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Care Decisions Connecticut Initiative Kicks Off at CHA

Closing the gap between what many people want at their end of their lives – to die peacefully at home surrounded by loved ones – and what they may get – dying in a hospital after significant medical intervention – is the “holy grail” of healthcare quality improvement, according to Susan Frampton, PhD, President of Planetree International and keynote speaker at the April 19 Care Decisions Connecticut kickoff program.

More than 100 practitioners, patients, and advocates attended the program. Care Decisions Connecticut was created by CHA in collaboration with healthcare partners across the continuum of care and state government, with the goal of integrating patient-directed care strategies to improve palliative/hospice care and quality of life for those with serious illnesses. It was initiated by the CHA Board of Trustees, through its Committee on Population Health, to develop a strategy on serious illness and end-of-life care.

The initiative, which includes representatives from hospitals, state agencies, insurance companies, as well as long-term, home, hospice, and palliative care, aims to increase public knowledge and awareness about advanced care planning, including through its [website](#), and implement best practices for providers across Connecticut.



The kickoff event featured remarks from Dr. Frampton; state Comptroller Kevin Lembo; Karen Mulvihill, DNP, APRN, Co-Chairperson of Care Decisions Connecticut and the Connecticut State Palliative Care Advisory Council, and Director of Palliative Care at Danbury Hospital; and a panel presentation with Adam Silverman, MD, Co-Chairperson of Care Decisions Connecticut and Vice President, Chief Population Health Officer, Trinity Health-New England; Margarita Reyes, MD, Center for Geriatric Care, Bristol Hospital Multi-Specialty Group; and Nancy Yedlin, MPH, who talked about her father’s death in 2004.

The focus of the afternoon-long program was the need for a shift in the way both healthcare professionals and patients approach serious illness and end-of-life care decisions. Dr. Frampton, whose presentation was titled “Strategies for Change – A Collaborative Journey to Transform Advanced Illness Care,” said that although 80 percent of Americans say they want to die at home, only 20 percent actually do – which points to a disconnect in the healthcare system.

“We are Americans and we’re used to being engaged, empowered consumers,” said Dr. Frampton. “You would think we would have organized and created a system to deliver what we want.”

Instead, she said, 68 percent of doctors lack training in having end-of-life conversations with their patients, which leads to a dearth of information for patients at the very time they most need to be equipped with facts about their condition and the options for treatment. Compounding the problem, she said, is that too few people are educated about the pros and cons of life-prolonging measures, and too few people have advanced care directives.



“We’ve got a lot of work to do,” said Dr. Mulvihill, who gave a presentation on the Care Decisions Connecticut initiative.

Dr. Silverman agreed, emphasizing that it is important to increase the number of doctors who engage in discussion with their patients about advanced care directives.

“It’s not because we don’t care,” Dr. Silverman said. “We’ve not created a system that allows practitioners to do the things we should do.”

For Nancy Yedlin, who told the story of her father’s death in 2004 from brain cancer at the age of 81, that conversation didn’t occur until the final day of her father’s life – as he lay unconscious in the ICU. That’s when she and other family members were able to have a comprehensive discussion with a palliative care doctor about her father’s wishes, his condition, and what it would mean for hospital staff to execute life-prolonging measures.

“We all agreed we should allow him to have a natural death, and honor dad’s directives,” said Ms. Yedlin, adding that almost immediately after that decision was made, they heard a code over the intercom and medical staff rushed by. The palliative care doctor, guessing correctly the code was for Ms. Yedlin’s father, quickly stopped them and told them the patient and his family did not want extraordinary measures taken to prolong his life.

Ms. Yedlin, while grateful that her father was allowed to die naturally, said she wonders what would have happened if that conversation had occurred earlier in his illness.

“Maybe he would have died at home, maybe he would never had gone to the hospital,” she said.

Dr. Reyes gave a physician's perspective about working with patients near the end of their lives, and said she has been guided by the work of Atul Gawande, author of the book [Being Mortal](#), which expresses themes to which she returns constantly in her practice – “focus on the patient's goals, do no harm, and think of death not as a failure.”

