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Hospitals Explore Strategies for Preventing Patient Falls

On August 6, over 80 hospital representatives participated in Preventing Patient Falls in the Acute Care Setting. The day-long program, offered in conjunction with Partnership for Patients (PfP), explored the magnitude of the problem of patient falls, root causes, prevention strategies, and best practices for care settings ranging from pediatrics to geriatrics.

"We've been beating the drum for a long time to get people to understand that this is an epidemic," said program moderator Dorothy Baker, PhD, RNCS, Research Scientist with Yale University School of Medicine and Director of the Connecticut Collaboration for Fall Prevention. "We can do so much to reduce costs if we reduce falls."

Keynote speaker Deborah Hill-Rodriguez, MSN, ARNP, PCNS-BC, Nursing Manager, Miami Children's Hospital, discussed how fall prevention programs for pediatrics must be tailored differently than those for adults.

"Children fall for completely different reasons than adults," she said. "They are in the process of learning their environment, and that simple fact puts them at a higher risk for falls. In fact, children under 10 are twice at risk for falls compared to the total population."

Hill-Rodriguez helped develop the Humpty Dumpty Falls Prevention Program™. Implemented, tested, and proven at Miami Children's Hospital, the program provides tools to prevent pediatric falls and enhance safety.

The educational program, Preventing Patient Falls in the Acute Care Setting, continues the statewide sharing of best practices that began in 2009 with CHA's Reducing Patient Falls With Injury Collaborative. The program aligns with efforts under way across the state to eliminate falls.

[Eliminating injuries from falls and immobility](#) and reducing [preventable readmissions](#) are two of the ten target areas of PfP, a national project designed to reduce preventable inpatient harm by 40 percent and readmissions by 20 percent. All acute care hospitals in the state participate in PfP, provided through a partnership between CHA and the [Health Research and Educational Trust](#) (HRET), the non-profit research and educational arm of the American Hospital Association.





Hospitals Begin Ambitious Safety Program



Kerry Johnson, Founding Partner and Chief Innovation Officer, Healthcare Performance Improvement (HPI), speaking at a recent CHA High Reliability Boot Camp

Work has commenced on the ambitious statewide initiative to eliminate all-cause preventable harm using high reliability science to create a culture of safety. All acute care hospitals are participating in CHA's statewide initiative to eliminate harm, with 14 hospitals engaged at the highest level – the High Reliability Safety Culture Collaborative. Connecticut is the first state to conduct a statewide high reliability collaborative.

Hospitals will optimize safety through analyses of common causes of serious safety events, as well as use of behavior-based error prevention strategies and evidence-based leadership methods for performance reliability. CHA has engaged Healthcare Performance Improvement (HPI), a national leader in using high reliability science to improve safety, for the project. HPI brings its experience improving reliability in nuclear power, transportation, and manufacturing to healthcare. HPI has worked with more than 300 hospitals and health systems across the country to improve safety.

The initiative to eliminate all-cause preventable harm was formally launched on March 23, 2012, at the CHA's 10th Annual Patient Safety Summit.

New England Health Equity Council Celebrates First Anniversary



The New England Regional Health Equity Council (RHEC), co-chaired by Marie Spivey, EdD, RN, MPA, CHA Vice President, Health Equity, celebrated its first anniversary at its annual meeting on July 26 at the Northeastern University Alumni Center in Boston, Massachusetts.

The RHEC was formed during the summer of 2011 when Council members drawn from all six New England states convened to explore a regional approach to addressing health disparities and the social factors including education, employment, housing, and the environment that influence health outcomes. The New England RHEC is the regional arm of the National Partnership for Action to End Health Disparities (NPA), the first national multi-sector community and partnership-driven effort on behalf of health equity.

With input from communities, organizations, and practitioners, the NPA created the [National Stakeholder Strategy for Achieving Health Equity](#). This strategic action plan includes the formation of 10 Regional Health Equity Councils across the U.S., with members who serve as leaders and catalysts to improve health equity.

