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Perinatal Quality Collaborative Seeks to Improve Outcomes for Babies

Working together to improve outcomes for newborns – especially those born to opiate-dependent mothers – was the subject of the ninth annual *State of the State Connecticut Perinatal Quality Collaborative (CPQC)* on November 21.

The day-long collaborative meeting held at the Connecticut Hospital Association explored the various ways in which healthcare providers can work together with community and state partners to support the mother-infant relationship when it is affected by Neonatal Abstinence Syndrome.

That support takes many forms, as was evident from the wide-ranging topics covered during the program. In addition to an update on the CPQC Helping Infants With Mother's Milk Project (Hi-MOM Project), there were presentations on a coordinated statewide plan to address the growing problem of substance-exposed infants, how to provide trauma-informed care to patients, and the importance of screening pregnant women for substance use and providing the correct treatments for mother and baby if they test positive.

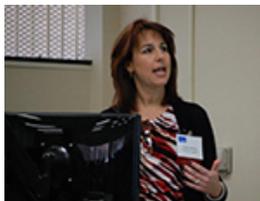
Marilyn Sanders, MD, Director of the CPQC, urged the audience to think broadly about these issues and approach them in a "transdisciplinary" way.

"We have hospitals, providers, community agencies, and state agencies all in their own silos. For the kinds of families we're talking about today, that is a huge problem," said Dr. Sanders. "These are our most vulnerable families. We must come together to help pave the way for every baby's future."

Dr. Sanders provided an overview of Connecticut's CPQC, which was founded in 2008 and expanded statewide in 2014 with the mission of promoting high-quality maternal and newborn care across the continuum of care by facilitating cooperation among all providers. Its first initiative, she explained, is the Hi-MOM Project, which strives to encourage and increase breastfeeding across the state by starting interventions before birth and continuing throughout the birth hospitalization.

Dr. Sanders said there was considerable interest among hospitals in improving breastfeeding rates.

"There is a substantial opportunity for improvement," she said.



Kristina Stevens, LCSW, Administrator of the Clinical and Community Consultation and Support Division of the state Department of Children and Families (DCF), said DCF is working with the Departments of Public Health and Mental Health and Addiction Services to address the growing problem of substance-exposed infants (SEI). Those partnerships have allowed the agency to hire a coordinator who will oversee the development of a statewide plan to address SEI.

"We've got to continue to figure out where the needs are, both geographically and numerically, so we can put the right services in place," said Ms. Stevens.

Participants at the collaborative also heard from Mary Coughlin, MS, NNP, RNC-E, President and Chief Transformation Officer of the Caring Essentials Collaborative LLC, about how the dramatic increase in maternal opioid dependence has presented caregivers with both challenges and opportunities. Many women who are substance users are also suffering from some kind of trauma, Ms. Coughlin said, and need to be treated with both respect and understanding.

"If we can create a positive experience for the parents and baby, and the parent can calm the baby herself, this hospitalization could be a life-changing moment," said Ms. Coughlin. "Looking at the problem through a trauma-informed lens helps us figure out how to best help people."

Mara Coyle, MD, Neonatologist and Medical Director at St. Luke's Hospital in Massachusetts, said too few providers are screening for substance use during pregnancy, either because they don't know who to screen, fear patients will be offended, or simply don't know what to do if a patient screens positive. Universal screening would eliminate some of those concerns, she said, and would provide a valuable opportunity for women to seek medical care.



Also presenting at the conference were Christine Raymond, APRN, Connecticut Children's Medical Center (CCMC), and Mary Lussier, Lactation Consultant, CCMC, who spoke about the hospital's efforts to implement the Hi-MOM Project.

Connecticut Hospitals Celebrate 25 Years of Baby-Friendly Designation



On November 28, more than 40 people from Connecticut hospitals attended a celebration of 25 years of Baby-Friendly hospitals. Sponsored by the Connecticut Breastfeeding Coalition, the program discussed results of the Baby-Friendly hospital initiative and provided support for hospitals going through the process of becoming Baby-Friendly.

Christine Bracken, Connecticut Breastfeeding Coalition, congratulated hospital representatives for their continued efforts to promote best practices for maternity care and breastfeeding. The Baby-Friendly hospital initiative was launched by the World Health Organization and UNICEF in 1991 as a global effort to implement practices that protect, promote, and support breastfeeding. There are nearly 400 Baby-Friendly hospitals nationwide, with nine in Connecticut, as well as additional Connecticut hospitals working toward the designation.

