Asthma Initiative Gaining Steam As Partners Collaborate

Although the room was full of people already dedicated to the goal of addressing the state’s asthma problem, Cristin Buckley’s presentation at a statewide asthma initiative meeting on October 13 provided a heartbreaking reminder of how critical the issue remains.

Buckley, whose 7-year-old son Benjamin died five days after suffering a severe asthma attack on January 18, 2014, said more needs to be done to educate parents and patients about how to use medications correctly and what to do when a severe attack occurs. Her remarks were addressed to nearly 70 people from hospitals and community agencies who gathered for the meeting at CHA to hear presentations about the Connecticut Asthma Initiative, which is scheduled to launch publicly in January.

“Seven-year-olds should not die from an asthma attack,” said Ms. Buckley, adding that she wasn’t aware that her son was using his inhaler too often and realized after his death that she didn’t understand the correct protocol. "Parents don’t know the questions to ask. Patients don’t know the questions to ask. It needs to be easier for people to get information.”

This message was reinforced throughout the meeting as a variety of experts presented information about the importance of educating patients to use their medications correctly, embracing best practices for universal implementation of individualized asthma action plans, and making sure patients have a follow-up plan in place after being discharged from the hospital.

The asthma initiative was developed by the CHA Committee on Population Health, which determined that asthma remains a problem that affects the quality of life of children and adults in Connecticut. A kickoff program was held in March.

The goal of the initiative is to improve patient care and to design new models of care that will transform community partner and hospital relationships. The initiative is being led by Anne Diamond, CEO, UConn Health John Dempsey Hospital, and Stuart G. Marcus, MD, President and CEO, St. Vincent’s Medical Center.

That goal will only be met, speakers said, if hospitals and their community partners work together to develop the training and strategies that ensure all patients understand how to use their medications and have asthma action plans they can follow.

Janet Annesi, from UConn Health John Dempsey Hospital, Marie-Christine Bournaki, from the Connecticut Department of Public Health, and Veronica Mansfield, from Middlesex Hospital, each spoke, respectively, about staff training/patient teaching for inhaler use, developing asthma action plans, and following up with primary care providers after discharge.

Equally important, said Tiffany Donelson of the Connecticut Health Foundation, is recognizing that asthma disproportionately affects members of the African American and Latino communities. Grace Damio, of the Hispanic Health Council, reinforced this point and cited anecdotal information from three focus groups in Bridgeport, Hartford, and New Haven that are studying the ways in which asthma differently impacts the lives of minority populations. Participants in those groups talked about not having enough money to purchase medication for themselves or their children, living in substandard housing or attending run-down schools that exacerbate asthma, losing medical insurance, and missing too much work or school due to asthma.

“There is a need for action plans that are directly linked to the issues that come up in these communities,” Ms. Damio said.

CHA staff also spoke about some of the ways in which they are assisting in the effort — by tracking with data analytics that helps clarify hospital utilization of asthma services and by developing a website and social media campaign to publicize the initiative and educate patients.
CHA Responds to Cuts to Community Care Team Funding

On October 14, it was announced that the Governor rescinded grant funding for the first year of the Community Care Teams, an evidence-based, integrated model of care to aid our state’s most vulnerable patients. CHA released the following statement to the media.

We are deeply disappointed that the Governor has unilaterally cut funding to Community Care Teams, a program that was created to help treat and care for persons suffering from chronic and persistent medical and mental health conditions. This innovative program would have helped those most in need of medical and mental healthcare; eased the burden on care providers in our emergency rooms; demonstrated collaboration among hospitals and other community providers of healthcare, housing, and social services; and saved the state money, since many of these patients are also Medicaid clients.

Cuts to this program run counter to the very nature of reforming the mental health delivery system in Connecticut, and counter to hospitals’ continued efforts to reform how care is delivered to Connecticut residents.

This is just another troubling example of how the Governor’s cuts are undermining our state’s healthcare infrastructure and the well-being of its residents. We strongly urge Governor Malloy to reconsider these devastating funding cuts, which harm patients and the hospitals that care for them.

State Provides $14.1 Million to Six Hospitals

A tactical move by Governor Malloy on October 9 to return roughly $15 million out of nearly $200 million in hospital cuts drew swift criticism from CHA last week. In a statement that was quoted widely across Connecticut’s media outlets, Jennifer Jackson, CEO, CHA, said:

Today the Governor has reversed himself and decided to restore less than six percent of his cuts to hospitals. This is simply a political smoke screen to cover up and divert attention from the devastating $190 million in cuts he unveiled two weeks ago. Let’s be clear: This is a Band-Aid on a bone-deep wound.

