Program Highlights Value of Palliative and Hospice Care

More than 120 providers attended an educational program at CHA on September 26 that dealt with the benefits of providing palliative and hospice care to patients who are experiencing either serious or life-ending illness.

The keynote speaker, Diane E. Meier, MD, Director of the Center to Advance Palliative Care, spoke at length about the importance of providing the right care at the right time for patients, interspersing her presentation with case study examples from her own patients and national statistics that bolstered the argument that palliative care is valuable, both in terms of patient outcomes and cost savings.

Palliative care, specialized medical care for people with serious illnesses, is focused on improving a patient’s quality of life and addressing pain and other symptoms. Providers of palliative care work together with patients to determine their needs. In addition to providing medical care, they may make home visits to assess living conditions, food insecurity, and questions about isolation, and then arrange for services such as Meals on Wheels and transportation, if needed.

“The future is way more healthcare in the community and way less healthcare in our hospitals,” Dr. Meier said. "Hospitals should be for people who really need them."

Not only do patients have better outcomes when palliative care is offered alongside standard, disease-directed care, she said, but it also leads to substantial cost reductions.

The costliest 5 percent of patients account for half of all healthcare spending, according to an Institute of Medicine report, Dr. Meier said, but only 11 percent of those patients are in their final year of life; 49 percent are patients with one-time high costs, such as hip replacements or transplants. It is the remaining 40 percent of that group that palliative care would most benefit, she argued, because they are the patients “who are high cost year-over-year.”

These patients tend to fit a general profile, she said. They have one or more serious illnesses, and some kind of functional impairment that requires them to need help with daily living. They are frail and may have dementia. They have overwhelmed family caregivers, and they have social and behavioral health challenges such as social isolation and food insecurity.

Dr. Meier described one of her former patients who fit this profile. Mr. B, an 88-year-old man with dementia, was brought into the Emergency Department by his wife because he was experiencing severe back pain. This was his fourth visit to the ED in two months.

After Dr. Meier became involved in his case, she said, she administered a trial of morphine that alleviated his pain. She also set in motion the home visit and assessments that helped solve some of their other problems, such as food insecurity. The end result: the patient hasn’t been back to the ED in two years.

“We need to target these patients for palliative care before the 911 calls and hospitalizations,” Dr. Meier said. “That’s the challenge.”

This is difficult, she said, because the current medical system doesn’t track patients according to those risk factors, but is instead focused almost entirely on a diagnosis.

In addition to Dr. Meier, the program featured presentations by Kate Lally, MD, Chief of Palliative Care, Care New England Health System, and by Alan Abrams, MD, Interim Chief Medical Officer at Beth Israel Deaconess Care Organization (BIDCO). Dr. Lally’s presentation covered the work her organization has done to prepare physicians for having difficult conversations with patients about their end-of-life choices, while Dr. Abrams described the work undertaken by BIDCO to establish Palliative Care and Hospice programs across its network.

The program, Continuing the Conversation on Hospice and Palliative Care: Provider Strategies, was sponsored by CHA and The Conversation Project as part of a statewide initiative to improve end-of-life care in Connecticut.

That initiative is led by the End-of-Life Care Advisory Group, which was created this year based on direction from the CHA Board Committees on Patient Care Quality and on Population Health to develop an evidence-based, compassionate, statewide end-of-life care strategy in collaboration with continuum of care partners. The advisory group, which is chaired by Adam Silverman, MD, Vice President, Ambulatory Strategy and Development, Trinity Health – New England, and Karen Mulvihill, DNP, APRN, ACHPN, FNP, Director of Palliative Care Services, Western Connecticut Health Network, is also charged with facilitating the statewide adoption of guidelines for practice improvement in palliative care.
**Education Effort to Prevent Shaken Baby Tragedies Launches**

A coalition of state agencies and health and child care organizations have launched a statewide “Chill Daddy” initiative to educate Connecticut parents about the dangers of shaking an infant due to excessive crying.

“We know that crying is a common stimulus for shaking,” said Joette Katz, Commissioner of the state Department of Children and Families (DCF). “Crying increases in the first month after birth, peaks in the second month, and decreases by the fourth month. Prolonged, inconsolable, and unpredictable episodes of crying that cluster in the evening occur only during the first few months after birth. These episodes are a source of frustration for parents and caregivers. This campaign will help provide education and guidance to parents about the crying and how to take steps to prevent Shaken Baby Syndrome.”

This campaign is the work of the Public Health Work Group, a public-private collaboration of the Connecticut Office of Early Childhood (OEC), DCF, Department of Public Health (DPH), Department of Mental Health and Addiction Services (DMHAS), Office of the Child Advocate (OCA), Casey Family Programs, the Connecticut Hospital Association, Day Kimball Hospital, and the Yale New Haven Health System.

