

Thursday, March 16, 2017

[Printer-Friendly Version](#)**In This Issue:****Partnering With Patients Leads to Better Outcomes****Collaborations of Care Partners Attend Town Hall Event****CHA Provides Testimony on Hospital-Related Bills****Special Elections Set For Two State Representative Seats****State Launches Zika Awareness Campaign****Deadline Approaching: CHA Annual Meeting Awards****Education Updates**[Update Archives](#)**Partnering With Patients Leads to Better Outcomes**

When Tiffany Christensen's first double lung transplant operation ended in failure – the lungs she was supposed to receive weren't useable due to a medical error – it was her own surgeon's humble demeanor that allowed her to accept the outcome.

"It was because of his apology and transparency that I and my family were able to move forward," said Ms. Christensen, who was born with cystic fibrosis and, after that first surgery attempt at age 21, would eventually have two additional double lung transplants.

Ms. Christensen described her experience as a patient and how it led her to be a patient advocate at the 2017 CHA Patient Safety Summit on March 16. Now a nationally recognized patient advocate and the author of three books, Ms. Christensen spoke during her keynote address about the importance of partnering with patients.

In a presentation laced with humor and insight, Ms. Christensen described how her doctors and medical support staff either made her time as a patient easier or more difficult, depending on how well they related to her as a human being and whether they employed what she referred to as the three guiding principles of healthcare: information sharing, participation, and collaboration.

When she had her first complete double lung transplant a year after the first failed attempt, Ms. Christensen said, she had some caregivers in the hospital who understood that even though she couldn't speak or respond to them, she was still aware of what was happening and deserved to be included in their discussions. When, two years later, her body rejected the new lungs and she had to have another double transplant, Ms. Christensen said she was so crippled by fear going into the operating room that she started talking about American Idol to her surgical team.

"I was experiencing a level of fear that does not really have language. When I'm afraid, I babble. And not one person in the OR acknowledged that I was speaking," Ms. Christensen said. "I can say that was a very strange, isolating feeling."

One of her many take-away lessons from that time, she said, is the understanding that when patients and families are invested in the process of healthcare, they become more invested in the outcome. This, in turn, has been shown to improve patient safety, lower readmission rates, and lead to better outcomes, she said.



A second patient perspective was also offered at the Summit – this one by Rana Lee Adawi Awdish, MD, FACC. Dr. Awdish, who is Director of the Pulmonary Hypertension Program and a Medical Director of Care Experience at the Henry Ford Health System, told the harrowing and heartbreaking story of her near-death experience at her own hospital shortly after she finished her medical training.

Seven months pregnant at the time, Dr. Awdish lost her baby and technically died on the operating table when she suffered a complication of pregnancy that caused her blood to shred and fill her liver. This led to what is "poetically named the triad of death," said Dr. Awdish, which is hypothermia, coagulopathy, and metabolic acidosis. Her liver failed, her kidneys shut down, she had a stroke, her lungs filled with fluids, she lost gallons of blood, and her heart stopped working.

Although her medical team was able to bring her back and ultimately heal her, Dr. Awdish described experiences in the hospital both before and after her surgery that caused her to question how doctors are trained, both from a patient and a physician perspective. One of those moments occurred when she heard a doctor, standing at her bedside during rounds, say, "she's trying to die on us."

"In that moment I was really angry. I felt he was positing me as an adversary," Dr. Awdish said. "Then I had a really uncomfortable cringe of recognition, because I realized I had said that all the time as a critical care physician. I realized that in our medical training, we had thought of ourselves as saviors, as catchers, and it was our job to protect the patients from what might befall them."

Doctors are trained to view themselves this way, and are drilled in the idea that they must be deferential to authority even when they believe a mistake is being made, she said, which can have tragic consequences when medical errors are made. She said that doctors also are trained to ignore their own experiences, whether that means physical discomfort or emotions, which can lead to suicide, burnout, errors and a lack of connection with patients.

Her experience as a patient has made her a different doctor, she said.

"I'm so grateful for my education after my education," Dr. Awdish said. "Those months after – which involved eight surgeries, kidney failure, liver failure, learning to walk again – that was what taught me who I am and exposed this great network of connectedness."

The summit also featured two plenary sessions. Charisse Coulombe, MS, MBA, CPHQ, Vice President of Clinical Quality for the Hospital Engagement Network Project at the American Hospital Association, gave a presentation entitled, HRET: "An Innovative Path Forward for Quality and Patient Safety"; and Sue Collier, MSN, RN, FABC, Clinical Content Development Lead for the American Hospital Association, gave a presentation entitled "The Intersection of Health Equity and Patient Quality and Safety." Ms. Christianson led a closing workshop on how to utilize patient family advisors in the hospital.

The 15th annual Patient Safety Summit was sponsored by CHA in partnership with Qualidigm and the Connecticut Association of Healthcare Executives.

