UCONN HEALTH

UConn Health Board of Directors

and the Finance Subcommittee of the Board of Directors

> December 4, 2023 8:30 am – FSC 9:15 am – BOD

> > **Meeting location**

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

UCONN HEALTH

| | | | P. | AGE |
|---|------|----------|--|-----|
| 1 | PUBI | іс сом | MENT | |
| 2 | СНАІ | R'S REM | IARKS | 1 |
| 2 | | Welcor | | |
| | 2.2 | | rals: Minutes: September 11, 2023 [vote] | 77 |
| 3 | FINΔ | ΝCΙΔΙ R | EPORTS & UPDATES | |
| • | | - | Results of Operations: Fiscal Year 2024 as of: October 31, 2023 | 51 |
| 4 | CONS | ENT ITE | MS [vote] | |
| | 4.1 | Contra | cts > \$1,000,000 [F] | 10 |
| | | 4.1.1 | Anthem Blue Cross Blue Shield | |
| | | 4.1.2 | Abbott Laboratories, Inc. | |
| | | 4.1.3 | Cochlear Americas | |
| | | 4.1.4 | Dialysis Clinic Inc. | |
| | | | Dialysis Clinic Inc. | |
| | | 4.1.6 | Edwards Lifesciences LLC | |
| | | 4.1.7 | Health Information Alliance | |
| | | 4.1.8 | Olympus American Inc | |
| | | 4.1.9 | Paragon 28 Inc. | |
| | | 4.1.10 | PartsSource Inc. | |
| | | | Shields Pharmacy of Connecticut II, LLC | |
| | | 4.1.12 | Atlantic Data Security, LLC | |
| | | 4.1.13 | CDW LLC d/b/a CDW Government LLC | |
| | | 4.1.14 | Jackson Laboratory | |
| | | 4.1.15 | Wellpartner LLC | |
| | | 4.1.16 | Connecticut Ear Nose & Throat Associates (CT ENT) | |
| | | 4.1.17 | Curant Health George, LLC & Curant Health Florida, LLC | |
| | | 4.1.18 | Hartford Hospital d/b/a Hartford Healthcare Community Pharmacy | |
| | | 4.1.19 | Walgreen Company | |
| | 4.2 | Leases | [F] | |
| | | 4.2.1 | Charles Orefice | 15 |
| | 4.3 | Project | Budgets [F] | 16 |
| | | 4.3.1 | Project Budget for the Anatomic Pathology & Autopsy Renovation (Final Budget) | |
| | | 4.3.2 | Project Budget for the Blood Bank Relocation (Revised Final) | |
| | | 4.3.3 | Project Budget for the Central Sterile Washer & Sterilizer Replacement (Revised Final) | |
| 5 | UPD | ATES & I | NFORMATIONAL ITEMS | |
| | 5.1. | Contract | rs to \$999,999 | 80 |

5.2. Personnel List

81

Board of Directors

December 4, 2023

8:30 am – Finance Subcommittee 9:15 am – Public Session **Executive Session to follow**

PAGE

| 1 | 1 PUBLIC COMMENT | | | | | | | | |
|---|--|---|-----------------------|----|--|--|--|--|--|
| 2 | CHAIR'S REMARKS 2.1 Welcome 2.2 Approval of Meeting Minutes: September 11, 2023 [vote] 2.3 Approval of Special Meeting Minutes: November 1, 2023 [vote] 2.4 Subcommittee Appointment – C. Casamento to Finance Subcommittee [vote] | | | | | | | | |
| 3 | CON | SENT ITE | IMS [vote] | | | | | | |
| | 3.1 | Contra | cts > \$1,000,000 [F] | 10 | | | | | |
| | 3.2 | Anthem Blue Cross Blue Shield Abbott Laboratories, Inc. Cochlear Americas Dialysis Clinic Inc. Dialysis Clinic Inc. Edwards Lifesciences LLC Health Information Alliance Olympus American Inc Paragon 28 Inc. PartsSource Inc. Shields Pharmacy of Connecticut II, LLC Atlantic Data Security, LLC CDW LLC d/b/a CDW Government LLC Jackson Laboratory Wellpartner LLC Connecticut Ear Nose & Throat Associates (CT ENT) Curant Health George, LLC & Curant Health Florida, LLC Hartford Hospital d/b/a Hartford Healthcare Community Pharmacy Walgreen Company | | | | | | | |
| | 3.2.1 Charles Orefice | | | | | | | | |
| | | | | | | | | | |

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

UCONN

HEALTH

[A] = previously approved by the Academic Affairs Subcommittee

[C] = previously approved by the Clinical Affairs Subcommittee

| | 3.3 Project Budgets [F] | | | | | | | | | | |
|---|-------------------------|----------|---|----|--|--|--|--|--|--|--|
| | | 3.3.1 | Project Budget for the Anatomic Pathology & Autopsy Renovation (Final Budget) | | | | | | | | |
| | | 3.3.2 | Project Budget for the Blood Bank Relocation (Revised Final) | | | | | | | | |
| | | 3.3.3 | Project Budget for the Central Sterile Washer & Sterilizer Replacement (Revised Final | I) | | | | | | | |
| | | . | | | | | | | | | |
| | 3.4 | | Approvals | 25 | | | | | | | |
| | | 3.4.1 | Environment of Care 2023 Annual Assessments [C] | 25 | | | | | | | |
| 4 | | 'EVP REF | DODT | | | | | | | | |
| 4 | 4.1 | | Executive Officer's Report – B. Liang | 35 | | | | | | | |
| | 7.1 | 4.1.1 | Market Perception Study – C. Hyers/K. Wallace | 55 | | | | | | | |
| | 4.2 | | ial Update - J. Geoghegan | 51 | | | | | | | |
| | | 4.2.1 | Results of Operations – October 31, 2023 | | | | | | | | |
| 5 | MAIN | N BUSIN | FSS | | | | | | | | |
| 5 | 5.1 | | ent Update – R. Maric | | | | | | | | |
| | 5.2 | | ch Update – J. Schwager | 61 | | | | | | | |
| | 5.3 | | School of Medicine Update – B. Liang/A. Vella | 69 | | | | | | | |
| | | 5.3.1 | Endowed Chair – Murray-Heilig Endowed Chair in Surgery [vote] | 73 | | | | | | | |
| | | 5.3.2 | Endowed Chair – Lockean Distinguished Chair in Mental Health Education, | 75 | | | | | | | |
| | | | Research & Clinical Improvement [vote] | | | | | | | | |
| | 5.4 | Dean, | School of Dental Medicine Update – S. Lepowsky | | | | | | | | |
| 6 | FINA | NCIAL A | FFAIRS COMMITTEE REPORT | | | | | | | | |
| | 6.1 | Chair's | Remarks – T. Holt | | | | | | | | |
| | 6.2 | Inform | ational Items | | | | | | | | |
| | | 6.2.1 | Minutes: September 11, 2023 | 77 | | | | | | | |
| | | 6.2.2 | Contracts to \$999,999 | 80 | | | | | | | |
| | | 6.2.3 | Personnel List | 81 | | | | | | | |
| 7 | BUIL | | ND GROUNDS COMMITTEE REPORT | | | | | | | | |
| | 7.1 | Chair's | Remarks – R. Carbray | | | | | | | | |
| | 7.2 | | ational Items | | | | | | | | |
| | | 7.2.1 | Minutes: November 16, 2023 | 91 | | | | | | | |
| 8 | ACAE | DEMIC A | FFAIRS COMMITTEE REPORT | | | | | | | | |
| | 8.1 | Chair's | Remarks – F. Archambault | | | | | | | | |
| | 8.2 | - | ational Items | | | | | | | | |
| | | 8.2.1 | Minutes: October 23, 2023 | 95 | | | | | | | |
| 9 | CLIN | ICAL AFF | AIRS COMMITTEE REPORT | | | | | | | | |
| | 9.1 | Chair's | Remarks - C. Chase | | | | | | | | |
| | 9.2 | Inform | ational Items | | | | | | | | |

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

10 JOINT AUDIT & COMPLIANCE COMMITTEE REPORT

| | 10.1 | Chair's Remarks – M. Boxer | |
|----|------|--|-----|
| | 10.2 | Informational Items | |
| | | 10.2.1 JACC Report: September 21, 2023 | 103 |
| 11 | INFO | RMATIONAL REPORTS | |
| | 11.1 | Recruitment and Retention MOU/MOAs | 104 |
| | 11.2 | UConn Medical Group Operational Report | 105 |
| | 11.3 | 2024 Meeting Schedule: BOD & Subcommittees | 112 |

12 EXECUTIVE SESSION

NEXT REGULARLY SCHEDULED MEETING March 11, 2024

Key: [F] = previously approved by the Finance Subcommittee
 [A] = previously approved by the Academic Affairs Subcommittee
 [C] = previously approved by the Clinical 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 9:15am.

1 PUBLIC COMMENT

No public comment.

2 CHAIR'S REMARKS

2.1 Welcome

Chairman Cloud thanked everyone for being present at our regularly scheduled quarterly meeting, which is recorded. He asked for a moment for everyone to pause together in remembrance and respect for lives lost, and what we lost on September 11, 2001, 22 years ago today.

Chairman Cloud thanked outgoing Board member Claudio Gualtieri for his service to the Board of Directors and welcomed new Board member Charlene Casamento as the OPM designee for the Secretary of the OPM, Jeffrey Beckham.

Chairman Cloud updated the Board on the UConn Health CEO Search. A search committee has been formed and an executive search firm, Diversified Search Group, has been chosen.

- 2.2 Approval of Meeting Minutes: June 12, 2023 [vote]
- 2.3 Approval of Meeting Minutes: Special Meeting June 27, 2023 [vote]

In one vote, the Board of Directors unanimously approved the minutes of the UConn Health Board of Directors regular meeting on June 12, and the Special Meeting held on June 27, 2023.

3 CONSENT ITEMS [vote]

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

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

- 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

3.3 Project Budgets [F]

- 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)
- 3.3.7 Musculoskeletal Institute Chiller Replacement (Final Budget)
- 3.3.8 Central Sterile Washer & Sterilizer Replacement (Final Budget)
- 3.3.9 New England Sickle Cell Institute Renovation (*Final Budget*)
- 3.3.10 Cadaver Lab Renovation & AHU Replacement (Final Budget)
- 3.3.11 CGSB Data Center Cooling Upgrades (Final Budget)
- 3.3.12 16 Munson Rd Emergency Lighting & Egress Upgrades (Final Budget)
- 3.3.13 TB-121 Blood Bank Relocation (Revised Final Budget)
- 3.3.14 16 Munson Road Parking Lot Repaving (Revised Final Budget)
- 3.3.15 836 Hopmeadow St, Simsbury Clinical Practice Relocation (Revised Final Budget)
- 3.3.16 5 Munson Road Clinical Fit-Out (*Revised Final Budget*)

The Board of Directors unanimously approved Agenda items 3.1, 3.2, and 3.3. as described in the Board materials beginning on page 12. Chairman Cloud abstained from voting on Contract 3.1.8.

3.4 Other Approvals

3.4.1 School of Medicine - Tuition Increase [A]

Dr. Liang presented a proposal to increase the School of Medicine tuition and fee rates for the next two academic years. Rates would be increased 2.5% annually for the in-state resident tuition rates, and 0.5% annually for the non-resident and regional tuition rates; the professional school fees would be increased by 4.5% for the 2024/25 academic year only. These changes would bring UConn Medical to a cost that is slightly over the AAMC median for in-state tuition, and 93% most expensive for out-of-state students, so we would like to keep the increases modest. This proposal has been approved by the Academic Affairs Subcommittee. Board members discussed concerns about student indebtedness, and it was noted that UConn Medical student indebtedness is below average nationally, but this is still a concern. There was also a discussion about the scholarships and low-interest loan programs offered to UConn Medical students, particularly those who commit to practicing primary care or with underserved communities in Connecticut.

The Board of Directors unanimously approved Agenda item 3.4.1, recommending that the School of Medicine tuition and fee increases be submitted to the University Board of Trustees for approval.

3.4.2 School of Dental Medicine - By-Laws Changes [A]

The Board of Directors unanimously approved Agenda item 3.4.2, a comprehensive revision to the School of Dental Medicine Bylaws reflecting a multi-year collaborative review process to address conflicts between the Bylaws and the organizational structure and operations of the School of Dental Medicine.

4 CEO/EVP REPORT

4.1 Chief Executive Officer's Report – B. Liang

Regarding clinical activities, Dr. Liang pointed out consistent growth in ED visits, average daily census, discharges, JDH and outpatient surgeries, endoscopies in GI center and other positive markers. Dr. Liang said growth in ED visits exceeds other hospitals around us, per CHIME data. Around ¼ of ED patients are admitted to John Dempsey Hospital. FY23 patient encounters are ahead of budget by 10.5% and ahead of FY22 by 12.2%. YTD net patient revenues are ahead of budget by 7.5% and ahead of FY22 by 12.4%. The largest growth areas for YTD charges are MOHS, Primary care and Radiology when compared to budget. We will have market share data available at the next BOD meeting.

4.2 Financial Update – J. Geoghegan

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

Mr. Geoghegan reviewed the key financial results through June 30, 2023. We ended at \$24.9M positive margin, which was \$24.3 million favorable to budget. The Schools of Medicine and Dental Medicine have combined results of operations favorable to budget by \$10.6 million and \$2.9 million respectively. Clinical operations ended the fiscal year favorable to budget by \$16.8 million. Institutional support was unfavorable to budget by \$5.3 million. \$22M of the positive margin from FY23 will go towards balancing the FY24 budget. The external firm, CLA, is doing an audit of the clinical enterprise. The state will then do a consolidated UCH audit which will be reported out to JACC at the December meeting.

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

Mr. Geoghegan moved to discuss the FY24 budget to date. Mr. Geoghegan said one month does not make a trend, but we believe we are on track and heading towards being on budget. State support should not have any variance unless there is a change in the block grant in FY24. Clinical side is \$1.4 million favorable for July, driven by volume. Institutional support is unfavorable related to purchased services extended into July, but we expect to get back on budget next quarter. Research is unfavorable due to new way of getting reimbursed for fringe – this should also level out in the next 3 to 6 months as researchers adjust their budgets and can use the fringe benefit to move to other expenses on their grants. Schools of Medicine and Dental Medicine are on budget for the month of July.

4.3 Healthcare Compliance and Privacy Education for Board of Directors – E. Box

Ms. Box, UConn Health's Chief Healthcare Compliance & Privacy Officer, presented an annual review of Healthcare Compliance and Privacy policies for the Board of Directors, explaining that the BOD owes certain fiduciary duties to the UConn Board of Trustees, including responsibility for proper governance and compliance with federal and state laws. Multiple laws, guidance related to Conflicts of Interest and review of the Health Insurance Portability and Accountability Act (HIPAA) were covered.

4.4 Population Health - Signify Accountable Care Organization (ACO) – K. Poitras-Rhea

Ms. Poitras-Rhea, UConn Health's AVP for Population Health, explained that VBC (Value Based Care) programs aim to reduce cost and improve quality of, and increase patient access to, care. Many payors are encouraging health systems to expand in this area as well. UConn Health's VBC portfolio includes Anthem Commercial, Anthem State of CT Employee Plan, Aetna MA and Medicare Shared Savings Program. Effective January 2024, UCH will enter an enhanced track Accountable Care Organization (ACO) with Signify Health. ACOs are groups of Medicare providers working together to coordinate care for the Medicare patients they serve. ACOs were created to facilitate cooperation among providers, improve the quality of care for Medicare beneficiaries, and reduce unnecessary costs. If the cost for UCH Medicare ACO patients is less than the predicted cost of care, UCH may receive a shared savings check from Medicare/CMS. We have partnered with Signify Health due to their proven track record – they bring scale, expertise, and assume the downside risk on UCH's behalf.

5 MAIN BUSINESS

5.1 President Update - R. Maric

The President welcomed Charlene Casamento to the Board of Directors and thanked Governor Lamont, Charlene Casamento and the General Assembly for their assistance in helping UCH reduce legacy costs which will result in making UConn more attractive for research grants and attracting quality faculty. She also mentioned that we are working with the Office of Policy & Management on ideas for how UConn Health can reduce its reliance on state financial support. President Maric reported that UConn received its largest gift in the history of the University of Connecticut - a \$40M gift to expand the School of Nursing. She also mentioned that the Wall Street Journal recently ranked the University of Connecticut 46th in the nation of all colleges, public and private.

5.2 Research Update - P. Alpay

Congratulations were extended to Pamir Alpay as the new Vice President of Research. Dr. Alpay reported that they are collaborating with the Schools of Medicine and Dental Medicine to target new awards in health and life sciences and are also working with other areas such as the Center on Aging. Dr. Alpay told of several large awards in July 2023, including a \$13.4 million dollar award to promote CT's primary care workforce and the recruitment and retention of health professionals in federally designated Health Professional Shortage Areas in the State.

5.3 Dean, School of Medicine Update – B. Liang/A. Vella

Dr. Liang provided a report for the School of Medicine, highlighting some new faculty hires, and provided some data on the correlation of current lab space and research grants, making a case for increased lab space which would result in increased research awards. Director Boxer asked about our efforts and results related to culturally sensitive medicine through our students or other programs and asked for more information on that topic in the December Board meeting.

5.3.1 Pat and Jim Calhoun Associate Professor in Cardiology [vote]

The Board of Directors unanimously approved Agenda item 5.3.1, nominating Dr. Travis Hinson as the Pat and Jim Calhoun Associate Professor in Cardiology at the Calhoun Cardiology Center.

5.3.2 Endowed Chairs Report for the Fiscal Year Ending June 30, 2023 [vote]

The Board of Directors unanimously approved Agenda item 5.3.2, recommending approval by the Board of Trustees of the Annual Reports for the three Endowed Chairs established pursuant to Conn. Gen. Stat. § 10a-20a, namely, the Annual Reports for the Endowed Chairs in (1) Infectious Diseases; (2) Human Genetics; and (3) Transfusion Medicine.

5.3.3 Social Determinants of Health - C. Steele and H. Siccardi

Drs. Steele and Siccardi gave a very compelling presentation on Social Determinants of Health and a program they created called UConn Health Leaders (UCHL) that engages medical students to improve patient outcomes. A number of Board members expressed support for the program, including Board Member Joel Freedman, who called the program a trifecta – providing training to medical students, outreach to underserved communities, and stretches the UConn brand.

5.4 Dean, School of Dental Medicine Update – S. Lepowsky

Dean Lepowsky provided a report on the School of Dental Medicine. The Dental School is in its final stages of preparation for its accreditation site visit in October, which will cover all SODM programs with the exception of the maxillofacial surgery program – as that was just recently fully accredited. Dr. Lepowsky also reported out on a new 5-year, \$2.7 million award from the National Institute of Dental and Craniofacial Research Division of NIH.

6 FINANCIAL AFFAIRS COMMITTEE REPORT – Tim Holt

Director Holt reported that the Finance Subcommittee met before this meeting to approve the minutes of the June 12, 2023 meeting, and to review and recommend approval 15 contracts, 1 lease and 16 project budgets. In that meeting, Jeff Geoghegan also provided a detailed report on FY23 and the month of July 2023. Information on contracts from \$500,000-\$999,999 and the personnel report can be found beginning on page 288 of the Board book.

7 ACADEMIC AFFAIRS COMMITTEE REPORT – Fran Archambault

Director Archambault reported that the Academic Affairs Subcommittee met on August 7, 2023. The committee approved recommendations from both schools for promotion, emeritus and tenure decisions as well as School of Medicine tuition and fee increases and School of Dental Medicine by laws changes.

8 BUILDINGS AND GROUNDS COMMITTEE REPORT - Rick Carbray

Director Carbray reported that the Buildings and Grounds Subcommittee met on August 17, 2023. George Karsanow presented a capital projects update. For FY24, there is approximately \$12.4 budgeted to fund clinical equipment, IT, and capital project needs. In addition, projects are being prioritized to utilize the \$40M in bond funds received in FY23 and \$43M received in the recent state budget for deferred maintenance projects. The Committee appreciates the continued support of the administration and legislature for procuring these significant funds for UConn Health.

9 CLINICAL AFFAIRS COMMITTEE REPORT

The Clinical Affairs Committee did not have its regularly scheduled August 2023 meeting. It did hold regularly scheduled credentialing meetings in June, July and August; those reports can be found starting on page 305 of the Board book.

10 JOINT AUDIT & COMPLIANCE COMMITTEE REPORT – Mark Boxer

Director Boxer reported that the Joint Audit & Compliance Committee met on June 15, 2023 and reviewed and accepted two UConn Health internal audit reports. The State Auditors presented on the Single Audit for Fiscal Year Ended 2022 for UConn and UConn Health – there were no audit findings reported for UConn Health. Kim Fearney presented the Compliance Education and Awareness Annual Report and 2023 Reports and Investigations Data Summary.

11 INFORMATIONAL REPORTS

- 11.1 Recruitment and Retention MOU/MOAs
- 11.2 UConn Medical Group Operational Report

Informational items may be found beginning on page 307 of the package.

12 EXECUTIVE SESSION

There was no executive session.

With no further business, the meeting was adjourned at 11:25 am.

Respectfully submitted,

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

Bruce T. Liang

NEXT REGULARLY SCHEDULED MEETING December 4, 2023

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



Chairman Sanford Cloud called the meeting to order at 4:33 p.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. He stated that no votes will be taken today.

The Board of Directors unanimously approved to enter Executive Session 4:35 p.m.

Guests for Executive Session: B. Liang, J. Geoghegan, A. Keilty, D. Toscano, R. Rubin, C. Hyers, J. Lombardo, M. Schweitzer

3. Adjournment

Public Session resumed at 5:42 p.m. With no additional business, the meeting was adjourned at 5:43 p.m.

Respectfully submitted,

Bruce T. Liang, MD Interim, Chief Executive Officer

<u>Voting Members Present:</u> K. Alleyne, F. Archambault, P. Baker, R. Barry, A. Bessette, M. Boxer, R. Carbray, C. Casamento, S. Cloud, J. Freedman, R. Maric, W. Rawlins, T. Ressel



| TO: | Members of the UConn Health Board of Directors |
|----------|---|
| FROM: | Sanford Cloud Jr., Board Chair |
| DATE: | December 4, 2023 |
| SUBJECT: | Subcommittee Membership for the UConn Health Board of Directors |

Recommendation: That the Board of Directors of the University of Connecticut Health Center appoint Director Charlene Casamento to the Finance Subcommittee of the Board.

