3:30-4:00 p.m.  Registration

4:00-5:00 p.m.  Business Meeting and Awards Presentation
   Call to Order  Christopher Dadlez
   Invocation  Archbishop Henry J. Mansell
   Report of the Treasurer  Richard A. Brvenik
   Report of the President  Jennifer Jackson
   Report of the Chairman of the Board  Christopher Dadlez
   Acknowledgment of Outgoing Trustees
   Election of Trustees and Officers
   Awards Presentations  Christopher Dadlez
   Presentation of AHA Service Award
   Healthcare Heroes
   AHA Grassroots Champion Award
   Connecticut’s Hospital Community Service Award
   John D. Thompson Award for Excellence in the Delivery of Healthcare Through the Use of Data
   T. Stewart Hamilton, MD, Distinguished Service Award
   Adjournment

5:00-6:00 p.m.  Station Buffet and Open Bar

6:00-7:00 p.m.  Keynote Address  Donna Brazile

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# TABLE OF CONTENTS

Program Agenda for Annual Meeting ........................................................................ 1
President’s Message .................................................................................................... 3
Advocating for Connecticut’s Hospitals .................................................................... 4
Leadership in Quality and Patient Safety ............................................................... 6
Leadership in Improving the Health of Our Communities ................................. 8
Leadership in Work Environment and Workforce Development ..................... 9
Education Services ............................................................................................... 10
ChimeNet .............................................................................................................. 11
Data Services ........................................................................................................ 12
CHA Shared Services Program ........................................................................... 13
CHA Financial Summary ...................................................................................... 14
Healthcare Heroes ............................................................................................... 16
AHA Grassroots Champion Award ......................................................................... 27
Connecticut’s Hospital Community Service Award ........................................... 28
John D. Thompson Award For Excellence In The Delivery Of Healthcare Through The Use Of Data ................................................................. 30
T. Stewart Hamilton, MD, Distinguished Service Award ...................................... 32
Sponsors ............................................................................................................. 34
2010-2011 CHA Board of Trustees ...................................................................... 54
Board of Trustees Slate of Candidates .................................................................. 55
CHA Mission ........................................................................................................ 56
PRESIDENT’S MESSAGE

This year we prepared for healthcare reform implementation while facing a sea change in Connecticut government and politics, and an unprecedented budget gap that would ultimately result in hospital funding cuts. As always, even in the most trying times, regardless of the political or economic climate, hospitals sustained their commitment to their primary mission: focusing on patients, displaying the strength and agility necessary to adapt to ever-increasing challenges.

In January, Connecticut’s political landscape shifted significantly with the inauguration of a new Democratic governor, the appointment of new agency leaders, and the change in political dynamics resulting from a one-party government. Facing a record budget shortfall, Governor Dannel Malloy’s budget of “shared sacrifice” included the elimination of uncompensated care funding and the imposition of a hospital provider tax. This redistributive tax tested the unity of the Association, but Connecticut’s hospital community stood strong and united, pushing for innovative alternatives to mitigate harm to patients, communities, and hospitals. Now more than ever, the values that unite us are stronger than the challenges that divide us.

This year’s Annual Meeting theme, Reform. Resilience. Resolve: Connecticut Hospitals Shaping the Future of Healthcare, reflects our recognition that while there is extreme pressure for change in every area of healthcare delivery, our hospitals are prepared to meet the challenge – continuing to provide quality, accessible healthcare while shaping the future, and serving their communities with innovation, resilience, and steadfast dedication.

Jennifer Jackson
CEO
ADVOCATING FOR CONNECTICUT’S HOSPITALS

2011: A year of extraordinary change and challenge

When Dannel P. Malloy took office in January 2011, Connecticut had a Democratic governor for the first time in 20 years, resulting in new appointments, new leadership, and a critical shift in the legislative landscape as well. Although Democrats retained control of the Connecticut Senate and House of Representatives, they lost their veto-proof majorities, and legislative dynamics altered significantly as the Democratic majority no longer faced a member of the opposite party in the Governor’s office.

Given that addressing the unprecedented budget deficit was the state’s top priority, Connecticut’s hospitals came to the table in January with a series of proposed Medicaid solutions to improve the care and value for patients, reduce the state deficit, materially reduce the cost shift to businesses and workers, and make it possible for hospitals to remain strong and viable in their role as the state’s healthcare safety net.

Although the Governor’s budget incorporated some elements of the hospital proposal, he instead proposed a budget of “shared sacrifice,” including the imposition of a redistributive hospital provider tax and the elimination of $83 million of hospital uncompensated care funding to address in part the gaping $3.5 billion budget deficit.

Throughout this difficult session, our membership worked together, sharing consistently the message about hospitals’ role as communities’ safety nets and economic engines—caring for all while providing good jobs and investing in local communities—and the need to maintain the financial and operational health of hospitals. Hospital leaders acted swiftly to communicate that the tax and cuts would significantly affect hospitals and the communities they serve. Through a coordinated communications plan, Protect My Hospital CT, hospitals used a postcard campaign, media outreach, specialized publications, social media, and meetings and contact with legislators and members of the Malloy administration, to convey the harmful impact of the budget throughout the state. Hospital leaders testified late into the night at the Appropriations Committee hearing in early March, attended the Governor’s statewide town hall meetings, and met repeatedly with the Governor, Lieutenant Governor, and administration staff to ensure that the impact on patients, communities, and hospitals was fully recognized.

When the budget was passed with a hospital provider tax included, CHA developed with full membership input, a recommended approach to the implementation of the hospital tax that would reduce overall hospital losses while bringing individual hospital losses to a more uniform level.

While major advocacy efforts focused on
opposing the hospital tax and cuts to funding, CHA also worked on behalf of hospitals on a variety of other key healthcare bills. Passage this year of the CHA-proposed bill on “standing orders” was good news for Connecticut hospitals, enabling the use of protocols and policies that improve the safety and efficacy of care. Working with advocates, union representatives, and others, CHA supported a bill on workplace violence, ensuring a workable final version that increases penalties for violence against hospital workers and volunteers. Other work this year focused on the establishment of a state Health Insurance Exchange and providing smoking cessation coverage in the state’s Medicaid program.

CHA supported the implementation by the Department of Social Services (DSS) of a Medicaid Electronic Health Record (EHR) Incentive Payment Program for hospitals, working with DSS to advance a recommended definition of eligibility which DSS incorporated in its program design. As a result, Connecticut hospitals utilizing certified EHR technology will be eligible for $49 million in Medicaid EHR incentive payments.

At the national level, CHA continues to work closely with members of Connecticut’s congressional delegation to advance hospital issues and address areas of concern. Providing detailed statewide and hospital-specific information on Medicare-related issues, such as comparative state reimbursement under Medicare over time, and the impact of specific proposed revisions to the Inpatient Prospective Payment System (IPPS), enables the Connecticut hospital community to advocate effectively in Washington, D.C. Throughout this tumultuous year, hospitals stood together in Hartford and Washington, demonstrating their resilience and resolve.
LEADERSHIP IN QUALITY AND PATIENT SAFETY

The commitment to provide the highest quality healthcare is the foundation on which Connecticut’s hospitals are built

Making Safe Care Even Better. CHA’s most ambitious patient safety project to date is its newest: a statewide initiative to pursue the elimination of preventable harm. This broad-based all-cause “no harm” program, approved by the CHA Board of Trustees this year, will be a priority in the coming year as CHA hospitals work together to create cultures of high reliability to prevent serious safety events. During a recent visit to the state, Donald Berwick, MD, administrator of the Centers for Medicare and Medicaid Services (CMS), praised Connecticut hospitals for their national leadership on this issue.

