

Clinical Affairs Subcommittee of the Board of Directors

August 14, 2025

2:00 pm

Teams link

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Meeting ID: 270 220 355 407 7

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Teams Link:

- | | | | |
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| 2 | Chair's Remarks | Cheryl Chase | |
| | 2.1 Welcome | | |
| | 2.2 Approval of Minutes: May 8, 2025 [VOTE] | | pg 2 |
| 3 | Chief Executive Officer's Report | Dr. A. Agwunobi | pg 5 |
| | 3.1 2024 Annual Health Disparities Report | Dr. J. Hines | pg 23 |
| 4 | Quality Report | Dr. S. Allen | pg 31 |
| 5 | Approvals [VOTES] | | |
| | 5.1 Appointment of Dr. Frallicciardi as Emergency Medicine Chief of Service | | pg 46 |
| | 5.2 Appointment of Dr. Konopaske as Psychiatry Chief of Service | | pg 64 |
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| | 5.5 JDH Written Scope of Services - 2025 | | pg 105 |
| 6 | School Reports | | |
| | 6.1 School of Medicine | | |
| | 6.2 School of Dental Medicine | Dr. S. Lepowsky | |
| 7 | Informational items | | |
| | 7.1 JDH Medical Board - Quarterly Update | | pg 142 |
| | 7.2 UConn Medical Group Operations - Quarterly Report | | pg 143 |
| | 7.3 Annual TJC Health Disparities Report (CY2024) | | pg 151 |
| 8 | Executive Session [If Needed] | | |
| 9 | Adjourn | | |

Peer Review: 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

Chair, Cheryl Chase, called the meeting to order at 2:03 pm.

Present (voting): Cheryl Chase, David Shafer, Jennifer Baldwin, Joel Freedman, Kenneth Alleyne, Kevin Staveley-O'Carroll, Leo Wolansky, Robert Fuller

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: February 13, 2025

The Clinical Affairs Subcommittee approved a motion duly made by Dr. Fuller and seconded by Joel Freedman to accept the minutes from the Clinical Affairs Subcommittee meeting held on February 13, 2025.

3. Chief Executive Officer's Report

Dr. Agwunobi was traveling so the CEO report was provided by Jeff Geoghegan, Caryl Ryan and Anne Horbatuck.

Jeff Geoghegan gave a high-level overview and shared accolades and achievements achieved in the last quarter including being recognized by Forbes as one of America's Best Large Employers for 2025. In addition, ten female doctors were named to Castle Connolly's 2025 Exceptional Women in Medicine list, and John Dempsey Hospital (JDH) received Geriatric Emergency Department Accreditation.

UConn Health is \$9M favorable to budget, driven in large part by the clinical enterprise. We are still working on the FY26 budget and will discuss this in more detail at the June 9 Board of Directors meeting. Financial Improvement initiatives include operational reviews and improving commercial reimbursement rates with payers including ConnectiCare and others.

Caryl Ryan provided an update on JDH. The census has been in the ranges of 230-250 with a new maximum bed license of 257. ED volumes continue to grow, exceeding FY25 budget estimates. Average daily census and discharges also exceed FY25 budgeted numbers, and the numbers for the ORs continue to be ahead of budget. GI Endoscopy is slightly below FY25 budgeted numbers, and we are continuing to work on process improvement. And lastly, there is a new security measure in place in the inpatient Psychiatry Unit. Family members and visitors to the unit will be screened and wanded prior to entering the inpatient unit for the safety of patients, staff and visitors.

Anne Horbatuck reported on UMG outpatient encounters and RVUs. YTD encounters are ahead of budget by 1.5% and ahead of FY24 by 5.5%. RVUs are ahead of budget by 2.6% and ahead of FY24 by 11%. The largest areas of growth are Orthopedics, OB, Urology and Cancer Center when compared to budget. YTD net patient revenues are ahead of budget by 2.8% and ahead of prior year by 12%. Among operational updates, Ms. Horbatuck described a pilot program called Nuance DAX AI, an AI powered transcription program. Results 45 days out are positive with providers being able to see more patients. She then described efforts at securing more space to allow for the growth that UMG is experiencing in areas such as Avon, South Windsor, Southington, and Torrington.

4. Quality Reports

Dr. Scott Allen provided the Quality Report to the Committee. For the 4th year in a row, JDH was named one of the world's best hospitals out of a survey of 2,400 hospitals in 30 countries. Of the US hospitals ranked in the last 3 years, JDH has improved in rank from 400 to 297 (#103), while the other CT ranked hospitals have seen only very small improvement or declines in rank. JDH has received its 9th consecutive "A" grade from Leapfrog Hospital Safety Grade.

Dr. Allen reported on the JDH Safety Culture Survey Results. The survey measured the safety culture, safety culture prevention and reporting, safety culture pride and reputation, and safety culture resources and teamwork. As a reminder he provided the Performance Improvement Priorities for 2025. Dr. Allen continued with the JDH Scorecard hitting on some of the highlights which included the Serious Safety Event rate which included 2 events in quarter 1 of 2025. In hand hygiene, we achieved a rate of 98%, up from 95% in the prior quarter.

5. Approvals

5.1 Resolution to appoint Dr. Ketan Bulsara as Neurosurgery Chief of Service. Service

The Clinical Affairs Subcommittee unanimously approved the motion duly made and seconded to appoint Dr. Bulsara as the Neurosurgery Chief of Service.

6. School Reports

6.1 School of Medicine

Dr. Liang reported the appointment of new leadership positions. Dr. Alise Frallicciardi will succeed Dr. Fuller as the Interim Chair and Medical Director of the Emergency Department following his retirement from that role effective July 1, 2025. Dr. Christopher Pickett will succeed Dr. Liang as the Director of the Calhoun Cardiology Center having served in the interim role for the last three years. Dr. Danielle Luciano has succeeded Dr. Molly Brewer as the (Interim) Chair of the OB/GYN Department. And finally, the School of Medicine has received approval from LCME to increase the medical school student class size from 112 to 120 students. The increase will be gradual with next year's incoming class increasing from 112 to 114 students.

Regarding Research, the Council of Deans announced that the University as a whole, including the SOM and SODM, had a cancellation of grants upwards of \$60 to \$90 Million. We are waiting for news on how grant cancellations will impact financial budgets for FY26.

6.2 School of Dental Medicine

Dr. Lepowsky gave an oral report. We have successfully negotiated with several insurers an increase in our reimbursement rates with both Cigna and Aetna. This is important because some procedures were being reimbursed at rates that were significantly lower than prevailing Medicaid rates. In addition, Cigna has agreed to open a discussion of rate increases in early 2026 and at a 2-year cycle thereafter. We are reaching out to Delta Dental and United Healthcare to explore increases in their reimbursement schedules as well. Dr. Lepowsky also reported on pediatric dentistry outpatient care – it will be relocated back to Farmington after significance analysis and discussion with patients. We believe in the potential for improved dental care, better and more robust student and resident experience, and a net positive financial impact.

7. Informational items

Chair Chase directed the subcommittee members' attention to the informational items in the Board book starting on page 41.

She also expressed a heartfelt thank you and goodbye to Dr. Rob Fuller for his many decades of service to UConn Health, the Clinical Affairs Subcommittee, and the whole community. He will be missed on this committee.

8. Executive Session

There was no executive session in this meeting.

9. Adjourn

There being no further business the meeting was adjourned at 3:04 pm.

Respectfully submitted,

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

Next Regularly Scheduled Meeting: August 14, 2025

CEO Report

Clinical Affairs Subcommittee

Dr. Andrew Agwunobi
August 14, 2025



Areas of Focus

- Recent Recognitions
- Operational Updates
 - John Dempsey Hospital
 - UConn Medical Group

Recent Recognitions



American Heart Association Get With the Guidelines

Nine consecutive years of **Gold Plus** awards for Stroke
Eleven consecutive years of **Gold** awards for STEMI and a Silver Award for NSTEMI
Also awarded **Silver** in Target: Type 2 Diabetes Honor Roll



Age-Friendly Health Systems

Committed to Care Excellence



Healthgrades

Three consecutive years for Outstanding Patient Experience



The Leapfrog Group

Nine consecutive Straight A's Rating for Patient Safety 2021-2025



Forbes

2025 America's Best-in-State Employers in Connecticut



Newsweek

America's Best-In-State Hospital, Ranked #2
America's Best Maternity Hospitals
4-year champion World's Best Hospital for Infection Prevention and Patient Experience



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

2025 Blue Distinction Center of Excellence Knee & Hip Replacement

- Blue Distinction Centers (BDC) are health care facilities recognized for delivering high quality care and effective treatments. They must meet strict quality standards, measures for patient safety and outcomes, treatment expertise and better overall patient results.
 - This program also aims to connect patients with providers that excel in specific specialties ensuring safer and more effective care.
- We have been approved and received this designation since our first submission in 2010. The 2025 recognition is our 4th time receiving this honor
- Blue Distinction for Spine Surgery is pending – we expect to receive that in the coming weeks
- UConn Health's Maternity Care is also recognized as a Blue Distinction Center of Excellence

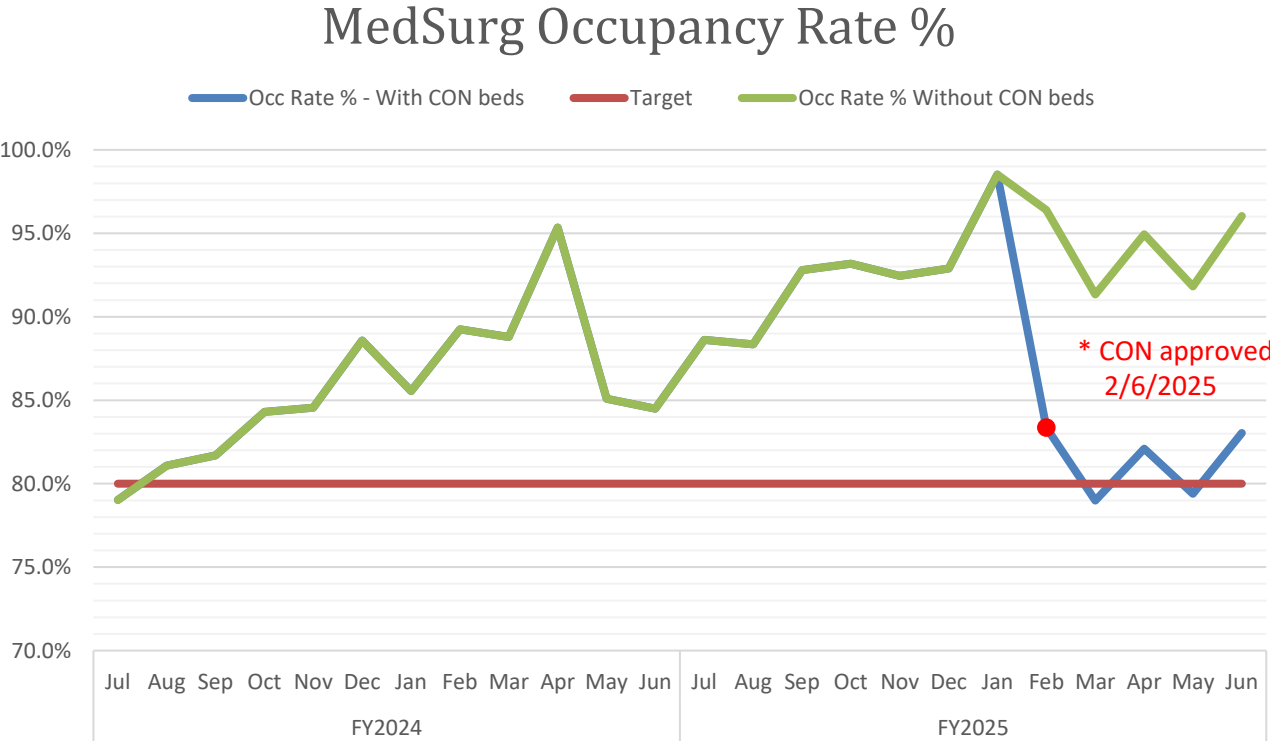


Operational Updates

JDH's 23 New Licensed Beds

- 23 additional medical/surgical (“MedSurg”) beds approved for John Dempsey Hospital (Feb 2025)
 - JDH total licensed beds now = 257
 - 87 of our licensed beds are specialty beds (ICU/OB/Nursery/Psych/DOC 5), which cannot accommodate MedSurg patient admissions
 - Therefore, our total MedSurg bed count is currently 170
- The additional 23 med-surg beds have helped us **decrease instances of:**
 - Diverting emergency patients to other hospitals; and
 - Holding patients in the ED when they need to be admitted
- How we are using the beds:
 - ✓ 14 of the 23 new beds placed on Connecticut Tower 7 (our overflow Med-Surg Unit)
 - These new beds help us place more patients in the hospital on med-surg units instead of admitting patients and holding them in the Emergency Department
 - ✓ The remaining 9 new beds are currently being used in the ED for patients admitted to the hospital
 - In future, the plan is to place these 9 additional beds on CT6, after other moves take place

CON Approval has Helped Stabilize our MedSurg Occupancy Rate



The green line shows our occupancy rate against 147 licensed MedSurg beds from July 2023 - Jan 2025

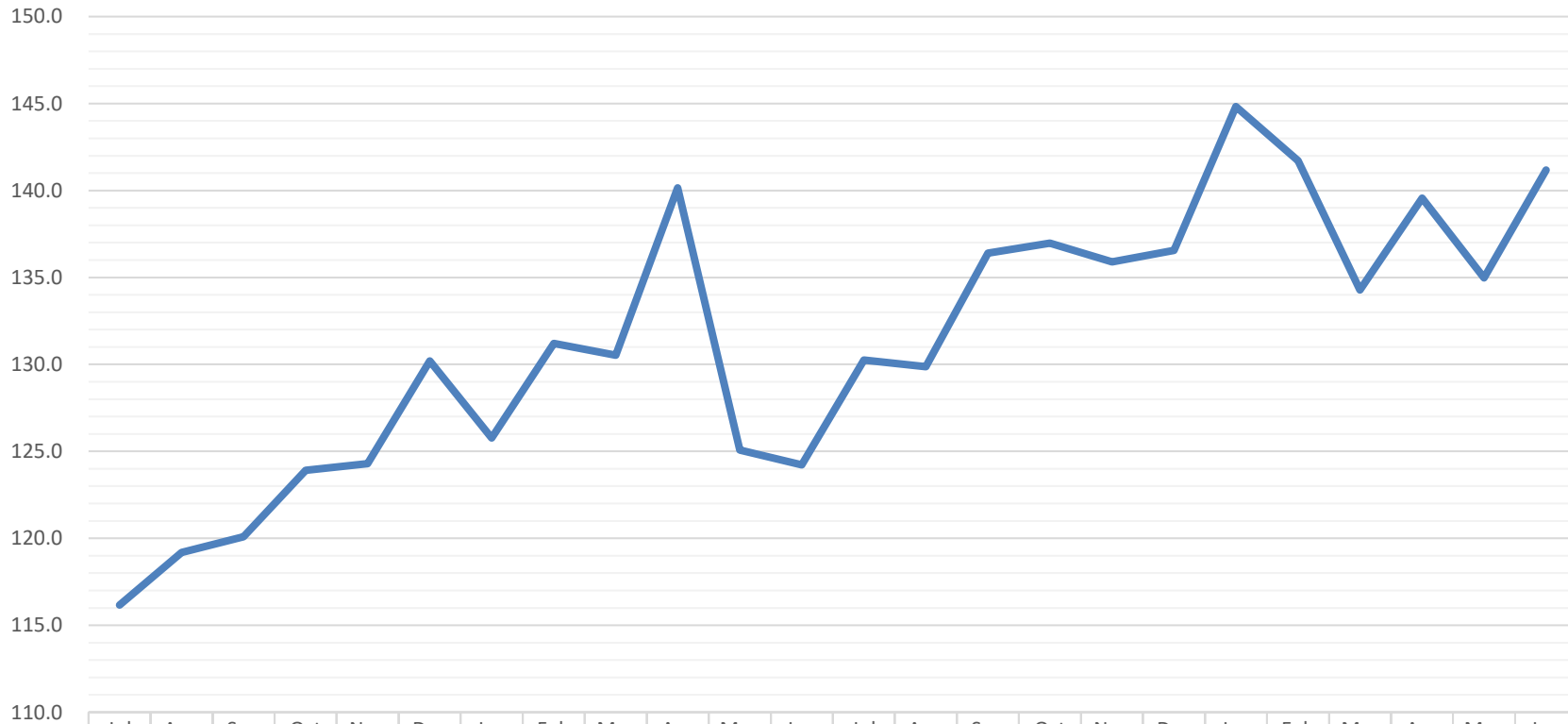
The blue line shows our occupancy rate based on 170 MedSurg beds after receiving CON approval in Feb 2025

JDH's MedSurg occupancy rate dropped by 13% with our additional beds

JDH MedSurg

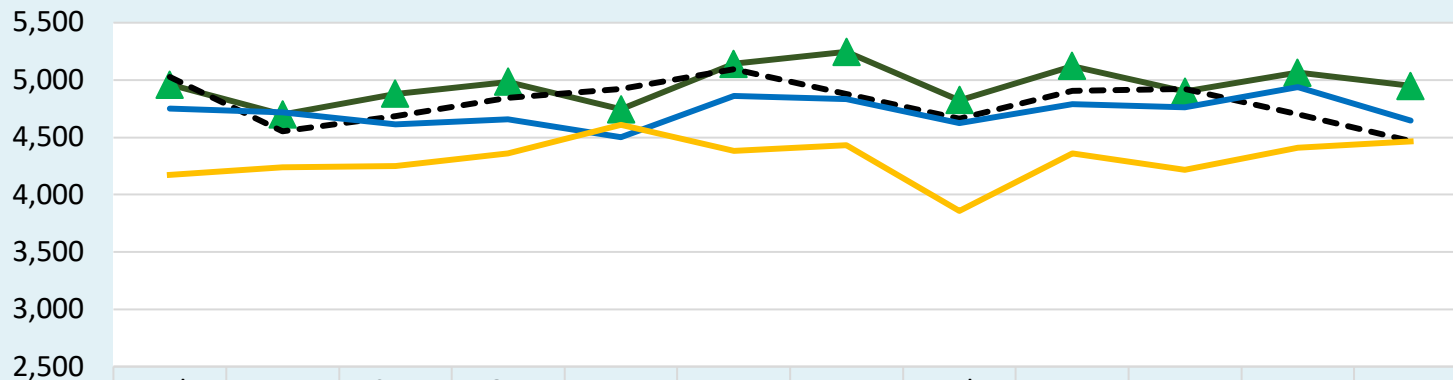
Average Daily Census

(Med 3, Med 4, UT5 Surg, Onc, IU, CT 7)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	FY2024												FY2025											
Average Daily Census	116.	119.	120.	123.	124.	130.	125.	131.	130.	140.	125.	124.	130.	129.	136.	137.	135.	136.	144.	141.	134.	139.	135.	141.

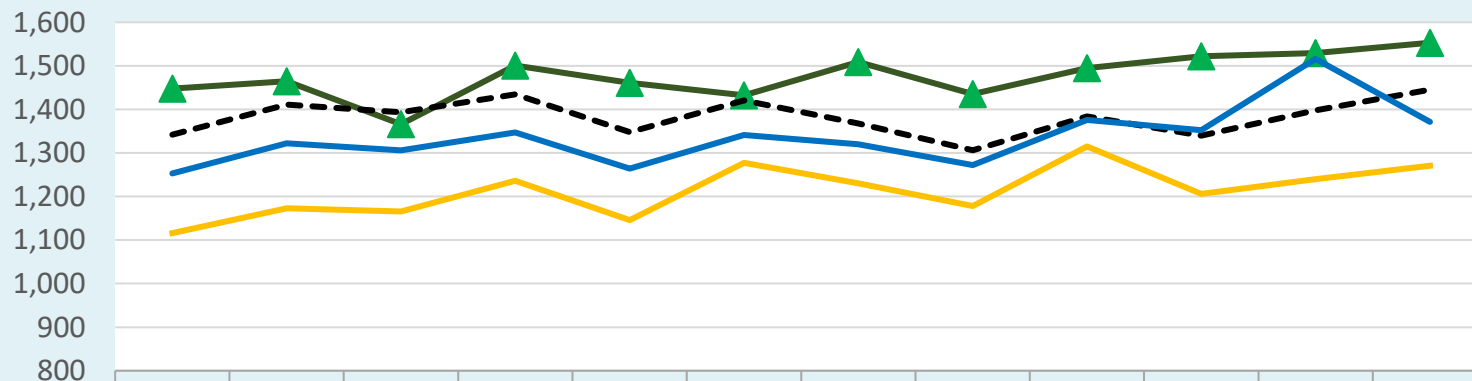
Emergency Room Visits



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
▲ 2025 Actual	4,958	4,699	4,878	4,983	4,745	5,142	5,246	4,823	5,122	4,897	5,063	4,947	59,503
- - - 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

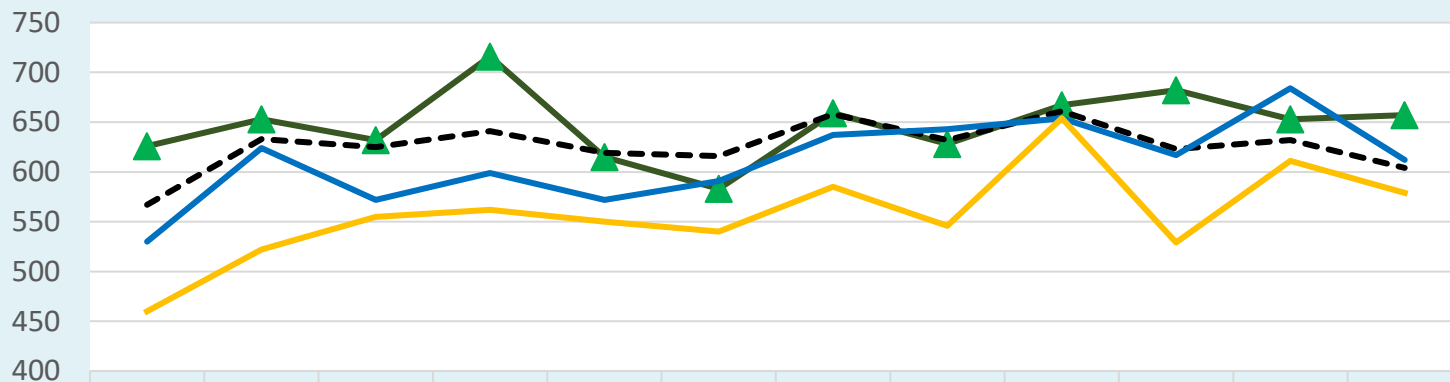
Discharges

including OBS/OEXT



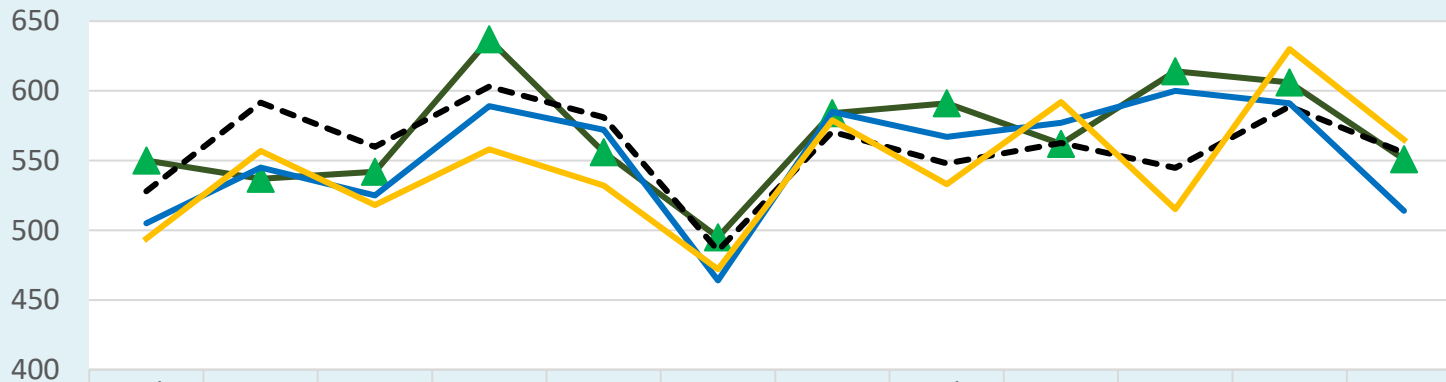
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2025 Actual	1,448	1,465	1,366	1,501	1,461	1,432	1,509	1,435	1,495	1,522	1,529	1,553	17,716
2025 Budget	1,342	1,411	1,394	1,435	1,348	1,421	1,368	1,306	1,384	1,340	1,398	1,445	16,591
2024 Actual	1,253	1,322	1,306	1,347	1,264	1,341	1,320	1,272	1,376	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

JDH - Main OR



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2025 Actual	626	653	632	716	615	583	659	628	667	682	653	657	7,771
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

