University of Connecticut
DigitalCommons@UConn

Annual Reports - Patient Care | Patient Care

1-1-2006

Annual Report Clinical Operations 2005/2006

Follow this and additional works at: http://digitalcommons.uconn.edu/pcare_annreports

Part of the Medicine and Health Sciences Commons

Recommended Citation
"Annual Report Clinical Operations 2005/2006" (2006). *Annual Reports - Patient Care.* Paper 3.
http://digitalcommons.uconn.edu/pcare_annreports/3

This Report is brought to you for free and open access by the Patient Care at DigitalCommons@UConn. It has been accepted for inclusion in Annual Reports - Patient Care by an authorized administrator of DigitalCommons@UConn. For more information, please contact digitalcommons@uconn.edu.

University of Connecticut
Health Center

UConn Health Center

2006 Clinical Annual Report

September 1, 2006

UConn Health Center: 2006 Clinical Annual Report

Executive Summary

The clinical arm of UConn Health Center consists of UConn Medical Group (UMG), our physician faculty practice, John Dempsey Hospital (JDH) and the Correctional Managed Health Care Program (CMHC). Together these entities generate approximately $370 million dollars or about 60% of the Health Center's revenues. Our work is guided by our mission, vision and values along with six Board of Directors goals: fostering high quality health care, fostering academic connections, moving toward becoming the employer of choice, management effectiveness, community connections and regional reputation. We have preferentially invested in and enabled growth in the clinical signature and foundational programs which include: cardiovascular and vascular biology, cancer, musculoskeletal medicine, geriatric/primary care, and women's health.

JDH and UMG have been recognized with a number of awards including prestigious unsolicited national recognition by Solucient, for the second year in a row, as a Top 100 Hospital Performance Improvement Leader, also by Cleverley & Associates as a Community Value Index Top 100 Hospital and as a clinical best performer in the CMS Hospital Compare Program (reflective of clinical outcomes).

Substantial safety enhancements have been implemented in JDH through the work of the Collaborative Center for Clinical Care Improvement (C4I). Additionally, the implementation of "physician order entry" is a major achievement. This has been the culmination of several years of work and is an important milestone in reaching the goals laid out by the Institute of Medicine. Work has begun to extend this technology to CMHC and a similar product is being evaluated for UMG.

The governance for UMG has been revised according to the newly approved School of Medicine Bylaws. UMG is now overseen by a 9 member Clinical Council, formerly the Clinical Oversight Group (COG). The Medical Arts and Research Building completed its first successful year in operation. Facility upgrades in UMG continue throughout the campus as planned in our master space plan. Facility planning for JDH is also underway.

FY06 has been a challenging year financially for UMG and JDH. Reimbursements continue to lag expenses. The Medicare reimbursement fee schedule for UMG did not increase at all in FY06 despite rising costs. Fringe benefits costs for JDH were approximately 11% higher than at other Connecticut hospitals, estimated in excess of $8 million dollars. UMG suffered due to the departure and/or illness of several faculty. (Faculty departures were due to relocation, departure to other institutions or to private practice. In response, nearly 20 new faculty have been hired and will start in FY07, the faculty clinical incentive compensation plan was revamped and an extensive review, as it pertains to faculty retention, is underway.) Malpractice accruals have also increased, negatively impacting the income statement. Growth and revenue forecasts for the Farmington Surgery Center fell below expectation, which prompted moves to acquire the FSC as a hospital based facility. The clinical enterprise finished the year with revenues in excess of expenses of $3.9 million on revenues of approximately $380 million.

In an effort to further enhance aggregate performance, we have adopted the Juran approach to "quality" and have actively participated in several breakthrough projects, referred to as BEST projects: breakthrough excellence and successful teamwork. Two illustrative projects described are a new primary care call center and enhanced billing practices. BEST is a University wide initiative.

UCHC continues its work as a center of excellence for Correctional Health Care. This year the Department of Correction and UCHC memorandum of agreement was completely revised adding more accountability and oversight to the program.

Table of Contents

	Page
Executive Summary……	1
Message from the Director of Clinical Operations……	3
Introduction……	4
UMG and JDH New Programs……..	5
Program Enhancements……..	7
Collaborative Center for Clinical Care ……..	9
Safety Enhancements…….	12
Signature Program Updates……	14
Information Technology Enhancements……	16
Facility Enhancements……	16
Statistical Indicators and Financial Performance……	17
Faculty Awards……	19
New Faculty and Faculty Leaving UCHC……	24
Nursing Report…..……	25
Correctional Managed Health Care Program……	27

Message from the Director of Clinical Operations

Progress has been made in many of the six clinical enterprise goals defined by the Board of Directors: quality and patient safety; community connections; academic connections; work place of choice; management effectiveness; and enhancing our reputation. The signature and foundational programs have acquired new facilities, succeeded in recruiting new faculty and achieved notable clinical growth. Considerable progress has also been made toward enhancing patient safety most notably initiating physician order entry, the culmination of several years of work toward full implementation of the Siemen's Patient Safety System. The CMHC program continued to innovate, particularly with respect to implementing a new mental health program, managing mandatory overtime and instituting components of an electronic medical record.

The clinical enterprise, however, faces major challenges such as updating and/or replacing its aging and constrained facilities, recruitment and retention of talented academic faculty and clinical staff, and identifying leadership to meet the clinical and academic needs of the future. Financial pressures pervade all of our domains. Fringe benefit costs outpace the Connecticut market, placing us in a disadvantaged position. Increases in government and private payer rates are not keeping pace with provider costs. The CMS practice update will decrease reimbursements by 5.1%! Nursing, in nearly all specialty areas (e.g. Advanced Practice RNs, Certified Nurse Anesthetists, staff RNs) is facing ongoing staffing shortages. Also, we have begun to see regional shortages in physician specialties notably anesthesia, neurosurgery, pediatric neurosurgery, radiology, and psychiatry.

Recruitment and retention is a significant problem. UCHC competes for faculty with other academic health centers, national and local hospitals, and private practice. UCHC's ability to compensate physicians, however, is constrained, as in many academic health centers relative to the market, due to our infrastructure and need to cross subsidize multiple missions and the fact that education is under-funded. Community based providers have widened the income gap by redirecting technical earnings heretofore going to hospitals (e.g. diagnostic radiology and laboratory services, rehabilitation services, and ambulatory surgery services). In response, we have revised our clinical incentive program, are reevaluating our retention strategies and have adjusted base salaries to retain essential faculty. Despite these challenges, considerable progress has been made with the recruitment of 20 new faculty and leadership in the Musculoskeletal Signature Program (Director, Jay Lieberman).

We are fortunate for the guidance and support received from the Clinical Affairs Committee and the Board of Directors. Mapping a course for facility enhancement for JDH and recruitment are essential for continued success. Faculty contributions cannot be understated. We will continue our growth through ongoing partnerships with community physicians, hospitals and state agencies. We anticipate that through this activity we will make contributions not only to patients and families, but will develop techniques to enhance care that we will share with the larger healthcare and patient community. This will require focus and investments in our facilities, information technology and people. A very exciting and challenging time….

Steven Strongwater, MD

Introduction

The University of Connecticut Health Center has adopted six goals for the clinical enterprise.

1. To provide high quality care
2. To foster academic connections
3. To be the employer of choice
4. To demonstrate management effectiveness
5. To assure community connections
6. For our reputation to be recognized by the citizens of Connecticut

Care is provided to patients by approximately 300 clinical faculty in multiple settings. UConn Medical Group (UMG), the faculty practice plan of the medical school, provides patient care on our main campus in Farmington, as well as in satellite offices located in East Hartford, West Hartford and Simsbury. Faculty outreach is provided in other locations throughout the state, including at other hospitals, nursing homes, private physician offices and in collaboration with other state agencies such as with the Department of Corrections.

John Dempsey Hospital (JDH) is a 224 bed acute care general University Hospital in Farmington. It is the state's only acute inpatient care hospital. There are nearly 10,000 admissions, serving the needs of multiple communities across the state. JDH is recognized for advanced services in cancer, cardiology, musculoskeletal, geriatrics, neonatal and high risk maternal services, and psychiatric services, to name a few. Significant enhancements have been made across nearly all departments to enhance patient safety. Planning continues as JDH continues to grow to meet our future facility needs.

John Dempsey Hospital received several **awards and recognition** in fiscal year (FY) 2006.

- Core Measures. In 2004, a variety of clinical outcomes measures became available to the public. The initial set of medical outcomes was defined by the Centers for Medicare and Medicaid (CMS) and is referred to as "*core measures.*" The core measures are meant to capture important aspects of care. JDH has continuously been ranked among the best performers in Connecticut and was again in FY06. In several categories, particularly with regard to cardiovascular measures, JDH scored 100%.

- The Connecticut Quality Improvement Partnership awarded JDH two Silver Awards for "Safe Patient Lifting" and a "Case Management Software Initiative."

- Neonatal Intensive Care Unit was named recipient of the **'**UCONN Pride NICU Team Award' in November 2005. This is an award recognizing team work amongst staff.

- Reproductive Endocrinology & Infertility Division was commended by The Society for Assisted Reproductive Technologies (SART) for having one of the highest success rates in the country for IVF cycles and for having a lower than average rate of high order multiple births. SART reports IVF outcomes for the CDC. They released the 2004 pregnancy data in December of 2006. As the largest Center in the state with over 1000 IVF cycles in the last year, our Center for Advanced Reproductive Services continues to consistently exceed national measures and to be the leader of reporting centers in the region. Based on the 2004 data, the Center's overall higher order multiple rate (triplets or more) is considerably lower than the reported national average.

- Dr. Carolyn Runowicz was appointed by President George W. Bush to serve as chair of the National Cancer Advisory Board (NCAB). The Board advises and consults with the Secretary of the Department of Health and Human Services and the Director of the National Cancer Institute. There are 18 members of the advisory board including leading representatives from the disciplines of health and science. Dr. Runowicz has been a member of the NCAB for the past two years and is the first gynecologic oncologist to be appointed as chair. She will hold the position for two years.

- UCHC's Supply Group was awarded a Top Ten Award at the 2006 Supply Chain Optimization Forum in Texas by the University Health System Consortium (UHC). This is the group headed by Jim Thornton, Rob Murphy and Jack Ferraro reporting to Dan Upton.

- Market Recognition.
  - Solucient, a nationally respected medically oriented market research firm, awarded JDH their "Top 100 Hospitals, Performance Improvement Leaders Award-2005." This is the second year JDH was recognized with this award which is given for consistent improvement over five years compared to peer hospitals. The award compares performance in nine categories including clinical and financial results. The 2005 edition of The State of the Hospital Industry Handbook also recognized JDH with its highest five star rating.
  - Cleverley & Associates named JDH as a Community Value Index Top 100 Hospital. This is based on publicly available CMS data on 72 key financial performance indicators comparing 3072 hospitals.
  - The nation's first Patient School was recently held at the Health Center. The first school included five, 2-hour evening sessions at the Health Center delivered by our faculty and staff. Response to the program was universally strong and the program received considerable local and national attention. Based on this initial success additional programs are planned in FY07. The program, run by the clinical marketing team in collaboration with the Connecticut Health Signature Program and Health Center Faculty and staff, provided "students" from the community insights to become more successful patients and patient advocates.
  - Market share continues to increase in our primary service area based upon a 5 Year Market Share Report: our general share in the Farmington Valley grew from 12.1% in 1998 to 22.3% in 2005. ER Market share increased from 32.1% in 01 to 36.8% in 05—approximately 60% of the Farmington market.
  - The Clinical Marketing Team received an Award of Excellence for its personal pocket medication card campaign at the 32nd AAMC Group on Institutional Advancement Competition. This was also recognized by the New England Society of Health Care Communicators (NESHCO).
  - House Call, our consumer health publication, received an Award of Excellence from NESHCO and a Merit Award from Healthcare Marketing Report, the National Newspaper of Healthcare Marketing.
  - Consults, our referring physician newsletter, received an Award of Excellence from NESHCO.
  - The Department of Pathology and Laboratory Medicine came in third place in a national contest sponsored by Advance Magazine.

