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**In This Issue:**

**Training Offers Techniques For Non-Violent Crisis Intervention Methods**

**Work to Combat Overdoses Highlighted on International Overdose Awareness Day**

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

**Upcoming Financial Training Programs at CHA**

**Education Updates**

Update Archives

**Training Offers Techniques For Non-Violent Crisis Intervention Methods**

Healthcare providers from across the continuum were trained in verbal and non-verbal communication de-escalation techniques on Tuesday, August 28, as part of CHA's *Safer Hospital Initiative*.

The *Non Violent Crisis Intervention* program included role play and demonstrations, along with an overview of precipitating factors for patient and family violence in healthcare settings.

"Our goal is to provide you with the tools that help you do your jobs in a manner that minimizes confrontational situations," said trainer Carl Schiessl, Director, Regulatory Advocacy, CHA.



CHA's *Safer Hospitals Initiative* is developing strategies to enhance worker safety, minimize workplace violence, and facilitate the adoption of peer-to-peer support programs. The *Non-Violent Crisis Intervention* training program was designed by the Crisis Prevention Institute (CPI) and equips staff with proven strategies for defusing anxious, hostile, or violent behavior at the earliest possible stage. The Crisis Prevention

Institute been setting the standard for crisis prevention and intervention training for over 35 years.

Ellen Crowe, RN, CHA Director, Clinical Excellence and Care Redesign, who is a certified CPI trainer, led the group through role playing exercises focused on body language awareness and communication through touch, such as holding someone's hand, to convey a message.

"There are many ways to use body language to indicate emotions," said Ms. Crowe. "You have to look for non-verbal cues to determine your response." Non-verbal communication, which includes tone of voice, volume or loudness and intensity of communication, and cadence or rhythm and rate of speech, are also indicators of if and how a situation is escalating.

The day-long training also focused on developing techniques to organize thinking about how behavior escalates and how to respond appropriately during moments of chaos.

"By understanding underlying causes of behavior, staff can understand and better respond to situations," said CPI-certified trainer Gina Burrows, RN, MSN, APRN, NEA-BC, Director Population Health, CHA. "The key is to stay in control of your response."

The training program is an abridged version of CPI's *Nonviolent Crisis Intervention®* foundation course, which uses a blend of online and classroom learning.

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



**Work to Combat Overdoses Highlighted on International Overdose Awareness Day**



August 31 marks International Overdose Awareness Day, an observance dedicated to awareness, education, and action to help eliminate overdose deaths. In the past year, Connecticut and CHA have initiated several measures to address opioid addiction and overdose.

On Monday, September 17, 2018, CHA is providing a day-long program focused, in part, on opioid use disorder prevention activities across Connecticut; participants will be trained in the use of Naloxone. Click [here](#) for more information.

Earlier this year, CHA released an updated set of voluntary opioid prescribing guidelines to help Emergency Department medical staff treat patients with chronic pain conditions. The new guidelines lower the recommended dose of prescribed opioids from 30 pills to a three-day supply; respond to current clinical recommendations for pain treatment by recommending that alternative, non-opioid therapies be administered or prescribed whenever possible for ED patients; recommend that ED personnel request and review their patients' voluntary non-opioid directive form; and specify that opioids be prescribed electronically as a way to increase security.

And, on International Overdose Awareness Day in 2017, the state of Connecticut signed into law *An Act Preventing Prescription Opioid Diversion and Abuse* aimed at: increasing data sharing between state agencies regarding opioid abuse and opioid overdose deaths; facilitating the destruction of unused prescription medication by using registered nurses employed by home healthcare agencies; increasing security of controlled substance prescriptions by requiring controlled substances to be prescribed electronically; and, among other measures, allowing patients to file a voluntary non-opioid form in their medical records indicating that they do not want to be prescribed or administered opioids. A number of Connecticut state agencies, as well as the state's Alcohol and Drug Policy Council, have been working collaboratively to implement the state's response to the opioid crisis. Among other actions, the state has expanded access to Naloxone, a life-saving drug used in the event of an opioid overdose; increased access to medication-assisted treatment for opioid use disorder; placed restrictions on the prescribing of opioids; promoted the safe disposal of unused medications; and implemented a program to connect recovery coaches with individuals who come to the ED for drug or alcohol-related reasons.