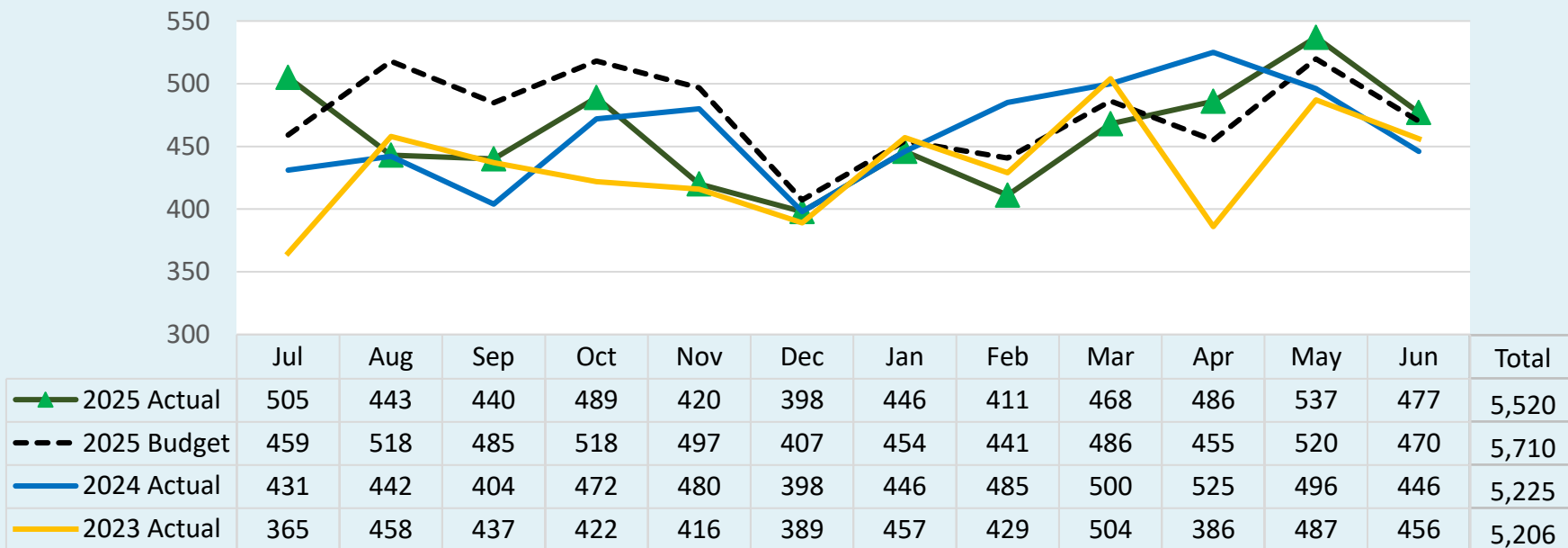
UHSC - OR



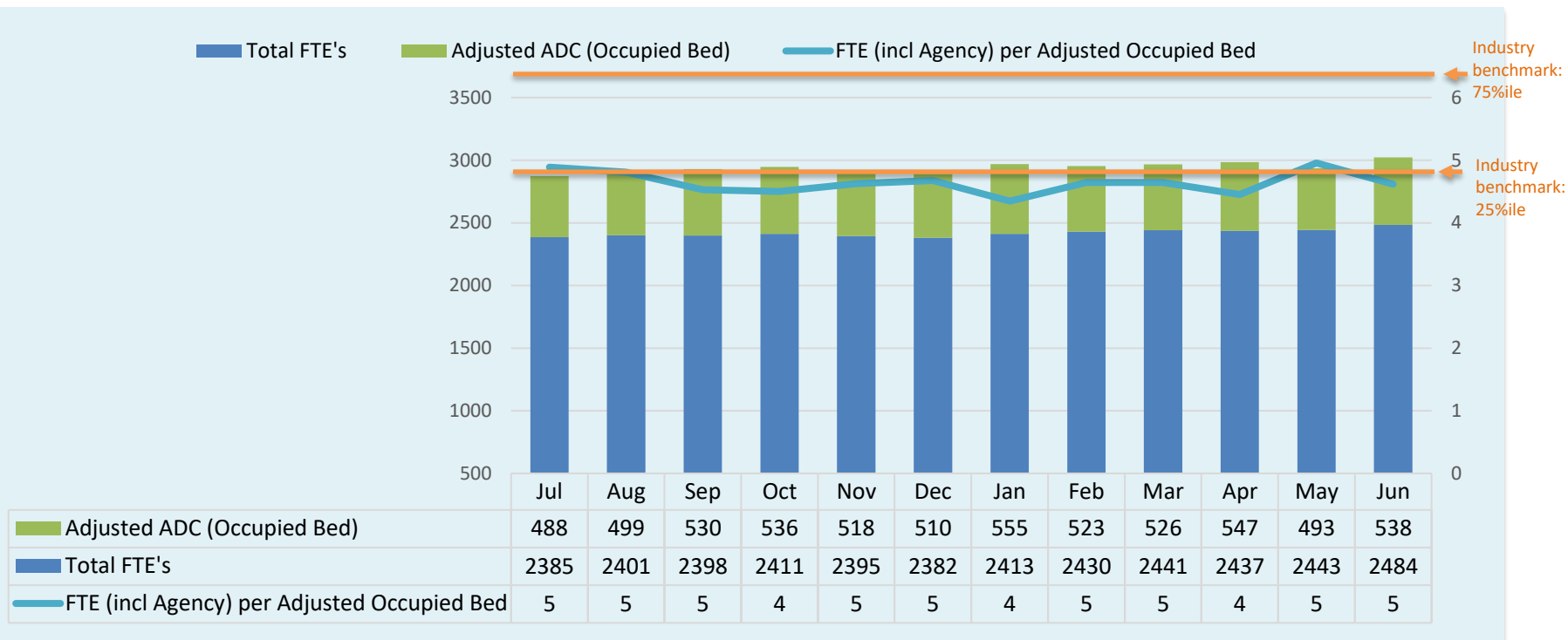
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
—▲— 2025 Actual	550	537	542	637	556	495	584	591	562	614	606	551	6,825
- - - 2025 Budget	528	591	560	603	581	485	571	548	563	545	589	555	6,719
— 2024 Actual	505	545	525	589	572	464	585	567	577	600	591	514	6,634
— 2023 Actual	494	557	518	558	532	472	579	533	592	515	630	565	6,545

Procedure Center

GI Endoscopy



JDH - FTE per Adjusted Occupied Bed



UConn Medical Group Financials

June 2025

• Encounters

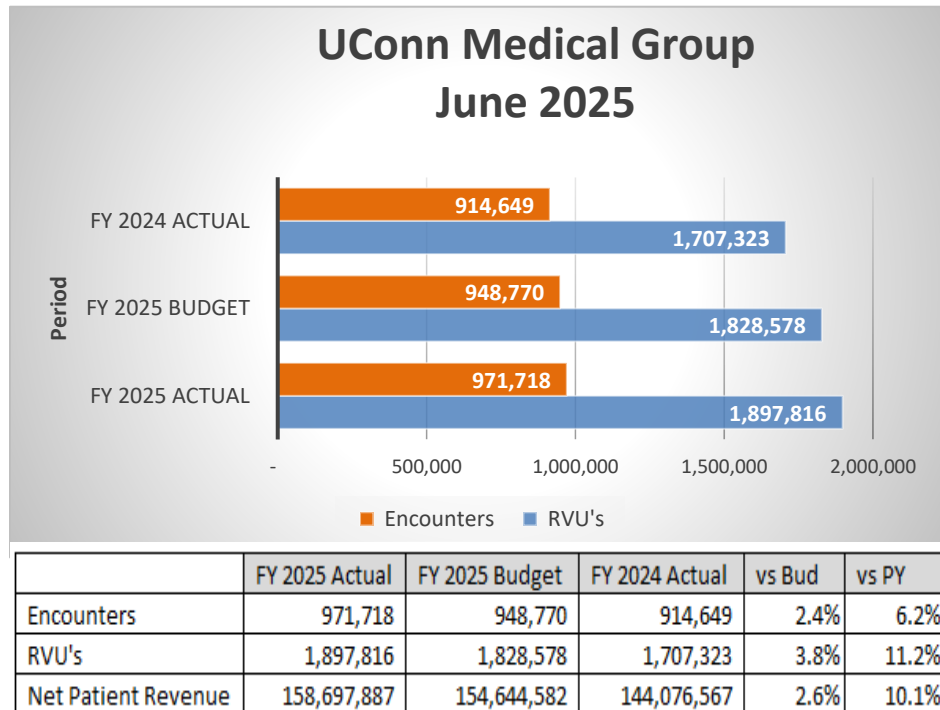
- YTD encounters are ahead of budget by 2.4% & ahead of prior year by 6.2%.

• wRVU

- YTD wRVU's are ahead of budget by 3.8% & ahead prior year by 11.2%.

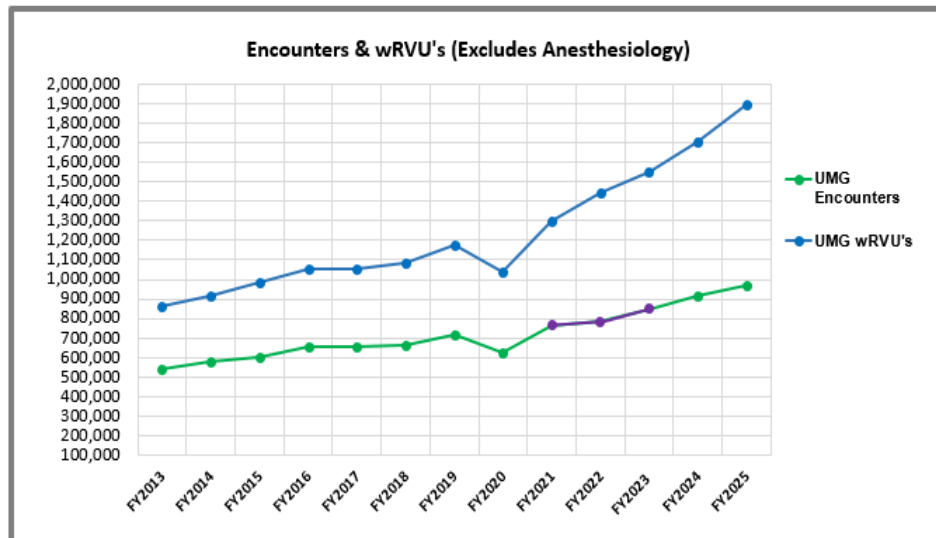
• Revenues

- Largest Growth Areas for YTD period with charges/stats are OB, Urology, Orthopedics, Cancer Center, when compared to budget.
- YTD net patient revenues are ahead of budget by 32.6% & ahead of prior year by 10.1%.



UConn Medical Group Financials

UConn Medical Group



	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025
UMG Encounters	540,574	575,416	602,923	655,234	656,848	667,009	719,760	625,310	686,166	782,695	850,412	914,649	971,781
UMG wRVU's	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	1,897,816
Vaccines	-	-	-	-	-	-	-	-	78,329	41,865	6,263	-	-

NOTE: FY 20 & 21 COVID

FY 24 vaccine moved to clinics

Outpatient Space & Growth

- **Southington (1115 West Street) – August 15, 2025** - Specialty care (Pulmonary, ENT, Derm, Nephrology, Endocrinology/diabetes, OB, ID) expanding & moving to the lower level. Internal Medicine to increase by 10 rooms in specialty vacated space.
- **Avon – September 1, 2025** – Adding Internal Medicine to the 2nd floor providing same day /rapid appointments to our established patients
- **Outpatient Pavillion (OPPV)** – Domino plan to increase key areas
 - July 9, 2025 - Blood Draw and Medication Therapy Management(MTM) moved to OPPV1
 - September 19, 2025 – OB / Women's Services will be moving to OPPV3
 - September 26, 2025 – Surgical services (General, plastics, vascular) to OPP8
 - September 26, 2025 – GI and ENT will expand services on OP6
 - November 2025 – new Breast Surgeon coming – created space on OPPV8 (near plastic surgery and Mammography)
 - Fall 2025 – Institute of Sports Medicine (ISM) at People's BankArena (formerly XL Center) – return to play, etc.
- **Torrington (507 East Main Street)**
 - January 2026 to move into new site in Torrington



GUIDE Dementia Care Program

- UConn Health was selected a 1 of only 2 sites in Connecticut to participate in a Centers for Medicare & Medicaid Innovation (CMMI) pilot to support patients/caregivers living with Dementia.
- Established track programs started 7/1/2024
- Our success over the first year of this program has garnered attention from CMS, leading to a recent visit from CMS to learn about our best practices.
- Some first-year metrics & achievements include:
 - ✓ 50 patient/ caregiver currently enrolled
 - ✓ 13 respite agency partners contracted
 - ✓ 2 Dementia support groups and a virtual caregiver education program developed
 - ✓ 2 Clinical patient navigators, 1 program coordinator and 10% FTE medical director
 - ✓ Achieved breakeven status (revenue/expense) in year 1
 - ✓ Selected as a mentor for new program track participants



The Joint Commission Health Disparities Standard 2024 Annual Report

UConn Health Board of Directors

Clinical Affairs Committee

August 14, 2025

Background

- Effective January 1, 2023, new and revised requirements to reduce health care disparities were applied to organizations in The Joint Commission's ambulatory health care, behavioral health care and human services, critical access hospital, and hospital accreditation programs.
- John Dempsey Hospital (JDH) and UConn Health leadership stood up a multidisciplinary and interprofessional team of stakeholders. This team is led by Jeffrey F. Hines MD, Vice President for Diversity and Inclusion and meets bi-monthly to assess findings. The team includes representatives from the following administrative areas: JDH, UConn Medical Group (UMG), Accreditation/Regulatory Affairs, IT, Clinical Effectiveness, Population Health, and UConn Health Leaders (UCHL).

Highlights

- Screening for Social Determinants/Drivers of Health (SDoH)
- Postpartum complications in our Latine OB population

Screening for Social Determinants/Drivers of Health (SDoH)

- TJC standard to reduce health care disparities requires that patients be screened for social determinants/drivers of health (SDoH).
- As noted last year, we initially chose to focus on food and transportation insecurity among all patients admitted to our OB unit, and an Information Technology buildout in EPIC was accomplished.
- With the success of screening on our OB unit, SDOH screening to JDH units was launched on December 13, 2023 (except for the Emergency Department and the psychiatry unit).
- In Feb 2025, our hospital quality department issued guidance that the psychiatry unit needs to be included to meet mandatory CY2025 reporting requirement under the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. EHR workflows and staff training programs were implemented to initiate SDOH screening on the JDH psychiatric unit.

Screening for Social Determinants/Drivers of Health (SDoH)

SDOH Domain	Positive screens
Food insecurity	117 (2%)
Transportation needs	134 (3%)

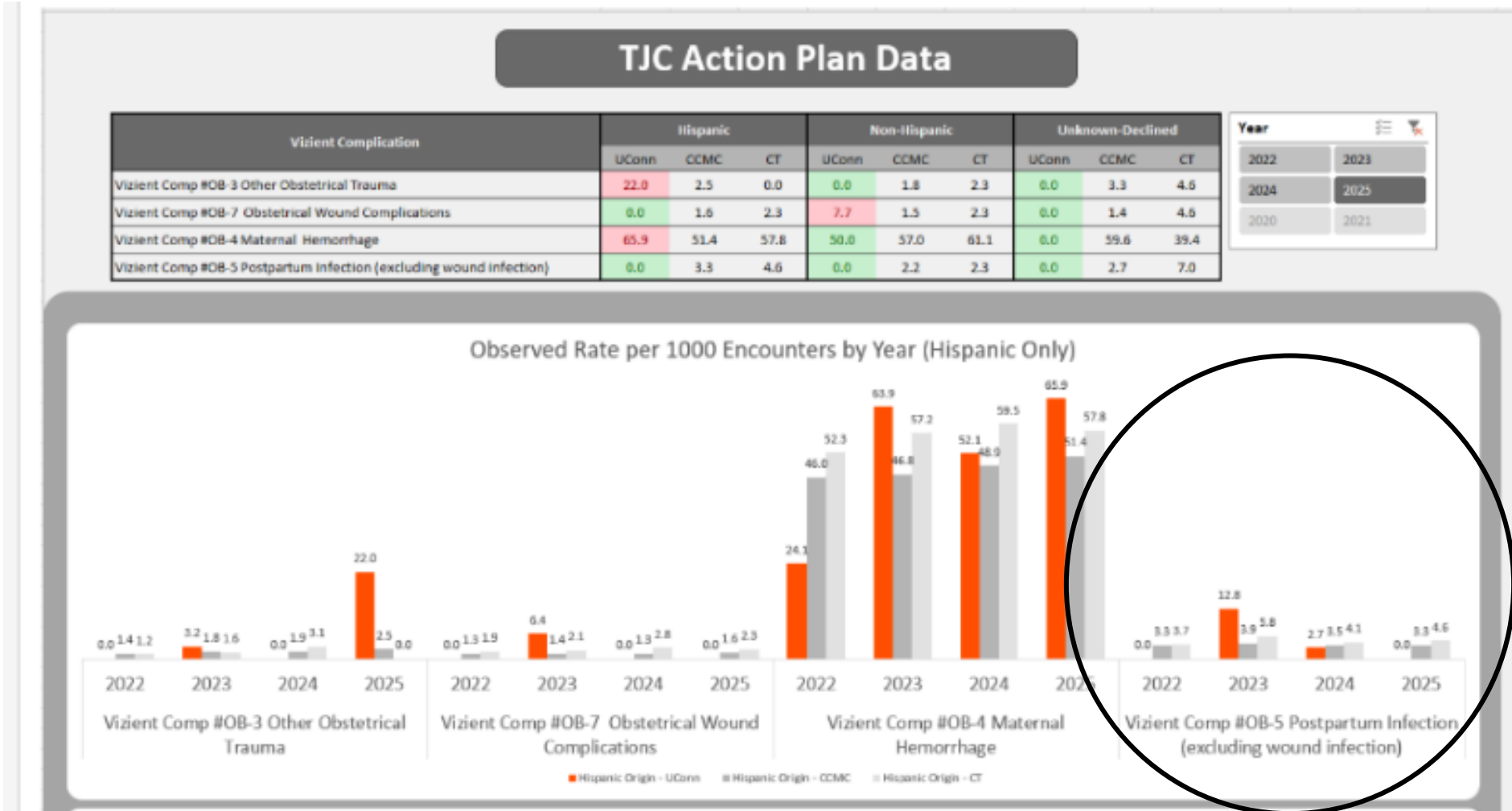
	Number
Total patients admitted	7238
Total patients screened	4724 (65%)

Housing instability	62 (1%)
Utility difficulties	1158 (25%)
Interpersonal Safety	31 (1%)

Postpartum complications in our Latine OB population

- We identified a disparity in the rate of postpartum infections among our Latine OB patient cohort (18.5%) compared to our white OB cohort (6.0%). We also recognized that this disparity and rate of postpartum infections in the UCH Latine population was higher than that of our CT cohort of hospitals.
- In evaluating the data from 2023 (the start of the action plan) through 2024 (one year into implementation of the action plan) there has been a significant decrease in the observed rate of postpartum infections per 1000 in this population of patients.

Postpartum complications in our Latine OB population



Action steps taken

- Co-creation of a plan with our obstetric colleagues and patient representatives
- Catalogue the distinct types of postpartum infections (SSI, episiotomy, UTI, abscess, endomyometritis, others)
- Review the type and timing of use of prophylactic antibiotics and skin preparation at time of surgical delivery, limiting vaginal exams, and use of appropriate sterile technique
- Evaluate, track, and monitor the use of translation and interpreting services
- Improve control of antepartum co-morbidities (DM, HTN, others) using Million Hearts Health Equity Implementation Grant to improve access to Self-Measured Blood Pressure (SMBP) and education for our at-risk pregnant women through real-time dissemination of the preeclampsia foundation Cuff Kit
- Assess if antibiotics are needed at discharge are available to patients
- Assess the distribution of appropriate resources at discharge and follow up visit for those who screened positive for SDoH needs
- Continue our collaboration with The Hispanic Health Council of Hartford who have been tremendous partners in this initiative

Quality Report

Healthgrades Patient Experience Award

- 3rd straight Healthgrades Outstanding Patient Experience Award
- Only CT hospital to be recognized 3 consecutive years
- Methodology:
 - Grouped into 1 of 4 hospital groups based on size, teaching status, etc.
 - Based on the CMS HCAHPS survey data
 - Awards top 15% in each group



Newsweek America's Best Maternity Hospital 2025

- Ranks the top 444 hospitals
- Scoring based on:
 1. Hospital quality metrics (focus on maternity care)
 2. Results from patient experience surveys
 3. Nationwide online survey of peers (reputation)
- Grouped into two categories:
 - 5 ribbons: 182 hospitals
 - 4 ribbons: 262 hospitals




Newsweek



Newsweek America's Best Maternity Hospitals: Connecticut



- JDH is the only 5-star in CT

Ribbons	Hospital Name	City	State ^
	UConn John Dempsey Hospital	Farmington	Connecticut
	Hartford Hospital	Hartford	Connecticut
	Yale New Haven Hospital	New Haven	Connecticut

CY 2024 Anthem Q-HIP P4P

- Pay-for-Performance with Anthem
- Score: 75.66/104 equates to a 1.13% increase to the fee-for-service rates (75% of the negotiated 1.5% opportunity)
- The 1.13% increase will be added to the ffs rates effective on 8/1/2025
- Projected increase in reimbursement: ~\$1.97M

CY 2024 Aetna P4P

- Pay-for-Performance with Aetna
- Score: 98/100 for the Aetna CY2024 Facility P4P program
- JDH earned 100% of the target incentive payment
- Incentive payment = \$850,000 (\$450 budgeted→\$400k additional revenue)
- Second year in a row earning 100%

JDH Scorecard

Measures Group	Service/Unit	Metric	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	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)	0.11	0.17	0.16	0.27	0.21	<0.10	0.10-0.25	>0.25
		Hand Hygiene Inpatient: Before	96%	93%	95%	98%	98%	>95%	92-95%	<92%
		CAUTI - # events	3	2	1	1	3			
		CAUTI Standardized Infection Ratio (Half-year)	1.132	0.687	0.333	0.368	1.273	<0.75	0.75-1.00	>1.00
		CLABSI - # events	2	1	2	2	2			
		CLABSI Standardized Infection Ratio (Half-year)	1.049	0.482	1.099	0.852	0.833	<0.75	0.75-1.00	>1.00
		C.diff - # events	5	1	5	5	4			
		C.diff Standardized Infection Ratio	0.557	0.096	0.530	0.470	0.413	<0.75	0.75-1.00	>1.00
		Falls with Harm/1000 Patient days (NDNQJ): z-score vs. All Facilities	-0.40	-0.56	-0.53	-0.18		<25th percentile	25th-50th percentile	>50th percentile
		Hospital-Acquired Pressure Injury (Stage 2+) % of Patients (NDNQJ): z-score vs. All Facilities	-0.45	-0.23	-0.25	-0.48		<25th percentile	25th-50th percentile	>50th percentile
		Mortality index (Vizient®): Observed/Expected Ratio - Percentile rank vs. CCMC Peer group *(May-June)	66	63	64	55*		>75	50-75	<50
		30-Day All-Cause Readmission Rate: Percentile vs. Vizient® All hospital group	52	57	25	27		>75	50-75	<50
		Admission Medication Reconciliation Completed Within 48 hours	65.0%	65.9%	72.3%	70.6%	74.8%	>90%	80%-90%	<80%
	Anesthesiology	Adverse event rate	0.06%	0.04%	0.08%	0.28%		<0.20%	0.20-0.30%	>0.30%
	Diagnostic Imaging	% of Vrad radiologists miss rate	0.53%	0.88%	0.63%	0.69%		<2.00%	2.00-4.00%	>4.00%
		% of UConn radiologists miss rate	0.10%	0.41%	0.00%	0.00%		<2.00%	2.00-4.00%	>4.00%
	Emergency Medicine	Door to provider (min)	33	34	32	37		<30 min	31-40 min	>40 min
		Length of Stay (min)	254	252	250	262		<240 min	240-300 min	>300 min
		Left Without Being Seen Rate	1.12%	0.91%	1.02%	1.94%		<1.0%	1.0-2.0%	>2.0%
		72-Hour Return to ED with Admission Rate	1.03%	1.19%	1.19%	0.87%		<1.00%	1.00-3.00%	>3.00%
		Stroke: Median Door to CT Scan Time (min)	18.0	20.0	20.0	21.0		<26 min	26-40 min	>40 min
	Laboratory Medicine	Critical Value Notification - Inpatient (Within 15 min)	99.2%	99.0%	98.6%	99.3%	99.0%	>98%	90-98%	<90%
		Critical Value Notification - ED (Within 15 min) *(Within 30 min)	99.7%*	99%*	99.0%*	98.6%	99.0%	>98%	90-98%	<90%
	OB/GYN	PC-02: Nulliparous women with a term, singleton baby in vertex position delivered by C-section	22.2%	24.0%	41.4%	21.3%		<24%	24-30%	>30%
		PC-05: Exclusive Breast Milk Feeding	56.1%	60.6%	48.4%	47.3%		>70%	50-69%	<50%
		Acute Treatment of Hypertension within 60 min	76%	83%	89%	92%		>80%	50-80%	<50%
	Surgery	SSI Colon - # CMS events	1	0	1	3				
		SSI Colon - CMS Standardized Infection Ratio	0.909		0.648			<0.75	0.75-1.00	>1.00
	Cardiology	Heart Failure - CMS 30-day readmission rate: Percentile Rank vs. Vizient® All hospitals	55	66	35	58		>75	50-75	<50

Quarterly Admission Medication Reconciliation

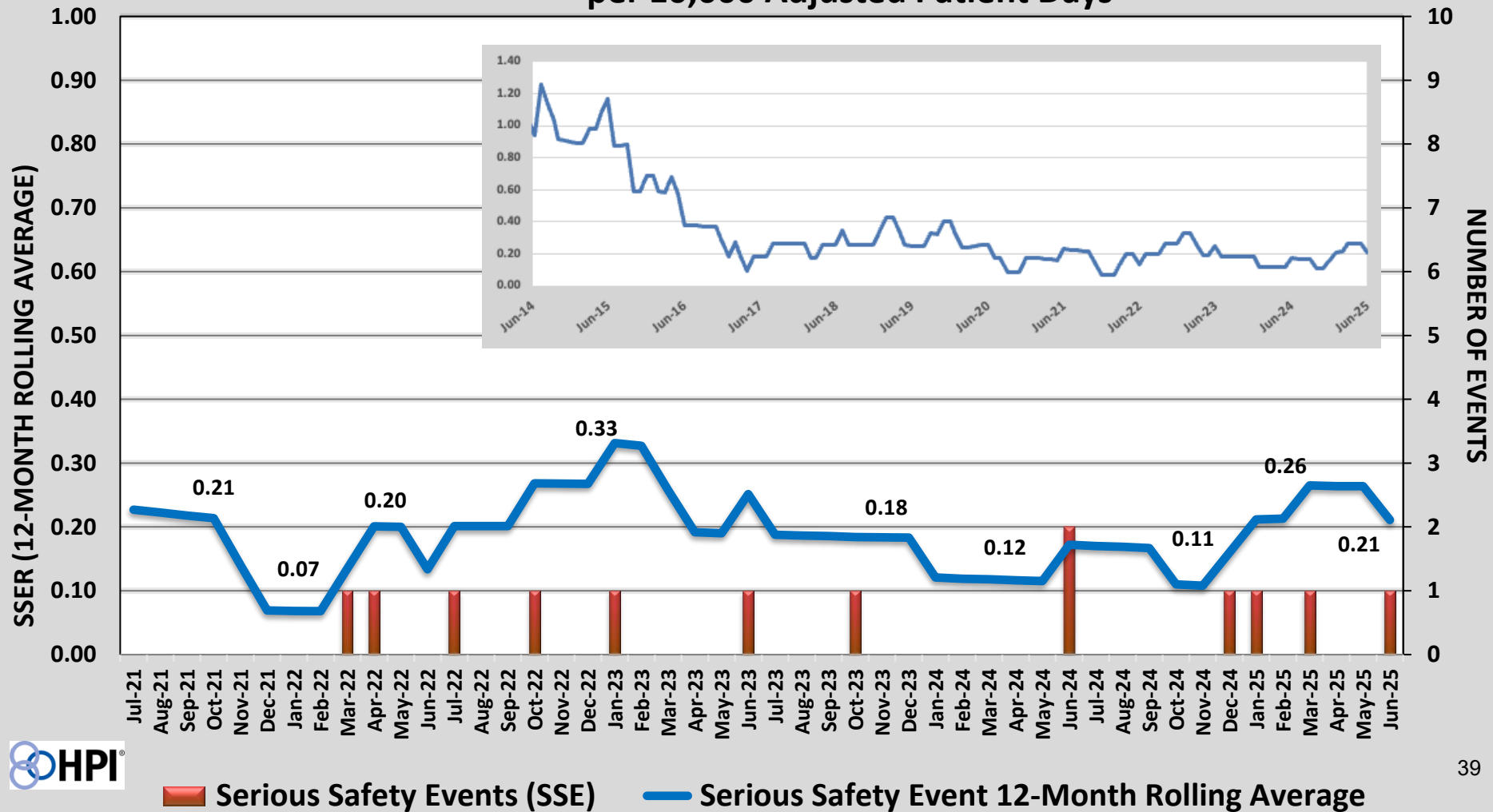
- Quarterly rates:

