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Connecticut  
Hospitals:  
Caring for  
People,  
Serving our  
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# Program *Agenda*

## Connecticut Hospitals: **Caring for People, Serving Our Communities**

### 95th Annual Meeting

June 25, 2013

#### 3:30 – 4:00 p.m. Registration

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

Call to Order	Susan Davis
Invocation	Chaplain Carol Bauer
Report of the Treasurer	David Whitehead
Report of the President	Jennifer Jackson
Report of the Chairman of the Board	Susan Davis
Acknowledgment of Outgoing Trustees	Susan Davis
Election of Trustees and Officers	Susan Davis
Awards Presentations	Susan Davis
AHA Service Award	
AHA Grassroots Champion Award	
Healthcare Heroes	
Honorary Membership Awards	
Connecticut's Hospital Community Service Award	
John D. Thompson Award for Excellence in the Delivery of Healthcare Through the Use of Data	
Adjournment	

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

6:00 – 7:00 p.m. Keynote Address                      Michael Beschloss

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



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## Message from the Board Chairman and President

In a year of great turmoil and change in the field of healthcare, we came together in a determined and sustained effort to fight for our patients, our caregivers, and to keep our facilities and communities thriving. Fully recognizing that we needed to be part of the solution to the problem of the state's continuing budget crisis, we did precisely that – proposing an innovative, practical solution that would have reduced dramatically the proposed unprecedented hospital funding cuts by holding hospitals accountable for reducing the cost of care and enhancing federal funding, while making hospitals and the state bold leaders in healthcare reform.

Concurrently, hospitals built a groundswell of support. More than 10,000 people across Connecticut sent more than 130,000 messages to legislators asking them to preserve hospital funding. More than 600 doctors, nurses, and administrators stood united at the Capitol to make the hospital case. Hospital leaders across the state told our story to every newspaper, radio, and television reporter who would listen, and gained their support in numerous articles and editorials.

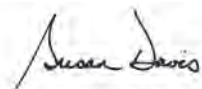
And so, we are deeply disappointed by the end result: a budget that imposes devastating cuts that will result in job loss and impact disproportionately those most in need of care. We will not, however, allow this decision to frame the discussion or dampen our determination and united advocacy in the months ahead – to advance real, actionable solutions that enable hospitals to continue the core mission described in this year's Annual Meeting theme: *Caring for People, Serving our Communities*, every hour of every day, every day of the year.

We also want to recognize and celebrate the extraordinary progress made this past year on several fronts. Connecticut hospitals are leading the charge on patient safety through our first-in-the-nation statewide high reliability collaborative – transformative and exciting work that is changing the way healthcare is delivered in Connecticut. Hospitals are fully engaged in improving the health and wellness of people and communities throughout Connecticut, and have begun a long-term partnership with community health leaders to leverage resources to improve public health. We are also making progress in advancing health equity and eliminating disparities through the CHA Diversity Collaborative – with teams of more than 150 people actively engaged in the process of improving cultural competency and diversity in hospitals throughout the state.

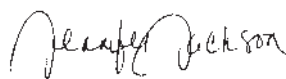
While in the months ahead we will continue to be challenged by reductions from federal sequestration and staggering state budget cuts, as well as unanswered questions about how the Patient Protection and Affordable Care Act will affect hospitals, we remain confident that we have the courage, creativity, and compassion to lead the continued transformation of healthcare in our state.

CHA will help hospitals lead, adapt, and innovate – as the association completes a comprehensive strategic assessment of changing member needs, and continues to evolve to effectively meet those needs in this new era of healthcare reform.

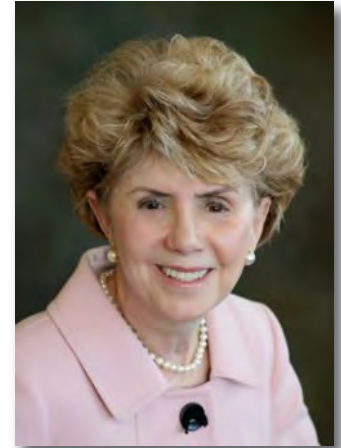
On behalf of the CHA Board and the CHA staff, thank you for allowing us the privilege of serving you.



Susan L. Davis, EdD  
Chairman, CHA Board of Trustees  
President and Chief Executive Officer  
St. Vincent's Health Services



Jennifer Jackson  
President and CEO  
Connecticut Hospital Association



Susan L. Davis, EdD



Jennifer Jackson

# Leadership in Quality and Patient Safety, Improving Community Health, Shaping Financing and Delivery System Changes



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







# Leadership in Quality and Patient Safety

*Connecticut was the first state in the nation to launch a statewide high reliability collaborative.*

Central to the mission of every hospital is a dedication to providing high quality, safe care for all. Through CHA, hospitals are working collaboratively to share, learn, and apply nationally recognized, evidence-based practices to achieve the highest standards of quality and safety.

This year, Connecticut hospitals set themselves apart by leading the nation with an ambitious statewide initiative to eliminate all-cause preventable harm using high reliability science to create a culture of safety. All acute care hospitals are participating in CHA's statewide initiative to eliminate harm. Twenty-four of CHA's 28 hospitals also committed to the "high reliability journey." To date, nearly 2,000 hospital staff, leaders, and physicians have been trained in high reliability science and behaviors.

The high reliability process reduces the number of serious safety events by reducing human errors and improving system reliability. Through extensive training and hands-on interactive workshops, hospital leaders are developing skills and learning to use practical tools that will enable them to create a culture of safety and fix systemic problems that lead to patient harm, decreasing events of preventable harm.



*Harlan M. Krumbholz, MD, SM, speaks on best practices for preventing readmissions.*



*Mark R. Chassin, MD, FACP, MPP, MPH, President of The Joint Commission, was the keynote speaker at the Patient Safety Summit.*



At CHA’s 11th annual Patient Safety Summit in March 2013, Mark Chassin, MD, FACP, MPP, MPH, President of The Joint Commission, discussed the importance of hospitals becoming high reliability organizations. “High reliability is not a project,” he said. “Tough and complex problems require targeted interventions directed to the specific cause.”

Through the High Reliability Safety Culture Collaborative, hospitals came together to study their common causes of serious safety events and develop and implement behavior-based error prevention strategies and evidence-based leadership methods for performance reliability. In the months ahead, several hundred hospital staff members will be certified in train-the-trainer sessions, enabling them to build and strengthen their hospitals’ safety cultures by spreading the use of these skills and tools throughout each organization.

*“Culture is the single largest behavior-shaping force, and it represents our greatest opportunity to reduce harm,” said Steve Kreiser, CDR, USN Ret., MBA, MS, Healthcare Performance Improvement (HPI), and CHA consultant.*



*Steve Kreiser, CDR, USN Ret., MBA, MS, Healthcare Performance Improvement (HPI), and CHA consultant.*

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. With CHA, Connecticut hospitals have engaged in comprehensive programming aimed at preventing adverse drug events, falls, catheter-associated urinary tract infections, perinatal harm, central line-associated bloodstream infections, pressure ulcers, surgical site infections, venous thromboembolism, ventilator-associated events, and reducing preventable readmissions.

More than 40 champions of quality improvement from 25 Connecticut hospitals (the highest per capita state representation in the country) are participating in HRET's national Improvement Leader Fellowship Program, an intense, multi-session performance improvement fellowship initiative. These improvement leaders are charged with engaging their hospitals in spreading sustainable improvement strategies.

