

Clinical Affairs Subcommittee of the Board of Directors

May 9, 2024

2:00 pm

WebEx link

[Link for CAS Subcommittee meeting May 2024](#)

Password: CASMAY2024

Members of the public may join by phone by:
Dialing 1.415.655.0003 and entering access code
263 180 32214 when prompted.

For technical assistance please call 860 679 6232 or 860 679 2594

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AGENDA

- | | | | |
|----|--|--------------|-------|
| 1 | Public Comment | | pg 1 |
| 2 | Chair's Remarks | Cheryl Chase | |
| | 2.1 Welcome | | |
| | 2.2 Approval of Minutes: Feb 8, 2024 [VOTE] | | pg 2 |
| 3 | Chief Executive Officer's Report | Dr. B. Liang | pg 6 |
| | 3.1 Clinical Affairs Subcommittee Authority & Role in Patient Safety & Quality | Dr. S. Allen | pg 20 |
| | 3.2 Clinical Affairs Subcommittee Role in Credentialing | Dr. R. Simon | pg 28 |
| 4 | Quality Reports | Dr. S. Allen | pg 37 |
| 5 | Approvals | | |
| | 5.1 Resolution to approve Dr. Ballesteros as Anatomic Pathology Chief of Service [VOTE] | Dr. B. Liang | pg 49 |
| 6. | School Reports | | |
| | 6.1 School of Medicine | Dr. B. Liang | |
| | 6.2 School of Dental Medicine | Dr. S. Saeed | |
| 7. | Informational items | | pg 55 |
| | 7.1 JDH Medical Board - Quarterly Update | | pg 56 |
| | 7.2 UConn Medical Group Operations Quarterly Report | | pg 57 |

8. Executive Session

To discuss matters not subject to disclosure pursuant to Conn. Gen. Stat. §§ 1-200(6) and 1-210(b)(4) and other applicable provisions.

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

Chair, Cheryl Chase, called the meeting to order at 2:02 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 pointed out that with the retirement of Dr. David McFadden, the Clinical Affairs Subcommittee is one committee member short. The JDH Medical Staff Bylaws have a process for filling vacancies. The process is currently underway, and we expect to have a new member on our Clinical Affairs Subcommittee by the end of February.

2.2 Approval of Minutes

The Clinical Affairs Subcommittee approved the motion to accept the minutes of the Subcommittee meeting held on November 9, 2023.

3. Chief Executive Officer Report – Dr. Bruce Liang

Dr. Bruce Liang provided a report on current hospital operations, focusing on clinical volume. The ED continues to grow, with visits ahead of budget and FY23 numbers. We are projecting 55,000 visits by the end of June (FY24), which will be a second consecutive record breaking year. There have been preliminary meetings to increase the number of ED exam rooms (currently there are 44). There was a discussion on the possibility of having an (on-campus) urgent care clinic which could ease some of the pressure on the ED. The average daily census and discharge reports for John Dempsey Hospital continue to exceed budget forecasts in FY24. 64% of JDH admissions came from the ED. Discharges for FY24 are in line with the budget. The average daily census continues to rise, at times approaching the limit of JDH's licensed bed number (234). Caryl Ryan reported on the opening of 18 patient rooms on the 7th floor of the Connecticut Tower in January. Dr. Liang explained that a Certificate of Need application was filed with OHS (Office of Health Strategy) on February 7 for 23 additional beds for JDH. Surgery volumes in main OR, GI and UHSC continue to be at budget currently. UConn Medical Group's net patient revenue is ahead of budget by 3.2% and the prior year by 9.2% The largest growth areas YTD are MOHS, DermatoPathology and IMA when compared to budget. UMG reports encounters to be 4.3% better than budget and 6.4% ahead of the prior year.

Dr. Adam Fischler, Medical Director of the OR, Assistant Clinical Professor at the SOM, and member of the Department of Anesthesiology, gave a presentation on "OR Sustainability Initiative." Dr. Fischler chairs the OR Sustainability Committee which was created in early 2022. Healthcare contributes to climate change, emitting 10% of US greenhouse gas emissions. ORs are the most resource intensive part of a hospital – they are 3-6 times more resource intensive than other areas of the hospital, and they create 20-30% of total hospital waste. One of the main initiatives in the OR is reducing the use of gases in anesthesia, using IV anesthesia as much as possible. Other efforts include reduced syringe usage and having more prefilled syringes available, reformulating premade kits to eliminate unnecessary items that add to waste, reducing

drug waste, disposing of trash in proper bins to streamline waste, and adding EPIC pop-up reminders to help drive compliance. Cheryl Chase suggested looking into grants that can help with the OR initiatives.

4. Quality Reports

4.1 John Dempsey Hospital/UConn Medical Group – Dr. Scott Allen

Dr. Allen presented 6 institutional performance improvement priorities approved by the Board last year for 2024. He 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 October 2023, and there have been no safety events since then, through January 2024.

Dr. Allen reviewed the Hospital Safety Scorecard metrics and highlighted some key metrics such as Hand Hygiene, CLABSI, CAUTI, and C.diff events. The infection prevention group is implementing a program called "Infection Connection on the Road" where they adopt clinical units, providing education to those units to help prevent hospital acquired infections. The 48 hour admission medicine reconciliation rate continues to improve, with an ultimate goal of 80%.

Patient experience data has improved due to regular meetings with patient experience and clinical leaders who are engaged and are driving performance improvement down to the frontline staff. The ED is consistently performing well despite the pressures placed on them due to increased numbers. Pharmacy and Labs continue to do well and improve. Rehab had an unfavorable 2023 4th quarter, explained by some unexpected staffing shortages. Those staffing issues are resolved, and the leadership is engaged and doing very well, so we expect those scores to improve next quarter.

JDH achieved best in state hospital designation by Newsweek, awarded to 600 hospitals nationally. Scores based on recommendation from peers, quality metrics, patient experience and patient reported outcomes. We are ranked 2nd in the state behind Yale.

5. Approvals **[vote]**

5.1 Amendment to JDH Medical Staff Bylaws **[VOTE]**

Dr. Shafer explained there is a new state law regarding timing of board certification as relates to medical staff membership. The new state law requires hospitals to allow 5 years from commencement of board eligibility to achieve board certification, without regard to board requirements that may specify a period shorter than 5 years. This affects physicians, dentists and podiatrists only. There are no changes for APRNs, PAs, etc. The provision of the amendment eliminates the language stating that board time limit can supersede if less than 5 years. The provision replaces "residence and approved education/training" with "beginning of board eligibility."

The Clinical Affairs Subcommittee unanimously approved the Amendment to JDH Medical Staff Bylaws as described in Agenda item 5.1 and detailed in the Board materials starting on page 30.

5.2 Resolution to approve Dr. Kevin Staveley-O'Carroll as Surgery Chief of Service
[VOTE]

Dr. Liang provided background on Dr. Staveley-O'Carroll. Most recently he served as Chair of the Department of Surgery at University of Missouri for 6 years. Dr. Staveley-O'Carroll joined the faculty in late December 2023 as a surgical oncologist and Chair of the Department of Surgery.

The Clinical Affairs Subcommittee unanimously approved Dr. Staveley-O'Carroll as Surgery Chief of Service as described in Agenda item 5.2 and detailed in the Board materials starting on page 31.

6. School Reports

6.1 School of Medicine Update

Dr. Liang reported on GME programs. We continue to add programs and trainees, with 75 programs and 750 resident doctors and fellowship physicians. By number, we are in top 10% in the country as a GME program. The only other large program in CT is Yale New Haven Health. This is a credit to the GME program located in the School of Medicine as the sponsor of all these programs.

Dr. Liang also reported that Dr. Dustin Walters has been recruited from Tufts New England Medical Center as the new program director of the Cardio Thoracic Surgery Fellowship Program. He is the first full time thoracic surgeon for John Dempsey Hospital.

6.2 School of Dental Medicine Update

There was no report from the School of Dental Medicine.

7. Informational Items

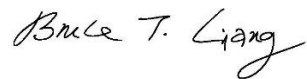
Chair Chase directed the subcommittee members' attention to the informational items in the Board book. She noted that a summary of activities undertaken by the JDH Medical Board over the last quarter is included on page 35, and the UConn Medical Group quarterly operations report begins on page 36. She also noted that starting on page 43 is the first Annual Report relating to UConn Health's efforts to address Healthcare Disparities. Effective last year, The Joint Commission issued new standards relating to health care disparities, and UConn Health stood up a multi-disciplinary team under the leadership of Jeffrey Hines, its AVP and Chief Diversity Officer. This group has been meeting monthly to focus on this work, and the Report provided in the Board Books is the Calendar Year 2023 update relating to these efforts.

8. Executive Session

There was no executive session.

There being no further business the meeting was adjourned at 3:49 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, D. Shafer, J. Baldwin, J. Freedman, K. Alleyne, L. Wolansky, R. Barry, R. Fuller, T. Ressel, W. Rawlins

Next Regularly Scheduled Meeting

May 9, 2024

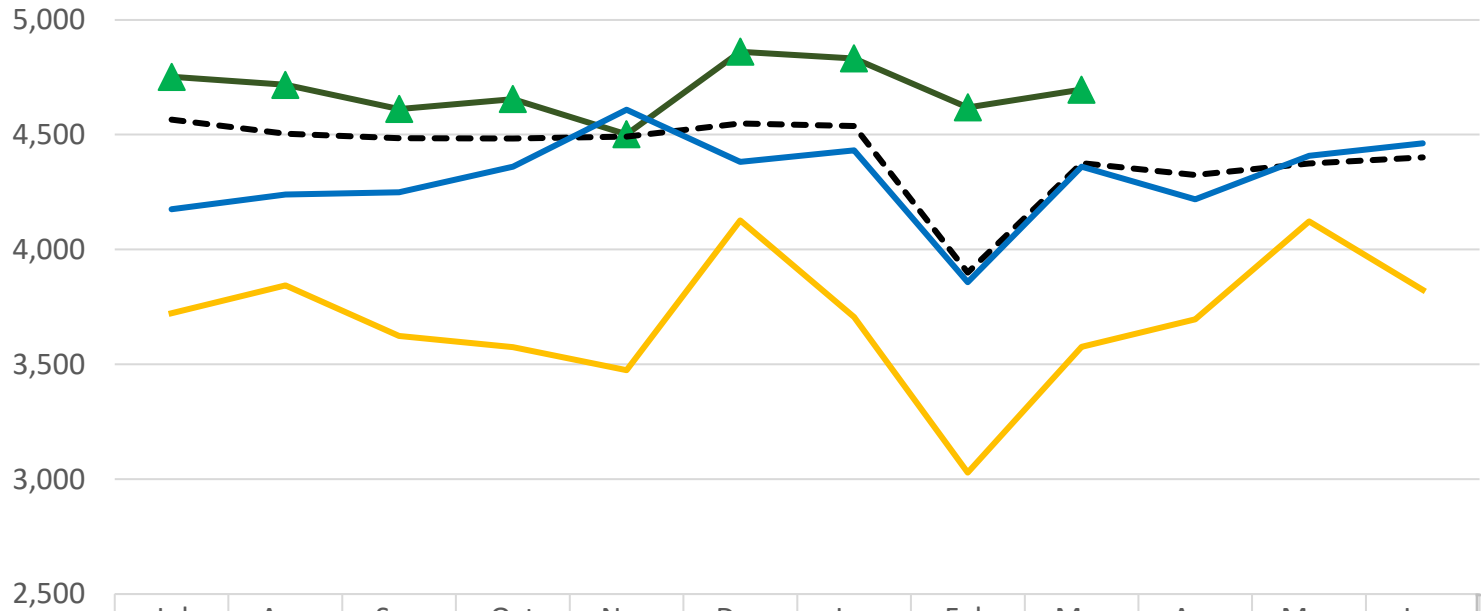
CEO Update

May 9, 2024

Bruce T. Liang, MD

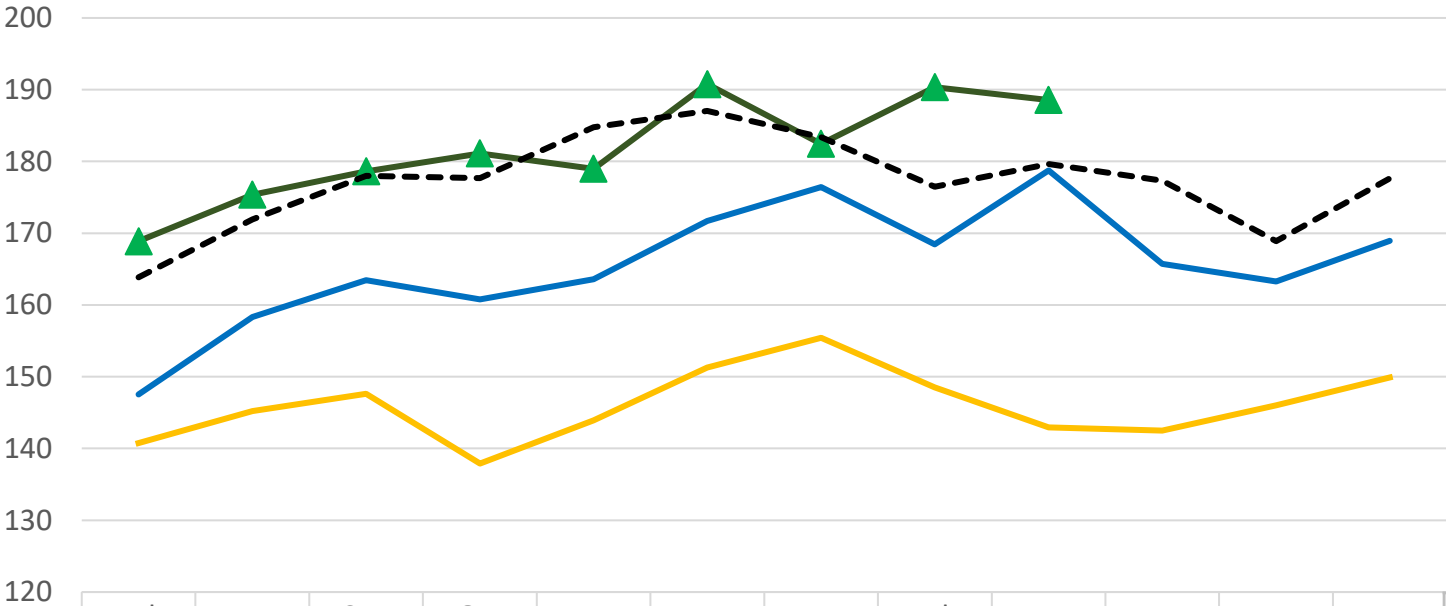
Interim Chief Executive Officer &
Executive Vice President for Health Affairs
Dean, School of Medicine

