

# Clinical Affairs Subcommittee of the Board of Directors

**February 13, 2025**

**2:00 pm**

*Teams link*

**[Join the meeting now](#)**

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- |   |                 |       |
|---|-----------------|-------|
| <b>1. Public Comment</b>  |                 | pg 1  |
| <b>2. Chair's Remarks</b>   | Cheryl Chase    |       |
| 2.1 Welcome   |                 |       |
| 2.2 Approval of Minutes: December 5, 2024 [VOTE]  |                 | pg 2  |
| <b>3. Chief Executive Officer's Report</b>  | Dr. A. Agwunobi | pg 6  |
| <b>4. Quality Report</b>  |                 |       |
| 4.1 JDH Clinical Quality  | Dr. S. Allen    | pg 26 |
| <b>5. Approvals [VOTE]</b>  |                 |       |
| 5.1 Resolution to Amend the JDH Medical Staff Bylaws:<br>Adding Neurosurgery as a Clinical Service                | Dr. R. Simon    | pg 35 |
| <b>6. School Reports</b>  |                 |       |
| 6.1 School of Medicine  | Dr. B. Liang    |       |
| 6.2 School of Dental Medicine   | Dr. S. Lepowsky |       |
| <b>7. Informational items</b>   |                 |       |
| 7.1 JDH Medical Board - Quarterly Update  |                 | pg 37 |
| 7.2 UConn Medical Group Operations - Quarterly Report   |                 |       |
| <b>8. Executive Session</b>   |                 |       |
| To discuss matters not subject to public disclosure, pursuant to C.G.S. §1-210(b)(1) and peer review protections. |                 |       |
| <b>9. Adjourn</b>   |                 |       |

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### Peer Review

**PLEASE NOTE:** 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/her designee to receive requests to speak at the Public Comments portion of the Board of Directors Meetings.

### **Janice Coco**

Executive Staff Assistant

Office of Health Affairs | UConn Health

Phone: 860-679-6232

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

Chair, Cheryl Chase, called the meeting to order at 3:02 pm.

Present (voting): Cheryl Chase, David Shafer, Joel Freedman, Kevin Staveley-O'Carroll, Leo Wolansky, Robert Fuller, Wayne Rawlins

1. **Public Comment** – There was no public comment.

2. **Chair's Remarks**

2.1 **Welcome**

Ms. Chase welcomed everyone to the regularly scheduled quarterly meeting and stated the meeting is being recorded.

2.2 **Approval of the Minutes: August 8, 2024**

The Clinical Affairs Subcommittee approved a motion duly made and seconded to accept the minutes from the Clinical Affairs Subcommittee meeting held on August 8, 2024.

3. **Chief Executive Officer's Report**

Dr. Agwunobi provided the CEO report highlighting areas of focus including a partnership with the Value Care Alliance - a collaboration with Griffin and Middlesex Hospitals where the goal is reducing healthcare expenses and improving quality care for patients as well as optimizing care across multiple settings. Dr. Agwunobi went on to discuss recent accomplishments such as JDH earning Geriatric Emergency Department Accreditation, and UConn Health making the Forbes "Best Employers" list, ranking #5 among employers with 500+ employees headquartered in Connecticut. Dr. Agwunobi also reported that UConn Health earned 17 total awards by CareChex for 2025 including Medical Excellence in overall Hospital Care and Overall Medical Care and has again been named as one of Newsweek's "Best in State" hospitals for 2025. Dr. Agwunobi announced UConn Health implemented new Electronic Video Monitoring devices to improve patient care and safety. He also pointed out the 1-year anniversary of the launch of the Inpatient Palliative Care Service.

Dr. Agwunobi reported on the continued clinical growth in the ED, the average daily census in the Main OR and the Surgery Center OR; these numbers have increased with the exception of the Procedure Center which has a backlog of pending procedures. All of these continue to be opportunities for growth and the strategic planning process. Dr. Agwunobi also reported that the Certificate of Need for additional beds is still pending.

Dr. Agwunobi completed his presentation with an update on the Rapid Inclusive Strategic Planning (RISP) process underway at UConn Health. He explained that the goals of RISP include: Clinical Excellence with quality, safety and patient experience being the main focus; Clinical Growth, including growing on our campus as well as growing regionally and across the state; Financial Strength, with a goal to reduce our clinical enterprise's reliance on the state through

revenue optimization and cost reductions; Research Growth including growing clinical trials and research commercialization; and focusing on people and community - both the UConn Health community and doing better to engage with the surrounding communities.. Dr. Agwunobi also stated that growing UConn Health's philanthropy will be a part of the strategic planning, and that there are continued discussions with the UConn Foundation to have a more focused approach to raising money for UConn Health.

### **3.1 Workplace Violence Prevention Program**

Dr. Agwunobi then turned the presentation over to Deb Abromaitis to present an update on the Workplace Violence Prevention Program. Ms. Abromaitis reported that healthcare workers experience workplace violence four times more frequently than other industry workers. A few areas that create barriers in reporting WPV is that it is an accepted risk with the job, ambiguity in definitions of reportable offenses, and the healthcare reporting culture as well as many other reasons both on the organizational side as well as healthcare workers' perceptions. Ms. Abromaitis shared with the Committee data showing the number of incidents reported annually at JDH, the locations where incidents occurred, where and when WPV events are reported, and the types of WPV events reported. Directors Cheryl Chase and Wayne Rawlins commended the new WPV signage created by the UConn Health WPV Committee, and discussions ensued with many commenting on the necessity of this comprehensive program of awareness.

## **4. Quality Reports**

Dr. Allen provided the Quality Report to the Committee. He provided more background on John Dempsey Hospital's "Best In-State Hospitals" recognition from Newsweek, sharing the factors that go into the Newsweek scoring (most notably, Quality, and Recommendation of Peers). Dr. Allen also reported that within this ranking UConn Health was the only hospital in the state recognized for its excellent Patient Experience. Dr. Allen also reported on the Quantros Carechex 2025 Awards, specifically noting the JDH areas that rated the top 10% in the nation, including Medical Excellence in the following areas - Overall Medical Care, Gastrointestinal Care, Joint Replacement, Major Orthopedic Surgery and Pneumonia Care.

Dr. Allen shared the CMS Star Rating with the Board, where UConn Health was given a four-star rating for patient experience and a three-star overall rating. He shared the factors that go into these ratings and stated that we are focused on increasing this rating.

Dr. Allen reviewed the Serious Safety Event Rate which is calculated on a 12-month rolling average - the incident rate is the lowest reported rate since February 2022. The next metric reported was Falls with Injury, where we are reporting under the 25 percentile which is slightly better than our competitors. Dr. Allen commended our nurses for their excellent care in lowering these numbers. The JDH Patient Experience Scorecard was also reviewed - the last 2 quarters are doing very well with overall patient experience. Dr. Allen also noted that the Radiology Department and other areas have also had an increase in their numbers.

#### **4.1 JDH Clinical Quality & Service Performance Improvement Plan – 2025**

Dr. Allen concluded his report with a review of the JDH Clinical Quality and Service Performance Improvement Plan and the six institutional Performance Improvement (PI) Priorities embedded in the plan from 2024. He highlighted for the Committee the recommended updates to these PI Priorities for 2025 – specifically, the QAPI Committee and JDH Medical Board have recommended removing OAS CAHPS from the PI priority list and adding a new measure for Congestive Heart Failure (CHF) readmission rates. This is important for several pay-for-performance programs. Dr. Allen noted an Action Plan has already been initiated to work on this new priority, with our new Discharge Clinic targeting high readmission risk patients and that we will be looking to hire a CHF Nurse Navigator to help with this. Dr. Allen recommended that the CAS board approve the 2025 JDH Clinical Quality and Service Performance Improvement Plan, including the updated Performance Improvement (PI) Priorities.

***The Clinical Affairs Subcommittee approved the motion duly made and seconded to accept the 2025 JDH Clinical Quality & Service Performance Improvement Plan and the updated PI Priorities.***

#### **5. Approvals**

##### **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 in the 6 areas that UConn Health conducts EOC assessments: safety, security, fire, medical equipment, utilities and hazardous materials. .

***The Clinical Affairs Subcommittee unanimously approved the motion duly made and seconded to accept the Environment of Care Management Plan for 2024.***

#### **6. School Reports**

##### **6.1 School of Medicine:**

There was no School of Medicine report at this meeting.

##### **6.2 School of Dental Medicine:**

There was no School of Dental Medicine report at this meeting.

#### **7. Informational items**

Chair Chase directed the subcommittee members' attention to the informational items in the Board book starting on page 81.

**8. Executive Session**

The Board voted to enter Executive Session to discuss items and documents not subject to public disclosure pursuant to Conn. Gen. Stat. §§ 1-200(6)(B), peer review protections, and attorney-client confidentiality.

The Clinical Affairs Subcommittee unanimously approved the motion to enter executive session at 4:08pm.

The following guests were invited to attend executive session: A. Agwunobi, A. Keilty, A. Horbatuck, C. Ryan, J. Blumenthal, J. Geoghegan, R. Silva, S. Simpson, S. Allen, M. Henretta, D. Abromaitis, C. Bianchi, R. Simon.

Return to public session at 4:24 pm.

**9. Adjourn**

There being no further business the meeting was adjourned at 4:25 pm.

