



Connecticut Hospitals:
**LEADERS IN QUALITY
AND ACCOUNTABILITY**

THE HOSPITAL "H" SIGN IS
ONE OF THE MOST
RECOGNIZABLE IMAGES
IN AMERICA.

CHA HAS MADE THE
COMBINATION OF THE
HOSPITAL "H" AND THE
CONCEPT OF "24/7"
A CENTRAL THEME OF OUR
ADVOCACY EFFORTS.
THIS POWERFUL IMAGE ON
THE COVER OF THIS 2004
ANNUAL REPORT SYMBOLIZES
OUR HOSPITALS' CRITICAL
ROLE AS THE STATE'S
HEALTHCARE SAFETY NET,
PROVIDING CARE TO ALL WHO
NEED IT 24 HOURS A DAY,
7 DAYS A WEEK, REGARDLESS
OF ABILITY TO PAY.

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President's Message


While Connecticut's 30 not-for-profit acute care hospitals have always been committed to providing quality care to the communities they serve, Connecticut hospitals have truly distinguished themselves this past year as leaders, both in terms of quality and public accountability.

Connecticut hospitals' willingness to act on their belief that a properly structured performance reporting structure can benefit healthcare consumers and contribute to quality improvement resulted in Connecticut being the first state to achieve 100% participation by its adult acute care hospitals in the Centers for Medicare & Medicaid Services (CMS) National Voluntary Hospital Reporting Initiative. To further advance this accountability initiative, CHA posted the data collected from its members on a new, easy-to-use "Hospital Performance Reporting" section of the Association's website.

Additionally, in the last year, Connecticut hospitals provided invaluable advocacy support for CHA-sponsored legislation to greatly improve the state's adverse event reporting system. Those efforts proved successful, and effective July 1, 2004, the state will implement a new mandatory reporting system designed to be an effective tool for improving the safety of healthcare in Connecticut.

These significant advances in quality and accountability reflect CHA's greatest strength – the unity and collective commitment of its members – and give rise to the theme for this 2004 Annual Report, "Connecticut Hospitals: Leaders in Quality and Accountability."

CHA is committed to continuing to support its member hospitals in this critical leadership role with passion and the highest level of advocacy and service.



Jennifer Jackson
President and CEO
Connecticut Hospital Association



CHA Overview

FOR MORE THAN EIGHT
DECADES, CHA HAS BEEN
DEDICATED TO REPRESENTING
AND SERVING CONNECTICUT'S
HOSPITALS. WHILE CHA'S
MEMBERSHIP HAS EXPANDED
TO OTHER HEALTH-RELATED
MEMBER ORGANIZATIONS
SINCE THE ASSOCIATION WAS
ESTABLISHED IN 1919, ITS CORE
FOCUS REMAINS HOSPITAL
ADVOCACY, REPRESENTATION,
AND SERVICE.

With more than 170 member organizations – including Connecticut's 30 not-for-profit acute care hospitals – CHA is one of the most diverse and respected hospital associations in the nation.

CHA is a member-driven organization, structured to provide multiple opportunities for member involvement in CHA governance and development of advocacy priorities. CHA depends on active and direct member participation to ensure that CHA's advocacy priorities, objectives, and positions, articulated in documents such as its annual Advocacy and Legislative Agendas, truly reflect the needs and concerns of the CHA membership.

CHA's activities are divided into two broad categories of Advocacy and Member Services. CHA's recently concluded strategic planning process validated this structure, but also resulted in several significant recommendations for improving the Association's service to its members. CHA has already begun to implement these recommendations, which are described in the pages that follow.



Advocacy

ADVOCACY IS THE CORE OF
CHA'S BUSINESS AND ITS
PRIMARY AND MOST
CRITICAL FUNCTION.
THE DEVELOPMENT OF CHA'S
FIRST FORMAL ADVOCACY
AGENDA, ONE OF THE KEY
RECOMMENDATIONS OF THE
STRATEGIC PLANNING
PROCESS, SERVED AS THE
FOUNDATION OF THE
ASSOCIATION'S EFFORTS TO
PROMOTE AND ADVANCE THE
INTERESTS OF ITS MEMBER
HOSPITALS ON BOTH THE
STATE AND FEDERAL LEVELS.