The people of Connecticut understand what the Governor is doing, and won’t stand silently by while the Governor harms patients and undermines Connecticut’s healthcare system.

CHA’s fight to reverse the governor’s cuts is being waged on various levels, including a campaign that has so far resulted in nearly 40,000 letters being sent to legislators urging them to intervene. If you have not already done so, please click here to make your voice heard. As well, radio and social media ads are running across the state urging people to oppose cuts to hospitals.

Lawmakers on both sides of the aisle were critical of the Governor’s actions last week and expressed concerns that the state stands to lose federal matching funds if the Medicaid cuts are not fully restored.

Democratic House Speaker J. Brendan Sharkey was quoted as saying that, “simply reshuffling already overdue payments for the first quarter toward smaller hospitals is not an adequate resolution and amounts to randomly picking winners and losers.”

Governor Malloy’s cuts, which were announced by his budget office on September 29, originally eliminated 100% of the supplemental and small hospital payments due for October 1, 2015 through June 30, 2016 (i.e., $192 million). Combined, these two cuts increase the tax burden on hospitals from $300.1 million to $492 million over that nine-month period.

Overall, the hospital tax is now half a billion dollars each year. Governor Malloy has effectively raised the tax by $100 million each year he has been in office. At the same time, the state is leaving $373 million federal dollars on the table each year.

General Assembly’s GOP Calls for Budget Fixes
Senate and House Republicans increased the drum beat this week for a special session to address the $103 million in rescissions to hospitals and other human services that were ordered by Governor Malloy last month. All 79 GOP lawmakers from both chambers submitted a petition on October 13 to the Secretary of State’s Office requesting that the legislature come back into session to address the budget cuts.

Republican lawmakers have been vociferous in their objection to the Governor’s cuts to hospitals and other necessary human services. The cuts to hospitals equate to $192 million. The Governor justifies the rescissions based on a downward turn in projected capital gains from investments in the stock market.

To trigger a special session, a majority of lawmakers from both chambers - at least four Democrats in the Senate and 12 Democrats in the House - would need to sign the petition. Democratic leaders have indicated that they are working on a plan to mitigate the unilateral cuts ordered by the Governor, but have so far said that they will not call a special session to address the issues prior to the start of the next legislative session in February 2016.

On Tuesday, Republican leaders urged their Democratic colleagues not to wait that long, warning that the danger for hospitals and other vital human services is too serious.

“Our hospitals, our mental health programs, and our developmentally disabled services cannot wait until next year. The Governor’s cuts will have a devastating impact on healthcare across the state,” said Senate Minority Leader Len Fasano.

“Democrats and Republicans have the power to override the Governor, but only if we work collaboratively. The legislature cannot sit idly by while its policy priorities are ignored and the Governor wreaks havoc on our healthcare system,” said Rep. Themis Klarides. “This is a long-term problem that requires a long-term solution and we cannot wait until the next session when three quarters of the fiscal year will be gone and our options diminished. By then, many hospital workers will have lost their jobs and the disabled and others will have lost services.”

The General Assembly can be called in to a special session by the Governor or by majority party legislative leaders. However, if rank and file legislators demonstrate that a majority in both chambers deem it necessary to meet in special session, they can initiate a session themselves.

CHA to Present Health Equity Collaborative Symposium

On Monday, October 26, 2015, CHA will present the Health Equity Collaborative Symposium – a program to celebrate the fourth anniversary of the Diversity Collaborative and its transition this year to a focus on health equity. The Symposium will feature a keynote presentation on The Skin You’re In by Thomas A. LaVeist, PhD, Johns Hopkins Bloomberg School of Public Health, a presentation on Cultural Competence in Healthcare by Troy Cicero, MulticultuReal, and a session on approaches to increasing supplier diversity.

In 2011, Connecticut hospitals launched the CHA Diversity Collaborative as part of their demonstrated commitment to ensuring integrated, equitable care, eliminating disparities, and improving health equity. Continuing to build from a strong foundation of work, this year CHA’s Diversity Collaborative began a transformation this year to a broader focus on health equity, reflected in the Collaborative’s new name: the CHA Health Equity Collaborative. This multi-year, statewide initiative is designed to engage hospitals in educational programs, implementation of improvement strategies, sharing best practices, and measuring and tracking progress to achieve the Collaborative goals, all in recognition of the fact that health equity is the cornerstone of quality healthcare.

Education Updates

Cultural Competence at Its Core
Friday, October 23, 2015
9:00 a.m. - 3:00 p.m.
View Brochure | Event Registration

Cultural Competence at Its Core involves peeling back layers of biased behavior, and examining positive and negative attitudes, intense emotions, and deep-rooted core values, in order to establish key principles of trust, openness, understanding, communication, respect, and collaboration—for the sake of achieving health equity, unbiased care, and true inclusion.