Background: The University Bylaws provide that the "Board of Directors shall appoint members of its subcommittees." Charlene Casamento recently joined the Board of Directors, serving as designee for Jeffrey Beckham, the Secretary of the Office of Policy and Management (OPM). Director Casamento has requested to join the Board's Finance Subcommittee.

| No. | Contractor | SMBE? | Previous Contract Amount (if applicable) | Approval Amount | Term | Description |
|-----|---|-------|--|--|--|---|
| 1 | Anthem Blue Cross Blue Shield | No | \$900,000 (for first 7 months of FY24, through 1/31/24) | \$2,000,000 (includes an additional \$1,100,000) | 7/1/23 - 6/30/24 (includes an additional 5 months) | Graduate Assistant health plan (CT Partnership Plan) offered to UConn Health graduate students and their families. The plan is administered through the State of Connecticut Comptroller's Office. The increase to the purchase order value is needed to cover the cost of the health insurance premiums for the rest of the fiscal year. |
| 2 | Abbott Laboratories Inc. | No | \$999,999 (for term 11/17/22 - 11/16/23) | \$1,300,000 | 11/17/23 - 11/16/25 | The contractor provides electrophysiology products for use in UConn Health's IR/Cath Lab. |
| 3 | Cochlear Americas | No | \$1,500,000 (approved by Board September 2018 for term 12/9/18 - 12/8/23) | \$2,000,000 (includes an additional \$500,000) | 12/9/18 - 12/8/24 (includes an additional 1 year) | The contractor supplies personal amplification devices and repair parts and services, which are used by UConn Health's patients. This amendment extends the contract term, adds new products, and increases the maximum value. |
| 4 | Dialysis Clinic Inc. | No | \$3,000,000 (approved by the Board December 2018 for term 2/25/19 - 2/29/24) | \$3,300,000 (includes an additional \$300,000) | 2/25/19 - 2/29/24 | The contractor provides acute hemodialysis treatments, therapeutic plasma exchange (TPE) services, and continuous renal replacement therapy (CRRT) services on an as- needed basis, 7 days per week, 24 hours a day. This amendment increases the maximum value of the contract to enable UConn Health to continue to utilize these services through the end of the existing term. |
| 5 | Dialysis Clinic Inc. | No | \$3,300,000 (submitted to Board December 2023 for term 2/25/19 - 2/29/24) | \$4,500,000 | 3/1/24 - 2/28/29 | The contractor provides acute hemodialysis treatments, therapeutic plasma exchange (TPE) services, and continuous renal replacement therapy (CRRT) services on an as- needed basis, 7 days per week, 24 hours a day. |
| 6 | Edwards Lifesciences LLC | No | \$1,400,000 (Approved by Board March 2018 for term 11/11/18 - 11/10/23) | \$1,400,000 | 11/11/23 - 11/10/27 (includes 1 year renewal option) | The contractor provides heart valve replacement and repair products for use in cardiothoracic surgeries. |
| 7 | Health Information Alliance Inc. | No | \$700,000 (approved by Board June 2023 for term 12/11/19 - 12/10/23) | \$1,000,000 (includes an additional \$300,000) | 12/11/19 - 12/10/24 (includes an additional 1 year) | The contractor is a data abstraction company that works with our stroke and trauma program coordinators to abstract data from UConn Health's EMR necessary for John Dempsey Hospital to become Level III trauma certified and ensure optimal care for our stroke and trauma patient population. This amendment extends the contract term and increases the maximum value. |
| 8 | Olympus America Inc | No | \$3,000,000 (approved by Board September 2023 for term 8/1/18 - 7/31/24) | \$2,000,000 | 42 months from equipment delivery date. Olympus is currently estimating that delivery will take place in early 2024. | This will be a new contract with Olympus for the rental of new equipment for the Gastroenterology Department. This contract may also cover the continued rental and/or buyout of equipment that is currently being rented under existing Olympus rental contracts. |
| 9 | Paragon 28 Inc. | No | \$1,200,000 (approved by Board December 2021 for term 4/8/19 - 12/31/23) | \$1,900,000 (includes an additional \$700,000) | 4/8/19 - 12/31/26 (includes an additional 3 years) | The contractor supplies UConn Health with orthopedic implant products for trauma, foot and ankle. This amendment updates pricing with a 9% cost reduction, extends the contract term and increases the maximum value. |
| 10 | PartsSource Inc. | No | \$2,000,000 (approved by Board September 2022 for term 1/1/21 - 12/31/24) | \$4,500,000 (includes an additional \$2,500,000) | 1/1/21 - 12/31/26 (includes an additional 2 years) | This is an agreement for a "parts integration services program" that enables UConn Health to bundle orders for the time, materials, services, and components that are needed for equipment maintenance and repair projects. PartsSource is the only company that integrates with our Clinical Engineering Department's order database to track part purchases and work orders. This amendment extends the contract term and increases the maximum value, with no change to the scope of services. |
| 11 | Shields Pharmacy of Connecticut II, LLC (f/k/a Shields Health Management Company) | No | \$20,000,000 (approved by Board December 2021 for term 11/13/19 - 11/12/24) | \$30,500,000 (includes an additional \$10,500,000) 10 | 11/13/19 - 11/12/24 | Shields provides management services for UConn Health Pharmacy Services Inc. (UHPSI), including obtaining the certification necessary for UHPSI to be recognized by and contracted with Pharmacy Benefit Managers and securing and maintaining access to limited distribution drug networks. The growth of UHPSI's revenue-generating services has resulted in an increase in payments to Shields. This amendment increases the maximum contract value to enable UHPSI to continue to utilize Shields for these services for the remainder of the existing contract term. |

| No. | Contractor | SMBE? | Previous Contract Amount (if applicable) | Approval Amount | Term | Description |
|-----|---|-------|---|--|--|--|
| 12 | Atlantic Data Security, LLC | No | \$1,310,000 (approved by Board December 2020 for term 12/22/20 - 12/21/23) and \$3,150,000 (approved by Board September 2021 for term 10/21/16 - 1/31/24) | \$5,750,000 | 2/1/24 - 1/31/29 (includes two 1-year renewal options) | Atlantic Data Security is a Connecticut-based reseller of enterprise IT security equipment, software, and professional services, including assessment, design, configuration and training. This contract will enable UConn Health to purchase or license any goods and services that the contractor offers, including Crowdstrike, the managed endpoint detection and response program that our IT Security Department has been using since 2020 to prevent malware from propagating across the UConn Health network. |
| 13 | CDW LLC d/b/a CDW Government LLC | No | \$999,999 (for term 6/30/23 - 10/29/28) | \$1,160,000 (includes an additional \$160,001) | 6/30/23 - 10/29/28 | This contract is for the replacement of UConn Health's existing Information Technology Service Management (ITSM) call center ticketing system (FootPrints), which is at end of life. CDW is a reseller of the cloud-based ServiceNow® replacement ITSM system software and will also perform the software implementation. The new ISTM system will enable UConn Health's IT Department to improve their service workflows institution- wide by combining support for areas such as Epic, CMDB, Self Service, Knowledgebase, and Asset Management. This amendment increases the maximum contract value with no change to the term, to enable IT to utilize CDW for a broader scope of implementation services than originally contemplated. |
| 14 | Jackson Laboratory | No | \$1,078,695 (approved by Board December 2022 for term 9/1/19 - 8/31/23) | \$1,374,611 (includes an additional \$295,916) | 9/1/19 - 8/31/24 (includes an additional 1 year) | Subaward for collaboration on the project entitled, "Homologous Sequences and Their Effects on Genome Biology." This amendment extends the contract term and increases the maximum value. |
| 15 | Wellpartner LLC | No | \$3,750,000 (approved by the Board March 2023 for term 4/8/20 - 4/7/25) | \$4,545,000 (includes an additional \$795,000) | 4/8/20 - 4/7/25 | Wellpartner provides UConn Health with access to its 340B SMART Split-Billing software, which uses logic to virtually separate 340B from non-340B transactions after they occur, and then determines from which account each transaction should be reordered (either 340B, Group Purchasing Organizations, or Wholesale Acquisition Cost). Wellpartner also monitors UConn Health's in-house accumulations. This amendment increases the maximum contract value to enable the Pharmacy Department to continue to utilize this software for the rest of the existing term. |
| 16 | Connecticut Ear Nose & Throat Associates (CT ENT) | No | \$1,070,000 (approved by Board December 2022 for term 2/1/20 - 1/31/24) | \$1,340,000 (includes an additional \$270,000) | 2/1/20 - 1/31/25 (includes an additional 1 year) | UConn Health's Dr. Daniel Roberts provides clinical otolaryngology services to patients at designated CTENT sites. This amendment extends the contract term and increases the maximum value. |
| 17 | Curant Health Georgia, LLC & Curant Health Florida, LLC | No | \$3,000,000 | \$3,500,000 (includes an additional \$500,000) | 1/1/17 - 12/31/24 (includes an additional 1 year) | Curant dispenses pharmaceutical prescriptions directly to Ryan White Clinic 340B patients' homes via mail order. This amendment extends the contract term and increases the maximum value. |
| 18 | Hartford Hospital dba Hartford Healthcare Community Pharmacy | No | \$499,999 (for term 1/14/19 - 1/13/24) | \$8,000,000 (includes an additional \$7,500,001) | 1/14/19 - 1/13/29 (includes an additional 5 years) | John Dempsey Hospital 340B parent entity contracts with Hartford Hospital to dispense 340B prescriptions for John Dempsey Hospital 340B patients. This amendment extends the contract term and increases the maximum value. |
| 19 | Walgreen Company | No | \$499,999 (for term 1/1/17 - 12/31/23) | \$6,700,000 (includes an additional \$6,200,001) | 1/1/17 - 12/31/24 (includes an additional 1 year) | Walgreens Pharmacy fills 340B prescriptions and passes through the revenue on each prescription less the negotiated fee and drug cost. This amendment extends the contract term and increases the maximum value. |

| No. | Contractor | PR, PO, Bid or Contract Number | Contract Type | Fund Source | Dept./Individual Sponsor (Business Owner) | Expense (E) Revenue (R) | Sourcing |
|-----|----------------------------------|---|---------------|------------------------------|--|----------------------------|-----------------------------|
| 1 | Anthem Blue Cross Blue Shield | P0645743 | PO | Operating Funds | Barbara Kream, Associate Dean Graduate Office | E | Non-Competitive Purchase |
| 2 | Abbott Laboratories Inc. | UCHCFC-178234776 | New | Operating Funds- Clinical | Linda Manzelli, Director of Ambulatory Practice Cardiology | E | Non-Competitive Purchase |
| 3 | Cochlear Americas | UCHCFC1-107139739 | Amendment | Operating Funds | Kelly Motowidlak, Director Ambulatory Practices, Surgery Services and Women's Health | E | Non-Competitive Purchase |
| 4 | Dialysis Clinic Inc. | UCHCFC4-101977518 | Amendment | Operating Funds- Clinical | Caryl Ryan, COO/CNO Hospital Administration | Е | Non-Competitive Purchase |
| 5 | Dialysis Clinic Inc. | UCHCFC-178385694 | New | Operating Funds- Clinical | Caryl Ryan, COO/CNO Hospital Administration | E | Non-Competitive Purchase |
| 6 | Edwards Lifesciences LLC | UCHCFC-179093449 | New | Operating Funds- Clinical | Karen Curley, Director Nursing Administration | E | Non-Competitive Purchase |
| 7 | Health Information Alliance Inc. | UCHCFC-125213247 | Amendment | Operating Funds | Michele DeLayo, Sr. Director, Nursing Nursing Administration | Е | Non-Competitive Purchase |
| 8 | Olympus America Inc | Replacement of UCHCFC1- 100311813-009, UCHCFC1- 100311813-011 & UCHCFC1- 100329262-010 | New | Operating Funds | Karen Curley, Director Nursing Administration | E | Non-Competitive Purchase |
| 9 | Paragon 28 Inc. | UCHCFC1-115369582 | Amendment | Operating Funds | Karen Curley, Director Nursing Administration | E | Non-Competitive Purchase |

| No. | Contractor | PR, PO, Bid or Contract Number | Contract Type | Fund Source | Dept./Individual Sponsor (Business Owner) | Expense (E) Revenue (R) | Sourcing |
|-----|---|--|---------------|------------------------------|---|----------------------------|---------------------------------------|
| 10 | PartsSource Inc. | UCHCFC-138814822 | Amendment | Operating Funds- Clinical | Ken Blier, Director Clinical Engineering | E | Non-Competitive Purchase |
| 11 | Shields Pharmacy of Connecticut II, LLC (f/k/a Shields Health Management Company) | UCHCFC-122663167 | Amendment | Operating Funds- Clinical | Kevin Chamberlin, Associate Vice President Pharmacy | E | Bid |
| 12 | Atlantic Data Security, LLC | Replacement of UCHCFC- 138439988 and UCHCFC4- 62635728-ADS | New | Multiple Sources | Rob Darby, Assistant Vice President, IT Enterprise Technology | E | Non-Competitive Purchase |
| 13 | CDW LLC d/b/a CDW Government LLC | UCHCFC-158520778 | Amendment | Capital Project | Rob Darby, Assistant Vice President, IT Enterprise Technology | E | Bid |
| 14 | Jackson Laboratory | P0461664 | PO | Grant-Federal | Christine Beck, Asst Professor Genetics and Genome Sciences | E | Collaborative Grant (pass-through) |

| No. | Contractor | PR, PO, Bid or Contract Number | Contract Type | Fund Source | Dept./Individual Sponsor (Business Owner) | Expense (E) Revenue (R) | Sourcing |
|------|---|-----------------------------------|---------------|------------------------------|---|----------------------------|-----------------------------|
| 15 | Wellpartner LLC | UCHCFC-126332957 | Amendment | Operating Funds- Clinical | Kevin Chamberlin, Associate Vice President Pharmacy | E | Non-Competitive Purchase |
| 1 16 | Connecticut Ear Nose & Throat Associates (CT ENT) | UCHCFC-126186580 | Amendment | Revenue | David McFadden, Dept. Head Surgery Dept. | R | N/A - Revenue |
| | Curant Health Georgia, LLC & Curant Health Florida, LLC | UCHCFC-72435011 | Amendment | Revenue | Kevin Chamberlin, Associate Vice President Pharmacy | R | N/A - Revenue |
| 1 18 | Hartford Hospital dba Hartford Healthcare Community Pharmacy | UCHCFC1-112601258 | Amendment | Revenue | Kevin Chamberlin, Associate Vice President Pharmacy | R | N/A - Revenue |
| 19 | Walgreen Company | UCHCFC1-75722912 | Amendment | Revenue | Kevin Chamberlin, Associate Vice President Pharmacy | R | N/A - Revenue |

UConn Health Board Finance Subcommittee December 4, 2023 REAL ESTATE/SPACE LEASES FOR UCONN HEALTH BOARD OF DIRECTORS AND UCONN BOARD OF TRUSTEES APPROVAL

| | PROPERTY LEASE AGREEMENTS | | | | | | | | | | | | |
|-----|---------------------------|-------|--------------------------------|----------------------|-------------------|-----------------|--|---|-----------------|--|---|--|--|
| UNI | IVERSITY AS LESSOR | | | | | | | | | | | | |
| No. | Lessee | SMBE? | Annual Amount Receivable | Price Per Sq. Ft. | Term | Yearly Increase | Type of Lease: Triple Net or Gross Lease | If any CAM, taxes, Insurance for 1st year | Fund Source | Program Director | Purpose | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | PR | OPERTY LEASE | AGREEMENTS | | | | | |
| UNI | /ERSITY AS LESSEE | | | | | | | | | | | | |
| No. | Lessor | SMBE? | Annual Amount Payable | Price Per Sq. Ft. | Term | Yearly Increase | Type of Lease: Triple Net or Gross Lease | If any CAM, taxes, Insurance for 1st year | Fund Source | Program Director | Purpose | | |
| 1 | Orefice, Charles | No | \$25,200 | \$19.91 | 4/27/24 - 4/20/25 | N/A | Gross | N/A | Operating Funds | Suzanne Tate, Univ Director Curricular Affairs | Lease of a 1,266 sf apartment located at 190 South Thames Street, Unit #20, Norwich, CT. This apartment accommodates up to two medical students at a time while they are completing their 6-week clinical rotations at Backus Hospital. | | |
| | | | | | | | | | | | | | |

UCONN HEALTH

TO: Members of the UConn Health Board of Directors

FROM: Jeffrey P. Geoghegan, CPA

George Karsanow, AIA LEED AP

DATE: December 04, 2023

SUBJECT: Project Budget for the UConn Health Anatomic Pathology & Autopsy Renovation (Final: \$1,175,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve Final Budget in the amount of \$1,175,000, as detailed in the attached project budget for the UConn Health Anatomic Pathology & Autopsy Renovation project.

BACKGROUND:

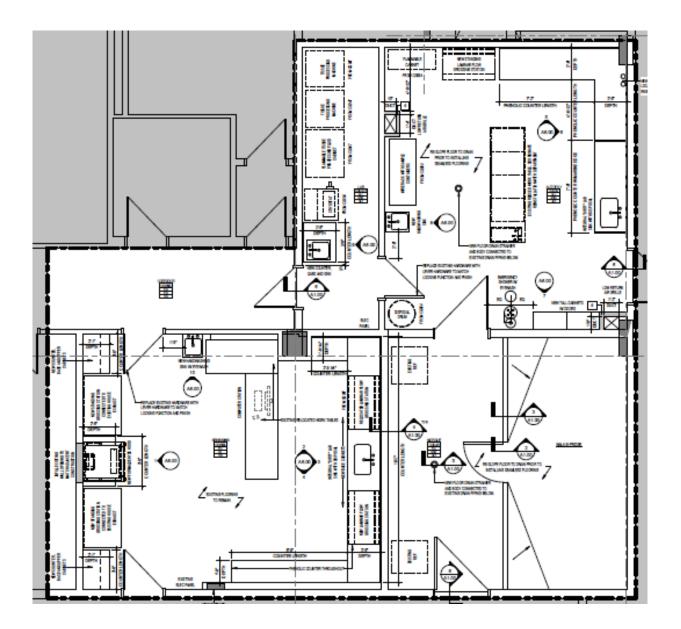
This project will replace outdated equipment and renovate the Anatomic Pathology Lab and Autopsy area at UConn Health.

We are requesting a waiver of the Planning & Design Budget phases and approval of a Final Budget to allow the project to move forward with construction based upon the bids received.

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 December 6, 2023 meeting subject to your subsequent approval.

Attachment

PROPOSED FLOOR PLAN



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: FINAL

PROJECT NAME: UCONN HEALTH -ANATOMIC PATHOLOGY & AUTOPSY RENOVATION

| BUDGETED EXPENDITURES | | ROPOSED FINAL 12/6/2023 |
|--|---------|--|
| CONSTRUCTION DESIGN SERVICES TELECOMMUNICATIONS FURNITURE, FIXTURES AND EQUIPMENT CONSTRUCTION ADMINISTRATION OTHER AE SERVICES (including Project Management) ART RELOCATION ENVIRONMENTAL INSURANCE AND LEGAL MISCELLANEOUS | \$ | 857,000 80,000 15,000 - - - 1,000 5,000 - 2,000 |
| SUBTOTAL | \$ | 1,070,000 |
| PROJECT CONTINGENCY | | 105,000 |
| TOTAL BUDGETED EXPENDITURES | \$ | 1,175,000 |
| SOURCE(S) OF FUNDING* | | |
| UCONN HEALTH CAPITAL | | 1,175,000 |
| TOTAL BUDGETED FUNDING | \$ | 1,175,000 |
| * This budget reflects the University's current intended source(s) of funding f project. The University may adjust this funding plan in order to ensure comp applicable federal and state law(s) or to strategically utilize all fund sources, budget amount, as appropriate. | oliance | with |

BOT 12.6.23 21-059

UCONN HEALTH

TO: Members of the UConn Health Board of Directors

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

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

DATE: December 04, 2023

SUBJECT: Project Budget for the UConn Health TB-121 Blood Bank Relocation (Revised Final: \$1,075,000)

<u>RECOMMENDATION</u>:

That the UConn Health Board of Directors approve Revised Final Budget in the amount of \$1,075,000, 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 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 a 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 reflect actual bids received for construction.

The Revised Final Budget is attached for your consideration. The Revised Final budget reflects actual bids received. This Revised Final Budget is anticipated to be approved by the Board of Trustees at their December 6, 2023 meeting subject to your subsequent approval.

Attachment

X-RAY BLOOD IRRADIATOR



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: REVISED FINAL

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

| BUDGETED EXPENDITURES | APPROVED FINAL 6/28/2023 | APPROVED REVISED FINAL 9/27/2023 | PROPOSED REVISED FINAL 12/6/2023 | | |
|---|--|--|---|--|--|
| CONSTRUCTION DESIGN SERVICES TELECOMMUNICATIONS FURNITURE, FIXTURES AND EQUIPMENT CONSTRUCTION ADMINISTRATION OTHER AE SERVICES (including Project Management) ART RELOCATION ENVIRONMENTAL INSURANCE AND LEGAL MISCELLANEOUS | \$ 255,000 50,000 25,000 320,000 - - 5,000 - - 10,000 | \$ 375,000 50,000 35,000 - - - 5,000 - - - 1,000 | \$ 615,000 50,000 35,000 - - - 5,000 - - 1,000 | | |
| SUBTOTAL | \$ 665,000 | \$ 786,000 | \$ 1,006,000 | | |
| PROJECT CONTINGENCY | 100,000 | 94,000 | 69,000 | | |
| TOTAL BUDGETED EXPENDITURES | \$ 765,000 | \$ 880,000 | \$ 1,075,000 | | |
| UCONN HEALTH CAPITAL FUNDS CIRP | 662,000 103,000 | 751,735 128,265 | 946,735 128,265 | | |
| TOTAL BUDGETED FUNDING | \$ 765,000 | \$ 880,000 | \$ 1,075,000 | | |

* 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 12.06.23

23-010

UCONN HEALTH

TO: Members of the UConn Health Board of Directors

Jeffrey P. Geoghegan, CPA FROM:

Executive Vice President for Finance and Chief Financial Officer

George Karsanow, AIA LEED AP

DATE: December 4, 2023

SUBJECT: Project Budget for the UConn Health Central Sterile Washer & Sterilizer Replacement (Revised Final: \$6,340,000)

RECOMMENDATION:

That the UConn Health Board of Directors approve the Revised Final Budget in the amount of \$6,340,000 for the UConn Health Central Sterile Washer & Sterilizer Replacement project.

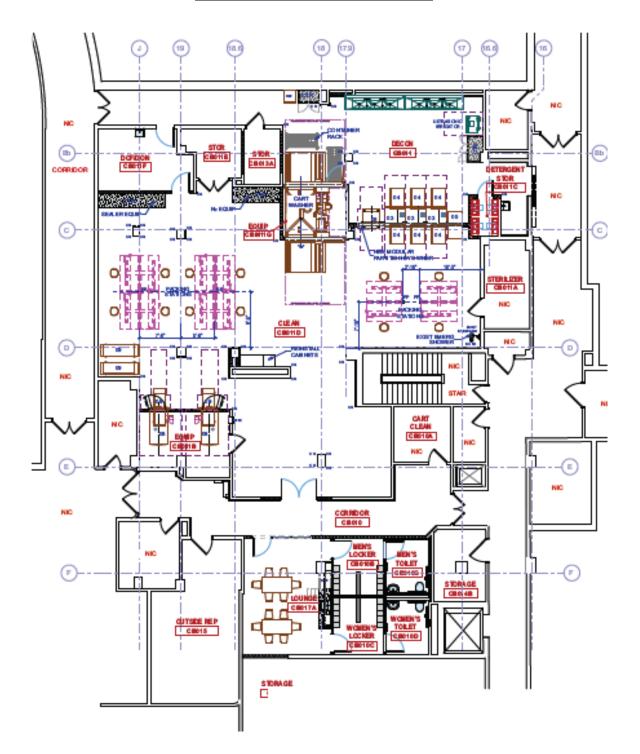
BACKGROUND:

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 the outdated equipment and supporting infrastructure.

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 December 6, 2023 meeting, subject to your subsequent approval.

