

The Will to Change – The Courage to Lead



Transforming Connecticut Healthcare

The Connecticut Hospital Association
2012 Annual Report



Program *Agenda*

The Will to Change – The Courage to Lead: Transforming Connecticut Healthcare
Connecticut Hospital Association
94th Annual Meeting • June 27, 2012

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

4:00-5:00 p.m. Business Meeting and Awards Presentation

Call to Order	Christopher Dadlez
Invocation	Rev. Anne Kowalczyk
Report of the Treasurer	David Whitehead
Report of the President	Jennifer Jackson
Report of the Chairman of the Board	Christopher Dadlez
Awards Presentations	Christopher Dadlez
AHA Service Awards	
Healthcare Heroes	
AHA Grassroots Champion Award	
Connecticut's Hospital Community Service Award	
John D. Thompson Award for Excellence in the Delivery of Healthcare Through the Use of Data	
T. Stewart Hamilton, MD, Distinguished Service Award	
Acknowledgment of Outgoing Trustees	Christopher Dadlez
Election of Trustees and Officers	Christopher Dadlez
Passing of the Gavel	Christopher Dadlez
Remarks of the New Chairman	Susan Davis
Presentation to the Retiring Chairman	Susan Davis
Adjournment	

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

6:00-7:00 p.m. Keynote Address Joe Scarborough
and Mika Brzezinski

*CHA gratefully acknowledges the generous Annual Meeting sponsorship
of our Platinum Sponsor:*



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President's Message

Connecticut hospitals were once again faced with strong economic and political headwinds this year as they continued to meet demands for rapid change in virtually every area of healthcare delivery. At the national level, the Supreme Court heard arguments on the constitutionality of the Patient Protection and Affordable Care Act (PPACA) – while Congress debated the federal budget, including sweeping deficit reduction measures, many of which were focused on sharply reducing healthcare costs. At the state level, hospitals and CHA were active partners in work to improve affordability and access to healthcare for families across Connecticut through design and implementation with the Department of Social Services of an ASO rate meld that is budget neutral to hospitals, participation in demonstration projects and on various advisory groups, redesign of grassroots advocacy with local legislators, and testimony in support of CHA advocacy.



As always, despite the continuously shifting political landscape and economic uncertainty, Connecticut hospitals remained sharply focused on their primary mission: delivering safe, patient-centered, quality care 24/7. In addition to launching an ambitious statewide initiative to eliminate all-cause preventable harm using high reliability science to create a culture of safety, hospital participation in CHA collaboratives and learning communities remained strong as hospitals worked together to implement safety and quality of care improvements. And, notably, all CHA acute care hospitals joined Partnership for Patients, a national CMS initiative designed to reduce preventable inpatient harm by 40 percent and readmissions by 20 percent.

As yet another indicator of bold leadership, the CHA Board of Trustees recognized the need to step up efforts to achieve health equity by increasing diversity and eliminating disparities. The resulting statewide initiative, the CHA Diversity Collaborative: *From Intent to Impact*, is designed to increase leadership and supplier diversity within hospitals, and improve cultural competency in the delivery of care.

This year's theme, *The Will to Change – The Courage to Lead: Transforming Connecticut Healthcare*, reflects our recognition that despite the challenges and pressures of continued economic uncertainty, rapidly changing technology, inadequate government reimbursement, stretched resources, and complex regulatory requirements – the mission of caring for patients continues without compromise.

It is with gratitude for your courage and leadership – and a sense, shared by the entire CHA staff, that it is a great privilege to serve you – that we continue our work to transform Connecticut healthcare.

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

Jennifer Jackson
CEO

Leadership

in Quality and Patient Safety

Improving Community Health

Shaping Financing and Delivery

Whether it's strong, effective advocacy or high quality, cost-effective member services, CHA's work on behalf of its hospitals focuses on its three strategic pillars: leadership in quality and patient safety, improving community health, and shaping financing and delivery system changes.



System Changes



Leadership *in Quality and Patient Safety*

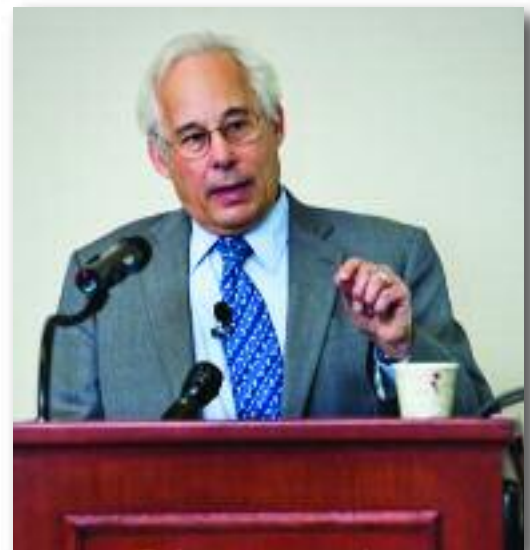
Supporting hospitals in their work to improve quality and patient safety.

Central to the mission of every hospital is a dedication to providing high quality, safe care for all. Through CHA, hospitals work collaboratively to share, learn, and apply nationally recognized, evidenced-based practices to achieve the highest standards of quality and safety—this year more than ever.

CHA's tenth annual Patient Safety Summit in March marked the official start of Connecticut hospitals working collaboratively on an ambitious statewide initiative to eliminate all cause preventable harm using high reliability science to create a culture of safety. Nearly 200 hospital leaders participated in an intense High Reliability Boot Camp in April and June – a two-day rigorous introduction to concepts, means, and methods of reliability culture improvement that has provided a foundation for further work.

Integrated with this groundbreaking statewide effort is CHA's work with the American Hospital Association's Health Research & Educational Trust

(HRET) on **Partnership for Patients**, a national CMS initiative designed to reduce preventable inpatient harm by 40 percent and readmissions by 20 percent. All CHA acute care hospitals are participating in Partnership for Patients. Forty-three champions of quality from 26 Connecticut hospitals (the highest per capita representation in the country) are participating in HRET's national Improvement Leader Fellowship Program, an intense, multi-session performance improvement fellowship initiative. The frontline improvement leaders who complete the program will engage their hospitals in spreading sustainable improvement strategies.



Nearly 200 healthcare professionals heard a keynote address from Donald M. Berwick, MD, former administrator, Centers for Medicare and Medicaid Services, and founding CEO of the Institute for Healthcare Improvement. Dr. Berwick applauded Connecticut hospitals' efforts in safety, encouraging them to think globally, implement initiatives on a large scale, and ensure the active engagement and involvement of hospital Boards and CEOs.

*"I'm really excited about what Connecticut is doing on all cause harm – it's right and it's exciting."
– Donald M. Berwick, MD*



Outlining the principles, strategies, and processes upon which high reliability science is built, Patient Safety Summit participants heard from Kerry Johnson, founding partner and Chief Innovation Officer of Healthcare Performance Improvement (HPI), and leaders from several HPI client hospitals. Maulik S. Joshi, DrPH, HRET President and Senior Vice President of Research at the American Hospital Association, closed the session with a discussion on Partnership for Patients.

Through CHA's Patient Safety Organization, several other ongoing clinical collaboratives united hospitals around key safety objectives, including reducing preventable heart failure readmissions and infection prevention. Over the last two years, hospital teams and community care partners have participated in the **Heart Failure Readmissions Collaborative**, a partnership between CHA's Patient Safety Organization and Qualidigm. Participants have engaged in more than three dozen learning sessions and webinars, sharing best practices to reduce preventable hospital readmissions – based on the model and strategies developed by the Institute for Healthcare Improvement, with three-quarters of participants reducing their 30-day readmission rates. Connecticut hospitals' readmission work is now being broadened to include all-cause readmissions.

Connecticut hospitals made progress in three other national patient safety initiatives this year. The **On the CUSP: Stop CAUTI** program began with nine hospitals in November 2011. Teams are now in the

implementation phase of the project. This national patient safety program is aimed at reducing catheter-associated urinary tract infections and implementing the comprehensive unit-based safety program (CUSP). Additionally, 14 hospitals are engaged in the Stop BSI project and have achieved a reduction in their central line-associated blood stream infection (CLABSI) rates during the past year, to an overall statewide rate of 1.1/1000 central line days.

Most recently, 22 Connecticut hospitals are participating in the national **HCAHPS Patient Safety Learning Network** to improve quality, patient safety, and patient experience. This national program currently involves 19 states.

In late 2011, the CHA Board of Trustees adopted a statewide policy endorsing mandatory flu vaccination of hospital staff as part of CHA hospitals' commitment to patient safety. In February, nearly 150 attendees representing 29 acute care hospitals attended a CHA member briefing

Taking a stand on mandatory influenza vaccination of staff.



CHA hospital leaders at the 2012 Patient Safety Summit



Seven of Connecticut's Improvement Leader Fellows: (l-r) Timothy McClung, Director, Quality Operations, Norwalk Hospital; Lauren Tiberio, Quality Integration Consultant; Lesvia Jackson, Director, Regulatory Compliance and Patient Safety, Norwalk Hospital; Anne Elwell, Vice President for Community Relations, Qualidigm; Julie Petrellis, Director, Clinical Data Support, CHA; Karl Kamyk, Quality and Risk Management Director, Johnson Memorial Hospital; and Elizabeth Beaudin, Director, Nursing and Workforce Initiatives, CHA

Continuing the focus on safe patient handling.

featuring a multidisciplinary group of presenters from the five Connecticut hospitals who had already made flu vaccinations mandatory: St. Vincent's Medical Center, Hospital of Saint Raphael, Griffin Hospital, Middlesex Hospital, and Connecticut Children's Medical Center. The hospitals shared their experiences and reiterated their commitment to improving patient safety through mandatory vaccination of staff.

In February, CHA hosted its sixth annual *Smart Moves Forum on Safe Patient Handling*. A collaborative effort of CHA, the Connecticut Nurses' Association, LeadingAge Connecticut, the Connecticut Association of Health Care Facilities, and the Connecticut Association for Home Care & Hospice, the forum unites caregivers and leaders from different healthcare settings to share best practices and learn about new developments and equipment for safe patient handling.