Collaborations of Care Partners Attend Town Hall Event



Members of the Collaborations of Care Partners came together on Sunday, March 12, to attend a healthcare forum hosted by U.S. Representative John Larson (CT1) to discuss concerns about a potential repeal of the Affordable Care Act (ACA).

The forum, which was held in Glastonbury, drew about 300 people concerned about losing their health insurance coverage if the ACA is repealed by Congress. Rep. Larson heard from about a dozen speakers during the question and answer section of the forum, which lasted two and a half hours.

Rep. Larson introduced the Collaborations of Care Partners, who attended the event and acknowledged their participation in a similar forum that was held last month. Attending this forum were Jim Iacobellis, Senior Vice President, Government and Regulatory Affairs, CHA; Matthew Barrett, President and CEO, Connecticut Association of Healthcare Facilities; and Mag Morelli, President, LeadingAge Connecticut.

The forum was held six days after Republicans released their healthcare overhaul bill, the American Health Care Act, which replaces subsidies available under the ACA with tax credits. The GOP plan would also limit the amount of federal money available to states, like Connecticut, that chose to expand Medicaid, the state/federal program that provides health insurance coverage to poor and lower income patients, under the ACA. Healthcare advocates predict this will result in less Medicaid funding for states.

Earlier this week, the nonpartisan Congressional Budget Office issued a report estimating that the GOP healthcare plan would increase the number of people without health insurance by 14 million by next year, and by 24 million by 2026. Although most of the increase in the uninsured in 2018 would come from people choosing not to buy insurance after tax penalties are repealed, that scenario would shift in later years when the number of uninsured will rise because of changes to the Medicaid program.

The predictions for Connecticut are no less dire. A report issued by the state Office of Policy and Management on March 13 found that the GOP healthcare plan would cost the state up to \$1 billion per year after the plan is fully implemented by 2020. The state analysis also estimated that 34,000 people currently insured through the state's health insurance exchange will not renew their plans in 2018 if the proposal is approved by Congress.

CHA estimated last month that Connecticut hospitals would lose approximately \$5.4 million in Medicare funding as a direct result of the ACA being repealed, and stand to lose hundreds of millions in Medicaid funding each year. CHA issued a statement expressing concern about how patients would be affected under a potential ACA repeal, saying it "leaves open questions about how healthcare will be delivered and funded."

"Connecticut's Medicaid reimbursement is already one of the lowest in the nation, with providers being paid less than half of what it costs to provide care," the statement concluded. "Ultimately, one in five people are on Medicaid in Connecticut. Low Medicaid reimbursement leaves them, and everyone else, with less access to care."

CHA Provides Testimony on Hospital-Related Bills

CHA provided testimony on a number of hospital-related bills this week. On Monday, March 13, CHA provided testimony to the Public Health Committee on:

- **[HB 7174](#), *An Act Allowing Certain Hospital Personnel To Administer A Saline Flush To An Intravenous Line*, a bill that would allow certain unlicensed hospital personnel to flush a peripheral IV. CHA testimony can be found [here](#).**
- **[SB 904](#), *An Act Concerning The Department Of Public Health's Recommendations Regarding Facilities Guidelines For Technical Review Of Facility Construction And Renovation*, a bill that would require hospitals to be in compliance with industry-recognized standards and authorities for healthcare planning, design, and construction. CHA testimony can be found [here](#).**

On Friday, March 17, CHA will provide testimony to the Finance, Revenue and Bonding Committee on:

- **[HB 6559](#), *An Act Establishing A Credit Against The Hospital Tax For Hospitals That Make Beds Available For Opioid Addiction Treatment Services*, a bill that would incent the establishment or repurposing of beds for opioid addiction treatment services by affording hospitals a credit against the hospital tax.**

Special Elections Set For Two State Representative Seats

On Friday, March 10, Governor Dannel Malloy announced that Special Elections will be held on Tuesday, April 25, 2017, to fill two vacancies in the House of Representatives.



Elections will take place in the following House Districts: the 7th District, comprising portions of Hartford and Bloomfield; and the 68th District, comprising the entirety of Watertown and portions of Woodbury.

The seats were most recently held by Representatives Douglas McCrory (D-Hartford) and Eric Berthel (R-Watertown), but both legislators resigned after they were elected to serve in the Senate during Special Elections that were held in February.

Under state law, the Governor is required to issue a Writ of Special Election within ten days of a legislative vacancy, and a special election must be held exactly 46 days after the writ is issued.

State Launches Zika Awareness Campaign



The state has launched an awareness campaign aimed at warning travelers heading to areas where the Zika virus is prevalent about the risk of contracting the virus.

The campaign was announced by Governor Dannel Malloy and Department of Public Health (DPH) Commissioner Raul Pino, MD, on March 10. It features television and radio ads in both English and Spanish that target college students on spring break and other travelers. The ads will run through the end of March.

