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### CHA Program Highlights Changes to Laws



(l-r) Brendan Burke, DCF Program Supervisor; Mary Painter, DCF Director of the Office of Intimate Partner Violence and Substance Use Treatment and Recovery; Shelly Nolan, DMHAS Director of Women's Services; Kimberly Karanda, PhD, Director of Statewide Services, DMHAS; Lisa Daymonde, Director, DCF Careline; Kristina Stevens, DCF Deputy Commissioner; and Marilyn Sanders, MD, Neonatologist, Connecticut Children's Medical Center

The Connecticut Perinatal Quality Collaborative (CPQC), a CHA initiative, held an information session on February 4 about upcoming changes to the Child Abuse Prevention and Treatment Act (CAPTA) and Comprehensive Addiction Recovery Act (CARA).

CARA was enacted in 2016 to address the opioid crisis by requiring a Plan of Safe Care for infants born and identified as being affected by substance use or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. The Plan of Safe Care includes input from the people who are part of the pregnant woman's care team – partners, family, friends, physicians, and other treatment providers – and is intended to ensure that the mother and infant receive services and support. A Plan of Safe Care is meant to be a community safety net for families affected by substance use.

In Connecticut, new state mandates will go into effect on March 15, 2019, and will require hospitals to submit a de-identified notification to the Department of Children and Families (DCF) at the time of birth when an infant is believed to have been substance exposed and/or displays withdrawal symptoms. The submission data will be aggregated and analyzed by DCF, in partnership with stakeholders, and submitted to the federal government. The data will be used to better assess needs and allocate resources.

"There are very good intentions behind this legislation," Kristina Stevens, DCF Deputy Commissioner, told participants. "We tried to be very cautious about the elements - what we're doing and why we're doing it."

The presentation at CHA provided the more than 75 participants with a first-hand look at the notification portal and an overview of the process. Panelists included CPQC Co-chairperson Marilyn Sanders, MD, Neonatologist, Connecticut Children's Medical Center; Deputy Commissioner Stevens; Brendan Burke, DCF Program Supervisor; Kimberly Karanda, PhD, Director of Statewide Services, Department of Mental Health and Addiction Services (DMHAS); and Shelly Nolan, Director of Women's Services, DMHAS.

The CPQC is focused on reducing early elective deliveries, encouraging breastfeeding through the Human Infants with Mothers Own Milk (HI-MOM) initiative, addressing Neonatal Abstinence Syndrome, and providing training through the Neonatal Abstinence Syndrome Comprehensive Education and Needs Training (NASCENT) project. The Collaborative has educated clinicians across the state on opioid prescribing and multimodal analgesia for women of childbearing age, and standardization of care for mothers with substance use disorder and infants with NAS using a novel approach to assessment called Eat, Sleep, Console.

### CHA Advocates to Protect Trauma Care



On February 11, the Public Health Committee held a public hearing; CHA and a number of hospitals testified in unified opposition to [SB 46, An Act Prohibiting Hospitals From Charging Fees For Trauma Activation](#). SB 46, a bill proposed by Senate President Pro Tempore Martin Looney (D-New Haven), would "prohibit a hospital from charging a fee for a trauma activation, which involves paging a number of hospital staff to report to the emergency department as quickly as possible."

In [testimony](#), CHA joined hospital trauma centers in highlighting the unique nature of trauma centers and the staffing, services, and training requirements placed on the centers as a condition of designation. Specifically, the testimony cited the full range of emergency healthcare providers, including surgical specialists, radiologists, trauma nurses, lab technicians, respiratory specialists, educators, support staff, and quality improvement specialists, involved with a trauma. CHA testified that the use of a billing code for trauma services rendered is a means by which trauma centers can sustain their trauma designation and provide critical services to their communities.

In her testimony, Kathy LaVorgna, MD, Chair of the Department of Surgery at Norwalk Hospital, informed members of the Public Health Committee that every Connecticut resident lives within 30 minutes of a designated trauma center and said, "this is a safety net that we cannot afford to lose."

At the hearing, Public Health Committee Co-chairman Jonathan Steinberg (D-Westport) remarked that "all trauma centers in Connecticut have provided testimony, which shows the dedication to trauma care" and further expressed a desire to do no harm to the current system of care.

