

*Celebrating 90 Years*  
HELPING HOSPITALS CARE FOR COMMUNITIES



THE CONNECTICUT HOSPITAL ASSOCIATION 2008 ANNUAL REPORT

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## PRESIDENT'S MESSAGE

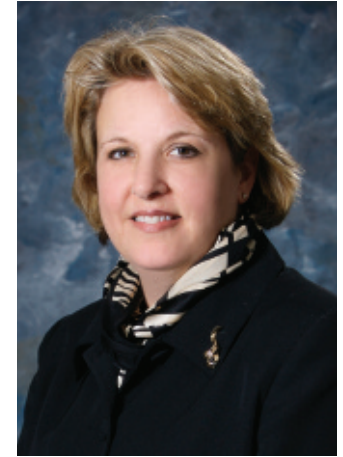
We live in an era of blindingly swift technological advancements, amid a culture that seems to gravitate toward the latest trend, whatever it might be. It's good to know, therefore, that some institutions endure through the years and flourish in the face of change. The Connecticut Hospital Association is one such institution. As we celebrate 90 years of helping hospitals care for communities throughout the state, we can be justifiably proud of what we have accomplished together.

The CHA was founded in 1919, a year memorable for several landmark events. Congress authorized the beginning of prohibition through the 18th Amendment to the Constitution. It also passed the 19th Amendment, guaranteeing women's suffrage. For the healthcare community, November of 1919 is remembered as the officially declared end of the "Spanish flu," the deadly global influenza pandemic that claimed tens of millions of mostly young lives.

History instructs us that strong, financially secure hospitals are vital to public health. Arguably, we need them now more than ever,

given the scope of the public health mission and the range of care our hospitals are expected to provide. But in today's healthcare environment – marked, as it is, by rising costs and declining reimbursements – hospitals' resources are stretched to the breaking point. The present economic challenge has unavoidable implications for the communities which hospitals serve. Where would the public turn today in the event of a global pandemic like that of the Spanish flu? To hospitals, of course, whose capacity to meet a wide-scale public health crisis depends on being financially sound. An extreme example? Perhaps. But it illustrates how indispensable hospitals are to providing care when patients need it most.

Helping hospitals care for communities has been the privilege of the CHA for nearly a century. We are committed to continuing our legacy of supporting Connecticut's hospitals for many years to come.



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

A handwritten signature in black ink that reads "Jennifer Jackson". The script is fluid and cursive, with the first name and last name clearly distinguishable.

## A BRIEF HISTORY OF THE CONNECTICUT HOSPITAL ASSOCIATION

CHA has thrived for 90 years, leading, representing, and serving its members through these remarkable years of medical miracles and challenges.



1910s - Saint Raphael's Hospital acquires its first motorized ambulance.



*Institute of Living Staff (then the Hartford Retreat for the Insane) circa 1900s.*



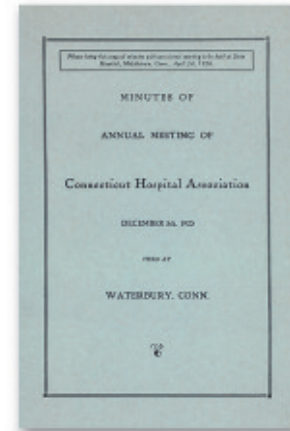
*The first stainless steel utensils used at New Haven Hospital, 1933. Items in the photo were still in use through the 1960s. They took the place of white enamel utensils which had to be replaced every three months.*



*The male ward of Bridgeport Hospital around 1910. The daily cost of hospital care at this time was about \$2.00.*



*The original Saint Francis Hospital building on the corner of Woodland and Collins Street opened as a 32-bed institution in 1897. The newer building (attached at right) was later opened in 1901.*



*Minutes of the Annual Meeting of CHA, December 5, 1925.*



*New Milford Hospital, late 1920s.*

## PAST CHAIRS OF THE CHA BOARD

1919 William W. Jones  
1920–21 Lewis A. Sexton, MD  
1922 Harold W. Hershey, MD  
1923–24 Charles Lee  
1925–26 T. Eben Reeks, MD  
1927 Roy L. Leak, MD  
1928–29 J. J. Webber, MD  
1930–31 B. Henry Mason, MD  
1932–33 Oliver H. Bartine

