



For Immediate Release
September 25, 2015

Contact: Michele Sharp
Vice President, Communications
(203) 294-7213
Sharp@chime.org

Connecticut Hospitals Selected to Continue Improvements in Patient Safety *Demonstrated Patient Safety Improvement Results in Round Two of Hospital Engagement Networks*

WALLINGFORD – Connecticut hospitals have been selected to continue efforts to reduce preventable hospital-acquired conditions and readmissions through the American Hospital Association/Health Research & Educational Trust (HRET) Hospital Engagement Network Partnership for Patients initiative. Partnership for Patients is a nationwide public-private collaboration that began in 2011 to reduce preventable hospital-acquired conditions by 40 percent and 30-day readmissions by 20 percent.

“Connecticut hospitals have demonstrated leadership and shown positive outcomes in reducing harm to patients, and we are delighted to be selected to continue this critical work,” said Jennifer Jackson, CEO, Connecticut Hospital Association. “This important initiative established a national quality framework in which all hospitals are able to work together, coordinated and in-step, to eliminate preventable harm. We look forward to working with our national partners and continuing to contribute to the acceleration of change.”

In December 2014, CHA and Connecticut hospitals completed participation in the first round of the program. Connecticut was a consistently top-performing state. In its summary, HRET estimated that over the course of the project, Connecticut reduced events of preventable harm by nine percent, with more than 13,400 events prevented.

Connecticut is one of many state hospital associations and health system organizations included for the round two of this program. CHA will coordinate Connecticut hospital participation, continuing to use the high reliability methods that have been adopted across Connecticut healthcare organizations.

Since the launch of the Partnership for Patients, the vast majority of U.S. hospitals and many other stakeholders have joined the collaborative effort and delivered results. The Department of Health and Human Services has [estimated](#) that 50,000 fewer patients died in hospitals and approximately \$12 billion in healthcare costs were saved as a result of a reduction in hospital-acquired conditions from 2010 to 2013. Nationally, patient safety is improving, evidenced by an estimated 1.3 million adverse events and infections avoided in hospitals – a 17 percent decline in hospital-acquired conditions over the three-year period.

The Partnership for Patients and the Hospital Engagement Networks are one part of an overall framework established by the Affordable Care Act to deliver better care, spend dollars more wisely, and improve care. Initiatives like the Partnership for Patients, Accountable Care Organizations, Quality Improvement Organizations, and others have helped reduce hospital readmissions in Medicare by nearly eight percent between January 2012 and December 2013 – translating into 150,000 fewer readmissions – in addition to the quality improvements mentioned above.

“We have made significant progress in keeping patients safe and we are focused on accelerating improvement efforts through collaboration and reliable implementation of best practices,” said Patrick Conway, MD, CMS Acting Principal Deputy Administrator and Chief Medical Officer. “This second round of Hospital Engagement Networks will allow us to continue to improve healthcare safety across the nation.”

Round two of the Hospital Engagement Networks will develop learning collaboratives for hospitals and provide a wide array of initiatives and activities to improve patient safety.

###

About CHA

The Connecticut Hospital Association has been dedicated to serving Connecticut’s hospitals since 1919. Through state and federal advocacy, CHA represents the interests of Connecticut’s hospitals on key healthcare issues in the areas of quality and patient safety, access and coverage, workforce, population health, health equity, and value-based reimbursement.