Emergency Room Visits



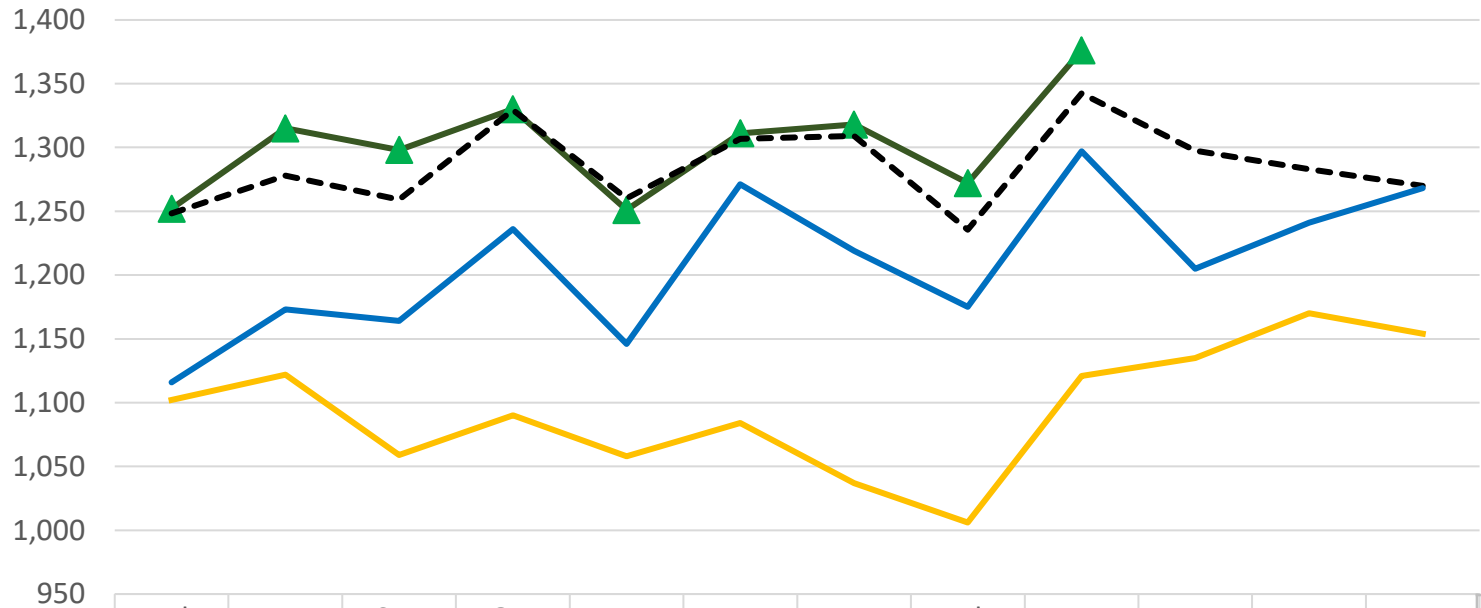
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	4,752	4,717	4,612	4,655	4,502	4,861	4,832	4,619	4,696				42,246
- - - 2024 Budget	4,566	4,503	4,484	4,483	4,491	4,549	4,538	3,899	4,376	4,324	4,374	4,401	52,988
— 2023 Actual	4,175	4,239	4,249	4,361	4,609	4,381	4,432	3,858	4,360	4,219	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



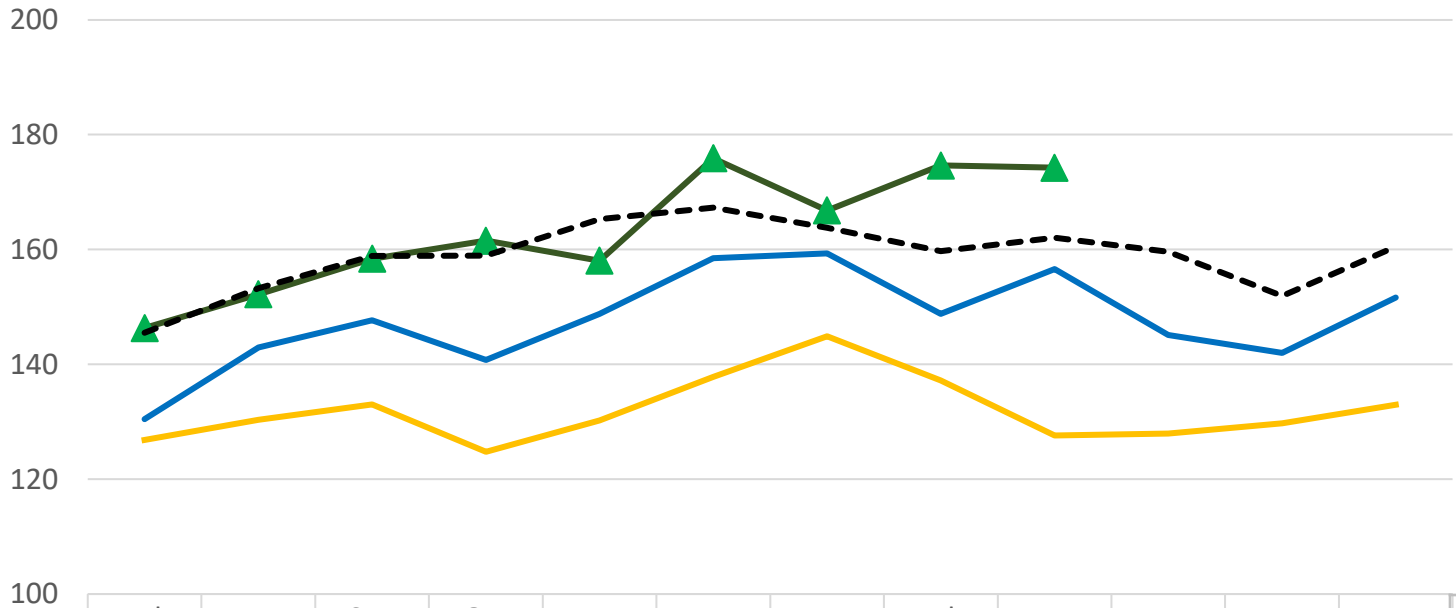
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	169	175	179	181	179	191	182	190	189				1,635
- - - 2024 Budget	164	172	178	178	185	187	183	176	180	177	169	178	2,126
— 2023 Actual	148	158	163	161	164	172	176	168	179	166	163	169	1,987
— 2022 Actual	141	145	148	138	144	151	155	149	143	143	146	150	1,752

Discharges including OBS/OEXT



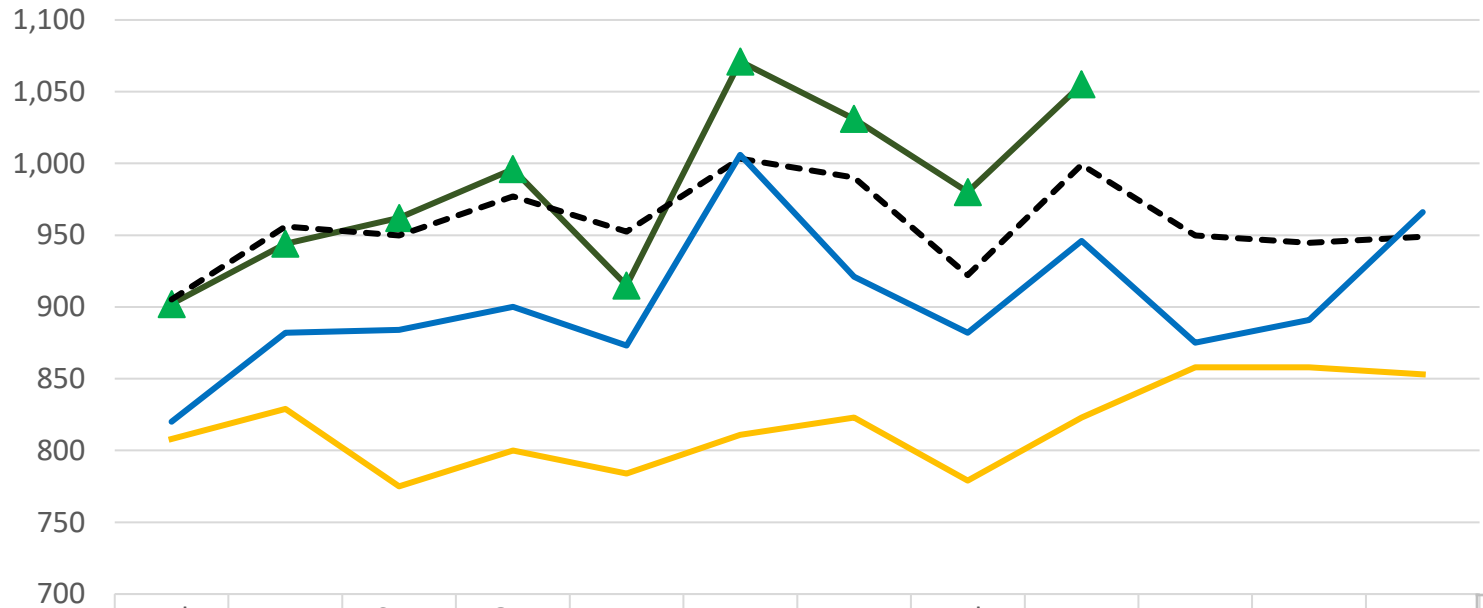
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	1,252	1,315	1,298	1,330	1,251	1,311	1,318	1,272	1,376				11,723
- - - 2024 Budget	1,248	1,278	1,259	1,329	1,260	1,307	1,309	1,236	1,342	1,297	1,283	1,270	15,419
— 2023 Actual	1,116	1,173	1,164	1,236	1,146	1,271	1,219	1,175	1,297	1,205	1,241	1,268	14,511
— 2022 Actual	1,102	1,122	1,059	1,090	1,058	1,084	1,037	1,006	1,121	1,135	1,170	1,154	13,138

Average Daily Census Inpatient



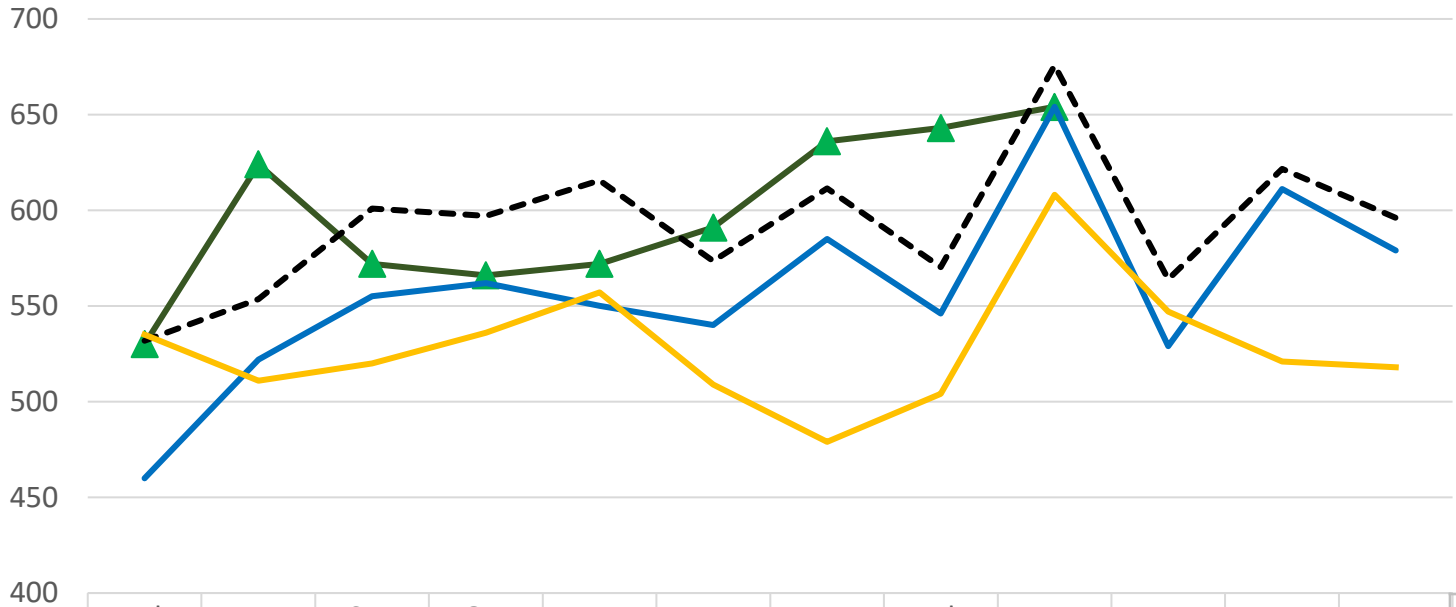
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	146	152	158	162	158	176	167	175	174				1,468
- - - 2024 Budget	146	153	159	159	165	167	164	160	162	160	152	161	1,907
— 2023 Actual	130	143	148	141	149	158	159	149	157	145	142	152	1,773
— 2022 Actual	127	130	133	125	130	138	145	137	128	128	130	133	1,583

