CU-SOM Faculty Senate Meeting Minutes (11/16/2021)
as noted by Amy Clevenger (Secretary 2021-2022)

October meeting minutes were unanimously approved.

The next Faculty Senate Meeting is on December 21st, 2021, from 4:30 to 5:30 P.M.

Updates from the Dean:

- University Hospital has a lot of COVID and is busy
- CHCO has a lot of RSV and is busy
- Recognition
  - Dr. Judith Regensteiner and Dr. David Schwartz were both awarded distinguished professor titles by the Regents of the University of Colorado
  - Dr. Jay Lemery was inducted into the National Academy of Medicine
- New chair of the Department of Family Medicine has started
- New chair of the Department of Medicine has started
- Status of Searches
  - Searches underway – contact search committee chair if you have potential candidate
    - Chair of Dermatology: Dr. Richard Zane is chair of search committee
    - Chair of Radiology: Dr. Neal Epperson is chair of search committee
  - Searches nearing completion / finalist stage
    - Department of Pharmacology Chair
    - Department of Physiology Chair
    - Senior Associate Dean of Faculty Development.
  - Upcoming search
    - Director of the Colorado Center for Personalized Medicine (Dr. Kathleen Barnes stepped down). Dr. Peter Buttrick is chair of search committee
- New Anschutz Health Sciences Building
  - Opening delayed until December due to supply chain issues relating to COVID
  - Moving in will occur over months and vacated space will be back-filled
  - Last walk through was really spectacular
  - Still within original budget
- University of Northern Colorado planning to open an osteopathic school and they are initiating a search for the inaugural dean of that school. Dr. Zimmer and Dr. Reilly are worried about the impact of this on high quality clinical placement for our students, so they will work to strengthen our relationship with UCHealth to prioritize our students being placed into available teaching slots.
- Questions
  - Who is going into the new building and how will the back space be filled? Answer:
    - CAPE Simulation Center - although a simulation center will remain in its current footprint to be used by college of nursing. The new one will be configured differently and will be bigger
    - Clinical research facility (run by CCTSI and currently in 3rd floor Leprino) along with research pharmacy
    - Behavioral Health Programs
      - Johnson Depression Center
      - Department of Psychiatry
      - National Mental Health Innovation Center
    - Dissemination and implementation researchers – ACCORDS and Farley Center
    - Data science people, Center for Health AI
    - Research groups associated with the chief information officer
    - Colorado Center for Personalized Medicine and their biobank / biorepository associated with patient registry at UCHealth
    - 2nd floor is primarily a conference center with 1 very large room, a few medium size rooms, and then a bunch of smaller conference rooms

        - 1st floor lobby is public space, food service (both a café and a grab-and-go)
        - For backfill
            - UCHealth owns 3rd floor of Leprino. This may be converted to ambulatory space
            - Psychiatry and CCPM are currently in Fitzsimmons building 500. When they move out, the cancer center will be moving in from the modular units (aka Trailer farm) and these will go away
            - School of Public Health footprint is getting bigger
            - A few other moves also planned

Curriculum Steering Committee Updates (Tyler Anstett, Assistant Professor, Department of Medicine; Faculty Senate Representative on Curriculum Steering Committee)

- Things are going very well - 25% of the Plains curriculum delivered successfully without major hiccups
- Big shout out to David Ecker under the guidance of Dr. Zimmer
- Faculty are noting that they are being asked for Plains curriculum materials (slides and learning objectives) months in advance.
- Dr. Zimmer has received feedback from basic science departments that they are not experienced in preparing things months in advance because they are used to presenting cutting edge data at scientific conferences. Response:
    - For the curriculum, we are looking for the well-established content rather than cutting edge material.
    - Instructional designers, representatives from clinical sciences, and representatives from health systems sciences working together to make sure it is all integrated into a smooth, curated curriculum. This infrastructure necessitates earlier submission of materials.
    - Extensions have been made available as needed
    - So far it has been very successful.
- Questions
    - None

UCHealth Update (Tom Gronow, Chief Operating Officer, University of Colorado Hospital; President, UCHealth Diversified Services)(Jean Kutner, Chief Medical Officer, University of Colorado Hospital; Professor of Medicine and Associate Dean for Clinical Affairs)

