

**UCHC Board of Directors
Clinical Affairs Subcommittee
Minutes of February 3, 2004**

Attendance

Voting Members: Ms. Leonardi (Acting Chair), Mr. Chudwick, Dr. Garibaldi, Dr. Shafer, Dr. Devers

Staff: Dr. Deckers, Dr. Strongwater, Dr. Simon, T. Borda, K. Kelly, J. Lattanzio, P. McManus, R. Sanford, D. Upton, J. Walter, C. Dugger

Other Attendees: B. Carlson, Attorney J. Comerford, Dr. Wetstone, S. Whetstone, J. Mazzone

Guests: T. Trutter, J. Beyer, K. Duffy-Wallace

Excused: Dr. Fuller, Dr. Palmisano, Dr. Kozol

- The meeting was called to order by Acting Chairman, Ms. Claire Leonardi at 8:40 a.m.

I. Public Comment

- There was no public comment.

II. Board of Directors Retreat Follow-up Vision and Action Plan

- Dr. Strongwater reported that in follow-up to the Board of Directors retreat in November, the physicians from Clinical Affairs and the management team worked on goals for the clinical enterprise, recognizing that the UCHC vision is under revision. In all scenarios, three (3) elements will likely be included in a new vision for UCHC:
 - Patient safety
 - Evidence based medicine
 - Community connections
- Dr. Strongwater reviewed our Mission/Vision/Values statement developed in 1997.
- A draft Values Statement was proposed:
 - **UCONN**
 - Uncommon Quality, Safety, and Satisfaction
 - Community Connections
 - Outcomes Oriented
 - New Knowledge and Innovation
 - National and Regional Reputation
 - **PRIDE**
 - Professionalism
 - Respect
 - Integrity
 - Diversity
 - Efficiency and Effectiveness
- Dr. Strongwater asked for feedback on the new acronym, and Committee members voiced their approval.

- Dr. Strongwater noted that we discussed with Commissioner Galvin the possibility of using JDH as a model hospital for patient care.
- The pros and cons of Magnet status for nursing were discussed. The Magnet status is similar to JCAHO hospital accreditation standards, but focused on nursing. It was noted that achieving this standard will help with hospital recruitment and our clinical reputation within the community. It was discussed that a cost/benefit analysis should be done.
- Patient satisfaction and service guarantees were cited by Dr. Strongwater as areas where we have already made numerous improvements. In order to meet our hospital goals, we need to continue our efforts to improve in this area.
- Balanced Scorecard: The Cardiac area is being used to develop the format for our Balanced Scorecard. Ms. Leonardi suggested that we need to set specific achievement timeframes around each defined goal.
- Dr. Deckers made several points as follows:
 - It was noted that our Vision Statement should place emphasis on the relationship between patient care research and our Signature Programs, specifically to focus on the relationship between research and education. He noted that the greater Hartford region has a way to go to “come up to standard” regarding translational research and JDH should be setting the example in Connecticut. Our success in this area will differentiate us.
 - Dr. Deckers noted that emphasis should be place on our Clinical Trials since they are very important to our Signature Programs.
 - Dr. Deckers noted that our efforts need to focus on profitability. The logical areas to concentrate on for future income are clinical revenues and development efforts.
- C. Leonardi noted that we need to set a range of targets and track our performance over time.

III. Minutes of the Clinical Affairs Subcommittee Meetings

The motion was made and seconded (Leonardi/Devers) to recommend that **the Clinical Affairs Subcommittee approve the minutes of the Clinical Affairs Subcommittee meetings held on September 16, 2003, October 21, 2003, November 18, 2003 and December 16, 2003. The motion was unanimously adopted.**

IV. Clinical Space Planning Update

- Mr. Trutter updated the Clinical Affairs Subcommittee regarding the specifics of the ambulatory space planning efforts with FLAD and Kurt Salmon Associates (KSA). These efforts have been underway since September 2003 and should be completed within another 4 to 6 weeks.

