200 Attend Patient Safety Summit

On March 10, nearly 200 hospital representatives attended the 13th Annual CHA Patient Safety Summit, co-sponsored with Qualidigm. The program focused on health outcomes, health distribution within a population, health determinants, and the policies and strategies needed to improve patient safety and population health in the transition to value-based care.

The program began with patient safety advocate Lisa Helfand, who described her life-threatening experience with scleroderma that left her hospitalized for more than 200 days after the birth of her daughter. "I know with certainty I would not be here without medical professionals who saved my life," she said. "I was at the mercy of whoever walked through my hospital room door, and my fate hinged on their treatment." Later in the program, Ms. Helfand led a discussion on empathy in patient engagement.

David B. Nash, MD, Dean of the Jefferson School of Population Health, delivered the keynote address, Population Health: The Key to Quality. Dr. Nash said that the Affordable Care Act (ACA) is focused on population health management, and that progress is being fueled by the realignment of economic incentives around reform.

"Population health is all about care coordination, sharing best practices, and keeping people healthy and out of the hospital; this is fully aligned with where care is headed," he said. "We're making progress. We are trying to achieve the triple aim to improve population health, reduce per capita costs, and improve the patient experience. The question is, can we drive this triple aim using the tools of healthcare reform? I certainly hope so."

Dr. Nash called for increased funding for population health, as well as a renewed focus on transparency and accountability. He said practice should be based on evidence. Unexplained clinical variation should be reduced, as should slavish adherence to professional autonomy. He said hospitals should measure quality continuously and close the feedback loop, as well as engage with patients across the continuum.

Following Dr. Nash’s keynote address, a panel of Connecticut healthcare leaders and advocates discussed the impact of population health on vulnerable populations in Connecticut. The panel included Jewel Mullen, MD, Commissioner, Connecticut Department of Public Health; Pat Rehmer, former Commissioner, Department of Mental Health & Addiction Services; Thomas Raskauskas, MD, President and CEO, St. Vincent’s Health Partners; and Grace Damio, Director of Research and Training, Hispanic Health Council. Mark Schaefer, PhD, Director of Healthcare Innovation, State of Connecticut, served as moderator.

Ms. Rehmer remarked on the importance of addressing community members’ fundamental issues prior to expecting medical care to be effective. “Social determinants are so important,” she said. “For example, if a person can’t pay for housing and is homeless, it’s not the time to talk about the trauma she’s experiencing.”

Commissioner Mullen emphasized that work is already being done in Connecticut that is having a positive impact on population health, including antimicrobial stewardship, efforts to improve hand washing, increasing the use of patient navigators, and working to avoid early elective deliveries.

“There is a lot that we are already doing together,” she said. “Some of the methods and practices are in place now and are sweet spots for public health and healthcare. We are forming successful partnerships, and working toward a shared goal. I think we’ve come a long way toward demonstrating value, and making patient care safer and communities healthier.”

Dr. Raskauskas discussed the importance of prevention and wellness, and specifically falls prevention screening in the physician practice setting. Ms. Damio discussed community-based population health initiatives under way in Connecticut and strategies for integrating the work of diverse community health advocates to accelerate progress in health outcomes. The Hispanic Health Council has run a number of successful programs on these issues, and CHA works with the Council to provide cross-cultural and diversity inclusiveness training to hospital staff.

The afternoon program included a plenary session, Safe and Appropriate Use of Hypnotics in Older Adults: Clinical and Quality Improvement Considerations, with Ilse Wiechers, MD, Department of Veterans Affairs. Additionally, M. Natalie Achong, MD, Chair, CSMS Health Equity Committee, presented a plenary session on preventing early hospital readmissions. She said “Improving population health is dependent on the provider-patient relationship. We must meet the patient where he or she is. This is what is needed in Connecticut, as well as on the national level.”

The Patient Safety Summit, held each spring at CHA, is an important element of CHA’s statewide initiative to eliminate all-cause preventable harm.
CHA Mental Health Recommendations Included in Raised Bill

On March 11, the General Assembly’s Public Health Committee raised a bill that includes several of the recommendations developed by the CHA Subcommittee on Mental Health. **SB 1089, An Act Concerning Mental Health Services**, proposes to make several important changes to the mental health system in Connecticut.

The bill would call on state agencies to work with hospitals to create a shared savings model for behavioral health services, as well as develop transparent health outcomes and quality measures for state-operated and state-funded facilities. It would increase reimbursement rates for Medicaid, fund coordinated community care, and address the need for patient beds for mental healthcare.