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The 2004 Advocacy Agenda delineates CHA's advocacy priority areas at both the state and federal levels: hospital reimbursement, medical liability system reform, mental health system reform, quality and patient safety, regulatory oversight, and healthcare workforce issues. CHA's Legislative Agenda outlines specific legislative objectives in support of CHA's advocacy priorities.

CHA staff coordinated CHA's legislative advocacy initiatives on both the state and national levels, and collaborated closely with the American Hospital Association (AHA) on federal issues. CHA advocacy activities included: drafting and presenting legislative testimony; providing various resources to assist CHA members in responding to the media and communicating with legislators; interacting directly with legislative, agency, and industry leaders to advocate for CHA's positions; and providing substantive research, information and expertise for the benefit of members on various healthcare issues.

The support and active participation of hospital CEOs in CHA advocacy, including key meetings with state legislative leaders and members of the Connecticut Congressional delegation and presentation of testimony, proved critical in achieving various advocacy successes this year.

CHA's advocacy efforts are classified into four primary areas: Finance, Patient Care Regulation, Quality and Performance Reporting, and Human Resources.

FINANCE

With many of our hospital members' operating margins hovering at or below break-even for the last several years, a major portion of CHA's advocacy efforts have focused on securing fair and adequate reimbursement for the services Connecticut's hospitals provide to all hospital patients.

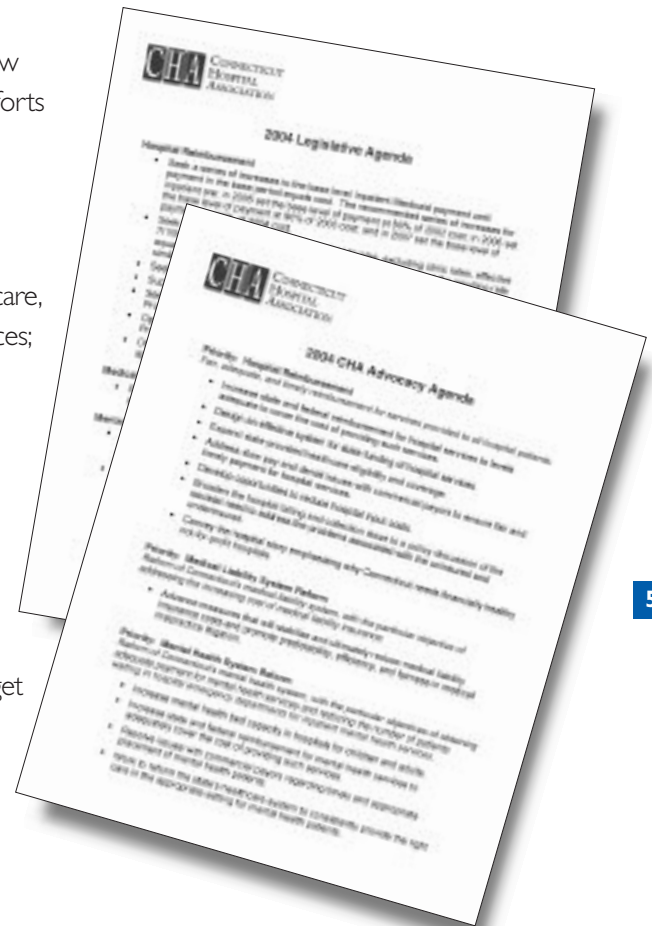
Concentrating on matters directly linked to the overall fiscal health of its members, CHA sought to address several key finance areas, including: Medicare, Medicaid, and third party reimbursement; insurer payment and denial practices; HIPAA transactions and code sets; Office of Health Care Access (OHCA) financial reporting and analysis; and financial data analysis and reporting.

As a result of these efforts, the General Assembly, while struggling to reach an agreement on the state budget in the summer of 2003, finally enacted a permanent repeal of the hospital sales tax. This repeal provided immediate and much-needed financial relief for hospitals.