The disciplined and sharply focused work of hospitals over the past few years in the collaboratives and through CHA's Patient Safety Organization is paying off, as Connecticut has been recognized repeatedly as a leader for its Partnership for Patients activities.

high  
reliability

*Thousands of people have been trained in high reliability science and practices.*



Connecticut hospitals made progress in other national patient safety initiatives this year. Fourteen hospitals participating in the first cohort of the On the *CUSP: Stop BSI* project, which began in 2009, reduced their rate of central line associated bloodstream infections by nearly 50 percent – from 1.99 infections to 1.05 infections per 1,000 central line days. This reduction in infections was achieved through an approach focused on evidence-based care for the insertion, maintenance, and timely removal of central lines, as well as implementation of the Comprehensive Unit-based Safety Program (CUSP) that includes tools, checklists, and communications that foster the sharing of experiences, best practices, and results.

*CHA's On the CUSP: Stop BSI project results were published in the Journal for Healthcare Quality, showcasing Connecticut hospitals' progress in reducing bloodstream infections.*

This work was published in the *Journal for Healthcare Quality*, and The Armstrong Institute for Patient Safety and Quality at Johns Hopkins Medicine honored CHA for this achievement.

In January, CHA hosted its seventh annual *Smart Moves Forum on Safe Patient Handling*, which focused on safe approaches to helping patients with dementia transfer and ambulate, and provided best practices for caregivers in all healthcare settings. A collaborative effort of CHA, the Connecticut Nurses' Association, LeadingAge Connecticut, the Connecticut Association of Health Care Facilities, and the Connecticut Association for Healthcare at Home, 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.



*Smart Moves Forum on Safe Patient Handling.*



## Leadership in Improving the Health of Our Communities

*“Local public health departments and districts are eager to join their hospital partners and other community stakeholders,” said Charles Brown, Executive Director of CADH. “Joining forces not only strengthens relationships that can maximize use of limited resources, it produces more effective results.”*

Connecticut hospitals play a major and continually expanding role in improving community health – providing outreach and support services for cancer, diabetes, asthma, and other chronic conditions, 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 other programs targeted to meet specific community needs.

Hospitals in Connecticut spent \$1.1 billion on these community benefit initiatives in 2011, including providing services to those who cannot pay and covering the unpaid cost of government programs – 11.3 percent of total hospital revenue. Hospitals provided more than \$12.8 million community benefit services to individuals and families.

Developing partnerships to improve community health was a key focus this year, as CHA worked with the Connecticut Association of Directors of Health (CADH), local public health leaders, and Federally Qualified Health Center (FQHC) representatives to collaboratively create and release *Guidelines for Conducting a Community Health Needs Assessment*. The guidelines offer a common framework for community health assessment and implementation planning. Publication of the guidelines kicked off a long-term partnership to address public health and community





healthcare needs while leveraging existing resources, coordinating initiatives, and providing value and accountability to community stakeholders.

To support member hospitals in their community health needs assessment work, CHA is developing hospital-specific community health profiles providing insights and trends, as well as health profile data including demographic and socioeconomic factors and leading health indicators. CHA also continues to refine its 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.

Reducing disparities and achieving health equity are goals at the forefront of hospitals' efforts to improve community health. In the second year of the CHA Diversity Collaborative – the first-in-the-nation statewide diversity initiative based on the IHI's clinical collaborative model – teams comprising more than 150 people from 28 hospitals are working together to conduct organizational self-assessments, identify and implement improvement strategies and interventions, share best practices, collect data, and utilize metrics to track performance and progress. Hospital teams also participate in monthly team webinars and education programs at CHA.



*“We are very pleased with the extremely positive response of hospital leaders who have participated in a Cross Cultural & Diversity Inclusiveness Training program — the result of a strong partnership between the Hispanic Health Council and CHA to advance the goals of CHA’s Diversity Collaborative,” said Jose Ortiz, President and CEO, Hispanic Health Council.*



More than 50 participants have completed cultural competence training since the program began in October 2012.



*“In this room, we have the solutions to diversity in healthcare. You are committed to embracing this challenge and you are showing results,” said Bernice J. Washington, MBA, President and CEO of BJW Consulting Group.*

*Bernice J. Washington, President and CEO of BJW Consulting Group, LLC., headlined the CHA Diversity Collaborative Anniversary Symposium.*

As part of its commitment to implement strategies to increase hospital purchasing of supplies and services from minority businesses, CHA will host its fourth Supplier Diversity Forum concurrent with the 2013 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 offered as part of the CHA Diversity Collaborative.



*CHA's Minority Business Enterprise (MBE) partners exhibited at the Supplier Diversity Forum.*

community

# Leadership in Shaping Financing and Delivery System Changes

*CHA reviewed more than 5,000 bills during the 2013 Connecticut Legislative Session, continually monitoring more than 600 bills and taking action on more than 250.*

Despite an extraordinary advocacy effort by Connecticut hospitals, and the development of an innovative approach to Medicaid restructuring that would have accelerated meaningful reform while mitigating the devastating effects of huge proposed cuts to hospital funding, the budget passed this year with unprecedented cuts to hospitals. This missed opportunity is deeply disappointing and will have a severe impact on Connecticut hospital patients, caregivers, and communities.

Connecticut hospitals are dedicated to their core mission of delivering safe, patient-centered, quality care. CHA and its member hospitals remain committed to working with the state on meaningful reform that will improve care, access, and efficiency.

Throughout this year, CHA and hospitals took a leadership role in shaping financing system innovation and change on issues including advocating for hospitals in the development of the state's health insurance exchange, Medicaid eligibility, and ways to improve efficiency and reduce the cost of care.

CHA worked this year to align the state's commercial insurance and Medicaid program with federal healthcare reform. Participating in the development of the standard plan design for the healthcare exchange, CHA advocated for provider networks substantially similar to their commercial products, choice in plan offerings, including all hospital services in the benefit package, defining hospitals as essential



*More than 600 people attended Connecticut Hospital Day at the Capitol.*





community providers, and limiting co-pays and deductibles for hospital services. Consistent with CHA's recommendation, the administration proposed moving 40,000 adults out of Medicaid and into the exchange.

This year CHA's Committee on Hospital Finance developed a consensus plan that will guide the work of the Subcommittee on Medicaid Value-Based Design on a statewide plan for implementing value-based options for additional financial system redesign.

A Joint Subcommittee on Short Stays created by CHA's Committees on Hospital Finance and Patient Care Quality is addressing the proposed Medicare two-step process for clinical and payment decisions for determining inpatient or outpatient status.

Meanwhile on a national level, the focus on the adequacy of federal funding continued, with CHA coordinating a statewide wage index project in which nearly every Connecticut hospital participated, and which will result in a significant improvement in Medicare funding. In addition, the low volume and Medicare-dependent Hospital program was extended by Congress in January.

Throughout the year, hospital leaders met with representatives for Connecticut's congressional delegation, and expressed how hospitals' vital community and economic resources are facing an uncertain future due to financial pressures from the Patient Protection and Affordable Care Act (PPACA), the stagnant economy, the growing

**CHA provided unified and sustained hospital advocacy to oppose measures that would have significantly weakened the medical malpractice liability environment in Connecticut.**



finance

number of uninsured, and residents losing employer-sponsored health insurance – in addition to state budget cuts. Hospitals asked the congressional delegation to protect Medicare and Medicaid hospital funding, preserve the positive aspects of the PPACA, and support long-term pension reform.

### Meeting the Challenge with Cost-Effective Services: Data and IT Innovation

Through Data Services and ChimeNet, CHA's technology affiliate, CHA supports hospitals' critical needs for data, information, and analysis, as well as high speed connectivity, internet access, and network services in a dynamic and rapidly evolving data and information technology environment.