Metric	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025		Target	Goal
Admission Medication Reconciliation Completed Within 48 hours	65.0%	65.9%	72.3%	70.6%	74.8%		>80%	>90%

- Tracking and PI started in July 2023: 48hr completion rate = 54.2%.
- Represents a **38%** increase over time → significant improvement in medication-related safety and quality of care
- Note: We are completing 48 hr admission medication reconciliation for approximately 400 MORE patients each month compared to 2 years ago**

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

Serious Safety Events per 10,000 Adjusted Patient Days



JDH Patient Experience (PX) Scorecard

Measure Group	Service/Unit	Metric	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Current Target	Warning Range	Red Flag
Patient Experience	Inpatient Units	HCAHPS Likelihood to Recommend: % Top Box	82.0%	82.7%	82.1%	76.3%	82.6%			
		HCAHPS Likelihood to Recommend: CT Hospitals Percentile Rank	93	98	94	82	99	>75	50- 75	<50
		HCAHPS Likelihood to Recommend: All Press Ganey Database Percentile Rank	86	88	87	71	86	>75	50- 75	<50
	Emergency Department	ED CAHPS: Likelihood to Recommend ER: % Top Box	72.0%	68.5%	73.6%	64.7%	72.3%			
		ED CAHPS: Likelihood to Recommend the ER: CT state ER/ED's Percentile Rank	59	58	85	59	58	>75	50- 75	<50
		ED CAHPS: Likelihood to Recommend ER: >50k visits (*= 40k-50k) Percentile Rank	80*	77*	73*	68*	81	>75	50- 75	<50
	All UMG and JDH Outpatient Clinics, Urgent Care Centers	CG CAHPS: Recommend the Provider Office: % Top Box	94.0%	94.7%	94.6%	94.6%	94.5%			
		CG CAHPS: Recommend this Provider Office: AHA Region 1 Facilities Percentile Rank	84	87	86	83	81	>75	50- 75	<50
		CG CAHPS: Recommend the Provider Office: National Facilities Percentile Rank	70	79	78	77	74	>75	50- 75	<50
	Main OR, UConn Health Surgery Center, Procedure Center (GI)	OAS CAHPS: Recommend Facility: % Top Box	90.2%	92.7%	87.8%	93.2%	90.3%			
		OAS CAHPS: Recommend Facility: Facilities in CT Percentile Rank	71	79	37	73	47	>75	50- 75	<50
		OAS CAHPS: Recommend Facility: All Press Ganey Database Percentile Rank	74	88	58	89	74	>75	50- 75	<50
	Outpatient Oncology	Press Ganey Targeted Survey [ON]: Likelihood of Recommending Services: % Top Box	92.5%	92.7%	91.6%	91.9%	92.6%			
		Press Ganey Targeted Survey [ON]: Likelihood of Recommending Services: All Facilities Percentile Rank	76	77	65	66	73	>75	50- 75	<50
	Lab, Rehab, Radiology	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	88.5%	89.7%	90.2%	89.8%	89.4%			
		Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Rank	79	94	90	82	78	>75	50- 75	<50
		Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Rank	75	84	83	79	77	>75	50- 75	<50

Service/Unit Specific PX Performance

Measure Group	Service/Unit	Metric	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Current Target	Warning Range	Red Flag
Patient Experience	LAB	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	87.5%	89.9%	91.0%	89.2%	89.5%			
		Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Rank	70	97	97	79	79	>75	50- 75	<50
		Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Rank	65	84	89	75	77	>75	50- 75	<50
	Rehab	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	96.7%	93.9%	88.8%	93.1%	92.0%			
		Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	99	57	74	97	99	>75	50- 75	<50
		Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Rank	9	55	73	96	93	>75	50- 75	<50
	Radiology	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	88.1%	89.2%	91.0%	90.5%	88.2%			
		Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	75	84	97	89	62	>75	50- 75	<50
		Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Ranking	70	79	89	85	66	>75	50- 75	<50
Measure Group	Service/Unit	Metric	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Current Target	Warning Range	Red Flag
Patient Experience	Procedure Center	OAS CAHPS: Recommend Facility: % Top Box	87.5%	92.4%	83.3%	89.8%	87.7%			
		OAS CAHPS: Recommend Facility: Facilities in CT Percentile Rank	70	78	11	52	33	>75	50- 75	<50
		OAS CAHPS: Recommend Facility: All Press Ganey Database Percentile Rank	65	87	32	69	56	>75	50- 75	<50
	UHSC	OAS CAHPS: Recommend Facility: % Top Box	96.7%	93.9%	89.4%	96.1%	92.7%			
		OAS CAHPS: Recommend Facility: Facilities in CT Percentile Rank	99	82	49	92	72	>75	50- 75	<50
		OAS CAHPS: Recommend Facility: All Press Ganey Database Percentile Rank	99	92	68	98	88	>75	50- 75	<50
	Main OR	OAS CAHPS: Recommend Facility: % Top Box	88.0%	91.6%	90.6%	92.9%	90.7%			
		OAS CAHPS: Recommend Facility: Facilities in CT Percentile Rank	75	70	53	70	48	>75	50- 75	<50
		OAS CAHPS: Recommend Facility: All Press Ganey Database Percentile Rank	70	83	75	87	77	>75	50- 75	<50

Performance Improvement (PI) Priorities 2025

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

Performance Improvement Priorities 2026

- Tentative Proposal: Remove Lab/Rehab/Radiology Patient Experience as a PI Priority

Service/Unit	Metric	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Current Target	Warning Range	Red Flag
Lab, Rehab, Radiology	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	88.5%	89.7%	90.2%	89.8%	89.4%			
	Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Rank	79	94	90	82	78	>75	50- 75	<50
	Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Rank	75	84	83	79	77	>75	50- 75	<50

Service/Unit	Metric	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Current Target	Warning Range	Red Flag
LAB	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	87.5%	89.9%	91.0%	89.2%	89.5%			
	Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Rank	70	97	97	79	79	>75	50- 75	<50
	Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Rank	65	84	89	75	77	>75	50- 75	<50
Rehab	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	96.7%	93.9%	88.8%	93.1%	92.0%			
	Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	99	57	74	97	99	>75	50- 75	<50
	Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Rank	9	55	73	96	93	>75	50- 75	<50
Radiology	Press Ganey Targeted Survey: Likelihood to Recommend: % Top Box	88.1%	89.2%	91.0%	90.5%	88.2%			
	Press Ganey Targeted Survey: Likelihood to Recommend: AHA Region 1 Percentile Ranking	75	84	97	89	62	>75	50- 75	<50
	Press Ganey Targeted Survey: Likelihood to Recommend: All Facilities Percentile Ranking	70	79	89	85	66	>75	50- 75	<50

PI Principle: Metric Characteristics

- Replacement metric should have the following characteristics:



Approvals

- Appointment of Dr. Frallicciardi as Emergency Medicine Chief of Service
- Appointment of Dr. Konopaske as Psychiatry Chief of Service
- JDH Annual Program Leader Designations
- 2025 JDH Utilization Management Plan
- JDH Written Scope of Services



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

FROM: Brian Shames, M.D.

DATE: August 14, 2025

SUBJECT: Emergency Medicine Chief of Service

Recommendation: That the Clinical Affairs Subcommittee of the Board of Directors approve Dr. Alise Frallicciardi as the Emergency Medicine 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 the position. He or she shall serve so long as his or her continuation is deemed desirable by those responsible for making and approving such appointments and so long as his or her membership on the Active Medical Staff is maintained.

Dr. Frallicciardi is exceptionally qualified for the role of Emergency Medicine Chief of Service. She is a board certified Emergency Medicine physician who has served as Emergency Medicine Vice Chair of Academic Affairs and Medical Director of Emergency Medicine. She was recommended by Dean Liang and this recommendation was approved by the Medical Board. The appointment is now before the Clinical Affairs Subcommittee for approval.

Attachment: Curriculum Vitae of Alise Frallicciardi, M.D.

Alise Frallicciardi, MBA, MD, MS
103 Smith Farm Rd, Amston CT 06231
Frallicciardi@uchc.edu
[860-836-7605](tel:860-836-7605)

ACADEMIC APPOINTMENTS:

DEPARTMENT OF PRIMARY APPOINTMENT

Department of Emergency Medicine **6/2016-Present**

University of Connecticut School of Medicine

Professor 2023-Present

Associate Professor 2019-2023

Assistant Professor 2016-2019

Medical Director Emergency Medicine 8/2019-Present
UConn Health Emergency Department

Emergency Medicine Vice Chair of Academic Affairs 7/2023-Present

University of Connecticut Emergency Medicine Residency Core Faculty 7/2012-Present
Director of Emergency Medicine Residency Simulation 7/2012-6/2016

Director of Simulation Education 6/2016-8/2019
University of Connecticut School of Medicine

Assistant Residency Director 7/2014-6/2016
University of Connecticut Emergency Medicine Residency

PROFESSIONAL EXPERIENCE

Emergency Medicine Physician 6/2016-Present
UConn Health John Dempsey Hospital

Emergency Medicine Physician 8/2011-6/2016
Hartford Hospital Emergency Department

EDUCATIONAL BACKGROUND:

Master of Business Administration: Healthcare Management 1/2015-5/2018
University of Massachusetts Isenberg School of Management

Fellowship in Medical Simulation 8/2011-8/2012

Department of Emergency Medicine/Traumatology
Hartford Hospital, Hartford, CT

Emergency Medicine Residency 6/2008–7/2011

University of Connecticut, Farmington, CT

Chief Resident 7/2010-8/2011

Disaster Preparedness Committee 7/2008-8/2011

Doctor of Medicine

8/2004–5/2008

University of Connecticut School of Medicine, Farmington, CT

Master of Science, Biomedical Sciences: Physiology

7/2003–8/2004

Colorado State University, Fort Collins, CO

Bachelor of Science, Nutritional Biochemistry

8/1998–5/2002

University of Connecticut, Storrs, CT

PRINT AND ORAL SCHOLARSHIP:

Peer Reviewed Journal Articles

1. Chen T, Stapleton S, Babcock M, Kelley M, ***Frallicciardi A**. Handoffs and Nurse Calls: Overnight Call Simulation for Fourth-year Medical Students. MedEdPORTAL. March 2021. PMID 33816798
2. Walsh B, Wong A, Ray J, **Frallicciardi A**, Nowicki T, Medzon R, Bentley S, Stapleton S. Practice makes perfect: simulation in Emergency Medicine risk management. Emergency Medicine Clinics of North America, 2020. Vol 38 (2), pp 363-382. PMID 32336331
3. Cassara M, Schertzer K, Falk M, Wong A, Hock S, Bentley S, Paetow G, Conlon L, Hughes P, McKenna R, Hrdy M, Lei M, Kulkarni C, Smith A, Young E, Romo M, Hernandez J, Strother C, **Frallicciardi A**, and Nadir N. Applying educational theory and best practices to solve common challenges of simulation-based procedural training in Emergency Medicine." *AEM Education and Training* 4.Suppl 1 (2020): S22-39. PMID 32072105
4. Hernandez J, **Frallicciardi A**, Nadir N, Gothard D, Ahmed R. Development of a Simulation Scenario Evaluation Tool (SSET): modified Delphi study BMJ Simulation and Technology Enhanced Learning Published Online First: 13 December 2019. doi: 10.1136/bmjstel-2019-000521
5. ***Frallicciardi A**, Lotterman S, Ledford M, Prenovitz I, Van Meter R, Kuo C, Nowicki T, Fuller R. Training for failure: A simulation program to improve communication skills in

service recovery. Academic Emergency Medicine Education and Training. October 2018, Vol.2(4), pp. 277-287. PMID 30386837

6. Griswold S, **Frallicciardi A**, Boulet J, Moadel T, Franzen D, Auerbach M, Hart D, Goswami V, Hui J, Gordon J. Simulation-based education to ensure provider competency within the healthcare system. Acad Emerg Med. February 2018, Vol 25 (2), pp 168-176. PMID 28963862
7. ***Frallicciardi A**, Vora S, Bentley S, Nadir N, Cassara M, Hart D, Park C, Cheng A, Aghera A, Moadel T, Dobiesz V. Development of an Emergency Medicine simulation fellowship consensus curriculum: initiative of the Society for Academic Emergency Medicine Simulation Academy. Acad EM. 2016;23:1054-1060. PMID: 27251553
8. ***Frallicciardi A**, Nowicki T, Flores A. A simulation based emergency medicine PGY-1 resident orientation curriculum. MedEdPORTAL Publications. AAMC. 2015

Abstracts

1. ***Frallicciardi A**, Babcock M, Kim MJ, Kelley M. Nailing the Handoff: Improving Fourth-Year Medical Student Handoff Performance in a Transition to Residency Course. Acad Emerg Med Annual Meeting Supplement. May 2022
2. Chu E, Hunter-Anderson K, Bangura A, **Frallicciardi A**. Demographic Characteristics Associated with Bias Experiences of Healthcare Workers in the Emergency Department. Acad Emerg Med Annual Meeting Supplement. May 2022
3. ***Frallicciardi A**, Lotterman S, Ledford M, Prenovitz I, Van Meter R, Kuo C, Nowicki T, Fuller R. Training for failure: A simulation program to improve communication skills in service recovery. Acad Emerg Med Annual Meeting Supplement. June 19, 2018.
4. Vetter N, **Frallicciardi A**. A novel chest tube device improves technique with ease of use, faster insertion times, and shorter skin incisions. Acad Emerg Med. Annual Meeting Supplement 2017.
5. Chen, T., Stapleton, S., Ledford, M., **Frallicciardi, A.** (2017). Comparison of high-fidelity simulation versus case-based discussion on fourth- year medical student performance. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*, 18(5.1). Retrieved from <https://escholarship.org/uc/item/5k73f4qc>
6. ***Frallicciard A**, Nowicki T. Simulation based service recovery education: improving communication and the patient experience. Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare. 11 (6):454, December 2016.

7. ***Frallicciardi A**, et al. Development of an Emergency Medicine simulation fellowship consensus curriculum. (2016), SAEM Annual Meeting Abstracts. Acad Emerg Med, 23: S7–S276. doi:10.1111/acem.12974
8. Stapleton S, **Frallicciardi A**, Lotterman S. Novel priapism model for use in resident procedural education. 2016 Innovations. Acad Emerg Med, 23: S277–S294. doi:10.1111/acem.12975
9. ***Frallicciardi A**. Nowicki T, Abbott L, Flores A. (2015) An innovative approach to Emergency Medicine stroke education utilizing simulation and E-learning improves time to diagnosis and treatment: A pilot simulation program. West J Emerg Med 2015; 16(4 Supplement):55
10. ***Frallicciardi A**. Nowicki T. Milestone 1: A simulation based residency preparation curriculum for fourth-year medical students. Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare. 8(6):436, December 2013
11. ***Frallicciardi A**, Nowicki T, Molstrom C, Fellman K, Medoro I. Quick case simulation curriculum: A time sensitive approach to Emergency Medicine education utilizing simulation. Acad Emerg Med. 19 (4) s 386. Apr 2012.
12. ***Frallicciardi A**, Fried J, Regan T, Nowicki T. A comparison of traditional lecture to simulation based cases for Emergency Medicine education among fourth-year medical students. Acad Emerg Med. 19 S386. Apr 2012.

Book Chapters

1. Nowicki T, Flores A, **Frallicciardi A**. “Simulation for ED Medical Directors and Administrators” in Strother, Okuda, Wong, Mclaughlin (Eds.) Comprehensive Healthcare Simulation: Emergency Medicine. Springer. 2021
2. Browner, **Frallicciardi**, Ritting. “The Pelvis” in Browner and Fuller (Eds.) Musculoskeletal Emergencies. Elsevier. 2012.

Other/Online Publications

1. Pacheco F, **Frallicciardi A**, Herbst MK. Case Report: RLQ abdominal pain and RUQ reverb. Emergency Ultrasound Section Newsletter, October 2013; American College of Emergency Physicians. <http://www.acep.org/content.aspx?id=93445>. Last Accessed 6/6/15.

Oral Presentations Peer Reviewed Submissions

1. Oral Presentation: ***Frallicciardi A**, Babcock M, Kim MJ, Kelley M. Nailing the Handoff: Improving Fourth-Year Medical Student Handoff Performance in a Transition to

Residency Course. New England Regional Meeting of the Society for Academic Emergency Medicine. Worcester, MA, April 2022.

2. Oral Presentation: ***Frallicciardi A**, Babcock M, Kim MJ, Kelley M. Nailing the Handoff: Improving Fourth-Year Medical Student Handoff Performance in a Transition to Residency Course. National Meeting of the Society for Academic Emergency Medicine. New Orleans LA, May 2022.
3. Oral Presentation: Chu E, Hunter-Anderson K, Bangura A, **Frallicciardi A**. Demographic Characteristics Associated with Bias Experiences of Healthcare Workers in the Emergency Department. National Meeting of the Society for Academic Emergency Medicine. New Orleans LA, May 2022.
4. Oral Presentation: Chu E, Hunter-Anderson K, Bangura A, **Frallicciardi A**. Demographic Characteristics Associated with Bias Experiences of Healthcare Workers in the Emergency Department. New England Regional Meeting of the Society for Academic Emergency Medicine. Worcester, MA, April 2022.
5. Workshop Presentation: ***Frallicciardi A**, Cassara M, Falk M, Nadir N, McKenna R, Hock S, Young A, Conlon L, Lei C, Romo E, Smith M, Hughes P, Kulkarni M, Smith C, Paetow G, Hrdy M. Simulation Workshop: Critical strategies in simulation procedural skills training for high risk/low frequency procedures. Society for Academic Emergency Medicine Annual Meeting. Virtual Meeting May 2021
6. Oral Presentation: ***Frallicciardi A**, Chen T, Stapleton S, Nocera M, Thatcher C, Nestler E. Preparing for the worst: Simulated overnight call for fourth-year medical students. AMA Change Med Ed. Chicago IL, September 2019.
7. Workshop Presentation: ***Frallicciardi A**, Cassara M, Falk M, Nadir N, McKenna R, Hock S, Young A, Conlon L, Lei C, Romo E, Smith M, Hughes P, Kulkarni M, Smith C, Paetow G, Hrdy M. Simulation Workshop: Critical strategies in simulation procedural skills training for high risk/low frequency procedures. Society for Academic Emergency Medicine Annual Meeting. Las Vegas, NV. 2019.
8. Workshop Presentation: Falk M, Mannix L, Nadir N, Hock S, **Frallicciardi A**, Pierce A, Moll J. Using simulation to teach gender, diversity and discrimination: A simple approach for complicated conversations (A Simulation Academy and ADIEM sponsored workshop). Society for Academic Emergency Medicine Annual Meeting. Las Vegas, NV. 2019.
9. Oral Presentation: ***Frallicciardi A**, Cassara M, Falk M, Wong A, Schertzer K, Nadir N, McKenna R, Hock S. Society for Academic Emergency Medicine. Simulation Academy core faculty in simulation survey. New England Regional Society for Academic Emergency Medicine Meeting. Worcester, MA. 2019

10. Oral Presentation: ***Frallicciardi A**, Lotterman S, Ledford M, Prenovitz I, Van Meter R, Kuo C, Nowicki T, Fuller R. Training for failure: A simulation program to improve communication skills in service recovery. Society for Academic Emergency Medicine Annual Meeting. Indianapolis IN. May 2018
11. Oral Presentation: ***Frallicciardi A**, Lotterman S, Ledford M, Prenovitz I, Van Meter R, Kuo C, Nowicki T, Fuller R. Training for failure: A simulation program to improve communication skills in service recovery. New England Regional Society for Academic Emergency Medicine Meeting. Worcester MA. March 2018
12. Plenary Oral Presentation: Stapleton S, Chen T, Ruby D, DeCastro A, Ledford M, **Frallicciardi A**. The effect of simulation task training on procedural knowledge acquisition in fourth year medical students during their Emergency Medicine clerkship. New England Regional Society for Academic Emergency Medicine Meeting. Worcester, MA. March 2017
13. Tabletop Presentation: Stapleton S, Lotterman S, **Frallicciardi A**. Novel priapism model for use in resident procedural education. International Meeting on Simulation in Healthcare. Orlando FL, February 2017.
14. Didactic Presentation: ***Frallicciardi A**, Nowicki T. Bridging the communication gap for improved patient experience. International Meeting on Simulation in Healthcare. Orlando FL, February 2017.
15. Oral Presentation: ***Frallicciardi A**, Nowicki T. Service recovery simulation based education for residents: improving the patient experience. International Meeting on Simulation in Healthcare. Orlando FL, February 2017.
16. Oral Presentation: ***Frallicciardi A**, Vora S, Bentley S, Nadir N, Cassara M, Hart D, Park C, Cheng A, Aghera A, Moadel T, Dobiesz V. Development of an Emergency Medicine simulation Fellowship consensus curriculum: initiative of the Society for Academic Emergency Medicine Simulation Academy. Society for Academic Emergency Medicine Annual Meeting. New Orleans, LA. May 2016.
17. Tabletop Presentation: Stapleton S, Lotterman S, **Frallicciardi A**. Novel priapism model for use in resident procedural education. Society for Academic Emergency Medicine Annual Meeting. New Orleans, LA. May 2016
18. Oral Presentation: ***Frallicciardi A**, Nowicki T. From overwhelmed to organized: effective simulation curriculum development workshop. International Meeting on Simulation in Healthcare. San Francisco CA, January 2014.
19. Oral Presentation: ***Frallicciardi A**, Vora S, Bentley S, Nadir N, Cassara M, Hart D, Park C, Cheng A, Aghera A, Moadel T, Dobiesz V. Development of an Emergency Medicine

simulation fellowship consensus curriculum: initiative of the Society for Academic Emergency Medicine Simulation Academy. New England Regional Society for Academic Emergency Medicine Meeting. Framingham, MA. February 2016

20. Expert Panel Presentation: The role of immersive learning in the ACGME NAS. International Meeting on Simulation in Healthcare. San Francisco, CA January 2014.
21. Oral Presentation: ***Frallicciardi A**, Regan T, Nowicki T. A comparison of traditional lecture to simulation based cases for Emergency Medicine education among fourth-year medical students. Society for Academic Emergency Medicine Annual Meeting. Chicago, IL. May 2012
22. Oral Presentation: ***Frallicciardi A**, Fellman K, Nowicki T. SAEM Innovations in Emergency Medicine Education Quick case simulation curriculum for Emergency Medicine residents. Society for Academic Emergency Medicine Annual Meeting. Chicago, IL. May 2012
23. Oral Presentation: ***Frallicciardi A**, Nowicki T, Regan T. A comparison of traditional lecture to simulation based cases for Emergency Medicine education among fourth-year medical students. New England Regional Society for Academic Emergency Medicine Meeting. Springfield, MA. February 2012.

Invited Oral Presentations

Hartford Hospital Simulation Fellowship Presentation "Preparing for an Academic Career"	June 2023
Clerkship Directors in Emergency Medicine "Nailing the Handoff: Improving Fourth-Year Medical Student Handoff Performance in a Transition to Residency Course"	May 2022
UConn EM Core Faculty Meeting Promotion	Nov 2021
UConn Alumni Association Women's Leadership Panel "Leading the Fight: Women and the Pandemic"	Jul 2020
UConn Chapter of the American Medical Women's Association Panel	Oct 2020
Uconn Emergency Medicine Interest Group Women in EM Panel	Nov 2020-22
SAEM Simulation Academy Virtual Mentoring Faculty Development Hour	Oct 2020

<https://www.saem.org/about-saem/academies-interest-groups-affiliates2/simulation/education/simulation-webinars>

UConn EM Residency Core Lecture Series Obstetric Emergencies Chest Tube and Thoracotomy Transvenous Pacemaker Placement	2016-21
Hartford Hospital Physician Leadership Development Institute. Simulation and the patient experience. Presented to physician leaders at Hartford Hospital.	Dec 2017
University of Connecticut Emergency Medicine Grand Rounds Obstetric Emergencies	Oct 2016
Connecticut Emergency Nurses Association Meeting Necrotizing fasciitis: A case study. Hartford CT	May 2014
Laerdal Simulation Users Network Conference. A blended approach to simulation education"	May 2012

Peer Reviewed Poster Presentations

1. ***Frallicciardi A**, Nocera M, Stapleton S, Chen T, Thatcher C, Nestler E. Preparing for the worst: simulated overnight call for fourth-year medical students. Learn Serve Lead 2019: The AAMC Annual Meeting. Phoenix AZ. November 2019.
2. Vetter N, **Frallicciardi A**. A novel chest tube device improves technique with ease of use, faster insertion and shorter skin incisions. New England Regional Society for Academic Emergency Medicine Meeting. Worcester MA. May 2017.
3. ***Frallicciardi A**, Nowicki T. Service recovery simulation based education for residents: improving the patient experience. International Meeting on Simulation in Healthcare. Orlando, FL. January 2017.
4. Stapleton S, Lotterman S, **Frallicciardi A**. Novel priapism model for use in resident procedural education. Council of Residency Directors Academic Assembly. Nashville, TN. March 2016.
5. ***Frallicciardi A**, Nowicki T, Abbott L. An innovative approach to Emergency Medicine stroke education utilizing simulation and E-learning. New England Regional Society for Academic Emergency Medicine Meeting. Worcester MA, February 2015

6. ***Frallicciardi A**, Nowicki T, Abbott L. An innovative approach to Emergency Medicine stroke education utilizing simulation and E-learning. Council of Residency Directors Academic Assembly. Phoenix, AZ. March 2015
7. ***Frallicciardi A**, Nowicki T. Milestone 1: A simulation based residency preparation curriculum for fourth year medical students. International Meeting on Simulation in Healthcare. San Francisco, CA. January 2014

Abstracts and Oral Presentations *2020 COVID-19

1. Workshop Presentation: ***Frallicciardi A**, Cassara M, Falk M, Nadir N, McKenna R, Hock S, Young A, Conlon L, Lei C, Romo E, Smith M, Hughes P, Kulkarni M, Smith C, Paetow G, Hrdy M. Simulation Workshop: Critical strategies in simulation procedural skills training for high risk/low frequency procedures. Society for Academic Emergency Medicine Annual Meeting. Denver, CO. May 2020*.
2. Bentley S, Meshel A, Nadir N, Stapleton A, Cassara M, **Frallicciardi A**. In-Situ simulation Programming for identification and mitigation of latent safety threats (Simulation Academy sponsored). Society for Academic Emergency Medicine Annual Meeting. Denver, CO. May 2020*.
3. Southgate S, Aginam N, Ledford M, London S, Fuller R, De Castro A, **Frallicciardi A**. Impact of just in time emergency department simulation training on medical student procedural performance. New England Regional Society for Academic Emergency Medicine Meeting. Worcester, MA. March 2020*.
4. Frederico N, Boivin Z, **Frallicciardi A**. Effectiveness of simulation case guides for preclinical medical students. New England Regional Society for Academic Emergency Medicine Meeting. Worcester, MA. March 2020*.