In this workshop, participants will have the opportunity to examine the many “cultural factors” that affect the healthcare experience. Understanding the stages of new awareness and growth from unconscious incompetence to conscious competence will be factored into this full-day workshop.

Expect a highly interactive, insightful, instructive, and inclusive workshop that will be both fun and informative, from Troy Cicero, a dynamic and highly-rated CHA instructor.

Continuing education credits will be awarded. Please see the brochure for details.

HRO Creating Sustainability for High Reliability Organizations
Wednesday, October 28, 2015
9:00 a.m. - 12:00 p.m.
Event Registration

This session is designed for drivers of change in your organization and covers techniques to ensure the changes resulting from High Reliability approaches are ongoing.

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

HRO Safety Coach Training
Wednesday, October 28, 2015
1:00 p.m. - 4:00 p.m.
Safety Coaches are peer mentors, designed to recognize and acknowledge good high reliability behavior and to remind people about opportunities to improve behavior that does not stay true to high reliability concepts.

We are offering Medicine, Nursing, and Quality continuing education credits for this session.

**2015 Nurse Leadership Forum**
Thursday, October 29, 2015
9:00 a.m. - 4:00 p.m.
[View Brochure](#) | [Event Registration](#)

We are pleased and excited to announce that we have confirmed Dave deBronkart as the keynote presenter for CHA's 15th annual Nurse Leadership Forum. Mr. deBronkart is known on the internet as "e-Patient Dave," the author of Let Patients Help: A Patient Engagement Handbook, and one of the world’s leading advocates for patient engagement. We are equally pleased to have Ron Culberson as the closing presenter. Mr. Culberson's presentation Managing to Be a Great (and Fun) Leader discusses how to be a successful leader. Forum sessions are also being planned on Crucial Conversations, and an overview of the current labor environment.

Continuing education credits will be awarded. Please see the brochure for details.

**Transitioning From Staff to Management: What's Next?**
Monday, November 2, 2015
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 September or May 2015, 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 awarded.

**Coaching Skills to Improve Performance**
Tuesday, November 3, 2015
9:00 a.m. - 3:00 p.m.
[View Brochure](#) | [Event Registration](#)

What does it take for a manager to be an effective coach? Is there a difference between managing and coaching employees for improved performance? Building trust, appreciating differences, encouraging growth, providing constructive criticism, and overcoming roadblocks to goal achievement are all part of the process.

Continuing education credits will be awarded.

**HIPAA Privacy and Security Basics**
Wednesday, November 4, 2015
9:00 a.m. - 2:30 p.m.
[View Brochure](#) | [Event Registration](#)

This program will review the current HIPAA Privacy, Security, and Breach Rules, with an emphasis on recent enforcement actions by the Office for Civil Rights and an overview of the newly announced government audit targeting HIPAA compliance. The program information includes strategies for maintaining continuous compliance, a review of business associates rules, and practical tips and solutions for remaining compliant with HIPAA as the transition from paper to EHR accelerates. We will also cover emerging issues in privacy liability, including costs associated with breach events and a new Connecticut Supreme Court case that is likely to increase liability and risk for HIPAA-covered entities.

Continuing education credits will be awarded.

**OSHA Guidance**
Friday, November 6, 2015
9:00 a.m. - 4:00 p.m.
[View Brochure](#) | [Event Registration](#)

Representatives from OSHA will provide members with a general overview of OSHA's recent guidance on workplace violence; musculoskeletal disorders/ergonomics; slips, trips, and falls; and bloodborne pathogens; explain OSHA's record sharing addendum, and provide practical steps organizations must take to ensure compliance.

Continuing education credits will be awarded.

**HRO Train-the-Trainer**
Wednesday, November 11, 2015
9:00 a.m. - 4:00 p.m.
[Event Registration](#)

After leadership training takes place with hospitals and ambulatory practices, individuals who embody a commitment to high reliability should be chosen from those organizations. Those are the trainers of the next generation of high reliability participants. They can include educators, front-line managers, and senior leaders.

Medicine, Nursing, Quality, and Radiology continuing education credits are offered for this session.
HRO Cause Analysis - Two-Day Program
Thursday, November 12, 2015
Friday, November 13, 2015
8:30 a.m. - 4:30 p.m.
Event Registration

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 staff, safety staff, risk management staff, and other staff that respond to events.

Medicine, Nursing, and Quality continuing education credits for this session (must attend the entire two-day session to receive these credits).