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CHA Kicks Off Social Determinants of Health Collaborative



Pritpal Tamber, the keynote speaker at the June 5 kickoff of CHA's Statewide Collaborative to Address Social Determinants of Health, said hospitals and their partners in healthcare must change the way they deliver services to improve the health of the communities they serve.

Dr. Tamber, MBChB, Co-Founder and Chief Executive Officer of Bridging Health and Community, challenged the crowd of approximately 80 people gathered at the event to examine the way power is distributed between hospitals and the people they serve.

"What we have is a system that not always able to respond to communities," Dr. Tamber said. "I think what you're kicking off today is an exploration of how you might change to better serve your communities. We need to bring about a shift in resources from hospitals to the community."

This transformation begins with the understanding that health is more than just the absence of disease, Dr. Tamber said. When his organization surveyed people in the community, he said, they defined health in a variety of ways, such as good personal relationships, financial stability, and being able to live a full life. At the heart of many of those definitions, Dr. Tamber said, is the need for people to have a sense of control over their own lives; it is this sense of agency that is the missing link in determining whether people are healthy or sick, he said, and not just social determinants of health (SDOH), such as food, housing, and transportation.

Last year, Bridging Health and Community outlined 12 principles that healthcare providers can follow to help people make the purposeful choices that lead to better health. Together, he said, the principles create a map for an inclusive, participatory, and responsive process that redistributes power and resources, operates on four levels simultaneously (individual, community, institutional, and policy), and embraces tension and missteps as part of the process.

The work – he cautioned – is difficult, takes years to accomplish, and requires everyone who participates to examine their goals and motivations, and to accept that power and resources need to shift.

"We're either the generation that shows leadership, or we're not," Dr. Tamber said.

The kickoff event marks the beginning of CHA's three-year collaborative to address social determinants that can negatively influence health. The collaborative builds on the foundational work CHA has already accomplished through the Connecticut Social Health Initiative, a successful pilot project undertaken by four hospitals and funded by the Connecticut Health Foundation. That project, which concluded this spring, included staff education, screening patients for SDOH needs, referral to community organizations, and tracking to ensure patient needs were met.

Phase one of the collaborative will focus on determining patients' food, housing, and transportation needs. The collaborative begins this year with screening and education, and will move in the second year to the creation of a statewide technology platform and partnerships with community-based organizations. Phase three of the collaborative, in 2020, will see the statewide adoption of the program, data analysis, and advocacy to address the needs identified through screening patients.

The kickoff event also featured a presentation by Amanda Parsons, MD, MBA, Vice President of Community and Population Health at Montefiore Health System, who described how Montefiore moved from a traditional fee-for-service model to alternative payment models – including full and partial risk – to improve the health of the communities it serves.

Montefiore – a New York system that operates 11 hospitals, a freestanding ED, an ambulatory surgery center, community health centers, and the Albert Einstein College of Medicine – currently has 380,000 people receiving care that is paid for in advanced risk models, said Dr. Parsons, who is also Assistant Professor of Family and Social Medicine at Albert Einstein College of Medicine.

"Many of the things I'm talking about become possible when you move [to high-risk payment models]," said Dr. Parsons, who described the tools Montefiore used to screen patients for social determinants of health. Both of the screening tools addressed housing, food insecurity, access to care and medications, transportation, child care, and domestic violence.

The data gleaned from those tools have allowed the Montefiore system to address social determinants of health at the patient level and to determine exactly which neighborhoods in its service areas have the most incidences of food insecurity, for example. The system then works with community-based organizations to address those needs, she said.

Bristol Hospital Marks Hospitals Against Violence Day



On June 8, 2018, the American Hospital Association (AHA) held its annual Hospitals Against Violence day of awareness. To mark the day, Bristol Hospital partnered with AHA to hold a public presentation to discuss how the hospital is addressing workplace violence. Kurt Barwis, President and CEO, Bristol Hospital, opened the event by describing how violence has no place in healthcare or in any setting.