It features posters, wallet cards, and social media ads with the campaign slogan “Learn How to Be Chill.” The message targeted to fathers and other male caregivers is to “Stop. Think. Put the baby in a safe place. And Walk Away. Call or Text someone.”

“Our goal is to provide programs and services that help build a strong network of nurturing adults who understand the critical importance of a child’s early years, said Linda Goodman, Acting Commissioner, OEC. “The Chill Daddy campaign addresses that goal by providing education that can ultimately reduce infant and child mortality.”

Studies have shown that educational materials change knowledge and resulting behavior around crying and its impact on Shaken Baby Syndrome. Shaken Baby Syndrome, or abusive head trauma, is caused by the violent shaking of a child with or without contact between the child’s head and a hard surface. Although Shaken Baby Syndrome is caused by both males and females, research indicates that perpetrators are most commonly males.

The Centers for Disease Control and Prevention report that abusive head trauma is a leading cause of child abuse deaths in children under the age of five in the U.S., and accounts for about one-third of all child maltreatment deaths. The Centers also report that the most common trigger for abusive head trauma is inconsolable crying, and that babies younger than age one are at greatest risk.

For more information, click [here](http://www.cthosp.org/press_room/update.cfm#1).

**Stamford Health Opens New Stamford Hospital**

On September 27, Stamford Health President and CEO Brian Grissler, other Stamford Health executives, and Stamford Hospital staff participated in a celebratory ribbon cutting commemorating the official opening of the hospital’s new state-of-the-art facility.

The $450 million project opened on schedule and on budget, and represents one of the largest hospital projects in the country this year, according to healthcare construction data.

“This new facility was designed to provide a unique healing environment, and is likely the only new hospital of its kind created in Connecticut for the near future,” said Brian Grissler, President and CEO of Stamford Health. “Today culminates more than ten years of thoughtful, diligent planning and dedicated implementation – the result is this beautiful building that will support advanced care, leading clinicians, and a more calming and welcoming atmosphere to benefit our patients, visitors, and staff.”

Some of the key features of the new hospital include:

- 180 all-private patient rooms with private bathrooms to provide comfort, promote healing, and prevent infection.
- A new Emergency Department with double the amount of treatment space, offering separate and dedicated treatment areas for cardiac care, behavioral health, trauma, and pediatric patients.
- Two family lounges per patient floor and centralized nurses’ stations to deliver more flexible care.
- Significantly larger operating rooms to accommodate both current and future technology.
- A central location for all Heart & Vascular Institute services, including electrophysiology, interventional, and non-invasive cardiology.
- The new 650,000 square foot building also incorporates an abundance of natural light, calming colors, green spaces, works of art and noise reduction, aligning with the Stamford Hospital’s Planetree philosophy – a philosophy that means that care is all about the patient.

“The new hospital symbolizes our commitment to our Planetree philosophy and a patient-centered model of care,” said Kathleen Silard, Executive Vice President and Chief Operating Officer, Stamford Health. “The care environment supports collaboration and coordination that will drive the best outcomes for our patients.”

**Special Session Held: General Assembly Approves Tax Incentives For Sikorsky**

The General Assembly met in Special Session on September 28 in order to debate and vote on an incentive package for Sikorsky Aircraft in Stratford. The package was negotiated between the Malloy administration and Lockheed Martin, the aerospace manufacturer who bought
Sikorsky Aircraft from Connecticut-based United Technologies in 2015.

The incentive package was passed in the Senate on a vote of 35-1 and in the House on a vote of 136-6. The agreement requires Lockheed Martin to meet certain goals for hiring, capital investments, and purchases from its chain of more than 300 suppliers over the next 14 years. In return, the company will receive more than $200 million in incentives. By exceeding hiring goals, the company could earn almost $2 million more annually, up to a maximum of an additional $20 million. The deal runs through the year 2032.

Rare Special Election to be Held on General Election Day

On Friday, September 23, Governor Malloy called for a Special Election to be held on Tuesday, November 8, 2016, in order to fill the seat left vacant due to the death of Representative Mary Fritz (D-Wallingford). Representative Fritz passed away July 9, 2016.

In a rare electoral event, voters from the 90th House District, comprising Cheshire and Wallingford, will vote in both a special election and in the regular election on November 8. The winner of the special election will fill the seat through the remainder of the current term, and the winner of the regular election will be sworn into office at the beginning of the next regular term in January 2017. Democrat Patrick Reynolds and Republican Craig Fishbein are the major party candidates running in the regular election and are currently working with election officials to determine qualification requirements for the special election.

Improving Health Equity: The Connecticut Asthma Initiative and Beyond

On Thursday, October 13, 2016, CHA will host Improving Health Equity: The Connecticut Asthma Initiative and Beyond, a health equity and asthma policy summit. The full-day event will showcase the work of hospitals and community partners collaborating in the Connecticut Asthma Initiative (CAI).

