



BOARD OF DIRECTORS MEETING

December 6, 2004
Minutes

Ms. Leonardi called the meeting to order at 8:30 a.m.

By unanimous agreement, the Board moved into executive session at 8:31 am.

Executive Session

Part 1 – Strategy and negotiations with respect to pending claims or pending litigation

Present: J Abromaitis, P. Austin, G Burrow, B Carlson, B Chudwick, P Deckers, T Devers, D. Friend, R. Galvin, J. Goldberg,, J Haberland, R. Hennessey, L. Jacobs, W Kleinman, G Lawrence, C Leonardi, D. Marks-by phone, J. Mazzone, P Robinson, R Samuels, S Strongwater, S. Wetstone

Part 2 – Strategy or negotiations with respect to collective bargaining

Present: J Abromaitis, P. Austin, G Burrow, B Carlson, B Chudwick, P Deckers, T Devers, D. Friend, R. Galvin, J. Goldberg,, J Haberland, R. Hennessey, L. Jacobs, W Kleinman, G Lawrence, C Leonardi, D. Marks-by phone, J. Mazzone, P Robinson, R Samuels, S Strongwater, S. Wetstone

Executive Session concluded at 9:01 am.

Public Session was resumed at 9:03 am.

Chair's Remarks

- Introductions
 - Ms. Leonardi acknowledged Marc Ryan's contributions to the Board and thanked him for his service.
The **BOD** unanimously **approved the recommendation that it recognize the service of Marc S. Ryan as a member of the UCHC Board of Directors, records its deep appreciation for his exemplary service, and such recognition be spread upon its minutes and those of the Board of Trustees.**
 - It was announced that David Friend has accepted the chair of the Clinical Affairs Subcommittee replacing the Interim Chair, Claire Leonardi.

1 Public Comment – None.

2 Approval of Minutes

- The minutes of September 20, 2004 meeting were unanimously approved.

3 Consents

The **BOD** unanimously approved that **the UCHC Board of Directors (BoD) approve the attached revisions to the John Dempsey Hospital Medical Staff Bylaws.** The primary changes are related to the credentialing and appeals process.

The **BOD** unanimously approved **contracting with New Britain General Hospital where the contractor agrees to reimburse the Health Center for providing a physician to perform the duties of the Director of Surgical Education and Association Surgical Director of the Intensive Care Unit at the contractor's site for January 1, 2005 – December 31, 2007 for \$825,705.**

The **BOD** unanimously approved **contracting with New Britain General Hospital where the contractor agrees to reimburse the Health Center for providing a physician to perform the duties of the full time Surgical Director of the Intensive Care Unit and Trauma Service at the contractor's site from January 1, 2005-December 31, 2007 for \$945,308.**

4 Main Business Items

4.1 SOM and SODM Tuition and Fee Increases – B. Koeppen/M. MacNeil

- The tuition and fee rates for the Schools of Medicine and Dental Medicine are set in accordance with the tuition policy of the Board of Governors for Higher Education. This policy requires that these be set between the 70th and 75th percentile for public medical and dental schools. The policy caps any increase in tuition and fees to a maximum of 15% in any year. In the last few years, publicly supported schools of medicine and dental medicine have implemented double digit tuition and fee increases. In order to achieve the 70th – 75th percentiles, 15% increases will be needed in the 2005/06 and 2006/07 academic years.
- Financial aid in the form of scholarships and loans is available to meet student needs as required by DHE policy. The BoG policy requires 15% of the tuition and fees be made available for financial aid.

- All our students were notified of these proposed increases and had an opportunity to attend meetings to discuss them. They have asked administration to consider methods to ameliorate the impact of these increases on them in the future.
- A correction was made to the proposed regional tuition rate in '06 from \$27,772 to \$23,805 (medical students) and from \$22,316 to \$19,128. This will have little financial impact since it only applies to a few students and only for 1 year (as virtually all become state residents after that.) These changes bring UCHC into compliance with the Storrs policy on this class of student.
- The policy was reviewed and approved by the Academic Affairs and Finance Subcommittees.