It is expected that the Public Health Committee will hold a public hearing on the bill as early as Wednesday, March 18, 2015. CHA will send an advocacy request encouraging every hospital to testify in support of this bill upon confirmation of the hearing date and time.

Hospitals and Colleges Testify Against Proposed Changes to PILOT

On March 11, Connecticut hospitals and private colleges testified before the General Assembly’s Planning and Development Committee in opposition to **HB 6965, An Act Concerning The Preservation Of Municipal Tax Bases**. The bill would allow municipalities to tax not-for-profit hospitals and colleges.

Hospitals described how, in addition to caring for the sick, they play a major and continually expanding role in improving community health; hospitals are worthy of continued exemption from property taxes. In 2013, Connecticut hospitals invested $1.5 billion in community benefit initiatives.

Brian Cournoyer, Director, Government Relations, CHA, said that “Connecticut hospitals epitomize the reason that the property tax exemption was created. The commitment of Connecticut hospitals to their communities has not wavered, even while the financial burdens imposed on hospitals by the state have grown increasingly unbearable.”

Kola Akindele, Community Relations Manager, Hartford HealthCare, Hartford Region, described a number of services provided to the community by Hartford HealthCare. He testified that “these programs are possible due to our tax exempt status. They highlight our ability to relieve government burden by offering significant resources and expertise to address specific health needs in the community.”

Augusta Mueller, Community Benefits Manager, Yale New Haven Health System, said that “Yale New Haven Health System is an important and integral part of our local communities, and this bill does not take into consideration some of the benefits we offer… Yale New Haven Health System’s combined community benefit for 2013 equaled nearly $500 million that helped to guarantee access to care, advance careers in healthcare, promote health and wellness, build stronger neighborhoods, and create healthier communities.”

In his testimony, Bill Stanley, Vice President for Development & Community Relations, Lawrence + Memorial Hospital, highlighted the mission of hospitals and the challenges to their mission, based on government underfunding, taxation, and budget cuts. R. Christopher Hartley, Senior Vice President of Business Development and Government Relations, Saint Francis Hospital and Medical Center, stated, “Each hospital community needs its institution to be there to protect them when they have an emergency. All of Connecticut’s citizens need a sustainable healthcare environment in their communities, not more cuts and taxes.”

In citing the financial pressures placed on hospitals by the state’s hospital tax and underfunding of services, Raymond Baldwin Jr., President and CEO of St. Vincent’s Special Needs Services, told Committee members that “your hospitals and the communities we serve can endure no more. You and your constituents rely on strong hospitals, and this additional tax will surely weaken an already fragile healthcare environment in Connecticut. Don’t let this happen.”

Additionally, Paul Timpanelli, President and Chief Executive Officer of the Bridgeport Regional Business Council, and Bob Dzurenda, Development Director of Hall Neighborhood House, spoke in support of hospitals and colleges and in opposition to HB 6965. Both described the important role hospitals and colleges play in the greater Bridgeport community.
Private colleges also provided compelling testimony before the Committee. They highlighted the many community contributions they make to their host communities. Colleges called on legislators to reject the proposal to levy property tax on organizations that have maintained a exempt status for more than 300 years, saying that levying the tax would result in increased education costs and the stifling of innovation and research.

Hospitals and colleges have been working together since last June in a joint advocacy campaign in opposition to changing the tax exempt status for hospitals, colleges, and other not-for-profit organizations. You can find more information on the advocacy campaign by clicking here: www.futurect.org.

CHA thanks hospitals that provided testimony, including Day Kimball Healthcare, Hartford HealthCare, Johnson Memorial Hospital, Lawrence + Memorial Hospital, Saint Francis Hospital and Medical Center, St. Vincent’s Hospital, and Yale New Haven Health System, and Western Connecticut Health Network. Testimony posted on the Planning and Development website can be found here.

CHA and Hospitals Testify Before the Finance, Revenue and Bonding Committee

On March 9, CHA and hospitals from across the state provided testimony before the legislature’s Finance, Revenue and Bonding Committee on the potentially devastating impact of cuts and tax increases that are part of the Governor’s 2016-2017 proposed biennium budget.

“Taken cumulatively, the ongoing cuts and the expansion of taxes are eroding hospitals, causing patient care and access to suffer,” Stephen Frayne, CHA’s Senior Vice President for Health Policy, told legislators. “In addition, when much-needed healthcare funds are diverted, it has a destabilizing effect on jobs and our economy. Patients, caregivers, workers, and everyone in our communities will suffer.”