- Accreditation. JDH achieved accreditation status for several of its departments including:
  - Laboratory and Anatomic Medicine Passed Department of Public Health and CAP surveys.
  - Diagnostic Imaging and Therapeutics. From the American College Radiology, Vascular and general ultrasound laboratories; mammography, ultrasound and open MRI.
  - Cardiology. Echocardiography Laboratory was accredited for 3 years by the Inter-societal Commission for the Accreditation of Echocardiography Laboratories.
  - Neurology. RRC granted the Neurology Residency a 4 year unconditional approval.

UMG & JDH New Programs

Cancer. Implementation of the **Navigator Program "Woman to Woman"**: The Navigator Program provides support and guidance to women newly diagnosed with breast cancer. This program pairs patients with trained volunteers who help them navigate through the steps involved in the care of patients with breast cancer, including physician appointments, chemotherapy treatments, radiation, surgery, support groups, and all other aspects encountered by these patients in the course of their treatment and follow-up.

Cardiac Electrophysiology (EP) Laboratory. Construction will be complete in August in 2006 for a new state of the art EP Laboratory, a key component of the Cardiac Signature Program, under the direction of Drs. Liang and Stonescue.

Cardiovascular Perfusion Service (CDS) Over the past twelve months, John Dempsey Hospital developed its own Cardiovascular Perfusion Service. In addition to providing services at JDH, the CDS was able to support new open-heart surgery centers at both St. Mary's Hospital and Waterbury Hospital. To date, the Heart Center of Greater Waterbury has completed approximately 200 cases. A staff of four perfusionists is providing support to all three hospitals. At UCHC, CDS has developed an open-heart surgery action group that is reviewing the program's evolution. Since the group inception, the following accomplishments have been realized:

- Quarterly morbidity and mortality case review
- Naming of a Chief of Cardiovascular Anesthesia, Dr. Len Kulicki
- Development of an intra-operative glucose control and management policy
- Three year reporting on transfusion of blood product administration to open heart patients with the goal of lowest transfusion rate for CT open-heart programs.

Dermatology. Vascular anomalies multidisciplinary program initiated including Pediatric dermatology, plastic surgery, otolaryngology, interventional radiology, orthopedics and hematology /oncology.

Geriatrics Memory Program. A collaborative effort between Geriatrics, Psychiatry, Neuropsychology and Neurology has been initiated to expand the size and scope of services provided by the James EC Walker, MD Memory Assessment Program.

March of Dimes/NICU Family Support Program. The Neonatal Intensive Care Unit at JDH was competitively selected as the only site in Connecticut to develop a family support program. The MOD provides staff, educational and emotional support to the families of babies in the NICU. This was a competitive selection in which all major NICUs in the region had participated.

Medical Arts and Research Building (MARB) opened in June 2005. This state of the art facility is the first significant expansion for UMG over the past ten years. It houses the components of the Musculoskeletal Signature Program including orthopedics, rheumatology, osteoporosis, neurosurgery and rehabilitative services. The Farmington Surgery Center, a 5 room ambulatory surgery center is housed on the second floor. In the facility are an extensive array of imaging equipment including open MRI, 16-slice CT, 5 Digital radiology rooms, 2 ultrasound devices, and 2 Kodak Dry lasers.

Neonatalogy

- The **Level II NICU at Manchester Hospital of the ECHN** has become fully functional with two neonatologists who are part of the UCHC faculty. This is part of the outreach efforts of the JDH NICU. This will improve care of newborn babies in the region by increasing the level of care provided at ECHN hospitals.
- Established **Child Passenger Safety Program** at UCHC. Parents will obtain instructions on child passenger safety and assistance with the installation of their child's car seat by Certified Technician. Lead team member: Mariann Pappagallo, MD and Officer Ed Almonte.
- **Neonatal Quality Improvement Collaborative iNICQ –** an international quality improvement collaborative organized through the **Vermont-Oxford Network.** This will be utilized for benchmarking, quality assurance /improvement, and outcomes research. An iNICQ team has been developed under the leadership of Naveed Hussain, MD and Marta Barker, MSN.
- **Infant Apnea program** established at JDH. This is an additional service offered to JDH patients with a question breathing disorders and/or gastro esophageal reflux leading to cardio-respiratory compromise. The services are unique for the region and the unit has begun offering its services to area nurseries. (Program director: John Casey, MD)
- **A parent satisfaction questionnaire** specific for the NICU has been implemented and a team of nurses in the NICU are using it to get immediate patient/family feedback. This information will help in ensuring that we remain committed to our goal of a family-centered NICU.

Occupational Medicine. The Employee Assistance Program has undertaken a major new initiative with the Connecticut Department of Children and Families to provide adoption resources and counseling for families with problems or concerns with adopted children.

Psychiatry. The Department has successfully established a Division of Child and Adolescent Psychiatry under Dr. Daniel Connor. A new ambulatory Child/Adolescent Psychiatry Clinic has opened at UCHC. The clinic is located at UCHP in West Hartford with clinical services provided by 2 psychiatrists, 2 psychologists and 1 APRN. Areas of clinical interest include attention-deficit/hyperactivity disorder in children and adolescents, innovative models of pediatric psychiatry service delivery, and pediatric psychopharmacology.

Dr. Mahlon Hale was hired to bring in new industry-sponsored clinical trials. He has negotiated new trials in depression, anxiety, CATIE 2 (outpatient schizophrenia), among others. Dr. Hale will be focusing on establishing inpatient clinical trials.

UMG & JDH Program Enhancements

Dermatology

- Candela pulse dye laser is now provided monthly in day surgery with conscious sedation, and once a month in outpatient clinic.
- A dedicated pediatric dermatology clinic has been established in Dowling South
- New therapeutic modalities: intra-lesional candida antigen therapy for warts; Botox injection for hyperhidrosis.

Diagnostic Imaging & Therapeutics

- Successful implementation of digital imaging and storage (PACs). This has bolstered the satisfaction of faculty and trainees. We are now "filmless" which is also less wasteful and safer for the environment.
- Ultrasound and vascular services are now available in the MARB.

Geriatrics

- The scope of the James EC Walker MD Memory Assessment Program was expanded during the course of the year with the active participation of psychiatry, neurology and neuropsychology. A web site for the program was established and a workbook containing standardized tools was developed and implemented as a clinical tool. A marketing effort was under taken to promote the program.
- The Powerful Aging program, which has been located on the UCHC campus for several years, underwent an internal review including an analysis of the goals and fiscal standing of the program. A decision was made to retain and expand the program including the initiation of several off campus locations.
- Celebrate Aging has expanded considerably in the last year. A web site has been developed to promote the recruitment of new members and to provide an easily accessible listing of programs and events

Hematology. Hemophilia Thrombophilia Program has expanded into an additional multidisciplinary clinic.

JDH Nursing. Rapid Response Team. In response to the "Save 100,000 Lives Campaign" initiated by the Institute for HealthCare Improvement, under the guidance of Kathleen Coyne, ICU Nurse Manager, and with the support of many across the enterprise, a Rapid Response Team has been established. This is a team of on call staff comprised of an advance practice nurse, respiratory therapist and a critical care nurse. This team of highly trained staff can be called any time a patient is deteriorating in an effort to prevent a poor outcome. Since the initiation of the RRT, we have seen a significant reduction in code blue or cardiac arrests and an overall reduction in mortality. The University Health System Consortium has invited Kathleen Coyne to present these results at the UHC National Patient Safety meeting in Baltimore, MD in October.

Laboratory Medicine

- Installation of new tissue processor with capability of short runs to provide same day processing of many biopsies.

- Installation of DXi instrument dedicated to the performance of testing for the Center for Advanced Reproductive Services (CARS) program to reduce CV and decrease turn around time.
- Expanded panel for Cystic Fibrosis mutation testing.
- New technology for performance of Hepatitis C Viral (HCV) genotyping.
- TaqMan technology instituted to expand dynamic range of HCV viral load testing which was requested by gastroenterologists for treatment monitoring.

Materials Management Help Desk. Materials Management has instituted a Help Desk Service. It represents a "one stop" model for any one with inquiries to Materials Management. It is staffed so the customer contacts a "live" person on the phone. All inquiries are directed to the appropriate division for action, communicating to the customer the progress and a follow-up communication upon completion. The Help Desk has been so successful one of the Help Desk attendees, Charlene Bilbo, was presented with a PAWS Award this past July 2006.

Medicine

- **Primary Connect Call Center**. This is a new program to streamline access for patients to scheduling and other services. We also piloted and implemented an electronic triage system to streamline the process of getting patients' messages to physicians and then having clinical questions answered quickly for our patients.
- **Electronic consultation system.** The Internal Medicine Associates physicians piloted an electronic consultation system to streamline consultations within the practice of UMG and this was subsequently rolled out to the practice as a whole.
- **Pulmonary.** Dr. Bandyopadhyay has started an "Asthma and Airway Disease Center" to enhance services for this growing patient population.

Neonatolgy

- Neonatal Outreach activities have been formalized and enhanced with regularly scheduled instructional sessions for physicians, nurses and other providers. A new competency program termed STABLE is being offered to these area hospitals so that neonatal care can be optimized and infants are in better condition before transfer to tertiary care centers. STABLE is a comprehensive program that improves infant stabilization in the delivery room and beyond.
- The UCHC Neonatal Transport Team continues to be the only committed neonatal transport service in the state. The team's neonatal transports of sick babies from various regions of the state have continued to increase. The transport team has done 476 acute transports in 2005. Of these 328 were admitted to the NICU at JDH and 148 were transferred to other centers in the region. This constitutes a significant increase in activity in this area.
- The 16th Annual International NIDCAP Trainers Meeting was organized by Cathy Daguio, OT , Director NIDCAP Training Center and Dorothy Vittner, RN,BSN, NIDCAP Nursing Educator. This research focused conference hosted approximately 100 internationally known NIDCAP Trainers, Directors, and Neonatologists from over 25 countries. The conference, lasting 1 week, was held at Water's Edge in Old Saybrook, CT and involved the participation of multiple staff from the NICU.
- Golf Tournament fund raiser: This was organized by Kim Oski, APRN. The event was very successful and raised $ 5,500 for the Lavey Fund that benefits the NICU.