The **BOD** unanimously approved the recommendation that **the Board of Trustees approve the proposed tuition and fee increases for the School of Medicine and School of Dental Medicine for the 2005/06 and 2006/07 academic years.**

4.2. Collaborative Center for Clinical Care Improvement – S. Strongwater, R Garibaldi, L. Jaser, R. Sanford, J Civetta, N Warren

- Based on the vision of becoming the safest hospital in Connecticut, it is the mission of the Collaborative Center for Clinical Care Improvement C⁴I to create a culture of excellence based upon the highest quality of patient care delivered by the best staff in the safest environment by developing standards of excellence, enabling culture transition, tracking, evaluating and providing feedback to enhance outcomes and educating and communicating goals.
- In Connecticut there are 30 deaths per month reported to the Department of Public Health as a result of adverse events, which means on average someone dies each day of a preventable adverse event.
- At John Dempsey Hospital, four areas were identified as the most common adverse events. These include medication errors, patient falls, nosocomial, (hospital acquired), infections and pain management. Corresponding work groups have been identified.
- Nosocomial Infections – R Garibaldi
 - Hospital acquired infections occur in approximately 5% of hospitalized patients at a cost of \$4-6 billion annually. Our initial focus will be on: 1) Flu Immunizations – with a goal of 100% of highest risk employees immunized by 2006-07 flu season. 2) Hand washing - education and improved access with compliance >50% of focused surveys, 3) Monitoring the time interval between perioperative antibiotics and surgical incision and monitoring incidences of selected surgical site infections, and 4) Establishing an electronic system for data collection and monitoring compliance with clinical protocols to reduce Central Venous Catheter infections.
- Medication Errors – L Jaser
 - Nationally, more than 7,000 deaths occur annually because of medication errors and cost roughly \$2 billion. System failures include: poor drug knowledge dissemination,

errors in dose and identity checking, unavailability of patient information, transcription errors, failure to track allergies, and miscommunications of verbal orders. These errors occur primarily in prescribing (56% preventable); transcribing (6% preventable), dispensing (4% preventable), administering (34% preventable) and monitoring. A 4-point plan has been developed: 1. Assessment – present, projected and ongoing status, 2. Technology – use of automation, 3. Operations – enhancing communications and setting standards, 4. Education.

- Patient Falls – R Sanford
 - Not all falls can be eliminated but steps can be taken to prevent falls and reduce or eliminate serious injuries. A focused review of patient falls includes: 1) Clinical practice – assessment and plan for care; 2) Equipment choices – support a safe environment; 3) Culture change – support timely and effective coordination of care; 4) Evaluation of care – identify populations most vulnerable.

- Pain Management – J Civetta
 - Statistics show that under-treatment of pain occurs often (for example in 60% of the more than 25,000,000 patients undergoing surgery each year). In addition to the suffering, the economic burdens alone are staggering: 550 million workdays lost at a cost of over \$100 billion.
 - Over-use of pain medications can be dangerous and associated adverse events include death, inability to breathe and sedation-to-coma. There are also other significant adverse events, such as nausea, intense itching, and severe constipation.
 - Many practitioners have not been trained in pain management. Creating a tension to learn followed by targeted education may result in improved administration of adequate pain medication and this approach will be initiated.

- Culture Assessment and Change – N Warren
 - A multi-step process will be used to assess and change our culture:
 - Assessment – 1. Anonymous survey of employees using combined resources of HR and diversity programs, 2. Review policies, 3. Interviews and focus groups. Aspects to be assessed would include: quality, customer service, diversity, rewards, conflict resolution, leadership, employee development, etc.
 - Feedback – results revealed in a timely fashion to all employees
 - Interventions and Change – formation of Action Steering Group to include both permanent and temporary representatives from multiple levels and occupations to analyze all information and implement, track and evaluation changes and progress.
 - Report back to the Board routinely.

- Board members would like to measure baseline levels of events, when possible, in order to monitor the impact of the changes implemented by C4I. They also would like to use national benchmarks when appropriate and inquired what impact has physician order entry (POE) systems achieved at other institutions. As a small institution, it was recognized that even 1-2 adverse events could greatly impact our rates, but also that we should have a better ability to implement

effective change. Our focus must be on the use of best practices, not just the final rate of adverse events.

- A safety report card will be developed and presented to the BoD and the Clinical Affairs subcommittee on a regular basis to enable monitoring of our progress in this area.