"People get into this field because they want to heal others, and when violence occurs, it changes the dynamic; it is personal, and it makes them feel unsafe," he said. "It is not what should be expected anywhere, especially by the folks who dedicate their lives to helping others."

Mr. Barwis described how healthcare workers can feel as though violence is part of the job because of the stress patients and families are under when they need care, but he said it is unacceptable and can result in healthcare workers leaving the industry.

Lieutenant Governor Nancy Wyman welcomed the group; she described her experiences in healthcare when she worked in a hospital and noted that it was not uncommon to witness violence.

"What you're doing now, I thank you because the violence going on today hits everybody – it hits students, businesses, and hospitals," she said.

Bristol Hospital's Michele Miranda, MSN, RN, NE-BC, RN-BC, Director, Inpatient Services, and Jennifer Foss, MSN, NEA-BC, RN-BC, Director, Nursing Operations, discussed steps the hospital has taken to ensure staff safety, which includes safety huddles, adding a violent patient alert to the EMR, and adding security and a panic system to the ED. They also described the importance of having a strong safety culture. Police Chief Brian Gould discussed laws to protect hospital staff from violence.

Carl Schiessl, Director of Regulatory Advocacy, and Ellen Crowe, Director of Clinical Excellence and Care Redesign, both from CHA, described the statewide Safer Hospitals initiative, which is developing strategies to enhance worker safety, minimize workplace violence, and facilitate the adoption of peer-to-peer support programs for healthcare workers and team members who experience on-the-job trauma.

Jack Barry, Regional Executive, American Hospital Association, reiterated the message that violence in hospitals is unacceptable.

The Hospitals Against Violence day of awareness was developed in 2016 to shine a light on how hospitals and health systems are working to heal victims of violence, as well as their communities, and prevent further acts of violence.

Milford Hospital to Explore Integration With Bridgeport Hospital



Citing the goal to sustain strong access to high quality care and enhanced operational efficiency, the Milford Hospital and Yale New Haven Health Boards of Trustees have voted to explore a broad integration of Milford Hospital with Bridgeport Hospital, a member of Yale New Haven Health.

"Our goal is to not only ensure the long-term viability of Milford Hospital, but to develop an approach that would sustain high quality care in our community. This provides us with an exceptional opportunity to explore joining a growing organization like Bridgeport Hospital and to become part of one of the nation's leading health systems. We firmly believe this is in the best interests of the patients, employees and the community that we serve," said Milford Hospital Board Chair Samuel Bergami Jr.

In 2014, facing significant financial headwinds, Milford Hospital developed a collaborative relationship with both Yale New Haven Hospital and Bridgeport Hospital to house their respective Inpatient Rehabilitation Units (IRU). This approach generated strong demand for those specific services and exceptionally high quality and patient satisfaction rates. However, the need for a broader relationship has become apparent as financial performance continued to be challenged by low reimbursement rates from government payers.

"We deeply respect the Board, leadership and employees of Milford Hospital and look forward to the opportunity to develop an extraordinary partnership," said Bridgeport Hospital President and CEO William M. Jennings. "We have clearly demonstrated that we can ensure access to high quality acute care for patients in Milford and surrounding communities through our IRU, and by working together, we are confident that we can deliver a bright future for Milford Hospital in the years ahead, even as the current healthcare environment challenges all providers."

Under the agreement, which will require state and federal regulatory, as well as full board approvals, Milford Hospital would be acquired by Bridgeport Hospital. Current Milford Hospital employees, including those represented by organized labor, would become employees of Bridgeport Hospital. Bridgeport Hospital has agreed to recognize all existing labor relationships.

"I am grateful to the Milford Hospital Board of Directors and management for their leadership and their commitment to the patients and community they serve. We will be proud to welcome Milford Hospital to our Health System and we look forward to a long and successful future together," added Richard D'Aquila, President of Yale New Haven Health.

Hospital-Acquired Conditions Fall 8 Percent Over Two Years

Hospital-acquired conditions declined by 8 percent between 2014 and 2016 in the U.S., preventing an estimated 8,000 deaths and \$2.9 billion in healthcare costs, according to results reported recently by the Agency for Healthcare Research and Quality.

