

CONNECTICUT ANSWERING THE CALL HOSPITALS



THE CONNECTICUT HOSPITAL ASSOCIATION
2005 ANNUAL REPORT

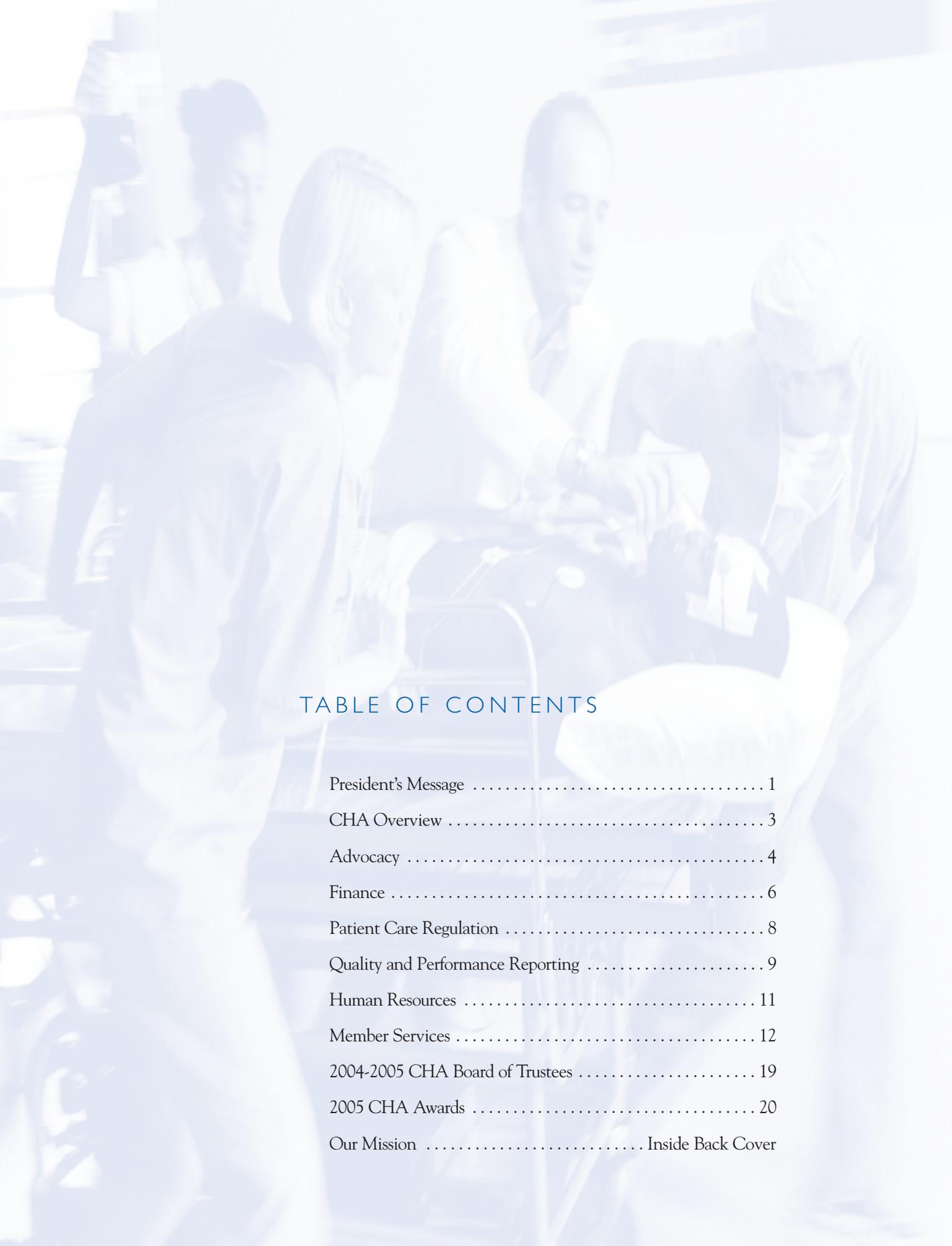


TABLE OF CONTENTS

President's Message	1
CHA Overview	3
Advocacy	4
Finance	6
Patient Care Regulation	8
Quality and Performance Reporting	9
Human Resources	11
Member Services	12
2004-2005 CHA Board of Trustees	19
2005 CHA Awards	20
Our Mission	Inside Back Cover

PRESIDENT'S MESSAGE

The theme for this 2005 Annual Report, *Connecticut Hospitals: Answering the Call*, is symbolic of all that Connecticut's 30 not-for-profit acute care hospitals do to answer the call of caring for their communities.

As the state's healthcare safety net, Connecticut hospitals are there to provide care 24 hours a day, 7 days a week, regardless of patients' ability to pay. Whether delivering a child, providing life-saving care to a trauma patient, or connecting elderly patients with the services and support they need once they return home from a hospital stay, Connecticut hospitals answer the call.

But direct patient care is only part of the picture, because Connecticut hospitals care for their communities in so many other ways. Some are highly visible to the public, such as community screening programs to fight diseases like cancer or diabetes, and others are not as noticeable, such as when hospitals provide charity care or financial assistance to those who cannot pay for their care.

In caring for their local communities, Connecticut hospitals have emerged as leaders in answering the nationwide call for accountability, quality and patient safety. In last year's CHA Annual Report, I wrote about how Connecticut hospitals had played a leadership role in the area of performance reporting. This year, I am pleased to report they are also leading the way in the performance that is being reported, with Connecticut ranking highest among states in measures reported on the new Centers for Medicare & Medicaid Services consumer website, *Hospital Compare*.

Connecticut hospitals are committed to ensuring that the care they deliver is of the highest quality possible. The CHA-supported quality of care legislation enacted during the 2004 legislative session enabled CHA to establish the Connecticut Healthcare Research and Education Foundation Patient Safety Organization (CHREF PSO), the first PSO of its kind in the nation. In addition to their own rigorous quality improvement programs, every one of CHA's acute care member hospitals has joined the PSO to find



new ways to share valuable information and collaborate to improve the quality and safety of the care delivered to each and every patient.

In these ways and more, Connecticut hospitals and the nearly 60,000 physicians, nurses, and healthcare professionals that staff them answer the call of caring for their communities, and we join them in celebrating their many successes and contributions of the past year.

For its part, CHA remains committed to helping its members honor their community-focused mission. Strengthened and invigorated by the strategic planning process concluded last year and the implementation of the resulting recommendations, CHA has enhanced its ability to incorporate critical member oversight and participation into everything it does and to respond to the dynamically changing needs of its members.