OB/GYN

- The Observer Ultrasound Reporting Program used in the Maternal Fetal Medicine (MFM) ultrasound unit was installed in the Maternal Fetal Intensive Care Unit. This allows for generation of computerized reports, assures accurate documentation of the neonatal stress tests (NST's) and enables improves billing; the updated OBserver Program is compatible and interfaces with the LCR program.
- Through the PACS initiative (new image archiving system), the ultrasound and NST reporting program has been linked to Lifetime Clinical Record (LCR). These reports can be reviewed and printed any where anyone accesses LCR.
- A live television feed has been established linking New Britain General Hospital & John Dempsey Hospital for Grand Rounds. This has been well-received by our attending and resident staff.

- Continued publications of substantive articles in professional journals on a variety of topics in Obstetrics and Gynecology.

Pharmacist Consultation Service. The Primary Care practice developed and implemented a Pharmacist Consultation Service which provided consultative services to patients on complicated medication regimens, to enhance compliance and improve patient safety.

Pastoral Services. The department offered its fourth unit of clinical pastoral education (CPE) as an ACPE candidacy center. With that, we have completed the requirements for participating in an accreditation review to move to accredited membership. We have an accreditation site visit scheduled for December of this year.

Rehabilitation. In collaboration with Dr. Lori Wilson developed postoperative in-patient and outpatient treatment programs for mastectomy patients. Hosted 3 continuing education courses.

UMG

- Centralized Call Center. As an outgrowth of a BEST project in FY05, UMG implemented a highly successful Call Center for primary care appointments and telephone inquiries. Combined the IMA appointment staff from four (4) locations into one location to allow for improved service
- Implemented new technology applications that will improve productivity and quality in the following areas: Patient telephone inquiries, reporting of patient diagnostic results, patient "E –communications."

Collaborative Center for Clinical Care Improvement

Clinical Operations of John Dempsey Hospital has initiated an organized effort to become the safest health care operation in Connecticut. This effort is the defining principle for the Collaborative Center for Clinical Care Improvement (CCCCI). John Dempsey Hospital clinicians, practitioners focused in outpatient services, and health center faculty practicing in University of Connecticut schools have all embraced the vision, mission and goals established for CCCCI. The journey to provide the safest patient care began in 2004 when CCCCI was successfully introduced to the University of Connecticut Board of Directors. It was then presented to clinical staff to initiate groups to address issues that would improve both quality of patient care and patient safety. CCCCI currently has seven working groups dedicated to addressing and improving practice and patient outcomes for: Medication Safety; Nosocomial Infections; Pain Assessment and Management; Patient Falls; Culture Assessment and Transition; Ambulatory Care; and Performance Improvement Measures. The selection of these seven groups was based on internal data that represented potential or actual errors in practice, and on commitment to adhere to best practice guidelines for patient care. All seven groups initiated regular group meetings throughout 2005 and 2006, and have implemented action plans that were developed specific for each area of focus.

Medication Safety has developed an action plan to address:

1. Assessment of current practice for medication ordering, dispensing and administration. Assessment was completed through a survey tool, Institute for Safe Medication Practices (ISMP) Medication Safety Self Assessment for Hospitals. Data from this tool have been used to enhance the current action plan for this group.
2. Implementation of technology for pharmacy services systems, e.g., computer based physician order entry. Technology changes are in progress, e.g., Siemens System for Physician Order Entry was implemented in May 2006.
3. Improvement in pharmacy review and delivery of medications to each hospital unit. Use and expansion of Pyxis products allows more efficient review by pharmacy of medication orders with more timely dispensing of medications to hospital units.
4. Provision of ongoing education to hospital staff on medication safety and practice standards.

Nosocomial Infections/Infection Control has four subgroups focused on:

1. Influenza Immunization for high risk patients and employees. The goal for this group is to improve vaccination rates to 75% for both groups for the flu season of 2005-2006 and to reach 100% vaccination rates for both groups by the flu season of 2006 to 2007. Of the employees identified who are involved in direct patient care, approximately 40% received their influenza immunization in the flu season of 2005-2006. Approximately 88% of the high risk outpatient population identified was immunized against the flu.
2. Hand Washing has been part of an ongoing campaign in the clinical care areas. Personnel are continually reminded to wash hands with a disinfectant solution before and after every patient contact. Education for the importance of hand washing will continue one-on-one with staff through infection control liaison teams, and through annual infection control education programs. Patient cultures will be monitored for organisms commonly spread by hand contamination. Approximately 43% of observed health care providers wash their hands after delivering direct patient care.
3. Surgical Site Infections has initiated review of data for compliance with national guidelines for pre-operative antibiotic administration and the time of the surgical incision. Data are reviewed for procedure-specific infection rates with corrective actions determined to improve patient outcomes. Approximately 80% of the cases reviewed had their pre-op antibiotic given within one hour preceding their surgery.
4. Central Venous Catheter Infections are being carefully studied with attention to determining data for the number of days individual patients are treated with a central venous catheter. These data will support accurate calculation of central venous associated blood stream infection occurrences and comparison with benchmark data from the National Nosocomial Infection Study (NNIS). Clinical protocols for insertion of central venous catheters, and ongoing care of the central lines/dressings have been revised and implemented to meet standards for best practice. Of the central lines in the Adult Intensive Care Unit, our Central Venous Catheter Related Blood Stream Infection rate from February 2005 to June 2006 is 4.1 infections per 1,000 catheter days.

Pain Assessment and Management has implemented an action plan with attention to improving staff education in pain management and in improving clinical outcomes for patients experiencing pain:

1. A computer based education program has been designed that provides information on a range of education issues critical to successful assessment and management of patient pain. Content for the physician perspective is complete; content for nursing staff is being developed.
2. An equianalgesic tool has been developed and distributed to all hospital health care providers. The tool is a pocket guide that provides information on equianalgesic dosing and pain management practices at John Dempsey Hospital.
3. Evaluation of clinical practice in alleviation of patient pain has been reviewed through audit of patient records. Further actions will be implemented specific to data review.
4. Non-pharmaceutical strategies for pain management are being evaluated for inclusion in patient plans of care, e.g., diversion activities/options.

Patient Falls has worked on a series of actions to address:

1. Assessment and care of patients at risk to fall: fall risk assessment is completed by nursing staff using a tool adapted from the work of Janice M. Morse (1997), Preventing Patient Falls. Actions are implemented based on the level of patient risk.
2. Safety of the hospital care environment to decrease patient injury should a fall occur. The hospital environment is continually evaluated for safety, and actions have been taken to decrease risk of injury in the event a fall does occur, e.g., hospital beds purchased in 2004 have a number of patient safety features: a night light on the bed, an exit alarm for patients who need assistance to safely get out of bed, and the ability to lower the bed to within 16 inches of the floor.

3. Interdisciplinary collaboration to develop and implement protocols of care that support the safest practice. Current work is focused on the implementation of an interdisciplinary protocol to identify and treat Delirium.
4. For the observed period of July 2005 through June 2006, the following baseline rates were established: 4.7 falls per 1,000 bed days of care, 12.1 minor injuries per 100 falls, and 0.53 major injuries per 100 falls.

Culture Assessment and Change completed the survey of University of Connecticut Health Center (UCHC) staff using a tool to assess staff perception of UCHC organizational culture. Fourteen hundred and ten of 4,622 UCHC staff returned completed surveys. Data have been analyzed and focus groups will be convened to discuss themes derived from survey analysis. Information gathered during these focus group discussions will supplement quantitative data from the survey tool to organize and develop strategies to address key areas for transition in UCHC culture.

Ambulatory Care Group has identified two foci for clinical care review and opportunities for improvement. Both have been selected from the measures developed by the National Committee for Quality Assurance; these measures are designed to review appropriate care in the ambulatory/outpatient setting. The two areas selected are:

1. Preventive Measures: timely evaluation/testing for: breast cancer; colorectal screenings; cervical cancer; smoking cessation counseling; and influenza and pneumococcal vaccinations.
2. Diabetes Management: monitoring and management of HbA1C blood levels; blood pressure management; lipid measurement; and regular examination by an eye care professional.

Concurrent to review of these data is coordination of a data collection/review process for these clinical measures in the outpatient settings where care is provided.

Performance Improvement Measures was convened as group in April 2006. This group is reviewing all the data currently being collected to evaluate our performance with clinical care. Data is collected and submitted to JCAHO, Qualidigm and other review agencies as components for insuring the best evidence based practice is provided. This group plans to evaluate how these data are effectively shared throughout the clinical enterprise and a process to coordinate selection of new clinical indicators.

CCCCI has successfully engaged **students and University faculty** in department and subgroup work. A graduate student in the School of Social Work, and faculty from the School of Pharmacy have been active members of CCCCI subgroups for Pain Assessment and Management and Patient Falls. Efforts will continue to invite and encourage student involvement from University of Connecticut undergraduate, graduate and professional schools. Student involvement has been extremely helpful to provide perspective and advice on CCCCI current efforts and phases for expansion.

Road Map for CCCCI was initiated in 2004 with the decision to **develop** a program to design and sustain John Dempsey Hospital as the safest health care environment in Connecticut. **Preparation** was initiated throughout 2004 to **launch** this program in December of 2004. During 2005 and to date in 2006, efforts have **expanded** to ambulatory care, potential research and funding endeavors with a request for funding for a proposal for a community health program, and participation of students in CCCCI endeavors. Future goals and plans for CCCCI will continue to **expand** and **sustain** the goals that have been met and the goals that will evolve from CCCCI review of patient care, education of students, support for community services, and development of models of care that can be transferred successfully to other care environments.

Communication of CCCCI work has been coordinated through a series of CCCCI Newsletters distributed throughout UCHC. Newsletters have been developed to describe the work of the CCCCI subgroups for Culture Assessment and Change, Pain Assessment and Management, Patient Falls, Nosocomial Infections, Patient and Staff Safety, and Good Catch awards for reports of staff intervention that improved patient care/safety. The first meeting with the CCCCI External Advisory Board was held in September of 2005. Members of this board represent a range of health care disciplines and expertise in defining the best practices for safe, high quality patient care. We plan to conduct annual meetings with this board as means to solicit and maintain an eternal review of CCCCI plans and progress.

