



Thursday, December 6, 2012

Hospital Leaders Meet With Legislators in Washington

Connecticut hospital leaders joined CHA and colleagues from across the country at the American Hospital Association Advocacy Day on November 29 in Washington, DC. This important event provided a valuable forum to present a unified message about the importance and contributions of hospitals and the need to ensure their financial stability.

Hospital leadership, including Elliot Joseph, President and CEO, Hartford HealthCare; David Whitehead, President and CEO, The William W. Backus Hospital; Dianne Auger, Senior Vice President, St. Vincent's Medical Center; Raymond Baldwin, President and CEO of St. Vincent's Special Needs Services, St. Vincent's Medical Center; and Steven Hanks, MD, Executive VP and Chief Medical Officer, The Hospital of Central Connecticut, met with members of their congressional delegation including Representatives John Larson, Jim Himes, Joe Courtney, and senior health staff in the office of Chris Murphy.

In each meeting, hospital leaders and congressional delegation members engaged in a discussion of hospital initiatives and issues. Discussion focused on the Medicare cuts that have already been made and how devastating additional cuts would be to Connecticut hospitals. By the end of the year, Congress could make some decisions that could further hobble Connecticut hospitals' ability to have sufficient resources to provide care. Congress will also decide what to do with the Medicare physician payment fix, Medicare extenders including the Medicare Dependent Hospital Program, and other expiring tax provisions. Also, on January 3, 2013, automatic Medicare cuts contained in last year's *Budget Control Act* kick in.

Hospital leaders also discussed ambitious patient safety, diversity, and quality initiatives in Connecticut. Lawmakers expressed appreciation of hospitals' commitment to patients and dedication to being the state's healthcare safety net.

Hospitals Study Best Practices for Finding and Fixing Problems that Cause Harm

On December 4 and 5, nearly 100 people from hospitals participating in CHA's High Reliability Safety Culture Collaborative took part in an interactive workshop on how to find and fix systemic problems that lead to patient harm. This corrective process, known as a root cause analysis, is part of the high reliability process that lowers the number of serious safety events by reducing the human error rate and improving system reliability.

Serious safety events occur when checks and barriers fail, and an error that would otherwise have been caught is not. A root cause analysis is a multi-step process that examines a safety event to identify core issues and causes, and leads to the development of solutions and corrective action to prevent recurrence.

"As leaders, we have an imperative to prevent and detect problems that lead to a safety event," said Shannon Sayles, RN, MA, presenter and senior consultant for Healthcare Performance Improvement (HPI). "Yet, we have a more profound obligation to correct causes once an event has occurred."

CHA is working with HPI, a national leader in using high reliability science to improve safety, on the Collaborative. HPI brings its experience improving reliability in nuclear power, transportation, and manufacturing to healthcare. HPI has worked with more than 400 hospitals and health systems across the country to achieve reductions in serious safety event rates of up to 90 percent.

The High Reliability Safety Culture Collaborative, the first of its kind in the nation, is part of CHA's initiative to eliminate all cause preventable harm in Connecticut. This statewide initiative also includes Partnership for Patients, a national initiative designed to reduce preventable inpatient harm by 40 percent and readmissions by 20 percent. All Connecticut hospitals participate in Partnership for Patients.



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Mary Reich Cooper, MD, JD, Joins CHA as Vice President and Chief Quality Officer



CHA welcomes Mary Reich Cooper, MD, JD, as Vice President and Chief Quality Officer. In this role, Dr. Cooper will lead CHA's quality and patient safety work, including CHA's initiative to eliminate all cause preventable harm in Connecticut. This statewide initiative includes the unique High Reliability Safety Culture Collaborative, the first of its kind in the nation, and Partnership for Patients, a national initiative designed to reduce preventable inpatient harm by 40 percent and readmissions by 20 percent.

"Dr. Cooper brings to CHA a broad range of skills and experience, as well as a demonstrated commitment to the delivery of the highest quality care consistent with the mission of Connecticut's hospitals," said Jennifer Jackson, CHA President and CEO. "Connecticut hospitals will benefit from her leadership of multiple statewide and nationwide initiatives to reduce harm and improve patient safety."