Marilyn Lonczak, Nutrition Consultant, Breastfeeding Co-Coordinator for the Connecticut WIC Program at the Connecticut Department of Public Health, spoke about the state's efforts to support breastfeeding, noting that the state has met Healthy People 2020 goals for breastfeeding. "We're trying to come together as a community and help moms understand what will help form successful breastfeeding relationships," she said.

Chelsea Seresin, breastfeeding mother of two, described her experience giving birth at a Baby-Friendly hospital.

Representatives from Hartford HealthCare said they pursued the Baby-Friendly designation 20 years ago when a nursery medical director recognized that breastfeeding was optimal. Amy Schroder, MSN, RN, CNML, Director, Women's Health and Ambulatory Services, Hartford Hospital, said "Baby-friendly at Hartford HealthCare was the work of all of us: labor and delivery, postpartum, prenatal education – all of us. It brought us together to say, "We believe in this program. How can we take ownership of it to make sure babies and moms get off to the best start?"

Ms. Schroder discussed how the system is constantly working to strengthen the knowledge and expertise of nurses at the bedside.

Kate Manuel, MSN, APRN, PNP-BC, IBCLC Lactation Program Coordinator, Yale New Haven Hospital, described how the hospital recognized the importance of being Baby-Friendly from the perspective of the new parent, nursing staff, and lactation consultants. She discussed the supports in place for new mothers that enable them to meet their breastfeeding goals successfully.

"We know it improves health outcomes for both mothers and babies," Ms. Manuel said. "And it builds a truly collaborative environment for team members, and it epitomizes patient-centered care."

Baby-Friendly hospitals in Connecticut include The Hospital of Central Connecticut, Day Kimball Hospital, Griffin Hospital, Hartford Hospital, Lawrence + Memorial Hospital, Middlesex Hospital, MidState Medical Center, St. Vincent's Medical Center, and Yale New Haven Hospital.

Healthcare Organizations Urge Vaccinations as Flu Cases Increase In Connecticut



As cases of influenza increase in Connecticut and across the country, the Centers for Disease Control (CDC) and the American Hospital Association (AHA) are bringing attention to the need for flu vaccinations during [National Influenza Vaccination Week](#), which is recognized from December 4–10, 2016.

The Connecticut Hospital Association is participating in the outreach – the third annual [United Against the Flu](#) campaign – which is a collaborative effort undertaken by several national healthcare organizations, including the CDC and AHA.

Influenza-related illness sends hundreds of thousands of people to the hospital annually and kills tens of thousands of Americans, including the elderly, people with underlying conditions, and infants, according to the CDC. In Connecticut, influenza was attributed to 35 deaths during the 2015-16 flu season.

Cases of influenza are rapidly increasing in Connecticut as winter nears, according to the state Department of Public Health (DPH). To date this season, there have been 66 confirmed cases of influenza, 33 hospitalizations, and two influenza-associated deaths in Connecticut. The predominant influenza viruses identified so far this season are Type A, although there are a small percentage of Type B influenza viruses in circulation.

The CDC calculates that about 140 million people, or 46 percent of the eligible population, received a flu vaccination last year. There are several flu vaccine options for the 2016-2017 flu season, though the CDC does not recommend the nasal spray flu vaccine this season. The CDC's 2016-2017 influenza vaccination recommendations are available [here](#).

In 2011, the Connecticut Hospital Association (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.

Becker's Hospital Review Recognizes Marna Borgstrom and Elliot Joseph

Marna Borgstrom, President and CEO of Yale New Haven Health, and Elliot Joseph, CEO of Hartford HealthCare, have been named by Becker's Hospital Review as two of its "130 Nonprofit Hospital and Health System CEOs to Know" in 2016. The list features presidents and CEOs across the country working in healthcare's not-for-profit sector.

Mr. Joseph came to Hartford Hospital in 2008 as President and CEO. Under his leadership, all Hartford HealthCare member organizations are driven by clear, measurable goals and metrics. His vision for Hartford HealthCare has focused on integrating the care continuum to produce consistently excellent and affordable healthcare for all, especially the poorest and most vulnerable citizens.