Discharges Inpatient



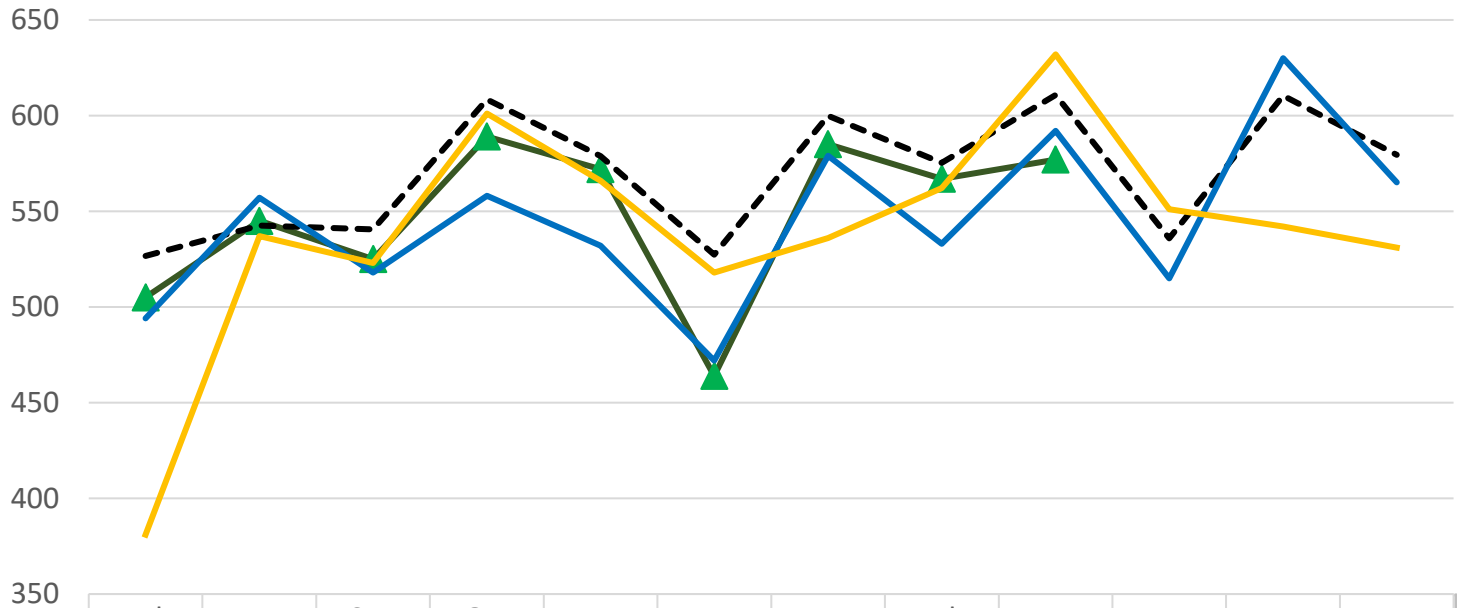
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	902	944	962	996	915	1,071	1,031	980	1,055				8,856
- - - 2024 Budget	905	956	950	977	952	1,003	990	922	999	950	945	949	11,499
— 2023 Actual	820	882	884	900	873	1,006	921	882	946	875	891	966	10,846
— 2022 Actual	808	829	775	800	784	811	823	779	823	858	858	853	9,801

JDH - Main OR



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	530	624	572	566	572	591	636	643	654				5,388
- - - 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

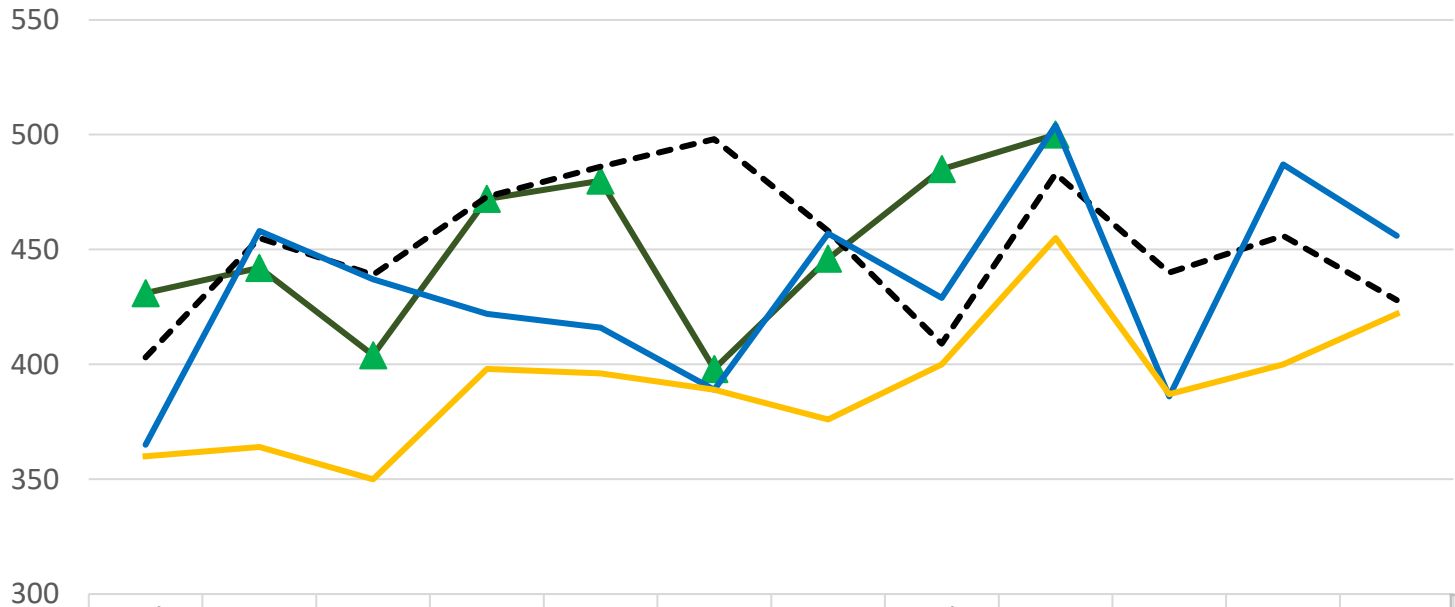
UHSC - OR



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	505	545	525	589	572	464	585	567	577				4,929
- - - 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

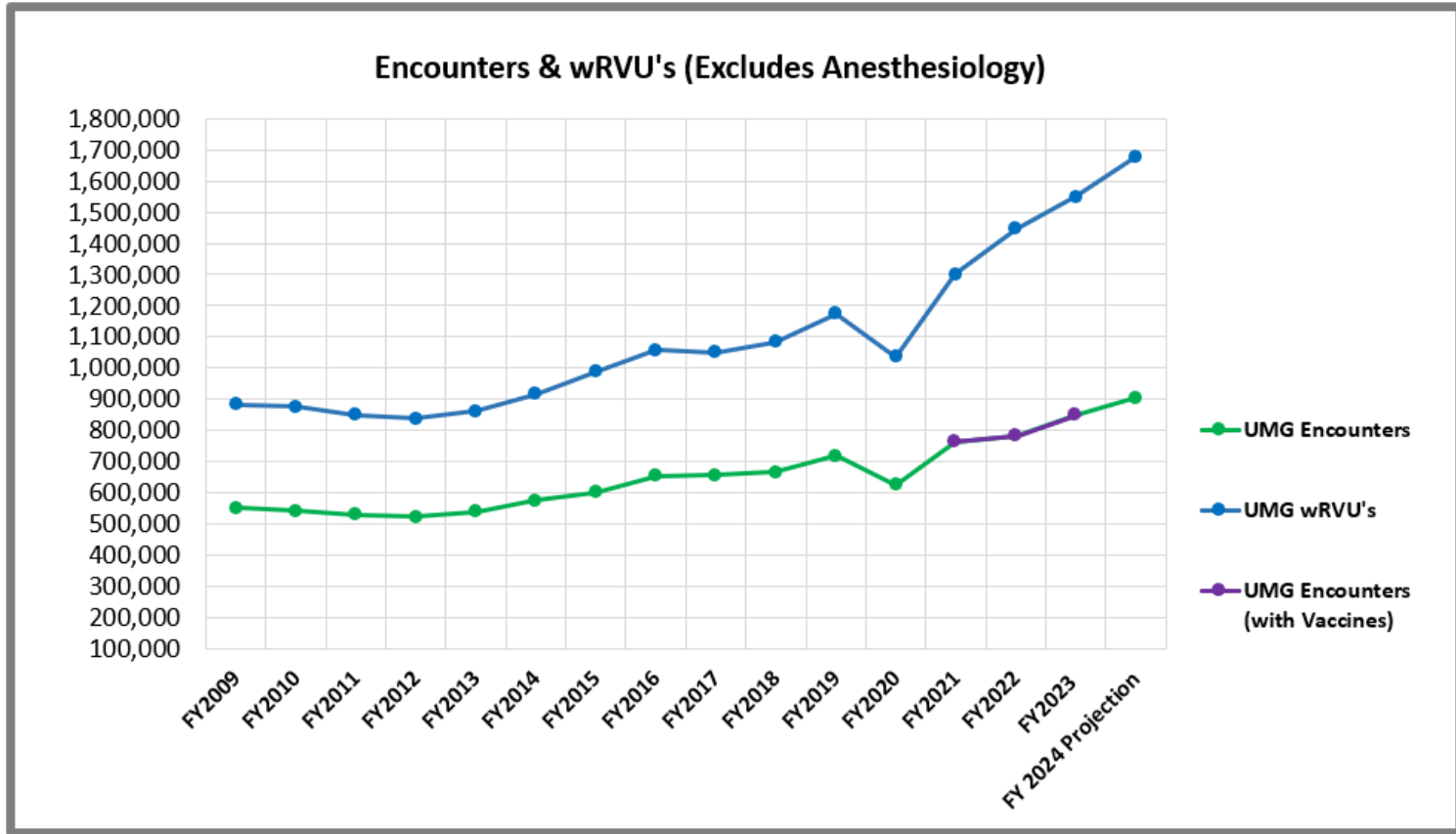
PROCEDURE CENTER

GI Endoscopy



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2024 Actual	431	442	404	472	480	398	446	485	500				4,058
- - - 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

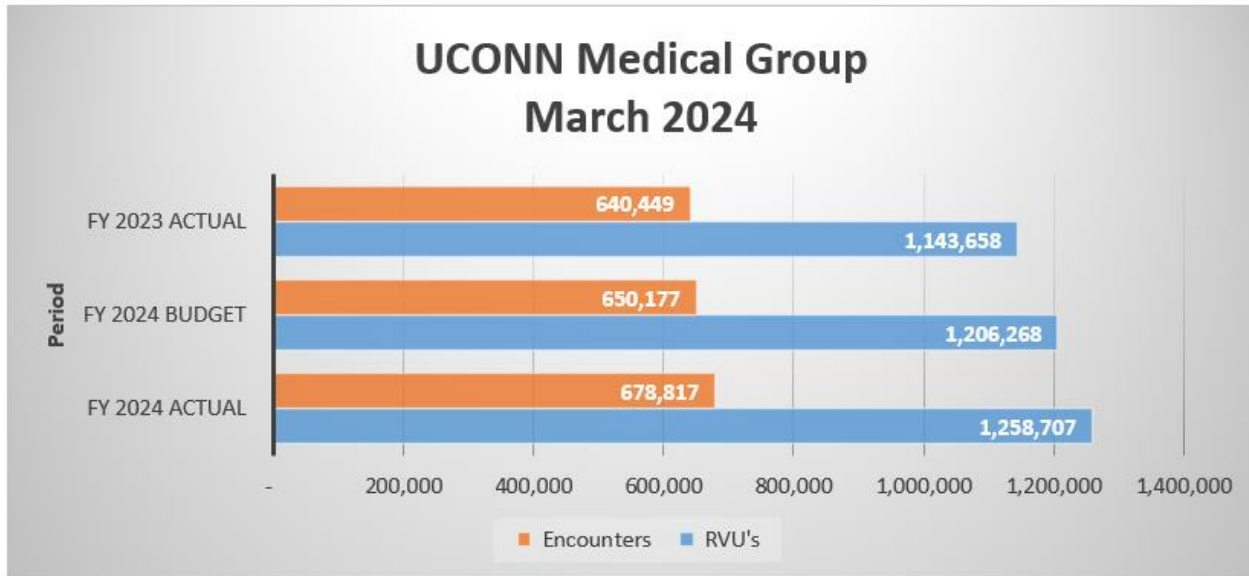
UConn Medical Group Statistical Graph



	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024 Projection	March 2024
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	905,089	678,817
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	1,678,276	1,258,707
Vaccines	-	-	-	-	-	-	-	-	-	-	-	-	78,329	41,865	6,263	-	-

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

UMG Encounters & wRVU's



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 2.4% & ahead of prior year by 8.3%.

wRVU

YTD wRVUs are ahead of budget by 4.3% & ahead prior year by 10.1%.

