal tissues. This year it has allowed me to make two international trips to demonstrate how these new computer intense techniques will provide a pathway for the skeletal tissue discipline to participate in the new era of computer driven biological research.

RESEARCH AND TEACHING

This technology enabled us to participate with the international HuBMAP consortium for spatial mapping individual cells in human joint cartilage. We are implementing two new cell mapping methods (CODEX and MERFISH) based on the latest advances in distinguishing cells within a tissue (single cell RNA composition). The methods will uncover how individual cells interact with each other in a manner analogous to "it takes a village" to make our joint cartilage support painless ambulation.

PUBLICATIONS, CONFERENCES, AND AWARDS

My research group has continued to be successful in obtaining NIH research funding for our skeletal studies. We were recognized by the senior faculty of the School of Dental Medicine with the annual Outstanding Research Award. I have been invited to Israel and Korea to make major presentations based on the technologies we are developing.

SERVICE AND PUBLIC ENGAGEMENT

In August 2022, my senior technician (Ms. Li Chen) and I traveled to Tel Aviv, Israel to lead a 3-day hands-on workshop for our histological methods. Then in May 2023, I was invited to give the plenary presentation at the Korean Bone Society on the topic of preparing for the big data environment that is now required for basic biological skeletal research. In both cases, it demonstrated that our approach is reaching an international audience.

ACADEMIC PROGRAMS AND FACULTY DEVELOPMENT

The fluorescence imaging core utilizes the capabilities of the instrumentation obtained with the help of the chair funds. We have implemented new imaging applications for specific research faculty from Farmington, Storrs, Jackson Laboratory, and even outside laboratories. Work done for two different commercial enterprises will have platform presentations at their respective scientific societies.

LOOKING AHEAD

I want to develop new educational technology programs for student and faculty computer scientists at Storrs and our imaging centers at UCHC to enhance the computer interpretation of visual data.

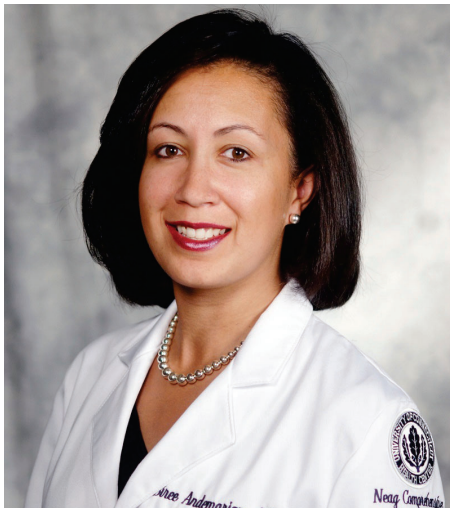
UConn Health
Endowed Chair in Human Genetics
300041-10600-10

	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23
Beginning Cash Balance	\$277,187.31	\$186,903.31	\$172,657.41	\$174,872.63	\$231,368.95	\$252,898.25	\$168,110.45	\$93,768.59
Receipts :								
Interest Transferred from DHE:		5,992.10	5,581.85	8,968.00	18,720.97		1,577.13	14,101.91
Interest Transferred from UCONN Foundation:	78,968.00	74,710.00	79,254.86	79,455.00	74,454.25	79,521.78	84,668.98	86,692.02
Total Receipts	78,968.00	80,702.10	84,836.71	88,423.00	93,175.22	79,521.78	86,246.11	100,793.93
Expenditures :								
Salaries and Wages	88,817.00	49,024.00	18,122.14	5,140.00	438.88	17,941.00	87,612.66	17,559.36
Fringe Benefits	37,155.00	26,287.00	47,749.40	3,019.00	429.75	1,383.00	15,567.41	2,676.73
Purchased Services	42,045.00	19,637.00	16,749.95	1,993.00	48,490.60	61,721.33	63,030.54	54,458.18
Supplies				1,895.68		8,854.00	(5,722.14)	13,023.40
Equipment	1,235.00			19,879.00	22,286.69	68,963.67	99.50	1,419.50
Change in accruals						5,446.58	-	
Total Expenditures	169,252.00	94,948.00	82,621.49	31,926.68	71,645.92	164,309.58	160,587.97	89,137.17
Ending Cash Spendable Balance	\$186,903.31	\$172,657.41	\$174,872.63	\$231,368.95	\$252,898.25	\$168,110.45	\$93,768.59	\$105,425.35

**Health Net, Inc. - American Red
Cross Chair in Transfusion Medicine**

Biree Andemariam, MD

andemariam@uchc.edu



THANK YOU MESSAGE

I am deeply indebted to my donor. Being granted this endowed chair this academic year has been such an enormous honor and I remain humbled to have been selected. Hematology, and specifically transfusion medicine, is a field of medicine that is dwindling in numbers of experts despite very large clinical demand and research needs. On a more granular level, here at the UConn School of Medicine, my sickle cell and thalassemia programs account for 50% of the blood transfusions given on an annual basis. These transfusions are life saving and there has been little advance in either of these conditions toward reducing the ongoing transfusion burden. In sickle cell disease in particular, there is widespread use of unnecessary blood transfusions by physicians who are unfamiliar with managing the patients' steady-state anemia and do not know that avoiding transfusions except in clearly defined clinical circumstances is the standard of care. These unnecessary transfusions lead to a number of potential complications including red blood cell allo-immunization, iron overload and delayed hemolytic transfusion reactions. Moreover, such practice puts increased burden on the overall blood supply for the larger population. One transfusion that unnecessarily went to someone with sickle cell disease who didn't need it could have been used for another patient who desperately does. Having received the endowment has motivated me to focus my efforts toward (1) educating providers on when and when not to transfuse patients, (2) increasing the overall donor pool, and (3) identifying alternatives to blood transfusion for both sickle cell disease and thalassemia.

RESEARCH AND TEACHING

The endowed chair has enhanced my research in multiple ways. It has given me even greater stature both within and outside the University that tells current and potential research collaborators that my institution finds me incredibly worthy of such an honor. It gives me protected time to conduct independent investigator-initiated research and develop additional testable research hypotheses. It also gives me the opportunity to enhance education around proper use of blood transfusions in sickle cell disease and to engage in community-directed efforts to expand the blood donor pool.

PUBLICATIONS, CONFERENCES, AND AWARDS

In October of 2022, I received the 2022 Sickle Cell Disease Association of America Chairman's Award. This is a national award and recognizes my commitment to the sickle cell disease community. I was invited in 2022 to be amongst a select group of experts to author the Lancet Haematology commission guidelines on sickle cell disease. This will be published in 2023 and has been a huge honor for me. The commissioned guidelines will set the global priorities for sickle cell disease and will be disseminated all over the world.

I am an appointed member of the U.S. Health and Human Services Advisory Committee on Blood and Tissue Safety and Availability. In this role, I serve on the committee that advises the federal government on all concerns related to blood availability and general safety. As such, I play a critical role at the national level on ensuring that every American who needs blood can access it and rest assured that it is safe.

SERVICE AND PUBLIC ENGAGEMENT

In my role as a member of the U.S. Health and Human Services Advisory Committee on Blood and Tissue Safety and Availability we moved policy to expand organ donation by adjusting the position related to HIV positive donor organ use. This was groundbreaking work.

Locally, I have worked with the American Red Cross to educate the African American community on the importance of blood donation. This culminated in a blood drive held on Juneteenth in Hartford that was geared toward recruiting African American donors. My work with sickle cell patients and educating the public on the transfusion needs of sickle cell patients (most of whom are African American) was particularly compelling. This was highlighted by several Connecticut news outlets on June 19th.

LOOKING AHEAD

I want to expand efforts to partner with the American Red Cross to expand the numbers of African Americans who contribute to the blood donor pool. This is an area of great need as there is a disproportionate use of blood by African Americans in comparison to the availability of blood from African American donors. This is clinically important because blood is more likely to be compatible between individuals of the same racial/ethnic background and having this disparity in the donor pool can lead to lack of availability of matched blood for some African Americans. This is especially true for those with sickle cell disease.

UConn Health
 Endowed Chair in Transfusion Medicine
 300037-10149-10 (and 35021)

	FY17	FY18	FY19	FY20	FY21	FY22	FY23
Beginning Cash Balance	\$423,141	\$425,555	\$429,380	\$438,097	\$450,927	\$410,633	\$300,935
Receipts :							
Interest Transferred from UCONN Foundation:							\$25,289
Interest Transferred from DHE:	\$4,107	\$3,825	\$8,717	\$12,830	\$2,944	\$1,081	\$9,665
Total Receipts	\$4,107	\$3,825	\$8,717	\$12,830	\$2,944	\$1,081	\$34,953
Expenditures :							
Salaries and Wages					\$32,921	\$81,941	\$67,966
Fringe Benefits					\$10,317	\$28,838	\$22,599
Purchased Services	\$1,693						
Supplies							
Equipment							
Change in accruals							
Total Expenditures	\$1,693	\$0	\$0	\$0	\$43,238	\$110,779	\$90,565
Ending Cash Spendable Balance	\$425,555	\$429,380	\$438,097	\$450,927	\$410,633	\$300,935	\$245,323



UConn

HEALTH LEADERS

Henry Siccardi, MD MPH
Christopher Steele MD MPH



Agenda

- Background
- Outcomes & Accomplishments
- Obstacles
- Future Directions





Background **UConn**

HEALTH LEADERS



UHL Model

Mentorship



Volunteer/Mentor Relationship

- Invest in the students and physicians of the future.

Education



Curriculum

- Monthly topics on SDH
- Personalized curriculum
- Monthly Lectures

Clinical Experience



4-Hour Clinical Shift

- Screen patients for, and address, SDH in clinical settings



THREE YEAR SCREENING OUTCOMES FEBRUARY 2020 - DECEMBER 2022

	Patients Screened in Person	Patients Screened by Telephone (COVID-19)	Total Patients
Patients Approached	6,511	12,511	19,022
Patients Consented	5,782	3,213	8,994
Patients Completed Screening	4,964	2,189	7,153
Total SDoH Barriers Identified	6,466	3,095	9,561
Total Patients Screened Positive	3,419	2,526	5,945
Total Patients Connected to Resources Through Warm Handoffs	1,358	757	<u>2,115</u>



Where are we now?