Mr. Joseph is a member on the Connecticut Hospital Association Board of Trustees and chairs the CHA Committee on Hospital Finance. He also is a member of the Greater New York Hospital Association Board of Governors. He serves as the American Hospital Association State Alternate Delegate on Regional Policy Board 1. He also serves on the boards of the Metro Hartford Alliance and Hartford's Bushnell Performing Arts Center, and was named one of Hartford's "50 Most Influential People."

Ms. Borgstrom began her career at Yale New Haven Hospital more than 36 years ago. Her varied roles took her from a post-graduate fellowship, to various staff and management roles, to her promotion in 1994 to the position of Executive Vice President and Chief Operating Officer at Yale New Haven Hospital. In 2005, she assumed her current position as CEO of Yale New Haven Hospital and President and CEO of Yale New Haven Health.

In addition to leading Yale New Haven Health, Ms. Borgstrom serves on the Connecticut Hospital Association Board of Trustees and the Board of the Healthcare Institute. She chairs the boards of Vizient, and the Coalition to Protect America's Healthcare. Ms. Borgstrom has been the recipient of several awards recognizing her advocacy and community involvement including the American Hospital Association Grassroots Champion Award and the Anti-Defamation League Torch of Liberty Award. She was named twice to Modern Healthcare Magazine's Top 25 Women in Healthcare. She is an American College of Healthcare Executives fellow.

Becker's Hospital Review began publishing "130 Nonprofit Hospital and Health System CEOs to Know" in 2012. Leaders were selected based on editorial judgment and discretion. The [full list](#) features individual profiles of all 135 hospital and health system executives selected in 2016.

Patient Family Advisory Council Conference to Focus on Learning from Non-Hospital Settings

Please join us for CHA's second annual Patient Family Advisory Council (PFAC) Conference, co-sponsored with Qualidigm, the Connecticut Partnership for Patient Safety, and the Connecticut Center for Patient Safety, on December 15, 2016, from 9:00 a.m. to 4:15 p.m.

This year's conference is focused on learning from PFACs in non-hospital settings and is geared toward hospital PFAC leaders, members, and liaisons.

Morning sessions will include presentations by colleagues from North Carolina and Qualidigm about statewide and regional models and strategies for implementation. The morning will also feature a presentation on practices for skilled nursing facilities by the Connecticut State Ombudsperson, and an overview of practices used by residential councils in long-term care settings.

The afternoon will comprise a workshop conducted by patient safety advocate Randi Oster and her team, and will highlight innovative practices that support a patient-directed care strategy and methods for ensuring that patient centricity resonates with all caregivers and providers.

The [program](#) is being presented as part of the Partnership for Patients Hospital Improvement Innovation Network (HIIN) educational series. Please click [here](#) to register.

Education Updates

HRO Cause Analysis – Two-Day Training

Session I: Monday, December 5, 2016

10:00 a.m. – 5:15 p.m.

Session II: Tuesday, December 6, 2016

1:00 p.m. – 5:00 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, safety, risk management, and other staff that respond to events.

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

Overview of USP Chapter <800> Hazardous Drugs—Handling in Healthcare Settings (for Quality Professionals and Infection Preventionists)

Tuesday, December 6, 2016

9:00 a.m. - 11:30 a.m.

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

This half-day program will provide a history and overview of the <800> standards. This session is intended for the accreditation, regulatory, and quality/infection prevention experts who oversee hospital survey preparedness, as well as anyone else who wants an introduction to the standards.

This training will be provided by Jennifer Osowiecki of Cox & Osowiecki, LLC, a Hartford law firm representing all levels of healthcare institutions and providers in regulatory, litigation, licensing, and business matters.

Changes in CPT/HCPCS for 2017

Friday, December 16, 2016

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 148 new, 498 revised, and 81 deleted 2017 CPT codes—including major changes for moderate sedation, physical and occupational therapy, bundling of code pairs, and laboratory drug tests (again!). 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 2017.

OPPS Final Rule for 2017

Friday, December 16, 2016

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

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

The Centers for Medicare and Medicaid Services (CMS) will soon be publishing the Outpatient Prospective Payment System (OPPS) Final Rule for 2017. The 2017 OPPS Proposed Rule contains proposed implementation guidance of Section 603 of the Bipartisan Budget Act of 2015 related to provider-based departments, expansion of C-APCs, consolidation and re-numbering of APCs and changes to pass-through policies. 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 this presentation.

Each program participant will receive a comprehensive manual that outlines the final changes for 2017.