Encounters

YTD encounters are ahead of budget by 4.4% & ahead of prior year by 6.0%.

	FY 2024 Actual	FY 2024 Budget	FY 2023 Actual	vs Bud	vs PY
RVU's	1,258,707	1,206,268	1,143,658	4.3%	10.1%
Encounters	678,817	650,177	640,449	4.4%	6.0%
Net Patient Revenue	106,115,019	103,595,906	97,961,743	2.4%	8.3%

Cigna Health Reimbursements

Confidential

John Dempsey Hospital

Renewal Effective Date	Term	Negotiated FFS % Increase	P4P	Total Increase over contract term
5/1/2019 & 5/1/2020	Two-year term	3.0% each year = 6.0% over two years	n/a	6.00%
5/1/2021	One year term	2.0%	n/a	2.00%
5/1/2022 & 5/1/2023	Two-year term	3.60% Yr1; 0.70% Yr2 = 4.30% over two years	n/a	4.30%
5/1/2024 & 5/1/2025	Two-year term	3.0% each year = 6.0% over two years	1.0% each year = 2.0% over 2 years	8.00%

University Physicians

Renewal Effective Date	Term	Negotiated FFS % Increase	P4P	Total Increase over contract term
5/1/2019 & 5/1/2020	Two-year term	4.50% Yr1; 2.0% Yr2 = 6.50% over two years	n/a	6.50%
5/1/2021	One year term	2.00%	n/a	2.00%
5/1/2022 & 5/1/2023	Two-year term	0.50% Yr1; 1.50% Yr2 = 2.00% over two years	n/a	2.00%
5/1/2024 & 5/1/2025	Two-year term	2.50% each year = 5.00% over two years	n/a	5.00%

The Brain and Spine Institute



Opened April 29, 2024

The Brain and Spine Institute

5 Munson Road, Farmington

A program that offers coordinated specialties including Neurology, Cranial Neurosurgery, Comprehensive Spine care, and Radiology in one exceptional location



Dr. L. John Greenfield is chair of UConn Health Neurology.



Dr. Ketan Bulsara is chief of the UConn Health Division of Neurosurgery.



Dr. Isaac Moss is chair of the UConn Health Department of Orthopedic Surgery and Co-director of the Comprehensive Spine Center at UConn Health.



Dr. Hilary Onyiuke is the founder and Co-director of UConn Health's Comprehensive Spine Center.



Dr. Leo Wolansky is chair of the Department of Radiology at UConn Health.



“Grouping our specialties together in one location will facilitate collaborative interdisciplinary care and ensure our patients receive efficient and cutting-edge treatment.”

Authority & Roles of the Clinical Affairs Subcommittee (CAS)

In Particular With Respect to Patient Safety & Quality

Governance is Established in State Statutes & University By-Laws

- **University Board of Trustees (BOT)** is the governing body for the whole University (this is established in CT State Statutes – C.G.S. §10a-104)
 - The statute provides that the BOT may create a board of directors for the governance of UConn Health
- **University By-Laws establish a Board of Directors (BOD) with jurisdiction over UConn Health,** including the SOM, SODM, JDH and UConn Health’s core administrative units
 - The By-Laws grant authority to the BOD to approve, among other things, medical staff appointments and policies relating to **operations, administration and clinical affairs.**
 - The By-Laws also give the BOD authority to create subcommittees, and to delegate selected duties and authority to the subcommittees by majority vote of the BOD
- **The BOD established the Clinical Affairs Subcommittee (CAS)** with jurisdiction over matters relating to UConn Health’s clinical operations
 - In addition, over time, the BOD has voted to give CAS the authority to handle specific matters
 - For example, the BOD has voted to give CAS final approval authority over the **JDH Performance Improvement Plan; the hospital’s Utilization Management Plan; and appointment, reappointment, and hospital privilege decisions relating to the JDH medical staff.**

Role of CAS in Patient Safety & Quality

- With respect to care, treatment and services, the role of CAS is described in:
 - The JDH By-laws
 - CMS Conditions of Participation
 - The Joint Commission Elements of Performance

JDH By-Laws: CAS Duties

Duties: The Clinical Affairs Subcommittee shall concern itself with matters of Medical Staff policy and practice, especially those pertaining to programs in patient care; it shall serve as the official point of contact between the Board of Directors, the Hospital CEO and the Medical Staff. It shall also have the following specific duties:

- a. Accreditation....
- b. Safety and Disaster Planning....
- c. Performance Improvement. It shall be responsible for reviewing organizational performance improvement activities. It shall make appropriate recommendations for policy changes, resolution of problems, and identify opportunities for improvement in patient care.

Governing Body: CMS Condition of Participation

§ 482.12 Condition of participation: Governing body.

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

(a) **Standard: Medical staff.** The governing body must:

(5) Ensure that the medical staff is accountable to the governing body for the quality of care provided to patients;

(e) **Standard: Contracted services.** The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.

(1) The governing body must ensure that the services performed under a contract are provided in a safe and effective manner.

(2) The hospital must maintain a list of all contracted services, including the scope and nature of the services provided.

Governing Body: The Joint Commission

LD.01.03.01 : The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

- 5. The governing body provides for the resources needed to maintain safe, quality care, treatment, and services

LD.04.03.09 : Care, treatment, and services provided through contractual agreement are provided safely and effectively.

- 4. Leaders monitor contracted services by establishing expectations for the performance of the contracted (The leaders who monitor the contracted services are the governing body.)

LD.03.07.01: Leaders establish priorities for performance improvement.

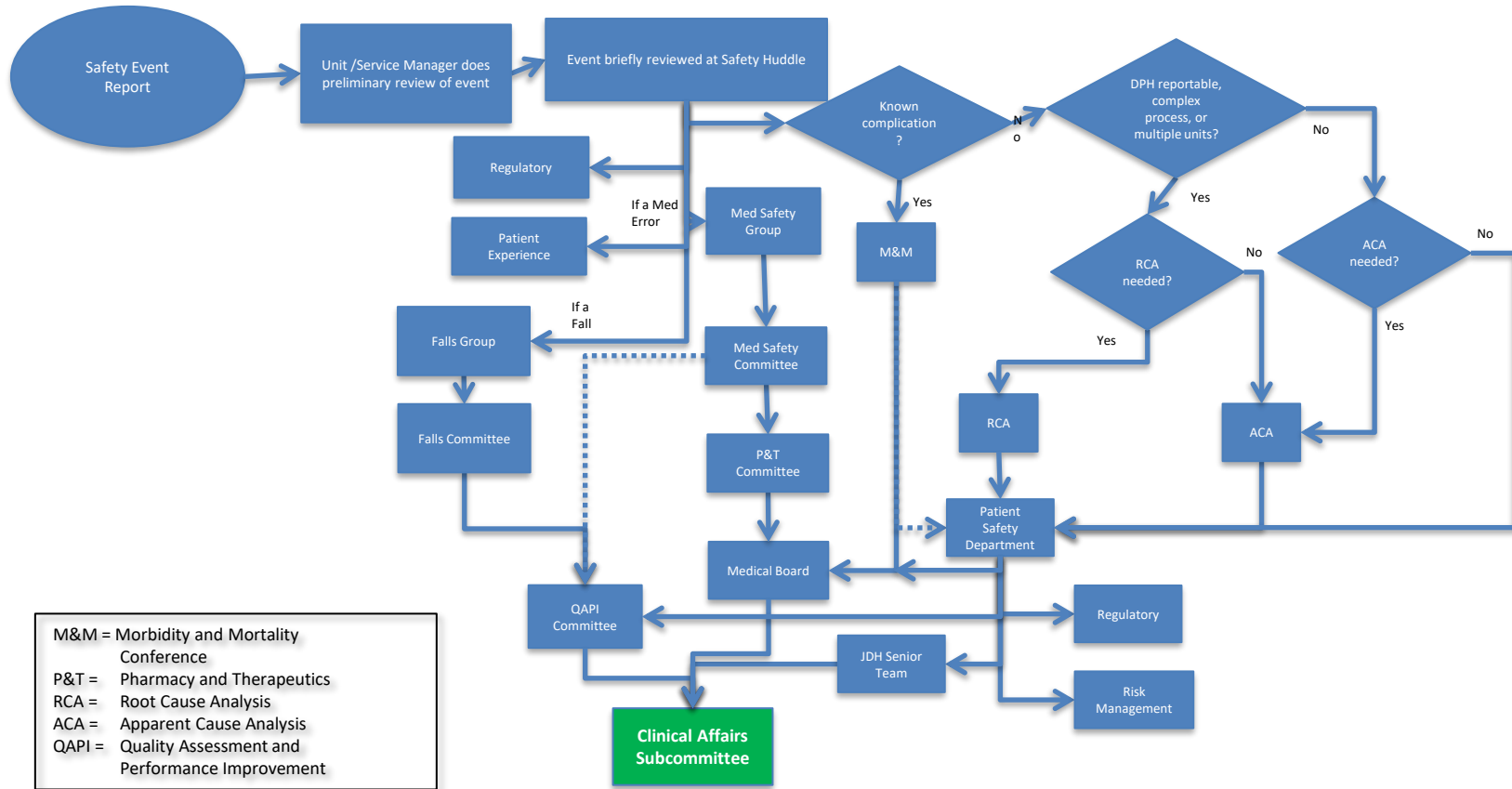
- 2. As part of performance improvement, leaders (including the governing body) do the following:
 - Set priorities for performance improvement activities and patient health outcomes

CAS Peer Review Role: Established in State Statute & JDH By-Laws

The Clinical Affairs Subcommittee and the Medical Board function in some of their activities as a Medical Review Committee conducting peer review as defined in Chapter 368a of the Connecticut General Statutes, as amended from time to time. When acting as a Medical Review Committee, the Board reviews and acts on recommendations from committees of the hospital or medical staff engaged in peer review and participates in the evaluation of the quality and efficiency of health services ordered and performed, including but not limited to

- review of the credentials, qualifications and activities of medical staff members or applicants;
- evaluating and improving the quality of health care services rendered;
- analyzing clinical practices within the hospital;
- reviewing studies of utilization and medical audits;
- reviewing studies of morbidity and mortality; and
- reviewing analyses of sentinel events or potential claims.

JDH Safety Event Review Process



Clinical Affairs Subcommittee (CAS) Role in Credentialing

Credentialing Overview

Definitions

Credentialing: The formal process of collecting and verifying a health care practitioner's professional qualifications (academic training and clinical competence) through primary source verification.

Privileging: The process whereby a practitioner is authorized to perform a specific set of patient care services, or "privilege list," based on an evaluation of the individual's credentials and clinical competence.

Credentialing Overview

- Membership on the organized Medical Staff of JDH is required to practice at UConn Health, including all of its campuses.
- Medical Staff members must be credentialed and have been granted appropriate privileges.
- The UConn Health Board of Directors (governing body) has delegated the authority for credentialing and privileging to the Clinical Affairs Subcommittee (CAS).

Appointment to the Medical Staff

Initial Appointment to Medical Staff - Occurs after credentialing process upon the approval of the Clinical Affairs Subcommittee.

Reappointment to the Medical Staff - Occurs every 2 years after initial appointment upon the approval of the Clinical Affairs Subcommittee.

Peer Review

Peer Review - Defined by Conn. Gen. Stat. §19a-17b:

(2) “Peer review” means the procedure for evaluation by health care professionals of the quality and efficiency of services ordered or performed by other health care professionals, including practice analysis, inpatient hospital and extended care facility utilization review, medical audit, ambulatory care review and claims review.

Peer review is performed by the Credentials Committee, Medical Board, and the Clinical Affairs Subcommittee.

Competence in Privileges is Tracked

- **Focused Professional Practice Evaluations (FPPEs)**
- **Ongoing Professional Practice Evaluations (OPPEs)**

Motivation: Safety, Quality, Legal/Regulatory

- Centers for Medicare and Medicaid Services (CMS)
- Department of Public Health (DPH)
- The Joint Commission (TJC)
- JDH Medical Staff Bylaws

Focused Professional Practice Evaluations (FPPEs)

- **FPPE for New Practitioners** - The first evaluation of clinical practice after privileges are granted. Evaluates activity performed *on-site* at UCH. Typically conducted within 3-months after privileges are granted although there are provisions for extension if there is no clinical activity.
- **FPPE for New Privilege**
- **FPPE for Cause** - An evaluation performed for concerns regarding competence. It is not disciplinary but designed to improve a practitioner's performance through assessment and feedback.

Competence in Privileges is Tracked (cont'd)

Ongoing Professional Practice Evaluation (OPPE)

- Assessment of competence performed more frequently than once a year
- Each Service or Division establishes a clinical metric (e.g., readmissions) and trigger for FPPE (e.g. 30-day readmission rate >30%)
- Also evaluates the following competencies: interpersonal skills, medical knowledge, patient care, practice-based learning, professionalism, systems-based practice

Example: OPPE Form

Reviewer: [Redacted]

4/17/2024 [Redacted], M.D.

Start Date: [Redacted]

Medicine/Pulmonary

Interpersonal and Communication Skills as evidenced by effective verbal and written communication including telephone triage evaluation from PressGaney, resident and nurse surveys.

Needs Improven

Medical Knowledge as evidenced by board certification, CME, simulation experience, acquiring new knowledge, journal club, teaching experience.

Satisfactory

Patient Care as evidenced by outcome information, case currency, PCL, complication data

Select a score

Practice based learning and improvement as evidenced by recent allocation, decorum, teaching of students and residents, compacts, community work, institutional curriculum, community activities.