Safety Enhancements

- Installation and implementation of **Physician Order Entry** on May 31st. The initial units using this Patient Safety System include Surgery 7, the Operating Room, and the Recovery Unit. The system will ultimately be used throughout the hospital.
- **CCCCI Four Infection Control Subgroups.** Initiated in May 2005, addressing **Influenza Immunization** for employees, inpatients and outpatient; h**and washing** monitoring of compliance, education and strategies to increase compliance; c**entral venous catheter blood stream related infections** to monitor rates of infections and implement interventions for the prevention of infections; **surgical site infections** to monitor rates of compliance with evidenced based practices for the prevention of post operative infections.
- **BEST: Medicine 4**. Adam Silverman was Co-Chairperson for a Process Improvement Team for the fourth floor of the John Dempsey Hospital, as part of the University of Connecticut BEST Process Improvement Project. This team identified four areas requiring improvement, as they relate to communication between family and caregivers. A four-point improvement plan was developed and the Implementation Team was formed at the conclusion of this fiscal year, but it is with anticipation that the recommendations will be adopted in the following fiscal year.
- **Cancer**: FMEA conducted on the ordering and administration of chemotherapy. Numerous enhancements completed and several additional opportunities for enhancement are underway. This was a multidisciplinary exercise involving faculty, nursing, pharmacy, administrative staff, human resource staff and billing staff.
- **Chlorhexidine Gluconate** added to the surgical skin prep option. The prep is very effective and has notable persistent effectiveness. Chlorhexidine gluconate, as recommended by the CDC and implemented through the CCCCI subcommittee on Central Venous Catheters blood stream related infections, is now included in the central line insertion kits to prep the skin prior to insertion of the central line catheters.
- **Diagnostic Imaging and Therapeutics** instituted the utilization of new lifting equipment and techniques to enhance employee and patient safety.
- **Emergency Department. I**mplementation of an electronic medical record, "Pulsecheck" by *IBEX*. The electronic system has the ability to perform patient tracking, nursing and physician documentation, order entry, discharge instructions, as well as a built in fax communication with the patient's primary care physician. This project required coordination between many departments, chiefly the Information Technology Services and the Emergency Department staff. There was exhaustive training for all staff including physicians, nurses, medical assistants and registration personnel. Testing and demonstration of various hardware units was also undertaken as well as installation of wireless and hardwired units through out the department. The Emergency Department has been solicited to be a demonstration site by the vendor because of its thorough integration.
- **Emergency Department.** Many projects through the year implemented to improve quality of care and patient safety. An excellent example of this type of project is the recent introduction of the *End Title CO2 monitor device (ETCO2*). This device allows us to sample the expired carbon dioxide level from sedated non intubated patients. This technology has recently been studied as an adjunct in patient monitoring during conscious sedation procedures. We have been using it during conscious sedation for our patients who now benefit from cutting edge safety during their conscious sedation procedures.
- **Endure 450. Surgical and Healthcare Personnel Hand Antiseptic with moisturizers**. The waterless surgical scrub product Endure 450 has replaced the waterless scrub in the Operating Room and has been added to the scrub areas including the Cardiac Catheterization Lab and Labor and Delivery The scrub is fast acting, has 6 hours of protection, improves skin health and is CHG and glove compatible.
- **Failure Modes and Effects Analysis of the RCA Compressor System and FMEA Action Plan**. In October, 2005, the BeaconMedaes Respiratory Compressed Air (RCA) system which consists of three parallel compressors completely shut down when the main 100A fuse feeding the RCA system blew. Investigations revealed that the BeaconMedaes Triflex RCA system, compressor #1 had short circuited and failed to trip the dedicated circuit breaker for compressor #1 and had instead blown the 100A supply fuse to the entire RCA Beacon Triflex system, shutting down both back up compressors. A Failure Modes and Effects Analysis (FMEA) was undertaken to evaluate all steps and potential failure points for the entire RCA delivery process including electrical feeds, performance of the Beacon Triflex system, alarm systems

and emergency back up response procedures. Testing & verification of all action items was completed on May 3, 2006.

- **Gatorguard Sharps container**. All needle boxes are or will be switched to the Gatorguard box which has an added protective guard prohibiting persons from reaching into the needle box.
- **Hospital Bed** replacement program. Twenty additional Hillrom Versacare beds with special A.I.R. mattress surface acquired. This will help with Patient Fall Reduction and Employee Back Injury Reduction. One hundred and twenty VersaCare beds with A.I.R. mattresses have now been purchased.
- **Lab Medicine** installed a formalin recycler and new ventilation system and grossing station to reduce staff formaldehyde exposure.
- **Magellan needle safety-devices implemented**. 25g x 5/8 Magellan TB safety needle has been added to the current stock of safety devices. The devices are attached to the needle and employ a one handed method to activate as recommended by OSHA.
- **Maternal Fetal Medicine**. Two new policies pertaining to patient safety were put into place: required sponge counts for vaginal deliveries and a patient "time out" for operative cases that occur in the cesarean birth rooms. The latter uses the same approach as the main operating room.
- **Medicine.** In line with the goal of improved patient safety developed **simulated mock code events**, bringing a fully functional patient simulator into the hospital and running a simulated code using medical housestaff, physicians, and ancillary staff. The performance of the team during the code was then analyzed through the use of video in a debriefing session which was well-received by all staff members involved. This exercise helped bring the concept of "crew resource management" to the medical service.
- **Medicine. Diabetes Service**. An inpatient Diabetes Consult Service was developed by Steven Angus. The inpatient service was the beneficiary of receiving a full-time APRN to the inpatient medical team. Her role has been to facilitate timely discharges, provide continuity of care at times when housestaff are unavailable, improve compliance with core measures, and to undertake a role in nursing education.
- **Medicine**. Gastroenterology. Introduction of ultra-sound guided paracentesis by Dr. George Wu.
- **NICU performance management tracking.** Process initiated to measure and reduce line infection rates, medication errors, patient turn aways, staffing ratios. Joined Vermont Oxford Database as a source for neonatal comparative statistics.
- **NICU/Neonatal. Medication Safety Initiative** started by the Pharmacy Committee gained a new momentum as a result of a new database program created by Aniruddha Vidwans. This program can create reports about various aspects of medication errors in the NICU. These reports would then form the basis for devising strategies to reduce medication errors. New gentamicin and vancomycin dosing protocols introduced which have significantly reduced number of sub/supratherapeutic levels obtained in neonates.
- **NICU/Neonatal.** Introduced standardized drip concentration for fentanyl, the most common drug used as an infusion in the NICU. Team leaders: Aniruddha Vidwans, M.D.; Gary Nielan, Pharm. D.
- **NICU/Neonatal. Clinical Guidelines:** Various clinical guidelines have been developed by the NICU staff relating to improvement and standardization of treatments. Guidelines relating to drug infusions, electrolyte balance, pulmonary hemorrhage and TPN Associated cholestasis have been developed. **Respiratory Support:** Mariann Pappagallo, MD and Janet Schwenn, RRT have implemented the use of new ventilators EVITA XL which allow new modes of ventilation to be used in infants with respiratory distress. End Tidal CO2 detectors to detect tracheal placement after intubation and Humidified Nasal Cannula system to prevent nasal mucosal drying have been implemented.
- **NICU/Neonatal. NCPAP guidelines** and policy put into place to prevent nasal septal breakdown. Team Members: Sharon Zaffetti, CNS, Terry Donovan, CNS, Janet Schwenn, RT Kristen Boucher, PA, Mariann Pappagallo, MD and others.
- **NICU/Neonatal. Infection Control**. Numerous projects to minimize hospital acquired sepsis have been initiated with a noticeable impact on line acquired infections. A formal MRSA policy has also been implemented. Team leaders, John Casey, MD and Teresa Donovan, CNS along with Sandra Rodriguez, RN, Wendy Petow, APRN and Barbara Kubrynski, CNA.
- **NICU/Neonatal. Measures of Quality Performance:** A **'Huddle Sheet'** has been developed by Naveed Hussain, MD and Maureen Guzzi, RN to get real-time information on performance measures in the NICU. The areas being tracked are, blood stream infections per 1,000 catheter days, ventilator associated Pneumonia, medication errors and formula/feeding errors.

- **Nursing**
  - Implementation of White Boards in patient rooms, fostering communication and enhancing patient/family satisfaction
  - 24 Hour Coverage in Bed Control: provides 24 hour support for the POE System
  - Action Nurse Role: successful pilot for 12 hour/day coverage led to 24 hour per day coverage
  - Head & Neck Cancer Patient Discharge Books implemented on Oncology-6
  - Heart Failure, PTCA, and Open Heart Patient Discharge Books implemented on the CSDU
  - New Patient Call Bell/Staff Locator System Implementation
  - Safe Patient Handling Webpage, developed by Dan Benjamin, Administrative Manager, with content written by Patti Wawzyniecki. Provides instruction and manuals on the use of available equipment as well as guidance on avoiding injury.
  - Light Duty Program: Partnership between Nursing Administration and Department of Administrative Services. This program allows employees a chance to participate in office work while they recover from injuries in the workplace; offers the staff the opportunity to learn new skills. This training led to a success story this year when an employee who was not able to return to the nurse aide role was able to qualify for and be hired into a new position, based on the experience and skills acquired while participating in the light duty program.
- **OB/GYN** has modified the LogIt computerized medical record to include a field to allow auditing of surgical sponge counts on vaginal deliveries.
- **OB/GYN.** Auditing the "Time Out" policy for cesarean deliveries.
- **Quik-Care Antimicrobial Foam Hand Rinse**. In addition to the alcohol based foam rinse being located outside the patient rooms, the CCCCI hand washing subcommittee has recommended placement inside the patient rooms. This is currently being completed.
- **Rapid Response Team.** In response to the "Save 100,000 Lives Campaign" initiated by the Institute for HealthCare Improvement, under the guidance of Kathleen Coyne, ICU Nurse Manager, and with the support of many across the enterprise, a Rapid Response Team has been established. This is a team of on call staff comprised of hospitalists, intensivists, advance practice nurse, respiratory therapist and a critical care nurse. This team of highly trained staff can be called at any time a patient is deteriorating in an effort to prevent a poor outcome. Since the initiation of the RRT, we have seen a significant reduction in code blue or cardiac arrests and an overall reduction in mortality.
- **Safe Patient Lifting Program**. This initiative has extended its work to numerous areas in the in and outpatient areas. It is a multidisciplinary effort spearheaded by Occupational Medicine, Rehabilitation Medicine, and Nursing.
- **Smart IV Pumps** - Clinical Engineering spearheaded the upgrade of system software from Version 5 to Version 7 to facilitate access to Guardrails data. Established and coordinated training for a Continuous Quality Improvement (CQI).
- **TB exposure control plan was revised by Research Safety Department** in consultation with Infection Control and Employee Health Services to include Health Partners and also Dental.
- **The Biological Bioterrorism Policy** revised to include a section on Pandemic Flu planning and SARS.

Signature Programs

There has been a great deal of work developing and implementing leadership structures (modeled after Cardiology), outreach, marketing (Discovery Series, Health Center magazines, new publications, collaboration with Storrs and other potential partners) and faculty recruitment and retention. The addition of a fourth Signature Program, Public Health and Health Care Policy, was formalized. The *2020 vision* has defined our focus: the need to focus research efforts on T1 (bench), T2 (bench to bedside), to Community and prevention.

The Pat & Jim Calhoun Cardiology Center

- Electrophysiology Certificate of Need was approved and construction nearly complete.
- Planning for the second cardiac catheterization laboratory is underway.

- Outreach – Avon and Farmington Cardiology screenings performed/
- Continued development of systems to track Key Performance Metrics.
- Billing, coding, documentation workshops conducted.
- Major marketing initiatives with Go Red for Women and American Heart Association.
- Recruitment : Dr. Fucci – Non invasive Cardiologist, Dr. Stonescue – Clinical Electrophysiologist

Ray & Carole Neag Comprehensive Cancer Center

- Construction and opening of the Colon Cancer Prevention Center in Oct 2005.
- Collaborator with Storrs based Center for Health Intervention and Prevention (CHIP) and the Center for Public Health.
- Development and implementation of the Navigator program for breast cancer patients in Feb.
- Performance Improvement Team developed to improve operations within the Carol and Ray Neag Cancer Center.
- Radiation Oncology renovations nearly complete.
- Outreach activities: Relay for life, survivors day.
- Recruitment: Dr. Lori Wilson - Surgical Oncologist; for FY07 Dr. Peter Proteva, GI /Cancer, Dr. Bruce Brenner, Surgical. Oncologist.

