

# Clinical Affairs Subcommittee of the Board of Directors

**February 8, 2024**

**2:00 pm**

*WebEx link*

<https://uchc.webex.com/uchc/j.php?MTID=m920b28bbea35cc9ec59496715c1098f0>

Password: Winter2024

Members of the public may join by phone by:  
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PASSWORD: Winter2024

## AGENDA

- |    |   |                     |       |
|----|---|---------------------|-------|
| 1  | Public Comment  |                     | pg 1  |
| 2  | Chair's Remarks   | Cheryl Chase        |       |
|    | 2.1 Welcome   |                     |       |
|    | 2.2 Approval of Minutes: November 9, 2023 <b>[VOTE]</b>   |                     | pg 2  |
| 3  | Chief Executive Officer's Report  | Dr. B. Liang        | pg 6  |
|    | 3.1 Sustainability in the OR  | Dr. A. Fischler     |       |
| 4  | Quality Reports   | Dr. S. Allen        | pg 18 |
| 5  | Approvals <b>[vote]</b>   |                     |       |
|    | 5.1 Amendment to JDH Medical Staff Bylaws <b>[VOTE]</b>   | Dr. D. Shafer       | pg 30 |
|    | 5.2 Resolution to approve Dr. Staveley-O'Carroll as Surgery Chief of Service <b>[VOTE]</b>                | Dr. B. Liang        | pg 31 |
| 6. | School Reports  |                     |       |
|    | 6.1 School of Medicine  | Dr. B. Liang        |       |
|    | 6.2 School of Dental Medicine   | Drs. Lepowsky/Saeed |       |
| 7. | Informational items   |                     |       |
|    | 7.1 JDH Medical Board Quarterly Update  |                     | pg 35 |
|    | 7.2 UConn Medical Group Operations Quarterly Report   |                     | pg 36 |
|    | 7.3 Report: Addressing Health Care Disparities in Compliance with New Standards from The Joint Commission |                     | pg 43 |
| 8. | Executive Session, if needed  |                     |       |
| 9. | Adjourn   |                     |       |

**Post adjournment, the Clinical Affairs Subcommittee will convene in its capacity as a Medical Review Committee to conduct peer review activity under both our medical staff bylaws and Connecticut General Statutes §§ 19a-17b and 19a-17c.**

## **Public Participation at meetings of the Clinical Affairs Subcommittee of the UConn Health Board of Directors**

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

- a. Requests to address the Clinical Affairs Subcommittee shall be made to the Chair's designee at least one day prior to the meeting. The actual person who intends to speak must make the request.
- b. The Chair of the Clinical Affairs Subcommittee shall recognize each speaker in the order of signing up, shall request the speaker identify himself/herself, and shall ensure adherence to time limits as will permit the orderly progress of the BOD through its agenda. Each speaker will be allotted a time period of three minutes to speak.
- c. At a special meeting of the Clinical Affairs Subcommittee, comment by members of the public shall be limited specifically to the subject described in the call of the special meeting. The Clinical Affairs Subcommittee would like to give each constituency an opportunity to speak. Therefore, groups are encouraged to appoint a single spokesperson to present their point of view. The purpose of Public Participation is to hear the views of the public and the Committee will neither ask nor answer questions nor make comments during this portion of the agenda.

The Chair appoints the following person as his designee to receive requests to speak at the Public Comments portion of the Board of Directors Meetings.

### **Maura Bobinski**

Executive Staff Assistant

Office of Health Affairs | UConn Health

Phone: 860-679-6232

[mbobinski@uchc.edu](mailto:mbobinski@uchc.edu)

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 1<sup>st</sup> quarter of FY24 are in line with the budget. With so many vacations taking place in the 1<sup>st</sup> 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 6<sup>th</sup> 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 attorney-client privileged communications and other items exempt from public disclosures under the state Freedom of Information Act.***

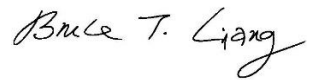
***The Clinical Affairs Subcommittee unanimously approved the motion to enter executive session at 3:00pm.***

***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,



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**

# CEO Update

Feb 8, 2024

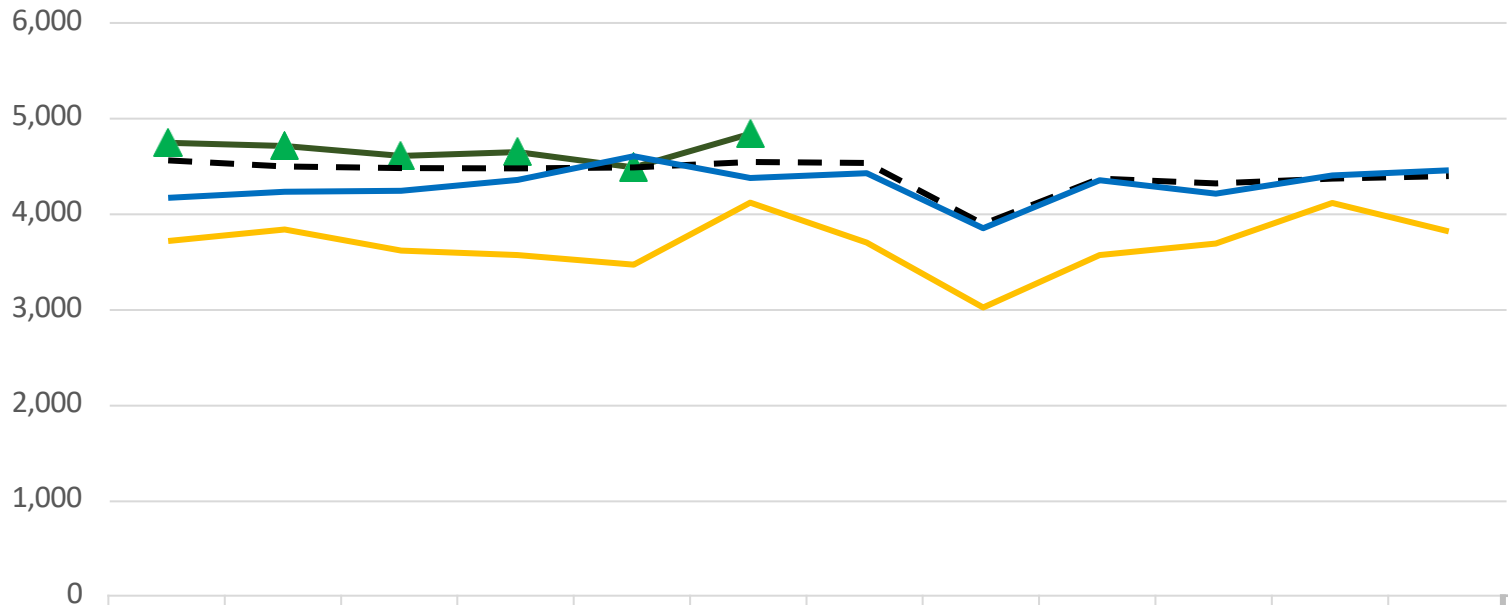
Bruce T. Liang, MD

Interim Chief Executive Officer &  
Executive Vice President for Health  
Affairs

Dean, School of Medicine

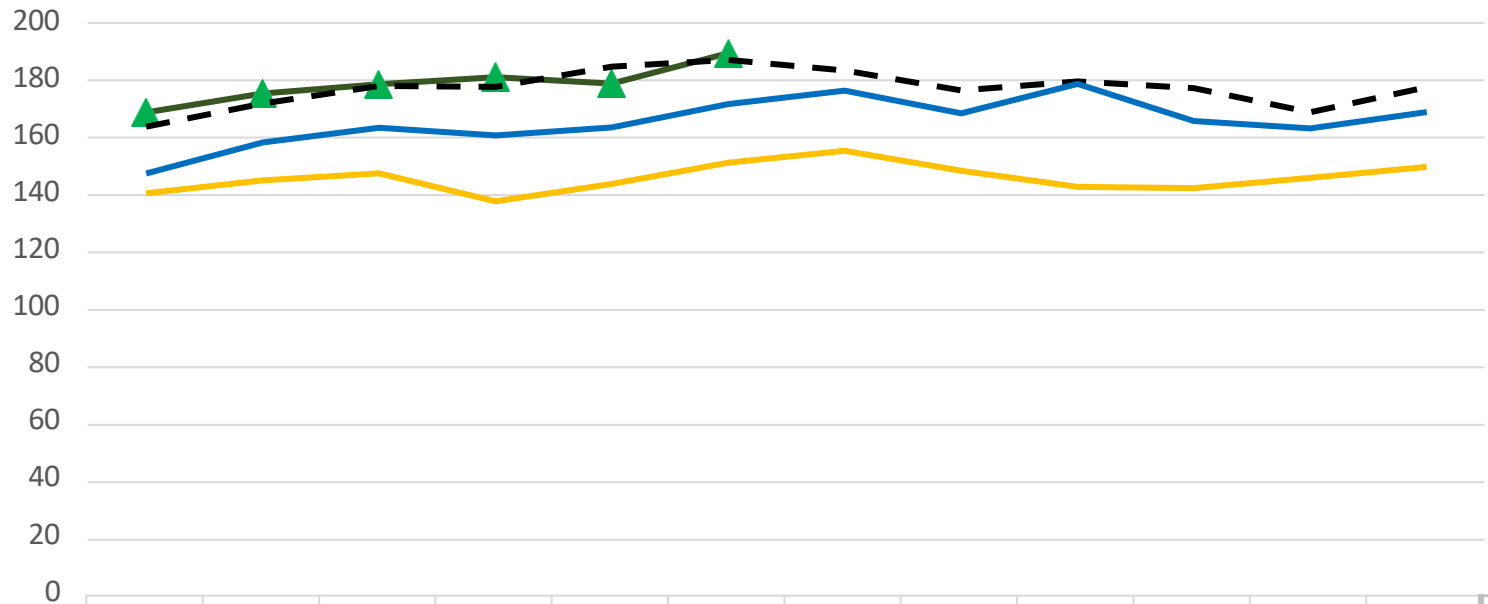


# Emergency Room Visits



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	4,749	4,716	4,611	4,654	4,493	4,843							28,066
--- 2024 Budget	4,566	4,503	4,484	4,483	4,491	4,549	4,538	3,899	4,376	4,324	4,374	4,401	52,988
— 2023 Actual	4,175	4,239	4,249	4,361	4,609	4,381	4,432	3,858	4,360	4,219	4,408	4,462	51,753
— 2022 Actual	3,723	3,844	3,623	3,575	3,475	4,126	3,706	3,029	3,577	3,696	4,122	3,824	44,320

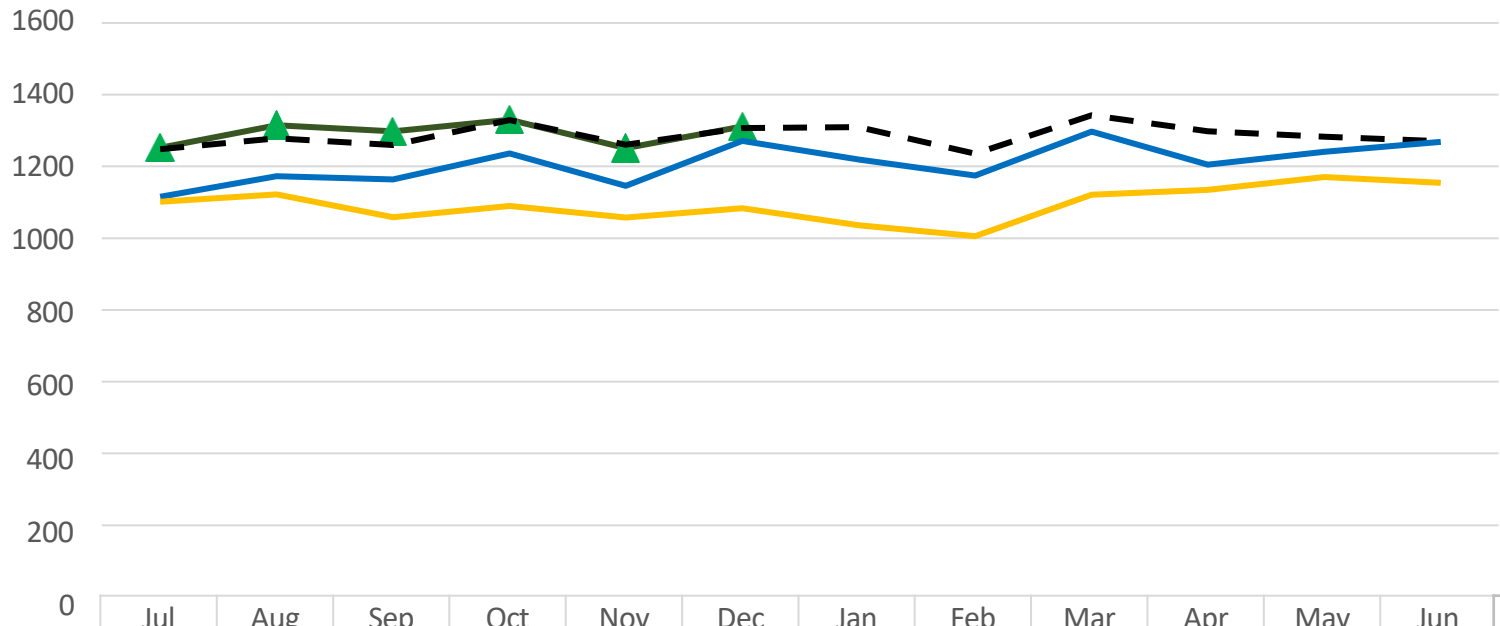
# Average Daily Census including OBS/OEXT



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	169	175	179	181	179	189							1,072
- - 2024 Budget	164	172	178	178	185	187	183	176	180	177	169	178	2,126
— 2023 Actual	148	158	163	161	164	172	176	168	179	166	163	169	1,987
— 2022 Actual	141	145	148	138	144	151	155	149	143	143	146	150	1,752

