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Hospitals Participate in Safer Hospitals Initiative Program

The inaugural education program for CHA's *Safer Hospitals Initiative* provided strategies and tools for members to use as they implement worker safety efforts in hospitals across Connecticut. The initial session held July 16, which drew 50 participants from nearly 20 hospitals and health systems, focused on the goals of the Initiative: 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.

According to the Occupational Safety and Health Administration (OSHA), approximately 75 percent of the nearly 25,000 workplace assaults reported annually across the nation occur in healthcare and social service settings. Also, according to OSHA, from 2002 to 2013, incidents of serious workplace violence were 4 times more common in healthcare than in private industry.



CHA has been laying the groundwork for the *Safer Hospitals Initiative* with direction and support from the CHA Board and the Committee on Patient Care Quality. Last year, through the Initiative, multiple work groups and subgroups, focusing on worker safety, workplace violence, and worker support, developed the Initiative's framework. This past May, the CHA Board of Trustees integrated worker safety into the CHA Strategic Plan.

Not only is improving worker safety a CHA strategic goal, but the Initiative also aligns with The Joint Commission's standards that are directly and indirectly related to workplace violence. The Joint Commission recently released a [Sentinel Event Alert](#) outlining an approach for organizations to address workplace violence.



The *Safer Hospitals Initiative* is an expansion of the groundbreaking high reliability collaborative that began in 2011 to ensure patient safety; the *Safer Hospital Initiative's* focus is on keeping staff safe by incorporating high reliability behaviors, leadership, and accountability to create a culture of safety for everyone.

"We want to provide our members with the information, the data, and the tools needed to go back to their hospitals and make them even safer for everyone," said Carl Schiessl, Director, Regulatory Advocacy, CHA, one of two speakers at the training.

"The *Safer Hospitals Initiative* will provide strategies to keep people free from harm," said Ellen Crowe, RN, Director, Clinical Excellence and Care Redesign, CHA. "We have demonstrated that high reliability is good for patient safety," said Ms. Crowe. "The *Safer Hospitals Initiative* aims to make the healthcare environment a better experience for everyone."

Tuesday, July 24, 2018: Peer Supporter Training



As part of the *Safer Hospitals Initiative*, CHA is offering training for peer supporters on Tuesday, July 24, 2018. Peer supporters are those people who can provide knowledge, experience, emotional, social, or practical help to each other.

Gerald Lewis, PhD, will be the guest speaker at the full-day program. Dr. Lewis, an international consultant and trainer, has worked with national and international government agencies, healthcare facilities, educational institutions, and private businesses on a wide range of work, behavioral health, and organizational issues. His focus is on facilitating organizational recovery and resiliency with the emphasis on "people-recovery."

The Peer Supporter Training will focus on developing a support program for healthcare workers and team members who have experienced a traumatic event so they may continue to work and thrive in their healthcare careers. This is an outstanding opportunity to gain insights and skills from an internationally recognized expert on a subject that is becoming increasingly important to hospitals and health systems to ensure healthcare professionals receive the support they need when faced with difficult circumstances.

[Event Registration](#)

Gaylord Specialty Healthcare President and CEO George Kyriacou Announces Retirement



After seven years at the helm of Gaylord Specialty Healthcare, President and CEO George Kyriacou has announced his retirement, effective December 31, 2018.

"George is an outstanding leader who has made significant contributions to Gaylord's success during his tenure," reflected Robert Lyons, Gaylord Board Chairman.

"Very soon after he arrived in 2011, George was instrumental in bolstering the hospital's financial health, enabling the hospital to reinvest in its employees and in the cutting-edge technologies that set Gaylord apart. He has also led the hospital to achieve outstanding clinical outcomes based on evidence-based practices, leading the hospital to become the only facility in the state – and only one of several worldwide – to achieve four highly respected Commission on Accreditation of Rehabilitation Facilities accreditations for inpatient rehabilitation and spinal cord, stroke, and brain injury specialty programs. Also, the successful opening of two Gaylord Physical Therapy, Orthopedics, and Sports Medicine satellite offices in North Haven and Cheshire in recent years have further expanded our outpatient therapy reach and continue to grow rapidly."

"George has also taken a national leadership role by spearheading a landmark study demonstrating the important role that long-term acute care hospitals (LTACHs) like Gaylord play in helping acutely ill patients reach higher



levels of functional recovery. Armed with that data, he works diligently to present the facts to government and other entities to demonstrate the value of LTACHs in creating exceptional outcomes at the best possible cost.”

“To say that George will be leaving a positive, indelible legacy at Gaylord is an understatement,” he continued.

Mr. Lyons explained that in preparation for Mr. Kyriacou’s planned retirement, the Board engaged in an in-depth succession planning process that resulted in naming current Gaylord Chief Operating Officer Sonja LaBarbera, MSOL, MS CCC/SLP, as Gaylord Specialty Healthcare’s next CEO effective January 1, 2019. Ms. LaBarbera has more than 20 years of progressive clinical and management experience at Gaylord.