CHA is proud and privileged to answer this call to support its members and will continue to do so with the promise of providing the highest levels of advocacy and service.

A handwritten signature in black ink that reads "Jennifer Jackson". The signature is fluid and cursive, with the first name "Jennifer" written in a larger, more prominent script than the last name "Jackson".

Jennifer Jackson
President and CEO
Connecticut Hospital Association

CHA OVERVIEW

Since its founding in 1919, CHA has been dedicated to representing and serving Connecticut's hospitals. During that time, the Association's membership has expanded to other health-related member organizations and has undergone myriad changes, but CHA's core focus has remained hospital advocacy, representation, and service.

CHA's more than 170 institutional members include all 30 of Connecticut's not-for-profit acute care hospitals. The Association's services encompass both traditional advocacy activities and a wide variety of member services that have been developed and enhanced over time in response to membership needs. This unique structure, combined with the Association's proud history of innovation and service to its members, makes CHA one of the most diverse and respected hospital associations in the nation.

As a member-driven organization, CHA is structured to provide multiple opportunities for member involvement in the Association's governance, the determination of its advocacy priorities, the pursuit of its advocacy initiatives, and the development of relevant member services. This active and direct member participation ensures that CHA's activities truly reflect the needs and concerns of its membership.

The 2004-2005 CHA Agenda, developed with substantial membership input under the guidance of CHA's Board Committee structure, is a comprehensive articulation of CHA's priorities and objectives in areas of critical importance to hospitals, including quality and patient safety, coverage and access, funding, costs, regulation of patient care delivery, human resources, and hospital image. CHA works to advance the interests of its members in these areas through advocacy and member services activities, which are described in the pages that follow.



ADVOCACY

While CHA continues to enhance its services to members, advocacy remains the core of the Association's business and its primary and most critical function. CHA's 2005 Board Committee work plans and the 2005 CHA Legislative Agenda, which were approved by CHA's Board of Trustees in January, were developed by the CHA Committees on Government, Hospital Finance, Patient Care Quality, and Human Resources. They serve as the roadmap for the Association's efforts to promote and advance the interests of its member hospitals on both the state and federal levels.



CHA's activities at the State Capitol during the 2005 legislative session focused on hospital reimbursement issues, medical liability system reform, mental health system reform, the healthcare workforce, and various initiatives to benefit the public health.

Throughout the 2005 legislative session, which began January 5 and ended June 8, CHA proposed bills for the consideration of the General Assembly's committees, and frequently presented testimony on healthcare-related legislation as part of its ongoing efforts to support the common mission of Connecticut's hospitals – to provide the public with access to the highest quality healthcare possible.

Additional advocacy efforts included: interacting directly with legislative, agency, and industry leaders to advocate for CHA's positions; providing substantive research, information, and expertise for the benefit of members on various healthcare issues; and developing various resources to assist CHA members in responding to the media and communicating with legislators.

The annual CHA *Hospital Day at the Capitol* was again a success, providing an opportunity for hospitals to showcase their services to the community in

a health fair held at the Legislative Office Building, and for hospital leaders to meet throughout the day with their local representatives to discuss CHA's Legislative Agenda and other hospital-specific issues.

In addition to its advocacy efforts in Hartford with both the legislature and the executive branch of Connecticut's government, CHA continued to increase its presence in Washington, D.C., often working in tandem with the American Hospital Association (AHA). CHA's federal advocacy included trips to the nation's capital for events such as AHA's Annual Meeting (during which CHA participated in multi-state networking activities), various issue-specific hospital advocacy days, and specific meetings with legislators and regulators to advocate for improvements in Medicare reimbursement, oppose Medicare and Medicaid reductions, and address other issues of critical importance to Connecticut hospitals, including the Medicare wage index formula, medical liability system reform, and immigration regulations affecting foreign healthcare worker employment.

Regardless of the setting – Hartford, Washington, D.C., or CHA members' local communities – the Association's advocacy efforts were bolstered by the support and active participation of hospital CEOs and other senior leaders. Attendance at key meetings with state legislative leaders and members of the Connecticut Congressional Delegation, sending letters and e-mails and making calls to legislators to support CHA's positions, testifying on specific bills, and other similar contributions once again proved critical to CHA's success on several advocacy fronts, and served as a powerful demonstration of Connecticut hospitals' unity on common issues of interest.

CHA's advocacy efforts, which are classified into four primary areas – Finance, Patient Care Regulation, Quality and Performance Reporting, and Human Resources – are described in greater detail in the sections that follow.



Several CHA members participated in the health fair held along the Concourse between the Legislative Office Building and the State Capitol as part of CHA's annual Hospital Day at the Capitol event in April, providing various health screenings and informational displays (Middlesex Hospital's booth is shown above).

FINANCE

Despite modest improvements in Connecticut hospitals' combined operating margins in fiscal year 2004, many of the state's hospitals continued to struggle to achieve break-even bottom lines, when margins in the 3-5% range are generally accepted in the healthcare field as the minimum benchmark for long-term viability. For this reason, CHA devoted substantial advocacy effort to secure fair and adequate reimbursement for the services Connecticut hospitals provide to all hospital patients.

With the oversight and direction of the CHA Board Committees on Hospital Finance and Government, CHA advocated for the protection of healthcare coverage and access for Connecticut's most vulnerable citizens and opposed state and federal funding cuts that would have had a devastating effect on the financial health of Connecticut hospitals.

CHA's financial advocacy efforts included joining a coalition of providers, patient advocates, and religious organizations in calling for the restoration of funding to the State-Administered General Assistance (SAGA) program and the expansion of the HUSKY program to provide more Connecticut residents with healthcare coverage. At the time this report went to press, there was some prospect of success, as the Appropriations Committee was recommending a 5% increase in SAGA payments and the continuation of HUSKY Part A benefits to parents with incomes between 100% and 150% of the Federal Poverty Level.

CHA also sought to address several key areas directly linked to the overall fiscal health of its members, 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 (including a special charity care filing); and financial data analysis and reporting.

CHA successfully opposed legislative proposals to reinstate the hospital sales tax, which would have siphoned away much-needed financial resources at a time when virtually all hospitals are embarking upon building and expansion and/or renovation programs to meet the growing demand for the services they provide.

On the federal front, CHA's advocacy efforts, which were supported by Congresswoman Nancy Johnson, resulted in a modification to the Medicare wage index formula. The modification – requested by CHA and hospital leaders in a series of meetings with CMS officials and Representative Johnson over the past year – restores nearly \$18 million in Medicare funding to about half of Connecticut's not-for-profit acute care hospitals, who were adversely affected by a change in the wage index formula the prior year.