1934–36 Allan Craig, MD  
1937 Albert Buck, MD  
1938–39 Lucy A. Pollock  
1940–41 Wilmar M. Allen, MD  
1942–43 Anna M. Griffin, RN  
1944–45 William B. Sweeney  
1946–47 Richard J. Hancock  
1948 William J. Donnelly  
1949 D. Spencer Berger

1950 Rev. Lawrence E. Skelly  
1951 Isidore S. Geetter, MD  
1952 Edward K. Warren  
1953 James M. Dunlop  
1954 C. P. Goss III  
1955 Albert W. Snoke, MD  
1956 Andre Blumenthal  
1957 Charles V. Wynne  
1958 Robert C. Kniffen

1959 Charles T. Treadway Jr.  
1960 Richard O. West  
1961 Joseph P. Cooney, Esq.  
1962 W. Anthony Towle Jr.  
1963 Arthur M. Rogers  
1964 Edgar L. Geibel  
1965 Lewis E. Caplan, Esq.  
1966 T. Stewart Hamilton, MD  
1967 Phillip A. Coleman



In a matter of 100 years, we've witnessed human life expectancy more than double, the development of vaccines and medical equipment that have eradicated once fatal diseases, and the application of web-based technology in positive ways to bring resources on prevention and wellness to every corner of the world.



Hiram W. Sibley  
Executive Director, CHA  
1947-1954



Stuart W. Knox  
Executive Director, CHA  
1954-1964



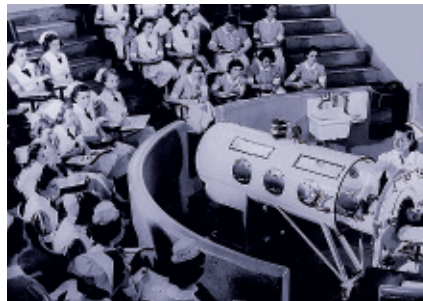
Herbert H. Anderson  
President, CHA  
1964-1979



Operating room during the 1960s,  
Masonic Home and Hospital.



Dennis P. May  
President, CHA  
1979-2000



Instruction on the  
care of a patient in  
an iron lung. Yale-  
New Haven  
Hospital, 1950s.



T. Stewart Hamilton  
First recipient of the CHA  
Distinguished Service  
Award, 1969

1968 Clarence W. Bushnell  
1969 Frank T. Healey Jr., Esq.  
1970 Bliss B. Clark, MD  
1971 C. Manton Eddy  
1972 Charles B. Womer  
1973 James G. Pettit  
1974 John M. McIntyre  
1975 Robert W. Huebner  
1976 Sr. Margaret Rosita Kenny

1977 William K. Cole, Esq.  
1978 Edward M. Kenney  
1979 Jean Adnopoz  
1980 Stanley W. Shepard  
1981 Stephen E. Ronai, Esq.  
1982 John K. Springer  
1983 George L. Hogeman  
1984 Robert C. Boardman  
1985 Ruth O. Truex

1986 Robert B. Bruner  
1987 Rev. Thomas J. Lynch  
1988 Gordon B. McWilliams  
1989 Robert F. Wilson  
1990 Sister Anne Virginie  
1991 Stephen J. Burlingame  
1992 Richard E. Pugh  
1993 William R. Johnson  
1994 Philip D. Cusano

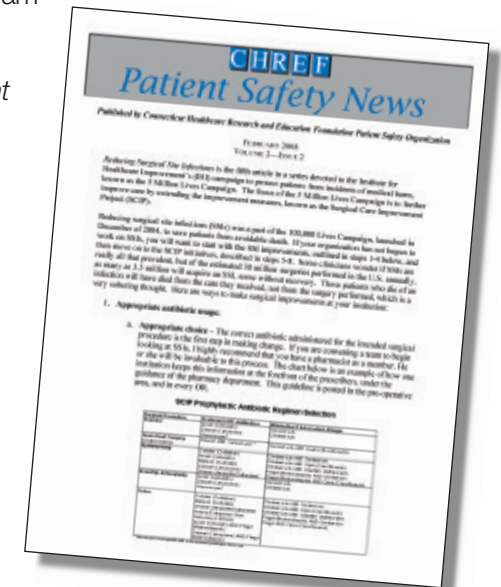
1995 John J. Pacowta  
1996 John J. Meehan  
1997 Raymond S. Andrews Jr.  
1998 Gerard D. Robilotti  
1999 Edward S. Sawicki, MD  
2000 John H. Tobin  
2001 Charles E. Riordan, MD  
2002-03 Robert G. Kiely  
2004-05 Larry M. Gold  
2006-07 Patrick A. Charnel

