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High Reliability Presented to Connecticut Department of Public Health

Roughly 70 employees at the state Department of Public Health (DPH) gathered on December 7 to learn about the statewide initiative to eliminate all-cause preventable harm using high reliability science.

Steve Kreiser, CDR, MBA, MS, Senior Consultant with Healthcare Performance Improvement (HPI), led the morning session for employees in the Facility Licensing and Investigations Section at DPH. The high reliability program was part of a DPH in-service training.

Mr. Kreiser began his presentation by explaining that high reliability organizations (HROs) are typically complex, high-risk organizations that must deliver the right outcome each and every time, despite the potential for human error. That is because HROs recognize that even one mistake can have potentially fatal consequences and, as a result, they make safety a precondition of operations.

The five principles of HROs are: preoccupation with failure, sensitivity to operations, reluctance to simplify interpretations, commitment to resilience, and deference to expertise. Mr. Kreiser walked participants through the steps HROs take to uphold these principles, such as practicing clear communication, asking clarifying questions, paying attention to detail, mentoring each other, cross-checking, and self-checking work by using the STAR system, which stands for Stop, Think, Act, Review.

Since Connecticut hospitals began the high reliability journey five years ago, more than 50,000 staff and physicians in hospitals across the state have been trained in high reliability safety behaviors at CHA and member organizations. The effort is resulting in safer care and is facilitating hospital culture change that is focused on high reliability safety practices and patient-centered care redesign.

Connecticut's high reliability initiative has now expanded to include nursing, pharmacy, and physical therapy schools; long-term acute care hospitals; ambulatory practices; the state's three medical schools; and skilled nursing facilities.

Study Confirms Benefits of Palliative Care on Patient Quality of Life

A study by researchers at the University of Pittsburgh that was recently published in *The Journal of the American Medical Association (JAMA)* has identified palliative care services as significantly improving a patient's quality of life.

The researchers identified 43 randomized clinical trials of palliative care interventions in 12,731 adults with life-limiting illnesses, using 35 trials that employed traditional care as the control. The study found that in addition to statistical and clinically significant improvements in quality of life and disease burden, palliative care also was consistently associated with improvements in advance care planning, patient and caregiver satisfaction, and

lower healthcare utilization.

The American Hospital Association (AHA), which wrote about the [study](#), noted that an accompanying editorial on the issue calls for the training of both specialists and non-specialists to provide palliative care, as studies demonstrating its benefits become more commonplace.

The Connecticut Hospital Association and its member hospitals, as well as partners from across the continuum, are currently developing a statewide, evidence-based compassionate end-of-life care strategy that will integrate patient-directed care strategies to improve palliative/hospice care and quality of life for persons in Connecticut with serious illnesses. The group developing the Care Decisions Connecticut initiative includes representatives from acute care hospitals throughout the state, post-acute care (Skilled Nursing Facilities and Home Health), hospice providers, palliative care providers, patient and family organizations such as the Connecticut Center for Patient Safety, Life Challenges CT, and the Connecticut Coalition to Improve End-of-Life Care, the state Quality Improvement Organization, the American Cancer Society, the Connecticut State Medical Society, numerous payer organizations, and government agencies including the Department of Public Health and the Department of Social Services.

The statewide effort is bolstered by a growing awareness of the importance of palliative care and end-of-life planning. The AHA has made this one of its priorities in recent years, joining the Coalition to Transform Advanced Care as part of its larger mission to provide the right care at the right time.

State Mourns Death of Long-Time State Rep. Betty Boukus

State Representative Elizabeth "Betty" Boukus (D-Plainville) died on Friday, December 2, following a long fight with cancer. Governor Dannel Malloy ordered state flags lowered to half-staff in honor of Rep. Boukus.



Rep. Boukus was first elected in 1994 and served as the Deputy Majority Caucus Chair and as the influential Chair of the Bonding Subcommittee of the Finance, Revenue and Bonding Committee.

Representing the towns of New Britain and Plainville, Rep. Boukus was a teacher by training, graduating with a degree in education from Central Connecticut State University and a master's in education from the University of Hartford. Rep. Boukus recently lost her bid for re-election to William Petit Jr., MD, and was in the process of transitioning to retirement.

Rep. Boukus leaves her husband, Gary, two grown children, and four grandchildren.

CHA expresses its condolences to Rep. Boukus's family and friends.

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 centrality 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

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) has published the Outpatient Prospective Payment System (OPPS) Final Rule for 2017. The 2017 OPPS Rule contains proposed implementation guidance of Section 603 of the Bipartisan Budget Act of 2015 (BiBA) 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.

Lean Principles: Process Flow and Value Stream Mapping in Healthcare

Session I: Thursday, January 5, 2017
9:00 a.m. - 2:00 p.m.

Session II: Thursday, January 12, 2017
9:00 a.m. to 2:00 p.m.

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

As the demands of health reform drive change in all areas of healthcare delivery, hospital leaders are focused on transforming their organizations through strategies that simultaneously increase revenue and sharply reduce costs. Lean principles offer leaders a management system and methodology that improves team engagement, eliminates road blocks, and allows hospitals to improve the quality of care for patients by reducing errors and waste streams, including wait times. It is a systematic approach to reducing costs and risks, while simultaneously setting the stage for growth and expansion.

Continuing education credits are offered for this session. Please see the brochure for details.

2017 Joint Commission Standards and National Patient Safety Goals Update

Tuesday, January 17, 2017

9:00 a.m. - 4:30 p.m.

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

National expert Diana Scott, Sr. Director, Vizient, will present CHA's annual full-day program outlining The Joint Commission's (TJC) new standards and national patient safety goals for 2017, discuss challenges from 2016, and offer strategies for compliance. Ms. Scott will also review survey process changes, patient safety alerts and tips, and CMS focus areas, as well as best practices for a successful survey.

Mark Crafton, Executive Director of Communications and External Relations at TJC, and Ann Scott Blouin, Executive Vice President of Customer Relations at TJC, will also offer presentations. Their presentations will include an overview of the new process for surveyors to determine the severity of non-compliance with all accreditation and certification requirements, and a new report format that will more clearly illustrate priority issues impacting patient safety. Attendees will also receive information on compliance data for challenging accreditation standards in Connecticut hospitals. Finally, presenters will share information on new standards and National Patient Safety Goals (NPSGs), including topics under consideration for standards/NPSG development in 2018.

Continuing education credits are offered for this session.

CHA Regulatory Series—Wage and Hour Law Review

Friday, January 20, 2017

9:00 a.m. - 2:30 p.m.

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

This program will serve as a refresher for those generally familiar with wage and hour compliance issues—and as an introduction to key issues for those with new responsibilities in this area. Participants are encouraged to bring real or hypothetical questions about regulatory interpretation to the session for an open discussion.

Continuing education credits are offered for this session.

