

Thursday, October 26, 2017

[Printer-Friendly Version](#)**In This Issue:****General Assembly Approves \$41.3 Billion Budget****Care Decisions Connecticut Conference to Feature Colin McEnroe****AHA Toolkit Helps Hospitals Address Opioid Epidemic****DPH Tracking Early Influenza Cases****CHA Program Addresses Social Determinants of Health****Education Updates**[Update Archives](#)**General Assembly Approves \$41.3 Billion Budget**

Lawmakers in the House of Representatives and Senate overwhelmingly approved a \$41.3 billion bipartisan budget today, sending the plan to Governor Dannel Malloy for his signature. Both chambers approved the budget by more than a two-thirds majority, which is the margin needed to override a potential gubernatorial veto.

The House approved the budget this afternoon by a 126 to 23 vote. Senators voted 33 to 3 in favor of the biennial budget 10 hours earlier.

The budget was negotiated by legislative leaders from both parties over the last few weeks, which led to its bipartisan support in both chambers. Connecticut has been without a budget since the start of the state fiscal year – July 1, 2017.

The Governor has stated that he will review the details of the budget before making a decision on whether he will sign or veto the spending and revenue plan.

The two-year spending plan would implement the agreement reached in mid-September between hospitals, the Governor's office and legislative leaders, which was included in both Democratic and Republican versions of previous budgets. The agreement would leverage federal dollars to help the state, hospitals, and the patients they serve.

Additionally, the bipartisan budget would cut \$65 million annually from the University of Connecticut, maintain public financing for election campaigns, increase the cigarette tax by 45 cents per pack, slightly reduce municipal aid, maintain green energy and energy-efficient programs, establish spending, bonding, and revenue volatility caps, require teachers to pay an additional one percent of their salary toward their retirement funds, require legislative approval on union contracts, and provide tax cuts for Social Security recipients and pensioners.

Care Decisions Connecticut Conference to Feature Colin McEnroe

WNPR's Colin McEnroe will headline the Care Decisions Connecticut conference on Tuesday, November 14, 2017, at the Frank H. Netter MD School of Medicine at Quinnipiac University.

The event, which begins at 11:00 a.m., is free and open to the public, with pre-registration.

Care Decisions Connecticut is a statewide movement that aims to empower people to take an active role in healthcare decision making, beginning with conversations about the kind of end-of-life care they wish to receive.

Mr. McEnroe will be sharing personal stories about the different ways people approach the end of life. In addition to Mr. McEnroe, Rev. Rosemary Lloyd, BSN, MDiv, will discuss the importance of having value-centered conversations about end-of-life decisions with loved ones and healthcare providers. Rev. Lloyd is Advisor to Faith Communities for The Conversation Project at the Institute for Health Care Improvement. Additionally, the Honorable John J. McGrath Jr., judge of the Windham-Colchester probate district in Willimantic, will join Mr. McEnroe and Rev. Lloyd for the question-and-answer session.

The event is designed to raise awareness about end-of-life care planning and encourage people to discuss their healthcare wishes with their families and healthcare providers.

"We hope participants will use this conference as both a resource and an impetus to have the vitally important conversations we all should have with our loved ones about our healthcare decisions," said Jennifer Jackson, CEO, CHA.

Care Decisions Connecticut, which includes representatives from hospitals, state agencies, insurance companies, as well as long-term, home, hospice, and palliative care, aims to increase public knowledge and awareness about advance care planning, and implement best practices for providers across Connecticut. It is led by Co-chairpersons Adam Silverman, MD, Chief Population Health Officer, Trinity Health Of New England; and Karen Mulvihill, DNP, APRN, WCHN Network Director of Palliative Care.

The program, which will be held from 11:00 a.m. to 3:00 p.m., is sponsored by the Connecticut Association for Healthcare at Home.

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

AHA Toolkit Helps Hospitals Address Opioid Epidemic



The American Hospital Association (AHA) has released a new [toolkit](#) to help hospitals and health systems work with patients, clinicians, and their communities to address the opioid epidemic.

