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**Training Offers Strategies to Create Peer Support Teams**



On July 24, Gerald Lewis, PhD, led more than a dozen acute care hospital representatives in a day-long *Peer Resiliency Support Training - Caring for the Caretakers* program at CHA. The program is part of 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.

The training focused 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. Peer supporters are those who provide knowledge, experience, and emotional, social, or practical help to each other.

"Healthcare workers put themselves on autopilot to do their jobs and deal with the emotions later," said Dr. Lewis, who 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. He described how healthcare providers are negatively impacted by adverse events; this is referred to as the "second victim." He noted that a 2012 report from The Joint Commission estimated that nearly half of all healthcare providers could experience the impact as a second victim at least once in their career.

More recently, the term "third victim" has been adopted to refer to those who are not directly impacted by the event, but are nonetheless affected by it. A 2013 survey of members of the American Society for Healthcare Risk Management found that there is a need to develop a support system within the healthcare setting for both second and third victims.



Kevin M. Sigovitch, MSN, RN, NE-BC, Patient Services Manager/CISM Program Coordinator, Emergency Department - St. Raphael's Campus, Yale New Haven Hospital, and Mary Pat Murray, Clinical Nurse, Emergency Department, Yale New Haven Hospital, discussed how the hospital implemented Critical Incident Stress Management teams to help employees deal with events such as patient traumas, violence, the death of a patient or co-worker, or disaster.

Mr. Sigovitch referenced examples that prompted the hospital to form the peer support group. "We wanted to help build resiliency in our team and get back to own lives," he said. "We are the first responders to what our employees need."

"When we started this journey [*Safer Hospitals Initiative*], it was our dream that every hospital have this resource," said Ms. Murray. "I'm incredibly proud that this has been embraced by CHA."

CHA is offering additional educational programming related to the *Safer Hospitals Initiative* throughout the summer and fall. Please see Education Updates for more details.



**Palliative Care Programs in the Spotlight**

Connecticut's hospitals and health systems are among a growing number nationwide that are offering palliative care programs; two have recently garnered national recognition for their programs.



Western Connecticut Health Network (WCHN) was honored at the American Hospital Association Leadership Summit last week with the Circle of Life Award® – just one of three organizations across the country to receive this prestigious award. The Circle of Life Award, now in its 19th year, celebrates innovative organizations and programs across the nation that have made great strides in palliative and end-of-life care.

WCHN has spread palliative care throughout its entire network, from inpatient units to primary care offices, demonstrating that community hospitals can provide sophisticated palliative care to seriously ill patients and their families. In less than a decade, WCHN's palliative care program has grown from a small team at Danbury Hospital to reaching patients across its continuum of care, including home care, nursing homes, cancer center outpatients, and in the offices of primary care physicians and pulmonologists. The organization uses its electronic health record system to flag high-risk patients for a palliative consult and maintain goals of care decision documents that remain accessible to care providers throughout the network.

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The Geriatric and Palliative Care team at Bridgeport Hospital received the 2018 International Empathy Amplified Award during the Cleveland Clinic Patient Experience Summit earlier this summer. The national award recognizes individuals who transform care through courtesy, communication, and compassion.

Bridgeport Hospital implemented palliative care approaches in various hospital settings including maternity, where it created a legacy gift for the family of a patient who died shortly after giving birth by placing the handprint of the baby, with the thumbprints of the patient in the shape of a heart on either side of the handprint. Written below the handprint were the baby's name and the note "Surrounded by her mother's love." These types of legacy projects are now used routinely in cases involving small children. Other innovative palliative approaches include family-witnessed resuscitation, stuffed animal companions for patients with dementia, group medical visits for patients with dementia to improve communication skills and reduce caregiver stress, and consultations in the hospital, to name a few. The team provides support across the entire continuum of care and works with hospital and community providers to enhance the health and experience of patients.

Connecticut Burn Center at hospital and community providers to enhance the health and experience of patients.

The WCHN and Bridgeport Hospital palliative care programs are among many in place across the state. Connecticut hospitals are also involved in the Care Decisions Connecticut movement, which was launched in 2016 in conjunction with healthcare partners across the

continuum of care, state government, and community organizations. The social movement empowers people to take an active role in healthcare decision-making, beginning with conversations about end-of-life care. Learn more about Care Decisions Connecticut by clicking [here](#).

## State Relaunches Lead Awareness Campaign



The Connecticut Department of Public Health (DPH) has relaunched its campaign to educate parents on the dangers of childhood lead poisoning and the steps that can be taken to prevent exposure to lead. The CDC-funded campaign, airing in both English and Spanish, is expected to run through early September.