Achieving Measurable Quality and Patient Safety Improvement. Through CHA, hospitals continue to work collaboratively to share, learn, and apply nationally recognized, evidence-based best practices to constantly improve safety and quality.

CHA’s quality and patient safety projects demonstrate innovative new ways of using data to help improve patient care. Some highlights:

- **Heart Failure Readmissions:** Halfway through this collaborative’s two-year plan, hospitals are focused on reducing readmissions for heart failure patients by 20 percent by February 2012. Members benefited from monthly coaching calls that featured subject experts and a review of data collection, and two highly attended Learning Sessions CHA co-hosted with Qualidigm in November and April. The November Learning Session featured keynote speaker and nationally-recognized readmissions expert Harlan Krumholz, MD, who made the case for patient-centric care. In April, Learning Session participants heard about quality and patient safety fundamentals from Eliot Lazar, MD (pictured above) of New York- Presbyterian Hospital, and others who shared information on innovation, most particularly the heart failure “navigator” who helps patients transition their care from the hospital back to their home and community providers.

- **On the CUSP: Stop BSI National Collaborative:** For the third year, clinician-led hospital teams continued their engagement in the first national quality improvement initiative aimed at eliminating central line-associated bloodstream infections. Stop BSI participants have addressed a wide range of topics including the critical importance of engaging senior leadership and assigning local accountability at the department and unit levels to reduce infections.
Prevention of Patient Falls with Injury: Nearly 100 people participated in the fourth Learning Session for the Patient Falls Collaborative, Moving Fall Prevention Evidence into Practice: Coordinating Across the Continuum, held at CHA in April, and co-hosted by Qualidigm. The Learning Session, organized at the request of collaborative participants, featured presentations by six hospitals and healthcare organizations and a keynote presentation by MacArthur Fellow Rita K. Noonan, PhD, Home & Recreation Team Leader, Division of Unintentional Injury Prevention, Centers for Disease Control & Prevention (CDC) (pictured below left).

CHA’s ninth annual Patient Safety Summit provided an opportunity for more than 150 healthcare leaders to interact with national leaders in patient safety and patient-centered care. Brian Wong, MD, CEO of The Bedside Trust (pictured left), kicked off the summit with an animated discussion of patient-driven leadership. Following Dr. Wong’s presentation, participants heard from patient advocate Helen Haskell, founder and president of Mothers Against Medical Error, a South Carolina-based group dedicated to improving patient safety, who shared the tragic story of the loss of her son from a medical error and the subsequent development of statewide simulation training centers. The summit ended with “Detection, Intervention, Prevention: Improving Patient Outcomes,” a presentation by George Blike, MD, from Dartmouth-Hitchcock Medical Center. Dr. Blike presented an overview of Dartmouth-Hitchcock’s quality and patient safety program, which is built on a compact of behavior and cultural expectations that are non-negotiable.

Changes to Care Delivery Structure that Promote Quality and Patient Safety. CHA is playing an active role in the development of a statewide health information exchange (HIE). In addition to working with the Department of Public Health on its development of Connecticut’s HIE, CHA has partnered with eHealthConnecticut, forming a multi-stakeholder alliance within Connecticut to respond to the state’s request for proposal for HIE services.
LEADERSHIP IN IMPROVING THE HEALTH OF OUR COMMUNITIES

Hospitals continue to serve as leaders in community health, helping people live better, healthier lives.

More than simply the place where people go when they get sick or hurt, hospitals contribute to communities in ways well beyond their traditional hospital-based patient care—providing services such as cancer outreach and support, financial assistance to the uninsured, mobile vans and clinics delivering primary and preventive care, healthy lifestyle education programs, services for the homeless, clinics for migrant farm workers, and crisis intervention services. Hospitals in Connecticut spent $880 million on these community initiatives in 2009, an increase of more than $90 million from the prior year. Connecticut hospitals must also bridge the financial gap created by insufficient payments from government programs such as Medicare and Medicaid. In 2009, government underfunding of Connecticut hospitals exceeded $573 million or nearly 6.6 percent of their total hospital revenue.

In April, CHA hosted Partnerships: A Model for Addressing Community Health, a discussion that focused on addressing community health needs, eliminating health disparities, and moving toward healthcare equity. Held in collaboration with the Connecticut Commission on Health Equity, Saint Francis Hospital and Medical Center and its Curtis D. Robinson Men’s Health Institute, and Tuskegee University, this event focused on the prostate cancer screening and treatment initiative conducted by the Men’s Health Institute, as well as its new research partnership with Tuskegee University, and reflected CHA’s advocacy agenda to engage communities in improving their health.

CHA is working on a statewide tobacco advocacy project in collaboration with the MATCH Coalition and other stakeholders to promote smoking cessation and related services.

CHA’s annual statewide report, Keeping Connecticut Healthy: Connecticut Hospitals Strengthening Community Health, provides an overview of community programs at Connecticut’s not-for-profit acute care hospitals.

Pictured right (from left to right): Marie Spivey, EdD; Jeffrey Steinberg, MD; Christopher M. Dadlez, FACHE; Curtis D. Robinson; and Ben Carson, MD, at the Partnerships: A Model for Addressing Community Health discussion.
LEADERSHIP IN WORK ENVIRONMENT AND WORKFORCE DEVELOPMENT

Hospitals continue to focus on workplace assessment to ensure an environment of quality and patient safety

Building on our initial ground-breaking Hospital Nursing Workplace Environment Assessment Project in 2008, CHA surveyed staff nurses in Connecticut hospitals again in 2011, incorporating additional questions this year on decision making and patient safety. More than 2,700 nurses responded to the survey, with results to be published later this year.

CHA hosted its fifth annual Smart Moves Forum on Safe Patient Handling. A collaborative effort of CHA, the Connecticut Nurses’ Association, the Connecticut Association of Not-for-Profit Providers for the Aging, the Connecticut Association of Health Care Facilities, and the Connecticut Association for Home Care & Hospice, the forum brings together caregivers and leaders from different healthcare settings to share best practices and learn about new developments and equipment for safe patient handling. This year’s participants heard Jim Murphy, RN, BSN, COHN-S, Safe Lifting Program Manager, Mid-America, Hill-Rom, present Managing Safe Patient Handling for Stroke Patients and Other Special Needs Considerations to start the day’s activities. Keynote speaker James Collins, PhD, MSME, Captain in the US Public Health Service and Associate Director for Science, NIOSH Division of Safety Research, discussed his research on best practices for safe patient handling and shared his findings for reducing slips, trips, and falls among healthcare workers.

In response to member requests, CHA held, for the fourth year, the Nurse Manager Leadership Academy, a five-part series modeled after the American Organization of Nurse Executives (AONE) Nurse Manager Leadership Collaborative Learning Domain Framework, specifically designed to meet the development needs of new and aspiring nurse managers.

