Health Equity Summit Seeks to Erase Barriers to Care for Asthma

Addressing and eliminating healthcare disparities in the treatment of asthma and other illnesses, such as diabetes, which disproportionately affect people of color, was the focus of a Health Equity Summit at the Connecticut Hospital Association (CHA) on October 13 that featured speakers from across the continuum of care.

The day-long event, Improving Health Equity: The Connecticut Asthma Initiative and Beyond, showcased the work of hospitals and community partners collaborating in the Connecticut Asthma Initiative (CAI), which 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 the CAI’s 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.

The tone of the October 13 summit was set early on by Christopher Dadlez, FACHE, President and Chief Executive Officer of Trinity Health-New England. Mr. Dadlez, who is chairman of the CHA Committee on Population Health, opened the program by describing how CHA took a leadership role in addressing healthcare disparities.

“We wanted to be role models and leaders in this effort,” said Mr. Dadlez. “Martin Luther King said that of all the forms of inequality, injustice in healthcare is the most shocking and inhumane. That quote has been very inspirational to me, and to everyone here at CHA.”

This thought was echoed by Anne Diamond, JD, CNMT, Chief Executive Officer of UConn John Dempsey Hospital and chairperson of the CAI, who told the crowd that she has firsthand knowledge of how important it is to improve access and outcomes for asthma patients.

“As a Hispanic woman, I was diagnosed with asthma at the age of 7. I lived in a very rural environment and I had great healthcare, but I still ended up in the emergency room very frequently. I was intubated multiple times, coded many times,” said Ms. Diamond. “As recently as this past April, I was an inpatient at my own hospital for asthma. It just goes to show that even if you have the best medical care, you can still have problems.”

The message was clear: If even someone like Ms. Diamond, who is a hospital executive, can struggle with asthma, imagine how difficult it can be for patients who face significant barriers to care, such as language differences, lack of transportation, or substandard housing and schools.

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, said Mr. Dadlez and Ms. Diamond, 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 socioeconomic factors. The lessons learned from this endeavor will be used in subsequent efforts undertaken by CHA and Connecticut hospitals, such as initiatives to address diabetes and end-of-life care.

Patricia Baker, President and Chief Executive Officer of the Connecticut Health Foundation, said Connecticut must embrace system change that creates and supports the resources needed to tackle issues related to healthcare disparities.

“How do you come up with models that are sustainable and transformational, and that make an impact in people’s lives?” Ms. Baker asked. “We believe you shouldn’t have to take heroic measures just to navigate the healthcare system.”

Other speakers, like Tekisha Dawn Everette, PhD, Executive Director of Health Equity Solutions, said the key to addressing social determinants of health is to see patients “holistically.”

“Don’t just look at the patient’s clinical experience but at the community and living conditions,” said Dr. Everette, adding that Health Equity Solutions promotes policies, programs, and practices that result in equitable healthcare access, delivery, and outcomes for all people in Connecticut. “From our perspective, we look at this as system change, because that focuses on policy rather than just programs.”

Some examples of this, she said, are the health fairs and health walks that promote education and awareness. Although they are important, Dr. Everette said, it is more important to ensure that the conditions are in place for people in the community to be healthy after the walk or the fair ends.

Other speakers stressed the importance of collaboration, saying that removing barriers to care won’t happen on a widespread basis unless hospitals, community providers, and government agencies come together to figure out long-term solutions.

Patti LaMonica, RN, MSN, Executive Director of Emergency Medicine at Saint Francis Hospital and Medical Center, described a coalition of hospital and community partners in Hartford that are working together to remove access to asthma care. That coalition, which comprises the acute care hospitals in Hartford and their community partners, is working to standardize care across the city.

“Even though in some ways we’re competitors, we’re all about the patients and families we serve, so the walls come down and we transparently share things,” said Ms. LaMonica. “I think that’s a beautiful thing.”

Speakers also stressed the importance of community health workers in addressing social determinants of health, described successful care delivery models that better manage pediatric asthma, and discussed the important connection between healthy children and education.

The summit featured a long list of participants: Bob Salvi, MBA, RPFT, Manager Medical Services, and Selma Adams, BS, RRT, Respiratory Therapist, Stamford Hospital; Grace Damio, MS, Director, Research and Training, Hispanic Health Council; Bruce Gould, MD,
FACP, Associate Dean Primary Care, Director, Connecticut Area Health Education Center Program, UConn School of Medicine; Laurel Holmes, MSW, Community Partnerships and Population Health, Lawrence + Memorial Healthcare; Chioma Ogazi, DVM, MS, RN, Nurse Consultant, Connecticut Early Detection and Prevention Program, Department of Public Health (DPH); Jean Flatley McGuire, PhD, Professor of Practice, Northeastern University Institute on Urban Health Research and Practice; Raul Pino, MD, MPH, Commissioner, DPH; Michael Corjulo, APRN, CPNP, AE-C, Health Services Coordinator, Area Cooperative Educational Services and PCP, Children’s Medical Group; Veronica Mansfield, DNP, APRN, AE-C, Manager of Clinical Practice, Center for Chronic Care Management, Middlesex Hospital; Mehul Dalal, MD, MSc, MHS, Chronic Disease Director, DPH; Stephen Updegrove, MD, MPH, Consultant, New Haven Public Schools and Associate Clinical Professor Pediatrics, Yale School of Medicine; John Frassinelli, MS, RD, Bureau Chief, Bureau of Health/Nutrition, Family Services and Adult Education, Connecticut Department of Education; Peggy Schoen, BSN, RN, Wintergreen Interdistrict Magnet School; and Elizabeth Beaudin, RN, PhD, Senior Director, Nursing, Health and Workforce, CHA.
**State Unveils Three-Year Plan to Combat Opioid Epidemic**