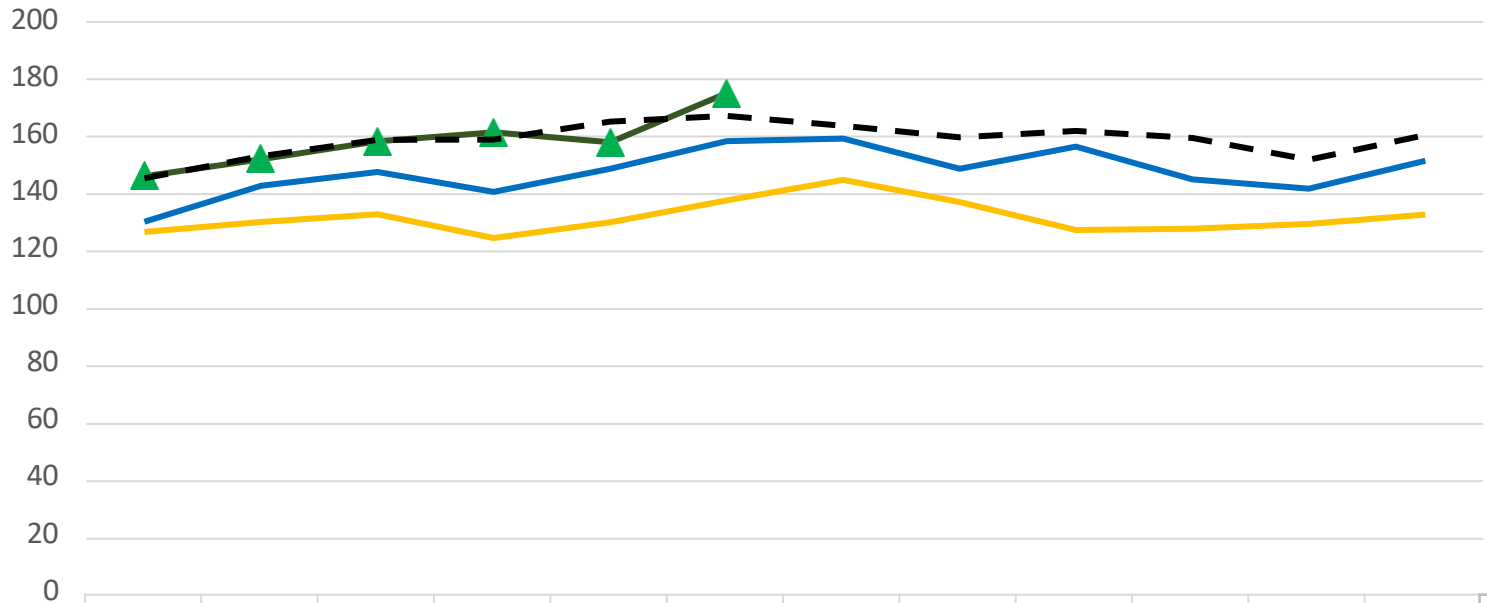
# Discharges

## including OBS/OEXT



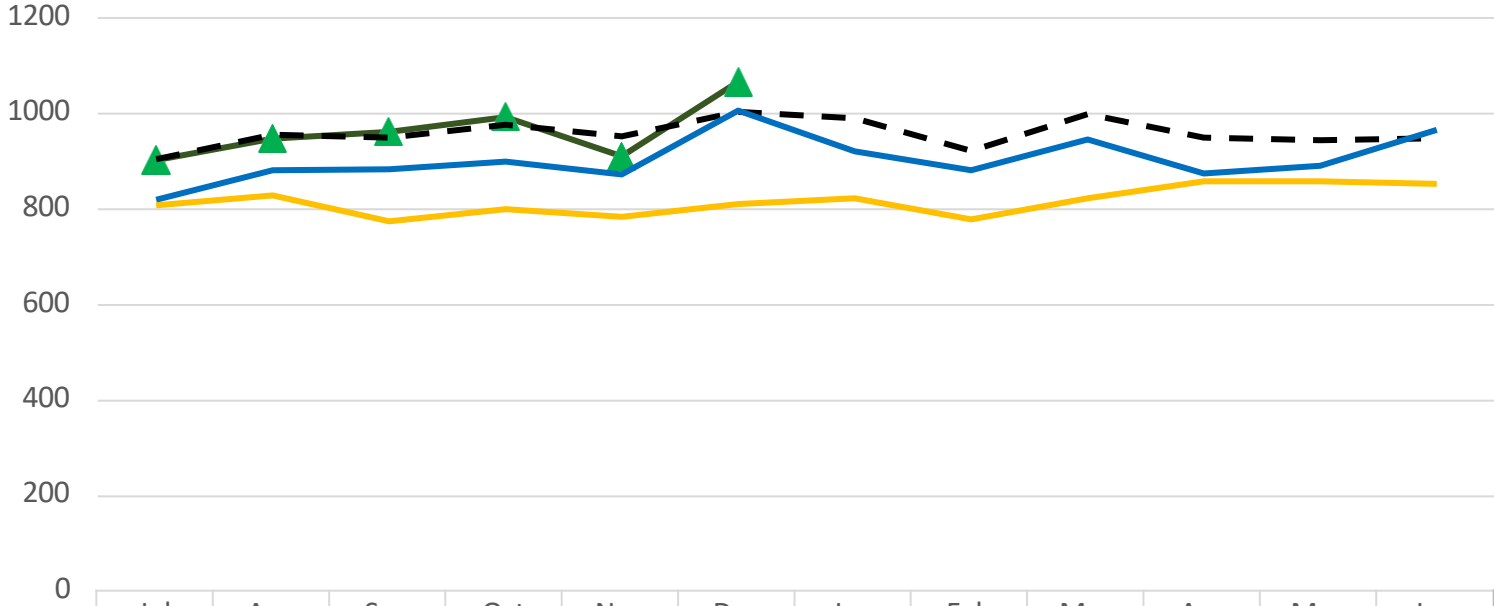
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	1252	1315	1298	1330	1251	1311							7,757
- - 2024 Budget	1248	1278	1259	1329	1260	1307	1309	1236	1342	1297	1283	1270	15,419
— 2023 Actual	1116	1173	1164	1236	1146	1271	1219	1175	1297	1205	1241	1268	14,511
— 2022 Actual	1102	1122	1059	1090	1058	1084	1037	1006	1121	1135	1170	1154	13,138

# Average Daily Census Inpatient



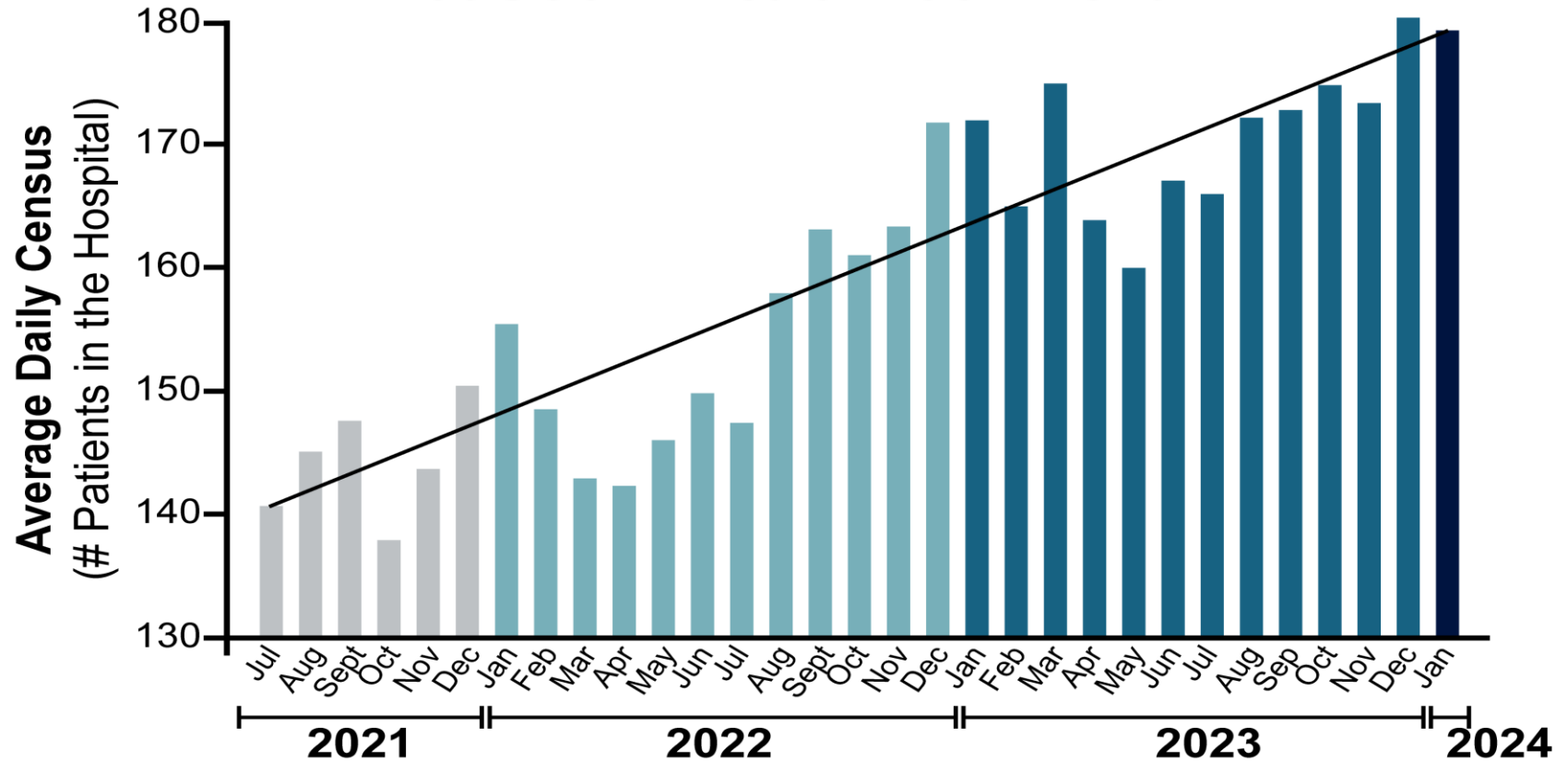
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	146	152	158	162	158	175							952
- - 2024 Budget	146	153	159	159	165	167	164	160	162	160	152	161	1,907
— 2023 Actual	130	143	148	141	149	158	159	149	157	145	142	152	1,773
— 2022 Actual	127	130	133	125	130	138	145	137	128	128	130	133	1,583

# Discharges Inpatient

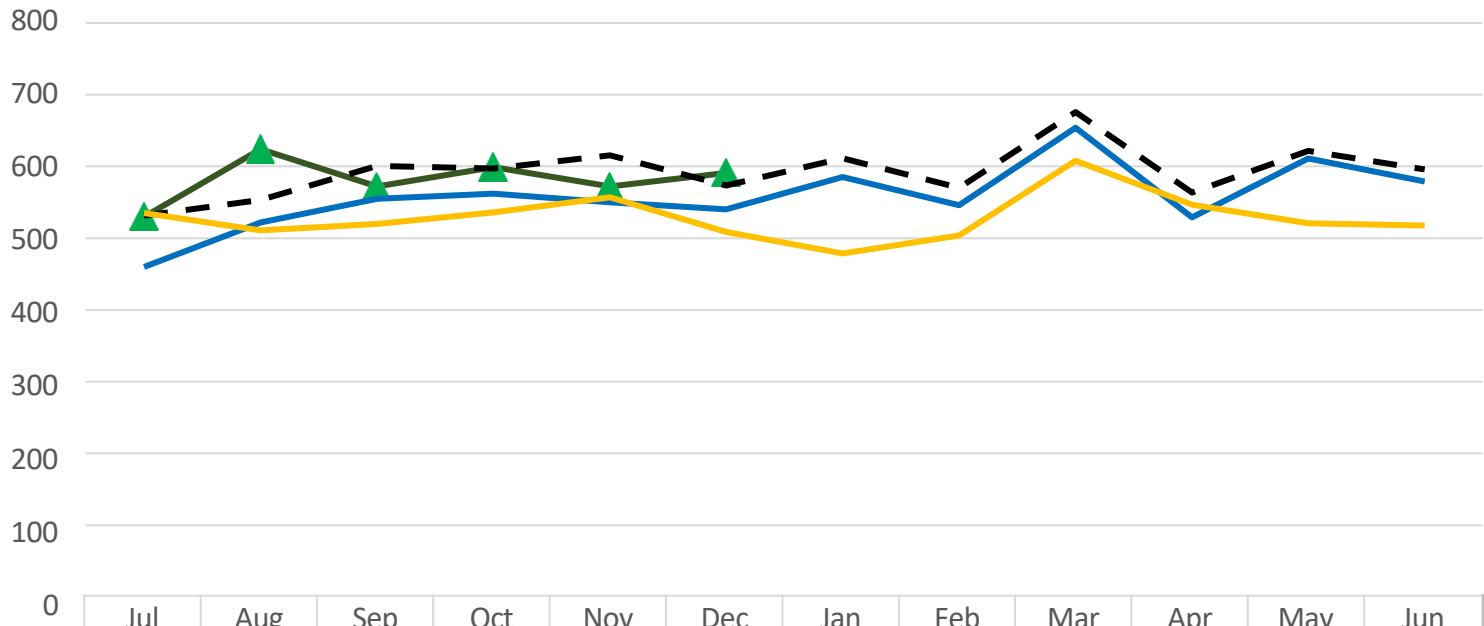


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	903	948	962	993	911	1066							5,783
- - 2024 Budget	905	956	950	977	952	1003	990	922	999	950	945	949	11,499
— 2023 Actual	820	882	884	900	873	1006	921	882	946	875	891	966	10,846
— 2022 Actual	808	829	775	800	784	811	823	779	823	858	858	853	9,801