During the 2004 legislative session, CHA advocated for a compromise budget bill passed late in the session that reversed many of last year's cuts to the Medicaid, State-Administered General Assistance (SAGA), and HUSKY programs. Had they not been repealed, these cuts would have had a devastating financial impact on Connecticut's hospitals and limited access to care for many of Connecticut's poorest patients.

On the federal front, responding to the enactment last year by the U.S. Congress of the sweeping \$400 billion Medicare Modernization Act of 2003 (MMA), CHA provided critical analysis of the impact of the legislation on Connecticut's hospitals. CHA continues to work with AHA to prevent further reductions in Medicare reimbursement and seek increases to federal reimbursement for hospital services to levels adequate to cover the cost of providing such services.

Joining AHA and several other organizations, CHA and several of its members successfully lobbied for pension reform legislation, which reduced hospitals' pension liability, keeping millions of dollars of resources available to hospitals to provide patient care.



With the debate over medical liability system reform continuing both in Hartford and Washington, D.C., CHA provided legislative testimony and other information about the impact of increasing liability insurance costs on hospitals and advocated for a comprehensive package of reform measures.

A bill approved by the General Assembly in the final days of the 2004 session, and subsequently vetoed by the Governor, did not include a cap on non-economic damages, a key component of effective medical liability system reform. CHA will continue to pursue effective medical liability system reform to ease the financial burden of skyrocketing premiums on providers and preserve patients' access to care.

As healthcare coverage and access received increasing attention in Washington, D.C., CHA worked to increase visibility of the issue in Connecticut and educate residents about the problem during Cover the Uninsured Week in May, sponsoring an event involving state officials and healthcare leaders in a roundtable discussion held at the Legislative Office Building in Hartford.

Looking ahead, CHA will implement a key strategic planning recommendation by more fully integrating its data analysis and reporting functions with the Association's finance advocacy and health policy development efforts.

PATIENT CARE REGULATION

CHA continued to build and strengthen relationships with organizations such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), as well as regulatory and government agencies, such as the state Department of Public Health (DPH) and OHCA.

CHA assisted members with a host of statutory, regulatory, and accreditation requirements associated with the care and treatment of patients, including preparing for the new JCAHO standards and survey requirements, and providing support with scope of practice issues, regulatory compliance, emergency preparedness, emergency medical services, and ethics.



CHA launched and is currently involved in a collaborative initiative with DPH to attempt to secure an effective and clearly articulated DPH hospital oversight process with procedural and interpretive guidelines that are applied consistently and equitably.

CHA also continued its ongoing effort to secure equitable and uniform regulation of outpatient surgical facilities, with the result being the passage of new legislation that subjects outpatient surgical facilities, in both hospital and non-hospital healthcare settings, to DPH licensure and OHCA Certificate of Need (CON) jurisdiction.

CHA also worked with the Office of Policy and Management, the Department of Mental Health and Addiction Services, the Department of Children and Families, and non-governmental groups to attempt to fashion solutions to address the state's mental health crisis.

QUALITY AND PERFORMANCE REPORTING

In 2003, performance reporting emerged as a key issue with significant opportunities and challenges for Connecticut hospitals. Working together, CHA, Qualidigm, and DPH were able to secure Connecticut's selection for a special project with CMS to align state and federal hospital performance reporting initiatives. The special project involved public release of hospital clinical performance data by Connecticut hospitals on both the state and federal levels, and pilot testing of and continued participation in the development of a new patient satisfaction survey that CMS will use for public reporting purposes.

CHA's activities were guided by the CHA Board Committee on Hospital Performance Reporting, which developed principles for public reporting of hospital quality and the design of adverse event reporting systems and made several strategic recommendations to the Board about CHA's role in hospital performance reporting initiatives. The strategic planning process validated the importance of these issues, and the CHA Board identified quality and performance reporting as a core advocacy area for CHA.

Connecticut was the first state to achieve 100% participation by its adult acute care hospitals in the National Voluntary Hospital Reporting Initiative, which posts

EMERGENCY DEPARTMENT VISITS

Visits to Connecticut hospital emergency departments (EDs) have increased steadily from approximately 1.2 million in 1998 to 1.4 million in 2003.

