

2007

# Annual Report Central Administrative Services 2006/2007

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**University of Connecticut Health Center**  
**Central Administrative Services**  
**Annual Report**  
Fiscal Year 2006-07

Submitted by

**Barry Feldman, Vice President & Chief Operation Officer**  
**University of Connecticut**

**Susan Whetstone**  
**Chief Administrative Officer, UConn Health Center**

**August, 2007**

**EXECUTIVE SUMMARY**  
**Annual Report**  
**Central Administrative Services**  
**July 1, 2006 – June 30, 2007**



***Barry M. Feldman, Ph.D.***  
***Vice President and Chief Operating Officer***  
***University of Connecticut***

In summer 2006, I challenged the central administrative services teams across the university to examine the definition of success for each of their areas and for the university as a whole. This work began with a re-examination of the University Board of Trustees adopted vision, mission, values and goals. In our pursuit of success I requested that each area establish annual performance goals which: aligned with the university's strategic goals; advanced opportunities for synergy across the university; and which advanced the principles of prudent fiscal management and valuing and investing in our employees.

In a May, 2007 retreat, we continued this work in a workshop aimed at gaining insight into the barriers to achieving success and setting goals and measures of success. We explored a model for the inter-relationship of 8 core values as the drivers of success and the basis for setting and aligning priorities with mission and resources.

The Health Center's Central Administrative Services Annual Report for 2007 is the next step in this iterative process of defining and measuring success in the delivery of central support services. Through this work we acknowledge and affirm our obligation to deliver value in pursuit of the university's mission through the development of enlightened leadership, ethical conduct, strong management, financial stewardship and human capital investment.



***Susan Whetstone***  
***Chief Administrative Officer***  
***UConn Health Center***

**Central Administrative Services Mission**

To provide outstanding people, space, environmental, and business solutions and to continuously improve upon best practices in delivering the highest quality and most cost effective services to our customers in support of the Health Center's mission to help people achieve and maintain healthy lives and restore wellness/health to maximum attainable levels.

This year, the Health Center's Central Administrative Services (CAS) team has advanced our work with an eye toward defining and measuring success. Over the course of the past 12 months the CAS team has examined the twin questions of "what would success look like" in each of our areas and "how to measure it". We have sought out "best practice" standards of peers and others as a basis for benchmarking performance. We have considered various performance metrics and the challenge of moving from measurement of output to measurement of outcomes. We believe these efforts will: promote alignment of what we do in our work each day with the university's mission; provide a common language for communicating our efficiency and effectiveness in advancing that mission; and promote self-examination with the aim of driving performance improvement and progress. This year's work is an outgrowth of last year's initiative which culminated in a

statement of mission, vision, values, and goals for each area which aligns with the Health Center and University mission. These statements provide the strategic direction for prioritizing our efforts and our resources.

I want to acknowledge and thank each member of the CAS team- Peter Agnesi, Sandy Armstrong, Dan Penney, Brian Eaton, Carolyn Lyle, Tom Trutter, and Cliff Sargis- for their contributions to advancing this work and for their commitment to “improvement”. Each member of the team has heightened her and his focus on productivity and offers up in this report creative and innovative approaches to our “first generation” benchmarking and performance measurement objective. The Health Center is extraordinarily fortunate for this team of talented and dedicated senior managers who are committed to the highest level of performance in furthering the Health Center’s mission and who are deeply committed to advancing that mission through their work.

I wish to particularly thank Barry Feldman and Dr. Peter J. Deckers for their confidence in challenging the CAS departments to “define and measure success” and for their continuing support of the CAS team improvement efforts.

In FY07, we welcomed two new members of our team: Brian Eaton our new Associate Vice President for Human Resources and Cliff Sargis our new Director of Enrollment Services. I am especially proud that both Brian and Cliff have advanced to these positions of leadership from within the Health Center organization. They bring a ready knowledge of the Health Center and a rich understanding of our mission.

I would like to highlight some of the major activities advanced or completed through CAO leadership and engagement in FY07:

## 1. FY2006-07 Goals

<b>FY2006-07 Goals</b>	<b>Progress</b>
Develop and Implement an FY07 \$8,000,000 to \$10,000,000 Opportunity Register inclusive of workforce reduction activities	Completed \$13 million in cost improvements for FY07
Hire new Director for Enrollment Services and implement department reorganization and technology enhancements to increase operating efficiencies	Director position filled, department reorganization completed and significant progress in re-establishing a user-maintained information technology system
Completion of a responsibility matrix for research recommended by the RSEWG	Research Administration reorganization implemented and responsibility for matrix to be reassigned
Creation and implementation of programmatic and financial performance measures tied to the full roll-out of department economic models	Department economic models completed and review with departments initiated – full roll-out not achieved
Establish CAS department performance benchmarks and establish annual performance metrics reporting	Incorporated new metrics into department annual reports
Student services/enrollment management	Completed direct line of report to CAO and implemented Student Services Advisory Oversight Committee with representatives from the Dean’s Office for the SOM, SODM and Graduate School

## 2. Significant Highlights

### • Accomplishments

- Developed and implemented a new student medical health plan option with first time prescription benefit
- Acquisition of 400 Farmington Avenue for renovation as the new Stem Cell Institute
- Commenced renovation of the Medical School teaching auditoria in early 2007
- Completed occupancy of Munson Rd., floor 3 and relocation of Information Technology offices

### • Department Leadership Changes

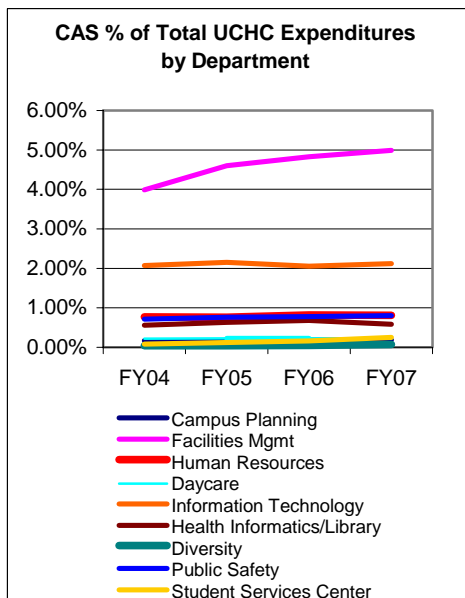
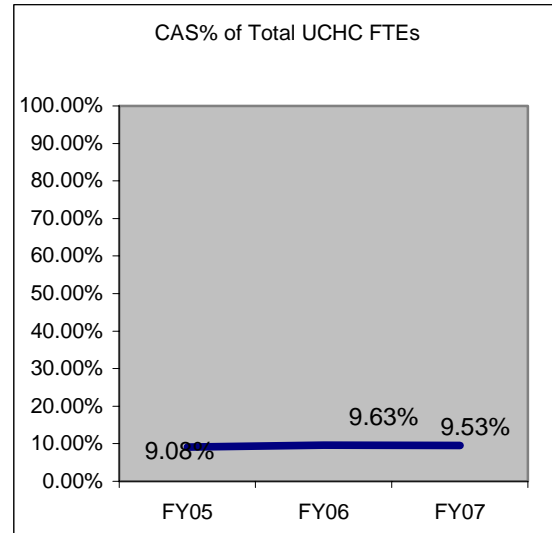
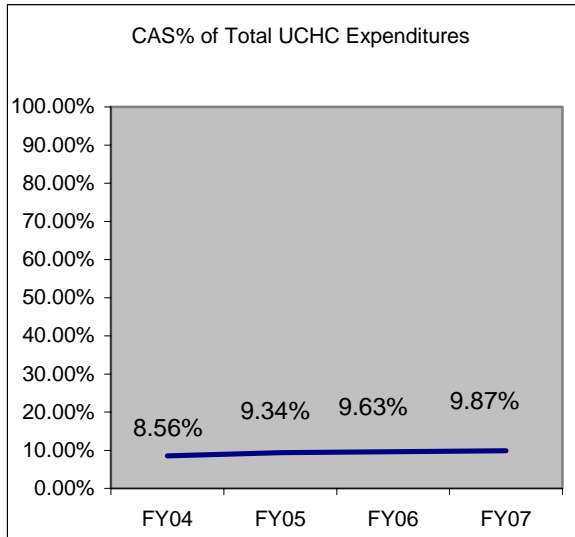
- Promotion of Tom Trutter to Associate Vice President , Campus Planning Design and Construction
- Successful recruitment and hiring of a new Director of Enrollment Services April, 2007
- Successful recruitment and hiring of a new Associate Vice President for Human Resources completed January 2007

### • Organization and Operational Improvement Efforts

- Secured CHRO approval of the FY06 AA Plan

- Expanded roll-out of Physician Order Entry patient safety system
- Accomplished full roll-out of FAMIS for work order, project management, and construction project reporting
- Completed design of Phase 1 Campus Security control room renovations

### 3. Key Indicators



#### Chief Administrative Officer - Institutional Support Services

Human Resources, Information Technology, Public Safety (Police and Fire), Facilities, Campus Planning & Construction, Office of Equity and Diversity, and Student Services

Expenditures and FTE	2003-04	2004-2005	2005-2006	2006-2007	Cummulative Change
Expenditures	53,856,722	62,468,836	67,446,956	72,866,753	35.30%
% change		15.99%	7.97%	8.04%	
Paid FTEs		400.54	426.71	435.53	8.74%
% change			6.53%	2.07%	

CAS Key Cost Drivers	2003-04	2004-2005	2005-2006	2006-2007	% increase
Electric Rate \$/KWH	0.0866	0.0843 #	0.1113	0.1400	61.66%
Gross SF owned	1,955,782	2,059,445	2,059,445	2,177,925	11.36%
Gross SF leased	113,124	115,896	115,896	125,589	11.02%
Acres owned	162	182	182	205	26.54%
UCHC Headcount	4669	4751	4931	5232	12.06%
UCHC Total Expenditures	629,124,838	668,953,352	700,202,390	738,119,486	17.32%
Medical CPI	5.20%	4.80% #	4.20%	5.00%	19.20%

#### **4. 2007-2006 Goals**

The CAO individual department goals for FY07 are detailed later in this report. These department goals are aimed at providing administrative support services which advance the Health Center's mission and which provide measurable evidence of our progress in accomplishing these goals. In addition, overarching CAO goals for FY07 are as follows:

- *Implement new tools to improve performance measurement reporting and benchmarking*
- *Lead HRS (Human Resources) system replacement*
- *Coordinate Facilities and Campus Planning Departments in the development of a robust deferred maintenance 5 year master plan that aligns ISES recommendations*
- *Conduct a Board of Directors workshop update of the Information Technology and Campus Master Plan*
- *Initiate an electronic CAO customer satisfaction survey in collaboration with CAO departments*

# Campus Planning, Design & Construction

## Annual Report 2006-2007

### Thomas P. Trutter AIA, Associate Vice President



Campus Planning Design and Construction (CDPC) continued to succeed and improve in FY07 in the key areas of project planning, design, implementation, and business services due to the outstanding efforts of the CPDC staff. Each individual in our department continued to operate beyond maximum capacity to support the mission of CPDC and UCHC. I congratulate and thank the CPDC staff for their commitment, for our accomplishments, and for their performance during the past year. I look forward to continued success and improvement as we meet the challenges in the upcoming year.

*Thomas P. Trutter, AIA  
Associate Vice President*

### Campus Planning Mission

To provide the highest level of planning, design, space management, and project management services for UCHC administration, managers, and faculty and staff members through effective communication, creative thinking and collaborative teaming. To provide innovative and effective solutions resulting in a productive, efficient, competitive, and state-of-the-art built environment. To provide comprehensive project oversight resulting in a cohesive alignment of the Health Center's physical infrastructure with the UCHC mission in education, research, and patient care.

### 1. 2006-2007 GOALS

<b>FY 2006 - 2007 Goals</b>	<b>Progress</b>
Implement the Facilities Asset Management Information System (FAMIS) with the Storrs campus	FAMIS, phase 2, successfully implemented. Phase 3 in progress
Refine Uconn 2000 program policies and procedures with Storrs plant accounting and A&E Services	Participating in policy and procedure update process with Storrs
Complete Update to 2002 Campus Master Plan	Master Plan update 80% complete, on hold pending strategic plan for ambulatory care (HSS study)
Complete plan for parking facilities to support the UCHC	On hold pending replacement hospital and ambulatory planning completion
Develop Landscape Master Plan to advance concepts expressed in the 2002 Campus Master Plan	Landscape Master Plan completed
Select Architectural team and commence design of Main Building Renovations	Project shifted to FY 08, priority for research shifted to 400 Farmington Avenue project
Select Architectural team and commence design of CLAC Renovation	Project shifted to FY 08, priority for research shifted to 400 Farmington Avenue project
Develop swing space to allow Main Building lab renovations	400 Farmington Avenue purchased and project is in design
Develop staff continuing education program to increase knowledge and stay current with industry trends and innovations.	All staff participated in continuing education opportunities (see details below)
Complete Facilities Condition Assessment including establishing a data base of Deferred Maintenance projects	ISES reports complete and data base installed
Design improvements to signage and way finding	Project shifted to FY 08
Develop departmental performance metrics using FAMIS application	FAMIS reports developed and continue to be implemented



## 2. Significant Highlights

- Completed re-phasing of UConn 2000 Phase III, interfacing with the Storrs program
- Initiated UCHC Campus Master Plan update
- Completed Dental School Master Plan
- Completed Landscape Master Plan
- Developed spending plan with Facilities Management for UConn 2000 Deferred Maintenance funds
- Completed approximately \$7,00,000 in capital construction projects
- Implemented FAMIS Capital Projects and Work Order modules
- Completed ISES Facilities Condition Assessment
- Supported acquisition of 400 Farmington Avenue property
- Completed \$/density reports for research community
- Massey Auditorium Renovation moved into Construction
- Clinical Skills Relocation moved into Construction
- Developed Contractor Pre-Qualification guidelines with UCHC Purchasing Department
- Completed multiple in house design projects including renovation for Tomotherapy Unit, Cancer Center Offices (H6) Renovations and Radiology Chairman's office renovations
- Art Committee Accomplishments (John Beyer, Chairperson):
  - Received approximately 42 new pieces of art; including 4 pieces for the Onyiuke Conference Room
  - Completed the 'Healing Pathways' art brochure
  - Hosted several receptions for exhibiting artists, resulting in several art donations from those artists
  - All of the above accomplished through outside donations at no additional cost to the Health Center
  - The cafeteria gallery named in honor of Celeste LeWitt