CHA also again coordinated the Nurse Preceptorship Program, developed through CHA by a team of educators from hospitals and schools of nursing to provide a statewide curriculum for nurse preceptor preparation and development.
EDUCATION SERVICES

High quality, cost-effective education programs to meet members’ educational needs

CHA Education Services delivered 45 educational programs at CHA to more than 2,000 participants to help hospital leaders, clinicians, and administrators stay abreast of critical issues in leadership skills, reimbursement and regulatory issues, and quality and patient safety.

The CHA Leadership Program series continued to bring national experts to Connecticut, including Jamie Orlikoff, international health strategy consultant, lecturer, and author, who delivered the keynote address at the Healthcare Executive Summit; and Steve Robbins, PhD, author and national speaker on the subject of diversity and inclusion, who presented the opening and plenary sessions at the Nurse Leadership Forum.

In January, CHA and The William W. Backus Hospital co-hosted two half-day educational sessions on “The Care of Psychiatric Patients in Emergency Settings” for more than 135 hospital participants. Scott Zeller, MD, the Chief of Psychiatric Emergency Services at Alameda County Medical Center in Oakland, President of the American Association of Emergency Psychiatry, and co-editor of Emergency Psychiatry: Principles and Practice, was the keynote speaker.

Among the new education programs introduced this year were Crucial Conversations, a nationally acclaimed two-day training program to improve quality and patient safety communications; sessions on Health Reform and Meaningful Use Requirements and Electronic Health Record Integrity; and the NNSDO Certification Preparation course to support nurses in their professional development goals.

CHA continued to provide educational support for the Patient Safety Organization’s collaboratives, CHA workforce initiatives, emerging issues, and other hospital-related topics.
CHIMENET

In a rapidly changing technology environment, ChimeNet continues to provide secure, high-speed connectivity, Internet access, and network security services for hospitals, physicians, municipalities, schools, and other customers

ChimeNet has been moving into the physician connectivity market for information technology (IT) services, enabling physicians to integrate seamlessly with hospital systems and acquire new technology. Partnering with physician organizations and hospitals, ChimeNet is offering end-to-end IT product bundles and developing products for physicians. Leveraging shared resources enables ChimeNet to reduce hospitals’ cost, simplify their IT infrastructure, and provide access to state-of-the-art technology. ChimeNet is poised to expand its core set of services to include content that can be delivered across the network, including playing an integral role in Connecticut’s Health Information Exchange.

The co-location service that ChimeNet launched in 2009 to support hospitals’ disaster recovery plans will soon be fully populated with 46 racks for real-time backup of customers’ critical computer systems in the event of a power failure or other interruption at their primary location. Expansion of the co-location data center to continue to provide a core set of services is now a priority.

Inside CHA’s data center.
DATA SERVICES

Meeting hospitals’ essential data needs with member-designed products

As hospitals seek to continuously improve quality and patient safety, reduce costs, respond to community needs, and improve access to care, the use of actionable data is increasingly significant. Healthcare reform requires more transparency and accountability by providers and for patients, and CHA’s Data Services has an important role in supporting hospitals by providing data collection, maintenance, reporting and analysis, while developing new Strategic Measurement products.

In the last year, CHA Data Services significantly enhanced its Strategic Measurement products to support hospitals’ quality improvement performance analysis. Member hospitals now have access to comprehensive information on physician performance patterns in web-based reports through Physician Performance; to a broad array of the most currently available quality monitoring data in Quality Monitoring; and to hospital and state comparisons designed to respond to the Joint Commission’s OPPE requirements through the Physician Profile product.

The Patient Census Report (PCR), which is used by hospitals to monitor utilization and compare activity across institutions, is being redesigned and standardized, with significant enhancements, including the addition of observation status.

As part of its work to develop a community data mapping product to assist hospitals in their strategic planning and community health needs assessment, CHA staff are meeting with hospital planners, marketers, government relations associates, and community needs assessment liaisons to inform the development of ChimeMAPS, a geographic information systems (GIS) product that integrates population and patient data using dynamic mapping.

Through ChimeData and Toward Excellence In Care (TEIC), CHA continues to support hospitals in meeting data collection and reporting requirements for a variety of accreditation, governmental, and regulatory agencies, including The Joint Commission, CMS, and the Department of Public Health and its Office of Health Care Access.
CHA SHARED SERVICES PROGRAM

Offering a cost-saving alternative to hospitals, other healthcare organizations, and others

The CHA Shared Services Program (CHA SSP) helps Connecticut hospitals enhance their financial strength through improved operating margins and cash flow by offering discounted contracts for products and services used by hospitals for daily operations. The program, which is open to members at no charge, offers a cost-saving alternative to direct contracting in traditional purchasing as well as local and niche products and services.

As part of CHA’s commitment to diversity, CHA continues to seek opportunities for expanding supplier diversity in hospitals by identifying product and service opportunities for Connecticut minority businesses to offer to hospitals. Twenty-four minority-business enterprises (MBEs) were added to CHA’s SSP portfolio and CHA is continuing to work with the Greater New England Minority Supplier Development Council to create opportunities for MBEs as part of CHA’s leadership in improving the health of our communities, eliminating disparities, and promoting diversity. CHA launched a dedicated website to promote these businesses, and will be hosting our second Supplier Diversity Vendor Fair concurrent with the CHA Annual Meeting at which senior executives and purchasing decision makers from member hospitals will be able to learn more about the products and services offered by CHA’s MBE partners.
2011 HEALTHCARE HEROES AWARD WINNERS

Vicie Brooks, RN, BSN
Nurse Manager, Neuro-Trauma Unit
Hartford Hospital
Nominated by: Patricia Veronneau and Marlene Harris

Vicie Brooks, as a Nurse Manager on the Neuro-Trauma, ENT, Stroke Unit at Hartford Hospital, maintains 24 hour responsibility for one of the most active units in the hospital, in addition to extending her time and talents to her staff, family, church, and community. Vicie is also head of the Nurse's Unit at Christ Temple Church in Hartford, where she organizes and directs an annual health fair, securing free medical care in one of Hartford’s poorest north-end communities. In her lead role, she has organized exercise sessions as a means of improving the overall health of members in the congregation, holding monthly educational teachings on health-related topics, including: hypertension in African Americans, organ donation, sexually transmitted diseases, skin care for African Americans, and diabetes. Vicie performs blood pressure screenings a couple of times a month, especially for those known to have hypertension-related issues. Vicie is a founding member of the Northern Connecticut Black Nurses Association Inc., (NCBNA), a professional nursing organization under the umbrella of The National Black Nurses Association, Inc., (NBNA). She has served as a strong mentor to students at the Hartford Public High School Nursing Academy through hosting students on her unit to shadow nurses.

Vicie always leads by example. There have been many occasions when Vicie reached into her own pocket to give a staff member, patient, or visitor, a meal or clothing; sometimes a warm embrace. She organized an annual adoption of needy families from the Hartford community during the Christmas holiday, and involves her staff by posting a “wish list” on her unit and encouraging staff participation in providing gifts and food. The wrapped gifts and food are personally delivered by staff friends and Vicie. Her consistent attitude of caring toward others, her generosity of her time and resources, and her cooperative nature are all assets. She is disciplined and purposeful in her delivery of information and care to her community.

