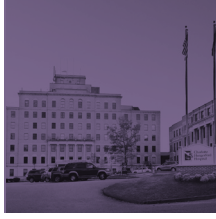
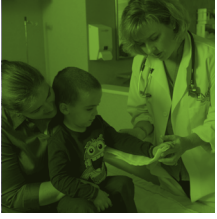
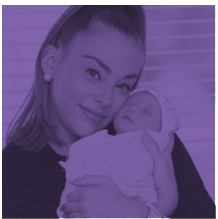
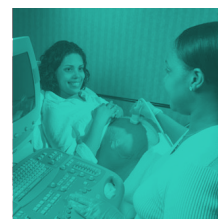


# The Connecticut Hospital Association 2016 ANNUAL REPORT







# CONNECTICUT HOSPITALS:

STANDING UP FOR COMMUNITIES

CARING FOR PATIENTS, FIGHTING FOR FAIRNESS

*Every Day, Every Hospital*

## PROGRAM AGENDA

**June 28, 2016**

**3:30 – 4:00 p.m. Registration**

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

Call to Order	Bruce D. Cummings
Invocation	Rev. Jessica Sommar
Report of the President	Jennifer Jackson
Report of the Chairman of the Board	Bruce D. Cummings
Awards Presentations	Bruce D. Cummings
AHA Grassroots Champion Award	
Connecticut's Healthcare Heroes	
2016 Connecticut's Hospital Community Service Award	
2016 John D. Thompson Award for Excellence in the Delivery of Healthcare Through the Use of Data	
Honoring our Hospital Champions	
Election of Officers and Trustees	Bruce D. Cummings
Passing of the Gavel	Bruce D. Cummings
Remarks of the New Chairman	David A. Whitehead
Presentation to the Retiring Chairman	David A. Whitehead
Adjournment	

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

**6:00 – 7:00 p.m. Guest Speaker**

Jon Meacham

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



THE PRIVATE BANK

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## MESSAGE FROM THE BOARD CHAIRMAN AND PRESIDENT

In yet another year of political turmoil and staggering state budget deficits, Connecticut hospitals were once again in the crosshairs for cuts and increased taxes. Throughout the regular and special legislative sessions, our advocacy remained steadfast and resolute in opposing shortsighted decisions to cut funding and in continuing the fight for a sustainable healthcare system. Through CHA, hospitals mounted a comprehensive, collaborative, and highly visible advocacy and communications campaign, creating a groundswell of support in opposition to harmful budget proposals. With dedicated patients and their families, caregivers, and hospital leaders, we coordinated their active support to repeatedly tell our story to every legislator and Connecticut citizen willing to listen.

This work resulted in the mitigation of proposed reductions during the 2016 Legislative Session, yet we know our work is far from over. This year's Annual Meeting theme, *Standing Up for Communities, Caring for Patients, Fighting for Fairness – Every Day, Every Hospital*, reflects the fact that we must continue to stand united in our advocacy to lead the fight for sustainable funding however long it takes, while fulfilling our core mission to provide accessible, equitable, affordable quality healthcare to all.

An example of the dedication Connecticut hospitals demonstrate to this mission every day, in every patient interaction, is the remarkable progress that has been made since hospitals began the high reliability journey several years ago to eliminate all cause preventable harm, as measured by a reduction in the serious safety event rate. That rate has now declined thanks to the sustained effort and dedication of more than 50,000 hospital staff and leaders who have been trained in high reliability safety behaviors and tools to create a culture of safety. And we are pleased to report that high reliability science continues to expand beyond hospital walls to patients and families, healthcare organizations across the continuum, and neighboring states.

Embracing the goals of the second Hospital Engagement Network, we continued to focus on clinical priorities including surgical site and *C. diff* infections, while sustaining dramatic reductions in catheter



Bruce D. Cummings



Jennifer Jackson

associated urinary tract and bloodstream infections – both of which are now at a rate almost half of the national rate used to benchmark improvements. Concurrently, we are building for the future of safe care delivery by creating a first-in-the-nation Radiation Dose Management repository, which will enable optimal dosing practices, tracking of cumulative exposure, and benchmark data to analyze progress.