Both Dr. Silverman and Dr. Mulvihill said they hope Care Decisions Connecticut will be a social movement that helps enable patients and practitioners to engage in a more open and honest conversation about end-of-life decisions, but they both stressed that the success of the effort hinges on a collaboration between healthcare professionals and patients and families.



Mr. Lembo, who served as the State Healthcare Advocate from 2004 to 2010, agreed, saying he believes the state has a role to play in the effort, as well.

“Helping people make the best decisions about their healthcare takes time, it takes money, it takes bodies, and it takes will,” Mr. Lembo said.

“No one gets into this business because we want the big mansion on the hill,” he said. “You are doing it because you come out of a place of service, a place of love for your fellow man, and a place of good clinical expertise because you want to make a difference in the world.”

Reducing Child Maltreatment and Fatalities Requires Many Stakeholders



Speakers at an April 19 forum at CHA hosted by Connecticut's Public Health Campaign to Reduce Child Maltreatment and Fatalities agreed that lasting solutions to improving child safety must involve a multidisciplinary approach with many stakeholders.

The forum, with attendees from across the continuum of care, featured a keynote presentation from Zeinab Chahine, PhD, Managing Director of Casey Family Programs. Dr. Chahine gave an overview of the evolution of child protection in the U.S., putting the issue in the context of its historical roots, before delving into an explanation of where we are as a nation, and a state, today.

“We intervene after maltreatment occurs, and then we investigate and find blame,” said Dr. Chahine, adding that it will take a concerted effort – and a redistribution of how priorities are funded – to change this. “We fund our values,” she said. “We spend \$4.8 billion on rescue versus \$652 million on prevention.”

Dr. Chahine said 60 percent of child protection cases nationally are related to issues of neglect, with the youngest children being the most vulnerable. And, she said, although Connecticut has worked hard to reduce the number of children in foster care by working to preserve families, that number has risen recently because of the opioid epidemic.

Reducing child maltreatment and fatalities will require a three-pronged approach that involves changing the way we, as a society, think about these issues, she said.

“Thinking that the child welfare system is the answer to this problem is wrong. That's not where we need to focus,” Dr. Chahine said. Instead, she said, the issues related to child maltreatment require a broader, public health approach and better measurements that will allow experts to understand, and respond to, the risk factors of child abuse.

The forum also featured remarks from Joette Katz, Commissioner of the Department of Children and Families (DCF), who spoke about the importance of collaboration as a way of lowering the rate of child fatalities and maltreatment.

Part of that work has already begun. With support from Casey Family Programs, the Office of Early Childhood and DCF have been leading the development of a public health campaign to increase caregiver knowledge and raise public awareness of topics relevant to preventing child abuse and maltreatment, including safe sleep. The Steering Committee includes members from a broad cross-section of stakeholders, including the Office of the Child Advocate, Department of Public Health, Department of Mental Health and Addiction Services, CHA, Day Kimball Hospital, Yale New Haven Children's Hospital, providers, and other medical professionals who have been supporting the development of the campaign since May of 2014.

The public health campaign currently includes two initiatives – one that address safe sleep habits for parents of newborns, and another, called Chill Daddy, which is aimed at educating male caregivers about the dangers of shaken baby syndrome.

“It really is about partnership. Everybody feels child deaths. They are all preventable,” said Ms. Katz.



Amy Templeman, Director of Within Our Reach at the Alliance for Strong Families and Communities, gave an overview of the findings and recommendations of the Federal Commission to Eliminate Child Abuse and Neglect Fatalities, with a particular emphasis on Connecticut's standing.

Nationally, she said, 1,670 children died in 2015 because of abuse or neglect, which is a rate of 2.25 deaths per 100,000 children. Connecticut's rate was lower, at 1.44 deaths per 100,000 children. Nearly three-quarters of the children who died were under the age of 3, and nearly half were less than a year old.

Although child deaths nationally are decreasing in other areas, the same is not true for fatalities related to abuse and neglect, Ms. Templeman said, even though those deaths are preventable.

“If we know these deaths are preventable, we have to ask what we are doing to bring that number down,” Ms. Templeman said.