OTHER PROFESSIONAL ACCOMPLISHMENTS

JOURNAL PEER-REVIEW ACTIVITIES

Academic Emergency Medicine Education and Training
Journal Peer Reviewer (~6/yr)

August 2018- Present

BMJ Simulation and Technology.
Journal Peer Reviewer (~4/yr)

September 2018 - Present

ACADEMIC HONORS/AWARDS

1. November 2024: UConn Health Medical Staff Physician Award for Excellence in recognition of a Physician member of the medical staff who embodies exceptional dedication to patient care, compassion for their role and collaborative efforts within the medical staff.
2. June 2021: University of Connecticut Residency in Emergency Medicine “Lighthouse Award” In recognition of outstanding achievements nationally and locally in advancing the profile of women in academic emergency medicine, excellence in Education at the UConn SOM, and EM residency and impressive leadership as Medical Director at UConn Health.
3. May 2021: Society for Academic Emergency Medicine Simulation Academy Distinguished Educator Award in recognition of a career demonstrating sustained excellence and contribution to simulation-based training in Emergency Medicine
4. June 2017: University of Connecticut Residency in Emergency Medicine “Appreciation Award” In recognition of outstanding contribution to resident education and training, and dedication towards promoting resident academic success through mentorship, education and friendship.
5. July 2016: American College of Emergency Physicians National Junior Faculty Teaching Award. Awarded for Excellence in Teaching and Education in Emergency Medicine
6. March 2015: Capitol Area Health Consortium “T. S. Hamilton M. D. Fellowship in Healthcare Management” Awarded from the Capitol Area Health Consortium for pursuit of a graduate degree in Healthcare Management
7. June 2016: University of Connecticut Residency in Emergency Medicine “Dedication Award”. Awarded for dedication to the education mission of the residency and advancing the state of simulation education.
8. June 2014: University of Connecticut Residency in Emergency Medicine “Excellence in Teaching Award” Awarded once annually to an emergency medicine faculty member for outstanding teaching as voted by all EM residents
9. June 2011: University of Connecticut Residency in Emergency Medicine “Philip A. Stent, MD Award” Awarded once annually to a senior resident who demonstrated excellence in all areas of emergency medicine
10. June 2011: University of Connecticut Residency in Emergency Medicine “The Distinguished Senior Award” Awarded once annually by all first and second year residents to a graduating resident who demonstrated the best qualities of a model senior

11. June 2011: University of Connecticut Residency In Emergency Medicine “Chief Resident Recognition Award” Awarded once annually by third year residents to recognize their chief residents based on leadership, teaching, and clinical ability
12. June 2011: University of Connecticut Residency in Emergency Medicine “Resident of the Year” Awarded to one senior resident annually by emergency department nursing and staff for excellence in Emergency Medicine performance, teaching, and communication
13. June 2009: University of Connecticut Residency in Emergency Medicine “Intern of the Year” Awarded to one intern each year for outstanding performance in the emergency department
14. May 2008: University of Connecticut School of Medicine “Faculty Award for Overall Academic Excellence”

PROFESSIONAL ACTIVITIES

Emergency Department Vice Chair of Academic Affairs 7/2023-Present

- Assist the Chair of Emergency Medicine in the academic pursuits of the Emergency Department including faculty peer mentoring, development and honing of faculty promotional projects and endeavors, focused ED faculty education.

Medical Director of the Emergency Department 8/2019-Present
UConn Health Emergency Department

- Responsible for the entirety of the operations of an academic emergency department. Includes oversight of physician and provider performance, operational processes of the ED, quality and patient safety, interfacing with other departments and regulatory bodies.
- Major Organizational Initiatives
 - Oversaw operations during a 5 year, 100% increase in census to 60,000+ patients per year (2024)
 - Hiring of 10 new AP positions
 - Hiring of 5 new ED faculty positions
 - Expansion of coverage, implementation of electronic scheduling system
 - Patient experience - >90th percentile for likelihood to recommend 3 straight quarters 2023-2024
 - Door to provider <35 minutes, LWBS < 1%
 - COVID-19 Emergency Department Pandemic Operations
 - ED Triage Construction Project
 - Trauma Level 3 ACS Accreditation process
 - AHA stroke/Thrombectomy center
 - ED Sickle Cell Disease Process
 - Continuous Quality Improvement and Operational Analysis

- Development of an ED DEI committee
- CQI revamp with structured analysis
- ED expansion plan
- Geriatric ED accreditation
- Implementation of universal HIV testing
- John Dempsey Hospital Committee Activity
 - Medical Staff Member at Large (2024-Present)
 - Quality Assurance Performance Improvement Committee (voting member)
 - Grievance Committee (nonvoting)
 - Door to Balloon Cardiology Committee
 - Trauma Advisory and Operations Committee
 - Internal Medicine Chair Search (2021)
 - Family Medicine Department Annual Review (2021)

Education Council 7/2017-7/2023

Chair 7/2018-6/2021

University of Connecticut School of Medicine

- Education council oversees all the educational activities in the University of Connecticut School of Medicine.

Search Committee Member: Chair of Internal Medicine 6/2021-1/2022

- Served as a member of the committee to research, vet, interview chair candidates for the Department of Internal Medicine.

Course Director Transition to Residency 5/2016-5/2020

Co-Director 5/2020-Present

University of Connecticut School of Medicine

- Course development and administration of a residency transition course for fourth-year medical students. Initially an elective 2016-2020, this became a required course for all medical students in 2020.

Family Medicine Departmental Review Committee 4/2021 – 5/2021

- 4-person committee to thoroughly review the UConn Department of Family Medicine and develop a report.

Emergency Medicine Residency Core Faculty 7/2012-Present

- Academic core faculty for the Emergency Medicine residency
- Monthly Program Evaluation Committee and Core Faculty meetings
- Active participant in residency education, planning, course development, advising.
- Medical student interviewer for residency
- Focus on simulation education teaching, development and research

Administrative Rotation Director Emergency Medicine Residency 9/2019-Present

- Oversee the third year EM residency required rotation in administration
- Guide and evaluate residents as they participate in administrative tasks

SAEM New England Research Directors Conference Co-Chair 9/2019-4/2021

- Planning of programming for the annual SAEM New England Regional Conference
- Planning for the 2020 meeting which was cancelled and 2021 virtual meeting

UConn College of Liberal Arts and Sciences Women's Leadership Collective 6/2020-6/2021

- Mentoring circles of undergraduate, graduate and faculty alumni of the UConn College of Liberal Arts and Sciences

Faculty Instructor UConn School of Medicine Preclinical curriculum (Stage 1) 6/2016- Present

- Developed and co-facilitated team-based learning motor vehicle crash in a preclinical weeklong curriculum for MS-1 students (Case Oriented Essentials Section B)
- Developed and Co-facilitated Trauma Interdisciplinary Education for preclinical medical students in their Vertically Integrated Teams Aligned in Learning (VITAL) MS-1 course (2016-2018)
- Developed and Co-facilitated simulation assisted sepsis case in the MS-2 curriculum (Case Oriented Essentials Section E)
- Cardiac Arrest Simulation Cases (faculty instructor) in the MS-2 students Delivery of Clinical Care (DOCC) curriculum.
- Simulation Orientation: allergic reaction simulation case for students during their first days in medical school to introduce them to simulation-based education

Faculty Instructor UConn School of Medicine MS 3 and 4 (Stage II/III) 6/2018-Present

- MS-3 Students Homeweeek A (entire class gathers for a weeklong curriculum): Palliative Care Simulation Cases
- MS-3 Students Homeweeek B (entire class gathers for a weeklong curriculum): Cardiac Arrhythmia Session
- Kickoff to MS-3 year (week of introductory coursework to clinical rotations): Unstable Patient Assessment Simulation Cases
- Transition to Residency Course for MS4 Students – Co-director

Medical Student Mentor/Advisor 8/2012-Present

University of Connecticut School of Medicine

- Advisor/mentor for 2-3 students each year pursuing Emergency Medicine as a specialty. Three to four meetings a year to discuss strategies for residency preparation, application preparation, interviews, and residency ranking. All advisees have matched at their first or second residency choice.
- Scholarship and Capstone project advisor (oversee 1-2 capstone projects a year)

Emergency Medicine Residency Advisor 8/2012-Present

University of Connecticut Emergency Medicine Residency

- Advisor to 1-2 residents per class year. Responsible for multiple meetings with the residents to advise on career development, strategies for wellness, completion of required tasks, and overall residency performance as well as remediation strategies if necessary.
- Mentee to other residents beyond advising program

Director of Simulation Education

6/2016-8/2019

University of Connecticut School of Medicine

- Responsible for all simulation education for the University of Connecticut School of Medicine and coordinating simulation for the UConn residency programs. This role includes administrative duties, research, curriculum and case development and instruction.
- Director of the Simulation Committee

Director of Emergency Medicine Resident Simulation

7/2012-7/2019

Hartford Hospital/University of Connecticut School of Medicine

- Responsible for the development and administration of the Emergency Medicine resident simulation curriculum.
- This role includes administrative duties, research, case development, curriculum development, and instruction.
- Development of dozens of original simulation cases and sessions
- Development of published simulation intern orientation curriculum

GME/UME Task Force

4/2019-12/2019

Small Task Force: Attracting UConn Students to our GME Programs

Survey created for GME graduates and Medical Students to identify modifiable variables to improve retention

Society for Academic Emergency Medicine Innovations Co-chair

2/2014-5/2018

- Co-chair of the Innovations Committee for the Society for Academic Emergency Medicine.
- Review innovation abstracts to select those for presentation and publication at the Society for Academic Emergency Medicine Annual Meeting

University of Connecticut LCME Self-Study Assessment Committee

10/2016-6/2017

- Co-Faculty Lead
- Review and analysis of LCME standards

Associate Director of the Fellowship in Medical Simulation

7/2014-7/2019

Hartford Hospital

- Responsible for development and implementation of the curriculum, education, evaluation, and research of the Medical Simulation Fellow at Hartford Hospital.
- Mentor Fellows in their pursuit of simulation-based careers

Assistant Residency Director 7/2014-6/2016
University of Connecticut School of Medicine

- As residency leadership responsible for overseeing the education, evaluation and the academic curriculum for 54 residents in the Emergency Medicine residency program. Transitioned from this role to Director of Simulation Education at the UConn School of Medicine.

Director of Emergency Medicine Simulation 7/2012- 6/2016
Hartford Hospital

- Responsible for faculty simulation curriculum development and administration.
- Development and implementation of numerous original simulation cases and procedural training sessions for EM faculty

Medical Student Career Advising Program 8/2012-8/2014
University of Connecticut School of Medicine

- Advisor/mentor for a group of ten medical students from each medical student class. Met quarterly with each group to discuss career choice, pitfalls and choosing a specialty.

Ultrasound Guided Central Line Training Task Force 8/2012-6/2016
Hartford Healthcare

- Curriculum development and implementation of system wide central line training utilizing medical simulation. Collaborated with fellow emergency physicians, surgeons and administrators to educate and train hundreds of physicians to place central lines under ultrasound guidance

Simulation Educator 8/2011- 6/2016
Center for Education, Simulation, Innovation, Hartford Hospital

- St. Raphael Nurse Anesthetist Program (annually)
- CT National Guard (semi-annually)
- Navy Corpsmen and Physician Training (semi-annually)
- Wallingford Fire department (annually)

Simulation Educator 8/2010-8/2017
Emergency Medicine Medical Student Clerkship
University of Connecticut Medical School

- Development of cases and instruction of fourth year medical students in the simulation center on emergency medicine skills during their required clerkship.

Simulation Educator 8/2011-7/2013
Emergency Medical Services
University of Connecticut Health Center

- Instruction of CT EMS providers annually at the UConn Health Center during an educational simulation session.

National Professional Society Leadership

Society of Academic Emergency Medicine	2008-Present
Fellowship Approval Committee	5/2022-Present
Simulation Subcommittee	
Simulation Academy	
Immediate Past President	5/2019-4/2020
President	5/2018-4/2019
President Elect	5/2017-4/2018
Consensus Committee on Competency	5/2016-5/2017
Executive Board: Treasurer	5/2015-4/2017
Chair Simulation Fellowship Curriculum Task Force	5/2014-4/2016
Finance Committee	5/2021-Present
Chair: Investment Subcommittee	5/2022-5/2023
ED Administration and Clinical Operations Committee	5/2019-5/2020
Program Committee	5/2014-4/2019
Chair of Innovations	
Didactics Subcommittee	
SAEM Didactic Reviewer	
SAEM Abstract Reviewer	
Faculty Development Committee	5/2014-4/2019
Academy for Women in Academic Emergency Medicine	5/2017-Present
Society for Simulation in Healthcare	1/2011-Present
Emergency Medicine Special Interest Group	
Simulation Directors Special Interest Group	

Media

“UConn Health Doctor answers Coronavirus Questions” March 1, 2020
https://www.wfsb.com/news/uconn-health-doctor-answers-coronavirus-questions/article_3595e376-5c1f-11ea-ba16-e7cae3e21adb.html
 WFSB Connecticut News

“Cold Weather Exercise” Feb 9, 2020
 NBC Connecticut News

“Emergency” Seasons Magazine. December 10, 2019
<https://seasonsmagazines.com/2019/12/10/emergency/>

Simulation Center Offers Safe Learning for Students and Clinicians. 2017
<https://medicaleducation.uconn.edu/curriculum/clinical-simulation-center/>

UConn Health Faculty Spotlight 2017: Dr. Alise Frallicciardi
<https://www.youtube.com/watch?v=kd35I-3vwbU>



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

FROM: Brian Shames, M.D.

DATE: August 14, 2025

SUBJECT: Psychiatry Chief of Service

Recommendation: That the Clinical Affairs Subcommittee of the Board of Directors approve Dr. Glenn Konopaske as the Psychiatry 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 the position. He or she shall serve so long as his or her continuation is deemed desirable by those responsible for making and approving such appointments and so long as his or her membership on the Active Medical Staff is maintained.

Dr. Konopaske is exceptionally qualified for the role of Psychiatry Chief of Service. He is a board certified psychiatrist who has been a member of the Medical Staff since August, 2015 and has served as Medical Director of the Intensive Outpatient Program, Huntington's Disease Program, and Outpatient Psychiatry Clinic. He was recommended by Dr. David Steffens, Chairman, and this recommendation was approved by Medical Board. The appointment is now before the Clinical Affairs Subcommittee for approval.

Attachment: Curriculum Vitae of Glenn Konopaske, M.D.

Curriculum Vitae

Name: Glenn T. Konopaske, MD

DEPARTMENT OF PRIMARY APPOINTMENT
Psychiatry

ACADEMIC APPOINTMENTS

08/21-	Associate Professor of Psychiatry	University of Connecticut School of Medicine
09/15-08/21	Assistant Professor of Psychiatry	University of Connecticut School of Medicine
10/06-09/15	Instructor in Psychiatry	Harvard Medical School

PROFESSIONAL EXPERIENCE

07/03-10/06	Per Diem Psychiatrist	Psychiatry	Western Psychiatric Institute and Clinic, Pittsburgh, PA
01/04-10/06	Per Diem Psychiatrist	Psychiatry	UPMC Braddock Braddock, PA
10/06-09/15	Assistant Psychiatrist	Schizophrenia and Bipolar Disorder Program	McLean Hospital Belmont, MA
01/08-09/15	Assistant Psychiatrist	Clinical Evaluation Center	McLean Hospital Belmont, MA
12/11-09/15	Research Psychiatrist	Research	McLean Hospital Belmont, MA
9/15-6/22	Medical Director	Intensive Outpatient Program	UConn Health Farmington, CT
9/15-12/21	Medical Director	Huntington's Disease Program	UConn Health Farmington, CT
9/15-	Psychiatrist	Psychiatry	UConn Health Farmington, CT
01/18-6/21	Per Diem Psychiatrist	Psychiatry	Natchaug Hospital Mansfield, CT
7/22-	Medical Director	Outpatient Psychiatry Clinic	UConn Health Farmington, CT

EDUCATIONAL BACKGROUND

06/1995	B.S. <i>cum laude</i> , in Biology and Classics (with Honors in Classics), Union College, Schenectady, NY
06/1999	M.D., University of Connecticut Health Center School of Medicine, Farmington, CT

07/99-06/03 Residency in Adult Psychiatry, Institute of Living, Hartford, CT and University of Connecticut Health Center, Farmington, CT

07/02-06/03 Chief Resident, Adult Outpatient Psychiatry Services, University of Connecticut Health Center, Farmington, CT

07/03-10/06 Post-Doctoral Research Fellowship in Translational Neuroscience (P.I.: Dr. David Lewis), Western Psychiatric Institute and Clinic, Pittsburgh, PA

PRINT SCHOLARSHIP

Publications

Papers

1. Munetaka Nomoto, **Glenn T Konopaske**, Naoya Yamashita, Reina Aoki, Aoi Jitsuki-Takahashi, Haruko Nakamura, Hiroko Makihara, Mari Saito, Yusuke Saigusa, Fumio Nakamura, Keisuke Watanabe, Toshihiko Baba, Francine M Benes, Brian T D Tobe, Cameron D Pernia, Joseph T Coyle, Richard L Sidman, Yoshio Hirayasu, Evan Y Snyder, Yoshio Goshima. (2021) Clinical evidence that a dysregulated master neural network modulator may aid in diagnosing schizophrenia. *PNAS* 2021 Aug 3;118(31):e2100032118. doi: 10.1073/pnas.2100032118.
2. ***Konopaske, GT**, Balu DT, Presti KT, Chan G, Benes Fm, Coyle JT. (2018) Dysbindin-1 contributes to prefrontal cortical arbor pathology in schizophrenia. *Schizophr Res Nov*; 201:270-277. doi: 10.1016/j.schres.2018.04.042
3. Tobe BTD, Crain Am, Winquist AM, Calabrese B, Makihara H, Zhao W, Lalond J, Nakamura H, **Konopaske G**, Sidor, Michelle, Pernia CD, Yamashita N, Wada M, Inoue Y, Nakamura F, Sheridan SD, Logan RW, Brandel M, Wu D, Hunsberger J, Dorsett L, Duerr C, Basa RCB, McCarthy MJ, Udeshi ND, Mertin P, Carr SA, Rouleau GA, Mastrangelo L, Li J, Gutierrez GJ, Brill LM, Venizelos N, Chen G, Nye JS, Manhi H, Price JH, McClung CA, Akiskal,, HS, Alda M, Chuang DM, Coyle JT, Liu Y, Teng YD, OhshimA T, Mikoshiba K, Sidman RL, Halpain S, Haggarty SJ, Goshima Y, Snyder EY. (2017) Probing the lithium-response pathway in hiPSCs implicates phosphoregulatory set-point for a cytoskeletal modulator in bipolar pathogenesis. *PNAS* May; 114(22):E4462-E4471. DOI: 10.1073/pnas.1700111114
4. ***Konopaske GT**, Subburaju S, Coyle JT, Benes FM. (2015) Altered prefrontal cortical MARCKS and PPP1R9A mRNA expression in schizophrenia and bipolar disorder. *Schizophr Res May*;164(1-3):100-8. DOI: 10.1016/j.schres.2015.02.005
5. Puhl MD, Mintzopoulos D, Jensen JE, Gillis TE, **Konopaske GT**, Kaufman MJ, Coyle JT. (2015) In vivo magnetic resonance studies reveal neuroanatomical and neurochemical abnormalities in the serine racemase knockout mouse model of schizophrenia. *Neurobiol Dis* Oct 23;73C:269-274. DOI: 10.1016/j.nbd.2014.10.009
6. Coyle JT, Balu DT, Puhl MD, **Konopaske GT**. (2016) History of the concept of disconnectivity in schizophrenia. *Harv Rev Psychiatry* Mar-Apr;24(2):80-6. DOI: 10.1097/HRP.0000000000000102
7. ***Konopaske GT**, Lange N, Coyle JT, Benes FM. (2014) Prefrontal cortical dendritic spine pathology in schizophrenia and bipolar disorder. *JAMA Psychiatry* 71(12):1323-31. DOI: 10.1001/jamapsychiatry.2014.1582

8. ***Konopaske GT**, Bolo NR, Basu AC, Renshaw PF, Coyle JT (2013) Time-dependent effects of haloperidol on glutamine and GABA homeostasis and astrocyte activity in the rat brain. *Psychopharmacology* 230(1):57-67. DOI: 10.1007/s00213-013-3136-3
9. England ML, Ongur D, **Konopaske GT**, Karmacharya R. (2011) Catatonia in psychotic patients: clinical features and treatment response. *J Neuropsychiatry Clin Neurosci* 23(2):223-6. DOI: 10.1176/appi.neuropsych.23.2.223
10. **Konopaske GT**, Dorph-Petersen KA, Sweet RA, Pierri JN, Zhang W, Sampson AR, Lewis DA (2008) Effect of chronic antipsychotic exposure on astrocyte and oligodendrocyte numbers in macaque monkeys. *Biol Psychiatry* 63(8):759-65. DOI: 10.1016/j.biopsych.2007.08.018
11. **Konopaske GT**, Dorph-Petersen KA, Pierri JN, Wu Q, Sampson AR, Lewis DA (2006) Effect of chronic exposure to antipsychotic medication on cell numbers in the parietal cortex of macaque monkeys. *Neuropsychopharmacology* 32(6):1216-23. DOI: 10.1038/sj.npp.1301233
12. **Konopaske GT**, Sweet RA, Wu Q, Sampson A, Lewis DA (2006) Regional specificity of chandelier neuron axon terminal alterations in schizophrenia. *Neuroscience* 138:189-196. DOI: 10.1016/j.neuroscience.2005.10.070
13. Guha A, Mason RP, Primorac D, **Konopaske G**, Miller J, Sinha P, Tulenko TN, Hand A (1997) Interferon-induced growth arrest is mediated by membrane structural changes. *J Interferon Cytokine Res* 17:701-6. DOI: 10.1089/jir.1997.17.701
14. Coyle JT, **Konopaske GT**. (2016) Glutamatergic dysfunction in schizophrenia evaluated with magnetic resonance spectroscopy. *JAMA Psychiatry* Jul 1;73(7):649-50. DOI: 10.1001/jamapsychiatry.2016.0575
15. ***Konopaske GT**, Coyle JT. (2015) Possible compensatory mechanisms for glutamatergic disconnection found in the auditory cortex in schizophrenia. *Biol Psychiatry* Jun 1;77(11):923-4. DOI: 10.1016/j.biopsych.2015.03.031

Book Chapters

1. **Konopaske GT**, Coyle JT. (2015) Schizophrenia, in *Neurobiology of Brain Disorders: Biological Basis of Neurological and Psychiatric Disorders*, Academic Press.
2. Coyle JT, **Konopaske GT**. (2014) The neurochemistry of schizophrenia, in *Basic Neurochemistry, 8th edition*, Academic Press.
3. Coyle JT, Basu A, Benneyworth M, Balu D, **Konopaske G**. (2012) Glutamatergic synaptic dysregulation in schizophrenia: therapeutic implications. *Handb Exp Pharmacol* (213): 267-95. DOI: 10.1007/978-3-642-25758-2_10
4. **Konopaske GT**, Lewis DA. (2007) Schizophrenia. *Encyclopedia of Life Sciences*, John Wiley & Sons, Ltd, Chichester

ORAL PRESENTATIONS

2019 Antipsychotics and the Metabolic Syndrome / Special Seminar, McLean Hospital, Belmont, Massachusetts

2018 Antipsychotics and the Metabolic Syndrome / Grand Rounds

Connecticut Valley Hospital, Middletown, Connecticut
 2016 UCONN Huntington's Disease Program Update / Invited Lecture Huntington's Disease
 Society of America-Connecticut Affiliate, Backus Hospital, Norwich,
 Connecticut
 2013 Neurobiology of Schizophrenia / Invited Lecture
 Department of Neuroscience, Union College, Schenectady, New York
 2019 Antipsychotics and the Metabolic Syndrome / Grand Rounds
 Department of Psychiatry, UCONN Health, Farmington, Connecticut
 2017 The Assessment and Management of Huntington's Disease / Grand Rounds
 Department of Psychiatry, UCONN Health, Farmington, Connecticut
 2016 Quality Improvement: Cardiometabolic effects of antipsychotics / Grand Rounds
 Department of Psychiatry, UCONN Health, Farmington, Connecticut
 2015 Spectrums of psychosis: a neuropsychopathological perspective / Grand Rounds
 Department of Psychiatry, UCONN Health, Farmington, Connecticut

EDUCATIONAL ACTIVITIES

Teaching to UConn Psychiatry residents

Courses Taught:

- 7 lectures PGY-II Introduction to Clinical Psychopharmacology 2016-present
- 5 lectures PGY-III Advanced Neuropsychopharmacology 2016-present
- 4 lectures PGY-I Foundations of Psychiatry 2016-2019

Course Director

- PGY-II Introduction to Clinical Psychopharmacology 2016-present
- PGY-III Advanced Neuropsychopharmacology 2016-present

Teaching to UConn Medical Students

Courses Taught

- Mechanisms of Disease Case Conferences 2015-2016
- Case Oriented Essentials (CORe) D10 Psychiatry team-based learning
 Section Leader 2017-2021

Curricula organized

- Case Oriented Essentials (CORe) D10 Psychiatry team-based learning 2017-2021

Teaching to UConn Neuroscience Graduate Students

Courses Taught

- 1 annual lecture Neurobiology of disease 2016-present

Clinical Supervision of McLean-MGH Adult Psychiatry Residents

- Supervision of PGY2 McLean-MGH Adult Psychiatry residents in the
 Psychotic Disorders inpatient unit at McLean hospital 2006-2011

Clinical Supervision of UConn Adult Psychiatry Residents

- Supervision of PGY3 UConn Psychiatry Residents in the UConn Health
 Huntington's Disease Clinic 2015-2021
- Supervision of PGY3 & 4 UConn Psychiatry Residents in the UConn Health

Intensive Outpatient Program	2016-2021
• Supervision of PGY3 & 4 UConn Psychiatry Residents on the UConn Health Consultation-Liaison Service	2016-2021
• Supervision of PGY1 UConn Psychiatry Residents in the UConn Health Intensive Outpatient Program	2018-2021
• Supervision of PGY3 & 4 UConn Psychiatry Residents in the UConn Health 10 Talcott Outpatient Psychiatry Clinic	2021-present

DEPARTMENT AND HOSPITAL COMMITTEES

• UConn Health - John Dempsey Hospital committee for Institution-wide Suicide Assessment procedures	2018
• UConn Health - John Dempsey Hospital Pharmacy and Therapeutics Committee	2016-2018 2024-present
• Department of Psychiatry Committee for new EHR (EPIC) implementation	2018
• UConn Adult Psychiatry Residency Clinical Evaluation Committee	2016-present
• UConn Adult Psychiatry Residency Clinical Competency Committee	2016-present
• UConn Adult Psychiatry Residency Clinical Education Committee	2016-present
• UConn Adult Psychiatry Residency Program Evaluation Committee	2016-present



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

FROM: Scott Allen, M.D.