## PATIENT SAFETY AND QUALITY

The Connecticut Hospital Association championed several quality and patient safety initiatives in 2008. Two statewide clinical collaboratives were launched, comprising teams from various member hospitals working together to devise improvements in specific areas of patient care. Their efforts address challenges common to health systems across the state, region, and nation. The focus of the first collaborative, with 25 participating hospitals, is on reducing hospital-acquired pressure ulcers; while that of the second one, with 29 participating acute care hospitals and two long-term care hospitals, is on managing multiple drug resistant organisms (MDROs). The collaboratives constantly measure outcomes to assess their efforts to improve patient safety and quality of care. They share what they learn with other member

hospitals, and participating teams help each other troubleshoot obstacles. These initiatives are improving care and creating sustainable learning communities throughout Connecticut hospitals.

To further the education of front-line professionals, CHA's Patient Safety Organization (PSO) implemented a new curriculum called *Achieving Excellence in Quality and Patient Safety*. This program provides front-line quality management professionals an opportunity to learn the very latest in the realm of quality and patient safety. It also offers them training with management tools that will improve quality in their organizations. Complementing this educational program is a new monthly newsletter, *Patient Safety News*, devoted to timely topics in patient safety.



## MAKING A DIFFERENCE IN COMMUNITIES' QUALITY OF HEALTH AND LIFE

Connecticut's hospitals have a long tradition of caring for patients and communities. Since the 1800s, generations of families have relied on Connecticut's hospitals to care for them 24 hours a day, 7 days a week.

People expect hospitals to offer services ranging from emergency care and surgery to diagnostics and inpatient care. What they are often far less aware of is the array of additional community benefits hospitals provide as part of their overall mission. These include services that promote general health and well-being in the community, help those with special needs, and improve the healthcare system for all.

As the state's healthcare safety net, Connecticut hospitals provided more than \$190 million in uncompensated care in 2006. This included \$52 million in charity care, plus another \$138 million of care for patients unable to pay that had to be written off. In addition, in 2006, government underfunding of Connecticut hospitals exceeded \$350 million – a shortfall that hospitals had to find a way to fill.

But the community benefits conferred by hospitals go well beyond charity and financial underwriting of healthcare services. Every day, Connecticut hospitals ensure healthier children, safe environments, earlier detection of disease, wellness and prevention, a stable and competent healthcare workforce, and enhanced access to basic healthcare services.



*Saint Raphael's Smiles to Go mobile dental van provides care to children throughout the New Haven community.*

Making a Difference



## A SAMPLING OF CONNECTICUT HOSPITALS' COMMUNITY BENEFIT INITIATIVES

Every hospital in Connecticut provides extensive community benefit programs. Here are just a few examples:

### **Bridgeport Hospital**

#### ***Child FIRST: Providing Valuable Help to Children and Families***

Child FIRST conducts community-based screening for children from birth through age five who have emotional, behavioral, and developmental issues. The program works with these children and their families to identify problems and provide therapeutic services. Each year, Child FIRST screens more than 1,000 children,



provides a consultation to about 500 of them, and delivers intensive home-based services, free of charge, to some 200 children and their families.



### **Middlesex Hospital**

#### ***Helping Children CLIMB***

The Children's Lives Include Moments of Bravery (CLIMB) program at Middlesex Hospital helps children whose parents or grandparents have cancer express their feelings appropriately. Through CLIMB, children attend two-hour group sessions, once a week, for a six-week period. This service has been offered free of charge since 2004 because the hospital believes "stronger families make stronger survivors."