## Steep Growth of Patients Seeking Care at UConn Health Each Month

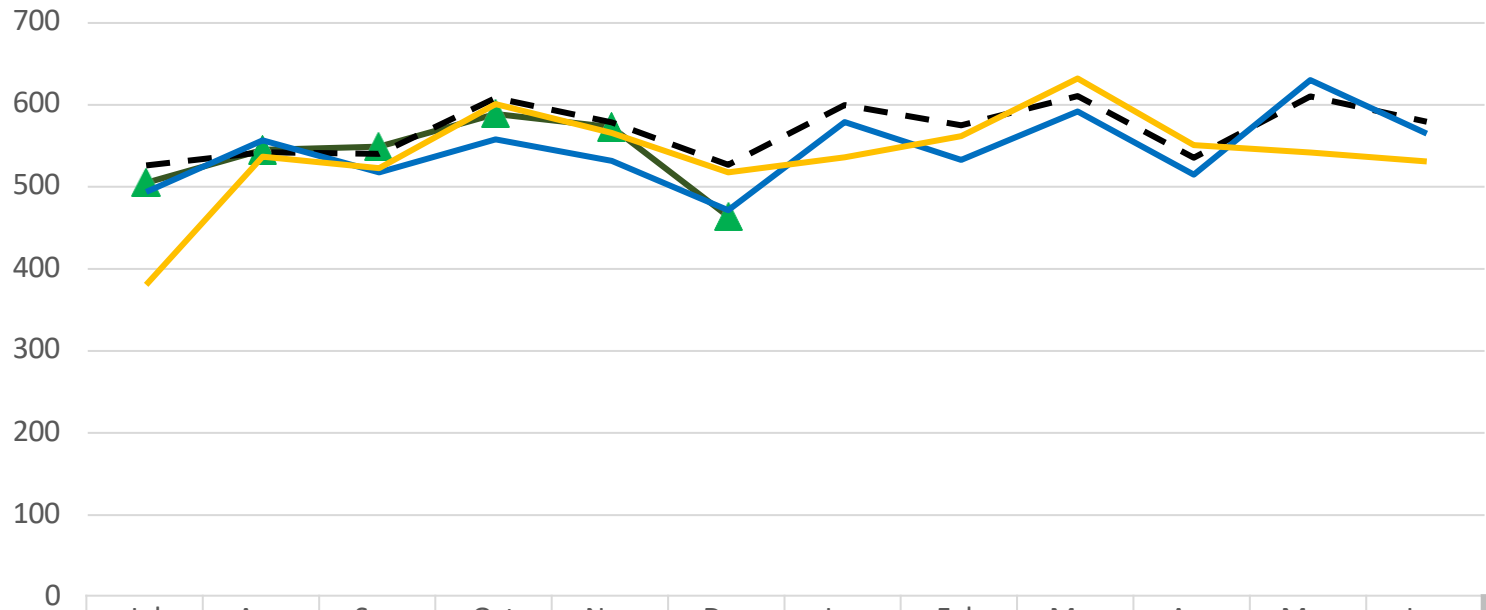


# JDH - Main OR



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	530	624	572	599	572	591							3,488
- - 2024 Budget	532	554	601	597	616	573	611	570	676	564	622	596	7,111
— 2023 Actual	460	522	555	562	550	540	585	546	654	529	611	579	6,693
— 2022 Actual	535	511	520	536	557	509	479	504	608	547	521	518	6,345

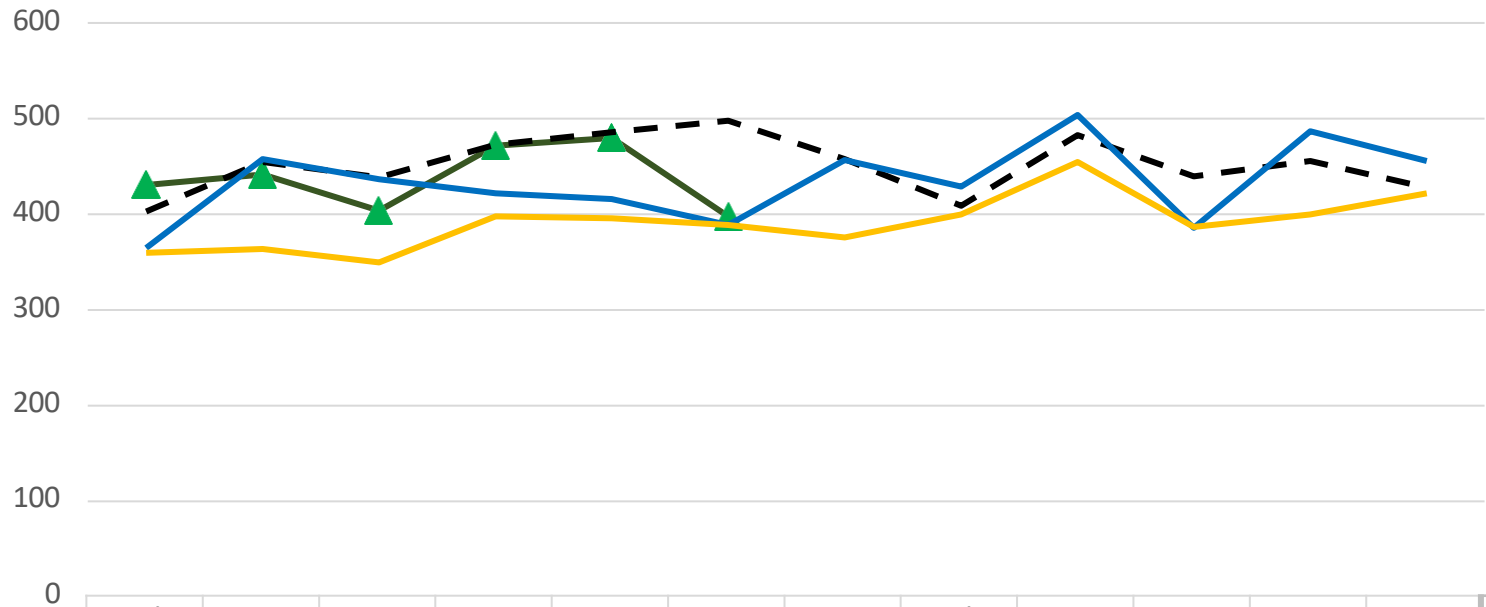
# UHSC - OR



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	505	545	549	589	573	464							3,225
- - 2024 Budget	527	543	541	608	579	527	600	575	611	536	610	579	6,835
— 2023 Actual	494	557	518	558	532	472	579	533	592	515	630	565	6,545
— 2022 Actual	381	537	523	601	566	518	536	562	632	551	542	531	6,480

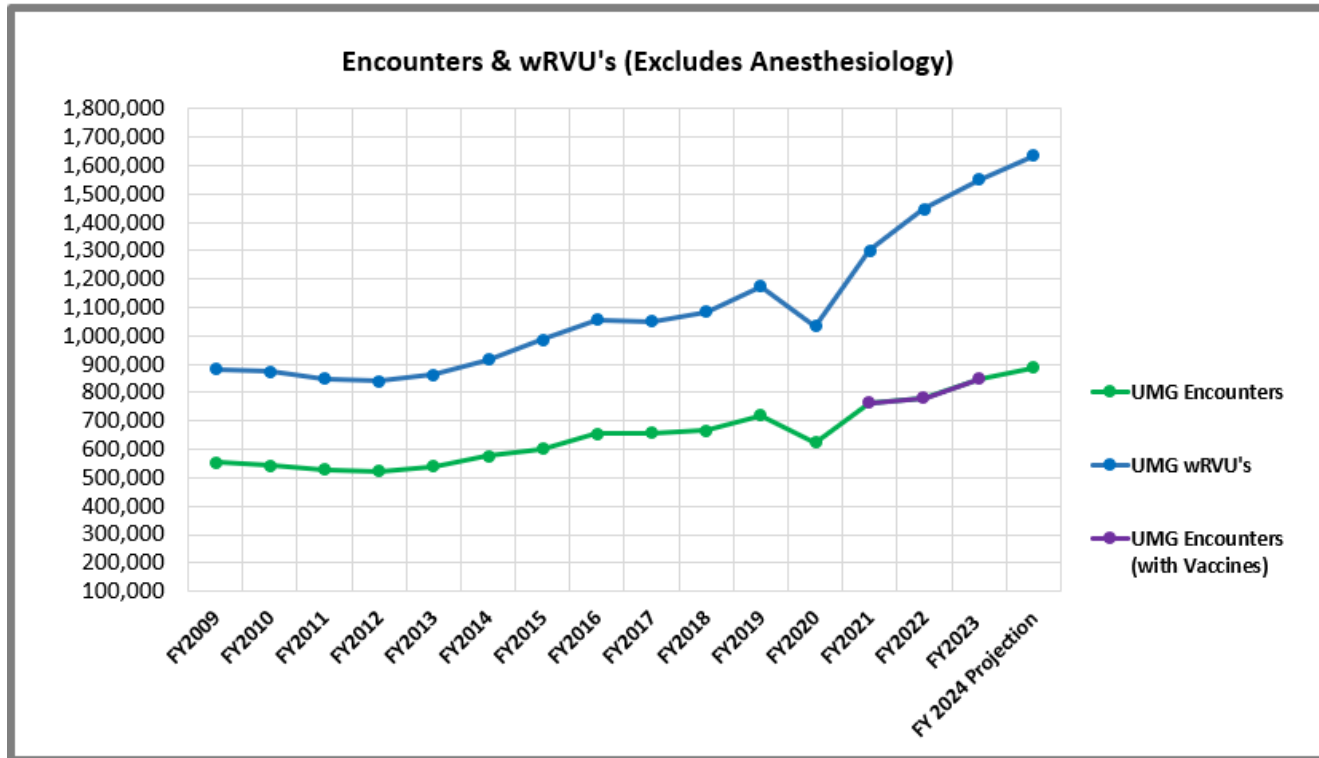


# PROCEDURE CENTER GI ENDOSCOPY



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	431	442	404	472	480	398							2,627
- - 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

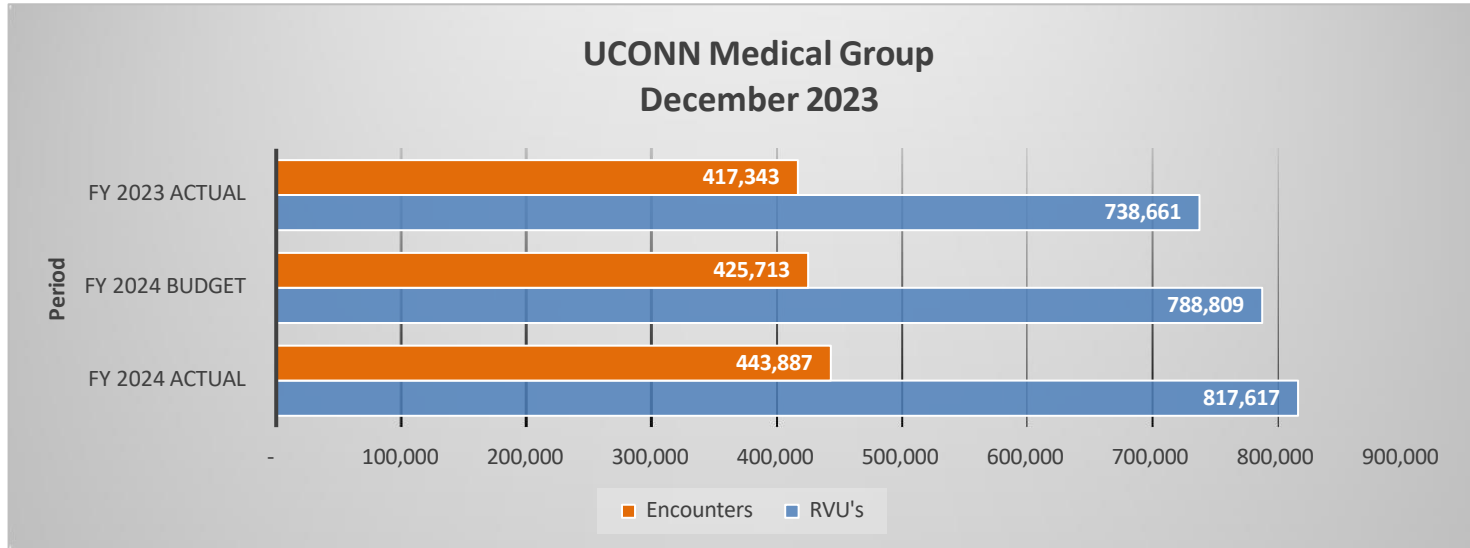
## UConn Medical Group Statistical Graph



	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024 Projection	As of Dec 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	887,774	443,887
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	1,635,234	817,617
Vaccines	-	-	-	-	-	-	-	-	-	-	-	-	78,329	41,865	6,263	-	-

**NOTE: FY 20 & 21 COVID**  
FY 24 vaccine moved to clinics

# UMG Encounters & wRVU's



**Encounters:**

- YTD encounters are ahead of budget by 4.3% & ahead of prior year by 6.4%

**wRVU's:**

- YTD wRVU's are ahead of budget by 3.7% & ahead prior year by 10.7%

**Revenues:**

- Largest Growth Areas for YTD period with charges/stats are MOHS, DermPath & IMA when compared to budget
- YTD net patient revenues are ahead of budget by 3.2% & ahead of prior year by 9.2%

	FY 2024 Actual	FY 2024 Budge	FY 2023 Actual	vs Bud	vs PY
RVU's	817,617	788,809	738,661	3.7%	10.7%
Encounters	443,887	425,713	417,343	4.3%	6.4%
Net Patient Revenue	69,646,167	67,508,056	63,786,819	3.2%	9.2%