- It is anticipated that by the year 2010, there will be a shortfall of 85,000 departmental gross square feet (DGSF). The departments creating the shortfall are primarily the Emergency Department and Psychiatry.
- The “Dowlings” are anticipated to have “useful life” up until the year 2010.
- Dr. Deckers noted that we need to protect and provide easy access for patients involved in clinical trials. These patients provide a unique contribution to medicine and their needs should be addressed now. Ms. Leonardi suggested that these needs be included in the next phase of development.
- Dr. Garibaldi noted the importance of the Primary Care Program since it sends referrals to our Signature Programs and enhances our overall Clinical Enterprise.
- Ms. Leonardi suggested looking at market share relating to Primary Care as a foundational program for capturing patients (along with Geriatric medicine). She also asked if we are marketing Primary Care effectively enough.
- Dr. Strongwater noted that there are opportunities to grow in Primary and Geriatric medicine in the West Hartford and East Hartford areas. It is more likely that we will need to grow within these and/or other communities because of the increasing reluctance of people to travel for primary care services.

The motion was made and seconded (Leonardi/Devers) that the **Clinical Affairs Subcommittee endorse a plan to proceed with the KSA proposed renovations. The motion was unanimously adopted.**

The motion was made and seconded (Leonardi/Chudwick) that the **Clinical Affairs Subcommittee endorse these recommendations going to the UCHC full Board of Directors for their endorsement. The motion was unanimously adopted.**

V. Clinical Program/Certificate of Need Updates

- Ms. McManus discussed details of the Clinical Program Certificate of Need (CON). Specifically that the Clinical Affairs Subcommittee make the recommendation to the UCHC Board of Directors for the University of Connecticut Health Center to provide support, assistance and clinical oversight for the proposed Angioplasty and Open Heart Surgery Program at St. Mary’s Hospital and Waterbury Hospital, and to cooperate with the Hospitals in a CON application to the Office of Health Care Access to secure regulatory approval to establish the Program; and further authorize UCHC to contract with the Finance Corporation to enter into an agreement with St. Mary’s Hospital and Waterbury Hospital to provide the services.
- Rationale: 1) UCHC, as the State’s academic medical center, is committed to facilitating the translation of education, research and clinical expertise to Connecticut communities, and to lending its expertise toward the goal of delivering high quality health care services to the citizens of the State of Connecticut; 2) Cardiovascular Health is a key Signature Program for UCHC; 3) JDH is the Connecticut provider with the most recent experience implementing an Angioplasty and Open Heart Surgery Program.

- Considerations are as follows:
 - our involvement and Board endorsement is required by OHCA in order for St. Mary's Hospital and Waterbury Hospital to finalize completeness questions for the CON application.
 - we will be paid for services that we perform
- Dr. Deckers noted that there is a very small window of increased opportunity for our involvement. He is supportive of the overall concept, but noted that it may be difficult to change physician referral patterns.
- Ms. Leonardi inquired as to whether our involvement is increasing our malpractice risk. It was noted that we would need to include indemnification language in our contract to protect us from malpractice risk.
- Mr. Chudwick asked to *not* be included in the Board vote, citing a potential conflict of interest (his law firm has done work for St. Mary's Hospital).

The motion was made and seconded (Leonardi/Garibaldi) that the **Clinical Affairs Subcommittee approve of UCHC's contractual involvement with St. Mary's Hospital and Waterbury Hospital to provide services per the outlined Memorandum of Understanding. The motion was unanimously adopted. It was noted that Mr. Chudwick abstained from the vote.**

V. Key Performance Indicators

- Ms. McManus indicated that our market share trends for the first 6 months of fiscal year 2003 are positive and that we have continued to make gains in the area of our Signature Programs.
- We have experienced growth in our Ambulatory Service area and are doing well relative to our service market competitors. It was noted that our Med/Surg hospital stays are lower than any other institution in our service area.
- Performance indicators have improved. We now have patient satisfaction liaisons on each unit. Food service improvements have been made and we are working on improving staff communications (MDs, RNs, residents).
- Emergency Department construction is now complete. KSA has informed us that our space is not large enough for current capacity.