**Replacement Hospital Concept**



**400 Farmington Ave Property**



**MARB Lab Fit-Out**



**EP / Cath Lab**





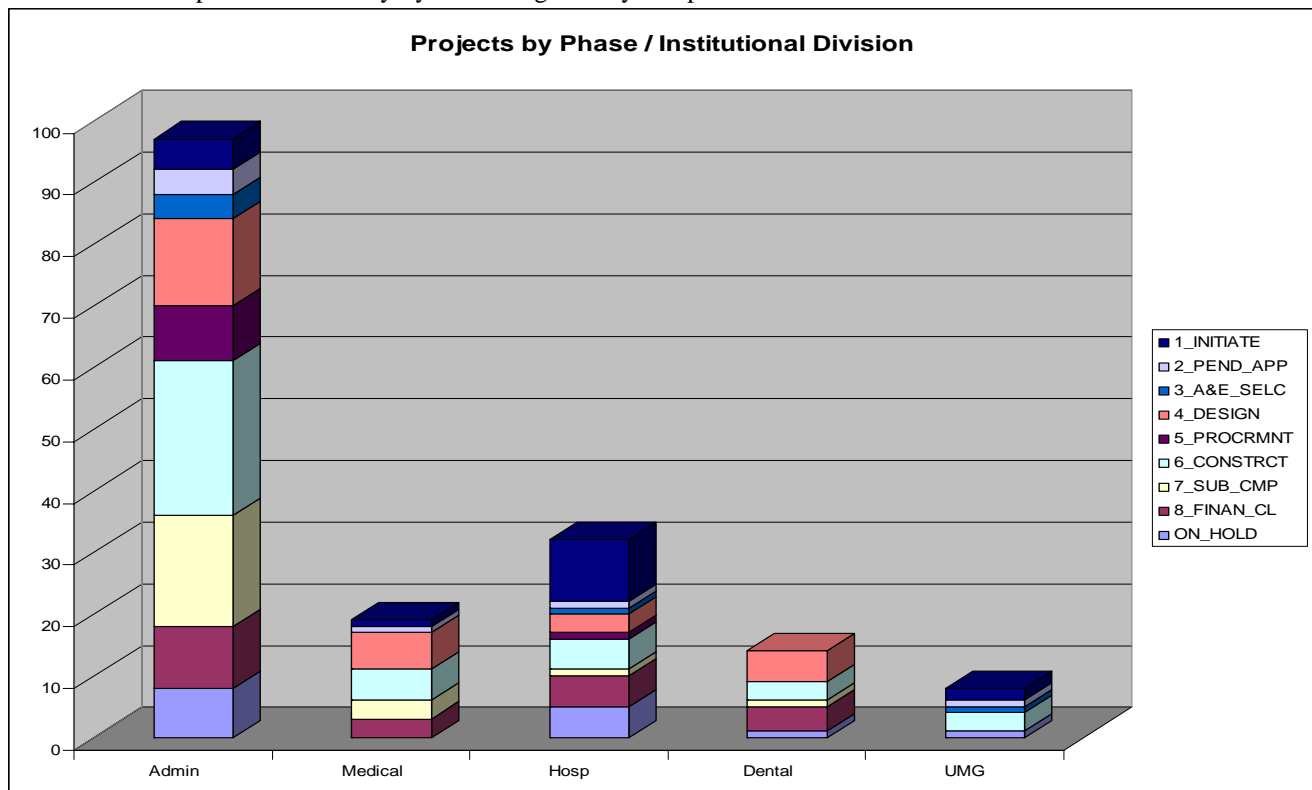
**MARB Landscaping**

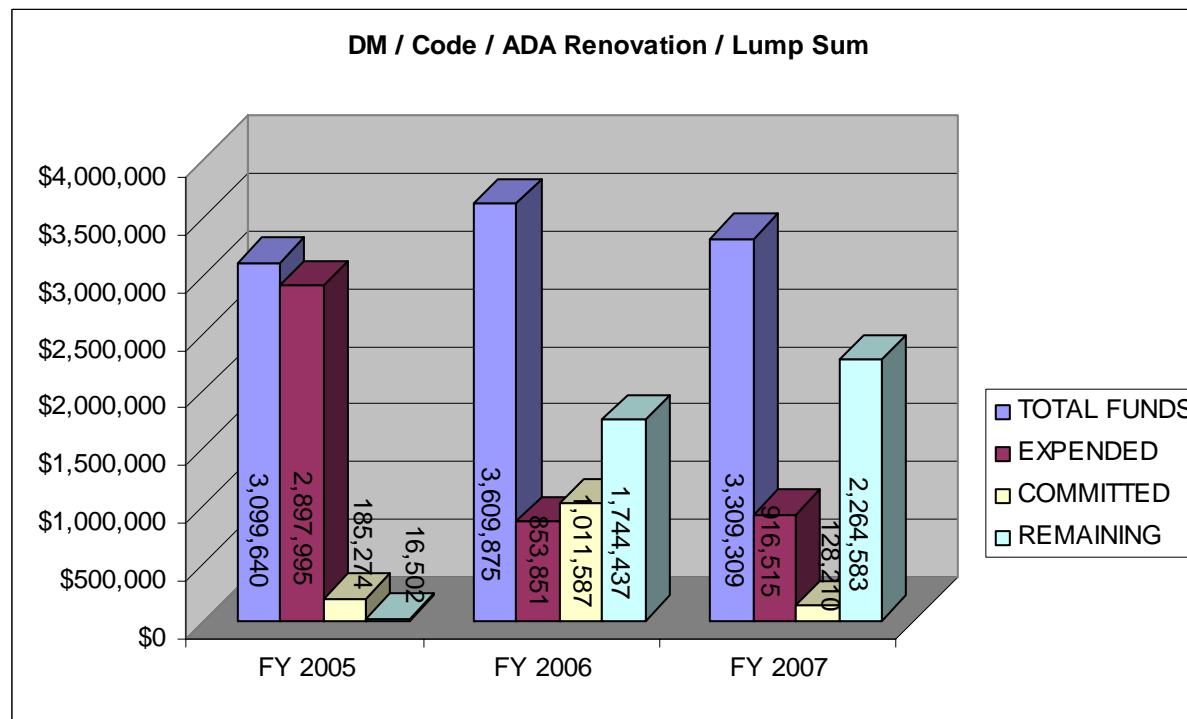
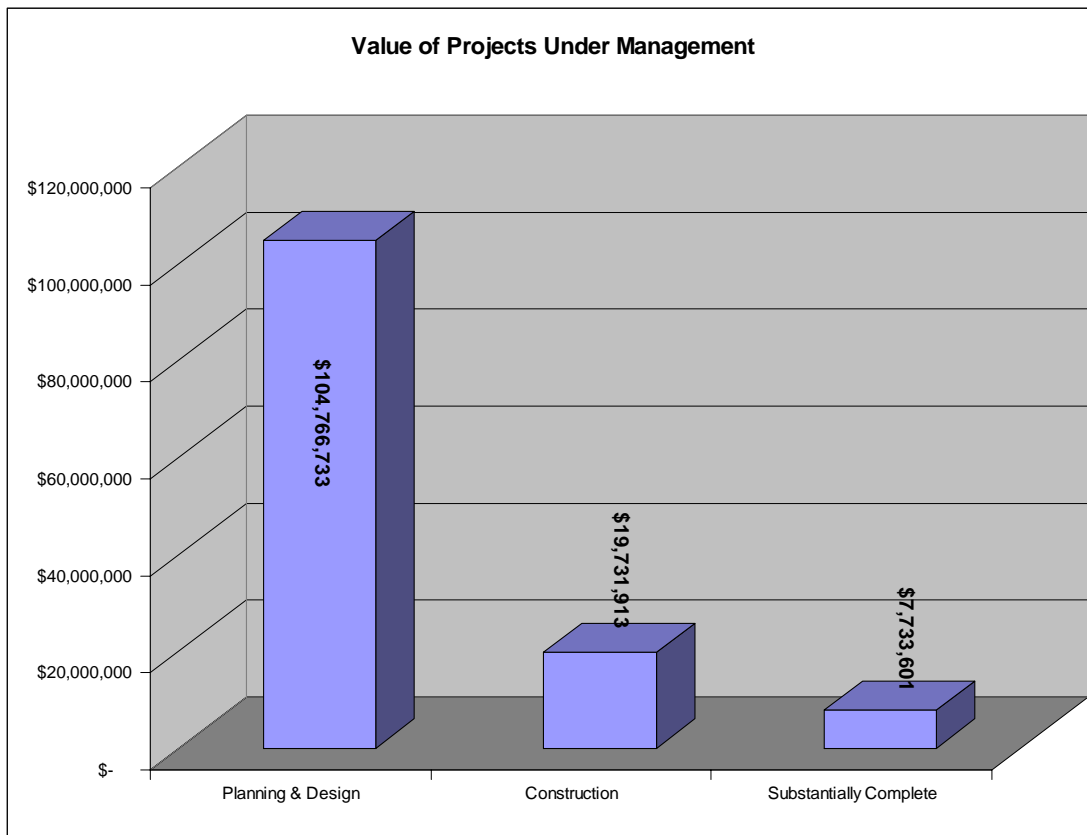


**Radiation Oncology Entrance**

### **3. Key Performance Indicators 2006-07**

- **Total of 175 open Capital Projects managed by 6 CPDC staff members**
- **Projects valued at over \$7,00,000 completed including:**
  - Electrophysiology/Cath Lab Renovation Phase II
  - Radiation Oncology Renovation – Final phases complete
  - Cancer Center Office Renovations
  - MARB Lab fit-out 90% complete
  - Dental Implant Center Design
  - Munson Road Sidewalk Connection
  - Campus Landscape Master Plan
  - ISES Facilities Condition Assessment complete
  - Campus Wide Security System Design nearly complete





#### **4. 2007-08 GOALS**

- Lead and develop a realistic multi-year plan which prioritizes deferred maintenance across all domains and within each domain including proposed cost and funding alignments
- Reorganize staffing, align staffing/workload and address gaps in staffing capacity
- Undertake a performance improvement project for customer communication which identifies the variety of customer information needs and provides appropriate communication options for each
- Develop standard process and procedures for UConn 21st Century projects with Storrs Campus
- Ensure staff is knowledgeable with industry trends including LEED construction and code compliance
- Define and measure success by data from FAMIS
- Program and design the renovation of the Main Building to replace the mechanical and electrical systems
- Program and design the renovation of the CLAC
- Complete Munson Road Renovations and parking expansion
- Program and Design ASB Renovations to convert building to medical services uses
- Complete Patterson and Massy Auditoria renovations
- Complete Clinical Skills renovations and relocation
- Complete Dental Implant Center
- Complete Design for 400 Farmington Avenue
- Complete Design for Data Center relocation
- Complete Design for Dental Pre-Clinical Lab renovations
- Develop clinical facilities plan in alignment with clinical strategic plan (strategic plan in development with Health Strategies & Solutions)
- Support replacement hospital planning activities
- Art Committee Goals:
  - Re-labeling all of the art in the inventory.
  - The database is being reviewed and updated to reflect current value of art.
  - Reorganizing the placement of art so that art in Patient Care areas are more conducive to the healing process.

# FACILITIES MANAGEMENT

## Annual Report Fiscal Year 2006 – 2007

### Daniel Penney, Associate Vice President



Looking back at 2006-2007, I'm proud to realize that regardless of resources, Facilities Management has faced every challenge with a can do customer driven services approach. Our teams of trades and support staff are not only responsive to the routine and changing customer needs, but have also identified and implemented "opportunities for improvement" (OFI's) that further enhance our services. Our Facilities Management service tradition of Professional Results In Daily Efforts (PRIDE) continues.

*Daniel Penney, Associate Vice President*

### Facilities Mission

Be an industry leader in delivering the highest standard of customer care and most cost effective facilities operations and maintenance services in support of faculty, staff, students, patients, guests and volunteers at the University of Connecticut Health Center in providing a safe, clean and healthy environment.

### 1. 2006-2007 Goals

<b>FY 2006 - 2007 Goals</b>	<b>Progress</b>
Complete implementation of new automated FAMIS work order and preventative maintenance systems to reduce operating cost while improving our responsiveness to customers.	Complete – new reports being utilized to better manage labor and materials.
Reorganize the Safety and Emergency Preparedness Committee to identify and assure compliance with JCAHO and DPH mandates for accreditation and licensure.	Complete – membership and agenda were changed to broaden representation by technical content experts as mandated via JCAHO, CMS and DPH guidelines.
Revisit UCHC/State apprentice program opportunities to identify career advancement opportunities to support affirmative action goals relative to personal and professional development.	Open – due to lack of funding, will revisit in next budget cycle.
Develop new preventative maintenance program using new FAMIS data to reduce operating cost by eliminating unnecessary PM schedules.	Complete – transitioned to new system that included restructuring of preventative maintenance schedules to reduce operating cost and improve equipment life cycles.
Develop and implement "buildings/campus rounds" program to reduce potential exposure via risk/hazardous surveillance.	Complete – inspection systems developed and implemented to reduce risk associated with the physical environment.
Implement Deferred Maintenance funded projects.	Complete – working with both Facilities Management and CPDC Coordinators, on schedule for developing and implementing various DM associated projects.

## **2. Significant Highlights 2006-07**

- Arranged for a Self Service Module for inclusion into the FAMIS work order system in 2008.
- Established an ongoing FAMIS reporting system including Stockroom inventories.
- Initiated a “SPARKLE” campaign throughout the hospital and academic areas to improve first impressions and patient satisfaction.
- Improved patient safety on H1 and H3 beyond the scope requested by the Department of Public Health including physical environment risk assessment that enhanced life safety compliance.
- Improved the CLAC humidification system to the main boiler plant to better serve the animal community. This increased the system’s reliability.
- Updated the Room Scheduling/Event Planning UCHC Web Page to incorporate new upgrades in software scheduling products and the new UCHC server project.
- Used Department of Public Health funds to upgrade the telephone communication system in the Fire Department for the emergency command post system and improved campus wide voice communications system via Simplex Alarm system.
- Completed the Pandemic Continuity of Operations Plan (COOP) and drill.
- Completed the CHEMPACK Emergency Operations Plan and drill via a collaborative effort of some twenty State agencies
- Completed advanced electrical safety training for all staff electricians.
- Reviewed chemical usage in Facilities Management and replaced, where possible, chemicals with environmentally preferred GREEN products.
- Reviewed and updated the Emergency Preparedness Master Safety Plan, including unit specific plans.
- Key DM activities
  - Installed a new chiller plant (40 tons) for building
  - Upgraded 16 sterilizers in L building by cleaning and adding new electronic controls
  - Reconditioned all elevator stainless steel car panels to extend useful life
  - Replaced the heating tubes in the 150 horse power boiler located in L penthouse to improve boiler efficiency, reliability and extend useful life
  - Installed new hydraulic cylinder in elevator #1 at ASB to improve safety and extend useful life
  - Installed new filtering system for the main chiller plant chilled water system to improve chiller water circulation, and maintain a cleaner system for better efficiency and lower operating costs
  - Installed emergency stop switches on the four escalators at the main hospital entrance to enhanced safety