# Quality Reports

# Performance Improvement Priorities 2024

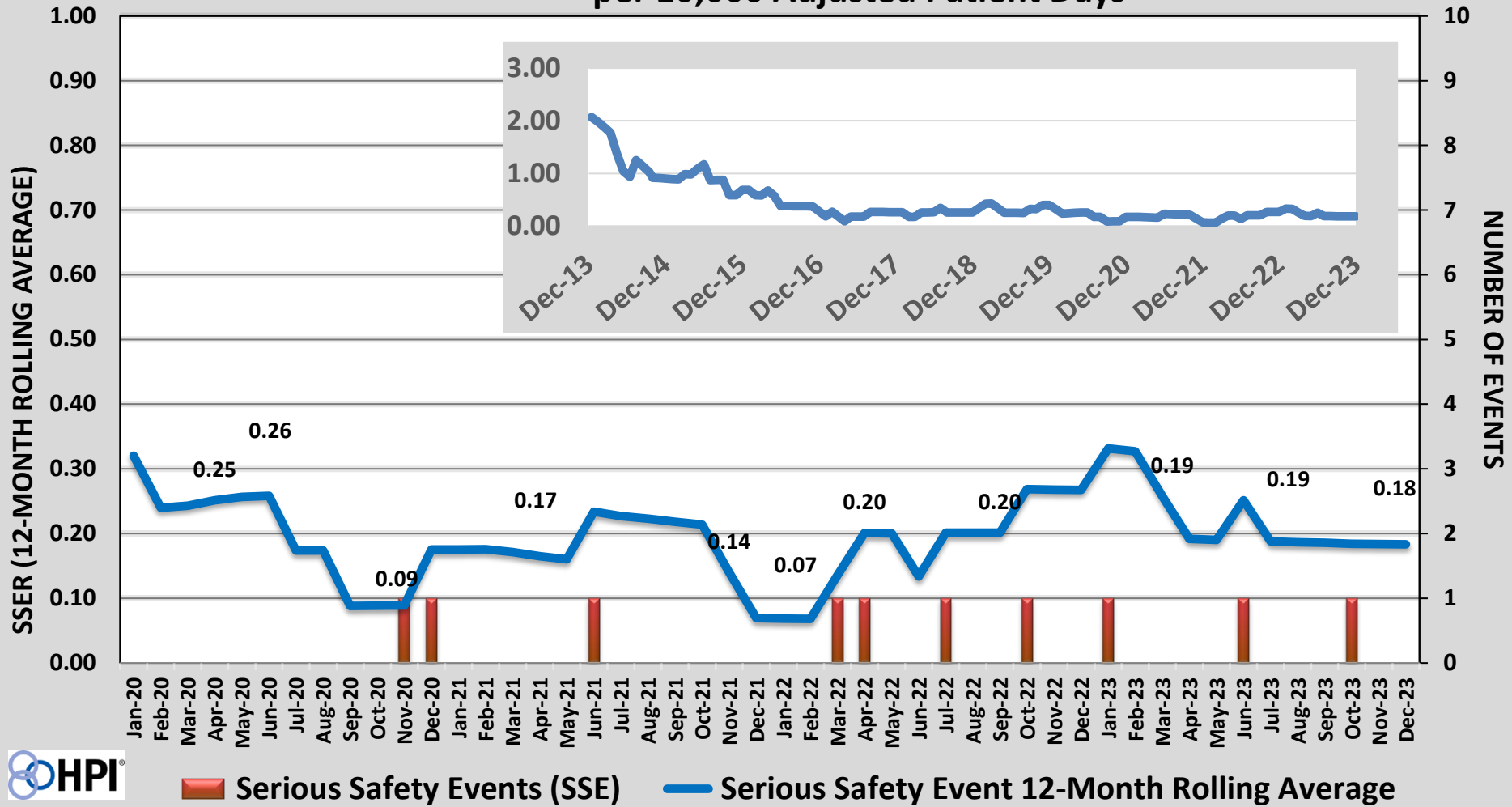
1. Achieve an **Inpatient/Before Hand Hygiene** compliance rate of >92% with a goal of >95%
2. Achieve a **Catheter-Associated Urinary Tract Infection (CAUTI)** Standardized Infection Rate target of 0.5 with a goal of zero.
3. Achieve >75<sup>th</sup> percentile compared to all national hospitals in the Press Ganey database for **Outpatient and Ambulatory Surgery (OAS) CAHPS Recommend Facility** rate with a goal of >90<sup>th</sup> percentile
4. Achieve >75<sup>th</sup> percentile compared to all national hospitals in the Press Ganey database for **LAB, Rehab, & Radiology Targeted Survey Likelihood to Recommend** rate with a goal of >90<sup>th</sup> percentile
5. Achieve a target of 7/8 quarters better than benchmark group of NDNQI academic medical centers for **Falls with Moderate harm, Major harm or Death** with a goal of 8/8 quarters.
6. Achieve a **Within-48 hours Admission Medication Reconciliation** rate >80% with a goal of >90%

# JDH Scorecard

Meaure Group	Service/Unit	Metric	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Current Target	Warning Range	Red Flag
Safety & Quality	All Hospital Units	Serious Safety Event Rate - events/10,000 pt days, rolling average (End of Quarter)	0.20	0.27	0.26	0.25	0.19	0.18	<0.1	0.1- 0.25	>0.25
		Hand Hygiene Inpatient: Before	95%	91%	87%	90%	89%	89%	≥97%	94%-97%	<94%
		CAUTI - # events	4	1	5	1	1	2			
		CAUTI Standardized Infection Ratio (Half-year)	2.099	1.327	2.498	0.622	0.546	1.053	<0.75	0.75-1.00	>1.00
		CLABSI - # events	0	0	3	1	0	2			
		CLABSI Standardized Infection Ratio (Half-year)	0	0	1.604	0.638	0	1.160	<0.75	0.75-1.00	>1.00
		C.diff - # events	6	4	1	3	1	5			
		C.diff Standardized Infection Ratio	0.750	0.478	0.118	0.385	0.109	0.541	<0.75	0.75-1.00	>1.00
		Falls with Harm/1000 Patient days (NDNQI): # Quarters > mean of AMC's/Last 8 Quarters	5	4	4	4	6		>4 of 8 qtrs	4 of 8 qtrs	<4 of 8 qrts
		Hospital-Acquired Pressure Injury (Stage 2+) (NDNQI): # Qtrs > mean of AMC's/Last 8 Qrts	8	8	8	8	7		>3 of 7 qtrs	3 of 7 qrts	<3 of 7 qrts
		Mortality index (Vizient® Risk Adjusted): Observed/Expected Ratio [Percentile vs. CCMC Peer group]	50	48	70	61	63	80	>75	50-75	<50
		30-Day All-Cause Readmission Rate: Percentile vs. Vizient® CCMC peer group	64	53	54	65	54	79	>75	50-75	<50
		Admission Medication Reconciliation Completed Within 48 hours					56.2%	60.4%	>90%	80%-90%	<80%
		Anesthesiology	Adverse event rate	0.16%	0.03%	0.14%				<0.20%	0.20-0.30%
	Diagnostic Imaging	% of Vrad radiologists with miss rate >2%	0.87%	0.59%	0.90%	0.71%	0.59%		<2.00%	2.00-4.00%	>4.00%
		% of UConn radiologists with miss rate >2%	0.43%	0.24%	0.51%	0.00%	0.00%		<2.00%	2.00-4.00%	>4.00%
	Emergency Medicine	Door to provider (min)	28	35	27	29	31		<30 min	31-40 min	>40 min
		Length of Stay (min)	246	251	249	244	247		<240 min	240-300 min%	>300 min
		Left Without Being Seen Rate	1.04%	0.92%	0.85%	0.72%	0.98%		<1.0%	1.0-2.0%	>2.0%
		72-Hour Return to ED with Admission Rate	0.92%	1.10%	1.06%	1.15%	1.04%		<1.00%	1.00-3.00%	>3.00%
	Laboratory Medicine	Stroke: Median Door to CT Scan Time (min)	18.7	14.6	15.6	16.0	19.3		<26 min	26-40 min	>40 min
		Critical Value Notification - Inpatient (Within 15 min)	99.1%	98.8%	98.7%	99.0%	91.9%		>98%	90-98%	<90%
		Critical Value Notification - ED (Within 30 min)	99.8%	100.0%	100.0%	99.0%	96.0%		>98%	90-98%	<90%
	OB/GYN	PC-02: Nulliparous women with a term, singleton baby in vertex position delivered by C-section	50.0%	27.3%	21.4%	20.6%	31.6%	24.0%	<24%	24-30%	>30%
		PC-05: Exclusive Breast Milk Feeding	57.9%	44.7%	64.6%	47.1%	47.2%	65.8%	>70%	50-69%	<50%
		Acute Treatment of Hypertension within 60 min	71%	71%	82%	74%	78%		>80%	50-80%	<50%
	Surgery	SSI Colon - # CMS events	0	0	0	1	2				
		SSI Colon - CMS Standardized Infection Ratio		0.000		0.756			<0.75	0.75-1.00	>1.00

# Serious Safety Event Rate (SSER): 12-Month Rolling Average

## Serious Safety Events per 10,000 Adjusted Patient Days



Serious Safety Events (SSE)

Serious Safety Event 12-Month Rolling Average

# Injury Falls Per 1,000 Patient Days

Q4 2021 – Q3 2023



6/8 Quarters

Number of quarters unit  
**OUT-PERFORMED**  
the comparison peer group mean  
(Academic Medical Centers)