DATE: August 14, 2025

SUBJECT: JDH Program Leader Designations

Recommendation: That the Clinical Affairs Subcommittee of the UConn Health Board of Directors accepts the recommendations of the Medical Board to appoint the following individuals as leaders over the designated clinical programs in John Dempsey Hospital (JDH):

PROGRAM	LEADER	TITLE
Advanced Primary Stroke	Mary Kate Buckley	Stroke Program Coordinator
Advanced Primary Stroke	Priya Narwal	Medical Director
Antibiotic Stewardship Program	David Banach	Leader of the Antibiotic Stewardship Program
Antibiotic Stewardship Program	Gilliam Kuszewski	Pharmacy Clinical Coordinator
Comprehensive Heart Attack	Michael Azrin	Medical Director
Comprehensive Heart Attack	Richard Kamin	Medical Director
Comprehensive Heart Attack	Christopher Pickett	Medical Director
Dietary	Angela Linnhoff	Sr. Director, Food and Nutrition
Emergency Management	James Brown	Director, Emergency Management
Geriatric Emergency Medicine Program	Matthew Babcock	Assistant Professor of Emergency Medicine
Geriatric Emergency Medicine Program	Shannon Curtis	Nursing Champion of Geriatric Emergency Medicine
Hazardous Materials	Steve Jacobs	Director, Research Safety
Health Care Disparities	Jeffrey Hines	Chief Diversity Officer
Infection Prevention	Nancy Dupont	Nursing Director, Epidemiology and Infection Prevention and Control
Legionella	John Lombardi	University Director, Facilities Engineering and Sustainability
Level III Trauma	Chris Kaczegowicz	Trama Program Coordinator
Level III Trauma	Robert McLoughlin	Interim Trauma Medical Director
Life Safety	Christopher Renshaw	Interim University of Connecticut Fire Chief and Associate Director of Public Safety
Radiation Safety	Arthur K. Higgins	Radiation Safety Officer
Environmental Safety Officer	Arthur K. Higgins	Director, Environment of Care
Tissue Management	Karen Curley	Sr. Director, Nursing
Workplace Violence	Debra Abromaitis	AVP Accreditation & Regulatory; Chair, JDH Workplace Violence Program



Background: Federal regulations and the hospital's accrediting body, The Joint Commission (TJC), require that the hospital's Governing Body appoints individuals who are qualified through education, training, experience, or certification to serve as leaders in specified areas and programs throughout the hospital and its operations. The regulations and TJC standard require that the appointments be based on the recommendations of the JDH Medical Board and, for some programs, upon the recommendations of other relevant leaders in the organization.

The individuals listed in the chart above who have been recommended for approval are each qualified by education, training, experience and/or certification to lead the JDH programs for which they have been recommended. These individuals have been recommended by the appropriate leadership to serve in these roles, and the recommendations have been formally approved by the CEO, Dr. Andrew Agwunobi. The JDH Medical Board voted to recommend approval of these designations on July 9, 2024.

To comply with federal regulations and TJC standards, we are seeking approval by the Clinical Affairs Subcommittee to appoint the identified individuals to these roles.

Attachments: Program Leader Designation Letters



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

July 1, 2025

RE: DELEGATION OF AUTHORITY LETTER FOR ADVANCED PRIMARY STROKE CENTER,
MARY KATE BUCKLEY, BSN, RN, CEN, STROKE PROGRAM COORDINATOR

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to MARY KATE BUCKLEY, BSN, RN, CEN, based on her years of education, training and experience in the Stroke program.

In the event of safety concern or situation, MARY KATE BUCKLEY, BSN, RN, CEN, who serves as the Advanced Primary Stroke Center Program Coordinator at John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors at John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

MARY KATE BUCKLEY, BSN, RN, CEN
Stroke Program Coordinator
UConn John Dempsey Hospital

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR ADVANCED PRIMARY STROKE CENTER,
PRIYA NARWAL, MBBS, STROKE MEDICAL DIRECTOR**

Dear Sir or Madam:


By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Priya Narwal, MBBS, based on her years of education, training, and experience in Neurology the Stroke program.

In the event of a safety concern or situation, Priya Narwal, MBBS, who serves as the Stroke Medical Director for John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors at John Dempsey Hospital.



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:



Priya Narwal, MBBS
Assistant Professor of Neurology,
Stroke Medical Director
University of Connecticut School of Medicine



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR ANTIBIOTIC STEWARDSHIP PROGRAM,
DAVID BANACH, MD, MPH**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health appoint David Banach, MD, leader of the Antibiotic Stewardship program based on his years of education, training and experience in infectious disease and antibiotic stewardship.

In the event of a safety concern or situation, David Banach, MD, MPH, leader of the Antibiotic Stewardship program is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

David Banach, MD, MPH
Professor of Medicine, Division of Infectious Diseases
Head of Infection Prevention
Hospital Epidemiologist



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR ANTIBIOTIC STEWARDSHIP PROGRAM,
GILLIAN KUSZEWSKI, PHARM.D, BCPS, PHARMACY CLINICAL COORDINATOR**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health appoint Gillian Kuszewski, PharmD, BCPS, leader of the antibiotic stewardship program based on her years of education, training, and experience in antibiotic stewardship.

In the event of a safety concern or situation, Gillian Kuszewski, PHARM.D, BCPS, Pharmacy Clinical Coordinator, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Gillian Kuszewski, PharmD, BCPS
Pharmacy Clinical Coordinator

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR COMPREHENSIVE HEART ATTACK,
MICHAEL AZRIN, MD, FACC, FSCAI, FAHA, MEDICAL DIRECTOR**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Michael Azrin, MD, FACC, FSCAI, FAHA, based on his years of education, training, and experience in Cardiology.

In the event of a safety concern or situation, Michael Azrin, MD, FACC, FSCAI, FAHA, who serves as the Medical Director of Comprehensive Heart Attack program for John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors at John Dempsey Hospital.



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:



Michael Azrin, MD, FACC, FSCAI, FAHA
Professor of Medicine, Department of Cardiology
Medical Director, Comprehensive Heart Attack
Director, Cardiac Catheterization, and Interventional Cardiology
Program Director, Interventional Cardiology Fellowship
Core Faculty, UConn Cardiovascular Medicine Fellowship
Associate Director Clinical Program and Research Development
Director, UConn Chronic Coronary Total Occlusion (CTO) Revascularization



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR COMPREHENSIVE HEART ATTACK,
RICHARD KAMIN, MD, FACEP, FAEMS, MEDICAL DIRECTOR**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Richard Kamin, MD, FACEP, FAEMS, based on his years of education, training and experience in Emergency Medicine.

In the event of a safety concern or situation, Richard Kamin, MD, FACEP, FAEMS, who serves as the Medical Director of Comprehensive Heart Attack program for John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors at John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Richard Kamin, MD, FACEP, FAEMS
Associate Professor of Emergency Medicine
Medical Director, Comprehensive Heart Attack



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR COMPREHENSIVE HEART ATTACK,
CHRISTOPHER PICKETT, MD, MEDICAL DIRECTOR**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Christopher Pickett, MD, based on his years of education, training and experience in Cardiology.

In the event of a safety concern or situation, Christopher Pickett, MD, who serves as the Medical Director of Comprehensive Heart Attack program for John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors at John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Christopher Pickett, MD
Associate Professor of Medicine
Medical Director, Comprehensive Heart Attack
Clinical Director of Cardiology
Co-Director, Heart Rhythm Program



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

July 1, 2025

RE: DELEGATION OF AUTHORITY LETTER FOR DIETARY SERVICES, ANGELA LINNHOF, SR. DIRECTOR, FOOD AND NUTRITION

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health appoint Angela Linnhoff, Sr. Director, Food and Nutrition, leader of the dietary services based on her years of education, training, and experience in the operation of the dietary services.

In the event of a safety concern or situation, Angela Linnhoff, who serves as the Sr. Director of Food and Nutrition, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

A handwritten signature in blue ink, appearing to be "Andrew C. Agwunobi", written over a horizontal line.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

A handwritten signature in blue ink, appearing to be "Angela Linnhoff", written over a horizontal line.

Angela Linnhoff
Sr. Director
Food and Nutrition



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR EMERGENCY MANAGEMENT,
JAMES BROWN, MPA, CEM**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to James Brown, MPA, CEM, based on his years of experience in emergency management.

In the event of a safety concern or situation, James Brown, MPA, CEM, who serves as the Director of Emergency Preparedness, UConn Health, and John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

James Brown, MPA, CEM
Director, Emergency Preparedness



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

RE: DELEGATION OF AUTHORITY LETTER FOR GERIATRIC EMERGENCY DEPARTMENT PROGRAM, MATTHEW BABCOCK, MD, ASSISTANT PROFESSOR OF EMERGENCY MEDICINE

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Matthew Babcock, MD, based on his years of education, training and experience in Geriatric Emergency Medicine.

Matthew Babcock, MD, who serves as the Physician Champion of the Emergency Department Geriatric Program at John Dempsey Hospital, has been delegated the authority to ensure the safety of the patients, staff and visitors as well as improve the care, customer service, and staff satisfaction to the geriatric population in the Emergency Department at John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Matthew Babcock, MD
Assistant Professor of Emergency Medicine,
Physician Champion of the Emergency Department Geriatric Program
University of Connecticut School of Medicine

July 1, 2025

RE: DELEGATION OF AUTHORITY LETTER FOR GERIATRIC EMERGENCY MEDICINE
PROGRAM, SHANNON CURTIS, MSN, RN, CEN, NURSING PROFESSIONAL
DEVELOPMENT SPECIALIST

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to SHANNON CURTIS, MSN, RN, CEN, based on her years of education, training, and experience in Geriatric Emergency Medicine.

SHANNON CURTIS, MSN, RN, CEN, who serves as the Nursing Champion of Geriatric Emergency Medicine program at John Dempsey Hospital, has been delegated the authority to ensure the safety of the patients, staff and visitors as well as improve the care, customer service, and staff satisfaction to the geriatric population in the Emergency Department at John Dempsey Hospital.



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:



Shannon Curtis, MSN, RN, CEN
NURSING PROFESSIONAL DEVELOPMENT SPECIALIST
Nurse Champion
UConn John Dempsey Hospital



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

RE: DELEGATION OF AUTHORITY LETTER FOR HAZARDOUS MATERIALS, STEVEN JACOBS, BSCHE, IH, HEM

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Steven Jacobs, BSCHE, IH, HEM, based on his years of experience in Environmental Health and Safety and hazardous waste and materials.

In the event of a safety concern or situation, Steven Jacobs, BSCHE, IH, HEM, who serves as the Director of Research Safety for John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Steven Jacobs, BSCHE, IH, HEM
Director, Research Safety



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

RE: DELEGATION OF AUTHORITY LETTER FOR HEALTH CARE DISPARITIES, JEFFREY HINES, MD, CHIEF DIVERSITY OFFICER

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health appoint Jeffrey Hines, MD, leader of Health Care disparities program, based on his years of education, training and experience in diversity, inclusion and health care disparities.

In the event of a safety concern or situation, Jeffrey Hines, MD, who serves as the Chief Diversity Officer is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Jeffrey Hines, MD
Chief Diversity Officer



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR INFECTION PREVENTION,
NANCY DUPONT, DNP, MPH, RN**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Nancy Dupont, DNP, MPH, RN based on her years of education, training, experience, and certification in infection prevention and control.

In the event of a safety concern or situation, Nancy Dupont, who serves as the Director for Epidemiology and Infection Prevention and Control for John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Nancy Dupont, DNP, MPH, RN
Nursing Director, Epidemiology and Infection Prevention and Control



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR LEGIONELLA, JOHN LOMBARDI,
UNIVERSITY DIRECTOR, FACILITIES ENGINEERING AND SUSTAINABILITY**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to John Lombardi, University Director, Facilities Engineering and Sustainability, based on his years of experience with Facilities Management and the Legionella program.

In the event of a Safety concern or situation, John Lombardi, who serves as the University Director, Facilities Engineering and Sustainability at UConn John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

John Lombardi
University Director, Facilities Engineering and Sustainability

July 1, 2025

RE: DELEGATION OF AUTHORITY LETTER FOR LEVEL III TRAUMA PROGRAM, CHRIS KACZEGOWICZ, MSN, BSN, RN, TRAUMA PROGRAM COORDINATOR

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Chris Kaczegowicz, MSN, BSN, RN, based on his years of experience in trauma programs.

In the event of a safety concern or situation, Chris Kaczegowicz, MSN, BSN, RN, who serves as the Level III Trauma Program Coordinator at John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors at John Dempsey Hospital.



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:



Chris Kaczegowicz, MSN, BSN, RN
Trauma Program Coordinator
John Dempsey Hospital



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR LEVEL III TRAUMA PROGRAM, ROBERT
MCLOUGHLIN, MD, INTERIM TRAUMA MEDICAL DIRECTOR**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Robert McLoughlin, MD, based on his years of experience in trauma programs.

In the event of a safety concern or situation, Robert McLoughlin, MD, who serves as the Interim Level III Trauma Medical Director at John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors at John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Robert McLoughlin, MD
Interim Trauma Medical Director
John Dempsey Hospital



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR LIFE SAFETY SPECIALIST,
CHRISTOPHER RENSHAW, MS**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Interim Fire Chief, Christopher Renshaw, MS, based on his years of experience in Fire and Life Safety.

In the event of a safety concern or situation, Christopher Renshaw, MS, who serves as the Interim Fire Chief for the University of Connecticut Fire Department, which includes the University of Connecticut, UConn Health, and UConn John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Christopher Renshaw, MS
Interim Fire Chief
University of Connecticut



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR RADIATION SAFETY OFFICER,
ARTHUR K. HIGGINS, PE**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Arthur K. Higgins, PE, based on his years of education, training and experience in radiation safety.

In the event of safety concern or situation, Arthur K. Higgins, PE, who serves as the Radiation Safety Officer for John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Arthur K. Higgins, PE
Radiation Safety Officer
UConn John Dempsey Hospital



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR ENVIRONMENTAL SAFETY OFFICER,
ARTHUR K. HIGGINS, PE**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Arthur K. Higgins, PE, based on his years of education, training and experience in safety.

In the event of a safety concern or situation, Arthur K. Higgins, PE, who serves as the Environmental Safety Officer for John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Arthur K. Higgins, PE
Director, Environment of Care
UConn John Dempsey Hospital



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

**RE: DELEGATION OF AUTHORITY LETTER FOR TISSUE MANAGEMENT,
KAREN CURLEY, MSN, BSN, RN, CNOR, NEA-BC**

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Karen Curley, MSN, BSN, RN, CNOR, NEA-BC, based on her years of education, training, and experience in tissue management.

In the event of a safety concern or situation, Karen Curley, MSN, BSN, RN, CNOR, NEA-BC, who serves as Sr. Director, Nursing, of Procedural, OB and NICU Services for John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors of John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Karen Curley, MSN, BSN, RN, CNOR, NEA-BC
Sr. Director, Nursing
Procedural, OB and NICU Services



Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs
Chief Executive Officer

March 1, 2025

RE: DELEGATION OF AUTHORITY LETTER FOR JOHN DEMPSEY HOSPITAL WORKPLACE VIOLENCE PROGRAM FOR DEBRA ABROMAITIS, MS, BSN, RN, HACP-CMS, CHC

Dear Sir or Madam:

By means of this letter, I, Andrew C. Agwunobi, MD, MBA, Executive Vice President for Health Affairs & Chief Executive Officer for UConn Health, delegate authority herein described to Debra Abromaitis, MS, BSN, RN, HACP-CMS, CHC, based on her years of education, training, and experience in workplace violence.

In the event or safety concern or situation, Debra Abromaitis, MS, BSN, RN, HACP-CMS, CHC, who serves as the Assistant Vice President of Accreditation & Regulatory Affairs at John Dempsey Hospital, is authorized to take all necessary actions to ensure the safety of the patients, staff, and visitors at John Dempsey Hospital.

Andrew C. Agwunobi, MD, MBA
Executive Vice President for Health Affairs &
Chief Executive Officer for UConn Health

I accept the responsibility:

Debra Abromaitis, MS, BSN, RN, HACP-CMS, CHC
Assistant Vice President, Office of Accreditation and Regulatory Affairs
Chair of JDH Workplace Violence Program



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

FROM: Scott Allen, M.D.

DATE: August 14, 2025

RE: **JDH Utilization Management Plan**

Recommendation: That the Clinical Affairs Subcommittee of the UConn Health Board of Directors approves the attached 2025 Utilization Management (UM) Plan for John Dempsey Hospital (JDH).

Background: The JDH UM Program is designed to ensure effective and efficient utilization of the hospital's resources. The program establishes procedures for the review of the medical necessity of hospital admissions, the appropriateness of the setting, the medical necessity of extended stays, and the medical necessity of professional services. The program is an integral part of the hospital's ongoing efforts to maintain high quality patient care.

The UM Plan outlines the elements of JDH's UM Management program, satisfies Medicare's Conditions of Participation and addresses care coordination for all payors.

The JDH Bylaws require that this Plan be reviewed annually by the UM Committee of the Medical Staff. The UM Committee reviewed the Plan and made no significant changes to be incorporated into the 2025 Plan.

The UM Committee brought these changes before the JDH Medical Board for a vote, and the Medical Board approved the Plan unanimously on August 12, 2025. This Plan is now being provided to the Clinical Affairs Subcommittee for approval, as the UConn Health Board of Directors has delegated authority to the Subcommittee to act on behalf of the Board to approve this Plan.

Attachment: Draft 2025 JDH Utilization Plan (showing 2025 recommended edits in tracked changes).



John Dempsey Hospital Utilization Management Plan

Reviewed/Approved:

Utilization Review Committee: 5/2022, 6/2023, 6/2024

Medical Board: 10/12/10, 10/11/11, 11/12/12, 10/08/13, 10/14/14, 11/10/15, 12/12/17,
1/14/2020, 2/14/23, June 2024, 8/7/25

Clinical Affairs Subcommittee: 12/09/10, 11/03/11, 11/27/12, 11/21/13, 8/8/24

John Dempsey Hospital Utilization Management Plan

I. Introduction

John Dempsey Hospital's Utilization Management Program is designed to ensure effective and efficient utilization of the hospital's resources. The program establishes procedures for the review of the medical necessity of admissions, the appropriateness of the setting, the medical necessity of extended stays, and the medical necessity of professional services. The program is an integral part of the Hospital's ongoing efforts to maintain high quality patient care.

This document outlines the elements of the John Dempsey Hospital's Utilization Management Plan that satisfies Medicare Conditions of Participation and addresses Care Coordination for all payers. This Utilization Management Plan "provides for review of services furnished by the institution and by members of the medical staff to patients entitled to benefits under the Medicare and Medicaid programs" (§482.30) (42 CFR 456.100-145) as well as care provided to patients cared for by JDH, without regard to payer status.

II. Purpose of the Utilization Management Plan

Under the Utilization Management (UM) Plan, John Dempsey Hospital (JDH):

- Establishes oversight of the UM Plan.
- Establishes protocols and programs for medical necessity review of outpatient observation services, inpatient admissions, continue stay days, discharge planning, extended stays, and professional services.
- Ensures effective and efficient utilization of available health facilities and services consistent with patient needs and professional recognized standards of health care.
- Assists in the promotion and maintenance of high quality care through an educational approach to the analysis, review and evaluation of clinical services via medical care evaluation studies as well as identification and analysis of patterns of patient care such as length of stay and readmissions.
- Identifies opportunities for change needed to maintain high quality and appropriate patient care as well as address any over-utilization and/or under-utilization of resources.
- Reviews selected outlier cases based on extended length of stay and/or extraordinarily high costs.
- Specifies the procedures for denials and appeals within the organization.

III. UR Plan Goals and Objectives

The goals of the UM Plan is to guide the Hospital in assuring appropriate allocation of the Hospital's resources towards providing quality patient care in the most cost effective manner. Specific goals and objectives include:

- A. To achieve effective collaboration between the Utilization Management Committee and the medical staff, Care Coordination, Social Work Service, Nursing, and other departments.
- B. To decrease fragmentation of care and promote coordinated care across the continuum.
- C. To assure the appropriateness of observation services, admissions, continued stays, and discharges.
- D. To assist external review agencies and payers by carrying out chart reviews and providing requested information.
- E. To reduce health care costs by reducing length of stay and by preventing inappropriate hospitalizations and delays in discharge.
- F. Monitor throughput
- G. To identify patterns of under-utilization, over-utilization, and inefficient use of resources and recommend and/or initiate actions to improve the use of health care services.
- H. To comply with local, state, and federal laws and with contractual agreements with third party payers concerning health care utilization management.
- I. To provide concurrent identification of and, where possible, appropriate intervention in issues related to utilization of resources, risk management and quality of care.
- J. To review and revise the plan annually based on current hospital trends and needs to ensure the plan is reflective of actual practice at JDH.

IV. Authority

The Utilization Management Plan delegates responsibility for implementation and oversight to the Clinical Affairs Subcommittee. The Clinical Affairs Subcommittee has, in turn, delegated this responsibility to the Medical Board. The Utilization Management Committee (UMC) has been established as a subcommittee of the Medical Board as the Medical Staff Committee responsible for implementation and oversight of the Utilization Management Plan. The UMC reports to the Medical Board. This organizational reporting structure ensures effective cooperation between the hospital administration and the medical staff in order to assure that the program goals are achieved.

V. Utilization Management Committee (UMC)

- A. Composition: The UMC will be comprised of at least three (3) representative members from the specialties and sub-specialties of the medical staff as deemed appropriate. Providers from any specialty may be invited to the meetings as needed. Selected Physician Advisor(s) will also be members and the chairperson will be appointed by the Chief of Staff with approval by the Chief Executive Officer.

Non-physician members may include representatives from Finance, Nursing, Care Coordination, and/or Clinical Effectiveness and Patient Safety. Other participants will be invited as needed.

- B. Meetings: The UMC shall meet no less than once every two months.
- C. Responsibilities, as indicated:

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- To establish and carry out a Utilization Management Plan in accordance with applicable state, federal and payer rules and requirements
- To provide an annual review, evaluation and approval of the UM Plan
- To oversee utilization management activities and make every effort to coordinate the patient's utilization requirements, health insurance coverage, acute hospital needs, and post-discharge needs for a maximum benefit for the patient
- To adopt, develop, and /or modify standardized review criteria as appropriate, (i.e., InterQual, Milliman)
- To conduct and analyze utilization management studies and other data designed to evaluate the appropriateness of hospital admissions and necessity of continued stay, lengths of stay, discharge practices, use of medical and hospital services and related factors which may contribute to the effective utilization of services
- To identify utilization problems and recommend appropriate changes in procedures and Medical Staff practices which will result in more efficient utilization of services and resources
- To review denied admissions and days of care or denied costs due to lack of medical necessity
- To refer individual cases, where there is concern the quality of patient care has been compromised to the appropriate hospital or Medical Staff department.
- To assist in review activities performed by outside agencies as necessary.
- Provide education regarding third party appeals in order to avoid denials.

D. Standard Reports: The Utilization Management Committee shall review data provided from standard reports that may include:

- Length of stay by Top 15 DRGs (median and mean)
- OBS/Inpatient ratio
- OBS>72 hours
- Condition Code 44s
- Short Stay Reviews
- PEPPER Reports
- Oext cases/oext days per month

E. Committee Records:

The Utilization Management Committee will maintain written records of all its activities. Minutes of each committee meeting shall be documented and sent on to the Medical Board.

VI. Conflict of Interest

Physicians may not participate in the review of any cases in which he/she has been or anticipates being professionally involved. The Committee or group's reviews may not be conducted by any individual who has a direct financial interest in the hospital.

VII. Physician Review

The first line of physician review is performed by contracted internal medical and/or surgical physician advisors. A contracted External Physician Review team may be used as a secondary source for review when internal physician advisors are unable to provide guidance. This team is comprised of physicians who have familiarity with level of care criteria and represent a variety of specialty areas. The External Physician Review organization is a contracted entity. Additionally, physicians on the Utilization Management Committee may perform physician reviews when necessary. The internal physician advisors and the External Review organization are contacted to review cases identified by the Case Management staff to determine whether acute care criteria are being met, and whether continued stay is appropriate. Medical records are examined to determine medical need for admission. If there is agreement that no admission or continued stay criteria are being met, the attending physician will be notified. If a decision is not agreed upon, an additional UR Committee Physician is notified to review the medical record. If two Physician Reviewers determine that no criteria are met, an internally generated denial letter may be created and sent to the attending physician and patient, following Medicare guidelines for Hospital Issued Notice of Non-coverage (HINN) letters.

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VIII. Privacy/Confidentiality

A. The UMC must abide by the Health Information Portability and Accountability Act (HIPAA) in maintaining the confidentiality of the patient's medical information. The UR process deals with sensitive information about patients and providers. All worksheets, minutes of meetings, findings and recommendations shall be kept confidential. All references to patients are by medical record number.

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B. Communication to providers may increase awareness of their own performance and will be compared with benchmark performance when applicable. On an ad hoc basis, the UMC may assess provider-specific performance on key metrics such as LOS.

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C. Release of Information to Third Party Payers:

1. Minutes and other pertinent records are open for review by duly authorized representatives of fiscal intermediaries, federal and state agencies. Information will be maintained to assure confidentiality and compliance with applicable regulations. Copies of the patient's medical record will be provided upon written request to the Health Information Management Department.
2. Criteria and information to support the necessity for admission and continued inpatient hospitalization will be given to primary payers and utilization management organizations when JDH has a valid contract with such an organization, or when the patient has signed a release authorizing such information to be released to insurance companies or their representative.