- Updates relating to COVID-19
    - Impacts on this campus
        - 338 COVID-19 positive patients across the entire UCHealth system as of this morning
        - Univ. of Colorado Hospital has 90. 52 of those 90 are in the ICU (58%)
            - Previous waves had ~30% of patients in the ICU, so we have a higher proportion of critically ill patients.
        - Unfortunately this has driven the need for additional critical care medicine teams, including utilizing providers from pulmonary, anesthesia, surgery, emergency medicicine, and critical care
        - Decision to close 9 operating rooms on the East side of surgical suites (previously known as the AOP ORs) to free up anesthesia team to be able to deploy extra ICU team
    - Big marker is case positivity – anything above 10% is concerning
        - We are currently at 13.3%
        - We have been greater than 10% for over a month.
    - We do see some positive trends (e.g. census in the north is decreasing), so hoping for the best but continuing to prepare for the worst due to unknown impacts of upcoming holidays (group gatherings and travel), decrease in mask usage, and potential impacts of upcoming flu season.
    - Dr. Kutner expressed gratitude for tremendous collaboration across multiple departments, including departmental leadership, GME, and Dean's Office, to determine how best to provide support and care for this increasingly complex and difficult load.
    - Simultaneous efforts along parallel tracks ongoing
        - Collaborative efforts relating to surge planning, both for floor level and ICU level care.
        - State declared crisis standards of care for staffing - we are working through how that is playing out.

        - Working with a number of faculty leadership to update the crisis standards of care triage documents
            - Put into place with first surge and updated December 2020.
            - Originally written in case we had to triage a scarce resource of equipment such as ventilators.
            - Now updating them to include triaging patients due to a shortage of staffed beds.
            - Should have a plan ready for this by end of week.
- Updates on staffing
    - Working closely with Vizient Inc., our group purchasing organization. They have aligned with another organization to create Avia
        - Original company was driving some of the exorbitant rates for nurse travellers and respiratory therapists at the national level.
        - Crisis contracts for nurses are going above $200 / hr. This is not what the nurse receives but what the agency receives.
        - This is driving a lot of the national plight for staffing that is happening right now
        - We have locked in a rate of $160-$180 / hr.
    - Dr. Gronow spoke with our representative from the American Hospital Association who is working at federal level to ensure we do not create inflation rates that summarily ruin health care.
    - Working with lobbyists at American Hospital Association to discuss how to reduce price wars for nursing and respiratory labor across the nation
    - We have secured additional 51 resources in nursing and respiratory therapists, 39 of which will start this month. Now seeing more coming in than leaving.
- Highlights on Quality, Safety, and High Reliability (senior leadership team at University of Colorado Hospital met recently to discuss this)
    - Key themes to improve our journey to high reliability
        - Need to be more clear about our quality metrics and priorities
            - Aligned CU and Univ. of Colorado Hospital quality and safety incentive created this fiscal year is a step in the right direction
            - Focusing on mortality, readmissions, access, experience, as well as gateway measures regarding CDI response rates, query response rates, OPPE, and other things.
            - Focus on our top 3-4 priorities in terms of quality and safety, although this may differ between groups across organization.
        - Physician champion involvement: leadership restructuring across organization and working to simplify model to create more substantial and meaningful roles
            - Allocate time to key leadership roles to get more meaningful results.
            - Aligning resources with our goals and moving resources around to help meet the needs
        - Accountability
            - Goal to support a just culture and psychological safety
            - Principals of high reliability being implemented at the department level
            - Working on physician – manager – director culture in relation to errors.
            - Trust is a big component of how we work together as a team
            - Enable people to speak up, regardless of the level of training of the individual
            - Celebrate errors and look for opportunities for learning rather than condemn / blame. This will reduce culture of silence and will encourage people to speak up for safety.
            - Align around what is best for the patient
        - Training
- Summarizing Comments
    - Easy to get distracted by the day to day urgencies of COVID and its associated crises, but we need to maintain overall focus on providing the highest quality and safest patient care, supporting our missions of research and education, etc
    - Acknowledgement that it can be a tough leadership position of trying to balance COVID-related issues with our other critical missions

- We have a remarkable community of faculty, residents, and students. There is a lot of great work happening to identify innovative projects and solutions to better support each other.
- We can all have bad days, we just can't have them all on the same day so we can support each other though this.
- We are in this together and we will figure it out together, because that is what we do on this campus.