Musculoskeletal Institute (MSI)

- Occupancy of the Medical Arts & Research Building.
- First MSI Research Day March 2006.
- Dr. Larry Raisz appointed as Director of MSI.
- Development of Center for Implant & Reconstructive Dentistry Center.
- Philanthropic gifts: $ 500,000 from Straumman; $250,000 gift from Astratech.
- Clinic process improvement in the area of Osteoporosis: Marketing plan developed and implemented; clinical workflow enhanced; nurse practitioner recruited.
- Outreach for osteoporosis, bone health (e.g. Celebrate Health, Bone Walk for Osteoporosis).
- Sports Medicine Center: (Robert Arciero, Gus Mazzocca, Kevin Shea). Principle areas of research: tendon to bone healing, repair of rotator cuff tears, repair of ligamentous and cartilage injuries about the knee and shoulder, non operative management of shoulder arthritis.
    - 10 peer reviewed publications in the past year in American Journal of Sports Medicine, Journal of Arthroscopy, Operative techniques in Sports Medicine.
    - 16 podium presentations and invited instructional course lecturers at the Annual meeting of the American Academy of Orthopaedic Surgery, American Orthopaedic Society for Sports Medicine, Arthroscopy Association of North America. Speakers at 3 international meetings as invited guests.
- Foot/Ankle Surgery (Mike Aronow, MD): Appointed director of Foot and Ankle Fellowship Committee of the American Foot and Ankle Surgeons, 5 peer reviewed publications in Foot and Ankle International Journal, 3 national podium presentations.
- Trauma/Bone Infection (Bruce Browner, MD): published experience with multidisciplinary approach to bone infection featuring orthopaedic trauma specialist, infectious disease specialist, plastic surgeon, and rehabilitation expertise.
- Recruitment: Dr. Giordano – Neurosurgery; For FY07 Jay Lieberman, MD, Chair of Dept of Orthopaedics & MSI Director; Craig Rodner, MD, Hand Surgeon; Sayed Hasan MD, Physiatrist; Eric Silverstein, MD, Orthopaedic Bone Oncologist; Dr. Faryl Mirza, Osteoporosis & Endocrinology

Rehabilitation. Brian Swanson taught several orthopedic manual therapy courses around the country. Mark Cote presented at the Thrower's Arm course at UCONN and was asked to attend the New England Shoulder and Elbow Society meeting as well as the New England Fellows Day. John Crosson and Barbara Boucher represented the Rehab department at the first Department of Corrections Health and Safety Fair held on

November 2, 2005. Rehabilitation provides clinical affiliations for physical therapy, occupational therapy and speech pathology students and participate in Career Day for high school students.

Information Technology Enhancements

Physician Order Entry (POE): Successfully implemented Physician Order Entry on Surgery 7 on 5/31. The POE system will support elimination of errors traditionally associated with transcription and handwriting as well as improved patient care, as many services are performed in a shorter timeframe. The new system provides online safety alerts such as drug allergy and drug/dosage warnings to the provider during the ordering process and immediately routes quality order data to every ancillary unit, including pharmacy, lab, dietary, respiratory therapy, etc. Orders can be viewed and updated or revised from any PC, whether within the health center or in a remote location.

A new **Emergency Department System,** Pulse Check by IBEX, was implemented in September 2005 which optimizes patient care, ED productivity and supports higher patient throughput in a paperless environment. Additional benefits include increased revenue capture and compliance through automated charging based on templates, and increased referring physician satisfaction as a result of auto-faxing of the ED summary report to the referring physician upon discharge.

Digital Image Capture- Picture Archive System: The PACS System, implemented in February 2006, enables the Diagnostic Imaging Department to store and distribute all images in a digital format, providing improved operational efficiency for radiologists and physicians through elimination of lost films and retakes.

The **Lifetime Clinical Record** was enhanced with the addition of Blood Bank Results, Maternal Fetal Medicine Ultrasound reports, ECG reports, Image Links to Radiology Images, MFM Ultrasounds and ECG Waveforms.

JDH Patient Wireless Access: Successfully launched JDH-link allowing patients and visitors wireless access to the Internet, one of the first such offerings among Connecticut hospitals.

e-Triage: An application for automatic electronic routing of patient phone messages was internally developed to assist clinicians to improve response times to patient phone calls. It has enabled us to generate an array of data to better understand the nature of calls and the needs of our patients.

eHIM: This electronic image storage system was purchased from McKesson and commenced implementation this fiscal year. It will enable scanning and electronic retrieval of all patient records, facilitating improved communication, efficiency and patient safety.

Neonatal. A **Parent Education Website (PEWS)** has been started to enhance the learning of parents who have children with complex medical needs. This interactive multimedia web based program not only provides teaching and instruction but also has a built-in questionnaire to test the efficacy of learning. This new and unique concept in patient education is directed by Claudia Kimble, APRN and Maureen Guzzi, RN.

Facility Enhancements

Colon Cancer Prevention Center (CCPC): Completed construction and opening of space for the CCPC. The CCPC integrates the science of genetic screening with patient care to detect patients and relatives at risk for colon cancer in a preclinical phase, using aberrant crypt sampling.

Cardiology. Construction completed for the Cardiac Electrophysiology Laboratory. This state of the art center will make it possible to provide care and participate in research not previously available at UCHC.

Diagnostic Imaging and Therapeutics

- The radiology PAC's system was installed and went live over the last year and has been extremely successful. Purchased and installed multiple CR readers building the department into a film less

environment. Images are now available at procedure end and can be reviewed remotely. This in conjunction with the PAC's system has greatly improved our customer satisfaction.

- Installation of new Hologic Selenia Digital Mammography unit, new GE/Lunar Prodigy bone densitometer, and new Fuji Computed Radiography readers. All interface with Philips/Stentor PACS for filmless imaging throughout Radiology.
- Ergonomic improvements of workstations including radiologists reading set ups.
- Purchased and installed our first digital mammography system.
- Purchased and put into service two digital c-arm systems.
- Implemented and performed our first PET CT on 6/30/06.
- Implemented a computerized inventory ordering system greatly reducing inventory overhead. This has allowed us to consolidate multiple storage areas.

Emergency Room. The Emergency Department has gained access to adjacent clinic space 24 hours a day. We have used this space sporadically as our staffing levels and patient demands have allowed. This has added a layer of flexibility which we have not had in previous years. We have also had several minor renovations to the Emergency Department including face lifts of the existing bathrooms and the creation of an Emergency Medical Services Personnel work area. In addition, the Ergotron and the Patient Information Systems were installed.

ICU. Replaced 7 bedside monitoring systems with state of the art equipment. This new technology includes trending and 24-hr full disclosure software which provides retrospective data review to enable clinicians to track changes in heart activity, pulse oximetry and other vital parameters.

NICU. Installed new Philips Medical Intellivue bedside monitoring equipment with central stations for all NICU bedsides. Installation involved 30 bedsides, 2 central stations, and one server. Four new Draeger ventilators, EVITA XL, end tidal CO2 detectors and one Fisher Paykel humidified nasal cannula system have been purchased to improve respiratory care of the infant. Team leader: Mariann Pappagallo, MD & Janet Schwenn, RRT

Neonatal Research and Education Resource Room constructed in Neonatal Administration Office.

Nurse Call System. Completed phase I of installing and training on Odyssey Call Nurse system in seven hospital locations (7,6,4, ICU,CSDN, Rad/Nuc Med/MRI, Rad Onc) at a cost of approximately $500K. The new Odyssey Nurse Call system includes paging, management software, and nurse locator capability.

Pastoral Services. New office space has been selected and is currently being renovated to house our Clinical Pastoral Education program. Once completed, it will be dedicated as the Charles E. Heilig, Jr. Clinical Pastoral Education Office in honor of the benefactor whose generosity made the renovations possible.

Psychiatry. Completed renovations/enhancements to Psychiatry 1, 3 and Partial Hospital and Intensive Outpatient Therapy. **Renovated new Electrical Conversion Therapy (ECT)** area with scheduled move on July 11th.

Radiation Oncology. Major renovations are under way in Radiation Therapy that will enhance patient waiting, exam rooms, replace the linear accelerator and when the CON is approved add a tomotherapy.

Rehabilitation. The addition of a therapeutic pool in the MARB has increased the availability of aquatic therapy for our patients. Patients and therapists no longer have to travel off site to get into the water.

Statistical Indicators & Financial Performance

The combined operations of JDH and UMG have finished the year profitably.

John Dempsey Hospital

Following the continuing five year trend of increased inpatient and outpatient volume and helped by the successful realization of several third party settlements, John Dempsey Hospital's net patient revenue increased to $219.5 million. Also continuing a multi-year trend, the growth in outpatient revenue continues to outpace the growth in inpatient revenues. Outpatient revenues represent roughly 45.5% of total patient revenue a slight growth from the prior year when they represented 45.0%. Surgical volume has decreased compared to prior years due to the Farmington Surgery Center's full year of operations.

Total operating expenses increased to $215.2 million representing a 7.76% increase over the 2005. The main drivers of this increase were increases in Salaries and Wages and increased Malpractice costs. The volume adjusted increase in operating expenses, measured by the key performance indicator Operating Expenses per Adjusted Discharge, is $11,864, a 5.7% increase over prior year Expense per Adjusted Discharge of 11,221.

Excess revenues over expenses of $5.6 million generated a 2.5% profit margin for the fiscal year, which compares favorably to the Connecticut Hospital Association data on all 30 hospitals of 1.7%.

John Dempsey Hospital

	2006	2005	Variance	%
Discharges	9,852	9,833	19	.2%
Outpatient Visits	349,520	334,166	15,354	4.6%
Adjusted Discharges	18,091	17,894	197	1.1%
Financial (millions)				
Patient Revenues	$ 219.5	$ 209.8	$ 9.7	4.6%
Other Revenues	$ 1.3	$ 1.6	$ (0.3)	-19.8%
Expenses	$ 215.2	$ 203.1	$ 12.1	6.0%
Excess revenues/(expenses)	$ 5.6	$ 8.1	$ (2.5)	-30.9%
Key Performance Indicators				
Net Revenue /Adjusted Discharge	$ 12,135	$ 11,726	$ 409	3.5%
Total Expense/Adjusted Discharge	$ 11,877	$ 11,360	$ 517	4.6%

UConn Medical Group (UMG)

Despite unfilled vacancies in key physician positions during 2006, unique patient visits and patient revenue increased from 2005 by 3,300 visits (.65%) and $1.7 million (2.6%), respectively.

Overall operating expenses increased by $3.6 million, and are 5% over 2005. Significant variances occurred in Indirect Expenses principally due to increase of Malpractice costs of $418,000 and physician and support salary increases of about 2.3 million. Total physician expenses and their relation to total expenses remained constant for 2006. The volume adjusted increase in operating expenses, measured by total expense per unique visit, was $6 or 4.6%.

The combination of unfilled physician vacancies and increased allocations of indirect expenses resulted in an Excess of Expenses over Revenues of $1,608,000.

In response, management aggressively managed personnel and other expenses during the year, with the most significant year to year increases being in non-discretionary categories such as rent and bargaining unit wage adjustments. UMG has been very successful in recruiting to offsetting MD turnover and to grow our provider base. While we will see some ongoing operating losses due to seasonal factors and the ramp-up of new providers, our base of revenues should show significant enhancement during the second half of the coming fiscal year.