Summer Session

- **63 Volunteers serving...**
- **3 UConn-Associated Clinical Sites**
 - General Medicine Clinic (OPPV)
 - Family Medicine Center at Asylum Hill
 - John Dempsey Hospital
- **June 5 - August 11, 2023:**
 - 2,071 patients approached
 - 1,318 patients consented
 - 1,047 patients finished screening
 - 504 vulnerable patients identified
 - 477 patients wanted help





Outcomes & Accomplishments

UConn

HEALTH LEADERS



Presentations

- Steele J, Siccardi H, Steele C. *University of Connecticut Health Leaders — Promoting Health Equity During the COVID-19 Pandemic*. 2020 AMA Accelerating Change in Medical Education Health Systems Science Student, Resident and Fellow Impact Challenge. Page 143. January 2021.
- Siccardi H, Steele J, Sarwat Z, Cova E, Gaffney K, Dobrowolski C, Gonzalez R, Skaritanov E, Steele C. *The Development of a Pre-professional Health Care Program to Address Social Determinants of Health in the Clinical Setting*. Society of General Internal Medicine Mountain West & New England Regional Meeting. Virtual. November 2021.
- Steele, J., Siccardi, H., Cova, E., Sarwat, Z., & Steele, C. *Access to Affordable Child Care in Hartford County* [Poster presentation]. Connecticut Chapter of the American Academy of Pediatrics Annual Medical Student Research Night, Connecticut, United States. December 2021
- Sarwat, Z., Labunko, B., Siccardi, H., & Steele, C. *Evaluation of Screening Interventions on Colorectal Cancer* [Poster Presentation]. UConn Medical/Dental Research Day, Virtual. February 2022
- Natchiappan, N., Zulfi, A., Steele, J., & Steele, C. *Pre-Health Program Identifying and Addressing Social Determinants of Health in the Clinical Setting* [Conference oral presentation]. Institute for Excellence in Education (IEE) 2022 Conference and Celebration, United States. March 2022.
- Siccardi H. Sarwat Z, Mansilla K, Steele C. *Social Determinants of Health Screening and Interventions Engaging College and Medical Students*. Society of the Teachers of Family Medicine Annual Conference. Indianapolis, IN, USA. May 2022.



Presentations

- Cova, E., Natchiappan, N., Sarwat, Z., Siccardi, H., Schmidt, V., & Steele, C. *UConn Health Leaders: A Pre-Professional Health Program Able to Screen for and Address Social Determinants of Health* [Conference oral presentation]. National Collaborative for Education to Address the Social Determinants of Health Annual Conference, United States. February 2023.
- Cova, E., Natchiappan, N., & Steele, C. *Social Determinants of Health Experienced by Inpatients and Outpatients* [Conference poster presentation]. Society of Hospital Medicine Converge Research, Innovations, and Clinical Vignette Scientific Abstract Competition, Austin, TX, United States. March 2023.
- Sarwat, Z., Karvandi, R., Carrese, J., & Steele, C. *Tell Me What You Really Mean: A Study on Patient Health Literacy in an Inpatient Setting* [Conference poster presentation]. Society of Hospital Medicine Converge Research, Innovations, and Clinical Vignette Scientific Abstract Competition, Austin, TX, United States. March 2023.
- Natchiappan, N., Reinier G., & Steele, C. *Pre-Professional Health Program's Outcomes for Screening and Addressing Social Determinants of Health for The Hispanic Community* [presentation]. In: National Hispanic Medical Association's 26th Annual Conference; 2023, April 27-30; Chicago, Illinois (IL): NHMA; 2023.
- Cova, E., Natchiappan, N., & Steele, C. *Identification and Comparison of Social Determinants of Health Experienced by Inpatients and Outpatients* [presentation]. In: American College of Physicians National Abstracts Competition; 2023, April 29; San Diego, California (CA): ACP; 2023.
- Natchiappan, N., Cova, E., & Steele, C. *The Social Determinant Health Needs of The Geriatric Population* [presentation]. In: American Geriatrics Society 2023 Annual Scientific Meeting; 2023, May 3-6; Long Beach, California (CA): AGS; 2023.



Accelerating Change in Medical Education

Weekly Newsletter

Please find 6 items that may be of interest to you and relate to the work of the Accelerating Change in Medical Education Consortium. Feel free to forward to members of your grant team. Let us know if you have any questions about this information.

1. Winners of the AMA HSS Student, Resident, and Fellow Impact Challenge

We are pleased to announce the prize winners for the 2021 AMA Health Systems Science Student, Resident, and Fellow Impact Challenge:

- **First place:** Monica Hana, Eastern Virginia Medical School, "Construction and Coordination of Care Continuity via Telehealth for Homeless Population of Norfolk, Virginia"
- **Second place:** Henry Siccardi, University of Connecticut School of Medicine, "The University of Connecticut Health Leaders (UCHL)"
- **Third place:** Dania Shah, MD, HonorHealth, "Role of Telemedicine in Health Care Delivery to the Vulnerable Population During COVID-19"

The above winners as well as all qualifying submissions will be showcased in our 2021 edition of "Medical students, residents and fellows making an impact" that will be published this winter. Thank you to all of those who took the time to share their project with our team at the AMA!

Characterization of the Social Determinants of Health Faced By Hospitalized Patients

Erin Cova ¹, Nivedha Natchiappan ¹, Ling Chi ¹, Henry Siccardi ¹, Christopher Steele ²

Affiliations + expand

PMID: 37537384 DOI: 10.1007/s11606-023-08346-6

Subject: Congratulations!

*** Attention: This is an external email. Use caution responding, opening attachments or clicking on links. ***

Hello Dr. Sarwat,

Congratulations for having the top scoring Research poster at the SHM District 1 Scientific Abstract Competition! You have received automatic acceptance to the National Scientific Abstract Competition taking place at SHM's annual conference, [Converge](#), March 26-29, 2023 in Austin, TX. To claim this acceptance, please submit your abstract to the [national submission site](#) by the **November 29, 2022** deadline in order to be accepted.

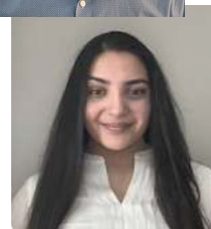
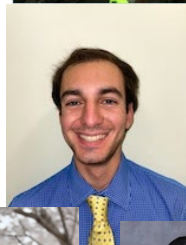
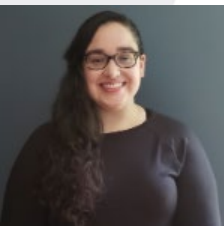
Henry Siccardi – Lyman Stowe Award

- Graduating senior who best exemplifies the importance of patients and society.

Chris Steele – 2023 UConn Provost Award Excellence in Community Engaged Scholarship - Emerging Faculty



PEOPLE ARE STAYING FOR MEDICAL, DENTAL AND GRADUATE DEGREES!





A CT man didn't know he had cancer. Then he got a call that helped him get treatment and pay for it





Obstacles and Future Directions

UConn

HEALTH LEADERS



Obstacles

- Time and resources to properly engage Hartford community.
- Inability to secure external grant funding without internal support.
- Time restraints of Dr. Steele and Dr. Siccardi to coordinate, organize, and streamline the above.
- Inability to measure clinical outcomes from intervention.



Potential

For Patients <ul style="list-style-type: none">● Systematic SDH screenings and interventions across sites● Countless quality-improvement efforts● Patient support and satisfaction initiatives	For Students <ul style="list-style-type: none">● Expanded experiences and opportunities● More leadership roles● Integration of multidisciplinary fields● Improved education and mentorship
For UConn <ul style="list-style-type: none">● Cost-effective satisfaction of J.Co. and CMS requirements● Recruitment of top students● Enhanced reputation locally and nationally● Impactful work with underserved populations	Revenue Opportunities <ul style="list-style-type: none">● Grants● Donations● Increased reimbursements● Fee-based program funded by other universities● Goal: Sustainable financial independence of UCHL



Location: WebEx
Present (Voting): A. Bessette, B. Cole-Johnson, M. Boxer, R. Carbray, T. Holt

Mr. Holt called the meeting to order at 8:31 a.m.

1. Public Comment

There was no public comment.

2. Chair's Remarks

2.1 Mr. Holt welcomed everyone to the meeting and announced that the committee will defer the FY 24 budget and spending plan for operations and capital to the full Board meeting.

2.2 Approval of Minutes

2.2.1 ***In a motion duly made and seconded, the Committee approved the minutes of March 13, 2022.***

3. Financial Reports and Updates

4. Items Needing Approval

Contracts/PO's/Amendments \$1 million – J. Geoghegan

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

- 4.1.1 AMN Leadership Solutions Inc.
- 4.1.2 Becton, Dickinson & Co.
- 4.1.3 Capital Area Consortium
- 4.1.4 Capital Area Consortium
- 4.1.5 Cardinal Health Inc.
- 4.1.6 Caremark LLC
- 4.1.7 Central Admixture Pharmacy Services Inc.
- 4.1.8 Ciox Health LLC
- 4.1.9 Courier Express Inc.
- 4.1.10 Dialysis Clinic Inc.
- 4.1.11 Fisher Scientific Company
- 4.1.12 Hologic Sales and Service LLC
- 4.1.13 Howmedica Osteonics Corporation
- 4.1.14 Howmedica Osteonics Corporation
- 4.1.15 InSight Health Corporation
- 4.1.16 Integrated Anesthesia Associates
- 4.1.17 Johnson Controls Inc
- 4.1.18 Johnson Controls Inc
- 4.1.19 Olympus America Inc.
- 4.1.20 Philips Healthcare
- 4.1.21 ProHealth Pharmacy Solutions LLC, d subsidiary of CarepathRX
- 4.1.22 Savista LLC
- 4.1.23 Siemens Medical Solutions USA Inc.
- 4.1.24 Unum Life Insurance Company
- 4.1.25 Wellpartner LLC
- 4.1.26 Federation for Children with Special Needs
- 4.1.27 The Jackson Laboratory

