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Printer-Friendly Version

In This Issue:

CHA Testifies Before Joint Legislative Committee Hearing

CHA Provides Testimony on Hospital-Related Bills

Connecticut Healthcare Association Collaborative Meets with Lawmakers

DPH Reports 1,317 Overdose Visits to Emergency Departments This Year

Leadership Change at St. Vincent's Medical Center

CHA to Host 16th Annual Patient Safety Summit

Education Updates

[Update Archives](#)



CHA Testifies Before Joint Legislative Committee Hearing



CHA will testify Friday, March 23, on the [Report of the Commission on Fiscal Stability and Economic Growth](#) at a joint public hearing of the Appropriations, Commerce, Finance, Revenue and Bonding, and Planning and Development Committees.

The report was produced by the Commission on Fiscal Stability and Economic Growth, a 14-member panel charged by lawmakers with developing policies to achieve state government fiscal stability and to promote economic growth and competitiveness within the state.

In its testimony, CHA emphasizes that Connecticut's hospitals and health systems anchor the economic healthcare sector of the state, with the total economic impact to the state of \$26.2 billion per year. CHA's testimony also asserts that hospitals and health systems are often the largest employers in their communities, creating and supporting jobs throughout the state.

CHA supports the Commission's recommendation to "more fully fund the PILOT program with respect to state-owned property in central cities," while strongly opposing a recommendation to authorize municipalities to impose service fees in lieu of taxes (SILOTs) on not-for-profit colleges and hospitals. CHA urged the Commission to protect the hospital agreement.

CHA's testimony can be found [here](#).

CHA Provides Testimony on Hospital-Related Bills



CHA provided testimony on a number of hospital-related bills this week.

On Monday, March 19, the Judiciary Committee held a public hearing and CHA provided testimony on:

[HB 5514](#), *An Act Concerning The Recovery Of Attorney's Fees In A Civil Action Involving A Plaintiff's Non-acceptance Of A Defendant's Offer Of Compromise*, a bill supported by CHA that seeks to remove prospectively the \$350 cap on the recovery of attorneys' fees in a civil action involving a plaintiff's rejection of a defendant's offer of compromise. CHA's testimony can be found [here](#).

On Tuesday, March 20, the Human Services Committee held a public hearing and CHA provided testimony on:

[HB 5463](#), *An Act Concerning A Medicaid Public Option*, a bill that would create a Medicaid Public Option. CHA testified about several concerns regarding the creation of a Medicaid Public Option. CHA's testimony can be found [here](#).

Richard Le Pera, Cardiac Exercise Physiologist, Griffin Hospital

Also on Tuesday, the Public Health Committee held a public hearing and CHA provided testimony on:

- **[SB 164](#), *An Act Raising The Legal Age To Purchase Tobacco To Twenty-One***, a bill supported by CHA that would raise to 21 the legal age to purchase tobacco. CHA's testimony can be found [here](#).
- **[HB 5289](#), *An Act Concerning The Department Of Public Health's Recommendations Regarding Expanding The Clean Indoor Air Act***, a bill supported by CHA that would implement the recommendations of the Department of Public Health to expand both the Clean Indoor Air Act and prohibitions on smoking in the workplace. CHA's testimony can be found [here](#). In addition to CHA, the following hospital testimony in support of SB 164 and HB 5289 was posted on the Committee's website at the time of publication: Connecticut Children's Medical Center, Day Kimball Healthcare, Griffin Health, Trinity Health Of New England, Western Connecticut Health Network, and Yale New Haven Health.
- **[SB 403](#), *An Act Concerning Respiratory Care Practitioners***, a bill supported by CHA that seeks to clarify and expand the scope of practice, and related continuing education requirements, for respiratory care practitioners. CHA's testimony can be found [here](#).
- **[SB 298](#), *An Act Concerning Burial And Cremation In Cases Of Spontaneous Fetal Demise***, a bill opposed by CHA that would allow the burial or cremation of a fetus following spontaneous fetal demise. CHA's testimony can be found [here](#).
- **[SB 464](#), *An Act Establishing A Working Group To Enhance Physician Recruitment In The State***, a bill supported by CHA that would establish a working group to enhance physician recruitment in the state. CHA's testimony can be found [here](#).
- **[SB 511](#), *An Act Concerning Opioids***, a bill that would evaluate and establish various methods of combating the opioid crisis in the state. CHA supports and opposes different sections of this bill. CHA's testimony can be found [here](#).

Connecticut Healthcare Association Collaborative Meets with Lawmakers



On March 20, CHA – along with its partners in the Connecticut Healthcare Association Collaborative – traveled to Washington, DC, to meet with Connecticut’s congressional delegation and share their concerns about potential threats to the funding and structure of the Affordable Care Act (ACA), Medicare, and Medicaid, and the profound effect those threats could have on patients, providers, and communities.

During the visit, the group met with U.S. Senators Richard Blumenthal and Chris Murphy, U.S. Representative John Larson, and staff from the offices of Representatives Joe Courtney, Rosa DeLauro, Jim Himes, and Elizabeth Esty. The group outlined for the delegation their shared goal that all Connecticut residents receive

continued access to high quality, affordable healthcare and long-term services and supports, and that providers receive appropriate reimbursement.