Dr. Cooper previously served as Senior Vice President and Chief Quality Officer for Lifespan in Providence, Rhode Island, where she helped introduce a statewide event reporting system, develop a Patient Safety Organization, and strengthen safety in hospital operating rooms. Prior to her work with Lifespan, she was Vice President and Chief Quality Officer at NewYork-Presbyterian Hospital. Dr. Cooper began her career as a hospitalist at Albert Einstein Medical Center in Philadelphia, and later became Director, Clinical Quality.

Dr. Cooper is extensively published on quality and patient safety in peer-reviewed journals and books. She has been the principal investigator in numerous grant-funded patient safety initiatives, and has held an academic appointment as Assistant Professor of Medicine (Research) since 2008 with the Warren Alpert School of Medicine at Brown University. She attended Temple University School of Medicine, where she was elected to Alpha Omega Alpha, and trained in internal medicine at Hahnemann University Hospital in Philadelphia. She received her law degree from Pace University School of Law.

Flu Season Strikes Early

According to the Centers for Disease Control and Prevention (CDC), significant increases in reports of influenza over the last two weeks indicate that the flu season is off to its earliest start since 2003. Moreover, the primary strain circulating this year is the same as the 2003 strain, which killed more than 48,000 people – double the average number of yearly flu deaths.

According to a [CDC survey](#), more than 83 percent of hospital workers had been vaccinated against the flu by early November, the highest rate in any healthcare setting. Vaccination is becoming a best practice for patient and healthcare worker safety.

Nineteen Connecticut hospitals have or have plans to implement a mandatory flu vaccination policy for this flu season. The CHA Board in November of 2011 adopted a [statewide policy](#) endorsing mandatory influenza vaccination for hospital personnel as part of CHA hospitals' commitment to patient safety.

Leading expert organizations have also endorsed mandatory vaccination to protect patients, including the Association for Professionals in Infection Control and Epidemiology (APIC), the Society for Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America (IDSA), and the National Patient Safety Foundation (NPSF).

According to the CDC, about 63 percent of all healthcare personnel had been vaccinated by early November, about the same rate as in the prior flu season. The most common reason healthcare workers reported for not getting vaccinated was that they did not want to, and the second was a belief that vaccination was ineffective.

Fewer than half of U.S. children and adults were vaccinated by early to mid-November, also about the same as last flu season, according to the [CDC](#).

This is [National Flu Vaccination Week](#).

Additional Contamination Identified in Medical Products from New England Compounding Center



On December 3, the Centers for Disease Control and Prevention (CDC) issued a [Health Update](#) on its investigation into the multistate outbreak of fungal meningitis. As part of that investigation, the CDC and the Food and Drug Administration (FDA) have continued testing medical products from the New England Compounding Center (NECC).

Recent test results have identified additional microbial contamination including bacteria known as *Bacillus*, and fungal species including *Aspergillus tubingensis*, *Aspergillus fumigatus*, *Cladosporium* species, and *Penicillium*. The contamination was found in unopened vials of betamethasone, cardioplegia, and triamcinolone solutions

that were distributed and recalled.

Click [here](#) for CDC's recommendations to healthcare providers for diagnosing and treating symptomatic patients who have received NECC products.

Education Updates

Changes in CPT/HCPCS for 2013

Tuesday, December 18, 2012
8:30 a.m. - 12:30 p.m.

CPT and HCPCS codes are the primary codes that describe individual hospital services that are billed to all payers. These code sets go through annual revisions with codes that are added, deleted, or revised. The workshop will include information on the behavioral health code changes as well as all other CPT/HCPCS code changes.

View the brochure [here](#). Register [here](#).

OPPS Final Rule for 2013

Tuesday, December 18, 2012
1:15 p.m. - 4:00 p.m.

The Centers for Medicare and Medicaid Services (CMS) has published the Outpatient Prospective Payment System (OPPS) Final Rule for 2013, defining what CMS will be implementing for OPPS in 2013. This workshop will cover all OPPS changes that impact billing and clinical activities.

View the brochure [here](#). Register [here](#).