Providing data products to support quality improvement.

A series of enhancements to CHA's data products, data resources, and analytic capabilities were introduced this year to support hospitals' quality improvement performance assessment. Member-driven improvements to the Quality Monitoring, Physician Profile, and Physician Performance strategic measurement products were implemented,



and a complete overhaul of inpatient and outpatient data collection and reporting was completed for the monthly Patient Census Report, with extensive member involvement over the several months it took to make these improvements. Significant enhancements include standardized inpatient definitions for 13 service lines and 33 outpatient categories.



“If we believe in creating a culture of safety for our patients, this is the right thing to do.”

*– Susan Davis, EdD,
President and Chief Executive Officer
of St. Vincent's Medical Center, speaking on
mandatory flu vaccinations for hospital staff.*





Identifying and advancing changes to care delivery structure and oversight that promote quality and patient safety.

Through CHA, Connecticut hospitals work with state agencies on initiatives to improve care delivery. This year, work with the Department of Public Health culminated in evidence-based guidance on infant fall prevention. Connecticut hospitals also worked with the Department of Mental Health and Addiction Services to create an online tool for hospitals to access information on availability of state behavioral health beds.

CHA and Connecticut hospitals are working with the Health Information Technology Exchange of Connecticut (HITE-CT) to ensure the feasibility of development and implementation plans. This year, CHA coordinated a series of meetings and provided feedback regarding HITE-CT proposals on policy, procedures, and pricing.

Facilitating the electronic exchange of health information.

Leadership

in Improving the Health of Our Communities

Developing and implementing initiatives that support hospital engagement to improve community health.

Connecticut hospitals play a major role in improving community health – providing outreach and support services for cancer, diabetes, and asthma, financial assistance to the uninsured, mobile vans and clinics delivering primary and preventive care, healthy lifestyle education programs, services for the homeless, clinics for migrant farm workers, crisis intervention services, and many others.

Hospitals in Connecticut spent **\$994.4 million** on these community benefit initiatives in 2010, including providing services to those who cannot pay and covering the unpaid cost of government programs – an increase of more than \$114 million from the prior year.

Improving the health of communities across the state took on even greater urgency this past year as CHA spearheaded work with the Connecticut Association of Directors of Health, local public health leaders,

and Federally Qualified Health Center representatives. The long-term objective of this community health collaboration is to develop sustainable partnerships to address public health and community healthcare needs while leveraging existing resources, coordinating initiatives, avoiding duplicative efforts, and demonstrating value and accountability to community stakeholders. In the short term, the focus is on developing a common framework and approach for community health assessment and implementation planning.





Additionally, CHA launched the member-designed community data analysis product *ChimeMaps* – interactive GIS-mapping software used to evaluate hospital, health, and population data for the purposes of strategic planning and business development, community analysis, and population health assessment to assist hospitals in meeting their community health needs assessment requirements.

In concert with a national call to action to eliminate disparities and achieve health equity, CHA's early efforts to address diversity and disparities issues culminated in 2011 in the launch of the CHA

A full day kickoff symposium attended by more than 150 healthcare professionals and community leaders was held in October 2011, moderated by Christopher Dadlez, Chairman of the CHA Board of Trustees and President and CEO of Saint Francis Hospital and Medical Center.

Diversity Collaborative: *From Intent to Impact*, a multi-year, statewide endeavor to increase diversity in hospital governance and senior management, improve cultural competence in the delivery of care, and increase supplier diversity.

Collaborative teams comprising more than 150 people from 29 hospitals are engaged in periodic learning sessions and monthly team webinars to help them implement critical initiatives to better serve patients in Connecticut's rapidly growing diverse communities.

Promoting hospitals' agenda of eliminating barriers to care, reducing disparities in outcomes, and expanding diversity in hospitals.



CHA will host its third Supplier Diversity Forum concurrent with the 2012 CHA Annual Meeting. The Supplier Diversity Forum provides senior executives and purchasing decision makers from member hospitals the opportunity to learn about

products and services offered by CHA’s Minority Business Enterprise (MBE) partners. The Supplier Diversity Forum also includes several educational sessions on supplier diversity for the CHA Diversity Collaborative.

Roslyn Brock, Vice President of Advocacy and Government Relations for Bon Secours Health System in Maryland and Chairperson of the National Board of Directors of the NAACP, provided the Diversity Collaborative keynote address, remarking she had come to Connecticut to “spark the conversation” for this long-term initiative.



“We have great disparities, which means we have many opportunities to fix the problems...you have the passion and the power – make the promise.” – Roslyn Brock



Approximately 50 minority business enterprise (MBE) firms have been added to CHA’s group purchasing organization.



Through the Collaborative endeavor, hospital teams are working together to identify improvement strategies and interventions, share best practices, collect data, and track performance.

awareness of health disparities, garner state and community-based organization leadership in this work, and collect data to support efforts to eliminate disparities and inequities throughout New England.

CHA is also providing leadership in the U.S. Department of Health and Human Services Office of Minority Health's Regional I Health Equity Council. The fourth Region I Health Equity Council meeting was hosted at CHA in April, with members discussing each state's initiatives to raise



“It boils down to patient care... The purpose is to improve the experience of the people we’re privileged to care for.”

– Fred Hobby, President and CEO, Institute for Diversity in Health Management



“We need to understand the dynamics of difference.”

– Jose Ortiz, President and CEO, Hispanic Health Council

Leadership

in Shaping Financing and Delivery System Changes

Developing and promoting solutions that benefit patients, hospitals, and the state.

As the tidal wave of healthcare reform continues to cause transformational change across the nation, CHA and hospital members mounted sustained and vigorous advocacy at both the state and national levels. They educated legislators about the increasing stresses faced by hospitals, and communicated consistently the message about hospitals' role in assessing and addressing community health needs, serving as a safety net, implementing quality and patient safety improvements, performing as economic engines – caring for all in need while providing good jobs, and reminding legislators of the need to maintain the financial and operational health of hospitals.

In Hartford, CHA membership was engaged in the state's Health Insurance Exchange development process, advocating for an exchange with commercial-level rates and against a Basic Health Plan. CHA ensured a hospital voice on numerous healthcare reform advisory and working groups

including the Basic Health Plan (BHP) work group, the statewide Multi-Payer Data Initiative (MPDI) Work Group, the Health Insurance Exchange's Health Plans Benefits and Qualifications Advisory Committee, and the Delivery System Innovation Work Group. CHA is also a member of the Complex Care Model Design Work Group advocating for an appropriate structure for an integrated care initiative for the Dual Eligible demonstration being developed by the state. CHA continued to work with business community partners and insurers to develop joint advocacy opportunities related to healthcare reform.

A priority for CHA this year was developing member consensus on a transition plan for melding hospital Medicaid rates into a case mix-adjusted, hospital budget neutral ASO rate structure. The Department of Social Services accepted and is implementing that transition plan.



Hospital leaders discuss education reform (l-r): Ramani Ayer, PhD, Chair of the Hartford HealthCare Board of Directors and Vice-Chair of the Connecticut Council for Education Reform; Elliot Joseph, President and CEO, Hartford HealthCare; Kurt Barwis, President and CEO, Bristol Hospital.



Hospital leaders meet with local legislators (l-r): President and Chief Executive Officer of St. Vincent's Medical Center Susan Davis, Reps. Fawcett, Miller, Ayala, Hoydick, Grogins, and Hwang, and Bridgeport Hospital President and CEO Bill Jennings. Missing from the photo is Rep. Hennessy.

Advocacy on other state issues included working with Medicaid advocates to oppose changes to the Medicaid Low Income Adult (LIA) program, stabilizing the provider tax by locking in the current system for 27 months, limiting DSH settlements to the minimum required, getting agreement from the state to commit resources to become current on DSH and Medicaid audits, enhancing the use of telepharmacy services, advocating for inclusion in the state's workforce development-related *Learn Here, Live Here* program, and defeating an effort to weaken the medical malpractice laws.

In Washington, CHA continued to be an active advocate for Connecticut hospitals, working closely with members of Congress and the Obama administration on issues of critical importance to

hospitals including pension funding relief and stabilization issues, Medicare-dependent hospital and urban Medicare-dependent hospital payments, maintaining the rural floor wage index, and continued support for medical education. CHA work on wage index issues resulted in CMS agreeing to allow approved hospital redesignation requests to stand for three years versus one, effective October 2012, significantly addressing the uncertainty of Connecticut hospital Medicare rates prior to publication of the Inpatient Prospective Payment System final rule.

This year, hospital leaders met with Connecticut's congressional delegation, urging them to reject cuts to Medicaid, noting the significant contributions already made by hospitals as part of health reform

CHA reviewed 1500+ proposed bills during the 2012 Connecticut Legislative Session, taking action on 70.



Strengthening hospital finances and operations.

and their commitment to providing excellent care at lower costs, irrespective of the Supreme Court decision on health reform legislation. Hospital leaders advocated against Medicare cuts and encouraged lawmakers to support measures that would improve hospital financial stability. These meetings helped keep Connecticut's congressional delegation actively engaged with hospitals in the state, and provided a forum to discuss Connecticut hospitals' ambitious patient safety, diversity, and quality initiatives as well as the continuing reimbursement issues facing hospitals statewide.

MEDICAID INCENTIVE PAYMENTS FOR MEANINGFUL USE

CHA developed a proposal for Medicaid incentive payments for Meaningful Use of electronic health records, ensuring maximum hospital eligibility and earlier and more rapid fund payment. With the proposal accepted by DSS and CMS, nearly half of Connecticut's hospitals have received funding or receipt is pending.

SEEKING PENSION FUNDING RELIEF

A significant issue for Connecticut hospitals and many employers is the need for pension funding relief. This year, CHA continued its advocacy in Washington on this issue, closely coordinating efforts with the American Benefits Council and the American Hospital Association.

