Gov. Malloy Signs Executive Order to Halt Hospital Integration

Governor Dannel P. Malloy today announced that, in light of the evolving healthcare industry and continuing changes in market conditions, he has signed an executive order that will begin an extensive review of Connecticut’s laws and regulations surrounding processes on the establishment, termination, transfer, acquisition, and expansion of hospitals and medical service providers. As part of his order, he is directing DPH not to make any final decisions on certain hospital acquisition and conversion applications—including those previously received and under review—until January 15, 2017, insofar as permitted by law.

The executive order also calls for the creation of the Certificate of Need taskforce that will help ensure a fair, open market conditions in the healthcare industry. The taskforce will undertake a review and analysis of the scope, existing authority, and structure of the current agencies, and will determine changes that can be made to improve efficiency, effectiveness, and alignment with state and federal health care reform efforts. They will also identify any challenges and gaps in the state’s efforts to regulate health care services and facilities, with the aim of promoting affordability, equitable access, and high quality care.

CHA immediately released the following statement to the media: We are examining what the Governor’s executive order means for hospitals, but we have grave concerns about a blanket moratorium on acquisitions and conversions, including those already in process. Hospital integration is part of a shift to adjust to healthcare sector changes, including the impact of healthcare reform. Healthcare reform requires hospitals to find new strategies to reduce the cost of care by operating as efficiently as possible while providing excellent, integrated quality care.

Under the order, the taskforce will be responsible for submitting its recommendations no later than December 1, 2016.

Read the Governor’s press release here.

Stopping the Spread of C. diff One Patient at a Time

Mary Brennan Taylor’s mother, Alice, was the kind of 88-year-old whose energy level could put a person half her age to shame. She cooked for herself, cleaned her own two-story home, carpoled her grandchildren, and kept a full social calendar up until six weeks before her death in 2009.

But Alice Brennan was no match for the four healthcare-associated infections (HAIs) that befell her after she was diagnosed with gout and admitted to her community hospital in New York, said her daughter, Mary Brennan-Taylor, who told her mother’s story February 24 during CHA’s C. diff and Antibiotic Stewardship conference.

Improving hospital performance on two key, publicly reported infection measures – C. diff and Surgical Site Infections (SSI) – is a strategic focus of the CHA Committee on Patient Care Quality, as well as the focus of a statewide initiative. This week’s program on C. diff was offered under the Partnership for Patients HEN 2.0 national initiative to eliminate events of preventable harm.

Ms. Brennan-Taylor came to CHA to share her mother’s story, which, she said, is instructive for a variety of reasons. One, her mother, like many elderly people, became the victim of ageism once she entered the hospital, with little say in her own medical care. And two, the decisions that were made about her mother’s medication and other treatment ended up leading to her premature and painful death.

But Ms. Brennan-Taylor’s main purpose on Wednesday was to describe what happened when her mother contracted methicillin resistant staphylococcus (MRSA), a urinary tract infection (UTI), vancomycin-resistant enterococci (VRE) and, most devastatingly, C.diff, which is a bacterium that causes inflammation of the colon, and causes watery diarrhea, fever, loss of appetite, nausea, and abdominal pain. It is transmitted through touching items or surfaces that are contaminated with feces.

Ms. Brennan-Taylor’s mother died of Sepsis on August 29, 2009, six weeks after she was admitted for gout. Ms. Brennan-Taylor now helps lead training sessions for housekeeping staff at the hospital system by sharing her mother’s story.

“They truly are the front line in helping to keep the patients safe,” she said. “One thing I learned from my mom’s horrific and preventable death is that everyone must demand an absence of disease-causing organisms.”

C. diff is a significant issue for hospitals and patients. Of the 453,000 cases of C. diff in the United States in 2011, almost 30,000 resulted in death for the patients, according to the New England Journal of Medicine. Of those cases, 66 percent were inpatient healthcare-associated infections.

Dr. Leonard A. Mermel, FACP, FIDSA, FSHEA, Professor of Medicine, Warren Alpert Medical School of Brown University, and Medical Director, Epidemiology & Infection Control Department, Rhode Island Hospital – who developed C.diff standards with CMS – said it takes a “culture change” for a hospital to address C. diff effectively.

Dr. Mermel gave a thorough presentation on the risk factors that lead to C. diff, such as antibiotic exposure. He described how the infection is spread, how hospitals can track C. diff to better control it, and what Rhode Island Hospital did to lower its own rates of the infection.