State officials have announced a three-year strategy to reduce the number of fatal overdoses in Connecticut by providing more access to treatment and improving communication among state agencies, local health authorities, hospitals, and insurance providers. The plan, which was unveiled on October 6, is called the Connecticut Opioid Response Initiative (CORE).

CORE was created under the direction of Governor Malloy in response to Connecticut’s worsening opioid epidemic. The number of fatal drug overdoses in Connecticut has increased annually every year since 2012, and that trend is expected to continue this year.

The CORE Initiative recommends increasing access to high-quality treatment in Connecticut by strategically expanding opioid treatment programs and areas of high need and promoting same-day treatment. It also recommends measures to reduce overdoses by identifying those most at risk, intervening in the emergency department to get overdose patients into treatment, distributing naloxone to high-risk patients, and decreasing co-prescriptions of opioids and benzodiazepines.

Other recommendations include: increasing adherence to opioid prescribing guidelines by increasing the use of non-opioid treatments for acute and chronic pain and prescription monitoring programs, and expanding professional trainings on screening, intervention, and referral; increasing access to and tracking the use of naloxone; increasing data sharing across relevant agencies to coordinate response; increasing public understanding of opioid use disorder; and developing communications strategies to raise awareness and promote education about safe storage and disposal of prescription drugs.

CHA and its member hospitals have been at the forefront in the battle to prevent prescription drug abuse, and emergency department directors at hospitals across the state previewed the CORE Initiative recommendations at CHA prior to its announcement. CHA and member hospitals have been early adopters of voluntary opioid prescribing guidelines for emergency departments and have sponsored training and education programs for prescribers of opioids. Earlier this year, CHA provided testimony in support of a measure to increase access to overdose reversal drugs. [PA 16-43], An Act Concerning Opioids And Access To Overdose Reversal Drugs, is one component of a comprehensive statewide strategy to reduce the misuse and abuse of opioids and prescription drugs in Connecticut.

**AHA Survey Finds Security Issues Of Concern to Hospitals**

A national survey conducted by the American Hospital Association found that a majority of hospitals have adopted aggressive training programs designed to de-escalate security situations before they worsen, with 75% of respondents reporting that maintaining security has become more challenging over the past two years.

In response to the escalating security challenges, 85% of the responding hospitals said they are using aggressive management training, while another 5% plan to implement the training in the next year. Among other findings, 78% of respondents conduct a physical facilities security assessment at least annually, while 97% have workplace violence policies and 95% have active-shooter policies.

The 2016 Hospital Security Survey was conducted in June by the AHA’s Health Facilities Management magazine and the American Society for Healthcare Engineering.

Healthcare worker safety issues continue to be a priority for the Connecticut Hospital Association (CHA) and its members. In October of 2010, CHA convened a group of hospital representatives to address workplace violence. The group reviewed safety measures in place currently, consistent with The Joint Commission and OSHA guidelines. It examined and shared various best practices, such as managing building access, strengthening relationships with local law enforcement, and expanding training programs in de-escalation techniques.

During the 2011 Legislative Session, CHA supported the passage of [SB 970 (PA 11-175)], An Act Concerning Workplace Violence Prevention And Response In Health Care Settings, which helps to create a framework to protect hospital employees from violence. The legislation requires healthcare institutions with 50 or more employees, including hospitals, to take specific steps designed to address workplace violence.

According to the Occupational Safety and Health Administration (OSHA), a hospital is one of the most hazardous places to work. In 2015, there were 916 workplace violence incidents reported in Connecticut healthcare facilities; of those, 869 occurred in Connecticut hospitals. Of those 869, 102 incident reports included information about the perpetrator and victim. An analysis of those reports filed by hospitals shows that: members of hospital staff were the victims in 100% of the incidents (102 of 102), 97% of these incidents (99 of 102) were perpetrated by patients against hospital staff, and a majority of the incidents occurred in the emergency department.

**CDC Awards $14 Million to Study Antibiotic Resistance**

The Centers for Disease Control (CDC) has awarded more than $14 million to 34 groups, including one at Yale University, in the hopes of finding new approaches to combat antibiotic resistance. The grants will fund research into how microorganisms already present in the human body can be used to predict and prevent new infections.

The awards will fund research exploring the link among antibiotics, the microbiome, and the downstream consequences of widespread antibiotic use. Research projects being funded include studies about how antibiotics disrupt a healthy microbiome, how a disrupted microbiome puts people at risk, and how antibiotic stewardship can be improved to better protect the microbiome.