Superior

Professionalism as evidenced by ethics, confidentiality, physician-patient family relationships, conflict of interest, committee and community work, risk management course, participation in M&M, multidisciplinary team work, understanding of community health issues, the ability to discuss and respond to errors, validated incidents of inappropriate behavior, external disciplinary actions e.g. DPH consent agreement.

Satisfactory

System based practice as evidenced by compliance with medical records, cosignature within 24 hours of verbal or telephone order, patient safety care systems, including EMRs.

Satisfactory

Please comment on any competencies that are considered unsatisfactory or need improvement. Include improvement plan.

Select Type/Date	Document Reviewed
Priv Cntrl Lst 12/21	<input type="checkbox"/>
Priv Cntrl Lst 12/21	<input type="checkbox"/>

% patients seen for respiratory illness receiving flu vaccine (or documentation of prior administration or refusal) during at-risk season

Met threshold

Review for Completeness

Exit Without Saving

In view of the provider's performance in the basic competencies, incorporating any addition information that may have been made available regarding complications, volume or behavior, in the context of the provider's current privileges, what is your recommendation?

- Maintain current privileges
- Maintain with focus
- Recommend change in privileges
- Voluntary reduction in privileges
- Change category to 'Refer and Follow'

Comments are important. Use this area also to introduce other relevant data that are not captured in the documents. Make recommendations regarding change in privileges other than voluntary reductions, including 'Refer and Follow'

I have reviewed this evaluation with the provider

The Process

APPLICATION SUBMISSION

Faculty Appointment?



PRIMARY SOURCE VERIFICATION

(Education, Residency, Fellowship, License, Drug Registrations, Board Certification, Disciplinary Actions, Prior Hospital Affiliations, **Malpractice Suits, NPDB, Government Sanctions or Exclusions**, Peer Evaluations)

("Gray marks") →



SERVICE CHIEF REVIEW

Ensure that applicant is qualified and properly trained for each requested privilege



CREDENTIALS COMMITTEE REVIEW

Discuss elements of application, gray marks, make recommendation to Medical Board



MEDICAL BOARD REVIEW

Reviews actions of Credentials Committee and makes recommendation to Clinical Affairs Subcommittee



CLINICAL AFFAIRS SUBCOMMITTEE DECISION

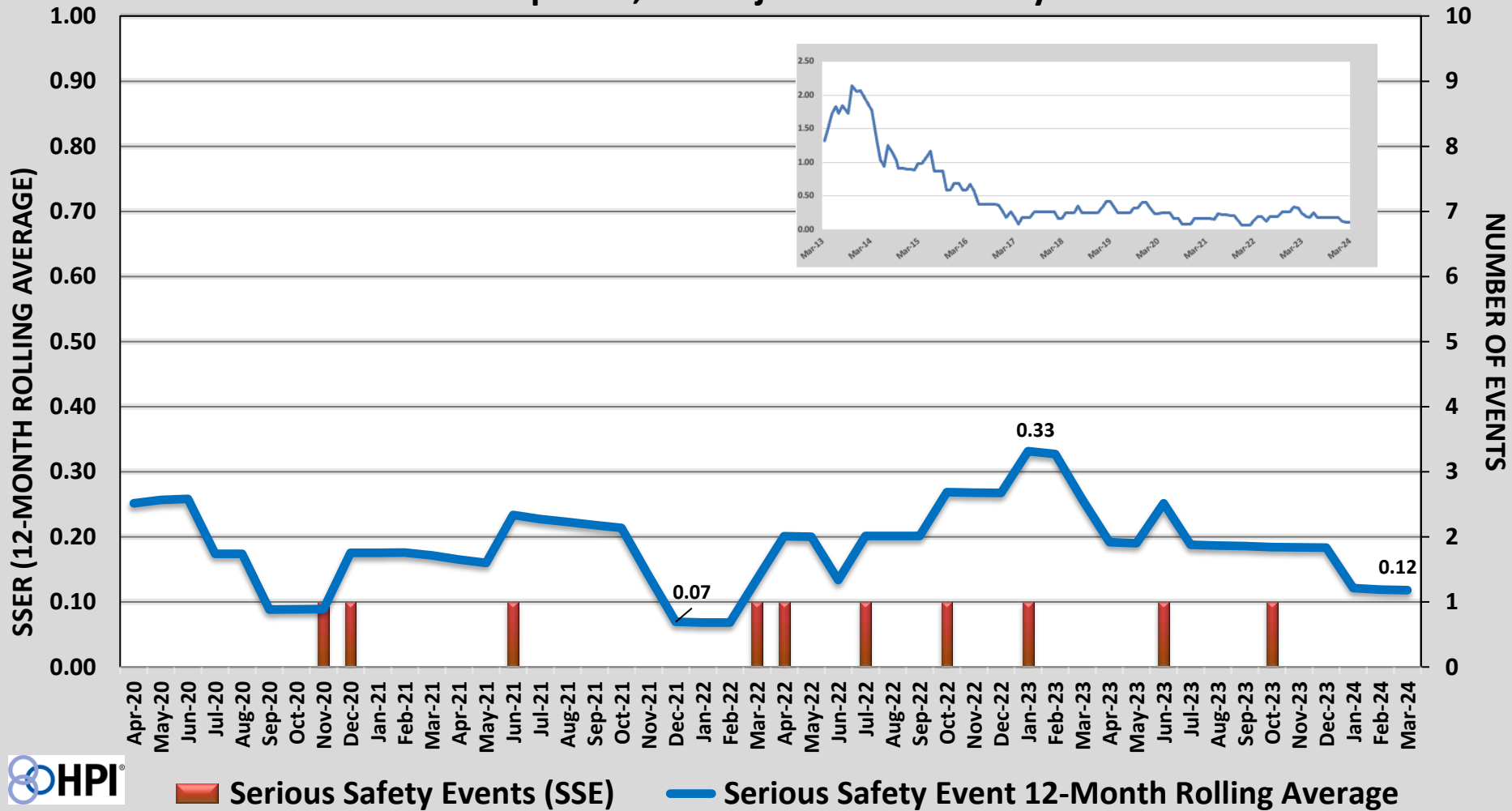
Quality Report

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 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.
4. Achieve a **Within-48 hours Admission Medication Reconciliation** rate >80% with a goal of >90%
5. Achieve >75th 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 >90th percentile
6. Achieve >75th 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 >90th percentile

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

JDH Scorecard

Measure Group	Service/Unit	Metric	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	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)	0.26	0.25	0.19	0.18	0.12	<0.10	0.10- 0.25	>0.25
		Hand Hygiene Inpatient: Before	87%	90%	89%	89%	95%	≥97%	94%-97%	<92%
		CAUTI - # events	5	1	1	2	2			
		CAUTI Standardized Infection Ratio (Half-year)	2.498	0.622	0.546	1.053	0.760	<0.75	0.75-1.00	>1.00
		CLABSI - # events	3	1	0	2	0			
		CLABSI Standardized Infection Ratio (Half-year)	1.604	0.638	0	1.160	0	<0.75	0.75-1.00	>1.00
		C.diff - # events	1	3	1	5	3			
		C.diff Standardized Infection Ratio	0.118	0.385	0.109	0.541	0.309	<0.75	0.75-1.00	>1.00
		Falls with Harm/1000 Patient days (NDNQI): # Quarters > mean of AMC's/Last 8 Quarters	4	4	6	6		>4 of 8 qtrs	4 of 8 qtrs	<4 of 8 qtrs
		Hospital-Acquired Pressure Injury (Stage 2+) (NDNQI): # Qtrs > mean of AMC's/Last 8 Qtrs	8	8	7	7		>3 of 7 qtrs	3 of 7 qtrs	<3 of 7 qtrs
		Mortality index (Vizient® Risk Adjusted): Observed/Expected Ratio [Percentile vs. CCMC Peer group]	70	61	63	80		>75	50-75	<50
		30-Day All-Cause Readmission Rate: Percentile vs. Vizient® CCMC peer group	54	65	54	79		>75	50-75	<50
	Admission Medication Reconciliation Completed Within 48 hours			56.2%	60.4%	63.2%	>90%	80%-90%	<80%	
	Anesthesiology	Adverse event rate	0.14%	0.12%	0.15%	0.12%		<0.20%	0.20-0.30%	>0.30%
	Diagnostic Imaging	vRad miss rate (Target < 2%)	0.74%	0.90%	0.71%	0.96%	0.64%	<2.00%	2.00-4.00%	>4.00%
		UConn radiologist miss rate (Target < 2%)	0.00%	0.51%	0.00%	0.00%	1.28%	<2.00%	2.00-4.00%	>4.00%
	Emergency Medicine	Door to provider (min)	27	29	31	33		<30 min	31-40 min	>40 min
		Length of Stay (min)	249	244	247	253	256	<240 min	240-300 min%	>300 min
		Left Without Being Seen Rate	0.85%	0.72%	0.98%	1.71%	1.68%	<1.0%	1.0-2.0%	>2.0%
		72-Hour Return to ED with Admission Rate	1.06%	1.15%	1.04%	1.05%	1.04%	<1.00%	1.00-3.00%	>3.00%
		Stroke: Median Door to CT Scan Time (min)	15.6	16.0	19.3	16.0	18.5	<26 min	26-40 min	>40 min
	Laboratory Medicine	Critical Value Notification - Inpatient (Within 15 min)	98.7%	99.0%	91.9%	98.7%	99.2%	>98%	90-98%	<90%
		Critical Value Notification - ED (Within 30 min)	100.0%	99.0%	96.0%	99.5%	100.0%	>98%	90-98%	<90%
	OB/GYN	PC-02: Nulliparous women with a term, singleton baby in vertex position delivered by C-section	21.4%	20.6%	31.6%	24.0%		<24%	24-30%	>30%
		PC-05: Exclusive Breast Milk Feeding	64.6%	47.1%	47.2%	65.8%		>70%	50-69%	<50%
		Acute Treatment of Hypertension within 60 min	82%	74%	78%	76%		>80%	50-80%	<50%
	Surgery	SSI Colon - # CMS events	0	1	2	1				
		SSI Colon - CMS Standardized Infection Ratio		0.756		1.123		<0.75	0.75-1.00	>1.00

Patient Experience

Measure Group	Service/Unit	Metric	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Current Target	Warning Range	Red Flag
Patient Experience	Inpatient Units	HCAHPS Likelihood to Recommend: % Top Box	81.6%	82.4%	83.9%	82.5%	83.52%			
		HCAHPS Likelihood to Recommend: CT Hospitals Percentile Rank	99	99	99	98	99	>75	50- 75	<50
		HCAHPS Likelihood to Recommend: All Press Ganey Database Percentile Rank	89	88	91	89	91	>75	50- 75	<50
	Emergency Department	ED CAHPS: Likelihood to Recommend ER: % Top Box	72.8%	72.9%	69.6%	67.2%	70.79%			
		ED CAHPS: Likelihood to Recommend the ER: CT state ER/ED's Percentile Rank	72	67	58	59	61	>75	50- 75	<50
		ED CAHPS: Likelihood to Recommend ER: 40K-50K Percentile Rank	91	95	86	79	85	>75	50- 75	<50
	All UMG and JDH Outpatient Clinics, Urgent Care Centers	CG CAHPS: Recommend the Provider Office: % Top Box	93.3%	93.6%	93.7%	94.0%	94.14%			
		CGCAHPS: Recommend this Provider Office: AHA Region 1 Facilities Percentile Rank	87	84	81	91	87	>75	50- 75	<50
		CG CAHPS: Recommend the Provider Office: National Facilities Percentile Rank	70	69	69	56	74	>75	50- 75	<50
	Main OR, UConn Health Surgery Center, Procedure Center (GI)	OAS CAHPS: Recommend Facility: % Top Box	89.5%	91.6%	91.3%	91.8%	92.49%			
		OASCAHPS: Recommend Facility: Facilities in CT Percentile Rank	64	71	77	72	72	>75	50- 75	<50
		OAS CAHPS: Recommend Facility: All Press Ganey Database Percentile Rank	71	83	80	84	86	>75	50- 75	<50
	Outpatient Oncology	Press Ganey Targeted Survey [ON]: Likelihood of Recommending Services: % Top Box	88.5%	89.3%	82.5%	93.1%	92.24%			
		Press Ganey Targeted Survey [ON]: Likelihood of Recommending Services: All Facilities Percentile Rank	43	48	8	81	75	>75	50- 75	<50
Lab, Rehab, Radiology	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	86.7%	86.3%	86.9%	87.9%					
	Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Rank	65	64	66	70	82	>75	50- 75	<50	
	Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Rank	66	60	63	69	79	>75	50- 75	<50	

Measure Group	Service/Unit	Metric	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Current Target	Warning Range	Red Flag
Patient Experience	LAB	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	86.2%	86.1%	87.8%	88.6%	89.39%			
		Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Rank	62	61	75	74	88	>75	50- 75	<50
		Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Rank	63	58	70	75	82	>75	50- 75	<50
	Rehab	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	93.1%	92.9%	92.1%	84.70%	94.29			
		Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	99	99	99	39	99	>75	50- 75	<50
		Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Rank	98	97	94	41	98	>75	50- 75	<50
	Radiology	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	86.5%	85.8%	84.8%	86.6%	87.18%			
		Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	64	58	35	59	60	>75	50- 75	<50
Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Ranking		65	55	44	59	64	>75	50- 75	<50	