Respectfully submitted,

Andrea Keilty  
Chief of Staff and Liaison to the BOD  
UConn Health

**Next Regularly Scheduled Meeting:** February 13, 2025



# CEO Report

## Clinical Affairs Subcommittee

Dr. Andrew Agwunobi  
February 13, 2025





# Areas of Focus

- Budget Update
- Recent Recognitions
- Operational Updates
- Continued Clinical Growth
- Rapid Inclusive Strategic Planning
- Senior Leader Rounding
- The Joint Commission Accreditation Survey

# Budget Update

## FY2025

- **December year to date:** UCH was favorable to approved budget by **\$6.0M**
  - Clinical **\$5.1M favorable**
  - Schools **\$2.1M favorable**
  - Research **\$777K unfavorable**
  - State Support **\$392K unfavorable**
- **Forecast for year-end June 2025: We still expect to have a balanced budget**

## FY 2026

- **FY 25 Received:** Total State support = **\$198.2M**
- **FY 26 Requested:** We requested a year-over-year **reduction** in State Support of **\$20.M compared to FY25**
- **Gov Proposed FY26:** State Support **reduction of \$75.1 M compared to FY25**

# Recent Recognitions



## The Leapfrog Group

Eight consecutive Straight A's Rating for Patient Safety 2021-2024



## CareChex Awards 2025

Top 10% in the Nation for Medical Excellence in Joint Replacement, Major Orthopedic Surgery, and Overall Medical Care and Top 10% Hospital in the Northeast Region for Overall Hospital Care



## Newsweek

America's Best-In-State Hospital, Ranked #2



## Forbes

America's Best-in-State Employers Connecticut



## Healthgrades

Five-star Ratings in the Treatment of Pulmonary Embolism, Pneumonia, Sepsis, and Upper Respiratory Surgery



## Chime Digital

Most Wired for Acute and Ambulatory, Level 7

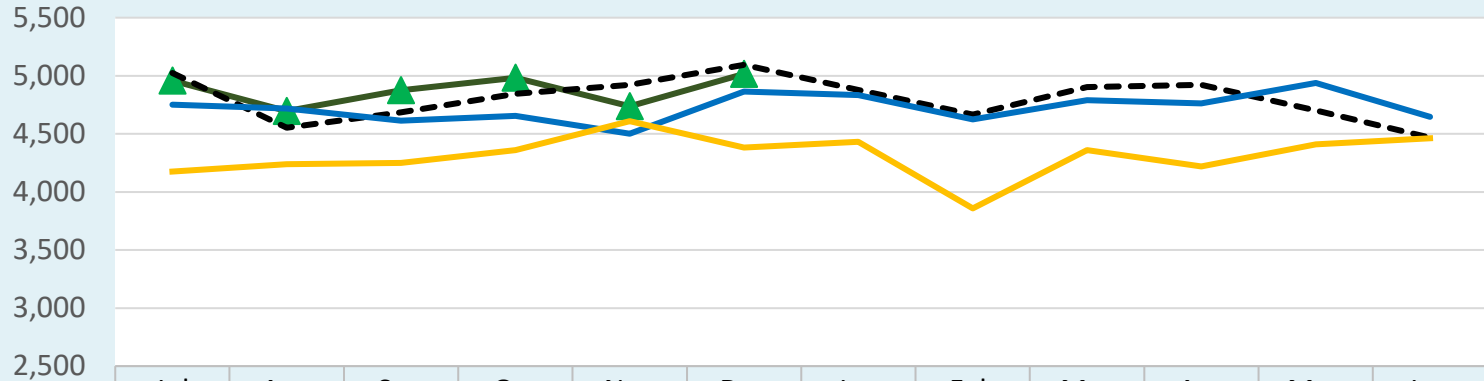


# Operational Updates

- **Certificate of Need (CON)**
  - 23 additional licensed beds for JDH approved 2/5/25
- **New England Sickle Cell Institute & Connecticut Bleeding Disorders Center**
  - State-of-the-art new 13,000 sq. ft. care space in JDH
  - Ribbon-cutting event January 29
- **DAX Ambient Listening Tool**
  - Uses Haiku on iPhone to captures provider notes in Epic
  - Pilot to begin in March

# Continued Clinical Growth

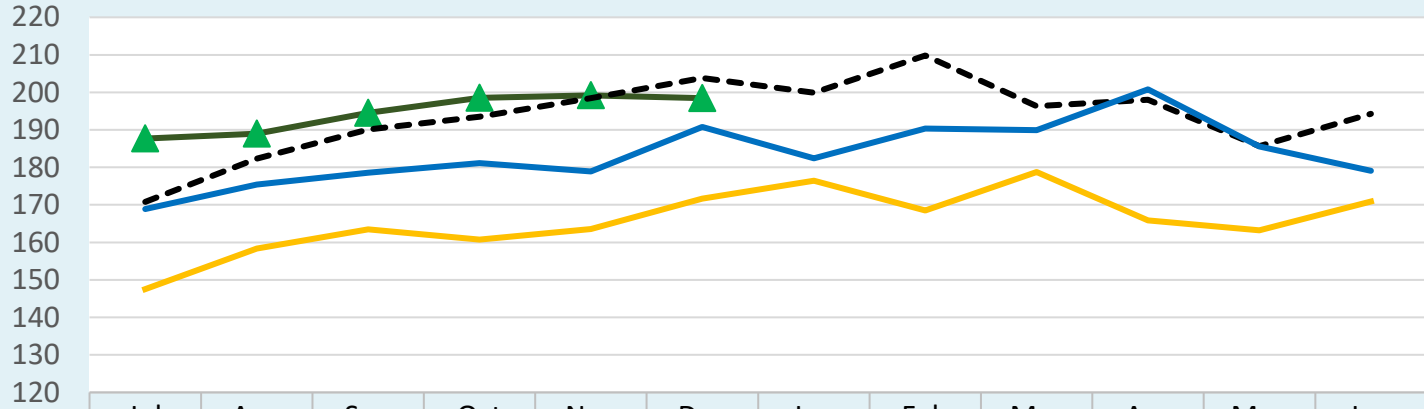
# Emergency Room Visits



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2025 Actual	4,957	4,696	4,876	4,982	4,738	5,016							29,265
- - - 2025 Budget	5,025	4,553	4,684	4,844	4,921	5,094	4,879	4,665	4,903	4,921	4,702	4,467	57,658
— 2024 Actual	4,751	4,717	4,612	4,655	4,501	4,863	4,833	4,625	4,790	4,763	4,938	4,646	56,694
— 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

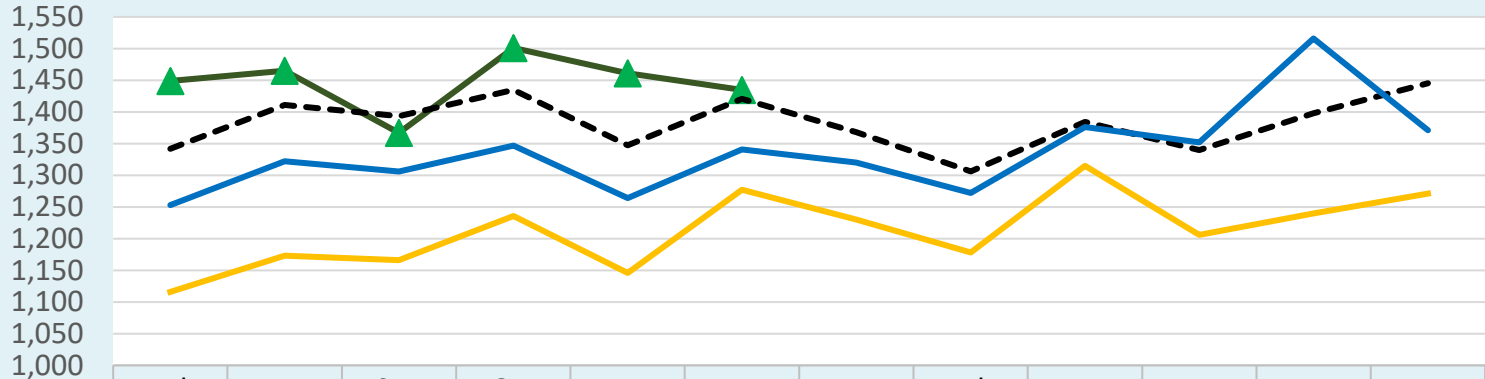


# Average Daily Census Including OBS/OEXT



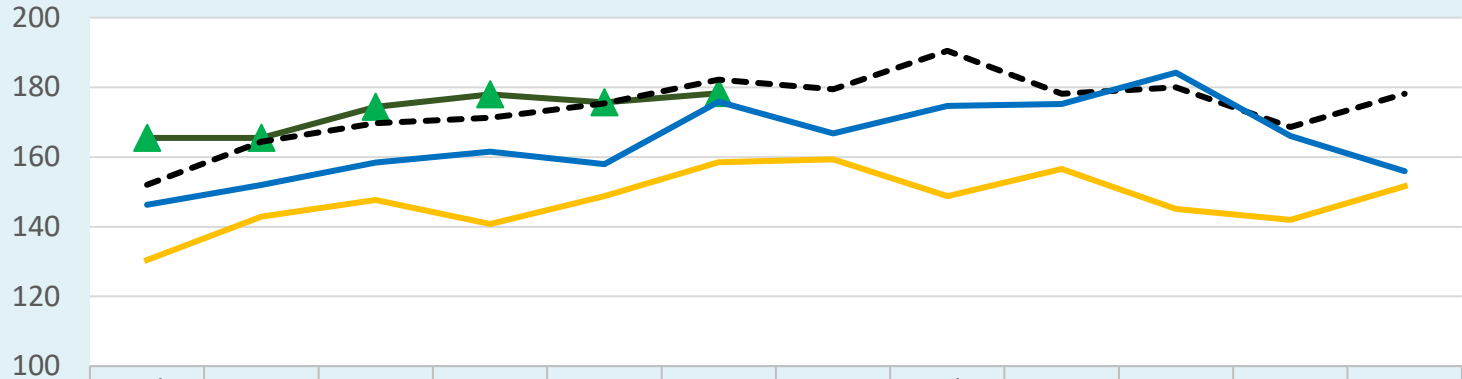
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2025 Actual	188	189	195	199	199	198							1,167
- - - 2025 Budget	171	182	190	193	198	204	200	210	196	198	186	194	2,323
— 2024 Actual	169	175	179	181	179	191	182	190	190	201	186	179	2,202
— 2023 Actual	148	158	163	161	164	172	176	168	179	166	163	171	1,989