In addition to Dr. Chahine, Ms. Katz, and Ms. Templeman, speakers at the event included Linda Goodman, Acting Commissioner of the Office of Early Childhood; Kim Craven of Creative Services Group; and a panel discussion about Connecticut's public health response to child fatalities, led by Susan Reilly, Senior Director, Casey Family Programs. Panelists participating in that discussion were: Sarah Eagan,

Connecticut's Child Advocate; Lynn Johnson, Family Support Division Director, Office of Early Childhood; Elizabeth Duryea, Chief of Staff, Department of Children and Families; and Carl Schiessl, Director of Regulatory Advocacy, CHA.

Chambers Of Commerce Lend Support To Hospitals

In addition to including hospitals in their annual legislative agendas, several of the state's Chambers of Commerce have begun contacting their respective legislative delegations to urge them to support, not harm, hospitals, as the General Assembly crafts the next two-year state budget.

The state's Chambers of Commerce have been long-time collaborative partners with hospitals, working together to build and foster shared goals of a vibrant, educated, and well-trained workforce. The Chambers of Commerce have also seen the impact of taxes and cuts to hospitals; they have collectively taken additional steps this legislative session to voice opposition to budget proposals that would place additional tax burdens on hospitals.

In their letters of support, many of the state's Chambers of Commerce cited the important role hospitals play as local economic engines and providers of healthcare services.

This action from the state's Chambers of Commerce is a result of hospital advocacy and strong grassroots support for hospitals.

To date, the following Chambers of Commerce have sent letters and issued statements of support (linked when available) to their legislative delegations and members:

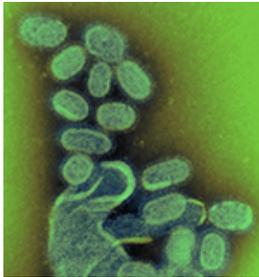
- Bridgeport Regional Business Council. Click [here](#) for the letter.
- Chamber of Commerce of Eastern Connecticut.
- Greater Danbury Chamber of Commerce. Click [here](#) for the letter.
- Greater New Haven Chamber of Commerce. Click [here](#) for the Chamber's resolution of support.
- MetroHartford Alliance. Click [here](#) for the Alliance's statement of support.
- Waterbury Regional Chamber of Commerce.
- The Greater Valley Chamber Of Commerce. Click [here](#) for the letter.
- The Chamber of Commerce, Inc./Windham Region. Click [here](#) for the letter.

A number of other Chambers are in the process of developing messaging and communicating support for hospitals with their legislative delegations. CHA will highlight those Chambers' efforts when information becomes available.

Tough Flu Season Is Winding Down

The 2016-2017 flu season is shaping up to be worse than the previous year, both in terms of confirmed cases and deaths from influenza, according to statistics released by the Connecticut Department of Public Health (DPH).

Although flu season is not yet officially over and the virus is still considered geographically widespread, DPH reports the level of influenza-related activity as low, as cases have dropped off considerably in the last few weeks. As of this week, DPH is reporting 6,439 cases of influenza and 1,917 hospitalizations in the state so far this season, as compared to 3,561 cases of influenza and 881 hospitalizations at this time last year.



Forty-seven deaths have been attributed to influenza since the beginning of flu season; DPH was reporting 18 flu-related deaths last April. Of those 47 deaths, 42 occurred in individuals greater than 65 years of age, 4 were between 50-64 years of age, and 1 was between 25-50 years of age, according to DPH.

Statewide ED visits attributed to the "fever-flu syndrome" are currently at 5.7 percent, down from their peak level of 10.25 percent in late January/early February. A 5 percent statewide level is generally considered the minimum threshold when there are elevated influenza-associated ED visits. The percentage of outpatient visits with a flu-like illness is at 2.2 percent, which is slightly above the 1 percent baseline when there are increased influenza-associated visits to outpatient facilities.

Vaccination is a best practice for patient and healthcare worker safety. In 2011, the CHA Board adopted a statewide policy endorsing mandatory influenza vaccination for hospital personnel as part of CHA hospitals' commitment to patient safety. To date, the vast majority of acute care CHA member hospitals in Connecticut have implemented a mandatory participation or mandatory vaccination program.

Education Updates

2017 CHA Regulatory Compliance Conference

Tuesday, April 25, 2017
9:00 a.m. - 4:00 p.m.