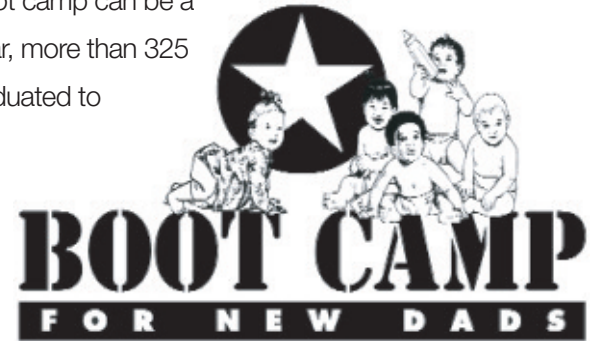


**Hartford Hospital*****Comprehensive Prostate Cancer Program***

This unique awareness-raising program addresses the disproportionately high burden of prostate cancer among African American men. It does so by providing prostate cancer education in an unlikely setting: barbershops. Fifteen Hartford barbers were trained at the hospital to be peer educators. These barbers are able to raise awareness about prostate cancer among their customers through non-intimidating yet informative conversations. This initiative has led many African American men to seek prostate cancer screening who otherwise might not have.

**Lawrence & Memorial Hospital*****Boot Camp for New Dads***

This program motivates new dads to quickly engage with the world of newborns. It provides education to new fathers in a “locker-room” environment designed to make men feel comfortable expressing their opinions and concerns. Despite its “No Girls Allowed” motto, the boot camp can be a new mother’s best friend. Thus far, more than 325 New London area men have graduated to becoming better dads.



*Community  
Benefit*

## ADVOCATING FOR CONNECTICUT HOSPITALS

Strengthening the financial and operational health of hospitals in Connecticut remains the top priority of CHA's government relations program.

### **In Hartford**

As in past years, addressing chronic underfunding of the Medicaid and SAGA programs was a key goal. In 2008, past funding gains were maintained, new legislative proposals were developed, and initiatives harmful to hospitals were opposed.

CHA worked closely with the Department of Social Services (DSS) throughout 2007–2008 to implement the rate increases enacted during the 2007 legislative session, developing and successfully negotiating new inpatient and outpatient fee schedules with DSS.

Highlights of the 2008 Connecticut General Assembly session included:

- CHA testimony on Medicaid legislation;
- CEO Forum meeting with Secretary Robert Genuario of the Governor's Office of Policy and Management; and
- CEO meeting with Speaker of the House James Amann.

CHA continues to work on reimbursement and other issues with our coalition partners, the Connecticut Business and Industry Association (CBIA) and the Connecticut Association of Health Plans, as well as with a broad coalition of business, banking, retail, insurance, and telecommunications groups on privacy and identity-theft legislation.

### **In Washington, DC**

In Washington, DC, CHA was no less active advocating on behalf of Connecticut hospitals, working closely with members of the state Congressional delegation throughout the year to protect hospitals from proposed reductions in Medicare and Medicaid funding.

In addition, CHA continues to participate in several national coalitions and working groups that are addressing issues such as the wage index, information technology, and healthcare reform. The objective of these efforts is to align any national policy changes with the needs of Connecticut hospitals.

CHA facilitated meetings on Capitol Hill between hospital CEOs and senior executives and members of Connecticut's

Congressional delegation, including Senator Joseph Lieberman and Representatives John Larson, Chris Murphy, Rosa DeLauro, Joe Courtney, and Christopher Shays. These meetings were important opportunities for our elected officials to learn first-hand about the issues facing hospitals and discuss ways we can work together to keep Connecticut's hospitals healthy.



Hospital CEOs and senior executives meet with Senator Joseph Lieberman in his Washington, DC office.

*During the 2008 legislative session, CHA reviewed more than 1,400 proposed bills, continually monitored more than 225 bills, and took action on 85 bills.*

**Governor Rell's Hospital System Strategic Task Force**

Concern over the condition of Connecticut hospitals and residents' access to healthcare led Governor M. Jodi Rell to convene a task force to "develop strategies to stabilize and chart the future course of hospitals" in the state. Hospital CEOs, senior management, trustees, and CHA staff served on the task force. In addition, several hospital CEOs and senior executives testified before the task force at its public hearing. The Hospital System Strategic Task Force, which met throughout the fall of 2007, issued its report on December 31, 2007.

