

Thursday, March 2, 2017

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At the time of publication, CHA was providing testimony before the Human Services Committee on [HB 7040, An Act Implementing The Governor's Budget Recommendations For Human Services Programs](#), a bill that, among other provisions, would curtail severely providers' rights to appeal decisions of the DSS Commissioner. Read CHA testimony [here](#).

Additionally, CHA testified before the Human Services Committee on [HB 7121, An Act Concerning Revisions To The State's Safe Haven Laws](#), a bill that would add certain protections for individuals caring for infants who are considered to be in the custody of the Department of Children and Families under the state's Safe Haven program. Read CHA testimony [here](#).

Also on Thursday, CHA testified before the Insurance and Real Estate Committee on [SB 876, An Act Concerning Reimbursement Of Out-Of-Network Health Care Providers And Liability For Certain Unlawful Billing And Collection Practices](#), a bill that would require health carriers to reimburse an out-of-network healthcare provider for certain healthcare services. It would also increase the amount of said reimbursements and change a healthcare provider's liability for certain unlawful billing and collection practices under the Connecticut Unfair Trade Practices Act. Read CHA testimony [here](#).

In addition to providing testimony before the Human Services and Insurance and Real Estate Committees, on February 28, the Children's Committee held a public hearing. CHA testified in support of [HB 7113, An Act Concerning Prenatal Opioid And Opiate Exposure](#), a bill that would establish additional requirements for abuse and neglect investigations by the Department of Children and Families when such investigations pertain to high-risk newborns, and require individuals who are mandated reporters involved in the delivery or care of a high-risk newborn in a birthing hospital to cause a report of abuse or neglect to be made regarding such high-risk newborn. Read CHA testimony [here](#).

CHA Testifies Against Cuts to DMHAS Budget

On Thursday, February 23, CHA provided testimony before the Appropriations Committee on the Governor's FY 2018-2019 Department of Mental Health and Addiction Services (DMHAS) budget proposal, which would reduce grants for mental health and substance use services by \$4.7 million in each fiscal year.

CHA [testified](#) that the proposed reductions will put additional financial pressure on community providers, including hospitals. The proposed reduction in funding to the Connecticut Mental Health Center in New Haven by \$1 million and the relocation of a 21-bed program from Hartford to Middletown will impact access to care for the people who live in the New Haven and Hartford areas.

In addition, CHA testified that hospitals and other community providers in these regions will be required to answer the call to care for these patients. Connecticut Emergency Departments are already filled on any given day with patients who are in crisis, living through, and, unfortunately, often dying as a result of substance abuse.

CHA also asked the Appropriations Committee to fund the Community Care Team (CCT) program, an evidence-based, integrated model of care to aid our state's most vulnerable patients. The CCT program, which was created to help treat persons suffering from chronic medical and mental health conditions, was intended to ease the burden on emergency departments, allows for collaboration among hospitals and other community providers, and saves the state money, since many of these patients are also Medicaid clients. Although funds were initially appropriated for the CCT program, those funds were rescinded during the 2016 Legislative Session before the program could get off the ground.

During the DMHAS budget presentation, legislators questioned DMHAS officials on various aspects of the budget and how cuts will impact community-based behavioral health services and programs.

State's Opioid Crisis Worsens as Deaths Jump 25 Percent

The number of people who died in Connecticut last year from accidental drug overdoses increased 25 percent over the previous year, according to a new report issued by the Office of the Chief Medical Examiner.

According to the [report](#), 917 people died from accidental drug overdoses in 2016, as compared to the 729 who died in 2015. Of particular note, however, is that deaths involving the powerful synthetic drug fentanyl (479) increased by 155 percent last year, nearly surpassing the number of deaths involving heroin (504).



Deaths from accidental drug overdoses have increased every year for the past five years, starting with 357 in 2012; 495 in 2013; 568 in 2014; 729 in 2015; to 917 last year. There were more than 2.5 times as many deaths in 2016 than there were in 2012.

The Office of the Chief Medical Examiner also released a [report](#) that details each drug-related death in 2016 and 2015. That report shows that of the 917 deaths that occurred in 2016, 317 occurred in hospitals, while the rest occurred either at the person's home or in another location.

The state's growing opioid epidemic was highlighted recently in a [study](#) by the U.S. Centers for Disease Control and Prevention, which found that Connecticut had the second-highest percentage increase in the rate of synthetic opioid deaths from 2014 to 2015 out of 28 states included in the study.

In January, Governor Dannel Malloy announced a series of legislative proposals aimed at addressing Connecticut's growing drug epidemic, which is now considered a public health crisis. The proposals, which were the Governor's first of the 2017 Legislative Session, include a requirement for doctors to prescribe opioids electronically and allow for patients to refuse opioids through a directive in their medical files.