CHA also provided critical analyses of the impact of several state and federal reimbursement changes, and continued to work with AHA both to prevent reductions in Medicare reimbursement and to advocate for increases to federal reimbursement to levels adequate to cover hospitals' cost of providing patient care services.

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.

As of this writing, a bill similar to that approved by the General Assembly in the final days of the 2004 session – including several measures targeted at easing the financial burden of soaring medical liability insurance premiums on providers and preserving patients' access to care – is anticipated to pass in 2005. The bill, however, does not include a cap on non-economic damages, which CHA views as a key component of effective medical liability system reform, so CHA will continue its efforts, both in Hartford and in Washington, D.C., to advocate for reasonable caps on non-economic damages to address Connecticut's medical liability insurance crisis.

CHA also continued efforts, begun last year, to more fully integrate its advocacy and health policy development efforts with the Association's data analysis and reporting functions. This included preparing for the launch, later this summer, of a new, Web-enabled financial benchmarking and data analysis tool for members.

HOSPITAL EXPENSES

Hospitals are labor-intensive operations, and in fiscal year 2004, more than half (53.1%) of Connecticut's not-for-profit hospitals' \$6.1 billion in operating expenses were attributed to the salaries, benefits, and fees paid to healthcare professionals. Another 35.3% was spent on supplies, which include pharmaceuticals, other medical and administrative supplies, and equipment. Other expenses – such as medical liability insurance premiums, depreciation of buildings, bad debt, and interest – all contribute to the considerable cost of operating Connecticut's not-for-profit hospitals.

PATIENT CARE REGULATION

CHA's Patient Care Regulation area, with oversight by the CHA Board Committee on Patient Care Quality, provided representation and expertise on a variety of issues facing hospitals, assisting members in complying with statutory, regulatory, and accreditation requirements governing patient care delivery, providing advocacy and testimony, and maintaining strong working relationships with relevant state and federal agencies.

From highly visible initiatives, such as representing hospitals on the Lieutenant Governor's Mental Health Cabinet and supporting the Cabinet's recommendations as part of CHA's Legislative Agenda, to less visible pursuits, such as seeking regulatory clarification on the use of alcohol-based hand rub dispensers that improve infection control by facilitating hand hygiene by hospital workers, patients, and visitors, CHA was active in numerous initiatives affecting the care and treatment of patients.

CHA continued to build and strengthen relationships with regulatory and government agencies, such as the state Department of Public Health (DPH) and the Office of Health Care Access (OHCA), and focused its efforts on the following areas to help improve patient care and streamline regulation: mental health, HIPAA privacy and security, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements, certificate of need (CON), scope of practice, compliance, emergency medical services (EMS) and other emergency department-related issues, such as access and overcrowding, and emergency preparedness.

CHA hosted emergency department overcrowding and capacity management educational programs through its affiliate, the Connecticut Healthcare Research and Education Foundation (CHREF), and worked with the state's two Centers of Excellence for Emergency Preparedness, Hartford Hospital and Yale New Haven Health System, to coordinate Connecticut hospitals' participation in the TOPOFF III drill. The drill, conducted in April, included local, state, national, and international components, and provided Connecticut hospitals with a wealth of information to use in improving their disaster response capabilities.

A major part of CHA's efforts this past year was the continuation of the

EMERGENCY DEPARTMENT VISITS

In each of the past three years, Connecticut hospital's emergency departments (EDs) treated nearly 1.4 million patients, an 18.2% increase – or approximately 214,000 more ED patients than they treated in 1995. Connecticut's rate of ED utilization continues to outpace the national rate, which may indicate that the state's hospitals are serving a larger percentage of uninsured, underinsured, and mentally ill patients (who often have little or no access to other healthcare services) than the rest of the nation.

Association's initiative to secure an effective and clearly articulated DPH hospital oversight process. CHA collaborated with DPH to develop procedural guidelines designed to promote fair and consistent application of regulatory processes, which the agency has adopted for implementation.

CHA also continued its ongoing efforts to ensure equitable and uniform regulation of outpatient surgical facilities consistent with CHA-supported legislation passed last year. That legislation subjects outpatient surgical facilities, in both hospital and non-hospital healthcare settings, to DPH licensure and OHCA certificate of need (CON) jurisdiction, protecting patient interests and creating a level playing field for competition by ensuring a consistent level of regulatory oversight.

CHA also assisted members in complying with a host of statutory, regulatory, and accreditation requirements, which included adapting to the new JCAHO standards and survey process, and providing support with scope of practice, regulatory compliance, emergency preparedness, emergency medical services, and ethics issues.

QUALITY AND PERFORMANCE REPORTING

Over the past two years, quality and performance reporting have emerged as key issues for healthcare providers in all settings, including hospitals. Under the direction of the CHA Board Committee on Patient Care Quality, CHA has taken a progressive and proactive approach to these issues. As a result, Connecticut hospitals have developed a national reputation for leadership in quality and performance reporting.

A year before the April 2005 national launch of *Hospital Compare*, a new consumer website hosted by the Centers for Medicare & Medicaid Services (CMS), Connecticut hospitals began making their performance on various quality measures available on the CHA website.

The *Hospital Compare* website provides comparative information about the care provided to all adult patients being treated for three common medical conditions – heart attack, heart failure, and pneumonia – which accounted for nearly 10% of all Connecticut inpatient hospitalizations in 2004.

CONNECTICUT'S UNINSURED

According to the Kaiser Family Foundation, Connecticut's rate of non-elderly (under age 65) uninsured residents remained at 12% in 2003, which is considerably lower than the national rate of 18%. While the rates of uninsured children (8%) and non-elderly adults (14%) also remained the same in 2003, the availability of employer-sponsored insurance continues to decline in Connecticut, which may increase the ranks of the uninsured significantly in the future.

HUMAN RESOURCES

As hospitals face a growing demand for the services they provide, the challenge of ensuring an adequate, well-trained workforce looms larger than ever. While addressing the healthcare workforce shortage remains a top priority, CHA's Human Resources advocacy efforts – which are overseen by the Committee on Human Resources – also include exploring strategies to address issues related to the healthcare work environment, recruitment and retention, compensation and benefits, staffing legislation, unionization, employment issues, human resources metrics, and policies and procedures.

CHA continued its collaborative efforts with numerous partners, including state agencies, educators, professional associations, and others to promote healthcare careers and various workforce planning and recruitment projects.