Injury Falls Per 1,000 Patient Days

NDNQI Q1 2022 – Q4 2023



6/8 Quarters

**Number of quarters unit
OUT-PERFORMED**
the comparison peer group mean
(academic medical centers)



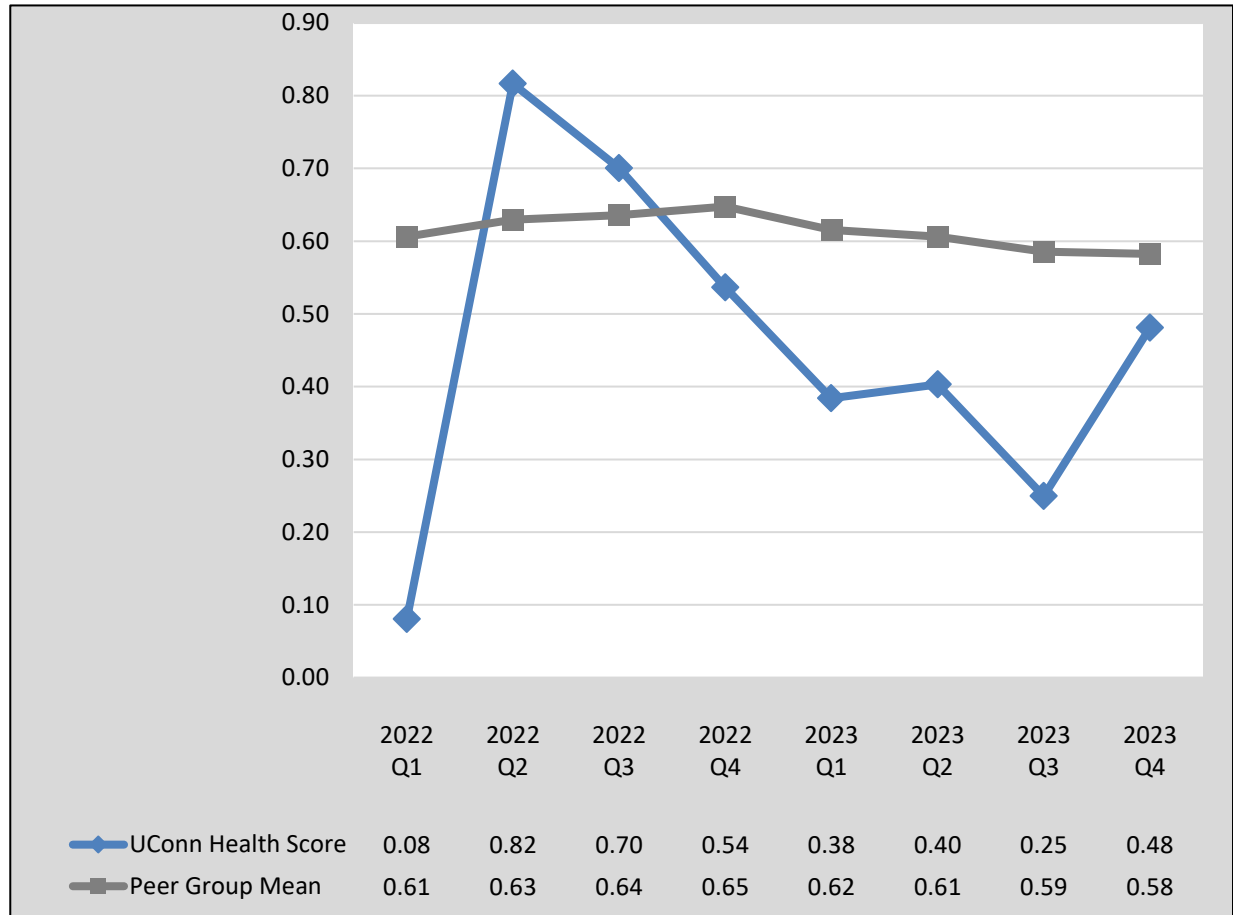
5 to 8 quarters



4 of 8 quarters



0 to 3 quarters



Percent of Patients w/ Hospital Acquired Pressure Injuries Stage 2+

NDNQI Q1 2022 – Q4 2023



7/8 Quarters

Number of quarters unit OUT-PERFORMED the comparison peer group mean (academic medical centers)



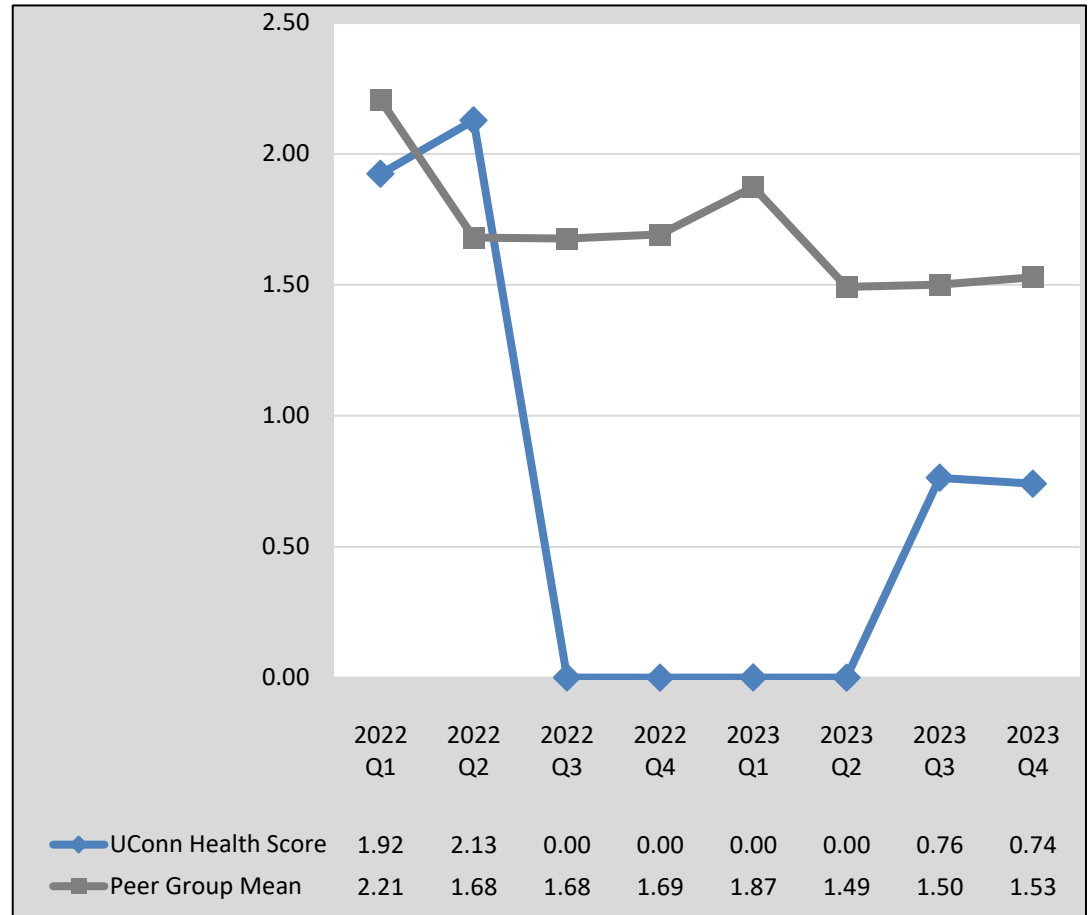
5 to 8 quarters



4 of 8 quarters



0 to 3 quarters



Healthgrades

- UConn John Dempsey Hospital received **2024 Outstanding Patient Experience Award** by Healthgrades
 - Top 15% in the nation
 - The only hospital in Connecticut with this distinction
- Based on CMS Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient survey data for patients discharged between January 1, 2022 and December 31, 2022
- Eligible hospitals:
 - >100 HCAHPS surveys
 - In top 80% of hospitals for clinical quality using Medicare data
- Hospitals grouped into 1 of 4 categories based on size and type of hospital



Newsweek World's Best Hospitals



- Hospitals from 30 countries
- 2400 hospitals ranked; 420 from the U.S.
- Scores are only comparable between hospitals in the same country
- Scoring:

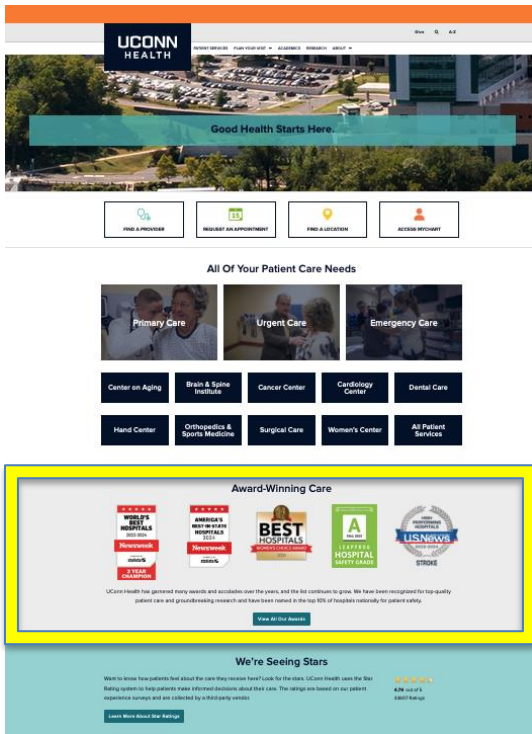
Metric	Description	Weight
Recommendations from medical experts	Online Survey of over 85,000 medical experts (doctors, hospital managers, health care professionals)	45%
Hospital Quality Metrics	Quality metrics from a variety of public sources	35.25%
Patient Experience	Publicly available data from existing patient surveys	16.25%
Patient Reported Outcome Measures (PROMs) Implementation Survey	Use of standardized, validated questionnaires completed by patients to measure their perception of their functional well-being and quality of life.	3.5%

Newsweek World's Best Hospitals

- JDH = Rank 356/412 U.S. Hospitals (399/414 in 2023)
- Within Connecticut:

Rank	Hospital name	Score	City	State ▲	Footnote	PROMs survey	Infection Prevention Award	Patient Experience Award
32	Yale New Haven Hospital	73.40%	New Haven	Connecticut			✓	
170	St. Francis Hospital & Medical Center	65.19%	Hartford	Connecticut			✓	
233	Griffin Hospital	64.50%	Derby	Connecticut			✓	
356	John Dempsey Hospital	62.93%	Farmington	Connecticut			✓	✓
398	Hartford Hospital	62.17%	Hartford	Connecticut			✓	

Hospital	Position Change from 2023
Yale	-1
St. Francis	-6
Griffin	-31
JDH	+43
Hartford	+4



Awards and Recognition

Award-Winning Care



UConn Health has garnered many awards and accolades over the years, and the list continues to grow. We have been recognized for top-quality patient care and groundbreaking research and have been named in the top 10% of hospitals nationally for patient safety.

[View All Our Awards](#)

We're Seeing Stars

Want to know how patients feel about the care they receive here? Look for the stars. UConn Health uses the Star Rating system to help patients make informed decisions about their care. The ratings are based on our patient experience surveys and are collected by a third-party vendor.

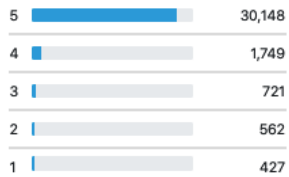
★★★★★
4.79 out of 5
33607 Ratings

[Learn More About Star Ratings](#)

NRC Star Ratings

UCONN Health

4.79 out of 5



Rating Status

✔ Published	31,025
✓ Approved	0
⊙ Pending	0
🚩 Flagged	755
🗄 Archived	2,686
Total	34,466

Profile Status

▶ Live	253
⏸ Offline	151
✔ Enabled	324
❌ Disabled	80

★ Average Ratings 🗨 Number of Ratings




<https://transparency.nrchealth.com/group/list>

Name	Avg Rating	Rating Count	Members	Slug	Date
Brain & Spine Institute	4.72	1856	36	brain-spine-institute	Apr 20, 2022 - 11:39 AM
Cancer Center	4.93	495	8	cancer-center	Jan 25, 2023 - 07:09 PM
Cardiology	4.82	1527	26	cardiology	Feb 23, 2022 - 09:43 AM
Comprehensive Spine	4.67	1407	19	spine-surgery	Sep 22, 2022 - 01:33 PM
Dermatology	4.76	4182	21	dermatology	Feb 24, 2022 - 12:26 PM
Emergency Department	4.17	1416	1	emergency-department	Mar 14, 2022 - 01:32 PM
enable	4.78	9436	112	enable	Nov 29, 2022 - 01:28 PM
Endocrinology	4.84	1062	11	endocrinology	Feb 24, 2022 - 12:26 PM
Family Medicine	4.83	1454	12	family-medicine	Feb 24, 2022 - 12:25 PM
Gastroenterology	4.88	640	10	gastroenterology	Feb 24, 2022 - 12:25 PM
Gerontology	4.77	517	10	gerontology	Feb 24, 2022 - 12:24 PM
Infusion Therapy	4.84	1915	21	infusion-therapy	Feb 24, 2022 - 12:27 PM
Internal Medicine	4.82	5956	49	internal-medicine	Feb 24, 2022 - 12:22 PM
Nephrology	4.91	215	6	nephrology	Feb 24, 2022 - 12:32 PM
Neurology	4.83	437	16	neurology	Feb 24, 2022 - 12:21 PM
Neurosurgery	4.43	50	7	neurosurgery	Feb 24, 2022 - 12:20 PM
Obstetrics and Gynecology	4.77	1732	23	obgyn	Oct 4, 2022 - 08:42 AM
Ophthalmology	4.74	1397	8	ophthalmology	Feb 26, 2022 - 09:33 AM
Orthopedics & Sports Medicine	4.76	4535	35	orthopedics	Sep 12, 2022 - 03:04 PM
Osteoporosis	4.84	753	6	osteoporosis	Feb 26, 2022 - 09:36 AM
Otolaryngology	4.90	611	7	otolaryngology	Feb 26, 2022 - 09:34 AM
Pulmonology	4.92	751	14	pulmonology	Feb 26, 2022 - 09:35 AM
Urology	4.78	906	8	urology	Feb 26, 2022 - 09:35 AM

Recommendation for Anatomic Pathology Chief of Service

UConn HEALTH

TO: Members of the Clinical Affairs Subcommittee of the UConn Health Board of Directors

FROM: Richard H. Simon, M.D. 