5 to 8 quarters

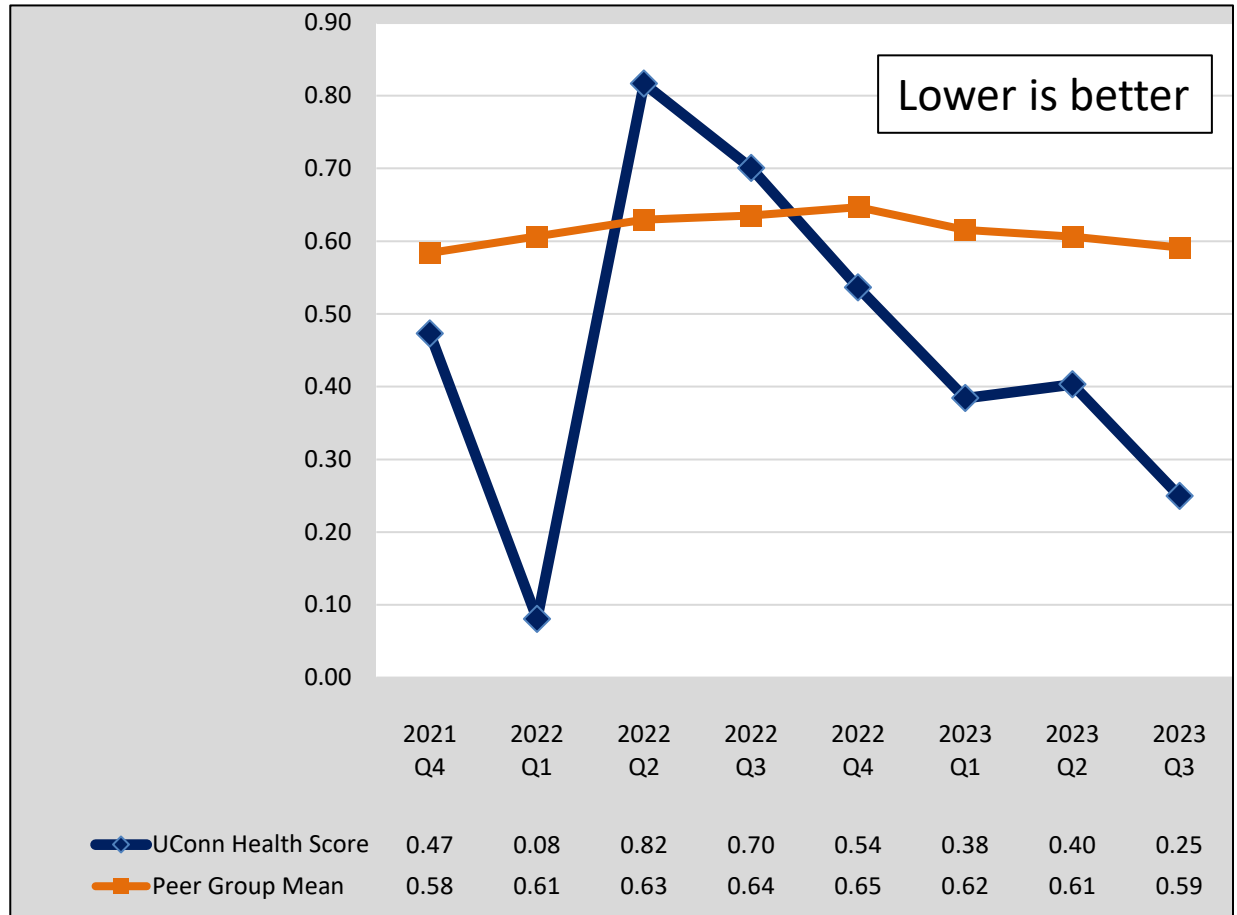


4 of 8 quarters



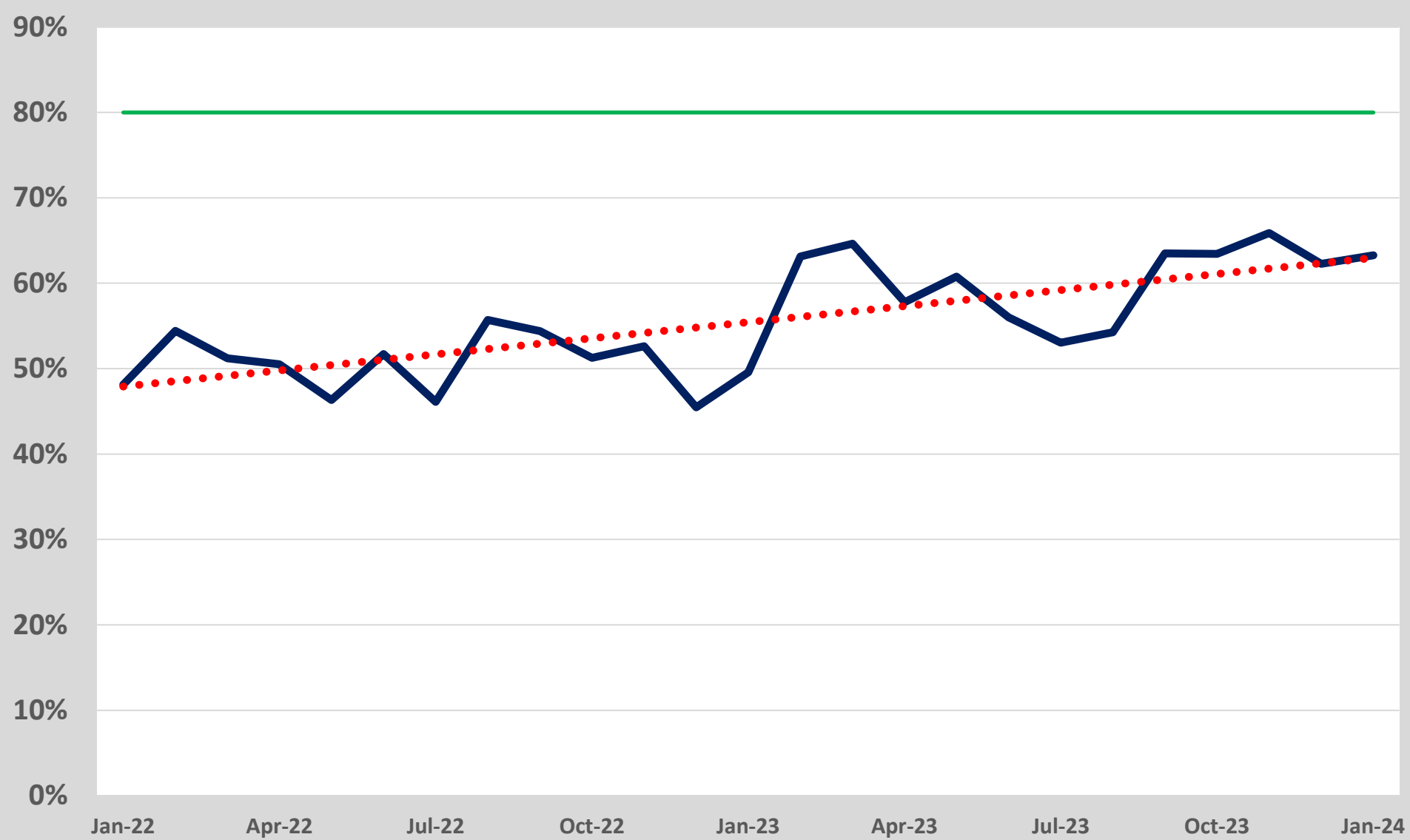
0 to 3 quarters

Source: NDNQI





# Hospitalist 48-hour Admission Medicine Reconciliation Rate

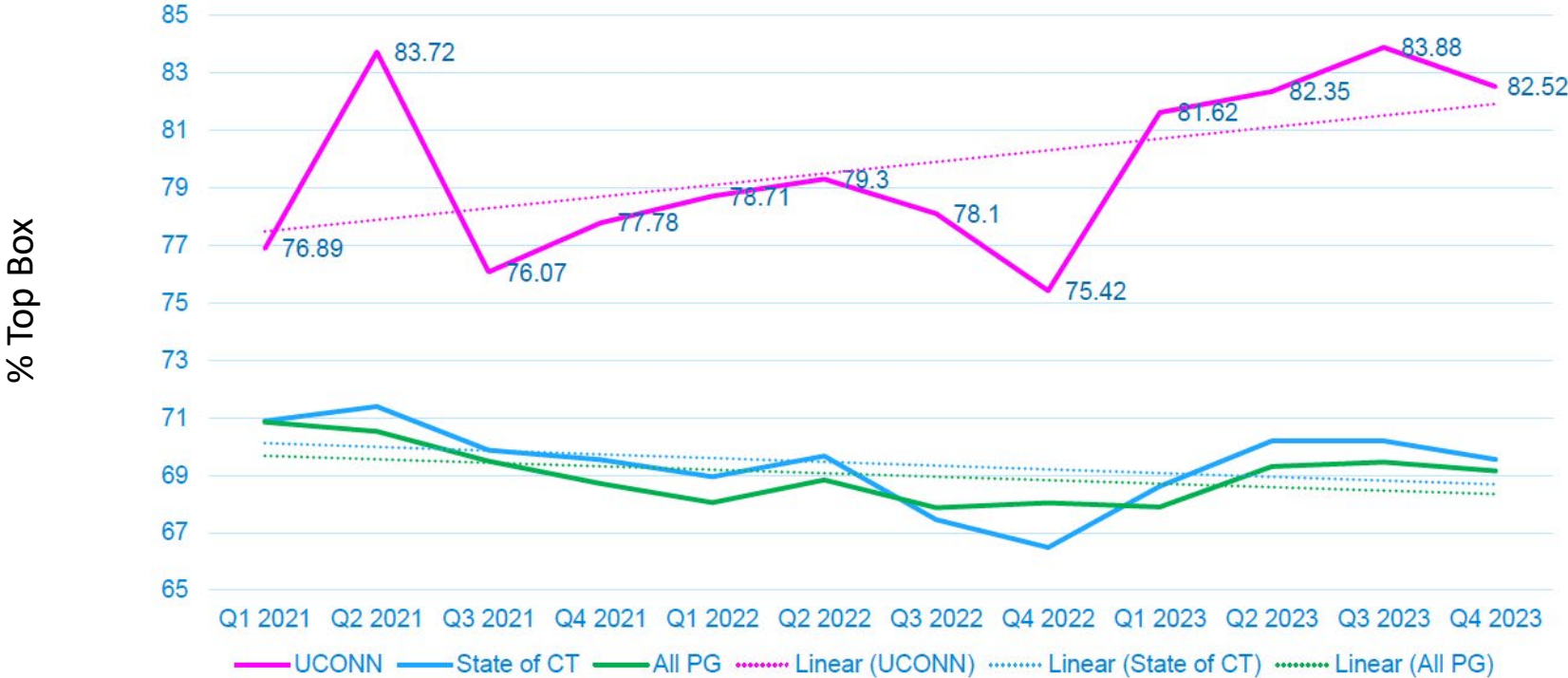


# Patient Experience

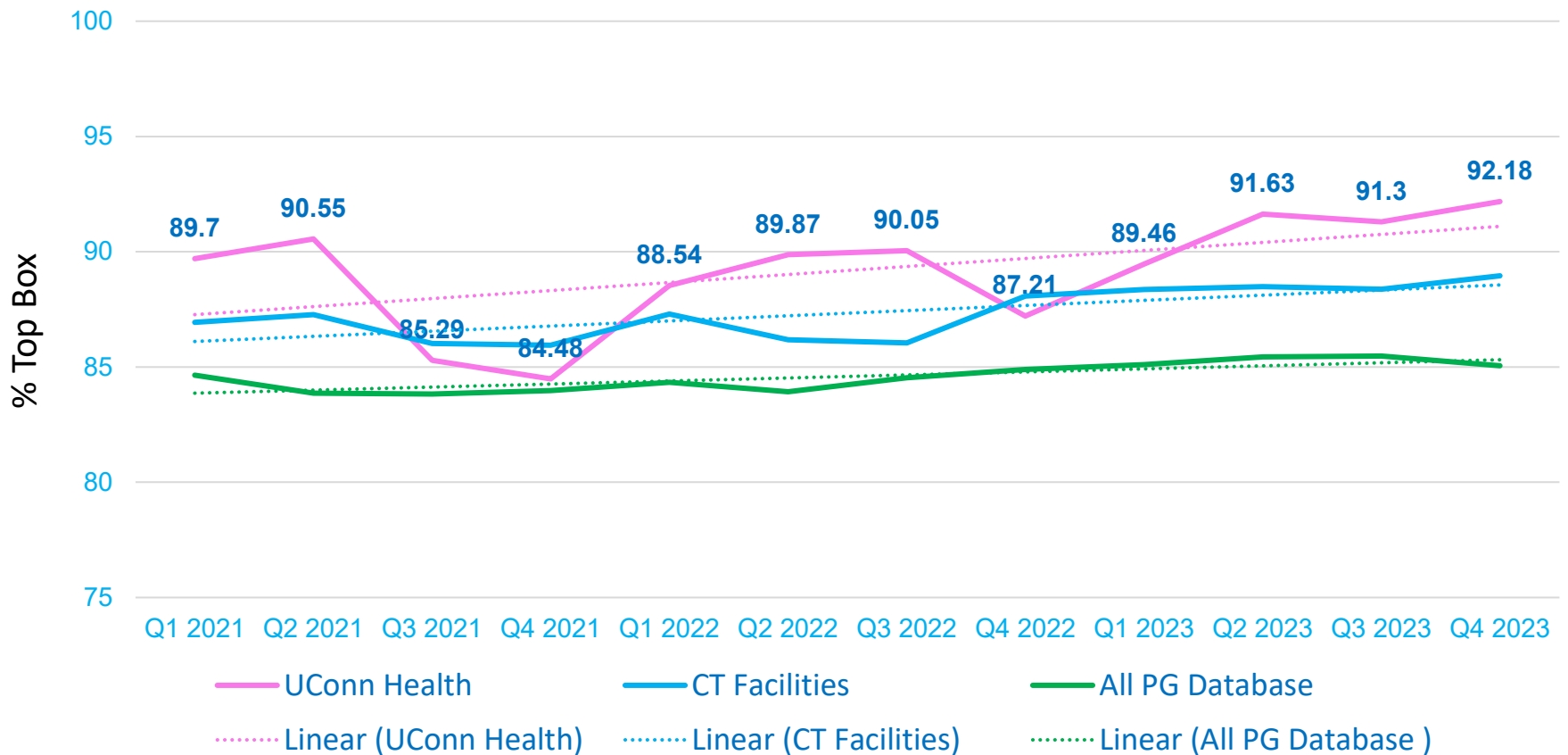
Measure Group	Service/Unit	Metric	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Current Target	Warning Range	Red Flag
Patient Experience	Inpatient Units	HCAHPS Likelihood to Recommend: % Top Box	78.1%	75.4%	81.6%	82.4%	83.9%	82.5%			
		HCAHPS Likelihood to Recommend: CT Hospitals Percentile Ranking	95	82	99	99	99	98	>75	50- 75	<50
		HCAHPS Likelihood to Recommend: All Press Ganey Database Percentile Ranking	81	73	89	88	91	89	>75	50- 75	<50
	Emergency Department	ED CAHPS: Likelihood to Recommend ER: % Top Box	67.4%	63.3%	72.8%	72.9%	69.6%	67.2%			
		ED CAHPS: Likelihood to Recommend the ER: CT state ER/ED's Percentile Ranking	68	51	72	67	58	59	>75	50- 75	<50
		ED CAHPS: Likelihood to Recommend ER: 40K-50K Percentile	87	82	91	95	86	79	>75	50- 75	<50
	All UMG and JDH Outpatient Clinics, Urgent Care Centers	CG CAHPS: Recommend the Provider Office: % Top Box	91.0%	91.9%	93.3%	93.6%	93.7%	94.0%			
		CGCAHPS: Recommend this Provider Office: AHA Region 1 Facilities Percentile Ranking	39	63	87	84	81	91	>75	50- 75	<50
		CG CAHPS: Recommend the Provider Office: National Facilities Percentile Ranking	38	52	70	69	69	56	>75	50- 75	<50
	Main OR, UConn Health Surgery Center, Procedure Center (GI)	OAS CAHPS: Recommend Facility: % Top Box	90.1%	87.2%	89.5%	91.6%	91.3%	91.8%			
		OASCAHPS: Recommend Facility: Facilities in CT Percentile Ranking	88	46	64	71	77	72	>75	50- 75	<50
		OAS CAHPS: Recommend Facility: All Press Ganey Database Percentile Ranking	77	58	71	83	80	84	>75	50- 75	<50
	Lab, Rehab, Radiology	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	83.8%	84.5%	86.7%	86.3%	86.9%	87.9%			
		Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	42	48	65	64	66	69	>75	50- 75	<50
		Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Ranking	48	48	66	60	63	69	>75	50- 75	<50
Outpatient Oncology	Press Ganey Targeted Survey [ON]: Likelihood of Recommending Services: % Top	92.0%	88.4%	88.5%	89.3%	82.5%	93.1%				
	Press Ganey Targeted Survey [ON]: Likelihood of Recommending Services: All Facilities Percentile Rankin	76	42	43	48	8	81	>75	50- 75	<50	

Measure Group	Service/Unit	Metric	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Current Target	Warning Range	Red Flag
Patient Experience	LAB	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	83.3%	84.9%	86.2%	86.1%	87.8%	88.6%			
		Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	37	50	62	61	75	74	>75	50- 75	<50
		Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Ranking	43	52	63	58	70	75	>75	50- 75	<50
	Rehab	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	90.9%	84.5%	93.1%	92.9%	92.1%	84.70%			
		Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	99	48	99	99	99	39	>75	50- 75	<50
		Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Ranking	95	49	98	97	94	41	>75	50- 75	<50
	Radiology	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	83.2%	83.7%	86.5%	85.8%	84.8%	86.6%			
		Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	36	40	64	58	35	59	>75	50- 75	<50
		Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Ranking	42	43	65	55	44	59	>75	50- 75	<50