CHA worked with the state's Area Health Education Centers (AHEC) and the Office of Workforce Competitiveness as a partner in the Connecticut Career Choices initiative for healthcare, which developed healthcare curricula using the National Healthcare Skills Standards and experiential learning for exposure to healthcare careers. The pilot program prepares students for ongoing education and entry into healthcare careers by appropriate emphasis on math, science and technology.

As a founding member of the Connecticut Healthcare Workforce Coalition, CHA has an appointed seat on the Connecticut Allied Health Workforce Policy Board, which is charged with presenting recommendations for addressing the healthcare workforce shortage to the Governor by January 2006. CHA also worked with the Future of Nursing in Connecticut project on a variety of initiatives designed to strengthen and prepare nursing for the future in the areas of leadership, professional practice, addressing healthcare needs, and research.

CHA presented testimony on several workforce-related bills, supporting legislation to increase the healthcare workforce supply and opposing bills that would create operational impediments or interfere with effective human resources management.

CHA continued to enhance its human resources data and reporting initiatives by conducting the annual vacancy rate surveys for nursing and

INPATIENT DAYS

Technological advances, increased pressure to reduce healthcare costs by businesses and insurers, and hospitals' own initiatives to treat patients in the most appropriate, cost-effective manner possible all led to reductions in hospital lengths of stay over the past 10 years. In 2004, however, the total number of days patients spent in Connecticut's not-for-profit hospitals reached pre-1995 levels of approximately 2 million, continuing the recent trend of increasing demand for inpatient healthcare services as the state's population ages.

allied health professions, as well as a variety of other surveys to assist members in recruitment, retention, and workforce planning efforts.

CHA's annual Healthcare Heroes essay contest, using the theme "Answering the Call," once again promoted the unique rewards and challenges of healthcare careers, with contest winners writing about how healthcare is both a career and a calling and providing compelling stories of how they answer the call of service to their communities every day.

MEMBER SERVICES

CHA's wide array of member services – developed over the years in response to specific membership needs – complement CHA's core advocacy function and provide members with reliable and cost-effective alternatives for certain aspects of their operations.

With oversight provided by the Diversified Network Services (DNS) Board of Directors, CHA's member services currently encompass the following areas: education, quality (TEIC), patient safety (CHREF PSO), data collection and analysis (ChimeData), data networking services (ChimeNet), group purchasing (CHA Shared Services Program), energy conservation loans (through the CHA Trust, or CHAT), and insurance services (DNS).

EDUCATION

CHA's educational services, offered through the Connecticut Healthcare Research and Education Foundation (CHREF), included approximately 90 educational programs over the past year. More than 3,750 staff from CHA member institutions took advantage of these cost-effective educational opportunities, which are offered to CHA members at a significantly discounted rate.

Focusing on meeting the educational needs identified by its members, CHA once again offered a number of "premier" programs, including CHA's second annual *Patient Safety Summit*, featuring a keynote address by Robert Wachter, M.D., a 2004 Eisenberg Award Recipient; the inaugural *Healthcare Leadership Summit*, featuring national speakers such as independent health policy and ethics analyst Emily Friedman; the annual *Human Resources Forum* and *Nursing Leadership Forum*; as well as programs offered in conjunction with

HMO MARKET SHARE IN CONNECTICUT

Connecticut's six licensed and operating health maintenance organizations (HMOs) cover approximately 43% of Connecticut residents. This represents a decline from a high of 49% of Connecticut residents covered by HMOs in 1995, when the state had 16 HMOs.

other organizations, such as the *Healthcare Leadership Series*.

CHA also continued its series of ongoing programs on healthcare management and operations issues related to regulatory compliance, reimbursement, and manager skill building, as well as several programs addressing emerging healthcare trends and issues, such as end-of-life care and matching demand to capacity.

CHREF became an Approved Provider of Continuing Nursing Education by the Connecticut Nurses' Association, and partnered with other organizations to offer continuing medical education (CME) credit for programs with medical content.

CHA's second annual trade show, *Healthcare 2005*, showcased almost 100 vendors and featured a keynote address by *Wall Street Journal* best-selling author Stuart Levine. The trade show's vendor exhibits provided the nearly 300 Connecticut healthcare professionals in attendance with a rare in-state opportunity to view a wide variety of healthcare products and services and learn about state-of-the-art technology and solutions. Information from the trade show, including photos of vendor booths and contact information for all of the participating vendors, can be accessed year-round via the "virtual trade show" posted on CHA's website.

In addition to its comprehensive program of educational offerings, CHA hosted hundreds of member meetings through its meeting group structure, which provides a regular forum for members with similar management and leadership responsibilities to exchange ideas and information and receive updates from CHA on its advocacy activities. This interactive structure allows for vital member input that is incorporated into the development of CHA's activities and positions.

TEIC

CHA's Toward Excellence in Care (TEIC) program provided acute care hospitals with a comprehensive array of services and tools to support their quality improvement activities through data collection and analysis of clinical processes and outcomes.

TEIC is an approved Joint Commission on Accreditation of Healthcare



Tucker Carlson, co-host of Crossfire, CNN's political debate program, offered a candid look at the political process – including a glimpse of what the nation's leaders are like when the cameras are off – at the 2004 CHA Annual Meeting.

Organizations (JCAHO) performance measurement system and also submitted required core measures data to federal and state agencies on behalf of member hospitals this year, including to CMS for inclusion on the new *Hospital Compare* website, which is part of the National Voluntary Hospital Reporting Initiative.

Joining 25 CHA member hospitals, several Rhode Island hospitals recently began using the TEIC core measures software product, which is continually reviewed and modified to add new features in response to member needs and changing accreditation and regulatory requirements. TEIC continues to focus on helping hospitals make the most of their data for internal quality improvement purposes by providing more than 50 optional data elements and alternative answers that enable hospitals to drill down for detailed data analysis.

CHREF PSO

The CHA-supported quality of care legislation that went into effect last July not only redesigned Connecticut's adverse event reporting system into a more effective tool for patient safety improvement, but called for the creation of patient safety organizations that would enable hospitals to confidentially share information with public or private organizations dedicated to improving patient safety.

One of two such organizations in the state, the Connecticut Healthcare Research and Education Foundation Patient Safety Organization (CHREF PSO) was approved by the Department of Public Health (DPH) last year. All 30 of CHA's not-for-profit acute care hospitals, as well as some non-acute care hospitals and outpatient surgical facilities, are participants in the CHREF PSO. The PSO's initial activities included organizing CHA's annual *Patient Safety Summit* in March, featuring nationally recognized patient safety experts, and a *Patient Safety Symposium* in April at the Legislative Office Building in Hartford. The full-day symposium provided PSO participants with an opportunity to share examples of their patient safety projects in a public forum.