Task force recommendations included the following:

- Undertaking a study of hospital reimbursement
- Adjusting rates to reflect the cost of care
- Establishing a bonding program to assist hospitals in making capital investments
- Addressing emergency department overcrowding
- Providing student loan forgiveness for nurses
- Developing a state health plan

A dramatic decline in state revenue makes it difficult to predict when or if any of the task force recommendations will come to fruition. Nevertheless, CHA supports the laudable intent of the task force report and will continue to work with policy makers to help realize goals supporting hospital finance and workforce initiatives.

**Hospital System Strategic Task Force Members from CHA**

Arthur Brodeur, Board Member, Windham Hospital

Christopher Dadlez, President/CEO, Saint Francis Hospital  
and Medical Center

Jennifer Jackson, President and CEO, CHA

Kevin Murphy, Senior Vice President, Finance/CFO,  
Eastern Connecticut Health Network, Inc.

Robert Trefry, President/CEO, Bridgeport Hospital



## **Hospital System Strategic Task Force Subcommittee**

### **Members from CHA**

#### *Financial Structure Subcommittee*

Patrick Charmel, President and CEO, Griffin Hospital  
 Stephen Frayne, Senior Vice President, Health Policy, CHA  
 Martin Gavin, CEO/President, Connecticut Children's  
 Medical Center  
 Jennifer Jackson, President and CEO, CHA  
 James Staten, Senior Vice President, Finance,  
 Yale-New Haven Hospital  
 Robert Trefry, President/CEO, Bridgeport Hospital

#### *System Wide Utilization & Planning Subcommittee*

Arthur Brodeur, Board Member, Windham Hospital  
 Christopher Dadlez, President/CEO, Saint Francis Hospital  
 and Medical Center  
 Stephen Frayne, Senior Vice President, Health Policy, CHA  
 Jennifer Jackson, President and CEO, CHA  
 J. Kevin Kinsella, Vice President, Hartford Hospital

#### *Work Force Issues Subcommittee*

Elizabeth Beaudin, Director, Nursing and Workforce  
 Initiatives, CHA  
 Kevin Murphy, Senior Vice President, Finance/CFO,  
 Eastern Connecticut Health Network, Inc.  
 Colleen Smith, Vice President, Nursing, Middlesex Hospital



## CHA IN THE NEWS

CHA continues to be a key source for members of the media who cover issues related to hospitals and healthcare, fielding dozens of calls from reporters seeking comment or information. Contacts with the press resulted in generally favorable local, state, and national media coverage. Dr. Brian Fillipo, CHA's Vice President of Quality and Patient Safety, appeared several times on WNPR to discuss such issues as infection control and prevention, MDROs, and adverse events. Jennifer Jackson, President and CEO of CHA, and Stephen Frayne, CHA's Senior Vice President of Health

Policy, as well as CEOs of several CHA member hospitals, met with the editorial boards of the *Hartford Courant*, the *New Haven Register*, and *The Day* of New London to discuss issues of importance to Connecticut's hospitals.



## WORKFORCE DEVELOPMENT

Connecticut's Office of Workforce Competitiveness commissioned CHA to conduct a study on clinical placement capacity. The purpose of the study was to assess the ability of hospitals and other healthcare organizations to accommodate nursing and allied health students for clinical rotations. While revealing that clinical placement opportunities under existing guidelines have been largely exhausted, the study also identified possible strategies for expanding clinical placements. The study report is a resource that CHA and its collaborating organizations can draw upon to devise healthcare workforce development initiatives.

CHA focused on developing new education and training to support hospital staff development efforts, and to identify and share best practices in maintaining positive work environments. Significant progress was made on healthful workplace programs, including statewide smoke-free hospital campus and Go-Green initiatives and a second successful Smart Moves conference on safe patient handling.

## EDUCATION AND PROFESSIONAL DEVELOPMENT

CHA continued to provide its outstanding Premier Programs education series, which helps hospital leaders, clinicians, and administrators stay abreast of critical issues in hospital management. Through this series, hospital professionals also learn change management strategies for improving organizational performance.