- Questions
  - Agency staffing is always a bad thing for lots of reasons, and of course we worry about burnout and people leaving health care and not wanting to do direct patient care. We are also watching the tower go up to increase patient capacity. How are you thinking about being able to meet that new resource as soon as it is available under these circumstances? Answer:
    - We did a number of market adjustments across key disciplines to make sure we are not just competitive but leading the market
    - Many travelers like it here: ~50% of people who are traveling intend to come back. They are just leaving in the short term for the money.
    - Key messaging for our front line: people are making decisions based on their personal life, and that is okay. We need to welcome people back when they choose to come back, not have words with them because we feel abandoned.
    - We have 40-50 patients that we are caring for in nontraditional spaces currently. These patients and the current staff caring for them can be moved out of these spaces and into the tower when it is ready.
    - We will not fill the tower immediately.
    - It will take time to recruit people to grow volume downstream, but we are already working to hire beyond our current volumes so we are ready to staff the tower when it opens in 18 months.
  - How are we doing with regards to vaccine booster efforts? Answer:
    - "A little dismal" in both community and our system
    - UCHealth employees – most were originally vaccinated in Jan-Feb time frame. Booster rate only 35-45% right now
      - Boosters not currently mandated - unclear whether we will mandate this in the future
    - Points of hope
      - Governor Polis made a statement on Friday that any adult can and should receive a booster – all are eligible.
      - School systems to get kids vaccinated.
    - Challenges
      - Difficult to get word out regarding benefit and importance of booster
      - Travelers from other states also increase risk
  - What is the process for allocating space / units in the new tower? Answer:
    - A lot of noise in the data because of COVID – so we will underpredict our demand if we look too far back
    - A lot of data right now favoring additional ICU needs
    - Quality piece relating to space allocation
      - How long do patients stay in ICU? If we had additional floor capacity, could some of these patients be decanted?
      - How much efficiency is there to be gained with the additional growth?
    - One goal is to separate MSPCU into medical progressive care unit and a new surgical progressive care unit
    - Net additional medical surg unit that will likely trend toward surgery.
    - Geographical cohorting to be more attainable
    - Current plan summary (all items subject to change)
      - 11th floor – surgical progressive care unit with both surgical and onc components
      - 10th floor – neuro critical care reallocation
      - 9th floor – a new additional ICU that will be blend of neuro and surgical critical care
      - 8th floor will be med or surg regular floor status
      - 5th floor will be 40 bed inpatient behavioral health unit

Campus Strategic Priority Update (Laura Borgelt, Associate Vice Chancellor of Strategic Initiatives)

- Most of this shared in State of Campus address by Chancellor Elliman
- Office of Strategic Initiatives
    - Newly established (~1 year ago) by Chancellor Elliman
    - Small but mighty group
    - Goals:
        - Implement a strategic vision
        - Design and execute key campus-level initiatives
- Completed a design and innovation process to create a strategic framework with campus priorities to guide future efforts
    - 4 key working groups – education, research, patient care, and community engagement
    - Feedback from over 700 stakeholders (campus and community) to develop priorities, initiatives, and recommendations.
        - 12 key priorities: 3 from each working group
        - 43 initiatives: 16 research, 10 education, 8 patient care, 9 community engagement
        - 19 other recommendations: 4 research, 5 education, 6 patient care, 4 community engagement
    - Themes identified among all groups, including:
        - How to leverage data better
        - Interest in student experience
    - Evaluated alignment of initiatives with the initiatives of the Office of Diversity, Equity, and Inclusion
- Narrowed to 5 key initiatives
    - Leveraging data – focusing primarily on research data. Will also be some business process data
        - Early in process, working to determine best path forward
    - Building a healthcare innovation institute – occurring with CU innovations group
    - Enchancing the student experience – partnership between OSI and ODEI&CE
        - Will rerun design and innovation process to better hone in on recommendations
        - Working toward implementation plan March – April 2022
    - Partnering in Patient-Centered Care – partnering with health affiliates and clinical affairs
    - Investing in Our People – partnership between OSI and ODEI&CE
        - 3 task force groups
            - Holistic hiring and campus climate
            - Staff initiatives around career pathways
            - Faculty initiatives around promotion and tenure processes
- Key components to the 5 key iniatives:
    - There is a complex ecosystem on our campus and we want to determine the best path forward, so working carefully to translate recommendations and strategic priorities into actions.
    - Maintain focus on diversity, equity, and inclusion
    - Maintain focus on mental health and holistic medicine
- What's next?
    - Looking to form groups for a "deeper dive"
    - Implementation as 5 year plan and priority setting
    - Think about key metrics and performance indicators
- Questions
    - None

Other issues brought to attention of Senate

- None