Connecticut hospitals have always been dedicated to reducing the incidence of hospital-acquired conditions and providing the best quality care to patients. Connecticut hospitals have participated in multiple efforts to reduce infections through the CMS Partnership for Patients and through the AHA's Health Research & Educational Trust Hospital Improvement Innovation Networks. Connecticut's hospitals also participate in the CDC's Emerging Infections Program (EIP) through the CT Department of Public Health. The EIP focuses on reducing central line-associated bloodstream infections, *C. diff*, MRSA, and multiple drug-resistant organisms.

Hospital-Acquired Conditions (HACs) decreased by an estimated 350,000 events over the two-year period, including a 15 percent decline in infections and adverse drug events, the agency said, largely through the work of 16 Hospital Improvement Innovation Networks.

"Today's results show that this is a tremendous accomplishment by America's hospitals in delivering high-quality, affordable healthcare," said Centers for Medicare & Medicaid Services Administrator Seema Verma.

"CMS is committed to moving the healthcare system to one that improves quality and fosters innovation while reducing administrative burden and lowering costs. This work could not be accomplished without the concerted effort of our many hospital, patient, provider, private, and federal partners – all working together to ensure the best possible care by protecting patients from harm and making care safer."

AHA President and CEO Rick Pollack said, "America's hospitals and health systems are deeply committed to improving the safety of care for the patients and communities we proudly serve each day. Today's report showing a decline in hospital-acquired conditions is due to the continued work and dedication of our members across the country in making care safer. This includes the strong efforts of AHA's Health Research & Educational Trust HIIN, which is the nation's largest, and many others. America's hospitals and health systems will continue to work with CMS and our other partners in the health field to ensure every patient receives the highest quality care."

Hospital-acquired conditions include a number of preventable complications including, but not limited to, sepsis, respiratory failure, blood clots, pressure ulcers, and hemorrhage.

Education Updates

HRO Leadership Method Training

Monday, June 25, 2018

9:00 a.m. - 4:15 p.m.

[Event Registration](#)

Leadership Method Training is for organizations that are new to high reliability or for new management employees in organizations that are already on the high reliability journey. Both hospital and ambulatory organization leadership practices will be addressed. The leadership session is designed to teach hospital or ambulatory leaders the concepts of high-reliability science and behaviors. The sessions are structured for leaders at the manager level and above.

HRO Train-the-Trainer

Tuesday, June 26, 2018

9:00 a.m. - 4:15 p.m.

[Event Registration](#)

The model for spreading training to the rest of the staff is a train-the-trainer model. The training is scripted, and requires an enthusiastic participant who is willing to make time to train others within the organization. Other hospitals in Connecticut have trained educators, front-line managers, and senior leaders, including the CEO, as part of the training contingent. Train-the-trainer sessions are for hospitals and ambulatory practices.

HRO Safety Event Classification

Wednesday, June 27, 2018

9:00 a.m. - 3:45 p.m.

[Event Registration](#)

When events occur in the hospital or ambulatory practice, they must be evaluated to assess whether the event is a Serious Safety Event, a Precursor Safety Event, or a Near Miss Safety Event. This session will review how the classification scheme works and how to utilize and standardize event classification.

HRO Fair and Just Accountability

Thursday, June 28, 2018

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

[Event Registration](#)

This session, for Human Resources executives and anyone else who manages people, trains staff to review performance from a standardized perspective when there is an adverse event and to focus on the behavior rather than the outcome.

HRO Safety Coach Training

Thursday, June 28, 2018

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

[Event Registration](#)

Safety Coaches are peer mentors, designed to recognize and acknowledge good high-reliability behaviors and to remind people about opportunities to improve behavior that does not stay true to high-reliability concepts.

Update Summer Schedule

CHA Update will be published on a biweekly schedule throughout the summer, returning to a regular weekly schedule after Labor Day on Thursday, September 6, 2018.