UMG continues to focus on business fundamentals of patient access, responsive service, and high quality clinical care. Initiatives to grow market share, including the expansion of service locations are actively underway. Investments in clinical information systems, despite fiscal constraints are ongoing and crucial to our role as the medical staff and outpatient care component of the UCHC system.

UConn Medical Group (UMG)				
	2006	**2005**	**Variance**	**%**
Unique Visits	507,145	503,859	3,286	.65%
Financial (millions)			-	
Patient Revenues	$ 67.9	$ 66.2	$ 1.7	2.6%
Other Revenues	$ 0.70	$ 0.40	$ 0.30	.75%
Expenses	$ 70.30	$ 66.70	$ 3.60	5.4%
Excess revenues/(expenses)	$ (1.61)	$ (0.10)	$ 1.51	
Indicators by Unique Visits				
Gross Charge	$ 290.17	$ 285.10	$ 5.07	1.8%
Net Revenue	$ 135.43	$ 132.28	$ 3.15	2.4%
Total Expense	$ 138.60	$ 132.48	$ 6.12	4.6%

Other Notable Financial Activities:

- The introduction of the **KREG Contract Management** system in John Dempsey Hospital will ensure appropriate payments, consistent with contracted rates, are received. In addition, through the implementation of this new system we were able to recover $2.1 million from prior claims.
- Introduction of the **KREG Cost Accounting system** to John Dempsey Hospital This allows for variable costing and provides more sophisticated tools for financial forecasting and management.
- The annual financial **audit** for fiscal year 2005 conducted by KPMG, Certified Public Accountants was completed on time and with no material audit adjustments.
- **John Dempsey Hospital's Days Revenue Contained in Accounts Receivable** has increased from 40 in 2005 to 48 in 2006. This is a result of the implementation of the KREG Contract Management system and is considered temporary the average Days Revenue contained in Accounts Receivable for CHA members is 46 days.
- **UConn Medical Group's Days in Accounts Receivable** has increased from 44 days in 2005 to 50 days in 2006. The average Days in Accounts Receivable of AAMC reporting institutions are 47 days.
- **Settlements of prior year Medicare & Medicaid** cost reports resulted in cash receipts of $7.6 million. Reductions to third party liabilities on the balance sheet resulted an increase in Net Patient Revenue of on the income statement was $17.7 million of income.
- **Radiology Project.** Materials Management launched their latest inventory management program Q-Sight in Radiology. The program was implemented on schedule in May and to-date has reduced inventory by $130,000.00 and has reduced expenditures significantly. The system displays a management Dashboard that can be monitored by Materials Management, Finance and the Radiology staff. The system is real-time and boasts state of the art features such as lot tracking, expiration and obsolescence forecasting, usage reporting, optimal inventory levels, recall notifications, expenditure forecasting to mention a few. Some $25,000.00 was captured as a result of a new vendor return process and an additional $36,000.00 has been identified to move to consignment for 2006/07. Several stocking areas in Radiology were consolidated for an additional $45,500.00 reduction in inventory.
- **Materials Management Value Analysis Program.** The Materials Value Analysis Program was highly successful this year in recognizing $1.8 Million in potential savings. Originally just serving the Clinical entity, the new program was expanded this year to include the entire Health Center. Over $1.2 million in cost

savings was validated for this fiscal year. Also developed by the Materials Management Team was a new Value Analysis Dashboard tracking and reporting tool. This Dashboard will serve Management, Finance and the Value Analysis Team.

- **Materials Management JDH/CMHC Project.** The Materials Management Team will roll-out their state-of-the art inventory system to the 21 DOC facilities beginning in the first week of October. The system will target supply spending and supply inventory at the 21 facilities. Materials will also look at converting the existing PAR program for the Hospital and Clinics over to the new program as well.

Faculty Awards and Recognition

Cancer

- Carolyn D. Runowicz, MD
  - President of the American Cancer Society. Carolyn Runowicz, MD, the Director of The Cancer Center Signature Program was inaugurated as President of the American Cancer Society in November 2005. She has been a spokesperson for the Society during the introduction of the HPV vaccine which is the first vaccine against cancer – in this case cervical cancer.
  - Chair, National Cancer Advisory Board. Dr. Runowicz was appointed by President George W. Bush to serve as chair of the National Cancer Advisory Board. The Board advises and consults with the Secretary of the Department of Health and Human Services and the Director of the National Cancer Institute. There are 18 members of the advisory board including leading representatives from the disciplines of health and science. Dr. Runowicz has been a member of the NCAB for the past two years and is the first gynecologic oncologist to be appointed as chair. She will hold the position for two years but serve on the NCAB until 2010.
- Dr. Susan Tannenbaum – Best of San Antonio Breast Conference Biennial Symposium on Minorities, the Medically Underserved & Cancer
- Dr. Upendra Hegde - 2005 American Society of Hematology, 2005 American Society of Clinical Oncology, April 2006 Head and Neck Conference organized by Dana Farber Cancer Institute
- Dr. Robert Bona – American Society of Hematology, Regional Hemophilia Meeting, Update on Hematological Malignancies

Clinical and Anatomic Pathology

- Sidney Hopfer, PhD
  - Invited to serve as a member of the Expert Genomics Advisory Panel of the Department of Public Health, a statewide group of leaders in their fields, who will guide the DPH regarding complex genetics issues.
  - Contributed to section regarding metal in a laboratory textbook entitled: Tietz, Clinical Guide to Laboratory Tests"
- Melinda Sanders, MD. Invited lecturer at Manchester Memorial Hospital – HPV vaccine
- Raymond W. Ryan, PhD. Invited lecturer at Storrs Health Services – Diagnosis and Testing – HSV infections
- Poornima Hegde MD. Workshop presented at the 53rd Annual Scientific Meeting of the American Society of Cytopathology, November 2005.

Dermatology

- Dr. Mary Chang:
  - Selected to attend the Leadership Forum, Phoenix AZ, American Academy of Dermatology Association.
  - New committee appointments: Awards & Goals Committee, Society for Pediatric Dermatology Career Development Committee, Women's Dermatologic Society
- Dr. Jane M. Grant-Kels:
  - Appointed by the President of the American Academy of Dermatology to the Scientific Assembly Council of the AAD and Summer Meeting Task Force
  - Nominated for the Cornell University Medical College 2005 Award of Distinction.

- Leadership Award: Awarded by the Connecticut Dermatology and Dermatologic Surgery Society: "In recognition of her outstanding leadership, dedication and commitment to improving the healthcare on Connecticut."
- Invited to be a founding member and Board of Directors member of "The Institute for Melanoma/Skin Cancer Research (IMSCR)," a Research Institute "without walls" to support clinical research in Melanoma/Skin Cancer, as well as other related ancillary activities. (2005 – present)
- Associate Editor, Journal of the American Academy of Dermatology
- Section Editor of "Critical Reviews," The American Journal of Dermatopathology
- American Academy of Dermatology Council on Education Strategic Planning Committee 2006

Medicine

Endocrinology

- Dr. Andrew Arnold
  - W. Allen Tisdale Lecturer (University of VT)
  - Visiting professor, University of CA, San Francisco
  - Named to Diabetes and Endocrinology Evaluation Board, Faculty of 1000 Medicine, Bone and Mineral Metabolism Section, London, UK
- Dr. Lawrence Raisz
  - Frederick C. Bartter Visiting Professorship, University of TX Health Science Center
  - John G. Haddad, Jr., Memorial Lecture, University of PA Medical Center
  - Visiting Professorship, University of AL, Birmingham
  - Visiting Professorship, Oregon Health Sciences University

Gastroenterology. The Colon Cancer Prevention Program received a research grant from the Carole and Ray Neag Foundation to develop its research agenda on the genetics of colon cancer.

General Medicine

- Dr. Douglas D'Andrea and Dr. Wendy Miller received the David S. Frederick Teaching Award winners for excellence in teaching in the Internal Medicine Residency Programs. This continues a long history of recognition for our Division's dedication to the Internal Medicine Residency Teaching Programs.
- Dr. Richard Garibaldi received the Osteopathic Teaching Award from residents in the Rotating Osteopathic Internship.

Geriatrics

- Dr. Kuchel
  - Outstanding Member Award from the American Geriatrics Society
  - *2005 British Medical Association Medical Book Competition Award for his book* *The Aging Autonomic Nervous System*. (2004) S. Karger AG, Basel.
- Frank Santoro (UCHC Medical Student) received an AFAR/National Institute on Aging Summer Student Award to study understanding of Medicare Part D among older adults (Dr. Richard Fortinsky, Scientific Mentor; Dr. George Kuchel, Geriatrician Mentor)
- Dr. Richard Fortinsky received A Fullbright Scholarship to pursue sabbatical studies in the United Kingdom in 2007

Hematology/Oncology

- Dr. Bona received the prestigious Loeser Award for Excellence in Teaching from the second-year Medical School class. He also chaired the Homeostasis Section of Mechanisms of Disease, which received the CAMEL for the best curriculum in the first and second year of Medical/Dental School.
- Dr. Susan Tannenbaum. Mental and Physical Stressors in the Diagnosis of Breast Cancer
  A multidisciplinary analysis of stress and systemic biomarkers in patients referred for biopsy of a suspected breast cancer lesion. Funded through the CT Breast Health Initiative. Co-investigators include Malini Iyer, Lori Wilson, Kevin Claffey and MD, PhD student Katie O'Conor, Dean Cruess and Amy Kenefick from Storrs and Jayash Kamath from psychiatry.

Hypertension

- Dr. William White elected to the Board of Directors of the *American Society of Hypertension* and board examination committee of the *American Society of Hypertension*. Appeared on all local television stations and in the Hartford Courant and other national newspapers on 10 occasions during the year highlighting work in the area of the cardiovascular implications of arthritis drugs, the impact of 24 hour blood pressure monitoring in clinical practice and the potential blood pressure benefits of a novel hormone therapy for post-menopausal women based on publications in *Circulation, Hypertension, and the American Heart Journal.*
- Dr. George Mansoor appointed to the *American Society of Nephrology* Hypertension Advisory Group
- Dr. Cheryl Oncken made several television and radio appearances related to work on smoking cessation with the novel therapy, varencline.
- Dr. Bea Tendler appointed to the National Development Committee of the Endocrine Society

Nephrology

- Dr. Joseph Palmisano received the prestigious Kaiser-Permanente Clinical Teaching Award from the Class of 2006.

Occupational & Environmental Medicine

- Dr. Martin Cherniack
    - Principle investigator of a major N.I.O.S.H.-funded grant; one of two that were awarded in a national competition named to the Executive Board of the American Conference on Human Vibration.
    - Dr Cherniack served as this year as the co-chair of the International Research Group of the Collegium Rammazzini, an international occupational medicine organization.
- Dr. Eileen Storey
    - Named Chief of the new Division of Public Health and Health Sciences within the Health Center.
    - Named Chair of the reconstituted State Medical Examining Board for Disability Retirement.