Trauma centers and health systems providing testimony include: The William W. Backus Hospital, Bridgeport Hospital, Connecticut Children's Medical Center, Danbury Hospital, Hartford HealthCare, Hartford Hospital, Norwalk Hospital, Saint Francis Hospital and Medical Center, Saint Mary's Hospital, Stamford Hospital, Trinity Health Of New England, UConn John Dempsey Hospital, Waterbury Hospital, Western Connecticut Health Network, Yale New Haven Health, and Yale New Haven Hospital.

### National Donor Day Observed Today



National Donor Day, celebrated annually on Valentine's Day, is a time to focus on all types of donations – organ, eye, tissue, blood, platelets, and marrow – but the need for donations is constant.

There are more than 114,000 Americans waiting for vital lifesaving organ transplants, including more than 1,200 here in Connecticut. Many others are in need of cornea, tissue, bone marrow, blood, and platelet donations. That's why observance days like National Donor Day and National Donate Life Month, which occurs each April, are vital tools in the ongoing efforts to raise awareness about the issue. Connecticut hospitals and health systems



are a key part of this effort and, working with Connecticut's Organ Procurement Organization, hold activities and programs highlighting the importance of becoming a donor.

CHA supports these efforts by raising the Donate Life flag on its campus in Wallingford each April and by partnering with New England Donor Services and Donate Life Connecticut on a number of educational and advocacy issues during the course of the year, helping to spread awareness about the importance of organ and tissue donations.

## CHA Conference: Improving Sepsis Care in Connecticut

CHA will host a full-day conference dedicated to the urgent need to improve sepsis care across the continuum of care in Connecticut. The conference will be held on Monday, February 25, 2019, from 9:00 a.m. - 4:00 p.m. Please register for the conference [here](#).

The conference will open with Ciaran Staunton, who, along with his wife Orlaith, founded The Rory Staunton Foundation in 2012 after the tragic death of their 12-year-old son from sepsis. The Rory Staunton Foundation has impacted sepsis care both nationally and internationally. The Stauntons will share their compelling story and message regarding the importance of raising public awareness of sepsis through education and awareness programs to promote faster diagnosis and effective treatment of sepsis.

Keynote speaker Mitchell Levy, MD, a founding member and executive leader of the Surviving Sepsis campaign, a global initiative to improve the care of patients with severe sepsis, will share his expertise and the latest recommendations on the care of patients with sepsis. Dr. Levy is known internationally for his research and commitment to improving sepsis care.

The program will also feature local and national speakers who will share best practice recommendations for sepsis care across the continuum.

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

## Education Updates

### Managing the Operating Budget

Thursday, March 7, 2019

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

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

In today's healthcare environment, resources are limited. Managers are challenged to get the most out of their budgeted resources and comply with budgetary constraints. The need for sound budget management tools is paramount. Managers must understand revenue and costs behavior, how to analyze their departmental performance, and how to modify performance to achieve their budgeted operational and financial objectives.

This day-long program—part two of a two-part series introduced at member request—will introduce managers to a variety of analytic tools (revenue and spending analysis, volume adjusted variance analysis, work process and root cause analysis, revenue and expense forecasting) as well as a number of strategies to improve revenue and expense performance.

### Financial Analysis Tools for Managers

Friday, March 8, 2019

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

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

What is the potential financial impact of a new initiative or a new technology? How can that impact be determined? Why is departmental supply spending so much higher than last year? Does it make sense to staff a critical vacancy with agency staff? Is the employment of clinical pharmacists, intensivists, or hospitalists financially sound?

What are the best ways to develop answers to these questions? How can department managers and directors make and support their decisions with sound financial analyses?

This full-day program provides managers and clinicians with tools they can use to answer these and other operational questions about current performance and strategic opportunities they are considering.

### HRO: Safety Event Classification

Friday, March 15, 2019

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.

### De-escalation Training

Thursday, April 11, 2019

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

[Event Registration](#)

De-escalation training will equip participants with proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage. CHA is approved by CPI to provide an abridged version of its Nonviolent Crisis Intervention® foundation course using a blend of online and classroom learning to its members. This program will provide attendees with CPI's Blue Card™ confirmation. Included in this program is approximately two hours of online pre-work and a pre-test.

*Please note: the pre-work and pre-test must be completed prior to attending the classroom portion of the program at CHA.*