**CHEMPACK DRILL 12/5/2006**

Emergency Preparedness



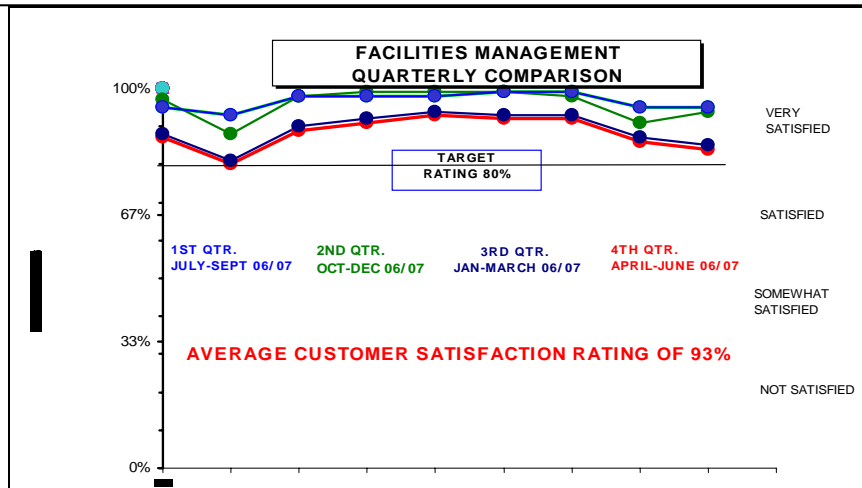
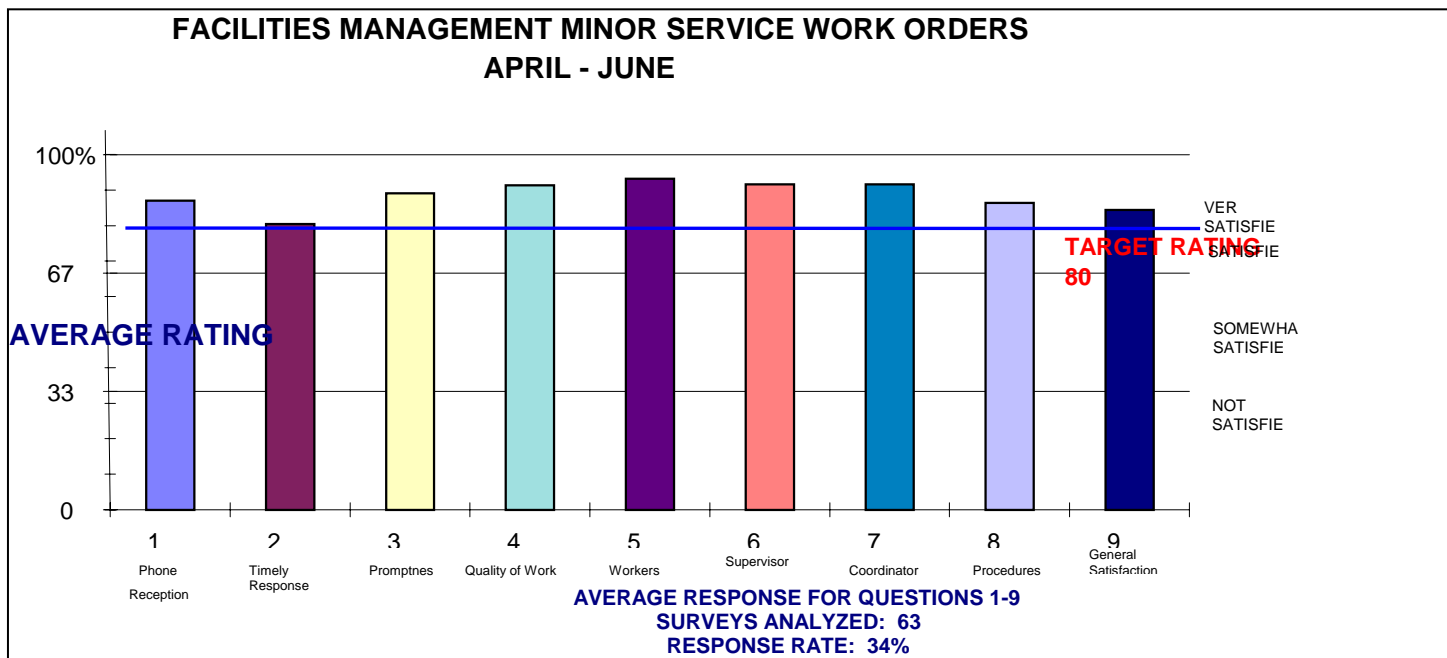
**PANDEMIC DRILL 2/27/2007**

Emergency Preparedness

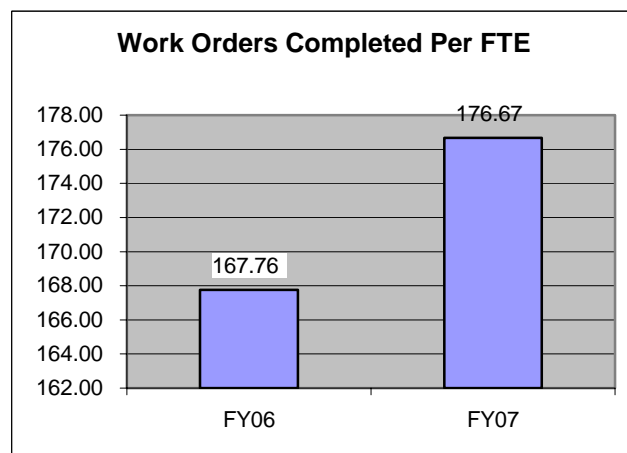
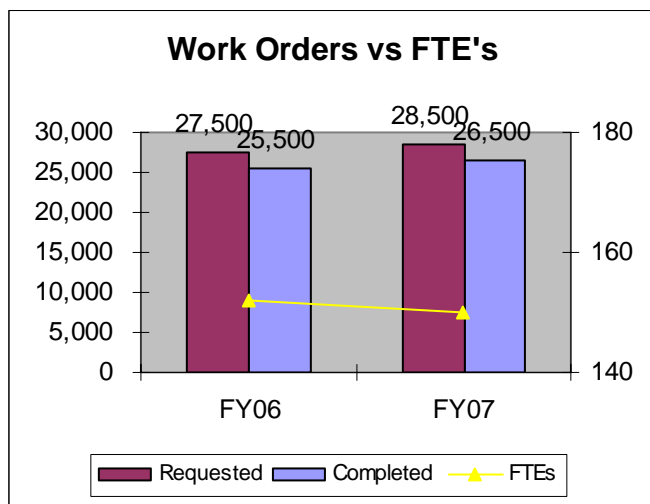
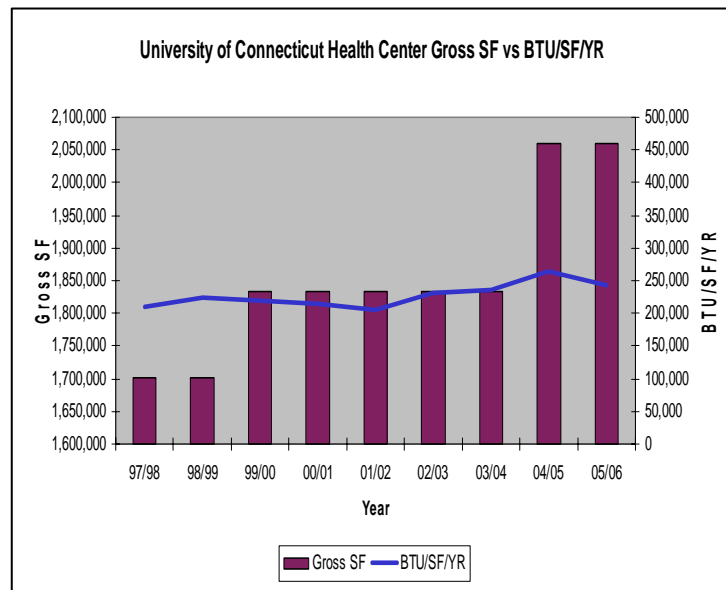
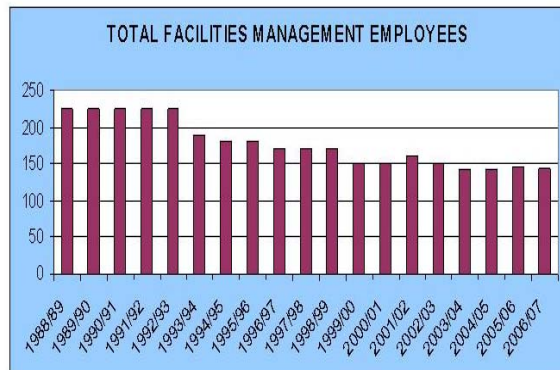
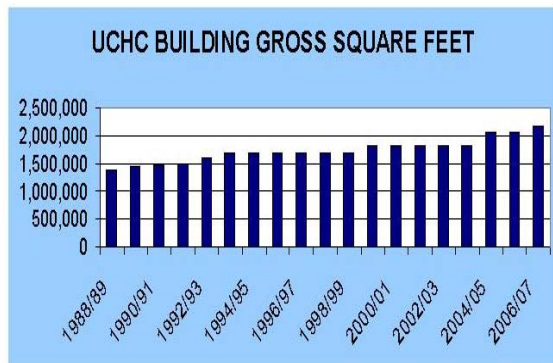


**DOWLING SOUTH**  
**Environmental Compliance**  
**Enhancements**

**5. Key Performance Indicators 2006-07**







#### 4. 2008 Goals

- Provide support and input to Campus Planning in development of a realistic multi-year plan which prioritizes deferred maintenance across all domains and within each domain, including proposed cost and funding alignments
- Formulate a plan and provide leadership for expanding Project Sparkle to other domains and actively engage domain leadership in these efforts
- Review and enhance "Front Office" service performance via Opportunities For Improvement related to 100 service calls per day
- Work with the Storrs Campus to develop environmental awareness programs related to GREEN initiatives
- Implement utilization of ISES benchmarks performance measures or alternative standard and regularly report performance tracking against measures

# Human Resources

## Annual Report 2006-2007

### Brian Eaton, Associate Vice President



This has been a busy year for Human Resources, and we have experienced many changes. In order to heighten our customer service sensitivity and skills, we undertook a large internal initiative to improve our “face” to the UCHC community. We took a long look at ourselves through our eyes and the eyes of our customers. As a result we have embarked on several initiatives that are explained below, and will continue into the upcoming year. To adapt to a time of limited resources, we’ve streamlined processes and are focusing the efforts of the individual HR units to meet the needs of the Health Center community as effectively and efficiently as possible.

*Brian Eaton, Associate Vice President*

### Human Resources Mission

Be the employer of “first choice” in our region for people who want to be part of a caring, committed and talented workforce dedicated to advancing health and wellness for the people of Connecticut.

2006-07 Goals	Progress
Complete development and implementation of the 1 and 6 month New Hire Satisfaction Survey and Hiring Manager Satisfaction Survey to establish benchmarks for improvement of recruitment and retention efforts	30 day new hire satisfaction survey was implemented in September 2006; a 90 day new employee meeting was implemented in December 2006 Hiring Manager survey completed, Received 2117 responses 12 survey questions with an average overall rating of 4.2 on a scale of 1-5 (1= strongly disagree, 5= strongly agree)
Enhance the HR web-site to improve communication with the Health Center community	Added intra-site links to frequently accessed pages to increase visibility. Example of new page: <a href="http://employ.uchc.edu/faq/iHiringManager.html">http://employ.uchc.edu/faq/iHiringManager.html</a>
Improve training class evaluations to more adequately assess the value of educational sessions	Formed a partnership with Storrs campus graduate program to create more comprehensive evaluations for HR education; piloted and began rolled out of a new Harassment-free and Respectful Workplace training
Be a forum for labor and management in reaching understanding and reconciling differences	Labor Relations unit staff coordinated 69 labor management meetings as part of an informal dispute resolution process rather than an adversarial grievance or complaint
Reduce turnaround time for Labor Relations investigations	The number of investigations referred to the Labor Relations unit increased from 131 to 141 (thru June 4 <sup>th</sup> ). Staff turnover in the 4 <sup>th</sup> quarter impacted the timeliness of investigations. The Unit has devoted more effort to documenting the progress of its investigations and the reasons for any delay in order to improve communication to customers about the expected amount of time an investigation will likely take.

Roll out an Employee Satisfaction Survey to establish benchmarks for improvement in employee satisfaction and implement employee satisfaction strategies	Know Better Place, a workplace culture change initiative was developed and rolled out including presentations at 3 town hall meetings, town hall web-casting and various email and written communications. An employee satisfaction survey was not rolled out but various survey tools are being evaluated for roll-out in FY08
Revamp UCHC Orientation to ensure positive, welcoming experience for new employees	<p>An orientation re-designed team was convened with a cross representation of the Health Center. The redesigned orientation was implemented in January 2007 with the following key revisions:</p> <ul style="list-style-type: none"> <li>• New orientation theme: Know Better Place, Know Better People</li> <li>• Welcome video from Dr. Deckers</li> <li>• In person welcome from Jim Thornton or other senior management member</li> <li>• Increased live-participation from Compliance and Public Safety</li> <li>• A UConn Pride Lunch welcoming new community members and supervisors to welcome their staff</li> <li>• Benefit sign up conducted by individuals from Employment Services &amp; Benefits units; a PowerPoint presentation was created and is distributed to employees as a reference for retirement and health insurance benefits</li> </ul> <p>Developed Resource Guide containing important information, phone numbers and policies, given to new employees at orientation</p>
Develop employee self-service site to provide efficient access to up-to-date and accurate information for employees	This has been postponed due to the decision not to implement the PeopleSoft HR system-to be considered again when another HR system is selected
Fully investigate tools to automate employee demographic information into statewide Core-Ct system to eliminate redundant data entry	The tools available to move data to Core work only for a mass-change type of update, and do not work as a background real-time data mover for daily processing without a large development effort- this effort has been abandoned
Implement automated charge-back for “floats” at CMHC through Kronos to improve budgeting and salary expenditure tracking at CMHC	Ongoing – the process of charging float time to locations as OT even if the employees OT limit had not been reached has been difficult to accomplish in the Kronos product-testing is underway; implementation is expected by December 07
Complete development of Personnel Hiring Request form automation to eliminate paper process and reduce turnaround time	Moved to 2008 due to limitation of IT resources available to devote to this project
Develop a succession planning model for UCHC to maintain continuity of leadership and management at the Health Center	Draft succession planning model developed December 2007-will finalize for presentation in FY 2008
Develop a leadership/management training model which includes identification of competencies and corresponding education, coaching and mentoring	Completed leadership new curriculum to be offered as brown bag series beginning September 2007, leadership pillar of Know Better Place to include new Leadership Institute which will be developed for FY 2008

Collaborate with Storrs on synergy project	<ul style="list-style-type: none"> <li>• Collaborated with PhD student from NEAG School of Education as site for his dissertation, examining strategies that effectively transfer knowledge from to classroom to practice</li> <li>• Worked with COO at Storrs to develop and facilitate 2 retreats which examined coaching and mentoring as a function of senior leadership, identified customer needs and measurements of success in administrative service areas in both Storrs and Farmington</li> <li>• Began process of bringing green belt level Performance Improvement classes developed and taught at UCHC to the Storrs campus to assist in Performance Improvement efforts</li> </ul>
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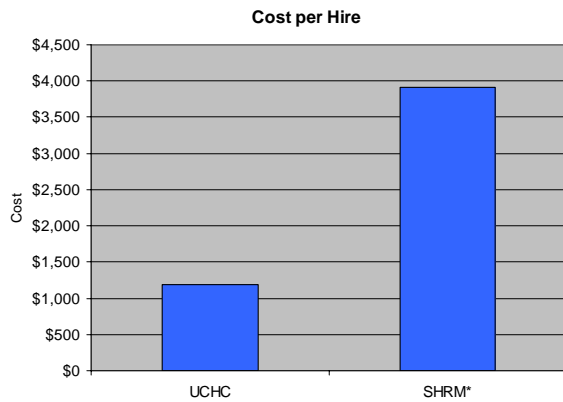
## 2. Significant Highlights 2006-07

- Created a Facilitator Development group, a forum for members to review quality tools (including education and application), problem solve and get advice, obtain further education, and to enable members to support the organization's effort in the area of Performance Improvement (PI).
- Facilitated 2 PI projects- 1) (CMHC and DOC) to develop a safer environment for inmates to maintain an environment of zero suicides and/or attempted suicides, and 2) with the School of Dental Medicine in organizational redesign of specific department, resulting in development of new reporting structure.
- Conducted 44 organizational development interventions in the areas of management coaching, team building, education, performance consulting and internal business process consulting. Developed an organizational development tool kit to assist facilitators in implementation.
- Developed and facilitated 4 educational sessions dealing with interpersonal effectiveness for 22 first year residents in the Primary Care Residency Program to enhance clinical effectiveness.
- Developed and fully implemented Career Advancement Center providing career exploration opportunities for UCHC employees - 16 clients served.
- Led Annual Connecticut State Employee Charitable Giving Campaign resulting in UCHC being the # 1 state agency for total contributions for a second consecutive year.
- Coordinated Take your Child to Work Day, attracting 151 participants, serving as an employee morale builder, exposing young people to careers in healthcare and research.
- Coordinated High School Career Day with 160 students and 13 participating high schools, highlighting healthcare and research career opportunities as well as the requirements for education and training to students.
- Coordinated ART: an Expression of Diversity which included 32 visual artists, and 8 performing artists.
- Produced two editions of the HR Newsletter via print and web.
- Developed and conducted 16 HR Customer Service/Teambuilding sessions to all members of HR Staff.
- Cultivated partnerships with Storrs Organizational Development, Connecticut Trainers Development Network, IPMA, Department of Labor – Lean Project, and Department of Mental Retardation.
- Generated revenues through facilitation and course offerings to out side agencies:
  - Department of Labor- \$450
  - Judicial Branch - \$400
  - Hartford Area Consortium primary care residents - \$900.
- Applied for grant funding for Know Better Place program (pending).
- Received \$2,000 grant funding for PI education from Hartford Area Consortium.
- Collaborated with Office of Diversity and Equity to develop Affirmative Action Database, reports and AA Plan.
- Authored new Computer Based Training classes -Patient Safety Net, Code of Conduct, False Claims Act, State Ethics, Transfusion General, Transfusion for Phlebotomists, iHiring Manager.
- Implemented online Assignment Authorizations providing department administrators 3 additional days of processing time.