- Sandra Barnosky, APRN has been regionally recognized by the CT Quality Improvement Award Partnership with the Silver CQIA Innovation Prize for the Program for Safe Patient Handling (10/20/2005).
- Dr. Marcia Trapé was named a Director of the Occupational & Environmental Medicine Association of Connecticut.
- Dr. John Meyer
    - Served as president of the Association of Occupational and Environmental Clinics for 2004-2005.
    - Served as chair of the Occupational Medicine Residency Directors Association for 2005-6.
    - Named chair of the Academic Policy Committee of the American College of Occupational & Environmental Medicine.
    - Named to serve on the State Medical Examining Board for Disability Retirement.
- Dr. Douglas D'Andrea named assistant medical director for UTC/ Pratt & Whitney Engines, with responsibility for medical surveillance and workplace health programs at domestic and overseas sites.
- Dr. Marc Croteau named medical director for a program with the Connecticut Department of Transportation (DOT).

Rheumatology

- Ann Parke, M.D.
    - Visiting Professor McMaster University, Ontario, Canada, Nov 2005
    - Invitation Meet the Professor at the 2006 American College of Rheumatology Conference, Nov 2006
    - Invitation Moderator IX International Symposium on Sjogren's Syndrome, Washington, DC, April 2006
- Fellowship Award – Harjindar Chowdhary – 2005 Rheumatology Fellow Connect Program – Scholarship
- Robert Clark, M.D.

- Award – Summer lab research student, Eric Schmidt (Dental School, 2008) was awarded the ADA/Demtsply Student Clinician Award at the UCHC Medical-Dental Student Research Day

Neonatology

- John Casey, MD:
  - Appointed chair of the Infant Care Review Committee, Member of the Hospital Infection Control Committee. Paper titled, "Alveolar Surfactant Protein D Content Modulates Bleomycin Induced Lung Injury" has been published in the American Journal of Respiratory and Critical Care Medicine. Annual Faculty Teaching Award given by the Pediatric Residents from the UCONN Program.
- Ted S. Rosenkrantz, MD
  - Elected to the position of Secretary of the AAP, District I, Perinatal Section.
  - Elected to the position of Secretary for the New England Association of Neonatologists.
  - Moderator for the Annual New England Meeting on Perinatal Research.
  - Lead physician for the TEAM PAW award that was given to the NICU.
- Aruddha Vidwans, MD elected to be on the program committee for the New England Perinatal Society.
- Naveed Hussain, MD Medical Director of the NICU and Newborn Nurseries and Pediatric Service Chief at JDH.
  - New England Association of Neonatologists (AAP District I –perinatal section) – Organizing member. Greater Hartford Neonatal Center for Outcomes Research and Epidemiology (N-CORE) – Primary Investigator and Director. March of Dimes-Prematurity Summit – Invited talk on 'Racial and Ethnic Differences in Neonatal Outcomes in Premature Babies'. November 2, 2005.
  - Co-recipient of the $ 500,000 CT DPH grant for the study of tobacco smoking in pregnancy and effects on infant.
  - Involved in the following grant funded research projects: Regional database to study outcomes in premature babies, Donaghue Foundation**,** PI. $240,000 (Jan, 2003-Dec, 2006). Impact of Maternal Smoking on Auditory Behavior in Infants and Nicotinic Cholinergic Receptor activation. 5% effort as PI on one of 3 projects. Connecticut DPH Grant $ 500,000 (August 2005-July 2006).
  - The following 6 abstracts reflect the research productivity – 1)Ventilator Associated Pneumonia in a High Risk NICU Population. 2) Apnea in Preterm Infants and Tobacco Use in Pregnancy: Is There an Association? 3). Hemangioma and Retinopathy of Prematurity: A Possible Association. 4). Effect of Short Course of Oral Steroids on Outcome of Premature Babies with Bronchopulmonary Dysplasia. 5). Modified Health Needs Appraisal Score—A Tool for Discharge Planning in Neonates. 6). Shared Genetic Susceptibility to Retinopathy of Prematurity (ROP) and Bronchopulmonary Dysplasia (BPD). **Published** the following papers: *Familial and Genetic Susceptibility to Major Neonatal Morbidities in Preterm Twins***.** *Pediatrics 2006; 117: 1901-1906***.**
- Olumayawale Folaranmi, MD. Medical liaison for the Transport team with an active role in Outreach education. STABLE instructor. Overseeing issues relating to infant resuscitation and stabilization in the delivery room. Medical Liaison for the Breast Feeding and Lactation Group.
- Mariann Pappagallo, MD:
  - Spearheads improvements in respiratory care and nutritional support for infants in the NICU as highlighted by introduction of new ventilators and evidence-based improvements in care by utilizing end tidal CO2 detectors with intubation.
  - Co-chair of the NICU Performance Improvement Team which successfully implemented Nasal CPAP guidelines and policy on preventing nasal septal breakdown in premature infants. Site PI for the NIH funded project titled "Inhaled Nitric Oxide for the Prevention of Chronic Lung Disease in Premature Infants" which was published in New England Journal of Medicine July 2006. Long term follow up of infants enrolled is ongoing.
  - Site PI for a Vermont Oxford multicenter study "The Heat Loss Prevention Trial". This study is designed to see if wrapping infants in clear plastic immediately after birth can reduce their morbidity and mortality. She was invited by the Connecticut Respiratory Society in May 2006

and Connecticut Association of Neonatal Nurses in November 2005 to speak on " Lung Injury in Newborns, Can It Be Prevented".

Neurology

- Leslie Wolfson, MD Principal Investigator: Brain changes and risk factors causing impaired mobility. R01-AG-22092, 2004-09.
- David M. Waitzman, MD, PhD. Principal Investigator: Function of Midbrain Structures in Eye Movement NIH3R01-EYE0094841-10, 4/1/05 – 3/31/07.
- Louise McCullough, MD
    - Principal Investigator: Estrogen and neurogenesis. American Heart Association Fellow to Faculty Transitional Award, 7/1/04 – 06/30/07
    - Principal Investigator – Energy Dysregulation: The Role of AMPK in Stroke NIH-1R01-NS050505-01, 3/1/06 – 02/28/07.

Obstetrics and Gynecology

- Donald Maier, MD, the Director of the Division of Reproductive Endocrinology, was promoted to Professor of Obstetrics and Gynecology.
- Joseph Walsh, MD was chosen for the third year Ob-Gyn residents' teaching award in June of 2006.
- John Currie, MD was chosen for the fourth year Ob-Gyn residents' teaching award in June of 2006.
- Peter Schnatz, DO helps to staff the Women's Health branch of the South Park Clinic. This is a student run clinic for homeless individuals in the inner city of Hartford.
- Dr. Schnatz also sponsors a medical missionary trip to Nigeria.
- John Currie, MD participated in a medical missionary trip to Bolivia.
- UNICORN (University of Conn. Regional Network). This is a network of hospitals in Northern Conn. Our clinicians visit each of the hospital on a monthly schedule giving Grand Rounds and meeting with the providers. This affords an opportunity to discuss cases and develop contacts with physicians who refer patients to John Dempsey Hospital. It has also served as a stimulus for the development of our planned outreach program in Maternal-Fetal Medicine.
- Unicorn Newsletter. This newsletter, which is published 4 times annually, was revamped with a more attractive and professional multi-color format. It has input from practitioners from the Health Center and in the community. Jane Montgomery, RN is the editor and Bonnie Voight, MPH coordinates the publication of the newsletter.
- The Greater Hartford Obstetrical Society. This Society of Obstetrician-Gynecologists from northern Conn. has functioned as a social and academic gathering occasion for Ob-Gyns in Northern Conn since the mid 1980's. We hold four meetings per year and invite a nationally known speaker. Each meeting is attended by 40-50 clinicians. The officers are practitioners from the region. James Egan, MD has been the Secretary for the past 11 years and Jane Montgomery, RN organizes the meeting with Dr. Egan's help.

Orthopedics

- Mike Aronow, MD Appointed director of Foot and Ankle Fellowship committee of the American Foot and Ankle Surgeons
- Gus Mozzacca, MD received the prestigious Richard Caspari, MD 1st place Award for the best Upper extremity research paper at the International Arthroscopy Association Biennial Meeting
- Gloria Gronowicz, Ph.D., past president was recognized with a Service Award from the Connecticut Microscopy Society

Surgery

- Peter C. Albertsen, MD.
    - Appointed Associate Dean for Clinical Research Planning and Administration.
    - President – American Association of Clinical Urologists 2005-2006
- Rajiv Chandawarkar, M.D**.** Appointed Division Chief for Plastic and Reconstructive Surgery, Department of Surgery
- Joseph M. Civetta, M.D.
    - Elected to Lifetime Founders Society, University of Connecticut.

- Selection as Barbara Williams Lecturer, University of Miami.
- ACGME's Parker J. Palmer "Courage to Teach" Award Finalist.
- Keynote Speaker, 13th Annual University of Miami/Memorial Hospital Trauma Symposium.
- First Jack and Valerie Rowe Scholars Visiting Lecture, the University of Connecticut Honors Program and the University of Connecticut Health Center.

- Michael S. Dahn, M.D. Awarded "Chairman's Citation for Scholarly Activity with Surgical Residents 2005-2006."

- John A. Taylor III, M.D. Chairman, Cancer Committee -Carole & Ray Neag Comprehensive Cancer Center UCHC
  - American Geriatrics Society Dennis W. Jahnigen Scholars Award Recipient
  - American Geriatrics Society, Geriatrics Education for Specialty Residents, Program Award Recipient
  - American Urological Association, New England Section Post Residency Research Grant Recipient
  - American Geriatrics Society, New Investigator Award Recipient
- Lori Wilson, M.D.
  - Career Development Committee, appointed, American Society of Clinical Oncology
  - Waterbury Hospital, appointed Judge, Research Day, Waterbury, CT, May 5, 2006
  - University of Connecticut Health Center, Leadership Team for Diversity
  - University of Connecticut Health Center, Cultural Competency Initiative Leadership Team,
  - University of Connecticut Health Center, Malcolm Baldrige Planning Group for the Clinical Enterprise

New Faculty at UCHC

Department	Newly Hired	Specialty
Cancer	Molly Brewer	Gyn Oncologist
	Bruce Brenner	Surgical Oncologist
	Richard Everson	Deputy Director Prevention and Cancer Control
	Peter Protiva	Gastroenterologist, Colon Cancer Prevention Program
	Lori Wilson	Surgical Oncologist
Dermatology	Phung Huyn	Clinical Dermatologist
	Hanspaul Makkar	Dermatologist, Pediatric Dermatologist and Mohs Surgeon
Emergency Medicine	Mark Bisanzo	
	Scott Murray	
Laboratory Medicine	Qian Wu	Neuropathologist
	Fermina Mazzella	Hematopathologist
Medicine		
Endocrinology	Pooja Luthra	Clinician
Gastroenterology	Petr Protiva	Clinician/Scientist
General Medicine	Todd Bishop	Hospitalist
	Jeremy Breit	Hospitalist
	Wendy Miller	Hospitalist/SNF services
Geriatrics	James Judge	
	Lavern Wright	
Pulmonary	Tapas Bandyopadhyay	
Neonatal	Roberta Bruni	Neonatologist – ECHN
	Shikha Sarkar	Neonatologist
	Nicole Viggianno	APRN
	Corey Rice	PA
	Christina Rossetti	PA
Neurology	Beverly Greenspan	General Neurology
	Adam Simmons	Movement Disorders Accupuncture
Obstetrics & Gynecology	August Olivar	Reproductive Endocrine & Infertility

