Connecticut Asthma Initiative Program Focuses on Collaboration and Outcomes

At the kickoff program of the Connecticut Asthma Initiative at CHA on January 14, it became immediately clear how much has already been achieved and how much still needs to be done.

The Connecticut Asthma Initiative, which began last March after CHA's Committee on Population Health determined that asthma remains a significant problem in Connecticut, is based on the premise that no one should die of asthma or be required to limit his or her life unnecessarily due to the disease.

Since the inception of the initiative, a broad-based group of asthma program leaders, clinicians, and public health representatives have worked to develop interventions and measures that can be implemented statewide. The goals of the initiative are vast and include the creation of hospital-community partnerships, the reduction of asthma hospitalizations and ED visits, better training and education, and the establishment of a model as a sustainable best practice for asthma care that will significantly improve health equity by 2017.

During 2015, the Connecticut Asthma Initiative was awarded a grant from the Connecticut Health Foundation to support the health equity focus of the initiative. Over several months, CHA convened hospital Emergency Department clinicians, pulmonary/asthma experts, and quality improvement leaders, as well as representatives from the Department of Public Health and the Department of Social Services, to identify and prioritize best-practice interventions and measures.

Members comprise nearly 140 people from 60 organizations including hospitals, community organizations, state government, and more.

Of particular concern to the crowd of healthcare professionals who attended the kickoff is Connecticut's high prevalence of asthma cases, which exceeds the national average by 1.5 to 2 percent, and the fact that asthma disproportionally affects people of color, the economically disadvantaged, the elderly, children, women, and urban residents.

"This is so important it requires an immediate call to action," said Anne Diamond, JD, CNMT, CEO, UConn Health John Dempsey Hospital, and a co-chair of the Connecticut Asthma Initiative. Ms. Diamond singled out Connecticut's asthma rates in her opening remarks, saying that one of the primary goals of the initiative is to improve those numbers.

"When you have best practices that are tried and true, they really become the standard of care," she said. "We are looking to elevate the regional standard of care to the national level, but let's not stop there."

Ms. Diamond's co-chairman, Stuart G. Marcus, MD, CEO, St. Vincent's Medical Center, agreed, and said the initiative should be the jumping off point for addressing other diseases in which health disparities play a significant role.

"If this works, we can scale this up to other diseases," Dr. Marcus said. "We don't want to just have a win in asthma and call it a day. This is an important pilot for all of us and for our communities. This hasn't been done before, and if we pull this off, we will be truly leading the transformation of healthcare."

At the heart of the initiative is the establishment of hospital-community partnerships, which was the focus of much of the kickoff event, as speakers from a variety of hospitals and community-based organizations described their efforts to better communicate with patients as they move from the emergency room to other care providers.

The speakers, who came from across the state, addressed different challenges, such as the overhaul of hospital discharge instructions for asthma patients and the importance of creating close relationships with school nurses, who can be an important conduit between families and doctors.

Laurel Holmes, Director of Community Partnerships and Population Health at Lawrence + Memorial Hospital in New London, said their hospital-community partnership has been in place for a long time and is now expanding to include new partners. Ms. Holmes described the process her team went through to overhaul the discharge instructions for asthma patients.

Other speakers, such as Renee Cook from the Community Health Network (CHN) of Connecticut, described pilot programs that will allow CHN to work more collaboratively with hospitals to improve patient care. Ms. Cook said her organization will be embedding a nurse in a hospital ED to help identify HUSKY members admitted with asthma who might need referrals for follow up services.

The kickoff also included a demonstration of the Connecticut Asthma Initiative website, www.ctasthma.org, by Madeleine Biondolillo, MD, Vice President of Population Health Management for CHA. The website, which was created by CHA in collaboration with members of the Asthma Initiative, provides data, teaching tools, and other resources for patients, parents, and providers.