That comprehensive plan included educating hospital staff, developing medical/surgical rapid response teams, hiring more full-time

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Hospitals Testify Against DMHAS Budget Cuts

Connecticut hospitals turned out in force last week to object to cuts in mental health and substance abuse services, and slash operating funds for the Department of Mental Health and Addiction Services (DMHAS) by $34.5 million in FY 2017.

Stating that this is exactly the wrong time for the state to withdraw its support of the mental healthcare system, Carl Schiessl, Director, Regulatory Advocacy, CHA, testified that, if enacted, “these cuts will further destabilize an already stressed mental healthcare system, reduce the options for care available to individuals and families who need high-quality mental health services, and impose a greater burden on hospital emergency departments, outpatient clinics, and crisis services, at a time when Connecticut is struggling with ominous and intensifying threats to public health from binge drinking, heroin use, and prescription drug abuse.”

In making the case for CCT funding, Mr. Schiessl recognized DMHAS budgetary challenges, but stated that if funded, “the Community Care Team program would help hundreds of hard-to-treat patients with complex medical and mental health conditions and a persistent need for social services, and almost immediately begin to relieve the fiscal burden on the state by eliminating thousands of emergency department visits from the Medicaid expense line item.”

Highlighting the tremendous work of CCTs, Katherine “Tait” Michael, MD, Western Connecticut Health Network (WCHN), shared a story of a patient with a severe alcohol use disorder who visited the Norwalk Hospital Emergency Department 110 times in FY 2014. The Norwalk CCT developed a comprehensive care plan that included housing and case management for the patient who, although not completely abstinent, remains housed and has not been back to the ED since being enrolled.

Dr. Michael strongly urged legislators to support funding for CCTs and called the initiative, “one of the truest and most direct paths to achieving the goal of the Triple Aim: higher quality healthcare, improved patient experience, and decreased costs.”

Charles Herrick, MD, Western Connecticut Health Network, testified that cuts to mental health and substance abuse disorder treatment services will ultimately cost the state millions of dollars in unnecessary healthcare expenses by driving the under- and uninsured back to emergency departments and hospitals where the cost of care is greatest.

Deena Tampi, MSN, MBA, HCA, Executive Director, Behavioral Health Services at Saint Francis Hospital and Medical Center and Johnson Memorial Hospital, testified that the Governor’s proposed $16 million reduction in grants for mental health and substance abuse services will impact community and hospital-based outpatient mental health and substance abuse treatment services. Ms. Tampi further testified that, as a result, hospital emergency rooms will be inundated by the people once served by these closed programs, and that these cuts could derail national and state efforts to achieve mental health parity.

Beth Klink, MSW, Assistant Clinical Director, Psychiatric Inpatient and Emergency Services, Yale New Haven Health System, and Kristina Diana, representing a patient at Yale-New Haven Psychiatric Hospital, testified that reductions to the DMHAS budget will further burden an already overtaxed mental health system, as well as decrease access for a vulnerable population to services in the community – forcing them to use hospital emergency departments. They also stressed the importance of maintaining state detox bed capacity.

Catherine Rees, Director of Community Benefit at Middlesex Hospital, provided testimony on how the budget cuts will impact “people whose lives have oftentimes been shattered by the devastating, life threatening effects of mental health struggles and substance abuse.” Ms. Rees urged the General Assembly to continue funding outpatient treatment programs for those who struggle with serious mental health issues and addictive diseases. She closed by stating, “It is critical to sustain the successful yet already resource-poor systems that are in place for this vulnerable population, not jeopardize them though de-funding.”

Jim O’Dea, MD, Vice President of Operations of Hartford HealthCare Behavioral Health Network, testified that all Connecticut citizens deserve the right care at the right time, and that the closure of 20 detox beds at Connecticut Valley Hospital would both destabilize an already challenged behavioral healthcare system and reduce options for individuals in communities desperate for care and treatment.

Bill Stanley, Vice President of Development/Community Relations at Lawrence + Memorial Hospital, spoke of the hospital’s response to the recent increase in heroin overdoses in the New London area. He noted that, “demand for mental health services has increased across the state; proposed cuts will only increase costs to the hospitals and, eventually, the state.”

CHA thanks the hospitals and health systems that provided testimony, which has been posted on the Appropriations Committee website: Hartford HealthCare, Johnson Memorial Hospital, Lawrence + Memorial Hospital, Middletown Hospital, Saint Francis Hospital and Medical Center, Stamford Hospital, Western Connecticut Health Network, and Yale New Haven Health System.