Attachment

PROPOSED EQUIPMENT PLAN



CAPITAL PROJECT BUDGET REPORTING FORM

TYPE BUDGET: REVISED FINAL

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

| BUDGETED EXPENDITURES | PL | PROVED _ANNING /29/2022 | APPROVED DESIGN 6/28/2023 | APPROVED FINAL 9/27/2023 | PROPOSED REVISED FINAL 12/6/2023 |
|---|----|--|--|--|---|
| CONSTRUCTION DESIGN SERVICES TELECOMMUNICATIONS FURNITURE, FIXTURES AND EQUIPMENT CONSTRUCTION ADMINISTRATION OTHER AE SERVICES (including Project Management) ART RELOCATION ENVIRONMENTAL INSURANCE AND LEGAL MISCELLANEOUS | \$ | 565,000 95,000 2,000 991,000 - - - - 3,000 | \$2,400,000 165,000 990,000 - - - 15,000 - 2,000 | \$ 3,005,000 170,000 50,000 1,260,000 - 10,000 - 5,000 15,000 - | \$ 4,377,000 170,000 50,000 1,260,000 12,000 5,000 20,000 - 6,000 |
| SUBTOTAL | \$ | 1,656,000 | \$3,622,000 | \$ 4,515,000 | \$ 5,900,000 |
| PROJECT CONTINGENCY | | 249,000 | 363,000 | 455,000 | 440,000 |
| TOTAL BUDGETED EXPENDITURES | \$ | 1,905,000 | \$3,985,000 | \$ 4,970,000 | \$ 6,340,000 |
| SOURCE(S) OF FUNDING* | | | | | |
| UCONN HEALTH CAPITAL FUNDS UCONN 2000 BOND FUNDS | \$ | 1,905,000 - | \$2,135,000 1,850,000 | \$ 2,135,000 2,835,000 | \$ 3,505,000 2,835,000 |
| TOTAL BUDGETED FUNDING | \$ | 1,905,000 | \$3,985,000 | \$ 4,970,000 | \$ 6,340,000 |

* 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 12.06.23

21-034

UCONN HEALTH

| TO: | Members of the UConn Health Board of Directors |
|----------|--|
| FROM: | Clinical Affairs Subcommittee of the UConn Health Board of Directors |
| DATE: | December 4, 2023 |
| SUBJECT: | Environment of Care Management Plan |

Recommendation: That the UConn Health Board of Directors approve the 2023 UConn Health John Dempsey Hospital (JDH) Assessments of the Environment of Care Management Plan, as recommended by the Clinical Affairs Subcommittee.

Background: UConn Health takes a proactive approach to managing the Environment of Care as it relates to quality of care and patient safety. As part of this process, annual assessments are conducted to review the objectives, scope, performance, and effectiveness in the following six required management plans for JDH: Safety, Security, Hazardous Materials and Waste, Fire Safety, Medical Equipment, and Utilities. UConn Health has completed these assessments and determined that the management plans are effective at reducing risks within the JDH's environment of care. Best practice provides that these annual assessments be brought before the Board for review and approval.

Attachments



2023 Annual Evaluation of Effectiveness – Fire Safety Management Plan



| Chapter/ Element of Performance | Item summary | Risk Point | Management Process to Mitigate | Goal | Measure | Goal Met/ Not Met | Progress to date | Work to be done | Comments |
|---------------------------------------|---|---|--|--|------------------------------------|-------------------------|--|---|----------|
| 02.03.01 EP 1 | The hospital minimizes the potential for harm from fire, smoke, and other products of combustion | Ineffective fire doors could result in spread of smoke or fire. | Review completion of work orders involving fire doors deemed out of compliance | Monitor fire door maintenance and compliance during subcommittee meetings | Review of meeting minutes | Not Met | Reviewed during Facilities updates in meeting. Stopped specifically asking for this information as weekly rounding identified less doors out of compliance during year. | Continue reviewing doors during weekly rounding to ensure compliance and continue asking for update during meetings to prevent complacency. | |
| 02.03.01 EP 1 | The hospital minimizes the potential for harm from fire, smoke, and other products of combustion | Improper documentatio n and records could lead to items being missed and risk increased | Update documents to current standards | Update binders to reflect 2022 and early 2023 TJC documentation requirements | Review of binders | Met | Updated language and matrices included in binders | Continue to update as TJC requirements change | |
| 02.03.03 EP 7 | The hospital conducts fire drills for operating rooms/surgical suites. | During emergencies, people could forget what to do. | Training and education specific to risks in this specialty area | Increase participation of licensed practitioners (LP) in annual in-person training and fire drill. | Review of attendance records | Met | Only a few more LPs attended the multiple offerings of education and drills. | Work with OR admin and educators to identify methods to increase LP participation. Looking for greater participation and need to quantify. | |
| 02.03.03 EP 7 | The hospital conducts fire drills for operating | During emergencies, people could | Training and education specific to | Monitor for compliance of OR fire | Review of vendor drill and | Met | FD and FMU personnel attended each drill and obtained | Continue this effective education and drill process. | |



Annual Evaluation of Effectiveness – Fire Safety Management Plan



| rooms/surgical | forget what | risks in this | drills/evacuation | education | records from |
|----------------|-------------|----------------|-------------------|-----------|-------------------|
| suites. | to do. | specialty area | drills | records | vendor who |
| | | | | | provided |
| | | | | | education and |
| | | | | | conducted drills. |
| | | | | | Added documents |
| | | | | | to drill binder. |

2023 Annual Evaluation of Effectiveness – Hazardous Materials and Waste Management Plan

| Chapter/ Element of Performance | Item summary | Risk Point | Management Process to Mitigate | Goal | Measure | Goal Met/ Not Met | Progress to date | Work to be done | Comments |
|---------------------------------------|---|--|---|---|--|----------------------|---|--|------------------------------|
| EC 02.01.01, EP-7 | The hospital minimizes risks associated with selecting and using hazardous energy sources (lasers) | Risk of injury to staff and patient | Policy/ procedures and training | Review/revise/imple ment a laser safety/MRI safety program | SABA compliance | met | Materials have been developed | Incorporate into SABA and assign to appropriate individuals | |
| EC 02.02.01 EP-1 | Hospital maintains written inventory of hazardous materials | Inaccurate inventory | Annual update of inventory | Chemical inventory database remains current. | Rounds/ Tracers | Met | Inventory updated on 8/15/23. | | |
| EC 02.02.01 EP-5 | The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals | Improper storage may place patients and staff at risk. | HazMat Program | Proper storage, handling, transporting and use of hazardous chemicals are consistently observed | Observed during rounds and tracers | Met | | Continue assessing during environmental rounds and audits (Lab Med) | |
| EC 02.02.01 EP-8 | The hospital minimizes risks associated with disposing of hazardous medications | Waste streams not segregated properly resulting in improper disposal | Segregation of hazardous and pharmaceutical waste streams, separate containers, etc. | Pharmaceutical waste segregation and handling program goals are met (main campus & off-sites) | Waste streams are segregated at point of disposal and on rounds | Not Met | | Continue assessing during environmental rounds has revealed a lack of training. | Contract renewal 1/1/2024 |
| EC 02.02.01 EP-18 | Radiation workers are checked periodically for the amount of radiation exposure. | Failure to monitor could lead to overexposure | Dosimetry program | Radiation dosimetry return rate meets goals | Badge return rate metric reported to QAPI | Met | Badge return rates are consistently above 95% | Continue tracking and reporting badge return rate to RSC and QAPI. | |

2023 Annual Evaluation of Effectiveness – Medical Equipment Management Plan

| Chapter/ Element of Performance | Item summary | Risk Point | Management Process to Mitigate | Goal | Measure | Goal Met/Not Met | Progress to date | Work to be done | Comments |
|---------------------------------------|--|--|---|--|--|------------------------|--|--|----------|
| EC.02.04.03 EP3,4 | The hospital inspects, tests, and maintains all equipment. These activities are documented. Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment must have a 100% completion rate | Use of unsafe equipment and/or poor reliability | Monthly reviews of PM % completed | Maintain all applicable PMs at 100% completion rate | PM compliance Metric | Met | PM Compliance to Date 100% | None | N/A |
| EC.02.04.01 EP5 | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations: | Injury to patients | Laser Safety Program | Launch Laser Safety SABA modules and deploy to clinical staff | Program Created | Met | Program Launched in 2023 | None | N/A |
| EC. 02.04.01, EP3 | The Hospital Manages Medical Equipment Risks | Injury to patients. | FMEA document completed | Perform a utility-related or a medical device-related Failure Modes and Effects Analysis or Root Cause Analysis by Dec 2023 | FMEA Completed | Not Met | FMEA has been assigned | FMEA will be complete by end of year. | N/A |
| EC. 02.04.01, EP3 | The Hospital Manages Medical Equipment Risks | Malfunctioning equipment | Cybersecurity Program | Create program to address software patching of medical devices (High Risk and Non- High Risk) to improve safety from cybersecurity standpoint. | Create Medical Device Cybersecurity Program | Met | Used Medigate to define Cybersecurity High Risk and shared on monthly basis during EOC medical equipment meeting. | Continue to manage medical device Cybersecurity risk by using Medigate and with the Cybersecurity Program | N/A |

2023 Annual Assessment of Management Plan Effectiveness Safety Sub-Committee

| Section/EP | Summary | Risk Point | Process to Mitigate Risk | Goal | Measure | Met/Not Met | Progress to Date | Work to be Done |
|----------------|---|--|--|---|--|-------------|--|--|
| | | | | | | | | |
| 02.01.01 EP-1 | The hospital implements its process to identify safety risks associated with the environment of care. | Failure to implement the process could lead to safety risks going undetected and therefore increase risk of injury. | Morning huddle, safety sub- committee meeting, ECRI product recall review, workplace injury review, and mandating a discussion of safety at the beginning of all meetings are examples of the processes used to mitigate risk. | Robust risk mitigation process. | Are these processes active? Are they identifying risks and actions to mitigate those risks? | Met | Morning huddle takes place 365 days/year. Safety sub- committee consistently meets monthly and as risks are identified, they are placed on the sub-committee risk assessment. | |
| 02.01.01 EP-3 | The hospital takes action to minimize or eliminate identified safety risks in the physical environment. | Failure to take action could result in increased risk. | Safety Sub-Committee and its risk assessment. | Risks are identified and acted on in a timely manner. | This is measured by how long items remain unresolved on the risk assessment. | Met | The committee feels most items are being addressed in a timely manner. Very few have to be escalated to upper management. Now work orders placed for EOC will be monitored/tracked for progress/closure to each sub committee | Have FAMIS WO tracking system launch to each sub-committee to track/report more effectively |
| 02.01.01 EP-5 | The hospital maintains all grounds and equipment. | Improperly or inadequately maintained grounds could lead to increased slips, trips, falls, and workplace injuries. | The grounds department within Facilities is responsible for maintaining grounds. In addition, the EOC rounding team walks the grounds looking for issues needing attention. | Zero workplace injuries due to inadequately maintained grounds. | Workplace injury report, morning huddle, etc. | Met | Hiring in progress for additional HR staff to represent Workers Compensation division. | On board of new HR staff as needed for Workers Compensation |
| 02.01.01 EP-11 | The hospital responds to product notices and recalls. | Failure to respond to product recalls could result in a recalled product being used on a patient and put that patient at risk. | Each month the ECRI report is shared at the sub- committee meetings. Risk are mitigated for equipment and products | All risks identified and mitigated | ECRI reports/recalls | Met | Product recalls identified and addressed, products removed or replaced as needed. Equipment is checked and taken out of circulation when necessary. Replacement equipment is purchased or existing equipment repaired as required. | |
| 02.01.01 EP-14 | The hospital manages magnetic resonance imaging (MRI) safety risks associated with the following: - Patients who may experience claustrophobia, anxiety, or emotional distress - Patients who may require urgent or emergent medical care - Patients with medical implants, devices, or imbedded metallic foreign objects (such as shrapnel) - Ferromagnetic objects entering the MRI environment - Acoustic noise | Failure to properly screen patients may result in injury of patient, others or death to patient or others (staff) | Every MRI patient is screened prior to entering the active magnet zone | Zero safety events in MRI involving patient, staff and/or equipment, personal effects. | Staff to follow explicit procedures for screening patients. Appropriately designated zones in the MRI unit department | Met | Staff are following the proper screening procedure/process on all MRI patients | Continue reviewing any new updates or edits to the department MRI screening policy/procedures to remain compliant. |

2023 Annual Assessment of Management Plan Effectiveness Safety Sub-Committee

| Section/EP | Summon | Risk Point | Process to Mitigate Pick | Goal | Measure | Met/Not Met | Bragross to Data | Work to be Done |
|----------------|--|--|--|--|--|-------------|---|---|
| Section/EP | Summary | Risk Point | Process to Mitigate Risk | GOAI | Measure | Met/Not Met | Progress to Date | Work to be Done |
| 02.01.01 EP-16 | The hospital manages magnetic resonance imaging (MRI) safety risks by restricting access of everyone not trained in MRI safety or screened by staff trained in MRI safety from the scanner room and the area that immediately precedes the entrance to the MRI scanner room, by making sure that these restricted areas are controlled by and under the direct supervision of staff trained in MRI safety. And by posting signage at the entrance to the MRI scanner room that conveys that potentially dangerous magnetic fields are present in the room. Signage should also indicate that the magnet is always on except in cases where the MRI system, by its design, can have its magnetic field routinely turned on and off by the operator. | Staff not following the proper screening procedure/process for MRI patients. | Clearly identify all zones in the MRI department to keep patients and staff safe from injury and risk, Be sure the department policy/procedure is adhered to for all MRI patients | Zero safety events | Rounding in MRI to observe the patient screening process and ensure staff can speak to the safety zones in the unit as well as contraindications during screening patient. | Met | Process/procedures in place and all MRI zones in the departments are identified appropriately. | |
| 02.01.03 EP-1 | The hospital develops a written policy prohibiting smoking in all buildings. Exceptions for patients in specific circumstances are defined. Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other. | Failure to have a written policy could encourage people to smoke. | The grounds department within Facilities is responsible for maintaining grounds. In addition, the EOC rounding team walks the grounds looking for evidence of smoking. Increased number of posted reminder signs identifying a smoke-free campus. Police are able to issue citations for individuals found smoking on campus. | No smoking on campus | Rounding by EOC tracer teams, police patrol, employees encouraged to remind persons on campus that it is indeed smoke free. Grounds crew continues to report evidence of smoking to the Safety Sub Committee. | Not met | 1 citation issued No increased evidence of smoking | Continue to educate staff and visitors about smoke free campus, issue citations to people not abiding by the policy. |
| 02.01.03 EP-4 | Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside of a patient room, no sources of ignition are within the site of intentional expulsion (within 1 foot). When other oxygen delivery equipment is used or oxygen is delivered inside a patient's room, no sources of ignition are within the area of administration (within 15 feet). Solid fuel-burning appliances are not in the area of Administration. Nonmedical appliances with hot surfaces or | Failure to remove smoking materials from patients receiving treatment on campus. Sources of ignition are in close proximity to oxygen delivery system. | Remove smoking materials when patient arrives or before treatment. Ensure the surfaces surrounding the treatment area are free from ignition sources and nonmedical surfaces are not near the administration mechanism | Zero safety incidences. Zero damage to property. | Rounding by EOC tracer teams to patient rooms to ensure the equipment is properly placed in the room. Review policy with staff regarding smoking material removal. | Met | | |

2023 Annual Assessment of Management Plan Effectiveness Safety Sub-Committee

| Section/EP | Summary | Risk Point | Process to Mitigate Risk | Goal | Measure | Met/Not Met | Progress to Date | Work to be Done |
|---------------|--|--|--|---------------------------------------|--|-------------|-------------------|---------------------------------|
| | sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion. | | | | | | | |
| 02.01.03 EP-6 | The hospital takes action to maintain compliance with its smoking policy. | Failure to comply places campus at risk of fire and continued smoking on campus | Signage, staff intervention when others are non- compliant. Police citations | Zero evidence of smoking on campus | Reports from grounds, Police Department and safety sub-committee | Not Met | 1 citation issued | Continue vigilance and rounding |

2023 Annual Assessment of Effectiveness – Security Management Plan

| Chapter / Element of Performance | Item summary Risk Point Management Process Mitigate | | | Goal | Measure | Goal Met / Not Met | Progress to date | Work to be done | Comments |
|--|--|--|--|---|---|-----------------------|---|--------------------|----------|
| EC 02.01.01, EP1 | Assess and measure risk based on collected data | Organization is unaware of risks and potential for injuries. | Discussion of risk assessment during monthly meetings. | Incorporate, track, and assess monthly statistics pertaining to Workplace Violence as per the new Joint Commission guidelines. | Security reports during WPV Committee meetings. | Met | Reports provided in WPV Committee meetings. | None | |
| EC 02.01.01, EP17 | The hospital conducts an annual worksite analysis related to its workplace violence prevention program. | Unknown or unaddressed risks pertaining to workplace violence | Workplace violence worksite analysis. | Work with the JDH Workplace Violence Committee to ensure compliance with Joint Commission guidelines pertaining to Worksite Analysis. | Worksite analysis approved by WPV Committee. | Met | Worksite analysis approved by WPV Committee. | | |
| EC 04.04.01, EP15 | Hospital evaluates the effectiveness of the management plan within the prescribed timeframe | Management plan does not properly outline objectives or scope of work needed to ensure compliance and minimize risk. | Annual assessment of management plan effectiveness. | Evaluate the Security Management Plan within the prescribed timeframe. | Annual assessment is created and presented to EOC Committee for approval. | Met | Evaluation complete/approved by EOC Committee in October. | None | |



2023 Annual Evaluation of Effectiveness – Utilities Management Plan



| Chapter/ Element of Performance | Item summary/JC Requirement | Requirement Process to Mitigate | | Measure | Goal Met/ Not Met | Progress to date | Work to be done | Comments | |
|---------------------------------------|---|--|--|--|--|---------------------|--|---|--|
| EC.02.02.05 EP4. 6 | The hospital inspects, tests, and maintains the following: High and non-high risk utility system components on the inventory. | Revise preventative maintenance schedules to assure 100% of EOC PMs completed on time | Reschedule preventative maintenance work orders over 3- month period | Revise schedules to assure compliance | Review open work order log weekly to assure assigned work orders complete on time. | Met | Complete | Manage work order reports. Report completion rates to Utilities Management Sub Committee. | Schedules include grace period days as weekly and monthly reports are managed |
| EC.02.05.01 EP10, 13 | The hospital manages risks associated with its utility systems. The hospital has written procedures for responding to utility system disruptions. The hospital responds to utility system failure. | Main chiller plant has one pump system offline and introduces concern if other pumps fail. Chiller system supplies significant portion of campus including childbirth and nicu areas. | Smaller chiller can be run to pick up load of inpatient area | Replace main chilled water pump in central plant. | New pump system installed and commissioned. | Not Met | Pump has been installed. | Commission pump/manage project turnover. | Track progress through the Utilities Management Sub Committee |
| EC.02.05.01 EP10, 13 | The hospital manages risks associated with its utility systems. The hospital has written procedures for responding to utility system disruptions. The hospital responds to utility system failure. | Loss of chiller in University Tower carries risk of interruption of patient care and possible hospital diversion | Temporary arrangement for emergency chiller has been identified by Facilities and on-call contractor | Develop emergency response plan and project for emergency chiller arrangement. | Piping system and valves installed for tie-in. Power source for chiller identified. | Not Met | Tie in location and landing space for temp chiller identified | Tie in the connections over the winter after the chilled water system is offline. | Track progress through the Utilities Management Sub Committee |
| EC.02.05.01 EP16 | In non–critical care areas, the ventilation system provides required pressure relationships, temperature, and humidity. | Humidity requirements for sterile storage are expected in non-critical areas that were not designed to meet more stringent requirement. | Manage sterile storage items in locations. Dehumidifiers accepted as interim solution at dermatology | Install new heat pumps in 21 South Road storage rooms | No humidity alarms or manageable controls to keep below threshold | Met | Project Complete | Facilities team commissioned the controls. Utilize dehumidifiers where appropriate as temporary. | Humidity has been maintained with only occasional spikes below 65% during extreme weather periods. |
| 02.05.01 EP23 | Power strips in a patient care vicinity are only used for components of movable electrical equipment assemblies used for patient care. These power strips meet UL 1363A or UL 60601-1. | We use UL1363A for patient room vicinity which would also be good within room. Review other power strips that must meet UL1363A. Risk point should be simply that that our policy is inclusive of requirement | Implement new requirements. Inspect patient rooms during rounding. | Update policy and review UL rating on devices. The in- room UL is less restrictive than the patient care vicinity device. Include other EP notes 1-3 in policy | Reviewing rooms during EOC rounds | Met | Policy was edited and re- written with appropriate UL rating on devices permitted in respective areas. | Continue to round areas for appropriate power strips. | Rounds teams have not found a non-rated power strip in a patient vicinity for months. |
| EC.02.05.02 | Hospitals should consider incorporating basic practices for water monitoring within their water management programs | Building F hot water tanks create risk of bacterial growth and distribution to higher risk area. | Plumbing shop superheats the water monthly which is acceptable method to control | Renovate the hot water system with on demand heat exchangers to remove the risks of the old tank system | Hot water temperature exposure during the monthly tank superheat procedure | Not Met | Design of system complete. Contractor selected. Project initiated. | Complete project. | Track progress through the Utilities Management Sub Committee |

CEO Update December 4, 2023

Bruce T. Liang, MD Interim Chief Executive Officer & EVP for Health Affairs Dean, School of Medicine



UCONN HEALTH

CEO Update

Recent Awards for Quality and Safety

Clinical Activities

Overall Finances/Budget-FY2024

Market Perception









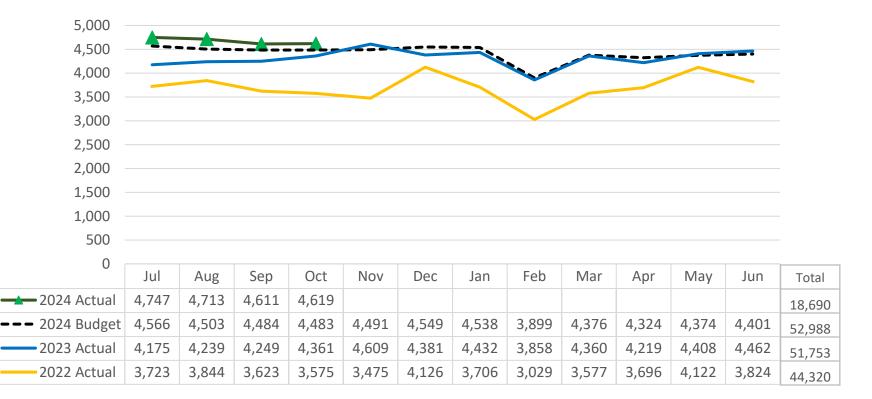


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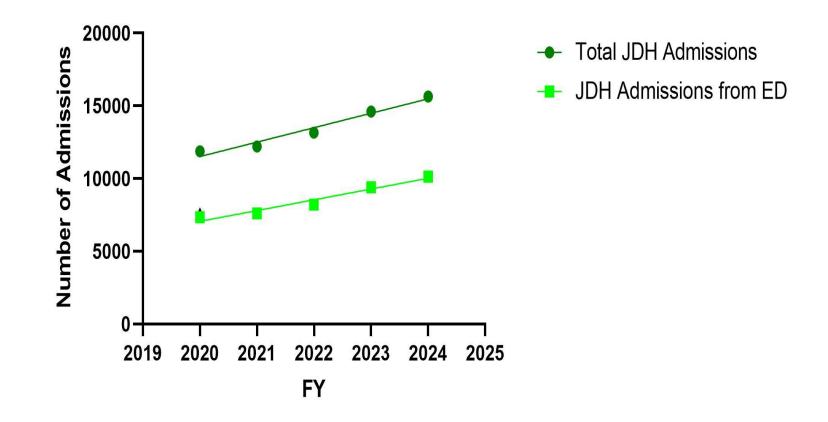
HEALTH