# Discharges Including OBS/OEXT



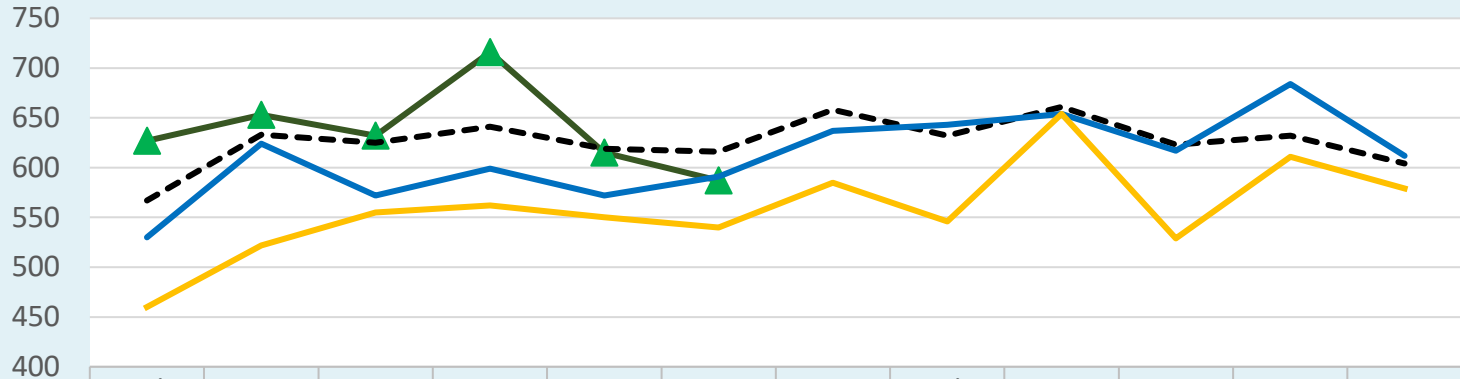
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2025 Actual	1,449	1,465	1,367	1,501	1,461	1,435							8,678
- - - 2025 Budget	1,342	1,411	1,394	1,435	1,348	1,421	1,368	1,306	1,384	1,340	1,398	1,445	16,591
— 2024 Actual	1,253	1,322	1,306	1,347	1,264	1,341	1,320	1,272	1,376	1,352	1,516	1,371	16,040
— 2023 Actual	1,116	1,173	1,166	1,236	1,146	1,277	1,230	1,178	1,315	1,206	1,240	1,271	14,554

# Average Daily Census Inpatient



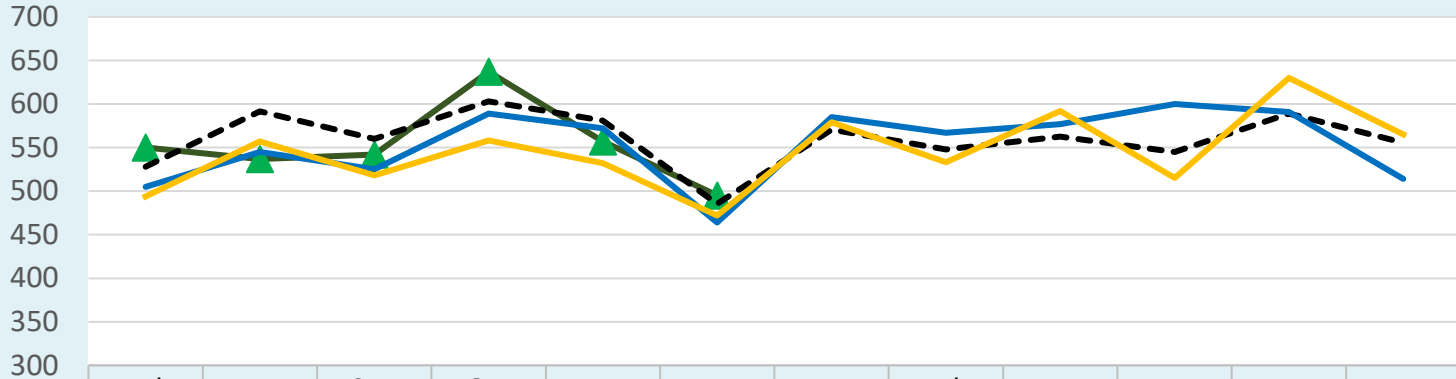
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2025 Actual	165	165	174	178	176	178							1,037
- - - 2025 Budget	152	164	170	171	175	182	179	190	178	180	169	178	2,090
— 2024 Actual	146	152	158	162	158	176	167	175	175	184	166	156	1,975
— 2023 Actual	130	143	148	141	149	158	159	149	157	145	142	152	1,773

# JDH - Main OR



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
—▲— 2025 Actual	627	653	632	716	615	587							3,830
- - - 2025 Budget	567	633	625	641	619	616	658	632	661	623	632	604	7,511
— 2024 Actual	530	624	572	599	572	591	637	643	654	617	684	612	7,335
— 2023 Actual	460	522	555	562	550	540	585	546	654	529	611	579	6,693

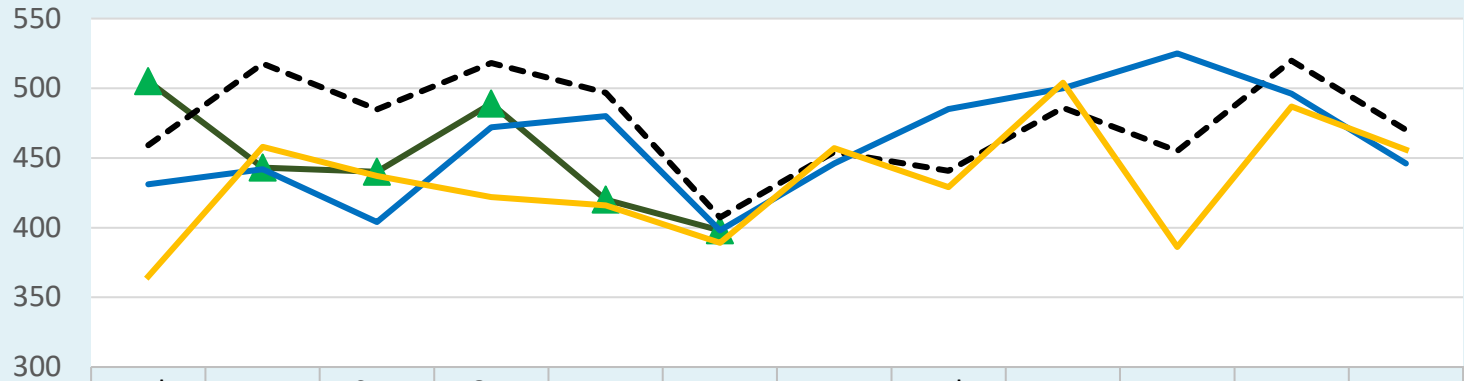
# UConn Health Surgery Center - OR



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2025 Actual	550	537	542	637	557	495							3,318
2025 Budget	528	591	560	603	581	485	571	548	563	545	589	555	6,719
2024 Actual	505	545	525	589	572	464	585	567	577	600	591	514	6,634
2023 Actual	494	557	518	558	532	472	579	533	592	515	630	565	6,545

# Procedure Center

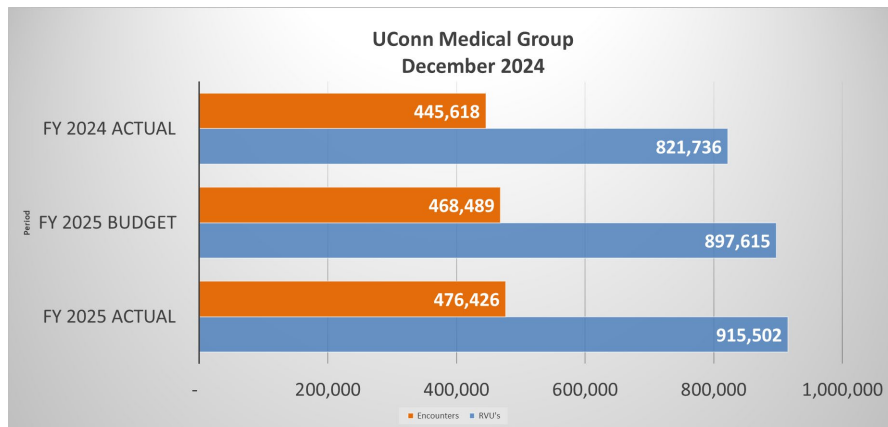
## GI Endoscopy



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2025 Actual	505	443	440	489	420	398							2,695
- - - 2025 Budget	459	518	485	518	497	407	454	441	486	455	520	470	5,710
— 2024 Actual	431	442	404	472	480	398	446	485	500	525	496	446	5,225
— 2023 Actual	365	458	437	422	416	389	457	429	504	386	487	456	5,206



# UMG Encounters & wRVUs



## Encounters & wRVUs

- YTD encounters are ahead of budget by 1.7% and ahead of prior year (PY) by 6.5%
- YTD wRVUs are ahead of budget by 2.0% and ahead prior year (PY) by 11.4%

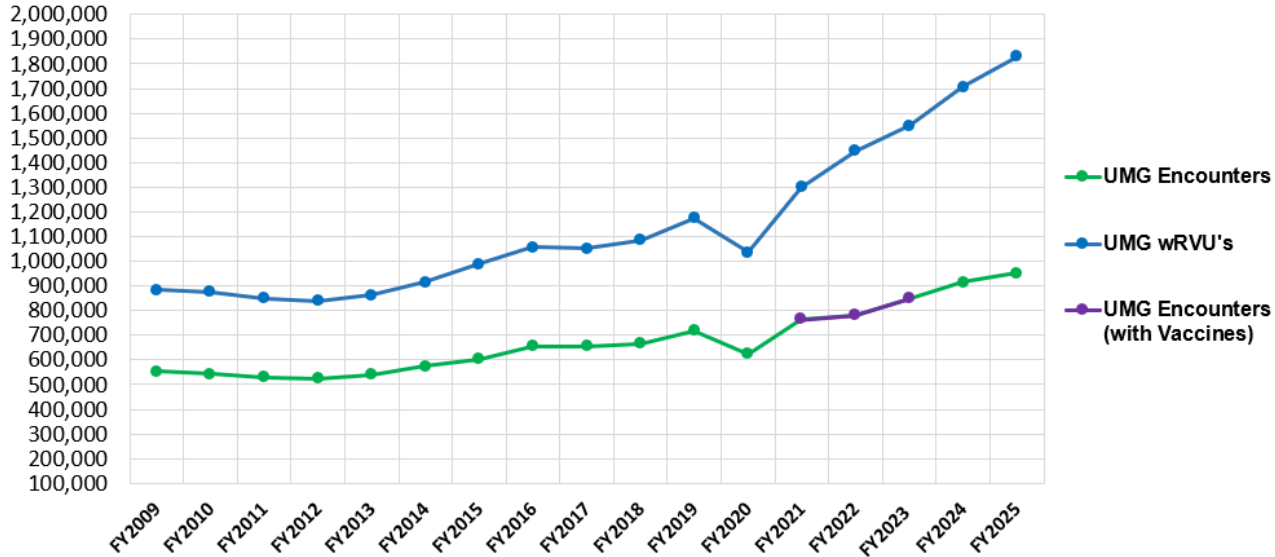
## Revenues

- YTD net patient revenues are ahead of budget by 1.1% & ahead of prior year by 9.9%
- Largest growth areas for YTD period with charges/stats to budget are Orthopedics, OBGYN, Urology, Cancer Center