Testimony from Day Kimball Healthcare stated, “We are under significant financial stress. In addition to government underfunding, we are a tax-exempt hospital that pays $5.2 million each year because of the provider tax. That’s money we would have invested in… technology systems for effective and efficient continuum of care; capital improvements to aging facilities; salaries and benefits of employees, 86 percent of whom live in Connecticut; and more aggressive recruitment of primary care physicians to our region to address an aging physician team and sustain access to care.”

“Recent state fiscal policies have taken a hospital with many consecutive years of positive bottom lines and put us in the red for the past two fiscal years,” testified Bill Stanley, Vice President for Development & Community Relations at Lawrence + Memorial Hospital. “That makes it more difficult to purchase new equipment, recruit physicians, expand community access, and sustain existing programs and services.”

“The impact of the Governor’s proposed budget on our current finances cannot be overstated,” Stamford Hospital testified. “For-profit corporations are taxed as a percentage of their profits. For a not-for-profit hospital such as Stamford, this tax on our revenue eliminates any slight margin we may have for reinvesting in programs, facilities, or charitable care. This additional change, based on our FY 2014 results, would force us into an operating loss. The longer-term impact of these additional taxes would result in an overall negative impact to Stamford Hospital of nearly $122 million from 2011 through 2017. If adopted, this budget will force Stamford Hospital to eliminate a number of programs and services including some community benefit programs that are aimed specifically at prevention and the improvement of community health. Such efforts include outreach and support services for patients with cancer, diabetes, asthma, or other chronic conditions, mobile vans and clinics delivering primary and preventive care, as well as health education programs.”

Eastern Connecticut Health Network, which includes Manchester Memorial and Rockville General Hospitals, testified that the more than $8 million in taxes paid by the not-for-profit hospitals was “money we would have invested in programs, providers, services, and technology to address community health needs and restructure our care delivery systems to meet the demands from healthcare reform.”

CHA thanks the Connecticut hospitals that provided testimony, which include The Charlotte Hungerford Hospital, Day Kimball Healthcare, Eastern Connecticut Health Network, Griffin Hospital, Hartford Hospital, Johnson Memorial Hospital, Lawrence + Memorial Hospital, Middlesex Hospital, St. Francis Hospital and Medical Center, Stamford Hospital, and the Yale New Haven Health System.
Connecticut Hospitals Testify Against Proposed Cuts to Mental Health

On March 6, CHA and hospitals from across the state provided testimony before the Appropriations Committee on the Governor’s 2016-2017 biennial budget proposal related to the Department of Mental Health and Addiction Services (DMHAS).

CHA testified in opposition to the proposed state budget as it relates to Medicaid coverage and cuts to programs and services funded in the DMHAS budget. Specifically, the proposed budget will reduce Medicaid coverage for some adults and cut close to $25 million in grants to fund mental health treatment. These reductions will tax the state’s mental health system severely, and intensify the burden placed on hospital Emergency Departments (ED) and outpatient clinics as key providers of mental health safety net services.

“We have the medical knowledge, expertise, and determination to care for these patients,” said Karen Eisenhauer, Director of Behavioral Health at Bristol Hospital. “But with the proposed elimination of state funds for mental health and substance abuse treatment, these patients may not be able to receive treatment. This is a heartbreaking thought to us as caregivers. I have seen firsthand the difference we have made in the lives of people struggling with behavioral health challenges.”

Testimony from Eastern Connecticut Health Network stated, “These reductions will tax the state’s mental health system, intensifying the already extreme burden placed on our ED and outpatient clinics as we deliver mental health services.”

“I urge you to reach out to the people who provide these services and consider creative ways to provide high quality continuing care within the community,” said Terri DiPietro MBA, OTR/L, of Middlesex Hospital. “When patients feel their only option for care is through the ED, while they still receive high quality care, that care can only address the immediate acute needs and not the enduring disease. The cost of ED and inpatient services is far greater than it would be to invest in community treatments that allow patients to develop a recovery plan.”

CHA has determined that a $3 million appropriation to DMHAS will be sufficient to support Community Care Teams (CCTs) across the state to coordinate mental health and social service needs. “Hospitals are teaming up with other healthcare providers, and providers of wraparound social services, to engage in community care,” testified Carl Schiessl, Director, Regulatory Advocacy, CHA. “With an appropriation of $3 million, we can establish 24 care teams across Connecticut, and start implementing a program with proven success at caring for people who need it most in our communities.”