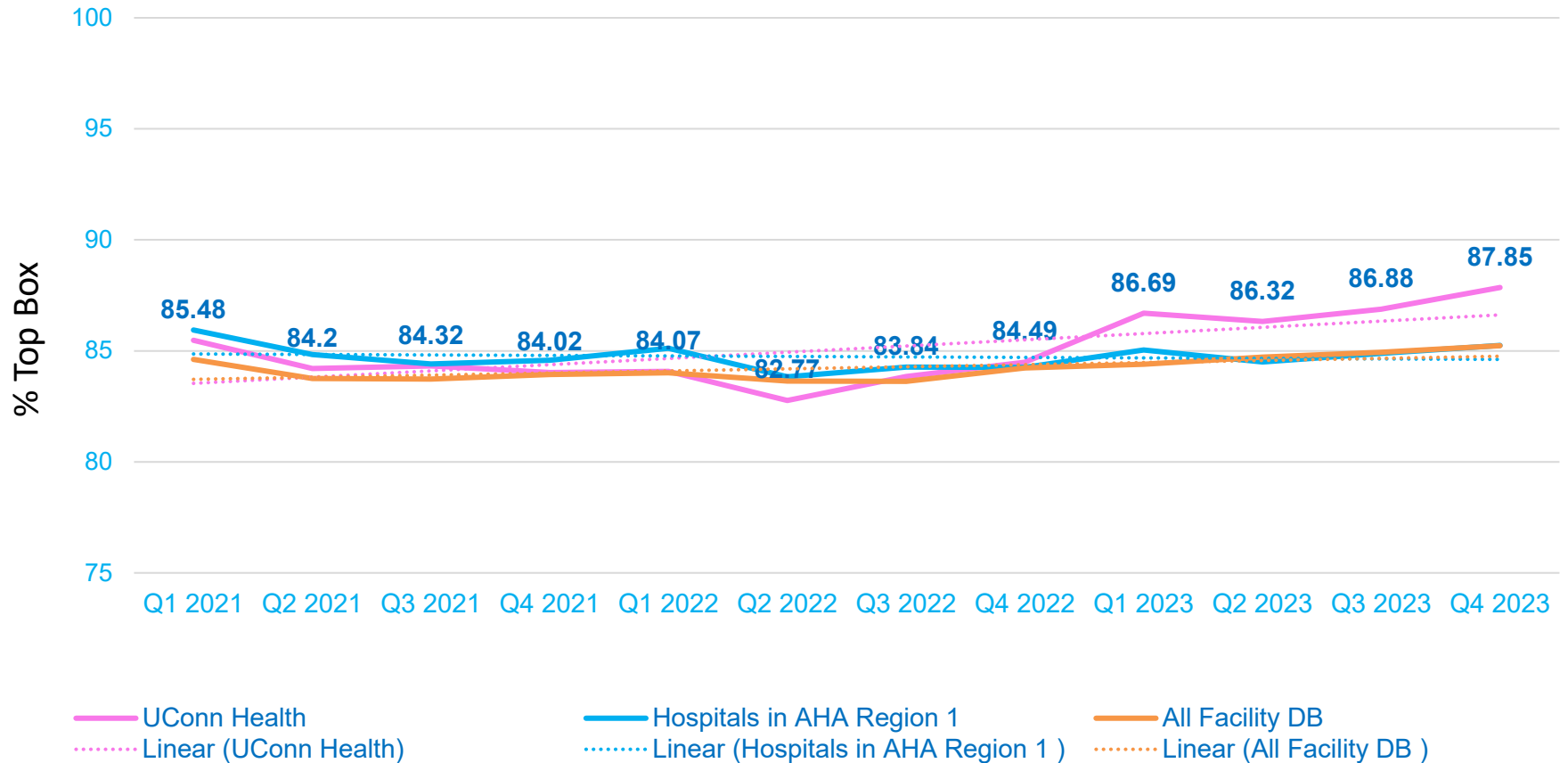
# Inpatient HCAHPS LTR



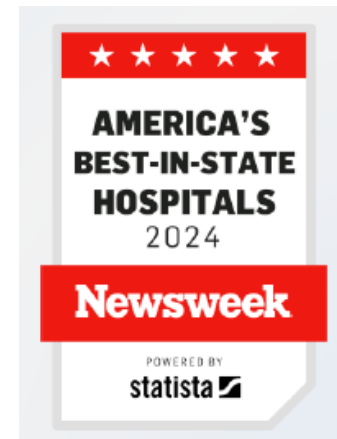
# Outpatient Ambulatory Surgery OAS CAHPS LTR



# Outpatient Services OU Press Ganey Survey LTR



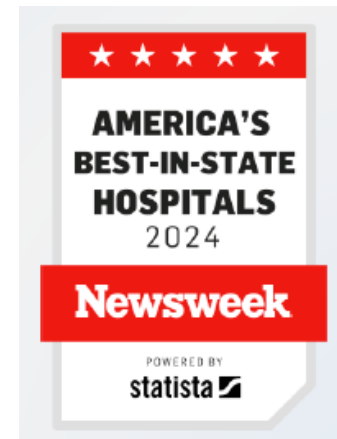
# Newsweek Best-in-State Hospital



- Awarded to 600 hospitals nationally
- Ranking based on:


Data	Source	Weight
Recommendations from peers	Nationwide online survey among health care professionals and hospital managers	40%
Quality	CMS data on <ul style="list-style-type: none"> <li>• Mortality</li> <li>• Safety</li> <li>• Readmission</li> <li>• Experience</li> <li>• Timely &amp; effective care</li> </ul>	40%
Patient Experience	HCAHPS	17.5%
Patient Reported Outcome Measures Implementation	Survey of hospital	2.5%

# Newsweek Best-in-State: Connecticut Hospitals



Rank	Hospital	Score	City	State
1	Yale New Haven Hospital	83.70%	New Haven	Connecticut
2	John Dempsey Hospital	76.09%	Farmington	Connecticut
3	Griffin Hospital	76.00%	Derby	Connecticut
4	Midstate Medical Center	75.33%	Meriden	Connecticut
5	Sharon Hospital	74.74%	Sharon	Connecticut



**TO:** Members of the Clinical Affairs Subcommittee of the Board of Directors  
**FROM:** Richard Simon, M.D.   
**DATE:** February 8, 2024  
**SUBJECT:** Amendments to UConn John Dempsey Hospital Medical Staff Bylaws

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**Recommendation:** That the Clinical Affairs Subcommittee of the Board of Directors approve the revisions to the UConn John Dempsey Hospital (JDH) Medical Staff Bylaws.

**Background:** The recommended changes have been approved by the Medical Board and the Medical Staff at-large. The change is proposed for compliance with a state statute that went into effect on October 1, 2023 and requires that hospitals allow 5-years from the date of board eligibility to become board certified. Current language allows up to 5-years or the period of eligibility defined by the respective board, whichever is less.

**Change:**

**ARTICLE III. MEDICAL STAFF MEMBERSHIP**  
**Section 2. Qualifications for Membership**

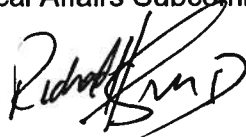
B. The physician, dentist, or podiatrist shall obtain and maintain board certification recognized and approved by the John Dempsey Hospital Credentials Committee or be eligible for certification and become certified ~~within the lesser of (i) the period of eligibility as defined by the respective board or (ii) within five (5) years after the date on which the physician, dentist, or podiatrist became board eligible in such specialty of completing residency and/or Credentials Committee approved education/training.~~ The Clinical Affairs Subcommittee may consider an extension to a longer period of time when board regulations provide for a period of time longer than five (5) years from the eligibility date. ~~are in conflict with the bylaws.~~ In those cases, however, there must still be a clear path to board certification. When the applicable specialty board regulations state that a physician, dentist, or podiatrist becomes ineligible after failing to achieve certification within less than five (5) years, that provider will no longer be eligible for medical staff membership beginning on the date representing five (5) years from the initial board eligibility date. For those dentists practicing General Dentistry (where no recognized board certification exists), completion of one of the following is required: (i) a two-year Commission on General Dentistry (CODA) approved residency program or (ii) a one-year CODA approved residency program and one-year of hospital practice.



# UCONN HEALTH

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

**FROM:** Richard Simon, M.D.



**DATE:** February 8, 2024

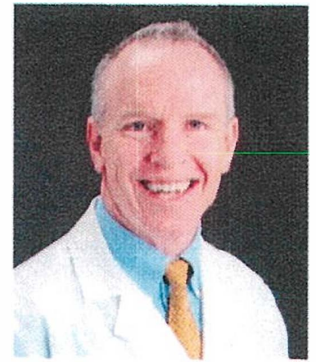
**SUBJECT:** Surgery Chief of Service

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**Recommendation:** That the Clinical Affairs Subcommittee of the Board of Directors approve Dr. Kevin Staveley-O'Carroll as Surgery Chief of Service.

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

## CURRICULUM VITAE



**NAME:** Kevin Finnbar Staveley-O'Carroll, MD, PHD, MBA, FACS

**BUSINESS ADDRESS:** UConn Health  
263 Farmington Avenue  
Farmington, CT 06030

**Contact Information:** Email: ksoc@uchc.edu  
Office Phone: 860-679-4801

**CURRENT POSITION:** Professor of Surgery  
University of Connecticut, School of Medicine

**DATE & PLACE OF BIRTH:** 5 December 1963, Tulsa, Oklahoma

**FAMILY:** Wife: Julie  
Children: Seamus Mack, 1992  
Kevin Finnbar, 1993  
Ciara Colette, 1995  
Madelein Mairéad, 2000

### **UNDERGRADUATE & MEDICAL EDUCATION**

Undergraduate: University of Notre Dame, South Bend, Indiana  
BS Chemistry, 1986

Medical School: University of Oklahoma College of Medicine  
Oklahoma City, Oklahoma  
MD, 1990

Graduate School: The Johns Hopkins University School of Medicine  
Department of Pharmacology and Molecular Biology  
Baltimore, Maryland  
Dissertation: *An Analysis of the CD4<sup>+</sup> T cell's Ineffective Response to Tumor Antigen.*  
PhD, 2000

The Military College of South Carolina, The Citadel  
Charleston, SC  
MBA, 2017

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Kevin Finnbar Staveley-O'Carroll, MD, PHD, FACS

<u>Residency:</u>	1990-1998	Resident in Surgery The Johns Hopkins Hospital Baltimore, Maryland
	1998	Registrar in Vascular/Thoracic Surgery Royal College of Surgeons Dublin, Ireland
	1998-1999	Chief Resident in Surgery The Johns Hopkins Hospital Baltimore, Maryland
<u>Fellowships:</u>	1992-1996	Postdoctoral Research Fellow Laboratory of Hyam Levitsky, M.D. Departments of Oncology/Immunology/Pharmacology The Johns Hopkins Hospital Baltimore, Maryland
	1999-2000	Fellow in Surgical Oncology The Johns Hopkins Hospital Baltimore, Maryland

**MEDICAL LICENSURE:**

Maryland - inactive  
 Pennsylvania - #MD-071461-L  
 South Carolina - MMD-35558  
 Missouri- 2015030565

**SPECIALTY BOARD CERTIFICATION**

Oct 2002	Certification, American Board of Surgery
Nov 2011	Recertification

**PRIOR ACADEMIC POSITIONS**

1999 - 2000	<b>Instructor in Surgery</b> , The Johns Hopkins University School of Medicine, Baltimore, Maryland
2000 - 2006	<b>Assistant Professor</b> , Department of Surgery, The Penn State University College of Medicine, Hershey, PA
2003 - 2006	<b>Assistant Professor</b> , Department of Microbiology/Immunology, The Penn State University College of Medicine, Hershey, PA
2002 - 2013	<b>Member</b> , The Penn State University Cancer Institute, Hershey, PA
2005 - 2013	<b>Director</b> , Program for Liver, Pancreas & Foregut Tumors, The Penn State University Cancer Institute, Hershey, PA

2005 – 2013 **Director**, Multidisciplinary Conference for Liver, Pancreas & Foregut Tumors, The Penn State University Cancer Institute, Hershey, PA

2006 – 2011 **Associate Professor with tenure**, Departments of Surgery, Immunology & Microbiology, The Penn State University College of Medicine, Hershey, PA

2006 – 2013 **Fellowship Director**, Hepatobiliary Fellowship, The Penn State University Cancer Institute, Hershey, PA

2006 – 2013 **MD/PhD Graduate Faculty**, The Penn State University College of Medicine, Hershey, PA

2006 – 2013 **Graduate Faculty**, The Penn State University College of Medicine, Microbiology, Hershey, PA

2008 – 2013 **Chief**, Section of Surgical Oncology, The Penn State University College of Medicine, Hershey, PA

2009 – 2013 **Graduate Faculty**, The Penn State University College of Medicine, Molecular Medicine, Hershey, PA

2009 – 2011 **Associate Professor with tenure**, Department of Medicine, The Penn State University College of Medicine, Hershey, PA

2011 – 2013 **Professor of Surgery**, Medicine, Immunology & Microbiology Department of Surgery, The Penn State University College of Medicine, Hershey, PA  
**Chief**, Section of Surgical Oncology, Penn State University College of Medicine  
**Director**, Program for Liver, Pancreas, and Foregut Tumors, Penn State Cancer Institute

2013 – 2015 Alice Ruth Reeves Folk **Endowed Chair** of Clinical Oncology  
**Professor of Surgery**, Microbiology & Immunology  
**Chief**, Division of Oncologic & Endocrine Surgery  
**Medical Director** of the Hollings Cancer Center  
**Director**, Cell Evaluation & Therapy Shared Resource, Hollings Cancer Center  
Medical University of South Carolina

2013-present **Staff Surgeon**, VA (Ralph Johnson VA and Harry S. Truman VA)

2015-2021 **Chair**, Hugh E. Stephenson, Jr., MD, Department of Surgery  
**Director**, Ellis Fischel Cancer Center  
Hugh E. Stephenson, Jr., MD, **Endowed Chair** of Surgery

2015-present **Professor of Surgery**  
University of Missouri, School of Medicine

2022-present **Program Leader**, Clinical Trials in GI Cancers, Ellis Fischel Cancer Center

## PATENTS

US Application Number: 16/615,607

International Application Number: PCT/US2018/035594

Kevin Staveley-O'Carroll, Mark Kester, Guangfu Li

Ceramide nanoliposomes as a method and device for immunotherapy  
Submitted, 2017


Application Number: 63316723; EFS ID: 45150741

Nanoliposome C6-ceramide in combination with anti-CTLA4 antibody improves anti-tumor immunity in hepatocellular cancer

Kevin Staveley-O'Carroll, Mark Kester, Guangfu Li

Submitted, 2022



**TO:** Members of the Clinical Affairs Subcommittee of the Board of Directors  
**FROM:** Richard Simon, M.D., Medical Board Chair   
**DATE:** February 8, 2024  
**SUBJECT:** JDH Medical Board Report

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The following is a summary of the major activities of the JDH Medical Board for November 1, 2023 through January 31, 2024.