Hospital EDs are often the only legally mandated "open door" for everyone in a community, which can lead to increasingly stressful conditions and crowding that strains their capacity.

HOSPITAL EXPENSES

The fact that hospitals are labor-intensive operations is well documented. In Connecticut, more than half (52.9%) of total hospital operating expenses in fiscal year 2003 can be attributed to the salaries, benefits, and fees of healthcare professionals.

Another 35.7% was spent on supplies, which include pharmaceuticals, other medical and administrative supplies, and equipment. Depreciation of buildings, bad debt, and interest all contribute to the considerable expense of operating Connecticut's not-for-profit hospitals.

Total hospital expenses in Connecticut in fiscal year 2003 were \$5.75 billion, an increase of 8% from the previous year.

comparative clinical performance information from hospitals across the country on the CMS website. One year later, Connecticut is still one of only eight states that have achieved 100% participation.

CHA reinforced its members' commitment to public accountability by posting hospital clinical performance data on a new, easy-to-use "Hospital Performance Reporting" section of the CHA website. The website includes information about the performance of Connecticut's adult acute care hospitals in treating three of the most common medical conditions requiring hospitalization – heart attack, heart failure, and pneumonia. The website was designed to meet the needs of the healthcare consumer and includes explanations of what the data means, why it is important, and questions patients can ask of their hospitals and healthcare providers.

CHA and its members also worked with DPH and legislative leaders to redesign Connecticut's adverse event reporting system to be an effective tool for patient safety improvement. CHA participated in developing and supported several recommendations to improve the adverse event reporting system that are included in a new law that will take effect July 1, 2004. The new law is designed to improve the adverse event reporting system by adopting a standardized list of reportable events that was developed by national experts (the National Quality Forum (NQF) list), extending the timelines for reporting, protecting the confidentiality of reports, and enabling hospitals to confidentially share information about adverse events with public or private organizations dedicated to improving patient safety. All of these refinements are essential components of a mandatory adverse event reporting system if it is to achieve the goals of reducing preventable adverse events and improving the overall quality of healthcare.

HUMAN RESOURCES

CHA's advocacy efforts in this area include assisting members in addressing human resources management and healthcare workforce issues. Examples of human resources issues include: the healthcare workforce shortage; recruitment and retention; compensation and benefits; unionization; employment issues; and HR policies and procedures.

CHA collaborated with numerous partners, including state agencies, educators, professional associations, and others to promote healthcare careers and various workforce planning and recruitment projects. In one such collaboration, with the Connecticut Area Health Education Centers (AHEC), CHA added a new section to its website that connects users to AHEC's comprehensive list of healthcare career profiles. CHA is also working with AHEC and the Office of Workforce Competitiveness as a partner in the Connecticut Career Choices initiative for healthcare. As part of the initiative, six high schools recently embarked upon a project to develop healthcare curricula using the National Healthcare Skills Standards and experiential learning for exposure to healthcare careers. The pilot program is being designed to prepare students for ongoing education and entry into healthcare careers with appropriate emphasis on math, science and technology.

As a founding member of the Connecticut Healthcare Workforce Coalition, CHA worked with other members toward the passage of legislation this year that established the Connecticut Allied Health Workforce Policy Board and requires the Department of Higher Education to conduct a nursing faculty capacity study.

CHA also participated in the statewide Future of Nursing in Connecticut collaborative of nurses representing a broad range of practitioners in education, service, and government. CHA has worked with the Future of Nursing in Connecticut project on a variety of initiatives to strengthen and prepare nursing for the future in the areas of leadership, professional practice, addressing healthcare needs, and research. One example of work under way is an assessment of hospital and schools of nursing partnerships with a goal of enhancing the learning experiences of nursing students, increasing experiential opportunities, and engaging the incumbent workforce in education of future nurses.

CHA's annual "Healthcare Heroes" essay contest again promoted the unique rewards and challenges of healthcare careers. Other recurrent activities include conducting CHA's annual vacancy rate surveys for nursing and allied health professions, as well as a variety of other surveys to assist members in recruitment, retention, and workforce planning efforts.