Supporting hospitals' expanding population health management strategies, CHA continued its role as convener, building collaborative relationships with community providers, the Department of Public Health, local health departments, and other healthcare providers and associations, with a continued focus on eliminating disparities and improving health equity. CHA provided educational opportunities to expand provider knowledge of social determinants of health, and deepen coalitions between community groups and hospitals. As one example, Connecticut hospitals, along with a broad-based coalition of more than 200 individuals from dozens of organizations across the continuum, are currently implementing clinical best practices and policies so we can improve patient care and eliminate healthcare disparities through the Connecticut Asthma Initiative, launched in 2015. CHA also continued to participate in the State Innovation Model (SIM) to represent hospital interests in development of a plan to advance care delivery innovation and reform the payment system.

Under the joint direction of the CHA Board Committees on Patient Care Quality and Population Health, CHA initiated an End-of-Life Care Advisory Group to address the growing needs of Connecticut's aging population. Comprising hospital and continuum representatives, payers, and state agencies, this group is developing an evidence-based, compassionate, statewide end-of-life care strategy and guidelines for practice improvement in palliative care.

Your vision and leadership in transforming healthcare, embodied by your commitment to quality and patient safety, population health management, and advocacy, enabled us to accomplish all that we did this year; we have reason to celebrate.

And it is with gratitude for that leadership – and pride in all we've accomplished, that we thank you for allowing us the privilege of serving you.

**Bruce D. Cummings**  
Chairman, CHA Board of Trustees  
President/CEO  
Lawrence + Memorial Hospital

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



## REPORT OF THE TREASURER

It is my pleasure to report to you that the financial position of the Connecticut Hospital Association is sound. On June 8, 2016, the Financial Oversight Committee met with representatives of the Association's public accounting firm and management to review the results of the audit for the fiscal year ended April 30, 2016. The auditors issued an unqualified opinion on CHA's consolidated financial statements for the year then ended. In addition to the financial statements, the Financial Oversight Committee has reviewed the other required communications from the auditors. CHA's internal controls are effective and, for the twelfth consecutive year, the auditors did not issue a management letter. For your reference, the consolidated balance sheet and income statement are included as an insert in the CHA Annual Report.



*Christopher O'Connor*

CHA followed a strong 2015 fiscal year with continued positive operating results in 2016. During FY 2016, CHA continued to reduce expenses while enhancing member services and positioning them for future growth with initiatives such as expanding markets for data and IT services and implementing advanced wireless networks for member hospitals. The Financial Oversight Committee continues to monitor the impact of the frozen defined benefit plan on CHA's financial position; declining interest rates and poor market performance drove a significant increase in the pension liability and resulted in negative Net Assets of (\$7.7 million) at year-end. Net income totaled \$226,000, a 0.8% margin.

FY 2017 will focus on the continued implementation of CHA's 2014-2017 Strategic Plan in support of the four strategic priorities: Clinical and Operational Excellence, Performance-Based Reimbursement, Population Health, and Association Effectiveness and Member Value. CHA's business model continues to focus on three service lines: Advocacy and Public Policy, Quality/Patient Safety and Education, and Data and Information Technology. Issues concerning an evolving membership and implications for financial sustainability planning will be addressed over the next 18 months and result in an updated CHA Strategic Plan for 2018-2021. While the strategic analysis is ongoing, and given the current environment that results in the need for a strong Association, CHA will suspend the current schedule of annual dues decreases and freeze dues at current levels (the third year of five planned annual decreases).

The Committee has reviewed the budget and business plan for the new fiscal year, which includes growth projections that result in positive net financial performance. The FY 2017 budget reflects the continued implementation of advocacy, supported by membership dues and subsidies from member services. The budgeted 1.6% pre-tax margin reflects frozen acute care hospital dues as well as growth in ChimeData and ChimeNet.

The Financial Oversight Committee will continue to monitor CHA's financial performance and will provide input and guidance to ensure that CHA remains a financially strong and stable organization to serve Connecticut's hospitals now and in the future.

A handwritten signature in blue ink, appearing to read "Christopher O'Connor".

**Christopher O'Connor**

*Treasurer*

*CHA Board of Trustees*

*Executive Vice President  
and Chief Operating Officer  
Yale New Haven Health*





## CLINICAL AND OPERATIONAL EXCELLENCE, PERFORMANCE-BASED REIMBURSEMENT, POPULATION HEALTH

**CHA HAS PROVIDED DYNAMIC, INNOVATIVE STATE AND FEDERAL ADVOCACY FOR NEARLY 100 YEARS,** as well as high quality, cost-effective products and member-focused services. CHA's work on behalf of hospitals focuses on clinical and operational excellence, performance-based reimbursement, and population health.





