



CONNECTICUT HOSPITAL ASSOCIATION AND AFFILIATES

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# A CELEBRATION OF HEROES



THE CONNECTICUT HOSPITAL ASSOCIATION AND AFFILIATES

## ANNUAL REPORT

JUNE 2002

# CONNECTICUT HEROES

## ANN STARKE, RN



An excerpt from an  
essay by Ann  
Starke, RN,  
Registered Nurse,  
Connecticut

Children's Medical Center:

*Nursing is such a part of who I am.  
When I think about it, it's not really  
about how I have made a difference in  
someone else's life, it's about how  
nursing has made a difference in my  
life. It is a career of love and care,  
and the rewards go beyond what is  
temporal and seen. I am privileged to  
call myself a nurse.*

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*The ten winners of the 2002 CHA "Healthcare Heroes" contest are profiled throughout the pages of this Annual Report.*

*This was the inaugural year of the contest, in which CHA asked Connecticut healthcare workers to express in writing why they chose healthcare as a career and/or why they believe they made the right choice.*

*CHA is using the entries to help promote healthcare careers, both in direct patient care and non-patient care areas, as part of its ongoing initiative to address the healthcare workforce shortage in Connecticut. The winning entries are posted in their entirety on CHA's Web site at [www.cthosp.org](http://www.cthosp.org).*

## PRESIDENT'S MESSAGE



As we enter our 84th year of service, CHA remains focused on helping you, our members, take care of the people who entrust you with their health, safety and well-being. The theme for the 2002 Annual Report, “A Celebration of Heroes,” is in recognition of your unwavering commitment to that trust. We celebrate you, and your compassion for and dedication to patients. CHA is thankful and proud to be part of the care you provide for people, everyday.

We all have had a trying year. The tragedy of September 11 was shocking and turned our attention to the need for emergency preparedness. CHA has played a leadership role in Connecticut's emergency readiness activities and will continue to participate with our members and state and federal officials in ongoing initiatives to increase our abilities to deal with the unsettling, but realistic threats we face.

In addition to this unprecedented mandate for preparedness, CHA and its members have had to respond to the difficulties caused by the convergence of increased demand for healthcare services, a worsening healthcare workforce shortage, and a faltering economy. I have no doubt that our collective resolve and unity of purpose will serve us well as we continue to address these and

any other issues that potentially compromise our ability to care for our patients.

This has been a year of challenge, but it has also been one of thoughtful introspection for CHA. The CHA Board of Trustees has scrutinized and modified our governance structure to ensure member input in the critical issues before CHA. The Board is also engaged in a strategic planning process that will help chart the course of the association for the future. As the strategic plan is developed, CHA's commitment to providing our members with the highest level of advocacy, service, and support will remain certain and constant.

CHA, and I personally, have been so fortunate to have had the leadership and support of Charles Riordan, MD, CHA's outgoing Board Chairman. As CHA moves forward to face the challenges of tomorrow, I welcome the opportunity to work with our new Chairman, Robert Kiely. CHA and its members are fortunate to have such committed leaders serving their cause.

Jennifer Jackson  
*President and CEO*  
*Connecticut Hospital Association*

## OUR MISSION

The mission of the Connecticut Hospital Association (CHA) is to advance the health of individuals and communities by leading, representing, and serving hospitals and their related healthcare organizations that are accountable to the community and committed to health improvement.

### CHA ACHIEVES THIS MISSION THROUGH:

- Public policy and advocacy on behalf of the interests of hospitals and their related healthcare organizations;
- Leadership and innovative services to further community-based healthcare delivery;
- Strengthened ties and collaborative efforts with other organizations that have common values and aims;
- Innovative research and education in the delivery and financing of healthcare services;
- Leadership in fostering an environment within which integrated delivery systems can be created and thrive; and
- Assistance to the membership in ensuring quality, increasing efficiency and effectiveness, containing costs, and enhancing revenue.

*Adopted by CHA Board of Trustees, May 13, 1996*

*Amended by CHA Board of Trustees, January 10, 2000*

## IT'S A FACT . . .

Last year, Connecticut's hospitals saw more than 1.4 million patients in their Emergency Departments, admitted and treated approximately 400,000 patients, and welcomed more than 40,000 babies into the world.

## BUILDING UPON A FOUNDATION OF ADVOCACY

Although the Connecticut Hospital Association (CHA) offers a wide variety of services, CHA's core activity is advocacy on behalf of its members. Each of the services CHA offers furthers CHA's advocacy efforts by ensuring that the advocacy is based on a broad and detailed understanding of the impact of existing and proposed legislation, regulation, and accreditation requirements on hospitals, including operational, financial, and legal consequences.

CHA's government relations team continued to build upon the solid foundation it established during last year's regular legislative session, enhancing CHA's presence and credibility in Hartford. CHA worked closely with the legislature and the executive branch throughout both the June 2001 special legislative session and the recently concluded 2002 session, which ended without the passage of a budget for the second straight year.