4.3 Base Salary for Tenured Faculty and Post Tenure Review – L. Klobutcher, H. Tennen

- The School of Medical Council convened an ad hoc committee charged to develop recommendations for revising the Minimum Salary for Tenured Faculty policy implemented May 2004. The Subcommittee found that 22-40 percent of medical schools guarantee essentially full salary, but there is a clear trend in moving away from full salary support and moving towards a guarantee of base salary in the 60-80% level. Any final policy must conform to University By-Laws and provide adequate compensation to avoid recruitment and retention problems.
- Faculty would be eligible for post-tenure review at five-year intervals. A post-tenure review process, carried out by the Senior Appointments and Promotions Committee (SAPC), would only occur for those faculty receiving one “fails to meet expectations” rating or two “marginally meets expectations” ratings in the annual Merit Compensation Plan evaluations during the past five years. If performance were judged to be unsatisfactory, the faculty member and department chair would prepare a development plan aimed at returning the faculty member to satisfactory performance. Progress would be monitored annually by the SAPC.
- Faculty judged by the SAPC to have unsatisfactory performance, would receive a salary reduction to 75 percent of the UCHC average for rank and professional category or 75 percent of current salary, whichever is lower. For faculty awarded tenure prior to January 1, 2005, their salaries would not be reduced below their base salary as of January 1, 2005.
- Four recommended changes to the University's bylaws or other policies related to tenure were also made: 1) Extend the probationary period for tenure track faculty from 7 to 9 years; 2) Find a mechanism to ensure letters of recommendation from faculty peers remain confidential; 3) Find a mechanism to ensure letters of recommendation from students remain confidential; and 4) Allow faculty to stop the tenure clock for up to two years for life altering events such as the birth of a child, illness, etc. The faculty committee believes all 4 recommendations are needed as a package to enact post-tenure review.
- By a 22-0 vote (without a quorum present), the School of Medicine Council recommended that "...the administration should consider defining "cause for the School of Medicine, including how sustained failure to meet performance expectations might be cause for loss of tenure."

- The School of Dental Medicine Council is currently reviewing these recommendations. Administration will then make appropriate changes to those policies under its jurisdiction. Any recommendations for revising the University's bylaws will be sent to the whole BoD before being approved by the Academic Affairs subcommittee. They will then be posted at the Board of Trustees in February and voted on at their April meeting.
- Some of the recommendations may need legislative change. Removal of tenure may encounter resistance at the University level and at the Legislature. The proposed revisions to the bylaws are intended only for UCHC faculty.
- The Board members generally supported the whole program as presented by the faculty including the need to ensure confidentiality in letters of recommendation and for evaluations by students.

The **BOD** unanimously approved the following recommendation: **That the Board of Directors delegates authority to the Academic Affairs subcommittee to approve recommended revisions to the University's Laws and Bylaws concerning tenure that are related to the proposed post-tenure review and faculty minimum guaranteed salary policy. Such authority will terminate on February 28, 2005 (just prior to the next quarterly meeting of the Board of Directors).**

5 Chief Executive Officer's Report – P Deckers

- Two candidates for the MSI leadership are current interviewing and the recruitment should be completed by the end of the year with a start date of July 1, 2005.
- Marc Lalande, PhD. Chair, Department of Genetics and Developmental Biology has been appointed Assistant Dean for Research Coordinating and Planning. He will report to Richard Berlin, Associate Dean Research/Planning.
- Henry Kranzler, M.D. has been appointed Assistant Dean for Clinical Research reporting to Dr. Berlin.
- Anthony Ardolino, M.D. has been appointed the new Associate Dean for Student Affairs for the School Medicine succeeding Dr. Anthony Voytovich who retired on August 1, 2004.
- Interviews are currently underway for the Associate Dean for Continuing Education position replacing Michael Grey, M.D.
- The recommendations of the PwC/RSEWG (Research Services Enhancement Working Group) engagement are being implemented through economic modeling of research departments, centers and cores.
- The SoDM was one of 7 dental schools in the nation to receive the U-24 research infrastructure grant from the NIDCR. With indirects, it is a \$3 million grant over two years.

6. Academic Affairs Report – G Burrow

- The Academic Affairs Subcommittee met on November 1 and discussed the SoDM Council's viewpoint on the SoDM reorganization. It approved the recommendation to increase tuition and fees in FY06 and FY07.

