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Patient Safety Summit Offers Strategies to Change Care Statewide

The transformation of Christiana Care Health System in Delaware into an organization that places a rigorous focus on quality and patient safety while employing population health strategies began with a profound cultural change, according to Sharon Anderson, who gave the keynote address at CHA's 16th Annual *Patient Safety Summit* on April 10.

Ms. Anderson, RN, is Christiana's Chief Population Health Officer and Senior Vice President for Quality and Patient Safety, as well as President of Christiana Carelink CareNow, a technology-driven care coordination program that serves nearly 75,000 Medicare beneficiaries. She and her colleague, Patricia Resnik, Vice President of Quality and Care Management for Christiana Care Health System, gave a comprehensive keynote presentation at the summit.

"We are transforming from a healthcare delivery system to a system that delivers health," said Ms. Anderson, who explained both the steps Christiana Care has taken to improve quality and patient safety and the methods it has used to integrate population health into its delivery system. The cultural change that had to occur before those efforts could be successful was multi-pronged and involved both practical steps, such as an internal portal for reporting quality and safety data down to the patient level, to a change in the way the health system acknowledges and communicates patient harm.

"We count the number of patients we harm. That was a really hard cultural change to get through," said Ms. Anderson.

The reporting system, which can be accessed "by everyone from the guys who sweep the floors to the CEO," was a critical step in the transformation, she said, and has allowed the system to grade its service lines on how well they meet their measures. Everyone who provides care in the system's nine service lines – which include surgical services, acute medicine, cancer, and others – has a role in the reporting system.

"You have to engage everybody, not just the doctors and nurses," Ms. Anderson said.



This transformation led to a focus on addressing population health, which began with a three-year federal grant to use primary care teams to manage roughly 6,000 patients wherever they were in the continuum of care, said Ms. Resnik. That program now serves 104,000 people.

Carelink CareNow is an "interdisciplinary hub" that manages a cross continuum care delivery system using field-based teams. Those teams include staff at hospitals and emergency departments and post-acute care providers, as well as practice-based health coaches that address clinical, social, and behavioral determinants of health, said Ms. Resnik. The work they accomplished through Carelink CareNow helped earn Christiana

Care the John M. Eisenberg Patient Safety and Quality Award for Innovation in Patient Safety and Quality at the Local Level.

The *Patient Safety Summit* also included a morning presentation by Charisse Coulombe, an independent healthcare consultant, who described ways to influence the implementation of evidence-based practices to produce sustainable change at healthcare organizations, and shared information on how improvements 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, led attendees through an interactive presentation on adopting a principled approach to responding to patient harm. Dr. McDonald emphasized that hospitals and other healthcare providers have to develop new strategies for communicating both internally and with the public when patient harm occurs.

"A wall of silence goes up and it's not just between patients and doctors, it's between us," he said. "But every hour that goes by without effective communication following unexpected harm is another harm."



The closing workshop was led by Melinda Van Niel, Program Manager, Massachusetts Alliance for Communication and Resolution Following Medical Injury, Department of Health Care Quality, Beth Israel Deaconess Medical Center. Ms. Van Niel reviewed successful implementations of disclosure, apology, and early resolution programs.

The *Patient Safety Summit* was sponsored by CHA in partnership with Qualidigm and the Connecticut Association of Healthcare Executives.



Connecticut Adopts New Opioid Prescribing Guidelines for Emergency Departments



CHA, the Connecticut State Medical Society (CSMS), and the Connecticut Chapter of the American College of Emergency Physicians (CCEP) have endorsed an updated set of voluntary opioid prescribing [guidelines](#) to help Emergency Department (ED) medical staff treat patients with chronic pain conditions.

The State Department of Public Health (DPH) was consulted on the drafting of the new guidelines and applauds these efforts.

“DPH appreciates the efforts of our partners at CHA, CSMS, and CCEP to promote best practices for opioid prescribing in Emergency Departments. Stemming the tide of the opioid epidemic here in Connecticut requires collaboration and a concerted commitment at every level. These updated guidelines demonstrate the willingness of hospitals and other providers to collaborate with state agencies to address the opioid epidemic,” said DPH Commissioner Raul Pino, MD.

“Although opioids may be necessary for the treatment of pain – a major symptom of many patients who come to the ED – the improper use of these drugs poses a serious threat to patients and society,” said Jennifer Jackson, CEO, CHA. “Connecticut hospitals recognize that providers have a responsibility to diagnose and treat pain, and they also have a responsibility to minimize the potential for the abuse of opioids. We want to thank hospital leaders, DPH, CSMS, and CCEP for collaborating to ensure that the new opioid prescribing guidelines reflect today’s healthcare landscape.”

The opioid prescribing guidelines were originally issued in 2015 as a tool to help reduce the inappropriate use of opioids while preserving the vital role of hospital EDs in treating patients with emergent medical conditions. They were created through CHA, with the guidance of hospital ED Directors from across Connecticut who recognized the emerging problem of opioid addiction, which is now a statewide and national epidemic. The new guidelines have been updated to reflect changes in state law since 2015.