During the June 2001 special legislative session, CHA worked to ensure that the restructuring of the state's healthcare financing system — which included a downsized Uncompensated Care Pool (UCP) — would be offset by the following budgetary measures:

- A two-year suspension of the hospital sales tax, which translates into a \$111 million per year in savings for hospitals;

- An additional \$15 million pool targeted for hospitals located in “distressed” municipalities;
- \$10 million targeted toward increased Medicaid rates; and
- A \$29.1 million “hold harmless” account (\$20.5 million in 2002, \$8.6 million in 2003) to ensure that no hospital loses any monies as a result of the reduced UCP.

While encouraging, those financial gains for hospitals represented only a portion of CHA's ongoing legislative agenda to ensure that its members are paid fairly and adequately for the services they provide. A unified hospital industry position made the gains achieved in the biennial budget possible; its continuation serves as a foundation for future progress.

Following the passage of the 2002-2003 budget during the 2001 special session, the downturn in both the state and national economy and the new realities of terrorist attacks on American soil posed a daunting task for the General Assembly: reconciling a budget that grew increasingly out of balance, while maintaining vital programs and services. While this required various aspects of the state budget be reexamined, as of the publication date of this Annual Report, the \$10 million in improvements to hospitals' Medicaid

## CONNECTICUT HEROES

AMY ANDERSON, OTL/R



An excerpt from *The Best Job In The World*, an essay written by Amy Anderson, OTL/R,

Occupational Therapist at The William W. Backus Hospital:

*When patients smile when they see me, I know I have the best job – one that is more giving, caring, and playing than work. You might think it gets old to give all the time, but being an Occupational Therapist rewards me as well. Every time a patient succeeds, so do I.*

reimbursement had been maintained. However, while no additional budget cuts affecting hospitals were enacted, all areas of the budget remain vulnerable as the state works to resolve the approximately \$850 million deficit projected for fiscal year 2003.

CHA's credibility and presence in Hartford was enhanced by the active participation of both CHA staff and representatives from its member hospitals on the Commission on the Future of Hospital Care in Connecticut and its working groups. The Commission served as the genesis for several key pieces of legislation, as well as a heightened awareness among legislators of the critical function hospitals perform in their communities, providing care 24 hours a day, seven days a week, 365 days a year to all who seek it, regardless of their ability to pay. CHA took every opportunity to repeat this theme whenever it provided financial, workforce, and regulatory expertise to the multidisciplinary, bipartisan Commission.

## IT'S A FACT . . .

Connecticut's \$1,291 in hospital expense per capita in 2001 was lowest among neighboring states, was lower than the New England (\$1,503) average, and only slightly higher than the U.S. (\$1,267) average.

CHA also provided the perspective of its members throughout the 2002 legislative session, submitting comprehensive, expert testimony by CHA staff and hospital leaders on more than 40 bills during the session's public hearing phase. This testimony ranged from opposition to mandatory overtime legislation that would have jeopardized hospitals' ability to care for patients, to support of bills containing initiatives to improve public health.

CHA's 2002 Hospital Day at the Capitol was once again a success, and included a Health Fair for legislators and government workers that raised the profile of Connecticut's hospitals and their issues. The event also provided an effective forum to mobilize grassroots support of legislation helpful to hospitals, their staffs, and their patients.

Other CHA legislative activities this past year included supporting greater access to healthcare coverage for Connecticut's citizens through expanded HUSKY coverage, once again avoiding unnecessary duplicative fraud legislation, and opposing an unreasonably broad proposal on patient abuse.

Recognizing that many policy, regulatory, and reimbursement issues are federal in nature, CHA continued to devote considerable effort to addressing healthcare issues on the national front.

CHA staff and Connecticut hospital leaders made repeated visits to Washington, D.C. throughout the past 12 months to meet with Connecticut's Congressional Delegation, often as part of American Hospital Association advocacy efforts. The focus of CHA's federal advocacy agenda has been efforts to improve Medicare reimbursement and prevent scheduled Medicare reductions from being implemented. CHA's federal agenda also included issues such as the healthcare workforce shortage, the lack of coverage for the nation's uninsured, and Health Insurance Portability and Accountability Act (HIPAA) reform.

CHA's Committee on Finance assured significant member input into the development of CHA's position and plans to address hospital reimbursement issues. The industry consensus on how to increase Medicaid rates was a key factor in the \$10 million increase passed by the legislature in 2001.

CHA continued to work with legislators, regulators, and payors to address the complex mental health crisis. The discussions CHA coordinated with representatives from Empire Medicare Services, the Centers for Medicare & Medicaid Services (CMS, formerly HCFA), Congresswoman Nancy Johnson, and the Connecticut Association of Ambulatory Behavioral Healthcare to address the lack of

adequate Medicare reimbursement for mental health services continued into 2002. These meetings yielded considerable reductions in denial rates for mental health services, improving hospitals' cash flow and simplifying their administrative processes.

CHA's finance area also completed its second consecutive Wage Index Improvement Program to ensure that all hospitals are filing accurate data and to maintain or improve the hospitals' position in the index. The wage index is used by Medicare to adjust the labor portion of both inpatient and outpatient payments, and appropriate adjustments made to recognize regional labor market forces have resulted in higher Medicare reimbursement for hospitals over the past two years.