In addition to the reforms noted above, the proposals also include:

- Permission for home healthcare agency registered nurses to dispose of unused opioid-based medications.
- An expansion of the requirement to provide information about the risk of addiction to adults.
- An encouragement to share data among state agencies. Specifically, the proposal seeks to ease statutory restrictions on data sharing between state agencies as it relates to opioids.

In addition, the state has distributed more than 9,000 kits of the overdose reversal medication naloxone (known as Narcan) since 2014 and is rolling out a new, interactive website that allows people to search for nearby pharmacies that carry naloxone. A law passed last year requires first responders to carry overdose-reversing drugs and limits initial opioid prescriptions to seven-day supplies in most cases.

Connecticut hospitals are committed to addressing the opioid epidemic. In 2015, Connecticut hospitals adopted voluntary opioid prescribing guidelines to help ED staff treat patients with chronic pain conditions. The guidelines are intended to reduce inappropriate use of opioids while preserving the vital role of hospital EDs in treating patients with emergent medical conditions.

Additionally, CHA is embarking on an initiative known as the Neonatal Abstinence Syndrome Comprehensive Education and Needs Training (NASCENT) project. This project will demonstrate that a regional approach to education is an effective method for creating awareness and increasing best practice utilization for opioid prescribing, as well as identifying and treating opioid-addicted women of childbearing age. The project will be focused on Hartford County's physician offices and seven hospitals, including Connecticut Children's Medical Center, Hartford Hospital, Johnson Memorial Hospital, Manchester Memorial Hospital, Rockville General Hospital, Saint Francis Hospital and Medical Center, and UConn John Dempsey Hospital. The plan will include a statewide roll-out as additional funding is pursued.

CHA and representatives of several Connecticut hospitals have also been working as members of a multi-agency, multi-functional working group operating under the leadership of the state Department of Children and Families (DCF) to offer recommendations and feedback to the state in its efforts to comply with the Child Abuse Prevention and Treatment Act (CAPTA). CAPTA requires all states to track and monitor the number of substance-exposed infants and adopt specific strategies for addressing their needs and those of their families, with the goal of ensuring that these families have plans in place for optimal success.

Senate Remains Evenly Split After Special Elections

The balance of power in the evenly split Senate and closely divided House of Representatives remain the same following Special Elections that took place on February 28 to fill three vacant General Assembly seats.

With unofficial results tallied, the Senate will remain evenly divided between 18 Republicans and 18 Democrats, and the House will favor the Democrats 78-71. The Special Elections were called after three seats were left vacant when a state representative and two state senators resigned their seats to take other state jobs at the beginning of the 2017 Legislative Session.



The Special Elections were closely watched because they had the potential to shift the balance of power in a traditionally blue state. Connecticut remains one of only half a dozen states with both a Democratic governor and state legislature. Although the Senate is evenly split, Democratic Lt. Gov. Nancy Wyman has the ability to break tie votes.

In the 115th State Representative seat race, Democrat Dorinda Keenan Borer (D-West Haven) beat Republican Edward Granfield (R-West Haven) to retain the seat previously held by the Democrats. Representative-elect Borer won 65 percent of the vote. The 115th House seat was previously held by Rep. Stephen Dargan (D-West Haven). The 115th House District covers the town of West Haven.

In the 2nd State Senate District, Democratic State Representative Douglas McCrory (D-Hartford) beat Republican Michael McDonald (R-Windsor) with approximately 75 percent of the vote. Senator-elect McCrory will replace former Senator Eric Coleman (D-Bloomfield). The 2nd Senate District covers the North End of Hartford and most of Bloomfield and Windsor.

In the 32nd State Senate District, Republican State Representative Eric Berthel (R-Watertown) beat Democratic candidate Gregory "Greg" Cava (D-Roxbury) by an unofficial vote of 9,931 to 8,121. Senator-elect Berthel replaces former State Senator Robert "Rob" Kane (R-Watertown). The 32nd State Senate District includes the towns of Bethlehem, Bridgewater, Middlebury, Oxford, Roxbury, Seymour, Southbury, Washington, Watertown, and Woodbury.

With the elevation of two Representatives to the Senate and upon their resignation, Special Elections will be called by Governor Malloy to fill the vacancies for the seats previously held by Representatives Eric Berthel and Douglas McCrory. Under state law, Governor Malloy is

required to issue a Writ of Special Election within ten days of a vacancy in the General Assembly, and a special election must be held 46 days after its issuance.