PROVIDING UNSURPASSED SECURITY, RELIABILITY, AND COST-EFFECTIVENESS TO SHARE CONTENT-SENSITIVE INFORMATION AND SECURE INTERNET ACCESS

In a rapidly changing technology environment, ChimeNet, CHA's technology affiliate, continues to provide secure, high-speed broadband connectivity,

Internet access, and fully-managed network, security, and wireless services for hospitals, physicians, municipalities, schools, and other select businesses that reduce costs, simplify IT infrastructure, and provide access to state-of-the-art technology.

ChimeNet designs and manages secure network connections between hospitals and other entities. Nearly all of Connecticut's acute care hospitals connect to the ChimeNet network, allowing them to leverage this healthcare network to communicate securely and effectively with other hospitals, affiliated physician practices, payors, clinics and remote sites, third party service providers, and the Internet.

Due to the enormous success of CHA's first co-location data center, this year ChimeNet opened its second co-location data center. Clients' network equipment is securely housed in APC locking racks – utilizing the new industry standard of hot aisle/cold aisle cooling technology. Hospitals benefit from key features including full in-line UPS backup, generated power, environmental monitors and controls, and a network cross-connect from the hospital's network rack to the ChimeNet backbone.

ChimeNet is poised to expand its core set of services to include content and applications that can be delivered through the cloud.



ChimeNet co-location data center

OFFERING A COST-SAVING PURCHASING ALTERNATIVE

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

As part of its commitment to supplier diversity, the CHA SSP has been working with the Greater New England Minority Supplier Development Council (GNEMSDC) to develop enhanced opportunities for minority businesses to work with CHA member hospitals. The GNEMSDC is a local not-for-profit organization dedicated to fostering business relationships between certified MBEs and potential buyers. About 50 minority-business enterprises (MBEs) are included in CHA's SSP portfolio.

PROVIDING COST-EFFECTIVE EDUCATION AND LEADERSHIP DEVELOPMENT PROGRAMS

CHA Education Services delivered 45 educational programs to more than 2000 hospital leaders, clinicians, and administrators, to help them stay abreast of critical issues in the areas of executive leadership and management, quality and patient safety, and reimbursement and regulatory compliance. New in 2012 was a five-part series on Lean Principles in Healthcare focusing on strategies to help hospital leaders simultaneously increase revenue, streamline processes, and reduce costs.

The CHA Leadership program series brought

nationally recognized experts to Connecticut. In addition to **Don Berwick, MD**, these included **Leonard Greenhalgh, PhD**, Professor of Management, Tuck School of Business at Dartmouth, keynote speaker at the *Healthcare Executive Summit*; **Joe Tye**, CEO of Values Coach and author of *The Florence Prescription*, the keynote speaker at the *Nurse Leadership Forum*; and **Day Egusquiza**, a healthcare reimbursement and audit expert who presented the keynote address at the annual *Corporate Compliance Conference*.

CHA also again coordinated the **Nurse Preceptorship Program**, developed through CHA by a team of educators from hospitals and schools of nursing to provide a statewide curriculum for nurse preceptor preparation and development. More than 60 nurses participated in the program.

Providing cost-effective solutions.



In response to member requests, CHA held its fifth annual **Nurse Manager Leadership Academy**, a five-part series modeled after the American Organization of Nurse Executives (AONE) Nurse Manager Leadership Collaborative Learning Domain Framework, specifically designed to meet the development needs of new and aspiring nurse managers. Forty-five nurses went through the sold-out program.

Celebrating *Connecticut's Healthcare Leaders*

CONNECTICUT'S HEALTHCARE HEROES



Carol Bauer

Chaplain

Norwalk Hospital

Nominated by: Rev. Debra Slade, BCC

If you come to Norwalk Hospital and take a walk with Chaplain Carol Bauer, within minutes you will discover how loved she is by the staff of the hospital. She is greeted, hugged, and the smiles appear whenever people see her walking toward them. Carol's dedication to the patients, their families, and staff is legendary due to her decades of involvement in the community. She has served in many roles in her 33 years at Norwalk Hospital – from the President of the Volunteers Board to the Chair of the Board of Trustees.

In the Spiritual Care Department, Chaplain Carol specializes in Maternal/Child Care where she sensitively attends to the babies, children, and their parents who seek the hospital's care. Wearing a pager 24/7, Carol is often summoned to the hospital at all hours when there is a fetal/infant demise or the possibility of one. Whenever that happens, Carol enters the difficult territory of loss and grief with the parents, and journeys with them no matter how long it might take. Her loving, emotional, and spiritual support helps to shape the tragic loss in a way that provides care, support, and holiness to an unbelievably difficult time. She helps to dress the baby, and encourages parents and family members to hold the baby for as long as needed. If requested, she prays with the family and uses rituals to make the experience sacred. Carol makes sure that every mother gets a vase of roses, and the family a memory box to take home to cherish and remember their child. Carol's care to the staff in the department is vitally important, and they always breathe a sigh of relief when Carol shows up – often in the most difficult of times.

Similarly, Carol responds to emergencies in all parts of the hospital whenever she is present, and she is frequently recalled fondly by patients for her kindness and ministry.

Chaplain Carol makes a sincere connection with people through her commitment to those she serves, her own strong faith, and her love and empathy for all she meets. Attending and ministering in cases of fetal/infant demise is one of the most challenging times to work, and Carol appreciates that once she begins to journey with the family it may take hours, and, in some cases, days. Her tireless commitment to this ministry makes her a true hero.

Linda Cloutier, RN

Operating Room Nurse

ECHN – Manchester Memorial Hospital

Nominated by: Linda Lemire, RN, NEA-BC, AVP Perioperative Services, ECHN, and Cheryl Petrarca, RN, CNOR, Manchester Memorial Hospital Operating Room Clinical Manager

Linda Cloutier is a registered nurse working in the operating room at the Manchester Memorial Hospital (MMH) campus since 1993. While working full-time as a surgical technologist at MMH, she studied full-time and finished nursing school. Linda has always been a role model, setting examples with her commitment to continuing education and hard work toward her goals. In addition to her strong clinical and critical thinking skills, Linda demonstrates a strong commitment to making things better in her unit and in the hospital in general. Linda is always focused on the patients and her care of them while incorporating evidence-based practices.



The operating room is a stressful place to work. The pace is fast, but Linda always remains calm and positive. This type of attitude is contagious and sets the tone for the day. Because of her extensive operating room background, Linda is a resource to all regarding supplies, instrumentation, and equipment.

Linda volunteers on many department and hospital initiatives, assists her peers with their projects, and participates in community service. She is a member of the Operating Room Unit-Based Council. She is Service Lead for General and Podiatry services. She assists with resource map management for Urology and GYN services, is involved with electronic documentation screen revisions, fundraising for ECHN and the community, and medical mission trips.

Last year, Linda used her own vacation time to participate on her trip to Guatemala because of her compassion and desire to help those that cannot help themselves and have no other resources. Linda's mission was and has been "to lead and encourage by creating motivation in others to take their professionalism to a deeper level of commitment and compassion."

Linda is dependable, accepts responsibility, is extremely flexible, displays a positive attitude even when presented with change, and consistently demonstrates ECHN's core values. Linda is the kind of nurse everyone would want to care for them and their families – a true Healthcare Hero.

Patricia Fontaine, MSN, RN, CPN

*Pediatric Intensive Care Unit Nurse
Connecticut Children's Medical Center*

Nominated by: Christine Dwyer, RN, and Edie Black, RN



Patricia is an outstanding PICU nurse and has provided excellent care to her patients. She is not only clinically competent, she goes above and beyond to provide emotional and spiritual support to her patients and co-workers. Patricia comes to work every day with a smile on her face and is always there to help when needed.

Her expertise extends past the PICU and out into the community. A few years ago, while walking in the park, Patricia happened to discover an older woman who was unconscious, not breathing, and pulseless. She performed CPR while waiting for EMS. Despite her heroic efforts, the woman did not survive.

This past year, while on her honeymoon in Disney World, Patricia happened to be in the right place at the right time to put her life saving skills into action. While standing at the bus stop with her husband late at night on their way back to their hotel, a woman dropped to the ground right in front of them. Patricia ran over to help. She quickly realized the woman was in cardiac arrest and began CPR. When the AED arrived, Patricia shocked the woman and actually got her pulse back. When EMS arrived, they transported the woman to the hospital and she survived. That woman is now out of the hospital and enjoying life with her husband and children thanks to Patricia's quick actions.

The family was so touched by her efforts that they contacted her and made a monetary contribution to the PICU to "help out the nurses." The nurses have since been able to buy a new microwave oven for the break room and have other plans for the remainder of the funds. It may seem like a little thing, but every time nurses use that microwave, they think of Patricia and how heroic she was.

Sherry Kroll, MD*Adult Primary Care Physician**Day Kimball Healthcare**Nominated by: Christine Vallee, Vice President, Physician Services*

Energetic. Passionate. Compassionate. Inspirational. These words not only describe what Dr. Sherry Kroll brings to her profession as an adult primary care physician, it is also what she spreads throughout northeast Connecticut. Dr. Kroll has been a member of the Day Kimball Healthcare medical staff since 1998, and she's contagious – in the best sense of the word. She has drawn a patient base of more than 1500 people from the region with her patient-centered model of care and her advocacy for preventive medicine and women's health. She inspires people not simply through her medical expertise but through her own example as an active community member and an engaged mentor to others. All of Dr. Kroll's "movements" follow a simple formula – generate awareness of a community issue, address the need in a tangible manner, and create a supportive network for sustainability.



One of her first efforts was to form the Knitting Group by rallying a few non-knitters to gather regularly and, under her tutelage, knit hats and mittens for Day Kimball's neediest pediatric patients during the winter months. The past two winters, a tree has been decorated with hats and mittens for families to select their favorites during office visits. Knitting is already underway for next season and will continue on a weekly basis throughout the year. Countless families have received the gift of warmth, and many new friendships have been created through this team effort.