4.2 Leases [F]

- 4.2.1 Asylum Family Medicine Center, Inc.
- 4.2.2 11 South Road LLC

4.3 Project Budgets [F]

- 4.3.1 Project Budget for the UConn Health Cryon Electron Microscope Installation (Planning: \$960,000)
- 4.3.2 Project Budget for the UConn Health Connecticut Tower (CT) 7th Floor Med-Surg Observation Unit Renovation (Planning: \$2,500,000)
- 4.3.3 Project Budget for the UConn Health Hybrid OR#2 Fit-out (Planning: \$7,100,000)
- 4.3.4 Project Budget for the UConn Health Interventional Radiology Equipment Replacement & Renovation (Planning: \$4,700,000)
- 4.3.5 Project Budget for the UConn Health Outpatient Pavilion 3rd Floor Backfill (Planning: \$3,300,000)
- 4.3.6 Project Budget for the UConn Health Outpatient Pavilion X-Ray & Blood Draw Relocation (Planning: \$650,000)
- 4.3.7 Project Budget for the UConn Health Musculoskeletal Institute Rehabilitation Expansion (Planning: \$640,000)
- 4.3.8 Project Budget for the UConn Health Cadaver Lab Renovation & Air Handling Unit Replacement (Design: \$1,800,00)
- 4.3.9 Project Budget for the UConn Health Central Sterile Washer & Sterilizer Replacement (Design: \$3,985,000)
- 4.3.10 Project Budget for the UConn Health Cell & Genome Sciences Building Data Center Cooling System Upgrades (Design: \$650,000)
- 4.3.11 Project Budget for the UConn Health New England Sickle Cell Institute Renovation (Design: \$4,865,000)
- 4.3.12 Project Budget for the UConn Health Buildings D & N Roof Replacement (Final: \$2,500,000)
- 4.3.13 Project Budget for the UConn Health Buildings E & K Roof Replacement (Final: \$2,160,000)
- 4.3.14 Project Budget for the UConn Health TB-121 Blood Bank Relocation (Final: \$765,000)
- 4.3.15 Project Budget for the UConn Health Transitional Nursery Renovation (Final: \$1,800,000)
- 4.3.16 Project Budget for the UConn Health Canzonetti (F) Building Wound Care Center Renovation (Final: \$1,225,000)

In a motion duly made and seconded, the Committee approved agenda items 4.1, 4.2 and 4.3 as described in detail in the board materials beginning on page 9.

5. Updates and Informational Items

- 5.1 Contracts to \$999,999
- 5.2 Personnel List

Other informational items may be found in the package beginning on page 119. With no further business, the Finance Subcommittee meeting was adjourned at 8:59 am

Respectfully submitted,



Jeffrey P. Geoghegan, CPA

Executive Vice President for Finance and Chief Financial Officer

UConn Health Board Finance Subcommittee September 11, 2023
CONTRACTS (OTHER THAN REAL ESTATE LEASES) AND PURCHASE ORDERS OF \$500K TO \$999,999
INFORMATIONAL ITEMS

No.	Contractor	SMBE?	PO/Contract Number	Contract Type	Total Amount	Term	Fund Source	Dept./Individual Sponsor (Business Owner)	Expense (E) Revenue (R)	Description	Sourcing
1	Texas A&M University	No	P0539211 UCHC7-144253519-A2	Amendment	\$672,324	9/1/21 - 3/31/24	Grant-Federal	Christopher Heinen Dept. of Molecular Biology and Biophysics	E	Subaward for collaboration on the project entitled, "The selective advantage of mismatch repair loss in colonic stem cells." This amendment provides additional funding of \$220,554 to the period of performance ending 3/31/2024.	Collaborative Grant (pass-through)
2	Stanford University	No	P0536612 UCHC7-144253015-A2	Amendment	\$778,993	04/01/21 - 03/31/24	Grant-Federal	Kimberly Dodge-Kafka, Dept. of Cell Biology/Calhoun Cardiology Center	E	Subaward for collaboration on the project entitled, "Perinuclear Signaling and Cardiac Hypertrophy." This amendment provides additional funding of \$253,789 to the period of performance ending 3/31/2024.	Collaborative Grant (pass-through)
3	The Jackson Laboratory	No	P0592221 UCHC7-159823887-A1	Amendment	\$618,736	07/01/22 - 06/30/24	Grant-Federal	John T. Hinson, Calhoun Cardiology Center	E	Subaward for collaboration on the project entitled, "Establishing and reversing the functional consequences of Titin truncation mutations." This amendment provides additional funding of \$297,033 to the period of performance ending 6/30/2024.	Collaborative Grant (pass-through)
4	The Jackson Laboratory	No	P0595959 UCHC7-161545358-A1	Amendment	\$791,560	07/21/22 - 6/30/24	Grant-Federal	Se-Jin Lee, Genetics & Genome Sciences	E	Subaward for collaboration on the project entitled, "Extracellular regulation of bone mass by transforming growth factor-β-related ligands and their binding proteins." This amendment provides additional funding of \$404,966 to the period of performance ending 6/30/2024.	Collaborative Grant (pass-through)
5	Vizient, Inc.		UCHCFC-172752121	New	\$999,999	8/7/23- 8/6/26	Operating Funds	Scott Allen, Hospital Administration	E	Vizient is UConn Health's group purchasing organization. Vizient will provide one interim dedicated resource to help Hospital Administration generate custom analytics and reports based on Vizient's analytical tools, such as the Clinical Data Base and Clinical Practice Solutions Center, in areas to be identified by UConn Health. The cost of these services may be offset by credits issued to UConn Health as a member of Vizient's group purchasing program.	GPO/Consortium
6	Aeroscout LLC dba Securitas Healthcare LLC	No	UCHCFC-96641037	Amendment	\$600,000	11/30/18 - 3/25/24	Operating Funds-Clinical	Kevin Chamberlin, Pharmacy	E	Aeroscout provides an asset tracking program for the Pharmacy and Clinical Engineering departments. This amendment increased the maximum contract value by \$100,001 and documented the contractor's name change.	Non-Competitive Purchase
7	Edwards Lifesciences LLC	No	UCHCFC-156431648	Amendment	\$999,999	7/5/22 - 7/4/24	Operating Funds-Clinical	Dan Hannon, Supply Chain Operations	E	Edwards Lifesciences provides UConn Health with transcatheter heart valve therapy system (TAVR) products on a consignment basis. This amendment added a new product to the consignment agreement and increased the contract value by \$649,000 due to higher than expected utilization of the products.	Non-Competitive Purchase
8	Health Information Alliance, Inc.	No	UCHCFC-125213247	Amendment	\$700,000	12/11/19 - 12/10/23	Operating Funds-Clinical	Michelle DeLayo, Nursing Administration	E	Health Information Alliance provides UConn Health with data abstraction services for various "Get with the Guidelines" registries (Stroke, Society for Thoracic Surgeons, Trauma, Heart Failure Registry, Catheterization/Percutaneous Coronary Intervention, Coronary Artery Disease, and Transcatheter Aortic Valve Replacement). This amendment added the American Spine Registry, which is a requirement for John Dempsey Hospital to receive accreditation in spinal surgery and increased the contract value by \$100,000 to cover the additional services.	Non-Competitive Purchase
9	Johnson Controls Fire Protection LP	No	P0638788	PO	\$610,428	7/4/23 - 6/30/24	Operating Funds	John Lombardi, Facilities Management	E	Johnson Controls performs inspections/testing on UConn Health's fire alarm and sprinkler system, kitchen hood fire suppression system, special hazards, electronics, and fiber.	GPO/Consortium
10	Medtronic Sofamor Danek USA Inc.	No	UCHCFC-173100333	New	\$999,999	7/1/23 - 6/30/25	Operating Funds-Clinical	Lori Acomb, Procurement & Supply Chain Operations	E	Spine products pricing agreement	Non-Competitive Purchase

UNIVERSITY OF CONNECTICUT HEALTH

PERSONNEL LIST

SEPTEMBER 2023

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 April 21, 2023 through August 10, 2023. This list is presented to the Members of the UCH Board of Directors FOR INFORMATION at the meeting of September 11, 2023.

Leaves of Absence

1. Adie, Renee A., Director of Information Technology, Department of IT Clinical Systems, medical leave with pay for the period July 11, 2023 through September 1, 2023.
2. Arafat, Mohammad, Assistant Professor/Clinical, Department of General Medicine, family leave with pay for the period May 22, 2023 through May 28, 2023.
3. Behme, James K., Clinical Simulation Center Coordinator, Department of Academic Affairs and Education, medical leave with pay for the period June 1, 2023 through June 27, 2023.
4. Bell, Elizabeth A., Procurement Contract Specialist, Department of Contracts, family leave with pay for the period April 28, 2023 through June 4, 2023.
5. Biolo, Christine M., Nurse Practitioner, Department of UMG-General OB, maternity leave with pay for the period June 26, 2023 through August 7, 2023 and family leave with pay for the period August 8, 2023 through January 2, 2024.
6. Bristol, Donald W., Technical Analyst 1, Department of IT Enterprise Technology, medical leave with pay for the period July 11, 2023 through July 26, 2023.
7. Burghard, Alice L., Assistant Professor/Basic Sciences, Department of Neuroscience, maternity leave with pay for the period June 21, 2023 through August 1, 2023 and family leave with pay for the period August 2, 2023 through September 11, 2023.
8. Busam, Samantha J., Assistant Nursing Manager, Department of Neag Cancer Center (JDH), medical leave without pay for the period June 13, 2023 through August 7, 2023.
9. Calderone, Scott W., Quality Assurance Specialist, Department of Epidemiology, medical leave with pay for the period April 25, 2023 through May 3, 2023.