“Our Council has been fortunate to begin its work building on a shared New England culture and close geographic proximity. We aim to advance health equity for various cultural, ethnic, and other groups in our region,” said Ralph Fuccillo, Co-Chair of the RHECouncil.

“The NPA and the New England RHEC are inspiring and cultivating a number of discussions and collaborative activities to enhance health equity improvement solutions at the regional, statewide, and community levels,” said Dr. Spivey. During its first year, the Council established structural supports to foster regional collaboration including leadership, governance, and working committees. The first year also afforded Council members opportunities to collaborate and explore strategies for improving workforce diversity in health organizations and ways to talk about health reform in terms that are relevant and understandable to the public.

In addition to leaders from traditional healthcare-focused organizations, council members come from diverse backgrounds including education, technology, environmental justice, economic development, and business. Building on the foundation laid over the last 12 months, at the annual meeting on July 26, the Council established priorities for a focused national initiative to: increase awareness of the significance of health disparities; strengthen and broaden leadership for addressing health disparities at all levels; improve health and healthcare outcomes for racial, ethnic, and underserved populations; improve cultural and linguistic competency and the diversity of the health-related workforce; and improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.

To learn more about the NPA and the regional councils visit <http://minorityhealth.hhs.gov/npa>.

Health Commissioner Appointed to National Advisory Committee on Health Disparities



The Connecticut Department of Public Health (DPH) today announced that the Centers for Disease Control and Prevention (CDC) appointed Commissioner Jewel Mullen to its advisory committee on health disparities.

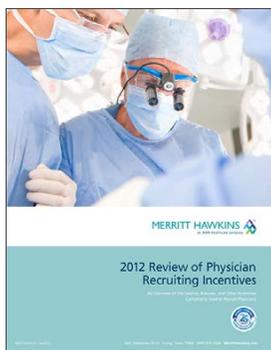
Commissioner Mullen was appointed to the Health Disparities Subcommittee, part of a larger advisory committee to the CDC director that provides guidance on policy issues and broad strategies to help the CDC fulfill its mission to protect and promote the nation's health.

According to the CDC, persistent disparities in our country are unacceptable and correctable. The subcommittee recommends ways to prioritize the CDC's activities, improve results, and address such disparities. It also provides guidance to help the CDC work more effectively with its various private and public sector constituents to make health equity a practical reality.

"There are many reports that detail health disparities along racial, social, and economic lines," said Governor Dannel P. Malloy. "Commissioner Mullen's appointment to this committee gives our state a chance to influence the decision making that will shape our nation's strategy to assure good health for all residents both here in Connecticut and across the country."

"Everyone deserves the opportunity to live a healthy and full life but for many, social factors such as poverty, socioeconomic status, educational attainment, discrimination, and environmental exposures deny them this human right," said Dr. Mullen. "I am honored by this appointment and look forward to working with my colleagues to assist the CDC with their work to address health disparities."

New Report: Trends in Physician Recruiting



The Patient Protection and Affordable Care Act (PPACA) inhibited the physician recruiting market since it became law in 2010, according to the *2012 Review of Physician Recruiting Incentives*, a new report from Merritt Hawkins. Merritt Hawkins is a leading physician search firm that works with CHA's Shared Services Program.

The report says many hospitals remained in a hiring holding pattern while they evaluated the implications of healthcare reform on physician staffing. However, it predicts that as physicians and hospitals move toward integrated models featuring care coordination and pay-for-performance, momentum will build for new initiatives, leading to increased physician recruitment.

The report details physician salary information, statistics on benefits and incentives, and trends in the recruitment marketplace.

Some of the highlights include:

- Family medicine and internal medicine are the two most requested specialties for the sixth consecutive year.
- Demand for psychiatrists continues to grow, along with their salaries.
- The recruitment of physicians into solo practice settings has almost entirely abated.
- The trend toward hospital employment of physicians continues to grow.
- Income guarantees are not as attractive to candidates as they once were.

If you would like a free copy of this report, contact Jeremy Robinson, Merritt Hawkins' Associate Director of Marketing, at 1-800-306-1330 or via e-mail at Jeremy.Robinson@MerrittHawkins.com.