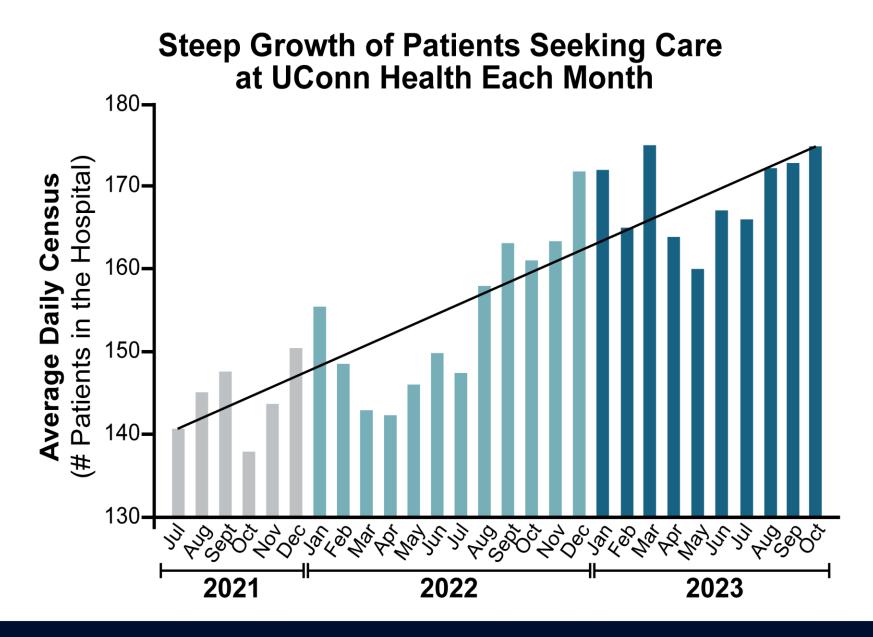
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Emergency Room Visits

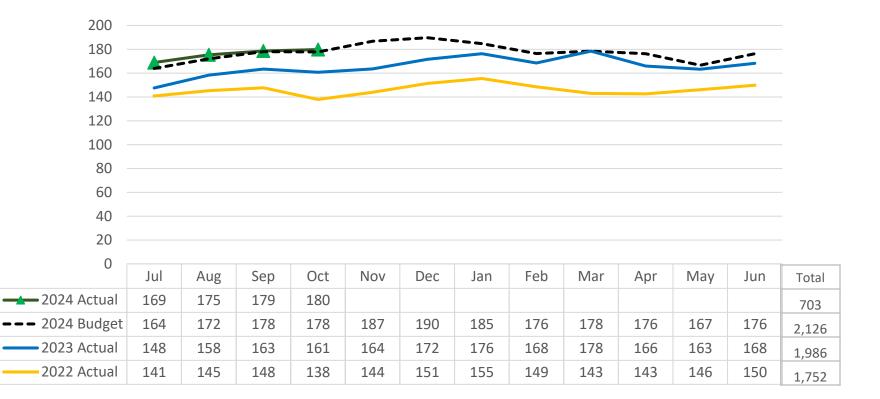


Emergency Department and JDH Admissions

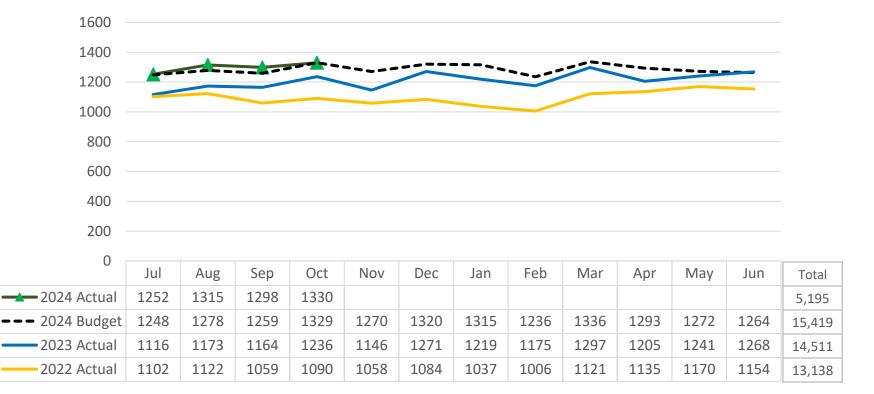




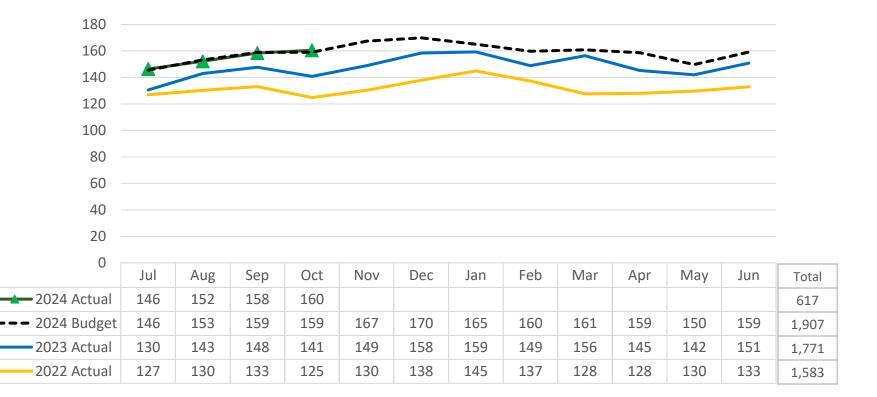
Average Daily Census including OBS/OEXT



Discharges including OBS/OEXT

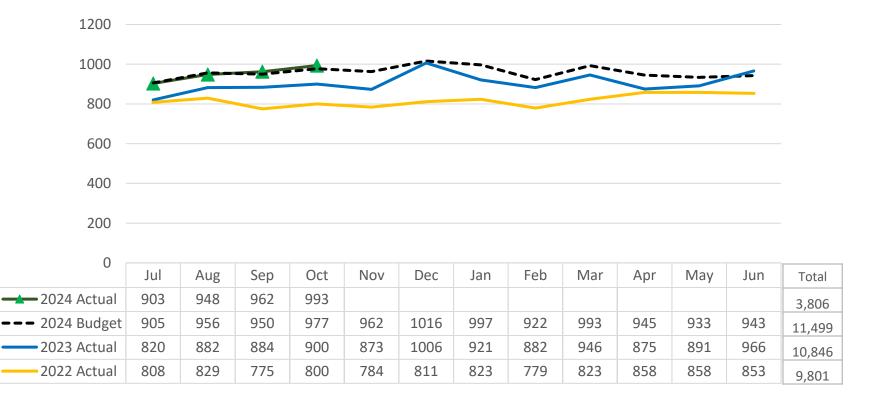


Average Daily Census Inpatient

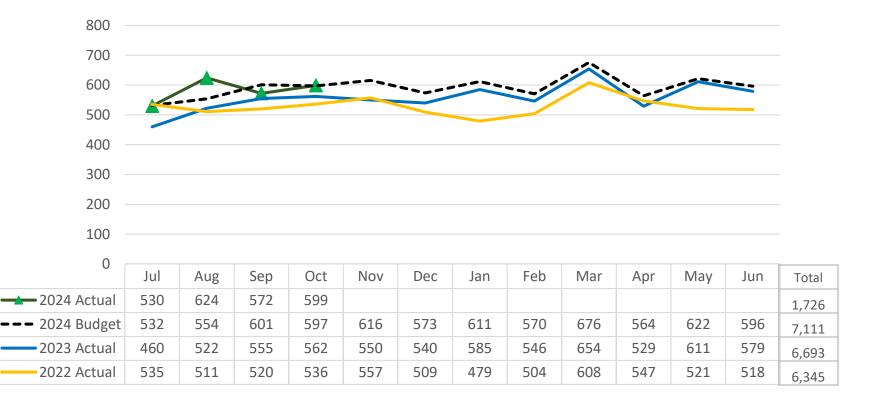


UCONN HEALTH

Discharges Inpatient

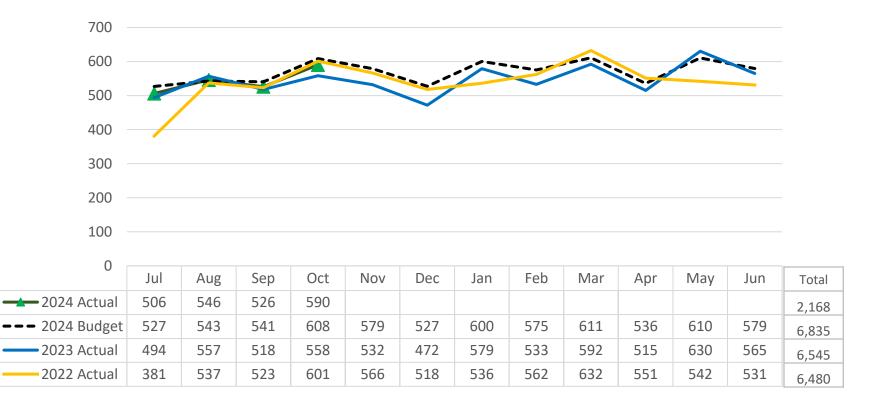


JDH - Main OR

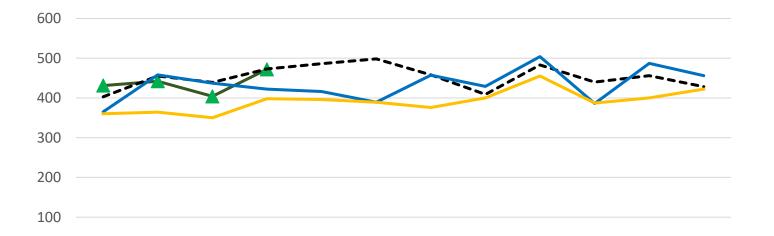


UCONN HEALTH

UHSC - OR



PROCEDURE CENTER GI ENDOSCOPY



| 0 | | | | | | | | | | | | | |
|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 0 | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
| 2024 Actual | 431 | 442 | 404 | 472 | | | | | | | | | 1,749 |
| 2024 Budget | 403 | 455 | 439 | 473 | 486 | 498 | 458 | 409 | 483 | 440 | 456 | 428 | 5,428 |
| 2023 Actual | 365 | 458 | 437 | 422 | 416 | 389 | 457 | 429 | 504 | 386 | 487 | 456 | 5,206 |
| 2022 Actual | 360 | 364 | 350 | 398 | 396 | 389 | 376 | 400 | 455 | 387 | 400 | 422 | 4,697 |

Mortality Index

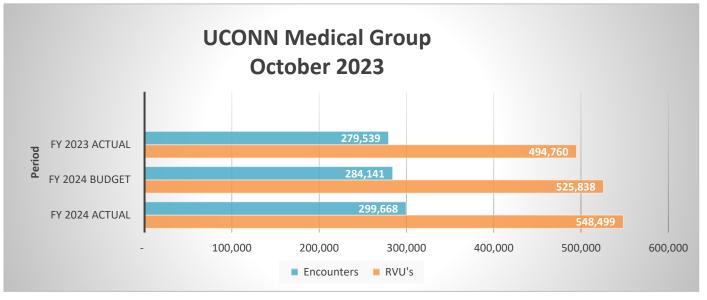
Mortality Index = Observed/Expected

- Lower is better
- Source = Vizient
- Peer group = Complex Care Medical Centers



HEALTH

UMG Encounters & wRVU's



Encounters:

• YTD encounters are ahead of budget by 5.5% & ahead of prior year by 7.2%.

wRVU:

• YTD wRVU's are ahead of budget by 4.3% & ahead prior year by 10.9%.

Revenues:

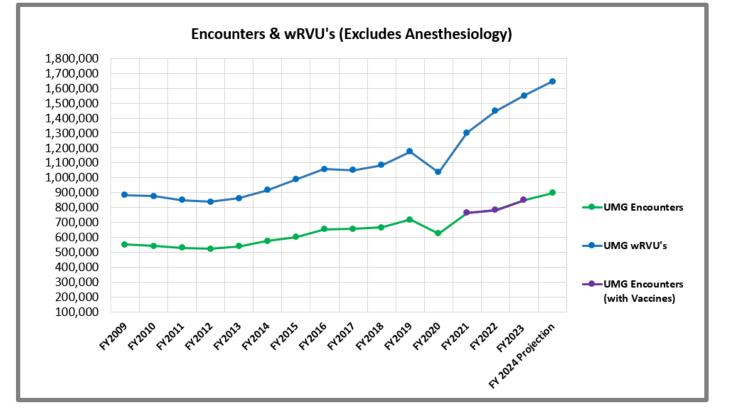
- YTD net patient revenues are ahead of budget by 3.8% & ahead of prior year by 9.3%.
 - Largest growth areas for YTD charges/stats are MOHS, Primary Care & DermPath when compared to budget.

| | FY 2024 Actual | FY 2024 Budget | FY 2023 Actual | Budget | vs PY |
|-------------|----------------|----------------|----------------|--------|-------|
| RVU's | 548,499 | 525,838 | 494,760 | 4.3% | 10.9% |
| Encounters | 299,668 | 284,141 | 279,539 | 5.5% | 7.2% |
| Net Revenue | 46,826,359 | 45,105,172 | 42,768,618 | 3.8% | 9.5% |

UCONN HEALTH

UConn Medical Group

Statistical Graph



| | | | | | | | | | | | | | | | | FY2024 | As of |
|----------------|---------|---------|---------|---------|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------|
| | FY2009 | FY2010 | FY2011 | FY2012 | FY2013 | FY2014 | FY2015 | FY2016 | FY2017 | FY2018 | FY2019 | FY2020 | FY2021 | FY2022 | FY2023 | Projection | Oct 2023 |
| UMG Encounters | 553,016 | 542,611 | 529,703 | 523,570 | 540,574 | 575,416 | 602,923 | 655,234 | 656,848 | 667,009 | 719,760 | 625,310 | 686,166 | 782,695 | 850,412 | 899,004 | 299,668 |
| UMG wRVU's | 883,919 | 875,441 | 848,932 | 839,310 | 863,044 | 915,822 | 987,303 | 1,057,267 | 1,050,731 | 1,084,289 | 1,174,160 | 1,035,563 | 1,300,162 | 1,446,597 | 1,550,265 | 1,645,497 | 548,499 |
| Vaccines | - | - | - | - | - | - | - | - | - | - | - | - | 78,329 | 41,865 | 6,263 | - | - |

NOTE: FY 20 & 21 COVID

FY 24 vaccine moved to clinics



Fiscal Year 2024 Results of Operations As of October 31, 2023

Consolidated Financial Reports Financial Update & Highlights

TO:Members, Board of DirectorsFROM:Jeffrey P. Geoghegan, Chief Financial OfficerDATE:November 20, 2023SUBJECT:Unaudited FY 2024 Financial Results for the four months ended October 31, 2023.

Introduction:

The following provides highlights for the four months ended October 31, 2023.

UConn Health had a positive margin of \$4.7 million through October 31, 2023. For fiscal 2024, an overall deficit was forecast and would be covered either through operational improvements or by prior year surpluses. The first quarter surplus puts UConn Health on track to reduce the overall expected loss for the year. Overall, UConn Health operations were \$10.9 million favorable to budget. UConn Health continues to monitor the impact from the end of the public health emergency (PHE). In addition, management is monitoring impacts of increased demand for services, increased inflationary pressures, supply chain shortages, and emerging health threats (including COVID variants) on operations. Finally, UConn Health continues to watch local, national, and global political and geopolitical tensions as they affect our patients, staff, and operations.

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 \$2.8 million. This includes charges for funded depreciation allocated from Institutional Support.

Year to date significant highlights include:

- Research operations were unfavorable to budget by \$621,000. Spending and revenues on federal grants have been lower than forecasted due in part to decreased fringe costs. This has resulted in lower revenues and F&A recoveries.
- Institutional support was favorable to budget by \$1.2 million. Notable favorable variances were in salary, fringe, and other expenses.
- School of Medicine operations were favorable to budget by \$1.6 million. Most expenditure categories were favorable highlighted by fringe costs and savings on Outside and Other Purchased Services.
- School of Dental Medicine operations were favorable to budget by \$675,000. Favorable variances were driven by lower than anticipated salary, fringe, internal contractual and outside and other purchased services.

Clinical: Clinical operations had a combined loss of \$24.2 million, which was ahead of budget by approximately \$9.6 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.

Key Financial Results

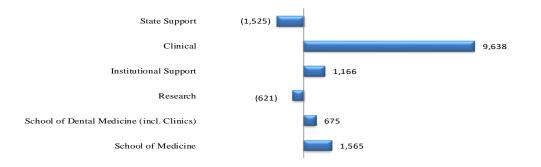
For the period ending October 31, 2023

(in thousands)

| | × × | · · · · · · , | Year | - to - Date | | | |
|--|------------|---------------|-----------------|-------------|------------|-----------------|---------|
| Category | Actual | Budget | <u>Variance</u> | Percent | Prior Year | Variance | Percent |
| Total UCH Results of Operations | \$4,682 | (\$6,216) | \$10,898 | 175.3% | \$15,191 | (\$10,509) | -69.2% |
| FY23 Transfer to/from Unrestricted Fund Balance | \$0 | \$6,216 | (\$6,216) | -100.0% | \$0 | \$0 | 0.0% |
| Total UCH Excess/(Deficiency) | \$4,682 | \$0 | \$4,682 | | | | |
| Education, Research & Institutional Support- | | | | | | | |
| Excess/(Deficiency) | (\$43,413) | (\$46,199) | \$2,786 | 6.0% | (\$57,775) | \$14,362 | 24.9% |
| Finance Corp | 63 | (\$2,228) | 2,291 | 102.8% | \$121 | (\$58) | -47.9% |
| John Dempsey Hospital - Excess/(Deficiency) | \$4,929 | (\$136) | \$5,065 | 3724.3% | (\$25,477) | \$30,406 | 119.3% |
| UMG - Excess/(Deficiency) | (\$29,145) | (\$31,427) | \$2,282 | 7.3% | (\$41,802) | \$12,657 | 30.3% |
| Total Clinical (JDH/UMG/Finance Corp) | (\$24,153) | (\$33,791) | \$9,638 | 28.5% | (\$67,158) | \$43,005 | 64.0% |
| CMHC - Excess/(Deficiency) | \$0 | \$0 | \$0 | 0.0% | \$0 | \$0 | |
| State Appropriation-Block Grant | \$37,130 | \$37,130 | \$0 | 0.0% | \$50,670 | (\$13,540) | -26.7% |
| State Support ARPA/Other | \$34,893 | \$34,893 | \$0 | 0.0% | \$36,800 | (\$1,907) | -5.2% |
| Fringe Benefits & Other Adjustments | \$225 | \$1,751 | (\$1,526) | -87.2% | \$52,654 | (\$52,429) | -99.6% |
| Total State Support | \$72,248 | \$73,774 | (\$1,526) | -2.1% | \$140,124 | (\$67,876) | -48.4% |
| Total Revenues | \$438,120 | \$429,904 | \$8,216 | 1.9% | \$402,287 | \$35,833 | 8.9% |
| Total Expenses | \$505,685 | \$509,893 | (\$4,208) | -0.8% | \$527,220 | (\$21,535) | -4.1% |
| Research Revenue Recognition in Financial Statements | \$25,735 | \$29,107 | (\$3,372) | -11.6% | \$25,509 | \$226 | 0.9% |

Budget Variance by Program - Year To Date

(in 000's)



Consolidated Statement of Revenues and Expenses (without Eliminations)

| | | | (| Consolidated UCo | | | | Γ | Con | | dated UConn He | alth | |
|---|----|--------------|----|------------------|-----|-------------|----------|----|-----------------|-----|----------------|----------|-------|
| | | | | YTD October | 202 | 23 | | - | | Υ'I | D October 2022 | | |
| | | | | D 1 4 | | . | Percent | | | | | Percent | |
| D | | Actual | | Budget | | Variance | Variance | | Actual | | Variance | Variance | |
| <u>Revenues:</u> | | | | | | | | | | | | | |
| Tuition | \$ | 11,305,522 | \$ | 11,132,753 | \$ | 172,769 | 1.6% | \$ | 5 11.099.610 | \$ | 205,912 | | 1.9% |
| Research Grants and Contracts | | 25,734,774 | | 29,107,220 | Ċ | (3,372,446) | -11.6% | Ľ | 25,508,824 | | 225,950 | | 0.9% |
| Non-Federal Research Grants and Contracts | | 8,620,081 | | 8,326,902 | | 293,179 | 3.5% | | 8,475,769 | | 144,312 | | 1.7% |
| Auxiliary Enterprises | | 5,853,578 | | 6,610,557 | | (756,980) | -11.5% | | 6,531,006 | | (677,428) | -3 | 10.4% |
| Internal Income | | 35,661,685 | | 34,845,126 | | 816,560 | 2.3% | | 29,985,161 | | 5,676,524 | | 18.9% |
| Interns and Residents | | 27,526,558 | | 27,663,279 | | (136,720) | -0.5% | | 25,120,716 | | 2,405,843 | | 9.6% |
| Net Patient Care | | 301,355,378 | | 292,202,852 | | 9,152,526 | 3.1% | | 268,143,695 | | 33,211,684 | | 12.4% |
| Gifts & Endowment Income | | 1,516,369 | | 1,515,848 | | 521 | 0.0% | | 1,835,734 | | (319,365) | -3 | 17.4% |
| Investment Income | | 4,142,097 | | 1,499,942 | | 2,642,155 | 176.2% | | 508,793 | | 3,633,304 | 7 | 14.1% |
| Other Income | | 16,403,590 | | 16,999,615 | | (596,026) | -3.5% | | 25,077,891 | | (8,674,302) | -3 | 34.6% |
| Total Revenues | \$ | 438,119,632 | \$ | 429,904,094 | \$ | 8,215,538 | 1.9% | \$ | 402,287,199 | \$ | 35,832,433 | | 8.9% |
| Expenses: | | | | | | | | | | | | | |
| Personnel Services | \$ | 197,647,143 | \$ | 201,132,699 | \$ | (3,485,556) | -1.7% | \$ | 6 180,075,673 | \$ | 17,571,470 | | 9.8% |
| Fringe Benefits | φ | 49,354,413 | φ | 52,729,053 | φ | (3,374,640) | -6.4% | 4 | 118,890,553 | φ | (69,536,139) | | 58.5% |
| Medical Contractual Support | | 7,008,360 | | 6,972,677 | | 35,683 | 0.5% | | 5,153,376 | | 1,854,984 | | 36.0% |
| Internal Contractual Support | | 35.463.341 | | 34.677.225 | | 786.116 | 2.3% | | 29.855.823 | | 5.607.518 | | 18.8% |
| Medical/Dental House Staff | | 22,713,476 | | 22,995,602 | | (282,126) | -1.2% | | 21,236,840 | | 1,476,637 | | 7.0% |
| Outside Agency Per Diems | | 7,971,923 | | 7,255,444 | | 716,479 | 9.9% | | 10,258,611 | | (2,286,688) | | 22.3% |
| Drugs | | 71,679,366 | | 66,526,045 | | 5,153,321 | 7.7% | | 57,524,771 | | 14,154,595 | | 24.6% |
| Medical Supplies | | 29,349,951 | | 28,497,828 | | 852,123 | 3.0% | | 26,330,573 | | 3,019,378 | | 11.5% |
| Utilities | | 4,631,043 | | 5,304,116 | | (673,073) | -12.7% | | 5,423,353 | | (792,310) | | 14.6% |
| Outside & Other Purchased Services | | 44,660,676 | | 47,334,936 | | (2,674,260) | -5.6% | | 41,752,130 | | 2,908,546 | | 7.0% |
| Insurance | | 2,055,934 | | 2,765,718 | | (709,784) | -25.7% | | 2,566,014 | | (510,080) | | 19.9% |
| Repairs & Maintenance | | 7,933,449 | | 8,314,438 | | (380,989) | -4.6% | | 6,856,189 | | 1,077,260 | | 15.7% |
| Debt Service | | 2,683,917 | | 2,728,695 | | (44,778) | -1.6% | | 2,816,656 | | (132,739) | | -4.7% |
| Other Expenses | | 13,915,182 | | 13,658,449 | | 256,733 | 1.9% | | 9,735,099 | | 4,180,084 | | 42.9% |
| Depreciation/Funded Capital Projects | | 8,617,115 | | 9,000,000 | | (382,885) | -4.3% | | 8,744,027 | | (126,912) | | -1.5% |
| | | | | , , | | | | | , , | | · · · · | | |
| Total Expenses | \$ | 505,685,291 | \$ | 509,892,926 | \$ | (4,207,634) | -0.8% | \$ | 5 527,219,686 | \$ | (21,534,395) | | -4.1% |
| Excess/(Deficiency) of Revenues | | | | | | | | | | | | | |
| over Expenses Prior to State Appropriations | \$ | (67,565,659) | \$ | (79,988,832) | \$ | 12,423,173 | 15.5% | \$ | 6 (124,932,487) | \$ | 57,366,828 | 4 | 45.9% |
| State Appropriation-Block Grant | \$ | 37,129,531 | \$ | 37,129,531 | \$ | 0 | 0.0% | \$ | 50,669,639 | \$ | (13,540,108) | -2 | 26.7% |
| State Support ARPA/Other | | 34,892,795 | | 34,892,795 | | 0 | 0.0% | | 36,800,000 | \$ | (1,907,205) | | 0.0% |
| State Support Other Adjustments | | 225,348 | | 1,750,539 | | (1,525,191) | -87.1% | | 52,653,546 | | (52,428,197) | _9 | 99.6% |
| Excess(Deficiency) over Expenses Prior to | | | | | | | | | | | | | |
| <u>Transfers</u> | | 4,682,015 | | (6,215,967) | | 10,897,982 | 175.3% | | 15,190,697 | | (10,508,682) | -(| 59.2% |
| Transfers | | | | | | | | | | | | | |
| FY23 Transfer to/from Unrestricted Fund | | | | | | | | | | | | | |
| Balance | | - | | 6,215,967 | | (6,215,967) | 100.0% | 1 | - | | - | 10 | 0.0% |
| Total Transfers | | - | | 6,215,967 | | (6,215,967) | 100.0% | | - | | 0 | 10 | 0.0% |
| Excess/(Deficiency) | \$ | 4,682,015 | \$ | - | \$ | 4,682,015 | | \$ | 5 15,190,697 | \$ | (10,508,682) | -(| 59.2% |