Managed care slow pay and denials continued to be financially problematic for CHA members. The CHA Board of Trustees approved affirmative steps to prepare for litigation, if necessary, to expedite the resolution of the many issues surrounding timely, adequate, and appropriate managed care reimbursement.

CHA conducted a comprehensive HIPAA privacy preemption analysis to determine how HIPAA and state law would interact after the implementation of the HIPAA privacy rule in

April 2003. Although most existing state law regarding privacy will remain unaffected by HIPAA, CHA is using the preemption analysis to develop a comprehensive manual that will provide members with information about how to comply with HIPAA and state law privacy requirements. Members of the CHA HIPAA Privacy and Security Work Group have praised excerpts from the manual for its "real-world," operational approach to privacy requirements.

As hospitals came under increasing scrutiny regarding quality and patient safety, the Board of Trustees created a Committee on Medical Errors to examine ways to assist members in improving patient safety and to outline the necessary elements for an external error reporting system. The Committee on Research and Data also created a subcommittee on Public Reporting to examine methods of reporting that would compare the clinical performance of hospitals. The efforts of both Committees were instrumental in the development of CHA strategies regarding public reporting of hospital clinical performance and medical error reporting.

# CONNECTICUT HEROES

## EILEEN CARINO, RN



An excerpt from an essay by Eileen Carino, RN, Registered Nurse, Griffin Hospital:

*How do I begin to explain the impact*

*that nursing has had on my life? I have seen the most beautiful sunrise through the eyes of my terminally ill patient, knowing it was his last. I have seen the miracle of birth among many miracles. I have seen tragedy and triumph, suffering and pain, and the healing that comes from the love of family and friends. I have seen the sickest of patients who need so much care, want to take care of me...Incredible.*

*My patients have inspired me with their courage and strength, their kindness, love, and generosity. I am in awe of them all. I have learned lessons in life that are beyond my years. I am so much richer for it.*



## ADDRESSING THE HEALTHCARE WORKFORCE SHORTAGE

In recognition of its leadership position in the healthcare industry, CHA was often called upon as a resource for information on key issues affecting healthcare, such as the workforce shortage. CHA's Connecticut specific data sets, including hospital vacancy rate data, were frequently cited in both national and statewide news articles and broadcast reports, as well as in other discussions on the topic, including legislative testimony and the work of the Commission on the Future of Hospital Care in Connecticut.

Whenever providing this data, CHA also emphasized that while the nursing shortage is indeed acute, it is only part of the healthcare workforce shortage picture. Using its statistics and

information on shortages in other key areas of healthcare, including radiology and diagnostic imaging, pharmacy, and other ancillary healthcare professions, CHA provided a much broader perspective to the issue. As a result, both the need for more diverse healthcare professionals and the wide variety of career opportunities that exist gained much greater recognition in Connecticut.

CHA joined forces with a number of other entities, including the Department of Public Health (DPH), Area Health Education Centers (AHEC), the Department of Labor, the Nursing Career Center of Connecticut, several healthcare industry trade association partners, and others to bolster statewide awareness of career and educational opportunities related to healthcare. These partnerships resulted in a variety of initiatives such as career expos, job fairs, focus groups, and presentations to guidance counselors, educators, and students on the multitude of healthcare career opportunities and educational options currently available.

To further promote the rewards, both tangible and intrinsic, of healthcare careers, CHA conducted its inaugural "Healthcare Heroes" contest in 2002. Connecticut healthcare professionals expressed, in their own words, the reasons they chose healthcare as a career and/or why they believe they made the right choice. Ten winners were selected from the more than 100 contest entries CHA received. The ten winning submissions can be viewed on the CHA Web site at [www.cthosp.org](http://www.cthosp.org).

### IT'S A FACT . . .

The Connecticut Department of Labor projects the need for service workers, including healthcare professionals, to grow from 45,230 to 54,690 by 2008, thus creating more than 1,650 openings per year. Nursing vacancy rates at Connecticut hospitals are at approximately 12 percent, mirroring the national average. Healthcare industry experts predict that the number of vacancies could triple over the next decade as baby boomers age.



*Each year, healthcare leaders from around Connecticut gather at the CHA Annual Meeting to celebrate the year's accomplishments, look ahead to future challenges, and reconnect with their peers.*

## EMERGENCY PREPAREDNESS

CHA's involvement in Connecticut's emergency preparedness activities actually began in August 2001, a month before the terrorist attacks, when CHA cosponsored a series of educational programs on preparing for terrorist attacks with the Department of Public Health (DPH). This weeklong series foreshadowed an intense period of collaboration to follow, as CHA, DPH and others came together to work toward achieving an unprecedented level of emergency preparedness for the state in response to the events of September 11, 2001.