As part of its strategic assessment process this year, CHA has utilized DNS Board guidance and extensive member input to evaluate member perceptions of current data and IT products and services – and to chart new strategic directions that will enable the development of relevant new solutions and services providing value to members as the transformation of healthcare raises new demands to reduce the cost of care, improve outcomes, enhance quality and patient safety, increase transparency, eliminate health disparities, and manage population health.



*Hospital leaders took their messages to the airwaves.*

*Rep. Penny Bacchiochi (R-Somers) talking with constituents and employees from Johnson Memorial Hospital.*



### *Data Services*

Members recognize the relevance of Data Services to meeting evolving healthcare needs and value CHA's current products including its Decision Support Tool (DST), Patient Census Report (PCR), *Toward Excellence in Care* (TEIC) program, Strategic Measurement products (including Physician Profile, Physician Performance, and Quality Monitoring), and *ChimeMaps*. Additionally, Data Services also provides value by supporting advocacy and regulatory reporting requirements.

In response to member input gathered during the strategic assessment process, Data Services has laid the groundwork this year to strategically expand current data holdings to include additional clinical and geographic data, enhance and redesign existing products, and develop advanced modular solutions and business intelligence capabilities including predictive modeling and innovative analytics that will support hospitals in the management of clinical care redesign and navigation of evolving payment models. Providing data infrastructure, tools, and information to support CHA's member hospitals through innovation, Data Services will continue to support hospitals to reduce costs while enhancing quality and patient safety.

### *ChimeNet*

In a rapidly changing technology environment, ChimeNet 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.



*One of the ChimeNet co-location data centers.*

ChimeNet's business model of network connectivity is well-established and respected in the marketplace. Past growth has been fueled by hospitals willing to make investments to design, and build new services and capacity with ChimeNet. Strategically, ChimeNet is responding to the increasing need for investment by hospitals in secure, reliable IT infrastructure including continued integration of IT systems and electronic health records, and increased regulatory demands in IT (HIPAA/HITECH, meaningful use), as well as building on the foundation of the existing ChimeNet infrastructure to provide new products and services such as cloud-based products and value-added services that will enable hospitals to reduce the cost of care, facilitate patient engagement, and respond to new trends such as telemedicine, home healthcare and provider collaboration via technology.

### **Providing Cost-Effective Education and Leadership Development Programs**

In addition to the nearly 2,000 people trained in quality and safety programs, an additional 1,900 hospital leaders, clinicians and healthcare professionals participated in 45 CHA Education Services programs focused on critical issues related to executive leadership and management, regulatory compliance, community health and diversity, and reimbursement issues.

New in 2013 was a comprehensive two-module program, Cross Cultural and Diversity Inclusiveness Training, developed in collaboration with the Hispanic Health Council to help CHA Diversity Collaborative members achieve the goal of improving cultural competence in the delivery of care. Several member briefings were held including education on employee wellness, collaboration of care initiatives, and issues facing the deaf and hard of hearing and the lesbian, gay, bisexual, and transgender (LGBT) communities.

The CHA leadership program series brought nationally recognized experts to Connecticut. Bernice Washington, television and radio talk show commentator, delivered the keynote address at the second annual Diversity Collaborative Symposium on the need to embrace multicultural leadership and provide quality care in a culturally diverse healthcare environment. Carl Hammerschlag, MD, provided the keynote address at the Nurse Leadership Forum describing how the future of healthcare delivery is in a paradigm shift from intervention to prediction and prevention, and Susan Keane Baker discussed the connection between meeting patient expectations in line with HCAHPS measures and financial sustainability of the hospital at the Healthcare Executive Summit. Members also benefited at the Summit from a





presentation on GE's unique perspective on healthcare with a provocative presentation by Rob Reilly, GE's Chief Marketing Officer, on market trends and assumptions facing healthcare.

The Lean Principles in Healthcare program was restructured this year with a focus on process flow and value stream mapping, reaching 60 participants. More than 75 members were educated in two sessions on the new HIPAA Privacy and Security Rule Changes, which became effective in January 2013.

### 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 are included in CHA's SSP portfolio.



*Carl Hammerschlag, MD, was the keynote speaker at the Nurse Leadership Forum.*



*Hospitals participate in cultural competence training.*



*Rob Reilly, Chief Marketing Officer at GE Healthcare, speaks at the Healthcare Executive Summit.*

## Celebrating *Connecticut's Healthcare Leaders* CONNECTICUT'S HEALTHCARE HEROES

**Lisa Bedard, APRN-BC, ANVP, CNRN**

Manager, L+M Stroke Program

Lawrence + Memorial Hospital

*Nominated by Lauren Williams and Max Gorski*



Lisa J. Bedard, APRN-BC, ANVP, CNRN, manager of the Lawrence + Memorial Hospital Stroke Program & Neurodiagnostics department, joined the L+M team in 2006 and, over the past seven years, has worked tirelessly to bring an award-winning stroke program to Southeastern Connecticut. In 2006, she organized a Brain Attack Team “Code BAT” in response to patients presenting at L+M with symptoms of a stroke. This, combined with other initiatives developed under her leadership, led L+M to earn Primary Stroke Center certification from The Joint Commission and the Department of Public Health. Through her ongoing efforts, L+M has successfully maintained this certification. Additionally, Lisa has been responsible for L+M having been awarded the highly prestigious Gold Plus Award from the American Heart and Stroke Association’s *Get With The Guidelines* program, which recognizes hospitals for achieving 85 percent or higher adherence with performance measures over a 12-month period.

The consummate educator, Lisa has developed numerous educational materials for her healthcare colleagues and the public. She is a proponent of educating people about the signs and symptoms of a stroke and preventive measures that individuals can take to reduce risk. Often, she is found at staff meetings or at a patient’s bedside sharing her wealth of knowledge about strokes. When not in her office, she is out in the community, meeting with groups from elementary school students to residents of assisted living facilities, spreading her message about how to recognize a stroke.

Lisa and her colleague Daniel Moalli, MD, Medical Director for Neurology, were instrumental in bringing the Yale-New Haven Hospital TeleStroke program to L+M. This service provides immediate access to neurological specialists when a patient presents to the L+M emergency department with symptoms of a stroke. This has resulted in lives saved.

A stroke survivor herself, Lisa has a commitment to the prevention and care of stroke that is unmatched. She is highly passionate about her work, which has become a 24/7 endeavor. Lisa’s personal experience combined with her depth of knowledge fuels the passion that keeps her on this quest.

**Albert DiMeo, MD**

Chief of Minimally Invasive and Robotic Surgery

St. Vincent's Medical Center

*Nominated by Lawrence Schek, MD, FACC*

Albert DiMeo, MD, is no stranger to medical heroics in his role as a cardiothoracic surgeon. Earlier this year, Albert had a very sick patient that required double valve replacement surgery. He operated on the same day that the blizzard, *Nemo*, came full force to coastal Connecticut. Albert successfully performed surgery and remained in the hospital as long as he felt that his presence was needed. When his work was complete, he walked to his home in neighboring Fairfield because the blizzard made vehicular travel impossible.

However, at 1:00 a.m., Albert was notified that his patient had taken a turn for the worse. He walked back from his home to the hospital during the worst part of the blizzard. En route, he encountered an individual whose truck was stuck in the snow on Main Street, Bridgeport. Albert helped to push him out and hitched a ride in the back of the truck. Once again, the truck got stuck, but this time it could not be extracted from the snow. Feeling the need to get to his very sick patient, Albert pressed on by foot in the blizzard, and not a moment too soon. He arrived at the hospital in time to rush his very ill patient back to the OR to stop a life threatening bleed, which is a known complication of this type of extensive cardiac surgery. In doing so, he saved the patient's life.

