Using Data to Improve Outcomes the Focus of Perinatal Quality Collaborative

Collecting and analyzing data can improve preterm birth rates, lower infant mortality, and promote widespread, successful breastfeeding by allowing healthcare providers to better understand the issues and needs of specific populations, according to Dr. Wanda D. Barfield, MPH, and Director of the Division of Reproductive Health at the Centers for Disease Control and Prevention (CDC).

Dr. Barfield was the keynote speaker at the Connecticut Perinatal Quality Collaborative at CHA on November 10, which featured the Collaboration to Improve Care for Mothers and Newborns: The Human Infants with Mother’s Own Milk (HI-MOM) Initiative.

The day-long collaborative featured the presentation of the March of Dimes Virginia Apgar Prematurity Campaign Leadership Award to Connecticut in recognition of the state meeting its goal to lower the preterm birth rate at least eight percent between 2009 and 2014.

Connecticut received a “B” on the 2015 March of Dimes Premature Birth Report Card, which was released last week. According to the National Center for Health Statistics, Connecticut’s 2014 preterm birth rate was 9.2 percent, which met the March of Dimes 2020 goal of 9.6 percent early. Connecticut also received the Franklin Delano Roosevelt Premature Campaign Leadership Award from the organization.

The Virginia Apgar Award was presented to state Department of Public Health Commissioner Jewel Mullen, MD, MPH, MPA, who attended the meeting and spoke eloquently about the work still to do to close racial and ethnic disparities in healthcare for mothers and infants. In particular, Commissioner Mullen pointed to the more specific data in the report, which found much higher preterm birth rates in the state’s largest cities.

Commissioner Mullen pointed out that while Connecticut’s overall data was improving, the March of Dimes report card revealed disparities between communities according to race and ethnicity.

“We like good news, and data are helpful,” said Commissioner Mullen, “but you can only act on the data at which you choose to look. We need to improve outcomes for women and children everywhere.”

This point was stressed repeatedly by Dr. Barfield, whose presentation examined data showing the deep and persistent divide in mortality rates and other measures of healthcare between white and non-white infants.

For instance, although U.S. infant mortality rates have significantly declined from 26 infant deaths per 1,000 live births in 1960 to 6 infant deaths per 1,000 live births in 2013, the data also show that Black infants still die at a rate nearly twice that of white babies, Dr. Barfield said, and the same trend is present in Connecticut.

Dr. Barfield’s presentation also included a list of data sources that can be analyzed to understand specific issues, such as SIDS.

For example, national data from 2013 show that the SIDS risk for non-Hispanic Black mothers was 83 percent higher than for non-Hispanic white mothers, Dr. Barfield said. By linking Pregnancy Risk Assessment Monitoring System (PRAMS) data and birth records to compare supine sleep positions and rates of bed sharing by different race/ethnic groups, however, it became clear that Black infants have both lower rates of supine sleep position and the highest rates of bed sharing nationally.

“The data show that you have to think very carefully about some of the messages you are sending specific groups,” Dr. Barfield said.

Because Tuesday’s meeting was specifically geared toward the HI-MOM Initiative, Dr. Barfield described how data can help providers improve breastfeeding rates. For example, vital records can show breast feeding initiation by demographic factors, gestational age, and methods of delivery and facility, while PRAMS data can provide prenatal counseling on breast feeding, barriers to breast feeding, and preterm birth breast feeding behaviors. Data can also shed light on related issues, like sleep environment, maternal health/behaviors and obesity, tobacco, and substance abuse.

The meeting also featured an update on the HI-MOM Initiative from the Massachusetts Perinatal Quality Collaborative and other presentations on antepartum, NICU and well-baby care.

In May, at CHA, the Connecticut Perinatal Quality Collaborative kicked off a statewide effort to improve perinatal safety. The effort is intended to engage every birthing hospital in the state in improving breastfeeding rates.
State Revenue Projections Dive as CHA Continues Advocacy Campaign

CHA continued its advocacy efforts this week as new estimates from the state budget office showed Connecticut sliding even further into the red due to pessimistic revenue projections.