On the day of the attacks, CHA immediately established a "Crisis Center" to coordinate communications between its member hospitals and DPH, the state Emergency Operations Center in Hartford, and other critical agencies. CHA staffed the Crisis Center around the clock, providing updates and relaying official reports to keep its members informed. This capability — built upon CHA's wide and active network of specialized e-mail groups and personal contacts within hospitals — proved to be a key component of statewide healthcare communication during the immediate aftermath of the crisis.

While the Crisis Center system served its purpose,

CHA recognized that it would have to be enhanced to provide a more robust, immediate and redundant communications capability in times of emergency. CHA began mapping a strategy to improve hospital communications as part of an overall approach to emergency preparedness. To facilitate this process, CHA formed an Emergency Preparedness Work Group, which was divided into several working groups to approach communications and a number of other crucial aspects of hospitals' emergency preparedness, such as surveillance and reporting, education and training, facilities issues, and inventory management.

An October 2001 meeting with DPH formally launched a series of regular meetings to coordinate Connecticut's emergency preparedness planning. This collaboration evolved into weekly meetings with representatives from DPH, the Office of Emergency Management (OEM), the Office of Policy and Management (OPM), local health departments, hospitals, and other organizations. These meetings combined aggressive planning with the coordination of the application process for federal Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) grant funding. CHA's Crisis Center was reactivated in the period

## CONNECTICUT HEROES

### ARLENE HAMELIN, RN



An excerpt from *Nursing...My Commitment to Caring*, an essay by Arlene Hamelin, RN, Registered Nurse, MidState Medical Center:

*I now know why I wanted to be a nurse. It comes in the rewards I get from my nursing practice, which may seem insignificant to some, but are the most important to me. It comes in the smile of my patients as I give them the thumbs up sign as they are wheeled to the OR for a breast biopsy. It comes from the phone calls I receive at home from friends who ask if I'll be working on the day they need to go to the hospital. It comes from the returning patient who, upon seeing me, will give me a hug and say, "I was hoping you'd be here today."*

surrounding the November 2001 anthrax incident at Griffin Hospital, once again disseminating information from DPH, CDC and others to CHA members as information on the details surrounding the death of 84-year-old Oxford resident Otilie Lundgren became available. In addition, because of its early leadership in coordinating the role of hospitals, CHA was invited to participate on the Governor's Domestic Preparedness Senior Steering Council, and cosponsored a January symposium that brought together more than 700 municipal and hospital leaders for a program focused on the state's efforts and strategies to prepare for terrorist attacks. When DPH initiated the formation of Connecticut's first Disaster Medical Assistance

Team (DMAT), CHA signed on as a cosponsor, hosting the group's monthly meetings.

CHA will continue its efforts in the emergency preparedness arena – including hosting a broad-based curriculum of educational programs throughout 2002-2003 and the creation of a hospital emergency operations center at its headquarters in Wallingford — as the state enters the implementation phase of both the HRSA and CDC grants.

## STRENGTHENING TIES THROUGH COLLABORATION

CHA's emergency preparedness collaboration with DPH and others over the past 12 months was a continuation of efforts to strengthen relationships with a number of state agencies and various other organizations. In addition to its work with DPH on a variety of issues, CHA also met regularly with representatives from the Department of Mental Health and Addiction Services (DMHAS), the Department of Children and Families (DCF), the Office of the Managed Care Ombudsman, the Connecticut Red Cross, the Office of Health Care Access (OHCA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Centers for Medicare and Medicaid Services (CMS), the Department of Health and Human Services (HHS) and others.

The continued cultivation of these relationships allowed CHA to be a more visible, effective advocate for its members. It also facilitated communication on a variety of key healthcare issues, ranging from concerns about blood product pricing issues to CHA's position on proposed changes to the HIPAA privacy rule.

## IT'S A FACT . . .

Connecticut hospitals' \$4.6 billion total expenses for 2000 are broken down as follows:

Salaries/Benefits/Professional Fees - 52.5 percent (\$2.4 billion)

Supplies - 34.6 percent (\$1.6 billion)

Depreciation - 7.2 percent (\$329 million)

Bad Debt - 4.5 percent (\$206 million)

Interest - 1.2 percent (\$55 million)

## EDUCATION

CHA, through the Connecticut Healthcare Research and Education Foundation (CHREF), addressed many of the major issues facing healthcare professionals with a comprehensive, member-driven educational curriculum. More than 3,500 staff from CHA member institutions attended the nearly 100 education programs offered by CHA. Topics ranged from management issues, such as staff recruitment and retention, new manager development, and dealing with difficult people, to patient safety and environment of care programming.

In response to member requests, CHA also explored current issues such as computerized physician order entry, the use of hospitalists, and issues related to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Other programs included sessions on healthcare marketing, community perceptions, complementary and alternative medicine, as well as annual programs such as the *Human Resources Forum* and the *Nursing Leadership Forum*.

CHA also worked with various partners to bring additional programs and resources to its members. These efforts included the formation of a comprehensive emergency preparedness series,

funded in part by Connecticut's HRSA grant, the *Shaping Our Healthcare System* series, offered in partnership with Anthem Blue Cross and Blue Shield of Connecticut, and a variety of distance learning programs, via satellite broadcasts, Webcasts, AudioNet programs, CareLearning.com, and other online educational resources.