IX. Criteria

Case Management utilizes nationally recognized criteria to conduct admission and continued stay reviews. The medical staff approves criteria selection for the Utilization Management process.

X. Concurrent Review

Review of the patient's chart is performed concurrently for compliance with Federal, State, and Third Party Payer regulations and to ensure that only patients who require an acute level of care are admitted, that appropriate tests and treatments are conducted in a timely manner, and that the appropriate level of care is utilized. Patients needing care at a level other than acute care shall be safely and promptly placed in outpatient observation services, discharged to an alternate level of care, or discharged to home with appropriate support services. The Case Management staff, regardless of payer screens, reviews all admissions to JDH. The Case Management staff determines if and when chart review is necessary. Reviews completed by Utilization Management are done without regard to payment source and do not influence the appropriate patient assessment and provision of care.

XI. Admissions Review

The Case Management staff conducts an admission review. The review is conducted by determining if the patient meets CMS admission criteria within the first working day of admission. The Case Management staff may consult with the Physician Advisor when further clarification is needed. Admission criteria and treatment plans are provided to third party payers as required by contractual agreements.

When the patient's admission is not deemed medically necessary by the Case Management staff or the payer, the attending physician and/or physicians responsible for the care of the patient are notified. The Case Management staff coordinates communication between the physicians and the payer in order to resolve questions regarding the admission and a referral to a Utilization Management Physician Advisor or other appropriate Physician Advisor may be made. If, after review and discussion with the attending physician and/or physicians responsible for the care of the patient, the Physician Advisor feels that the admission is not indicated, the attending physician may elect to discharge the patient or a Hospital Issued Notice of Non-coverage may be issued in accordance with payer guidelines. If appropriate, the status may be changed to Observation with proper patient notification.

If the attending physician disagrees with the Physician Advisor decision, the attending physician may request a second opinion. A different Physician Advisor will provide the second opinion review.

XII. Continued Stay Review

Case Management staff reviews the medical record and, when necessary, discusses the patient's care with those providing or coordinating this care. Updates regarding the patient's condition are provided to third party payers as required by contractual agreements.

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This review is done concurrently to follow in-house cases after an admission review has been performed. Retrospective continued stay reviews may be done to evaluate care and treatment as deemed necessary or as requested. Frequency of continued stay reviews is determined by the Case Management staff. Hospitalizations are reviewed or screened every one to three days.

Reviews of hospital stays seven days or greater will be reported weekly at the High Risk Length of Stay Rounds meetings which include Care Coordination, Internal Physician Advisors, and other departments as needed. The Director of Hospitalist Medicine is an ad hoc member.

When the patient's continued stay is deemed not medically necessary by the Case Management staff, the case is referred to our internal advisors for determination. If, after review and discussion with the attending physician and/or physicians responsible for the care of the patient, the internal physician advisor feels that continued stay is not indicated, the attending physician may elect to discharge the patient or a denial may be issued in accordance with payer guidelines. If the attending physician disagrees with the internal physician reviewer recommendation, the case is referred to a second UR Committee Physician Advisor for a second opinion. The Case Management staff coordinates communication between the attending physician and the payer in order to resolve questions regarding the continued stay.

XIII. Under/Over Utilization

A. Under Utilization of Services

The Case Management staff may advocate for additional testing, consults, or support services to prepare for discharge at payer request or to eliminate gaps in the care.

B. Over Utilization of Services

When an admission no longer meets inpatient criteria and discharge should be imminent, the Case Management staff communicates this to the attending physician and/or physicians responsible for the care of the patient, nursing, and social work services staff to expedite the discharge of the patient.

XIV. Retrospective Review

Retrospective Review is done to assess an inpatient stay after discharge for appropriateness of care. Retrospective reviews also are done to evaluate the appropriateness of a denial by a payer. There are two types of retrospective reviews:

A. Payer Review

Payer review is done when the payer requests additional information prior to issuing a certification number. These cases may include admission or continued stay review. Requests can originate through Patient Access Service, outside review agencies, or insurance companies.

B. Patient Discharged Prior to an Admission Review

Patients admitted to inpatient or placed in observation services, then discharged prior to an admission review being done, are reviewed retrospectively to evaluate for the presence of acute care criteria. The Case Management staff may refer to a Physician Advisor if the criterion does not match the physician order for inpatient admission or placement in observation services. Patient Financial Services is notified of billing issues when the care is determined not to be medically necessary or care could be provided in a lower level setting.

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XV. In-House Denial

When the Case Management staff or payer determines a patient no longer meets inpatient criteria, the Case Management staff notifies the attending physician and/or physicians responsible for the care of the patient and registered nurse caring for the patient of the determination. If extenuating circumstances exist or conditions are present, but are not documented in the medical record, the physicians are requested to document any additional information in the medical record to support the continued stay.

Based on Medicare guidelines, a Hospital Issued Notice of Non-coverage (HINN) may be issued to the patient, next of kin, or patient designee when a final adverse determination has been rendered. Before any type of denial is issued by JDH, an internal physician advisor (peer evaluation) is required, and the patient must have received the Important Message from Medicare form which has their appeal rights. If a denial is issued, a written notification must be given, no later than 2 days after the determination, to the hospital, the patient (or next of kin), the attending physician responsible for the care of the patient, and appropriate CMS agency. Other payers have their own processes for denial of inpatient stays. Decisions regarding the provision of ongoing care, treatment, and services and discharge or transfer are based on the assessed needs of the patient, regardless of the recommendations or denials of any internal or external review.

XVI. Appeal of Reimbursement Denial

The Care Coordination Department coordinates the first level of appeal process for reimbursement of medical denials from Medicaid and all third-party payers.

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A. Process

After receiving notification of a denial based on a clinical/medical necessity assertion (as opposed to administrative issues), the Case Management staff contacts the attending physician and/or Physician Advisor to discuss the appeal of the denial and time frame requirements. Both the patient's medical record and the denial notice are reviewed. The Case Management staff coordinates the appeal process with the attending physician and/or Physician Advisor according to the requirements of the individual payers.

Formal appeal letters are written and sent by the Director of Care Coordination or his/her designee. The Care Coordination Department communicates appeals,

denials, and results of the appeal process to appropriate departments and individuals.

B. Requirement of Third Party Payers

Third party payers may follow different rules and regulations regarding reimbursement denials, and the procedures to be followed when filing an appeal. These rules and regulations, including changes, will be communicated to the Care Coordination Department and to appropriate departments and individuals.

XVII. Care Coordination Data

The Care Coordination Department maintains a database with information to be reported as requested, including avoidable days and denials. Information from the database is included in the Care Coordination reports and UM Scorecard and is reported regularly to the Medical Board.

XVIII. Pre-Admission Certification

The Patient Access Service is responsible for coordinating pre-admissions certification, admission, and insurance verification. The screening, tracking, and follow-up required for complying with Federal and State regulations are carried out by the staff in the Care Coordination and Patient Accounting Departments. Pre-Admission certification occurs prior to an elective admission to reduce unnecessary pre-operative days, unnecessary surgery, and inappropriate admissions in compliance with Federal and State regulations.

XVIII. Confidentiality

Data and reports will be maintained, as required, to assure confidentiality, compliance with applicable regulation, and payment of claims. Such reports and reviews to and by third party agencies, or as required by applicable government regulations, will be made available. Care Coordination forms used for patient review are not a part of the patient's medical record and, except as required by governmental regulations, will be considered confidential material not subject to release.

XIX. Integration with Quality Improvement

Care Coordination activity is coordinated with other quality improvement activity at JDH. Concerns over patient care practices may be forwarded to nursing, medical staff, or others as appropriate. High risk or potential sentinel event situations will be forwarded to the Patient Safety Officers for review and a safety event report will be created. Care Coordination works with Patient Accounting by reviewing inpatient charts retrospectively when an insurance company has the bill audited for accuracy. The insurance company may deny specific charges and Care Coordination will review the chart to find the documentation or provide a policy to support the charges. Pertinent findings are reviewed with the appropriate areas (Pharmacy, Anesthesia, Nursing, etc.)

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XX. Annual Review of the Plan

The Utilization Management Plan shall be reviewed annually and revised as necessary.

All revisions must be submitted to and approved by the Medical Board.

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

FROM: Scott Allen, M.D.

DATE: August 14, 2025

RE: **JDH Scope of Services**

Recommendation: That the Clinical Affairs Subcommittee of the UConn Health Board of Directors approves the attached written Scope of Services for John Dempsey Hospital (JDH).

Background: Federal regulations and the hospital's accrediting body, The Joint Commission (TJC), require that the hospital's Governing Body approve the hospital's written scope of services.

Working with department chairs, clinical division chiefs and center directors, administration has developed a written scope of services listing all services provided at JDH, organized by department. This document is updated as clinical services are added or modified. This year, the written scope of services expanded the services listed under Hematology/Oncology and Urology, and also made several other smaller changes.

This JDH Scope of Services document was approved by the JDH Medical Board on July 8, 2025. To comply with federal regulations and TJC standards, we ask the Clinical Affairs Subcommittee to annually approve the JDH written Scope of Services.

Attachments: JDH Scope of Services (dated August 2025)

DRAFT – approved by JDH Medical Board 7/8/25

John Dempsey Hospital

Scope of Services

August 2025

Clinical Department	Clinical Service	Scope of Services Provided
Anatomic Pathology		<u>See</u> Pathology & Laboratory Medicine
Anesthesiology		<ul style="list-style-type: none">• General Anesthesia• Spinal Anesthesia• Epidural Anesthesia• Moderate and Deep Sedation (MAC)• Ultrasound-guided regional Anesthesia (Nerve Block)• Anesthesia performed Out of the Operating Room (OOOR):<ul style="list-style-type: none">○ Labor and Delivery○ MRI○ Electrophysiology Lab○ ECT○ CT○ Interventional Radiology○ Cath lab○ PET CT○ Brachy Therapy○ Transesophageal echocardiography• Procedure Center (Endoscopy, Colonoscopy, ERCP, Bronchoscopy)• Critical Care Services
Blood Bank		<ul style="list-style-type: none">• <u>See</u> Pathology & Laboratory Medicine
Critical Care Medicine		<ul style="list-style-type: none">• Intensive Care Unit and Critical Care consultations
	Dental	<ul style="list-style-type: none">• Consultations and examinations• Prevention of oral diseases

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Clinical Department	Clinical Service	Scope of Services Provided
Dental & Oral Maxillofacial Surgery (OMFS)		<ul style="list-style-type: none"> • Restoration of teeth • Pulpal therapy of teeth • Extraction of teeth and associated minor surgical procedures • Gingivectomies • Management of odontogenic infections • Management of dento-alveolar trauma • Oral pathology • Oral radiology
	OMFS	<ul style="list-style-type: none"> • Reconstruction of hard and soft tissue defects of the maxillofacial / cranifacial region • Surgical management of Head and Neck Infections • Orthognathic surgery • Craniofacial deformity corrections, including cleft lip and palate deformity correction • Maxillofacial and Craniofacial trauma care • Dentoalveolar surgery including, but limited to <ul style="list-style-type: none"> ○ Extractions of erupted and impacted teeth ○ Preprosthetic surgery • Dental Implant Surgery • Temporomandibular joint surgery • Surgical management of tumors & cysts of the jaws and oral cavity ▪ Esthetic surgery of the face and jaws
Dermatology	General Dermatology	<ul style="list-style-type: none"> • Phototherapy • Photodynamic Therapy • Cosmetic dermatology, including: <ul style="list-style-type: none"> ○ Chemical peeling ○ BOTOX ○ Filler injections ○ Sclerotherapy • Micro-needling with derma rollers • Cryotherapy • Laser Hair Removal

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Reconstruction of skin scars • Electrocautery • Inpatient and Emergency Department consultation
	Derm Oncology	<ul style="list-style-type: none"> • Cutaneous Oncology Center & Melanoma Program
	Psoriasis Center	<ul style="list-style-type: none"> • Phototherapy • Biologic infusion treatment
Diagnostic Imaging	General Radiology	<ul style="list-style-type: none"> • Radiography (Plain X-rays) • Fluoroscopy • Mammography • Dual-Energy X-ray Absorptiometry (DEXA)
	Computed Tomography (CT)	<ul style="list-style-type: none"> • Head & Neck • Chest • Cardiac • Abdomen & Pelvis • Spine & Musculoskeletal • Vascular
	Magnetic Resonance Imaging (MRI)	<ul style="list-style-type: none"> • Head & Neck • Spine • Musculoskeletal • Cardiac • Chest & Abdomen • Pelvis & Reproductive • Functional MRI (fMRI) • Diffusion Tensor Imaging (DTI) • MR Spectroscopy
	Ultrasound (Sonography)	<ul style="list-style-type: none"> • Head & Neck • Chest • Cardiac • Vascular

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Abdomen • Pelvis & Reproductive • Musculoskeletal (MSK) • Ultrasound-Guided Biopsy (Breast, Liver, Thyroid, etc.)
	Interventional Radiology	<ul style="list-style-type: none"> • Insertion of central venous dialysis catheters • insertion of chemotherapy ports • Tumor ablation therapy • Deep Vein Thrombosis (DVT) thrombectomy • IVC filter placement and removal • Biopsies and drainages • Uterine fibroid embolization • Adrenal venous sampling • Nephrostomy and stent insertion • Biliary drainage and stenting • Gastrostomy tube insertion
	Nuclear Medicine	<ul style="list-style-type: none"> • Diagnostic Nuclear Medicine • Gamma Camera Imaging (planar and SPECT) <ul style="list-style-type: none"> ○ PET-CT Imaging (includes cardiac scans, bone scans, WBC tagged studies) • Therapeutic Nuclear Medicine <ul style="list-style-type: none"> ○ Yttrium therapy (in conjunction with IR) ○ Hi-dose Radioiodine therapy ○ Lutetium PSMA therapy (Pluvicto) ○ Lutetium DOTATATE therapy (Lutathera) ○ Radium Therapy (Xofigo)
Emergency Medicine	Emergency Medicine	<ul style="list-style-type: none"> • Initial evaluation, diagnosis, treatment, coordination of care by emergency physicians alone or with other clinicians or community resources, and disposition of any patient requiring expeditious medical, surgical, or psychiatric care. Disposition includes but is not limited to hospital admission, observation, discharge and transfer to another facility.

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> Emergency medicine is practiced as a 24/7/365 service within the UConn Health Emergency Department Support services include clinical laboratory, STAT imaging, pharmacy, social services and case management Emergency medicine also provides two-way EMS communication and EMS medical direction Full-time emergency EMS/Ambulance support from the UConn Fire Department
	Urgent Care	<ul style="list-style-type: none"> Initial evaluation, diagnoses and treatment of acute and chronic illness in a non-hospital based setting, with a focus on acute issues not requiring hospitalization or advanced imaging. Support services include x-ray radiology, pharmacy, routine laboratory
Internal Medicine	Cardiology	<p>Outpatient management and inpatient consultative/procedural service that includes the following:</p> <ul style="list-style-type: none"> Clinical cardiology: <ul style="list-style-type: none"> Cardiac valvular disease Heart failure Heart rhythm disorders Sports Cardiology Women's Heart Health Program Preventative cardiology Cardiovascular genetics Cardio-oncology Coronary Artery Disease Vascular Medicine Diagnostic Services (Adult) <ul style="list-style-type: none"> ECG Transthoracic Echocardiography (TTE) Transesophageal Echocardiography (TEE) Exercise Stress Echocardiography 3D Echocardiography

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> ○ Dobutamine Stress Echocardiography (DSE) ○ Vascular Ultrasound ○ Rest and Stress ABI ○ Nuclear Stress Testing ○ Cardiac MRI ○ Cardiac CT ○ Ambulatory BP monitoring ○ Holter Monitoring, External loop recorder ○ Head-Up Tilt Table Testing ○ Cardioversion ○ Genetic Testing ● Interventional Cardiology (Adult) <ul style="list-style-type: none"> ○ Coronary Interventions: Angioplasty including primary PTCA/Stenting, Complex PCI, CTO PCI, Bifurcation PCI, Left main PCI, Coronary atherectomy including rotational atherectomy, laser atherectomy and orbital atherectomy, Coronary thrombectomy, Coronary Intravascular Ultrasound , Coronary Fractional Flow Reserve assessment, Vascular closure device , Filter wire coronary embolic protection ○ Device Implantation: IABP, Impella ○ Cardiac Electronic Implantable Devices – Temporary transvenous pacemakers, Permanent Pacemakers (Transvenous and leadless), ICD (Transvenous and Subcutaneous), Implantable Loop Recorders, Cardiac Resynchronization Therapy ○ Diagnostic Electrophysiology Studies, Electroanatomic Mapping, Intracardiac Echocardiography ○ Arrhythmia Therapies – Radiofrequency Ablation of atrial and ventricular arrhythmias, AV Node ○ Transcatheter Valve - TAVI ○ Device Closures – ASD/PFO ○ Peripheral arterial procedure: Angioplasty, atherectomy, thrombectomy, stenting ○ Pulmonary vascular procedures: CardioMems implantation, catheter based pulmonary thrombectomy or thrombolysis, Balloon pulmonary angioplasty.

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> ○ Peripheral venous procedures: radiofrequency ablation. Venous stenting, venous thrombectomy
	Endocrinology, Diabetes, and Metabolism	<ul style="list-style-type: none"> • Diabetes <ul style="list-style-type: none"> ○ Diabetes Self-Management Education Program • Obesity • Thyroid & parathyroid diseases • Pancreatic disorders • Growth disorders • Adrenal diseases • Pituitary diseases • Metabolic bone diseases including osteoporosis • Lifestyle medicine • Endocrine Neoplasia <ul style="list-style-type: none"> ○ Tumors of the adrenal glands, pituitary gland, the parathyroid glands, and the pancreas • Osteoporosis and Metabolic Bone Diseases <ul style="list-style-type: none"> ○ Osteoporosis ○ Dual Energy X-ray Absorption (DXA)
	Gastroenterology	<p>Outpatient management and inpatient consultative/procedural service of gastrointestinal disorders, including:</p> <ul style="list-style-type: none"> • Achalasia • Acid Reflux (Heartburn)/Reflux Esophagitis • Autoimmune Hepatitis • Barrett's Esophagus • Celiac Disease • Chronic Hepatitis • Cirrhosis of the Liver • Clostridium Difficile Infections • Collagenous Colitis • Colon Cancer Prevention Center • Colorectal Cancer • Colorectal Polyps • Constipation

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Crohn's Disease • Diarrhea (Acute and Chronic) • Diverticulosis and Diverticulitis • Dyspepsia (Indigestion) • Dysphagia • Eosinophilic Esophagitis • Esophageal Cancer • Esophageal Disease Center • Gallbladder Cancer • Gallstones • Gastric Cancer • Gastrointestinal Motility Disorders • Gastroparesis • GERD (Gastroesophageal Reflux Disease) • Helicobacter Pylori Infection • Hemochromatosis • Hiatal Hernia • Irritable Bowel Syndrome (IBS) • Lactose Intolerance • Liver Failure and Transplantation Evaluation • MALFD (Metabolic Dysfunction-Associated Fatty Liver Disease) • Microscopic Colitis • Pancreatic Cancer • Pancreatitis • Peptic Ulcer • Primary Biliary Cirrhosis • Sclerosing Cholangitis • Ulcerative Colitis • Viral Hepatitis A • Viral Hepatitis B • Viral Hepatitis C <p>Procedures and diagnostic studies include:</p> <ul style="list-style-type: none"> • Liver Elastography Ultrasound • Bravo pH Monitoring

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Breath Testing • Capsule Endoscopy • Colonoscopy • Endoscopic Mucosal Resection (EMR) • Endoscopic Retrograde Cholangiopancreatography (ERCP) • Endoscopic Submucosal Dissection (ESD) • Endoscopic Ultrasound (EUS) • Esophageal Disease Center • Fecal Microbiota Transplantation • High-Resolution Esophageal and Anorectal Motility Testing • Liver Biopsy • Paracentesis • Percutaneous Endoscopic Gastrostomy (PEG) • Radiofrequency Ablation • Upper Endoscopy • Upper GI Series with Small Bowel Follow-through
	Hematology	<ul style="list-style-type: none"> • Outpatient management and inpatient consultative/procedural service of hematological disorders • Connecticut Bleeding Disorders Center (management of hemophilia, vWD and other congenital bleeding disorders) • New England Sickle Cell Institute (NESCI) • Clinical apheresis services – plasmapheresis, erythrocytapheresis, leukapheresis • Comprehensive perioperative management in patient on anticoagulation/coagulopathy and anticoagulation management through anticoagulation clinic (warfarin and non-warfarin drugs) • Benign hematology clinic (management of thrombosis, cytopenia's, iron deficiency, etc) • Plasma cell disorder clinic (including an early detection clinic for plasma cell disorders, multiple myeloma and systemic amyloidosis treatments, novel therapies for multiple myeloma such as bispecific T-cell engagers, CRS/ ICANS management)

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Malignant hematology clinic (offering acute leukemia, MDS and aggressive lymphoma treatments) • Bone marrow biopsies and fat pad aspirations • Intraventricular and intrathecal chemotherapies • Administration of inpatient high dose chemotherapy protocols (e.g. conditioning chemotherapy for transplant, acute leukemia induction and consolidation chemotherapy, high-dose methotrexate therapy protocols, etc.) • Blood and Marrow Transplant services • Apheresis service for stem cell collections • Autologous Bone Marrow Transplant • Transplant Clinic (consultative and post-transplant follow-up services)
	Hospitalist	<ul style="list-style-type: none"> • Assessment & management of acute internal medicine disorders: <ul style="list-style-type: none"> ○ Inpatient care for all medical and neurological specialties except ICU care, complex oncology, and elective interventional cardiology cases ○ Inpatient care for the neurology service, except seizure monitoring ○ Internal medicine consultation to all other specialties • Participate in Rapid Response Team/Cardiac Arrest Team • 24/7 attending physician presence in the hospital
	Infectious Disease	<p>Outpatient management and inpatient consultative service of infectious diseases, including:</p> <ul style="list-style-type: none"> • General Infectious Diseases • Tropical Infections • Infections in Immunocompromised (Transplant and Oncology) • Travel Medicine • Adult Immunization • HIV Medicine
	Nephrology	<p>Outpatient management and inpatient consultative service of kidney diseases.</p> <ul style="list-style-type: none"> • General Kidney disorders (example include hematuria and proteinuria) • Acute Kidney Injury • Chronic Kidney Disease • Electrolyte Disorders

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Acid-base Disorders • Genetic Kidney Disease • Glomerular Diseases • Diabetic Nephropathy • High Blood Pressure (Hypertension) • Kidney Disease During Pregnancy • Metabolic Evaluation of Kidney Stones • Immunosuppression management after kidney transplant <p>Procedures include:</p> <ul style="list-style-type: none"> • Kidney biopsy • Hemodialysis • Continuous Renal Replacement Therapy • Plasmapheresis • Peritoneal Dialysis • Hemoperfusion • Point of Care Kidney Ultrasound • Central Venous Catheter Placement
	Pulmonary Medicine	<p>Outpatient management and inpatient consultative/procedural service of respiratory diseases</p> <ul style="list-style-type: none"> • Respiratory Diseases (diagnosis and treatment of), including but not limited to: <ul style="list-style-type: none"> ○ Cough ○ Dyspnea ○ Abnormal chest imaging ○ Lung nodules and lung cancer ○ Pulmonary embolism ○ Asthma ○ COPD ○ Pneumonia ○ Pulmonary embolism ○ Pleural Effusion ○ Interstitial Lung Disease

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> ○ Center for Bronchiectasis Care ○ Primary Ciliary Dyskinesia Center ○ Cardiopulmonary Exercise Testing ○ Pulmonary Vascular Disease Program • Sleep Disorders Center - Diagnosis and treatment of sleep disorders including, but not limited to: <ul style="list-style-type: none"> • Obstructive Sleep Apnea • Narcolepsy • Insomnia • Parasomnias • In lab and home sleep studies • Bronchoscopy Services (Diagnostic and Interventional) including but not limited to: <ul style="list-style-type: none"> ○ Diagnostic Bronchoscopy with or without endobronchial ultrasound ○ Bronchoscopy and Bronchoalveolar Lavage (BAL) ○ Needle and forceps biopsy ○ Brushing <p>Interventional Bronchoscopic Procedures:</p> <ul style="list-style-type: none"> ○ Foreign body removal ○ Complex airway procedures including stenting, laser treatment, balloon dilatation ○ Endobronchial valve placement/management ○ Management of massive hemoptysis ○ Percutaneous tracheostomy placement ○ PEG placement • Pleural Services <ul style="list-style-type: none"> ○ Thoracentesis ○ Chest tube placement and management ○ Medical pleuroscopy ○ Pleurodesis

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> Pulmonary Function Testing <ul style="list-style-type: none"> Spirometry Arterial blood gas Lung volumes-Body Box – Plethysmography Lung Diffusion Testing (DLCO) Cardiopulmonary exercise testing Exercise induced bronchospasm testing Methacholine provocation testing
	Rheumatology	<ul style="list-style-type: none"> Inpatient consultative service of rheumatologic diseases, including: <ul style="list-style-type: none"> Rheumatoid Arthritis Ankylosing Spondylitis Sjogren’s Disease Vasculitis Scleroderma Myositis Giant Cell Arteritis Polymyalgia Rheumatica Gout Systemic Lupus Erythematosus Procedures, include: <ul style="list-style-type: none"> Joint (Intra-articular) injections Skin biopsy
Neurology		<ul style="list-style-type: none"> Consult Service <ul style="list-style-type: none"> 24/7/365 consults for JDH Inpatients and Emergency Department patients Neurocritical Care <ul style="list-style-type: none"> Closed-unit setting staffed by fellowship-trained neurointensivists providing the highest level of neurological monitoring and care.