The federal government’s focus on this issue recognizes that antibiotic resistance is considered one of the most important infectious disease threats of our time. More than two million people in the United States get infections that are resistant to antibiotics every year – and at least 23,000 people die as a result. If hospitals were to unable to use antibiotics, their ability to treat patients with sepsis and cancer, provide organ transplants, and save victims of burns and trauma would be seriously compromised.

Connecticut hospitals view antimicrobial stewardship as important for medical care quality. Many have antibiotic stewardship programs in place led by physician champions, are tracking and controlling antibiotic use, and offer provider education. Additionally, antibiotic stewardship will play a large role in the Hospital Improvement Innovation Network, in which all CHA member hospitals are participating.

**CHA Nurse Leadership Forum: Building a Culture of Engagement, Respect, and Accountability**
On Friday, October 28, CHA will hold its 16th annual Nurse Leadership Forum, built on a theme of “Building a Culture of Engagement, Respect, and Accountability.” Speakers will present creative leadership strategies to combat incivility and bias, while improving the patient-family experience, and increasing humor in the workplace.

Sharone Bar-David, author of Trust Your Canary, will be the keynote presenter. Ms. Bar-David, an expert at creating respectful and productive workplaces around the globe, will present an interactive, entertaining, and thought-provoking session that will inspire participants to feel, think, and act differently with regards to workplace civility. She will offer information on key issues and strategies for maintaining a civil work environment that results in exemplary care.

Troy Cicero, President of MulticultuReal® Communications, will present a plenary session on “Celebrating Diversity—Building Cultural Competence.” It is incumbent that nurse leaders build and create a culture and climate where differences are recognized, valued, and respected.

Mr. Cicero will present a model that is behavior, situation, and skill based, and depicts the four Levels of Relationship and 10 key Steps for building cultural competence—the MulticultuReal® ‘Relationship’ & ‘Accountability’ Model™.

Other speakers include Tory Zellick, Founder and CEO of All Things Caregiver, who will share her personal story of caring for her mother as a recent high school graduate; and Patty Wooten, nurse and humorist, who will discuss the importance of having a humorous perspective in the face of chaos.

Continuing education credits will be offered.

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

Continuing education credits will be offered. 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.
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 being 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 being offered for this session.
Lean Principles: Process Flow and Value Stream Mapping in Healthcare
Session I: Monday, October 31, 2016
Session II: Monday, November 7, 2016
9:00 a.m. - 2:00 p.m.
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 roadblocks, 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.

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

Continuing education credits will be offered. See the brochure for details.

Transitioning From Staff to Management: What's Next?
Wednesday, November 9, 2016
8:30 a.m. - 3:30 p.m.
View Brochure | Event Registration

Whether recently assigned to the role of manager or a seasoned veteran, it is important to determine how well your problem solving, critical thinking, and decision making skills are keeping pace with the ever-changing healthcare environment. For those who attended Staff to Management: Starting the Transition in March or September, this is the second course in the two-part program and provides additional development for all managers who want to continually improve their skills.

Continuing education credits will be offered.

Leading in a VUCA Environment
Thursday, November 10, 2016
9:00 a.m. - 3:00 p.m.
View Brochure | Event Registration

VUCA is an acronym that describes an environment that is Volatile, Uncertain, Complex, and Ambiguous—a military term that was created during the Cold War and reused during the Middle East conflicts. Healthcare fits the description perfectly—and as the landscape continues to evolve, learning the strategies and principles of VUCA Leadership will enhance focus and agility. This workshop will blend didactic and experiential material, giving leaders practical tools to engage their employees in shaping organizational culture and achieving outcomes that drive operational excellence.

Continuing education credits will be offered. See the brochure for details.

Best Practices for Handling Hazardous Drugs (for Hospital Engineers)
Thursday, November 10, 2016
8:00 a.m. - 11:15 a.m.
View Brochure | Event Registration

This training—which is designed for hospital engineers—will include examples of the effects of exposure to hazardous drugs (HD) on healthcare staff that handle HDs, best practice related to HD compounding, and differences between USP Chapters <800> from <797> and <795>. A description of the primary, secondary, and supplemental engineering control requirements will also be provided.

Registration for this session includes access to CriticalPoint’s eLearning course: Engineering Controls and Personal Protective Equipment. This lesson and post test must be completed by all participants prior to the scheduled training.

Best Practices for Handling Hazardous Drugs (for Hospital Pharmacists)
Thursday, November 10, 2016
8:00 a.m. - 5:30 p.m.
View Brochure | Event Registration

This full-day, interactive training is designed for hospital pharmacists and pharmacy technicians, and will review current and proposed regulation concerning all aspects of handling hazardous drugs (HD). Understanding these regulations will allow users to future-proof their facility and employ best work practices when performing both non-sterile and sterile HD handling.

Registration for this session includes access to CriticalPoint’s eLearning courses Introduction and Overview and Engineering Controls, Personal Protective Equipment, and Hazardous Drug Work Practice Strategies (5 hours of ACPE-approved CE). The three lessons and post tests must be completed by all participants prior to the scheduled training.