Specifically, the updated guidelines:

- Lower the recommended dose of prescribed opioids from 30 pills to a three-day supply. This is more restrictive than state law, which limits opioid prescriptions to a seven-day supply for adults and a five-day supply for minors.
- Respond to current clinical recommendations for pain treatment by recommending that alternative, non-opioid therapies be administered or prescribed whenever possible for ED patients.
- Are in accordance with new state laws that:
 - Recommend that ED personnel request and review their patients’ voluntary non-opioid directive form.
 - Specify that opioids be prescribed electronically as a way to increase security.
 - Underscore the new requirements for providers to offer patients information on the risk and signs of addiction.
- Remind providers that state law requires them to review a patient’s records in the Connecticut Prescription Drug Monitoring Program before prescribing more than a 72-hour supply of a controlled substance.

According to a report released last month by the Centers for Disease Control and Prevention (CDC), the number of opioid-related overdoses nationally rose by almost 28 percent between 2015 and 2016. In Connecticut, the Office of the Chief Medical Examiner reported that deaths from accidental drug overdoses exceeded 1,000 last year, for the first time since 2012, the year the state began collecting the data.

Cross Continuum Patient Reference System Partner PatientPing Expands Care Coordination Platform



PATIENTPING

PatientPing, part of a health data sharing collaborative with CHA known as the CHA Cross Continuum Patient Reference System (CCPRS), this week announced the nationwide expansion of PatientPing’s “Stories.”

Stories, real-time patient clinical and administrative context at the point of care, helps ED providers and case managers improve care within the emergency and inpatient settings. Stories contain a patient’s in- and out-of-network visit and utilization history, diagnosis data, prescription histories, care team contact information, care guidelines, and program affiliation.

“Data-sharing is more important than ever to improve patient care and outcomes, and we look forward to working with our long-time partner PatientPing to implement Stories in Connecticut,” said Anthony Dias, Vice President, Data Services, Connecticut Hospital Association. “ChimeData, part of the Connecticut Hospital Association, is pleased to work with PatientPing to leverage real-time data flow from hospitals to improve healthcare delivery. We’re pleased that PatientPing’s capabilities are complementing the hard work of Connecticut hospitals and other providers to support high quality, coordinated care for complex patients.”

CHA’s CCPRS, launched in 2016, is a platform that securely protects patient privacy while giving providers access to real-time information, including a patient’s in- and out-of-network visit and utilization history, care team contact information, care guidelines, and program affiliation. As a patient passes through the healthcare system, this information is shared in real time with other members of the care team across the continuum, breaking down institutional barriers that have historically created silos between providers.

Stories are pushed directly into hospital EHR workflows in real time, and are also available via web application, text, email and more. Intelligent flags indicate high-utilizing and high-risk patients, those at risk for readmission, as well as those with recent post-acute utilization.

"We are so proud to be expanding our Stories product offering to providers across the country," said Jay Desai, co-founder & CEO, PatientPing. "We're bringing together disparate information – from hospitals to skilled nursing facilities and home health agencies to community providers – to help case managers and ED providers get the full patient's Story right upon presentation. In doing so, we're putting providers in a better position to identify clinically complex patients as well as those displaying signs of potential dependency and to treat them more effectively and improve outcomes."

An event to launch Stories with hospitals participating in the CCPRS will take place at CHA in the coming months.

Most Americans "Relieved" to Talk About End-of-Life Care



A new national survey by The Conversation Project revealed that the comfort zone is growing larger for Americans having end-of-life care conversations. More than half (53%) of Americans polled said they would feel relieved if a loved one started "the Conversation."

This is important because studies also show that the depression experienced by caretakers and family members after a loved one has passed is diminished if they've had the conversation in advance of the death. Knowing how people want to live at the end of their lives, the treatment they want, and the treatment they don't want, reduces the guilt and worry that ensues when family members fear they are not following the wishes of their loved ones.

One of the significant roadblocks to starting a conversation about wishes for end-of-life care has been the belief that it would make loved ones anxious. "The survey now shows that talking with the people we love about their wishes for end of life care brings relief, not anxiety," says Ellen Goodman, founder of The Conversation Project. "This is another important impetus to change."

"We applaud the work of the Conversation Project to encourage people to talk about their end-of-life wishes. It's great news that people are becoming more aware of the importance of having conversations about end-of-life care," said Elizabeth Beaudin, RN, PhD, Senior Director, Population Health, CHA. "Here in Connecticut, hospitals and healthcare partners, with support from The Conversation Project, have been working together on Care Decisions Connecticut, a social movement that aims to empower people to take an active role in healthcare decision making, beginning with conversations about the kind of end-of-life care they wish to receive in the case of serious or life-limiting illness. To hear that these types of conversations are becoming more accepted and welcome across the country is very promising."

This news comes as [National Healthcare Decisions Day](#) (NHDD) – April 16 – nears. NHDD is the day when thousands of Americans are encouraged to talk to their loved ones or friends about what matters most to them when it comes to end-of-life care.

Congresswoman Elizabeth Esty Will Not Seek Reelection



U.S. Representative Elizabeth Esty (D-5) has announced that she will not seek reelection in November. The announcement was made on April 2, days after media outlets reported stories about serious personnel matters in Rep. Esty's Washington D.C. office involving her former Chief of Staff and another member of her staff.