EMERGENCY DEPARTMENT VISITS BY MONTH

Between 1994 and 2003, the number of visits to Connecticut emergency departments (EDs) ranged from nearly 81,000 to nearly 129,000 patients per month, with even more dramatic surges in demand occurring from week-to-week and even day-to-day.

The fluctuating demand for emergency care creates a number of challenges for Connecticut's hospitals, which, on a 24/7 basis, must continually manage, prepare for, and respond to patients' need for emergency services.

Member Services

OVER THE YEARS CHA HAS DEVELOPED A NUMBER OF BUSINESS SERVICES FOR MEMBERS IN RESPONSE TO SPECIFIC MEMBERSHIP NEEDS. THESE MEMBER SERVICES COMPLEMENT CHA'S CORE ADVOCACY FUNCTION AND PROVIDE MEMBERS WITH RELIABLE AND COST-EFFECTIVE ALTERNATIVES FOR CERTAIN ASPECTS OF THEIR OPERATIONS.

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As a result of its strategic planning process, CHA has implemented an improved process for the evaluation and oversight of existing member services, as well as for the planning of potential new services to meet member needs.

CHA's Member Services currently encompass the following areas: Education, Quality (Toward Excellence in Care (TEIC) Program), Data Collection and Analysis (ChimeData), Data Networking Services (ChimeNet), Group Purchasing (CHA Shared Services Program), and Insurance Services.

EDUCATION

CHA, through the Connecticut Healthcare Research and Education Foundation (CHREF), offered more than 85 educational programs over the past year. More than 3,000 staff from CHA member institutions took advantage of CHA's diverse offerings, which focused on meeting educational needs identified by CHA members.

Ongoing programs included healthcare management and operations issues related to regulatory compliance, reimbursement, and manager skill building. Supplementing these offerings were a number of "premier" programs, which included CHA's first *Patient Safety Summit* for hospital leaders, a symposium titled *Overcoming the Challenge of Emergency Department Crowding*, and the annual *Human Resources Forum* and the *Nursing Leadership Forum*, as well as programs offered in conjunction with other organizations such as the *Healthcare Leadership Series*.

Recognizing the time constraints of today's healthcare professional, CHA also began offering a series of teleclasses, which provided a broad range of educational programs. More than 2,000 CHA members were able to fit these convenient programs into their busy schedules, broadening the reach of CHA's educational programming.

CHA hosted hundreds of member meetings through its conference and meeting group structure, which provides a regular forum for members with similar management and leadership responsibilities to exchange ideas and information. This structure also provides vital member input that is incorporated into the development of CHA policies, positions, and initiatives.

At the end of April, CHA hosted its first trade show, *Healthcare 2004*, which was attended by healthcare professionals from throughout the state. CHA members visited the booths of more than 100 vendors and had the opportunity to attend a variety of education programs throughout the day.

QUALITY (TEIC)

CHA's Toward Excellence in Care (TEIC) program provides hospitals with a variety of quality improvement services and tools to assist them in satisfying their increasing reporting and benchmarking needs.

The TEIC program is an approved JCAHO performance measurement system and submits all required Core Measures data to JCAHO for member hospitals. In addition, TEIC submits member hospital data to CMS for the National Voluntary Hospital Reporting Initiative and provides quarterly outcome measure reports. TEIC regularly assists JCAHO with testing new measures for JCAHO's Core Measures program. During the past year, TEIC was one of two performance measurement systems in the country testing new pneumonia antibiotic measures and TEIC has volunteered to test new ICU core measures next year. The TEIC program also is working with member hospitals to use the national Association of Operating Room Nurses (AORN) Perioperative Nursing Data Set to document and improve performance in the perioperative setting through data collection, reporting and creation of statewide benchmarks.

TEIC offers unparalleled customer service and its Core Measures software product is continually reviewed and modified to add new features in response to member needs.

As a result of the strategic planning process, TEIC fees are being reduced and quality and performance reporting is becoming a dues-based advocacy activity, which reflects the active involvement of TEIC staff this year in assisting all CHA member hospitals with advocacy and data analysis.