## COMMUNICATIONS/MEMBER RELATIONS

The key to the success of CHA's educational curriculum, as well its other initiatives throughout the year, was the unique opportunities for direct feedback afforded by CHA's more than 40 conference and meeting groups. These groups provide CHA with an unusually high degree of member participation and contact. Members from similar disciplines gather regularly at CHA's Wallingford headquarters to discuss issues of common interest throughout the year, and to utilize CHA staff expertise as a resource for questions ranging from regulatory guidance to scope of practice issues.

Many of the groups also take advantage of CHA's broad information technology network to communicate and share a wealth of information

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## MARC LEVESQUE



An excerpt from an essay by Marc Levesque, Cardiovascular Specialist, New Britain General Hospital:

*As I introduced myself, I could see the fear of death in his eyes. A man accustomed to being in control was now out of control. But over 12 weeks of progressive exercise, education, stress management, and emotional support, this man gradually began to feel healthier, stronger, and more confident.*

*Months later, at a patient appreciation picnic, this man confidently strode towards me, smiled, shook my hand and said, "having a heart attack and coming to your program was the best thing that ever happened to me. Thank you."*

*That is why I am a healthcare professional.*

electronically. This “real-time” e-mail communication capability connects peers from different hospitals and member categories on a daily basis, allowing for a rapid exchange of information on emerging issues. CHA also conducts periodic surveys of the groups to gather aggregate data for benchmarking purposes and assess healthcare industry trends.

CHA provided ongoing communication to its members via its weekly newsletter, *Update*, and during the legislative session, *Government Relations Update*. Other publications, such as *Vital Signs*, the *HMO Performance Data and Analysis Report*, and the annual *Desk Reference Manual* supplement the information CHA provided throughout the year via various special updates and briefings to members. CHA is also redesigning its Web site, [www.cthosp.org](http://www.cthosp.org), to better meet the needs of its

members and support the transition of more of CHA’s information to an electronically available format.

In addition to its various communications, conferences, and meeting groups, CHA engages many of its members through their participation on committees and work groups. Those launched this past year include the Committee on Medical Errors, the Emergency Preparedness Work Group, and the HIPAA Transaction Standards and Code Sets and Privacy and Security Work Groups.

## QUALITY

The Toward Excellence in Care (TEIC) program assisted hospitals in preparing to transition to the JCAHO core measures in July 2002 by developing software to streamline the extensive data collection and analysis required by JCAHO. The TEIC software also allows hospitals to identify, implement, and track their own internal quality improvement initiatives using customized data abstraction and reporting tools, in addition to assisting hospitals with JCAHO requirements. The software and other core measures implementation tools created by TEIC were based on the input of seven Connecticut hospitals that participated with TEIC in the JCAHO core measures pilot project. Connecticut was one of only five states nationally that participated in the pilot.

## IT’S A FACT . . .

HMO enrollment in Connecticut peaked in 1998, but has begun to decline, with 45 percent of Connecticut residents enrolled in HMOs in 2000 as compared with 49 percent in 1999; the number of Connecticut HMOs has also declined from 16 to 8 since 1997.



*2000-2001 CHA Board Chairman John Tobin (standing) addresses the assembly at the 2001 CHA Annual Meeting.*

## DATA, INFORMATION TECHNOLOGY, AND OTHER SERVICES TO ASSIST MEMBERS IN FULFILLING THEIR MISSIONS

CHA affiliates Chime and ChimeNet provide CHA members with a number of highly specialized services specifically designed to meet their needs.

In an effort to further enhance CHA's wide array of data services to its members, Chime conducted a series of focus groups that resulted in the development of several new data tools and reporting capabilities. Based on member feedback, new ChimeData reference files, data search and reporting tools, quarterly and monthly reports, and special study request forms are now available online.

In addition to these new services, ChimeData continued to provide comprehensive data collection, verification, and reporting functions for its members, including production of monthly Patient Census Reports, and the submission of discharge data to the Office of Health Care Access (OHCA). ChimeData produced a growing number of special statewide data studies and analyses in response to both member and non-member requests.

CHA also issued a discussion paper to hospital

Chief Information Officers entitled *Electronic Signatures: Legal and Technical Background and Issues*. The paper provided a summary of the meaning and purpose of electronic signature, an index of various electronic signature technologies, and current regulatory requirements.

With the completion of its infrastructure upgrade in 2001, CHA's information technology (IT) affiliate, ChimeNet expanded its offerings to CHA members to keep pace with their rapidly evolving IT needs. ChimeNet introduced new e-mail virus protection capability and a number of other innovative products, services, and capabilities, including Tier 1 connectivity to the Internet. ChimeNet currently provides private network connectivity to 29 of CHA's 31 acute care member hospitals.

