



Thursday, October 12, 2017

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## State Budget Talks Continue



Legislative leaders continue to work toward a deal on the state budget and have indicated that they are making progress in their discussions.

Meanwhile, on Wednesday, the Governor said he is working on a budget proposal that he will be releasing in the coming days.

He also indicated to the press that implementing the hospital agreement is not contingent on a settlement of all hospital issues, if it is part of a budget that he can agree to adopt. If enacted, the hospital agreement would provide much-needed funding to care for Connecticut Medicaid patients and help preserve critical healthcare jobs. Specifically, it would leverage and maximize federal funding at no cost to the state or taxpayers. Hospitals would receive statutory assurances that the state would ensure that they receive funds.

Legislative leaders say they anticipate that next week would be the earliest a vote could occur on a budget. The state has been without a budget since the start of the state fiscal year, July 1, 2017.

## Patient and Family Experience Highlighted at Nurse Leadership Forum



Tiffany Christensen's experience as a patient who underwent multiple lung transplants due to cystic fibrosis have not only shaped her as a person, but have shaped her views about how to engage patients more effectively in their own care.

Ms. Christensen, a nationally recognized patient advocate and the author of three books, gave the keynote address at CHA's 17th Annual *Nurse Leadership Forum* on October 12. Her presentation, "Partnering with Patients: A Bed's Eye View," wove the story of her own illness and recovery into a narrative that seamlessly integrated principles of patient and family engagement.

Those principles – information sharing, participation, and collaboration – allow patients and families to become more invested in the process of healthcare, she said, and this ultimately improves patient safety and leads to lower readmission rates and better outcomes.

"The more we bring our patients and families in and engage them in their care, the more they will become invested in their outcome," Ms. Christensen said.

Ms. Christensen's story – a childhood diagnosis of cystic fibrosis, a double lung transplant that ended in failure at age 21, and two additional double lung transplants – is laced with lessons she learned as a patient.

She described how her various doctors and other members of her medical team either made her experiences more bearable or more difficult, depending on how much they involved her in her care and responded to her as a patient. When her first transplant operation had to be aborted because the donated lungs weren't useable, for example, it was her surgeon's "humble demeanor" that allowed her to cope with the disappointment and frustration she felt, Ms. Christensen said. And when her first complete double lung transplant operation occurred a year later, hospital staff respected her enough to include her in their discussions about her care even though she could not speak or respond.

"The external body does not always reflect the internal life," Ms. Christensen said. "Those caregivers understood I was there and they would talk directly to me and give me updates on my health. Their behavior made me feel especially safe."

More than 100 people attended the 2017 Nurse Leadership Forum. In addition to Ms. Christensen, the forum featured Colleen Sweeney, RN, BS, CSP, Founder and Owner of Sweeney Healthcare Enterprises, who spoke about patient fears and how to assuage them; and Meryl Moss, MPA, EMHL, Chief Operating Officer of Coastal Medical, who gave a presentation on how to leverage staff participation in transforming patient care. Ms. Christensen also led an afternoon workshop that instructed participants on how to build an interactive and collaborative relationship with patients and families.

## CHA Hosts Population Health Academy



During the first week of October, CHA hosted the Population Health Academy, offered by the Thomas Jefferson University College of Population Health. Thirty six participants - the maximum attendance for the course - attended the five-day Academy, which provided a comprehensive introduction to population health using case



studies, real-life workplace applications, and a review and analysis of U.S. healthcare organization and administration, quality and safety, health economics, data analytics, and prevention and chronic disease management.

The program opened with a session presented by Sanford Barth, PhD, HIA, FASQ, on the history of health policy in the United States. Dr. Barth led participants through a review and discussion of healthcare in each decade beginning with the early twentieth century. Social, cultural, political, and environmental factors of each decade and their implications for shaping U.S. health policy as it is today were discussed. A subsequent session by Robert Lieberthal, PhD, provided an overview of health payment systems, reimbursement models, and concepts surrounding risk management.