Dr. Biondolillo stressed that the website is emblematic of the initiative's goals, particularly in the way it breaks down walls between hospitals, community providers, and patients, so that everyone is working from the same well of information. That is critical to the mission of the initiative, she said, if the state hopes to improve the lives of people with asthma by showing them how to better manage their disease and keep them out of the hospital.

"Asthma is a primary care disease. It should not be an emergency room disease," Dr. Biondolillo said. "That is why the hospital-community partnerships are so important."

Also presenting at the kickoff event, Marie-Christine Bournaki from the Connecticut Department of Public Health described the importance of asthma action plans in schools. A team from St. Vincent's Medical Center, including Maureen Parmelee, Kristin Lisi, Lisa Mariani, and...
Nicole Loiz, described their emergency room nurse navigator program. Veronica Mansfield, APRN, Manager of Disease Care and Development at Middlesex Hospital Center for Chronic Care Management, described the hospital’s automated phone follow-up program. Marghie Giuliano of the Connecticut Pharmacists Association talked about the importance of including pharmacists in the hospital community teams. Carmela Valentino and Marianne Hatfield, both from Yale New Haven Health System, described how they are implementing partnerships across a vast network of providers to improve care coordination. Maria Capobianco from The Charlotte Hungerford Hospital and Joanne Boudaas, CEO of the Community Health and Wellness Center of Greater Torrington, described their collaboration in the Northwest corner. Susan Hirth, from Eastern Connecticut Health Network, and Ann Morano, with Visiting Nurse and Health Services of Connecticut, discussed their expanded asthma taskforce. Carol Smith and AnnMarie DeMerchant from Day Kimball Hospital described how respiratory therapists teach patients in the ED, and Catherine Rees, Director of Community Benefit at Middlesex Hospital, presented on the social determinants of health and barriers to care.

At Perinatal Collaborative Meeting, A Mother’s Harrowing Story Underscores Need for Improved Outcomes

A diagnostic error on the part of one of Michelle McDuell’s doctors nearly led to her death in the moments following the birth of her youngest son in 2012 as she hemorrhaged on the delivery table and hospital staff scrambled to respond.

The harrowing story of Ms. McDuell’s hemorrhage and emergency hysterectomy due to undiagnosed placenta accreta riveted the medical professionals who came to hear her and others speak January 7 at the Perinatal Quality Collaborative conference, Improving Birth Outcomes: Approaches to Maternal Morbidity and Mortality.

CHA supports the Connecticut Perinatal Quality Collaborative, a statewide effort to improve perinatal safety. The program was offered as part of HEN 2.0, the second phase of the American Hospital Association/Health Research & Educational Trust (HRET) Hospital Engagement Network Partnership for Patients initiative, which is intended to reduce preventable hospital-acquired conditions and readmissions.

The conference included a presentation from Elizabeth Deckers, MD, an Assistant Professor of Obstetrics and Gynecology at the University of Connecticut School of Medicine and the Medical Director of Labor and Delivery at Hartford Hospital. She spoke about the rising rates of maternal morbidity and mortality in the United States. Rosa Biaggi, Public Health Section Chief at the Department of Public Health, Marijane Carey of Carey Consulting, and Jordana Frost, State Director of Program Services with the March of Dimes, CT Chapter, presented on Connecticut’s plans to improve maternal and child health. Art Guerra, Director of the Adult Outpatient Psychiatric Clinic at the Institute of Living, Sheila J. Gately, MD, from the Women’s Ambulatory Health Services at Hartford Hospital, and Sharon Voyer Lavigne, Coordinator of MotherToBaby CT, presented a statewide perspective on maternal mental health. The moderator for this panel was Natalie Achong, MD, Assistant Clinical Professor of Obstetrics and Gynecology at the Yale University School of Medicine. Deborah Allen, from the Boston Public Health Commission, and Stephanie E. Rosener, MD, Associate Director of the Middlesex Family Medicine Residency Program, presented on the Pre-/Inter-Conception Health Panel, with Jordana Frost, from the March of Dimes, as moderator.