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

Join us for CHA's Regulatory Compliance Conference, which will feature a keynote presentation on the new administration's impact on compliance enforcement. This presentation by Jonathan Diesenhaus and Gejaa Gobena, Partners at Hogan Lovells, will describe "hot topics" in compliance enforcement as the transition to a new administration evolves, and will provide up-to-date information and best practices for handling these changes. Hogan Lovells is a legal firm that offers extensive experience and insights gained from working in healthcare and other complex legal environments. The firm provides counsel to the American Hospital Association on compliance issues.

Following the keynote address, attorneys from Wiggin and Dana will present two sessions on Stark and Anti-kickback, and what to do when the government shows up at the hospital with a search warrant. Additionally, Jennifer Cox, from Cox & Osowiecki, will present—alongside an IT specialist—a session on privacy and security in health IT, sharing information on the "Top 10" things hospitals should be thinking about in this arena.

This conference is specifically designed for compliance officers, risk managers, in-house legal counsel, health information managers, IT specialists, and others interested in privacy, security, and the impact of the new administration's policies on compliance enforcement.

Continuing education credits will be provided. Please see the brochure for details.

HIIN: The Early Identification and Management of Sepsis

Friday, May 5, 2017

9:00 a.m. - 3:30 p.m.

[Event Registration](#)

Sepsis is diagnosed in more than one million patients each year in the United States, with an estimated mortality rate of 28 to 50 percent. The risk of mortality and urgency when treating all stages of sepsis, from sepsis to septic shock, drove the development of bundles, approved by the National Quality Forum, for the care of the septic patient. These bundles prompt the reliable completion of the indicated tasks within the first hours after the identification of septic symptoms. Hospitals nationally have implemented evidence-based practices that are considered best practice in the early recognition, treatment, and management of sepsis. A clinical focus topic of the HIIN, sepsis care has been targeted by CMS for quality improvement. Please join Carole Moss, patient advocate and founder of the Niles Project, and Sean R. Townsend, MD, Vice President of Quality and Safety, California Pacific Medical Center, for an educational event to improve the early identification and treatment of sepsis in the acute care environment.

The program is being presented as part of the Partnership for Patients HIIN educational series.

Transitioning From Staff to Management: What's Next?

Wednesday, May 10, 2017

8:30 a.m. - 3:30 p.m.

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

Whether recently assigned to the role of manager or a seasoned veteran, it is important for healthcare professionals to determine how well their problem solving, critical thinking, and decision making skills are keeping pace with the changing healthcare environment. For those who attended *Staff to Management: Starting the Transition* in March or September, this is the second course in the two-part program and provides additional development for all managers—those who are new to the role and those who want to improve their skills.

Continuing education credits will be provided. Please see the brochure for details.

Leading in Turbulent Times

Thursday, May 11, 2017

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

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

The scope and pace of change in healthcare is unrelenting. Turbulent times is synonymous with VUCA, an acronym that describes an environment that is Volatile, Uncertain, Complex, and Ambiguous—a military term that was created during the Cold War and reused during the Middle East conflicts. Healthcare fits the description perfectly and, as the landscape continues to evolve, learning the strategies and principles of VUCA Leadership will enhance focus and agility. This workshop will blend didactic and experiential material, giving leaders practical tools to engage their employees in shaping organizational culture and achieving outcomes that drive operational excellence.

Continuing education credits will be provided. Please see the brochure for details.

Leadership CHAMP Refresher Course

Tuesday, May 16, 2017

9:00 a.m. - 3:30 p.m.

[Event Registration](#)

This year, CHA worked with HPI/Press-Ganey to design a refresher course for hospital leaders and managers, and is hosting the Leadership CHAMP Refresher Course. The course is for leaders and managers who want to reinvigorate their role as high reliability leaders. It will include error prevention highlights, such as the tools and the science; rounding to influence; top 10 prioritization; and Fair and Just Accountability.

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

HRO Cause Analysis - Two-Day Training

Wednesday, May 17, 2017

8:30 a.m. - 4:30 p.m.

Thursday, May 18, 2017

8:30 a.m. - 4:30 p.m.

[Event Registration](#)

Cause analysis teaches staff how to evaluate events, patterns of events, and causes of events, and then helps staff ascertain how to implement solutions. These sessions are for quality staff, safety staff, risk management staff, and other staff that respond to events.

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

