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CHA Hosts Forum on Involuntary Medication Procedure



On May 19, CHA hosted an Issue-Based Forum on Connecticut's internal procedure for involuntary medication treatment for patients.

This procedure is governed by Connecticut law and is intended to accommodate a patient's due process rights in cases where the administration of a medication may be required under two distinct circumstances. The first circumstance is when a patient is capable of providing informed consent and has refused medically appropriate medication despite posing a direct threat of harm to self or others. The second circumstance is when the patient is incapable of providing informed consent and is rapidly deteriorating and deemed to be in need of medication for the treatment of his or her psychiatric disabilities.

Representatives from 19 hospitals attended the program, which was sponsored by CHA, the State of Connecticut Office of Protection and Advocacy for Persons with Disabilities (OPA), and the Connecticut Legal Rights Project (CLRP).

(l-r) Patricia A. Rehmer, Senior Vice President, Behavioral Health, Hartford HealthCare; Charles Dike, MD, MPH, Asst. Medical Director, Department of Mental Health and Addiction Services (DMHAS); Gina Teixeira, Staff Attorney, Connecticut Legal Rights Project (CLRP); Cheri Bragg, Human Services Advocate, Office of Protection and Advocacy for Persons with Disabilities (OPA)

The program included a legal primer on the involuntary medication procedure, followed by an experiential panel featuring an advocate, a person in recovery, a presiding officer, and a hospital representative. Frank Fortunati, MD, JD, Director, Inpatient Programs, Yale New Haven Psychiatric Hospital, served as the hospital representative on this panel.

The program closed with a best practices panel discussion, which included advocates from OPA, CLRP, the Department of Mental Health and Addiction Services (DMHAS), and hospital representative Patricia A. Rehmer, Senior Vice President, Behavioral Health, Hartford HealthCare.

U.S. Spending More on Mental Disorders Than Other Conditions

U.S. health expenditures for mental disorders exceeded spending for every other medical condition in 2013, according to a [study](#) published online this week by *Health Affairs* that measured both institutionalized and non-institutionalized patients.

The category of mental disorders tops the list by a substantial margin, at \$201 billion—of which more than 40 percent is spending for institutionalized populations.

Next are heart conditions and trauma, with spending at \$147 billion and \$143 billion, respectively. Cancer is fourth at \$122 billion, and pulmonary conditions round out the top five at \$95 billion.

The author of the study, Charles Roehrig, founding director of the Altarum Institute's Center for Sustainable Health Spending, said that spending on mental disorders has historically been underestimated because institutionalized populations were excluded. He also pointed to the study's finding of a continued low rate of growth in spending on heart conditions and cerebrovascular disease.

"Most of the fastest growing conditions, in terms of spending, are associated with obesity, yet heart conditions and cerebrovascular disease – which are also associated with obesity – have exhibited very low spending growth," said Mr. Roehrig. "Age-adjusted death rates for these two conditions have been declining, and research suggests the importance of reductions in smoking, other lifestyle improvements, better control of risk factors such as hypertension and hyperlipidemia, and improvements in treatment."

CHA continues to advocate for legislative action on important public health issues such as mental health and substance abuse treatment and prevention services. Connecticut hospitals are pursuing initiatives to improve behavioral healthcare for adults and children, but remain troubled by recent funding cuts to programs that would help link services for people with mental illness.

CDC Monitoring Zika-Related Pregnancies



The Centers for Disease Control and Prevention is monitoring 279 pregnant women, including two Connecticut cases, in U.S. states and territories with laboratory evidence of possible Zika virus infection, according to a [report](#) released on May 20.

The CDC report uses data from the U.S. Zika Pregnancy Registry and Puerto Rico Zika Active Pregnancy Surveillance System to improve understanding of the Zika virus infection during pregnancy, enhance risk assessment and counseling of pregnant women and families, advance clinical care, and assist states and territories to anticipate and plan needed resources and increase prevention efforts.

The total number of cases analyzed in the report includes 157 women in the states and 122 in the territories. The surveillance systems monitor pregnant women with laboratory evidence of possible infection, whether or not they report symptoms.

As of May 12, the majority of cases reported to the U.S. registry (for states and territories other than Puerto Rico) are associated with travel, but also include cases of sexual transmission and local transmission from the territories.

In Connecticut, 304 patients, including 270 pregnant women, have been tested for Zika virus, according to the state Department of Public

Health. Seven of the patients tested positive for travel-related Zika and all have fully recovered from the virus.

Connecticut's two pregnant patients will be monitored for the duration of their pregnancies for signs of birth defects, like microcephaly, which have occurred in some babies whose mothers contracted Zika while pregnant. The countries visited by the seven Zika-positive patients where they became infected with Zika virus are Puerto Rico, Dominican Republic, Honduras, Colombia, and Ecuador.