The projections released November 10 from the Office of Policy and Management and the Office of Fiscal Analysis predict revenues for the next fiscal year will be $402 million below what was expected when lawmakers approved the 2016-17 budget.

This will make the task before Governor Malloy and the legislature even harder as they attempt to close the state's growing deficit. The Governor initially set the deficit at about $220 million, but that estimate was raised last week to between $350 and $370 million.

This week's revenue projections mean that the state must close a $600 million gap over the next two fiscal years. Lawmakers, who were called back into budget talks by the Governor last month, are considering a special session. House Democrats are scheduled to caucus Friday, November 13, 2015.

In September, Governor Malloy cut $240 million from hospitals. In response, CHA launched a new website, www.stopthecutsnow.org, and new TV, radio, and digital ad campaign. CHA also activated new Facebook and Twitter accounts, and is using the hashtag #StopTheCutsNow.

The campaign, which is intended to coincide with ongoing budget talks, spells out the expected impacts of the cuts, calls on lawmakers to intervene, and urges the governor to restore funding to hospitals.

AHA Releases Video On #123forEquity Campaign

On November 3, the American Hospital Association (AHA) released a short video that describes the #123forEquity Pledge to Act to Eliminate Health Care Disparities. Close to 800 hospitals and 21 state and metropolitan hospital associations – including CHA, Bristol Hospital, Eastern Connecticut Health Network, Yale New Haven Health System, Johnson Memorial Hospital, and Saint Francis Care – have already taken the pledge. For a complete list of participating hospitals and associations, click here.

The pledge is part of a national call to action to eliminate healthcare disparities with a focus on increasing the collection and use of race, ethnicity, and language preference data; increasing cultural competency training; and increasing diversity in governance and leadership. It is based on the fundamental concept that health equity is essential for performance excellence and improved community health.

#123forEquity Pledge was endorsed by the CHA Board and the Committee on Population Health.

The pledge campaign builds on the National Call to Action to Eliminate Health Care Disparities that was launched in 2011 by the AHA, American College of Healthcare Executives, Association of American Medical Colleges, Catholic Health Association of the United States and America’s Essential Hospitals. For more on the campaign and to sign the pledge, visit www.equityofcare.org.

National Donor Sabbath This Weekend

In coordination with LifeChoice Donor Services and the New England Organ Bank, Connecticut hospitals are participating in National Donor Sabbath – a three-day observance held November 13-15. The National Donor Sabbath is intended to increase awareness of the need for organ, eye, and tissue donations.

The National Donor Sabbath is observed annually two weekends before Thanksgiving. This observance brings together faith leaders, donor families, transplant recipients, and donation and transplantation professionals. Here is a selection of some of the National Donor Sabbath activities happening in hospitals this week:

- **Saint Francis Hospital and Medical Center** is hosting a Donor Designation Station at the hospital on November 12, 2015. The hospital’s in-house donation coordinator from LifeChoice Donor Services will provide literature and the opportunity to register as an organ and tissue donor. Saint Francis was among a select group of hospitals and transplant centers nationwide recognized by the U.S. Department of Health and Human Services (HHS) for conducting activities promoting enrollment in state organ donor registries. The hospital is part of the national Workplace Partnership for Life (WPFL) Hospital Campaign, sponsored by HHS’s Health Resources and Services Administration (HRSA).

- **St. Vincent’s Medical Center**’s Mission Services and Pastoral Care Departments are coordinating a program with the New England Organ Bank. A special service will take place November 17 at 12:30 p.m. in the Medical Center’s Virginia Fortin Chapel. The service will reflect the theme of a gift of life coming from profound and sometimes tragic loss. It will feature a testimonial by a local organ donor recipient and a performance by a Bridgeport vocalist.
Although there are 120 million registered organ donors, the need for donors continues to grow. Currently, there are more than 120,000 people on the organ transplant waiting list, and not all of these people will receive an organ in time. Sadly, an average of 22 people on the list will die each day, waiting for organs.

Additional information on National Donor Sabbath can be found here.