UNIVERSITY OF CONNECTICUT HEALTH
PERSONNEL LIST
ACTIONS FOR INFORMATION
SEPTEMBER 2023

Leaves of Absence continued

10. Caputo, Anna Maria, Reimbursement Analyst 2, Department of Revenue Integrity, medical leave with pay for the period June 28, 2023 through August 20, 2023.
11. Caswell, Scott E., Information Technology Manager, Department of IT Enterprise Technology, medical leave with pay for the period May 15, 2023 through June 11, 2023.
12. Coban, Hamza, Assistant Professor/Clinical, Department of Neurology, family leave with pay for the period May 15, 2023 through May 30, 2023.
13. Daniels, Rebecca L., Reimbursement Analyst 2, Department of Clinical Business Services, medical leave with pay for the period May 9, 2023 through May 29, 2023.
14. Dave, Dhruv R., Radiation Therapy Technologist, Department of Radiation Therapy, medical leave with pay for the period May 15, 2023 through May 29, 2023.
15. David, Jeannette F., Radiation Therapy Technologist, Department of Radiation Therapy, medical leave with pay for the period June 19, 2023 through August 15, 2023.
16. Dowd, Jessica, Cardiac/Vascular Sonographer, Department of Cardiology, medical leave with pay for the period June 20, 2023 through July 5, 2023.
17. Duboff-Jacomini, Jill, Nurse Practitioner, Department of Psychiatric Clinic, medical leave with pay for the period May 8, 2023 through May 23, 2023.
18. Ehlers, William H., Associate Professor/Clinical, Department of Ophthalmology Surgery, medical leave with pay for the period June 11, 2023 through July 9, 2023.
19. Evarts, Frederick S., Biomedical Technician Specialist, Department of Clinical Engineering, medical leave with pay for the period June 21, 2023 through August 10, 2023.
20. Faraday, Trisha A, Application Architect, Department of IT Clinical Systems, medical leave with pay for the period July 19, 2023 through August 16, 2023.
21. Gabriel, Kristin L., Manager, Diagnostic Imaging, Department of Imaging Services Administration, medical leave with pay for the period May 10, 2023 through May 17, 2023.

UNIVERSITY OF CONNECTICUT HEALTH
PERSONNEL LIST
ACTIONS FOR INFORMATION
SEPTEMBER 2023

Leaves of Absence continued

22. Gancarz, Brittany L., Instructor/Clinical, Department of Obstetrics and Gynecology, maternity leave with pay for the period July 7, 2023 through August 31, 2023, family leave with pay for the period September 1, 2023 through October 25, 2023 and family leave without pay for the period October 26, 2023 through January 29, 2024.
23. Gavin, Nicole R., Assistant Professor/Clinical, Department of Obstetrics and Gynecology, maternity leave with pay for the period May 28, 2023 through July 8, 2023 and family leave with pay for the period July 9, 2023 through September 3, 2023.
24. Gonzales, Karina, Clinical Case Manager, Department of Case Management, medical leave with pay for the period July 28, 2023 through August 16 2023 and medical leave without pay for the period August 17, 2023 through September 10, 2023.
25. Goolgar, Jamila H., EEO Investigator, Office of Institutional Equity, medical leave with pay for the period May 3, 2023 through July 31, 2023.
26. Huffman, Kelly V., Employee Assistance Counselor, Department of Occupational and Environmental Medicine, medical leave with pay for the period May 18, 2023 through June 1, 2023.
27. Indoe, Jillian L., Assistant Professor/Clinical, Department of General Surgery, maternity leave with pay for the period May 5, 2023 through May 21, 2023 and family leave with pay for the period May 22, 2023 through July 23, 2023.
28. Kerr, Susan P., Legal Contract Specialist 2, Department of Contracts, medical leave with pay for the period June 29, 2023 through September 11, 2023.
29. LaRosa, Annalise R., Administrative Program Coordinator, Department of Gastroenterology, maternity leave with pay for the period June 14, 2023 through August 8, 2023 and family leave with pay for the period August 9, 2023 through September 19, 2023.
30. Leishangthem, Lakshmi, Assistant Professor/Clinical, Department of Neurology, medical leave with pay for the period June 7, 2023 through June 13, 2023.
31. Maass, Zachary J., Assistant Professor/Clinical, Department of Orthopaedic Surgery, family leave with pay for the period May 9, 2023 through June 6, 2023.

UNIVERSITY OF CONNECTICUT HEALTH
PERSONNEL LIST
ACTIONS FOR INFORMATION
SEPTEMBER 2023

Leaves of Absence continued

32. Martin, Sonya D., Administrative Program Coordinator, Medical Staff Services Office, medical leave with pay for the period July 18, 2023 through August 6, 2023 and medical leave without pay for the period August 7 2023 through August 18, 2023.
33. Maseto, Nadejda, Nurse Practitioner, Department of Vascular Surgery, medical leave with pay for the period May 15, 2023 through May 21, 2023.
34. Mayalall, Bibi Zaneefa, Clinical Practice Manager, Department of Educational Clinics Administration, medical leave with pay for the period May 23, 2023 through May 28, 2023.
35. McCaffrey, Tracy A., Clinical Coordinator 2, Department of Rehabilitation Services-Outpatient, family leave with pay for the period May 15, 2023 through May 21, 2023.
36. Megson, Anne K., Nurse Practitioner, Department of Neag Cancer Center (JDH), medical leave with pay for the period July 18, 2023 through July 22, 2023, maternity leave with pay for the period July 23, 2023 through August 26, 2023, maternity leave without pay for the period August 27, 2023 through September 2, 2023 and family leave without pay for the period September 3, 2023 through November 17, 2023.
37. Milliken, Emily S., Occupational Therapist 2, Department of N.N.I.C.U. Unit, family leave with pay for the period May 5, 2023 through May 25, 2023.
38. Morris, Tracey A., Histotechnologist, Department of UMG - Dermatopathology, medical leave with pay for the period May 4, 2023 through June 4, 2023.
39. Narwal, Priya, Assistant Professor/Clinical, Department of Neurology, family leave without pay for the period July 17, 2023 through August 31, 2023.
40. Niro, Brittney P., Social Worker 2, Department of Social Work, maternity leave with pay for the period July 20, 2023 through September 13, 2023, family leave with pay for the period September 14, 2023 through October 12, 2023, family leave without pay for the period October 13, 2023 through February 12, 2024 and medical leave without pay for the period February 13, 2024 through March 11, 2024.
41. Oksanen, Darlene A., Assistant Professor/Clinical, Department of Internal Medicine Associates, medical leave with pay for the period May 15, 2023 through August 6, 2023.

UNIVERSITY OF CONNECTICUT HEALTH
PERSONNEL LIST
ACTIONS FOR INFORMATION
SEPTEMBER 2023

Leaves of Absence continued

42. Ordonez Fernandez, Esther, Instructor/Clinical, Department of General Dentistry, maternity leave with pay for the period May 30, 2023 through July 24, 2023, family leave with pay for the period July 25, 2023 through August 14, 2023 and family leave without pay for the period August 15, 2023 through December 21, 2023.
43. Palmisano, Tiffany R., Physical Therapist 2, Department of Rehabilitation Services–Inpatient, medical leave with pay for the period June 12, 2023 through July 11, 2023.
44. Pella, Jeffrey, Assistant Professor/Basic Sciences, Department of Psychiatry, family leave with pay for the period May 29, 2023 through June 21, 2023.
45. Pelland, Elizabeth A., Administrative Officer, Department of Neurology, medical leave with pay for the period May 16, 2023 through June 26, 2023.
46. Petruzzi, Mary H., Business Services Manager, Department of Library, medical leave with pay for the period June 22, 2023 through August 17, 2023.
47. Plamenco, Jacinto B., Human Resources Specialist 2, Department of Human Resources Administration, family leave with pay for the period July 24, 2023 through July 31, 2023.
48. Poglitsch, Cynthia L., Clinical Coordinator 2, Department of UMG-Orthopaedics, medical leave with pay for the period April 18, 2023 through April 23, 2023.
49. Rapp, Lisa J., Diagnostic Radiologic Technician, Department of Radiology, medical leave with pay for the period August 1, 2023 through September 29, 2023.
50. Rivera, Chantel, Technical Analyst 1, Department of IT Enterprise Technology, medical leave with pay for the period May 18, 2023 through June 28, 2023 and medical leave without pay for the period June 29, 2023 through July 17, 2023.
51. Rivera, Eliza, Quality Assurance Specialist, Office of Patient Experience, medical leave with pay for the period May 24, 2023 through June 11, 2023.
52. Rose, Heidi L., Nurse Practitioner, Department of UMG-Gastroenterology, medical leave with pay for the period June 9, 2023 through August 20, 2023.

UNIVERSITY OF CONNECTICUT HEALTH
PERSONNEL LIST
ACTIONS FOR INFORMATION
SEPTEMBER 2023

Leaves of Absence continued

53. Scott, Dana M., Assistant Professor/Clinical, Department of Obstetrics and Gynecology, maternity leave with pay for the period June 2, 2023 through July 13, 2023, family leave with pay for the period July 14, 2023 through August 15, 2023 and family leave without pay for the period August 16, 2023 through September 3, 2023.
54. Senh, Michael C., Medical Technologist 2, Department of Microbiology and Serology, family leave with pay for the period June 30, 2023 through July 30, 2023.
55. Shapiro, Linda H., University Director, Center for Vascular Biology, family leave with pay for the period June 19, 2023 through July 19, 2023.
56. Stoddard, Heather A., Clinical Radiologic Supervisor, Department of Radiology, medical leave with pay for the period July 1, 2023 through July 9, 2023.
57. Velez, Deisy A., Clinical Nurse Specialist, Department of Professional Practice and Clinical Excellence, family leave with pay for the period July 7, 2023 through July 22, 2023.
58. Vliet, Chelsey R., Clinical Case Manager, Department of Case Management, maternity leave with pay for the period July 14, 2023 through August 26, 2023, family leave with pay for the period August 27, 2023 through November 17, 2023 and family leave without pay for the period November 18, 2023 through January 2, 2024.
59. Waddington, Erica L., Assistant Professor/Clinical, Department of Family Medicine, medical leave with pay for the period July 17, 2023 through September 17, 2023.
60. Wenger, Jonathan A., Procurement Contract Specialist, Department of Procurement, family leave with pay for the period June 27, 2023 through July 17, 2023.
61. Woodruff, Torri A., Assistant Professor/Basic Sciences, Department of Child and Family Studies, maternity leave with pay for the period June 14, 2023 through June 29, 2023.
62. Wright, Jane E., Administrative Officer, Department of Anesthesiology, medical leave with pay for the period July 17, 2023 through July 23, 2023.