Additionally, the Substance Abuse and Mental Health Services Administration recently awarded a \$10 million grant to the Connecticut Department of Mental Health and Addiction Services to increase access to care for individuals with substance use, mental health, and co-occurring disorders. Funding will also be used to address the opioid crisis in the state by increasing access to medication-assisted treatment. The federal grant, which will serve more than 2,000 individuals, will pair physical health providers with mental health and substance use providers in the cities of Bridgeport, Hartford, and Waterbury.

According to the Centers for Disease Control and Prevention (CDC), deaths from overdoses in Connecticut continue to rise. While no deaths were reported from the recent unprecedented overdose crisis on the New Haven Green, the severity of the situation highlights the ongoing prevalence of opioids in Connecticut communities. In its latest report, the CDC notes that Connecticut saw an increase in overdose deaths of approximately 6.6 percent from 2017, coming in second highest among New England states for overdose deaths.

## 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. This is the final segment highlighting some of those achievements, many of which have roots in Connecticut.

Eighteen years into the 21st century, once inconceivable medical advances such as robotic surgery, 3D printed components for medical devices and the human anatomy, and the sequencing of the human genome are being employed to advance the treatment, prevention, and perhaps eradication of disease.

A century ago, the emphasis in healthcare was on treating an illness, followed by a focus on curing disease. Today, the goal is to prevent disease by addressing the social determinants that impact health and well-being.

As of 2012, about half of all adults in this country — 117 million people — had one or more preventable chronic health condition such as heart disease, stroke, diabetes, or cancer. Despite poor exercise and dietary habits, life expectancy in 2000 was 76 years and improved slightly to 79 years in the first decade of the millennium.

Connecticut has the third highest life expectancy in the country at 80.8 years.

Where minimally invasive surgical techniques were at the forefront at the end of the 20th century, the new century heralded the arrival of robotic surgery. Neurosurgical biopsies and orthopedic joint replacement were the first procedures to use robotic assistance. Now, robotic surgery is used for procedures ranging from cancer treatment to urology and gastroenterology. It is estimated that 90 percent of prostatectomies in the U.S. are conducted robotically. Studies cite shorter hospital stays, faster recovery, and reduced pain and discomfort among the benefits to patients.

In addition to robotic surgery, the advent of 3D printing is changing the way surgeons plan and execute procedures with the ability to create models to train, prepare, and guide surgical teams through complex procedures. Through 3D printing, CT, MRI, or other scanning data can be converted into a unique 3D print that shows the actual organ for operation. Blood vessels and veins can be identified, and specific problems can be shown prior to surgery. The possibilities for 3D orthopedic implants, prosthetics, and even organs will have a vast impact on the future of healthcare.

Additionally, the monumental feat of sequencing the human genome has provided powerful tools to understand the genetic factors of disease, paving the way for new strategies for diagnosis, treatment, and prevention. Research here in Connecticut has identified genes associated with hypertension, macular degeneration, dyslexia and Tourette's syndrome, among many others. It is anticipated that these discoveries will identify health challenges as early as possible to develop prevention plans, rather than managing or curing the disease.

The past 100 years have been an amazing journey of healthcare discoveries. We can only begin to imagine what the next 100 years will bring to the noble work of healing.

## Upcoming Financial Training Programs at CHA



Next month, CHA is offering two finance-focused training programs presented by William J. Ward Jr., Director of the Master of Health Science in Health and Finance Management program at the Johns Hopkins Bloomberg School of Public Health, and Principal with Healthcare Management Resources, a Baltimore-area consulting firm.