	FY 2025 Actual	FY 2025 Budget	FY 2024 Actual	vs Bud	vs PY
Encounters	476,426	468,489	445,618	1.7%	6.9%
RVU's	915,502	897,615	821,736	2.0%	11.4%
Net Patient Revenue	76,949,768	76,092,936	70,004,536	1.1%	9.9%

# UConn Medical Group

## Encounters & wRVU's (Excludes Anesthesiology)



	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	As of Dec 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	914,649	952,852	476,426
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	1,707,323	1,831,004	915,502
Vaccines	-	-	-	-	-	-	-	-	-	-	-	-	78,329	41,865	6,263	-	-	-

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

# Rapid Inclusive Strategic Planning (RISP)

## UConn Health Strategic Goals



### **Clinical Excellence**

Be the best place in CT for patient care (quality, safety and experience)



### **Clinical Growth**

Expand geographic scale, patient volume and health care services statewide



### **Financial Strength**

Thrive financially and reduce dependence on State funding



### **Research Growth**

Become a top ranking academic medical center for translational research, clinical trials and commercialization of research



**Prioritizing People, Culture, & Community** Be the employer of choice and be relevant to our state and communities

# Rapid Inclusive Strategic Planning (RISP)

## Progress Update



### PLANNING

Planning Committee and strategic framework created.

2024

August -  
September



### KICKOFF

Initiative kicked off, aligning with institutional priorities.

2024

October -  
November



### DEPARTMENT ENGAGEMENT

Chairs and leaders guided through department plan development.

2024

November -  
December



### PROPOSAL SUBMISSION

Plan proposals submitted; first round screening underway.

2025

January -  
February



### EVALUATION

Formal plan presentations and final decision-making.

2025

February  
- April



*Finalized plans incorporated into UConn Health strategic plan*

# Senior Leader Rounding

## Objectives

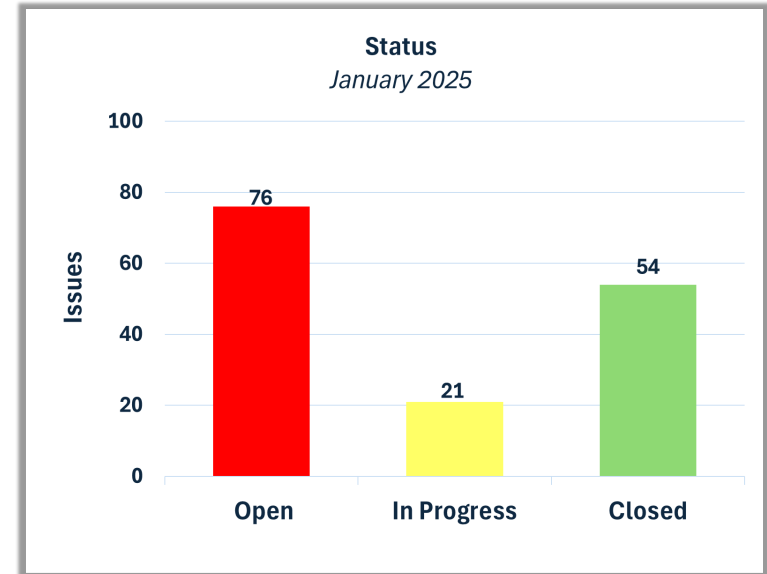
- Facilitate Open Communication
- Enhance Quality of Patient Care
- Identify Operational Challenges
- Drive Continuous Performance Improvement
- Foster a Culture of Transparency and Accountability
- Encourage Employee Engagement

## Key Components

- Who – CEO's executive team
- When – Weekly (*Commenced October 9, 2024*)
- Where – 17 JDH and 4 Ambulatory units

## Benefits

- Improved Patient Care
  - Direct feedback leads to actionable change
- Enhanced Employee Morale
  - Staff feels valued and heard
- Stronger Relationships
  - Builds trust between staff and leadership



***151 issues reported as of 1-12-2025***

# The Joint Commission

November 12-15, 2024

- Hospital Survey
  - Administrator - 4 days
  - Nurse - 4 days
  - Physician - 4 days
  - Ambulatory - 3 days
  - Engineer - 2 days
  
  - Surveyors surveyed every area under the hospital license
- Behavioral Health Survey
  - 1 surveyor – 1 day
- CMS Validation
  - 1 CMS surveyor for each TJC surveyor
  - CMS surveyors to survey TJC



# The Joint Commission

- Final Report
  - Received 11/19/2024
  - 54 Findings
- Deficiency Survey (within 45 days)
  - 12/20/2024
  - All condition-level findings found compliant
- Written Corrective Action Report
  - Submitted; Fully Approved 1/30/2025
- Follow Up
  - All findings are audited for compliance and opportunities for improvement

**Next TJC accreditation survey in 2027**

# Quality Report

February 2025

# Performance Improvement Priorities 2025

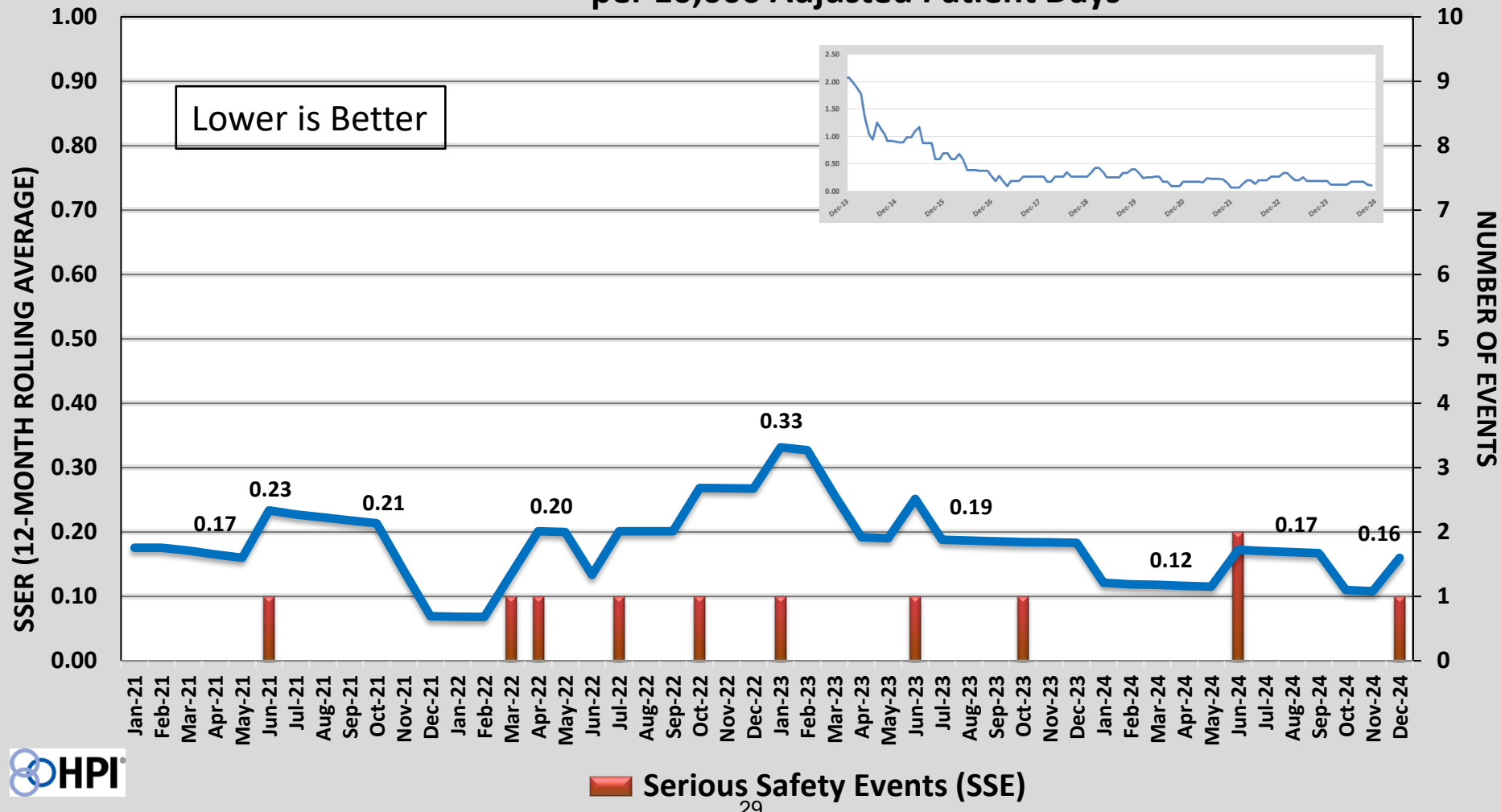
Priority	Rationale
Achieve an <b>Inpatient/Before Hand Hygiene</b> compliance rate of >92% with a goal of >95%	<ul style="list-style-type: none"> <li>• Hand hygiene is essential for reducing hospital-acquired infections (HAI)</li> <li>• JDH HAI rate remains above target</li> </ul>
Achieve a <b>Catheter-Associated Urinary Tract Infection (CAUTI)</b> Standardized Infection Rate target of 0.5 with a goal of zero.	<ul style="list-style-type: none"> <li>• Costly HAI</li> <li>• JDH rate above national mean</li> <li>• Impacts negatively on scoring for P4P programs</li> </ul>
Achieve a target of 7/8 quarters better than benchmark group of NDNQI academic medical centers for <b>Falls with Moderate harm, Major harm or Death</b> with a goal of 8/8 quarters.	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> highest DPH reportable event for state of CT</li> <li>• Most frequent DPH reportable event for JDH</li> <li>• Significant morbidity for falls with hip fracture</li> <li>• Metric important for Magnet designation</li> </ul>
Achieve a <b>Within-48 hours Admission Medication Reconciliation</b> rate >80% with a goal of >90%	<ul style="list-style-type: none"> <li>• About half of patients discharged from the hospital experience medication errors or unintentional medication discrepancies.</li> <li>• Accurate admission med rec reduces both inpatient and discharge medication errors, and reduces readmissions</li> </ul>
Achieve >75 <sup>th</sup> percentile compared to all Vizient hospitals for <b>Heart Failure 30-day Readmission Rate</b> with a goal of >90 <sup>th</sup> percentile.	<ul style="list-style-type: none"> <li>• Rate above [worse than] Vizient and CMS peer groups</li> <li>• Important for P4P programs</li> <li>• Contributes to Readmission Reduction Program penalty</li> </ul>
Achieve >75 <sup>th</sup> percentile compared to all national hospitals in the Press Ganey database for <b>LAB, Rehab, &amp; Radiology Targeted Survey Likelihood to Recommend</b> rate with a goal of >90 <sup>th</sup> percentile	<ul style="list-style-type: none"> <li>• Patient experience in ancillary services critical to population health</li> <li>• Performance was not consistently top 25%</li> </ul>

