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CHA Launches StopTheCutsNow Ad Campaign Across Multiple Platforms



CHA broadened its advocacy communications efforts with the November 4 launch of a new website, www.StopTheCutsNow.org, and new TV, radio, and digital ad campaign opposing the \$240 million in cuts to hospitals ordered by Governor Malloy.

In addition to rolling out TV and radio ads, CHA activated new [Facebook](#) and [Twitter](#) accounts, using the hashtag #StopTheCutsNow.

The campaign, which is intended to coincide with ongoing budget talks between Republican and Democratic legislative leaders attempting to close the state's growing deficit, spells out the expected impacts of the cuts, calls on lawmakers to intervene, and urges the governor to restore the funding.

In a statement released to the press, Jennifer Jackson, CEO, CHA, said:

"After five years of cuts and taxes totaling more than \$1.3 billion to hospitals in Connecticut, we have reached the breaking point and have no choice but to fight back against the Governor's dangerous and deeply damaging actions. Governor Malloy's cuts have already cost healthcare jobs and forced hospitals to cut back critical services. Enough is enough."

"As healthcare organizations dedicated to helping people, these cuts make us sick. This campaign is about standing up for those who do not have a voice but will be directly impacted by these cuts."

The campaign represents a significant commitment on the part of CHA and its member to address an increasingly unfair and burdensome cycle of taxes and cuts that are harming hospitals and patients by increasing costs and reducing access to care.

In its announcement of the campaign, CHA pointed out that the Medicaid funding that Governor Malloy cut earlier this year is needed to support the healthcare costs of the state's neediest residents - the one in five on Medicaid. In addition to the hospital cuts, Governor Malloy also rescinded funding for Community Care Teams, a program that would have helped those most in need of medical and mental healthcare. Because many of these patients are on Medicaid, the program was projected to save the state money.

Lawmakers are considering a special session to address the state's mounting financial problems. Governor Malloy invited legislative leaders back to the negotiating table last month following mounting criticism from both parties about cuts to hospitals and human services.

The Governor initially set the budget deficit at roughly \$220 million, but that estimate was raised to between \$350 and \$370 million after a meeting with lawmakers on November 4.

Nurse Leadership Forum: Empowered Patients are Better for the Healthcare System

Empowering people to take an active role in their own medical care is not just good for patients, Dave deBronkart posited at the 2015 Nurse Leadership Forum at CHA on October 29, it can also help providers obtain better outcomes.

Mr. deBronkart, who is known as "[e-patient Dave](#)," told the powerful story of his own bout with Stage IV cancer, and how researching his diagnosis and finding an online community of fellow cancer patients helped save his life.

He stressed that – contrary to what people may have been told by their doctors – it is actually more dangerous not to educate yourself.

"Googling is a sign of an engaged patient," said Mr. deBronkart, who is co-founder and board member for the Society of Participatory Medicine. He became passionate about changing the way people engage with their own healthcare after he was diagnosed in 2007 with Stage IV, Grade 4 renal cell carcinoma that had metastasized.

Although Mr. deBronkart wasn't expecting dramatic news when he scheduled a physical with his doctor that year and wasn't yet involved in the patient engagement movement, he approached that appointment in a way many patients do not. First, he sent his doctor a "pre-appointment" e-mail that included 12 items he wanted to discuss. Second, he researched some of the health issues he was having before writing the e-mail, so he could offer suggestions to his doctor about what might be causing his symptoms.

"People said to me, 'You sent your doctor an agenda?' and they were incredulous. But what other profession has meetings without an agenda?" Mr. deBronkart said. "[That e-mail] was just me doing my best to be a good partner."

One of the items on that agenda turned out to be crucial to Mr. deBronkart's eventual diagnosis: a stiff shoulder. His doctor ordered a routine shoulder x-ray, which revealed a mass in his lung. Further tests confirmed that he had renal cell carcinoma.

Although the doctors refused to give him a prognosis for his disease, citing a dearth of research, Mr. deBronkart went online and found a website that allowed him to score the disease. The result was a 24-week median survival rate, which deBronkart refused to accept.

"I immediately started asking questions. What are my options? What can I do," Mr. deBronkart said. That's when his doctor referred him to an online community of other cancer patients.