John Dempsey Hospital Consolidated Statement of Revenues and Expenses October 31, 2023

| | Year-to-Date October | | | | | | | | |
|--|----------------------|---------------------------|----|---------------------------|----|----------------------|---------------------|----|---------------------------|
| | | Actual '24 | | Budget '24 | | Variance | Percent Variance | | Actual '23 |
| Revenues: | | | | | | | | | |
| Net Patient Care Other Income | \$ | 205,174,164 30,184,740 | \$ | 203,901,336 29,441,506 | \$ | 1,272,829 743,233 | 0.6% 2.5% | \$ | 190,436,325 33,374,215 |
| Total Revenues | \$ | 235,358,904 | \$ | 233,342,842 | \$ | 2,016,062 | 0.9% | \$ | 223,810,541 |
| Expenses: | | | | | | | | | |
| Personnel Services | \$ | 84,354,123 | \$ | 86,142,796 | \$ | (1,788,673) | -2.1% | \$ | 75,781,266 |
| Fringe Benefits | | 24,149,423 | | 24,277,243 | | (127,820) | -0.5% | | 57,052,673 |
| Medical Contractual Support | | 1,252,691 | | 1,141,759 | | 110,932 | 9.7% | | 713,701 |
| Internal Contractual Support | | 17,741,369 | | 18,859,295 | | (1,117,926) | -5.9% | | 17,387,578 |
| Medical/Dental House Staff | | 1,130,719 | | 1,233,333 | | (102,614) | -8.3% | | 1,280,769 |
| Outside Agency Per Diems | | 6,879,834 | | 6,529,208 | | 350,626 | 5.4% | | 9,509,685 |
| Drugs | | 36,419,226 | | 34,851,064 | | 1,568,162 | 4.5% | | 32,366,171 |
| Medical Supplies | | 24,301,002 | | 23,514,563 | | 786,439 | 3.3% | | 21,877,333 |
| Utilities | | 1,863,372 | | 2,057,708 | | (194,336) | -9.4% | | 2,246,398 |
| Outside & Other Purchased Services | | 22,266,058 | | 23,928,590 | | (1,662,532) | -6.9% | | 22,282,670 |
| Insurance | | 1,598,335 | | 2,146,651 | | (548,317) | -25.5% | | 1,979,360 |
| Repairs & Maintenance | | 4,665,577 | | 4,770,618 | | (105,040) | -2.2% | | 3,777,168 |
| Other Expenses | | 1,545,362 | | 1,982,863 | | (437,501) | -22.1% | | 1,170,725 |
| Debt Service | | 54,265 | | 80,005 | | (25,740) | -32.2% | | 39,148 |
| Depreciation | | 2,208,121 | | 1,962,865 | | 245,256 | 12.5% | | 1,822,417 |
| Total Expenses | \$ | 230,429,476 | \$ | 233,478,561 | \$ | (3,049,085) | -1.3% | \$ | 249,287,061 |
| Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations | \$ | 4,929,428 | \$ | (135,719) | \$ | 5,065,147 | 3732.1% | \$ | (25,476,520) |

John Dempsey Hospital

Results of Operations

JDH's YTD income for the four months ended October 31, 2023, was \$4.9 million compared to a budgeted loss of \$136,000, a favorable variance of \$5.1 million. Total revenues were favorable by \$2 million. Total expenses were favorable to budget by \$3.1 million.

| | | | Year | - to - Date | | | |
|---|----------|---------------|-----------------|-------------|------------|-----------|---------|
| Category | Actual | Budget | Variance | Percent | Prior Year | Variance | Percent |
| John Dempsey Hospital (in thousands) | | | | | | | |
| JDH Excess/(Deficiency) of Revenues over Expenses | \$4,929 | (\$136) | \$5,065 | 3724.3% | (\$25,477) | \$30,406 | 119.3% |
| JDH Operating Margin | 2.1% | -0.1% | 2.2% | 3701.0% | -11.4% | 13.5% | -118.4% |
| Inpatient Discharges | 3,805 | 3,788 | 17 | 0.4% | 3,508 | 297 | 8.5% |
| Observation Stays | 2,544 | 2,301 | 243 | 10.6% | 2,708 | (164) | -6.1% |
| Outpatient Equivalents | 7,354 | 7,283 | 71 | 1.0% | 7,326 | 28 | 0.4% |
| Average Length of Stay | 4.9 | 4.9 | (0.1) | -1.0% | 5.0 | (0.1) | -2.5% |
| Net Patient Revenue per Adjusted Discharge | \$18,386 | \$18,417 | (\$31) | -0.2% | \$17,578 | \$808 | 4.6% |
| Cost per Adjusted Discharge | \$20,650 | \$21,088 | (\$438) | -2.1% | \$23,010 | (\$2,360) | -10.3% |
| Days Revenue in Accounts Receivable | 25 | 24 | 1 | 2.5% | 25 | (0) | -1.6% |
| Case Mix Index | 1.5633 | 1.5611 | 0.0022 | 0.1% | 1.5458 | 0.0175 | 1.1% |

Net Revenue: Year to Date

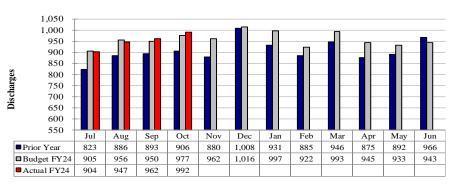
Total net patient revenue was favorable to the budget plan by \$1.3 million (0.6%) and favorable to prior year by \$14.7 million (7.7%). Inpatient discharges of 3,805 are above budget by 17 (0.4%) and ahead of the prior year by 297 (8.5%). Outpatient volume, represented by Outpatient Equivalents of 7,354, was favorable to budget by 71 (1.0%) and more than the prior year by 28 (.4%).

The key drivers for net revenue are:

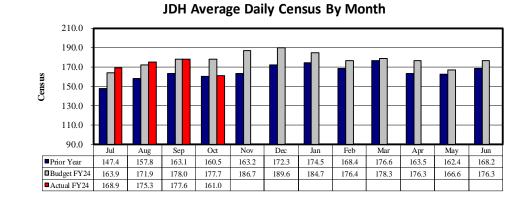
- Compared to budget JDH had the following price/volume variances on adjusted discharges
 - Volume variance: Adjusted discharges were favorable to budget by 88, a favorable variance valued at \$1.6 million.
 - o Price variance: Net Revenue per adjusted discharge were \$31 under budget, unfavorable variance valued at \$346,000.

Expenses: Year to Date

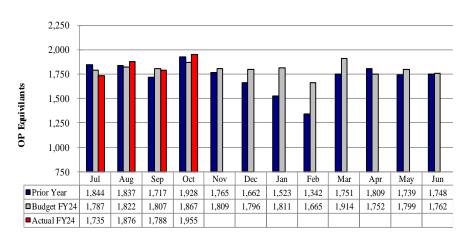
Expenses were favorable to the budget by \$3.1 million. Key drivers for the favorable variance were personnel services, internal contractual support, and outside and other professional services. These were offset by expected unfavorable variance in Drugs and Medical Supplies.



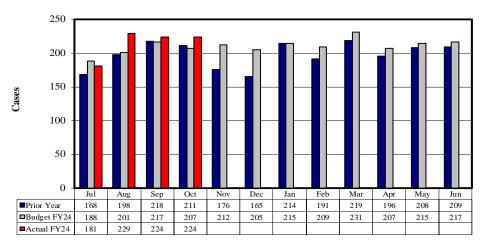
JDH Discharges by Month



JDH Outpatient Equivilants



Inpatient Surgical Cases



UConn Medical Group Consolidated Statement of Revenues and Expenses October 31, 2023

| | | | | Year-to-Date (| Octo | ober | | | |
|---|----|--------------|----|----------------|------|-----------|----------|----|--------------|
| | | | | | | | Percent | | |
| | | Actual '24 | | Budget '24 | | Variance | Variance | | Actual '23 |
| Revenues: | | | | | | | | | |
| Net Patient Care | \$ | 46,826,359 | \$ | 45,105,172 | \$ | 1,721,187 | 3.8% | \$ | 42,592,168 |
| Other Income | + | 2,309,354 | Ŧ | 2,334,284 | Ŧ | (24,930) | | Ŧ | 2,082,699 |
| Total Revenues | \$ | 49,135,712 | \$ | 47,439,455 | \$ | 1,696,257 | 3.6% | \$ | 44,674,867 |
| Expenses: | | | | | | | | | |
| Personnel Services | \$ | 49,523,827 | \$ | 49,296,096 | \$ | 227,730 | 0.5% | \$ | 44,528,735 |
| Fringe Benefits | | 10,997,058 | | 10,839,603 | | 157,455 | 1.5% | | 25,734,790 |
| Medical Contractual Support | | 557,397 | | 820,981 | | (263,584) | -32.1% | | 360,759 |
| Internal Contractual Support | | 2,853,508 | | 3,218,902 | | (365,394) | -11.4% | | 3,309,452 |
| Outside Agency Per Diems | | 583,293 | | 470,772 | | 112,521 | 23.9% | | 343,603 |
| Drugs | | 2,977,121 | | 2,630,810 | | 346,311 | 13.2% | | 2,683,047 |
| Medical Supplies | | 890,545 | | 663,530 | | 227,015 | 34.2% | | 614,657 |
| Utilities | | 843,766 | | 956,836 | | (113,070) | -11.8% | | 961,548 |
| Outside & Other Purchased Services | | 6,668,706 | | 7,411,628 | | (742,922) | -10.0% | | 5,989,798 |
| Insurance | | 144,454 | | 221,384 | | (76,930) | -34.7% | | 190,973 |
| Repairs & Maintenance | | 1,193,658 | | 1,385,996 | | (192,338) | -13.9% | | 1,209,103 |
| Other Expenses | | 534,131 | | 557,684 | | (23,554) | -4.2% | | 263,276 |
| Debt Service | | 10,578 | | 14,568 | | (3,990) | -27.4% | | 9,573 |
| Depreciation | | 503,043 | | 377,759 | | 125,283 | 33.2% | | 277,548 |
| Total Expenses | \$ | 78,281,084 | \$ | 78,866,549 | \$ | (585,466) | -0.7% | \$ | 86,476,861 |
| Excess/(Deficiency) of Revenues_ | | | | | | | | | |
| over Expenses Prior to State Appropriations | \$ | (29,145,371) | \$ | (31,427,094) | \$ | 2,281,723 | 7.3% | \$ | (41,801,995) |

UConn Medical Group

Results of Operations

UMG's loss for the four months ended October 31, 2023, was \$29.1 million, \$2.3 million less than the budgeted deficit of \$31.4 million. The deficit in the prior year was \$41.8 million for a favorable variance of \$12.7 million.

Other significant highlights include:

| | Year - to - Date | | | | | | | | | |
|---|------------------|---------------|-----------------|---------|------------|-----------|---------|--|--|--|
| Category | Actual | Budget | <u>Variance</u> | Percent | Prior Year | Variance | Percent | | | |
| University Medical Group (in thousands) | | | | | | | | | | |
| (Deficiency)/Excess of Revenues over Expenses | (\$29,145) | (\$31,427) | \$2,282 | 7.3% | (\$41,802) | \$12,657 | 30.3% | | | |
| Operating Margin | -59.3% | -66.2% | 6.9% | 10.5% | -93.6% | 34.3% | 36.6% | | | |
| RVU's | 548,499 | 525,838 | 22,661 | 4.3% | 494,760 | 53,739 | 10.9% | | | |
| Net Revenue Per RVU | \$85.37 | \$85.78 | (\$0.41) | -0.5% | \$86.09 | (\$0.72) | -0.8% | | | |
| Cost per RVU (w.o. Anesthesia) | \$142.72 | \$149.98 | (\$7.26) | -4.8% | \$174.79 | (\$32.07) | -18.3% | | | |
| Average Provider FTE | 256 | 257 | (1) | -0.3% | 236 | 20 | 8.4% | | | |
| Average Monthly RVU Per Provider | 536 | 513 | 24 | 4.7% | 525 | 12 | 2.3% | | | |
| Days Revenue in Accounts Receivable | 22 | 22 | 0 | 0.0% | 26 | (4) | -15.4% | | | |

Net Revenue: Year to Date

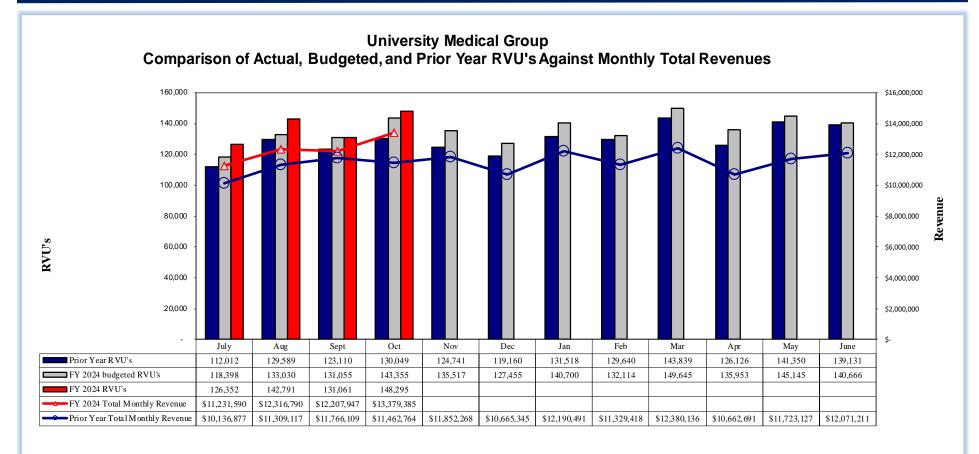
Net patient revenue is favorable to the budget plan by \$1.7 million (3.8%) and is favorable to prior year by \$4.2 million (9.9%).

The key drivers for net revenue are:

- RVU's are favorable to budget by 22,661 units (4.3%) a favorable volume variance of \$1.9 million.
- Compared to Budget The net revenue per unit was \$0.41 unfavorable to budget an unfavorable price variance of \$225,000.

Expenses: Year-to-date

Total expenses are favorable to the budget by \$585,000. The largest favorable variances are in outside and other purchased services, medical contractual support, and repairs and maintenance.





DIAGNOSTICS



UCONN HEALTH RESEARCH ACTIVITY UPDATE

Dr. Pamir Alpay

Vice President for Research, Innovation and Entrepreneurship

UCONN HEALTH BOARD OF DIRECTORS DECEMBER 4, 2023

NEW SPONSORED PROJECT AWARDS*

5 Year History and Current Fiscal Year

| Awards (in Millions) | | | | | | | Count of Awards | | | | | | | | | | | |
|----------------------|---------|---|-------------|----|-------|------|-----------------|----|-------|--------|-------|------------------|----------|------|------|------|------|------|
| | | | | | | | | | | 2024 - | | | | | | | | 2024 |
| School | 2019 | | 2020 | 2 | 2021 | 2 | 022 | 2 | 2023 | Q1 | | School | 2019 | 2020 | 2021 | 2022 | 2023 | Q1 |
| School of | | | | | | | | | | | | School of | | | | | | |
| Medicine | \$ 93. | 6 | \$ 93.6 | \$ | 156.8 | \$ | 96.6 | \$ | 83.9 | \$ | 43.1 | Medicine | 162 | 168 | 162 | 153 | 137 | 58 |
| <\$1M | 23. | 6 | 27.4 | | 23.8 | | 26.4 | | 22.4 | | 8.1 | <\$1M | 134 | 140 | 124 | 127 | 113 | 45 |
| <\$5M | 51. | 2 | 52.8 | | 87.3 | | 42.8 | | 46.0 | | 23.4 | <\$5M | 26 | 26 | 36 | 23 | 22 | 12 |
| >\$5M | 18. | 8 | 13.4 | | 45.8 | | 27.4 | | 15.5 | | 11.6 | >\$5M | 2 | 2 | 2 | 3 | 2 | 1 |
| School of | | | | [| | | | [| | | | School of Dental | | | _ | | | - |
| Dental | \$ 8. | 4 | \$ 9.8 | \$ | 13.4 | \$ | 12.5 | \$ | 7.7 | \$ | 1.6 | Medicine | 22 | 17 | 21 | 17 | 11 | 7 |
| <\$1M | 4. | 0 | 2.9 | | 3.4 | | 3.0 | | 1.1 | | 1.6 | | | | | | | |
| <\$5M | 4. | 4 | 6.9 | | 10.0 | | 9.5 | | 6.6 | | 0.0 | <\$1M | 20 | 14 | 17 | 13 | 7 | 7 |
| Other UConn | | | | | | | | | | | | <\$5M | 2 | 3 | 4 | 4 | 4 | - |
| Health | \$- | | \$ - | \$ | - | \$ | 0.0 | \$ | 0.5 | \$ | 0.0 | Other UConn | [| | | | | |
| <\$1M | 0. | 0 | 0.0 | | 0.0 | | 0.0 | | 0.5 | | 0.0 | Health | - | - | - | 1 | 7 | 1 |
| Total | \$ 102. | 0 | \$ 103.4 | \$ | 170.2 | \$ 1 | 109.1 | \$ | 92.2 | \$ | 44.6 | <\$1M | - | - | - | 1 | 7 | 1 |
| Ave Award Size | \$ 554. | 4 | \$ 559.0 | \$ | 930.1 | \$ e | 537.9 | \$ | 594.6 | \$ | 676.4 | Grand Total | 184 | 185 | 183 | 171 | 155 | 66 |

Awards excluding NSF mid-scale \$130.5

Ave Size excluding NSF mid-scale \$ 713.1

* New Awards include the total project value for all years for new projects and competitive renewals.





NEW LARGE AWARDS IN 1ST QUARTER FY2024



63

HHS Agency for Healthcare Research and Quality \$2,252,660 9/30/2023 – 9/29/2028

This project will evaluate implementation of Obstetric Life SupportTM (OBLSTM) in a regionalized perinatal health system in Arizona, leveraging public-private partnerships to target health care workers in hospital, freestanding birthing center, and prehospital contexts, and especially those serving maternity care deserts and other marginalized communities. Findings will be used to promote national scale-up of this important health care innovation with the goal of improving patient safety and reducing inequities in maternal morbidity and mortality.

Andrea Shields

Department of Obstetrics and Gynecology

HHS Agency for Healthcare Research and Quality \$1,755,986

7/1/2023 - 6/30/2028

The objective of this project is to adapt OBLSTM for implementation in rural and lowresource settings. The study will be conducted at UCONN Health in partnership with the Northeast Rural Hospital Association and the Dartmouth Health Center for Rural Emergency Services and Trauma.



NEW LARGE AWARDS IN 1ST QUARTER FY2024



Taeho Rhee

Department of Public Health Sciences

HHS National Institute on Aging \$2,151,911

9/15/2023 - 5/31/2028

This is the first nationwide, longitudinal cohort study investigating the long-term effectiveness and safety of electroconvulsive therapy (ECT) in adults with Alzheimer's disease and related dementias. The study is innovative and will provide a better understanding of ECT use and its association with neuropsychiatric symptoms, geriatric syndromes, and other health outcomes



Jeff Hoch

Department of Molecular Biology and Biophysics

HHS National Institute for General Medical Sciences \$3,733,632

9/20/2023 - 9/19/2028

Funding will be used to streamline operations, enhance sustainability, expand the diversity and level of coverage of biomolecular NMR data in response to community needs, and improve the findability, accessibility, interoperability, and reusability (FAIR) aspects of the archive.



PREVIOUSLY REPORTED NEW LARGE AWARDS IN JULY 2023



Mary Beth Bruder

A.J. Pappanikou Center for Excellence in Developmental Disabilities Education, Research, and Service (UConn UCEDD)

HHS Administration for Community Living \$3,031,650

7/1/2023 - 6/30/2028

The goals of the grant will address the areas of early intervention, schools, and health care to enhance the quality of life for children, youth, and adults living with disabilities.

Petra Clark-Dufner

Connecticut Area Health Education Center (AHEC)

Total award \$13,355,000

Connecticut Department of Public Health / HHS HRSA



(loan repayment program / part 1) 7/1/2023 – 8/31/2025 Connecticut Department of Public Health / American Rescue PlanAct \$11,600,000

(loan repayment program / part 2) 7/1/2023 – 12/31/2026

The purpose of the Connecticut State Loan Repayment Program (SLRP) is to promote Connecticut's primary care workforce and the recruitment and retention of health professionals in federally designated Health Professional Shortage Areas (HPSA) in the State through the allocation of student loan forgiveness.



PREVIOUSLY REPORTED NEW LARGE AWARDS IN JULY 2023

Co-Investigators



Ellis Dillon Center on Aging



Julie Robison Center on Aging



People living with dementia have lower odds of successfully returning to their communities following nursing facility stays. This grant will research these disparities and identify policy levers to improve equity for this population.



