Hospitals Discuss Community Care Teams at MORE Commission Meeting

On March 31, CHA and hospitals across the state attended a Municipal Opportunities and Regional Efficiencies (MORE) Commission meeting to urge legislators to fund Community Care Teams (CCTs), which coordinate mental health and social service needs to achieve improved health outcomes for high-volume ED visitors, relief to behavioral healthcare providers, and potentially substantial and sustainable Medicaid savings to the state.

Carl Schiessl, Director of Regulatory Advocacy, CHA, described how hospital teams across Connecticut are teaming up with other community-based healthcare providers and providers of wraparound social services to establish CCTs or to engage in other related community care coordination initiatives. These teams, which meet regularly, work collaboratively to enhance patient screening, ensure timely release of information, establish patient-centered intensive case management (ICM) plans, and engage patients in housing and social wraparound support services.

An investment by the state in CCTs will result in a reduction in Medicaid costs that will be much greater than the cost of investing in a CCT.

Stephen Merz, Vice President and Executive Director, Behavioral Health, Yale-New Haven Hospital, highlighted how, in the places where CCTs have been piloted in Connecticut, patients have experienced improved health outcomes including sobriety, mental health stabilization, reduced homelessness, and re-entry to the workforce, highlighted by fewer ED visits. Hospitals have experienced a reduction in ED overcrowding, decreases in costs of care, and reduced losses for undercompensated and uncompensated care. Most notably, there has been a positive impact on the state’s bottom line, since typically more than half of these patients are Medicaid beneficiaries.

Terri DiPietro, Director of Outpatient Behavioral Health, Middlesex Hospital, described how the hospital experienced a dramatic reduction in the number of ED visits among the patients participating in their CCT program in the first year, and stated that through linkage to appropriate services in the outpatient setting and achieved stabilization, Medicated costs for these patients are significantly reduced. Tait Michael, MD, Behavioral Health Services, Western Connecticut Health Network, discussed how the CCT program being piloted at Norwalk Hospital reported a reduction of roughly 784 ED visits by Medicaid clients in one year. Karen Eisenhauer, Director of Behavioral Health, Bristol Hospital, described efforts under way at her hospital to establish a CCT, and how a modest investment by the state would result in improvements to the mental health system both in her region and across Connecticut.

CHA has determined that an appropriation of $1.8 million in FY 2016 and $3 million in FY 2017 to DMHAS will be sufficient to support grants to hospitals across the state for CCTs and related care coordination services, specifically for administrators to manage the CCTs and navigators/intensive case managers to coordinate the mental health and social service needs of each patient.

Hospitals Participate in Patient Safety Roundtable With Senators Blumenthal and Murphy

On March 30, Jennifer Jackson, CEO, CHA, participated on a patient safety roundtable with Senators Richard Blumenthal and Chris Murphy. The panel was initiated by the senators after reading a Department of Public Health report that showed a rise in the number of adverse events and healthcare-acquired infections. Despite that, Senator Murphy pointed out that Connecticut has great healthcare outcomes.

Ms. Jackson emphasized that patients and families should be confident about receiving high quality healthcare in Connecticut. She described Connecticut hospitals’ commitment to high reliability, saying “patient safety is the focus and foundation on which all care is provided. Connecticut hospitals are leading the nation in creating fundamental culture change that results in improved patient safety, and we continue to work hard toward our goal of zero harm.”

Scott Ellner, DO, Connecticut Surgical Quality Collaborative, St. Francis Hospital and Medical Center, also discussed the culture change required to achieve increased patient safety. “We are participating in a new paradigm where everyone is comfortable speaking up,” he said.

Dr. Ellner also discussed the effectiveness of a surgical safety checklist, saying “CHA supports the effort to share hospital data and information so we can all benefit from evidence-based best practices.” Senator Blumenthal remarked on how simple tools like safety checklists can make a big difference.

In addition to changing culture, other solutions discussed included a renewed emphasis on continuity of care, transparency, having reliable data, and increasing public awareness around patient safety.

Join us for Healthcare Day at the Capitol April 8, 2015

CHA has planned Healthcare Day at the Capitol for Wednesday, April 8, 2015, from 1:00 p.m. to 4:00 p.m.

This will be an important day for discussions with legislators about issues that are critical to hospitals including cuts and taxes in the proposed budget, as well as regulatory burdens that would negatively affect hospitals.
This year, hospitals are participating in Healthcare Day along with our healthcare provider continuum partners. Leaders from CHA, the Connecticut Association for Healthcare at Home, LeadingAge Connecticut, the Connecticut Association for Health Care Facilities, and the Connecticut State Medical Society have been meeting jointly with legislative leaders, reinforcing the message that harm to one part of the healthcare system has consequences for the rest of the system.