As one colleague noted, “Some people start their day with a cup of coffee. I start my day with advice from Vicie. Much better than coffee!”
Lauren Burke, CSA  
Clinical Support Associate, Oncology Unit  
St. Vincent’s Medical Center  
Nominated by: Carol Barnes and Maureen Rooney

Lauren Burke, a Clinical Support Associate on 7E (oncology unit) at St. Vincent’s Medical Center, is a true healthcare hero in every sense of the word. After many years of volunteering at the Merton House, a housing complex for families who are in need or have been homeless in Bridgeport, she saw a need for the children at the start of each school year. Three years ago, Lauren started a program at St. Vincent’s to collect backpacks filled with school supplies for each child who is a client at this special charity. She also collects extra items for stock during the year, so children will have the supplies they need to ensure they can concentrate on their studies without the worry.

This proved so successful that Lauren initiated an “adopt-a-child” program for Christmas, also through the Merton House. She proactively finds donors, and co-workers to supply truly great gifts for children of all ages 1-18 years. From trikes and bikes to i-Pods, the display Lauren coordinates is impressive and a heartwarming sight to see during the holiday season, as the collection grows each year due to the bad economy. This year Lauren expanded the adopt-a-child initiative to include Easter baskets.

Lauren has done all of this while facing an extremely difficult time in her own life. Through her strength and faith she has persevered to continue to serve those in need. She has brought smiles to many in the Merton House community.
Although relatively new to Middlesex Hospital, Dorothy Carvalho, Urology Nurse Navigator for prostate, kidney, and bladder cancer, identified a need in the community for the underserved population of men in Middletown. While Middlesex Hospital delivers healthcare throughout Middlesex County, men, especially those who are living in shelters or at a near poverty level, tend not to take care of themselves or reach out for help. Dorothy came up with the idea of an entirely free program, the Men’s Health Event. She visited numerous churches seeking out a site that would be willing to accommodate this program, specifically a location on the bus route and central to Middletown. Due to her diligence, commitment, and vision, she gained the support of the local clergy and their churches. The First Methodist Church of Middletown graciously offered their space to support the event.

Dorothy organized a huge, all-volunteer staff, including doctors, nurses, radiologists, hospital chaplain, dietician, social worker, hospital administrator, a masseuse, a fitness trainer, and students from Xavier and Mercy High Schools. Churches, along with St. Vincent de Paul Center, provided vans and drivers for transportation and a number of local businesses donated free goods for the men. The Middlesex Hospital Cancer Center provided a healthy, catered lunch.

Dorothy and her core team of planners worked tirelessly, roaming the streets of Middletown, providing event fliers to men throughout the community and hanging fliers up in the local places of worship, package stores, shelters, and bus stations. She provided all of the 66 volunteers with schedules, training, expectations, and additional information that would make the event flow, and provide the best program for the men who attended.

The event was extremely successful. Nearly 50 men attended, receiving foot care, massages, diabetic and lab screening, prostate exams and education on prostate cancer, diet, physical exercise, stress, and a variety of tips on good self-care. Several men received a diagnosis that required follow-up, which may turn out to be life-saving.

In her short tenure at the Middlesex Hospital Cancer Center, Dorothy has built a comprehensive prostate cancer program, including a multi-disciplinary oversight committee; a core treatment algorithm based on current clinical practice guidelines; and successful navigation of approximately 120 men throughout their cancer treatment journey, all in less than one year.

Her consistent theme is to go above and beyond her call of duty and for that; she truly is a Healthcare Hero.
Beth Cheney, APRN
Women’s Health Coordinator
Windham Hospital
Nominated by: Sharyn Mathews

Sometimes it feels like the whole world is walking through Beth Cheney’s door. On any given day at the Windham Hospital Prenatal Clinic, Beth may provide care to a young, and slightly terrified, pregnant Guatemalan woman who speaks Quiche, a Mayan dialect, and who has no family or friends in this country to help her after her baby is born. Beth may offer guidance to an African-American woman who presented for the first time at 36 weeks of pregnancy with hypertension and possible drug abuse; counsel a Russian-born woman who reluctantly admits that she has been abused by the father of her baby; or console a weeping 17-year-old girl, who arrives straight from the emergency room with her teenage boyfriend, after they have just been told that she might be having a miscarriage.

It is a world of care and support that is requested of Beth almost every single day. However, due to frequent budget shortfalls, she must balance providing healthcare services to all of these patients, while working to secure and maintain the funding that supports the vital services of the clinic, in order to support all these women in need.

A third generation nurse, Beth has been both the public face and the provider of essential healthcare for almost 15 years to women and their unborn infants at the Prenatal Clinic at Windham Hospital in Willimantic. Beth’s successful advocacy for the clinic has enabled hundreds of women who are coping with the effects of poverty, inadequate nutrition, social isolation, and domestic violence, to have access to quality healthcare.

Beth believes that it is best to provide care within a context that is sensitive to the patient’s cultural values, firmly believing that a healthcare provider’s cultural competency plays a role in reducing healthcare disparities. Last year, the Prenatal Clinic, under Beth’s leadership, was awarded an ARRA (American Recovery and Reinvestment Act) grant that allowed the clinic to show that it was possible to provide high-quality, evidence-based prenatal care that is also highly sensitive and responsive to each patient’s needs and cultural context. In her clinical practice, Beth consistently goes above and beyond the call in the care of her patients. She says, “My patients’ care does not stop once they leave my office.”

Beth Cheney inspires everyone with her dedication to her work and her non-stop advocacy for her patients. She exhibits that special combination of qualities that frame both a caregiver and a leader: tremendous empathy for people, and the ability to get things done.
Alice Facente, RN, MSN, BC
Clinical Educator
The William W. Backus Hospital
Nominated by: Shawn Mawhiney

Situated within 10 miles of the world’s two largest casinos, The William W. Backus Hospital is not your typical community hospital. And Alice Facente, RN, is not your typical nurse. As the Backus Education Department Clinical Educator, Alice has embraced the rapidly changing eastern Connecticut community—which includes rising numbers of Asian and Haitian populations—and encouraged her colleagues to do the same. Together they are bridging communication gaps and helping to provide culturally sensitive care to patients inside the hospital, and reaching out to minorities in the community through a dynamic Cultural Diversity Council that Alice formed. The council has organized community health fairs highlighting the region’s cultures and faiths; identified neighborhoods and gathering places where the Backus Mobile Health Resource Center can bring healthcare services to people who need them; provided “Caring for People from Different Cultures” education for staff; and brought a more systematic approach to oral and written language interpretation.

It all began with a frustrated staff nurse.

“How can I possibly know about the customs and health beliefs of all the diverse patients we take care of?” asked the Critical Care Nurse, whose frustration finally peaked while caring for a young patient who was comatose after a stroke. The patient and his family were recent immigrants from Beijing and it was difficult to manage care across cultural and linguistic barriers. Alice led the Cultural Diversity Council with staff members representing many of the nationalities in eastern Connecticut. She knew that to be meaningful, the council had to become a forum to explore cultural issues affecting patients, and propose and implement solutions that were both sensitive and practical.

One of the council’s most visible accomplishments was the creation of an annual multicultural health fair, known as “Celebrate and Educate,” where 17 cultures were represented. Led by Alice, the fair attracted hundreds of attendees from the community and the hospital—but more significantly, it built relationships between Backus staff and culturally diverse community members and attracted widespread media attention.