INPATIENT DAYS

Technological advances, increased pressure from managed care companies, and hospital initiatives to treat patients in the most appropriate and cost-effective manner possible have all led to reductions in hospital lengths of stay over the past 10 years.

From 1993 to 2003, the total number of hospital days declined from approximately 2.4 million to 2 million. However, hospital days have increased slightly over the past five years, reversing the decline experienced in the 1990s and signaling an increased demand for inpatient healthcare services.

INPATIENT ADMISSIONS

While hospital admissions in Connecticut dropped from 391,914 in 1992 to 371,822 in 1998, they have been increasing steadily for the past four years. Connecticut's 409,000 hospital admissions in 2003 reflect the increased demand for inpatient care, primarily due to the state's aging population.

A recent CHA study projects that, based on current utilization and mortality rates, Connecticut's acute care hospitals are likely to experience more than double the amount of inpatient admissions among patients age 65 and older as the state's population ages over the next 20 years. The number of inpatient admissions among this age group is expected to increase from 66,966 in 2000 to a projected 160,410 admissions in 2020.

DATA COLLECTION AND ANALYSIS (CHIMEDATA)

CHA's ChimeData program, which houses one of the oldest and most comprehensive databases of patient encounter-level information in the country, provides data collection and analysis services to CHA members and contributes vital information to support the Association's legislative testimony and various other advocacy activities.

In addition to tracking and editing hospital administrative discharge data, ChimeData satisfies OHCA hospital reporting requirements on behalf of CHA members. ChimeData expanded its data submission on behalf of members to meet certain OHCA requirements to report data from new outpatient services approved under CON authorization.

ChimeData provided data used in the Department of Public Health's report to the legislature that was required by Public Act 03-159, An Act Concerning The Treatment Of Drug Overdoses, and produced a number of custom utilization, financial, management, and other types of reports and analyses (special studies) for members and outside entities on a fee-for-service basis.

ChimeData expanded and refined the standard comparative reports distributed to CHA members, and enhanced its annual *PCR Trend Summary* and monthly PCR reports, which are used by hospitals to compare and monitor volume trends across general utilization indicators such as inpatient admissions and emergency department visits, as well as more specific, procedure-level information on cardiac catheterizations, gastroenterology, and chemotherapy visits.

ChimeData also developed and will be implementing a new electronic decision support tool that will provide members greater flexibility in querying and analyzing information from the Chime database.

DATA NETWORKING (CHIMENET)

CHA's data networking and information technology (IT) affiliate, ChimeNet, is a superior Internet connectivity provider that serves the majority of CHA member hospitals. In addition to managed network services, ChimeNet manages secure, private electronic connections between hospitals and other entities, such as remote sites, physician practices, and payors. ChimeNet is a licensed telecommunications carrier (Certified Local Exchange Carrier, or CLEC) in Connecticut, giving it access to certain pricing and technologies not available to the general public.

ChimeNet's upgraded eligibility verification service is currently delivering real-time insurance eligibility and demographic information to hospitals and other healthcare providers during registration and pre-registration, billing, and collections. This vital information helps healthcare providers more efficiently manage their business by improving accuracy in registering patients and reducing claims denials, which results in improved cash flow and net revenue.

ChimeNet also enables CHA member hospitals to offer affiliated physicians secure high bandwidth access to their clinical applications over a virtual private network in addition to all of the advantages of ChimeNet's Internet service.

ChimeNet's innovative network engineering approach, leveraged by its CLEC license, enabled it to secure multi-year contracts to provide managed wide-area network and connectivity services to non-hospital users, such as a municipality in Fairfield County, multi-site radiology practices, and a statewide retail store chain.

CHA SHARED SERVICES PROGRAM

A regional Group Purchasing Organization (GPO) with members in Connecticut and throughout New England, the CHA Shared Services Program (CHA SSP) provides a cost-saving option – as either an alternative or a supplement – to members' arrangements with national GPOs.

CONNECTICUT'S UNINSURED

While Connecticut's rate of non-elderly (under age 65) uninsured residents in 2002 (the last year for which data is available) was lower than the national rate of 16.9%, it did increase from the previous year, signaling an alarming healthcare coverage and access trend in the state.