Immediately following the September 11, 2001 terrorist attacks, ChimeNet's ISDN backup connection became operational to preserve some limited connectivity to Empire Medicare (the fiscal intermediary for Medicare in Connecticut), whose offices were located in the World Trade Center. Although millions of lines of electronic connectivity remained down in New England in

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### NORA MARCOUILLER, RN



An excerpt from an essay by by Nora Marcouiller, RN, Registered Nurse, Hospital of Saint Raphael:

*It was an hour past the end of my shift now. I drove the half-hour home and walked wearily through my front door...silence. The kids were all sleeping, my husband enjoying some quiet time to himself on the computer. I missed a whole day in their lives. As I kissed my three-year-old while she lay sleeping, I thought of (my patient) "John's" three-year-old and I hoped that my one day without my kids would bring lots of days for "John" to be with his kids. And I also remembered why I do this job weekend after weekend, holiday after holiday, and year after year.*

the weeks following the attacks, ChimeNet's redundant connection to Empire enabled its members to continue their essential billing and claims processing functions virtually without interruption.

ChimeNet also participated in various emergency preparedness activities, such as the FBI Infraguard, and played a key role in ongoing planning and implementation of CHA's secure, redundant emergency communications strategy, providing expertise in Internet, data, and telephone communications.

CHA created the Connecticut Hospital Association Trust (CHAT) program in 1988 to provide financial assistance and technical expertise to Connecticut hospitals and healthcare organizations to help improve their energy efficiency.

In February, the CHAT program was formally recognized by the Energy Conservation Management Board, which presented CHA with one of its four 2001 Energy Conservation Awards as part of the annual Conservation Day at the Capitol. Over the last 14 years, CHAT has provided in excess of \$8 million in interest free loans to 20 hospitals to implement more than 100 energy conservation measures. The estimated total electrical savings resulting from these projects is 33 million kilowatt hours, which equates to \$2.3 million in annual savings for the participating hospitals.

In addition to refining its mix of price-competitive national contracts and unmatched servicing of local contracts, the CHA Shared Services Program (CHA SSP) expanded its already diverse portfolio of such untraditional offerings as financial services, consulting services, patient satisfaction measurement tools, employment screening services, Internet-based equipment auction services, prescription review and auditing systems, and claims recovery services.

CHA SSP also introduced "contracts online," a new feature that allows its member to view the entire CHA SSP portfolio of group purchasing contracts on the CHA Web site to assist them in making purchasing decisions. This was augmented by the new Shared Services newsletter, *Purchasing Power*, which provides the latest news and contract updates to assist members in their purchasing decisions. Each issue features program announcements, a summary of contract changes, special vendor promotions, and regular contract and vendor profiles.

## IT'S A FACT . . .

Connecticut's 2.3 beds per 1,000 population in 2001 was the lowest among neighboring states, and was lower than the New England (2.5) and U.S. (2.9) averages.

## 2001-2002 CHA BOARD OF TRUSTEES

### EXECUTIVE COMMITTEE:

Chairman:

**Charles E. Riordan, MD**  
Hospital of Saint Raphael  
Term Expires: 6/02

Chairman-Elect:

**Robert G. Kiely**  
Middlesex Hospital  
Term Expires: 6/02

Immediate Past Chairman:

**John H. Tobin**  
Waterbury Hospital  
Term Expires: 6/02  
(Also American Hospital Association  
Delegate - Term Expires 6/03)

President and CEO:

**Jennifer Jackson**  
Connecticut Hospital Association

Secretary:

**Thomas D. Kennedy III**  
Bristol Hospital  
Term Expires: 6/02

Treasurer:

**Robert J. Lyons Jr.**  
Gaylord Hospital  
Term Expires: 6/02

At Large:

**Larry M. Gold**  
Connecticut Children's  
Medical Center  
Term Expires: 6/02

At Large:

**John J. Meehan**  
Hartford Hospital  
Term Expires: 6/04

### TRUSTEES:

**Raymond S. Andrews, Jr.**  
Hospital for Special Care  
Term Expires: 6/03

**Richard A. Brvenik**  
Windham Community  
Memorial Hospital  
Term Expires: 6/02

**John "Rusty" Chandler**  
Sharon Hospital  
Term Expires: 6/02

**Patrick A. Charmel**  
Griffin Hospital  
Term Expires: 6/02

**Richard Davidson**  
American Hospital Association  
Ex Officio  
(Designate of President of  
American Hospital Association)

**David D'Eramo, PhD**  
Saint Francis Hospital and  
Medical Center  
Term Expires: 6/03



2001-2002 CHA Board Chairman Charles Riordan, MD, addressing the assembly at the 85th Annual Meeting.