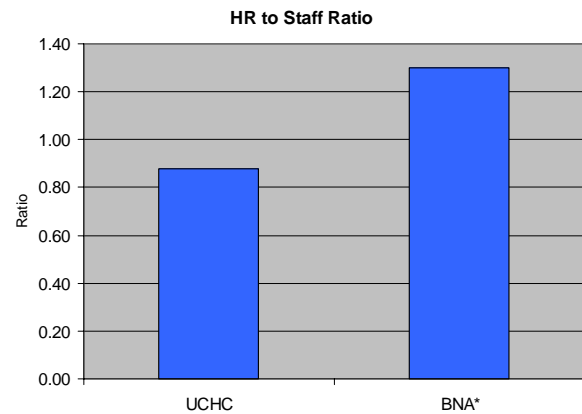
- Created new FLSA calculation program.
- Reviewed 90 requests for reclassification, completed 70 job audits, and heard 10 reclassification appeals.
- Participated in CHA, AAHC, COTH, CUPA and other instant external salary surveys, and conducted numerous individual occupational surveys as requested by different departments throughout the Health Center.
- Developed and evaluated approximately 20 new bargaining unit and managerial job classes.
- Attended 20 college job fairs in the New England area.
- Developed a program for students at Bristol Technical High School in resume writing and interviewing techniques to enhance skilled-trades students skills for applying for jobs (including Health Center postings).
- Sponsored 5 open houses including a breakfast for Certified Nurse Registered Anesthetists. CRNA's are particularly difficult positions to fill, and the breakfast resulted in 30 attendees and 5 hires.
- Achieved the following compliance rates for mandatory training: Diversity - 99.4%; Harassment Free Workplace - 89.7%; HIPAA Privacy & Security - 98.9 %.
- Developed a student placement guide to establish procedures for bringing non-paid students to the Health Center.
- Collaborated with Storrs to facilitate and develop content for two COO retreats.
- 1 staff member achieved Juran Black Belt status.



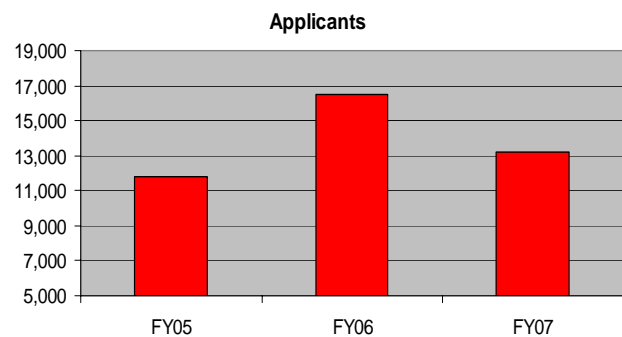
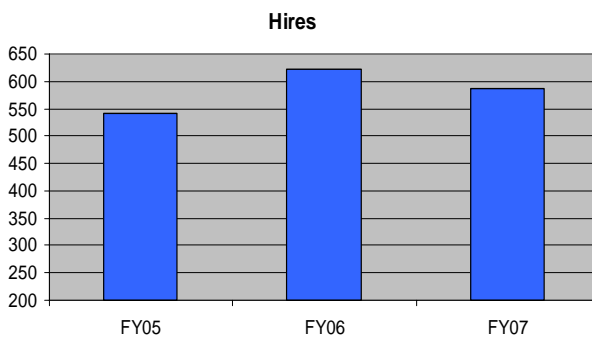
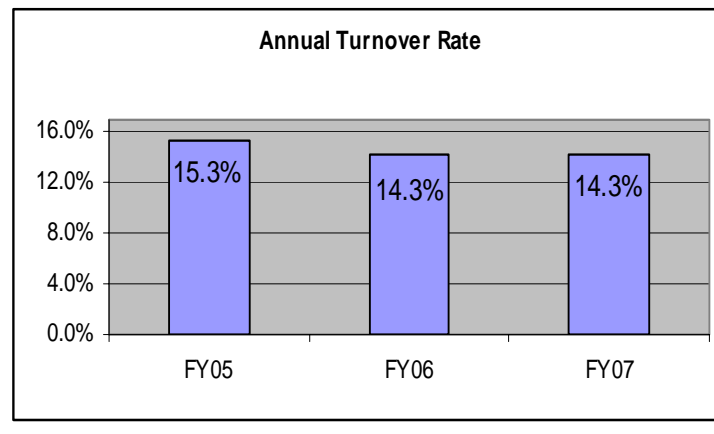
### 3. Key Performance Indicators 2006-07



\*Society for Human Resource Management Human Capital Benchmarking Study 2006: Average all industries

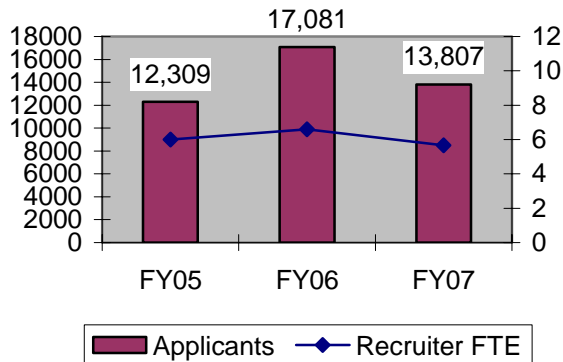


\*Bureau of National Affairs' HR Department Benchmarks and Analysis 2006: Median for Higher Ed/State Government

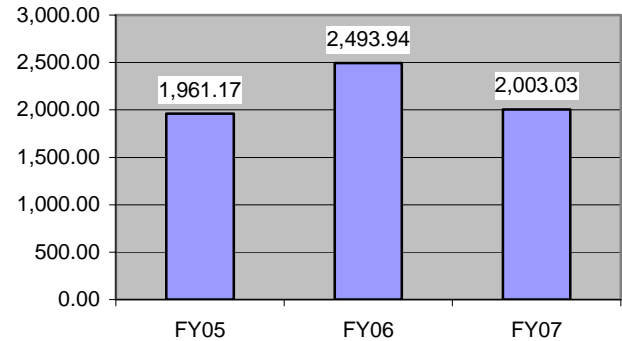




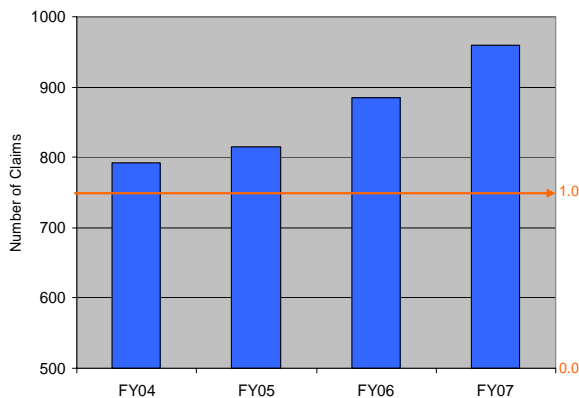
**Comparison Applicants and Hires  
to Recruiter FTEs**



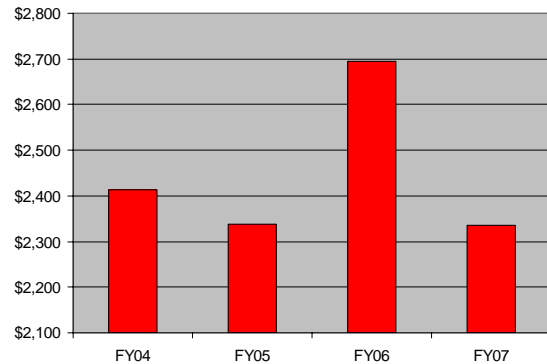
**Applicants & Hires Per Recruiter FTE**



**Workers' Compensation Number of Claims**



**Worker's Compensation Cost per Claim**



#### **4. 2008 Goals**

- Provide leadership for the roll-out of Know Better Place – inclusive of a process for pulse surveys
- Increase affirmative action hiring goal achievement by 5% (shared with ODE)
- Reduce turnaround time of investigations
- Develop quarterly HR dashboard for distribution to management
- Provide in-house training of HR to provide customer focus
- Provide management development tools and assess and restructure training to focus on improving essential and relevant managerial skill sets
- Revamp HR newsletter to provide more frequent and timely communication and assess an e-zine style news letter as vehicle for distribution
- Develop synergy project with Storrs
- Review and Document internal HR Procedures

# Creative Child Care Center Annual Report 2006-07

**Tonie LaPenta, Director**



Our convenient location has many advantages. It enables the health center employee to be included in as much of his/her child's day as they would like. Parents can join their child for lunch, take their child for a walk, or join in an activity in the classroom.

*Tonie LaPenta, MA  
Director, Creative Child Care Center*

***The Creative Child Care Center is a division of the UCHC Human Resources Department***

## **Creative Child Care Center Mission**

To offer families affiliated with the University a responsive, educational child care program for their children in order to recruit and retain quality employees for the Medical Center. Our committed, knowledgeable, and professional staff:

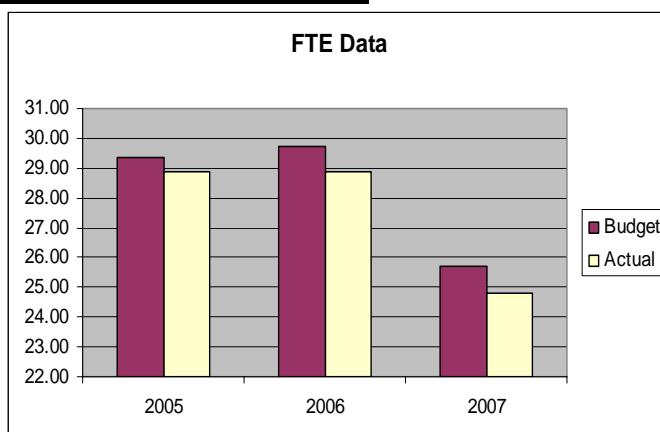
- *Provide a safe, secure, nurturing environment for children and families*
- *Provide engaging and creative experiences and opportunities for children that are developmentally appropriate, and that encourage learning through play and activities*
- *Model respect for others through positive interactions*
- *Allow each child to grow as an individual*

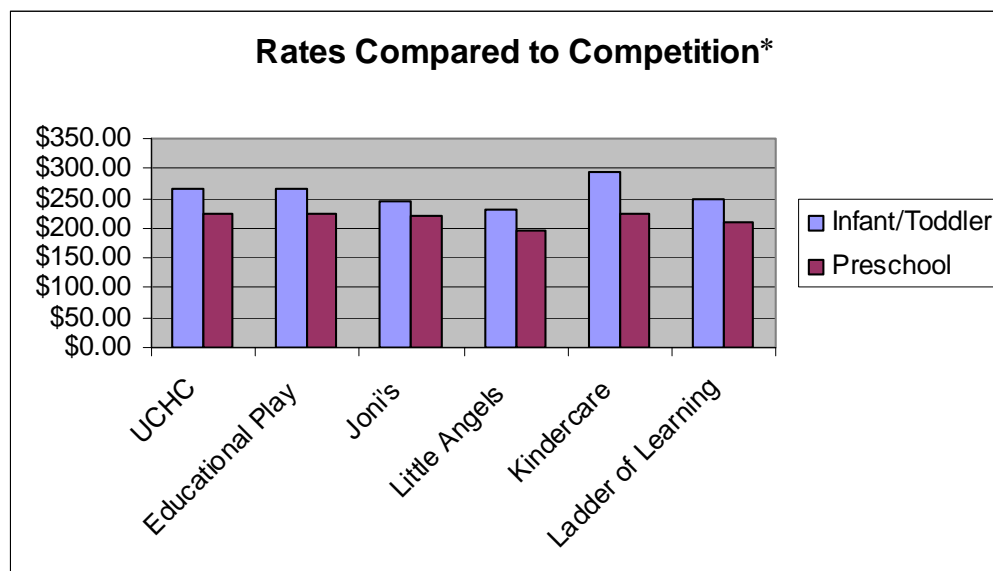
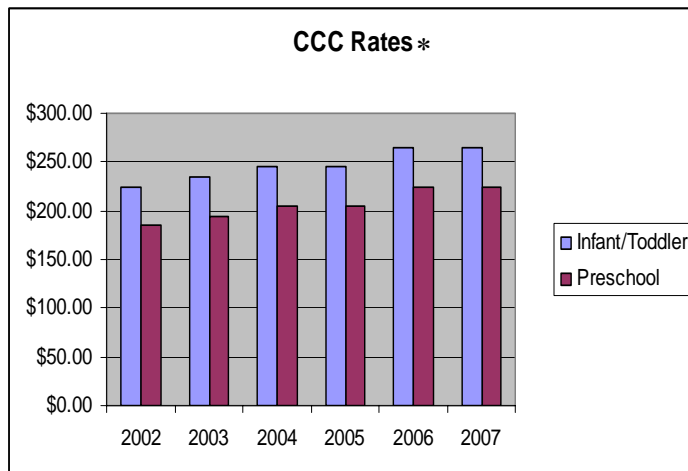
*Develop in each child a positive self-image, and help each child to see himself/herself as a worthy individual*

## **1. Significant Highlights 2006-07**

This year the accreditation process has changed and it has become more difficult to pass the process. We have spent this year preparing for our on site visit which is scheduled to take place before July 30, 2007. We have had to update all handbooks, policies and procedures. We have been trained to observe and assess children to be sure they are meeting all developmental milestones. We also now meet the criteria set by NAEYC for staff qualifications. Seventy five percent of our teaching staff have a degree in early Childhood Education or closely related field.

## **2. Key Performance Indicators 2006-2007**





**\* Please note that in the two charts above, rates are weekly.**

### 3. 2008 Goals

- a. To run as close to 100% occupancy as possible – keep waitlist updated by contacting families quarterly.
- b. To participate in more formal observations of the children using anecdotal and checklist methods as well as note taking. To be more diligent in meeting with families formally to discuss concerns and recommendations (per NAEYC).
- c. Checklist forms have been created for housekeeping and grounds department. Director to meet with Tom Elliot to review checklist at least quarterly. All repairs needed will be called in and tracked to be sure they are completed. Floors and carpets to be cleaned according to schedule.
- d. Continue to meet all new NAEYC criteria and to be reaccredited summer of 2007.
- e. Continue to follow all state licensing regulations.