No stranger to these types of acts of bravery, Albert also came in to the hospital during the height of superstorm *Sandy* to repair a patient's esophageal tear, saving her life.

As a leader in using new and exciting technologies, Albert has pioneered innovative and cutting-edge minimally invasive procedures and robotic bypass surgery at St. Vincent's Medical Center. He has also done the same with cancer patients in need of lung removal.

Albert's track record of bravery, dedication to his patients, and leadership in cardiothoracic, robotic, and minimally invasive surgery make him a Healthcare Hero of which Connecticut can be proud.



**Marisol Feliciano**

Violence and Injury Prevention Program Coordinator

Saint Francis Hospital and Medical Center

*Nominated by Kristen Durocher*



The trauma team at Saint Francis Hospital and Medical Center sees horrific injuries every day. One person in the trauma service has a job that is truly unique: Marisol Feliciano's sole purpose is to help prevent these visits to the emergency department by reaching out to the community through comprehensive educational programs.

As the Violence and Injury Prevention Program Coordinator, Marisol is responsible for the *Let's Not Meet By Accident* program. This educational program encourages teens to make healthy decisions in risky situations.

Introduced at Saint Francis Hospital and Medical Center, the program has been adopted by hospitals across the country. Students are invited to the hospital to participate in a mock trauma in the ED. They also visit the helipad to witness

LifeStar arriving carrying simulated accident victims. Topics cover drunk driving, bullying, teen suicides, and drug use.

Marisol also developed the *Elder Falls Prevention Program*. She examined data from the hospital's trauma registry to determine where falls were originating in the geographical area, and used that data for targeted education sessions in those communities. Marisol is also a national leader with the Kids In Safety Seats (KISS) program, and she created a *Community Baby Shower* where expectant mothers learn how to prepare for baby and make their homes safe. Additionally, Marisol runs the *Ready to Roll Bike Rodeo Program* helmet safety program.

According to David Shapiro, MD, FACS, Director of Surgical Clinics and Associate Director of Surgical Critical Care at Saint Francis, Marisol is a true community champion. "Marisol is importantly demanding on behalf of certain communities' needs, and she remembers when others are forgotten."

Marisol's manager, Colleen Desai, MSN, RN, CEN, CPEN, Trauma Program Manager, said, "When I watch Marisol connect with people on such a humanistic level, it is inspiring and I am in awe. She is a true caring soul and she does it because it is the right thing to do. Nothing will ever stop her, not lack of money or even time. Marisol's duty in life is to serve; this is just who she is."



**Carolyn Kelly**

Physical Therapist

Hartford Hospital

*Nominated by Kelley Boothby and Eileen Pelletier*

During her 41 years as a physical therapist at Hartford Hospital, Carolyn Kelly has successfully addressed patient needs through diligence and collaboration with others. Among her many successes, she developed a cost-effective and successful volunteer program to meet patient mobility needs.

Carolyn recognized a trend toward reduced mobility of hospitalized patients occurring at Hartford Hospital and nationally. In 2011, she initiated collaboration with Nursing and Volunteer Services to develop a program that utilizes volunteers to assist patients with walking to decrease complications related to bed rest. She determined the appropriate patient population, developed and implemented education for nursing and rehabilitation staff to facilitate proper referrals, and developed the volunteer role and training to address the nursing unit environment, as well as the specific needs of the mobility program.



In addition to her role as a rehabilitation supervisor, Carolyn assumed a major responsibility for volunteers through interviewing, training, scheduling, and supporting participants in the program. The mobility volunteer role has been a means for volunteers, particularly those pursuing healthcare fields, to gain experience working with patients, communicating with medical staff, and becoming comfortable with the hospital environment. Patient safety has been the top priority in this program, with excellent results.

Nurses and patient care attendants mention patient mobility status more often in shift report and in documentation. Volunteers report that this experience reinforces their desire to pursue a career in the healthcare field. Many have noted that they feel they make a difference in patients' lives. All the patients involved in the mobility program report that they enjoy walking with the volunteer.

Keith LaChance, Director, Hartford Hospital Inpatient Rehabilitation, said, "Carolyn has improved the lives of patients at Hartford Hospital, within Connecticut, and across the United States. She has demonstrated exceptional effectiveness in using available research to produce innovative solutions that are cost-effective and improve patient safety. She has nurtured collaborative relationships through her active involvement in hospital committees and task forces. Her work is a true reflection of living Hartford Hospital's values: Integrity, Caring, Excellence, and Safety. It is an absolute pleasure to work with Carolyn."

**Yvette Martas, MD**

Obstetrician/Gynecologist

Windham Hospital

*Nominated by Sharyn Mathews*



Dr. Yvette Martas is a woman with a mission. Her journey began in medical school, when clinical rotations drew her into the field of obstetrics, and she began to see OB as her chance to change the world. In a recent interview, Yvette talked about her goal to see cervical cancer eradicated in her lifetime – her personal mission. And she’s not sitting idly by waiting for this dream to come true.

In private practice, and affiliated with Windham Hospital, Yvette treats women from eastern Connecticut with dignity and compassion, and is acclaimed by her patients and colleagues alike as a wonderful, caring physician. She spends her vacations tirelessly helping the less fortunate.

In the most remote areas of impoverished Central American countries, Yvette volunteers with Grounds for Health, an organization founded to provide and teach gynecologic care to local caregivers for women who have no doctor or hospital within reach. “By making a difference in womens’ lives, we can also have a positive impact on the lives of their children,” she said. While in Chiapas, Mexico, she and her colleagues examine and care for more than 500 women in a single week. It is unpaid, unsung, and she says, “truly the best thing I do each year.”

Yvette credits her dedication and work ethic to the values instilled in her by her parents. The daughter of Puerto Rican immigrants, she was taught to persevere, be respectful of the people who serve you, and to be compassionate, never forgetting where you came from. This attitude motivated her to work in the medical field. She attended Yale University, receiving a BA in Sociology, and went on to Fordham University and Hunter College for pre-med studies. She chose Albert Einstein College of Medicine in New York for medical school because she wanted to be in a place where she could help to improve the health status of Latinos. She completed her residency in obstetrics and gynecology at New York University, and has served at Columbia University as Director of the Allen Pavilion Department of Obstetrics and Gynecology. From 2002–2006, she was the Director (and founder) of the Honduras Project in Women’s Health via the NYU School of Medicine.

Throughout her career, whether in the U.S. or abroad, in the hospital or in the fields of Central America, Yvette has remained a consummate caregiver who works to improve the lives of the less fortunate. She is the personification of a healthcare hero.

**Wendy Martinson, RN, MSN**

Quality Assurance Specialist

John Dempsey Hospital

*Nominated by Jason Ryan, MD*

Wendy Martinson has improved the lives of hundreds of heart failure patients. Heart failure is a complex disease, as is care for these patients. Making their lives better requires a comprehensive approach of hospitals, doctors, and community resources. It takes a special person to bring all these groups together and make them function for the betterment of the patient. At UConn Health Center, Wendy is that person.

Two years ago, Wendy spearheaded the UConn Health Center's initiative to help heart failure patients transition from hospital to home. She recognized that this required a group effort from the hospital and multiple community providers, so she created the Dream Team – a group that meets once a month to discuss heart failure patients. She brought together community doctors, visiting nurses, staff from skilled nursing facilities, and even an adult day care center and insurance company.