Resignations

1. Alrz, Joudi, Diagnostic Radiologic Technician, Department of Radiology, effective July 21, 2023.

UNIVERSITY OF CONNECTICUT HEALTH
PERSONNEL LIST
ACTIONS FOR INFORMATION
SEPTEMBER 2023

Resignations continued

2. Baruwa Etti, Abisola G., Assistant Professor/Clinical, Department of General Medicine, effective May 31, 2023.
3. Bissonnette, Jennifer L., Clinical Perfusionist, Department of Perfusion Services, effective June 29, 2023.
4. Conlan, Patricia, Medical Technologist 1, Department of Core Lab, effective June 30, 2023.
5. Delldonna, Bohdanna, Diagnostic Radiologic Technician, Department of Radiology, effective June 9, 2023.
6. Fanning, Beth W., Nurse Anesthetist, Department of Operating Room Unit, effective August 8, 2023.
7. Fay, Susan N., Clinical Case Manager, Department of Case Management, effective May 31, 2023.
8. Frasca, Ginger, ADA/Human Resources Manager, Department of Human Resources Administration, effective May 30, 2023.
9. Huang, Sharon, Physician Assistant, Department of Surgery/Orthopedics Unit, effective July 31, 2023.
10. Kassem, Yousef A., Pharmacist, Department of Pharmacy, effective July 8, 2023.
11. Kaufman, Debbiann, Executive Staff Assistant, Office of Health Affairs, effective July 13, 2023.
12. Killoh, Shaelyn A., Lab Animal Technology Services Specialist, Center for Comparative Medicine, effective May 5, 2023.
13. Lottinger, Christy M., Assistant Professor/Clinical, Department of Oral and Maxillofacial Services, effective July 28, 2023.
14. Montgomery, Joan M., Clinical Nurse Specialist, Department of Professional Practice and Clinical Excellence, effective June 2, 2023.
15. Moore, George W., Assistant Professor/Clinical, Department of Occupational and Environmental Medicine, effective June 29, 2023.

UNIVERSITY OF CONNECTICUT HEALTH
PERSONNEL LIST
ACTIONS FOR INFORMATION
SEPTEMBER 2023

Resignations continued

16. Moussa, Marmar, Assistant Professor/Basic Sciences, Department of Neag Cancer Center, effective June 30, 2023.
17. Myles, Heather C., Radiation Therapy Technologist, Department of Radiation Therapy, effective July 27, 2023.
18. Perry, Sarah J.K., Talent Acquisition Specialist, Department of Human Resources Administration, effective August 2, 2023.
19. Pierce, Magdalena S., Nurse Manager, Department of Medicine 3 Unit, effective July 13, 2023.
20. Poole, Alexis A., DM Sonography Technologist 1, Department of UMG-Maternal Fetal Medicine, effective June 8, 2023.
21. Santos, Alyssa E.A., Pharmacist, Department of Pharmacy, effective May 24, 2023.
22. Shaikh, Tausif A.Y.M., Business System Analyst, Department of IT Project Management Office, effective June 30, 2023.
23. Steele, Michelle, Nurse Practitioner, Department of Partial Hospital Program, effective June 22, 2023.
24. Stevenson, Christina E., Associate Professor/Clinical, Department of Surgery Administration, effective June 29, 2023.
25. Todd, Veronika S., Physical Therapist 2, Department of Rehabilitation Services, effective July 19, 2023.
26. Youngstrom, Daniel W., Assistant Professor/Basic Sciences, Department of Orthopaedic Surgery, effective June 30, 2023.

Retirements

1. Coleman, Susan L., Program Manager, Community and Educational Outreach, Department of Occupational and Environmental Medicine, effective May 31, 2023.
2. McClure, Shannon L., Administrative Program Coordinator, Department of AHEC, effective May 31, 2023.

UNIVERSITY OF CONNECTICUT HEALTH
PERSONNEL LIST
ACTIONS FOR INFORMATION
SEPTEMBER 2023

Retirements continued

3. Nestler, Ellen O., Associate Dean, Department of Curricular Affairs, effective July 31, 2023.
4. Olander, Lorelei S., Library Technician 2, Department of Library, effective May 31, 2023.
5. Pilbeam, Carol, Professor/Basic Sciences, Department of Endocrinology, effective June 30, 2023.
6. Poulos, Stacy J., Application Architect, Department of IT Application Services, effective May 31, 2023.
7. Preleski, Kimberly A., Physical Therapist 2, Department of Rehabilitation Services-Inpatient, effective May 31, 2023.
8. Xin, Xiaonan, Instructor/Basic Sciences, Center for Regenerative Medicine and Skeletal Development effective June 30, 2023.

Time: 10:00 a.m. – 12:00 p.m.

Attendees: Fran Archambault, Sanford Cloud, Joel Freedman, Marc Hansen, Marja Hurley, Manisha Juthani, Mina Mina, Wayne Rawlins, Tannin Schmidt, Amy Gorin, Jeff Geoghegan, Marilyn Katz, Steven Lepowsky, Bruce Liang, Rick McCarthy, KiKi Nissen, Jennifer Ozimek, Tom Regan, Scott Simpson, Christine Thatcher

1. Public Comment - None

2. Chair's Remarks

- a. Welcome and updates
 - i. The meeting came to order with the Chair welcoming everyone to the meeting and taking roll call of attendees.
- b. Approval of minutes from April 17, 2023 Meeting

A motion to approve the minutes was made. Seconded. Approved 9-0-0

3. Consent Items

- a. Approval of School of Medicine Recommendations for Appointment at and Promotion to Senior Rank, Award of Academic Tenure, and Emeritus Appointment (Dr. Bruce Liang)
 - i. The names and details can be found on pages 11 and 18
 - ii. Dr. Archambault asked if he could especially thank all those who have been promoted and/or appointed and recognize their outstanding contributions to this institution.
- b. Approval of School of Dental Medicine Recommendations for Promotion to Senior Rank and Award of Academic Tenure (Dr. Steven Lepowsky)
 - i. The names and details can be found on page 73

A motion to approve all consent items was made. Seconded. Approved 9-0-0

4. Business Items

- a. School of Medicine Tuition and Fees Proposal (Dr. Marilyn Katz) Pages 88-96
 - i. It is recommended that there be a 2.5% increase for resident tuition and 0.5% increase for out of state and regional tuition
 - ii. Dr. Katz reported that while resident tuition is increasing, UConn School of Medicine tuition and fees remain below that of most local public competitor schools.

- iii. Additionally, UConn School of Medicine graduates have an average of \$177k indebtedness compared to the average of \$183k and the median of \$189k among all medical schools
- iv. Dr. Nissen asked how we have one of the highest tuitions, yet one of the lowest indebtedness – can our students simply afford our costs? Dr. Katz replied that our financial aid programs, such as loans and grants, greatly contribute to our students being able to afford our school. Dr. Liang echoed this report and reported that we have a donor who has recently pledged about \$8 million to use for scholarships for students. Dr. Regan also mentioned that since Connecticut has a very lenient residency policy, most students can apply for in-state tuition after their first year of medical school. Joel Freedman then asked 1) how many of the 2nd year class are residents vs non-residents and 2) do we offer scholarships to encourage students to attend UConn SoM? Dr. Liang replied that we have about \$5.3 million each year committed to grants.

A motion to approve the Tuition and Fees Increase was made. Seconded. Approved 9-0-0

- b. Approval of Revisions to the Bylaws of the School of Dental Medicine (Dr. Steven Lepowsky)
 - i. A comprehensive review of the Bylaws of the School of Dental Medicine, which were last revised in 2011, was started in 2019. What is included in the board book, are the final revisions from this review, which was approved by Dental Senate in September 2022. There was also a closed ballot vote in July 2023, where the revisions were approved by 79 of the 80 SoDM faculty members who voted.
 - ii. Please see details of the revisions on pages 97-250 of the board book.
 - iii. Two AAsBoD members asked for clarification on the appointment of Dean of School of Dental Medicine and reporting line of the Dean. Dr. Lepowsky indicated that the Provost appoints the Dean of Dental Medicine. In addition, A BoD member indicates that according to the University Bylaws, Dean of School of Dental Medicine and Dean of School of Medicine report to the Provost. Dr. Archambault asked that these two clarifications be made to the SDM bylaws.

A motion to approve the Revisions to the Bylaws of the SoDM was made. Seconded. Approved 9-0-0

- c. Oversight Committee Report (Dr. Marc Hansen)
 - i. Dr. Hansen reported that he has no voting matters for today's meeting. Dr. Hansen did report that the Departmental Reviews for 2023 are on schedule: Dept. of Medicine for October 2023 and Dept. of Anesthesiology for September 2023

5. Informational Items

- a. Degree Conferral Dates (Dr. Marilyn Katz)
 - i. Dr. Katz reported that Dr. Melissa Held has been working on this item for the SoM. She mentioned that as of now, there is only one degree conferral date, which is after the spring semester in May. It is suggested that the SoM add a summer conferral date in August and a winter conferral date in December. Dr. Lepowsky mentioned that Dr. Eric Bernstein worked with Dr. Held and the registrar to discuss this topic, for both the SoM and the SoDM. Dr. Archambault reported that he has also discussed this topic with the Provost's office, and they are also supportive of this change.
- b. Preliminary Profile: 2023 Entering Class of UConn School of Medicine – Class of 2027 (Dr. Thomas Regan)
 - i. Dr. Regan reported that the 2023 entering class has 112 students, from 4,336 applicants. 85 of the students are Connecticut residents and 57% are female. The average age of the students is 23 years old. 16% are under represented minorities and 17% are under represented in medicine.
 - ii. Dr. Archambault asked if this is the largest class size we can accommodate. Dr. Liang replied that we would like to eventually have a class size of up to 120 students. However, this will be done in small increments to ensure the quality of the medical student education. The hope is to have a class of 114 next year, and 116 the year after. Additionally, Dr. Liang reported that they have recently regarded all Connecticut Children faculty as our primary pediatric faculty.
 - iii. Dr. Hurley asked how the SCOTUS decision to remove race as a factor in admissions will affect our admission of under represented students. Dr. Regan said that we will now need to rely more on outreach programs and more effort will be needed on our end to continue our commitment to diversity, inclusion and belonging.