In addition, hospital partners provided testimony in opposition to cuts to CCTs, including the Partnership for Strong Communities, Connecticut Legal Rights Project, National Alliance on Mental Illness, Waterbury Health Department/Greater Waterbury Health Improvement Partnership, and individual residents who benefited from the services of CCTs.

CHA Provides Testimony on Key Bills

On Tuesday, February 16, 2016, CHA provided testimony to the Public Health Committee in support of SB 70,
A spate of heroin overdoses in New London last month, which included one death, caught the attention of both the public and state solutions to the crisis.

Last year alone, 723 deaths were attributed to accidental intoxication, with heroin being the cause of 415 of them. In addition to heroin, Examiner, the number of accidental intoxication deaths in Connecticut has more than doubled since 2012.

One potential solution is opioid antagonists. Services (EMS) plan to ensure that each municipality's primary EMS provider is equipped with an opioid antagonist, and that its personnel has received training in the administration of opioid antagonists.

This week, CHA provided testimony on the following bills:

- **SB 106**, An Act Concerning A Medicaid Ambulatory Payment Classification System For Certain Hospital Services, a bill that deletes the requirement that the new payment system for hospital outpatient services be based on Medicare’s Ambulatory Payment Classification (APC) system and which authorizes the creation, within available appropriations, of supplemental payment pools for John Dempsey Hospital and Connecticut Children’s Medical Center to cover losses those institutions may experience. Read the testimony submitted to the Public Health Committee here.

- **HB 5356**, An Act Concerning Veterans’ Health Records, a bill that seeks to eliminate a financial barrier for veterans who need their medical records submitted as part of a veteran’s benefit claim or appeal to either the federal or state government. Read the testimony submitted to the Veteran’s Affairs Committee here.

- **SB 120**, An Act Concerning Insurance Coverage For Abuse-Deterrent Opioid Analgesics, a bill that would require insurance coverage for abuse-deterrent opioid analgesics. Read the testimony submitted to the Public Health Committee here.

- **SB 131**, An Act Concerning The Working Group On Behavioral Health Utilization, a bill that would make changes to the data reported by the working group on behavioral health utilization and extend the report date. Read the testimony submitted to the Public Health Committee here.

- **HB 5174**, An Act Concerning Salaries For Nonprofit Hospital Administrators, a bill that requires not-for-profit hospitals to limit the salaries and bonuses paid to hospital administrators to $500,000 dollars per year or, if any administrator's salary and bonuses exceed such amount in one year, the not-for-profit hospital would be required to pay property taxes. Read the testimony submitted to the Public Health Committee here.

- **HB 5264**, An Act Concerning Accessibility Of Medical Diagnostic Equipment, a bill that seeks to have the findings of the Architectural and Transportation Barriers Compliance Board (more commonly known as the U.S. Access Board) adopted as regulation in Connecticut. Read the testimony submitted to the Public Health Committee here.

- **HB 5211**, An Act Concerning Certificates Of Need, a bill that expands the Certificate of Need (CON) process by requiring hospitals to submit a CON when they reduce certain newly defined specialty services. The bill also adds community needs assessments to the factors that the Office Of Health Care Access must consider when acting on a CON. As well, it changes the rules with respect to public hearings and appeals, and grants CON appeal rights to a group of three (or one person acting for five or more people), without regard to their interest in the matter or whether they were previously involved in the application at all. Read the testimony submitted to the Public Health Committee here.

**Connecticut Responds to Opioid Crisis**

Like other states around the nation, Connecticut is responding to an alarming and deadly rise in overdoses and deaths related to opioid abuse. The scourge has left no community untouched, as families, hospitals, first responders, politicians, and others attempt to find solutions to the crisis.

A spate of heroin overdoses in New London last month, which included one death, caught the attention of both the public and state officials, but the problem has been growing for years. According to statistics released this month by the Office of the Chief Medical Examiner, the number of accidental intoxication deaths in Connecticut has more than doubled since 2012.

Last year alone, 723 deaths were attributed to accidental intoxication, with heroin being the cause of 415 of them. In addition to heroin, Fentanyl overdoses have driven some of the increases. Fentanyl is a synthetic opiate that is typically prescribed for those in severe pain, such as cancer patients. It is 30 to 50 times stronger than heroin.

State and local officials, including hospitals and their community partners, are responding to the crisis by creating regional task forces, holding community forums to discuss the problem and potential solutions, and proposing legislation that would help people addicted to opioids.