Danielle Luciano Department of Obstetrics and Gynecology



Elise Courtois The Jackson Laboratory for Genomic Medicine

CT State Legislature \$1,202,735 7/1/2023 – 6/30/2025

Endometriosis Biorepository The Endo-DBR represents a pioneering, statedriven initiative that will be the first public, multiinstitution biorepository of its kind in the nation.

TECHNOLOGY COMMERCIALIZATION

| TECHNOLOGY | | | | | | | | |
|---------------------------|------|------|------|------|------|------|------|---------|
| COMMERCIALIZATION | FY17 | FY18 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24-Q1 |
| Disclosures Received | | | | | | | | |
| School of Medicine | 11 | 17 | 13 | 32 | 19 | 26 | 16 | 6 |
| School of Dental Medicine | 2 | 2 | 3 | 11 | 14 | 11 | 9 | 2 |
| Total Disclosures | 13 | 19 | 16 | 43 | 33 | 37 | 25 | 8 |
| Patents Filed | | | | | | | | |
| School of Medicine | 7 | 9 | 8 | 13 | 27 | 33 | 36 | 9 |
| School of Dental Medicine | 0 | 1 | 1 | 5 | 17 | 17 | 14 | 3 |
| Total Patents Filed | 7 | 10 | 9 | 18 | 44 | 50 | 50 | 12 |
| Patents Granted | | | | | | | | |
| School of Medicine | 3 | 6 | 2 | 6 | 4 | 4 | 2 | 0 |
| School of Dental Medicine | 0 | 1 | 1 | 1 | 2 | 0 | 0 | 0 |
| Total Patents Granted | 3 | 7 | 3 | 7 | 6 | 4 | 2 | 0 |
| Licenses/Options Signed | | | | | | | | |
| School of Medicine | 2 | 6 | 3 | 5 | 3 | 1 | 2 | 2 |
| School of Dental Medicine | 1 | 1 | 0 | 0 | 2 | 0 | 2 | 0 |
| Total Licenses/Options | 3 | 7 | 3 | 5 | 5 | 1 | 4 | 2 |
| Companies Formed | | | | | | | | |
| School of Medicine | 4 | 1 | 2 | 1 | 3 | 0 | 0 | 0 |
| School of Dental Medicine | 0 | 1 | 0 | 0 | 0 | 4 | 3 | 0 |
| Total Companies Formed | 4 | 2 | 2 | 1 | 3 | 4 | 3 | 0 |



Transforming Knowledge, Lives, and Communities



THANK YOU

68

SCHOOL OF MEDICINE REPORT

Board of Directors

December 4, 2023

Bruce T. Liang, MD, FACC, Dean

And

Anthony Vella, PhD, Senior Associate Dean for Research Planning and Coordination



Update on SOM Recruitment of Science Faculty:

- Kevin Staveley-O'Carroll MD, PhD from University of Missouri School of Medicine will join as new chairman of Department of Surgery.
 - Currently professor of Surgery, served in various university and national (as president of the Association of Academic Surgery) leadership roles. He is an award-winning educator and a nationally recognized surgeon scientist serving as principal investigator (PI) or multiple PI on 4 NIH RO1 grants and a VA Merit Award, in collaboration with Dr. Guangfu Li.
 - Kevin is recognized as one of the top 3 clinical surgeons at Missouri, specializing on esophagus, stomach, liver and pancreas surgeries.
- **Guangfu Li** PhD also from University of Missouri, will join us as professor of Surgery with proposed tenure and as program lead of tumor immunotherapy and imaging.
 - He will bring an FDA-approved, NIH-funded Phase 1 clinical trial using a novel method of delivery of cancer therapeutics to treat patients with liver cancer;
 - Dr. Li will bring his 5 NIH grants (joint with Dr. Staveley-O'Carroll) to SOM.



Update on SOM Recruitment of Faculty Leadership:

Dustin Walters, MD will join from Tufts SOM and Medical Center as associate professor of Surgery and serve as program director of Cardiothoracic Surgery Fellowship-the latter is in collaboration with Hartford Hospital. Dr. Walters received his BA, MD, general surgery residency, and surgical oncology fellowship at UVA. He further pursued a cardiothoracic surgery fellowship from Univ of Washington.
 -Dr. Walters is an expert on thoracic surgery and will deliver care for both benign and malignant diseases of chest/lung/esophagus, collaborating with cancer surgeons and pulmonary physicians.



UConn School of Medicine Committed Awards Monthly Comparison for FY23 and FY24

UConn School of Medicine Committed Awards July-October FY23 and FY24 Comparison vs Total FY2023 Awards





Bruce T. Liang, MD, FACC Interim Chief Executive Officer and Executive Vice President for Health Affairs Dean, UConn School of Medicine

| TO: | Members of the UConn Health Board of Directors |
|----------|--|
| FROM: | Bruce T. Liang, M.D. Dean, School of Medicine Interim CEO and EVP for Health Affairs |
| DATE: | December 4, 2023 |
| SUBJECT: | Appointment of Dr. Staveley-O'Carroll as the Murray-Heilig Endowed Chair in Surgery |

RECOMMENDATION:

That the UConn Health Board of Directors approve the nomination of Dr. Kevin F. Staveley-O'Carroll as the Murray-Heilig Endowed Chair in Surgery.

BACKGROUND:

Dr. Kevin F. Staveley-O'Carroll, M.D., Ph.D., MBA, is the incoming Professor and Chair of the Department of Surgery. His will begin at UConn Health effective December 29, 2023. Dr. Staveley-O'Carroll is joining us from the University of Missouri (MU), where he served as Professor and Chair of Surgery, and Director of the Ellis Fischel Cancer Center for nearly six years. With an excellent record of achievement in research, education, inclusion, service, as well as clinical surgery, he specializes in the treatment of liver, pancreas, and foregut tumors. He has enjoyed consistent NIH and VA funding over the last 20 years and has had numerous publications on innovative techniques and advancements in the surgical treatment of locally advanced esophageal and pancreatic cancer. An award-winning educator, Dr. Staveley-O'Carroll has maintained a commitment to inclusion and equity throughout his career, as exemplified by his role as a founding member of MU's LCME Task Force which created programs to attract under-represented minorities into a more inclusive environment. He also has a distinguished record of service to his profession nationally, having served as President of the Association for Academic Surgery. Dr. Staveley-O'Carroll, through his demonstration of outstanding leadership and accomplishments in the clinical, research, and educational domains, has shown himself to be an ideal candidate for appointment to the Murray-Helig Endowed Chair. Dr. Bruce Liang, Dean of the School of Medicine, has nominated Dr. Staveley-O'Carroll for the Murray-Heilig

Endowed Chair in Surgery, and this nomination has been endorsed by Dr. Anne D'Alleva, Provost and Vice President for Academic Affairs.



Bruce T. Liang, MD, FACC Interim Chief Executive Officer and Executive Vice President for Health Affairs Dean, UConn School of Medicine

TO: Members of the UConn Health Board of Directors

Bruce T. Liang

FROM: Bruce T. Liang, M.D. C Dean, School of Medicine Interim CEO and EVP for Health Affairs

DATE: December 4, 2023

SUBJECT: Appointment of Dr. Margaret Briggs-Gowan for the Lockean Distinguished Chair in Mental Health Education, Research & Clinical Improvement

RECOMMENDATION:

That the UConn Health Board of Directors approve the nomination of Dr. Margaret Briggs-Gowan for the Lockean Distinguished Chair in Mental Health Education, Research & Clinical Improvement

BACKGROUND:

Dr. Margaret J. Briggs-Gowan has been nominated for appointment as the Lockean Distinguished Chair in Mental Health Education, Research & Clinical Improvement. A Professor of Psychiatry, Dr. Briggs-Gowan serves as the Chief of the Division of Child and Adolescent Psychiatry. Since the inception of her faculty appointment in 2006, she has taken on many leadership roles including serving on the Department of Psychiatry Leadership Committee, chairing a mock grant review panel for social and behavioral sciences within the School of Medicine, and serving as Interim Chief of the Division of Child and Adolescent Psychiatry, prior to her appointment as Chief. An outstanding scholar, Dr. Briggs-Gowan's scientific accomplishments involve her research on the effects of early childhood adversity and factors that explain variation in children's outcomes. In addition to advancing knowledge particularly on the effects of family violence and other traumas, as well as identifying neurocognitive processes associated with psychopathology, her contributions are continuously enhanced by research led by her current and former mentees who utilize data from her studies. Through the years she has been honored with several awards that recognized her dedication to her extraordinary work, as well as excellence in teaching and mentoring. Considering the breadth of her accomplishments, dedication, and leadership service, Dr. Briggs-Gowan is a commendable candidate for appointment to the Lockean Distinguished Chair. Dr. Bruce Liang has nominated Dr. Briggs-Gowen for this endowed chair, and this nomination has been endorsed by Dr. David Steffens, Chair of the Department of Psychiatry, and by Dr. Anne D'Alleva, Provost and Vice President for Academic Affairs.



Location:In-person and WebExPresent (Voting):A. Bessette, M. Boxer, R. Carbray, T. Holt

Tim 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 Chairman Holt welcomed everyone to the meeting.
- 2.2 Approval of Minutes
 - 2.2.1 In a motion duly made and seconded, the Committee approved the minutes of June 12, 2023.

3. Financial Reports and Updates

3.1 Results of Operations for FY23

Mr. Geoghegan reviewed the key financial results through July 31, 2023. The external firm, CLA, is doing an audit of the clinical enterprise. The state will then do a consolidated UCH audit which will be reported out to JACC at the December meeting. FY23 for UConn Health ended ahead of budget by \$24.9M as clinical volumes continue to rise. The Schools of Medicine and Dental Medicine have combined results of operations favorable to budget by \$10.6Million and \$2.9Million respectively. The result of operation for Education, Research & Institutional Support was unfavorable to the budget by \$2.3Million.

3.2 Results of Operations: FY24 as of July 31, 2023

Mr. Geoghegan said July and August are difficult months to project, one reason being the high number of vacations, but we believe we are on track and heading towards being on budget. State support should not have any variance unless there is a change in the block grant in FY24. Clinical side is \$1.4Million favorable for July. Institutional support is unfavorable due to new way of accounting for fringe rate – this should level out in the next quarter or two. Research is unfavorable due to new way of getting reimbursed for fringe – this should also level out in the next 3 to 6 months as researchers adjust their budgets and can use the fringe benefit to move to other expenses on their grants. Schools of Medicine and Dental Medicine are on budget for the month of July, JDH is slightly under budget, and UMG is \$717K favorable, driven by volume.

4. Items Needing Approval

Contracts/PO's/Amendments \$1 million – J. Geoghegan

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

In a motion duly made and seconded, the Committee approved agenda items 4.1, and 4.2 as described in detail in the board materials beginning on page 12.

4.3 Project Budgets [F]

- 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)

In a motion duly made and seconded, the Committee approved agenda item 4.3 as described in detail in the board materials beginning on page 16.

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 288.

With no further business, the Finance Subcommittee meeting was adjourned at 9:10 am

Respectfully submitted,

Jun P glim

Jeffrey P. Geoghegan, CPA Executive Vice President for Finance UConn and UConn Health

UConn Health Board Finance Subcommittee December 4, 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 | Weill Medical College of Cornell University | No | P0514893 | Amendment | \$799,947 | 9/16/20 - 6/30/24 | Grant-Federal | Robert Aseltine, Ph.D., Oral Health & Diagnostic Sciences | E | Subaward for collaboration on the project entitled, "Developing Suicide Risk Algorithms for Diverse Clinical Settings using Data Fusion." This amendment provides additional funding of \$180,684 to the period of performance ending 6/30/2024. | Collaborative Grant (pass- through) |
| 2 | Trustees of Tufts College | No | P0470109 | Amendment | \$563,895.59 | 9/1/19 - 5/31/24 | Grant-Federal | Douglas Brugge, Ph.D., Dept. of Public Health Sciences | | Subaward for collaboration on the project entitled, "HAFTRAP-Home Air Filtration for Traffic-Related Air Pollution." This amendment provides additional funding of \$70,469 to the period of performance ending 6/30/2024. | Collaborative Grant (pass- through) |
| 3 | University of Connecticut | No | P0441160 | Amendment | \$588,275 | 4/2/19 - 3/31/24 | Grant-Federal | David Rowe, M.D., Reconstructive Sciences | | Subaward for collaboration on the project entitled, "Skeletal Phenotyping of Heterozygotes from IMPC Embryonic Lethal Lines." This amendment provides additional funding of \$114,176 to the period of performance ending 3/31/2024. | Collaborative Grant (pass- through) |
| 4 | Regents of the University of Michigan | No | P0598229 | Amendment | \$752,258 | 9/10/20 - 8/31/24 | Grant-Federal | Archana Sanjay Orthopedic Surgery | E | Subaward for collaboration on the project entitled, "Rspondin-Lgr Axis in Bone Regeneration." This amendment provides additional funding of \$182,681 to the period of performance ending 8/31/2024. | Collaborative Grant (pass- through) |
| 5 | Georgetown University | No | P0612795 | Amendment | \$505,636 | 9/1/22 - 8/31/24 | Grant-Federal | Mary Beth Bruder Child & Family Studies | E | Subaward for collaboration on the project entitled, "Personnel Development to Improve Services and Results for Children with Disabilities-Early Childhood Personnel Equity Center." This amendment provides additional funding of \$247,381 to the period of performance ending 8/31/2024. | Collaborative Grant (pass- through) |
| 6 | General Electric Real Estate Equities, Inc. dba GE HFS, LLC | No | UCHCFC-174910722 | New | \$569,664 | 5 years from the acceptance of the upgrade | Operating Funds | Marie Santangelo- Marciano Imaging Services | E | This contract is a three-year lease agreement with GE HFS for the buyout of the GE Revolution HD CT scanner located in the Musculoskeletal Institute that is currently being leased by UConn Health pursuant to a lease agreement between GE HFS and UConn Health and to upgrade that equipment. | Non-Competitive Purchase |
| 7 | General Electric Real Estate Equities, Inc. dba GE HFS, LLC | No | UCHCFC-176254436 | New | \$668,700 | 5 years from the acceptance of all of the new equipment | Operating Funds | Marie Santangelo- Marciano Imaging Services | E | This contract is a five-year lease agreement with GE HFS to acquire four new GE Logiq E10 R3 ultrasounds, related equipment and software. This equipment will replace existing ultrasounds that are being leased. | Non-Competitive Purchase |
| 8 | Medtronic USA Inc | No | P0649647 | PO | \$514,144 | One time purchase | Operating Funds-Clinical | Karen Curley Nursing | E | Purchase of a StealthStation System to be used in both Neurosurgery and Ear, Nose & Throat. | Non-Competitive Purchase |
| 9 | Neurologica Corp | No | P0648018 | PO | \$526,958 | One time purchase | Operating Funds-Clinical | Amy Chmielewski UMG-Administration | E | Purchase of 4 Samsung Hera W10 Elite ultrasound machines for Maternal Fetal Medicine | GPO/Consortium |

UNIVERSITY OF CONNECTICUT HEALTH

PERSONNEL LIST

DECEMBER 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 July 28, 2023 through November 16, 2023. This list is presented to the Members of the UCH Board of Directors FOR INFORMATION at the meeting of December 4, 2023.

Leaves of Absence

- 1. Awadalla, Amira H., Assistant Professor/Clinical, Department of Internal Medicine Associates, family leave with pay for the period September 22, 2023 through November 2, 2023 and family leave without pay for the period November 3, 2023 through November 10, 2023.
- 2. Bandouveres, Devon F., Clinical Nurse Specialist, Department of Professional Practice and Clinical Excellence, medical leave with pay for the period August 22, 2023 through October 4, 2023.
- 3. Beirne, Jaclyn M., Assistant Professor/Clinical, Department of Obstetrics and Gynecology, medical leave with pay for the period September 25, 2023 through October 15, 2023.
- 4. Bell, Leslie S., Clinical Practice Manager 2, Department of Neag Cancer Center (JDH), medical leave with pay for the period August 25, 2023 through October 8, 2023.
- 5. Bennettson, Raymond G., Assistant Director, Department of Facilities Management and Operations, medical leave with pay for the period October 2, 2023 through October 9, 2023.
- 6. Brackett, Michele L., Medical Records Supervisor, Department of Health Information Management, medical leave with pay for the period August 15, 2023 through September 17, 2023.
- 7. Brewer, Molly A., Department Head of Obstetrics and Gynecology, medical leave with pay for the period September 13, 2023 through November 13, 2023.
- 8. Burke, Rebecca H., Research Compliance Monitor 1, Department of Human Research Protection Program, family leave with pay for the period August 9, 2023 through August 14, 2023.
- 9. Cambrial, Nicholas M., Clinical Lab Supervisor, Department of Core Lab, family leave with pay for the period September 18, 2023 through September 24, 2023.

- 10. Chishti, Moizuddin, Desktop Technician 2, Department of IT Enterprise Technology, medical leave with pay for the period August 9, 2023 through August 18, 2023.
- 11. Cianchetti, Lisa, Business Services Manager, Department of Orthopaedic Surgery, medical leave with pay for the period August 18, 2023 through October 1, 2023.
- 12. Cirullo, Anne Marie C., Administrative Program Coordinator, Department of The Cato T. Laurencin Institute, medical leave with pay for the period September 20, 2023 through October 9, 2023.
- Cox, Jaclyn, Assistant Professor/Clinical, Department of General Medicine, maternity leave with pay for the period September 15, 2023 through November 9, 2023 and family leave with pay for the period November 10, 2023 through December 7, 2023.
- Coyner, Katherine J., Associate Professor/Clinical, Department of Orthopaedic Surgery, medical leave with pay for the period October 17, 2023 through November 7, 2023.
- 15. Credle, Kathryn A., Administrative Officer, Department of Enrollment Planning and Management, medical leave with pay for the period September 19, 2023 through October 9, 2023.
- 16. Dazkevich, Kara P., Nurse Practitioner, Department of Intensive Care Unit, medical leave with pay for the period September 18, 2023 through October 3, 2023 and medical leave with pay for the period October 23, 2023 through December 2, 2023.
- 17. DeCrosta, Cristina M., Social Worker 2, Department of Social Work, family leave with pay for the period October 26, 2023 through November 1, 2023.
- 18. DiBona, Michelle L., Physical Therapist 2, Department of Rehabilitation Services, medical leave with pay for the period July 20, 2023 through October 25, 2023 and medical leave without pay for the period October 26, 2023 through March 27, 2024.
- 19. Dowd, Jessica, Cardiac/Vascular Sonographer, Department of Cardiology, maternity leave with pay for the period September 2, 2023 through September 20, 2023, maternity leave without pay for the period September 21, 2023 through October 27, 2023 and family leave without pay for the period October 28, 2023 through September 1, 2024.

- 20. Ford, Julian D., Professor/Clinical, Department of Psychiatry, medical leave with pay for the period September 22, 2023 through October 5, 2023.
- 21. Fretz, Priscilla, Assistant Privacy Officer, Department of Healthcare Compliance and Privacy, medical leave with pay for the period October 2, 2023 through October 24, 2023.
- 22. Garrity, William P., UHP President, Department of Human Resources Administration, medical leave with pay for the period August 10, 2023 through August 27, 2023.
- 23. Gittens, Melissa C., Application Analyst 1, Department of IT Clinical Systems, maternity leave with pay for the period August 8, 2023 through September 18, 2023, family leave with pay for the period September 19, 2023 through September 20, 2023 and family leave without pay for the period September 21, 2023 through August 7, 2024.
- 24. Gjertson, Carl K., Assistant Professor/Clinical, Department of Urology, personal leave without pay for the period August 18, 2023 through August 25, 2023.
- 25. Green, Joan D., Administrative Program Coordinator, Department of General Medicine, medical leave with pay for the period October 25, 2023 through November 5, 2023.
- 26. Hausner, Brian, Safety and Quality Assurance Officer, Office of Imaging Services Administration, medical leave with pay for the period September 11, 2023 through September 17, 2023.
- 27. Hensel, Sandra, Application Analyst 3, Department of IT Clinical Systems, medical leave with pay for the period October 13, 2023 through November 5, 2023.
- 28. Hooper, Allen E., Medical Technologist 1, Department of Core Lab, personal leave without pay for the period October 11, 2023 through November 15, 2023.
- 29. Humphrey, Kyle J., Nurse Practitioner, Department of UMG General Neurology, medical leave with pay for the period October 14, 2023 through October 26, 2023.
- 30. Jo, Youngji, Assistant Professor/Basic Sciences, Department of Public Health Sciences, maternity leave with pay for the period August 12, 2023 through August 22, 2023 and family leave with pay for the period August 23, 2023 through October 1, 2023.

- 31. Jozef, Christine J., Administrative Officer, Department of Child and Family Studies, family leave with pay for the period October 23, 2023 through November 12, 2023.
- 32. Judd, Christine A., Administrative Program Coordinator, Department of General Dentistry, medical leave with pay for the period October 2, 2023 through October 8, 2023.
- 33. Kerekes, Katalin, Lead Coding Trainer, Department of Hospital Administration, medical leave with pay for the period October 5, 2023 through December 15, 2023.
- Leba, Sandra L., HRIS Administrator, Department of Human Resources Administration, medical leave with pay for the period October 20, 2023 through October 31, 2023.
- 35. Lidonni, Erin N., Credentialed Trainer, Department of IT Clinical Systems, medical leave with pay for the period October 23, 2023 through October 29, 2023.
- 36. Lillicraf, Kathleen A., Physician Assistant, Department of Operating Room Unit, medical leave with pay for the period August 3, 2023 through September 18, 2023.
- 37. Liu, Feier, Assistant Professor/Clinical, Department of Psychiatry, maternity leave with pay for the period August 10, 2023 through October 4, 2023 and family leave with pay for the period October 5, 2023 through November 8, 2023.
- Loschiavo, Sarah E., Nursing Director, Department of Nursing Administration, medical leave with pay for the period September 12, 2023 through October 10, 2023.
- 39. Manning, Kevin J., Associate Professor/Clinical, Department of Psychiatry, medical leave with pay for the period October 2, 2023 through October 9, 2023.
- 40. Marshall, Kristin R., Cardiac/Vascular Sonographer, Department of Cardiology, medical leave without pay for the period July 14, 2023 through July 27, 2023.
- 41. Martelli, Andrea, Nurse Practitioner, Department of Neag Cancer Center (JDH), medical leave with pay for the period September 12, 2023 through September 30, 2023.
- 42. Marx, Helga T., Staff Accountant 2, Department of Finance and Reporting, medical leave with pay for the period August 21, 2023 through September 6, 2023.

- 43. Mazzetta, Desiree A., Lead Radiologic Technologist, Department of Radiology, medical leave with pay for the period September 27, 2023 through November 7, 2023.
- 44. Milliken, Emily S., Occupational Therapist 2, Department of N.N.I.C.U. Unit, medical leave with pay for the period September 10, 2023 through September 17, 2023.
- 45. Mina, Mina, Department Chair and Director of DMD Program, Department of Pediatric Dentistry, family leave with pay for the period August 16, 2023 through September 8, 2023.
- 46. Moehringer, Laura M., Social Worker 2, Department of UMG General Neurology, maternity leave with pay for the period October 10, 2023 through November 20, 2023, maternity leave without pay for the period November 21, 2023 through December 4, 2023 and family leave without pay for the period December 5, 2023 through February 13, 2024.
- 47. Moore, Maxim B., Application Developer 2, Department of IT Application Development and Analytics, medical leave with pay for the period September 5, 2023 through November 5, 2023.
- 48. Mule, Janet R., Nurse Practitioner, Department of UMG Gynecology, medical leave with pay for the period September 23, 2023 through October 3, 2023.
- 49. Munoz, Michelle B., Principal Trainer, Department of IT Clinical Systems, medical leave with pay for the period September 18, 2023 through November 13, 2023.
- 50. Naranjo, Kevin C., Physician Assistant, Department of Surgery/Orthopedics Unit, medical leave with pay for the period August 3, 2023 through August 14, 2023.
- 51. Nesta, Olga, Nurse Practitioner, Department of Neag Cancer Center (JDH), maternity leave with pay for the period September 16, 2023 through October 27, 2023, family leave with pay for the period October 28, 2023 through November 6, 2023 and family leave without pay for the period November 7, 2023 through June 28, 2024.
- 52. 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 16, 2023, family leave without pay for the period October 17, 2023 through February 12, 2024 and medical leave without pay for the period February 13, 2024 through March 11, 2024.