# Information Technology Annual Report Fiscal Year 2006 – 2007

## Sandra Armstrong, Chief Information Officer



FY'07 was another eventful and fast-paced year for IT employees. While successfully completing virtually every key goal for the year, we simultaneously absorbed a significant number of complex and often unplanned new system implementations and upgrades. Reflecting on the year's achievements, it is hard to overlook a consistent theme which emerges: in every facet of the work and mission of the Health Center, our efforts really do make a difference. IT initiatives promote improved patient safety, enhanced revenue opportunities, reduced operational costs, provided better data management and reporting and greater work efficiency for almost everyone. It is my pleasure to be associated with such a dedicated group of people.

*Sandra Armstrong, Chief Information Officer*

## Information Technology Mission

To lead the organizations we serve by maximizing the role of technology to support and advance the Health Center's mission.

### 1. 2006 – 07 Goals

	FY 2006 – 2007 Goals	Progress
1.0	Develop, communicate and commence implementation of updated 3 – 5 year IT Strategies for Education, Research, Clinical, and Administration organizations.	Completed; communicated to customers and IT Department employees in 4 <sup>th</sup> Q, FY07 and reviewed with IT Governance on July 2 <sup>nd</sup> , 2007. Many activities are actively in progress.
2.0	Develop, communicate and commence implementation of IT organizational infrastructure and new technology strategies in support of 3 – 5 year Education, Research, Clinical and Administration strategic IT plans.	Completed; communicated to IT Department employees 4 <sup>th</sup> quarter and IT Governance on July 2 <sup>nd</sup> , 2007. Many activities are actively in progress.
3.0	Support UCHC operational cost reductions, revenue enhancements and financial data management through innovative IT support and appropriate prioritization of IT resource support with customers.	<p>Completed:</p> <ul style="list-style-type: none"> <li>3.1 Anesthesia Information System and GI Endoscopy System implementation support increased reimbursement through accurate capture and recording of procedures.</li> <li>3.2 The Interqual software supports increased reimbursement through accurate assessment of NICU level assignments and elimination of several categories of denials.</li> <li>3.3 Our POE implementations to date have enabled us to attain a perfect score for added reimbursement on the POE section of the Anthem QHip Pay for Performance contract.</li> <li>3.4 Developed/implemented OR data repository providing accurate reporting and a dashboard view enabling better OR management/improved revenue.</li> <li>3.5 In-depth exploration of student administration system options led to a much less costly approach than an immediate full system replacement.</li> <li>3.6 Implementation of financial, HR and clinical ODS's and Signature Programs reporting have improved efficiency and accuracy of data reporting.</li> <li>3.7 Implementation of the Research Core Store promotes efficiency</li> </ul>

	<b>FY 2006 – 2007 Goals</b>		<b>Progress</b>
			and improved financial management of service center transactions. 3.8 148 videoconference meetings with Storrs were logged in FY'07, saving approximately 2 hours of travel time per meeting participant while promoting collaboration between the two campuses.
4.0	Successfully implement the following projects:		
4.1	Siemens Medication Administration Checking		Completed all pre-work including installation of unit dosing equipment, full Pyxis roll-out, the pharmacy system upgrade, and installation of the MAK servers. The overall implementation for MAK was delayed to November, 2007 due to Pharmacy resource issues.
4.2	Siemens Decision Support – Phase I		Completed June, 2007. All clinical data is being fed nightly to the clinical database.
4.3	eHIM		On plan for 4 <sup>th</sup> Q, 2007 implementation. Original implementation date changed due to decision to consolidate UMG equipment orders for eHIM and NextGen. 600 PCs, Wyse terminals, printers, etc. currently being deployed.
4.4	IDX Cache Upgrade		Completed June, 2007. Upgraded to Cache platform and migrated to ASP. Positions us to upgrade to newer, more sophisticated versions of the application, while GE/IDX manages the hardware.
4.5	GI Endoscopy System		Completed January, 2007. Allows full image capture and storage of GI procedures as well as adding a results reporting feature for procedure notes allowing interfacing of the report to LCR.
4.6	Anesthesia Module of OR System		Completed May, 2007. Provides live intraoperative anesthesia and vital signs monitoring.
4.7	InfoEd Proposal Development		Completed 2 <sup>nd</sup> Q, FY07. Following successful implementation with 12/06 NIH Submissions, software problems emerged but have now been resolved and July submissions went smoothly. Almost 100 NIH submissions have processed successfully through Proposal Development.
4.8	InfoEd Clinical Trials		On hold. Until Proposal Development is stabilized and other installed modules are bug-free, Steering Committee agreed to place CT on hold.
4.9	Data Warehouse FRS ODS and HRS payroll		Completed May, 2007. Provides one tool-set for reporting, dashboard reporting of key metrics, consistent data cleansing and historical reporting capabilities.
4.10	Blackboard HW and SW upgrades		Completed December, 2006. Environment has now been stabilized, virtually eliminating complaints from faculty and students.
4.11	Signature Programs Phase I & II Reporting		Completed Phase I January, 2007. Phase II delayed due to resource limitations and currently on plan for March, 2008.
4.12	Research Core Store		Completed June, 2007. Simplifies and automates the complexities around managing internal service centers. Very well received by business owners and users.
5.0	In conjunction with UConn Storrs IT, evaluate the feasibility and costs of using the UConn PeopleSoft Student Administration System as a replacement for the aging CARS system for the UCHC Medical, Dental and Graduate Schools.		Completed. On plan for alternative February, 2008 implementation of CARS upgrade. After a series of work sessions with the CARS vendor and business owners/users, the decision was made not to replace the CARS system over the short-term, but instead to take a more economical path and enhance and upgrade the existing CARS system, working closely with the vendor and the business owners.

## 2. Significant Highlights 2006 – 07

In addition to the projects listed in the 2006-2007 Goals section, a list of additional significant IT initiatives completed in FY'07 follows:

#### Clinical:

1. Implemented POE on our two critical care units, ICU and Cardiac step-down.
2. Implemented Interqual level of care criteria automation for adult and pediatric care for the Nursing Case Management team.
3. Completed the rollout of online JCAHO Core Measures data entry in Softmed, with automated interfaces to UHC.
4. Implemented the new MAK/DR servers for JDH pharmacy, which included a pharmacy upgrade to version 23.7 and a GRV3 interface upgrade between Invision and pharmacy.
5. Completed an upgrade of the ANSOS nursing system.
6. Completed RFP process, selection and preparation work for implementation of Premise Bed Management System, including installation of servers and documentation of workflows.
7. Implemented Nicelabels System for UMG clinical labels, providing enhanced capabilities required for new systems.

#### IT Infrastructure

1. Completed a major upgrade of our server back-up process to HP Data Protector moving from tapes to an automated digital solution for 340 servers.
2. Implemented a 24/7 Help Desk staffed with technical personnel with full capability to resolve issues after hours.
3. Completed a substantial upgrade to EVA (DR) software, providing for greater storage, higher speed and simplified storage administration, while also moving all back-up media to off-campus storage.
4. Completed a Wireless Gap Analysis in all main building clinical areas and installed 50 additional access points.
5. Completed a penetration test of 260 active Internet facing systems and remediated all 43 identified vulnerabilities.
6. Implemented significantly more efficient printing processes by replacing/upgrading 15 year old Docutech printer in Reprographics and by decentralizing printing from the data center to UMG, Finance, Purchasing, Billing, etc.
7. Completed standardization of desktops by converting all Windows 98 desktops to Windows XP.
8. Replaced aging telephone systems in West Hartford and East Hartford offices and replaced campus voicemail system with no service interruptions.

#### Application Development

1. Completed implementation of a job scheduler to automate hundreds of manually run processes and reports.
2. Completed the OR data repository and reporting project providing a dashboard view of key indicators to support more effective management of the OR.
3. Completed the rewrite and complete upgrade of the Travel Authorization application automating tedious manual processes and improving customer service.
4. Completed development/implementation of the Voting application, allowing online voting for various Academic elections.
5. Deployed Informatica, providing dashboards and training to key users.
6. Completed version 2.1 of the Research Repository application, an in-house tool used to track information pertaining to a study.

#### Health Informatics

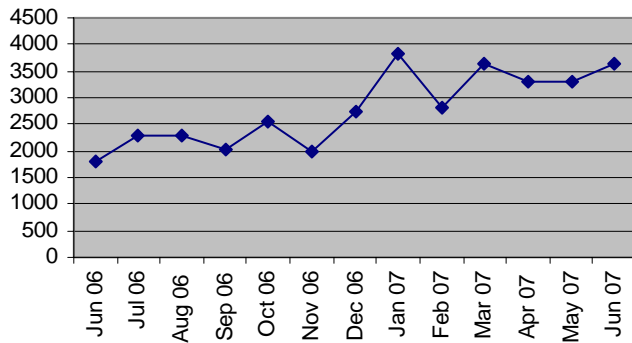
1. Supported better customer service by replacing pager help system with cell phone service for classroom and auditoria support and by creating online Web-based training for students and faculty for use of classroom e-learning technologies.
2. Implemented the Educational Digital Asset Management (EDAM) system in February to provide database management, organization, and search capabilities for e-learning media including digital imaging files, photos, video, and other educational materials to support and enhance teaching and learning.
3. Added a standardized set of e-learning resource and services questions to all basic science course surveys to systematically collect annual data regarding student use of and satisfaction with Health Informatics-supported resources.
4. The library's EFTS grant and income self-supported program implemented a new Canadian currency feature for online billing of inter-library loans between Canada and the United States. Funded by the National Library of Medicine, this software is used by over 1170 libraries through the US and Canada.

### **3. Key Performance Indicators 2006 – 07**

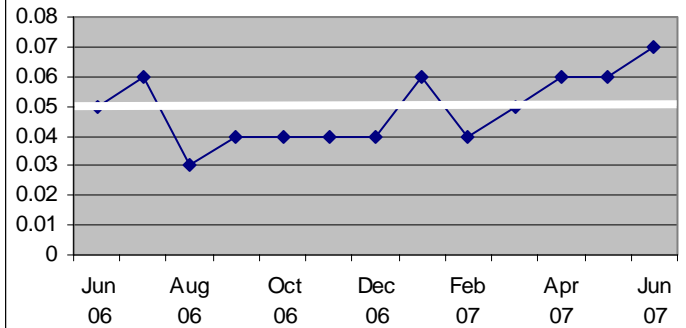


## Infrastructure

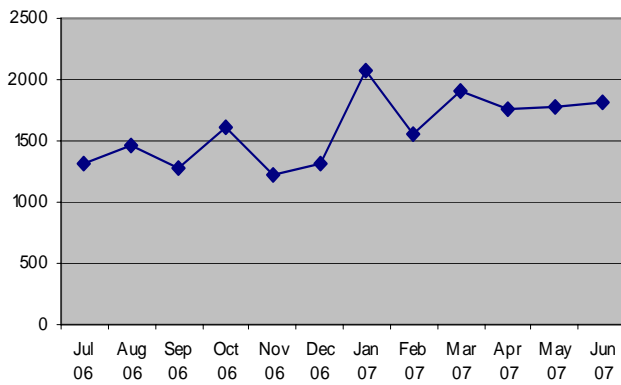
**Help Desk Monthly Call Volume**



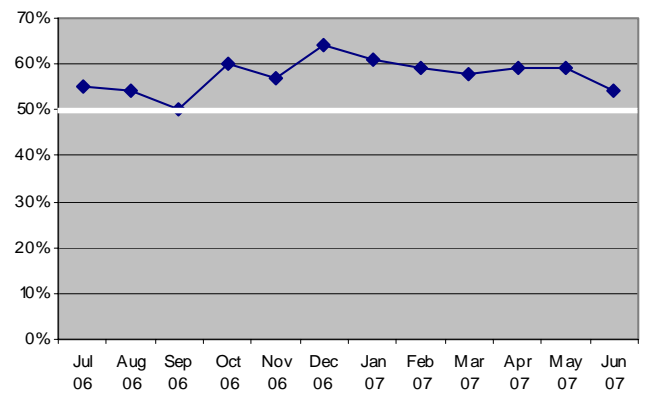
**Help Desk Abandon Rate  
Goal 5%**



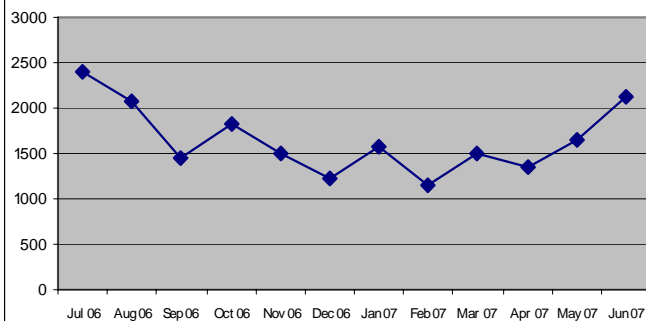
**Total Trouble Tickets**



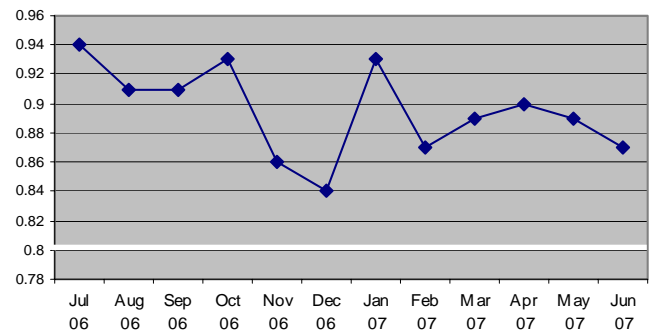
**Closed on Contact - Goal 50%**



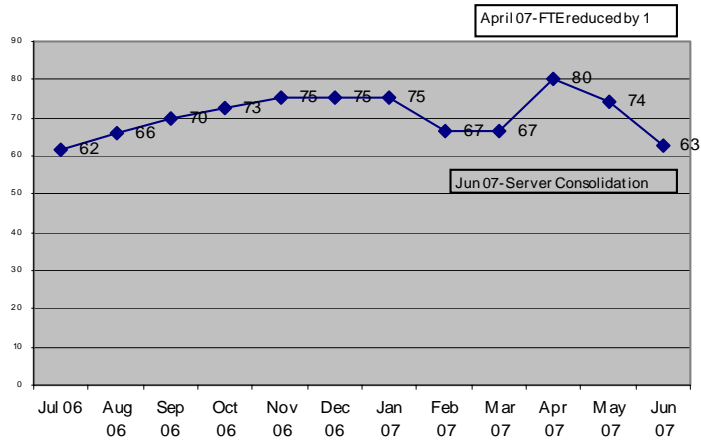
**Work Order Volume**



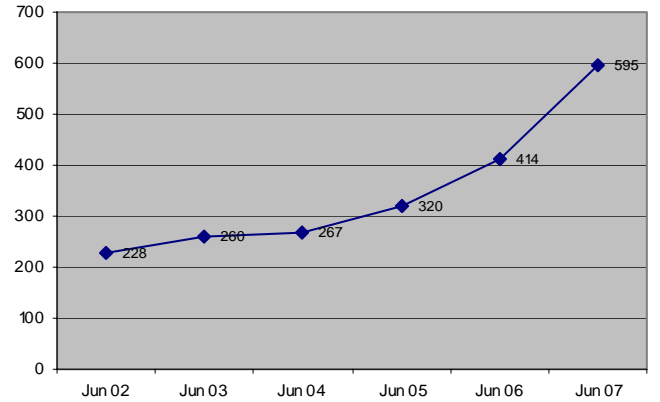
**SLA Goal - 80% Closed on Time**



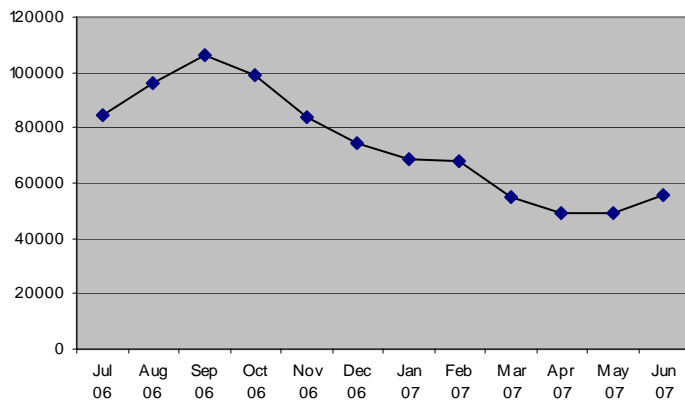
### Total Servers Supported Per Technician