Dr. Kroll took up biking about five years ago, and was soon engaging others to ride with her as a path toward a healthier lifestyle. This grew into training for and participating in races with a few of her Day Kimball female colleagues. Soon there was an official co-ed DKH Multisport Team training and racing together, with 100 people racing as a team in a local triathlon. Last year more than 200 people ran the race, including a woman who went from living a sedentary life to completing the race with Dr. Kroll at her side the entire journey.

Dr. Kroll added a fundraising component to the Multisport Team competitions. In true form, she raised awareness and money for an educational program in the Maternal Child Health Unit on Shaken Baby Syndrome. More than \$9,000 was donated. Today, the race is a USA Triathlon Sanctioned Event and is expected to draw several hundred participants. Meanwhile, the Knitting Group is working with purple yarn to make baby caps as part of the "Period of Purple Crying/Shaken Baby Syndrome" initiative.

Dr. Kroll's most recent advocacy effort was for a 62-year-old patient whose sister had just been diagnosed with colon cancer. The patient was experiencing high anxiety and although already living on a tight budget, she was slowly saving to pay for a colonoscopy screening. Dr. Kroll reduced her personal fee to conduct the test, sought the support of the surgical team to do the same, and investigated the qualifications needed to access funding from the Day Kimball Hospital Deary Memorial Cancer Fund to cover expenses. The woman received her test immediately and needed to have a polyp removed during the procedure.

No matter what she is working on, Dr. Kroll brings out the best in people. For that reason, she is a Healthcare Hero.

Estrella Marcial

Home Care Aide, Hospice

VNA HealthCare

Nominated by: Luanne Salcito, Home Care Aide Supervisor



Estrella Marcial, a VNA HealthCare Home Care Aide on the Hospice Team in the Waterbury region took extraordinary measures, including risking her own life, to ensure a patient and her family members were safe during a house fire.

Estrella was finishing up caring for one of her regular patients while a family member of the patient was preparing food in the kitchen close by. Loud, hysterical screaming by the family member prompted Estrella to run into the kitchen, where she found parts of the kitchen on fire. With a situation quickly escalating to complete chaos and family members appearing afraid to call for emergency services, Estrella took it upon herself to quickly take complete control of the situation.

Knowing that her patient was far enough from the fire and safe from harm, Estrella picked up a two-year-old boy and 5-year-old-girl from the apartment. She quickly escorted them to a neighbor's house. Then Estrella re-entered the apartment and called 911. She went back to her patient's bedroom and commissioned the patient's son to assist in transitioning her patient into a wheelchair. Working together under Estrella's explicit instructions, they used a draw sheet to help slide this bedbound patient into a wheelchair. She then wrapped the woman in a blanket and took her out of the apartment to a balcony. The firemen arrived, quickly put out the fire, and set up fans to clear the air. After the firemen verified that it was safe for family members to return to the apartment, Estrella brought her patient back to the bedroom. Estrella finished up her work and continued on with the rest of her day.

Not one of her colleagues at VNA HealthCare is surprised at Estrella's selfless act of heroism. Those who have the opportunity to work with her understand Estrella to be a dedicated, hands-on employee. Serving as an advocate for her patients, Estrella also works with her fellow VNA HealthCare nurses to interpret and translate instructions into Spanish to ensure their patients understand. Her motherly disposition and excellent communication skills, in concert with her gentle, reassuring way, go a long way to helping patients.

Estrella's goal is to make a difference in people's lives. As someone who always does what's best for her patients, she sets a very high standard of care for her patients and serves as a role model for her colleagues in terms of delivering exceptional care. Her selfless act of heroism clearly defines what it means to be considered a "healthcare hero."

Kerry McGuire, APRN

*Advanced Practice Nurse, Medical Cardiology
Hartford Hospital
Nominated by: Ann Vale, RN, MSN, CNA-BC, and Phyllis DeMaine, BSN,
Cardiac Case Coordinator*

Kerry McGuire, APRN, is an advanced practice nurse in the medical cardiology service at Hartford Hospital. Kerry manages the care of complex medical cardiology patients in a holistic manner. In addition, she serves as a mentor and educator for the nursing staff on three cardiology inpatient units.

Hartford Hospital became involved in the Qualidigm/CHA Heart Failure 30-Day Readmission Initiative in December 2010. Kerry is the co-chair of the subgroup, Enhancing the Teaching and Learning Across the Continuum of Care. In this role, she helps lead the planning, development, and implementation of formal educational offerings for Hartford Hospital's partners in the continuum of care. Feedback from healthcare staff who attended these events has been overwhelmingly positive. Kerry planned a day for staff from the VNA and skilled nursing facilities to work with the Hartford Hospital cardiology inpatient nursing staff and staff in the Heart Failure Infusion Center. Again, there was positive feedback from healthcare partners after this learning opportunity.



Kerry organized an interdisciplinary team to write a comprehensive patient education booklet for the heart failure patient. The booklet is called *Living with Heart Failure, A Guide for Patients and Families*. The hospital utilizes this educational booklet for all heart failure patients. Also, Kerry worked with the communications department to have this educational material available as a video through patients' TV service.

Last fall, a patient was admitted to cardiology service with advanced heart failure. She was bedridden because of physical limitations secondary to her heart failure. And yet, the patient and her son requested a discharge so she could return home – to Nigeria. Initially, it seemed like this request would not be possible. How would staff prepare this severely ill patient for a lengthy car ride to JFK airport and a 12-hour flight to Nigeria?

Through Kerry's respect for the patient's autonomy, she was instrumental in making this happen. It was not an easy goal to accomplish. Kerry made sure that every detail was covered. It took several attempts, but in the end, this patient made it home to Nigeria with her son. The entire inpatient heart failure nursing staff respect and admire Kerry's persistence in meeting this patient's goal.

Recently, Kerry traveled to Haiti with a group from her church to complete a needs assessment. Kerry traveled with another APRN, a teacher, and a builder. They spent a week with the community in Haiti. Kerry was excited to have this opportunity to voluntarily assist this community in need.

Kerry continuously demonstrates a commitment to providing quality care to everyone she encounters in the hospital setting and in the community. Furthermore, she is a committed professional and leader dedicated to teaching and mentoring nursing staff every day.

Lisa Menillo, MD

Director, Hartford Regional Lead Treatment Center and Healthy Homes Program

Attending Pediatrician, Saint Francis Hospital and Medical Center

Nominated by: Kristen Durocher, Internal Communications Manager, Saint Francis Hospital and Medical Center



When a child is diagnosed with lead poisoning, it is often a frightening time for that child and the family. The child may appear healthy, showing no symptoms of an illness. However, children affected by lead poisoning are at high risk for developing later learning problems, speech delays, behavioral problems, and lowered IQ. Due to the hazardous conditions of their dwellings, families are faced with the challenging decision of leaving their homes. Many times those families have nowhere to turn.

This was an experience witnessed firsthand by Lisa Menillo, MD, at the start of her pediatric career in the early 1990s. It began when Dr. Menillo had a patient whose lead level was elevated and had to be admitted to Saint Francis Hospital and Medical Center for treatment. The patient could not be discharged to return home due to unsafe lead levels, and remained at the hospital for a prolonged period of time.

Realizing that something needed to be done, Dr. Menillo collaborated with the Hartford Hospital Pediatric Department (now Connecticut Children's Medical Center) to develop a multi-disciplined team to help children and families with lead poisoning. She then worked with Yale-New Haven Hospital to solicit funding for the creation of two Regional Lead Treatment Centers in Connecticut – one at the Yale Children's Hospital and one in Hartford. Her initiative led to the development of the first Hartford Regional Lead Treatment Center (now called Hartford's Healthy Homes).

Even after the establishment of the center, Dr. Menillo remained diligent in her quest to make children safer. In 1995 she found an apartment building on Sigourney Street in Hartford and with the help of Aetna, The Lead Safe House was created. A complex consisting of seven apartment units, the Lead Safe House provides a temporary home and social support services for children and families displaced by lead contamination.

Today, if children are diagnosed with an elevated lead level, they are enrolled in one of the Hartford clinics and given a thorough examination and developmental assessment. Parents are also educated on the effects of lead and advised on ways to minimize future exposure.

If the lead level requires hospitalization, the child will be treated by Dr. Menillo with chelation therapy. This care can continue when the child is discharged to the Lead Safe House.

In her position, Dr. Menillo works closely with health departments to determine the source of lead poisoning and ensures there is a proper investigation.

In addition to her role as Medical Director of both the Hartford Regional Lead Treatment Center and the Lead Safe House, Dr. Menillo is a board certified pediatrician within the pediatric ambulatory clinic at Saint Francis. She also serves as an Assistant Professor in Pediatrics at the University of Connecticut School of Medicine.

Dr. Menillo also recently served on a task force advocating for mandatory lead testing for all children at the ages of one and two years old. Prior to this law being implemented, lead testing was only mandatory for children receiving Medicaid. Now it is required that all children are tested twice for lead poisoning.

Dr. Menillo was instrumental in making this law a reality for Connecticut's children.

Over the years, Dr. Menillo has fought to bring awareness of the tragic effects of lead poisoning. She has submitted grants, worked on campaigns, and even educated people by going door-to-door. Vast improvements have been seen across Connecticut, and the percentage of children diagnosed with high lead levels has decreased considerably. Additionally, more children are receiving timely and accurate screening, with fewer instances of lead poisoning.

Dr. Menillo's leadership also inspired last year's My Good Deed program among Saint Francis employees, who collected \$5,600 in cash contributions plus hundreds of household goods, personal care items, and furniture for the residents of the Lead Safe House.

Many of the families that Dr. Menillo encounters have a number of other things going on in their lives; the risk of lead in their homes just adds to the equation. Dr. Menillo has a deep professional and personal commitment to helping these families, and a passion that is inspiring to all of those who have the great fortune to experience her tireless leadership.