Within two hours of posting on that website, Mr. deBronkart said he began receiving valuable information about treatments, side-effects, and research that enabled him to be a partner, with his doctors, in his healthcare and survive a disease many believe is fatal.

His advice to others is simple: find a doctor whose practice is anchored on their patients' needs and perspectives; communicate to your doctor that you want to be informed and will ask a lot of questions; request and review your own medical records; communicate with your doctor via e-mail before your appointments and at other times when it's necessary; and research your own symptoms online and access patient support sites for additional information.

The Nurse Leadership Forum also included sessions about communication, labor relations trends, and leadership. Ron Culberson, a speaker, humorist and author who led the final session on leadership, signed copies of his book, "Do It Well, Make It Fun."



Hospital-Acquired Conditions on the Decline



The Agency for Healthcare Research and Quality [reported](#) this week that hospital-acquired conditions (HACs) declined by 17% (1.3 million) between 2010 and 2013, saving an estimated 50,000 lives and \$12 billion in healthcare costs. Adverse drug events fell by 44%, pressure ulcers by 21%, and catheter-associated urinary tract infections by 14%, among other reductions.

The findings are based on the AHRQ National Scorecard, which provides summary data on the national HAC rate for measurement activities associated with the Centers for Medicare & Medicaid Services' Partnership for Patients initiative, which included more than 3,700 acute-care hospitals participating in Hospital Engagement

Networks (HEN).

CHA and all Connecticut hospitals participated in the Partnership for Patients initiative, completing participation in the first round of the program in December 2014. Connecticut was a consistently top-performing state. In its summary, HRET estimated that over the course of the project, Connecticut reduced events of preventable harm by nine percent, with more than 13,400 events prevented.

Because of these demonstrated results, CHA and Connecticut hospitals were selected in September to continue efforts to reduce preventable hospital-acquired conditions and readmissions in the next phase of the American Hospital Association/Health Research & Educational Trust (HRET) Hospital Engagement Network Partnership for Patients initiative, HEN 2.0.

Connecticut is one of many state hospital associations and health system organizations included in round two of this program. CHA is coordinating Connecticut hospital participation, continuing to use the high reliability methods that have been adopted across Connecticut healthcare organizations.

Hospitals and Probate Courts Address Challenges in Conservatorship and End-of-Life Care



On November 5, representatives from 26 hospitals and 13 probate court districts participated in a discussion on the challenges related to conservatorship and end-of-life decision making. Conservators are court-appointed legal representatives for residents who are incapable of handling their affairs.

Probate Court Administrator Judge Paul J. Knierim informed attendees about the current state of the probate court system and highlighted particular challenges related to the management of conservators, as well as state funding issues. He discussed areas in which hospitals and probate courts can work better together to meet the needs of those served. After his presentation, two panels comprising hospital ethicists, legal counsel, and probate judges addressed case studies highlighting clinical, procedural, ethical, religious, and familial issues. Hospital representatives included those from MidState Medical Center, Yale New Haven Health System, Saint

Francis Hospital and Medical Center, and Hartford HealthCare.

This issue-based form marks the start of CHA's formal efforts to collaborate with the probate court system on improving services and achieving efficiencies for the people of Connecticut.

Connecticut Municipal Elections Results

As expected, Democrats made an impressive showing in Tuesday's municipal elections in Connecticut's largest cities, winning contests in

Hartford, New Haven, Bridgeport, Waterbury, and Norwalk, while Republicans won decisively in Danbury, New Britain, Greenwich, and Bristol.

In Bridgeport, Democrat Joseph Ganim won handily in what was the most closely watched contest of the election. The race was marked by a stunning primary upset over Bridgeport's current Democratic Mayor Bill Finch and by Mayor-elect Ganim's comeback story after serving seven years in federal prison on corruption charges. Mayor-elect Ganim, who served as Bridgeport's mayor from 1991 to 2003, was convicted on 16 counts of racketeering, bribery, conspiracy, mail fraud, and tax evasion for taking more than \$500,000 in kickbacks and bribes.

Democrat Luke Bronin, who served as Governor Malloy's general counsel before entering the Hartford mayoral race, also defeated an incumbent Democrat – Mayor Pedro Segarra – in a primary. His win Tuesday was expected, despite never having held elected office. Also expected were victories by New Haven Mayor Toni Harp, Waterbury Mayor Neil O'Leary, and Norwalk Mayor Harry W. Rilling.