CHA presented the following nationally acclaimed speakers as part of its Premier Programs:

- Dr. Lucian Leape from the Harvard School of Public Health
- Norman Ornstein, congressional scholar at the American Enterprise Institute
- Dr. Barbara Braden, renowned expert on pressure ulcer prevention
- Jo Manion, author and healthcare management consultant



CHA also hosted 100 education programs through its Healthcare Research and Education Foundation, or CHREF. More than 3,000 professionals from hospitals statewide participated in these programs, which included classroom sessions, teleconferences, and webinars on a broad range of health

policy, clinical, regulatory, reimbursement, and operational subjects. Among the innovative programs introduced in 2008 was the Nurse Manager Leadership Academy, which is designed to meet the growing demand for leadership development in this area. This program was enthusiastically received by members and will become part of CHA's ongoing professional development program.

*“Great and engaging speakers, high energy...thought-provoking talks.”*

*– Patient Safety Summit Attendee*



*“Lucian Leape’s presentation was wonderful – I could have listened to him for the full day.”*



### *Connecticut Hospitals: Major Contributors to the Financial Health of Communities*

- *Contribute nearly \$12.2 billion annually to the state economy – or about 6 percent of the Gross State Product.*
- *Provide 70,000 jobs in our communities, generating approximately \$6.5 billion in local payroll.*
- *Purchase goods and services generating approximately \$2.7 billion in local economic activity.*

### CHIME.NET: ENHANCING CARE THROUGH TECHNOLOGY

ChimeNet, CHA's technology affiliate, continues to provide innovative information technology solutions to its customers. In 2007, ChimeNet introduced new service offerings designed to deliver additional value to network members. With these services, hospitals are now able to connect seamlessly and inexpensively with other institutions (hospitals, clinics, business partners, and service providers) in ChimeNet's statewide network. In addition, new high-speed connectivity options offered by ChimeNet allow physician practices and other "remote" clinical sites to connect to hospital systems at speeds similar to the hospital's internal network, thereby enabling real-time transmission of data and images.

### CHIME DATA

During the past year, CHA updated ChimeData's emergency department utilization analysis and presented it to Governor Rell's Hospital System Strategic Task Force. Statewide and congressional district profiles were produced for advocacy purposes, as well as analysis quantifying the impact on hospitals of changes in Medicare payments for hospital-associated conditions. CHA continues to work with the state Office of Health

Care Access (OHCA) on outpatient data reporting through its participation in OHCA's Outpatient Data Advisory Committee. ChimeData developed a de-identified data set linking patients over time in a first-of-its-kind collaboration between CHA and OHCA.

### CHA SHARED SERVICES PROGRAM

The CHA Shared Services Program (CHA SSP) helps member hospitals by developing cooperative purchasing programs for various products and services critical to hospital operations. The program, which is open to members at no charge, offers a cost-saving alternative to direct contracting. All 29 of CHA's acute care hospital members utilize the CHA SSP.

This past year, CHA SSP developed purchasing agreements with leading vendors for products related to pressure ulcer and MDRO initiatives, providing CHA members with highly relevant, cost-effective alternatives for implementing safe patient care.



## 2008 CHA AWARDS

CHA is pleased to acknowledge the following annual awards recipients:

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

Robert G. Kiely, President and CEO of Middlesex Health System and recipient of the 2008 *T. Stewart Hamilton, M.D. Distinguished Service Award*, has had a long healthcare career marked by success and innovation. A summa cum laude graduate of Georgetown University with a Master's of Health Services Administration with distinction from The George Washington University, Mr. Kiely completed an Administrative Residency at Suburban Hospital in Bethesda, Maryland, and then joined Stamford Hospital, Stamford, Connecticut, where he served for 14 years before assuming the leadership of Middlesex Hospital in 1990.

During his almost 20-year tenure at Middlesex Hospital, Mr. Kiely has positioned the hospital as a leader in the areas of governance, financial performance, organizational perception, community benefit, and managed care strategy. Among his many achievements at the hospital, Mr. Kiely streamlined the corporate organization to increase accountability; established a consistently strong operating margin while keeping Middlesex

among the lowest-cost hospitals in the state; established positive, collaborative relations with physicians, managers, and staff; led the hospital's journey to become the first Connecticut hospital to receive the Magnet designation for nursing excellence; greatly enhanced community benefit activities and planning and published one of the first community benefit reports for the public in the state; led the development of a physician-hospital integrated delivery entity; and reduced the hospital's length of stay to one of the lowest in Connecticut.