DATE: May 9, 2024

SUBJECT: Anatomic Pathology Chief of Service

Recommendation: That the Clinical Affairs Subcommittee of the UConn Health Board of Directors approve Dr. Enrique Ballesteros as the Anatomic Pathology Chief of Service.

Background: The JDH Medical Staff Bylaws require 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 that 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.

Dr. Ballesteros meets the requirements for the Chief of Service for Anatomic Pathology. Following Medical School at Universidad Javeriana in Bogota, Colombia, Dr. Ballesteros completed his Residencies in Anatomic and Clinical Pathology at Brown University and at Columbia University. He completed two Fellowships – Columbia University in Surgical Pathology, and Harvard Medical School in Hematopathology. He joined the UConn Health Faculty in 2007 and is an Associate Professor and Chairman in the Department of Pathology and Laboratory Medicine. Previously he was the Chief of Service for Anatomic Pathology until November 2021. Currently he is Chief of Service for Laboratory Medicine.

ENRIQUE BALLESTEROS, M.D.

E-mail: ballesteros@uchc.edu

EDUCATION

Medical School:

01/84 - 01/91 Universidad Javeriana, Bogota, Colombia

Residency Training:

07/92 - 06/94 Brown University, Providence, RI
Anatomic and Clinical Pathology (PGY1-2)

07/94 - 06/97 Columbia Presbyterian Medical Center, New York, NY
College of Physicians and Surgeons, Columbia University
Anatomic and Clinical Pathology (PGY3-5)

Fellowships:

07/97 - 06/98 Columbia Presbyterian Medical Center, New York, NY
College of Physicians and Surgeons, Columbia University
Surgical Pathology

07/98 - 06/99 Beth Israel Deaconess Medical Center, Boston, MA
Harvard Medical School
Hematopathology

WORK HISTORY

07/99 - 11/99 Easton Hospital, Easton, PA
Associate Pathologist

12/99 - 12/01 Beth Israel Deaconess Medical Center, Boston, MA
Staff Hematopathologist

01/02 - 05/06 Hartford Hospital, Hartford, CT
Associate Hematopathologist

06/06 – 11/07 BioReference Laboratories, Elmwood Park, NJ
Staff Hematopathologist

12/07 – present University of Connecticut Health Center, Farmington, CT
Director, Hematopathology

02/19 – present University of Connecticut Health Center, Farmington, CT
Chair, Department of Pathology and Laboratory Medicine

ABSTRACTS / PUBLICATIONS

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Clement JM, Ballesteros E, Lynch L, Srivastava PK. Probing the association of smoking status with tumor-infiltrating lymphocytes (TILs) in muscle-invasive bladder cancer (MIBC). *J Clin Oncol*, Vol 33, No 15_suppl (May 20 Supplement), 2015:e15524.

Namakydoust A, Saha D, Ajeti G, Bair B, Hook K, Ballesteros E, Holle L. Appropriateness of testing for heparin-induced thrombocytopenia in hospitalized patients. 2016 ASCO Quality Care Symposium. *J Clin Oncol* 34, 2016 (suppl 7S;abstr 252).

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Bindal P, Goel H, Shimanovsky A, Ryan JM, Wasser JS, Ballesteros E. Interstitial Deletion of Chromosome 9q in Therapy-Related Acute Promyelocytic Leukemia with Pathognomonic t(15;17) in a Patient Exposed to Radioactive Iodine. *Int J Blood Res Disord* 2017;4:027.

Bhardwaj R, Vaziri H, Gautam A, Ballesteros E, Karimeddini D, Wu GY. Chylous ascites: a review of pathogenesis, diagnosis and treatment. *J Clin Transl Hepatol* 2018;6(1):105-113.

Adler, A.J., Mittal, P., Hagymasi, A.T., Menoret A., Shen, C., Agliano F., Wright K.T., Grady, J.J., Kuo, C-L., Ballesteros, E., Claffey, K.P., Vella, A.T. GRK2 enforces androgen receptor dependence in the prostate and prostate tumors. *Oncogene* 39, 2424–2436 (2020). <https://doi.org/10.1038/s41388-020-1159-x>

Creed M, Ballesteros E, Greenfield Jr LJ, Imitola J. Mild COVID-19 infection despite chronic B cell depletion in a patient with aquaporin-4-positive neuromyelitis Optica spectrum disorder., *Multiple Sclerosis and Related Disorders* (2020), doi: <https://doi.org/10.1016/j.msard.2020.102199>

Ding, X., Yin, K., Li, Z. Lalla, RV., Ballesteros, E., Sfeir, MM., Liu, C. Ultrasensitive and visual detection of SARS-CoV-2 using all-in-one dual CRISPR-Cas12a assay. *Nat Commun* 11, 4711 (2020). <https://doi.org/10.1038/s41467-020-18575-6>

WORKSHOPS / PRESENTATIONS / POSTERS:

Ballesteros, E (contributor bone marrow workshop, case#3) X International Course on Bone Marrow Pathology, London, England April 14-16, 2011

Ballesteros, E (presenter bone marrow workshop, case A-558-0002-00063) 11th International Workshop on Bone Marrow Pathology 2013, Munich, Germany Sept 7-10, 2013

Ballesteros, E (presenter bone marrow workshop case 37) 12th International Workshop on Bone Marrow Pathology 2015, Milan, Italy April 17-19, 2015.

Bhavtosh Dedania, Imad Ahmed, Enrique Ballesteros, John Birk. Gastric Ulcer Masquerading as Mantle Cell Lymphoma. Poster at ACG 2015 Annual Scientific Meeting. Accepted Oct 16-21 2015 Honolulu, Hawaii

Ballesteros, E (presenter) Everything You Wanted To Know About Blood Cells! High School Clinical Career Day, UCONN Health, April 6, 2017.

Ballesteros, E (contributor bone marrow workshop, case#311) XIII EBMWG International Course and Workshop on Bone Marrow Pathology 2017 Utrecht, The Netherlands May 27-30, 2017

Ballesteros, E (contributor bone marrow workshop, case#316) XIII EBMWG International Course and Workshop on Bone Marrow Pathology 2017 Utrecht, The Netherlands May 27-30, 2017

CME LECTURES:

Ballesteros, E "Diagnosis and Classification of Lymphomas" Manchester Memorial Hospital, March 3, 2016

Ballesteros, E "Diagnosis and Classification of Lymphomas" Rockville General Hospital, April 1, 2016

BOOK CHAPTERS

Ballesteros E. Molecular Diagnostics in Coagulation. In: Coleman WB, Tsongalis GJ, editors. Molecular Diagnostics for the Clinical Laboratorian. 2nd ed. New Jersey: Humana Press, 2006. p. 311-320.

Ballesteros E. (contributor) In: Wu A, editor. Tietz Clinical Guide to Laboratory Tests. 4th ed. Philadelphia: Elsevier, 2006.

AWARDS

Clinical Pathology Outstanding Teacher Award, Hartford Hospital, 2002-2003

Outstanding Clinical Education Clinician Award, Clinical Laboratory Education Program, School of Allied Health, University of Connecticut 2006.

"Good Catch" Award in Laboratory Medicine, UCONN Health, October 2014

CERTIFICATIONS/APPOINTMENTS

Diplomate American Board of Pathology in combined Anatomic and Clinical Pathology, 1998

Diplomate American Board of Pathology in Hematology, 1999


Instructor, Harvard Medical School (1999-2001)

Assistant Professor, University of Connecticut School of Medicine (2008-2017)

Associate Professor, University of Connecticut School of Medicine (2017-present)

Informational Items



TO: Members of the Clinical Affairs Subcommittee of the Board of Directors
FROM: Richard Simon, M.D., Medical Board Chair 
DATE: May 9, 2024
SUBJECT: JDH Medical Board Report

The following is a summary of the major activities of the JDH Medical Board for February 1, 2024 through April 30, 2024.

POLICY/OTHER ISSUES

1. Approved revisions to the policy on Medical Staff Gifts & Nonmonetary Compensation.
2. Reviewed annual report on clinical contracts provided by Berri Gerjuoy, Assistant Vice President, Procurement and Contracts Department.
3. Voted to nominate Kevin Staveley-O’Carroll, M.D. as Surgery Chief of Service.
4. Voted to nominate Enrique Ballesteros, M.D. as Anatomic Pathology Chief of Service.
5. Approved revisions to the policy on Cancelling Clinical Sessions.
6. Approved revisions to Laser Safety policy
7. Began discussions on requiring Advanced Cardiac Life Support (ACLS) certification instead of Basic Life Support (BLS) certification for those with moderate sedation privileges.
8. Approved revisions to Informed Consent policy which adds “breast” to the intimate exam list.
9. Approved the qualifications of non-physician radiology staff who use equipment and administer procedures.

CREDENTIALING ACTIVITY

Type of Application or Evaluation	Total
Initial Appointment	38
Reappointment	134
Temporary Privileges	14
Applications for a Change in Privileges	7
Focused Professional Practice Evaluations	9
Ongoing Professional Practice Evaluations	417

TO: Members of the Clinical Affairs Subcommittee of the 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: May 9, 2024

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

UPDATES ON AMBULATORY ORGANIZATIONAL GOALS and INITIATIVES

Brief highlights for Q3 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. We have transitioned this testing to our clinics and Employee Health area.
- **Masking policy updates:** As of April 17, 2024 we updated our institutional masking protocol due to a declining community transmission of COVID-19 in Connecticut and among our UConn Health community, transitioning to optional masking for providers and staff during patient-facing care interactions.
 - **Exceptions:** Masking will continue for health care personnel – both inpatient and outpatient - in specific circumstances identified in our protocol. This includes in proximity to patients with respiratory illness, high risk for COVID-19, when requested by the patient and other specific sterile procedures and standard infection control practices. In addition, masking will be required for workforce members with any respiratory symptoms (sick staff shouldn't be at work), and those suspected or confirmed with COVID-19, as a few examples.
 - Masking guidelines will continue to be reevaluated and will be revised based on changing respiratory virus epidemiology/conditions and public health guidance. This may include broader masking requirements in the future. Any changes to mask guidelines will be communicated to the UConn Health community.
- **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, masking and track those in our data as well.

- **New Alzheimer's Disease Medication:** The FDA has granted full approval of Lecanemab, an anti-amyloid antibody for the treatment of Alzheimer's disease in patients with mild cognitive impairment or mild dementia due to Alzheimer Disease. UConn Geriatric and Health Aging clinic, under the clinical direction of Dr Maghaydah and Dr. Zdanys, will begin administering the new medication, with a target date of April 16, 2024. This very detailed process has required a multidisciplinary team approach to care. This has included Geriatrics Clinic, Geri Psych, Infusion Center, IT/Epic, Radiology (MRI, PET, Lumbar Punctures), Emergency Department, Pharmacy, finance, pre-certification, data tracking and more. Once the patient has been an approved candidate to receive the medication, the administration of the will occur every two weeks for 18 months with added exams and procedures.

Performance Improvement

- One of the 2024 goals in the primary care clinics is to increase engagement of support staff to improve performance on quality metrics. Population Health team initiated a series of virtual monthly Quality Improvement Office Hours for the support staff to cover improvement strategies, such as utilizing My Panel Metrics dashboard, tips for improvement on quality measures, and Annual Wellness Visit scheduling. The sessions offer opportunity to go over the recommended workflows and learn best practices. In-person performance improvement trainings at each primary care clinic will be conducted by Director of Performance Improvement in the next quarter. To share performance within practice and with patients, Quality Boards in each primary care practice waiting rooms now display charts depicting performance on 4 quality measures (breast cancer screening, annual wellness visit completion, HbA1c testing for diabetic patients, and statin therapy for diabetic patients).
- Patient-Centered Medical Home (PCMH) recognition guidelines for 2024 annual reporting require a new systematic collection of information on patient sexual orientation and gender identity to provide high-quality, patient-centered care to all individuals. A comprehensive approach was implemented in all clinic practices, with a focus on the primary care clinics as those are the ones that have an impact with PCMH. These two questions needed to be collected on rooming a patient by the medical assistants in the clinics. Primary Care Director Dr. Andrews conducted an extensive training for management and support staff in primary care clinics to build their competence and comfort level with asking these questions. Prior to implementation of the process, the capturing of gender identity question was 26% and sexual orientation was 21%. Once the new process was put in place, the collection of gender identity question increased to 80% and sexual orientation to 79%. We continue to monitor the collection rate on a weekly basis.
- Patient experience training was conducted with staff and providers in Endocrinology, Osteoporosis, Infectious Disease, and Diabetes Education. The training included brief overview of the survey process, education on basic terminology, review of the practice performance and 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).
- In the final stage of Gastroenterology (GI) process improvement project, a new process for routine colonoscopy screening scheduling was implemented. GI RN started to send MyChart screening questionnaire to patients to assess their risk level. Based on the findings from the completed questionnaire, low risk patients are scheduled a screening colonoscopy procedure without the need for office visit with APRNs. Moderate to high-risk patients are scheduled an office visit with APRNs prior to procedure scheduling. The goal is to streamline the routine colonoscopy screening scheduling process and reduce the number of unnecessary office visit for low-risk patients referred for colonoscopy screening opening the access to these visits for patients with more urgent issues. In addition, the clinic team is working with the OR/Procedure Center team to monitor and maximize the procedure utilization.