**Education Updates**

**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](#)

We 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 our hospitals during HEN 1.0 and will discuss approaches that you can use to bring down the incidence of VTE/DVT in your hospital. Many of the hospitals in Connecticut are still struggling to control their VTE/DVT incidence.

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.

**HIPAA Privacy and Security Basics**
Friday, December 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.

**Basics of Budgeting for Healthcare Managers**
Tuesday, December 8, 2015
9:00 a.m. - 3:00 p.m.
[View Brochure] [Event Registration]

Many healthcare department managers have traditionally risen from the professional ranks as successful clinicians or technicians but with little or no formal business financial training. As a result, many are thrust into a chaotic environment without the necessary tools in financial management. Skills in planning and budgeting are essential if they are to achieve the institution’s mission and contribute to “bottom line” results, particularly in an environment of chronic federal and state underfunding. In a very real sense, these represent survival skills for both managers and organizations.

This member-requested management development program provides managers with the skills and tools they need to prepare better budgets, identify problems and solutions, achieve the mission, and succeed in today’s volatile healthcare environment. Participants will gain a working knowledge of operating and capital budgets, as part of developing performance planning skills.

Continuing education credits will be awarded.

**Choosing Wisely: Vanderbilt’s Experience**
Wednesday, December 9, 2015
8:00 a.m. - 10:00 a.m.
[View Brochure] [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 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 ABIM and its campaign partner, 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 first-year residents to senior hospital leaders. Our guests from Vanderbilt will provide an overview of their experience 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.

**Approaches to Palliative Care**
Tuesday, December 15, 2015
9:00 a.m. - 4:00 p.m.
[Event Registration]

Unplanned readmissions remain a problem in Connecticut and our first program will address unplanned readmissions by addressing palliative care in the hospitals. The program Approaches to Palliative Care will be held at CHA from 9:00 a.m. to 4:00 p.m. on Tuesday, December 15, 2015. Our keynote speaker is Rosemary Gibson, who was the chief architect of the Robert Wood Johnson Foundation’s decade-long strategy that successfully established palliative care in more than 1,600 hospitals in the U.S. She is the recipient of the Lifetime Achievement Award from the American Academy of Hospice and Palliative Medicine. She will be followed by a panel highlighting the palliative care programs at Hartford Hospital, Greenwich Hospital, and Danbury Hospital. After lunch, we will have a workshop to teach people how to introduce palliative care when there is no formal program in the hospital.

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

**VTE/DVT Webinar**
Wednesday, December 16, 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.
Changes in CPT/HCPCS for 2016
Wednesday, December 16, 2015
9:00 a.m. - 12:15 p.m.
View Brochure | Event Registration

CPT and HCPCS codes are the primary codes that describe individual hospital services that are billed to all payers. These code sets are revised annually with codes that are added, deleted, or revised. This workshop will focus on the 140 new, 134 revised, and 91 deleted CPT codes—including all major changes by body system, changes in diagnostic imaging, radiation oncology, and laboratory, plus additional bundling of procedures that are often performed together as well as new and revised coding guidelines. The workshop will also cover all changes to the HCPCS code set which is maintained by CMS. Each program participant will receive a comprehensive manual that outlines all the key code changes in 2016.

Continuing education credits will be awarded.

OPPS Final Rule for 2016
Wednesday, December 16, 2015
1:00 p.m. - 4:15 p.m.
View Brochure | Event Registration

The Centers for Medicare and Medicaid Services (CMS) has published the Outpatient Prospective Payment System (OPPS) Final Rule for 2016. The 2016 OPPS Proposed Rule contained a drastic increase in the number of services that will be classified as comprehensive APCs which will dramatically increase Medicare’s packaging of supportive services. Overall OPPS payments are proposed to drop by 1.9% for the first time in the history of OPPS. This workshop will cover how these changes impact hospital reimbursement and help to underscore the need for capturing all reportable costs. As always, billing compliance will be an important part of the presentation. Each program participant will receive a comprehensive manual that outlines the final changes for 2016.

Continuing education credits will be awarded.