In particular, members of the Connecticut Healthcare Association Collaborative emphasized that Connecticut residents have benefited from the ACA and the expansion of the Medicaid program, which provides a lifeline to 20 percent of the state’s residents and serves as a key financial resource for those who need help covering the cost of long-term services and supports.

The group also told lawmakers that changing Medicaid to a block grant or per capita cap financing system would negatively affect access to quality hospital care, healthcare, and long-term services and supports, threaten the security of millions of people who count on the program throughout their life span, and further threaten the financial viability of providers.

Members of the state delegation expressed appreciation to the providers for coming together to communicate their concerns about the impact these changes could have on patients and providers, and vowed to support the state’s healthcare sector in the coming months.

The Connecticut Healthcare Association Collaborative members who attended the trip included Jim Iacobellis, Senior Vice President of Government and Regulatory Affairs, CHA; Matthew Barrett, President and CEO, Connecticut Association of Healthcare Facilities (CAHCF); Mag Morelli, President, LeadingAge Connecticut; and Deborah Hoyt, President and CEO, Connecticut Association of Healthcare at Home. Not present on the trip, but a member of the Collaborative, was the Connecticut State Medical Society.

DPH Reports 1,317 Overdose Visits to Emergency Departments This Year



There were 1,317 visits for suspected drug overdoses to the state’s Emergency Departments in the first two months of 2018, according to preliminary data released this week by the state Department of Public Health (DPH).

The data were obtained through a new project launched by DPH to use its existing Syndromic Surveillance System, known as EpiCenter, to gather near real-time ED data on suspected drug overdoses. The purpose of the project is to use the data to respond more quickly to changes in patterns of both fatal and nonfatal opioid overdoses.

“The use of syndromic surveillance to gather real-time overdose data will be an important tool for our state, local, and community partners in our efforts to curb and reverse the opioid epidemic plaguing our state and nation,” said DPH Commissioner Raul Pino, MD. “The real-time nature of the data will allow us to respond more quickly to changes in patterns of nonfatal and fatal opioid overdoses and to design, target, implement, and monitor more effective interventions to break the cycle of overdose and death and curtail opioid addiction in Connecticut.”

According to DPH’s preliminary data, the EDs at Connecticut’s acute care hospitals saw an average of 156 suspected drug overdose visits per week in January and February of 2018. The system also provides information on the number of adolescent and adult ED visits for suspected drug overdose by county of residence. New Haven County saw a total of 405 suspected drug overdose visits, followed by Hartford County (398), Fairfield County (186), Middlesex County (80), Litchfield County (68), Tolland County (64), Windham County (62), and New London County (54). Currently, only county-level data are available, but DPH expects to have town-level data available for local health departments soon.

DPH received funding last year from the Centers for Disease Control and Prevention’s Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality grant to use syndromic surveillance data to monitor suspected overdoses. This year, DPH added syndromes related to “drug and alcohol, including drug/opioid/heroin overdoses” to the list of reportable emergency illnesses and health conditions, allowing DPH to use data sent to the agency’s EpiCenter Syndromic Surveillance System to better monitor overdoses.

In the coming months, DPH will train local health directors to access the system for their local jurisdictions and will also implement automated alert monitoring so that suspected clusters of overdoses can be identified and investigated in near real-time. DPH will also release monthly ED overdose visit data publicly, and is in the process of developing a web page on the agency website that will contain the data.

Connecticut hospitals have been working for years to respond to the opioid epidemic, and have adopted voluntary ED prescribing guidelines. These guidelines are intended to help ED staff address inappropriate opioid use while ensuring patients have the pain medication or alternate non-opioid therapies they need. Additionally, CHA has sponsored a number continuing education programs for prescribers, while representatives of Connecticut hospitals serve on an array of task forces and work groups that are addressing this issue.

Leadership Change at St. Vincent’s Medical Center

After serving since July 1, 2017 as Health System President and CEO of St. Vincent's Health Services, part of Ascension, Vicki Briggs has decided to return to East Texas to serve as Chief Executive Officer of UT Health Tyler in Tyler, Texas. Prior to assuming leadership of St. Vincent's, Ms. Briggs had served as Chief Operating Officer since 2016. She has helped lead the transformation of St. Vincent's as it navigates the rapidly changing healthcare environment.



Dawn Rudolph will step in to lead St. Vincent's beginning March 23, 2018. Ms. Rudolph has served as Chief Experience Officer for Saint Thomas Health in Nashville, Tennessee, also part of Ascension, since 2013. She previously served as President and CEO of Saint Thomas West Hospital, after joining Saint Thomas in 2010. Before moving to Nashville, she served as Chief Executive Officer of St. Joseph Hospital in Fort Wayne, Indiana.

As Chief Experience Officer, Ms. Rudolph has focused on operationalizing patient, physician, and family experience strategies across all Ascension Tennessee facilities. This includes monitoring patient satisfaction scores, providing tools to address improvement opportunities, and creating policies and procedures to ensure a consistent, yet distinctive experience for all who enter a Saint Thomas Health facility.