Quality

- To meet our quality performance targets with our value-based care agreements the quality team and primary care practices have been actively reaching out to patients to schedule their Annual Wellness Visits. This is critical since the Annual Wellness Visits are structured to assist in meeting annual quality performance targets. Final performance for calendar year 2023 continues to be reconciled with payers however, UMG performance continues to trend favorably.

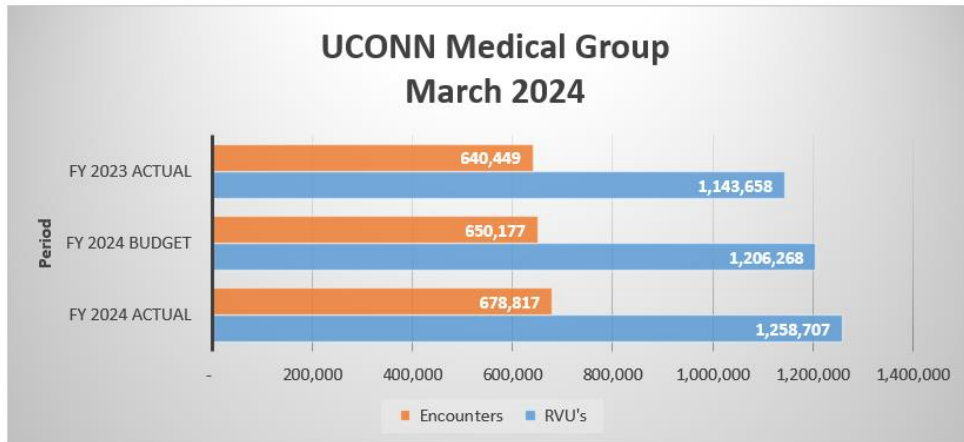
- The Merit-based Incentive Payment System (MIPS) annual reporting was submitted and accepted on March 20, 2024, for the 2023 measurement year. Centers for Medicare & Medicaid Services (CMS) has made some changes to the process and no longer provides a preliminary score. Final scores and payment adjustment amount will be available in August of 2024. Of note, this will be the final year that UMG submits MIPS reporting. As a participant in an Accountable Care Organization (ACO) effective January 1, 2024, MIPS reporting is no longer required and will be replaced with new reporting requirements under the ACO.
- UMG has been selected to participate in a new Guiding an Improved Dementia Experience (GUIDE) Model Program under the Center for Medicare & Medicaid Innovation. This is a value-based care model that focusses on providing coordinated, patient-centered care, support and education to persons with dementia and their caregivers. Initial projections estimate approximately 300 patients will be served annually through this program. Conservatively, this may realize about \$400,000 in the first year and will increase annually thereafter. The first year is lower due to the time it will take to establish the staff (required navigator) and enroll patients as the program ramps up.
- Quality initiatives for 2024 include telephonic reminders for patients to complete their ordered fecal immunochemical test (FIT) colorectal cancer screening. In 2023, 51% of the patients with a FIT test ordered completed it. Through targeted outreach, the goal is to increase completion rates by 10-20%. The Quality team is also focusing on increasing our breast cancer screening rates through reminder calls. If a woman has not scheduled her mammogram a warm transfer will be done to the radiology department to schedule the test. Grant funding continues to support the self-monitored blood pressure cuff program to provide cuff kits and education materials to pregnant women with hypertension and risk of preeclampsia.
- The primary care Quality Improvement contest will continue throughout 2024. The Simsbury Internal Medicine practice is the winner for quarter one with the highest percentage point improvement. The team will be celebrated and awarded a trophy on May 16th.
- 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	Q1 2024	
Time Period	July - Sept	Oct - Dec	Jan - March	April - June	July - Sept	Oct - Dec	Jan - March	April - June	July - Sept	Oct - Dec	Jan - March	Trend
n	4224	3958	3678	3472	4062	9113	13745	13064	12492	9866	14288	
Top Box Score	92.00%	92.22%	92.20%	90.61%	90.99%	91.93%	93.31%	93.58%	93.70%	94.01%	94.14%	
Percentile Rank	52	58	61	31	39	63	87	84	81	91	87	

Finance

UMG Encounters & wRVU's



Encounters

YTD encounters are ahead of budget by 4.4% & ahead of prior year by 6.0%.

wRVU

YTD wRVU's are ahead of budget by 4.3% & ahead prior year by 10.1%.

Revenues

YTD net patient revenues are ahead of budget by 2.4% & ahead of prior year by 8.3%.

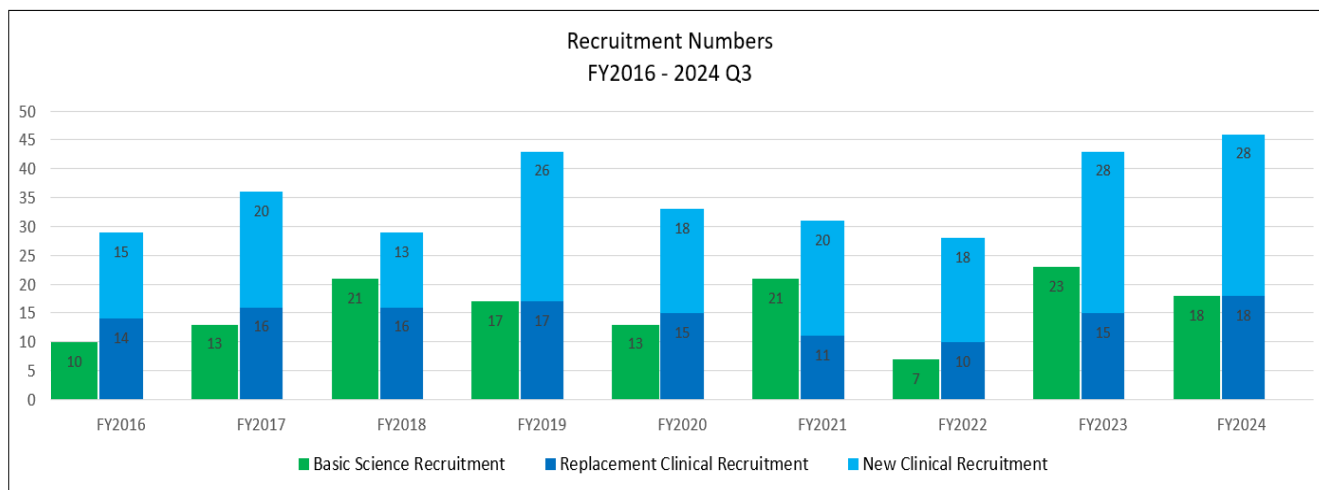
Largest Growth Areas for YTD period with charges/stats are MOHS, DermPath & Internal Medicine when compared to budget.

	FY 2024 Actual	FY 2024 Budget	FY 2023 Actual	vs Bud	vs PY
Encounters	678,817	650,177	640,449	4.4%	6.0%
RVU's	1,258,707	1,206,268	1,143,658	4.3%	10.1%
Net Patient Revenue	106,115,019	103,595,906	97,961,743	2.4%	8.3%

Growth and Development

Significant growth for FY24 with 46 clinical faculty hires scheduled with 28 of these new and 18 of those replacements. We also expect 18 basic science faculty.

- The breakdown of the 28 new clinical positions is as follows: 4 General Internal Medicine, 2 General OBGYN, 2 Hospitalist, 2 Hospitalist/Nocturnist, 2 Maternal Fetal Medicine, 2 Radiology, 1 Cancer Center, 1 Dermatology, 1 Emergency Medicine, 1 Endocrinology, 1 ENT, 1 General Surgery, 1 Geriatrics, 1 Hospitalist OBGYN, 1 Neurology, 1 Psychiatry, 1 Pulmonary and Critical Care, 1 Thoracic Surgery, 1 Surgery/Cancer Center, 1 Surgical Oncology



Space and Growth

This is a very exciting time for growth and expansion of services. Last quarter we reported that we moved the first group in a series of moves under what we are calling the Domino expansion for the Outpatient Pavilion.

- We relocated the Geriatrics and Healthy Aging clinic to a new leased space at 21 South Road in Farmington on the first floor. 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, Brain & Spine Institute building construction is complete. Neurology clinic, academic faculty offices and blood draw moved into the space on January 22, 2024. Cranial Neurosurgery and Comprehensive Spine Center will move on April 26th, 2024 and open on April 29, 2024. The Compressive Spine group depends on radiology and have been working with UConn Health Imaging, who will also open their doors at 5 Munson on April 29th as well. The Brain and Spine Institute will host a grand opening in the coming months.
- 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 three new MD's (two already hired to start in Sept.) and one APRN (hired).
- There have been some service needs that have been identified in the South Windsor area, and we are working on a small clinical site to meet the clinical specialty needs. This includes outpatient Vascular Surgery, Maternal Fetal Medicine, and Colorectal Surgery services and possibly spine. The plan is to lease approximately 2300 sq ft which is currently owned by the Eastern Connecticut Health Network.
- The new Women's Center for Motion & Performance is also in development and plan to open on April 23, 2024, under the direction of Dr. Katherine Coyner and Dr. Allison Schafer both in the Department of Orthopedic Surgery. This is a new Virtual center that aims to treat musculoskeletal injuries in active women of all ages. This is done with an integrated multidisciplinary approach that is patient centric working with services such as Orthopedics, Neurology, Physical Therapy, Behavioral Health, Nonoperative Sports Medicine, Internal Medicine, Osteoporosis, and Weight management.

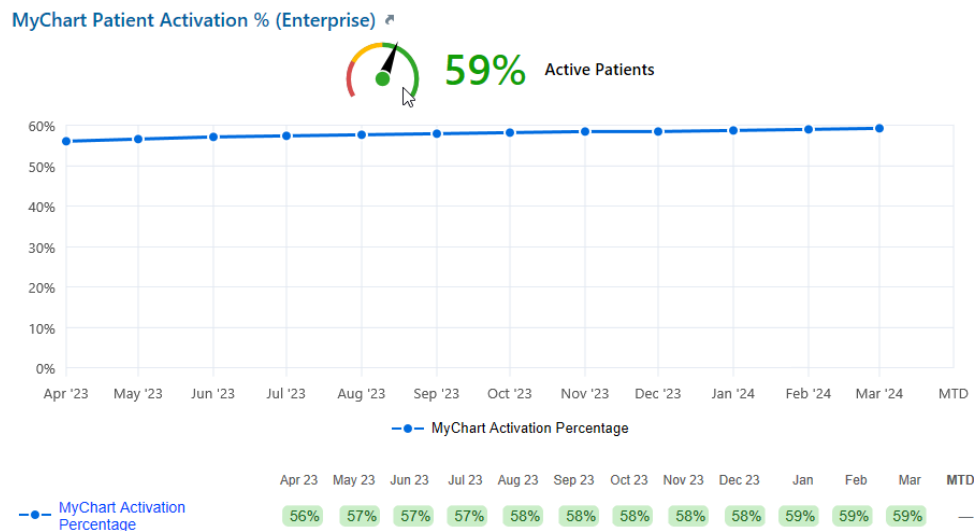
Cheers

UConn Health began implementation of CHEERS, Epic's Customer Relationship Management (CRM), Schedule Optimization, and Campaigns modules in late January 2023. UConn Health is one of five Epic customers chosen to implement this complete product. 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 consistency, patient flow opportunities to get the right patient to the right provider, and customer satisfaction. (Completed phase 1; Orthopedics, Internal medicine, Family Medicine, Dermatology/Mohs/Psoriasis Center. Phase 2: began November and will include Endocrinology, Osteoporosis, Diabetes Education and Geriatrics). This is a time-consuming process as you have to review provider by provider.
- Call Management - to assist the call centers in accessing information and scheduling to improve efficiency of triage and patient experience. The Main Call Center went live during the initial implementation followed by the Specialty Billing Office call center in February. The Professional Billing department is being scoped at this time.
- Campaigns - focuses on marketing healthcare opportunities to targeted patient populations. This has been used for new services, increase in MyChart access, referrals to Diabetes Eye exams and more.

MyChart

April 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 this Quarter

- UConn Nephrology Physician-Scientist Awarded by U.S. Department of Veterans Affairs <https://today.uconn.edu/2024/03/uconn-nephrology-physician-scientist-awarded-by-u-s-department-of-veterans-affairs/>
- Keep Beat with Your Heart Health and Your Family’s Cardiovascular Health History <https://today.uconn.edu/2024/02/keep-beat-with-your-heart-health-and-your-familys-cardiovascular-health-history/>
- Leadership: We Are All Leaders at UConn Health <https://today.uconn.edu/2024/01/leadership-we-are-all-leaders-at-uconn-health/>
- Complex Family Planning Program Expands Services at UConn Health <https://today.uconn.edu/2024/01/complex-family-planning-program-expands-services-at-uconn-health/>
- Soft Open for The Brain and Spine Institute at UConn Health <https://today.uconn.edu/2024/01/soft-open-for-the-brain-and-spine-institute-at-uconn-health/>
- Providing Care Beyond Borders <https://today.uconn.edu/2024/01/providing-care-beyond-borders/>