Word spread that the program was having a real impact on patients' lives. The team grew, steadily increasing in size and outgrowing one conference room after another. Today, 40-50 people are part of the Dream Team, and the program has received national recognition.

As just one example of the impact of Wendy's work: a year ago, a visiting nurse told a sobering story at a Dream Team meeting about one of her heart failure patients. The nurse had visited an elderly, Spanish-speaking man a day after discharge. He lived alone in a rundown apartment in Hartford. He was unsure of his condition, confused about which medications to take, and did not understand his dietary restrictions. Unfortunately, the visiting nurse had no clinical information about this patient.

Upon hearing this story, Wendy made certain this never happened again for patients discharged from UConn. She contacted administrators to pitch a new concept: the floor nurses would call the visiting nurses to give verbal communication at discharge. Wendy was persistent in her effort to instill the new protocol, and thanks to her, all patients going home with services have a sign-out from the floor nurses to the visiting nurses. Policy changes can be challenging to achieve in a large, complex institution like a hospital. Yet they are critically important for patient care. They not only prevent hospitalizations and save money, they also help our most vulnerable patients stay healthy and at home.

At the broader hospital level, there has been a dramatic improvement in the care provided to heart failure patients. None of this would have happened without Wendy's dedication and hard work. She is a true healthcare hero.



**Luis Mendez**

Patient Care Technician

Middlesex Hospital

*Nominated by Jacquelyn Calamari, MSN, MS, NEA-BC,  
and Cliff O'Callahan, MD, PhD, FAAP*



There are few people in the world who are truly selfless, who thrive on helping others, who sacrifice leisure time and savings to share their skills and energy with others while expecting no reward. Luis Mendez is one of these rare and unique individuals.

Luis is well known within Middlesex Hospital as being a tireless worker and volunteer. He has great compassion for those who are suffering.

Our area of Connecticut is his community and he serves it admirably. However, he has a heart that is big enough for another community of great need – that of the Sayaxche region in the northern jungle Petén region of Guatemala.

The Middlesex Hospital-Sayaxche Community Partnership extends the hospital's involvement in community health to the global community. The goal of the project is to establish a long-term, collaborative, mutually beneficial and ethically sound partnership between Middlesex Hospital and the Middletown community and the Petén region in Guatemala.

A few years ago, Luis accompanied Cliff O'Callahan, MD, PhD, to Guatemala. Dr. O'Callahan introduced Luis to the community health workers and midwives of Las Cruces, the Ministry of Health employees in the Sayaxche Hospital, and their Department of Public Health. Luis immediately recognized a glaring need – one of the major causes of death among the population is trauma on the roads. Additionally, half of all children died on inter-hospital transports.

There are three systems with vehicles dedicated to transporting patients: the hospital-based ambulances for transferring patients to the regional hospital; the public health infrastructure with its ambulances for transporting, primarily, pregnant women with labor complications to Sayaxche Hospital from rural communities; and the volunteer "firemen" who respond to traffic accidents and other situations. None of the vehicles had equipment and none of the drivers and few of the firemen had any training in stabilization, transport medicine, or communications issues in the transport system.

Luis's background in healthcare and as an EMT for a local volunteer fire department came in handy. He immediately began to teach, equip, motivate, cajole, and lead these different system employees into a different way of thinking, responding, communicating, and caring for patients. And he has continued this work for years, returning to the Petén two to three times a year. He works overtime at Middlesex Hospital to generate the money for his flights, encourages others to become involved in the partnership, shares these experiences with groups in the community, and leads groups of hospital staff and students on visits.

Luis Mendez is extraordinary, both for what he does and for who he is, and should be celebrated.



**David Shapiro, MD, FACS**

Director, Surgical Clinics  
Director, Medical Student Surgical Clerkship  
Associate Director, Surgical Critical Care  
Saint Francis Hospital and Medical Center  
*Nominated by Alisa Džananovic*

Imagine waking up knowing that later that day you will likely save a life. For most of us, this is unimaginable, but this is an everyday occurrence for David S. Shapiro, MD, FACS.

David is motivated by this responsibility, or “blessing,” as he calls it. He interacts with patients of all ages and backgrounds who are faced with either critical illnesses or unforeseen circumstances including car accidents, gun-violence-related injuries, and more.

As Director of Surgical Clinics, Medical Student Surgical Clerkship Director, and Associate Director of Surgical Critical Care, David’s resume reflects a myriad of accomplishments. He is triple-board certified in General Surgery, Critical Care, and Hospice and Palliative Care Medicine, and is a Fellow of the National Patient Safety Foundation, the American College of Surgeons, and the American College of Critical Care Medicine. He is well-published, and is a frequent guest lecturer at local and national conferences.

What makes David a true healthcare hero, though, is that these accomplishments and all his efforts are driven by his unwavering dedication to his patients – fueling a unique approach to patient care.

To David, patient care means providing exceptional care to the *whole* person. This means taking care of their life-threatening injuries and providing often-forgotten steps to ensure the physical, emotional, and spiritual well-being of his patients and families.

It is not unusual for patients to receive handwritten notes from David following their surgery, giving them guidance through their recovery. He is a champion of family presence at the bedside, especially during critical situations, and he is often the leading force behind including loved ones in decision making.

In addition to his daily duties, he is an active leader in several local and statewide efforts including the Commissioner’s Task Force on Teen Safe Driving, the Hartford Regional Shooting Taskforce, and the Community Gun Buyback, now known as the



Capitol Region Gun Buyback. He has volunteered his time with organizations like the local South Park Inn Shelter. Nationally, he has volunteered his time as the physician for the Professional Rodeo Cowboy Association (most cowboys are underinsured or not insured). He has also taken his passion for helping patients overseas, and has traveled to Costa Rica, Belize, Ecuador, Bolivia, Dominican Republic, Jamaica, and Haiti on surgical brigades aimed at helping educate local providers and to both study and provide surgical services to those in need. Dr. Shapiro is also an educator and a favorite among residents and students. His leadership earned him the Best Faculty Teacher Award by the UConn School of Medicine in 2010 and 2013.

“All my interests converge on one concept: public health,” said Dr. Shapiro. “Collaboration is essential to successfully treating populations, and customized treatment of individuals is the key.”

In today’s healthcare environment, doctors are faced with many rewarding, but challenging tasks. Their time and talents are stretched. Individuals like Dr. Shapiro embody the role of provider, mentor, advocate, and teacher; this is what makes him a hero.

**Jenifer Siegelman, MD, MPH**

CT Scan Section Chief, Diagnostic Imaging Department

The William W. Backus Hospital

*Nominated by Heather Beausoleil*

Healthcare is changing. New technologies, exciting discoveries, and breakthroughs in research get a lot of attention. But behind all meaningful changes are people – dedicated professionals who use their training, their intellect, and their commitment to make conditions better for patients.

One such champion of change is Jenifer Siegelman, MD, MPH, CT Scan Section Chief of Backus Hospital's Diagnostic Imaging Department. A steward of safety, Jenifer has taken the lead at Backus Hospital to help ensure that patients scheduled for CT scans get the right test and the right dose for the right reason. Working with the entire Diagnostic Imaging team, Jenifer developed a protocol to tailor each patient's test to his or her specific healthcare need, helping to reduce radiation exposure.

“We have set into motion a radiation dose optimization process using international benchmarks for exposure levels, with monitoring and audit of size- and age-specific exposure and radiation dose levels,” she said.