The CAI began in 2015 with a vision that no one should die of asthma or have to limit his or her life unnecessarily due to the disease.

Since its inception, a broad-based group of more than 200 people from 62 organizations across the continuum — including hospitals, community organizations, commercial payers, state government, and more — have created a model of collaboration that connects communities, healthcare providers, and public health organizations.

This hospital-community partnership structure, essential to the Initiative’s success, is being established across the state through Connecticut acute care member hospitals. A focus on the social determinants of health that create barriers to treatment is the latest phase of the CAI.

Because asthma disproportionately affects children, women, and those who are economically disadvantaged, and because African Americans/Blacks and Latinos are more likely to end up in the hospital for asthma, it was the consensus of the CAI that the next step in its mission was to address barriers to treatment such as environmental or socio-economic factors.

Among other presentations, the event will feature a keynote address, “What Can the Future Look Like?” by Patricia Baker, President and CEO of Connecticut Health Network, remarks by Christopher Dadlez, President and CEO of Trinity Health - New England and Chairman of the CHA Committee on Population Health, and an overview on health equity and the CAI by Anne Diamond, JD, CNM, Chief Executive Officer of UConn John Dempsey Hospital and Co-chairperson of the CAI.

Education Updates

Conflict Management: Engaging the Difficult Employee
Friday, September 30, 2016
9:00 a.m. - 3:00 p.m.
View Brochure | Event Registration

It is clear to almost everyone that conflict is inevitable in life—in our personal lives as well as in the workplace. Different personalities, different work styles, cultural/ethnic norms, and differences in generational mix, all lead to an endless possibility of conflict surfacing at work.

What is not so clear is the role conflict plays in the process of change and effective team problem solving—both major factors in improving organization performance. How can we recognize and manage the sources and trigger points of conflict? When is conflict healthy—what makes it destructive? How can we reduce or defuse unnecessary conflict? What are the various styles of dealing with conflict, and the risks and benefits of each approach?

Continuing education credits are offered for this session. Please see the brochure for details.

Financial Skills for Managers
Tuesday, October 18, 2016
9:00 a.m. - 3:00 p.m.
View Brochure | Event Registration
Because healthcare delivery methods and payment systems are changing rapidly, carefully managing the financial health of the organization is more important than ever. Resources are scarce and stretched to the breaking point. Doing more with less is routine. The need for sound business and financial management tools—survival skills—is paramount for all managers. These tools include planning and budgeting, financial analysis, and maximizing resources, all of which are essential if managers are to achieve the institution's mission and contribute to “bottom line” results. Bill Ward, a popular and dynamic lecturer on financial management in healthcare, is back by member request to present the program.

Continuing education credits are offered for this session.

**Using High Reliability to Improve the Patients' Experience**  
Wednesday, October 19, 2016  
Session I: 9:00 a.m. - 12:15 p.m.  
[Event Registration](#)  
Session II: 1:00 p.m. - 4:15 p.m.  
[Event Registration](#)

This program focuses on highly reliable staff behaviors that enhance patient satisfaction and HCAHPS scores. Lynn Pierce of HPI, an alumna of Baptist Hospital in Pensacola, FL (home of the 2003 Malcolm Baldrige Quality Award), will be back as the instructor.

Medicine, Nursing, and Quality continuing education credits are offered for these sessions.

**HRO Leadership Method Training**  
Tuesday, October 25, 2016  
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.

Medicine, Nursing, Quality, and Radiology continuing education credits are offered for this session.

**HRO Train-the-Trainer**  
Wednesday, October 26, 2016  
9:00 a.m. - 4:15 p.m.  
[Event Registration](#)

The model for sharing high reliability training with the rest of the staff is Train-the-Trainer. The training is scripted. It 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 their training contingent. Train-the-Trainer sessions are for hospitals and ambulatory practices.

Medicine, Nursing, Quality, and Radiology continuing education credits are offered for this session.

**2016 Nurse Leadership Forum**  
Friday, October 28, 2016  
9:00 a.m. - 4:00 p.m.  
[View Brochure](#) | [Event Registration](#)

Sharone Bar-David will be the keynote presenter for CHA’s 16th annual Nurse Leadership Forum, built on a theme of “Building a Culture of Engagement, Respect, and Accountability.” Ms. Bar-David, who is the author of *Trust Your Canary*, has expertise in creating respectful and productive workplaces around the globe. We are also pleased to have Troy Cicero, an acclaimed national presenter, join us for a session on “Celebrating Diversity—Building Cultural Competence.” The forum will also include sessions on patient engagement and how to use humor to combat stress.

Continuing education credits are offered for this session.