The campaign is targeted toward families living in the areas of the state with the highest concentrations of children with elevated blood lead levels: Bridgeport, Hartford, New Haven, New Britain, Waterbury, and Meriden.

DPH identified significant health disparities associated with childhood lead poisoning. According to DPH, in 2016, black children (4.8%) were poisoned at more than twice the rate of white children (2.0%) and Latino children (3.5%) were 1.5 times as likely to be lead poisoned than non-Latino children (2.4%). According to DPH, the health disparities prevalent in Connecticut can be attributed to the age and the condition of the housing in which these children live.

Connecticut hospitals and health systems are also focused on addressing healthcare disparities. Last year, CHA began a three-year statewide collaborative to address social determinants of health through the implementation of data standards, collection, and sharing, comprehensive screening, a statewide technology platform for tracking and referrals, and advocacy to address underlying system and resource issues.

## 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 summer issues of *CHA Update*, we'll highlight some of those achievements, many of which have roots in Connecticut.

From 1944-1969, the average life expectancy for Americans increased from 67 years to an average of 70 years. The top 10 causes of death at the time were: heart disease, cancer, stroke, accidents, infant death, influenza/pneumonia, tuberculosis, arteriosclerosis, kidney disease, and diabetes.

As one of the leading causes of death in the 1950s, kidney disease was at the forefront of medical innovation, resulting in the development of the first artificial kidney machine and first kidney transplant in 1954. Aided by advances in technology, by 1973, 40 percent of patients received dialysis treatment at home. Today, more than 90 percent of patients receive treatment at dialysis centers. There are more than 45 centers in Connecticut.

From the Flying Forties to the Swingin' Sixties, great strides would be made in the field of medicine: the introduction of a polio vaccine in 1952; invention of the cardiac pacemaker in 1952; first kidney transplant in 1954; and vaccines for measles (1964) and mumps (1967) (rubella would follow in 1970).

Connecticut became the focus of national headline news in 1961 when a fire at Hartford Hospital led to nationwide changes in hospital fire codes and construction.

While improvements in care were being made, the healthcare industry struggled to meet the demand for nurses. After World War II, there were many efforts, including federal legislation, focused on educating a new generation of nurses. The federal Nurse Training Act of 1964 funded collegiate nursing education, spurring development of baccalaureate, graduate, and advanced practice programs. At the height of training, there were more than 1,500 hospital-affiliated nursing schools in the country. Connecticut closed its last hospital-affiliated nursing school in 2017.

Advances in disease management and surgical care created a need for new types of nurses who specialized in different hospital settings such as intensive care units. One of the first critical care units was opened in a Connecticut hospital in 1953. By 1969, more than half of the nation's not-for-profit hospitals possessed a critical care unit.

With heart disease as the number one cause of death at the time, inventors devoted research to treatments and surgical advances. Among those advances was the introduction of a prototype of a heart bypass machine by Connecticut inventor Dr. William Sewell. The first open heart surgery in Connecticut was performed in 1956. Almost 30 years later, Connecticut native Dr. Robert Jarvik developed the first totally artificial heart.

## Education Updates

### Create a Safer Hospital Initiative at Your Hospital

Wednesday, August 22, 2018

9:00 a.m. - 1:00 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.

### Peer Supporter Training

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 facilitating organizational recovery and resiliency with the emphasis on "people-recovery."

### **CHA Nurse Preceptorship Program**

Thursday, September 6, 2018

8:30 a.m. - 3:45 p.m.

[Event Registration](#)

The *Nurse Preceptorship Program* curriculum, developed by a team of educators from hospitals and schools of nursing, is designed to provide core content that is foundational for the role of nurse preceptor. The 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, and evaluating competence. 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.

### **Managing the Operating Budget**

Wednesday, September 12, 2018

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

[Event Registration](#)

Bill Ward, a popular and dynamic lecturer on financial management in healthcare, will lead this day-long program to introduce managers to a variety of analytic tools (revenue and spending analysis, volume adjusted variance analysis, work process and root cause analysis, revenue and expense forecasting) as well as a number of strategies to improve revenue and expense performance.

### **Financial Analysis Tools for Managers**

Thursday, September 13, 2018

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

[Event Registration](#)

This program provides managers and clinicians with tools they can use to answer questions about current performance and opportunities they are considering. What is the potential financial impact of a new initiative or a new technology? How can the financial impact be determined? Why is departmental supply spending so much higher than last year? Does it make sense to staff a critical vacancy with agency staff? Is the employment of clinical pharmacists, intensivists or hospitalists financially sound? What are the best ways to develop answers to these questions? How can department managers and directors make and support their decisions with sound financial analyses?