"Every case of Zika we have seen in Connecticut thus far has been travel-related and, with the spring break season upon us, what better time to bring people's attention back to protecting themselves against the virus," said Dr. Pino. "Many prime spring break destinations for college students and others are in areas where Zika is being actively transmitted. We want to ensure that students and other travelers have a fun, relaxing, and memorable time on spring break, but we want it to be memorable for the right reasons."

The state began surveillance for the Zika virus on February 15, 2016. No locally acquired cases have been reported since then, and every positive case in the state has been related to travel, according to DPH.

As of last week, a total of 1,365 patients have been tested for the Zika virus in Connecticut. Of those, 111 patients, including six pregnant women, have tested positive for Zika. An additional 52 patients, including 41 pregnant women, have tested positive for Flavivirus, a related class of viruses that include Zika, dengue, yellow fever, Japanese encephalitis, and the West Nile virus. Of the 163 total Zika or Flavivirus patients, the majority contracted the virus while in Puerto Rico, the Dominican Republic, Jamaica, Guatemala, and Haiti.

Deadline Approaching: CHA Annual Meeting Awards

The deadline is approaching for nominations for the CHA Annual Meeting awards. The deadline for all applications has been extended to Friday, March 24, 2017. The presentation of the awards is an important part of the CHA Annual Meeting and a valuable opportunity to showcase Connecticut hospital and staff achievements. Award applications/nomination forms are linked below.

The 2017 John D. Thompson Award for Excellence in the Delivery of Healthcare Through the Use of Data recognizes outstanding achievement in patient care quality initiatives. It is sponsored by CHA's education and research affiliate, the Connecticut Healthcare Research and Education Foundation (CHREF). All CHA acute care and other hospital members are encouraged to apply. *Note: There is a two-year period of ineligibility for previous John D. Thompson Award winners.* Click [here](#) for an application.



The 2017 Connecticut's Hospital Community Service Award is an excellent opportunity for recognition of outstanding achievements in community service. The award is sponsored jointly by CHA and the Connecticut Department of Public Health (DPH). *Note: There is a three-year period of ineligibility for previous Community Service Award winners.* Click [here](#) for an application.

CHA's Healthcare Heroes Awards celebrate the invaluable contributions of healthcare workers, both to their field and to the community at large. CHA is seeking nominations from both direct patient care and nonclinical areas of CHA member facilities. Ten healthcare heroes, selected by a panel of judges, will be awarded a \$100 cash prize. Click [here](#) for an application.

All entries must be received by Friday, March 24, 2017.

Winners will be honored at the 99th Annual CHA Annual Meeting on Wednesday, June 14, 2017.

Education Updates

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](#)

Tuesday, April 4, 2017

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

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 this session.

HRO Worker Safety and Worker Engagement

Tuesday, April 4, 2017

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

[Event Registration](#)

This session supports CHA's efforts to take care of the staff who take care of patients. *Worker Safety and Worker Engagement: A High Reliability Approach* discusses behaviors, techniques, and measurement for worker safety, as used by other high reliability hospitals that are further along their journey.

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

HRO Train-the-Trainer

Wednesday, April 5, 2017

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

[Event Registration](#)

The model for sharing high reliability training with the rest of the staff is Train-the-Trainer. The training is scripted and requires an enthusiastic participant who is willing to make time to train others within the organization. Other hospitals in Connecticut have trained educators, front-line managers, and senior leaders, including the CEO, as part of their training contingent. Train-the-Trainer sessions are for hospitals and ambulatory practices.

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

Lean Principles: Process Flow and Value Stream Mapping in Healthcare

Session I: Thursday, April 6, 2017

9:00 a.m. - 2:00 p.m.

Session II: Thursday, April 13, 2017

9:00 a.m. - 2:00 p.m.

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

As the demands of health reform drive change in all areas of healthcare delivery, hospital leaders are focused on transforming their organizations through strategies that simultaneously increase revenue and sharply reduce costs. Lean principles offer leaders a management system and methodology that improves team engagement, eliminates road blocks, and allows hospitals to improve the quality of care for patients by reducing errors and waste streams, including wait times. It is a systematic approach to reducing costs and risks, while simultaneously setting the stage for growth and expansion.

Please note: this is a two-session program; participants should attend both sessions. Continuing education credits will be awarded. Please see the brochure for details.

Healthcare Financial Management - An Overview

Tuesday, April 18, 2017

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

[Event Registration](#)

Because healthcare delivery methods and payment systems are changing rapidly, it is more important than ever to manage carefully the financial health of the organization. Resources are scarce and stretched to the breaking point. Doing more with less is routine. The need for sound business and financial management tools—survival skills—is paramount for all managers. These include planning and budgeting, financial analysis, and maximizing resources, all of which are essential if managers are to achieve the institution's mission and contribute to "bottom line" results. Bill Ward, a popular and dynamic lecturer on financial management in healthcare, is back by member request to present the program.

Continuing education credits will be awarded.