The rate of uninsured children (under 19) and non-elderly adults (age 19-64) also increased in 2002, but remained lower than the national rates of 12.1% and 19.1%, respectively.

HMO MARKET PENETRATION IN CONNECTICUT

Connecticut's health maintenance organization (HMO) industry, excluding self-insured health plan members, covers approximately 43% of Connecticut residents. This represents a decline from a high of 49% of Connecticut residents being covered by HMOs in 1995, when the state had 16 HMOs. Currently, as the healthcare marketplace has evolved, there are only six licensed and operating HMOs in the state of Connecticut.

CHA SSP's strength for more than 30 years has been in providing superior service and a unique selection of alternative products for its members. CHA SSP provides these and other services to all 30 of CHA's acute care hospital members. At the same time, CHA SSP has been instrumental in providing members access to organizations like MAGNET, a regional GPO focused on capital items such as beds, patient furniture, telemetry, and other equipment.

To provide CHA SSP members with access to a larger healthcare contract portfolio, CHA SSP recently entered into an agreement with MedAssets HSCA, one of the nation's largest GPOs. The agreement with MedAssets allows CHA SSP to add one of the industry's leading pharmaceutical programs to its portfolio of products and services, as well as to provide aggressive price discounts on commodity items.

CHA INSURANCE SERVICES

Through its affiliate, Diversified Network Services (DNS), CHA provided a range of insurance services, such as Property and Casualty and Life and Health insurance products. CHA also offered, through CHA Securities, financial service products through endorsement arrangements.

DNS also provided management and administrative services to Health Connecticut, a limited liability company that negotiates Medicare and Medicaid managed care contracts on behalf of its 22 hospital members and operates an Administrative Services Organization (ASO) product, *Health Connecticut Preferred*, as well as a Preferred Provider Organization (PPO) product, *Health Connecticut Select*. Both products provide large employers, municipalities, and local and national union organizations that are currently self-funding their group health benefit plans with access to a comprehensive, statewide network provider organization that features an expanding network of more than 8,000 providers.

Through its Insurance Services area, CHA also continues to explore options to help its members reduce their insurance premiums, which in recent years have risen at alarming rates.

CHA Board of Trustees

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Term Expires: 6/04

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Hospital Director
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Term Expires: 6/06

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President/CEO
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Term Expires: 6/05

2004 CHA Awards

T. STEWART HAMILTON, M.D. DISTINGUISHED SERVICE AWARD

John H. Tobin, the 2004 recipient of the T. Stewart Hamilton, M.D. Distinguished Service Award, has rendered exceptional service to CHA and to Connecticut's healthcare community for nearly 30 years.

CHA IS PROUD

TO ACKNOWLEDGE

THE FOLLOWING

ANNUAL AWARD

RECIPIENTS:

Dr. Tobin, who has served as President/Chief Executive Officer of Waterbury Hospital since 1986, chaired the CHA Board of Trustees in 2000-01, facilitating the Association's leadership transition following the retirement of Dennis May and leading a comprehensive review of CHA's governance structure. He has also served as a member of CHA's Executive Committee since serving as Chairman in 2001, and is currently CHA's Delegate to the American Hospital Association (AHA).

He has been instrumental in all of the Association's major initiatives over the past five years, chairing the CHA Strategic Planning Work Group on Other Member Services, and participating on the Financial Oversight Committee, and the Committee on Medical Errors. He also serves on the Health Connecticut Board of Managers, and is an active leader in AHA, where he has served as State Delegate to the AHA Regional Policy Board, and has spearheaded Connecticut's efforts in support of the AHA Political Action Committee.

Dr. Tobin's leadership and initiative led to a variety of significant contributions to the Waterbury community, including oversight of Waterbury Hospital's first major physical plant renovation since the 1970s; achieving Level II Trauma Center status for the hospital in 1995; and performing a health needs assessment for the community, which led to the creation of The Harold Leever Cancer Center, a collaborative venture with neighboring Saint Mary's Hospital to provide state-of-the-art cancer care in the greater Waterbury area.