# JDH Scorecard

Service/Unit	Metric	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Current Target	Warning Range	Red Flag
All Hospital Units	Serious Safety Event Rate - events/10,000 pt days, rolling average (End of Quarter)	0.19	0.18	0.12	0.11	0.17	0.16	<0.10	0.10-0.25	>0.25
	Hand Hygiene Inpatient: Before	89%	89%	95%	96%	93%	95%	>95%	92-95%	<92%
	CAUTI - # events	1	2	2	3	2	1			
	CAUTI Standardized Infection Ratio (Half-year)	0.546	1.053	0.760	1.132	0.687	0.333	<0.75	0.75-1.00	>1.00
	CLABSI - # events	0	2	0	2	1	2			
	CLABSI Standardized Infection Ratio (Half-year)	0	1.160	0.000	1.049	0.482	1.099	<0.75	0.75-1.00	>1.00
	C.diff - # events	1	5	3	5	1	5			
	C.diff Standardized Infection Ratio	0.109	0.541	0.309	0.557	0.096	0.530	<0.75	0.75-1.00	>1.00
	Falls with Harm/1000 Patient days (NDNQI): z-score percentile vs. All Facilities	-0.36	-0.03	0.28	-0.40	-0.56		<25th percentile	25th-50th percentile	>50th percentile
	Hospital-Acquired Pressure Injury (Stage 2+) % of Pts (NDNQI): z-score percentile vs. All Facilities	-0.17	-0.25	-0.26	-0.45	-0.23		<25th percentile	25th-50th percentile	>50th percentile
	Mortality index (Vizient® Risk Adjusted): Observed/Expected Ratio Percentile vs. CCMC Peer group	63	80	53	66	63		>75	50-75	<50
30-Day All-Cause Readmission Rate: Percentile vs. Vizient® CCMC peer group	54	79	55	68	71		>75	50-75	<50	
Admission Medication Reconciliation Completed Within 48 hours	56.2%	60.4%	63.2%	65.0%	65.9%	72.3%	>90%	80%-90%	<80%	
Anesthesiology	Adverse event rate	0.15%	0.12%	0.10%	0.06%	0.04%		<0.20%	0.20-0.30%	>0.30%
Diagnostic Imaging	% of Vrad radiologists miss rate	0.71%	0.96%	0.64%	0.53%	0.88%		<2.00%	2.00-4.00%	>4.00%
	% of UConn radiologists miss rate	0.00%	0.00%	1.28%	0.10%	0.41%		<2.00%	2.00-4.00%	>4.00%
Emergency Medicine	Door to provider (min)	31	33	38	33	34		<30 min	31-40 min	>40 min
	Length of Stay (min)	247	253	256	254	252		<240 min	240-300 min	>300 min
	Left Without Being Seen Rate	0.98%	1.71%	1.68%	1.12%	0.91%		<1.0%	1.0-2.0%	>2.0%
	72-Hour Return to ED with Admission Rate	1.04%	1.05%	1.04%	1.03%	1.19%		<1.00%	1.00-3.00%	>3.00%
Laboratory Medicine	Stroke: Median Door to CT Scan Time (min)	19.3	16.0	18.5	18.0	20.0		<26 min	26-40 min	>40 min
	Critical Value Notification - Inpatient (Within 15 min)	91.9%	98.7%	99.2%	99.2%	99.0%	98.6%	>98%	90-98%	<90%
	Critical Value Notification - ED (Within 30 min)	96.0%	99.5%	100.0%	99.7%	99.0%	99.0%	>98%	90-98%	<90%
OB/GYN	PC-02: Nulliparous women with a term, singleton baby in vertex position delivered by C-section	31.6%	24.0%	31.1%	22.2%	24.0%	41.4%	<24%	24-30%	>30%
	PC-05: Exclusive Breast Milk Feeding	47.2%	65.8%	59.8%	56.1%	60.6%	48.4%	>58%	50-58%	<50%
	Acute Treatment of Hypertension within 60 min	78%	76%	83%				>80%	50-80%	<50%
Surgery	SSI Colon - # CMS events	2	0	1	0	0				
	SSI Colon - CMS Standardized Infection Ratio		0.000	0.891	0.000	0.000		<0.75	0.75-1.00	>1.00
Cardiology	Heart Failure 30-day readmission rate: Percentile Rank vs. All Vizient® hospitals	18	37	71	55	66	32 (Oct)	>75	50-75	<50

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

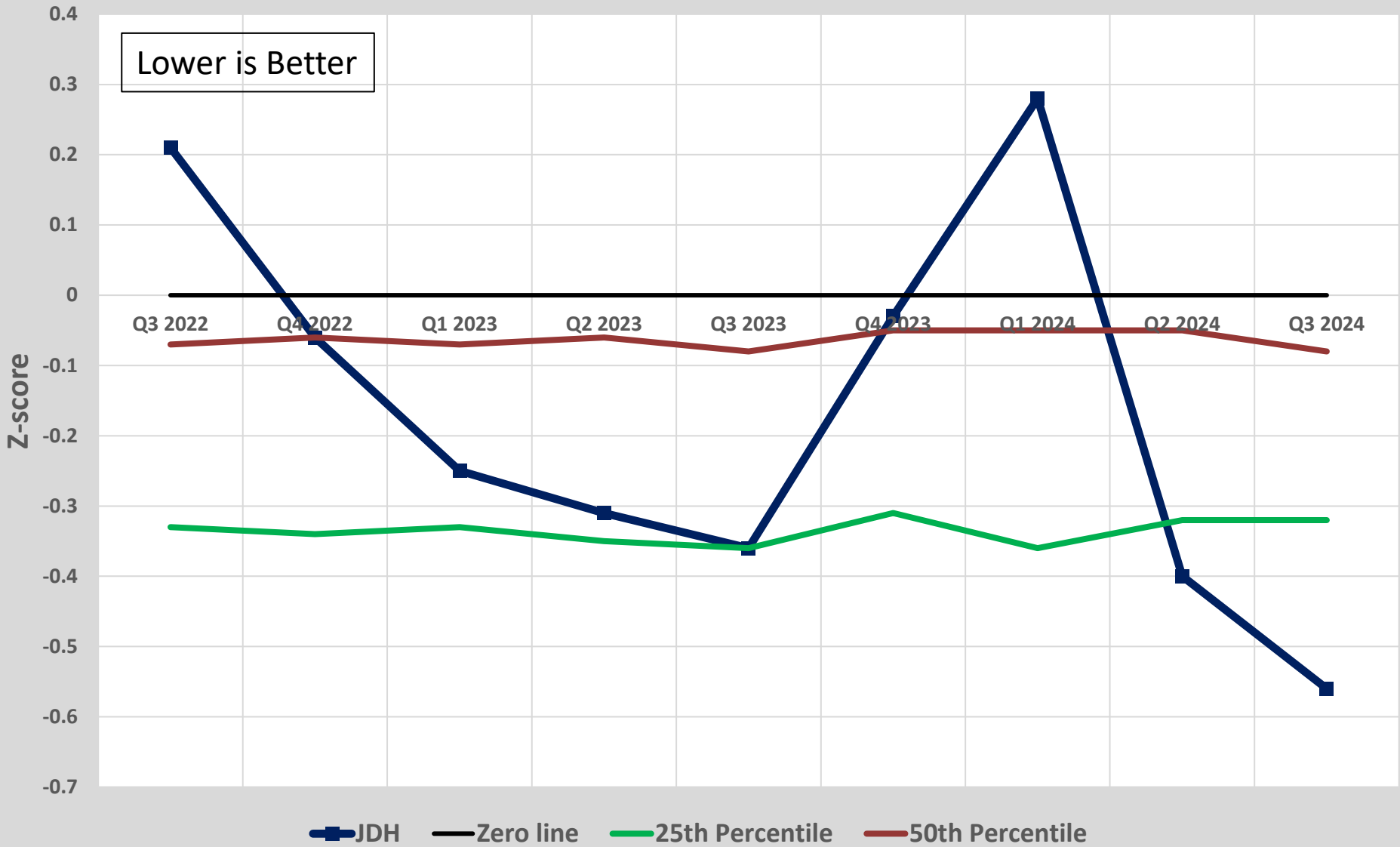
## Serious Safety Events per 10,000 Adjusted Patient Days



■ Serious Safety Events (SSE)