Next Regularly Scheduled Meeting

Monday, October 23, 2023

10 a.m. – 12 p.m. via WebEx

DRAFT

- Present (Voting):** Chairman, Richard Carbray, Francis Archambault, Patricia Baker
- Present (Non-Voting):** Kevin Chamberlin, Jeffrey Geoghegan, Anne Horbatuck, Chris Hyers, George Karsanow, Andrea Keilty, Eric Kruger, Caryl Ryan, Bruce Liang, Janel Simpson, John Lombardi, Andy Kucia, Rick McCarthy

The meeting was convened by Chairman, Richard Carbray at 8:30 a.m.

1. **Public Comment:** No public comment.
2. **Action Item:**

In a motion duly made and seconded, the UConn Health Buildings & Grounds Subcommittee approved the meeting minutes of May 18, 2023.

3. **Discussion Items:**

- a. **UConn Health Capital Projects Update** – George Karsanow

Mr. Karsanow reviewed the project funding, project metrics, and project updates for UConn Health's Capital Projects, as follows:

Project Funding:

For FY24, Mr. Karsanow reported there is approximately \$12.5 million budgeted to fund clinical equipment, IT and capital project needs. Approximately \$4.9 million has been budgeted for items and projects that are under \$50,000, and approximately \$7.7 million has been allocated for items and projects over \$50,000.

Mr. Karsanow also reported on UConn Health's Deferred Maintenance (DM) Project funding. From the \$25 million allocated in FY22 for DM, \$22.5 million is committed to active projects. The remaining is held for contingencies/potential over-runs. Projects are currently being prioritized to utilize the \$40 million in bond funds received in FY23 and the \$43 million received in the recent state budget for DM projects.

Capital Project Metrics:

				DIVISION			
Phase	Admin	DM	JDH	SODM	SOM	UMG	Total
Initiation	8	10	17	2	3	4	44
Pending Approval	2	1	0	0	0	0	3
A & E Selection	0	3	0	0	0	0	3
Design	4	10	15	0	2	4	35
Procurement	1	1	4	1	1	1	9
Construction	3	7	14	0	5	4	33
Substantially Complete	9	6	31	0	12	7	65
Total	27	38	81	3	23	20	192

- Project Total Last Report: 210
- Projects Added: 1
- Projects Closed: 19

Mr. Karsanow reported that UConn Health will be bringing a number of project budgets to the September 11th meeting of the UConn Health Board of Directors, including 3 projects that are being submitted to the Board for the first time:

- UT-7 Pharmacy Fit-Out
- Fluoroscopy Equipment Replacement & Renovation
- Muscular Skeletal Institute Chiller Replacement

Project Status/Updates:

4 projects in the **planning phase** were discussed:

- CT-7 Med Surg/Observation Unit Renovation
- Interventional Radiology Equipment Replacement & Renovation
- Hybrid OR #2 Fit Out
- UT-7 Pharmacy Fit-Out

8 projects in the **design phase** were discussed:

- Central Sterile Washer & Sterilizer Replacement
- New England Sickle Cell Institute Renovation
- Tomotherapy Unit Replacement
- TB-121 Blood Bank Relocation
- Outpatient Pavilion 3rd Floor Backfill
- Outpatient Pavilion X-Ray & Blood Draw Relocation
- Muscular Skeletal Institute Rehabilitation Expansion
- Cryo Electron Microscope Installation

8 projects in the **bidding phase** were discussed:

- Fluoroscopy Equipment Replacement & Renovation
- Muscular Skeletal Institute Chiller Replacement
- Cadaver Lab Renovation & AHU Replacement
- CGSB Data Center Cooling Upgrades
- Transitional Nursery Renovation
- Canzonetti (F) Building Wound Care Center Renovation
- Buildings E & K Roof Replacement
- 16 Munson Rd. Emergency Lighting & Egress Upgrades

11 projects in the **construction phase** were discussed:

- 16 Munson Road Parking Lot Repaving
- Buildings D & N Roof Replacement
- Replace Buildings F & H Hot Water Tanks
- Main Bldg. Lab (L) Area Renovations – 2nd Flr
- Cardio Catheterization (Cath) & Electro Physiology (EP) Lab Renovation
- 5 Munson Road Clinical Fit-Out
- Psychiatry Seclusion Suite & Nurse Station Security Renovation
- CGSB & ARB Autoclave & Washer Replacement
- Health Information Management Workplace Improvements
- Replace Chilled Water Pump #4
- 836 Hopmeadow St., Simsbury Clinical Practice Relocation

All projects were discussed in reference to their scope, schedule, budget and issues/concerns. All projects were also assessed as to their degree of risk, from least risk (green) to some risk (yellow) to highest risk (red). Of all the projects discussed, only one is currently in red, the 16 Munson Road parking lot repaving project. Mr. Karsanow reported that phase 2 of this project has been halted due to the contractor finding unsuitable soil below the area to be re-paved, resulting in concerns with the project's budget and schedule. Solutions are being developed now, including those that would ensure safety is maintained while limiting the additional costs.

4. Executive Session – The Board did not enter Executive Session.

With no further business to discuss, the meeting was adjourned at 9:25 a.m.

Respectfully submitted,



Andrea Keilty, JD
Chief of Staff & Administrative Liaison to the Board



Summary of Clinical Affairs Subcommittee – Monthly Credentialing Meetings For the Time Period: June 12 – September 11, 2023

The Clinical Affairs Subcommittee of the Board of Directors met as a Peer Review committee to evaluate and approve, as appropriate, recommendations relating to clinical privileges at John Dempsey Hospital. Meetings were held on the following dates: 06/20, 07/18, and 08/15.

A summary of the subcommittee's evaluations for this time period is as follows.

CREDENTIALING ACTIVITY

Type of Application or Evaluation	Total
Initial Appointment	40
Reappointment	103
Temporary Privileges	7
Applications for a Change in Privileges	8
Focused Professional Practice Evaluations	27
Ongoing Professional Practice Evaluations	42

Respectfully submitted,

JACC met on June 15, 2023

1. Audit Activities

Internal

- JACC reviewed and accepted two UConn Health internal audit reports. Management agrees with the recommendations and provided corrective action plans.
- Status of open audit findings – UConn Health has 97 open audit findings as of May 31, 2023, which is a significant decrease of 21 from the prior quarter (net new observations/action items). The reduction of open findings continues to trend in the right direction over the last 12 months.

External

- The State Auditors presented on the Single Audit for Fiscal Year Ended 2022 for UConn and UConn Health. No audit findings reported for UConn Health.
- Kevin Chamberlin presented on Pharmacy Optimization Consultants' Audits of UConn Health's Covered Entities 340B Drug Pricing Program for John Dempsey Hospital, Ryan White, and Hemophilia Treatment Center. Four findings and five areas for improvement were identified within the 3 reports. Pharmacy disagreed with 2 findings and provided action plans to address the agreed upon findings and areas for improvement identified in the audit reports.

2. Compliance Activities

- The 2023 Annual University Compliance and Ethics Training concluded on May 26, 2023, with a 98.7% completion rate at UConn and a 93.1% completion rate at UConn Health.
- OUC has received 67 reported concerns as of May 26, 2023. Of those, 40 have been closed.
- HIPAA Training for Storrs One-UConn employees with access to PHI through UConn Health concluded on May 26, 2023, with 97.3% completion rate.

Presentation – Kim Fearney presented the OUC's Compliance Education and Awareness Annual Report and 2023 Reports and Investigations Data Summary

3. Information Systems

An update was provided on UConn Health's Information Technology.

The next regularly scheduled JACC meeting will be held on September 21, 2023.



TO: Members of the UConn Health Board of Directors

FROM: Karen Buffkin, Esq., Executive Director of Employee Relations

DATE: **September 11, 2023**

SUBJECT: Recruitment and Retention MOU/MOAs

For informational purposes, below is a listing of Memoranda of Agreement/Understanding relating to recruitment and retention, between UConn Health and its bargaining units from June – September 2023.