**Harold P. Kaplan, MD**  
MidState Medical Center  
Term Expires: 6/04

**Diana O. Karish**  
Norwalk Hospital  
Term Expires: 6/03

**Alfred A. Lerz**  
Johnson Memorial Hospital  
Term Expires: 6/04

**Marc H. Lory**  
Eastern Connecticut  
Health Network  
Term Expires: 6/03

**Paul E. Moss**  
Milford Hospital  
Term Expires: 6/03

**William J. Riordan**  
St. Vincent's Medical Center  
Term Expires: 6/04

**John C. Russell, MD**  
New Britain General Hospital  
Term Expires: 6/02

**Robert J. Trefry**  
Bridgeport Hospital  
Term Expires: 6/02

**Joseph A. Zaccagnino**  
Yale-New Haven Hospital  
Term Expires: 6/04

# CONNECTICUT HEROES

## OLIVANNE "ANNE" PANNONE



An excerpt from  
*My Workday  
Speaks Volumes*, an  
essay by Olivanne  
"Anne" Pannone,  
Laboratory  
Assistant II-  
Department of  
Laboratory

Medicine, University of CT Health  
Center/John Dempsey Hospital:

*Every patient is a page...I read a book every day at my job at the University of Connecticut Health Center in Farmington. It takes me a full eight hours to complete each book – stories with beginnings and endings that are never the same. The chapters unfold whenever the elevator doors open and patients arrive for their blood work. Each patient is a page in my books. Each face is lined with expressions reflecting medical conditions. Question marks punctuate the seriously ill; exclamation points excite those awaiting premarital or pregnancy tests. Some faces end with a period. Routine blood work shows no emotion. Every face tells a story...Every patient is a page.*



## 2002 CHA AWARDS

### T. STEWART HAMILTON, MD DISTINGUISHED SERVICE AWARD

As the 2002 recipient of the T. Stewart Hamilton, MD Distinguished Service Award, Sister Marguerite Waite, CSJ, joins the 37 preceding winners in being recognized for their significant contributions to the public's health. Over the course of her 43 years in healthcare, Sister Marguerite, former President and CEO of Saint Mary's Hospital in Waterbury, directed her energies to the well-being and health of every individual, regardless of social status, race, color or creed.

Sister Marguerite's life-long commitment and talents were channeled for the past 25 years at Saint Mary's Hospital, the last 15 of those as President and CEO. Her substantial involvement and advocacy in local organizations — such as the Chamber of Commerce, Webster Bank, and the Mayor's Task Force on Children's Health — significantly impacted the planning and delivery of a variety of programs and services in the Waterbury area.

Sister Marguerite has been recognized by the Waterbury community with the Women in Leadership Award for Business, the Community Service Award, the Boys Town of Italy Humanitarian Award, the Simmons Scholarship, and the Sol S. Greenberg Award for Leadership and Clinical Excellence. Most recently, Sister was



honored by Pope John Paul II with the Pro Ecclesia et Pontifice Award for service to the Church and to the Pope through care of the poor and those in greatest need.

Sister Marguerite's legacy is her unwavering belief that above all else, the needs of patients dictate the good order of all hospital activity and endeavors. This overriding consideration placed Saint Mary's Hospital on the cutting edge of medicine and science, but more importantly, assured that the hospital is an institution where people matter most of all.

### CHA HONORARY MEMBERSHIP

CHA's 82 Honorary Members have been distinguished by their personal dedication and contributions to the advancement of healthcare services. This year's recipient, George J. Terranova, MD, was nominated by the members of the CHA Emergency Department Directors Conference Group in recognition of his unprecedented 23 years of leadership as Conference Chairman.

The former Chairman of Danbury Hospital's Emergency Department, Dr. Terranova served as Conference Chairperson from 1978 until his retirement in December 2001. His leadership during this time was characterized by his dedication to emergency medicine, his devotion to his patients, and his wit and wisdom, which he readily shared with his colleagues.



## JOHN D. THOMPSON AWARD FOR EXCELLENCE IN THE DELIVERY OF HEALTHCARE THROUGH THE USE OF DATA

This award — sponsored by the Connecticut Healthcare Research and Education Foundation (CHREF) — recognizes Yale-New Haven Hospital as its ninth recipient.

Over the course of two years, a dedicated committee of health professionals identified and successfully eliminated barriers to providing acute myocardial infarction (AMI) patients with primary percutaneous transluminal coronary angioplasty (PTCA).

Starting with a baseline data set, the committee instituted a number of aggressive interventions, using the Six Sigma measurement and analysis process, to improve clinical processes for treating AMI patients. As a result of these efforts — verified through a combination of the hospital's own internal data and the new JCAHO core measures for AMI — Yale-New Haven Hospital was able to achieve its goal, which was based on the American College of Cardiology/American Heart Association performance standard for “timely reperfusion.” This clinical quality standard, also known as “door-to-balloon inflation time,” calls for eligible AMI patients to receive reperfusion in the cardiac catheterization lab

within 90 ( $\pm$  30) minutes of Emergency Department admission.



