

Thursday, October 6, 2016

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**In This Issue:**

**Connecticut Hospitals Selected to Continue Improvements in Patient Safety**

**Prospect Medical Holdings Completes its Acquisition of Eastern Connecticut Health Network and Waterbury Hospital**

**CDC: Hospitals Lead Other Healthcare Settings In Employee Flu Vaccinations**

**DPH Announces First Connecticut Case of Domestically Acquired Zika**

**Hospitals Asked To Participate In National Weather Service Survey**

**Improving Health Equity: The Connecticut Asthma Initiative and Beyond**

**Education Updates**

**Update Archives**

**Connecticut Hospitals Selected to Continue Improvements in Patient Safety**

The Centers for Medicare & Medicaid Services (CMS) awarded \$347 million to 16 national, regional, or state hospital associations, Quality Improvement Organizations, and health system organizations to continue efforts in reducing hospital-acquired conditions and readmissions in the Medicare program, including all Connecticut Hospital Association (CHA) member hospitals working through the Connecticut Healthcare Research and Education Foundation, Incorporated (CHREF), the 501(c)(3) research, education, and patient safety affiliate of CHA. Participation is through the Health Research and Educational Trust (HRET) of the American Hospital Association.

The Hospital Improvement Innovation Network contracts awarded build upon the collective momentum of the Hospital Engagement Networks and Quality Improvement Organizations to reduce patient harm and readmissions. This announcement is part of a broader effort to transform the healthcare system into one that works better for the American people and for the Medicare program.

“Connecticut hospitals are committed to providing safe, high quality care,” said Jennifer Jackson, CEO, CHA. “Through the hospitals’ work with HRET, they have made continuous improvements that are saving lives. We are thrilled that this work has earned additional CMS funding to continue the journey of improvement, and look forward to expanding our efforts for the benefit of Connecticut patients.”

Through 2019, these Hospital Improvement Innovation Networks (HIIN) will work to achieve a 20 percent decrease in overall patient harm and a 12 percent reduction in 30-day hospital readmissions as a population-based measure (readmissions per 1,000 people) from the 2014 baseline. Efforts to address health equity for Medicare beneficiaries will be central to the HIIN efforts. CMS will monitor and evaluate the activities of the Hospital Improvement Innovation Networks to ensure that they are generating results and improving patient safety.

“We have made significant progress in keeping patients safe – an estimated 2.1 million fewer patients harmed, 87,000 lives saved, and nearly \$20 billion in cost savings from 2010 to 2014 – and we are focused on accelerating improvement efforts,” said Patrick Conway, MD, CMS Acting Principal Deputy Administrator and Chief Medical Officer. “The work of the Hospital Improvement Innovation Networks will allow us to continue to improve healthcare safety across the nation and reduce readmissions at a national scale – keeping people as safe and healthy as possible.”

Connecticut was a consistent top-performing state in these earlier efforts, ending the first project in 2014 in the top quarter. HRET estimated that, over the course of the project, Connecticut reduced events of preventable harm by nine percent. Connecticut hospitals continued this work through 2016.

The 16 organizations (listed in alphabetical order) receiving contracts in the Hospital Improvement Innovation Networks are: Carolinas Healthcare System; Dignity Health; Healthcare Association of New York State; HealthInsight; The Health Research and Educational Trust of the American Hospital Association (through which CHA and Connecticut hospitals are participating); Health Research and Educational Trust of New Jersey; Health Services Advisory Group; The Hospital and Healthsystem Association of Pennsylvania; Iowa Healthcare Collaborative; Michigan Health & Hospital Association (MHA) Health Foundation; Minnesota Hospital Association; Ohio Children’s Hospitals’ Solutions for Patient Safety; Ohio Hospital Association; Premier, Inc.; Vizient, Inc.; and the Washington State Hospital Association.

The Partnership for Patients model is one of the first models established in 2011 to be tested under the authority of section 1115A of the Social Security Act (the Act) with the goal of reducing program expenditures while preserving or enhancing the quality of care. Since the launch of the Partnership for Patients and the work of Hospital Engagement Networks in collaboration with many other stakeholders, the vast majority of U.S. hospitals have delivered results as demonstrated by the achievement of unprecedented national reductions in harm.

CMS believes that the upcoming work of the Hospital Improvement Innovation Networks, working as part of the Quality Improvement Organization’s work to improve patient safety and the quality of care in the Medicare program, will continue the great strides made in improving care provided to beneficiaries.

For more information on this announcement, click [here](#).

**Prospect Medical Holdings Completes its Acquisition of Eastern Connecticut Health Network and Waterbury Hospital**



On October 1, Prospect Medical Holdings, Incorporated, completed its acquisition of Waterbury Hospital and the Eastern Connecticut Health Network, helping to ensure the longstanding community hospitals' future. The transfer of ownership follows the receipt of all regulatory approvals.

Prospect is committed to strengthening the existing programs that the Waterbury and ECHN communities have come to rely on over so many years, and to introducing new services and a new delivery model designed to help meet residents' future healthcare needs. The company looks forward to the opportunity to help ensure the future of Waterbury Hospital and ECHN as vital community healthcare providers.



Prospect Medical Holdings named Michael Collins as Interim CEO to replace ECHN's former President and CEO Peter Karl, who resigned effective September 30. Mr. Collins, a senior healthcare executive with more than 20 years of experience in hospital leadership roles, has been serving as Chief Integration Officer for Prospect at ECHN for the past seven months.