The CHREF PSO benefits from the vast expertise of a national panel of advisors, including representatives from the government, safety organizations, and the provider and consumer sectors. In addition, CHREF

INPATIENT ADMISSIONS

Over 40,000 more patients were admitted to Connecticut hospitals in 2004 than in 1995, representing a 10.7% increase over the 10-year period. The 414,000 admissions to Connecticut hospitals in 2004 reflect an increasing demand for inpatient care, primarily due to the state's aging population.

PSO staff continued to apply the knowledge gained from their completion of the first national Patient Safety Improvement Corps training program last year, as well as a number of other national patient safety activities, such as serving on the Agency for Healthcare Research and Quality (AHRQ) Partnerships in Implementing Patient Safety (PIPS) grant review committee, and participating in the Health Forum Patient Safety Leadership Fellowship program.

CHIMEDATA

Housing one of the oldest and most comprehensive patient encounter-level databases in the nation, CHA's ChimeData program is the caretaker of an invaluable asset for CHA members and a catalyst for providing members with actionable information.

This vast repository of historical data, combined with ongoing data collection and analysis efforts, enables ChimeData to contribute vital information to support CHA's individual members, enhance the Association's advocacy positions, bolster legislative testimony, and complement various other advocacy activities. To better achieve this goal, ChimeData began integrating hospital administrative discharge and utilization data with financial data this year to provide more relevant, broadly focused information to enhance CHA's advocacy efforts.

Traditional ChimeData publications, such as the annual *Patient Census Report (PCR) Trend Summary* and monthly PCR data, 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.

The data used for these publications are also used in CHA advocacy materials to illustrate how hospital utilization is trending steadily upward, and provide the basis for more specific analysis of emerging trends.



Lieutenant Governor Kevin Sullivan delivered opening remarks at the March 2005 Patient Safety Summit, which was co-hosted by the patient safety organizations (PSOs) of the Connecticut Healthcare Research and Education Foundation (CHREF, an affiliate of the Connecticut Hospital Association) and Qualidigm, the state's quality improvement organization. The program brought an impressive roster of national patient safety leaders to Connecticut to share their expertise with the more than 200 Connecticut healthcare professionals in attendance at the March 11 event.

PSYCHIATRIC UTILIZATION

The number of psychiatric patients admitted to Connecticut acute care hospitals increased by more than 25% from 1995 to 2004. This dramatic increase over the 10-year period has posed significant financial challenges for Connecticut's acute care hospitals, especially since the reimbursement they receive for providing care to these patients rarely meets the cost of providing psychiatric care.

ChimeData Fact Sheets, introduced this year, focus on topics such as influenza, asthma, obesity, and hospital quality reporting, combining ChimeData and information from other sources, such as the Centers for Disease Control and Prevention. *ChimeData Fact Sheets* were distributed to hospital leaders and posted on CHA's website.

This year ChimeData implemented two new major upgrades: a Web-enabled decision support tool and a Web-enabled error correction process. The upgrades will provide members with greater flexibility in querying and analyzing information from the Chime database, and will increase operational efficiency by allowing members to correct their data online. ChimeData also continued to produce highly customized utilization, financial, management, and other types of reports and analyses (special studies) for members and outside entities upon request on a fee-for-service basis.

In addition to satisfying current Office of Health Care Access (OHCA) hospital reporting requirements on behalf of CHA members, ChimeData adapted and is expanding its data submission to meet new OHCA requirements as needed.

HOSPITAL CAPACITY

Connecticut hospitals have approximately 2.2 staffed beds per 1,000 residents, as compared with 2.4 beds per 1,000 in New England and 2.8 beds per 1,000 nationally. However, demographic trends suggest that hospital capacity in Connecticut and the U.S. will have to increase to accommodate the healthcare needs of an aging population. Based on current utilization and mortality rates, a recent CHA study projects that the number of Medicare inpatient admissions to Connecticut's acute care hospitals in 2020 is expected to be more than double what it was in 2000.

CHIMENET

ChimeNet continued its steady growth over the past year, enhancing its managed network and security services, which deliver secure, private electronic connections between hospitals and other entities, including remote sites and payors. ChimeNet also helped more CHA member hospitals offer affiliated physicians secure high bandwidth access to their clinical applications over a private network while enjoying the advantages of ChimeNet's Internet service.

ChimeNet was profiled in the "Information Edge" section of *Modern Healthcare* magazine in January. The article chronicles ChimeNet's evolution over the past decade, and describes some of the services that ChimeNet provides to CHA members as well as to physician-hospital organizations and non-hospital healthcare providers, such as free-standing radiology centers, laboratories, and other specialty service providers.

ChimeNet's upgraded eligibility verification service delivered real-time insurance eligibility and demographic information to an expanding number of hospitals and other healthcare providers this year. This vital information helped customers improve accuracy during registration and pre-registration, billing, and collections, reducing claims denials and improving cash flow and net revenue.

ChimeNet's expansion into municipal, educational, and commercial markets continued, as its combination of superior product and service offerings, network engineering innovation, and competitive pricing structures made ChimeNet a more attractive option for towns, schools, and businesses seeking alternatives to existing Internet service, managed network, and security providers. New customers included an additional Fairfield County municipality, a statewide real estate company, and several new accounts where ChimeNet's state-of-the-art Wallingford data center serves as a co-location facility to protect and provide redundant access to customers' vital data.

CHA SHARED SERVICES PROGRAM

For more than three decades, the CHA Shared Services Program (CHA SSP) has provided a wide variety of cost-saving alternatives to its members. As a regional Group Purchasing Organization (GPO) serving members in Connecticut and throughout New England, CHA SSP provides a full range of products and services through locally-developed contracts, as well as partnerships that supplement and complement members' arrangements with national GPOs.

All 30 of Connecticut's not-for-profit acute care hospitals are CHA SSP members, enabling them to take advantage of relationships with national organizations such as MAGNET, a regional GPO focused on capital equipment such as beds, patient furniture, and telemetry, and MedAssets, the nation's largest independent GPO. These arrangements allow CHA SSP members to access aggressive price discounts on an expanding portfolio of products and services, encompassing everything from commodity items to pharmaceuticals.

REHABILITATION SERVICES UTILIZATION

The number of patients requiring inpatient rehabilitation services from Connecticut acute care and rehabilitation hospitals increased 40.1% over the past 10 years. This is consistent with the overall trend of increasing demand for inpatient services as Connecticut's population ages and the need for both short- and long-term inpatient rehabilitation services continues to grow.