Additionally, Teresa Twomey, Founder of the Postpartum Support International, Connecticut Chapter, and Author of Understanding Postpartum Psychosis: A Temporary Madness, described her experience with postpartum psychosis after the birth of her first child, which included chilling hallucinations. She provided information to participants about different types of mood disorders faced by pregnant women and new mothers, and the prevalence of such disorders.

Ms. McDuell’s presentation led the day-long conference, highlighting how important it is for the healthcare community to find ways to improve maternal outcomes in the United States.

Ms. McDuell, who'd had two previous postpartum hemorrhages with her older children, was initially diagnosed with both placenta accreta and placenta previa during an early ultrasound and told to prepare for the “worst case scenario” – an early C-section at 36-38 weeks, a hysterectomy, and blood transfusions. But at her final ultrasound, she said, she was seen by a different doctor than the one who had made the initial diagnosis, and this doctor told her he saw no signs of placenta accreta.

“He assured us that I had no higher risk of hemorrhaging than any other patient,” said Ms. McDuell, adding that she was told to continue a “normal pregnancy and deliver vaginally.”

Concerned that the new doctor was wrong, Ms. McDuell said she and her husband immediately went to her obstetrician’s office and “were reassured by our doctor, whom we trusted completely, that he felt the doctor who had taken the sonogram was the expert.”

Update - Thursday, January 14, 2016
So, all plans for the C-section and hysterectomy were scrapped and Ms. McDuell prepared to carry the pregnancy to term. Days later, however, her water broke three weeks early. What happened next—the birth of her son, Ryan Robert McDuell—was quickly overshadowed by Ms. McDuell losing consciousness.

“I would learn there had been a mistake. I indeed did have placenta accreta and I was hemorrhaging,” she said. “I remember thinking, ‘Oh no. They aren’t prepared for this.’”

As hospital staff scrambled to stop the bleeding, someone handed the baby to her husband and he was pushed into a corner as his wife’s blood pressure dropped and fluids and blood transfusions were started. A balloon was inserted to apply pressure to her cervix, which temporarily stopped the bleeding, but doctors told her husband that only an emergency hysterectomy would save her life.

The aftermath of the experience has been both physically and emotionally traumatic, she said. Her body swelled so much that it caused permanent damage to her optic nerves and she couldn’t breastfeed her son. She has also been diagnosed with anxiety and PTSD, which had a ripple effect in her personal life.

Although much of Ms. McDuell’s presentation was focused on the traumatic events of childbirth, her message to healthcare providers at the conference was focused more broadly on what patients need when they face potentially fatal medical emergencies.

“Not only be prepared with all medical knowledge and resources, but you all have the gift of being able to be the connection to life that these patients, who know they are in danger, need,” said Ms. McDuell. “Tell them what is going to happen and assure them there is a plan to help. Tell them this with genuine kindness. And touch them, hold their hand, and wipe their tears. Your words and touch will help them stay grounded to life.”

Stuart E. Rosenberg Named President Of Johnson Memorial Medical Center

Stuart E. Rosenberg has been appointed President of Johnson Memorial Medical Center and its principal subsidiaries: Johnson Memorial Hospital, Johnson Health Care, and Home and Community Health Services, by Trinity Health - New England, the regional health ministry owned by Michigan-based Trinity Health.

On January 1, Johnson Memorial Hospital became the fourth hospital to join Trinity Health - New England. The regional health ministry also includes Saint Francis Hospital and Medical Center and Mount Sinai Rehabilitation Hospital, as well as the Sisters of Providence Health System in Springfield, Mass., and its affiliate, Mercy Medical Center.

Mr. Rosenberg has been at the helm of JMMC since 2013 and was instrumental in developing an Asset Purchase Agreement with Saint Francis Care (now Trinity Health - New England) to be executed following JMMC’s planned bankruptcy, also filed last January.