### **POLICY/OTHER ISSUES**

1. Approved a new standing order set for COVID vaccine for employees.
2. Approved a new Ongoing Professional Practice Evaluation (OPPE) metric for APRNs in the Neurosurgery division.
3. Approved revisions to the OPPE metrics for physicians in the Orthopaedics service.
4. Approved revisions to the Clinical Policy on Specimen Management for the Operating Room and Labor and Delivery.
5. Approved revisions to the Clinical Policy on Admission, Transfer and Discharge in the Perianesthesia and Perisedational areas.
6. Approved a revised nurse-driven protocol for wound and ostomy-certified nurses allowing them to initiate certain therapies.
7. Discussed the need to develop a scope of services policy for JDH.
8. Discussed how Medical Staff and trainees are educated about the informed consent process and if additional education is needed.

### **CREDENTIALING ACTIVITY**

<b>Type of Application or Evaluation</b>	<b>Total</b>
Initial Appointment	37
Reappointment	135
Temporary Privileges	12
Applications for a Change in Privileges	5
Focused Professional Practice Evaluations	40
Ongoing Professional Practice Evaluations	2

**TO: UConn Health Board of Directors**

**FROM: Anne Horbatuck, RN, BSN, MBA  
Chief Operating Officer, University Medical Group  
Vice President, Ambulatory Operations**

**Denis Lafreniere, MD, FACS  
Professor and Chief, Division of Otolaryngology, Head and Neck Surgery,  
Associate Dean of Clinical Affairs**

**DATE: February 8, 2024**

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

## **PROGRESS ON AMBULATORY ORGANIZATIONAL GOALS and INITIATIVES**

Brief highlights for Q2 FY24:

### **Operational Updates / Pandemic:**

- **Vaccine Administration and Testing:** The Public Health Emergency (PHE) ended on May 11th, 2023. Our employees continue to call the COVID call center and have access to testing to keep our workforce operational and safe. In the future we will be transitioning this testing to our clinics and Employee Health area.
- **Masking policy updates:** As of October 23, 2023 we updated our institutional masking protocol due to increased COVID-19 in our community, and we were 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.  
The masking policy for UConn Health employees is as follows:
  - Masks are currently recommended for all patients and visitors in both outpatient and inpatient settings at UConn Health due to the increase in COVID-19 community transmission.
  - Masks are also required to be worn by our providers and staff:
    - During all direct, patient-facing interactions in both outpatient and inpatient settings. This includes when entering a patient room or prolonged, close contact with a patient.
    - In specific units or departments as needed, as determined by local leaders and UConn Health leadership in consultation with Infection Prevention and the COVID-19 Call Center.
- **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.
  - Patients are no longer able to self-schedule COVID-19 vaccines through MyChart. COVID-19 vaccinations are now offered to established patients exclusively through their primary care office.
- **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 15<sup>th</sup>. 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.
- **Policy Migration** - UConn Health has recently launched a new Policy Manager software. This cloud-based software solution is designed to streamline the way UConn Health accesses, reviews, revises, and approves policies. The Policy Manager system is accessible to the UConn Health workforce after the required training is completed. All active Clinical policies and standards documents, as well as Administrative policies and standards documents that have routed through the Administrative Policy Committee, are accessible in the Policy Manager system. There are continual improvements and adjustments being made to this as we move forward.

**Population Health Program Outcomes:**

Figure 1. Population Health Clinical Outcome Scorecard

Population Health Program	Metric	Reporting Period			Trend	Notes
		FY23 Average (July '22-Jun '23)	FY24 Q1 (Jul-Sept)	FY24 Q2 (Oct-Dec)		
Transitional Care Management	Appointment Adherence	78%	82%	78%	↓	Target rate 80%
	30- Day Readmission Rate	13.5%	13.1%		↓	Q2 readmission data incomplete at time of report due to 30 day run out period.
Care Coordination	Patients Referred to Social Work	-	191	255	↑	New data on social work referral volume
	Patients Referred- SDOH	87	80	95	↑	Top referral requests- transportation, housing, and food resources
ED High Utilizer Outreach	Total High Utilizer Outreach	387	353	347	↓	High utilizer defined as 3 or more ED visits in 60 day period.
	Engagement Rate	47%	36%	51%	↑	Percentage of patients reached by a Community Health Specialist following an ED visit

- The Transitional Care Management (TCM) program outcomes continue to trend favorably with a decrease in readmission rate and above average appointment adherence rates. The team is working to expand TCM outreach to include additional discharges from Skilled Nursing Facilities for the Medicare population. This will be key to managing cost and utilization and aligns with goals to support top performance in our Accountable Care Organization (ACO).
- Care Coordination: Referrals to Social Work and Community Health Specialists increased this quarter. The team has been providing increased education at the medical practices on the importance of screening for Social Determinants. New collaborative efforts with the Multiple Sclerosis Center in Neurology to increase screening and connect patients to community resources are underway. There has been a system wide focus on screening for Social Determinants. In December 2023, John Dempsey Hospital implemented screening on all inpatient units (excluding Psychiatry) as a part of the nursing assessment. Positive screenings are referred to inpatient social workers to address and coordinate social care in the community. These screening processes align with Centers for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC) new requirements to increase the screening rates for Social Drivers of Health (SDOH) in the following domains: food insecurity, housing instability, transportation needs, utility difficulty and interpersonal safety.
- Continuing efforts to decrease Hospital-wide readmission rates have led to the development of a new post-discharge coordination service that will outreach patients at the highest risk for readmission to assess their clinical status post-discharge, reinforce chronic condition management and education, coordinate any ancillary services and follow-up appointments. This program will be interdisciplinary and draw on the expertise of a registered nurse, pharmacist, diabetes educator, nurse practitioner and physician to triage patient concerns and intervene with tele-health visits and medication management as needed.

**Accountable Care Organization (ACO)**

- This quarter, final preparations are underway to support the launch of UConn Health’s participation in the Signify Health ACO. The Population Health Management team is working closely with the Signify ACO onboarding team to review our onboarding assessment, outline areas of opportunity and prioritize action

items. Primary Care provider training on the ACO is occurring throughout the quarter and will continue into January. All compliance requirements have been reviewed and plans are in place for the required provider notifications, beneficiary notification and posted notices in medical practices. EHR data extracts and test files have been submitted and approved by Signify Health to support a seamless flow of reporting starting in January. On January 16th, 2024, the Signify onboarding team will transition our group over to our newly assigned regional team.

### **Performance Improvement**

- Gastroenterology (GI) process improvement strategies continued this quarter with a goal of reducing patient wait time from referral to office visit/procedure. Additional goals include prioritization of urgent referrals and schedule optimization both in the practice and the operating room (OR). Modification to the referral work queue processing was implemented at the beginning of October. Patients referred for urgent reasons (e.g., GI bleeding, abnormal test results) are “flagged” in the referral work queue so they can be given precedence to office visit scheduling by GI schedulers. Additional RN that supports this process was hired and started on October 20. New process of GI procedure scheduling aimed at reducing no show and late cancellation rate was initiated on November 1. After office visit in the GI, patients are provided a date of procedure by a GI scheduler and can request an approximate procedure time. OR RN calls patients 2 weeks prior to a scheduled procedure (as opposed to a previous process of calling 2 days prior to procedure) to confirm date and provide patient with procedure time. OR RN also makes sure that the patient did not receive GI care at another facility and review the procedure preparation instructions to ensure patient’s understanding and adherence. Cancelled procedures are filled with high priority cases identified by GI department to guarantee that the most urgent patients are prioritized for procedure scheduling. In addition, a MyChart screening questionnaire to assess patient risk was developed with assistance of GI APRNs to support the new process for routine colonoscopy screening. Low risk patients will be scheduled a screening colonoscopy procedure without the need for office visit with APRNs. Epic documentation and built was finalized to ensure seamless communication of the risk assessment between GI and OR, including anesthesiology team.

### **Quality**

- This quarter marks the close of the measurement year for many of our value-based care and pay for performance contracts. The quality team is conducting final reviews of quality performance, submitting supplemental data to address gaps in care and working closely with payors to meet any reporting deadlines. Quality performance is trending favorably for most agreements, but final reconciliations are typically 3-4 months after the close of the calendar year to allow for claims run out.
- Following a successful grant program funded by A Million Hearts to address hypertension and preeclampsia in at-risk pregnant women, Wendy Martinson, Ambulatory Quality Manager sought additional funding opportunities to sustain the program. The funds were needed to continue purchasing blood pressure cuffs and educational materials that might not otherwise be covered by the patient’s insurance. This quarter our UConn Health Foundation successfully identified a private donor to provide funding that will allow for 6-12 months of continued distribution of the BP cuff kits.
- This quarter we concluded our primary care Quality Improvement contest, and we recognized the practice with the highest overall performance for the year. The winner was Outpatient Pavilion Internal Medicine who demonstrated improvement overall in all measures but notably increased their Depression Screening rate by over 30 percentage points in the past six months. The team will celebrate their victory with a breakfast on February 1, 2024.
- 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, office staff quality, access to care and care coordination. 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 94.01%.



**Likelihood to Recommend**

Quarter	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	
Time Period	July - Sept	Oct - Dec	Jan - March	April - June	July - Sept	Oct - Dec	Jan - March	April - June	July - Sept	Oct - Dec	Trend
n	4224	3958	3678	3472	4062	9113	13745	13064	12492	9866	
Top Box Score	92.00%	92.22%	92.20%	90.61%	90.99%	91.93%	93.31%	93.58%	93.70%	94.01%	
Percentile Rank	52	58	61	31	39	63	87	84	81	91	

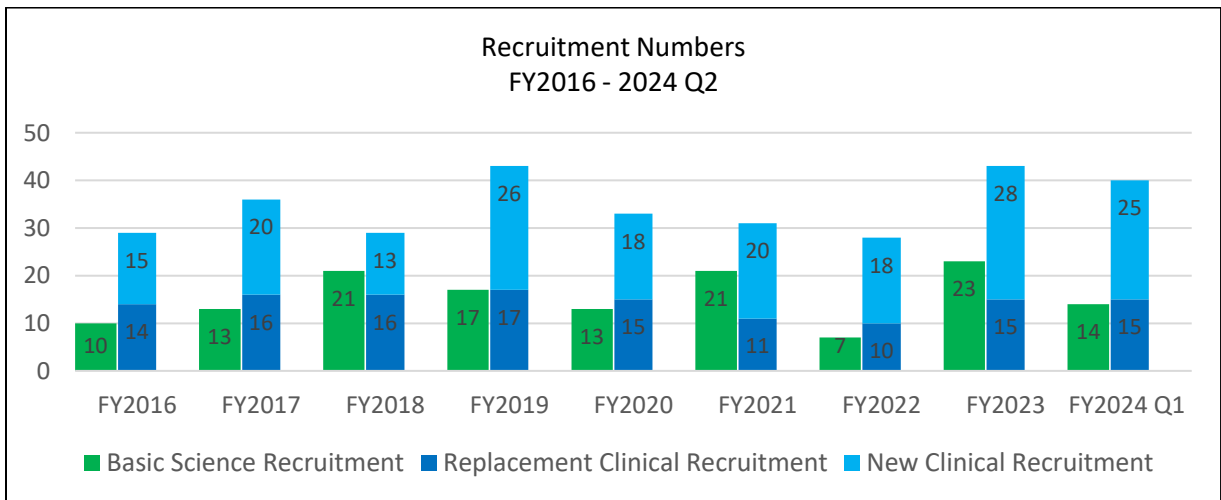
**Pay for Performance (P4P) / Population Health Q2 Financial Incentives**

- Anthem’s Value-Based Care Program - EPHC (Enhanced Personal Health Care) Care Coordination
  - UMG earned \$443,196.
- Anthem Medicare Advantage
  - UMG earned \$6,584.
- United Healthcare MA-PCPi Quality Care Bonus Payment
  - UMG earned \$79,680.
- Wellcare Medicare Advantage P4P
  - UMG earned \$13,480.
- Total incentives earned for FY24 Q2- \$542,940.

**Growth and Development**

Significant growth is anticipated for FY24 with 40 clinical faculty hires scheduled with 25 of these new and 15 of those replacements. We also expect 14 basic science faculty.