# CLINICAL AND OPERATIONAL EXCELLENCE

**At the core of every Connecticut hospital's mission is a commitment to providing the highest quality care for every patient. CHA supports this mission by facilitating hospital culture change that is focused on high reliability safety practices and patient-centered care redesign.**

This year, the high reliability safety movement continued its expansion across Connecticut's healthcare landscape. Since 2011, through CHA, more than 50,000 staff and physicians in hospitals across the state have been trained in high reliability safety behaviors at CHA and member organizations. CHA has also progressed toward a goal of 100 percent participation, with 26 member hospitals having fully implemented high reliability. Additionally, three long-term care hospitals, numerous ambulatory practices, and other healthcare organizations have adopted high reliability practices.

Consistent with the goals of the CHA Board Committee on Patient Care Quality, high reliability was also extended to the patient and family community this year, resulting in numerous initiatives intended to empower patients and heighten awareness about issues central to patient care. CHA hosted multiple conferences to further these goals, including the first Patient Family Advisory Council (PFAC) conference last September and a forum to share



strategies for increasing the use of palliative care in hospitals in partnership with the Conversation Project in Boston.

CHA and its member hospitals also continued their involvement in the Centers for Medicare & Medicaid Services (CMS) Partnership for Patients program, the largest patient safety improvement initiative ever undertaken. As a consistent top performer in the first three-year Hospital Engagement



*As expected, with greater transparency, the Serious Safety Event Rate increased, and is now decreasing as hospitals experience fewer events.*

Network (HEN), Connecticut hospitals were quick to embrace the goals of HEN 2.0, the focus of which is to prevent patient harm in 10 key areas, reduce preventable inpatient harm by 40 percent, and reduce preventable readmissions by 20 percent. CHA was awarded a grant to implement HEN 2.0, joining 35 other state hospital associations that represent nearly 2,000 hospitals.

After making significant progress in the reduction of catheter-associated urinary tract infections (CAUTI) last year, Connecticut hospitals added a focus this year to the prevention of *C. diff* and surgical site infections, partnering with Qualidigm and the Connecticut Department of Public Health's Healthcare-Associated Infections (HAI) Program.

CHA has also developed a statewide Radiation Dose Management (RDM) initiative, forming



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*Since 2011, through CHA, more than 50,000 staff and physicians in hospitals across the state have been trained in high reliability safety behaviors at CHA and member organizations.*

a partnership with Bayer to create a first-in-the-nation radiation dose management repository. This partnership will also allow physicians to evaluate the optimal radiation dosing for patients, as well as provide hospitals with the ability to collect and analyze data at a statewide level so they can compare their own practice to state and national benchmarks.

As part of this effort, CHA signed the pledge to Image Wisely – sponsored by the American College of Radiology, the Radiological Society of North America, the American Association of Physicists in Medicine, and the American Society of Radiologic Technologists – which aims to lower the amount of radiation used in medically necessary imaging studies. CHA has taken a similar pledge through the Image Gently campaign, the goal of which is to foster safe and effective imaging of children worldwide.

Other patient care-related partnerships pursued by CHA this year include a joint effort with the March of Dimes and DPH to reduce early elective deliveries and an effort with the Connecticut Surgical Quality Collaborative to improve surgical outcomes – including adoption of Enhanced Recovery After Surgery (ERAS) – a protocol to decrease surgical site infections and adopt perioperative best practices.

Finally, CHA continued its practice of continually pursuing meaningful external connections with other state associations, federal and state agencies, and educational institutions as a way to advance best practices across the healthcare continuum. To that end, CHA and Thomas Jefferson University in Pennsylvania began a two-year partnership to advance population health. CHA is also partnering with hospital associations in Rhode Island and Delaware to implement high reliability practices in their hospitals. CHA staff have given numerous national presentations and authored journal articles about Connecticut's successful efforts to reduce patient harm.





# PERFORMANCE-BASED REIMBURSEMENT

**This year, CHA continued its sharply focused advocacy in Hartford to support patients, improve healthcare, and oppose deeper cuts, higher taxes, and additional regulatory burdens aimed at hospitals.**

Opposing Medicaid cuts and increases in the hospital tax was the focus of a large, collaborative, and highly visible public advocacy campaign.