VI. Medical Staff Bylaws

- On behalf of the Medical Board, Dr. Simon recommended nine (9) Medical Staff Bylaw changes in an effort to make current, clarify and simplify existing Bylaw language. Justification for each proposed change was discussed by Dr. Simon.
- As an outcome of discussion relating to granting physicians medical privileges at UCHC, Dr. Simon will be exploring medical privilege "Best Practices" at other medical institutions.

The motion was made and seconded (Leonardi/Chudwick) that the **Clinical Affairs Subcommittee approve the proposed changes to the Medical Staff Bylaws. The motion was unanimously adopted.**

IX. Announcements and Remarks

- Dr. Strongwater briefly touched upon the following topics:
 - He thanked Mr. Chudwick for having Chaired the Clinical Affairs Subcommittee, and noted that Ms. Leonardi is now Acting Chair.
 - The Joint Commission has sent formal notice that we were accredited for the next three years.
 - We are appealing the decision of the Joint Commission relating to the JCAHO scoring for Psychiatry.
 - We are actively recruiting for a Director of Nursing.
 - We have adjusted our capital spending plan to focus on patient safety. Examples include improvements relating to Pharmacy, and the acquisition of new beds.
 - We have acquired a new Multi-Slice CT Scanner, which has the capability for virtual colonoscopy.
 - Case Management has done a great job relating to length of hospital stays.
 - The relationship between the Department of Veterans Administration in Rocky Hill to UCHC has changed, resulting in a \$500,000 per year loss to the UConn Medical Group. We still provide inpatient services to patients from their sub acute patient population (200 beds).
 - The Correctional Managed Health Care program provides quality oversight for male juvenile detention centers which, for the first time, received NCHCC accreditation.
 - DPH reviewed progress on our Consent Agreement and noted no deficiencies.

X. Executive Session

The motion was made and seconded (Devers/Garibaldi) that the **Clinical Affairs Subcommittee go into Executive Session. The motion was unanimously adopted.** Attendees: Doctors Devers, Garibaldi, Shafer, Simon and Strongwater, Ms. Leonardi, Attorney Comerford.

The Clinical Affairs Subcommittee meeting went into Executive Session at 10:10 a.m.

- Discussion centered on the Hospital Director Performance Review and the Board of Directors/Clinical Affairs Self Evaluation.

XI. Adjournment

There being no further business, a motion was made and seconded (Leonardi/Garibaldi) to adjourn. The motion was unanimously approved at 10:42 a.m.

Respectfully submitted:

Elizabeth Whalen, Recorder

**UCHC Board of Directors
Peer Review Subcommittee Minutes
February 3, 2004**

Attendance

Voting Members: Ms. Leonardi (Acting Chair), Mr. Chudwick, Dr. Garibaldi, Dr. Shafer, Dr. Devers

Staff: Dr. Strongwater, Ms. Lattanzio, Ms. Sanford

Other Attendees: Attorney J. Comerford

Guests: J. Mazzone, J. Beyer, K. Duffy-Wallace

The meeting was called to order by Acting Chair, Ms. Leonardi at 10:42 a.m.

A motion was made and seconded (Leonardi/Chudwick) that the Peer Review Subcommittee go into Executive Session to discuss peer review material and adverse events reports. Adopted unanimously. **Attendance:** Ms. Leonardi (Acting Chair), Dr. Garibaldi, Dr. Shafer, Dr. Devers, Dr. Deckers, Dr. Strongwater, J. Lattanzio, Attorney J. Comerford, Dr. Simon, R. Sanford.

The Subcommittee returned to open session at 10:54 a.m.

A motion was made and seconded (Leonardi/Chudwick) to adjourn at 10:55 a.m. Adopted unanimously.

Respectfully submitted:

Elizabeth Whalen
Recorder