Mr. Kiely's contributions to the field of healthcare go well beyond the campus of Middlesex Hospital. The time and energy he has devoted to the leadership, development, and success of the Connecticut Hospital Association has been outstanding. As the Association's first two-year chairman in recent history, Mr. Kiely guided CHA to new levels of performance and success in advocacy and member service. He has been one of the longest-serving officers of the Association, effecting lasting improvements in the organization. He has served as a member of the Board of Directors of the Middlesex Chamber of Commerce for the past 12 years, serving as a member of the Executive Committee for the past five years. He has been instrumental in developing a strong relationship between the Hospital and the business community.



One of his initiatives in cooperation with the local business community is the Health Literacy Project. This cooperative effort was designed to raise awareness and address the challenges that confront patients in understanding healthcare terminology and concepts, and that interfere with their ability to actively and effectively participate in their own healthcare. Through his efforts and the participation of Middlesex Hospital, the Chamber has been able to provide a full-time staff member who is charged with promoting health literacy throughout the Middlesex Chamber service area.

Mr. Kiely was also instrumental in founding the Health Care Council of the Middlesex Chamber of Commerce. The Health Care Council serves as a forum for the business community, physician community, and the Hospital to explore issues and concerns that are commonly shared. Among these are many issues that directly impact the health of the community such as transparency, quality, and safety.

He is Adjunct Faculty Member, George Washington University, and incoming Health Care Chair of the George Washington University Alumni Association. He has demonstrated his commitment to nurturing the next generation of healthcare professionals through his longstanding volunteer service on behalf of students in the George Washington University Master's Program in Health Services Administration. As part of this commitment he has led a seminar in hospital

administration every semester for the past 20 years. Also, through his leadership Middlesex Hospital has offered a one-year administrative residency that has benefited more than 20 graduates from both George Washington University and Yale.

Bob Kiely is also Chair of the VHA Northeast region, leading activities of the VHA partnership in Massachusetts, Connecticut, and Rhode Island. During his tenure as chair, he has spearheaded a complete restructuring of the Board to provide greater effectiveness and efficiency.

He is the Immediate Past Chair of the Connecticut Chapter of the American College of Healthcare Executives. During his three-year term as founding chair, he led the chapter through the process of certification by the national organization. He is a member of the Editorial Board of the Governance Institute and a frequent contributor to scholarly publications in the field, such as the Journal of Health Services Administration and Health Services Management. As a member of the Hospital Advisory Group for The Joint Commission, he provides a voice representing the viewpoints and concerns of the hospital industry.

CHA is honored to recognize Robert G. Kiely as this year's recipient of the T. Stewart Hamilton, M.D. Distinguished Service Award.

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

The William W. Backus Hospital is the recipient of the 2008 *John D. Thompson Award for Excellence in the Delivery of Healthcare Through the Use of Data* for the hospital's dramatic results in reducing central line infections in the critical care environment through a "zero-tolerance" approach.

Through the adoption of evidence-based guidelines from the Institute for Healthcare Improvement (IHI), standardization of protocols, and data-driven equipment selection, the hospital's Critical Care Unit (CCU) eliminated central line-associated bloodstream infections (CLABSI) for the past 12 consecutive months (April 2007 through March 2008).

After identifying variance in the incidence of CLASBI in the CCU (through review of comparative data by the Infection Control Committee, Quality Improvement Committee, and Patient Safety Committees), the hospital decided to seek a more aggressive plan to control central line infection.

The hospital formed a multidisciplinary team to take a "zero-tolerance" approach to CLASBI in the CCU. This group included the CCU Practice Council, nursing leadership, the Infection Control and Patient Safety Committees, and

representatives from the Critical Care Medical Staff, Interventional Radiology, Post-Anesthesia Care Unit, and the Intravenous Therapy Team. The group reviewed literature and best-practice guidelines, evaluated risk factors, and developed a plan using evidence-based interventions to reduce and eliminate these infections.

Key to this was the adoption and standardization of IHI's central line "bundle," a set of specific care processes that are clinically proven to reduce transmission of infection, including hand hygiene, maximal barrier precautions, chlorhexidine skin antisepsis, optimal catheter site selection, and daily review of line necessity. In addition to the bundle components, a rigorous standardization protocol was evaluated and adopted, including the creation of a uniform central line kit, so that anyone inserting a central line would have all the standard



necessary supplies – including personal protective equipment. An audit tool was attached to the central line insertion kit to monitor compliance with the bundle process. Further enhancements involved standardizing skin preparation products, sterile dressings, and line-flush procedures.