Jenifer and her colleagues view weekly snapshots and determine whether there is any variability from protocol, and if so, determine the problem's source, mitigate it, report findings, and measure improvement. This is all done with the help of dose monitoring software called eXposure® by Radimetrics™, which, in addition to tracking radiation exposure, offers dashboard reporting and other features.

“Dr. Siegelman's initiative is remarkable,” said Peter Shea, MD, Senior Vice President and Chief Medical Officer, Backus Hospital. “She came to us and told us she wanted to develop this radiation optimization program. This is a prime example of how she's blended her clinical and public health backgrounds to establish an improvement program.”

Jenifer leads a unified and talented team, and continually educates team members about the complexities involved in performing optimal medical scans, reducing radiation exposure, assisting and educating providers to choose imaging tests wisely, and offering the best possible radiology care for the community. In the past year, she has performed extensive research on radiation dose optimization. Her work has been



published in a number of publications, including an upcoming edition of the peer-reviewed publication *Journal of the American College of Radiology*.

An advocate of patient safety, Jenifer works to ensure that community hospitals have open lines of communication with industry leaders to train staff on best practices and provide the best care possible.

“We expect exceptional performance from each other at every level and live the motto, ‘First, do no harm,’” said Jenifer. “Few facilities in the country are developing patient care algorithms to optimize radiation exposure like we are. We’re ahead of the curve. We own it and we’re sustaining it.”

**Patricia Worthy, RN**

Manager, Workforce Diversity

Yale-New Haven Hospital

*Nominated by Paul Patton*

Patricia Worthy, Manager, Workforce Diversity, is shaping the face – and faces – of Yale-New Haven Hospital (YNHH). She began her career at YNHH in 1966 as a unit secretary, with the dream of one day becoming a nurse.

Hers was not the most straightforward of paths: she left YNHH to be a stay-at-home mom, went to school, returned to YNHH in 1972 as a licensed practical nurse in the Surgical ICU, and returned to school to earn her RN and associate of science degree in nursing. In 1978, she became a staff nurse in the neuropsychiatric evaluation unit; in 1986, she was promoted to nurse manager in the adolescent psychiatric program.

In anticipation of a restructuring in 1997, senior management tapped Pat's nursing experience and well-known diplomatic skills to lead a team to redesign the organization's nursing model. Following that assignment, Pat joined the Human Resource team and managed the Training Department. In 1999, she was appointed Manager, Workforce Diversity, where she was charged with ensuring the diversity and cultural competence of YNHH's workforce.

Over the years, Pat has developed programs, classes, and even scholarships that help YNHH create a diverse workforce, encourage employees to attain their full potential within the hospital, and ensure that they get the education they need to keep pace with the healthcare industry so they can continue to provide safe, exceptional patient care.

On Pat's travels throughout the hospital, she constantly seeks out employees who might be interested in advancement. She tells them, "call me" or "come to my office," and when they do, she might discuss *School at Work* (SAW), the popular eight-month program that has graduated seven classes of employees who may have been away from the classroom for up to 20 years but who want more education or training so they can advance.

One of Pat's signature projects is *School to Career*, which pairs juniors in New Haven high schools with employees in almost every department in the hospital whose jobs interest the students, and includes a program that prepares and supports high school juniors interested in becoming nurses. Through the years, YNHH has hired many of



these students. A number of them are now in nursing school or working at YNHH as nurses – some with the help of a YNHH Minority Nursing and Allied Health Scholarship – another of Pat’s projects.

Where some may see a floundering employee, Pat sees the opportunity to instill confidence and direct a life toward a dream. Where others may see a teenager, Pat sees potential and a future employee who can “grow up” in the Yale-New Haven way of treating patients and colleagues. Asked recently if it feels like she has a lot of children, Pat replies without missing a beat, “Yes – about 200 to 300 of them.”



## HEALTHCARE HERO TEAM

### 2012 *Why Not Haiti* Mission Team Day Kimball Healthcare

In September 2012, a team of healthcare professionals from Day Kimball Healthcare, in conjunction with Hope for Haiti, conducted a medical mission trip to provide healthcare to the people of Haiti – a country that experiences profound poverty, has virtually no infrastructure, and suffers from extreme heat. During this seven-day medical mission, four clinics were set up and hundreds of Haitian people were treated daily. By necessity, the makeshift clinics were set up in decrepit buildings or in fields with no electricity or running water, with only folding chairs and tables on which to treat patients.



*Top row, (l-r) Greg Lutkus, APRN; Douglas Waite, MD; Steven Wexler, MD; Ralph Miro, RN; Scott Mitchell, MD; Kristine Bastura; Deirdre Foisy, PA; Cheri Sage, RN; Cindy McNamara, MD; Avery Lamb. Bottom row (l-r): Ron Medzon, MD; Andrew Waite; Aimee Eaton, RN. Not pictured: Guinxe Gabriel, PharmD, MBA*

What the team lacked in facilities, equipment, and supplies was more than made up for with every team member's enthusiasm, spirit, and caring.

The team's unwavering compassion was powerful and motivated them to achieve the otherwise impossible task of caring for a great number of



people who were enduring desperate medical conditions.

The team persevered through the extreme heat and physical and emotional exhaustion to help as many people as possible. They dealt with the frustration of not being able to help everyone, and had to turn away hundreds of people at the end of the day or when medical supplies ran out. But team members made a difference in the lives of hundreds of Haitian people who were impoverished, malnourished, and extremely grateful to have someone to listen, care, and treat them.

In recognition of the continued medical support needed in Haiti, the team will return to Haiti in November. Not only will they set up clinics, but they will also conduct education sessions on how to collect clean water supplies, including the development of a prototype water filtration system, which will be tested on this mission.

The team will expand the initiative to include the development of a permanent healthcare clinic north of the city of Port-au-Prince to help to ensure that the Haitian people have the opportunity to receive sustained healthcare as opposed to intermittent care.

The team's care and compassion goes beyond the everyday. They are worthy recipients of the Healthcare Hero Team Award.





## HONORARY MEMBERSHIP AWARDS

The CHA Honorary Membership award was established in 1968 to recognize certain individuals who distinguished themselves with their personal dedication and contributions to the advancement of healthcare services. Since then, 86 people have received this honor, including two in 2013: Bennett J. Bernblum and Marcia K. Petrillo, who will receive lifetime honorary CHA memberships.

### **Bennett J. Bernblum**

Bennett J. Bernblum (“BJ”) is a partner in Wiggin and Dana’s Corporate Practice Department, where he practices corporate law, corporate healthcare law, construction law, and sales, use, and property taxation.

When he retires at the end of June 2013, BJ will conclude more than 20 years of distinguished service to CHA and a host of other healthcare clients. Over the past two decades, BJ has been a trusted advisor on a wide range of CHA activities, providing counsel on many key association initiatives, particularly focusing on CHA’s corporate work and business agreements. He was a key advisor in initiatives to improve quality and patient care, including a major project to establish an interpreter system for the deaf and hard of hearing populations.

His work with hospital and healthcare clients over the years has included structuring joint ventures and partnerships for hospitals, counseling complex hospital systems on governance and corporate structure, and handling asset acquisitions, mergers, affiliations, and financings for all types of healthcare providers. BJ has been deeply engaged in resolving property tax exemption issues for charitable healthcare providers, developing network vehicles for providers, and representing community-based and home healthcare agencies on a panoply of issues. Overall, his clients have valued and benefited from BJ’s acute analytical skills, his business judgment and practicality, and his wisdom.