*Pictured above are members of the Yale-New Haven Hospital team that improved the hospital's clinical processes for treating AMI patients: from left are Study Co-Chair Janet Parkosewich, RN, MSN, CCRN, Cardiac Clinical Nurse Specialist; Francine LoRusso, RN, Patient Services Manager, Critical Care Unit; Bertie Chuong, RN, MSN, CCRN, Co-Director, Emergency Services; Annette Andrews, RN, MSN, CEN, Nurse Manager, Adult Emergency Department; and Debbie Capone, RT, Manager, Catheterization Laboratories.*

*Also participating in the project, but missing from photo were: Study Co-Chair Jaime Gerber, MD, Chairman of Quality Assurance, Yale-New Haven Heart Center; Michael Cleman, MD, Director, Yale Cardiac Catheterization Laboratory; Cindy Johnson, RN, Patient Services Manager, Cardiology; Kyle Kramer, Executive Director, Yale-New Haven Heart Center; and Harry C. Moscovitz, MD, Medical Director, Emergency Department.*

# CONNECTICUT HEROES

## ELLEN SCHREIBER, RN



An excerpt from an essay by Ellen Schreiber, RN, Registered Nurse, Windham Community Memorial Hospital:

*The pages of my album flip faster now. I work in our new hospice unit where I learn what the words courage, dignity, and quality of life really mean. I see us smuggle a dog in to a depressed patient, and I slide down a muddy embankment on my way to work to bring pussy willows to the patient who told me how much she missed them.*

*The sight, sounds, and smells all combine to create indelible memories. I'm tired at the end of the shift. The paperwork seems never ending, my shoulders are stiff and my feet are sore. I feel a smile soften my face as from somewhere I hear that little girl's voice "Look, Mom, there's a nurse."*

# CONNECTICUT HEROES

## MARILYN PITMAN, MLS



An excerpt from *How I Found Hospital Librarianship*, by Marilyn Pitman, MLS, Medical Librarian, Bristol Hospital:

*Whether it is searching via the computer for medical literature for a physician, selecting professional journals for subscription, helping a nursing student find research for a paper, or recommending a good Web site to a patient, I enjoy the challenge and the diversity of the work. And, underlying it all, of course, is the shared noble cause of all healthcare professionals: the good health of everyone in the community. Although I also value my time off, I really mean it when I say I cannot think of a more challenging and rewarding way to spend my day than to go to work.*

## CONNECTICUT'S HOSPITAL COMMUNITY SERVICE AWARD

The Stamford Hospital program, *Influenza Vaccination – A Collaborative Opportunity for Improving the Health of the Community*, is the recipient of this year's award, which is sponsored jointly by CHA and the state Department of Public Health.

The simultaneous impact of the consolidations of two hospital facilities in Stamford and a busy influenza season resulted in an excessively high utilization of Emergency Department and inpatient beds in the winter of 1998.

Contributing to the problem was the low influenza vaccination rate in the City of Stamford.

Determined to improve this situation, The Stamford Hospital partnered with the Stamford Department of Health to improve vaccination rates by 70 percent in 1999, and an additional 20 percent in 2000. The success of the partnership continued in 2001, with 18,471 individuals receiving influenza vaccination, a 23 percent increase over the previous year and a 150 percent increase over the baseline in 1998.

A subsequent analysis of Chime utilization data from the 1998-2001 influenza seasons shows a gradual decline in inpatient admissions of 9.3



*Pictured above are some of The Stamford Hospital and City of Stamford Department of Health & Social Services staff members who participated in the collaborative "Influenza Vaccination – A Collaborative Opportunity for Improving the Health of the Community" project: back row, from left, are Janice Shaskan, Patricia Parry, RN, Jeanne Ormond, Carol DePalma, and Michael Parry, MD; front row, from left, are Diane DeMain, RN, Patricia Gunning-Unger, Diane Baranowsky, RN, Bonnie Margolis, RN, and Nancy Giancola, RN; sitting is Brenda Grant, RN.*

percent. To date, the collaborative program has vaccinated 16 percent of the entire community of Stamford, population approximately 117,000.

## CHA...SERVING CONNECTICUT HOSPITALS AND HEALTHCARE ORGANIZATIONS

Founded in 1919, the Connecticut Hospital Association (CHA) has been representing hospitals and health-related organizations for more than eight decades.

CHA's staff provides a wide array of services for its members, covering virtually all areas affecting healthcare. All of these services share the common goal of providing value to our members and contributing to the fulfillment of their missions.

### CHA'S SERVICES INCLUDE:

- State and federal representation and legislative advocacy;
- Patient care, legal and regulatory services;
- Analysis, interpretation and dissemination of patient and quality benchmarking data;
- Healthcare network connectivity and security services;
- Healthcare finance and reimbursement data and interpretation;
- Extensive educational programming;
- Healthcare workforce data and career promotion initiatives;
- Facilitation of communication and information-sharing through member conference and meeting groups; and
- Insurance products and services and group purchasing savings.

# CONNECTICUT HEROES

## PAMELA "POLLY" ROSINUS



An excerpt from *I am Proud to be a Healthcare Professional*, by Pamela "Polly" Rosinus, Dietary Aide, Milford Hospital:

*Five years ago, when I came to work for Milford Hospital, I could not have imagined that I would be handed this special gift. But, having been given this special gift, I had to earn it at the same time by helping others to make a difference.*

*I experience the care and love each person brings to their job whether it's small or large. I can say it's not what I alone bring to the job but what everyone together brings that makes this job so rewarding. I take with me the knowledge that, in some way, each person contributes to making my job a joy to have.*