Darlene Stromstad, FACHE, President/CEO of Waterbury Hospital/Greater Waterbury Health Network, and Michael Collins, expressed support for the completion of the acquisitions, and emphasized that the hospitals would be preserved and strengthened for generations to come.

## CDC: Hospitals Lead Other Healthcare Settings In Employee Flu Vaccinations



A new [report](#) released on September 30 by the Centers for Disease Control and Prevention (CDC) determined that hospitals continue to lead other healthcare settings in delivering flu vaccinations to their employees.

The CDC, which conducted an internet survey of 2,258 healthcare personnel between March 28—April 14, 2016, found that approximately 91% of hospital workers received a flu vaccine during the 2015-16 flu season, compared with 80% of ambulatory care workers and 69% of long-term care workers.

Coverage for healthcare workers in all settings was 79%, up from 77% in 2014-15, according to the report. Coverage was 97% among workers in hospitals requiring vaccination, compared with 82% in those that did not require but offered free on-site vaccination to employees for more than one day.

The study found that two factors contributed to the higher vaccination coverage at hospitals: employer vaccination requirements and offering vaccinations at the workplace at no cost. Based on this finding, the CDC determined that implementing comprehensive evidence-based worksite intervention strategies can help ensure healthcare personnel and patients are protected against influenza.

The CDC's Advisory Committee on Immunization Practices recommends annual flu vaccination for all healthcare personnel to reduce flu-related illness and mortality in healthcare settings. In 2011, the Connecticut Hospital Association (CHA) Board adopted a statewide policy endorsing mandatory influenza vaccination for hospital personnel as part of CHA hospitals' commitment to patient safety. To date, the vast majority of acute care CHA member hospitals in Connecticut have implemented a mandatory participation or mandatory vaccination program.

## DPH Announces First Connecticut Case of Domestically Acquired Zika

The state Department of Public Health (DPH) announced on September 30 that it has identified the first Connecticut case of the Zika virus acquired in the continental United States. The patient had recently traveled to Miami-Dade County, Florida.

The announcement came two days after the U.S. Senate and House approved a short-term spending bill that included \$1.1 billion in Zika funding — \$394 million for Centers for Disease Control (CDC) state and local response, \$397 million for vaccine and diagnostic development, \$75 million for healthcare in Puerto Rico and territories, and \$175 million for global health and diplomatic programs. The federal funds have not yet been distributed.



Connecticut has received about \$1.3 million in CDC grants already that it is using to help protect residents from the Zika virus and monitor existing cases.

The Zika virus is spread to people primarily through mosquito bites, though it can also spread through sexual transmission. While illness is usually mild, the possible link with birth defects and miscarriages makes prevention of infection among pregnant women essential.

In Connecticut, Zika surveillance began on February 15, 2016. To date, 85 patients have tested positive for the Zika virus in Connecticut, five of whom were pregnant. According to the CDC, 3,358 cases of Zika have been reported in the United States.

## Hospitals Asked To Participate In National Weather Service Survey

The American Hospital Association is asking all hospitals to answer a survey being conducted by the National Weather Service (NWS). The survey is gauging how hospital officials and other decision makers use NWS watches, warnings, and advisories as a way to improve the agency's hazard messages.

This survey is part of the National Oceanic and Atmospheric Administration's NWS Hazard Simplification Project, which is analyzing the use and effectiveness of NWS watches, warnings, and advisories, and evaluating possible alternatives to these terms.



## American Hospital Association

The survey will assess the extent to which organizations (at all levels and in various sectors) have formally incorporated watches, warnings, and advisories into their decision-making processes via policies, protocols, laws, etc. For instance, do hospitals have written policies detailing what steps will be taken if a Tomado Watch is issued?

Survey answers will help the NWS understand the potential policy impact on various key partners if it significantly changes watches, warnings, or advisories, such as altering the meaning or name of a particular watch, warning, or advisory. This survey will close after October 31, 2016.

To take the survey, click [here](#). For more information about the overall Hazard Simplification Project, click [here](#).

## 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 should be 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, CNMT, Chief Executive Officer of UConn John Dempsey Hospital and Co-chairperson of the CAI.

## Education Updates

### 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 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 lecturer on financial management in healthcare, is back by member request to present the program.

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

### 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 the theme: "Building a Culture of Engagement, Respect, and Accountability." Ms. Bar-David is the author of *Trust Your Canary*, and has expertise in creating respectful and productive workplaces around the globe. In addition, Troy Cicero, an acclaimed national presenter, will lead 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.

### **Lean Principles: Process Flow and Value Stream Mapping in Healthcare**

Session I: Monday, October 31, 2016

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

Session II: Monday, November 7, 2016

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

**Please note: this is a two-session program, participants should attend both sessions.**

[View Brochure](#) | [Event Registration](#)

As the demands of health reform drive change in all areas of healthcare delivery, hospital leaders are focused on transforming their organizations through strategies that simultaneously increase revenue and sharply reduce costs. Lean principles offer leaders a management system and methodology that improves team engagement, eliminates road blocks, and allows hospitals to improve the quality of care for patients by reducing errors and waste streams, including wait times. It is a systematic approach to reducing costs and risks, while simultaneously setting the stage for growth and expansion.

Continuing education credits are offered for this session.