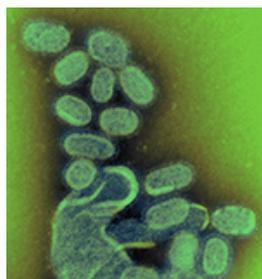
The toolkit includes case examples and resources to promote appropriate prescribing practices; identify non-opioid treatment options; treat opioid use disorders and address stigma; educate patients, families, and caregivers; ensure safe and effective care transitions; safeguard prescription opioids against diversion; and collaborate with communities.

The scope of the opioid epidemic is staggering. According to the Centers for Disease Control and Prevention, more than 33,000 people died from opioid-related overdoses in 2015, which amounts to more than 90 people a day or approximately four people each hour. In Connecticut, there were 539 accidental drug-abuse deaths in the first six months of 2017, according to the state Medical Examiner's Office. The state Medical Examiner's Office is projecting a 2017 death toll of 1,078 – an 18 percent increase over last year. The majority of these deaths are linked to opioid abuse.

Connecticut hospitals have been engaged for years in efforts to reduce inappropriate opioid use while ensuring patients have appropriate pain medication. In 2015, Connecticut hospitals adopted voluntary opioid prescribing guidelines to help ED staff treat patients with chronic pain conditions. The guidelines are intended to reduce inappropriate use of opioids while preserving the vital role of hospital EDs in treating patients with emergent medical conditions.

Additionally, CHA is embarking on an initiative known as the Neonatal Abstinence Syndrome Comprehensive Education and Needs Training (NASCENT) project. This project will demonstrate that a regional approach to education is an effective method for creating awareness and increasing best practice utilization for opioid prescribing, as well as identifying and treating opioid-addicted women of childbearing age.

DPH Tracking Early Influenza Cases



The Connecticut Department of Public Health reports that influenza cases have been slowly rising in Connecticut since the end of August and are now considered to be “geographically sporadic.”

To date this season, there have been 30 confirmed cases of influenza and 11 hospitalizations in Connecticut. No deaths have been reported. The predominant influenza viruses identified so far this season are Type A, although there is a small percentage of Type B influenza viruses in circulation.

Statewide ED visits attributed to the “fever/flu syndrome” are beginning to increase and are now at four percent, which is below the level of five percent statewide generally considered the minimum threshold when there are elevated influenza-associated ED visits.

Vaccination is a best practice for patient and healthcare worker safety. In 2011, the 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.

CHA Program Addresses Social Determinants of Health



On Thursday, November 2, 2017, CHA will host *Improving Health Equity: Addressing Social Determinants of Health*. The sixth annual health equity symposium will feature a keynote presentation by Rishi Manchanda, MD, MPH.

Dr. Manchanda, a physician, healthcare leader, and author of [The Upstream Doctors](#), is an advocate and expert in improving care by addressing patients' health-related social needs. He is the Founder and President of HealthBegins, an enterprise that provides healthcare professionals and organizations with tools and methods to look for the social and environmental sources of patients' illness as part of their assessment and care. Dr. Manchanda will discuss how developing an “upstreamist” mindset will be critical to improving and transforming healthcare in the future.

Health equity is a component of the work CHA is doing with all Connecticut hospitals and healthcare systems to advance population health strategies through data analysis, care coordination, and health improvements across the care continuum. The work began in the 2011, when CHA launched a statewide Diversity

Collaborative to focus on three goals:

- Increase the diversity of hospital governance and senior management
- Increase cultural competence in the delivery of care
- Increase supplier diversity

Hospital teams began a regular process of sharing strategies and best practices, participated in educational sessions, webinars, and team conference calls, and developed policies, procedures, and education for all staff to work toward the goals.

As the work evolved, the focus on improving health equity has taken center stage and CHA has transitioned the original diversity initiative to a focus on health equity. CHA's work in health equity has recently expanded to include the creation of the Connecticut Social Health Initiative, which will assist hospitals and collaborating organizations to identify and address the social determinants of health for patients at the point of care.