- The breakdown of the 25 new clinical positions is as follows: 4 General Internal Medicine, 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, 2 Radiology, 1 General Surgery, 1 Thoracic Surgery, 1 Surgery/Cancer Center, 1 Surgical Oncology



## Space

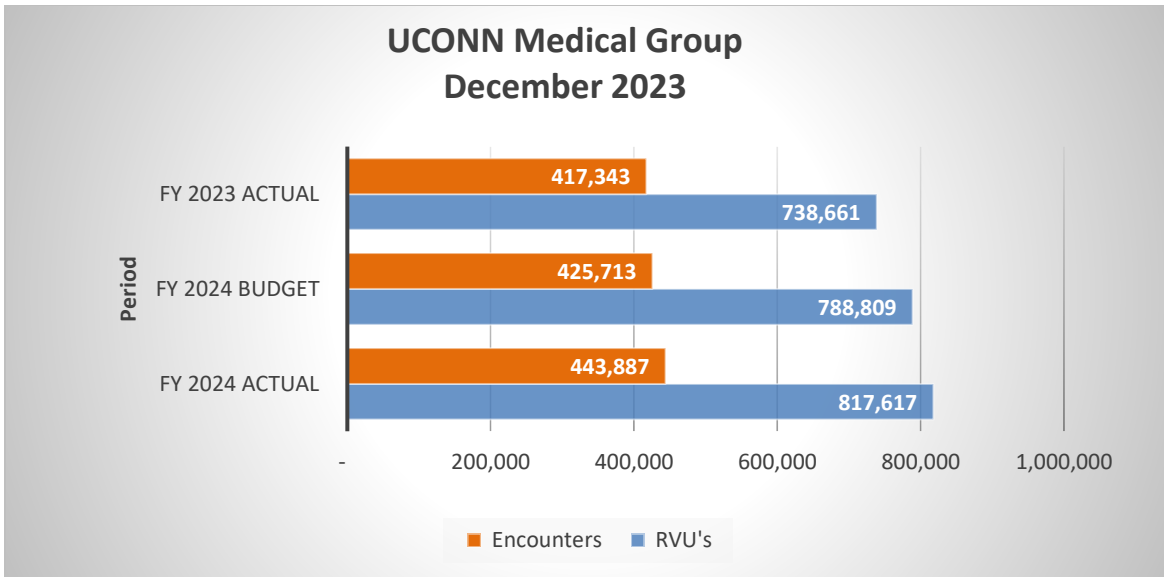
- Space continues to be a challenge as we grow our practices. Early in FY23 Q2 we expanded our Surgical specialties in our West Hartford location. This allowed for patient convenience, direct referrals from Internal Medicine and allowed to decant the space in the Outpatient Pavilion. Services include 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, OBGYN, Pulmonary, Vascular Surgery, Cardiology, Urology, radiology and blood draw area.
- 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. Neurology and blood draw moved into the space on January 22, 2024 (academic and clinical spaces) and Cranial Neurosurgery and Comprehensive Spine Center will follow in March / April, which requires radiology. The new space will comprise of The Brain and Spine Institute.
- 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 four exam rooms. This will allow our existing Primary Care practice on the second floor to expand to accommodate the 3 new MD’s (2 hired) and one APRN (hired).

## CHEERS

UConn Health began implementation of CHEERS, Epic’s Customer Relationship Management (CRM) suite in February 2023. UConn Health is one of five Epic customers chosen to implement this complete product. They have implemented each component separately, but they are integrated so have moved to this new platform. The three modules for CHEERS include.

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

**FINANCE**



**Encounters:**

- YTD encounters are ahead of budget by 4.3% & ahead of prior year by 6.4%

**wRVU's:**

- YTD wRVU's are ahead of budget by 3.7% & ahead prior year by 10.7%

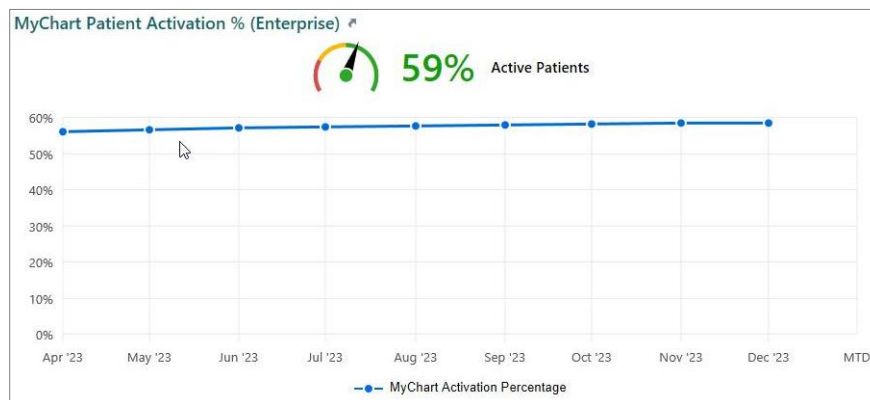
**Revenues:**

Largest Growth Areas for YTD period with charges/stats are MOHS, DermPath & IM when compared to budget

- YTD net patient revenues are ahead of budget by 3.2% & ahead of prior year by 9.2%

**MyChart**

January 2024 we have seen an **increase to 59% active patients**. This is an excellent accomplishment, and we will continue to focus on additional growth. This will also be a part of the CHEERS initiative for patient engagement and Campaigns. Each month our numerator and denominator increase, keeping in mind that when we started our MyChart we were less than 16%.



## **Few Newsworthy Accolades**

Medical Assistants Vital to UConn Health Patient Care: <https://today.uconn.edu/2023/10/medical-assistants-vital-to-uconn-health-patient-care/>

Dr. George Kuchel Elected to Elite Group of Researchers: <https://today.uconn.edu/2023/10/dr-george-kuchel-elected-to-elite-group-of-researchers/>

UConn Health surgeon uses 3D printing for the spine: <https://www.wfsb.com/2023/10/17/uconn-health-surgeon-uses-3d-printing-spine/>

Move for UConn Center on Aging Creates a Program for Coordinated Multidisciplinary Care of Older Adults – A First for the Region: <https://today.uconn.edu/2023/10/move-for-uconn-center-on-aging-creates-a-program-for-coordinated-multidisciplinary-care-of-older-adults-a-first-for-the-region/>

UConn Health Nurse Beats Breast Cancer and Reminds Others to Get Their Mammogram: <https://today.uconn.edu/2023/10/uconn-health-nurse-beats-breast-cancer-and-reminds-others-to-get-their-mammogram/>

Society of Internists Invites Dr. Jaclyn Olsen Jaeger: <https://today.uconn.edu/2023/10/society-of-internists-invites-dr-jaclyn-olsen-jaeger/>

Connecticut Women of Innovation® Honors Dr. Laurie Caines of UConn Health: <https://today.uconn.edu/2023/10/connecticut-women-of-innovation-honors-dr-laurie-caines-of-uconn-health/>

Spotlight on Services: Ophthalmology Technicians: <https://today.uconn.edu/2023/11/spotlight-on-services-ophthalmology-technicians/>

UConn Health Employees Named 2023 Connecticut Healthcare Heroes: <https://today.uconn.edu/2023/11/uconn-health-employees-named-2023-connecticut-healthcare-heroes/>

Grateful Patient Survives Lung Cancer Due to Early Detection <https://today.uconn.edu/2023/11/grateful-patient-survives-lung-cancer-due-to-early-detection/>

Pickleball Champ Credits UConn Health for Success: <https://today.uconn.edu/2023/12/pickleball-champ-credits-uconn-health-for-success/>

UConn Center on Aging Offers Support for Older Adults with Depression <https://today.uconn.edu/2023/12/uconn-center-on-aging-offers-support-for-older-adults-with-depression/>

Dr. Iman Al-Naggar Awarded Urology Care Foundation Research Scholar Award <https://today.uconn.edu/2023/12/dr-iman-al-naggar-awarded-urology-care-foundation-research-scholar-award/>

Connecticut Surgeons at UConn Bring Brazilian Man Pain Relief <https://today.uconn.edu/2023/12/connecticut-surgeons-at-uconn-bring-brazilian-man-pain-relief/>



## Memorandum

**Date:** January 22, 2024  
**To:** Members of the Clinical Affairs Subcommittee of the Board of Directors  
**From:** Dr. Jeffrey Hines, Associate VP and Chief Diversity Officer, UConn Health  
**Re:** **CY2023 JDH Annual Report to Address Health Care Disparities**

### **Introduction:**

It is with pleasure that I submit this annual report to you reviewing our efforts to address health care disparities for CY 2023 in compliance with new standards set by The Joint Commission (TJC). This report specifically highlights the comprehensive action plan developed by a collaborative team from stakeholder groups across UConn Health and community partners. We are excited about this important work and the impact that it has on communities we serve.

### **Background:**

Effective January 1, 2023, new and revised requirements to reduce health care disparities were applied to organizations in The Joint Commission's ambulatory health care, behavioral health care and human services, critical access hospital, and hospital accreditation programs. John Dempsey Hospital and UConn Health leadership stood up a multidisciplinary and interprofessional team of stakeholders. This team is led by Jeffrey F. Hines MD, Associate Vice President and Chief Diversity Officer and meets monthly to assess findings.

After careful preliminary review of hospital data and input from key stakeholders, we decided to start in our obstetrics unit. TJC standard requires that patients be screened for social determinants/drivers of health (SDoH). We initially chose to focus on food and transportation insecurity among all patients admitted to our OB unit. We had a positive review of our plan during the mock TJC review that occurred in January 2023 by Joint Commission Resources.

An Information Technology buildout in EPIC was accomplished. Nurses were educated and trained to collect, chart, and complete the social determinants/drivers of health survey. Data collection and referrals made to Social Work Service (SWS) for those patients who screened positive were tracked and analyzed. Once efficiencies and effectiveness were assured for the process, three additional social determinants/drivers were added and tracked.

To determine and track specific disparities that existed, we next built and created a health equity/DEI dashboard. This dashboard was constructed using a national database from Vizient. The dashboard analyses the self-reported compositional diversity of the patients we serve along de-identified and disaggregated metrics of age, gender assigned at birth, race, ethnicity, preferred language, payor status, and zip code. The database allows us to look at a variety of UCH-unique hospital diagnostic patient data points and it allows us to benchmark ourselves against a CT cohort of hospitals and national cohorts of hospitals. We also added other unique data points to our dashboard. The UCH health equity/DEI dashboard also tracks the self-reported compositional diversity of our staff and faculty de-identified and disaggregated along metrics of race, gender assigned at birth, age, and ethnicity. We also constructed a tab to track our patient experience data by age, gender assigned at birth, race, and ethnicity.

TJC standard requires that an action plan be developed around a disparity. We identified disparities in a few selected postpartum complications in our Latine OB population. An action plan was developed to address a disparity in postpartum infection (see below).

**Assessment:**

Here is a summary of the data for the collection of social determinants/drivers of health:

Reporting Period: 2/14/2023-11/27/2023

	Number
Total OB patients admitted	1007
Total OB patients screened	932 (92.6%)

	Positive screens
Food insecurity	32 (3.4%)
Transportation insecurity	35 (3.8%)
Total	67 (7.2%)

Additional screening domains added 7/11/2023

Admits 7/11/2023-11/27/2023

	Number
Total OB patients admitted	511
Total OB patients screened	463 (90.6%)

	Positive screens
Housing strain	4 (0.9%)
Financial resource strain	36 (7.8%)
Intimate partner violence	3 ((0.6%)
Total	43 (9.3%)

Distribution of appropriate resources were offered to patients who screened positive prior to discharge from the hospital. These patients were then followed up with SWS navigators at ambulatory visits to reassess ongoing social needs.

With the success of screening on our OB unit, SDoH screening to JDH units was launched on December 13, 2023 (except for the Emergency Department and the psychiatry unit). We will continue to evaluate this data and the processes to collect this data regularly so that targeted interventions can be deployed when latest trends and opportunities arise.

As mentioned, we identified a disparity in the rate of postpartum infections among our Latine OB patient cohort (18.5%) compared to our white OB cohort (6.0%) at our institution using the dashboard that was created. We also recognized that this disparity and rate of postpartum infections in the UCH Latine population was higher than that of our CT cohort of hospitals. This was the basis for the action plan we developed to address this disparity.

### **Recommendation:**

We will continue to carefully monitor the health-related social needs for our hospital population. We will collaborate with our new partners, Drs. Steele and Siccardi, and their organization, UConn Health Leaders (UCHL). UCHL will collaborate with our SWS navigators in providing point of contact social resource distribution prior to or at discharge. UCHL will also help to expand our contact with patients after discharge by assisting with follow up phone calls made to patients within a few days following discharge. They will be able to track whether the resources deployed have been utilized or if additional resources are needed. We will begin to look to additional community organizations to partner with to assist in providing immediate and long-term resources to patients who screen positive for the domains listed.

We created an action plan to address the disparity in postpartum infections among our Latine OB patients. Details of the action plan include the following:

1. Co-creation of a plan with our obstetric colleagues (Christopher Morosky MD will serve as a point of contact)
2. Catalogue the distinct types of postpartum infections (SSI, episiotomy, UTI, abscess, endomyometritis, others)
3. Review the type and timing of use of prophylactic antibiotics and skin preparation at time of surgical delivery, limiting vaginal exams, and use of appropriate sterile technique
4. Evaluate use of translation services
5. Improve control of antepartum co-morbidities (DM, HTN, others). We will continue to use Million Hearts Health Equity Implementation Grant to improve access to Self-Measured Blood Pressure (SMBP) and education for our at-risk pregnant women through real-time dissemination of the preeclampsia foundation Cuff Kit
6. Assess if antibiotics needed at discharge are available to patients

7. Assess the distribution of appropriate resources at discharge and follow up visit for those who screened positive for SDoH needs

The plan will be monitored quarterly to assess progress in addressing this identified disparity. We will also continue to capture additional data within the population to identify opportunities to target and deploy additional interventions as needed.

Respectfully submitted,

A handwritten signature in black ink that reads "Jeffrey F. Hines". The signature is written in a cursive, flowing style.

Jeffrey F. Hines MD

Associate Vice President and Chief Diversity Officer, UConn Health Center