Title	Terms
MOA-Recruitment and Retention Stipend	Extends MOA dated 6/3/21 that provides recruitment and retention stipends (\$462 or \$577 per pay period) to nurses referenced in the departments/organizational units mentioned. In addition, the MOA is amended to include staff nurses in Interventional Radiology, Special Procedures, Cath Lab, Electrophysiology Lab & PACU. Extended again for the period July 14, 2023 to June 13, 2024
Nursing Overtime	Volunteering for 4hrs of OT will receive an additional \$150 above the normal extra shift and \$500 for 12hrs shift. \$10.00/per hour for on-call if employee volunteers.
Recruitment and Retention Stipend- Lead CRNAs	Added new lead CRNA to \$770 stipend per pay period for CRNAs August 1, 2023 to June 26, 2025

TO: UConn Health Board of Directors

FROM: Anne Horbatuck, RN, BSN, MBA
Chief Operating Officer, University Medical Group
Vice President, Ambulatory Operations

Denis Lafreniere, MD, FACS
Professor and Chief, Division of Otolaryngology, Head and Neck Surgery,
Associate Dean of Clinical Affairs

DATE: September 11, 2023

SUBJECT: UConn Medical Group (UMG) / Ambulatory Operations Report

PROGRESS ON AMBULATORY ORGANIZATIONAL GOALS and INITIATIVES

Brief highlights for Q4 FY23:

Operational Updates / Pandemic:

- **COVID-19 Vaccination Policy:** UConn Health continues to align with the CDC changes and recommendations for vaccine administration. This requirement applies to workforce members regardless of whether they work on site or remotely, unless the individual qualifies for an exemption, or a deferral as provided by our policy and procedure. Booster shots are strongly recommended for those eligible but are not mandated at this time.
- **Vaccine Administration and Testing:** The Public Health Emergency (PHE) ended on May 11th, 2023. With the end of the PHE, the guidelines and recommendations around testing changed resulting in a needed to shift our process. The team started working on this right away, developing new Epic flows, decommissioning the site and as of August 1st, 2023 we closed Garage 1. Based on the guidelines we shifted the care to the PCP's, special identified clinics (ID, Pulmonary, etc.) and Urgent Cares to still provide access for our patients. Our employees continue to call the call center and have access to testing in OPPV 1st floor in the Pedestrian site, in order to keep our workforce operational. In the future we will be transitioning this testing to our Employee Health.
- **Return to work guidelines:** Students and workforce members who are not needed on-site to address critical staffing shortages are able to return to work after 7 days of isolation with a negative COVID test. Clinical workforce members, when identified, are to return to work after 5 days of isolation if they are needed on-site to address critical staffing shortages. All returning to work must follow heightened safety protocols for 10 calendar days from onset of illness or positive test. Updated guidelines and decision trees are posted to the COVID-19 HR Resources for Employees site. [COVID-19 Guidance for Workforce Members | COVID-19 Information for Employees \(uconn.edu\)](#)
- **Masking policy updates:** Effective June 27, 2023, masks are optional in all UConn Health facilities. This includes all UConn Health inpatient settings the emergency department, procedural settings, outpatient clinics and dental clinics, urgent cares, hallways, cafes/cafe/teria, and UConn Health shuttle buses. However, masks continue to be required in all locations for any individual (employee, learner, patient)

who has signs or symptoms of COVID infection, upon returning to work after a COVID infection or individual with a known, recent high-risk exposure to COVID-19.

- **COVID-19 Vaccination:** UConn Health continues to make large strides against COVID-19 with administering the COVID-19 vaccine and adhering to ever changing recommendations from the CDC. We continue to meet with senior leadership, Infection Disease /Prevention and the COVID Call Center team to adjust to the changes, review our policies and guidelines to stay current and consistent with other local hospitals. <https://health.uconn.edu/coronavirus/>
 - **COVID-19 Vaccination Update-** As of April 18, 2023, monovalent Moderna and Pfizer (mRNA) COVID-19 vaccines are no longer authorized for use in the US. This change is to assist in simplifying the vaccine schedule, NOT due to any safety concerns. Since this release, all mRNA vaccines that have been at UCH given are bivalent doses. The CDC has approved an additional bivalent mRNA vaccine dose in two instances, adults ages 65 years and older can receive a second bivalent mRNA vaccine at least 4 months from their last dose and immunocompromised individuals can receive a second bivalent mRNA vaccine at least 2 months from their last dose, and additional doses may be administered at the discretion of the healthcare provider. Anyone ages 6-64 are considered up to date with COVID vaccination if they have received one dose of a bivalent mRNA COVID vaccine, regardless of previous vaccination status. The Novavax vaccine schedule remains the same.
- **COVID 19 Call Center** - Since the start of COVID, we have continued to answer calls from employees who have either been exposed to or have symptoms of COVID-19. We have continued to track, assess, provide guidance scheduling of tests, contact trace for these groups. We also provide guidance with home self-swab tests and track those in our data as well.

Population Health Program Outcomes:

Figure 1. Population Health Clinical Outcome Scorecard

Population Health Program	Metric	Reporting Period					Trend	Notes
		FY22 Average (July '21-Jun '22)	FY23 Q1 (July-Sept)	FY23 Q2 (Oct-Dec)	FY23 Q3 (Jan-Mar)	FY23 Q4 (Apr-Jun)		
Transitional Care Management	Appointment Adherence	79%	79%	78%	78%	79%	↑	Target rate 80%
	30- Day Readmission Rate	11.4%	15.7%	13.01%	14.36%	13.80%	↓	
Care Coordination-Social Determinants	Patients Referred (Monthly Average)	42	28	29	30	30	-	Top referral requests- transportation, housing, and food resources
ED High Utilizer Outreach	Total High Utilizer Outreach	403	534	382	336	294	↓	High utilizer defined as 3 or more ED visits in 60 day period.
	Engagement Rate	53%	46%	48%	47%	47%	-	Percentage of patients reached by a Community Health Specialist following an ED visit

This quarter all key metrics are trending favorably. Adherence rates and patient referral volume remained relatively stable. The volume of ED high utilizers continued to decrease this quarter. Frequent outreach to this population, screening for social determinants of health and reconnecting patients to their primary care provider are some of the interventions used to manage this patient population.

The Q4 readmission rate decreased in comparison to Q3. Collaborative efforts continue with hospitalist, medicine, case management and population health to develop cross continuum interventions aimed at readmission rate.

reductions. This quarter the multi-disciplinary team worked to improve medication related readmissions by addressing prior authorization workflows to reduce the number of medications that require authorization and develop a proactive approach with case management to assure that prior authorizations are initiated prior to discharge to decrease the likelihood of delays in receipt of medication post-discharge. The team also worked closely with pharmacy to develop a workflow to prescribe to uninsured patients under the 340B benefit.

Social Drivers of Health/ Health Disparities

This year the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC) released new requirements to increase the screening rates for Social Drivers of Health (SDOH) in the following domains: food insecurity, housing instability, transportation needs, utility difficulty and interpersonal safety. In 2024 CMS will require that health systems report 1.) the percentage of patients 18 and older who were admitted to the hospital and screened for the five domains as well as 2.) the percentage of patients screened who were positive for at least one SDOH. The Joint Commission further builds upon the screening requirements and adds that the health system will provide patients who screen positive for a health-related social need with information about community resources and support services.

To address these changes UConn Health has established a cross-continuum leadership team to develop a plan for expanded screening on inpatient units, identify interventions, and build data collection processes. A pilot program was launched on Labor & Delivery on February 14, 2023 to screen for food insecurity and transportation needs. The Epic/IT teams incorporated the required screenings into the nursing assessment to be completed upon admission, our nursing education department provided the training on new screening questions and our social work team receives the positive screening results via consult order to act upon the social need, provide an appropriate resource and document the intervention. On July 11th, 2023, phase two launched with expanded screening to include housing instability, financial resource strain and interpersonal violence. The team will continue to review the preliminary data to inform any systemic changes needed to address identified disparities. The next unit for expanded screening efforts is UT-6 and a tentative September launch is planned with a goal to screen on all identified inpatient units by early 2024.

Expansion in Value-Based Care

Effective January 1, 2024 UConn Health will officially join a Medicare Accountable Care Organization (ACO) under the CMS Medicare Shared Savings Program (MSSP). This has been a longstanding organizational goal and is in alignment with our existing population health programs and value-based care initiatives. UConn Health is partnering with Signify Health, who convenes several networks of high-quality physician groups and health systems to collectively reduce avoidable costs and improve health outcomes for the traditional Medicare population. Signify Health manages over 700K Medicare attributed lives across at national network of ACOs. They bring scale, technology, and expertise to support success in value-based care. This collaboration is beneficial because it allows UConn Health to enter an Enhanced ACO track without assuming any downside financial risk. Signify Health assumes the downside risk with CMS for a negotiated percentage of any earned shared savings. In 2020/2021 100% of their ACO participants earned shared savings in this program. The projected year one payout to UConn is approximately \$1.1M (to be reconciled and paid in Fall of 2025).

In preparation for next year's program start, UConn Health leadership is working closely with Signify Health experts to develop strategies and create an implementation plan with a timeline of activities to assure a successful launch. Many existing initiatives are foundational elements to our ACO work including expansion in primary care, coding task force and quality initiatives focused on improving preventative care and reducing avoidable costs.

Quality

Quality data collection and submission efforts are well underway for CY23. To streamline some of the quality metrics for primary care, an Epic dashboard (My Panel Metrics) was developed to aggregate data for some of the more common value-based care and pay for performance metrics. Additionally, the UMG quality and performance improvement teams implemented quality improvement contest to encourage support staff

involvement in improving overall quality scores. This quarter we recognized the practice with the most improvement in percentage points across all measures. The winner was Torrington Internal Medicine. The QI contest will continue throughout 2023 with additional winners to be identified in September and December.

Press Ganey survey results for this quarter indicate upward trending across outpatient practices within several focus area Top Box scores when compared to last quarter. These areas include physician communication quality, office staff quality, access to care and care coordination. Most notable was the patient's likelihood to recommend with a new high top box rating of 93.58%.

Likelihood to Recommend

Quarter	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	
Time Period	July - Sept	Oct - Dec	Jan - March	April - June	July - Sept	Oct - Dec	Jan - March	April - June	Trend
n	4224	3958	3678	3472	4062	9113	13745	13064	
Top Box Score	92.00%	92.22%	92.20%	90.61%	90.99%	91.93%	93.31%	93.58%	
Percentile Rank	52	58	61	31	39	63	87	84	

Pay for Performance (P4P) / Population Health Q4 Financial Incentives

- Anthem's Value-Based Care Program - EPHC (Enhanced Personal Health Care) Care Coordination
 - UMG earned \$208,247.
- United Healthcare MA-PCPi Quality Care Bonus Payment
 - UMG earned \$658,393.
- Wellcare Medicare Advantage P4P
 - UMG earned \$7,725.
- Optum In Office Assessment Program
 - UMG earned \$7,925.