“Stu has proven himself a strong and resourceful leader during some very difficult times for Johnson Memorial Medical Center,” said Christopher M. Dadlez, President and Chief Executive Officer, Trinity Health - New England. “He will be instrumental in leading JMMC into the future as Trinity Health - New England expands on its mission to provide high-quality, high-value healthcare in the communities we serve.”

Among Mr. Rosenberg’s major accomplishments are: significant enhancements to safety, quality, regulatory, and compliance programs; implementation of daily safety huddles and rounding; major investments in facility improvements; strengthened community relationships; continued improvement of financial condition of JMMC; implementation of an electronic health records system.

Before joining JMMC, Mr. Rosenberg was Executive Director of the Mount Sinai campus of Saint Francis, and Director of Human Resources at the Blue Hills Avenue campus prior to that. He is a healthcare executive with more than 28 years of experience in previous general administrative and human resource management.

He began his career with the VA Healthcare System and has been with the Saint Francis system since 1987. Mr. Rosenberg was an integral member of the Saint Francis transition team during its affiliation with Mount Sinai Hospital. He also served as Director of Operations for Collins Medical Management, Vice President of Human Resources and Administrative Services at Bristol Hospital, and Senior Vice President/Human Resources and Chief Operating Officer at Bristol Hospital.

Mr. Rosenberg is currently chairman of the Asnuntuck Community College Foundation Board of Directors and serves on the North Central Connecticut Chamber of Commerce Board of Directors. He also serves on the Hartford Federal Credit Union Board of Directors and is a member of the Connecticut Hospital Association Committee on Government and Committee on Human Resources and Population Health.

Mr. Rosenberg earned his Master of Business Administration from the University of Hartford and his undergraduate Bachelor of Science degree in business administration from the same institution.

Jim Shmerling To Lead AHA’s Section For Maternal And Child Health Governing Council

Jim Shmerling, MD, President & CEO of Connecticut Children’s Medical Center, is the new 2016 Chair of the American Hospital Association (AHA) Section for Maternal and Child Health Governing Council.

The council is a 15-member body, which comprises CEOs and senior executives from the nation’s women’s and children’s hospitals and healthcare providers. As Chairman, Dr. Shmerling will lead the AHA Constituency Section for Maternal and Child Health Council on discussions focused on public policy issues concerning women’s and children’s health, hospitals serving that patient population, and AHA member service strategies.

Dr. Shmerling has more than 35 years of pediatric healthcare experience, serving primarily in management roles in children’s hospitals, and is nationally recognized as a leader in issues concerning children’s health and wellness.

In addition to his role with AHA, Dr. Shmerling is a Fellow in the American College of Health Care Executives (ACHE). He is an adjunct faculty member in the Hospital Administration programs, University of Alabama at Birmingham, and is active in several other national healthcare organizations including:

• Board member of the Children’s Hospital Group, Dublin, Ireland.
Influenza Cases on the Rise in Connecticut

Cases of influenza are multiplying statewide. According to the Connecticut Department of Public Health, there have been 153 confirmed cases of influenza and 64 hospitalizations in Connecticut so far this season. Influenza was reported in all eight Connecticut counties, but the majority of cases have occurred in Fairfield, Hartford, and New Haven counties. One death has been reported.

The predominant influenza viruses identified this season are Type A, although the percentage of Type B influenza viruses in circulation has recently increased. Vaccination is a best practice for patient and healthcare worker safety, and 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, all acute care hospitals in Connecticut have implemented a mandatory participation or mandatory vaccination program.

Education Updates

Patient Family Engagement Conference: Communicating Clearly Across the Continuum
Wednesday, January 20, 2016
9:00 a.m. - 3:00 p.m.