CHAT

The CHA Trust (CHAT), which is funded through gifts from Connecticut Light & Power (CL&P), provides Connecticut hospitals with interest-free loans to finance energy conservation projects that reduce the cost of electricity. This innovative energy conservation loan program also provides technical expertise to help hospitals design and implement conservation measures to improve their energy efficiency.

Since its inception in 1988, CHAT has distributed \$9.8 million in loans to 21 Connecticut acute care hospitals, helping them install new lighting, energy management, and HVAC systems that have achieved more than \$17.4 million in electrical cost savings statewide.

CHA INSURANCE SERVICES

Through its affiliate, Diversified Network Services (DNS), CHA continued to provide a range of insurance services, such as Property and Casualty and Life and Health insurance products.

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. Health Connecticut also operates an Administrative Services Organization (ASO) product that provides organizations that are currently self-funding their group health benefit plans with access to a comprehensive, statewide network of providers.

Through its Insurance Services area, CHA also continued to explore options this year to help its members reduce their insurance premiums.

MATERNITY SERVICES UTILIZATION

In 2004, one out of every 10 patients admitted to Connecticut acute care hospitals were women receiving maternity care. Although the number of maternity admissions declined slightly between 1995 and 2004, the number of days women stayed in the hospital for those services began to increase in 1997. This increase correlates with the enactment in Connecticut of CHA-supported legislation that required health plans to cover a minimum number of two inpatient days for maternity care, reversing a trend of "drive-through" deliveries.

2004-2005 CHA BOARD OF TRUSTEES

EXECUTIVE COMMITTEE

Chairman:

Larry M. Gold

President/CEO

Connecticut Children's Medical Center

Term Expires: 6/06

Vice Chairman:

Ann Errichetti, M.D.

President & CEO

Day Kimball Hospital

Term Expires: 6/06

Immediate Past Chairman:

Robert G. Kiehl

President/CEO

Middlesex Hospital

Term Expires: 6/06

President and CEO:

Jennifer Jackson

Connecticut Hospital Association

Term: Ex Officio

Secretary:

Patrick A. Charmel

President and Chief Executive Officer

Griffin Hospital

Term Expires: 6/05

Treasurer:

Robert J. Lyons Jr.

Board Member

Gaylord Hospital

Term Expires: 6/05

At Large:

Richard A. Brvenik

President & CEO

Windham Community

Memorial Hospital

Term Expires: 6/05

(Executive Committee Term Expires: 6/05)

At Large:

Frank A. Corvino

President/CEO

Greenwich Hospital

Term Expires: 6/05

(Executive Committee Term Expires: 6/05)

At Large:

John H. Tobin, D.Man.

President/Chief Executive Officer

Waterbury Hospital

Term Expires: 6/06 (AHA Delegate)

(Executive Committee Term Expires: 6/05)

TRUSTEES:

David W. Benfer

President & CEO

Hospital of Saint Raphael

Term: Ex Officio (Chairman, CEO Forum,

Term Expires 6/05)

Judith A. Carey, RSM, Ph.D.

Vice President for Mission Integration

Saint Francis Hospital and

Medical Center

Term Expires: 6/06

William T. Christopher

President/CEO

Lawrence & Memorial Hospital

Term Expires: 6/07

The Rev. Monsignor James G. Coleman

Board Member

Saint Mary's Hospital

Term Expires: 6/06

Richard Davidson

President

American Hospital Association

Term: Ex Officio (AHA Senior Executive)

Michael B. Hammond

Board Member

Danbury Hospital

Term Expires: 6/05

Rolando T. Martinez, MSW, LCSW

Board Member

Hartford Hospital

Term Expires: 6/07

Daniel J. McIntyre

President & Executive Director

The Charlotte Hungerford Hospital

Term Expires: 6/07

Thomas P. Pipicelli

President and Chief Executive Officer

The William W. Backus Hospital

Term Expires: 6/06

Richard E. Pugh

President/CEO

New Milford Hospital

Term Expires: 6/07

Charles E. Riordan, M.D.

Vice President for Medical Affairs

Hospital of Saint Raphael

Term Expires: 6/05

Linda Berger Spivack

Vice President of Patient Care Services

MidState Medical Center

Term Expires: 6/06

Steven L. Strongwater, M.D.

Hospital Director

John Dempsey Hospital

Term Expires: 6/06

Laurence A. Tanner

President/CEO

New Britain General Hospital

Term Expires: 6/05

Robert J. Trefry

President/CEO

Bridgeport Hospital

Term Expires: 6/07

2005 CHA AWARDS

CHA is proud to acknowledge the following annual award recipients:

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

The 2005 recipient of the T. Stewart Hamilton, M.D. Distinguished Service Award, Charles E. Riordan, M.D., has a long and distinguished record of service to CHA and to Connecticut's healthcare community that spans his more than 40-year medical career.



Dr. Riordan, Vice President for Medical Affairs at the Saint Raphael Healthcare System, has been a member of the CHA Board of Trustees for the past nine years, chairing the Board from 2001 to 2002. His leadership, guidance, and counsel were particularly valuable as CHA completed a period of leadership transition and organizational transformation. Dr. Riordan's balanced, inclusive, and supportive leadership style served

the organization well during a time of considerable change.

In addition to his tenure on the CHA Board, Dr. Riordan's contributions to the growth and development of the Association includes serving on or leading various Board committees and CHA work groups, including the Strategic Planning Committee, the Committee on Patient Care Quality, the Mental Health Collaborative and Physician Executives Meeting Groups, and the Foreign Medical School and Hospital Oversight Work Groups. His expertise and counsel on medical matters – particularly relating to mental health issues – have been invaluable to CHA over the years.

Dr. Riordan began his career in Psychiatry in New York City, working in the Methadone Maintenance Research Program that developed methadone maintenance as a treatment for opiate addiction. In 1970, Dr. Riordan came to New Haven to develop the Methadone Maintenance Treatment Program

at the Connecticut Mental Health Center. He worked for the Department of Psychiatry at the Yale University School of Medicine for the next 17 years as Medical Director of the APT Foundation.

In 1987 Dr. Riordan moved to the Hospital of Saint Raphael as Chairman of Psychiatry and in 1988 was named Vice President for Medical Affairs. Over the next 10 years he co-chaired “Fighting Back,” a Robert Wood Johnson initiative to develop a comprehensive strategy for substance abuse prevention and treatment in the New Haven community. He has chaired the Council of Addiction Psychiatry for the American Psychiatric Association as well as their Committee on Standards, and has been active with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a member of JCAHO’s Professional and Technical Advisory Committee. He is presently a member of the Executive Committee of the Connecticut State Mental Health Board.