“Community Care Teams have demonstrated success in improving quality of care, reducing ED visits, and decreasing costs to the state,” testified Tait Michael, MD, of Western Connecticut Health Network, which represents Danbury, Norwalk, and New Milford Hospitals. “The proposed budget cuts will derail this burgeoning movement, decrease access to appropriate care, and ultimately result in more frequent ED visits, along with increased costs to the state and to hospitals.”

Peggy Hardy of St. Vincent’s Medical Center advocated for funding DMHAS in the state budget and supporting CHA’s proposal for community care teams to proactively help those in need.

“We are asking you to oppose cuts to the mental health system and, instead, invest in turning this innovative, community-based solution into a statewide best practice that will benefit patients, relieve pressure on providers, and achieve savings for our state,” Johnson Memorial Hospital testified.

CHA thanks the hospitals that provided testimony, which included Bristol Hospital, Connecticut Children’s Medical Center, Day Kimball Healthcare, Eastern Connecticut Health Network, Hartford HealthCare, Johnson Memorial Hospital, Middlesex Hospital, Saint Francis Hospital and Medical Center, St. Vincent’s Medical Center, Western Connecticut Health Network, and Yale-New Haven Hospital.

It is expected that the Appropriations Committee will take action on the budget on or before the reporting deadline of Thursday, April 30, 2015.

CHA Annual Meeting Awards - Accepting Entries

Nominations are open for the CHA Annual Meeting awards. The presentation of the awards is an important part of the CHA Annual Meeting and a valuable opportunity to showcase Connecticut hospital and staff achievements. Award applications/nominations are linked below.

The 2015 John D. Thompson Award for Excellence in the Delivery of Healthcare Through the Use of Data recognizes outstanding achievement in patient care quality initiatives. It is sponsored by CHA’s education and research affiliate, the Connecticut Healthcare Research and Education Foundation (CHREF). All CHA acute care and other hospital members are encouraged to apply. Note: There is a two-year period of ineligibility for previous John D. Thompson Award winners.

The 2015 Connecticut’s Hospital Community Service Award is an excellent opportunity for recognition of outstanding achievements in community service. The award is sponsored jointly by CHA and the Connecticut Department of Public Health (DPH). Note: There is a three-year period of ineligibility for previous Community Service Award winners.

CHA’s Healthcare Heroes Awards celebrate the invaluable contributions of healthcare workers, both to their field and to the community at large. CHA is seeking nominations from both direct patient care and nonclinical areas of CHA member facilities. Ten healthcare heroes, selected by a panel of judges, will be awarded a $100 cash prize.

All entries must be received by Friday, March 27, 2015. Winners will be honored at the CHA Annual Meeting on Tuesday, June 30, 2015.
If you have questions, please contact Michele Sharp at (203) 294-7213 or via e-mail at sharp@chime.org.

**Education Updates**

**HRO Creating Sustainability for High Reliability Organizations**
Monday, March 16, 2015  
9:00 a.m. - 12:00 p.m.  
Event Registration

This session is for leaders in the organizations that have trained staff in high reliability behaviors and practices and are looking for techniques to improve the likelihood that high reliability does not become a flavor of the month.

**HRO Fair and Just Accountability**
Monday, March 16, 2015  
1:00 p.m. - 4:00 p.m.  
Event Registration

Fair and Just Accountability is for anyone who manages people and the course trains staff how to use the Performance Management algorithm and why Fair and Just Accountability is important to creation of a safety culture.

**HRO Rounding to Influence**
Monday, March 23, 2015  
1:00 p.m. - 4:00 p.m.  
Event Registration

Rounding to Influence is for leaders who want to learn how to be more effective up on the units, when they are coaching staff and reinforcing behaviors.

**HRO Safety Coach Training**
Monday, March 23, 2015  
9:00 a.m. - 12:00 p.m.  
Event Registration

Wednesday, April 1, 2015  
1:30 p.m. - 4:30 p.m.  
Event Registration

Safety Coaches are peer mentors who help remind employees about the safety practices and behaviors that your organization has adopted.

**HRO Leadership Method Training for Hospitals**
Tuesday, March 24, 2015  
9:00 a.m. - 4:00 p.m.  
Event Registration

This Leadership session is for new Level 3 hospitals and any new hires in previously trained Level 3 hospitals. Leadership sessions teach the science of safety and behaviors and practices of High Reliability organizations.