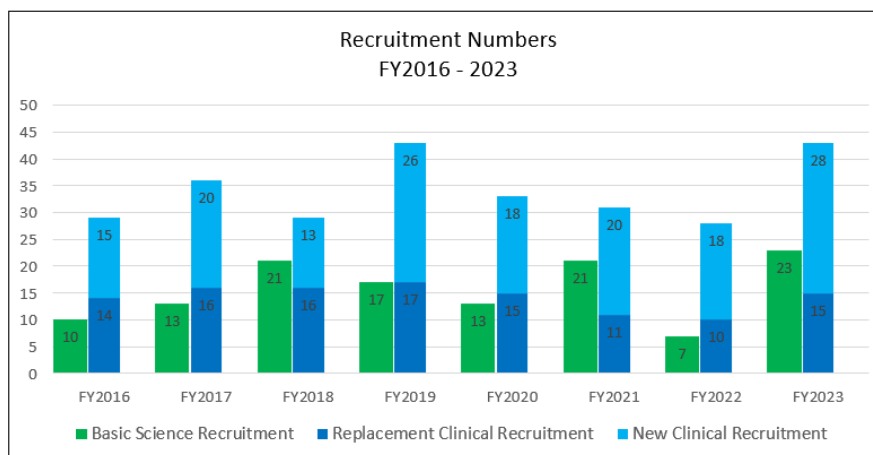
Total incentives earned for FY23 Q4- \$882,290

Total FY23 incentive earned- \$2,253,991.49

Growth and Development

Finishing out FY23, there were a total of 66 faculty hires, 43 of which are clinical and 23 are basic science.

- Of the 43 clinical positions 28 were new and 15 were replacements.
 - New Clinical: 1 derm., 2 imaging, 1 ED, 1 family med, 5 hospitalist, 2 hospitalist nocturnist, 1 ID, 1 nephrology, 3 neurology, 3 OB, 1 genetics, 1 pathology, 3 psych, 1 cancer surg, 1 neurosurg. 1 ENT



Space

Space continues to be a challenge as we grow our practices. Early in the Q2 we expanded our Surgical specialties in our **West Hartford** location. This allowed for patient convenience, direct referrals from Internal Medicine and allowed to decant the space in the Outpatient Pavilion. Services include General Surgery, Vascular Surgery, Urology and Plastics.

We opened our new location in Simsbury, CT at **836 Hopmeadow Street** on May 8th, 2023. This includes Internal Medicine, Orthopedic Surgery and specialists. In addition, this site has radiology and blood draw station.

The new **Laser Center** located within our Dermatology suite at 21 South Road in our Dermatology suite opened on May 22nd 2023. We were fortunate to receive a donation of over \$1 million dollars in equipment from Dr. M. Perez. With the new equipment being added to our present lasers, a specific UMG location has been established within the suite. Grand opening will be scheduled for September.

The new **5 Munson Road** building construction is underway with a new target occupancy date of January 2024. The new space will comprise of the UConn Health Brain and Spine Institute. This includes clinical components from Neurology, Comprehensive Spine, and Neurosurgery/cranial. In addition there will be radiology at this location.

Plans to expand our **Southington** clinic space at 1115 West Street are also underway. An additional 5,000 sq ft of space will be added to the lower level of the building to allow for specialty services (ENT, Dermatology, OB/GYN Pulmonary, Endocrinology and Nephrology) to move down and grow by 4 exam rooms. This will allow our existing Primary Care practice on the second floor to expand to accommodate the 3 new physicians to be hired post-construction.

In addition to the above space enhancements, we are working on a growth and “domino” plan that is financially focused, increase services that are continuing to grow within UConn Health. The first move involves relocating the **Geriatrics and Healthy Aging** to a new leased space at 21 South Road Farmington. The new 10,000 square foot space allows for the expansion of our existing geriatric clinic and includes targeted specialty services with the opportunity to provide coordinated care for our older adult patient population. The rotating specialties include Geriatric Psychiatry, Osteoporosis, Neurology, Nutrition, Urology, Vascular Surgery as well as Audiology for hearing testing. The space also provides a new blood draw area for full-service patient care. The new UConn Geriatrics and Healthy Aging clinic is scheduled to open in late September.

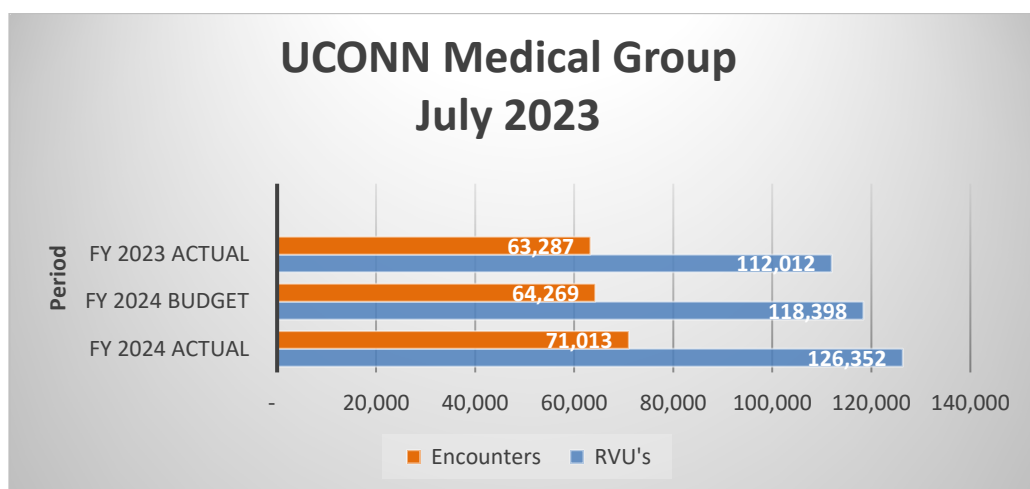
CHEERS

UConn Health began implementation of CHEERS, Epic’s Customer Relationship Management (CRM) suite in February 2023. UConn Health is one of five Epic customers chosen to implement this complete product. They have implemented each component separately, but they are integrated so have moved to this new platform. The three modules for CHEERS include.

- Schedule/Template/Referral Optimization – largest component and will involve faculty, online scheduling options, template review and patient flow opportunities for access and increase revenues.
- Call Management - to assist the call centers in accessing information and scheduling to improve efficiency of triage and patient experience.
- Campaigns - will focus on marketing healthcare opportunities to targeted patient populations, automation of outreach and increase engagement

Phase 1 of this project finalized July 2023 and September will start phase 2 to include 3 other clinics for optimization.

Finance



Encounters:

- YTD encounters are ahead of budget by 10.5% & ahead of prior year by 12.2%

wRVU's:

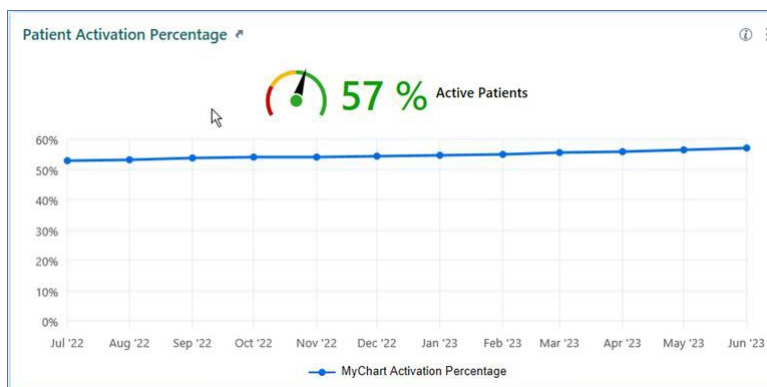
- YTD wRVU's are ahead of budget by 6.7% & ahead prior year by 12.8%

Revenues:

- YTD net revenues are ahead of budget by 7.5% & ahead of prior year by 12.4%
- Largest Growth Areas for month of July in charges/stats are MOHS, Primary Care & Radiology when compared to budget

MyChart

July 2023, we have seen an **increase to 57% active patients**. This is an excellent accomplishment, and we will continue to focus on additional growth. This will also be a part of the CHEERS initiative for patient engagement and Campaigns. Each month our numerator and denominator increase, keeping in mind that when we started our MyChart we were less than 16%.



Few Newsworthy Accolades

Patient Group Honors Dr. Peter Albertsen as Pioneer in Prostate Cancer Management

<https://today.uconn.edu/2023/07/patient-group-honors-dr-peter-albertsen-as-pioneer-in-prostate-cancer-management/>

UConn Health's population health team continues on a mission to break down barriers to care

<https://today.uconn.edu/2023/07/population-health-team-exhibits-leadership-at-multiple-levels/>

EPA Begins Testing ‘Owl Force One’ DIY Air Cleaner Made by Connecticut Public School Children

<https://today.uconn.edu/2023/07/epa-begins-testing-owl-force-one-d-i-y-air-cleaner-made-by-connecticut-public-school-children/>

UConn Health Simsbury Celebrates Grand Opening

<https://today.uconn.edu/2023/06/uconn-health-simsbury-celebrates-grand-opening/>

UConn Gifts Clean Air: 150 DIY Indoor Air Filters Distributed to Connecticut Community for Protection from Wildfire Air Particles

<https://today.uconn.edu/2023/06/uconn-gifts-clean-air-over-100-d-i-y-indoor-air-filters-distributed-to-connecticut-community-for-protection-from-wildfire-air-particles/>

First-of-its-Kind Program Supports Endometriosis Patients

<https://today.uconn.edu/2023/06/first-of-its-kind-program-supports-endometriosis-patients/>

UConn Health Leads Patient on Innovative Path to Restoring Pain-Free Mobility

<https://today.uconn.edu/2023/06/uconn-health-leads-patient-on-innovative-path-to-restoring-pain-free-mobility/>

Dr. Neha Prakash Named ‘Outstanding Young Physician’

<https://today.uconn.edu/2023/05/dr-neha-prakash-named-outstanding-young-physician/>

UConn Health Celebrates Its ’23 Nightingale Nurses

<https://today.uconn.edu/2023/05/uconn-health-celebrates-its-23-nightingale-nurses/>

‘Top Doctors’ List Celebrates Expertise at UConn Health

<https://today.uconn.edu/2023/05/top-doctors-list-celebrates-expertise-at-uconn-health/>

UConn Health Holding First Interactive Patient Symposium During Parkinson’s Awareness Month

<https://today.uconn.edu/2023/04/uconn-health-holding-first-interactive-patient-symposium-during-parkinsons-awareness-month/>