Dr. Riordan received his M.D. Degree from Harvard Medical School and is currently a Clinical Professor of Psychiatry at the Yale University School of Medicine.



Charles E. Riordan, M.D. addressing the assembly at the 2001 CHA Annual Meeting. Seated at left is John H. Tobin, D.Man., President/Chief Executive Officer of Waterbury Hospital and the 2004 T. Stewart Hamilton, M.D. Distinguished Service Award winner.

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



Some of the Yale-New Haven Hospital team members who worked on the hospital's initiative to improve its rates of pneumococcal vaccination in eligible patients with community-acquired pneumonia: (from left): Nilesch Amin, Pharm.D., Manager of Clinical Pharmacy Services; Lisa Stump, M.S., R.Ph., Director; Jeff Topal, M.D., Physician Specialist; and Michelle Benish, Pharm.D., Clinical Coordinator of Education and Training.

Yale-New Haven Hospital is the recipient of the 2005 John D. Thompson Award for its initiative to increase pneumococcal vaccination rates for inpatients with community-acquired pneumonia (CAP).

The hospital received this prestigious quality improvement award, which is sponsored by the Connecticut Healthcare Research and Education Foundation (CHREF), in recognition of its efforts to implement a collaborative practice agreement between physicians and pharmacists to improve Yale-New Haven

Hospital's rate of vaccination for eligible CAP patients in the inpatient setting. Vaccination of CAP patients is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) quality measure, and is also reported on the Centers for Medicare & Medicaid Services (CMS) *Hospital Compare* performance reporting website.

Recognizing that patients hospitalized with CAP are at increased risk for future hospitalizations from invasive pneumococcal disease, the hospital reviewed data from previous efforts to improve its vaccination rates. A multidisciplinary team consisting of leadership from pharmacy, nursing, and quality improvement met in the summer of 2003 to examine data from the hospital's previous efforts to improve vaccination rates, identify barriers to success, and offer potential solutions. The data revealed that while these initial efforts had achieved improvements in assessment of patients for vaccination, the hospital had not reached its goals for vaccination administration.

After a comprehensive analysis of current processes, the group recommended a non-traditional approach: an alternative member of the healthcare team, the pharmacist, would have primary responsibility for pneumococcal vaccination for eligible CAP patients. By implementing this new, pharmacy-based vaccination program, the hospital was able to centralize its

process to an individual or small team to ensure that vaccination was performed and documented. As a result, the hospital improved its average pneumococcal vaccination rate for eligible CAP patients to 81% for 2004, and since July of last year, the hospital has either met or exceeded its goal of an 85% pneumococcal vaccination rate, which exceeds the 90th percentile nationwide for the quality measure.

“As healthcare continues to rapidly change, institutions must be flexible and be able to adapt as needed to achieve institutional and national patient safety goals,” said Thomas Balcezak, M.D., Administrative Director, Performance Management at Yale-New Haven Hospital. “The analysis of our existing performance – combined with leadership support and the flexibility and adaptive behaviors of physicians and staff – allowed us to construct a novel paradigm to improve the delivery of healthcare.”

CONNECTICUT'S HOSPITAL COMMUNITY SERVICE AWARD

Yale-New Haven Hospital is the recipient of the 2005 Connecticut's Hospital Community Service Award for its Pediatric Dentistry Center program.

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

The Yale-New Haven Hospital Pediatric Dentistry Center (PDC) was established in 2004 to eliminate oral health disparities in the New Haven area. The program, which falls under the umbrella of the hospital's Department of Community Health, serves a predominantly minority patient population, 90% of whom are covered by the Medicaid program. Uninsured patients are also able to benefit from the program's affordable fee schedules, and may qualify for the hospital's free care plan or sliding scale benefit.



Joseph A. Zaccagnino (left), President and CEO of Yale-New Haven Hospital, and Donald W. Kohn, D.D.S. (second from left), the PDC's Director and Professor of Dental Surgery and Pediatrics at the Yale School of Medicine, cutting the ribbon at the PDC's opening in 2004 with (from center to right) State Representative Bill Dyson, State Senator Toni Harp, and Congresswoman Rosa DeLauro.

Expanding its staffing and scope from a part-time pediatric program that it established in the hospital's General Residency Clinic in 1999, Yale-New Haven Hospital's PDC has treated approximately 1,500 patients since opening last year. Staff and residents performed more than 5,000 procedures, including more than 1,200 examinations and cleanings, nearly 1,500 restorations, and 700 extractions.

Only about 10% of the general dentists in New Haven are participating providers in the managed care organizations that provide coverage to the majority of the pediatric Medicaid population, creating a hardship for families that rely on HUSKY A for dental coverage. Providing greater access to dental services for this underserved population (including the uninsured) was the primary goal of the PDC, which partnered with area dental providers and the public school system to form the New Haven Oral Health Collaborative. The collaborative enhances oral health access for underserved and vulnerable populations. In addition, the PDC uses community outreach to educate patients and parents in schools and the community about the importance of regular dental health with a dedicated dental hygienist.

Yale-New Haven Hospital has invested more than \$1.3 million in capital and incremental expense in the PDC, including providing 8.8 full time equivalent staff and two residents. Other sources of direct funding include Connecticut Health Foundation, Kohl's Cares for Kids Foundation, Friends of the Children's Hospital, the Kohn Fund, and Community Health Network. In addition, more than 42 dentists throughout the state donate in-kind professional services to the PDC totaling more than \$300,000.

With two additional residents and staff coming on board in July 2005, the hospital expects to continue the PDC's dramatic growth and outreach into the community, accommodating an estimated 12,000 visits in 2005. What's more, Yale-New Haven Hospital's PDC will continue to provide training for a new generation of specialty dentists who are compassionate regarding the needs of an underserved population, and competent in the treatment of medically compromised and special needs patients, including children with cancer, heart disease, HIV and a variety of developmental disabilities.

OUR MISSION

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

CHA ACHIEVES THIS MISSION THROUGH:

- Public policy and advocacy on behalf of the interests of hospitals and their related healthcare organizations.
- Leadership and innovative services to further community-based healthcare delivery.
- 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



CONNECTICUT HOSPITAL ASSOCIATION AND AFFILIATES

110 Barnes Road • Wallingford, CT 06492-0090

Tel: 203-265-7611 • Fax: 203-284-9318 • www.cthosp.org

CHA'S 2005
"HEALTHCARE HEROES"
ESSAY CONTEST WINNERS

CHA is proud to profile the 10 winners of its 2005 CHA "Healthcare Heroes" essay contest – as well as some of the colleagues that they wrote about – in this Annual Report.