“In my eyes, community education is the most interesting nursing field—it’s grassroots preventive medicine,” Alice said. “It is the foundation for healthy populations and communities. The ability we have to affect change is powerful—and exhilarating.”
Eunice Huynh, LCSW
Social Worker
The Hospital of Central Connecticut
Nominated by: Jane Caron

Eunice Huynh has worked as a social worker at The Hospital of Central Connecticut, New Britain General campus, since 1989. She primarily functions as the dialysis social worker, but is able to cover any area of the hospital. Eunice consistently goes beyond expectations. She is a person who will give more than 100 percent to patients and their families if it helps to provide a positive outcome.

Eunice was working with a transient, homeless person who was admitted to the ICU. The patient was planning to drive south, but ended up in the hospital. The patient was distressed because his dog was in a motel room and all of his belongings were in a U-Haul truck in front of the motel. Eunice negotiated with the local dog warden to care for the dog until the situation resolved. She attempted to negotiate with U-Haul to move his belongings back into the motel room, as the room was paid for a few days. U-Haul refused to move his belongings. Instead of giving up, Eunice went to the motel, coordinated with U-Haul, and personally moved the patient’s belongings into the motel. Because the patient was quite ill at the time, he was concerned about caring for his beloved dog. Eunice also found a permanent home for the dog, in case the patient was unable to care for it.

Eunice was assigned a hospitalized elderly woman, who consistently said she could not remain in the hospital, because she was the sole caregiver of her sister, who was suffering from Alzheimer’s disease and was now home alone. The elderly patient was concerned not to have police show up at the house, as she was sure this would frighten her sister. Eunice made arrangements for the homebound sister to be admitted to a skilled nursing facility, while her sister was hospitalized. So as to not alarm her, Eunice went to the home, helped the woman get dressed, calmed her, and was able to let her know that "her sister wants her to go to a safe place." The woman was at ease, and accompanied Eunice to the nursing facility, where she was admitted.

There is no time that Eunice Huynh would not extend herself to help a patient in distress. She is a true Healthcare Hero.
From the time he was a teenager in high school, Marcus McKinney, DMin, knew he was destined to work in a hospital setting, and for 28 years, he has been the Protestant Chaplain at Saint Francis Hospital. In 1990, Dr. McKinney developed the Pastoral Counseling Training Program, through which he has formed more than 6,000 relationships with community leaders of various congregations. More than half are with people of color in mostly urban-based settings in Hartford, Bridgeport, and New Haven.

A chance meeting with Jeffrey Steinberg, MD, at Saint Francis, and Curtis D. Robinson, a board member at Saint Francis, prostate cancer survivor, and member of the CHA Board of Trustees, led to the idea of addressing men’s health, specifically prostate cancer in African-American men. Mr. Robinson was inspired to financially support the concept of a men’s health institute, and along with Dr. Steinberg’s medical expertise, philanthropy from The Hartford Foundation for Public Giving, and Dr. McKinney’s contacts within community congregations, it all came together to form the Curtis D. Robinson Men’s Health Institute in January 2010.

The goal of the Men’s Health Institute is to provide free services to the uninsured and the underinsured, and to in particular address the racial disparities that affect the African-American community. The Institute reaches out directly to the African-American community by hosting educational programs with partnering churches and community organizations to inform men and their families of the risk of prostate cancer. Community-based, early detection programs, including private, free testing sessions, are held and results of the tests are mailed to participants. Men with positive blood tests are referred to Saint Francis physicians for further examination and treatment if necessary, all at no cost to the uninsured and underinsured individual.

“Every person who came to our first meeting signed on to have a Men’s Health outreach at their church. This has mushroomed since then, with more than 900 people who have attended the events in about 14 months. This is about changing the way medicine is brought into the community, honoring the questions people have. A unique relationship of this kind can really make a difference and even save lives,” says Dr. McKinney.

After 32 years of pastoral work and his latest crusade with the Men’s Health Institute, Dr. McKinney’s mantra is rather simple: To meet people where they are. “I serve all religions, but in my faith tradition, Jesus Christ exemplified meeting people where they are. And that’s a pretty good goal for me,” says Dr. McKinney.
Karen A. Santucci, MD  
*Medical Director and Section Chief of Pediatric Emergency Medicine*  
Yale-New Haven Children’s Hospital  
*Nominated by: Cynthia Sparer*

After numerous visits to the Pediatric Emergency Department (PED) at Yale-New Haven Children’s Hospital (YNHCH), the mother was beyond distraught. Work-ups revealed nothing but normal vital signs. The mother, becoming increasingly agitated with each unproductive visit, insisted there was something wrong with her daughter. As Karen Santucci, MD, rushed into the hospital for early morning rounds, a nurse manager told her about the mother and the patient. “Karen, I know you’re busy—but would you talk to her?” asked the nurse. A pediatrician who believes passionately that parents know their child best, Dr. Santucci listened to the mother’s concerns, talked to the patient, and decided to admit her for a full work-up. What was not indicated by the girl’s symptoms and could not be revealed by her ED work-ups was diagnosed upon admission: a malignant mass that did not yet affect her vital signs.

Pediatric ED staff still recall the patient and her distressed mother, and how Dr. Santucci listened, heard the woman, and acted on her firm belief that parents know their children best. Commitment to patients infuses the work of the doctor who is now medical director and section chief of pediatric emergency medicine at Yale.

In addition to her devotion to patient care, Dr. Santucci has abundant skill as an educator. In 2000, the year after she started her career at YNHCH as an attending physician, she began Yale’s pediatric emergency medicine fellowship. Today, as the associate professor of pediatrics at Yale School of Medicine (YSM), Dr. Santucci is director of medical studies for first- and second-year YSM students and annually organizes 50 tutorials that help them develop skills. In 2006, Dr. Santucci developed the innovative AMISTAD Project for teaching Yale School of Medicine students that employed the acting skills of area high school students. Even with considerable administrative duties, her passion for her patients draws her back to the PED where she takes shifts throughout the week and weekends. She is well known for visiting patients who are admitted, following them through their recovery in the Pediatric Intensive Care Unit or to any other unit or clinic in the hospital.

Since beginning her career at Yale-New Haven Children’s Hospital in 1999, Dr. Santucci has been shocked by the growing number of adolescents who seek help in the ED for psychiatric issues and she has begun to write and lecture nationally on adolescent mental health to draw attention to adolescent depression, drug abuse, and suicide.

What distinguishes Karen Santucci is her unsparing dedication to ensuring that the next generation of doctors trained in emergency services at Yale-New Haven Children’s Hospital learn and see firsthand how patient care improves when the doctor really, really listens to the patient—and the parent.
Sarah Zaglifa, MSSW, LCSW, ACHP-SW
Quality of Life Coordinator
Lawrence & Memorial Hospital
Nominated by: Daniel Rissi, MD

Sarah Zaglifa is the coordinator of the Lawrence & Memorial Hospital (L&M) Quality of Life Team, the coordinator of the Palliative Care Consultation Service, and she serves as the co-chair of the hospital’s Ethics Committee. Sarah came to Connecticut from San Francisco, where she designed and developed a palliative care program for a Kaiser Permanente hospital. That experience led her to persuade the administration at L&M to allow her to create a similar program. Sarah quickly assembled a core team of providers, including the medical director of the Hospitalist Service (whom she persuaded to become board certified in Palliative and Hospice Care), from areas including the Chaplaincy, Care Management, Nursing, Pharmacy, and Hospice.