# Injury Falls Per 1,000 Patient Days Compared to All U.S. Facilities

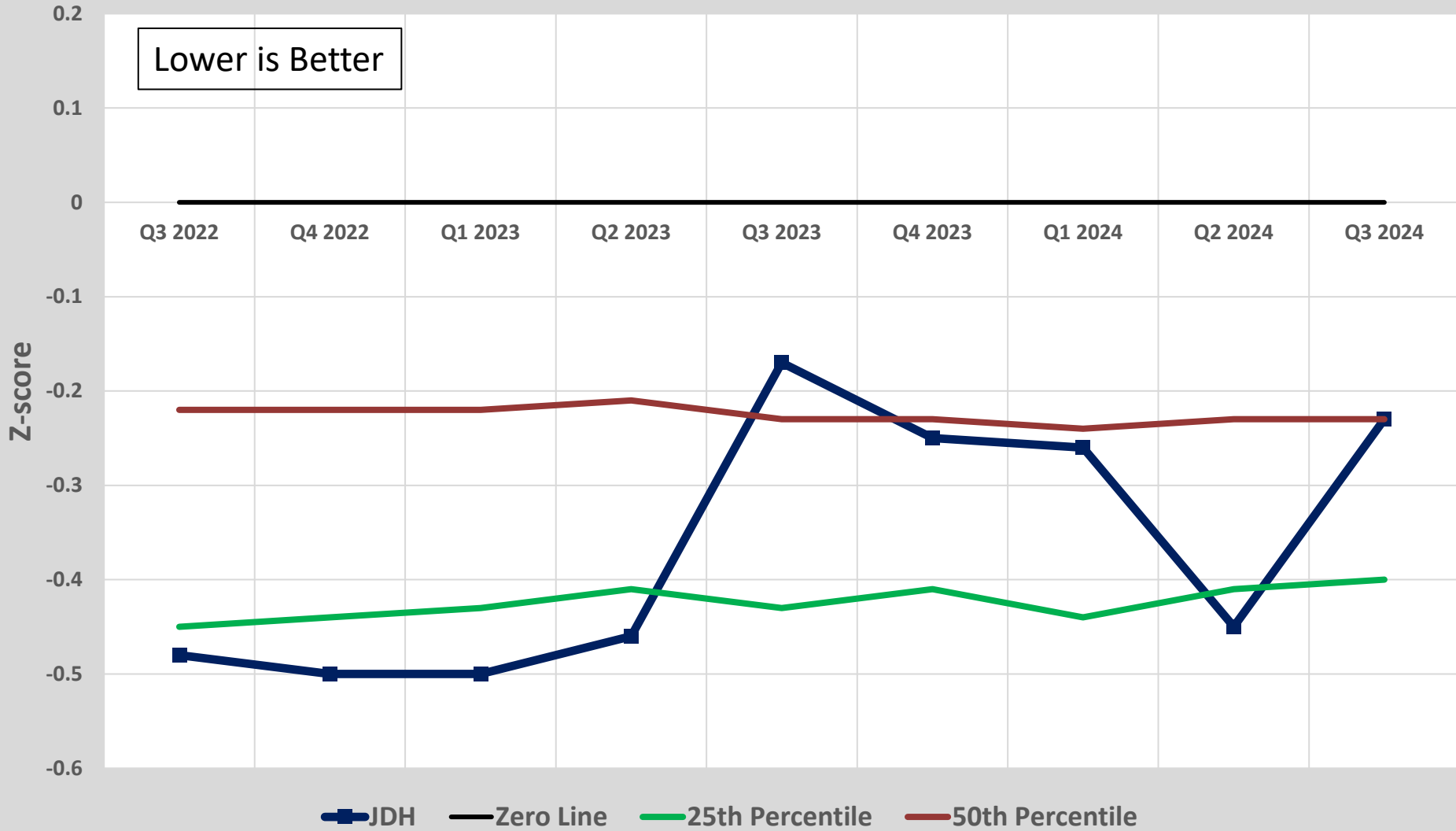
Lower is Better





# % of Patients with Hospital-Acquired Pressure Injuries Stage 2 and Above Compared to All U.S. Facilities

Lower is Better



# JDH Patient Experience Scorecard

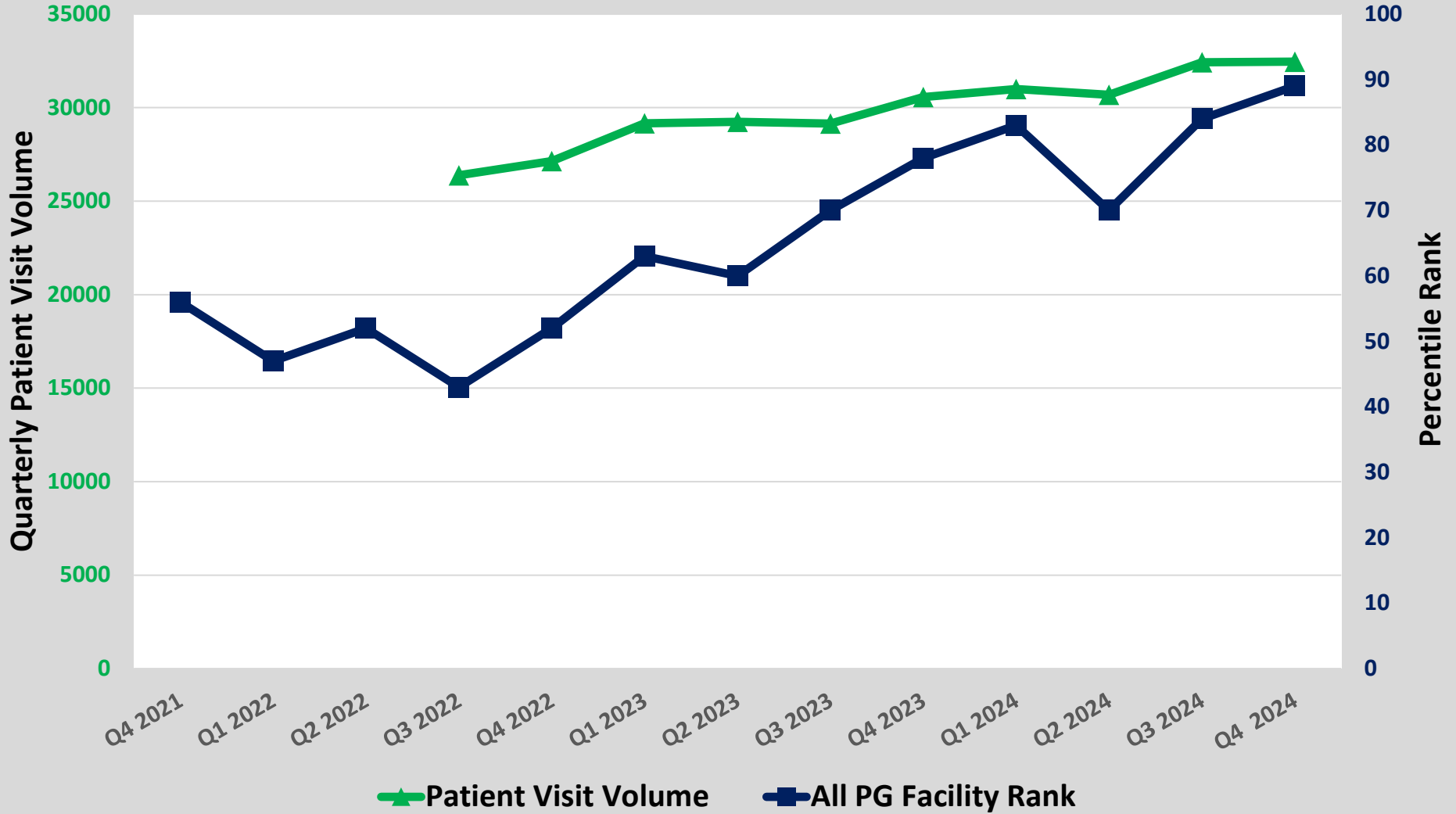
Service/Unit	Metric	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Current Target	Warning Range	Red Flag
Inpatient Units	HCAHPS Likelihood to Recommend: % Top Box	83.9%	82.5%	83.52%	82.0%	82.7%	82.1%			
	HCAHPS Likelihood to Recommend: <b>CT Hospitals Percentile Rank</b>	99	98	99	93	98	94	>75	50- 75	<50
	HCAHPS Likelihood to Recommend: <b>All Press Ganey Database Percentile Rank</b>	91	89	91	86	88	87	>75	50- 75	<50
Emergency Department	ED CAHPS: Likelihood to Recommend ER: % Top Box	69.6%	67.2%	70.79%	72.0%	68.5%	73.6%			
	ED CAHPS: Likelihood to Recommend the ER: <b>CT state ER/ED's Percentile Rank</b>	58	59	61	59	58	85	>75	50- 75	<50
	ED CAHPS: Likelihood to Recommend ER: <b>40K-50K Percentile Rank</b>	86	79	85	80	77	73	>75	50- 75	<50
All UMG and JDH Outpatient Clinics, Urgent Care Centers	CG CAHPS: Recommend the Provider Office: % Top Box	93.7%	94.0%	94.14%	94.0%	94.7%	94.6%			
	CGCAHPS: Recommend this Provider Office: <b>AHA Region 1 Facilities Percentile Rank</b>	81	91	87	84	87	86	>75	50- 75	<50
	CG CAHPS: Recommend the Provider Office: <b>National Facilities Percentile Rank</b>	69	56	74	70	79	78	>75	50- 75	<50
Main OR, UConn Health Surgery Center, Procedure Center (GI)	OAS CAHPS: Recommend Facility: % Top Box	91.3%	91.8%	92.49%	90.2%	92.7%	87.8%			
	OAS CAHPS: Recommend Facility: <b>Facilities in CT Percentile Rank</b>	77	72	72	71	79	37	>75	50- 75	<50
	OAS CAHPS: Recommend Facility: <b>All Press Ganey Database Percentile Rank</b>	80	84	86	74	88	58	>75	50- 75	<50
Outpatient Oncology	Press Ganey Targeted Survey [ON]: Likelihood of Recommending Services: % Top Box	82.5%	93.1%	92.24%	92.5%	92.7%	91.6%			
	Press Ganey Targeted Survey [ON]: Likelihood of Recommending Services: <b>All Facilities Percentile Rank</b>	8	81	75	76	77	65	>75	50- 75	<50
Lab, Rehab, Radiology	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	86.9%	87.9%	82.7%	88.5%	89.7%	90.2%			
	Press Ganey Targeted Survey: Likelihood to Recommend: <b>AHA Region 1 Percentile Rank</b>	66	70	29	79	94	90	>75	50- 75	<50
	Press Ganey Targeted Survey: Likelihood to Recommend: <b>All Facilities Percentile Rank</b>	63	69	38	75	84	83	>75	50- 75	<50