“I am fortunate to have been a first-hand witness to Gaylord’s life-changing and compassionate care and I consider this role to have been the most rewarding I’ve held in my decades-long career,” Mr. Kyriacou reflected. “I can say with confidence that there is no limit to Gaylord’s potential.”

Upon his retirement, Mr. Kyriacou will continue to work at Gaylord Hospital in a part-time, consultative capacity.

CHA Celebrates 100 Years of Service with Nod to Achievements in Healthcare



Founded in 1919, this year CHA is celebrating its centennial. As part of the year-long celebration, we’re looking back on some of the medical milestones of the past century. In the next four issues of *CHA Update*, we’ll highlight some of those achievements, many of which have roots in Connecticut.

From 1919–1925, the average life expectancy in the United States was 47 years. Today, life expectancy is 79 years. That improvement is due to the extraordinary advances in healthcare over the past century.

In 1919, there were about 4,400 hospitals with 429,000 beds across the country. One hundred years later, there are 5,534 hospitals in this country, with more than 890,000 beds. Today, Connecticut boasts 33 hospitals, including 28 acute care facilities, with more than 8,000 licensed beds.

In 1923, insulin was introduced, improving the lives of millions of Americans. Canadians Frederick Grant Banting and John James Rickard Macleod received the Nobel Prize in Medicine for their discovery.

The years 1919–1944 saw the introduction of lifesaving vaccines for diphtheria, tetanus, tuberculosis, typhus, whooping cough, and yellow fever, along with the development of antibiotics such as penicillin and streptomycin. Despite these advances, infectious diseases still caused more than 52 percent of all deaths in the United States.

When the three-year-long Spanish influenza pandemic ended in 1920, more than 15 million people worldwide had died, including 600,000 in the U.S., and 8,500 in Connecticut – far more than the number of American soldiers killed in World War I. Flu pandemics would return three more times over the next 100 years.

A polio epidemic in 1916 led to the development of the iron lung, which maintained respiration artificially until the patient could breathe independently, usually after one or two weeks. Introduced to the United States in 1928, early devices cost about \$1,500. In 2017, there were three iron lungs still in use in the United States.

Tuberculosis was another scourge of the times. In 1936, the U.S. Census Bureau estimated that of every 21 deaths in the country, one was from TB. Undercliff Sanatorium in Meriden was the first facility in the country dedicated exclusively to treating children with tuberculosis and, later, adults. By 1938, there were more than 700 TB hospitals across the country. Despite medical advances and a vaccine, TB remains a health threat today.

In 1939, Connecticut became home to a collection of more than 650 brains, 15,000 patient images, and handwritten journals documenting more than 2,000 brain surgeries by Dr. Harvey Cushing. His pioneering advances in surgical protocols and instruments, including the cauterizing Bovie tool and use of antibiotics, boosted brain surgery survival rates from less than 20 percent to greater than 90 percent.

In addition to surgical benefits, the discovery of antibiotics, like streptomycin in 1943, would also be applied to treat tuberculosis and other infectious diseases. The prevalence of these diseases led to the establishment of the organization that later became the Centers for Disease Control and Prevention.

Education Updates

Peer Supporter Training

Tuesday, July 24, 2018
9:00 a.m. - 4:30 p.m.

[Event Registration](#)

Thursday, August 30, 2018
9:00 a.m. - 4:30 p.m.

[Event Registration](#)

Gerald Lewis, PhD, will provide training for peer supporters and those who will train peer supporters in their organizations. Dr. Lewis has worked with national and international government agencies, healthcare facilities, educational institutions, and private businesses on a wide range of work, behavioral health, and organizational issues. His focus is on facilitating organizational recovery and resiliency with the emphasis on “people-recovery.”

Crisis Prevention Institute Certification Training

Tuesday, July 31, 2018
Wednesday, August 1, 2018
Thursday, August 2, 2018
9:00 a.m. - 5:00 p.m.

Participants must attend all three sessions.

[Event Registration](#)

The three-day Crisis Prevention Institute certification training program includes de-escalation training and strategies to recognize and address high-risk situations. This blended course includes two-to-three hours of online learning before participants attend classroom instruction. This is a program conducted in collaboration with the Crisis Prevention Institute; the cost of the program is \$3,049.

Create a Safer Hospital Initiative at Your Hospital

Wednesday, August 22, 2018
9:00 a.m. - 12:00 p.m.

[Event Registration](#)

Learn strategies and receive tools to enhance worker safety, minimize workplace violence, and facilitate the adoption of peer-to-peer support programs for healthcare workers and team members using the principles of high reliability.

De-escalation Training

Tuesday, August 28, 2018

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

[Event Registration](#)

De-escalation training will equip participants with proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage. This training program is included in the CPI Certification Training program and is intended for those who have an interest in the subject but are not receiving the certification.