In addition to encouraging providers to participate in Healthcare Day at the Capitol, we continue to ask people to join our electronic letter writing campaign by clicking here.

Public Health Committee Releases Bills and Meets JF Deadline

The Public Health Committee held its last meeting on March 30, two days before reaching its JF Deadline, April 1, 2015. The Committee, as it has in recent years, finished work prior to its deadline. The Committee took the following actions on issues of interest to hospitals:

The Committee voted to release with a Joint Favorable (JF) Report:

- **SB 800**, An Act Concerning A Pilot Program Allowing Emergency Medical Services Personnel To Provide Community-Based Health Care Services, a bill that would establish a pilot program in select municipalities allowing emergency medical services personnel to provide community-based paramedicine. CHA is monitoring this bill.
- **SB 812**, An Act Concerning Electronic Health Records And Health Information Exchange, a bill that would promote a statewide implementation of electronic health records among all healthcare providers and establish a statewide health information exchange. Read CHA’s testimony here.
- **SB 815**, An Act Concerning State Accountable Care Organizations, a bill that would further impose state regulations on accountable care collaboratives. Read CHA’s testimony here.

The Committee voted to release with a Joint Favorable Substitute (JFS) Report:

- **HB 6987**, An Act Concerning Various Revisions To The Public Health Statutes, a bill that is DPH's annual bill that makes various revisions to the Public Health statutes. Read CHA’s testimony here.
- **SB 467**, An Act Concerning The Facilitation Of Telehealth, a bill that would establish minimum standards of practice and health insurance coverage for telemedicine. Read CHA’s testimony here.

CHA on State Health Improvement Plan Advisory Council

CHA has a seat on the Advisory Council for the State Health Improvement Plan (SHIP), which met for the first time on March 31, 2015. St. Francis Hospital and Medical Center, Yale New Haven Health System, and Griffin Hospital’s Valley Parish Nurse Program are also among the 35 Advisory Council participants.

The Advisory Council of the Connecticut Health Improvement Coalition provides guidance, oversight, and management of the State Health Improvement Plan, including coordinating implementation timelines, reporting, and communication strategies in conjunction with Department of Public Health Leadership.

During the meeting on March 31, the group discussed various organizations and coalitions that may be appropriate to spearhead the seven SHIP areas: Maternal, Infant and Child Health, Environmental Risk factors and Health, Chronic Disease Prevention and Control, Infectious Disease Prevention and Control, Injury and Violence Prevention, Mental Health, Alcohol, and Substance Abuse, and Health System Policy. The recommendations will be pursued by the Executive Committee.

The State Health Improvement Plan was developed by the Department of Public Health with participation from a broad coalition of partners. It provides a framework for health promotion and disease prevention in the current decade, with overarching themes of improving health equity and addressing the social determinants of health.

Education Updates

**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 has been approved by the National Association for Healthcare Quality for 2.0 continuing education hours.

CHA Nurse Preceptorship Program
Tuesday, April 14, 2015
8:30 a.m. - 3:45 p.m.
View Brochure | Event Registration

Supporting and strengthening the work of nurse preceptors is critical to the development of new nurses and retention of the highly skilled staff registered nurses who teach them at the bedside.

Curriculum for the Nurse Preceptorship Program, was developed by a team of educators from hospitals and schools of nursing and is designed to provide core content that is foundational for the role of nurse preceptor. This one-day program includes presentations and interactive sessions that cover topics such as roles and responsibilities, characteristics of a professional role model, basics of teaching and learning, tools and strategies for effective communication, principles of constructive feedback delivery, evaluating competence, and delegating effectively. The Nurse Preceptorship Program will serve to start new nurse preceptors off with critical information and also may be of interest to nurse preceptors that have not had this content, or would like to be refreshed on these concepts.

Continuing education credits will be awarded. See the brochure for details.

Cross Cultural and Diversity Inclusiveness Training
Session 1: Monday, April 20, 2015
Session 2: Monday, April 27, 2015
8:30 a.m. - 2:00 p.m.
View Brochure | Event Registration

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 & 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 150 members completing the training, program evaluations have been consistently positive about the value of this training.

Diversity Collaborative team members are encouraged to attend as a way to help achieve team goals in their organization.

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

HRO Leadership Method Training for Hospitals
Monday, April 27, 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.

HRO Fair and Just Accountability
Tuesday, April 28, 2015
9:00 a.m. - 12:00 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 Safety Coach Training
Tuesday, April 28, 2015
1:00 p.m. - 4:00 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 Ambulatory Practices
Wednesday, April 29, 2015
9:00 a.m. - 4:00 p.m.
Event Registration

Leadership sessions teach the science of safety and behaviors and practices of High Reliability organizations. The ambulatory sessions for Leadership training are focused on staff who work in ambulatory areas.