BJ is a member of the American and Connecticut Bar Associations, the American Health Lawyers Association, and the Connecticut Health Lawyers Association. He has been listed in *The Best Lawyers in America* in the category of Health Care Law, and Chambers USA has recognized him in the Health Care category.

BJ received his B.A. from Yale University *cum laude*, and his J.D. from New York University School of Law.



### **Marcia K. Petrillo**



In March 2013, Marcia K. Petrillo retired as CEO from Qualidigm, the Wethersfield healthcare consulting and research organization she helped create nearly three decades ago, having joined Qualidigm in 1984. A visionary leader in quality improvement and safety, she spearheaded collaborations with CHA and many others that resulted in immeasurable improvements in quality, safety, and cost-effectiveness in care.

CHA and Qualidigm have worked hand-in-hand on numerous projects, including an initiative to decrease preventable hospital readmissions for patients with heart failure. CHA took the lead on assisting 24 hospitals with internally-focused quality improvement activities, while Qualidigm convened and provided technical assistance

to 14 of these hospitals and a variety of community partners to improve transitions between settings of care. Together, the collaborating organizations brought about significant improvements in the process of caring for patients with heart failure across the continuum of care and important decreases in hospitalizations. In February 2012, this collaboration was renamed the Care Transitions Initiative and broadened to address preventable hospitalizations of all patients across Connecticut.

Under Marcia's leadership, Qualidigm has served as the Medicare Quality Improvement Organization (QIO) for Connecticut since 1984. The organization works with federal and state agencies and private sector clients to support national initiatives designed to advance patient safety and quality care.

In addition to and concomitant with her work at Qualidigm, Marcia was instrumental in working with the Rhode Island Medical Society to establish Quality Partners of Rhode Island (QPRI), a healthcare quality improvement organization in that state, serving as the organization's Chief Executive Officer from 1995 – 2007. During that time, QPRI was recognized for its in-state initiatives as well as its national consulting program focused on the nursing home setting.

CHA congratulates BJ and Marcia on their remarkable careers and extends thanks for their contributions.

## AHA GRASSROOTS CHAMPION AWARD

**Andrea Rynn**

**Western Connecticut Health Network**

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. Connecticut's 2013 Grassroots Champion is Andrea Rynn, Director of Public and Government Relations, Western Connecticut Health Network (WCHN).



Andrea Rynn has worked for WCHN for nearly nine years, assuming her current role in 2009.

Andrea has exhibited exceptional leadership in advocacy, with a single-minded focus on the welfare of people in western Connecticut, the patients of Danbury and New Milford Hospitals, and the hospital community. She has worked tirelessly and creatively to educate legislators about the critical issues facing Connecticut hospitals, WCHN, and the people for whom it cares.

Innovative, determined, and dedicated to her community, she is an active participant in numerous hospital collaborations, CHA's Committee on Government, and the Communications Executives meeting group, readily sharing ideas, information, and insight with colleagues from hospitals across the state.

In addition to her leadership role at WCHN, Andrea serves on the Board of Directors for the Women's Business Council in Danbury, the Board of the New Milford Chamber of Commerce, and the Advisory Board of the Community Culinary School of Northwestern Connecticut.

CHA congratulates Andrea on this well-deserved recognition and extends thanks for her service to Connecticut hospitals.

## 2013 CONNECTICUT'S HOSPITAL COMMUNITY SERVICE AWARD

### Community Care Team Middlesex Hospital

Middlesex Hospital's last countywide community health needs assessment found a disproportionate prevalence of diagnoses related to acute alcohol/other drug use and serious mental illness for emergency department utilization compared to benchmarks. In response, the Community Care Team (CCT) formed in 2010. The CCT is a collaboration of nine community agencies that specialize in the delivery of care for people with serious mental illness and/or substance abuse in Middlesex County.

The CCT found that the traditional model of episodic care delivery does not adequately meet the needs of its shared population. The team's objective is to provide patient-centered care and improve health outcomes by developing and implementing wrap-around services through multi-agency intervention and care planning.

The partners – Middlesex Hospital, River Valley Services, Gilead Community Services Inc., Connecticut Valley Hospital (Merritt Hall), Rushford Center Inc., Community Health Center (Middletown), Advanced Behavioral Health, Value Options



Back row, (l-r) Catherine Rees, Middlesex Hospital; Ifoma Okwuosa, Middlesex Hospital; Dan Osborne, Gilead Community Services, Inc.; Kathy Ulm, Gilead; Lydia Brewster, St. Vincent de Paul; Charlie Melvin, APRN, Community Health Center; Ron Krom, St. Vincent de Paul  
Front row, (l-r) Michael Saxe, MD, Middlesex Hospital; Terri DiPietro, Middlesex Hospital; Deb Warzecha, MSN, RN, Middlesex Hospital; Jennifer Keser, RN, Connecticut Valley Hospital  
Not pictured: Rebekah Dorweyko, Value Options Connecticut; Barbara Durham, Advanced Behavioral Health; Margaret O'Hagan-Lynch, River Valley Services

Connecticut, and St. Vincent de Paul – offer patients coordinated intervention. Team members, including the partners and a health promotion advocate, meet on a weekly basis to review cases, uncover service gaps, and develop individualized care plans. Common traits of CCT patients include behavioral health problems, disjointed care/lack of care coordination, poor primary care connections, housing issues, lack of a social network, noncompliance, loneliness/hopelessness, and overuse of emergency department services.

As the patient travels through the continuum of care, he or she is linked to appropriate services. Additional areas of focus include connection to primary care and linkage to housing for those experiencing homelessness (currently 26 percent of the CCT's caseload). Outcomes include maintained sobriety, mental health stabilization, improved access to care, reduced homelessness, supportive and stable housing, workforce re-entry, reconnection with family, educational pursuits, and the feelings of self-worth and respect that come with improved quality of life.

The team expanded in 2012. In the first 14 months since, a cohort of 105 highly complex patients has been managed by the CCT, with a subset managed for more than 6 months. Of this subset, there has been a 52 percent reduction in emergency department and inpatient visits (924 total visits pre-intervention, 478 total visits post-intervention).

Due to the CCT's successes, the initiative has become an established standard of care for all involved community partners and has been fully integrated into Middlesex Hospital's emergency department care delivery model. CCT members are committed to working collaboratively to continue to improve the lives of those who struggle with mental illness and substance abuse. The CCT design requires selecting a focused population that has complex clinical and social needs, bringing key partners to the table, and earmarking staff to act as program liaisons. The benefits of the partnership have included system change, open communication, and relationship-building among multiple community agencies. The result has improved patient outcomes and quality of life for those who struggle with severe alcohol or other drug addiction and acute psychiatric illness.

CHA and the Department of Public Health are pleased to recognize the dedication and innovative spirit of Middlesex Hospital's Community Care Team in building a healthier community.



## THE 2013 JOHN D. THOMPSON AWARD FOR EXCELLENCE IN THE DELIVERY OF HEALTHCARE THROUGH THE USE OF DATA

### Western Connecticut Health Network

#### *A Multidisciplinary, Multi-Hospital, and Community-Based Program to Improve the Treatment of Patients with ST Elevation Myocardial Infarction*



Front Row (l-r) Maribeth Cross, RN; Hal Wasserman, MD; Dawn Martin, RN, and Kelli Stock  
Middle Row (l-r) Sal Sena, MD; Andrew Keller, MD; Mark Warshofsky, MD; Tom Koobatian, MD; Pat Soriano, APRN; Barbi Hart-Lizak, RN; Robin Allenturner; Marybeth Martell, RN  
Back Row: (l-r) Blair Balmforth, Paramedic, CCEMT-P, EMS-I; Ron Stephens, RN, MSN, EMT

Cardiovascular disease remains the leading cause of death in the United States, with over one quarter of the approximately one million heart attacks each year being the more severe ST elevation myocardial infarction (STEMI). The preferred treatment for these patients is coronary artery balloon angioplasty and stenting to open the occluded coronary artery causing the heart attack.