- 53. Niziolek, Anne C., Associate Compliance Officer, Department of Accreditation and Regulatory Affairs, medical leave with pay for the period October 20, 2023 through October 29, 2023.
- 54. Paolino, Isabella, Assistant Professor/Clinical, Department of General Dentistry, maternity leave with pay for the period August 9, 2023 through October 3, 2023, family leave with pay for the period October 4, 2023 through November 27, 2023.
- 55. Parker, Sondra R., Clinical Systems and Informatics Analyst, Department of N.N.I.C.U. Unit, medical leave with pay for the period October 4, 2023 through October 10, 2023.
- 56. Phoenix, Cynthia C., Administrative Program Coordinator, Department of Dental Academic Affairs, medical leave with pay for the period October 10, 2023 through April 9, 2024.
- 57. Picz, Melanie A., Systems Manager, Department of Budget and Data Analytics, medical leave with pay for the period October 4, 2023 through November 12, 2023.
- 58. Piechowski, Lucy M., Administrative Program Coordinator, Department of Environmental Health and Safety, medical leave with pay for the period August 21, 2023 through September 6, 2023.
- 59. Pitrone, Jeanette E., Associate Director, Department of Clinical Laboratory, medical leave with pay for the period October 3, 2023 through October 23, 2023, medical leave without pay for the period October 24, 2023 through December 20, 2023 and family leave without pay for the period December 21, 2023 through January 1, 2024.
- 60. Poglitsch, Cynthia L., Clinical Coordinator 2, Department of UMG Orthopedics, medical leave with pay for the period September 25, 2023 through October 17, 2023.
- 61. Pohl, Alison D., Research Compliance Monitor 2, Department of Research Integrity, medical leave with pay for the period July 14, 2023 through August 6, 2023.
- 62. Posso, Aileen A., Administrative and Clinical Systems Coordinator, Department of Curricular Affairs, medical leave with pay for the period November 6, 2023 through November 12, 2023.

- 63. Reed, Rachael, Physician Assistant, Department of Emergency Room Unit, maternity leave with pay for the period October 2, 2023 through November 12, 2023 and family leave without pay for the period November 13, 2023 through November 30, 2023.
- 64. Reid, Shanee L., Administrative Program Coordinator, Department of Medicine Administration, medical leave with pay for the period August 17, 2023 through September 13, 2023.
- 65. Rucker, Pamela S., Talent Acquisition Specialist, Department of Human Resources Administration, medical leave with pay for the period October 23, 2023 through January 22, 2024.
- 66. Selvadurai, Chindhuri, Assistant Professor/Clinical, Department of Neurology, maternity leave with pay for the period August 12, 2023 through September 22, 2023 and family leave with pay for the period September 23, 2023 through December 4, 2023.
- 67. Shahid-Khan, Asma, Administrative and Clinical Systems Coordinator, Department of Pharmacy, medical leave with pay for the period August 2, 2023 through August 10, 2023.
- 68. Siedlarz, Kristen M., Clinical Research Assistant 2, Department of Medical Dean's Office, medical leave with pay for the period October 31, 2023 through December 15, 2023.
- 69. Solovyova, Olga, Assistant Professor/Clinical, Department of Orthopaedic Surgery, maternity leave with pay for the period July 28, 2023 through September 7, 2023 and family leave with pay for the period September 8, 2023 through October 29, 2023.
- 70. Stanford, Ivan J., Assistant Professor/Clinical, Department of Internal Medicine Associates, family leave with pay for the period October 23, 2023 through November 12, 2023.
- 71.
- 72. Suchecki, Jeanine, Associate Professor/Clinical, Department of Ophthalmology Surgery, medical leave with pay for the period September 5, 2023 through December 4, 2023.
- 73. Van Wijk, Ruth B., Desktop Technician 2, Department of IT Enterprise Technology, medical leave with pay for the period August 7, 2023 through August 11, 2023.

Leaves of Absence continued

- 74. Wang, Xiaohua, Application Developer 3, Department of IT Application Services, medical leave with pay for the period October 11, 2023 through October 25, 2023.
- 75. Wang, Yu-Hsiung, Professor/Clinical, Department of Pediatric Dentistry, medical leave with pay for the period September 1, 2023 through September 21, 2023.
- 76. Warner, Sherry L.T., Histotechnologist, Department of Histology, medical leave with pay for the period June 13, 2023 through July 11, 2023 and medical leave without pay for the period July 12, 2023 through October 12, 2023.
- 77. Watras, Alicia S., Nurse Manager, Department of Case Management, maternity leave with pay for the period August 21, 2023 through October 15, 2023, family leave with pay for the period October 16, 2023 through March 8, 2024 and family leave without pay for the period March 9, 2024 through March 13, 2024.
- 78. Weinstock, Clara G., Assistant Professor/Clinical, Department of Internal Medicine Associates, maternity leave with pay for the period August 28, 2023 through October 22, 2023, family leave with pay for the period October 23, 2023 through November 28, 2023 and family leave without pay for the period November 29, 2023 through March 5, 2024.
- 79. Wiggins, Kathleen A., Histology Supervisor, Department of Histology, medical leave with pay for the period August 26, 2023 through September 17, 2023 and medical leave with pay for the period October 16, 2023 through November 7, 2023.
- 80. Yacovone-Barrett, Gina E., DM Sonography Technologist 2, Department of UMG Maternal Fetal Medicine, medical leave with pay for the period October 13, 2023 through November 14, 2023 and medical leave without pay for the period November 15, 2023 through January 5, 2024.
- Zhang, Jun, Sponsored Program Specialist, Department of Sponsored Program Services, medical leave with pay for the period August 11, 2023 through August 27, 2023.
- 82. Zolla, Meagan M., Assistant Nursing Manager, Department of Postoperative Services Unit, medical leave with pay for the period September 22, 2023 through October 8, 2023.

Resignations

1. Allaire, Ashley L., Diagnostic Radiologic Technician, Department of Radiology, effective August 23, 2023.

Resignations continued

- 2. Arsenault, Nicholas J., Assistant Nursing Manager, Department of UMG General Neurology, effective September 14, 2023.
- 3. Church, Amanda L., Clinical Patient Navigator, Department of Medical-Surgical 5 Unit, effective September 13, 2023.
- 4. Das, Brati, Instructor/Basic Sciences, Department of Neuroscience, effective October 2, 2023.
- 5. Federkiewicz, Adam J., Academic Computing Specialist 3, Department of Academic Information Technology Services, effective September 8, 2023.
- 6. Gallant, Nicholas B., Staff Accountant 3, Department of Budget and Data Analytics, effective September 15, 2023.
- 7. Imperioli, Matthew, Associate Professor/Clinical, Department of Neurology, effective September 21, 2023.
- 8. Lombardo, Amy L., Nurse Practitioner, Department of Neag Cancer Center (JDH), effective September 8, 2023.
- 9. Malik, Qasim H., Clinical Research Assistant 3, Department of Medicine Administration, effective October 5, 2023.
- 10. Naranjo, Kevin C., Physician Assistant, Department of Surgery/Orthopedics Unit, effective August 24, 2023.
- 11. Nichols, Mary E., Nurse Anesthetist, Department of Operating Room Unit, effective November 2, 2023.
- 12. Ordonez Fernandez, Esther, Instructor/Clinical, Department of General Dentistry, effective August 31, 2023.
- 13. Panaro, Stephen V., Assistant Professor/Clinical, Department of Anesthesiology, effective September 15, 2023.
- 14. Paul, Jenna N., Computed Tomography Technician 2, Department of Radiology-CT, effective October 15, 2023.
- 15. Ryan, Ashley M., Physician Assistant, Department of Surgery/Orthopedics Unit, effective October 9, 2023.

Resignations continued

- 16. Singh, Neeraj, Instructor/Basic Sciences, Department of Neuroscience, effective August 31, 2023.
- 17. Stewart, Francis L., Physical Therapist 2, Department of Rehabilitation Services, effective August 11, 2023.
- 18. Turner, Diane L., Diagnostic Radiologic Technician, Department of Radiology, effective November 2, 2023.
- 19. Van Ostrand, Loren A., Practice Relations Liaison, Department of Strategy and Business Development, effective September 8, 2023.
- 20. Vom Eigen, Keith A., Assistant Professor/Clinical, Department of Medicine Administration, effective July 31, 2023.
- 21. Zysek, Patryk J., Technical Analyst 2, Department of Academic Information Technology Services, effective September 28, 2023.

Retirements

- 1. Anderson, Debby S., Procurement Contract Specialist, Department of Contracts, effective September 30, 2023.
- 2. Griffen, Alfred D., Desktop Technician 2, Department of IT Enterprise Technology, effective August 31, 2023.
- 3. Rapp, Lisa J., Diagnostic Radiologic Technician, Department of Radiology, effective September 30, 2023.



| Present (Voting): | Chairman Richard Carbray, Francis Archambault, Patricia Baker, Britt-Marie Cole-Johnson |
|-----------------------|--|
| Present (Non-Voting): | Radenka Maric, Kevin Chamberlin, Jeffrey Geoghegan, Anne Horbatuck, Chris Hyers, George Karsanow, Andrea Keilty, Caryl Ryan, Bruce Liang, John Lombardi, Rick McCarthy |

The meeting was convened by Chairman Richard Carbray at 8:30 a.m.

1. **Public Comment:** No public comment.

2. Action Item:

Chairman Carbray thanked Caryl Ryan and Anne Horbatuck for arranging a very informative visit to UCH – he toured the OP, CT Tower, University Tower, and lab and pharmacy space. He got a good sense of pending renovations and upcoming projects.

In a motion duly made and seconded, the UConn Health Buildings & Grounds Subcommittee approved the meeting minutes of August 17, 2023.

3. **Discussion Items**:

a. Facilities Management Operations – John Lombardi

Mr. Lombardi explained that Facilities Management manages 40 buildings totaling approximately 4 million square feet with 70 FTEs in carpentry/paint, electrical, ECC, HVAC, Plumbing and Locksmith. In addition, they manage a staff of 260 (82 employees and 178 contracted) in environmental services which includes housekeeping, custodial, material storage, linen and grounds. They provide project support and transition of all Campus Planning projects, energy and utility management, sustainability, and Life Safety Compliance. They manage 30,000 work orders annually for corrective and preventative maintenance.

Total energy consumption in a year is approximately \$13.5 million in gas and electric which is equivalent to 7 to 8 times the power used in the whole town of Farmington.

Recent challenges and successes

- Maintenance and repair of original campus building systems which are reaching or are beyond useful life. Combating this with repairs and support of deferred maintenance projects and by repurposing space recently used for Covid to allow for patient volume surge.
- Recent turnover of approximately 25% of experienced skilled trade workers in a 6 month period. Combating this by hiring technical high school trades students as apprentice trainees.

- Facilities Management is addressing the expansion of services and compliance standards in the Schools of Medicine and Dental Medicine
- Facilities Management is managing electricity shutdowns in critical areas to replace and recalibrate meters for energy allocation in order to qualify for research grant reimbursement.

Following a question from Fran Archambault, Mr. Lombardi said that the addition of Eric Kruger from Storrs to UCH has brought efficiencies over from Storrs and found areas of improvement at UCH. Kruger brought the Apprentice program and our sustainability and energy efficiencies programs from Storrs to UCH, both of which have been very successful.

b. 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 \$14.1 million budgeted to fund clinical equipment, IT and capital project needs. Approximately \$5 million has been budgeted for items and projects that are under \$50,000 with \$4.4 million remaining, and approximately \$9.1 million has been allocated for items and projects over \$50,000 with \$2.3 million remaining.

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. Of the \$40 million in bond funds received in FY23 for DM, \$31.2 million is committed to projects, and of the \$30 million authorized in FY24 (not yet received), there are planned allocations of \$27.25 million.

| | DIVISION | | | | | | |
|------------------------|----------|----|-----|------|-----|-----|-------|
| Phase | Admin | DM | JDH | SODM | SOM | UMG | Total |
| Initiation | 8 | 13 | 16 | 0 | 3 | 2 | 42 |
| Pending Approval | 2 | 1 | 0 | 0 | 0 | 0 | 3 |
| A & E Selection | 0 | 2 | 0 | 0 | 0 | 0 | 2 |
| Design | 4 | 10 | 9 | 0 | 3 | 6 | 32 |
| Procurement | 1 | 6 | 6 | 0 | 0 | 0 | 13 |
| Construction | 1 | 7 | 11 | 1 | 4 | 1 | 25 |
| Substantially Complete | 14 | 7 | 37 | 0 | 14 | 9 | 81 |
| Total | 30 | 46 | 79 | 1 | 24 | 18 | 198 |

Capital Project Metrics:

- Project Total Last Report: 192
- Projects Added: 13
- Projects Closed: 7

Mr. Karsanow reported that UConn Health will be bringing a number of project budgets to the December 4th meeting of the UConn Health Board of Directors, including 1 project that is being submitted to the Board for the first time:

• CG045-047 Anatomic Pathology & Autopsy Renovation

Project Status/Updates:

3 projects in the planning phase were discussed:

- Interventional Radiology Equipment Replacement & Renovation
- Hybrid OR#2 Fit Out
- UT-7 Pharmacy Fit-Out

6 projects in the **design phase** were discussed:

- Tomotherapy Unit Replacement
- CT-7 Med/Surg Observation Unit Renovation
- 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:

- CG045-47 Anatomic Pathology & Autopsy Renovation
- Central Sterile Washer & Sterilizer Replacement
- New England Sickle Cell Institute Renovation
- TB-121 Blook Bank Relocation
- CGSB Data Center Cooling Upgrades
- Fluoroscopy Equipment Replacement & Renovation
- Muscular Skeletal Institute Chiller Replacement
- 16 Munson Rd. Emergency Lighting & Egress Upgrades

15 projects in the **construction phase** were discussed:

- Cadaver Lab Renovation & AHU Replacement
- Transitional Nursery Renovation
- Canzonetti (F) Building Wound Care Center Renovation
- Buildings E&K Roof Replacement
- 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 note is that none of the projects presented at this meeting is in red.

4. <u>Executive Session</u> – The Board did not enter Executive Session.

With no further business to discuss, the meeting was adjourned at 9:31 a.m.

Respectfully submitted,

Anenafic

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



Time: 10:00 a.m. – 12:00 p.m.

- Attendees: Fran Archambault, Sanford Cloud, Joel Freedman, Marc Hansen, Marja Hurley, Mina Mina, Wayne Rawlins, Tannin Schmidt, Amy Gorin, Jeff Geoghegan, Marilyn Katz, Steven Lepowsky, Bruce Liang, KiKi Nissen, Steven Angus, Tom Regan, Scott Simpson, George Kuchel, Lesley Salafia, Nathan Fuerst, Patricia Baker, Chad Bianchi, Paige Dunion, Jeffrey Hines, Janel Simpson, Hongjie Wang, Andrea Keilty
 - 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 August 7, 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 Appointments at Senior Rank, Awards of Academic Tenure, Emeritus Appointment, and Sabbatical Modification (Dr. Bruce Liang)
 - i. The names and details can be found on pages 8-19
- b. Approval of School of Dental Medicine Recommendations for Emeritus Appointment (Dr. Steven Lepowsky)
 - i. The names and details can be found on page 20-21
- c. Approval of 2024 AASBoD proposed meeting dates (Dr. Bruce Liang)
 - i. The dates proposed are: January 24, 2024, April 22, 2024, August 12, 2024, and October 21, 2024

A motion to approve all consent items was made. Seconded. Approved 8-0-1

4. Business Items - None

5. Informational Items

- a. Informational Items School of Medicine (Dr. Bruce Liang)
 - i. Two approved sabbaticals have not been taken, in part or in whole:
 - Dr. Golda Ginsburg (Dr. Ginsburg reported that due to grant



submission deadlines, her 12-month sabbatical was not taken) and Dr. Marja Hurley (Dr. Hurley reported that due to the pandemic, only the first of three, 2-month increments was taken.

- ii. Dr. McFadden's date for Emeritus appointment has been changed to December 29, 2023
- b. Center on Aging Update (Dr. George Kuchel)
 - i. The presentation can be found on pages 24-40
 - ii. Dr. Kuchel reported that one of the main goals of the Center on Aging is to increase independence in old age by using 4 key areas: Cognition & Behavior, Host Defense & Immunity, Voiding & Continence, and Mobility & Falls
 - iii. Dr. Kuchel discussed the UConn Pepper Center, whose objective is to maintain or restore function & independence in aging and has received a \$7.5 million 5-year award.
 - iv. Additionally, Dr. Kuchel mentioned the NIH Director's Common Fund Initiative, which is a \$13.5 million 5-year award. UConn is one of only 8 Tissue Mapping Center funded by this initiative.
 - v. Patricia Baker thanked Dr. Kuchel for his presentation and asked him to highlight some ways our Center has worked with other institutions or universities to further our work on this topic. Dr. Kuchel mentioned that he is particularly proud of how much they have been able to accomplish since the Center collaborates with so many other departments and affiliates such as JAX-GM, University of Minnesota, and UConn Storrs campus.
 - vi. Dr. Marja Hurley commented that she has been very impressed with what Dr. Kuchel has accomplished in the Center and she is very pleased to work with him, alongside Dr. Biree Andemariam, to increase clinical & basic science research on sickle cell disease.
 - vii. Wayne Rawlins asked if the Center has researched the impact of stress, racism, and discrimination, on cellular senescence. Dr. Kuchel reported that they have done some work in that area and have collaborated with other institutions on this topic, such as the University of Minnesota.
- c. "Guidance on SCOTUS decision on race in admissions" (Nathan Fuerst, Scott Simpson, and Lesley Salafia)
 - i. The presentation can be found on pages 41-53
 - ii. Mr. Nathan Fuerst reported that the ruling from SCOTUS to eliminate Affirmative Action from the admissions process applies to all schools of the university.

HEALTH

- iii. Lesley Salafia explained that the ruling does not impact individual consideration, knowing the applicant's race (it just shouldn't be a factor in a decision), and recruitment. What it means for admissions today is that no direct consideration of race can be made in evaluation and selection, but you can consider the applicant's lived experiences or hardships.
- iv. Mr. Fuerst stated that this decision does not change UConn's mission and we do plan to ensure diversity. Our first initial steps have been to revise & update the admissions evaluation and selection systems and process. The ongoing steps will be to design and implement recruitment, outreach, and marketing initiatives.
- v. Patricia Baker asked how can UConn reconcile and think of innovative ways to create a diverse medical workforce, without going against this ruling. Mr. Fuerst replied that there are initiatives in play already and they are continuing to work on methods to bring a diverse community to UConn.
- vi. Mr. Sandy Cloud asked what UConn is doing in terms of marketing strategies to continue to momentum of increasing our diversity. Chairman Cloud indicated that the SOM has been successful in diversifying and that it is important to continue that important effort. Mr. Fuerst mentioned the UConn Alliance Pathway program, which identifies schools that are underachieving, and UConn offers advanced help to the schools such as application assistance and tours. Mr. Fuerst also mentioned the UConn Summer Leads, which is an early-immersion program targeted toward schools with underrepresented students and promotes the idea of higher education.
- d. Annual GME Report (Dr. Kiki Nissen and Dr. Steven Angus)
 - i. The report can be found on pages 54-146
 - Dr. Angus reported that the School of Medicine sponsors 77 programs and 705 residents & fellows. From 2018 to 2023, there has been an increase of 22% in the number of sponsored programs and 2.6% in the number of filled FTE's
 - iii. Dr. Angus stated that GMEC has approved 3 new programs and 9 new program directors. Additionally, the SoM has received institutional accreditation to sponsor non-standard training programs. In terms of Program Accreditation, there were 52 ACGME-Sponsored Programs without citations, 10 programs with ACGME citations, and 12 programs with ACGME areas for improvement.



- iv. Regarding the ACGME Resident Survey, 50 programs were eligible to be surveyed and 98% of 679 residents responded. We are at or above the national mean in each content area.
- v. Regarding the ACGME Faculty Survey, 50 programs were eligible to be surveyed and 94% of 486 program directors and core faculty responded. We are above the national mean in each content area.
- vi. Dr. Angus provided statistics about Post-Graduate Plans for Residents, reporting that for the last academic year 13% of resident graduates are going into practice in CT; 23% are staying in CT for additional training.
- vii. Dr. Marja Hurley asked if we can track how many of our graduates are currently practicing in the state, to find out how many may have left the state and returned. Dr. Nissen replied that we do gather this information each year from DPH, but it can be difficult to obtain.
- e. 2023 School of Medicine Entering Class Profile Addendum (Dr. Thomas Regan)
 - i. Details can be found on pages 147-151
 - ii. Dr. Regan reported that the final numbers and data for the incoming class of 2027 have been collected. Some data includes: 57% are women, the average age is 23 years old, 76% are residents of Connecticut, 17% are under-represented minorities, 3.82 is the average GPA, and 88% are health or science undergraduate majors.

Next Regularly Scheduled Meeting

Monday, January 29, 2024 10 a.m. – 12 p.m. via WebEx



Chair, Cheryl Chase, called the meeting to order at 2:03 pm.

1.1 No public comment

2. Chair's remarks

2.1 Welcome

Ms. Chase welcomed everyone to the regularly scheduled quarterly meeting which was being recorded. She thanked Dr. McFadden, Chair of Surgery, who is retiring at the end of 2023, and has been an incredible asset to the Clinical Affairs subcommittee.

2.2 Approval of Minutes

The Clinical Affairs Subcommittee approved the motion to accept the minutes of the Subcommittee meeting held on May 11, 2023.

3. Chief Executive Officer Report – Dr. Bruce Liang

Dr. Bruce Liang provided a report on current hospital operations. The ED continues to grow, with visits ahead of budget and FY23 visits. ED visits have helped drive admissions upwards. The average daily census and discharge reports for John Dempsey Hospital continue to exceed budget forecasts in the first months of FY24. As reported at previous meetings, we are seeing a steep growth of patients seeking care. Discharges for the 1st quarter of FY24 are in line with the budget. With so many vacations taking place in the 1st quarter of FY24, surgery in main OR, GI and UHSC continues to be at budget currently. UConn Medical Group's net patient revenue is ahead of budget by 4% and the prior year by 8.3% The largest growth areas YTD are MOHS, DermatoPathology and Neurology when compared to budget. UMG is a busy practice reporting encounters to be 5.9% better than budget and 6.3% ahead of the prior year.

Chris Hyers and Kristin Wallace presented a market perception study. In 2016 and 2017, and again a few months ago, Consumer Preference baseline research was conducted to understand high level awareness and attributes of UConn Health. As a result of marketing efforts following the 2016 study, UConn Health set a goal and in fact achieved #2 in high level awareness. The overall perception of UConn Health in a study of 1,000 respondents, is that since 2016 there has been a positive shift in perception of UConn Health, with 94% of respondents rating UConn Health excellent/very good/good, up from 69% in 2016.