**Basics of Budgeting for Healthcare Managers**
Tuesday, March 31, 2015  
9:00 a.m. - 3:00 p.m.  
View Brochure | Event Registration

Many healthcare department managers have traditionally risen from the professional ranks as successful clinicians or technicians but with little or no formal business financial training. As a result, many are thrust into a chaotic environment without the necessary tools in financial management. Skills in planning and budgeting are essential if they are to achieve the institution’s mission and contribute to “bottom line” results. In a very real sense, these represent survival skills for both managers and institutions.

This member-requested management development program provides managers with the skills and tools they need to prepare better budgets, identify problems and solutions, achieve the mission, and succeed in today’s chaotic healthcare environment. Participants will gain a working knowledge of operating and capital budgets, as part of developing performance planning skills.

**Sterile Compounding: A Blueprint for Best Practices (for Hospital Engineers)**
Tuesday, March 31, 2015  
8:00 a.m. - 11:00 a.m.  
View Brochure | Event Registration

This training—which is designed for hospital engineers—will include an explanation of current facility, environmental, and personnel metrics requirements for compounding sterile preparations in compliance with USP and the CETA Guidelines. A description of how primary and secondary engineering controls contribute to airflow velocity, direction, and ultimately ISO classification will also be provided.

Registration for this session includes access to CriticalPoint’s eLearning course Engineering Controls for Sterile Compounding. These two lessons and post tests must be completed by all participants prior to the scheduled training. *Login information will be e-mailed to all registrants.*

This live-training session will be submitted for continuing education credits.

**Sterile Compounding: A Blueprint for Best Practices (two-day training for Hospital Pharmacists)**
Tuesday, March 31, 2015  
Wednesday, April 1, 2015  
8:00 a.m. - 5:15 p.m.  
View Brochure | Event Registration

This two-day, interactive training is designed for hospital pharmacists and pharmacy technicians, and will provide best practice education...
and the skills necessary to perform USP Chapter <797> compliant sterile compounding. Specific areas that will be addressed are: the rationale for sterile compounding quality management systems (historical perspective), an overview of USP <797> as well as best practice standards.

Registration for this session includes access to CriticalPoint’s eLearning courses Fundamentals of Sterile Compounding and Engineering Controls for Sterile Compounding, comprising 12 lessons and post tests (14 hours of ACPE-approved CE). The 12 lessons and post tests must be completed by all participants prior to the scheduled training. *Login information will be e-mailed to all registrants.

This live-training session will be submitted for continuing education credits.

**2015 Corporate Compliance Conference**
Thursday, April 2, 2015
9:00 a.m. - 2:00 p.m.
[View Brochure] [Event Registration]

Join us for CHA’s Corporate Compliance Conference, which will feature the keynote presentation "The Era of Compliance Transparency – Ensuring Compliance Professionals Can Stay Ahead of the Curve" by Greg Radinsky, Vice President and Chief Corporate Compliance Officer for the North Shore-LIJ Health System (NS-LIJ) in New York.

The full-day conference will include additional presentations on high-stakes communication and key compliance issues in physician practices.

Full program details will soon be available.

**HRO Using High Reliability to Improve the Patients’ Experience**
Tuesday, April 7, 2015
9:00 a.m. - 12:00 p.m.
[Event Registration]

Tuesday, April 7, 2015
1:00 p.m. - 4:00 p.m.
[Event Registration]

Lynn Pierce of HPI, an alumna of Baptist Hospital in Pensacola FL (home of the 2003 Malcolm Baldridge Quality Award), will be our instructor.

**Overview of USP Chapter <797> Sterile Compounding (for Quality Professionals and Infection Preventionists)**
Friday, April 10, 2015
9:00 a.m. - 11:00 a.m.
[View Brochure] [Event Registration]

This half-day program will provide the history and an overview of the <797> standards. This session is intended for the accreditation, regulatory, and quality/infection prevention experts in your organization who oversee survey preparedness for your hospital, as well as anyone else who wants an introduction to the standards.

This training will be provided by Attorney Jennifer Osowiecki of Cox & Osowiecki, LLC, a Hartford law firm representing all levels of healthcare institutions and providers in regulatory, litigation, licensing, and business matters.

This session will be submitted to the National Association for Healthcare Quality for continuing education credits.