	Lawrence Engmann	Reproductive Endocrine & Infertility
Orthopedics	Eric Silverstein	Orthopedic Oncology
	Craig Rodner	Hand and Wrist Surgery
	Sayed Hassan	Physiatrist
Pediatrics	Richelle DeMayo	General Pediatrics
Psychiatry	Daniel Connor	Division Chief of Child & Adolescent Psychiatry
	David Albert	Director of Ambulatory/Adolescent Psychiatry Clinic
	Carolyn Drazinic	General Psychiatry and Partial Hospital Program
	Pablo Goldberg	Community Health Centers – Emily J Home Care Program
	Mahlon Hale	Division Chief Medical Psychiatry/Geropsychiatry
	Albert Arias	Hartford Correctional Facility
	Joseph Olivieria	Clinical Services in CMHC
Surgery	Bruce Brenner	Surgical Oncology
	Yuri Nivitsky	General Surgery
	Lori Wilson	Surgical Oncology
	Elizabeth Simmons	Ophthalmology
	Michael Giordano	Neurosurgery

Faculty Leaving UCHC

Department	Departing	Destination
Diagnostic Imaging and Therapeutics	Bipin Jagjivan	Private practice in Waterbury
	Mel Arici	Yale
Emergency Medicine	William Horgan	Manchester Hospital
Laboratory Medicine	Patricia Pisciotto, Chairman	Medical Director, American Red Cross
	Gregory Makowski	Clinical Laboratory Partners
	Constance Gillies	Retired
	Erika Walz	Retired
Medicine	Susan Levine	Private practice
	Dalal Chenouda	Newington VA
	Douglas Almond	Retired
	Janet McElhaney	
Neonatal	Marilyn Sanders	ECHN
Neurology	Toni Demarcaida	Private practice in Manchester
Obstetrics and Gynecology	John Nash	Gyn/Oncologist Group in Richmond, Virginia
	Alan Bolnick	Marshall University in West Virginia
	Elisa Gianferrari	University of Kentucky
Orthopedics	Carl Nissen	CCMC
Psychiatry	Donal O'Hanlon	Baystate Medical Center
	Janet Williams	CT Department of Children & Families
Surgery	Wayne Frederick	Howard University

Nursing

The overall vision of the Nursing Department revolves around three key components: leadership, patient care, and workplace of choice.

Much of the past year's work has revolved around the challenges of recruitment and retention. The Nursing Shortage is a serious issue facing Healthcare Organizations that causes nurse dissatisfaction and turnover. Two main contributing factors to the shortage: (1) multiple career choices outside of the healthcare industry and (2) nurses leaving the profession (i.e. aging workforce, working conditions, lack of education funding, and an overall lack of appreciation.) We have used multiple strategies to enable recruitment and retention.

- Partnership with the UConn School of Nursing. We are pleased to have graduated our second group of summer student nurse interns from this very popular program thanks to the talent of our program coordinators, Cheryl Tafas, Education Specialist, and Mary Ellen Hobson, Faculty Member. We have hired four of the eight students from last year's program into graduate nursing positions, and hope to attract an even higher percentage of this year's students into permanent positions next spring.
- Advertising. Involved current staff in advertising. They were featured in a publication entitled New England Nursing, which is a recruitment catalog, with the target audience of senior nursing students at eighty colleges in New England.
- Several of our talented nurses, from all specialties, and from all points in their careers, were featured in a CPTV Program, entitled: "Nursing Shortage: Diagnosis Critical", which was a 30 minute documentary that aired during National Nurses' Week.

Nursing is not the only profession that is experiencing a critical shortage. We have discovered challenges in recruiting and retaining other disciplines, including respiratory therapists, as well. We have hosted numerous recognition events, honoring a variety of staff who contributes to the mission of the Hospital.

Key highlights from the past year:

UConn School of Nursing Collaborations:

- Clinical Site for Baccalaureate Nursing Students
- Clinical Site for Masters Entry Into Nursing Students
- Nursing Student Internship Program: summer program for junior nursing students
- Graduate Student Placement: Gwyn Muscillo, OB Nurse Manager, Preceptor
- Doctoral Student Research Site: Study: Nurses Sense of Community conducted by Elizabeth Beaudin
- Co-Sponsor of the Athena Research Conference
    - Staff Presenters: Marta Barker and Gina Reiners
    - Poster Presentation: Maureen Guzzi

Awards and Recognition

2006 Connecticut State Nurse of the Year Award. Carole Mensing, Diabetes Clinical Nurse Specialist and Certified Diabetes Nurse Educator, UMG was named as a finalist for this year's award.

2006 CHA Healthcare Heroes Essay Contest Winners

- Joanne Neuman, RN, Case Manager, was nominated for the award by Lea Gostyla, RN, Nursing Supervisor
- Deb Feigenbaum, Social Worker, was nominated for the award by Jane Sullivan, RN, ICU

2006 Nightingale Awards for Excellence in Nursing

- Patricia Bozeman, APRN, CVN, Vascular Surgery
- Elisa DePalma, RN, BSN, Case Manager/UMG
- Gloria Lewis, RNC, BSN, Psychiatry
- Diane Morgan, RNC, Obstetrics
- Gail Pizzoferrato-Rio, RN, BSN, CRNI, Action Nurse
- Maureen Worley, RN, BSN, Clinical Nurse Supervisor, Cardiac Cath Lab

2006 UConn Health Center Executive Vice President's Award. Sharon Levesque, RN, Emergency Department

2006 John Dempsey Hospital Director's Award. Rapid Response Team. Action Nurses, ICU Nurses, ICU Nurse Practitioners, Respiratory Therapists

Clinical Ladder Promotions: Recognition of Excellence in Clinical Practice at the Patient's Bedside: Focus on clinical nursing practice, management and coordination of patient care and professional development/behavior.

2006 Clinical Nurse III Promotions:

- Sandra Byrnes, ICU
- Amy Carlson, Surgery-7
- Karen Carnes, Med-Surg-5
- Bonnie Gruenbaum, Labor & Delivery
- Larissa Monina, Surgery-7
- Stephanie Moran, Float Pool
- Diane Morgan, Obstetrics
- Sharon Peterson, CSDU
- Gail Pizzoferrato-Rio, Action Nurse
- Edgar Salas, Med-Surg-5
- George Smith, Surgery-7
- Sharon Tokarz, OR
- Michele Voisine, Surgery-7

2006 Clinical Nurse IV Promotions:

- Elaine Gaston, Medicine-4

Specialty Certifications:

- David Edman, CVT, Certification as a Cardiovascular Technologist 2
- Holly Florio, Education Specialist, Certification in Holistic Nursing
- Elaine Gaston, CN IV, ANM, Medicine-4, Certification in Medical-Surgical Nursing
- Jeffrey Morin, Clinical Manager, OR, Certification in Perioperative Nursing
- Stephanie Tapia, CN III, ANM, Med-Surg-5, Certification in Medical-Surgical Nursing

Publications:

- Carole Mensing, Diabetes Clinical Nurse Specialist and Certified Diabetes Nurse Educator, UMG, is the editor of a new textbook, entitled, "The Art and Science of Diabetes Education – a Reference Book for Health Professionals".
- Ellen Oliver, Clinical Nurse II, Neag Comprehensive Cancer Center, contributed to an article on the incidence of breast cancer in men that was featured in *Advance for Nursing*.

Productivity and Cost Improvements:

- Transition of Birth Certificate Processing from the Medical Records Department to the OB Department
- Internal RN Float Pool Expansion: staff are recruited into specialty area assignments; has significantly decreased the reliance on temporary travel nurse staffing.

Correctional Managed Health Care (CMHC)

Correctional Managed Health Care (CMHC) is a UCHC clinical program that provides medical, mental, dental, and pharmacy services to the Department of Correction (DOC). Over 700 CMHC healthcare professionals are responsible for providing these services to approximately 19,000 offenders located throughout the State in jails, prisons, and halfway houses. Our annual budget is approximately $90 million. We are the only academic medical center that provides comprehensive health services to an entire state Department of Corrections.

Awards and Recognition

- Accreditation: The MacDougall-Walker Correctional Institution successfully passed its first re-accreditation visit by the American Correctional Association. York Correctional Institution became the first facility in the country to receive accreditation through NCCHC for an opiate treatment program.
- Individual Awards: Four CMHC nurses received the Nightingale Award for excellence in nursing practice: Joyce Bivans LPN, Joann Caulder LPN, Cynthia Newkirk RN, and Sandra Tanguay RN, MS. Julie Kulp RN was named CMHC's Nurse of the Year. Health services administrator Richard Furey was named Health Services Employee of the Year by the DOC.
- Program Awards: Hospice programs at both York and MacDougall received the "Excellence in Caring" award from the Center for Excellence in Chronic Illness Care.

New Programs

- **Comprehensive Contract Revision. Negotiated a detailed Memorandum of Agreement** with the CDOC, replacing the original document that had been in place for a decade, and making the responsibilities of each party more explicit and detailed.
- **Drug and Alcohol Withdrawal**. Developed comprehensive new policies and staff guidelines for managing withdrawal states, including the use of buprenorphine, which is markedly more effective in opiate withdrawal than drugs used previously.
- **Overtime Management Program** (SOS-ESOS). In cooperation with Local 1199, the Office of Labor Relations, and the Office of Policy and Management, piloted a new program to let staff control their overtime hours and reduce mandations, with the goal of improving staff morale, increasing hiring, reducing turnover, and increasing the percentage of overtime hours that are paid at time and a half rather than double time. After extensive scrutiny, the pilot was extended an extra six months to allow further evaluation of its effectiveness.

Program Enhancements

- Mental Health: Increased mental health staff to allow expanded screening of newly-admitted offenders, identifying those at risk for suicide or in need of mental health care. Expanded programming and staff at Garner Correctional Institution, the dedicated male mental health facility.
- Patient Discharge: Added dedicated discharge planners at all functional units, facilitating transition to the community and to necessary health services and funding sources.
- Process Improvement Teams: A multiyear P.I. project at one CMHC's largest facilities reduced missed & undocumented medication doses by 47%.

Efficiencies

- Internal Pool: To reduce dependence on expensive outside nursing agencies, hired and trained a pool of nurses wanting part-time, per-diem work. Because of this pool, and the overtime management pilot described above, CMHC has now eliminated all use of outside agency nurses.
- Automated Claims Processing: claims for services to inmates by John Dempsey Hospital and the University Medical Group, formerly submitted on paper, were changed to electronic submission, eliminating substantial clerical work by all parties.
- Standardization of Medical Supplies: adopted UCHC's MACOLA system, allowing facilities to order from a central warehouse and take maximal advantage of shared purchasing contracts.

Facility and Infrastructure Improvements

- Information Technology: Hired internal staff for I.T. support and for custom programming services. Migrated several access databases to centralized servers based on MS-SQL with Web-based front ends, and began integrating these disparate systems. Introduced the CMHC "Portal," a corporate intranet that offers policies, forms, updates, and reference material to field staff.

Faculty

- Professor of Psychiatry Robert Trestman's article "Academic-Correctional Partnership: Connecticut's Mental Health Services Program," appeared in *Corrections Today*, the official journal of the American Correctional Association.