First elected in 2012, Rep. Esty was reelected in 2016 with 58 percent of the vote. Prior to her election to Congress, Rep. Esty served one term in the Connecticut House of Representatives, from 2009-2011. She was on the Cheshire Town Council from 2005-2008.

Once considered a safe district for Democrats, the district is now reportedly being targeted by the National Republican Congressional Committee. Republicans have not captured the 5th Congressional District seat since 2006, when it was held by former Congresswoman Nancy Johnson.

Rep. Esty serves on the Committee on Transportation and Infrastructure, the Committee on Science, Space, and Technology, and the Committee on Veterans' Affairs. She also serves as one of 12 Vice-Chairs of the House Gun Violence Prevention Task Force and is a member of the House Manufacturing Caucus.

The 5th Congressional District encompasses 41 towns and cities in the western third of the state, including: Avon, Bethel, Bethlehem, Bridgewater, Brookfield, Burlington, Canaan, Canton, Cheshire, Cornwall, Danbury, Farmington, Goshen, Harwinton, Kent, Litchfield, Meriden, Middlebury, Morris, New Britain, New Fairfield, New Milford, Newtown, Norfolk, North Canaan, Plainville, Plymouth, Roxbury, Salisbury, Sharon, Sherman, Simsbury, Southbury, Thomaston, Torrington, Warren, Washington, Waterbury, Watertown, Wolcott, and Woodbury.

Milford State Representative to Seek Senate Seat

State Representative Pam Staneski (R-Milford) announced on April 3 that she will not run for reelection. Instead, she will seek the Senate seat being vacated by Senator Gayle Slossberg (D-Milford).

The 14th State Senate District seat includes the towns of Orange, Milford, and parts of the towns of West Haven and Woodbridge.

First elected in 2014, Rep. Staneski serves on the Appropriations and Public Health Committees and is the ranking member of the Higher Education and Employment Advancement Committee.

The 119th House District, currently held by Rep. Staneski, comprises the towns of Milford and Orange.



Education Updates

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

Friday, April 27, 2018

9:00 a.m. - 3:30 p.m.

[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 organizations and communities, will provide information on models and strategies for effective hospital/community based-organization partnerships.

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

An Expert's Guide to Reducing Hospital Readmissions

Tuesday, May 1, 2018

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

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

Hospitals across the country, including those in Connecticut, are still struggling to decrease hospital readmissions. Amy Boutwell, MD, MPP, President, Collaborative Healthcare Strategies, a national thought leader, will present data-informed and root cause analysis-driven strategies to reduce readmissions using the tools from the AHRQ ASPIRE Guide, and discuss local, state, and national efforts to reduce readmissions.

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

Transitioning From Staff to Management: What's Next?

Thursday, May 3, 2018

8:30 a.m. - 3:30 p.m.

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

Whether recently assigned to the role of manager or a seasoned veteran, it is important to determine how well your problem solving, critical thinking, and decision making skills are keeping pace with the ever-changing healthcare environment. This is the second course in a two-part program and provides additional development for all managers—those who are new to the role and those who want to continually improve their skills.

Issue-Based Forum on Human Trafficking in the United States and Connecticut

Friday, May 4, 2018

9:00 a.m. - 12:00 p.m.

[Event Registration](#)

CHA members are invited to attend an *Issue-Based Forum on Human Trafficking in the United States and Connecticut*. The forum will feature a report on the work of the Connecticut Trafficking in Persons Council and an update on new and recent laws to combat human trafficking in Connecticut. Representatives from the Connecticut Department of Children and Families and Love 146 will conduct a training and education session geared toward hospital-based caregivers. An agent representing the Federal Bureau of Investigation will address the role that hospitals can play to assist them in their work. The program will also feature a panel discussion on the work being done in Connecticut hospitals to treat the victims of human trafficking.

Leading in Turbulent Times

Friday, May 4, 2018

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

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

The scope and pace of change in healthcare is unrelenting. Turbulent times is synonymous with VUCA, an acronym that describes an environment that is Volatile, Uncertain, Complex, and Ambiguous—a military term that was created during the Cold War and reused during the Middle East conflicts. Healthcare fits the description perfectly—and as the landscape continues to evolve, learning the strategies and principles of VUCA Leadership will enhance focus and agility. This workshop will blend didactic and experiential material, giving leaders practical tools to engage their employees in shaping organizational culture and achieving outcomes that drive operational excellence.

A Closer Look at Asthma: Innovation and Strategies for the Future

Thursday, May 10, 2018

9:00 AM - 3:00 PM

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

Elizabeth Cotton Matsui, MD, Professor of Pediatrics at Johns Hopkins University School of Medicine, will be the keynote speaker for the upcoming asthma conference. Dr. Matsui is a leading international expert on environmental allergies and asthma. This day-long conference, being offered through the collaboration of CHA's Connecticut Asthma Initiative and the Connecticut State Department of Public Health's Asthma Program, will feature sessions focused on innovation and strategies for community partnerships to improve asthma care and outcomes.