One potential solution is **HB 5053**, An Act Increasing Access To Overdose Reversal Drugs, proposed by Governor Dannel Malloy and approved Feb. 24 by the legislature’s Public Health Committee, which would increase local emergency response teams’ access to the overdose reversing drug Naloxone. The bill also prevents health insurers from requiring prior authorization for coverage of naloxone and closes a gap in current liability language for healthcare professionals administering an opioid antagonist.

Another proposal, **SB 129**, An Act Concerning Insurance Coverage For Abuse-Deterrent Opioid Analgesics, would require insurance companies to cover abuse-deterrent opioids – which cannot be pulverized into powder and snorted or injected into a vein – at the same level as traditional painkillers. CHA submitted testimony in favor of the bill, saying that it can be a valuable tool in the larger solution to the problem of prescription drug abuse.

The efforts to combat the problem are not limited to Connecticut. U.S. Rep. Joe Courtney, D-2nd District, has sent a letter asking President Barack Obama for emergency funds to help states combat opioid and heroin abuse, and bipartisan concern about the issue led the National Governors Association to propose guidelines this month that would put numerical or other restrictions on prescriptions for opioid painkillers.

In addition, the Senate Finance Committee held hearings in Washington D.C. this week on the opioid abuse epidemic, during which its chairman, Sen. Orrin Hatch (R-UT), said he supports the Stopping Medication Abuse and Protecting Senior Act (S-1913). This is legislation that would limit Medicare Part D and Medicare Advantage beneficiaries with a history of drug abuse to one prescriber and one pharmacy to reduce the risk of doctor and pharmacy shopping.

**Lawmakers Announce They Will Not Seek Reelection**

This week, Representative Janice R. Giegler (R-Danbury) announced that she will not seek re-election in November. First elected in 2002, Rep. Giegler represents Danbury, New Fairfield, and Ridgefield.
Rep. Giegler serves as House Republican Whip and serves on the Public Safety and Security, Internship, Transportation, and Executive and Legislative Nomination Committees. In addition to serving as a state representative, Ms. Giegler is also the elected Town Clerk in the City of Danbury.

In Bristol, the former long-time Mayor and Democratic State Representative Frank Nicastro (D-Bristol) announced he would not seek reelection in the fall. First elected in 2006, Rep. Nicastro serves as the Vice Chair of the Veteran’s Committee and as a member of the Energy and Technology, General Law, and Public Safety and Security Committees.

The 79th House District seat held by Rep. Nicastro represents the city of Bristol.

To date, seven state representatives and two state senators have announced their intention not to seek reelection in the fall.

The Charlotte Hungerford and Hartford HealthCare Take First Step Toward Affiliation

On February 25, The Charlotte Hungerford Hospital Board of Governors signed a non-binding Memorandum of Understanding that would allow it to affiliate with Hartford Healthcare. Following a period of due diligence, the two organizations hope to prepare the details of a definitive agreement over the next several months.

If successful, CHH would become a member of Hartford HealthCare, which includes Hartford Hospital, Backus Hospital, the Hospital of Central Connecticut, MidState Medical Center, Natchaug Hospital, Windham Hospital and a wide spectrum of additional health services.

An affiliation would enable both organizations to share the knowledge and expertise of their staffs and physicians and give patients easier access to a wider range of services, technology, and treatments. The strategic partnership would enhance CHH’s existing service line options and programs, improve care coordination, provide additional access points for care delivery, support the recruitment of skilled providers, assist with community benefit programming, and allow for further infrastructure investments.

“Charlotte Hungerford Hospital is celebrating 100 years of caregiving this year, and we are very excited to begin our next century with Hartford HealthCare because they share our mission and vision to provide quality healthcare to the communities of northwest Connecticut,” said Dan McIntyre, President and Executive Director at CHH. “This partnership will help position our hospital to remain a financially viable healthcare resource and best accomplishes the affiliation criteria our Board of Governors set out to accomplish in 2014.”

Hartford HealthCare officials cited CHH’s tradition of providing high-quality care to the people of northwestern Connecticut as well as the organization’s robust partnerships with local agencies and groups.

“Charlotte Hungerford Hospital and Hartford HealthCare both are values-driven organizations with a shared mission to create healthier communities,” said Elliot Joseph, President and Chief Executive Officer of Hartford HealthCare. "We are eager to move ahead to form a partnership that will support and broaden the extraordinary work of Charlotte Hungerford Hospital."

Education Updates

HRO Leadership Method Training
Monday, February 29, 2016
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 your hospital or ambulatory leaders the concepts of high reliability science and behaviors. The sessions are structured for leaders at the manager level and above. Medicine, Nursing, Quality, and Radiology continuing education credits are being offered for these sessions.