Paul Possenti, PA-C

*Physician Assistant and Director of Trauma Services
Bridgeport Hospital*

Nominated by: MaryEllen Kosturko, MAHSM, BSN, RN

Paul Possenti joined the Department of Surgery at Bridgeport Hospital in 1990 as a physician assistant and was promoted to clinical coordinator of the hospital's trauma program in 1992. He was named Employee of the Month in 1995 and later that year was selected as Employee of the Year. In 2002, Paul became Director of the Physician Assistant Fellowship Program in Trauma, Burns, and Critical Care. A year later, he was promoted to Chief Surgical Physician Assistant, and in 2010 was promoted again to his current position as Director of Trauma Services.

Paul is an enthusiastic team member who is always willing to help and mentor others. He displays a great sense of ethical values and commitment. Always pleasant and professional, he has excellent working relationships with all fellow members of the patient care team, including the nursing staff, residents, and physicians. He has a wonderful gift of gentleness.

No matter how difficult the situation may be while caring for a trauma patient, Paul always displays a pleasant and positive manner that generates trust and confidence.

One time, a nine-year-old girl was severely injured in a car accident. The girl was taken first to another hospital, where the decision was made to transfer her to Bridgeport Hospital. Paul offered to go to the other hospital in order to ride back in the ambulance with the girl. He recognized at once that the girl's condition required immediate attention. It turned out that the impact of the car crash had thrown the girl against her seat belt, severing her common bile duct from her pancreas. During her lengthy recovery from surgery, Paul made regular visits to the girl's room, using his customary compassion, optimism, and sense of humor to deliver constant encouragement to his patient and her family. Paul and the patient, now in her early 20s, remain in contact to this day.

Another time, a construction crane toppled over in Milford, pinning the operator's leg and trapping him inside the crane. When it became clear that rescuers could not immediately remove the man from the crane, Paul and other members of our Trauma Team were dispatched to the accident site. In sub-freezing weather, Paul crawled into the cab of the mangled crane to care for the injured operator, start an IV line, and assist physicians with other emergency care. All the while, Paul continued to reassure the man that everything would be alright. With minutes to spare before an emergency amputation would be needed to save the man, he was finally pulled from the wreckage and rushed to the hospital.

Paul's compassionate care of a group of Yale University students critically injured in a highway accident earned him a Yale Bulldogs Care Humanitarian Award in 2007.

Paul does an outstanding job of comprehending the complexity of hospital-doctor-patient relationships and condensing it into a usable, teachable format to benefit his patients. He has worked tirelessly in developing the Connecticut Trauma System and has contributed to the development of statewide trauma regulations and the establishment of the annual Connecticut Trauma Conference.

Paul is an excellent team member with a caring attitude, extreme compassion, and honest dedication. Moreover, he is a decent person who is dedicated to Bridgeport Hospital, its mission and excellent patient care. He makes it better for everyone.

Jeffrey Rosow, DMD

Dental Director

Connecticut Valley Hospital

Nominated by: Kathy Langlais, RD, Lois Villa, CDA, and Jamie Godwin, CDA

Dr. Jeffrey Rosow is an inspiration to the staff and the patients at Connecticut Valley Hospital (CVH), where he has worked for 31 years.

As Dental Director, he is responsible for the oral health of 600 patients in all three hospital divisions: Addiction Services, General Psychiatric, and the Forensic Division. He is a true advocate for patients in recovery, and he is responsible for developing many exciting programs at CVH that continue to benefit patients, staff, and the Middletown community.

Under Dr. Rosow's leadership, the Integrative Medicine Committee was established. As a result, many staff members have been trained in yoga, Qigong, vibrational bowl healing, Reiki, and mindfulness meditation. For the first time, patients have been able to experience an interdisciplinary approach to psychology and physical therapy in group therapy sessions. These integrative approaches reduce stress levels in a positive and therapeutic manner. In the dental clinic, staff is currently using deep breathing and Reiki to reduce anxiety levels in patients prior to administering local anesthesia. The CVH Health Fair, initiated by Dr. Rosow, provides an opportunity for every patient and staff member to spend the day learning about health and wellness.

In the dental clinic, Dr. Rosow wholeheartedly supported the dental staff in implementing a dental advocacy program that trains patients to become peer advocates. The dental advocate's role is to educate students about their psychiatric illnesses and to educate CVH patients about the connection of oral health to systemic disease. These advocates are paid for their time, and they are so proud to work collaboratively with the dental staff and the students.

Under Dr. Rosow's leadership there are more than 100 students (dental, dental hygiene, and dental assisting) on rotation at CVH.

Twenty years ago, Dr. Rosow started the CVH Annual Toy Drive as a way for the CVH community to give back to the Middletown community. Every year, all of the tips collected at the Valley View Café on campus are donated to purchase toys for needy children living in local neighborhoods. Patient and staff members also purchase and donate toys for this worthy drive, and distribution occurs at an annual holiday event. It is heartwarming to witness more than 1,000 toys gathered in the chapel each year thanks to Dr. Rosow and his volunteers.

Dr. Rosow is also very involved in his professional organization, the Connecticut State Dental Association. He is a member of the Continuing Education Council and he sits on the Mission of Mercy Steering Committee. He is also a member of the Leadership Committee for the Connecticut Coalition of Oral Health, focusing on access to dental care and the importance of providing optimal oral health for vulnerable patient populations. Lastly, Dr. Rosow serves on the Board of Directors for Health Assistance InterVentional Education Network (HAVEN), a health intervention assistance program for licensed healthcare professionals suffering from substance abuse and/or mental health issues.



Christopher Rusate, RN

Clinical Leader, Surgical Trauma ICU

Hartford Hospital

Nominated by: Patricia A. Veronneau, RN, MSN, Nursing Coordinator



Christopher Rusate has worked since 2008 in the surgical trauma ICU at Hartford Hospital. The patient population within the unit consists of critically ill surgical and trauma patients. He has consistently demonstrated a strong work ethic, empathy, and compassion for his patients and their families. Christopher is a positive inspiration to all his peers on his unit. His promotion to Clinical Leader in 2010 recognizes his integral role on the education team, fostering new procedures and promoting evidence-based practices.

Over the past six years Christopher, a medical missionary, has traveled twice a year to Haiti with the Bethesda Evangelical Mission (BEM), providing primary care to underprivileged Haitians of all ages including well visits, blood pressure screening, and education to prevent illness. Christopher has also been involved in building wells in the villages of Haiti. In just the past five months, he has seen more than 1400 patients in the villages of La Croix, Brefette, Chantal, La Borde, and Banatte.

Christopher also sponsors a child and has provided the opportunity for his colleagues to do so as well. For instance, this Christmas he brought in a holiday tree with tags providing the name, age, needed gift of each child, and listed whether the child still needed sponsorship. This was an overwhelming success, and Christopher was able to bring the donations back to Haiti last month. Christopher is currently pursuing a pilot's license with the hope of flying missionaries to needed areas. In addition, he has been part of a group to educate and oversee native medical staff in Haiti to improve their quality of care and healthcare delivery system. To meet his career goal of medical director of a mission in Haiti, he plans to apply to a nurse practitioner program. When a small child looks at him and says "When will you be back?" it brings a warm smile to his face. He and his team provide hope, food, and medicine to the children of Haiti.

Christopher embodies the core values of Hartford Hospital: excellence, safety, integrity, and caring both within the walls of Hartford Hospital and out in the community.

Matthew Spates, MD

*Emergency Department Physician
The William W. Backus Hospital*

Nominated by: Heather Beausoleil, Communications Specialist, The William W. Backus Hospital

Take a moment to imagine your home. Perhaps it conjures up feelings of safety, warmth, and laughter. Maybe you're thinking of family meals around the dining room table or watching a movie from your favorite chair.

Now, erase all of those comforting thoughts. Imagine your home is nothing more than a shanty made from the most basic materials, maybe a tent or cinderblocks. There's no running water, disease is rampant, and there's no way to manage trash or sewerage. It's complete devastation. These are just some of the conditions Backus Hospital Emergency Department physician Matthew Spates, MD, faces when he travels to provide medical care in Cité Soleil (Sun City), a commune outside of Port-au-Prince, Haiti.



In March, Dr. Spates completed his tenth trip to Cité Soleil with Raising Haiti, a non-profit organization based in New London, which has a mission to improve social, medical, and educational conditions for the people of Haiti.

“I always wanted to do something like this, but didn't have the financial means,” said Dr. Spates. “When I was an attending physician, I finally decided to go. I liked it even more than I thought. It transformed me.”

“Matt uses his own time, money and resources to visit Haiti,” said Robert Sidman, MD, Chief of Emergency Services at Backus. “He has absolutely no financial gain. He is a true advocate for humankind, 100 percent of the time, whether he is in our ED or in Haiti.”

During each visit, Dr. Spates generally spends four to five days in volunteer-operated clinics, treating 100-125 patients each day. His patients have little to no access to healthcare, and range in age and severity of illness. He and his medical partners manage routine conditions such as blood pressure and wound management to life-threatening cardiac, infectious, and traumatic conditions.

While at home in eastern Connecticut, Dr. Spates works full-time in the Backus Hospital Emergency Department. Dr. Spates uses a holistic approach to emergency care. He treats the entire patient, not just his or her acute symptoms. He asks patients questions about their lives and habits, learning what other stressors may have contributed to their arrival to the ED. It is not an uncommon sight to see Dr. Spates making follow-up phone calls to discharged patients after a busy shift in the ED.

“There are times when patients may have difficult diagnoses or psycho-social issues and are not admitted to the hospital,” said Dr. Spates. “Discharge instructions can also be confusing, so I like to follow up in these cases so patients know their trip to the ED wasn't wasted and they have a sense of closure.”



HEALTHCARE HERO: TEAM AWARD

Hospital for Special Care First Responders

Nominated by: Lynn Ricci, Senior Vice President, Administration

On the evening of February 22, 2012, at 5:50 p.m., the words “Dr. Quick” and “Dr. Safe” echoed across the intercom at Hospital for Special Care (HSC). On most occasions, this message would prompt an “on-call” team comprising staff physicians, clinicians, and security personnel to respond to an internal emergency that might involve a carpentry shop injury, a slip and fall, or even a cardiac arrest. That night, they instead discovered two colleagues had been shot.