The L&M medical and nursing staffs have come to rely on Sarah for her compassionate, creative, and persistent engagement of the palliative care team in the care of some of the most vulnerable patients and families. The staffs also value her ready willingness to share her knowledge and understanding of ethical and logistical issues. There are numerous examples of Sarah’s deep personal commitment to providing patients with caring, respectful assistance and guidance. Just within two recent weeks, Sarah addressed concerns from family members about apparently futile care provided in the ICU for an elderly man with multi-infarct dementia, leading to his discharge to hospice care; arranged for conservatorship and insurance coverage for a young man with “locked-in” syndrome following cardio-respiratory arrest outside of the hospital; found long-term placement with family support for a patient who had been in the hospital for six months due to a non-healing wound; and mentored physicians struggling with end-of-life decisions. Her involvement has been professional, but also deeply personal, with a commitment to stay with a patient or family as long as it takes to make sure that their questions are answered and their needs are met.

An example of Sarah’s care is revealed in the case of a woman with metastatic cancer who was dying slowly in the hospital. Her husband refused to acknowledge her dying or to deal with the dying process in any way, which was in part due to cultural differences. Sarah was able to negotiate the cultural barriers and the conflicts that the medical staff had with the husband’s not allowing appropriate end of life care, to allow this patient to die with dignity in her husband’s presence. The skill and time it took was enormous. Sarah expressed some frustration with this process, but never in the presence of the patient or her husband. She demonstrated skills that are exemplary and the essence of what we do in ethical care of our patients.

There are many more examples of Sarah’s caring and compassion, many of which never see the light of day. Sarah takes care of things quietly and behind the scenes whenever she can. She stays late and comes in early and always has enough emotional energy to do her job to the best of her ability. She is a very special person.
IN MEMORIAM
Pam Vecchiarino, (1965-2011) RN, MSN
Former Nursing Director for Medicine, Oncology, IV Therapy
Hartford Hospital
Nominated by: Yvette Meléndez

Pam Vecchiarino, one of the most widely respected and admired figures at Hartford Hospital, died on April 16 after a brief illness. Her passing brought to an end an extraordinary, 25-year career in which Pam moved up the ranks from staff nurse to her most recent position of Nurse Director for Medicine, Oncology, and IV Therapy. During that remarkable quarter century, Pam’s progressive leadership served as a template for the way care is delivered throughout Hartford Hospital. Her emphasis on clinical practice excellence, education, professional growth, and research helped create a culture of care marked by intellectual rigor and the core values of partnership, professionalism, and pride. But for Pam, one other “p” always came first: the patient.

Pam was a brilliant nurse and a wonderful human being, whose laughter and kindness brightened the lives of staff members, patients, and families. Honest, open, and deeply empathetic, she had a way of winning the trust of patients and families and a talent for peacefully resolving complex and emotionally charged care issues. Physicians, nurses, and all members of the health care team learned a great deal from Pam about solving such problems.

It was concern for those in her care that propelled Pam to take a key role in developing the cultural transformation at Hartford Hospital. She was a dynamic, natural leader with a passion for patient safety and multidisciplinary collaboration. Some of her recent accomplishments included leading the Prevention of Bloodstream Infection Action Group, Falls Prevention Action Group, planning and opening a new Oncology unit, implementing a progressive care delivery model, and championing the implementation of Nursing Shared Governance.

Pam was diligent, demanding, and fair. She worked hard, set high goals, and was completely responsible and dependable. She always sought to improve and took great pride in her work. She inspired all those whom she led to develop the same attributes. She had an indefatigable energy and an uncanny ability to balance all her priorities and never drop a ball. Her staff members looked up to her, sought her advice, and tried their best to meet her expectations – and they genuinely liked her.
One of her greatest achievements is the Nursing Leadership Team she assembled for the Medical and Oncology Services. The nurse managers she brought together were nurtured in their roles, supported in their education, and guided to their success. The staff on each of her units, as well as the patients hospitalized on these units, all have benefited from Pam’s leadership and dedication. In 2009, she received the prestigious Doris M. Armstrong Leadership in Nursing Award.

Pam also was active in community and professional organizations such as the American Lung Association, American Cancer Society, and the Cystic Fibrosis Foundation. She was honored to be the President-Elect of the Organization of Nurse Executives in Connecticut.

The Hartford Hospital family lost an individual who made a huge difference in the lives of thousands of patients and professionals. Her achievements far exceed those described in this nomination. It is with great respect and pride that Hartford Hospital posthumously nominates Pam Vecchiarino for the CHA Healthcare Heroes award.
AMERICAN HOSPITAL ASSOCIATION
GRASSROOTS CHAMPION AWARD

Marna Borgstrom, MPH
President and Chief Executive Officer, Yale-New Haven Hospital and Yale New Haven Health System

The AHA’s Grassroots Champion Award was created to recognize those hospital leaders who most effectively educate elected officials on how major issues affect the hospital’s vital role in the community. The Grassroots Champion Award is presented annually to one individual from each state. The 2011 honorees were recognized at a special Breakfast of Grassroots Champions at the AHA Annual Membership Meeting in April. As a 2011 Grassroots Champion, Marna Borgstrom was recognized for her exceptional leadership in generating grassroots and community support for issues of importance to hospitals and healthcare.

As CHA’s immediate past chairman, Marna Borgstrom has long been at the forefront of hospital and healthcare issues—at the local, state, and national levels. She has worked long and hard to represent all Connecticut hospitals in her advocacy efforts, both in Hartford and in Washington.

While Marna is a widely respected voice for healthcare in Connecticut, she has never forgotten that advocacy begins at home, right at Yale-New Haven Hospital. She works closely with employees and colleagues to build and sustain a talented community of caring healthcare providers. And she has been a passionate advocate for the health and well-being of patients, families, and communities in Connecticut.

Serving on a variety of national, regional, and local boards of healthcare and community organizations, Marna’s commitment to community involvement and leadership is always evident and provides a platform for her valuable and eloquent advocacy on behalf of Connecticut hospitals.
CONNETICUT’S HOSPITAL COMMUNITY SERVICE AWARD

The William W. Backus Hospital
Enjoy LIFE Program

What do supermarket tours and kickball games have to do with healthcare? The William W. Backus Hospital’s Enjoy LIFE (Lifelong Investment in Fitness and Exercise) program included events like these in its effort to engage the community in physical activities, reduce obesity, and give people tools they can use throughout their lives to sustain healthy lifestyles.

Obesity and sedentary tendencies have been identified as major health issues in eastern Connecticut, and can lead to severe health risks and increased costs. A May 2010 Community Health Needs Assessment commissioned by Backus Hospital determined that approximately 28 percent of eastern Connecticut residents are obese, and nearly 69 percent are overweight. Both statistics are well above state and national averages. Studies by the Robert Wood Johnson Foundation and the New London County Health Care Collaborative produced similar findings. In fact, the Robert J. Wood Foundation study showed that Windham County had the highest obesity rate in the state at 28 percent.

Because studies show that overweight children tend to become overweight adults, and children tend to mimic their parents’ habits, focus groups were formed to discuss obstacles families face in the region. Issues included: the closing of a local YMCA; lack of safe play areas; few organized groups that encourage exercise; rising numbers of working poor parents working longer hours without sufficient access to after-school activities for their children; cuts to school and recreation department sports programs; the rise of pay-to-play sports; and overuse of technology.