# Service/Unit Specific Performance

Service/Unit	Metric	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Current Target	Warning Range	Red Flag
LAB	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	87.8%	88.6%	89.39%	87.5%	89.9%	91.0%			
	Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Rank	75	74	88	70	97	97	>75	50- 75	<50
	Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Rank	70	75	82	65	84	89	>75	50- 75	<50
Rehab	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	92.1%	84.70%	94.29	96.7%	93.9%	88.8%			
	Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	99	39	99	99	57	74	>75	50- 75	<50
	Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Rank	94	41	98	9	55	73	>75	50- 75	<50
Radiology	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	84.8%	86.6%	87.18%	88.1%	89.2%	91.0%			
	Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	35	59	60	75	84	97	>75	50- 75	<50
	Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Ranking	44	59	64	70	79	89	>75	50- 75	<50

Service/Unit	Metric	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Current Target	Warning Range	Red Flag
Procedure Center	OAS CAHPS: Recommend Facility: % Top Box	87.8%	88.6%	89.4%	87.5%	92.4%	83.3%			
	OAS CAHPS: Recommend Facility: Facilities in CT Percentile Rank	75	74	88	70	78	11	>75	50- 75	<50
	OAS CAHPS: Recommend Facility: All Press Ganey Database Percentile Rank	70	75	82	65	87	32	>75	50- 75	<50
UHSC	OAS CAHPS: Recommend Facility: % Top Box	92.1%	84.7%	94.3%	96.7%	93.9%	89.4%			
	OAS CAHPS: Recommend Facility: Facilities in CT Percentile Rank	99	39	99	99	82	49	>75	50- 75	<50
	OAS CAHPS: Recommend Facility: All Press Ganey Database Percentile Rank	94	41	98	99	92	68	>75	50- 75	<50
Main OR	OAS CAHPS: Recommend Facility: % Top Box	84.8%	86.6%	87.2%	88.0%	91.6%	90.6%			
	OAS CAHPS: Recommend Facility: Facilities in CT Percentile Rank	35	59	60	75	70	53	>75	50- 75	<50
	OAS CAHPS: Recommend Facility: All Press Ganey Database Percentile Rank	44	59	64	70	83	75	>75	50- 75	<50

# Lab Draw Stations: Volume & Likelihood to Recommend Percentile Rank





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

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

**DATE:** February 13, 2025

**SUBJECT:** Proposed Amendment to the JDH Medical Staff Bylaws: Adding Neurosurgery as a Clinical Service

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**Recommendation:** That the Clinical Affairs Subcommittee of the Board of Directors approves the addition of Neurosurgery as a Clinical Service under Article XI, Section I. of the JDH Medical Staff Bylaws.

**Background:**

Article XI, Section I of the JDH Medical Staff Bylaws lists the Clinical Services provided at John Dempsey Hospital.

The School of Medicine Division of Neurosurgery became the Department of Neurosurgery in December 2024, necessitating the creation of a corresponding JDH Clinical Service in the JDH Medical Staff Bylaws. Therefore, the JDH Medical Board voted on January 14, 2025 to amend the Bylaws to add Neurosurgery to the list of JDH Clinical Services, and hereby seeks approval of this amendment from the Clinical Affairs Subcommittee.

Attachment: Proposed Bylaws Amendment

**PROPOSED AMENDMENT TO THE JDH MEDICAL STAFF BYLAWS**  
*As submitted by the JDH Medical Board 2/13/2025*

**ARTICLE XI. CLINICAL SERVICES**

**Section 1. Services**

Clinical Services of the Medical Staff shall include:

- A. Anatomic Pathology
- B. Anesthesiology
- C. Dentistry
- D. Dermatology
- E. Diagnostic Imaging and Therapeutics
- F. Emergency Medicine
- G. Family Medicine
- H. Laboratory Medicine
- I. Medicine
- J. Neurology
- K. Neurosurgery
- L. Obstetrics and Gynecology
- M. Orthopaedics
- N. Pediatrics
- O. Psychiatry
- P. Surgery



# INFORMATIONAL REPORTS

- JDH Medical Board Update
- UMG Operations Update



**TO:** Members of the Clinical Affairs Subcommittee of the Board of Directors  
**FROM:** Richard Simon, M.D., Medical Board Chair  
**DATE:** February 13, 2025  
**SUBJECT:** JDH Medical Board Report

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The following is a summary of the major activities of the JDH Medical Board from November 1, 2024 through January 31, 2025.

### **POLICY/OTHER ISSUES**

1. A review of “batch job” functionality in Epic which can be used as a way to clean up outdated or irrelevant information in the medical record.
2. Approved OPPE metrics for APRNs in Palliative Care and outpatient Cancer Center.
3. Reviewed findings of The Joint Commission accreditation review and associated action plans.
4. Approved revised policies on Wound Care, PACU Discharge, Universal Protocol, Extended Type and Screen, and Op Notes.
5. Discussed issues related to the best platform for Medical Staff communication.
6. Approved a revision to the Medical Staff Bylaws adding Neurosurgery as a new Clinical Service.
7. Approved a revision to the Medical Staff Bylaws allowing members of the Affiliated Staff to serve as a Chief of Service in certain circumstances.

### **CREDENTIALING ACTIVITY**

<b>Type of Application or Evaluation</b>	<b>Total</b>
Initial Appointment	38
Reappointment	112
Temporary Privileges	14
Applications for a Change in Privileges	4
Focused Professional Practice Evaluations	19
Ongoing Professional Practice Evaluations	231



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

FROM: Anne Horbatuck, RN, BSN, MBA  
Chief Operating Officer, UConn 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 13, 2025

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

## UPDATES ON AMBULATORY ORGANIZATIONAL GOALS and INITIATIVES

Brief highlights for Q2 FY25:

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

**Vaccine Administration and Testing:** 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 areas.

- **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 s 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.
- **Influenza Vaccine** - This year's flu vaccine became available campus-wide on September 18<sup>th</sup>, 2024. UConn Health's vaccine supply is quadrivalent (it covers four influenza strains). UConn Health is following the CDC recommendation and providing the high-dose vaccine for those 65 and older. Vaccines are available to established patients in primary care clinics and available to the public via drive-through flu clinics. This year's drive-through clinics were held on October 5<sup>th</sup> and 19<sup>th</sup> at the Canton site where over 150 individuals were vaccinated each time. UConn Health workforce, learners and volunteers can receive their vaccines by appointment at Employee/Student Health Services at this time.

**New Alzheimer's Disease Medication:** The FDA has granted full approval for Lecanemab, an anti-amyloid antibody, for the treatment of Alzheimer's disease in patients with mild cognitive impairment or mild dementia due to Alzheimer's disease. The UConn Geriatric and Healthy Aging Clinic, under the clinical direction of Dr. Maghaydah and Dr. Zdanys, began administering the new medication on April 16, 2024. This detailed process requires a multidisciplinary team approach, involving the

Geriatrics Clinic, Geriatric Psychiatry, Infusion Center, IT/Epic, Radiology (MRI, PET, Lumbar Punctures), Emergency Department, Pharmacy, Finance, Pre-certification, Data Tracking, and more. Once a patient is approved to receive the medication, administration will occur every two weeks for 18 months, along with additional exams and procedures. As of January 21, 2025, there are 27 geriatric patients in with Lecanemab therapy plans.

### **Quality**

The end of calendar year 2024 marks the end of the measurement year for most of our value-based care and pay for performance contracts. The quality team is in the process of finalizing reviews of quality performance, submitting supplemental data to address care gaps, and working closely with payors to ensure reporting deadlines are met. Quality performance is trending positively for most agreements, with final reconciliations typically occurring 3-4 months after the calendar year ends to allow for the completion of claims run out.

The new HUSKY Maternity Bundle Payment Program began on January 1, 2025. This program replaces the Medicaid Obstetrics Pay for Performance program which concluded May 30, 2024. This program fosters the shift from traditional fee-for-service (FFS) payments to value-based payments, specifically focusing on "episode-based" or "bundled" payments for maternity care within the HUSKY Health (Medicaid) program.

The value-based Guiding an Improved Dementia Experience (GUIDE) Program launched on July 1, 2024, and has seen a steady increase in participation. As of January 15, 2025, 74 patients and their caregivers have been enrolled, 10 patients are awaiting approval from the Centers for Medicare and Medicaid Services (CMS), and 28 potential patients have upcoming GUIDE assessment appointments. As a reminder GUIDE patients must be approved by CMS before full enrollment in the UConn Health GUIDE Program.

Hardwired medication QR code scanning has been initiated in the clinics. The hardwire scanners were installed in each clinic room allowing the nurse to scan the QR code on the patient's label and the QR code on the medication prior to administration ensuring that the right medication is administered to the right patient at the right dose. The QR code scanning verifies that the medication and the prescribed order match the order in the electronic health record. By automating these checks, Medication QR code scanning helps prevent errors such as incorrect medications, doses and improves overall medication management while promoting better patient outcomes.

A quality improvement project was successfully completed in the orthopedic clinic, focusing on enhancing medication education, reviewing and updating medical assistant guidelines, improving vial labeling practices (including date and expiration monitoring), optimizing the process for drawing up medications, and ensuring alignment with the scope of practice for medical assistants.

As part of the Ambulatory Quality program, we are reviewing four key areas within the practices. These include Monthly falls screening, number of mislabeled specimens, last date since last serious safety event and our Patient experience likeliness to recommend. Below is a chart of our progress.