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> ○ Technologies utilized include but not limited to: transcranial doppler, pupillometry, temperature control and point-of-care EEG to promote optimal outcomes • Neurodiagnostic Services <ul style="list-style-type: none"> ○ Electromyography/nerve conduction studies (EMG/NCS) ○ Outpatient electro-encephalography (EEG) including ambulatory monitoring, visual, somatosensory and auditory evoked potentials ○ Autonomic Nervous System testing (ANS). • Stroke Program – Certified Primary Stroke Center
Neurosurgery		<p>Treatment for adult and pediatric patients of pathological processes that may modify the function or activity of the central nervous system (e.g., brain, hypophysis, and spinal cord), the peripheral nervous system, (e.g., cranial, spinal, and peripheral nerves), the autonomic nervous system, and the supporting structures of these systems (e.g., meninges, skull and skull base, and vertebral column) and their vascular supply (e.g., intracranial, extra cranial, and spinal vasculature).</p> <p>Treatment encompasses non-operative management (including prevention, diagnosis, image interpretation, neurocritical intensive care, and rehabilitation) and operative management (including image interpretation, endovascular surgery, functional and restorative surgery, craniotomies for trauma/tumor/vascular lesions, stereotactic radiosurgery, and spinal fusion/instrumentation)</p> <p>Treatment and surgery for conditions that include, but are not limited to:</p> <p>Brain:</p> <ul style="list-style-type: none"> • Brain Aneurysm • Brain Aneurysm Support Group • Arteriovenous Malformation (AVM) • Stroke • Stroke Center • Brain Tumors

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Skull Base Tumors • Trigeminal Neuralgia and Other Cranial Nerve Syndromes • Epilepsy and Movement Disorders <p>Spine:</p> <ul style="list-style-type: none"> • Spinal Disorders <ul style="list-style-type: none"> ○ Disc degeneration & Deformities ○ Fractures ○ Joint-Related Disease ○ Nerve-related Conditions ○ Scoliosis and Deformities • Spinal Cord Tumors/Vascular Lesions • Minimally Invasive Surgery • Neurological Disorders • Peripheral Nerve Surgery • Additional Services: <ul style="list-style-type: none"> ○ Endovascular procedures ○ Stereotactic radiosurgery ○ Awake craniotomies ○ Deep Brain Stimulation ○ Brain/Spine Trauma care ○ Neurocritical Care ○ Cranial and Spine Deformities Surgeries
Obstetrics/Gynecology (OB/GYN)	Division of General Obstetrics and Gynecology	<ul style="list-style-type: none"> • Obstetric Care: <ul style="list-style-type: none"> ○ Management of common pregnancy complications (e.g., hypertensive disorders, diabetes, fetal growth abnormalities) ○ Labor and delivery services including spontaneous, induced, and operative vaginal deliveries ○ Cesarean delivery, including primary and repeat cesareans ○ Vaginal birth after cesarean (VBAC) support

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Gynecologic Care: <ul style="list-style-type: none"> ○ Preventive care including well-woman exams, cervical cancer screening, and HPV vaccination ○ Management of abnormal uterine bleeding, pelvic pain, endometriosis, fibroids, and ovarian cysts ○ Contraceptive counseling and full-spectrum contraceptive services, including IUD and implant placement/removal, and sterilization procedures ○ Management of abnormal Pap smears and cervical dysplasia (colposcopy, cryotherapy, LEEP) ○ Office-based procedures (endometrial biopsy, hysteroscopy, Bartholin gland procedures) ○ Minimally invasive surgery (laparoscopy, vaginal surgery, hysteroscopy) Endometrial ablation
	Division of Complex Family Planning	<ul style="list-style-type: none"> • Contraception consultations, especially those with medical or surgical complexities • Routine and complex removal or insertion of intrauterine devices and contraceptive implants • Contraception care and menstrual suppression for gender affirming care • Contraception care and menstrual management for adolescents • Early pregnancy loss and miscarriage management • Abnormal early pregnancy management such as cesarean scar ectopic pregnancies or molar pregnancies • Office-based procedures such as uterine aspiration and intrauterine device procedures • Pregnancy options counseling • Medication abortion • Procedural abortion • Management of second trimester obstetrical emergencies

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		<ul style="list-style-type: none"> •
	Division of Gynecologic Oncology	<ul style="list-style-type: none"> • Comprehensive management of patients with known or suspected gynecologic abnormality/malignancy or those in need of complex surgical procedures impacting the following disease sites: <ul style="list-style-type: none"> ▪ Cervix/vagina/vulva ▪ Uterine corpus/endometrium ▪ Ovary/Fallopian tube/peritoneum ▪ Gestational trophoblastic neoplasia • Multidisciplinary tumor board for treatment planning • Outpatient management <ul style="list-style-type: none"> ▪ Administration of anti-tumor therapies (chemotherapy, immunotherapy, hormonal therapy) ▪ Office-based procedures • Inpatient admitting service (surgical and medical admissions) <ul style="list-style-type: none"> ▪ Medical admissions <ul style="list-style-type: none"> • Related to disease progression/management ▪ Surgical admissions <ul style="list-style-type: none"> • Robotic, laparoscopic, and open
	Division of Medical Genetics	<ul style="list-style-type: none"> • Comprehensive diagnostic evaluations for infants, children and adults with suspected genetic conditions • Comprehensive management for patients of all ages with diagnosed genetic conditions • Comprehensive genetic counseling for patients and families • Hereditary Cancer Genetics • Cardiac Genetics • Teratology (Mother to Baby):

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Clinical Department	Clinical Service	Scope of Services Provided
	Division of Maternal Fetal Medicine	<ul style="list-style-type: none"> • Center of Excellence caring for high-risk pregnancies including complex maternal and fetal medical conditions and multiple gestations • Preconception counseling and management of maternal medical conditions • Comprehensive Prenatal Genetic Counseling and genetic testing for maternal and fetal conditions • Advanced Fetal Imaging in all trimesters • Fetal Echocardiography <p>Transabdominal and Transvaginal Chorionic Villus Sampling for prenatal diagnosis</p> <p>Diagnostic and Therapeutic Amniocentesis</p> <p>Fetal umbilical blood sampling and intrauterine fetal transfusion</p> <p>Transvaginal and Transabdominal cervical cerclage</p> <p>Comprehensive Placenta Accreta program</p> <p>Partner physicians with Fetal Surgery Program at Connecticut Childrens</p>
	Division of Minimally Invasive Gynecologic Surgery	<ul style="list-style-type: none"> • Center of Excellence in Minimally Invasive Gynecologic Surgery • Comprehensive Medical and Surgical Treatment of Endometriosis and Uterine Fibroids, Pelvic Pain and Abnormal Uterine Bleeding • Advanced Robotic, Laparoscopic and Hysteroscopic Surgery • Surgical Treatment of Uterine Anomalies • Endometriosis Biorepository and Education Program
	Division of Reproductive Endocrinology and Infertility	<ul style="list-style-type: none"> • Comprehensive medical and surgical treatment of infertility • Close collaboration with MIGS and Urology for male infertility • Ovulation induction and intra-uterine insemination • National leadership in In Vitro Fertilization (IVF) services • Pre-implantation Genetic Testing for aneuploidy and for genetic diseases • Fertility preservation and Onco-fertility program • Gestational Carrier services • IVF with donor eggs

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • LGBTQ+ family building (Shared conception family building, Family building for male-male couples) • Therapeutic donor insemination •
Oncology		<p>Hematology: Outpatient management and inpatient consultative/procedural service of hematological disorders.</p> <ul style="list-style-type: none"> • Clinical Programs: • Connecticut Bleeding Disorders Center (management of hemophilia, Von Willebrand Disease (vWD) and other congenital bleeding disorders • New England Sickle Cell Institute (NESCI) • Anticoagulation Center of Excellence • Benign Hematology Clinic (management of thrombosis, cytopenia's, iron deficiency etc.) • Services: • Infusion and Blood Transfusion Services, including IV Iron • Apheresis services – plasmapheresis, erythrocytapheresis, leukapheresis • Management of warfarin and non-warfarin anticoagulation <p>Oncology: Outpatient management and inpatient consultative/procedural service of oncologic disorders.</p> <ul style="list-style-type: none"> • Clinical Programs: <ul style="list-style-type: none"> ○ Plasma Cell Disorder Clinic (plasma cell disorders, multiple myeloma and systemic amyloidosis treatments) ○ Malignant Hematology Clinic (acute and chronic leukemias, myelodysplastic syndrome (MDS) and lymphoma treatments) ○ NAPBC-Accredited Multidisciplinary Breast Cancer Program ○ Multidisciplinary Thoracic Oncology Program, including medical oncology, surgical oncology, and interventional radiology ○ Bone Marrow Transplant Program ○ Multidisciplinary Genitourinary Oncology Program (prostate, kidney, bladder)

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> ○ Multidisciplinary Cutaneous Malignancy Program (melanoma, squamous cell carcinoma, basal cell, merkel cell carcinoma) ○ Multidisciplinary Head and Neck Oncology Program ○ Multidisciplinary Gastrointestinal Oncology Program (colorectal cancer, gastric, pancreatic, hepatobiliary) ○ Multidisciplinary Central Nervous System Oncology Program ○ Multidisciplinary Endocrine Oncology Program ○ Multidisciplinary GYN Oncology Program ○ Cancer and Bone Health Interdisciplinary Clinic ○ Cancer Prevention Programs including the Colon Cancer Prevention Program (CCPP) ○ Cancer Fatigue Interdisciplinary Clinic ○ Multidisciplinary Endocrine Oncology Program ○ Radiation Oncology ○ Palliative care service (inpatient & outpatient) ○ Neag Cancer Center Clinical Trials Office • Patient Resource Center that offers services that include: <ul style="list-style-type: none"> • American Cancer Society Patient Navigator • Health Psychology • Patient Support Care Service and Palliative Care • Cancer Survivorship Program • Hereditary Cancer Support and Genetic Counseling • Social Work • Chaplaincy Program • Nutrition Services • Procedures: <ul style="list-style-type: none"> • Tumor biopsies, bone marrow biopsies and fat pad aspirations • Autologous Bone Marrow Transplant and Post-Transplant followup services • Administration of chemotherapies, including intravenous, intraventricular, inthathecal and inpatient high-dose chemotherapy protocols

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Administration of immunotherapies including checkpoint blockade, bi-specific T-cell engagers, and intra-lesional therapies • Administration of oral anti-cancer agents • Administration of immunotherapies • Molecular Profiling of Hematology and Solid Tumor Cancers
Orthopedics		<ul style="list-style-type: none"> • General Orthopaedic Surgery <ul style="list-style-type: none"> ○ Operative and non-operative management of injury, pain and dysfunction of the musculoskeletal system • Orthopedic Spine Surgery <ul style="list-style-type: none"> ○ Operative and non-operative management of degenerative, traumatic, infectious, neoplastic and congenital spinal pathology ○ Cervical, thoracic and lumbar decompression (minimally invasive and open techniques) ○ Cervical, thoracic and lumbar fusion (minimally invasive and open techniques) ○ Spinal Deformity correction (minimally invasive and open techniques) ○ Spinal tumor resection and stabilization ○ Sacroiliac fusion ○ Intervertebral disc replacement • Foot and Ankle Surgery <ul style="list-style-type: none"> ○ Management of acute traumatic injuries and post-traumatic issues such as sports injuries, sprains, tendon ruptures, new fractures, dislocations, and fractures that have not healed or have healed in an abnormal position. ○ Major foot reconstructions for foot deformity, total ankle reconstruction, and tendon and ankle repair. ○ Management of nerve entrapment/neuromas of the foot and ankle • Podiatry <ul style="list-style-type: none"> ○ Orthotics, custom shoes, and a variety of braces. ○ Treatment of common foot problems including heel pain, bunions, hammertoes, and painful flat feet, as well as injuries such as fractures and tendonitis.

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> ○ Preventive management of diabetic foot problems ○ Surgical management of diabetic foot and other infections • Hand Center: Hand, Wrist and Elbow Surgery <ul style="list-style-type: none"> ○ Surgical and non-surgical management of traumatic injuries and post-traumatic pathology of the hand, wrist and elbow ○ Wide-awake hand surgery ○ Upper extremity nerve release, relocation, repair ○ Upper extremity arthroplasty and joint reconstruction ○ Arthroscopy of the hand, wrist and elbow • Neurosport <ul style="list-style-type: none"> ○ Management of injuries to the neurologic system resulting from exercise, sport and other activities ○ Diagnosis, treatment, and rehabilitation of concussions and other forms of traumatic brain injury ○ Evaluation and management of spinal and peripheral nerve disorders ○ Electrophysiologic testing • Joint Replacement & Preservation <ul style="list-style-type: none"> ○ Hip and knee arthroplasty (Primary and Revision) ○ Shoulder arthroplasty – primary and revision, standard and reverse ○ Robotic-assisted Arthroplasty ○ Non-operative care for joint pain • Orthopedic Oncology <ul style="list-style-type: none"> ○ Management of primary and metastatic pathology of the skeleton ○ Management of musculoskeletal sarcomas and neoplastic disease • Sports Medicine <ul style="list-style-type: none"> ○ Operative and non-operative management of sports-related injuries and their sequelae ○ Major joint arthroscopy, including shoulder, hip and knee ○ Lower extremity osteotomies for malalignment and/or pain ○ Major joint tendon repair and reconstruction

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> ○ Management of major joint instability ○ Management of cartilage, meniscus and labrum pathology ○ Orthobiologic Therapy for musculoskeletal pain • Trauma/Emergency Care <ul style="list-style-type: none"> ○ Operative and non-operative management of traumatic injuries of the musculoskeletal system including bone, tendon, ligament and muscle ○ Management of infections of the musculoskeletal system (often in consultation with Infectious Disease service)
Pathology & Laboratory Medicine	Clinical Laboratory	<ul style="list-style-type: none"> • Routine and stat specimen collection • Blood banking • Chemistry • Clinical pathology consultation • Coagulation testing • Cystic Fibrosis newborn screening • Electrophoresis • Endocrinology • Hematology • Bone marrow aspirations • Flow cytometry interpretations • Immunohematology • Immunology • Microbiology • Molecular diagnostics • Mycobacteriology • Mycology • Parasitology • Serology • Therapeutic drug monitoring/toxicology • Urinalysis

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Virology
	Surgical Pathology	<p>Interpretation and diagnoses on surgical and other specimens submitted for pathologist review in the areas of:</p> <ul style="list-style-type: none"> • Renal pathology • Neuropathology • Muscle and nerve pathology • Soft tissue and bone pathology • Breast pathology • Lung and thoracic pathology • Head and neck pathology • Gastroenterology pathology • Genitourinary pathology • Hematopathology • Oral and maxillofacial pathology • Autopsies • Cytology (non-gyn and gyn) • Electron microscopy • Histology • Immunohistochemistry • Immunofluorescence • Fine needle aspirations • Frozen Section service • Multidisciplinary Tumor boards • Outreach Programs • Consultation and referral/second opinion diagnosis services
	Blood Bank	<ul style="list-style-type: none"> • Blood/Components Available from Blood Bank include: <ul style="list-style-type: none"> ○ Leukoreduced Red Blood Cells ○ Plasma

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> ○ Platelets ○ Cryoprecipitate ○ NICU syringes (rbc, platelets, FFP Cryo) ○ Rh Immune Globulin (Rhogam) ○ Irradiated cellular products when ordered or as indicated (from ARC or internal) <p>Services provided to specialized patients including Sickle cell patients, NICU and Cancer Center patients.</p>
	Other Laboratory Services	<ul style="list-style-type: none"> • Management and oversight of Point of Care Testing (POCT) Program and Decentralized Laboratory Testing Program (DLT)
Pediatrics		<ul style="list-style-type: none"> • Inpatient Newborn care
Pharmacy		<ul style="list-style-type: none"> • 24/7/365 inpatient pharmacy service • Services are provided across realms that include but are not limited to: <ul style="list-style-type: none"> ○ Hospital Inpatients ○ Ambulatory and Home care patients ○ Emergency Department & Urgent Cares ○ Infusions, including IV additive service and chemotherapy preparation service for the Infusion Center • Pharmacy Department services and support include: <ul style="list-style-type: none"> ○ Clinical Coordinators ○ Inpatient and Ambulatory Clinical Staff ○ Anticoagulation Clinic ○ Investigational Drug Service ○ Medication Safety ○ Pharmaceutical procurement ○ Pharmacy informatics ○ Specialty Pharmacy services • Inpatient clinical medication management that entails:

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		<ul style="list-style-type: none"> ○ Medication profile clinical verification and review ○ Drug allergy / interaction / duplication of therapy screening ○ Dose verification ○ Appropriate therapy route and duration ○ Participation in multidisciplinary clinical rounds ○ Adverse drug event monitoring ○ Medication reconciliation and discharge operations ○ Warfarin collaborative practice dosing program ○ Vancomycin / Aminoglycoside Pharmacokinetic collaborative practice dosing program ○ Antibiotic stewardship program (IV to PO, renal dosing) ○ Conduct regular educational sessions, symposiums, and seminars ○ Drug Information Services ○ Extemporaneous compounding unit ● Intravenous sterile admixture services for both inpatient and outpatient areas that entails: <ul style="list-style-type: none"> ○ Total Parenteral Nutrition preparations ○ Chemotherapy preparations ○ Allergy mixes preparations and other parenteral preparations as necessary ○ Nonsterile compounding unit
Psychiatry		<p>Outpatient and inpatient management/consultative service that includes the following:</p> <ul style="list-style-type: none"> ● Neurodevelopmental disorders ● Schizophrenia spectrum and psychotic disorders ● Bipolar spectrum disorders ● Depressive disorders ● Anxiety disorders ● Obsessive-compulsive and related disorders ● Trauma and stressor-related disorders ● Dissociative disorders ● Somatic symptom and related disorders ● Eating disorders

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Sexual dysfunctions • Gender dysphoria • Disruptive, Impulse-control and conduct disorders • Substance-related and Addictive disorders • Neurocognitive disorders • Personality disorders • Paraphilic disorders • Medication-induced movement disorders <p>Services and treatments provided include:</p> <ul style="list-style-type: none"> • Adult inpatient psychiatry unit • Geriatric inpatient psychiatry team • Intensive outpatient program-general • Dual-diagnosis intensive outpatient program • Silver Sage intensive outpatient program • Adult outpatient psychiatry clinics • Child and adolescent outpatient psychiatry clinic • Embedded outpatient psychiatry services • Geriatric outpatient psychiatry clinics • Consultation-Liaison service • Emergency department psychiatry consultation service • Electroconvulsive therapy (ECT) for both inpatients and outpatients • Esketamine service • Treatment-resistant depression clinic • Huntington's disease clinic • Neuropsychological testing • Psychological Trauma Clinic • Child and Family Development Program • Parenting Program for first-time parents

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Memory Assessment Program including services and treatments for cognitive disorders, including the administration of the medications for Alzheimer’s disease (lecanemab/Leqembi®).
Surgery	Otolaryngology	<ul style="list-style-type: none"> • General <ul style="list-style-type: none"> ○ Management of common ENT conditions such as snoring, sleep apnea, tonsils • Ear <ul style="list-style-type: none"> ○ Management of common ear disorders including acoustic neuroma, dizziness, and Menier’s disease ○ Microscopic Ear Surgery ○ Cochlear Implantation ○ Hearing Reconstructive Surgery ○ Vertigo & Balance Disorders Clinic • Nose <ul style="list-style-type: none"> ○ Allergy testing and injection therapy ○ Endoscopic Sinus Surgery ○ Sleep Surgeries (Nose / Throat) ○ Minimally invasive balloon Sinuplasty ○ Endoscopic Skull Base Surgery ○ CSF Leak Repair • Throat <ul style="list-style-type: none"> ○ Bloodless Tonsillectomy ○ Micro laryngeal Surgeries ○ Management of common disorders such as hoarseness, swallowing difficulties, and vocal cord polyps ○ Voice and Speech clinic • Head & Neck <ul style="list-style-type: none"> ○ Thyroid, salivary gland and pituitary gland surgeries ○ Head and neck cancer surgery

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> ○ Lifesaving away procedures • Speech therapy <ul style="list-style-type: none"> ○ Professional Voice Therapy ○ Speech Therapy ○ Tracheal Esophageal Prosthesis Care ○ Swallow Therapy • Audiology Services <ul style="list-style-type: none"> ○ Audio Verbal Therapy and mapping for Cochlear Implantation ○ Central auditory processing evaluation ○ Hearing evaluation & Hearing Aid Trial • Allergy Services <ul style="list-style-type: none"> ○ Aeroallergen Testing ○ Immunotherapy – Sublingual ○ Drug Allergy Testing
	Cardiothoracic Surgery	<ul style="list-style-type: none"> • Coronary Artery Bypass • Valve replacement surgery
	Thoracic Surgery	<p>Treatment of:</p> <ul style="list-style-type: none"> • Achalasia • Chest wall trauma • Chest wall tumors • Diaphragm disorders • Esophageal cancer • Esophagus disease • GERD • Hiatal hernia • Hyperhidrosis • Lung cancer • Lung nodules • Mesothelioma

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Myasthenia gravis • Pleural disorders • Rib lesions • Tracheal disorders <p>Procedures:</p> <ul style="list-style-type: none"> • Bronchoscopy • Thymectomy • Robotic-assisted surgery • Laparoscopic Heller myotomy surgery
	General Surgery	<ul style="list-style-type: none"> • Gallbladder disease and surgery • Hernia surgery • Colorectal and small bowel surgery • Gastric Surgery • Liver, pancreas, and bile duct surgery • Surgical Critical Care • Trauma Surgery
	Ophthalmology	<ul style="list-style-type: none"> • Comprehensive Eye Care • Contact Lens Services • Cornea and External Diseases • Cosmetic Services • Glaucoma Services • Neuro-Ophthalmology • Oculoplastic Services • Ophthalmology Surgical Services (cataract, eyelid and orbital, cornea and adnexa, some glaucoma procedures) • Retinal Diseases • Uveitis and Immunology • Dry Eye Services • Thyroid Eye Disease
	Plastic Surgery	<ul style="list-style-type: none"> • Cosmetic

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> • Face <ul style="list-style-type: none"> ○ Face Lift ○ Brow Lift (Forehead Lift) ○ Eyelid Lift ○ Neck Lift ○ Ear Surgery ○ Nose Surgery (Rhinoplasty) • Breast <ul style="list-style-type: none"> ○ Breast Augmentation/implant ○ Breast Lift (mastopexy) ○ Breast Reduction ○ Breast Reduction for Men(gynecomastia correction) • Body <ul style="list-style-type: none"> ○ Tummy Tuck (abdominoplasty) ○ Liposuction ○ Arm Lift (Brachioplasty) ○ Thigh Lift ○ Back/buttock Lift ○ Body Contouring (After Massive Weight Loss) • Skin and Minimally Invasive <ul style="list-style-type: none"> ○ BOTOX® Cosmetic ○ Sciton® Halo™ - Hybrid Fractional Laser ○ JUVÉDERM® and other soft tissue fillers ○ Sclerotherapy ○ Earlobe Repair ○ Lesion Excision ○ Scar Revision • Reconstructive <ul style="list-style-type: none"> ○ Breast Reconstruction ○ Breast Reduction ○ Cancer Reconstructive Surgery (face, trunk, extremities) ○ Trauma Reconstructive Surgery ○ Peripheral Nerve Reconstruction ○ Skin Cancer Resection and Reconstruction • Hand Surgery

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Clinical Department	Clinical Service	Scope of Services Provided
	Urology	<ul style="list-style-type: none"> • Uro-oncology surgery <ul style="list-style-type: none"> ○ Prostate cancer ○ Bladder cancer ○ Renal cancer ○ Testis cancer ○ Adrenal cancer ○ Penile cancer • Robotic/minimally invasive surgery <ul style="list-style-type: none"> ○ Robotic prostatectomy ○ Robotic and or Laparoscopic nephrectomy and partial nephrectomy ○ Robotic adrenalectomy ○ Robotic bladder diverticulectomy ○ Robotic pelvic lymph node dissection ○ Robotic upper urinary tract reconstruction • Voiding dysfunction <ul style="list-style-type: none"> ○ Urodynamics ○ Pelvic incontinence surgery (Uro-gynecology) ○ Transurethral resection of the prostate ○ Simple prostatectomy • Male sexual function <ul style="list-style-type: none"> ○ Vasectomy ○ Vasectomy reversal ○ Varicocele surgery ○ Penile injection therapy for erectile dysfunction ○ Penile implant surgery ○ Peyronnie’s disease ○ Sperm harvest • Male infertility services <ul style="list-style-type: none"> ○ Sperm retrieval ○ Male infertility preservation ○ Testosterone replacement therapy

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> Stone disease <ul style="list-style-type: none"> Ureteroscopy and lithotripsy Percutaneous nephrostomy and lithotripsy Extra corporeal shock wave lithotripsy Emergency stent placement General Urology <ul style="list-style-type: none"> Circumcision Hydrocele Orchidopexy for testis torsion Orchiectomy Placement of testicular prosthesis
	Vascular Surgery	<p>Evaluation, management, treatment and surgical intervention as needed for conditions that include but are not limited to:</p> <ul style="list-style-type: none"> Aortic disease of the ascending, transverse and descending arch Aortic disease of the abdomen Peripheral arterial disease Renal and mesenteric disease Carotid disease Dialysis access and all other forms of access Venous disease Pulmonary embolism Vascular Tumors Spinal exposure Amputations Wounds Lymphatic disease Thoracic outlet Syndrome Popliteal entrapment <p>Services provided include:</p> <ul style="list-style-type: none"> Clinical management

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Clinical Department	Clinical Service	Scope of Services Provided
		<ul style="list-style-type: none"> ○ Clinical evaluation of vascular patients, including history, physical examination, and medical management including pharmacotherapy and risk factor reduction. • Vascular diagnostic testing and imaging <ul style="list-style-type: none"> ○ Noninvasive and invasive diagnostic testing of vascular disease, including but not limited to duplex ultrasound scanning, Doppler testing, plethysmography, magnetic resonance imaging, computed tomography angiography, contrast angiography and venography, intravascular ultrasound, and other new and evolving imaging tools. • Open vascular surgery <ul style="list-style-type: none"> ○ Indications for and techniques of open surgical treatment, including management of their complications, for vascular disorders involving arteries, veins, and lymphatic vessels throughout the body, exclusive of intrinsic cardiac and intracerebral vessels. These arteries include the carotid artery and its extracranial branches, vertebral arteries, upper extremity arteries, intrathoracic arch branches, aortic arch and descending thoracic aorta, abdominal aorta, visceral and renal arteries, and pelvic and lower extremity arteries. Venous and lymphatic disorders are also included. • Endovascular therapy <ul style="list-style-type: none"> ○ Indications for and techniques of endovascular interventions, including management of their complications, for vascular disorders involving all vessels listed for open surgery. complications of endovascular intervention with appropriate endovascular and open surgical intervention. • Critical care management <ul style="list-style-type: none"> • Management of patients including preoperative and postoperative evaluation and treatment of vascular patients in the intensive care setting. This management includes understanding indications and techniques for the insertion of peripheral artery, central venous, and pulmonary artery catheters for hemodynamic monitoring.