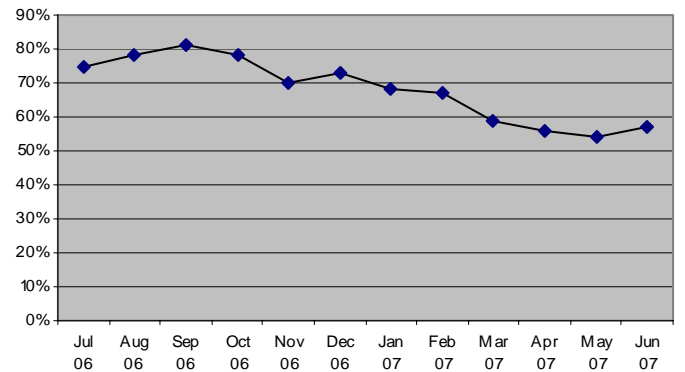
### Total Computers Supported Per Technician



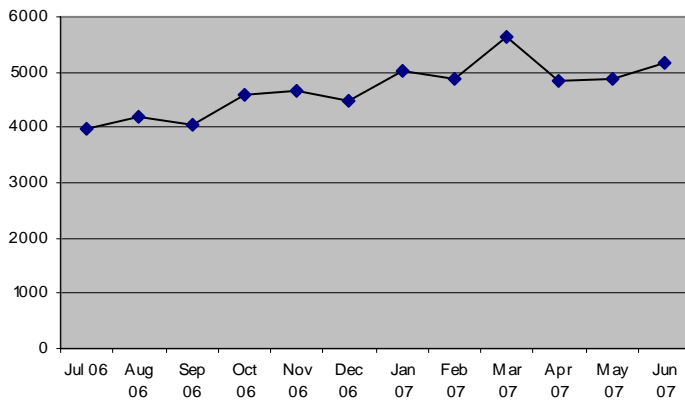
### Total Inbound Email



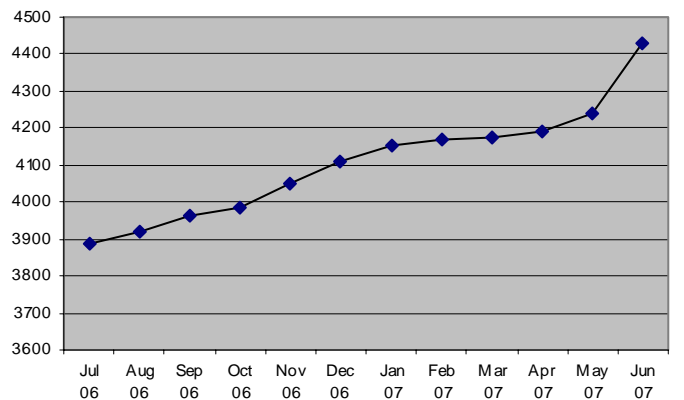
### Total Email Spam - % of Overall Mail



### Total VPN Sessions Per Month

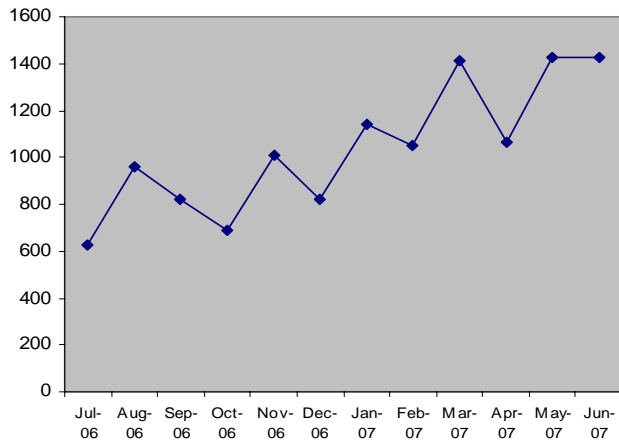


### Total Managed Antivirus Clients

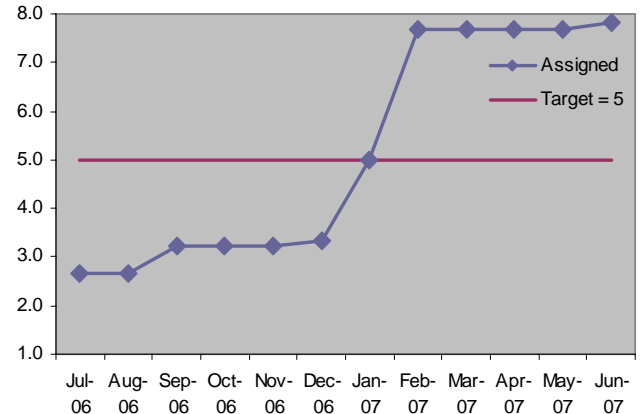


## Application Development and Support

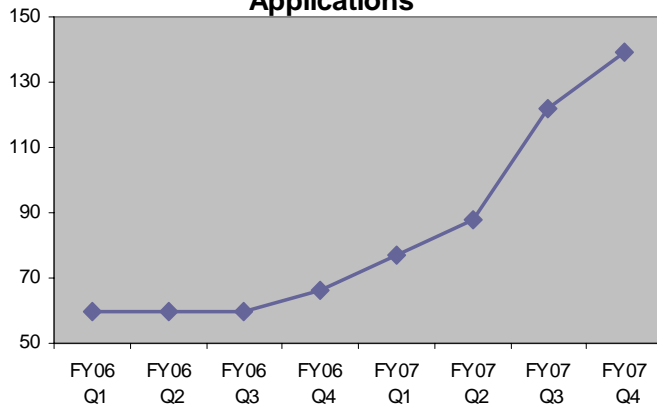
### Growth in Production Support Hours



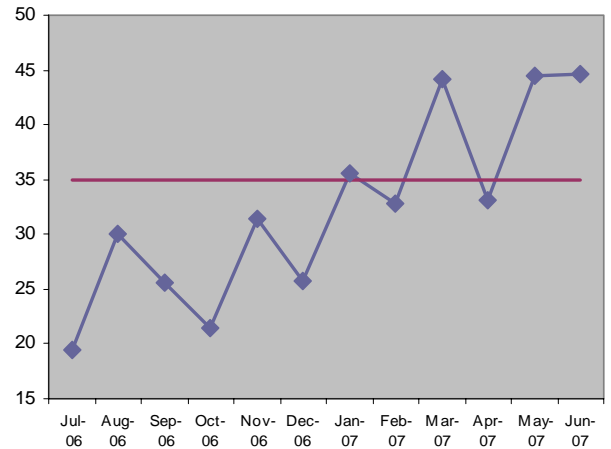
### Applications per Developer



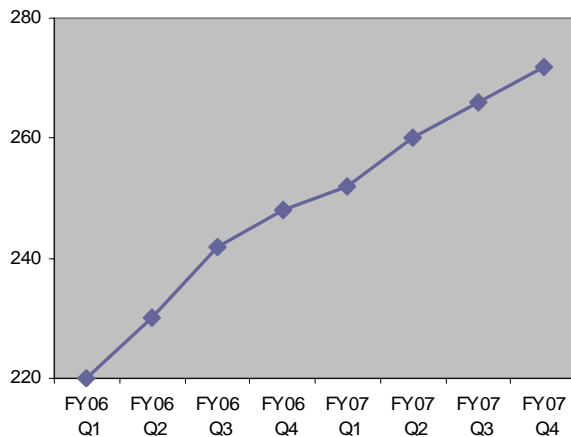
### Growth In Internally Developed Applications



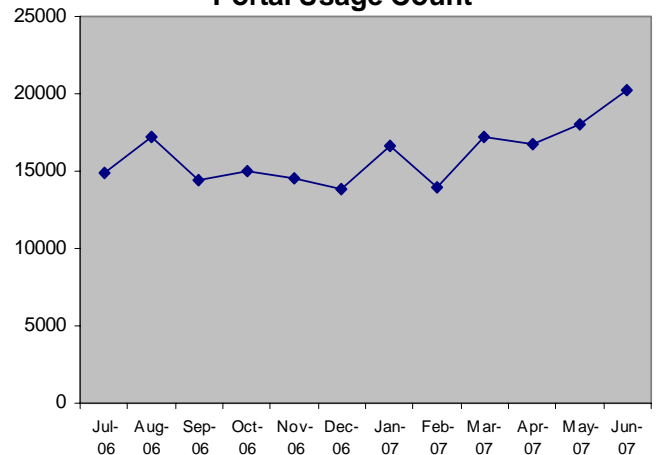
### Production Support Hours Per Developer



### Growth In Interfaces

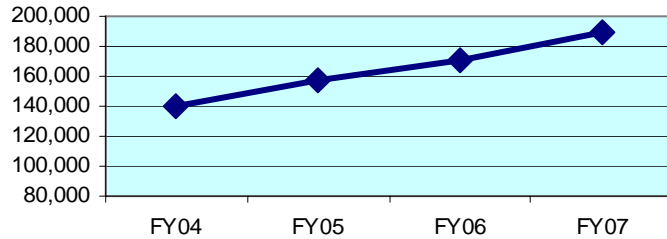


### Portal Usage Count

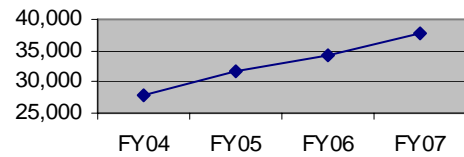


## Health Informatics

**Library Gate Count**

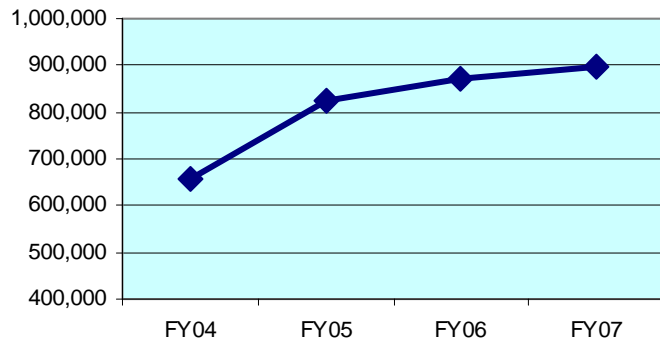


**Gate Count Per Staff**

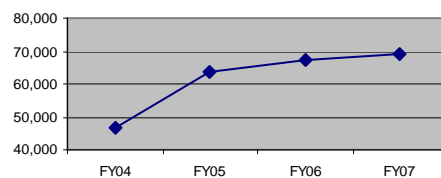


Library gate count has increased 26% since FY04. Circulation Staff has remained at four. Chart above shows increased traffic monitored by them. In addition, Circulation Staff has been cross trained to work on multiple projects.

**E-Resource Use**

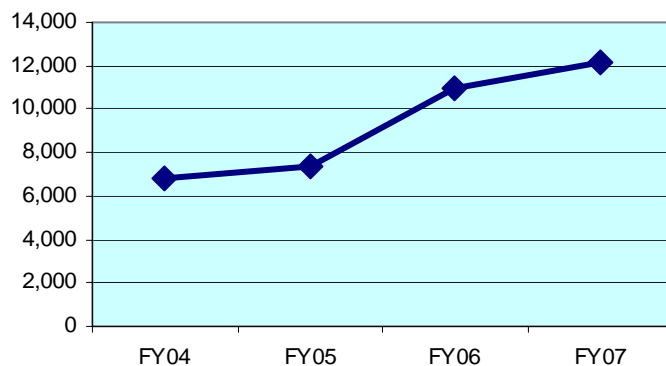


**E-Resources & Staff Support**

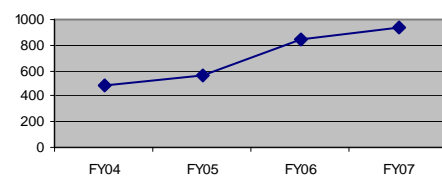


Charts show numbers of uses of library's e-resources as counted by library's software. Professional staff was 14 in FY05 and 13 in FY06. Staff support of e-resource use by teaching best methods and helping resolve problems.

**In Depth Reference Questions**

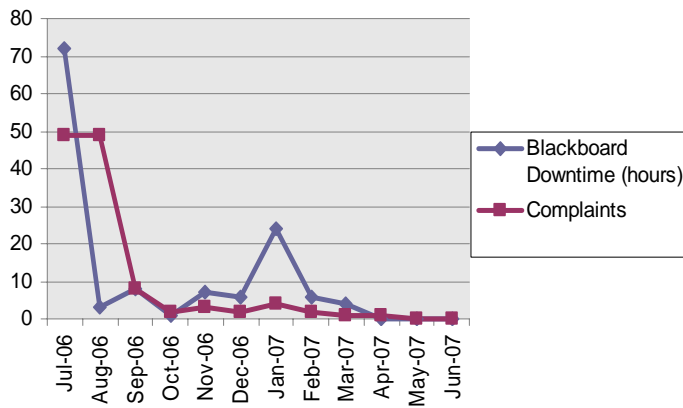


**Ref Q Per Prof Staff**

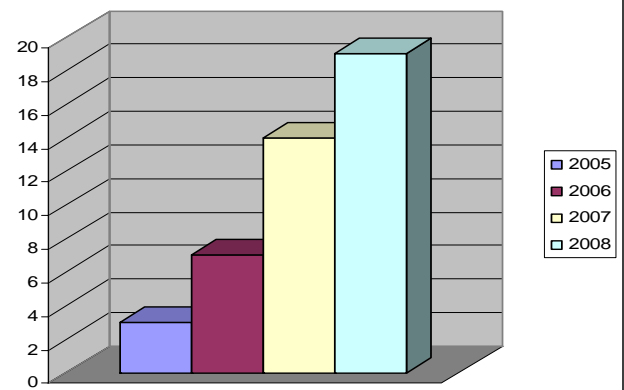


These charts show increased numbers of overall reference questions, and also numbers of questions per staff. There were 14 librarians in FY04 - 05, and 13 in FY06 - 07.