Front row seated (l-r): Marilyn Rosario, Christy Stack, Kelly Gadd, Phyllis Chojnowski, Juliana Goncalves. Back row standing (l-r): Jaimie Dalton, Sheila Basquil, Dieter Balck, Fe Simbulan, Alice Hubbell, Pam Held, Shari LaPointe, Karen Summit, John Bean, Sharon Yoon, George Roche, Joe Marino. Not pictured: Nafees Rahman, Elizabeth Kalinowski, Michael Ruthen, Del Cyr

While trained to handle emergencies, the team never imagined what they would find that night in a remote area of the hospital far away from patient units. Despite the shock of the situation, they quickly recognized that they were dealing with a life and death situation caused by an unthinkable act of violence.

Through a time of indescribable pressure and uncertainty, the Hospital for Special Care First Responders maintained composure even while not knowing where the shooter was or if he would return and potentially target them. They instinctively took action.

While several of the First Responders cared for their fallen colleagues, other team members maintained the utmost in poise and professionalism on the phone with 911 dispatch, clearly communicating the danger of the situation and keeping watch during this unprecedented crisis. The 911 tapes are proof of their commitment to their colleagues as they put their own safety and well-being at risk for the sake of the injured.

After the 911 calls, local EMS and law enforcement officials soon arrived on the scene, cared for the injured, and locked down the facility. Even then, the HSC First Responders refused to leave their injured colleagues despite knowing that the shooter, or shooters, was still at large. At the time, the details of the incident were not clear or understood, but the essential duties of the HSC First Responders were clear to the team – to act immediately, appropriately, and in a professional manner. It was this fluid, composed, and courageous reaction by the First Responders that benefitted their injured colleagues by saving their lives.

“I have never been more proud of this staff for the way they responded and showed dedication to their fallen colleagues as well as the patients during this incident,” said John Votto, DO, President and CEO, Hospital for Special Care. “It thrust the team above and beyond their regular call of duties, and they performed selflessly and flawlessly.”

AMERICAN HOSPITAL ASSOCIATION GRASSROOTS CHAMPION AWARD

Frank A. Corvino

President and Chief Executive Officer, Greenwich Hospital



The American Hospital Association *Grassroots Champion Award* was created to recognize hospital leaders who effectively educate elected officials on how major issues affect the hospital's vital role in the community, who have done an exemplary job in broadening the base of community support for the hospital, and who have been tireless advocates for their hospital and its patients. The *Grassroots Champion Award* is presented annually to one individual from each state.

The 2012 honorees were recognized at a special breakfast of *Grassroots Champions* at the AHA Annual Meeting in May. As a 2012 Grassroots Champion, Frank Corvino was recognized for his exceptional leadership in generating grassroots and community support for issues of importance to hospitals and healthcare.

During last year's state budget debate, Mr. Corvino played a key role in the development and implementation of the successful "Protect My Hospital" grassroots campaign, which sought to support hospitals in state and federal budget actions. Mr. Corvino is a dedicated, effective advocate on behalf of his hospital and community.

During his 20-year tenure as President and Chief Executive Officer of Greenwich Hospital, Mr. Corvino has been at the forefront of healthcare innovation in such areas as patient safety and satisfaction, integrative medicine, wellness programs, care for the aging and the "green" movement. Prior to joining Greenwich Hospital in 1988 as COO, he was Executive Vice President of Our Lady of Mercy Medical Center in New York City. Mr. Corvino has served on many boards, including United Way of Greenwich, Norwalk Community College Foundation, Greenwich Emergency Medical Services, and the Connecticut Hospital Association.

He received his undergraduate degree in Pharmacy at Fordham University and holds a master's degree from St. John's University.

CONNECTICUT’S HOSPITAL COMMUNITY SERVICE AWARD

St. Vincent’s Medical Center and Bridgeport Hospital

Hope Dispensary of Greater Bridgeport

Left unchecked, chronic diseases result in extensive medical response and expense, and harm not only patients and families, but also the overall health and productivity of the community. St. Vincent’s Medical Center and Bridgeport Hospital found that many low-income residents were suffering because they were unable to afford the medications they needed to control their chronic conditions.



(l-r): Kristin DuBay Horton, Bridgeport Health Director; William Jennings, Bridgeport Hospital President and CEO; Bill Hoey, LCSW, Primary Care Action Group Chairman and Vice President of Mission Services at St. Vincent’s Health Services; Lyn Salsgiver, Senior Vice President, Planning and Marketing at Bridgeport Hospital; Andy Pippa, Patient Assistance Coordinator, Bridgeport Hospital; Leticia Colon, Community Relations Representative, Optimus Health Care; James Pisciotta, CEO, CT Department of Mental Health & Addiction Services; Christine Toni, Hope Dispensary Pharmacist (with scissors); Bill Finch, Bridgeport Mayor; unidentified participant; Ivette Hernandez, Former Hope Dispensary Patient Navigator; Nick Dainiak, Chair, Bridgeport Hospital Department of Medicine; Karen Gottlieb, Executive Director, AmeriCares; and Karen Scinto, Pharmacy Director, St. Vincent’s Medical Center

The two hospitals, in collaboration with the Primary Care Action Group – a coalition of all primary care providers and associated organizations in the community – joined with Connecticut state agencies and the City of Bridgeport to create the Hope Dispensary of Greater Bridgeport. The program, which opened on March 21, 2011, provides prescription medicines at no cost to uninsured, low-income residents of Greater Bridgeport. It is Connecticut’s first, and to date the only Dispensary of Hope site.

“When the need is so desperate and the consequences so severe, to not act is not an option,” said Bill Hoey, LCSW, Primary Care Action Group Chairman and Vice President of Mission Services at St. Vincent’s Health Services.

“The value of preventing human suffering and

limiting escalating costs is clear in this program brought to Greater Bridgeport by this remarkable convergence of community partners.”

“Before the Hope Dispensary of Greater Bridgeport was established, many of our patients would leave our hospital with important prescriptions necessary to maintain their health, but with no means to actually fill the prescriptions,” said Lyn Salsgiver, Senior Vice President, Planning and Marketing at Bridgeport Hospital. “These patients would never fill their prescriptions, not get better, and then end up back in our care later, even sicker than when they were originally treated. Now the Hope Dispensary gives us a place to send them to get their medications so they can stay healthy.”

The City of Bridgeport and the state responded to the need for a dispensary location central to the greatest number of underserved residents by donating space at 752 East Main Street. A densely populated, low-income area, it also offered city bus-line service. Nearby community clinics and social services offices further identified the site as advantageous. The city’s mayor, sensitive to the program’s environmental benefit, praised it as a double win for Bridgeport.

Hospital administrative, medical, and pharmaceutical staff devoted long hours and brought tremendous energy to the project. A licensed St. Vincent’s pharmacist works onsite, assisted by an AmeriCorps intern. Medications for treatment of cardiac, pulmonary, mental health diseases, and diabetes are provided, but the dispensary does not stock controlled or contraceptive drugs.

An innovative system was developed to collect still-viable prescription medicines donated by physicians’ offices and local pharmacies delighted to recycle their unused medicines and contribute to public health. Strict government regulatory and licensing standards are rigorously observed.

Today, after years of planning and hard work by this volunteer collaborative of medical, administrative, public service, and other professionals, the Hope Dispensary of Greater Bridgeport celebrated its first anniversary. As of March 2012, more than 700 patients have been helped, and the value of medications dispensed has well surpassed \$100,000.

St. Vincent’s parent organization, Ascension Health, provided a \$160,000 grant for the project. Additional contributions were received from groups including the Fairfield County Community Foundation, the Fairfield Rotary Club, and Aquarion Water Company, which praised the initiative for recycling medications that, improperly disposed of, can contaminate our public water supply. In-kind donations were made by several of the partner organizations.

CHA and the Connecticut Department of Public Health are pleased to recognize the creativity and compassion of those involved in the Hope Dispensary of Greater Bridgeport for providing greatly needed prescription medicines at no cost to uninsured, low-income residents of Greater Bridgeport.

(l-r) Bill Hoey, LCSW, Primary Care Action Group Chairman and Vice President of Mission Services at St. Vincent’s Health Services; Lyn Salsgiver, Senior Vice President, Planning and Marketing at Bridgeport Hospital; Andy Pippa, Patient Assistance Coordinator, Bridgeport Hospital; Leticia Colon, Community Relations Representative, Optimus Health Care; James Pisciotta, CEO, CT Department of Mental Health & Addiction Services; Christine Toni, Hope Dispensary Pharmacist (with scissors); Bill Finch, Bridgeport Mayor, unidentified participant; Ivette Hernandez, Former Hope Dispensary Patient Navigator



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

Greenwich Hospital

A Novel, Comprehensive, Multimodal Analgesic Regimen for Joint Replacement Surgery



(l-r) Mark Chrostowski, MD, Anesthesiologist; Tori Kroll, RN, Coordinator, Joint Replacement Program; James Duffy, MS, RPh, Pharmacy Systems Manager

Given the aging population, total knee and hip replacement surgeries have become two of the most common surgical procedures performed in the United States, accounting for the greatest Medicare procedural expense. Despite the enormous success of these surgeries in improving the quality of life for millions of patients, postoperative management of pain remains a significant problem. Severe pain occurs in 60 percent and moderate pain in up to 30 percent of patients who undergo joint replacement surgery. Failure to provide adequate analgesia (pain control) often interferes with the physical therapy and rehabilitation needed to maintain joint range of motion and facilitate hospital discharge, and pain control is often the most important component of patient satisfaction. Given the escalating costs of providing care, healthcare institutions need

innovative solutions to maximize efficiency and achieve improved clinical outcomes.