DRAFT – approved by JDH Medical Board 7/8/25

Clinical Department	Clinical Service	Scope of Services Provided
Wound Care and Hyperbaric Medicine		<ul style="list-style-type: none">• Wound healing consultation, diagnosis, ongoing assessment, and treatment, including vascular assessment• Hyperbaric Oxygen (HBO) therapy• Wound Negative Pressure therapy• Cellular/Tissue-based products• Patient-specific dressing, application, and change• Diagnostic testing• Medication administration• Infection Control• Patient education
Nursing & Ancillary Services		<ul style="list-style-type: none">• 24-hour Nursing Services• 24-hour inpatient Dietary / Food & Nutrition services• Inpatient Rehabilitation Services• Respiratory Therapy Services• Palliative Care Services

Informational Items

- JDH Medical Board Update
- UMG Operations Update
- Annual TJC Health Disparities Report (CY 2024)



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

FROM: Brian Shames, MD

DATE: August 14, 2025

SUBJECT: JDH Medical Board Report

The following is a summary of the major activities of the John Dempsey Hospital Medical Board from May 1, 2025 through July 31, 2025.

POLICY/OTHER ISSUES

1. Nominated three members of the Medical Board to replace Robert Fuller, MD on the Clinical Affairs Subcommittee. Ms. Chase appointed Alise Frallicciardi, MD as the new member.
2. Approved an updated nurse-driven protocol on preoperative type and screen requiring co-signature by a practitioner.
3. Approved an updated policy on Healthcare Industry Representatives in Clinical Areas, requiring clearance through the vendor credentialing platform and excluding them from the operating room until the patient is prepped and draped.
4. Passed a resolution recommending Alise Frallicciardi, MD as Chief of Service for Emergency Medicine.
5. Passed a resolution recommending Glen Konopaske, MD as Chief of Service for Psychiatry.
6. Approved an updated policy on when a patient death should be referred to the Medical Examiner's Office.
7. Approved an updated JDH scope of services.

CREDENTIALING ACTIVITY

Type of Application or Evaluation	Total
Initial Appointment	35
Reappointment	99
Temporary Privileges	16
Applications for a Change in Privileges	1
Focused Professional Practice Evaluations	15
Ongoing Professional Practice Evaluations	0
Delegated Credentialing Audits	2

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: August 14, 2025

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

UPDATES ON AMBULATORY ORGANIZATIONAL GOALS and INITIATIVES

Brief highlights for Q4 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 Call Center to Employee Health areas. 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 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 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 Alzheimer's clinical direction of Dr. Maghaydah and Dr. Zdanys, began administering the new medication in April 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 July 14, 2025, there are 49 geriatric patients in with Lecanemab therapy plans.

Quality

This quarter our Director of Performance Improvement and Epic Health Planet analyst worked diligently to configure Electronic Clinical Quality Measures (eCQMs) in our instance of Epic for our Accountable Care Organization (ACO) reporting requirements. Electronic Clinical Quality Measures (eCQMs) are standardized electronic measures used to assess the quality of healthcare services. In 2026 ACOs will be required to submit eCQMs, which will replace previous MIPS and Group Practice Reporting Options. In 2026, we will report CY25 performance on four measures, Hypertension

Control, Diabetes A1c Poor Control, Depression Screening & Follow-Up Plan and Breast Cancer Screening. Measures must be reported for all patients, all payors. They will not be limited to those attributed to our ACO. Wellvana (current ACO partner) requires that all participating health systems submit a test file by 6/30 to assess mid-year performance and ensure all participants meet electronic reporting requirements. UConn Health successfully submitted a file ahead of the deadline.

The quality and patient safety team's Falls Champions program is in progress. The group meets monthly to review ambulatory falls, discuss mitigation strategies, look at opportunities to improve and share best practices. The group is highly engaged and are actively identifying environmental concerns and potential policy changes to reduce falls. The program was introduced in March 2025. Preliminary review of data shows a slight decrease in falls and increased awareness.

Fig.1. Ambulatory Patient Fall Volume

CY24 Fall Volume				CY25 Fall Volume	
Q1	Q2	Q3	Q4	Q1	Q2
13	9	19	15	17	13

The next priority for the Quality team is to focus on reducing the number of medical record errors occurring in our ambulatory practices. Medical record errors were identified in the top three highest volume safety events in 2024 and 2025. Many of these errors are a result of employees failing to confirm two patient identifiers as a part of their standard workflow. The ambulatory quality and patient safety team along with nursing education developed an internal employee and patient-facing campaign, “**Do the Two**”, to remind all patient-facing teams to confirm the patient’s name and date of birth during every encounter, every time. The team presented to leadership in May and are finalizing the timeline for implementation. The campaign will include buttons, flyers, posters and reminders on closed circuit monitors throughout the health system.

Fig. 2. Ambulatory Patient Safety Scorecard

	Measures	FY Q2			FY Q3			FY Q4			Target			Data Source
		Oct '24	Nov '24	Dec '24	Jan '25	Feb '25	Mar '25	Apr '25	May '25	Jun '25				
Ambulatory Clinics	Monthly Falls Screening	91%	92%	92%	91%	92%	93%	93%	93%	93%	>90%	70-89.9%	<70%	Epic Report
	Number of Mislabelled Specimens	0	2	2	0	0	0	1	1	1	<=2	<=3	>4	Safety Intelligence
	Date of last serious safety event				1/8/2025					6/9/2025				Safety Intelligence
	Patient experience: Recommend this provider's office to your friends and family	94.36%	95.11%	94.36%	94.62%	93.83%	95.17%	94.76%	94.40%	94.45%	>=60	50-59	<50	Press Ganey PG Fusion - Top Box Score

Performance Improvement

This Quarters winner of the Primary Care Quality Improvement Contest was Canton Family Medicine. The metrics include breast cancer screening, tobacco use screening, depression screening, Medicare annual wellness visit, Diabetes: Hemoglobin A1c testing, Diabetes: Nephropathy screening test. The practice improved the total of 16% points on the quality metrics. In addition, among all practices, the biggest improvement was seen on the breast cancer screening metric with Willimantic Family Medicine and Geriatrics improving by 4%, Storrs Family Medicine and Torrington Internal Medicine improving by 3% and Canton Family Medicine and Simsbury Internal Medicine improving by 2% on this metric.

Monthly Population Health Quality Improvement Office Hours for support staff at the primary care clinics spanned various topics and encouraged cross-disciplinary collaboration. Topics included

transportation resources available to patients, post-acute care, patient experience and understanding barriers in transgender care.




Improved screening workflow to support the requirements of the Connecticut Department of Social Services (DSS) Husky Health members Maternity Bundle was developed and deployed in all Women’s Health and Maternal-Fetal Medicine clinics. The workflow includes the OurPractice Advisory alert (OPA) for MAs and RNs prompting them to complete the depression, intimate partner violence and substance use screenings. In addition, patients with an active MyChart account receive questionnaires prior to scheduled visit. The goal of the screening is to connect patients to needed resources. Any positive depression and/or intimate partner violence screening results prompt an alert to the provider and social work team for follow-up. All MAs, RNs and providers were trained in improved workflow and Epic functionality. The quality team will continue to monitor performance on related metrics for the Husky Maternity Bundle program.

Patient Satisfaction

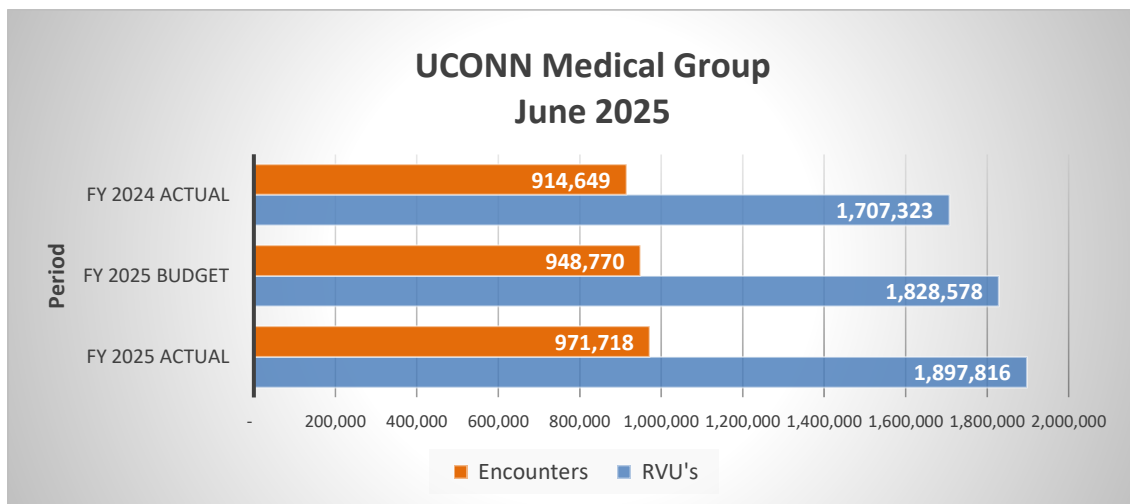
This quarter, Medical Practice achieved a Likelihood to Recommend Top Box Score of 94.54%, based on 12,479 returned surveys. This places the practice in the 81st percentile among AHA Region I peers and the 74th percentile nationally, reflecting a slight decline from the previous quarter’s 83rd and 77th percentiles, respectively. Despite the minor drop in percentile rankings, several key survey measures showed positive movement. Ratings for “Rate provider 0–10” increased by 0.3 percentage points, “Physician Communication Quality” improved by 0.1%, “Office Staff Quality” rose by 0.4%, and “Care Coordination” saw a 0.6% gain.

Additionally, the measure “Staff worked together to care for you” increased by 1.2%, indicating stronger team collaboration. However, there were slight declines in “Recommend this provider office” (down 0.2%) and “Access to Care (3-month)” (down 0.4%). As we continue to monitor performance, particular attention will be given to Care Coordination, especially in areas such as follow-up on test results, provider access to medical records, and communication around medications.

Likelihood to Recommend

Quarter	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	
Time Period	July - Sept	Oct - Dec	Jan - March	April - June	July - Sept	Oct - Dec	Jan - March	April-June	July-Sept	Oct - Dec	Jan - March	April-June	Trend
n	4062	9113	13745	13064	12492	9866	14288	12706	12480	12721	12711	12309	
Top Box Score	90.99%	91.93%	93.31%	93.58%	93.70%	94.01%	94.14%	94.02%	94.67%	94.60%	94.56%	94.54%	
Percentile Rank	39	63	87	84	81	91	87	84	87	86	83	81	

Finance



Encounters

- YTD encounters are ahead of budget by 2.4% & ahead of prior year by 6.2%.

wRVUs

- YTD wRVUs are ahead of budget by 3.8% & ahead prior year by 11.2%.

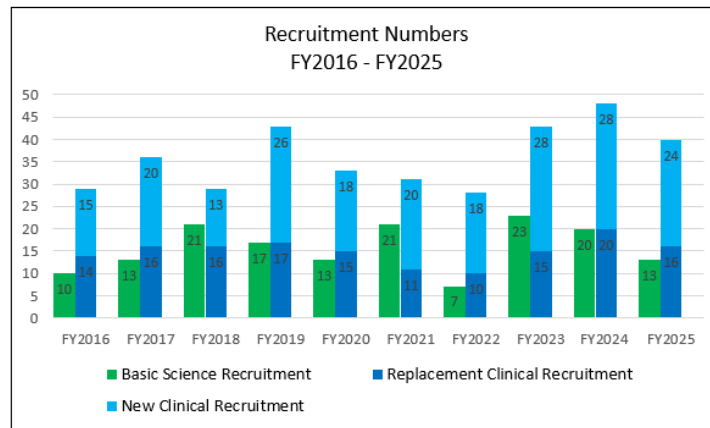
Revenues

- Largest Growth Areas for YTD period with charges/stats are OB, Urology, Orthopedics, Cancer Center, when compared to budget.
- YTD net patient revenues are ahead of budget by 32.6% & ahead of prior year by 10.1%.

Faculty Expansion

Significant faculty growth is projected for FY25, with 40 clinical faculty hires scheduled to date. Of these, 24 are new positions and 16 are replacements. Additionally, 13 basic science faculty hires are expected, all of which are new positions except one replacement.

The distribution of the 40 clinical faculty departments is as follows: Hospitalist (5), Internal Medicine (4), Emergency Medicine (3), Neurology (3), Orthopedic Surgery (3), and Psychiatry (3). Departments with two faculty members include Cardiology (2), ENT (2), OBGYN/MFM (2), Ophthalmology/Optometry (2), and Pathology (2). The following departments each have one faculty member: Cancer Center (1), Family Medicine (1), Geriatrics (1), Hematology-Oncology (1), Nephrology (1), Neurosurgery (1), Occupational Medicine (1), Pulmonary and Critical Care (1), and Radiology (1).



	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	Total
Basic Science Recruitment	10	13	21	17	13	21	7	23	20	13	158
Clinical Recruitment	29	36	29	43	33	31	28	43	48	40	360
New	15	20	13	26	18	20	18	28	28	24	210
Replacement	14	16	16	17	15	11	10	15	20	16	150

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” in the Outpatient Pavilion. This plan allows for growth in key areas such as OBGYN/Women’s Health, all of the Surgical specialties, Internal medicine, Geriatrics & Healthy aging, 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 in July 2024. The second and third phases of the project involve some construction to allow the relocation of the OB/GYN and MIGS (minimally invasive gynecological surgery) clinics to join MFM on the third floor of the outpatient pavilion slated for completion September 2025.
- The blood draw area previously located on the third floor of the Outpatient Pavilion has been relocated to the first floor, alongside the newly designated rooms for Pharmacy’s Medication Therapy Management (MTM) program. This relocation has enabled the expansion of patient care capacity by creating additional bays to better accommodate patient needs.
- The physical therapy and occupational therapy were consolidated in the Musculoskeletal Institute (MSI) where we covered a pool area and can now use it for clinical rehab.
- The new Women’s Center for Motion & Performance, directed by Dr. Katherine Coyner and Dr. Allison Schafer from the Department of Orthopedic Surgery, opened last April. This virtual center is dedicated to treating musculoskeletal injuries in active women of all ages through an integrated, multidisciplinary approach. The center’s patient-centric model collaborates with various services, including Orthopedics, Neurology, Physical Therapy, Behavioral Health, Nonoperative Sports Medicine, Internal Medicine, Osteoporosis, and Weight Management. To date, over 2,013 women have been treated under this program, with an additional 198 scheduled for future appointments.

- Plans to expand our Southington clinic space at 1115 West Street are underway. An additional 5,000 sq ft are being added to the lower level of the building, allowing specialty services (ENT, Dermatology, OB/GYN, Pulmonary, Endocrinology, and Nephrology) to relocate and grow by four exam rooms. This expansion will enable our existing Primary Care practice on the second floor to expand. Construction is expected to be completed by end of July, with plans to occupy the new space in August.
- A new clinical facility located at 507 East Main Street in Torrington is set to be leased, enabling the relocation and expansion of the existing single-physician primary care practice currently operating in the area. The current 2,000-square-foot practice will transition into a significantly larger, state-of-the-art space totaling over 10,500 square feet across two floors. This expansion will not only enhance primary care services but also introduce a range of specialty services, including Orthopedics, Pulmonary, Vascular Surgery, Endocrinology, Cardiology, Obstetrics and Gynecology, Radiology services. The Campus Planning Department is overseeing the build-out of the new space, with construction commenced in July 2025 and an anticipated completion timeline by January 2026.
- Primary care services will be expanding into the town of Avon through the conversion of two exam rooms in the upper level of the existing facility at 2 Simsbury Road. This newly designated space will support same day/urgent type care visits for established internal medicine patients requiring timely medical attention.
- Ongoing implementation to build out Institute of Sports Medicine (ISM) Hartford location in People's Bank Arena (formerly the XL Center). This 5,500 sq ft area is operated ISM will provide state-of-the-art motion assessment, injury prevention and return-to-play services for high performance athletes throughout Connecticut and New England.
- Service needs have been identified in the South Windsor area, prompting the development of a small clinical site to address these specialty needs. The site will offer outpatient vascular surgery, maternal fetal medicine, colorectal surgery appointments, and spine services. The plan is to lease approximately 2,300 sq ft to accommodate these services.

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 - As part of the ongoing CHEERS campaign, three key recurring outreach initiatives—Medicare Annual Wellness Visit, FIT Testing, and Schedule Screening Mammograms—were actively promoted during Q2 of 2025 to support preventive care and patient engagement. The Medicare Annual Wellness Visit campaign, targeting patients with a UConn PCP who are due for their annual check-up, achieved a 32.1% success rate, with 851 patients scheduling appointments out of 2,648 outreached. The FIT Testing campaign encouraged patients with open FIT orders to complete their colorectal cancer screenings, resulting in a 19.3% response rate, with 225 patients submitting specimens from 1,167

outreached. Additionally, the Schedule Screening Mammograms campaign reached 6,991 patients, leading to 744 scheduled appointments and a 10.6% success rate. These campaigns remain in progress and continue to reflect the CHEERS initiative's commitment to proactive, preventive healthcare.

Nuance DAX A1

UConn Health recently concluded its pilot of the Nuance Microsoft DAX CoPilot, an AI-powered ambient listening solution integrated with Epic. The pilot, which launched on March 26, 2025, involved 30 physicians across 25 departments using Epic Haiku on their iPhones to convert patient-provider conversations into clinical notes. Designed to reduce documentation time, increase volume and enhance provider-patient interaction in Ambulatory Clinics, the project included virtual kickoff sessions and template training, with feedback collected at 45 and 60 days post-implementation. Providers reported significant time savings in charting, improved accuracy in capturing patient details, better coding and praised the customizable note templates and the after-visit summary feature. The tool was described as easy to use, with accurate summaries and strong support throughout the pilot phase.

Based on the overwhelmingly positive feedback, UConn Health is now moving forward with a broader implementation of DAX CoPilot across all outpatient practices. The rollout will begin in September with Dermatology, Internal Medicine, and Orthopedics including residents/fellows, PAs and APRNs. The reason why these were initially chosen as we are looking to reduce the use of in-person and virtual scribes. After those groups go forward, we will be implementing a big bang rollout to remaining ambulatory clinic areas. This expansion represents a strategic step toward reducing provider burnout, improving documentation efficiency, improved technology and ultimately enhancing the quality of care.

MyChart

This quarter, MyChart activations have increased to 65%. 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

- Anthem Blue Cross – Blue Distinction Center for Spine Surgery – received Blue+
- Anthem Blue Cross – Blue Distinction Center for Total Joints – received Blue
- UConn Health Nurse Educators Natalia Zaniewski, Marlena Wojtylo, and Kerry Providence have been selected to present their abstract, "Improving Medication Safety Through Barcode Scanning in Ambulatory Clinics: A Quality Improvement Initiative," as a poster presentation at the Connecticut Nursing Research Alliance 29th Annual Evidence-Based Practice Conference this quarter.
- Celebrating UConn Health's Nurses
<https://today.uconn.edu/2025/05/celebrating-uconn-healths-nurses/>
- UConn Health Physicians Named to 2025 "Top Doctors" List
<https://today.uconn.edu/2025/05/uconn-health-physicians-named-to-2025-top-doctors-list/>

- UConn Athletic Trainer Honored After Saving a Life
<https://today.uconn.edu/2025/05/uconn-athletic-trainer-honored-after-saving-a-life/>
- UConn Health's Dr. Denis Lafreniere Inducted into the Honor Society for Otolaryngology – Head & Neck Surgery
<https://today.uconn.edu/2025/05/uconns-dr-denis-lafreniere-inducted-into-the-honor-society-for-otolaryngology-head-neck-surgery/>
- UConn Health's Dr. Jaclyn Olsen Jaeger Appointed to Two National Education Committees
<https://today.uconn.edu/2025/05/uconns-dr-jaclyn-jaeger-olsen-appointed-to-two-national-education-committees/>
- UConn's Dr. Cato T. Laurencin Honored by the West Indian Foundation
<https://today.uconn.edu/2025/06/uconns-dr-cato-t-laurencin-honored-by-the-west-indian-foundation/>

Annual TJC Health Disparities Report CY2024

July 1, 2025

Dear members of the UConn Health community and community partners,

Introduction:

It is with pleasure that I submit our second annual report to you reviewing our efforts to address health care disparities for CY 2024 in compliance with the standards set by The Joint Commission (TJC). This report specifically highlights the comprehensive action plan developed by a collaborative team from stakeholder groups across UConn Health and community partners. We are excited about this important work and the impact that it has on the communities we serve.

Background:

Effective January 1, 2023, new and revised requirements to reduce health care disparities were applied to organizations in The Joint Commission's ambulatory health care, behavioral health care and human services, critical access hospital, and hospital accreditation programs. John Dempsey Hospital (JDH) and UConn Health leadership stood up a multidisciplinary and interprofessional team of stakeholders. This team is led by Jeffrey F. Hines MD, Vice President for Diversity and Inclusion and meets bi-monthly to assess findings. The team includes representatives from the following administrative areas: JDH, UConn Medical Group (UMG), Accreditation/Regulatory Affairs, IT, Clinical Effectiveness, Population Health, and UConn Health Leaders (UCHL).

TJC standard requires that an action plan be developed around a disparity identified within the institution. As noted in our 2024 annual report, we started in our obstetrics unit and focused on food and transportation insecurity among all patients admitted to our OB unit and postpartum complications in our Latina OB population.

Equity/Diversity, Equity, Inclusion dashboard

As noted in our 2024 report, we implemented a health equity/DEI dashboard using a national database from Vizient. The dashboard includes the self-reported compositional diversity of the patients we serve along with de-identified and disaggregated metrics of age, gender assigned at birth, race, ethnicity, preferred language, payor status, and zip code. The database allows us to look at a variety of UCH-unique hospital diagnostic patient data points, and it allows us to benchmark ourselves against a CT cohort of hospitals and national cohorts of hospitals. This year the dashboard was used to indicate our progress on our efforts to respond to the disparity we identified in 2023 for postpartum complications in our Latine OB population and to begin to identify other disparities to focus on moving forward.

This year themes that began to emerge from early analyses of the data were the readmission rate for Latine patients with Congestive Heart Failure (CHF) and an increased Length of Stay (LOS) for All Black patients.

The UCH health equity/DEI dashboard also tracks the self-reported compositional diversity of our staff and faculty de-identified and disaggregated along metrics of race, gender assigned at birth, age, and ethnicity.

We also upload data from Patient Experience to a tab which currently tracks our patient experience data by age, gender assigned at birth, race, and ethnicity. We collect disaggregated data on grievances and complaints so we can analyze the data, deploy interventions, and make the data available through the dashboard. This year our discussions in this area focused on what data would be helpful for our analysis (themes, are there disproportionate complaints/grievances from any demographics and/or departments?) and how the RL6 upgrade can help make the data collection less labor intensive.

Screening for Social Determinants/Drivers of Health (SDoH) TJC standard to reduce health care disparities requires that patients be screened for social determinants/drivers of health (SDoH). As noted last year, we initially chose to focus on food and transportation insecurity among all patients admitted to our OB unit, and an Information Technology buildout in EPIC was accomplished. With the success of screening on our OB unit, SDOH screening to JDH units was launched on December 13, 2023 (except for the Emergency Department and the psychiatry unit). In Feb 2025, our hospital quality department issued guidance that the psychiatry unit needs to be included to meet mandatory CY2025 reporting requirement under the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. EHR workflows and staff training programs were implemented to initiate SDOH screening on the JDH psychiatric unit.

We will continue to evaluate this data and the processes to collect this data regularly so that targeted interventions can be deployed when the latest trends and opportunities arise.

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

SDOH Domain	Positive screens
Food insecurity	117 (2%)
Transportation needs	134 (3%)

Reporting Period: 1/1/2024- 12/31/2024

	Number
Total patients admitted	7238
Total patients screened	4724 (65%)

Housing instability	62 (1%)
Utility difficulties	1158 (25%)
Interpersonal Safety	31 (1%)

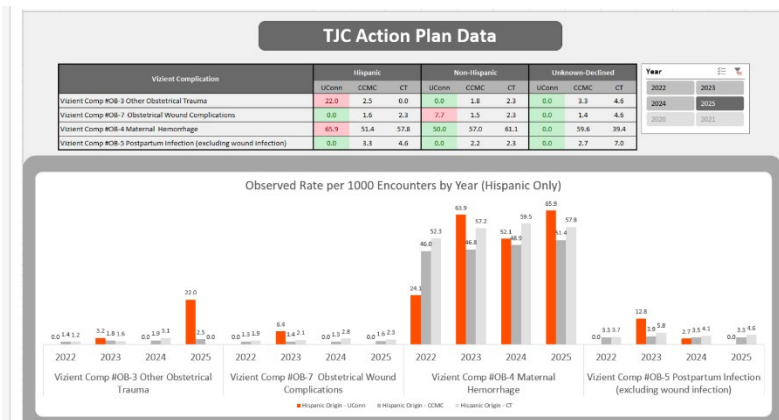
Distribution of appropriate resources was offered to patients who screened positive prior to discharge from the hospital.

Postpartum complications in our Latine OB population

TJC standard requires that an action plan be developed around a disparity. In 2023, we identified disparities in a few selected postpartum complications in our Latine OB population. An action plan was developed, which we continued to implement in 2024, to address a disparity in postpartum infection (see below).

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

The OB complications that we follow are listed below. As mentioned, we identified a disparity in the rate postpartum infections among our Latina OB patient cohort. In evaluating the data from 2023 (the start of the action plan) through 2024 (one year into implementation of the action plan) there has been a significant decrease in the observed rate of postpartum infections per 1000 in this population of patients.



This year we implemented the following steps in our 2023 action plan, which included the following:

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

7. Assess the distribution of appropriate resources at discharge and follow up visit for those who screened positive for SDoH needs
8. Continue our collaboration with The Hispanic Health Council of Hartford who have been tremendous partners in this initiative

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

Next Steps

In 2024, our team successfully launched hospital-wide Health-Related Social Needs (HRSN) screening within the EPIC electronic medical record (EMR) system for all admitted patients at UConn Health. Building on this progress, we will continue to leverage the Vizient Clinical Database to monitor outcome disparities across common medical conditions—initially focusing on congestive heart failure, chronic obstructive pulmonary disease (COPD), and sepsis.

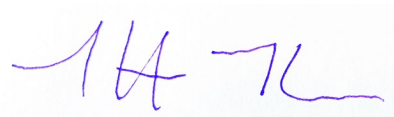
Our analysis will include key outcome measures such as 30-day readmission rates, in-hospital mortality, length of stay, ICU average length of stay, complication rates, deaths, and case mix index (CMI). We will stratify these outcomes by patient demographics, including age, sex, race, ethnicity, and insurance status, to identify potential disparities in care.

To benchmark performance, we are comparing our data with peer institutions through the Complex Care Medical Center (CCMC) cohort. A dedicated work group—including a data analyst—has been formed to conduct statistical analyses throughout the year. We will also incorporate HRSN screening results to evaluate whether identified disparities correlate with documented social needs, guiding the development of targeted interventions and equity-focused action plans.

Respectfully submitted,



Jeffrey F. Hines MD
Vice President for Diversity and Inclusion,
UConn/UConn Health Center



Kathleen Holgerson, MPA
Interim Assistant Vice President for
Diversity and Inclusion