7. Clinical Affairs Report – C Leonardi

- The Clinical Affairs Subcommittee met on November 2nd.
 - Siemens Update - The current schedule for the remaining Patient Safety System functionality was discussed with implementation beginning in February 2005 and ending late in 2006. Physician Order Entry is 6 months behind schedule due to lack of resources. Once completed, the UConn Health Center will have a fully integrated inpatient and outpatient software system
 - Dr. Strongwater discussed the concepts behind the Collaborative Center for Clinical Improvement.
 - Two improvement reports were discussed: 1. Intubation tray improvements, and 2. Renoir: System Improvement consisting of supply chain management practices and scheduling improvements in the JDH Operating Room.
 - UMG performance- Mr. Dugger provided an overview of the UConn Medical Group characteristics. Multiple improvement initiatives are now underway and are organized around key UCHC mission objectives.
 - Key Performance Indicators - the market share indicators are unchanged from those reported at the last meeting; JDH continues to do very well in core measure evaluation.

8. Financial Affairs Report – D Upton

- David Marks thanked David Friend and Marc Ryan for their contributions.
- The subcommittee last met on November 29th.
 - Finances for first 4 months showed a favorable variance to the budget.
 - UMG – Existing performance measures may not fully allow the monitoring of UMG's progress. Additional measures will be developed and presented to the BoD.
 - The proposal to recommend increases in tuition and fees in FY 06 and FY 07 was approved.
- Three resolutions were added to the agenda by unanimous vote of the BoD:
 - The **BOD** unanimously approved the following recommendation: **That the Board of Directors approve the contract amendment, on behalf of the John Dempsey Hospital, with Pyxis Corporation to upgrade the existing level of service provided by the Pyxis Medstations and extend the current lease through June 30, 2010, in an amount not to exceed \$1,005,000.**

- The **BOD** unanimously approved the following recommendation: **That the Board of Directors approve the contract, on behalf of the UConn Medical Group, with Invision Medical Imaging, LLC to provide interventional radiology services for the period February 1, 2004 through January 31, 2006, in an amount not to exceed \$600,000.**

- The Board discussed a recommendation to extend the Master Lease Agreement with G.E. Capital Public Finance, Inc. from \$5 million to \$10 million. The additional funds would be used for radiology equipment in the MARB. There is not requirement to purchase G.E. equipment and in fact Phillips has been selected as the vendor to provide the equipment. The current interest rate is 4.25% and the leases will be for 5 years.

- The **BOD** unanimously approved the following recommendation: **That Board of Directors approved the attached lease amendment in order to increase the maximum principal amount of the Master Lease Agreement with G.E. Capital Public Finance, Inc. from \$5,000,000 to \$10,000,000.**

- The Board requested a schedule of financing, debt obligations, be provided on a routine basis so that the BoD can assess debt load.

- Signature Program Biannual Update – Cardiology – B Liang
 - There has been an increase in patient encounters by 53% from FY 03 to FY 04.
 - Net margin was \$6 million in FY 04 (a +38% variance from expectations)
 - While expenses were less than expected, payments per encounter and net margin per encounter were also less than expected and the reasons for this are under investigation
 - The BoD expressed its appreciation for this timely report and that the results are so favorable so quickly after the business plan was presented last year.

- Konover Update – B Carlson
 - Purchase of Munson Road completed in November.
 - Occupancy will begin in the winter 2005 and be complete by Feb 2006.

9 BOT Audit and Compliance Report – C Leonardi

- The last meeting scheduled for November 16 was postponed until December 21st.
- A new compliance officer has been hired and will be in place in January. Mr. Mike Walker is currently at Wake Forest and has a background a background in healthcare and a university setting.

There being no further business, the meeting was adjourned at 11:27 am

Respectfully submitted,

Peter J. Deckers, M.D.

Attendees

J. Abromaitis, P. Austin, G Burrow, B Carlson, B Chudwick, P Deckers, T Devers, D. Friend, R. Galvin, J. Goldberg,, J Haberland, R. Hennessey, L. Jacobs, W Kleinman, G Lawrence, C Leonardi, D. Marks-by phone, J. Mazzone, P Robinson, R Samuels, S Strongwater, S. Wetstone

MATERIALS DISTRIBUTED AT THE MEETING:

Post-Tenure Review Resolution

Pyxis Corporation Contract Amendment Resolution

Invision Medical Imaging, LLC Resolution

Master Lease Agreement with GE Capital Public Finance, Inc. Resolution

THE NEXT MEETING IS SCHEDULED FOR

MARCH 1, 2005

EG013

8:30-NOON