A closer look at the Backus Community Health Needs Assessment data showed that Backus Hospital’s primary and secondary service areas were similar in obesity rates, but the primary service area was driving the overweight category.

Therefore, the hospital focused its efforts by creating the Enjoy LIFE program in May 2010 in its primary service area, where they estimated that 175,000 people were overweight. More than 400 people have participated so far, with staff time and expenses estimated at $13,000 and individual participant weight loss totals of up to 26 pounds.

The free program includes monthly community education programs that feature physical therapists, cardiologists, pulmonologists, podiatrists, and many other healthcare experts; monthly access to a registered dietitian for nutrition advice; food and activity journals; group activities ranging from walking events...
to supermarket tours and even a community kickball game; a website (www.backushospital.org/enjoylife); a monthly e-newsletter to help keep participants engaged; and “weigh-ins” and “weigh-outs” to help measure progress.

The hospital’s partner for this initiative is the Plainfield Recreation Department. Together, the hospital and the town aim to decrease the percentage of individuals living sedentary lifestyles, engage children at earlier ages in healthy and active behaviors, promote family activities, and build a sustainable program that can be easily replicated. The model in Plainfield is expected to be duplicated in other parts of Backus Hospital’s service area, and is being discussed as a way to promote health and wellness for targeted populations and businesses.

CHA and the Connecticut Department of Public Health are pleased to recognize The William W. Backus Hospital’s Enjoy LIFE program for leading the way toward a leaner, healthier community.
JOHN D. THOMPSON AWARD FOR EXCELLENCE IN THE DELIVERY OF HEALTHCARE THROUGH THE USE OF DATA

Norwalk Hospital
“Moving Stroke Care from Good to Great”

Stroke is the third leading cause of death in America and a leading cause of adult disability. The medical community’s approach to stroke has changed dramatically in the past decade. Stroke patients were once observed during evolving strokes and later treated for disability, but stroke is now considered a “brain attack” and treated aggressively with clot busters or surgery.

In 2007, Norwalk Hospital recognized an opportunity to move stroke care from just good to great, and determined this could be done by seeking recognition by the American Heart Association (Get with the Guidelines), The Joint Commission (Primary Stroke Care Center), and the Connecticut Department of Public Health stroke certification. Only 12 percent of hospitals nationally have Joint Commission Stroke Certification, and Norwalk Hospital decided to strive for stroke care recognition from all three organizations.

Norwalk Hospital embarked on the journey and began collecting data in January 2008, and then, in September 2010, began collecting the eight Core Measures for stroke care: anticoagulation for atrial fibrillation; antithrombotic therapy; assessed for rehabilitation; discharged on antithrombotic therapy; discharged on statins; stroke education; thrombolytic therapy; and venous thromboembolism prophylaxis. The data were collected retrospectively and then reported monthly at the stroke Continuous Quality Improvement (CQI) meetings. Both a stroke team and a stroke CQI Team focused on all eight measures, with an emphasis on improving use of t-Pa and rapid turnaround times from symptom to treatment.

There were two measures that were consistently below the standard set forth by the committee: the administration of t-Pa for eligible patients (including achieving the three-hour window for administration) and poor
compliance with a swallowing screen prior to any oral intake. The committee utilized the rapid cycle improvement process to implement changes to the processes.

The first rapid cycle improvement focused on increasing the use of t-Pa to break down clots as appropriate. Formerly, it was left to the physician to remember to consider use of t-Pa, and either give it or document why it was not ordered. For the new procedure, the hospital instituted use of computerized physician order sets for stroke patients, and changed the current acute stroke checklist to include a physician documentation section for reason for exclusion of t-Pa administration. In addition, the hospital implemented the Acute Care Stroke Team to assist with the active oversight of all aspects of the stroke patient’s care, particularly increasing turnaround time. These changes led to an increase in the number of t-Pa doses administered. The hospital moved from a baseline of 0 percent prior to change, to a mean of 29.6 percent in 2008, 68 percent in 2009 and 67 percent in 2010. Additionally, 83 percent of patients in Fiscal Year 2011 to-date have t-Pa within three hours of their first symptom.

The second rapid cycle improvement utilized collaboration with Information Technology to add a computer screen pop-up for the swallow screen measure. In the old process, busy Emergency Department nurses were expected to remember to perform swallow screens on stroke patients. With the new process, any patient evaluated in the emergency room who presents with possible stroke symptoms has an automatic order for swallow screen. This pop-up increased compliance with the swallow screen from 50 percent in October 2010 to 100 percent by February 2011.

These two rapid cycle improvement processes have led to an increase in compliance with the stroke measures as well as improved outcomes, particularly a significantly low mortality rate, which is attributed to rapid turnaround times in providing patients with t-Pa when appropriate. The improvement in swallow screens contributes to reducing mortality resulting from aspiration pneumonia. Following implementation of a Stroke Team and practice guidelines, the risk adjusted predicted mortality rate has gone from 6.38 percent in 2007 to 8.58 percent in 2009, whereas actual mortality rate has decreased from 6.14 percent to 1.69 percent for the same time period.

Norwalk Hospital is certified by The Joint Commission and the Connecticut Department of Public Health as a Primary Stroke Center, and in 2010 was recertified by The Joint Commission. The success of Norwalk Hospital’s program is attributed to the utilization of CPOE, physician order sets, standardized acute stroke checklist, a dedicated acute stroke team, and continuously monitoring their improvements through data.

Norwalk Hospital has moved from being unremarkable in stroke care to having outcomes in the top five percent of the national scores in 2009 and then on to the top 1 percent of best outcomes in 2010.

CHA is pleased to present the John D. Thompson Award for Excellence to Norwalk Hospital for moving stroke care “from good to great.”
Ever since she was 12 years old, Colleen Smith knew she wanted to be of service to others. She began her nursing journey at the age of 15 as a junior nurse aide and has been living her dream ever since. Today, Colleen is Vice President for Nursing/Chief Nursing Officer for Middlesex Hospital, where she has truly made a difference in people’s lives and leaves a lasting legacy of care excellence. She has had an extraordinary career in nursing and healthcare administration and truly exemplifies the attributes for the T. Stewart Hamilton, MD, Distinguished Service Award.

Colleen has been affiliated with Middlesex Hospital since 1986, initially serving as faculty in the Wilcox School of Nursing and then as Director of Medical/Surgical Nursing. In 1995, she became a key member of the Middlesex Hospital Executive Team. Under Colleen’s leadership, Middlesex Hospital achieved Magnet status the first time in 1999—the 35th hospital in the country to do so. The Magnet Recognition program recognizes healthcare organizations nationally that provide nursing excellence. In 2009 Middlesex Hospital became one of only 29 hospitals in the country to achieve Magnet status for the third time.

Middlesex’s three-time designation as a Magnet hospital is a crowning achievement for Colleen. She views it as her most important contribution to the hospital. “It’s important because it uses standards to drive improvement. Because our nurses are 24/7 watchguards of patients, they need to be well prepared, confident, and have a supportive work environment—Magnet helps us achieve this.”