HRO Train-the-Trainer
Wednesday, March 2, 2016
9:00 a.m. - 4:15 p.m.
Event Registration

The model for sharing high reliability training with the rest of the staff is Train the Trainer. 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 their training contingent. Train the Trainer sessions are for hospitals and ambulatory practices. Medicine, Nursing, Quality, and Radiology continuing education credits are being offered for these sessions.

HRO Fair and Just Accountability
Thursday, March 3, 2016
1:00 p.m. - 4:15 p.m.
Event Registration

This session, for your Human Resources executives and anyone else who manages people, will train your staff to review performance from a standardized perspective when there is an adverse event – to focus on the behavior rather than the outcome. Medicine, Nursing, and Quality continuing education credits are being offered for these sessions.

HRO Safety Coach Training
Thursday, March 3, 2016
9:00 a.m. - 12:15 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. Medicine, Nursing, and Quality continuing education credits are being offered for these sessions.
Cross Cultural and Diversity Inclusiveness Training

First Session: Monday, March 14, 2016
Second Session: Monday, March 21, 2016
8:30 a.m. - 2:00 p.m.

In partnership with the Hispanic Health Council, the Saint Francis Center for Health Equity, and the Connecticut Association of Healthcare Executives, CHA is again pleased to offer Cross Cultural and Diversity Inclusiveness Training (CC&DIT)—a unique, comprehensive, and interactive program to achieve the goal of improving cultural competence in the delivery of care and addressing healthcare disparities.

The CC&DIT curriculum was developed in direct response to member requests for help in providing diversity education and is structured as a two-module program, each session five hours in duration—delivered once each week over a two-week period. Training content is based on current research that emphasizes the idea that cultural competence is not achieved through a single training event—but is a lifelong commitment to learning, and professional skills development. With over 200 members completing the training, program evaluations have been consistently positive about the value of this training.

The program provides an opportunity for hospitals who have taken the AHA #123For Equity Pledge to Act to Eliminate Healthcare Disparities to meet the requirement for training staff in cultural competence.

This program is being held at the Connecticut Institute for Primary Care Innovation (CIPCI) in Hartford.

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

Staff to Management: Starting the Transition

Wednesday, March 16, 2016
9:00 a.m. - 3:00 p.m.

Making the transition from being a staff person one day to a supervisor/manager the next is a significant step. Transitioning from individual contributor to being effective in a leadership role is far more challenging and complicated than ever before and requires the ability to use the tools of diplomacy, negotiation, persuasion, and alliance-building to a greater degree than one used in the past. Managing the demands of your organization for high productivity and quality, combined with financial prudence and regulatory compliance, are only part of the equation. You will discover that those tasks must be balanced with an excellent grasp of human relations skills in working closely and collaboratively with others and managing change.

Registration will begin at 8:30 a.m.

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

Conflict Management: Engaging the Difficult Employee

Thursday, March 17, 2016
9:00 a.m. - 3:00 p.m.

It is clear to almost everyone that conflict is inevitable in life—in our personal lives as well as in the workplace. Different personalities, different work styles, cultural/ethnic norms, and differences in generational mix, all lead to an endless possibility of conflict surfacing at work.

What is not so clear is the role conflict plays in the process of change and effective team problem solving—both major factors in improving organization performance. How can we recognize and manage the sources and trigger points of conflict? When is conflict healthy—what makes it destructive? How can we reduce or defuse unnecessary conflict? What are the various styles of dealing with conflict, and the risks and benefits of each approach?

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

2016 CHA Patient Safety Summit

Thursday, March 24, 2016
9:00 a.m. - 3:30 p.m.

Please join us for CHA’s 14th annual Patient Safety Summit, co-sponsored with Qualidigm and the Connecticut Association of Healthcare Executives. The 2016 Patient Safety Summit will offer multiple sessions and perspectives on worker safety and worker engagement—the next step on the High Reliability journey.

We are pleased to announce that Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, President, American Nurses Association (ANA), will join us for a presentation on worker mobility issues, and Rachel Kaprielian, Regional Director U.S. Department of Health and Human Services, will share information on labor and workforce development.

The Summit will also include presentations on effective worker safety programs that have been implemented in hospitals, workplace safety initiatives under way in long-term-care facilities, and a closing presentation from Jackie Conrad, Cynosure Health Solutions—a consultant with AHA’s Partnership for Patients HEN 2.0 collaborative, on worker safety.