His numerous other professional and community affiliations include membership on the Connecticut Mental Health Strategy Board, the Board of Directors of the Harold Leever Regional Cancer Center; the University of Connecticut Health Care Administration Program Advisory Board, the New England Healthcare Assembly, the



Board of Directors of New Vision for Waterbury, and serving as Co-Chairman of the Hospital and Health Care Initiative of *Drugs Don't Work!*

Dr. Tobin began his career at Waterbury Hospital in 1975 when he was named Assistant Administrator. In 1980, he was promoted to the position of Chief Operating Officer, and he became President/Chief Executive Officer in 1986. He holds a master of public health degree from Yale University and recently received his doctorate of management from the University of Hertfordshire in the United Kingdom.

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

This is the third consecutive year that Yale-New Haven Hospital has received this prestigious quality improvement award, which is sponsored by CHREF.

The 2004 John D. Thompson Award recognizes the hospital's initiative to reduce the rate of nosocomial catheter-associated urinary tract infections on its medical-surgical unit.

The hospital's project began by tracking the baseline rate of catheter-associated urinary tract infections (CAUTI) on its medical-surgical unit and examining related patient care processes, such as documentation, protocols for catheter use, and staff training. The hospital's Patient Safety Leadership Group championed the collaborative project – involving hospital administration, physicians, and nursing – and ensured that resources were available to purchase new equipment and implement process improvement measures.

Once the project was implemented, subsequent data collection demonstrated a 42% reduction in catheter days, a 51% reduction in the incidence of patients with a urinary catheter placement, and a 47% reduction in the occurrence of nosocomial CAUTI. An added benefit to the improved patient outcomes were significant savings in patient care costs that were also achieved.



Members of the team that worked on Yale-New Haven Hospital's John D. Thompson Award-winning entry gather in the hospital's Atrium. Shown (l-r) are: Thomas Balcezak, M.D., Associate Chief of Staff and Director of Clinical Quality; Karen Camp, R.N., Administrative Director, Patient Services; Sandy Conklin, R.N., Clinical Effectiveness Specialist, General Medicine; Victor Morris, M.D., Assistant Chief of Staff; and Jeff Topal, M.D., Physician Specialist, Pharmacy Services, and Infectious Disease Attending.

CONNECTICUT'S HOSPITAL COMMUNITY SERVICE AWARD

Danbury Hospital is the recipient of the 2004 Connecticut's Hospital Community Service Award for its Pediatric Asthma Management Program.

The award, sponsored jointly each year by CHA and DPH, recognizes a Connecticut hospital that has made an outstanding contribution to the health of its community.

Established in 1996, the Danbury Hospital's Pediatric Asthma Management Program was developed by Greg Dworkin, M.D., Chief of Pediatric Pulmonology, in response to an increase in the number of children being diagnosed with asthma in the hospital's service area.

Danbury Hospital debuted the American Lung Association's "Open Airways for Schools" (OAS) program in Connecticut to educate children, parents, school personnel and pediatricians on asthma and medication management. This ongoing communications initiative keeps pediatricians continually updated, and provides education to school nurses on how to recognize the signs of asthma and how to educate parents and children to administer asthma medication and manage symptoms. The hospital also supplies schools with peak flow meters and inhalers.

The program, which is open to all the school districts and all the pediatricians in Danbury Hospital's service area, has seen significant results in its eight years of operation. Asthma-related school absences are down 50% since the program started, while asthma-related hospital admissions and asthma-related emergency department visits declined by 72% and 25%, respectively. In 2003, Danbury was ranked first in the state by DPH in providing care to children with asthma.

"The success of the program can, in large part, be attributed to the collective commitment shown by pediatricians, educators, and parents in the hospital's service area," notes Dr. Dworkin. "We would not have been able to achieve and sustain these remarkable results without this incredible spirit of collaboration by everyone involved."



Representing Danbury Hospital's Pediatric Asthma Management Program, winner of the 2004 CHA Community Service Award are, l-r: Greg Dworkin, M.D., Chief, Pediatric Pulmonology, Donna Preziosi, R.N., Lisa Alves, R.N., Sandy Heinemeyer, R.N., and Patrick Killeen, MS, PA-C.

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.

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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.
- Strengthening 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.
- 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



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