The three most recent Zika-confirmed cases involved two non-pregnant women who traveled to Puerto Rico and became sick upon their returns with rash, conjunctivitis, and other Zika-associated symptoms, and a pregnant woman who returned from the Dominican Republic in late April and became ill on April 28 with a rash. The first confirmed case of a pregnant woman testing positive for the Zika virus is a Danbury resident who contracted the virus while visiting her fiancée in Honduras in February.

DPH Commissioner Raul Pino, MD, issued the following caution: "As we head into the summer travel months, it is very important for travelers to Zika-affected areas to take precautions to avoid mosquito bites. This is particularly critical for pregnant women or women planning to become pregnant, who should postpone travel to these areas if at all possible."

Commissioner Pino has recommended that travelers to affected areas wear long sleeves and pants to prevent mosquito bites, sleep under mosquito nets, and use EPA-approved insect repellent.

ChimeNet Wins Excellence in Healthcare IT Award



ChimeNet, a data networking Managed Service Provider, has received the Best of Wallingford "Excellence in Healthcare IT" award for 2016.

ChimeNet, which is an affiliate company of the Connecticut Hospital Association, is among a small group of companies that have won the Best Of Wallingford Award for three consecutive years, which qualifies ChimeNet for the 2016 Wallingford Business Hall of Fame. There is only one winner in each category.

The Wallingford Award Program chooses only the best local businesses for recognition, focusing on companies that have demonstrated their ability to use various marketing methods to grow their business in spite of difficult economic times. The chosen companies exemplify the best of small business, often leading through customer service and community involvement.

ChimeNet, which is located at CHA headquarters in Wallingford, offers a wide variety of data networking services, including co-location and connectivity services, managed IT and wireless solutions, and network

security.

We Honor our Heroes on Memorial Day



This Memorial Day, we pause to honor those who have served our country bravely.

We also want to take this opportunity to thank those who provide care to all, every day of the year, to every person in need. We honor all of our heroes and thank them for their service.

Due to the Memorial Day holiday, CHA Update will be on hiatus next week. CHA Update will return on

Thursday, June 9, 2016.

Education Updates

HRO Train-the-Trainer

Thursday, June 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 your 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 offered for these sessions.

HRO Rounding to Influence

Friday, June 3, 2016

9:00 a.m. - 12:15 p.m.

[Event Registration](#)

The program teaches leaders how to go out on the units to coach, mentor, and sustain high reliability habits and practices. Medicine, Nursing, and Quality continuing education credits are offered for this session.

HRO Top Ten Problem Lists and Action Plans

Friday, June 3, 2016

1:00 p.m. - 4:15 p.m.

[Event Registration](#)

When issues are identified in Safety Huddle, how do you solve them and maintain the other projects you are doing? Problem Solving with the Top 10 is a tool for prioritizing and implementing projects without losing sight of the core value of safety. Medicine, Nursing, and Quality continuing education credits are offered for these sessions.

Financial Skills for Managers

Friday, June 10, 2016

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

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

Because healthcare delivery methods and payment systems are changing rapidly, carefully managing the financial health of the organization is more important than ever. Resources are scarce and stretched to the breaking point. Doing more with less is routine. The need for sound business and financial management tools—survival skills—is paramount for all managers. These include planning and budgeting, financial analysis, and maximizing resources, all of which are essential if managers are to achieve the institution's mission and contribute to “bottom line” results. Bill Ward, a popular and dynamic lecturer on financial management in healthcare, is back by member request to present the program.

Continuing education credits are offered for this session. See the brochure for details.

HEN 2.0 – Reducing Adverse Drug Events: Strategies to Accelerate Improvement Webinar - Anticoagulation Safety

Monday, June 13, 2016

2:00 p.m. - 3:30 p.m.

[Event Registration](#)

Reducing Adverse Drug Events is a topic area for focused improvement efforts nationally. Join Frank Federico, IHI, as he reviews key strategies proven to assist hospitals in managing their high-risk medication safety programs related to opioid, insulin, and anticoagulation usage.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.

Cross Cultural and Diversity Inclusiveness Training

Session I: Friday, June 17, 2016

Session II: Friday, June 24, 2016

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 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 #123forEquity 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 are offered for this session. See the brochure for details.

HEN 2.0—Reducing Readmissions Through Medication Management

Wednesday, June 22, 2016

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

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

A cause of readmission, and medication errors, is the incomplete dissemination of information about patients' medications and the lack of medication management by patients and care providers during the transition from hospital to home. Come hear innovative solutions from experts in the field of medication management.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.



Feedback