In January 2011, Greenwich Hospital decided to develop a novel approach to address these issues. After identifying evidence-based best practices, members of Greenwich Hospital's Center for Joint Replacement designed and implemented a new, comprehensive, multimodal protocol for the management of pain in patients undergoing joint replacement surgery. This has significantly improved patient care. Multimodal analgesia is an important concept in modern pain management. It involves the use of different classes of analgesics (pain medications), which combat pain perception along several pathways of pain signal transduction. Despite scientifically proven superiority, implementation of these protocols across the country has been slow and difficult.

Traditionally, large doses of opioid medications are used to manage pain in patients undergoing joint replacement surgery. Moreover, management of pain in this patient population is usually a reactive process. Patients get pain medications only if they complain of pain. Unfortunately, these regimens result in inadequate pain relief and are associated with significant opioid-related side effects such as nausea, vomiting, pruritis (itchiness), constipation, urinary retention, sedation, and respiratory depression. As a result, patients' recovery and rehabilitation can be delayed and hospital length of stay increased.

The protocol at Greenwich Hospital is designed to be proactive. The goal is to treat pain before it starts.

Instead of exclusively utilizing opioid pain medications, a multimodal regimen (including medications such as acetaminophen, celecoxib, gabapentin, local anesthetics and intra-operative ketamine and dexamethasone) is recommended. Using a Plan-Do-Study-Act (PDSA) cycle, members of the Center for Joint Replacement monitor the effectiveness of the new protocol by continually obtaining data from the hospital's electronic medical records and the nationally benchmarked Press Ganey patient satisfaction database. Through this multidisciplinary performance improvement process, a team of physicians and nurses is able to continually refine patient care by adjusting medications, adding regional anesthetics, and educating staff about the concepts behind the new protocol.

The team collected data on 424 patients who underwent surgeries between January 2011 and February 2012. The results have been dramatic. Compared to historical controls, patients receiving the protocol required, on average, 40 percent fewer opioids during their entire hospital stay. A decrease in opioid-related side effects was also noted. Incidence of nausea and vomiting decreased by 49 percent and 54 percent, respectively. Pruritis decreased by 97 percent. Urinary retention decreased by 73 percent. The increased comfort helped improve compliance with physical therapy. Nursing workload also decreased given better pain control and decreased need to manage opioid side effects like nausea, vomiting, pruritis, and urinary retention. Patients no longer require intrathecal morphine, intravenous patient controlled analgesia (PCA), or Foley catheters following surgery.

Patients are also more satisfied with the management of their pain. All discharged patients receive a Press Ganey survey which contains the standard question: "How well was your pain controlled?" Using the 12-month period from July 2010 to June 2011 to represent the baseline, Greenwich Hospital's Press Ganey percentile ranking for "How well your pain was controlled" increased from 67th to 95th percentile through January 2012, after implementing the multimodal protocol initiative.

Of interest, since beginning to implement the protocol in July 2011, the monthly improvements in outcomes have yet to plateau. In fact, the protocol is helping to facilitate discharge from the hospital. Previously, 70 percent of patients were discharged after three days, while 13 percent needed to stay longer than four days. With the new protocol, 78 percent of patients were discharged after three days, while only six percent of patients stayed longer than four days. Moreover, surgeons are noticing that the improvement in pain control extends many weeks postoperatively, suggesting that the decrease in acute postoperative pain may help decrease the incidence of chronic postoperative pain. These results are a testament to Greenwich Hospital's ability to serve as a model for providing the highest in quality and safe patient care.

As a result of this success, Greenwich Hospital developed a similar protocol for use in its ambulatory surgical center. Future projects may include general surgery, bariatric surgery, major gynecological surgery and oncologic surgery.

CHA is pleased to present the John D. Thompson Award for Excellence to Greenwich Hospital for its innovative approach to dramatically improving care for patients.

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

St. Vincent's Medical Center

Implementation of High Reliability Behaviors Resulting in Significant Reduction of Preventable Harm to Patients and Employees

St. Vincent's Medical Center (SVMC) has significantly reduced its Serious Safety Event (SSE) rate and medication safety event rate through focused efforts to adopt the culture, characteristics, and tools of High Reliability Organizations (HROs).

Since 2003, SVMC had achieved significant improvements in key focus areas involving clinical outcomes. Despite these improvements, the rate of harm to patients, although comparable to the national average, was unacceptable to the organization. A baseline analysis in July 2009 suggested that on average, every 24 days a patient was harmed due to preventable error, that every 91 days a patient died, and that 22 percent of the hospital's safety events involved medication errors. In addition, a baseline analysis of employee injuries revealed that on average, every 2.35 days an associate was injured due to a preventable act. High reliability experts explained that the results were typical of those found in most hospitals, but that it was possible to significantly improve safety and outcomes if caregivers adopted behaviors associated with HROs. Key leaders in the organization responsible for safety and outcomes decided to contract with experts to implement these behaviors within SVMC.

The organization's key aim for quality is to achieve a significant reduction in patient mortality. Therefore, reducing preventable harm to patients to reduce mortality rates and improve clinical outcomes is a high-priority strategy. In addition to a reduction in preventable harm to patients, reducing employee injury and employee loss time is also a significant goal of becoming a HRO.

The measures of patient care used to determine the SSE rate is based on a Healthcare Performance Improvement (HPI) classification of levels of harm to the patient. An SSE occurs when there is a deviation from generally accepted practice standards, including death, severe or moderate permanent harm, severe or moderate temporary harm, and medication errors.

The SSE rate represents a rolling 12-month average of all SSEs divided by the number of adjusted patient days times 10,000. Employee and associate injury is categorized using the same criteria.

Procedures used to implement high reliability behaviors within the organization included an analysis of baseline performance based on the most recent three years to determine baseline SSE rate; education to engage the Board, senior leadership, and medical staff leadership; the creation of a steering committee consisting of front line staff and safety advocates; and the creation of a "tool kit" of safety behaviors using information from the baseline analysis. CEO town meetings were conducted to share the results of the



The High Reliability team at Saint Vincent's Medical Center

baseline analysis and to outline goals. The hospital's SSE stories were shared to engage the frontline staff. A structured process for SSE determination was implemented to ensure immediate analysis and increased opportunity for mitigation of potential harm.

More than 2,400 employees and several hundred community physicians were trained by senior leadership during a nine-month period to understand error causation and prevention and principles of high reliability. Training was mandatory. Quality management and risk management staff were trained in new methods of root cause and common cause analysis.

A hospital-wide intranet safety site was created, displaying the number of days since the last patient and employee injury. Details of each incident of harm are posted on the site to promote awareness and storytelling. Hospital-wide "Daily Huddles" involving the CEO, senior leadership, and staff were implemented in the fall of 2010 to review and discuss safety events of the previous 24 hours and safety concerns for the next 24 hours. In addition, each department conducts its own huddles. Safety is first on every agenda of every meeting, even finance and business meetings. Also, more than 40 front line staff safety coaches were trained and serve as special resources to reinforce the reliability behaviors with team members.

As a result, SVMC experienced an approximately 40 percent reduction in SSEs from baseline. In addition, the hospital experienced a 58 percent reduction in its medication safety event rate.

A formal program was implemented to recognize staff for all good catches, promoting the use of safety behaviors and tools. The organization is now preoccupied with failure and all events are acted upon and included in common cause analysis.

Department of Health and Human Services researchers reviewed the medical records of 780 Medicare beneficiaries who were discharged from acute care hospitals during October 2008. (The sample represented 0.078 of the approximate one million discharges for that month.) One hundred thirty-four thousand (134,000) incidents were discovered and 31 percent of those represented medication events (excessive bleeding related to anticoagulant mismanagement, delirium or mental status changes and hypoglycemia). SVMC baseline analysis of SSEs (2008 and 2009 events) revealed a medication safety event rate of 22 percent. The current FY 2012 rate is 9.18 – only four medication-related events have occurred in the last 18 months.

In addition to the significant decrease in SSEs and medication safety events that have occurred since implementation of program, additional clinical results may be attributed to high reliability practices. Data revealed a better than predicated mortality, and a significant decrease in sepsis mortality rates over past four quarters.

CHA is pleased to present the John D. Thompson Award for Excellence to St. Vincent's Medical Center for creating a culture of reliability and safety, and significantly reducing harm to patients and staff.

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Judith A. Carey, RSM, PhD

Saint Francis Hospital and Medical Center

Sister Judy, as she is affectionately known by all in the Saint Francis family where she serves as Vice President for Mission Integration, sits amidst stacks of books, papers, and files in her stately office lined with awards and honors. She looks equal parts humble and regal with her silver hair and navy blue blazer. She radiates confidence, competence, and inner warmth that come from her keen ability to know and trust in herself.

Sr. Judy has always known her heart and her goals, and that path has taken her far. Growing up in Waterbury, she wanted to become a nurse until deciding in high school that she felt a greater calling toward the Sisters of Mercy.

“The Sisters of Mercy believe in the gifts of each individual,” she said. “They empower, encourage, and support growth.”

Sr. Judy has been a pivotal force in healthcare in the state and region for nearly 20 years, with broad experience developing, shaping, and serving on more than 25 boards during that time. She currently serves on the University of Saint Joseph Board of Trustees in West Hartford and the Board of Directors for Mercy Health System in Saint Louis, MO. She chairs the Journey Home Board of Directors in Hartford, and has also functioned for several years as a conference facilitator for the Catholic Health Association in Saint Louis.

She credits the Sisters of Mercy with opening the doors to many opportunities.

In 1987, Sr. Judy was elected Vice President of the Connecticut Regional Community of the Sisters of Mercy. The Sisters held leadership positions in 12 diverse corporations. It was during this time that she began to work on board issues including board training, bylaws, governance activities, mission statements, management, and staff development. When her term expired in 1991, Sr. Judy became the Director of Corporate Ministry, where she continued this work.

In 1995, she was elected to the Presidency of the Connecticut Regional Community of the Sisters of Mercy – a pivotal moment in her life.

“It was the highlight of my life to have been elected by my community to be president,” she said. “That brought me into so much learning and into the Catholic healthcare experience that has shaped my career. It has been a privilege and an honor to serve in this capacity.”