"Dawn is looking forward to getting to know the associates, leaders, and physicians at St. Vincent's and supporting their work to provide compassionate, personalized care to members of the Bridgeport community, especially people living in poverty and those most vulnerable," said Karen Springer, President, Healthcare Operations, Ascension Healthcare, a division of Ascension.

Ms. Rudolph received a Bachelor of Science degree in Education from Indiana University and a Master's in Business Administration from Indiana Wesleyan University. Active in various community organizations, she served as the 2012 Chair for the Nashville chapter of the American Heart Association's Go Red for Women movement to fight heart disease in women, a board member of the Make-A-Wish Foundation, and a member of the Nashville Chamber CEO Champions for Academies of Nashville – Metro Nashville Public Schools. She is also a Diplomat for the American College of Healthcare Executives.

CHA to Host 16th Annual Patient Safety Summit

As part of its ongoing efforts to advance patient safety and awareness, CHA will hold its *16th Annual Patient Safety Summit* on Tuesday, April 10, from 9:00 a.m. to 4:00 p.m. The event, which is co-sponsored with Qualidigm and the Connecticut Association of Healthcare Executives, will focus on developing strategies and processes to change care statewide.

The morning program will include a keynote presentation by representatives from Christiana Care Health System, recipient of the John M. Eisenberg Patient Safety and Quality Award for Innovation in Patient Safety and Quality at the Local Level. The presentation will describe Christiana Care Health System's journey to developing an infrastructure for population health management, explain its process for integrating population health and quality strategies, and review the key principles in effectively managing risk-based populations. The keynote address will be given by Sharon Anderson, RN, Chief Population Health Officer and Senior Vice President for Quality and Patient Safety at Christiana Care Health System, and President of Christiana Care Carelink; and Patricia Resnik, Vice President of Quality and Care Management for Christiana Care Health System.

The morning program will also include a presentation by independent healthcare consultant Charisse Coulombe, who will discuss the current focus of the Centers for Medicare and Medicaid Services (CMS), and describe ways to influence the implementation of evidence-based practices to produce sustainable change at healthcare organizations. Ms. Coulombe will also share information on how changes within each hospital or facility have impacted large, national scale change.

In the afternoon, Tim McDonald, MD, Director at the Center for Open and Honest Communication, MedStar Institute for Quality and Safety, and Professor at Loyola University Chicago Beazley Institute for Health Law and Policy, will give a presentation on adopting a principled approach to responding to patient harm.

The closing workshop will be led by Melinda Van Niel, Project Manager, Massachusetts Alliance for Communication and Resolution Following Medical Injury (MACRMI), Department of Health Care Quality, Beth Israel Deaconess Medical Center. Ms. Van Niel will review successful implementations of disclosure, apology, and early resolution programs in Massachusetts.

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

Education Updates

Staff to Management: Starting the Transition

Monday, March 26, 2018

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

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

Making the transition from being a staff person to a supervisor/manager 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 an organization for high productivity and quality, combined with financial prudence and regulatory compliance, are only part of the equation.

Participants will discover that those tasks must be balanced with an excellent grasp of human relations skills in working closely and collaboratively with others while managing change.

Conflict Management: Engaging the Difficult Employee

Tuesday, March 27, 2018

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

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

Conflict is inevitable in life—in one's personal life 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.

This program will help participants recognize and manage conflict, understand when is conflict healthy or destructive, and learn how to reduce or defuse unnecessary conflict.

Lean Principles: Process Flow and Value Stream Mapping in Healthcare

Session 1: Monday, April 9, 2018

Session 2: Monday, April 16, 2018

9:00 a.m. - 2:00 p.m.

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

As the demands of health reform drive change in all areas of healthcare delivery, hospital leaders are focused on transforming their organizations through strategies that simultaneously increase revenue and sharply reduce costs. Lean principles offer leaders a management system and methodology that improves team engagement, eliminates road blocks, and allows hospitals to improve the quality of care for patients by reducing errors and waste streams, including wait times. It is a systematic approach to reducing costs and risks, while simultaneously setting the stage for growth and expansion.

Please note: This is a two-session program. Participants should attend both sessions.

Managing the Operating Budget

Tuesday, April 24, 2018

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

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

In today's healthcare environment, resources are limited. 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 in April 2017—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

Wednesday, April 25, 2018

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 the financial 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? This program provides managers and clinicians with tools they can use to answer these and other questions about current performance and opportunities they are considering.

HIIN Health Equity: Developing Effective Partnerships to Address Social Determinants of Health

Friday, April 27, 2018

9:00 AM - 3:30 PM

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

Hospitals are forging collaborative relationships with key community partners to improve care and achieve health equity. Partnerships between hospitals and community-based organizations are central to addressing the social determinants of health linked with effective healthcare and improved patient outcomes. In this workshop, Collaborative Consulting, a specialist consultancy with expertise in partnership development between healthcare and communities, will provide information on models and strategies for effective hospital/community based-organization partnerships.

This program is being offered under the Hospital Improvement Innovation Network (HIIN), a CMS national initiative aimed at advancing patient and family engagement and reducing events of preventable patient harm.