Measures	July 24	August 24	Sept. 24 (Q3)	Oct. 24	Nov. 24	Dec. 24 (Q4)	Jan. 2025			
Monthly Falls Screening	90%	90%	89%	91%	92%	92%		>90%	70-89.9%	<70%
Number of Mislabelled Specimens	3	1	2	0	2	2		<=2	<=3	>4
Last date since last serious safety event	7/19/2024						1/8/2025			
Patient experience: Likelihood to recommend			94.70%					>=60	50-59	<50

### **Performance Improvement**

The winner of the Quarter 4 Primary Care Quality Improvement Contest is South Road Internal Medicine, achieving the highest quality score for 2024 with an overall improvement of 502 points. West Hartford Internal Medicine placed second with 476 points, while Simsbury Internal Medicine secured third place with 463 points. All participating primary care clinics have shown substantial progress in their quality metrics, with improvements ranging from 376 to 502 points. The measures include - Breast Cancer Screening, Tobacco Use screening and Cessation Intervention, Depression Screening, Medicare Annual Wellness Visit, Diabetes: A1c Testing, Diabetes: Neuropathy screening. Through the engagement of support staff, primary care clinics continue to improve on depression screening and Medicare annual wellness completion.

Monthly Population Health Quality Improvement Office Hours for support staff at the primary care clinics were well attended. Topics included MyChart activation strategies and 2025 Campaigns to improve quality metrics, best practices for scheduling Medicare annual wellness visit, ambulatory falls bundle and safety screening in the primary care clinics.

### **Patient Satisfaction**

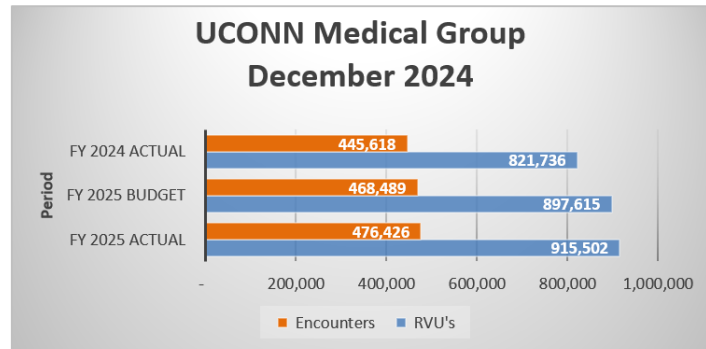
This quarter’s Press Ganey survey results revealed that the medical practice achieved its second highest performance for Likelihood to Recommend, with a 94.6% Top Box Score over the past six quarters. The practice is grateful for the positive feedback from patients, with 83.2% expressing appreciation for their care, up from last quarter’s 82%. Significant improvements were noted in most survey sections and questions, with high performance areas including OPPV Internal Medicine, UMSI Ortho, CT Cardiology, CNTN Family, CT Psoriasis, EHRT Women’s Health, FMGN Geriatrics, STGN Women’s Health, and TRTN Internal Medicine.

#### **Likelihood to Recommend**

Quarter	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	
Time Period	July - Sept	Oct - Dec	Jan - March	April - June	July - Sept	Oct - Dec	Jan - March	April-June	July-Sept	Oct - Dec	Trend
n	4062	9113	13745	13064	12492	9866	14288	12706	12480	12721	
Top Box Score	90.99%	91.93%	93.31%	93.58%	93.70%	94.01%	94.14%	94.02%	94.67%	94.60%	
Percentile Rank	39	63	87	84	81	91	87	84	87	86	

**Finance**

**UMG Encounters & wRVU's**



**Encounters**

- YTD encounters are ahead of budget by 1.7% and ahead of prior year (PY) by 6.9%

**wRVU**

- YTD wRVU's are ahead of budget by 2.0% and ahead prior year (PY) by 11.4%

**Revenues**

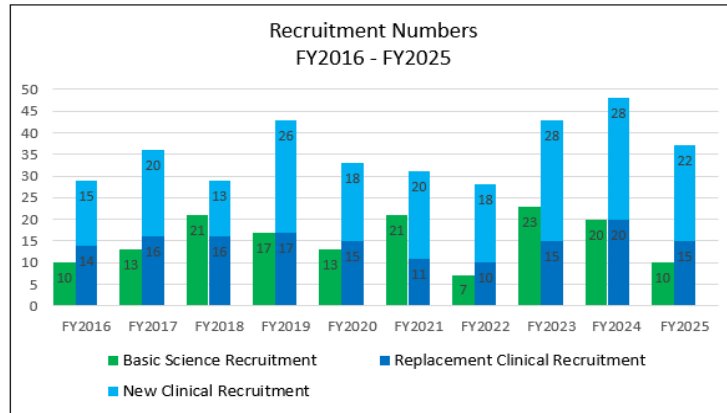
- YTD net patient revenues are ahead of budget by 1.1% & ahead of prior year by 9.9%
- Largest growth areas for YTD period with charges/stats to budget are Orthopedics, OBGYN, Urology, Cancer Center

	FY 2025 Actual	FY 2025 Budget	FY 2024 Actual	vs Bud	vs PY
Encounters	476,426	468,489	445,618	1.7%	6.9%
RVU's	915,502	897,615	821,736	2.0%	11.4%
Net Patient Revenue	76,949,768	76,092,936	70,004,536	1.1%	9.9%

**Growth and Development**

Growth is expected for FY25 with 37 clinical faculty hires scheduled thus far with 22 of these new and 15 of those replacements. We are also expecting 10 basic science faculty.

- The breakdown of the 22 new clinical positions is as follows: Emergency Medicine (3), Medicine (General Internal Medicine) (3), Orthopedic Surgery (Ortho Surgery: Sports Medicine and Spine) (3), Medicine (Hospitalists) (2), Psychiatry (2), Neurology (General & Headache) (2), Medicine/Cancer Center (1), Medicine (Calhoun Cardiology) (1), Medicine (Aging) (1), , Family Medicine (1), Medicine (Pulmonary and Critical Care) (1), Diagnostic Imaging and Therapeutics (1), Surgery (Optometry) (1)



	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	Total
Basic Science Recruitment	10	13	21	17	13	21	7	23	20	10	155
Clinical Recruitment	29	36	29	43	33	31	28	43	48	37	357
New	15	20	13	26	18	20	18	28	28	22	208
Replacment	14	16	16	17	15	11	10	15	20	15	149

### Space and Growth

This is a very exciting time for growth and expansion of services. In Q2 of FY24, 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. This plan allows for growth in some key specific areas such as OBGYN/Women’s Health, Surgery and subspecialties to name a few.

- The new Brain & Spine Institute building, located at 5 Munson Road, is now open. The neurology clinic and blood draw services have been operational in this space since January 22, 2024. The Cranial Neurosurgery and Comprehensive Spine Center completed their relocation on April 29 along with UConn Health Imaging (UHI).
- The OBGYN /Women's Center, presently situated on the 8th floor of the outpatient pavilion, completed phase 1 of its relocation to the 3rd floor when Maternal Fetal Medicine (MFM) moved on July 19th. The second and third phases of the project involve some construction to allow the relocating the OB/GYN and MIGS (minimally invasive gynecological surgery) clinics to join MFM on the third floor of the outpatient pavilion slated for completion June 2025.
- The new Women’s Center for Motion & Performance opened 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. To date, over 1152 women have been seen under this new program.
- A new clinical space at 507 East Main Street, Torrington, will soon be leased, allowing for the relocation of the existing single-physician primary care practice in town and a significant expansion of services. The current practice, which occupies 2,000 square feet in Torrington, will be upgraded to over 10,500 square feet across two floors in the new space. In addition to enhanced primary care, specialty care including Orthopedics, Pulmonary, Cardiology, OBGYN, Radiology, and Blood Draw services will be added. The Campus Planning Department is leading the build-out of the space, with construction slated to start in July 2025 and expected to take approximately 4-5 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.
- 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 spine. The plan is to lease approximately 2,300 sq ft.

### **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.
- Call Management - to assist the call centers in accessing information and scheduling to improve efficiency of triage and patient experience.
- 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. The Annual Wellness Visit campaign reached 1,349 patients age 65 and over who had not completed or scheduled their annual wellness visit within 365 days. Of those patients, 402 (30%) were successfully scheduled for their necessary appointment. In addition, the sexual orientation and gender identity (SOGI) campaign was initiated in June whereby over 22K patients were be asked to fill out their SOGI data. This data is critical for providing high-quality, patient-centered care and for identifying and addressing health disparities affecting LGBTQIA+, as well as a Patient Centered Medical Home requirement. So far 3,448 have provided their SOGI information because of this campaign which is a 16% success rate.
- Hello World – went live on 11/21/24. This feature enables healthcare providers to send personalized and timely text messages directly to patients' phones. This program enhances patient engagement and communication by automating notifications, reminders, and other self-service communications. Benefits include improved patient satisfaction, increased appointment adherence, increase access and more efficient communication, as patients receive real-time updates and can easily take actions related to their healthcare.

### **MyChart**

This quarter, MyChart activations have increased to 63%. This excellent accomplishment is attributed to the efforts of the quality group and clinics, as well as the implementation of EPIC's Campaigns and Hello World initiatives. Remarkable progress has been made since the start of the program, when activation rates were below 16%.

## **Few Newsworthy Accolades this Quarter**

The Diabetes Education Program at UCONN has been recognized by the American Diabetes Association for its outstanding achievements over the past year. The program successfully improved patient outcomes, including an average A1C reduction of 1.7%, and expanded access to education and support for 928 patients. Additionally, the program saw increased attendance in group classes and initiated 44 patients on automated insulin delivery systems.

Drs. Goldenberg and Birk have been awarded Provider of Distinction by Blue Cross Blue Shield.

U.S. News and World Report awarded UConn GI Medical Excellence in Gastrointestinal Care, Top 10% in the Nation, Top 10% in the Region, #1 in the State, #1 in the Market.

Growing Palliative Care Team Expands Access into Ambulatory Setting

<https://today.uconn.edu/2024/11/growing-palliative-care-team-expands-access-into-ambulatory-setting/>

Emphasizing HIV Prevention

<https://today.uconn.edu/2024/12/emphasizing-hiv-prevention/>

UConn Health's Dr. Ketan Bulsara Elected to the American Academy of Neurological Surgery

<https://today.uconn.edu/2024/12/uconn-healths-dr-ketan-bulsara-elected-to-the-american-academy-of-neurological-surgery/>

Neurosurgery Now Its Own Department at UConn Health

<https://today.uconn.edu/archives/page/3/>

Dr. George Kuchel to Serve on the NIH National Advisory Council on Aging

<https://today.uconn.edu/2025/01/dr-george-kuchel-to-serve-on-the-nih-national-advisory-council-on-aging/>