- 4. Quality Reports
 - 4.1 John Dempsey Hospital/UConn Medical Group Dr. Scott Allen

Dr. Scott Allen shared data on serious safety events. JDH's rate continues to remain below the historically reported state average. The most recent safety event occurred in June, 2023, and there have been no safety events since then, through October, 2023. Dr. Allen reviewed the Hospital Safety Scorecard metrics and highlighted some key metrics such as Hand Hygiene, CLABSI, CAUTI, and C.diff events. He explained challenges in the way Admission Medication Reconciliation is calculated. There are several ongoing initiatives in an effort to achieve and maintain high rates of Hand Hygiene with a goal of 94%, currently achieving 89%. The Mortality Index (survey of 180 hospitals) has trended favorably since 2020. For the first time ever, the CMS Star rating for JDH is '5 stars' in terms of willingness to recommend JDH. JDH has received a Leapfrog hospital safety grade of "A" - that is our 6th in a row, or three years straight.

Dr. Allen presented the John Dempsey Hospital Clinical Quality and Service Improvement Plan to be approved by our governing body. Revisions/updates include:

- Section IV: The Patient and Family Advisory Council is now supported by the Vice President of Patient Experience, and
- Section VIII: Performance Improvement (PI) priorities remain unchanged, but are now more specific and measurable, including recommending changing the Admission Medicine Reconciliation timeframe from 24 to 48 hours

The Clinical Affairs Subcommittee approved the motion to accept the 2024 JDH Clinical Quality & Service Performance Improvement Plan.

5. Approvals [vote]

5.1 Environment of Care Annual Assessments

Kevin Higgins presented the Environment of Care Management Plan for 2024. The annual assessments review the objective, scope, performance and effectiveness of the management plans. EOC assessments for safety, security, fire, medical equipment, utilities and hazardous materials were completed in Q4, 2023.

The Clinical Affairs Subcommittee unanimously approved the Environment of Care Management Plan for 2024 as described in Agenda item 5.1 and detailed in the Board materials starting on page 49.

6. School Reports

6.1 School of Medicine Update

Dr. Wendy Miller presented a report on GME Annual Quality Improvement by Residents. Following ACGME common program requirements, in 2017 a Patient Safety Educational Program for incoming residents and fellows was implemented. This included: Culture of Safety, Safety Event Reporting, Safety Event Analysis using Apparent Cause Analysis (ACA), and Action Plan Development. In 2020 Patient Safety Faculty Experts received ongoing education designed to provide requisite knowledge and skills to teach and mentor their trainees in patient safety. Out of 90 ACA analyses there were done, 56 action plans proposed by residents and fellows were implemented in AY2022-2023.

6.2 School of Dental Medicine Update

Dr. Lepowsky reported on the October 24-26 accreditation site visit which assessed the DMD program along with seven of eight advanced dental education residency programs. The eighth program, Oral and Maxillofacial Surgery had its site visit review in December 2022. The outcome was extremely positive as there were no recommendations in any of the programs evaluated. The Commission on Dental Accreditation team (15 site visitors and 4 staff) determined the SODM met or exceeded every one of the 645 accreditation standards. A final report is expected in end of January 2024.

Dr. Sophia Saeed reported on initiatives to provide improvement in key areas for improvement, one of which is patient care tracking and follow up. A formerly manual audit of patient charts that took 450 faculty hours has been automated and can now be accomplished, more thoroughly, in approximately 5 minutes.

7. Informational Items

A summary of activities undertaken by the JDH Medical Board over the last quarter is included on page 71, and the UConn Medical Group quarterly Operations Report begins on page 72.

8. Executive Session

A motion was made and seconded to enter executive session to discuss attorneyclient privileged communications and other items exempt from public disclosures under the state Freedom of Information Act.

The Clinical Affairs Subcommittee unanimously approved the motion to enter executive session at 3:00pm.

The following guests were invited to attend executive session: A. Keilty, A. Horbatuck, B. Liang, C. Ryan, J. Blumenthal, J. Geoghegan, R. Silva, S. Simpson, S. Lepowsky

Return to public session at 3:52 pm.

There being no further business the meeting was adjourned at 3:52 pm.

Respectfully submitted,

Brice T. Ligng

Bruce T. Liang, MD Interim Chief Executive Officer, John Dempsey Hospital Interim Executive Vice President for Health Affairs Dean, UConn School of Medicine

Voting Members Present: C. Chase, J. Baldwin, J. Freedman, K. Alleyne, T. Ressel, R. Fuller, L. Wolansky,

Next Regularly Scheduled Meeting

February 8, 2024

JACC met on September 21, 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 89 open management action items as of August 31, 2023, which is a decrease of 8 from the prior quarter (net new observations/action items). The reduction of action items continues to trend in the right direction over the last 12 months.
- JACC accepted and approved the FY2024 Audit Plan.

External

• Angelo Quaresima provided an update on 340B Compliance Partners - Audit Close-out Report CY22. Two of the 3 remaining open recommendations have been implemented and the 3rd item had an anticipated completion date of September 30, 2023.

2. Compliance Activities

- Educational compliance materials were developed and disseminated to the UConn and UConn Health communities on several topics including record retention and management, accessibility, Clery reporting, UConn's Policy on Policies, and information on how to report a compliance concern.
- OUC has received 97 reported concerns as of August 30, 2023. Of those, 69 (71%) have been reviewed and closed.
- Policy Manager Software training is slated to launch at UConn Health on October 1, 2023, in preparation for clinical policy go-live. In advance of training, the OUC is hosting a 'Demo Week' with a series of information sessions, software demonstrations, and visits to staff meetings.

JACC accepted and approved the FY2024 Compliance Plan.

JACC approved the revised UConn Compliance and Ethics Committee Charter.

Elle Box provided an update on the Healthcare Compliance, Privacy & Integrity Program by providing an overview of the Summary Dashboard.

3. Information Systems

An update was provided on UConn Health's Information Technology.

The next regularly scheduled JACC meeting will be held on December 21, 2023.



TO: Members of the UConn Health Board of Directors

FROM: Karen Buffkin, Esq., Executive Director of Employee Relations

DATE: December 4, 2023

SUBJECT: 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 September to December, 2023.

| Title | Terms |
|---------------------------------|--|
| Cardio-Thoracic Surgery On-Call | Extends MOA dated 11/2/2022 Employee assigned to the main OR shall be paid at the rate of \$100.00 per hour for on-call hours. Extended again for the period November 2, 2022 to May 30, 2024 |
| Cath Lab On-Call | Extends MOA dated May6, 2022 Employees who pick up additional on-call shifts will receive an additional \$4.00 per hour to their on-call pay. Extended again for the period November 4, 2022 to May 30, 2024 |
| | |



| то: | 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: | November 20, 2023 for December 4, 2023 meeting |
| SUBJECT: | UConn Medical Group (UMG) / Ambulatory Operations Report |

PROGRESS ON AMBULATORY ORGANIZATIONAL GOALS and INITIATIVES

Brief highlights for Q1 FY24:

Operational Updates:

- **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 need to shift our process. The team started working on this right away, developing new Epic flows, decommissioning the drive through testing site in Garage 1 as of August 1, 2023 and shifting the care to the PCP's and special identified clinics (ID, Pulmonary, Urgent Cares, etc.) Our employees continue to call the COVID call center and have access to testing in OPPV 1st floor in the Pedestrian site to keep our workforce operational and safe. In the future we will be transitioning this testing to our Employee Health area.
- 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/cafeteria, and UConn Health shuttle buses. However, masks continue to be required in all locations for any individual (employee, learner, patient) who has Flu /COVID signs or symptoms. Must consult with our COVID call center for specifics.
 - As of October 23, 2023 we updated our Institutional masking protocol due to increased COVID-19 in our community, and we are seeing increased cases among employees and patients. The health and safety of our patients, learners, faculty and staff is our highest priority, therefore, we are updated our institutional mask protocols.

- Masks will be required in the following circumstances:
 - During all direct, patient-facing interactions in ambulatory and inpatient settings
 - In any location, for any individual at UConn Health (employee, learner, patient) who has signs or symptoms of respiratory illness.* (*Employees should not come to work sick. Those with respiratory symptoms should call the COVID-19 Call Center for guidance on evaluation and testing)
 - For any individual in any area of UConn Health with a known, recent (within the last 10 days) high-risk exposure to COVID-19
 - Patients with symptoms that may be due to respiratory illness should wear a mask at all times while in the facility. For all other patients and visitors masking is recommended.
 - Additional masking requirements may be implemented in specific units, clinics or departments under direction from local leaders and UConn Health leadership in consultation with Infection Prevention and COVID-19 Call Center leaders.
 - It is anticipated that these mask protocol changes will be time-limited and will be revised as respiratory virus transmission in the local community decreases. Our COVID-19 Policy Workgroup will continue to monitor COVID-19 and respiratory virus conditions and will provide updated communication with further changes.
- **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. <u>https://health.uconn.edu/coronavirus/</u>
 - On October 17, 2023, UConn Health began offering our workforce and learners the newly approved COVID-19 vaccine (Moderna). The new COVID-19 vaccine is being offered at the Outpatient Pavilion's first floor vaccine clinic and in the Occupational Health Services Clinic. The new vaccine is also available to established patients in PCP and clinics across campus.
- **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.
- Influenza Vaccine This year's flu vaccine became available campus-wide on September 15th. UConn Health's vaccine supply is quadrivalent (it covers four influenza strains). UConn Health is following the CDC recommendation and providing the high-dose vaccine for those 65 and older. Vaccines are available to established patients in primary care clinics and available to the public via a drive-through flu clinic scheduled Oct. 21st at the Canton site. This excellent drive through vaccinated over 325 people. UConn Health workforce, learners and volunteers are able to receive their vaccines by appointment at Employee/Student Health Services, or by attending one of several flu clinics scheduled in October and November on campus or by identifying a mobile immunizer in their work area.
- **Policy Migration** On October 1^{st,} UConn Health launched a new searchable, cloud-based Policy Manager software which will serve as the single source for all UConn Health standards documents making procedures, guidelines, and protocols available across the institution. The software allows for automated policy approval workflows and will streamline the process for review, revision and approvals for stakeholders and committees. A new Policy Template has been approved and is available in the software as well.

Population Health Program Outcomes:

| Population Health Program | Metric | Metric Reporting Period | | | | | | end Notes | | | |
|------------------------------|----------------------------------|-------------------------|------------|-----------|-----------|-----------|-----|---|--|--|--|
| | | FY23 Average | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | | | | | |
| | | (July '22-Jun '23) | (Jul-Sept) | (Oct-Dec) | (Jan-Mar) | (Apr-Jun) | | | | | |
| Transitional Care Management | Appointment Adherence | 78% | 82% | | | | 1 | Target rate 80% | | | |
| Transitional Care Management | 30- Day Readmission Rate | 13.5% | | | | | TBD | Readmission rate not available at time of report | | | |
| Care Coordination | Patients Referred to Social Work | - | 191 | | | | | New data on social work referral volume | | | |
| | Patients Referred- SDOH | 87 | 80 | | | | ↓ | Top referral requests- transportation, housing, and food resources | | | |
| | Total High Utilizer Outreach | 387 | 353 | | | | ↓ | High utilizer defined as 3 or more ED visits in 60 day period. | | | |
| ED High Utilizer Outreach | Engagement Rate | 47% | 36% | | | | V | Percentage of patients reached by a Community Health Specialist following an ED visit | | | |

Figure 1. Population Health Clinical Outcome Scorecard

- This quarter, appointment adherence for Transitional Care Management visits increased, exceeding the target rate. The adherence rate correlates to the readmission rate of this population, so the increase is encouraging. 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 engagement rate for ED high utilizers was lower than average this quarter which may have been related to some telephone issues resulting in the outbound calls to patients showing as "Private". These issues have been resolved and we hope to see the ED engagement rate recover accordingly.
- In March of 2023, two ambulatory social workers were hired and transitioned from the JDH department of Care Coordination to the Population Health Department. They provide centralized social work support to over 40 ambulatory practices and manage patient safety concerns, behavioral health needs, skilled nursing facility placement, advance care planning and more. This quarter we will begin sharing data on the volume of referrals to social work in the table above.
- Readmission work continues with the interdisciplinary team to address systemic issues and trends. Recently, leadership has begun investigating the option of a post-discharge clinic to manage patients who are at high-risk for readmission and may not have established provider relationships in the community. This model would include a multi-disciplinary approach using nurses, pharmacists, and advanced practice providers as well remote patient monitoring technology to drive reductions in readmission and improved patient outcomes. Dr. Celi, Chair of the Department of Medicine is leading these efforts.

Performance Improvement

The Gastroenterology process improvement report was shared with physician and operational leadership. The report findings and process improvement steps were discussed with the GI team during a division meeting in May. The improvement steps will include modifications to referral work queue processing to identify urgent cases that need to be prioritized for office visit scheduling, review of the scheduling templates, new process for routine, low-risk, colonoscopy screening as well as optimization of procedure scheduling, including prioritizing of urgent cases and addressing procedure no-shows and cancellations in a timely manner. The new process for routine colonoscopy screening will involve a screening questionnaire sent to patients via MyChart (patient portal) to assess their risk. Low risk patients will be scheduled for a screening colonoscopy procedure without the need for office visit. Working sessions with APRNs to develop screening questionnaire were conducted. Practice identified the need to hire additional RN to help with triaging of urgent cases and streamlining of colonoscopy screening procedures. Position was approved, a candidate has been hired and will start in clinic on Oct. 20, 2023. In addition, meetings were held with the OR leadership to improve GI procedure scheduling process and develop workflow for procedure confirmation two weeks prior to a scheduled procedure to avoid cancellations and ensure the backfilling of cancelled spots with urgent cases. New pre-procedure outreach call process is set to launch Nov. 1, 2023.

Patient Experience

• In this quarter UMG in collaboration with the Office of Patient Experience began a series of patient experience trainings with practices that have the most opportunity to improve their patient experience scores. The trainings include a brief overview of the survey process, education on basic terminology, review of the practice performance and a deeper dive into two questions with the highest priority index (identified by PG Fusion as driving practice's performance so improvement in these areas has the highest impact on raising the overall score). The trainings are attended by all members of the care team, including front desk staff, MAs, RNs, clinicians, and practice management. In FY23 Q4 trainings were conducted with West Hartford Internal Medicine, East Hartford Internal Medicine, and Torrington Internal Medicine teams. In the upcoming quarter, trainings are scheduled for Orthopedics, Rheumatology, Podiatry, and Geriatrics care teams. The goal is to meet with all ambulatory practices by the end of FY24.

Quality

- This quarter UMG implemented an Ambulatory Good Catch program to recognize UConn Health ambulatory staffers who report a "Near Miss" event or safety situation that could have resulted in patient harm. The program emphasizes the importance of identifying and reporting concerns so that together we can strive to provide the safest environment possible for our patients.
- July 30, 2023, marked the end of the Million Hearts Self-Monitored Blood Pressure grant program. At the end of the award period, 212 BP cuff-kits and education material were disseminated to high-risk
- mothers. Six women were admitted to the hospital post-delivery after recognizing preeclampsia symptoms and contacting their provider. The funding allowed for the purchase of 1000 cuff kits. Distribution and education will continue in inpatient and ambulatory settings to continue this important program. Efforts are underway with the UConn Health pharmacy department to develop a sustainable solution to bill for the BP monitors when allowable under the patient's insurance plan as well a potential grant opportunity with the UConn Health Foundation to offset the cost share to the patient.
- This quarter we continued our primary care Quality Improvement contest, and we recognized the practice with the most improvement quarter over quarter across all measures. The winner was East Hartford Internal Medicine. The final QI winner will be determined at the end of December and will reflect the highest overall performance for the year.
- 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 including physician communication quality and office staff quality. Telemedicine feedback has shown upward trending as well in the areas of access, care provider and telemedicine technology. Most notable was the patient's likelihood to recommend with a new high top box rating of 94.82%.

| Time Period | Q3 2022 | Q4 2022 | Q1 2023 | Q2 2023 | Q3 2023 | Q4 2023 |
|-----------------|---------|---------|---------|---------|---------|---------|
| n | 4062 | 9113 | 13745 | 13064 | 12492 | 1815 |
| Top Box Score | 90.99% | 91.93% | 93.31% | 93.58% | 93.70% | 94.82% |
| Percentile Rank | 39 | 63 | 87 | 84 | 81 | 88 |

Likelihood to Recommend

Pay for Performance (P4P) / Population Health Q1 Financial Incentives

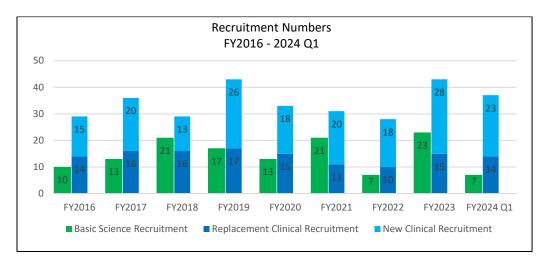
- Aetna Commercial Pay for Performance
- Aetna Medicare Advantage Valu-Based Care Program
- Anthem's Value-Based Care Program EPHC (Enhanced Personal Health Care) Care Coordination
- DSS Medicaid Obstetrics Pay for Performance
- United Healthcare MA-PCPi Quality Care Bonus Payment
- Wellcare Medicare Advantage P4P
- Optum In Office Assessment Program

Total incentives earned for FY24 Q1- \$670,309

Growth and Development

Significant growth is anticipated for FY24 with 37 clinical faculty hires scheduled with 23 of these new and 14 of those replacements. We also expect seven basic science faculty.

• The breakdown of the 23 new clinical positions is as follows: 4 General Internal Medicine, 2 General Surgery, 2 Hospitalist, 2 Hospitalist/Nocturnist, 2 Maternal Fetal Medicine, 1 Cancer Center, 1 Dermatology, 1 Emergency Medicine, 1 General OBGYN, 1 Geriatrics, 1 Hospitalist OBGYN, 1 Neurology, 1 Psychiatry, 1 Pulmonary and Critical Care, 1 Radiology, 1 Surgery/Cancer Center



Space

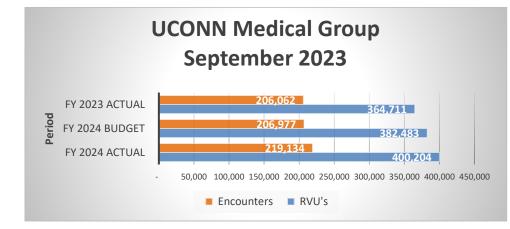
- Space continues to be a challenge as we grow our practices. Early in the FY23 Q2 we expanded our Surgical specialties in our **West Hartford** location. This allowed for patient convenience, direct referrals from Internal Medicine and allowed to decant the space in the Outpatient Pavilion. Services 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 in the near future.
- In addition to the above space enhancements, we are working on a growth and "domino" plan to optimize the Outpatient Pavilion, with a financially focused, service line approach to grow specific areas. The first move involved 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 opened its doors on October 23rd.
- The new **5 Munson Road** building construction is underway with a new target occupancy date of January 2024 for Neurology to move in and then mid March for the spine group, which requires radiology.. 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.

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.

- <u>Schedule/Template/Referral Optimization</u> largest component and will involve faculty, online scheduling options, template review and patient flow opportunities for access and increase revenues. (completed phase 1; Ortho, IM, FM, Derm) Phase 2: starts November and will include Endo/Osteo, Diabetes Education and Ophthalmology)
- <u>Call Management</u> to assist the call centers in accessing information and scheduling to improve efficiency of triage and patient experience.
- <u>Campaigns</u> will focus on marketing healthcare opportunities to targeted patient populations



FINANCE

Encounters:

• YTD encounters are ahead of budget by 5.9% and ahead of prior year by 6.3%

wRVU's:

• YTD wRVU's are ahead of budget by 4.6% and ahead of prior year by 9.7%

Revenues:

- YTD net revenues are ahead of budget by 4% and ahead of prior year by 8.3%
- Largest growth areas for YTD period are: MOHS, DermPath and Neurology when compared to budget

MyChart

Oct 2023, we have seen an **increase to 58% 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%.

| | | | | | | | (| 1 | 5 | 8 | % | Active F | Patients | | | | | | |
|-------|----|---------|----|-------|-------|----|-----|----|---------|----|-------|----------|----------|----|---------|-------|--------|----|---|
| 60 % | | | | | | | | | | | | | | | | | | • | |
| 50 % | | | | • | -• | | | | | | | | | | | | | | |
| 40 % | | | | | | | | | | | | | | | | | | | |
| 30 % | | | | | | | | | | | | | | | | | | | |
| 20 % | | | | | | | | | | | | | | | | | | | |
| 10 % | | | | | | | | | | | | | | | | | | | |
| 0 % | | | | | | | | | | | | | | | | | | | |
| Oct ' | 22 | Nov '22 | De | : '22 | Jan ' | 23 | Feb | 23 | Mar '23 | An | r '23 | May '23 | Jun | 23 | Jul '23 | Aug 1 | 23 Sec | 23 | , |

Few Newsworthy Accolades

- Dr. George K UConn Health Elected to Elite Group of Researchers <u>https://today.uconn.edu/2023/10/dr-george-kUConn Health-elected-to-elite-group-of-researchers/</u>
- Medical Assistants Vital to UConn Health Patient Care <u>https://today.uconn.edu/2023/10/medical-assistants-vital-to-uconn-health-patient-care/</u>
- UConn's First Global Oncology Program https://today.uconn.edu/2023/09/uconns-first-global-oncology-program/
- A 3D-Printed Solution for the Spine https://today.uconn.edu/2023/09/a-3d-printed-solution-for-the-spine/
- UConn Health Redesignated a HEART Safe Campus <u>https://today.uconn.edu/2023/09/uconn-health-redesignated-a-heartsafe-campus/</u>
- Excellence Finds its Root in a Profound Desire to Make a Positive Impact on Others' Lives <u>https://today.uconn.edu/2023/08/excellence-finds-its-root-in-a-profound-desire-to-make-a-positive-impact-on-others-lives/</u>
- Keeping Sports From Becoming a Dangerous Game -<u>https://today.uconn.edu/2023/08/keeping-sports-from-becoming-a-dangerous-game/</u>
- Chronic Leg Swelling Mystery Solved by Innovative UConn Interventional Cardiologist
 <u>https://today.uconn.edu/2023/08/chronic-leg-swelling-mystery-solved-by-innovative-uconn-interventional-cardiologist/</u>
- Population Health Team Exhibits Leadership at Multiple Levels <u>https://today.uconn.edu/2023/07/population-health-team-exhibits-leadership-at-multiple-levels/</u>
- UConn Health Professor Victoria Forbes Nominated for International Teaching Award
 <u>https://today.uconn.edu/2023/07/uconn-health-professor-victoria-forbes-nominated-for-international-teaching-award/</u>
- Patient Group Honors Dr. Peter Albertsen as Pioneer in Prostate Cancer Management <u>https://today.uconn.edu/2023/07/patient-group-honors-dr-peter-albertsen-as-pioneer-in-prostate-cancer-management/</u>



Board of Directors and Subcommittees of the Board

2024 Meeting Schedule

Board of Directors and Finance Subcommittee (Finance Subcommittee is held at 8:30a.m. and the Board of Directors meeting follows at 9:15 a.m.)

March 11 June 10 September 9 December 2

Clinical Affairs Subcommittee (All meetings are held at 2:00 p.m.)

February 8 May 9 August 8 November 14

Academic Affairs Subcommittee: (All meetings are held at 10:00 a.m.)

January 29 April 22 August 12 October 21

Buildings & Grounds Subcommittee: (All meetings are held at 8:30 a.m.)

February 15 May 16 August 15 November 21

Finance Corporation (All meetings are held at 3:00 p.m.)

March 26 June 25 September 24 December 17