Early in her presidency, as a member of Eastern Mercy Health System, she helped create a parent corporation, Mercy Community Health, for three care facilities operated by the Sisters, and built a System Board.

At the same time, Eastern Mercy was engaged in merger conversations with two systems to become Catholic Health East. Sr. Judy participated with other leaders to determine the structure and how the Sisters would sponsor the new System, and she went on to chair the Sponsors Council for the new System.





“I was so excited about healthcare and I loved every minute of it,” she said. “It connected back to my desire for nursing, but this time as a teacher.”

In fact, Sr. Judy spent her early career teaching children with special needs at Saint Joseph College and in the 1980s rose to Director of the Gengras Center and chair of its special education department. Sr. Eileen Dooling, RSM, who used to practice-teach with her said, “People are important to her. She grows people. No matter how important she is or how little you are, she invests in you and makes you believe in yourself. She listens to you, knows you by name, and knows your story, your family, and your relatives. She pays attention to the individual.”

It was her focus on “growing people” that led Sr. Judy in 2001 to develop a consulting practice in strategic planning, helping with corporate structures, team building, and facilitating. The same year, she joined the Board at Saint Francis Hospital and Medical Center. In 2005, President and CEO Christopher Dadlez persuaded her to come on board as Vice President for Mission Integration.

“Her vision and passion as a member of our Board made us conclude that Saint Francis could benefit even more by having Sister Judy on staff as our senior leader responsible for mission,” said Chris Dadlez, President and CEO of Saint Francis Hospital and Medical Center. “And we were right – her compassion, spirit, wise counsel, energy, caring, and involvement have left an indelible mark. She has made our mission real. She is one of the finest people I’ve ever known.”

Sr. Judy has also been a dynamic leader with CHA. She served as a member of the CHA Board from 2003 to 2006. Since then, she has been a key thought leader for the Committee on Human Resources. She also served as Chairperson of the Subcommittee on Diversity and Cultural Competence. Sr. Judy continues to provide ongoing enthusiastic leadership support for CHA’s Diversity Collaborative.

“Sister Judy’s encouraging leadership, incisive focus, and infectious optimism as a CHA trustee and a driver behind key CHA initiatives has left its mark,” said Jennifer Jackson, CHA President and CEO. “We are grateful for her vision, energy, and wise guidance.”

Now, again, Sr. Judy is following her heart. She will retire this fall and seek a place where she can best use her skills, knowledge, and wisdom in the service of others. At Saint Francis and for all of those touched by her enormous contributions, she will leave behind a legacy of compassion, service, and empowerment for each individual.

“For me, this experience has combined my management and administration skills, as well as teaching. This position enabled my passion for helping others and facilitating accomplishment. I feel loved and valued, and it is hard to leave. But once I made the decision, I knew it was right. I felt really free,” she said. “I trust that I responded to where God would want me.”



CHA is pleased to recognize this distinguished leader, colleague, and friend.

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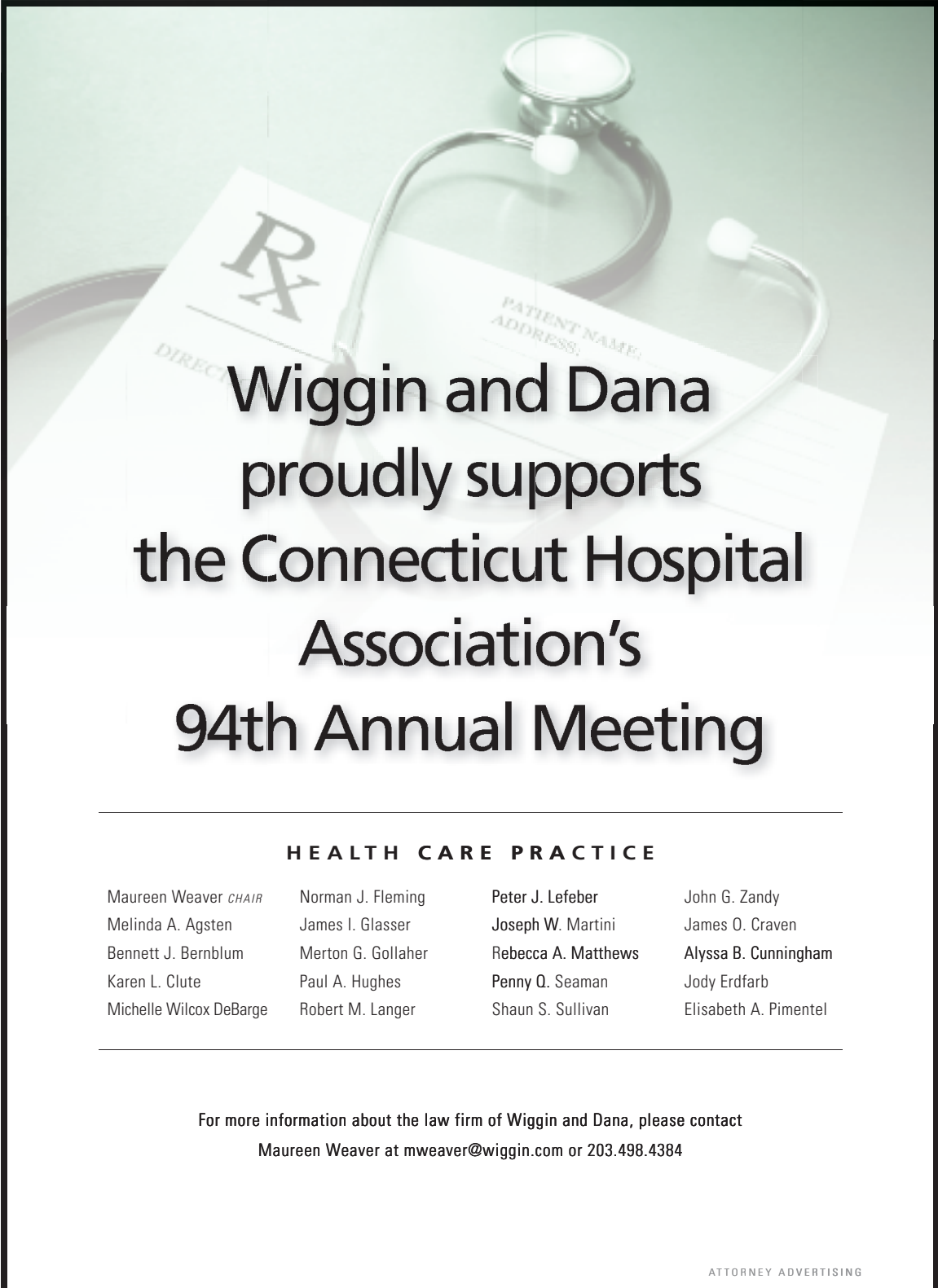
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The Connecticut Hospital Association gratefully acknowledges the dedicated member service, enthusiasm, and vision of **Jane Deane Clark, PhD, Vice President, Data Services**, for her contribution to helping Connecticut hospitals improve quality and patient safety through the use of data.



Congratulations, best wishes, and thank you Janie, from the entire CHA staff!





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Regarding Compliance...


- ✔ Schedule H has changed, starting 2011
- ✔ ACA has mandated CHNA, starting 2013 latest
- ✔ "What Counts" has changed, e.g., in environmental programs

Regarding tracking / maximizing community health impact...

- ✔ CBISA has refocused to align community benefit investments with prioritized community health needs

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Michael Kerin is a Board Certified Workers' Compensation Specialist who has successfully litigated cases from trial through the Connecticut Supreme Court. A graduate of Vassar College, Middlebury College (M.A.), American University (MFA), and Quinnipiac Law School, summa cum laude, he is the Chairman of the Standing Committee for the CBA's Workers' Compensation Certification Program, an author and editor of the Compensation Quarterly, and Past President of the Milford Bar Association. He has published articles and lectured on the subject of workers' compensation in Connecticut. He is pleased to accept referrals in accordance with the Rules of Professional Conduct.



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CHA

2012 - 2013 Board of Trustees Slate of Candidates

The CHA Executive Committee, which is charged with the duties of a nominating committee, has developed the following slate of candidates for officers and trustees of the CHA Board of Trustees to be voted by the Assembly at the June 27, 2012 CHA Annual Meeting.

POSITION	NOMINEE	TERM
Vice Chairman	Bruce Cummings , President/CEO Lawrence & Memorial Hospital	2-year term
Secretary	Peter Karl , President and CEO, Eastern Connecticut Health Network (Manchester Memorial Hospital and Rockville General Hospital)	2-year term
DNS Board Chairman	Patrick Charmel , President and Chief Executive Officer, Griffin Hospital	2-year term
Executive Committee At Large Members	Frank Corvino , President/CEO, Greenwich Hospital	1-year term
	Marna Borgstrom , Chief Executive Officer, Yale-New Haven Hospital	1-year term
Trustees	Robert Smanik , President and Chief Executive Officer, Day Kimball Hospital	3-year term
	Frank Corvino , President/CEO, Greenwich Hospital	3-year term
	Ulysses Hammond , Board Chairman, Lawrence & Memorial Hospital	3-year term
	Curtis Robinson , Board Member, Saint Francis Hospital and Medical Center	3-year term
	Marna Borgstrom , Chief Executive Officer, Yale-New Haven Hospital	3-year term
AHA Delegate	Susan Davis, EdD , Chief Executive Officer, St. Vincent's Medical Center	2-year term
AHA Alternate Delegate	Elliot Joseph , President and CEO, Hartford HealthCare	2-year term

The Executive Committee, which is also charged with selecting the chairman of the CEO Forum, has made the following appointment.

CEO Forum Chairman	Kurt Barwis , President and Chief Executive Officer, Bristol Hospital	2-year term
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Mission

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

CHA achieves this mission through:

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

*Adopted by CHA Board of Trustees, May 13, 1996
Amended by CHA Board of Trustees, January 10, 2000*







Connecticut Hospital Association and Affiliates

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