Republicans prevailed in Danbury, Greenwich, New Britain, and Bristol. In Danbury, Mayor Mark Boughton – who is widely considered the GOP's best hope for the next gubernatorial election - ran unopposed. Greenwich Mayor Peter Tesei was elected in a landslide to a fifth term, while Erin Stewart won a second term in New Britain, and Ken Cockayne slid into a second term in Bristol.

Other election results include an upset in New Milford, where six-term incumbent Pat Murphy was ousted by Democrat David Gronbach in that town's mayoral race; a decisive victory in Middletown for Democrat Dan Drew; and a win for Democrat Michael Passero in New London to become the city's second elected mayor in nearly a century.

Education Updates

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 are offered for this session (must attend the entire two-day session to receive these credits).

Perinatal Care (PC) Core Measures: Updates for Fall 2015

Wednesday, November 18, 2015

12:00 p.m. - 1:30 p.m.

Live Webinar, Presented at your Facility

[Event Registration](#)

Please join Celeste Milton as she presents an update on The Joint Commission's Perinatal Core Measure Set. Effective with Jan. 1, 2016 discharges, the threshold for mandatory reporting of the Perinatal Care performance measure set will change from a minimum of 1,100 births annually to a minimum of 300 births per year. This expanded threshold means that all Joint Commission-accredited hospitals with 300 or more births per year will be required to collect data and report on all five measures in the core measure set. This represents a significant change to the requirements and hospitals that meet the threshold are encouraged to participate in this webinar.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.

VTE/DVT Webinar

Thursday, November 19, 2015

12:00 p.m. - 1:30 p.m.

Live Webinar, Presented at your Facility

[Event Registration](#)

CHA will host a VTE/DVT webinar on Thursday, November 19, 2015 from 12:00 p.m. to 1:30 p.m. and repeat it on Wednesday, December 16, 2015 from 12:00 p.m. to 1:30 p.m. Ian Jenkins, MD, an expert in VTE/DVT prevention, visited a number of hospitals during HEN 1.0 and will discuss approaches to use to bring down the incidence of VTE/DVT in hospitals.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.

HRO Leadership Method Training

Tuesday, December 1, 2015

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

[Event Registration](#)

Leadership 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 seven-hour Leadership sessions are designed to teach your 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 Safety Coach Training

Wednesday, December 2, 2015

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

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

HRO Fair and Just Accountability

Wednesday, December 2, 2015

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

[Event Registration](#)

Fair and Just Accountability is a session for your Human Resources Executives and anyone else who manages people. This session trains staff to review performance from a standardized perspective when there is an adverse event; to focus on the behavior rather than the outcome.

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

HRO Safety Event Classification

Thursday, December 3, 2015

10:00 a.m. - 4:30 p.m.

[Event Registration](#)

When events occur in the hospital or ambulatory practice, they must be evaluated to assess whether the event is a Serious Safety Event, a Precursor Safety Event, or a Near Miss Safety Event. This session will review how the classification scheme works and how to utilize and standardize event classification in your facility.

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

Choosing Wisely: Vanderbilt's Experience

Wednesday, December 9, 2015

8:00 a.m. - 10:00 a.m.

[Event Registration](#)

Choosing Wisely is an initiative of the American Board of Internal Medicine (ABIM) Foundation to address the overuse of tests and procedures and to support physician efforts to help patients make smart and effective care choices. The initiative focuses on promoting patient-provider conversations that lead patients to select care that is necessary (neither duplicative nor overutilized), evidence-based, and not harmful. Many specialty societies—from common specialties such as the American College of Physicians and the American College of Radiology, to less common groups such as the American Society of Echocardiography and the American College of Medical Toxicology—have joined with the ABIM and their partner in the campaign Consumer Reports, to create lists of recommendations and questions that doctors and patients should discuss. Vanderbilt University Medical Center has been implementing Choosing Wisely recommendations on select inpatient services engaging staff from 1st year residents to senior hospital leaders. Our guests from Vanderbilt will provide an overview of their experience so far including successes, challenges, and outcomes.

This program is being held in partnership with Middlesex Hospital, the Connecticut Choosing Wisely Collaborative, Qualidigm, and the Connecticut Partnership for Patient Safety.