The theme for this year's contest was "Answering the Call," with contest winners writing about how healthcare is both a career and a calling and providing compelling stories of how they and/or their co-workers answer the call of service to their communities every day.

Excerpts from the winning essays are featured in this special section of the 2005 CHA Annual Report. The 10 winning essays are posted in their entirety on the Healthcare Career Center section of the CHA website at www.cthosp.org.

CARLENE BARTOLOTTA

Director of Patient Relations

John Dempsey Hospital/UCONN Health Center



As we look at you (the patient) we see our own beloved parent, grandparent, or precious child. Way back, when we first began, it sounded trite – “why do you want to work in healthcare?” “I want to help people.” At that time, we did not really even know what that meant or the magnitude of the effects our efforts would have on another human being. But we do now...we proudly boast, “I work in Patient Relations. I help people.”

GLORIA BINDELGLASS

Emergency Department Nurse, Bridgeport Hospital



With all of his children and wife surrounding his bed, the patient was extubated and the agonizing death watch ensued...except it wasn't agonizing at all. The family was gathered around the patient's bed, holding his hand, laughing about funny memories, and reminiscing about vacations and other family events. Finally, quietly, and with all his family around him, the patient died. The family thanked me for all I had done, but the truth is, I hadn't done anything. Instead, I thanked them for showing me how beautiful death can be and helping me realize that often we strive to fight off death when, in reality, death is the right outcome for some patients. This family should be considered healthcare heroes. They had the courage to let go when they truly wanted to hold on. They provided the most important care to this patient at the most important time in his life.

DENNIS GAGNON

Microbiologist

Day Kimball Hospital



I believe I have more than a career – I have a calling. I have no grandiose plans of curing Multiple Sclerosis or unraveling the mystery of stem cell research. My station in life is to serve the people of Northeast Connecticut as a microbiologist who is determined to give ideal care. My philosophy of life is to live each day as if it were my last and to study as if I will live forever. I've adhered to this credo and it has served me well, with hopes it has contributed to better healthcare in my community.

DENA LOZADA

Registered Nurse, St. Vincent's Medical Center

*(Submitted by Mary-Alice Koleszar,
Oncology Nurse Manager)*

Although she was not the primary nurse, Dena Lozada (below left, with Mary-Alice Koleszar) took a caring approach to this patient's and family's anguish. She spent time with the patient's 16-year-old daughter, encouraging her to stay with her mother. At the same time, she recognized the needs of a child about to lose her mother and offered her private conversation and comfort. Dena developed a trusting relationship with the patient's husband and mother. They came to me to say that they could rest easily if they knew that Dena was on that shift.



KATHY LIVOLSI

Nurse Manager, The Stamford Hospital



To answer the call of service,
to our community everyday,
We must reflect on lessons learned
from our patients along the way.

From who else can you humbly learn life's lessons,
From despair to hope and beyond,
Than from the people you touch each and every day
Who leave a part of themselves when they're gone?

One by one, bit by bit,
we leave our mark on the world,
And give back as they have given to us.

And the circle continues,
filled with hope and respect,
With compassion, integrity, and trust.

LORRY KILLEEN

*Director of Oncology Nursing,
New Britain General Hospital*

(Submitted by Elizabeth Lynch, Vice President of Human Resources, and Mary Morgan, Human Resources and Compensation Manager)

Lorry Killeen (below center, with Mary Morgan, left, and Elizabeth Lynch) believes that we need to consider the whole person when delivering care and she embodies this approach every day. As Director of Oncology Nursing, Lorry spends time with the patients on her unit and gets to know them as individuals. She chats with families, learns about patients' lives, and talks with them about the dreams that she hopes they will have an opportunity to fulfill. Lorry's passion for oncology nursing is evident in everything she does. All of her patients, no matter where they are on their cancer journey, can be assured that they will receive compassionate, individualized care. In so many ways, big and small, she touches the lives of her patients, their families, and the staff at New Britain General Hospital. Lorry Killeen is a healthcare hero – body and soul.



GINNY LAWRY

Registered Nurse, Connecticut Children's Medical Center

*(Submitted by Byrthe "Bitty" McCormick,
Registered Nurse)*

She is there for her colleagues, for her unit,
for her family, for her community.

She listens.

She hears.

She touches.

She feels.

She sees and is seen.

She is a gift to the nursing profession.

She is a blessing – she is Ginny Lawry (below left,
with Bitty McCormick) – and she is
a healthcare hero!



ASAMOAH “AZZY” ANANE

Registered Nurse, Hartford Hospital

*(Submitted by Lee Monroe,
Director, Corporate Communications)*



Michelle Kolios, his Bliss 10-1 unit manager, has this to say about Asamoah “Azy” Anane (above right with Lee Monroe): “He blends competence with confidence, and patients and families love him. But he also lives and breathes the concept of teamwork and team behavior. He will not sit down to chart until he’s checked to see that everyone else is OK. He loves to celebrate the successes of others, and is generous with positive feedback. It’s always, ‘Can do!’ or ‘How can I help?’ for Azy,” Michele says. “He places patients above everything. He is truly a gift to all.”

JO SEAVEY

Storeroom Coordinator

Johnson Memorial Hospital



In my role as Storeroom Coordinator in the Materials Management Department at Johnson Memorial Hospital, I don't give out meds or change dressings. In fact, I hardly ever get the chance to talk to the patients, but it's important to me to know that the caregivers rely on me to give them the tools they need to cure sick patients and save lives. I know that I make a difference and I am so glad to be able to say that I am part of that team.

PATRICIA TRACEY

Assistant Nurse Manager, OB/GYN

John Dempsey Hospital/UCONN Health Center



As a child of six or seven I would eagerly awaken Saturday mornings to greet my mother as she arrived home from her night shift as an RN. With a large family, working per diem on Friday nights was a way my mother could supplement our family's income. My mother would be tired, but not too tired to answer the same excited entreaty I greeted her with each Saturday morning: "Tell me about one of the patients you took care of." It was here at our kitchen table that my love of nursing began. It was here that I learned the "heart of nursing care." My first professor was my mother, my hero. The lessons I learned from her I carry with me today, a registered nurse for the past 24 years.

TO READ THE 2005 CHA
“HEALTHCARE HEROES”
ESSAYS IN THEIR
ENTIRETY, GO TO THE
HEALTHCARE CAREER
CENTER SECTION OF
CHA’S WEBSITE AT
WWW.CTHOSP.ORG.