**FITS Quality Measures by Month 2006-2007**



**Interactive Videoconference Systems Supported**



### IT Employee of the Quarter



Sharon Edson – 1<sup>st</sup> Q



Terry Wright – 2<sup>nd</sup> Q



Richard Jensen – 3<sup>rd</sup> Q



Kathy Brauns - 4<sup>th</sup> Q

## 4. 2008 Goals

1. Manage RFP selection, contracting and planning processes for a Finance and HR replacement system.
2. Manage the selection of an AVP, Research Informatics and develop a collaborative model for successfully moving forward with implementation of the Research IT Strategy.
3. Manage planning for the NextGen ambulatory EMR and commence work on the implementation.
4. Successfully implement the following strategic IT projects:
  - POE Roll-outs to JDH 4,5,6 and Psychiatry
  - Medication Administration Checking
  - eHIM
  - Radiology Voice Recognition
  - Bed Management
  - Clinical Skills Assessment
  - Virtual Microscope
  - Research Store – Phase II
  - Research Repository – Phase III
  - Exchange 2003 Upgrade
  - Vcell Grid Computing Network
  - FRS/HRS Hardware Upgrade

# Office of Diversity and Equity Programs

## Annual Report 2006-2007

### Carolyn Lyle, Executive Director



*We all have a choice with the time we are together: to just go along to get along or to reap the intrinsic rewards of learning from each other. In any event, let's remember that our choice has enormous impact on those most vulnerable- the patient.*

*Carolyn Lyle, Executive Director*

#### Mission

To advance the Health Center's pursuit of excellence in health care and education by planning, providing and implementing policies, programs and processes that create and establish a workforce and student body that reflects the diversity of those we serve and provides and sustains a working and learning environment where all members of the Health Center community can realize their full potential in an environment of equality, respect, appreciation and fairness.

### 1. 2006-07 Goals

FY 2006-07 Goals	Progress
Continually update and improve website to align diversity mission and vision	Website includes mission, values and alignment with UCHC mission with power point slide show. Website includes link from student page. Website includes AAP PowerPoint, EEO Basic Series for Managers Guide; Annual Heritage Observances; AAP Goals; AAP Job Group Content; AAP training form; discrimination complaint procedures.
Develop automated electronic Federal Affirmative Action Plan	Federal Plan completed for 2006-2007.
Improve Sexual Harassment New Employee Orientation Training to address prohibited harassment issues revealed by review of internal complaints	Implemented new manager training program "Harassment-Free and Respectful Workplace Training Program". Attended all classes to supplement training. Training on schedule with 40% of managers trained YTD.
Institutionalize cultural change towards an inclusive working and learning community through development of a diversity strategic plan	Designed and communicated Diversity Strategic Plan to build value and manage diversity via website, presentations and meetings.
Implement Diversity Strategic Plan to contribute to UCHC business mission to build, value and manage a diverse workforce	Presented strategy to Senior Group, employee committees and various departments. Posted strategy description on ODE website. <i>Build Diversity:</i> Drafted affirmative action standards for manager evaluations. Implemented AAP monitoring and tracking mechanisms. First printed guide issued regarding EEO Basics for Managers. Comprehensive menu of AAP plan documents; background and educational information on website. <i>Value Diversity:</i> Heritage Monthly celebrations for employees.  <i>Manage Diversity:</i>



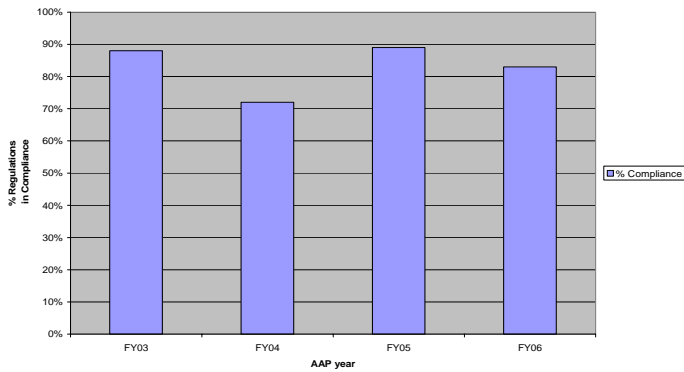
<b>FY 2006-07 Goals</b>	<b>Progress</b>
	Developed Complaint database. Increase compliance to required CMHC Sexual Harassment training. Attained 100% compliance for in-service Sexual Harassment training. Cultural communication skill presentations to medical students. Collaboration with Urban Track and Graduate Program Public Health on Cultural Competency.
Implement procedure regarding Good Faith Hiring Procedure to improve goal achievement by 15% through human resource recruiting and selection procedure	In conjunction with HR and CAO developed procedure for HR use in good faith hiring. AAP hire goal achievement increased by 4.8%. AAP promotion achievement did not increase.
Improve recruitment and selection of faculty to increase representation of women and minorities by 15%	Black Female only group that increased in representation (1 %).
Establish quarterly affirmative action plan reports to monitor goal achievement process every three months	Established quarterly AAP plan reports for Employment process, Utilization, Applicant Flow and Adverse Impact Tests. Wrote guide for use and disseminated to HR.
Secure CHF Grant for Cultural Competency in Leaders to provide resource to assist in diversity and communication strategy	Gained request from CHF to submit full proposal; senior leadership decision to not pursue.
Secure approval of CT Affirmative Action Plan for FY06	Achieved approval of AAP, as submitted.
Collaborate with University of Connecticut Storrs Campus Office of Diversity and Equity	NA

## **2. Significant Highlights 2006-07**

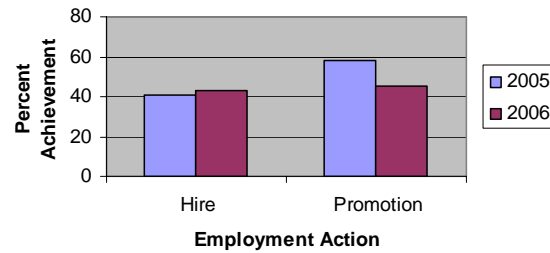
- Provided Office of Federal Contract Compliance Employment Source Referral Directory and DOL Disability Resource to HR for recruitment.
- Contacted and met with Marcos Morales, Managing Director, INROADs/Fairfield to investigate possible resources for HR recruitment.
- Established comprehensive database on discrimination and harassment complaints for ready-made report designs by division and department.
- Communication efforts via broadcasts and email distribution lists pertaining to:
  - Hiring goals for managers
  - EEO Basics for Managers Guide to Fair Employment Practices
  - Eight Heritage Monthly Celebrations
  - Art as an expression of diversity, Black History Month, Women's History Month, Older American Month, Asian American Heritage Month, Hispanic Heritage Month, National Disability Recognition Month, LGBL Month Event
  - Affirmative Action updates and announcements
- Achieved 95% compliance with meeting Stipulated Agreement 2.2 timelines for CMHC sexual harassment investigations.
- Presented to third year medical students and medical residents regarding cultural communication skills in health care delivery at St. Francis Hospital and Yale University.

### 3. Key Performance Indicators 2006-07

Affirmative Action Regulations in Compliance per Commission on Human Rights and Opportunities

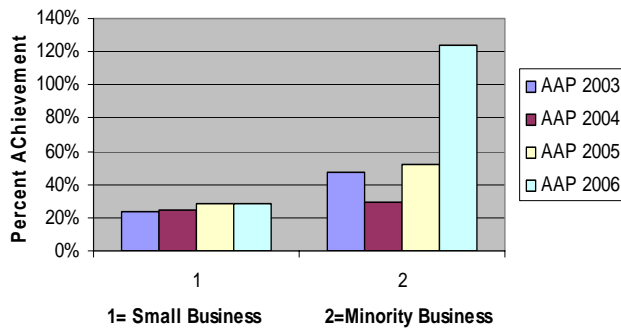


Commission on Human Rights and Opportunities Report of UCHC Goal Achievement

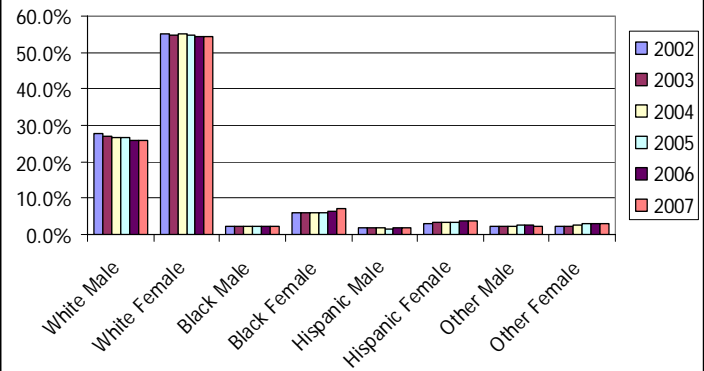


CHRO goal achievement is calculated by CHRO in its review of UCHC's affirmative action plan submission in Oct. of each year. Achievement for 2007 will be reported Jan. 2008.

Small and Minority Business Achieve

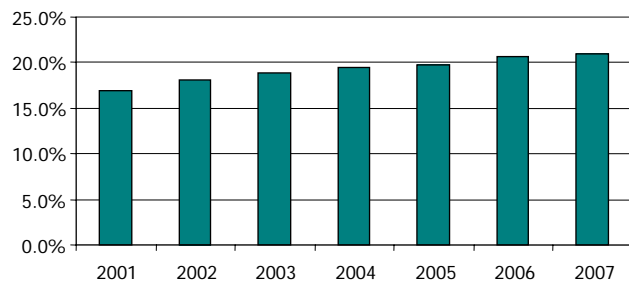


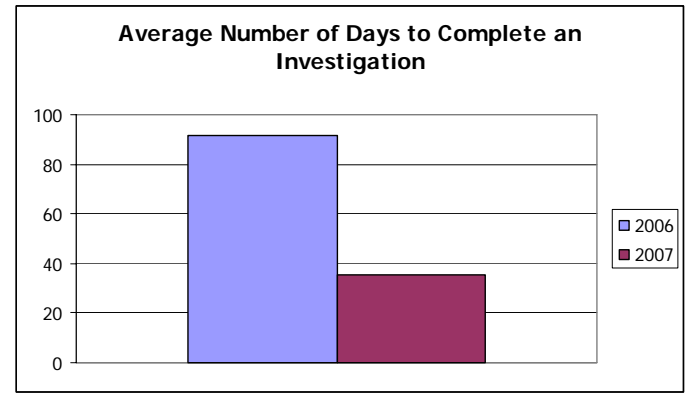
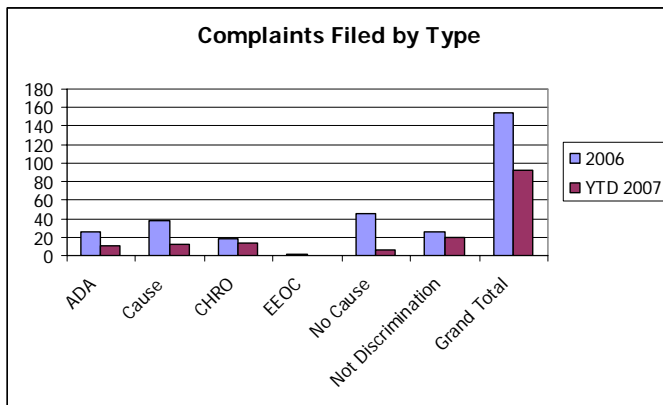
Work Force Diversity



Note: Workforce Equals Full Time Only

Regular Payroll Minority Headcount as Percentage of Total





#### **4. 2008 Goals**

- Secure approval of 2006-07 Affirmative Action Plan submitted to the CT Commission on Human Rights and Opportunities.
- Increase affirmative action goal achievement by 5 % ( shared with HR ).
- Develop and apply a cultural competency skill assessment tool as an element of leadership assessment.
- Collaborate on the design and development of tools to increase cultural competency leadership skills.
- Document map AAP procedures to establish procedure and processes for duplication and improvement.
- Coordinate efforts to achieve 100% compliance with Stipulated Agreement 2.2 Pre-Service Sexual Harassment Training; continue to monitor compliance with in-service CMHC training.
- Edit harassment and discrimination policies as appropriate, secure approval and adoption, ie. Prohibition of Sexual Harassment proposed draft to include student trainee and staff relationships.
- Establish quarterly report for department head managers showing goal achievement and complaint status.
- Explore options for partnership and development of mediation training for UCHC employees.
- Develop , publish and disseminate educational information regarding EEO Basics for Managers in areas of evaluating, interviewing, discrimination, and conflict resolution.
- Complete discrimination complaint investigations in a thorough and timely manner.

# PUBLIC SAFETY DIVISION

## Annual Report Fiscal Year 2006 – 2007

### Peter Agnesi, Director of Public Safety and Chief of Police



Public Safety is pleased to report significant progress with the campus wide security project. Although completion of the project will be phased in over several years, the initial renovation and construction of a new security command center is scheduled to begin in January 2008. This initiative will allow us to continue supporting our mission described below.

*Peter A. Agnesi, Director of Public Safety*

#### **Mission**

To support achievement of the Health Center's mission of excellence in education, research and clinical care by developing partnerships, mutual trust, and shared responsibility with our faculty, staff, students, volunteers, patients and guests to promote and maintain a safe and secure environment.

### **1. 2006-07 Goals**

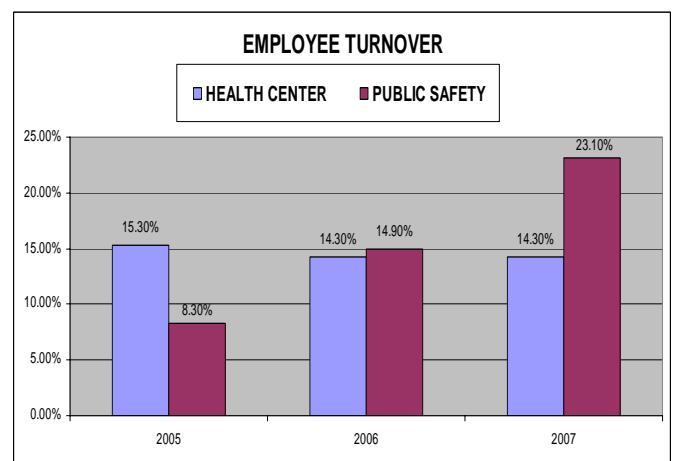
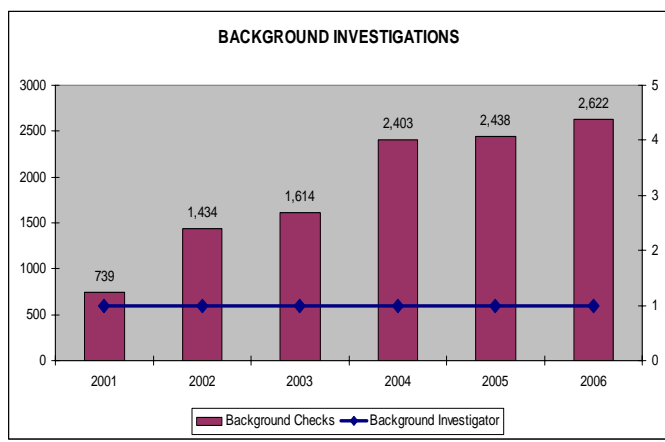
<b>FY 2006-07 Goals</b>	<b>Progress</b>
Initiate application process of Tier 1 State Law Enforcement accreditation	Continuing readiness inspections
Lead and implement campus security master planning process – Complete Phase 1	Finalize design of Public Safety Control Room
Improve communications and interoperability across multiple disciplines and conduct analysis of current communications systems and equipment	Analysis initiated – 20% complete
Develop comprehensive written directive system of Public Safety policies, rules and regulations	Revisions continue with approximately 40% complete
Address short term and long term campus parking and transportation issues	On hold pending new hospital site
Support School of Medicine in responding to American Association of Medical Colleges (AAMC) recommendation for criminal background checks for all students	Focus group recommending changes to Background & Sanction Check policy
Reduce percentage of workforce vacancies and retain full staffing levels	Reviewed selection criteria with classification and compensation officer with recommendations to follow