Drew Harris, DPM, MPH, offered an interactive session on population health and how it differs from the traditional approach to healthcare. He focused on social determinants of health and the integration of clinical care with public health, among other key concepts. Kara Barnes, MPH, MS, offered a session on practice transformation and managing change through an accountable care organization.

The third day of the Academy focused on quality and safety, including review of quality improvement methods and concepts applicable to population health, led by Celeste Chamberlain, PhD, and Stanton Smullens, MD. During the fourth day, devoted to data analytics, Harm Scherpbier, MD, provided a presentation on information technology implementation and market trends in healthcare, as well as tools and approaches to visualize data to achieve population health goals.

Raymond Fabius, MD, drew together the concepts presented throughout the week in sessions on managing care across the continuum. He discussed, among other topics, preventive healthcare opportunities, cultural competency, and patient-centered models.

CHA hosted the Population Health Academy as part of its efforts to help hospitals achieve a vision of population health that incorporates patient safety and quality, information technology and data, and new reimbursement models to achieve cost-effective patient-centered care.

### CHA Program Addresses Social Determinants of Health



On Thursday, November 2, 2017, CHA will host *Improving Health Equity: Addressing Social Determinants of Health*. The sixth annual health equity symposium will feature a keynote presentation by Rishi Manchanda, MD, MPH.

Dr. Manchanda, a physician, healthcare leader, and author of *The Upstream Doctors*, is an advocate and expert in improving care by addressing patients' health-related social needs. He is the Founder and President of HealthBegins, an enterprise that provides healthcare professionals and organizations with tools and methods to look for the social and environmental sources of patients' illness as part of their assessment and care. Dr. Manchanda will discuss how developing an "upstreamist" mindset will be critical to improving and transforming healthcare in the future.

Health equity is a component of the work CHA is doing with all Connecticut hospitals and healthcare systems to advance population health strategies through data analysis, care coordination, and health improvements across the care continuum. The work began in the 2011, when CHA launched a statewide Diversity Collaborative to focus on three goals:

- Increase the diversity of hospital governance and senior management
- Increase cultural competence in the delivery of care
- Increase supplier diversity

Hospital teams began a regular process of sharing strategies and best practices, participated in educational sessions, webinars, and team conference calls, and developed policies, procedures, and education for all staff to work toward the goals.

As the work evolved, the focus on improving health equity has taken center stage and CHA has transitioned the original diversity initiative to a focus on health equity. CHA's work in health equity has recently expanded to include the creation of the Connecticut Social Health Initiative, which will assist hospitals and collaborating organizations to identify and address the social determinants of health for patients at the point of care.

The *Improving Health Equity: Addressing Social Determinants of Health* program is being presented as part of the Partnership for Patients HIIN educational series.

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

### U.S. Hospital Community Benefits Exceed Federal Tax Exemption 11 to 1



**American Hospital Association**

An analysis released this week by the American Hospital Association (AHA) shows that the value of community benefit activities by hospitals and health systems significantly outweighs the value of their federal tax exemption.

The [study](#), which was prepared for AHA by Ernst & Young, analyzed national data from 2013 and found that while not-for-profit hospitals received an estimated \$6 billion in federal tax exemptions that year, they provided approximately \$64.7 billion in community benefits – which is 11 times greater than the value of the tax exemption they received. The study looked at Medicare hospital cost reports for approximately 3,000 not-for-profit general hospitals; it excluded specialty hospitals, such as psychiatric or long-term acute care facilities.

"Advancing the health and wellness of our patients and the communities we serve is a foundational mission for our nation's hospitals," said AHA President and CEO Rick Pollack. "Today, hospitals of all kinds – urban and rural, large and small – are demonstrating the value they provide and solidifying their commitment to making their communities healthier through strengthened community partnerships, health and wellness programs, and outreach activities designed to combat identified community needs."

Connecticut hospitals provided community benefit services worth \$1.6 billion in 2015 – which represents 14.9 percent of total hospital revenue. That number includes \$1.3 billion for Medicaid and Medicare, \$216 million in charity care/bad debt; \$31.7 million for community services; \$16.3 million for research and other programs; \$10.4 million in donations to community organizations; \$7.2 million in community building activities; and \$7.4 million in subsidized health services to the community.