Her colleagues describe Colleen Smith as a transformational leader who is a strong and tireless advocate for patients, caregivers, and all hospital employees. Her commitment, willingness to listen, and her vision for high quality patient care are cited by every individual who knows her. To many, she is known as the “heart and soul” of Middlesex Hospital. As one of her nurses describes her: “Colleen exemplifies passion, she is a true example of what a wonderful nurse can and should be. She advocates for patients and staff, she has shaped care delivery, and created a culture that allows us to give the best possible patient care. Because of her leadership style, people just want to follow her.”

Colleen Smith’s passion for care excellence and doing what’s right for nursing and the patient has led to her involvement in a number of organizations and activities beyond Middlesex Hospital. She is a Magnet appraiser for the American Nurses Credentialing Center, an active member of the...
Colleen has been a consistent, involved leader in CHA activities, bringing her talents and passion to a number of initiatives. She has chaired the CHA Patient Care Executives meeting group, and is an active member of the Hospital Oversight Work Group and the Committee on Human Resources. She chaired that Committee’s Subcommittee on Nurse Staffing and is currently chairing the Subcommittee on Nurse-Sensitive Quality Indicators. She has been involved in CHA advocacy, representing CHA in meetings with Congressional representatives and testifying in Hartford on behalf of CHA on workplace issues.

Given her emphasis on creating a supportive workplace and an empowering culture, Colleen was an active participant in the groundbreaking CHA Nursing Workplace Environment Assessment project in 2008, when Middlesex Hospital scores were so high that the hospital was one of three invited to present at the subsequent Day of Caring event. Middlesex Hospital participated in the survey again this year with the same result: pace-setting scores on workplace environment and staff engagement.

Colleen is a Wharton Nurse Fellow and holds certification in advanced nursing administration through the American Nurses Credentialing Center. She received both her BSN and MSN from the University of Connecticut School of Nursing. Colleen was the recipient of the prestigious Diamond Jubilee Doris Armstrong Award, the highest honor that can be bestowed on a nursing professional in the state, presented by the Connecticut Nurses Association. This award recognizes outstanding contributions to nursing administration and significant innovations and achievements in nursing service administration, which advances nurses and their profession.

On August 1, 2011, Colleen Smith will be retiring from Middlesex Hospital. She leaves a lasting legacy of excellence, high standards, and a passion for doing what’s right for patients. Colleen will be missed by her colleagues in Connecticut and beyond.

CHA is pleased to recognize such a distinguished healthcare leader and very special colleague.
congratulations, colleen.
(we’re so proud.)

Middlesex Hospital warmly congratulates Colleen Smith on receiving the T. Stewart Hamilton M.D. Award for Distinguished Service.

We also want to express our gratitude for her legacy of commitment to nursing excellence and best wishes upon her retirement from Middlesex Hospital.
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with respect and appreciation honor the memory of

Pam Vecchiarino, MSN, RN
1965-2011
2011 Healthcare Hero

Wife, Mother, Daughter, Friend, Nurse, Colleague, Mentor, Leader

Throughout her 25 years at Hartford Hospital, Pam Vecchiarino embodied the best attributes of caregiving: generosity, warmth, empathy, the highest standards of quality of care, and selflessness. Pam’s legacy and vision will endure in the countless nurses and friends she taught by method and by example. Her spirit will live in the thousands of patients she touched and cared for, and perhaps most vividly in her daughter, Gemma.

Pam will be missed, but she will never be forgotten.
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**Congratulations, Colleen!**

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for the inspirational video programs for this year’s CHA Awards.

Karyl Evans Productions, LLC, is a full-service production company specializing in the creation of videos for museums, historical sites, arts and education organizations, non-profits, broadcast, and the web. Karyl Evans, owner, has won five Emmy awards for her video projects. She has been producing and directing video projects for 30 years on both the East and West Coasts. Ms. Evans has worked in broadcast television nationally and locally on documentaries and series for public television and network affiliates. Ms. Evans has a master’s degree in filmmaking from San Diego State University and she has taught filmmaking at the college level.

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Congratulations to CHA on its 2011 annual meeting and the many accomplishments of Connecticut hospitals!

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HAVE A GREAT ANNUAL MEETING!
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President and Chief Executive Officer  
Saint Francis Hospital and Medical Center

Susan L. Davis, EdD  
Vice Chairman  
President and Chief Executive Officer  
St. Vincent’s Medical Center

Marna P. Borgstrom  
Immediate Past Chairman  
President and Chief Executive Officer  
Yale-New Haven Hospital

Jennifer Jackson  
President and CEO  
Connecticut Hospital Association

Peter J. Karl  
Secretary  
President and CEO  
Eastern Connecticut Health Network  
(Manchester Memorial and Rockville General)

Richard A. Brvenik  
Treasurer  
President & CEO  
Windham Hospital

Frank A. Corvino  
At Large Member  
President/CEO  
Greenwich Hospital

Bruce D. Cummings  
At Large Member  
President/CEO  
Lawrence & Memorial Hospital

Patrick A. Charmel  
Ex Officio – Chairman of DNS Board of Directors  
President and Chief Executive Officer  
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TRUSTEES

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MidState Board of Directors

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Hospital of Saint Raphael

Joel J. Reich, MD  
Senior Vice President for Medical Affairs  
Eastern Connecticut Health Network

Curtis D. Robinson  
Board Member  
Saint Francis Hospital and Medical Center

Clarence J. Silvia  
President/CEO  
The Hospital of Central Connecticut

Robert E. Smanik  
President and Chief Executive Officer  
Day Kimball Hospital

Chad W. Wable  
President and Chief Executive Officer  
Saint Mary’s Hospital

David A. Whitehead  
President and CEO  
The William W. Backus Hospital
**CHA BOARD OF TRUSTEES SLATE OF CANDIDATES**

The CHA Executive Committee has developed the following slate of candidates for officers and trustees of the CHA Board of Trustees to be voted by the Assembly at the June 23, 2011 CHA Annual Meeting.

<table>
<thead>
<tr>
<th>POSITION</th>
<th>NOMINEE</th>
<th>TERM</th>
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<tbody>
<tr>
<td>Treasurer</td>
<td>Richard Brvenik</td>
<td>2-year term</td>
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<td>President &amp; CEO, Windham Hospital</td>
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<tr>
<td>Executive Committee</td>
<td>Frank Corvino</td>
<td>1-year term</td>
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<td>At Large Members</td>
<td>Bruce Cummings</td>
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<td></td>
<td>President/CEO, Greenwich Hospital</td>
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<td>Trustees</td>
<td>Nancy Blanchette</td>
<td>3-year term</td>
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<td>Board Chairman, Bristol Hospital</td>
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<td></td>
<td>John Murphy, MD</td>
<td>3-year term</td>
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<td>President/CEO, Western Connecticut Health Network</td>
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<td>Kevin Myatt</td>
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<td>Senior Vice President of Human Resources</td>
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<td>Yale-New Haven Hospital</td>
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<td></td>
<td>Christopher O’Connor</td>
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<td>President and Chief Executive Officer</td>
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<td>Hospital of Saint Raphael</td>
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<td>Clarence Silvia</td>
<td>3-year term</td>
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<td></td>
<td>President/CEO, Hospital of Central Connecticut</td>
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<td>Chad Wable</td>
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<td>Saint Mary’s Hospital</td>
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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.
- 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