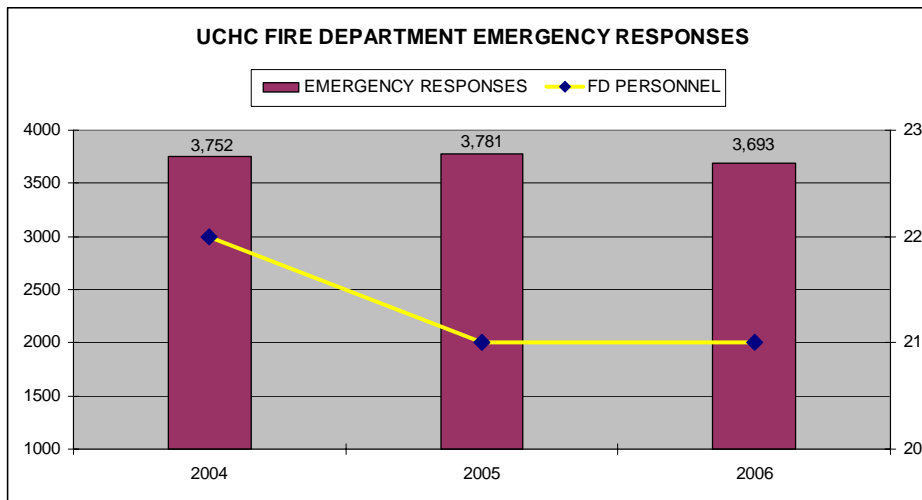
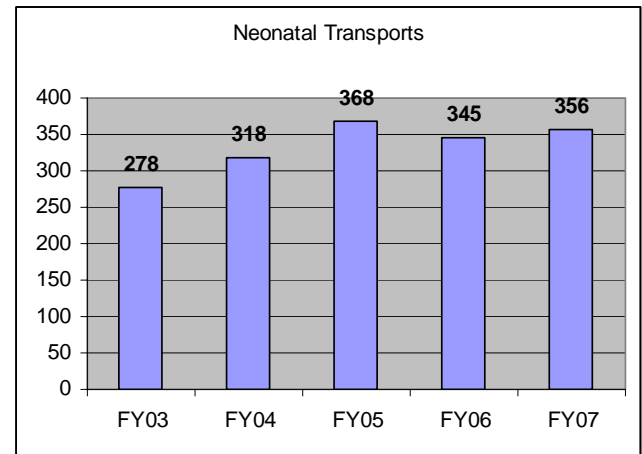
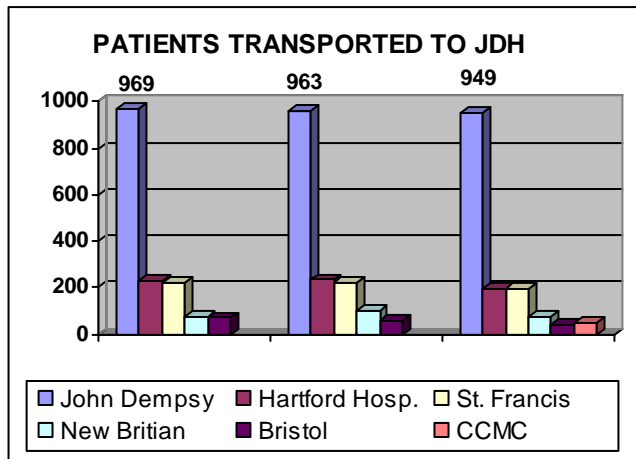
<b>FY 2006-07 Goals</b>	<b>Progress</b>
Increase informational sharing with Storrs Public Safety Division	Monthly meetings with Storrs Public Safety – participation in Emergency Communications Committee
Integrate Locksmith services with Campus Planning Facilities Management System (FAMIS) to increase accountability, response to customer service requests and management of key access control	Implementation target date by December 2007
Increase revenue generation to achieve maximum cost recovery - parking	Implemented convenience parking fee increase of 10% effective January 2008
Increase revenue generation to achieve maximum cost recovery - locksmith	Locksmith fee increases to be implemented in conjunction with FAMIS effective January 2008

## **2. Significant Highlights 2006-07**

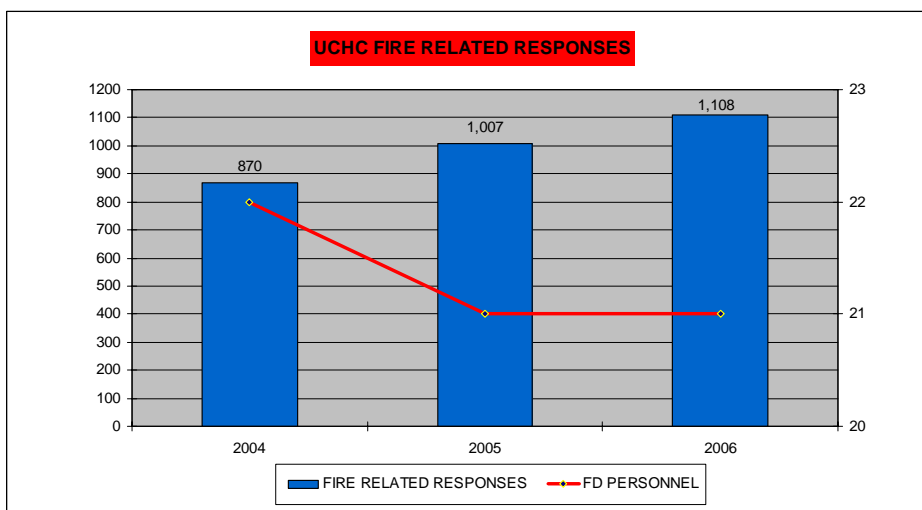
- Go live with new Public Safety website linked to UCHC home page
- Implementation of Locksmith services with FAMIS system 75% complete
- Created and implemented new operational procedures of Executive Vice Presidents Parking Advisory Committee
- Participation in state-wide Influenza Pandemic Continuity of Operations Planning and simulation exercise
- Campus Wide Security Project – Finalized architectural design for expansion and renovation of the Police Department and security control center Phase 1
- Upgraded security access systems in several locations to allow more efficient integration with Campus Wide Project
- Completed fleet replacement including the lease of two marked police cruisers
- Accomplished internal promotion by providing upward mobility opportunity from a non sworn position to a sworn police officer status
- As part of the philosophy of empowering employees to be proactive and positively impact the department, an employee self initiated the redesign of the police department shoulder patch
- Public Safety employee recipient of award for National Women’s History Month
- Successful recruitment, hiring and training of three firefighter/paramedics
- Finalized proposal for Paramedic Services Cost Recovery Program

## **3. Key Indicators 2006-07**





The UHC Fire Department responded to 3,693 emergency calls for service in 2006. This figure includes paramedic level response to 2,585 medical emergency calls throughout the Farmington Valley. The balance of calls was for fire related emergencies.



The primary function of the UHC Fire Department is response to fire related emergencies. These responses include, but are not limited to actual or reported fires, burning odors, visible smoke, elevator rescues, confined space rescues, hazardous materials incidents, motor vehicle accidents where extrication is required and mutual aid responses.

## ANNUAL PERFORMANCE REPORT

CUSTOMER					LEARNING & GROWTH				
Objective or Process	Measures	Current Output Measure (Actual)	Target	Gap	Objective or Process	Measures	Current Output Measure (Actual)	Target	Gap
Customer Education	# of New HC Employees trained at orientation	700/14 events	700	0	Staff Development	Provide statutorily mandated training for 15 sworn officers - FY07 ( 415 total hours)	100%	100%	0
Customer Education	On going HC Employee Training - Fire Prevention FY07	160/12 events	160	0	Staff Development	Deliver yearly training in key areas for 7 B&G Officers - FY07 (193 total hours)	100%	100%	0
					Staff Development	% Employees receiving annual perf. evaluations	100%	100%	0
					Staff Development	Provide regulatory mandated training - 21 firefighters 2006 (2,120 total hours)	100%	100%	0
INTERNAL PROCESSES					FINANCIAL				
Quality Assurance	**Processes Improved	6	6	0	Revenue	Yearly paid parking receipts (655 parkers - \$200,130)	100%	100%	0
					Budgetary Compliance	Yearly compliance to budgeted overtime	100.90%	100%	0.9 over budget

**FY 07 PROCESSES:** (1) Parking Advisory Cmte (2) Records Retention & Destruction (3) Mobil Data Terminal Upgrade  
 (4) Citation Qualifications (5) Standardid Fire Dept Recruitment Process (6) Life Safety Protocols





**UHC response to an active structure fire in Farmington**



**Neonatal Transport**



**UHC FD hosts the city of Hartford Fire Dept. Explorer program**

#### **4. 2008 Goals**

- Institute system for cost recovery of UHC identification badges, locksmith services and background services for contractors and vendors
- Develop security plan that advances decision making with respect to 24/7 administrative operations, security planning for 400 Farmington and Data Center operations at Munson Road
- Implement first major component of campus security improvements beginning with renovation in January, 2008 of the dispatch room and public safety offices to be completed January 2009
- Develop programs and events to utilize department personnel in new ways to promote public safety awareness and promote contributions and activities of department
- Develop a plan for communicating more broadly about the campus security plan in broad strokes as to how we will use technology and progress made against the plan
- Actively explore synergy project opportunities with Storrs Public Safety – continue quarterly meetings with Storrs counterpart
- Implement Public Safety satisfaction survey to determine effectiveness and efficiency of Public Safety operations involving customer interactions

# Student Services Center Annual Report Fiscal Year 2006 – 2007

## Cliff Sargis, Director, Enrollment Services



**Excellence must never be considered transitory in nature or unattainable. It distinguishes the mediocre from the extraordinary. Excellence remains the everyday goal of the Health Center and distinctly foremost in the minds of each of the dedicated employees who represent the Student Services Center and its students.**

*Cliff Sargis, Director Enrollment Management*

### **Mission:**

The Student Services Center employs an array of high quality services and strategies to recruit, select, admit, register, retain, and support a diverse group of academically outstanding students in achieving their educational goal: to successfully matriculate in the School of Medicine, School of Dental Medicine, and the Graduate School of the University of Connecticut Health Center.

## **1. 2006 – 07 Goals**

<b>FY 2006-07 Goals</b>	<b>Progress</b>
Provide managerial leadership for oversight and strategic direction of the Student Services Center	Director hired May 2007.
Evaluate information technology needs and develop an information technology plan to improve accuracy and timeliness of decision support data and information and decrease manual processing	IT completed review of technology needs of Center.
Maximize the use of technology to improve staff efficiency and effectiveness	Jenzabar training conducted March 2007.
Provide greater access to student health medical services inclusive of prescription services	New Anthem BlueCare Plan offering developed to be effective 9/1/07 and will include prescription coverage. Dental coverage through CIGNA will be optional.

## **2. Significant Highlights 2006-07:**

- Student Services Center Advisory Committee established. Meetings conducted monthly.
- Implemented regular staff meetings and procedures manuals.
- Briarwood College interns worked during fall and spring with Financial Aid and Registrar staff.
- Reconvened CARS Users Group and established regular meeting schedule.
- Developed new student health plan offering through the State of Connecticut
- Student Services Center reporting structure modified. Center directly reports to the CAO of the Health Center effective 9/1/06.

## **3. Key Performance Indicators 2006-07:**

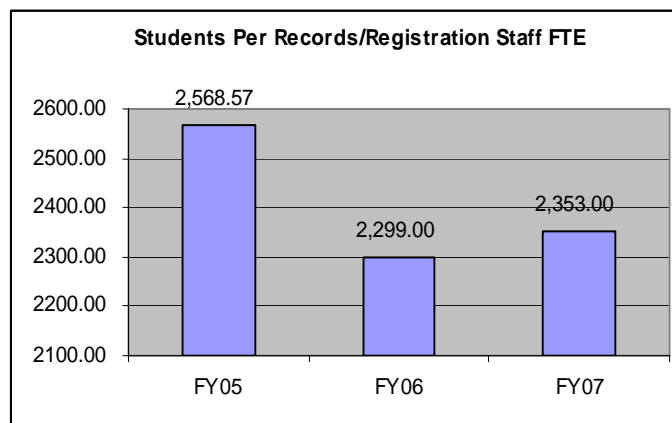
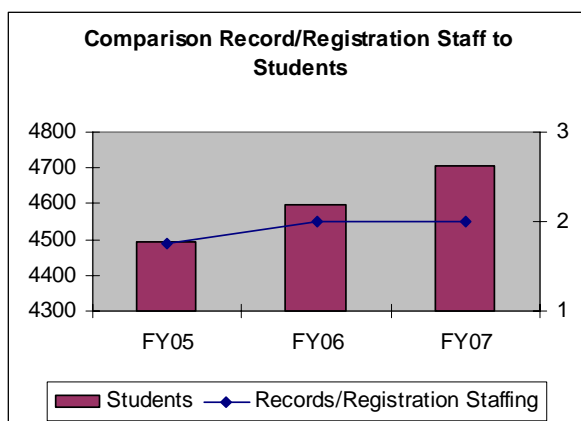
Transcripts issued by Office of Records and Registration	1156
Student Verifications (including Dean's Letters, diplomas, deferments)	853
Financial Aid awarded (medical and dental students)	\$18,087,188
Applicants to School of Medicine	2699
Applicants to School of Dental Medicine	1557

Applicants to Graduate School (Ph.D. programs)	302
Applicants to Graduate School (Master of Dental Science)	19
Applicants to Graduate School (Master of Public Health)	110

#### Profile: Student Demographics:

	2004-05	2005-06	2006-07
<b>Medical</b>	<b>317</b>	<b>318</b>	<b>325</b>
<b>Dental</b>	<b>167</b>	<b>166</b>	<b>159</b>
<b>Master of Dental Science</b>	<b>35</b>	<b>37</b>	<b>37</b>
<b>MPH</b>	<b>158</b>	<b>144</b>	<b>134</b>
<b>PhD. In Biomedical Sciences</b>	<b>186</b>	<b>199</b>	<b>184</b>
<b>Dental Residents</b>	<b>64</b>	<b>57</b>	<b>70</b>
<b>Medical students who have graduated**</b>	<b>2436</b>	<b>2509</b>	<b>2585</b>
<b>Dental students who have graduated</b>	<b>1132</b>	<b>1168</b>	<b>1213</b>
<b>TOTAL</b>	<b>4495</b>	<b>4598</b>	<b>4706</b>

\*\*Student totals include students who have graduated prior to the current academic year. They do not include the current year's graduates.



## 4. 2008 Goals

- Upgrade CARS system, automate enrollment reporting, and add web portal feature for students
- Adopt PowerFAIDS interface with Jenzabar for Financial Aid
- Implement new Student Health Plan
- Hire new Registrar and Student Affairs Officer
- Cross-train staff in key functional areas: Registrar, bursar, admissions, financial aid
- Establish permanent procedure manuals for functional areas of the Center
- Define new administrative policies regarding distribution and receipt of SOM elective evaluations
- Finalize timetable for renovation of current Office of Records and Registration
- Achieve 100% student response rate to annual FERPA guidelines
- Achieve 100% student response rate related to HIPAA and corporate ethics training modules
- Implement new university-wide Financial Aid Code of Conduct