The *Improving Health Equity: Addressing Social Determinants of Health* program is being presented as part of the Partnership for Patients HIIN educational series.

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

Education Updates

Surgical Fire Prevention, Suppression, Evacuation: What You Need to Know

Monday, October 30, 2017

9:00 a.m. - 12:30 p.m.

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

Consulting firm Russell Phillips & Associates will review surgical fire procedures and OSHA and TJC's requirements for a fire risk assessment program. Darren Osleger, Fire and Emergency Management Consultant, will discuss causes of surgical and special care fires, prevention strategies, and training programs for hospital staff.

2016 CMS Emergency Preparedness Standards and Designing a Hospital Emergency Management Program

Monday, October 30, 2017

1:30 p.m. - 5:00 p.m.

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

Andrew McGuire, Fire & Emergency Management Consultant and Connecticut Long Term Care Mutual Aid Plan Project Manager, Russell Phillips & Associates, will discuss best practices for designing infrastructure and specific disaster response and recovery plans, as well as the importance of training and testing these plans. Mr. McGuire will review the four core elements of the 2016 CMS Emergency Preparedness Rule: Hazard Vulnerability Assessment (HVA) and Mitigation Plan, Communications Plan, Recovery Plan / Continuity of Operations Tools, and Plan training and testing (training/exercises/drills).

CHA Nurse Preceptorship Program

Friday, November 3, 2017

8:30 a.m. - 3:45 p.m.

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

Supporting and strengthening the work of nurse preceptors is critical for the development of new nurses and for retention of the highly skilled staff registered nurses who teach them at the bedside.

CHA's Nurse Preceptorship Program features a curriculum developed by a team of educators from hospitals and schools of nursing, and is designed to provide core content that is foundational for the role of nurse preceptor. This 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.

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

Creating Sustainability for High Reliability Organizations

Wednesday, November 8, 2017

9:00 a.m. - 12:15 p.m.

[Event Registration](#)

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

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

HRO Safety Coach Training

Wednesday, November 8, 2017

1:00 p.m. - 4:15 p.m.

[Event Registration](#)

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.

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

HRO Train-the-Trainer

Thursday, November 9, 2017

9:00 a.m. - 4:15 p.m.

[Event Registration](#)

The model for spreading the training to the rest of the staff is a train-the-trainer model. 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 the training contingent. Train-the-trainer sessions are for hospitals and ambulatory practices.

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

Transitioning From Staff to Management: What's Next?

Monday, November 13, 2017

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 one's 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—those who are new to the role and those who want to improve their skills.

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

Leading Through Change

Tuesday, November 14, 2017

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

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

The scope and pace of change in healthcare is unrelenting. Sarah Campbell Arnett, Manager of Organizational Change at Cone Health, will discuss the distinction between change and transition as well as provide tools for effectively leading during these changing and challenging times. 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 provided. Please see the brochure for details.

Neonatal Abstinence Syndrome

Monday, November 20, 2017

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

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

This Connecticut Perinatal Quality Collaborative conference on Neonatal Abstinence Syndrome (NAS) will include a presentation by Brian T. Bateman, MD, MSc, Chief, Division of Obstetric Anesthesia, Department of Anesthesiology, Brigham and Women's Hospital, and Associate Professor, Harvard Medical School, on the role of opiates in post-delivery pain relief. It will also include a presentation by Victoria A. Flanagan, RN, MS, Perinatal Outreach Educator, Regional Program for Women's and Children's Health, and Director of Operations, NNEPQIN, Dartmouth-Hitchcock Medical Center, on Dartmouth-Hitchcock Medical Center's successful "One Mom at a Time" collaborative. The morning's agenda also includes a session on the Child Abuse Prevention and Treatment Act. The afternoon will be spent working with hospital teams to develop hospital-specific plans for treating this patient population.

Continuing education credits will be provided.