Our next Patient Family Engagement Conference will focus on access to information. The morning portion of the program will highlight patient portals, portable medical records, and the current laws and regulations that govern patient access to information. The afternoon will focus on Patient Engagement with the Choosing Wisely® collaborative. The session will provide an overview of the Choosing Wisely® campaign, an initiative of the American Board of Internal Medicine (ABIM) Foundation, in partnership with Consumer Reports, to help providers and patients work together to reduce the overuse of tests and procedures, and support patients in their efforts to make smart and effective care choices. The presenters, including a panel of local experts, will showcase campaign resources and tools and provide examples of how Choosing Wisely® is being implemented in workplace, community, and healthcare settings in Connecticut.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.

2016 Joint Commission Standards and National Patient Safety Goals Update
Thursday, January 21, 2016
9:00 a.m. - 4:30 p.m.

National expert Diana Scott, Senior Director, Vizient, will join us to present CHA’s annual full-day program outlining The Joint Commission’s new standards and national patient safety goals for 2016 and challenges from 2015 with strategies for compliance. Ms. Scott will also review survey process changes, patient safety alerts and tips, and CMS focus areas, as well as best practices for a successful survey. Mark Crafton, Executive Director of Communications and External Relations at The Joint Commission (TJC), and Ann Scott Blouin, Executive Vice President of Customer Relations at TJC, will cover the CMS-required survey process changes, significant developments in hospital options for the submission of core measure data to TJC, compliance data on challenging accreditation standards in Connecticut hospitals, and several of TJC’s newer programs and services—including TJC’s Center on High Reliability.

Registration will begin at 8:30 a.m.
Continuing education credits will be awarded. Please see the brochure for more details.

Surgical Site Infections
Thursday, January 28, 2016
12:00 p.m. - 4:00 p.m.

CHA is partnering with the Connecticut Surgical Quality Collaborative to host a conference dedicated to learning how to reduce surgical site infections. The program starts with a patient who will discuss the repercussions of a surgical site infection. Keynote speaker Patch Dellinger, MD, a national leader in the science of surgical infection reduction, will be transferring that knowledge to help hospitals avoid infections after difficult surgeries that are at risk for infection. Dr. Dellinger will also utilize a case study that takes a patient from booking through surgery, with the intent of minimizing surgical site infections. In addition, participants will hear from the surgical teams at Yale-New Haven Hospital, Griffin Hospital, and Stamford Hospital, which have successfully reduced their infection frequencies.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.

Continuing education credits will be awarded.

Financial Skills for Managers
Friday, February 5, 2016
9:00 a.m. - 3:00 p.m.
Event Registration

Because healthcare delivery methods and payment systems are changing rapidly, carefully managing the financial health of the organization is more important than ever. 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.

Registration begins at 8:30 a.m.

Continuing education credits will be awarded.

Clostridium Difficile and Antibiotic Stewardship
Wednesday, February 24, 2016
9:00 a.m. - 3:00 p.m.

Conference attendees will hear a patient story from the daughter of a woman who died from a C. difficile infection. Following this presentation, Leonard A. Mermel, MD, Professor of Medicine, Warren Alpert Medical School of Brown University, and Medical Director, Epidemiology & Infection Control Department, Rhode Island Hospital—who developed C. difficile standards with CMS—will discuss the science of C. difficile and current standards. Kerry LaPlante, PharmD, Professor of Pharmacy, University of Rhode Island, Kingston, RI; Adjunct Professor of Medicine, Brown University, Providence, RI; and Director of the Rhode Island Infectious Diseases Research Program and Infectious Diseases Pharmacotherapy Specialist, Providence Veterans Medical Center, RI, will discuss the microbiome and the impact of antibiotics on guts. Additionally, Ann Spenard, Vice President of Consulting Services, Qualidigm, will discuss the project to prevent C. difficile in partner facilities, skilled nursing facilities, and other facilities across the continuum of care. At the end of the day, Steve Tremain, MD, will help attendees formulate a plan for implementing this new knowledge.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series in collaboration with the Connecticut Choosing Wisely Collaborative, Qualidigm, the Connecticut Center for Patient Safety, and the Connecticut Partnership for Patient Safety.

Continuing education credits will be awarded.