Literature reviews supported the use of disposable electrocardiogram lead-ware, pulse oximetry sensors, and blood pressure cuffs, to limit cross-contamination risk. Considerable review was given to the selection of a needle-free IV-line connector product that would reduce bacterial transfer, lessen the risk of contamination, and reduce the need for equipment changes due to clotting or other malfunction. The team selected a uniform neutral pressure line cap and a silver impregnated disc for the insertion site. All these elements have been formally incorporated into policy, and now are standard care in the critical care unit. Judicious use of central lines, daily review, and prompt removal of unnecessary lines has reduced the number of central line days (by 8.2% from 2007 to 2008).

These standardized interventions have reduced the incidence of infection to 0.0/1,000 central line days from 4.1/1,000 central line days (in 2005-2006). With an average of 283 CCU patient days per month at the hospital, the difference is 16.3 patients each year who would not contract a central line-associated blood stream infection. Applying the CDC's hospital-wide CLABSI mortality rate of 12% to 25%, this

intervention represents 1.9 to 4.1 potential lives saved at The William W. Backus Hospital CCU.

“This patient safety success story is the result of frontline caregivers doing the right thing, every day,” said Karen Long, RN, FACHE, Vice President and Chief Nursing Officer at Backus Hospital. “These efforts require the ongoing support of multiple departments and disciplines. We are grateful for this recognition, which reinforces the importance of collaboration, outcome measurement, and systems thinking in a patient-centered environment.”



## CONNECTICUT'S HOSPITAL COMMUNITY SERVICE AWARD

The 2008 *Connecticut's Hospital Community Service Award*, which is sponsored jointly each year by CHA and the state Department of Public Health, this year recognizes Windham Community Memorial Hospital for its Prenatal Clinic, which provides health, education, and obstetrical services at no charge to more than 100 poor, underserved, and at-risk pregnant women annually.

Windham Community Memorial Hospital has been providing prenatal services to low-income women since 1979, targeting women who are monolingual Spanish and uninsured or underinsured. Providing 1,100-1,200 prenatal visits and other complementary services each year, the program helps patients who are high-risk due to poverty, poor education, unemployment, inadequate nutrition, domestic violence, and substance abuse. The rate of teenage pregnancies in the Windham Region is more than double the state's average, with many pregnant teenagers receiving inadequate prenatal care. Nearly twice the percentage of pregnant teens receive late or no prenatal care as compared with the state average. Only three percent of the Prenatal Clinic's patients have higher than a high school education, and 50 percent are first time mothers. Serving patients from the entire Windham County area, the Prenatal Clinic and its staff have been cited in the hospital's

Joint Commission survey for the exemplary service that they provide to their patients.

The staff consists of a Nurse Practitioner and part-time Social Worker and Secretary. Obstetrician/gynecologists from Mansfield OB/GYN Associates provide medical oversight and manage the deliveries for women in the clinic. Many of these cases are complex due to the high-risk population served. The costs of radiology services and laboratory costs alone are estimated at \$250,000 per year, provided in-kind by Windham Hospital.

The hospital has a track record of success in reaching out and caring for this at-risk population and there is considerable coordination with the hospital's Connecticut Breast and Cervical Cancer Early Detection Program, WISEWOMAN Program, Generations Family Healthcare Center, the School-Based Health Clinic at Windham High School, Even Start, WIC, Windham AIDS program, Windham Safe Kids, and the Fetal Infant Mortality Review committee that operates in the region. "We remain committed to providing prenatal services to all women who need them, just as we have for the past 30 years," said Dick Brvenik, President and CEO, Windham Hospital. "These are critical health services that are assuring that at-risk women deliver healthy babies."



*Pictured LEFT to RIGHT are Kate Starkey, Outreach Educator, CBCC/WISEWOMAN Program; Beth Cheney, Director of the Prenatal Clinic and Women's Health Coordinator at Windham Hospital; and Carol Palonen, Case Manager, CBCC/WISEWOMAN Program.*

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**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*



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