To read this year's Community Benefit Report about the many contributions made by Connecticut hospitals, click [here](#).

## Education Update

### HRO Leadership Method Training

Tuesday, October 17, 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.

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

### HRO Worker Safety and Worker Engagement

Wednesday, October 18, 2017

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

[Event Registration](#)

One priority endorsed by the Committee on Patient Care Quality is worker safety. This includes workplace violence and worker engagement. This curriculum teaches the hospitals how to incorporate worker safety into the high reliability activity and help contribute to the sustainability model.

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

### HRO Rounding to Influence

Wednesday, October 18, 2017

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

[Event Registration](#)

The program teaches leaders how to go out on the units to coach, mentor, and sustain high reliability habits and practices by interacting with front-line staff and medical staff.

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

### HRO Safety Event Classification

Thursday, October 19, 2017

9:00 a.m. - 3:45 p.m.

[Event Registration](#)

When events occur in the hospital or ambulatory practice, they must be evaluated to assess whether the event is a Serious Safety Event, a Precursor Safety Event, or a Near Miss Safety Event. This session will review how the classification scheme works and how to utilize and standardize event classification.

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

### Surgical Fire Prevention, Suppression, Evacuation: What You Need to Know

Monday, October 30, 2017

9:00 a.m. - 12:30 p.m.

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

Consulting firm Russell Phillips & Associates will review surgical fire procedures and OSHA and TJC's requirements for a fire risk assessment program. Darren Osleger, Fire and Emergency Management Consultant, will discuss causes of surgical and special care fires, prevention strategies, and training programs for hospital staff.

### 2016 CMS Emergency Preparedness Standards and Designing a Hospital Emergency Management Program

Monday, October 30, 2017

1:30 p.m. - 5:00 p.m.

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

Andrew McGuire, Fire & Emergency Management Consultant and Connecticut Long Term Care Mutual Aid Plan Project Manager, Russell Phillips & Associates, will discuss best practices for designing infrastructure and specific disaster response and recovery plans, as well as the importance of training and testing these plans. Mr. McGuire will review the four core elements of the 2016 CMS Emergency Preparedness Rule: Hazard Vulnerability Assessment (HVA) and Mitigation Plan, Communications Plan, Recovery Plan/Continuity of Operations Tools, and Plan training and testing (training/exercises/drills).

### **CHA Nurse Preceptorship Program**

Friday, November 3, 2017

8:30 a.m. - 3:45 p.m.

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

Supporting and strengthening the work of nurse preceptors is critical to the development of new nurses and retention of the highly skilled staff registered nurses who teach them at the bedside.

CHA's *Nurse Preceptorship Program* features a curriculum developed by a team of educators from hospitals and schools of nursing, and is designed to provide core content that is foundational for the role of nurse preceptor. This one-day program includes presentations and interactive sessions that cover topics such as roles and responsibilities, characteristics of a professional role model, basics of teaching and learning, tools and strategies for effective communication, principles of constructive feedback delivery, and evaluating competence.

The program will serve to start new nurse preceptors off with critical information and also may be of interest to nurse preceptors that have not had this content, or would like to be refreshed on these concepts.

### **Creating Sustainability for High Reliability Organizations**

Wednesday, November 8, 2017

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

[Event Registration](#)

This session is designed for drivers of change in the organization, and covers techniques to ensure the changes resulting from high reliability approaches are ongoing.

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

### **HRO Safety Coach Training**

Wednesday, November 8, 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.

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

### **HRO Train-the-Trainer**

Thursday, November 9, 2017

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

[Event Registration](#)

The model for spreading the training to the rest of the staff is a train-the-trainer model. The training is scripted. It 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 the training contingent. Train-the-trainer sessions are for hospitals and ambulatory practices.

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

### **Transitioning From Staff to Management: What's Next?**

Monday, November 13, 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 to determine how well one's problem solving, critical thinking, and decision making skills are keeping pace with the ever-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.