In 2007, Danbury Hospital, part of Western Connecticut Health Network, formed a multidisciplinary team to improve door to balloon times (D2B). This is the time from patient arrival at the emergency department “door” to the time the artery is opened in the cardiac catheterization lab. Membership included physician and nursing leadership from Cardiology, Pathology, and Emergency

Medicine, and representatives from performance improvement and Emergency Medical Services. Data were collected for each step of the D2B process and included up to 23 distinct data points. It soon became apparent, as others have shown, that D2B times were shorter for patients presenting “on hours” (non-holiday weekdays from 7:00 a.m. – 7:00 p.m.) with a median of 52 minutes, compared to “off hours” (all other times), with a median of 87 minutes. Patients arriving by ambulance had a trend for shorter D2B times than ambulatory patients. Patients who had electrocardiograms (ECGs) performed in the field by emergency medical responders had the shortest median times, since this allowed earlier activation of on-call staff.

These results led to changes in process in the emergency department and



catheterization lab including renovation of the triage area to allow space for a dedicated ECG machine to more rapidly perform ECGs. When the data showed that certain cath lab call teams were ready more quickly to accept a patient during off hours, the teams were reconfigured based on distance from the hospital to hasten preparation. Since 2007, there has been significant improvement in median D2B times with a narrower range of variation due to a more predictable and stable process.

In September 2009 with a gift provided by two generous community donors, WCHN provided 17 EMS programs within a 25-mile radius with wireless modems to allow transmission of ECGs to a receiving station monitored by Emergency Department physicians. Written protocols were developed and shared with EMS supervisors. There was also significant education and training of area paramedics in utilization of the new technology and the importance of rapid transmission of the 12 lead ECG to the ED receiving station. With this effort, an average of 90 ECGs per month are electronically transferred to the ED for physician review. STEMI alerts are routinely initiated in the field by EMS providers.

Since 2009, this work has resulted in a significant, sustained decrease in median D2B time from 83.5 to 72 minutes for off-hour patients arriving without EMS. Patients presenting via EMS with field ECGs had a significantly better median D2B time of 61 minutes. Compared to 2007, the median D2B time for off-hour patients in 2012 improved by over 23 minutes. Since February 2011, 100 percent of patients presenting with STEMI at any time of day and eligible for data analysis have had D2B times less than the benchmark of 90 minutes.

In 2011, WCHN expanded its efforts to include its affiliated hospital, New Milford Hospital, which does not have percutaneous coronary intervention capability. ED processes were unified and additional processes put in place to reduce the time needed to transfer the patient. With these efforts, the median time spent in the referring hospital decreased from 74 minutes to 47 minutes, and the median interval from EMS transport arriving at the referral hospital to the patient leaving the hospital decreased from 22 minutes to 5.3 minutes. This has resulted in more than 70 percent of transfer patients achieving a D2B time of less than 120 minutes from arrival at the first hospital. WCHN's multidisciplinary team has significantly improved the care of patients with myocardial infarction.

CHA is pleased to present the John D. Thompson Award for Excellence in the Use of Data to Western Connecticut Health Network for its innovative approach to dramatically improve care for patients with cardiovascular disease.

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Wiggin and Dana proudly supports the Connecticut Hospital Association and congratulates our colleague BJ Bernblum on his honorary lifetime membership.

HEALTH CARE PRACTICE

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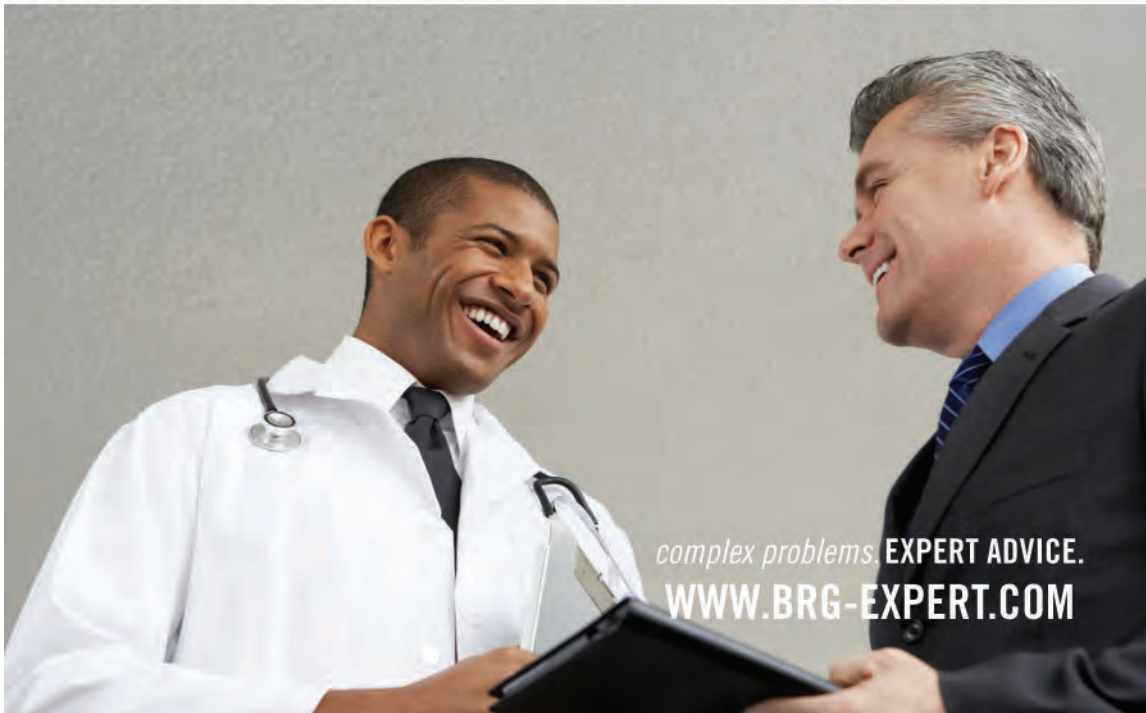
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## CHA 2013 Board of Trustees Slate of Candidates

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 25, 2013 CHA Annual Meeting.

<b>POSITION</b>	<b>NOMINEE</b>	<b>TERM</b>
<b>Treasurer</b>	<b>David Whitehead</b> , President and CEO The William W. Backus Hospital	2-year term
<b>Executive Committee At Large Members</b>	<b>Marna Borgstrom</b> , Chief Executive Officer Yale-New Haven Hospital President and Chief Executive Officer Yale New Haven Health System	1-year term
	<b>Elliot Joseph</b> , President and Chief Executive Officer Hartford HealthCare	1-year term
<b>Trustees</b>	<b>Vincent G. Capece Jr.</b> , President/CEO Middlesex Hospital	3-year term
	<b>Elliot Joseph</b> , President and Chief Executive Officer Hartford HealthCare	3-year term

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





professionals  
community-based  
policy  
health  
equity  
diversity  
public  
CHA  
accountable  
education  
created  
effectiveness  
association  
community  
advocacy  
values  
strengthening  
quality  
care  
systems  
representing  
efforts  
community  
environment  
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innovation  
healthcare  
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