The first program, [Managing the Operating Budget](#), will be held on Wednesday, September 12, 2018. The full-day program will introduce managers to a variety of analytic tools (revenue and spending analysis, volume adjusted variance analysis, work process and root cause analysis, and revenue and expense forecasting) as well as a number of strategies to improve revenue and expense performance.

On Thursday, September 13, 2018, Mr. Ward will provide managers and clinicians with [Financial Analysis Tools for Managers](#). This day-long program will enable participants to prepare an ad hoc financial analysis to better understand performance or soundness of an opportunity; support business decisions using a marginal profit and loss analysis; use benefit/cost analysis and break-even analysis to determine if an opportunity makes sound financial sense; and calculate the return on investment for any opportunity.

Mr. Ward has presented highly-rated healthcare finance programs at CHA for several years. He is the Director of the Master of Health Science in Health and Finance Management program at the Johns Hopkins Bloomberg School of Public Health, where he teaches accounting and finance. In addition, he is a Principal with Healthcare Management Resources, a Baltimore-area consulting firm. Mr. Ward is a former senior healthcare executive with

more than 20 years' experience in healthcare finance and operations.

## Education Updates

### 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? This program provides managers and clinicians with tools they can use to answer these and other questions about current performance and opportunities they are considering.

### **Staff to Management: Starting the Transition**

Friday, September 14, 2018

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

[Event Registration](#)

Making the transition from being a staff person one day to a supervisor/manager the next is a significant step. Transitioning from individual contributor to being effective in a leadership role is far more challenging and complicated than ever before and requires the ability to use the tools of diplomacy, negotiation, persuasion, and alliance-building to a greater degree than one used in the past. Managing the demands of the organization for high productivity and quality, combined with financial prudence and regulatory compliance, are only part of the equation. Participants will discover that those tasks must be balanced with an excellent grasp of human relations skills in working closely and collaboratively with others and managing change.

### **HIIN: Expanding the Definition of Adverse Drug Events**

Monday, September 17, 2018

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

[Event Registration](#)

The morning session will focus on adverse drug events in all venues. The afternoon session will focus on the state's response to the opioid crisis, and will include an overview of how Good Samaritan laws operate in Connecticut and a special session to train participants in the use of naloxone. Although pharmacy credits are available, this program will not meet the training or certification requirements that specifically allow pharmacists to prescribe Naloxone independently or dispense Naloxone pursuant to a pharmacy's "standing order" from a prescribing practitioner. However, the program will provide an overview of how those certifications can be obtained. Continuing education credits for pharmacists, physicians, nurses, and quality professionals will be offered. This session is supported by HIIN.

### **Peer Supporter Training**

Thursday, September 20, 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."

### **HRO Cause Analysis - Two-Day Training**

Tuesday, September 25, 2018

Wednesday, September 26, 2018

Participants should attend both days.

8:30 a.m. - 4:30 p.m.

[Event Registration](#)

This two-day session will be held from 8:30 a.m. to 4:30 p.m. on September 25 and 26, 2018. Cause analysis teaches staff how to evaluate events, patterns of events, and causes of events, and then helps staff ascertain how to implement solutions. The sessions are for quality, safety, risk management, and other staff who respond to events.

### **Lean Principles: Project Charter Preparation and Planning**

Thursday, September 27, 2018

9:00 a.m. - 2:30 p.m.

[Event Registration](#)

Lean principles and methodology are valuable in improving healthcare, but evidence shows that learning about the principles and methodology is simply not enough. To get the desired results, the principles must be applied. This program, a follow-up to CHA's two-part *Lean Principles: Process Flow and Value Stream Mapping in Healthcare*, provides an overview of the methodology and tools needed for planning process improvement initiatives.

Participants are asked to bring a process improvement opportunity currently under consideration at their facility, enabling them to create a draft charter as part of their actionable plan toward their process improvement initiative.