Results are considered unofficial until certified by Secretary of the State Denise Merrill.

15th Annual Patient Safety Summit: Challenges and Opportunities in Healthcare



CHA's 15th annual *Patient Safety Summit*, co-sponsored with Qualidigm and the Connecticut Association of Healthcare Executives, will offer multiple sessions and perspectives on the challenges and opportunities of healthcare on a national and statewide level. The program is March 16, 2017, from 9:00 a.m. - 3:30 p.m.

The keynote speaker is Tiffany Christensen, a nationally recognized patient advocate and the author of three books exploring advocacy, end-of-life planning, and partnership strategies in healthcare. Ms. Christensen is a Board member of the Beryl Institute and serves on the faculty of the Institute for Healthcare Improvement.

Her presentation, "Partnering with Patients: A Bed's Eye View of Safety," will weave together themes of partnership, patient safety, and patient satisfaction. During the afternoon session, Ms. Christensen will lead a workshop, "Partners in Quality: Utilizing Patient Family Advisors Outside the Meeting Room," which will provide information about how patient stories can help reduce staff burnout and be used in peer rounding.

The Summit will also feature a number of other speakers, including Rana Lee Adawi Awdish, MD, FACCP, Director Pulmonary Hypertension Program, Department of Pulmonary and Critical Care Medicine, Medical Director, Care Experience, Henry Ford Health System, who will speak about the importance of human connection in healthcare; Charisse Coulombe, MS, MBA, CPHQ, Vice President, Clinical Quality, Hospital Engagement Network Project at the American Hospital Association, who will provide an overview of the quality and safety national agenda and offer guidance on where hospitals should focus resources to support the intersection of quality, patient safety, health equity and population health; and Sue Collier, MSN, RN, FABC, Clinical Content Development Lead, American Hospital Association, who will provide practical and innovative examples of how health equity and patient safety initiatives can be integrated to support reliable and safe care at all Connecticut hospitals.

Please see the [brochure](#) and [event registration](#) for details.

Education Updates

Staff to Management: Starting the Transition

Monday, March 6, 2017

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

Making the transition from being a staff person one day to a supervisor/manager the next is a significant step. Transitioning from individual contributor to being effective in a leadership role is far more challenging and complicated than ever before and requires the ability to use the tools of diplomacy, negotiation, persuasion, and alliance-building to a greater degree than one used in the past. Managing the demands of your organization for high productivity and quality, combined with financial prudence and regulatory compliance, are only part of the equation. You will discover that those tasks must be balanced with an excellent grasp of relationship skills while working closely and collaboratively with others and managing change.

Continuing education credits are offered for this session. Please see the brochure for details.

Conflict Management: Engaging the Difficult Employee

Tuesday, March 7, 2017

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

It is clear that conflict is inevitable in life—in our personal lives as well as in the workplace. Different personalities, different work styles, cultural/ethnic norms, and differences in generational mix, all lead to an endless possibility of conflict surfacing at work.

What is not so clear is the role conflict plays in the process of change and effective team problem solving—both major factors in improving organization performance. How can one recognize and manage the sources and trigger points of conflict? When is conflict healthy—what makes it destructive? How can one reduce or defuse unnecessary conflict? What are the various styles of dealing with conflict, and the risks and benefits of each approach?

Continuing education credits are offered for this session. Please see the brochure for details.

HRO Leadership Method Training

Thursday, March 23, 2017

9:00 a.m. - 4:15 p.m.

[Event Registration](#)

Leadership Method Training is for organizations that are new to high reliability or for new management employees in organizations that are already on the high reliability journey. Both hospital and ambulatory organization leadership practices will be addressed. The leadership

session is designed to teach hospital or ambulatory leaders the concepts of high reliability science and behaviors. The sessions are structured for leaders at the manager level and above.

Medicine, Nursing, Quality, and Radiology continuing education credits are being offered for this session.

HRO Safety Coach Training

Friday, March 24, 2017

9:00 a.m. - 12:15 p.m.

[Event Registration](#)

Safety Coaches are peer mentors, designed to recognize and acknowledge good high reliability behavior and to remind people about opportunities to improve behavior that does not stay true to high reliability concepts.

Medicine, Nursing, and Quality continuing education credits are offered for this session.

HRO Fair and Just Accountability

Friday, March 24, 2017

1:00 p.m. - 4:15 p.m.

[Event Registration](#)

This session, for Human Resources executives and anyone else who manages people, will train staff to review performance from a standardized perspective when there is an adverse event – to focus on the behavior rather than the outcome.

Medicine, Nursing, and Quality continuing education credits are offered for these sessions.