Hospitals came together to spread that message – that they can be part of the solution to the economic reality in Connecticut, and that investing in our state's hospitals is a win for our state's economy, patients, communities, and healthcare system.

As part of its advocacy, CHA presented a report from the Connecticut Center for Economic Analysis at the University of Connecticut, which showed that by phasing out the hospital tax, the state can generate 6,600 new jobs and collect close to \$35 million in tax revenue every year – starting in the first year.

Advocacy efforts leading up to a December 2015 Special Session resulted in the restoration of a significant portion of the hospital funding that Governor Malloy proposed to cut.

During the 2016 Legislative Session, CHA continued to fight against proposals to increase the hospital tax and cut hospital funding. CHA, along with leadership from member hospitals,



held joint discussions with legislators in Hartford, sent tens of thousands of e-mails, logged thousands of calls with lawmakers, and participated in the annual Connecticut Hospital Day. On that day, hundreds of healthcare providers from across the state packed the Capitol to meet with their legislative delegations, participate in the taping of a new commercial for CHA's advocacy campaign, and attend a press conference – along with 35 supportive lawmakers,







both Republicans and Democrats, who called on Governor Malloy to stop cutting and taxing hospitals, and to release state funds that had been appropriated by the legislature to hospitals.

Although the final budget approved in May 2016 reduced funding, the impact to hospitals was mitigated by these efforts. Additionally, a separate line item in the state budget was created for hospital supplemental payments, which will provide some measure of protection from future gubernatorial budget rescission orders.

Among other endeavors this session, CHA and hospitals advocated for passage of legislation to provide timely and adequate payments to hospitals for Medicaid services. Although the bill gained a broad array of supporters, attracting 124

*“If my hospital didn’t have enough staff... if they weren’t able to respond as quickly as they did... my daughter might not have made it.”*

— Tina Ragland

co-sponsors from both sides of the aisle, representing a majority of both the House and Senate, it was not taken up by the end of the 2016 Legislative Session.

Also during the 2016 Legislative Session, CHA fought proposals that would impose new and onerous regulatory burdens, as well as advocated for legislative action on important public health issues such as mental health and substance use treatment and prevention services.

CHA continued to advocate for the restoration of funding for Community Care Teams, and testified in favor of bills that would more effectively oversee the prescription of opioids, as well as increase access to abuse-deterrent opioid analgesics and overdose reversal drugs.

In Washington, DC, CHA and hospital leaders met with members of Connecticut’s congressional delegation. Hospital leaders asked congressional lawmakers to protect Medicare and Medicaid hospital funding by opposing reductions to payments for



hospital outpatient care, assistance to low-income Medicare beneficiaries, and graduate medical education.

Hospitals also asked the congressional delegation to support adequate reimbursement to mental health providers, ensure that federal parity laws apply to Medicaid services, provide relief from recovery audit contractors and unfair Medicare penalties, and support the transformation of the healthcare delivery system.

Through CHA, Connecticut hospitals also expanded their work to advance initiatives that modernize the Medicaid program and move Medicaid toward a value-based design, collaborating with DSS and its Medicaid Administrative Services Organization (ASO), Community Health Network of Connecticut (CHN).





# POPULATION HEALTH

**Connecticut hospitals play a major and continually expanding role in population health management and improving the health of the communities they serve. CHA supports this work by facilitating care coordination and optimization across the continuum of care and focusing on integrated, equitable care.**

One of the primary ways Connecticut hospitals are addressing these goals is through CHA's Connecticut Asthma Initiative (CAI), which began in 2015 and formally launched its implementation phase in January 2016. The initiative is led by Stuart G. Marcus, MD, President and Chief Executive Officer, St. Vincent's Medical Center, and Anne Diamond, JD, CNMT, Chief Executive Officer, UConn John Dempsey Hospital. The CAI is based on a vision that no one should die of asthma or have to limit his or her life unnecessarily due to the disease.

Since its inception, a broad-based group of more than 200 people from 62 organizations across the continuum including hospitals, community organizations, commercial payers, state government, and more – have created a model of collaboration that connects communities, healthcare providers, and public health organizations. This Hospital-Community Partnership (HCP) structure, essential to the Initiative's success has been established in all Connecticut acute-care member hospitals. Those HCPs are working to implement three best practice clinical interventions:

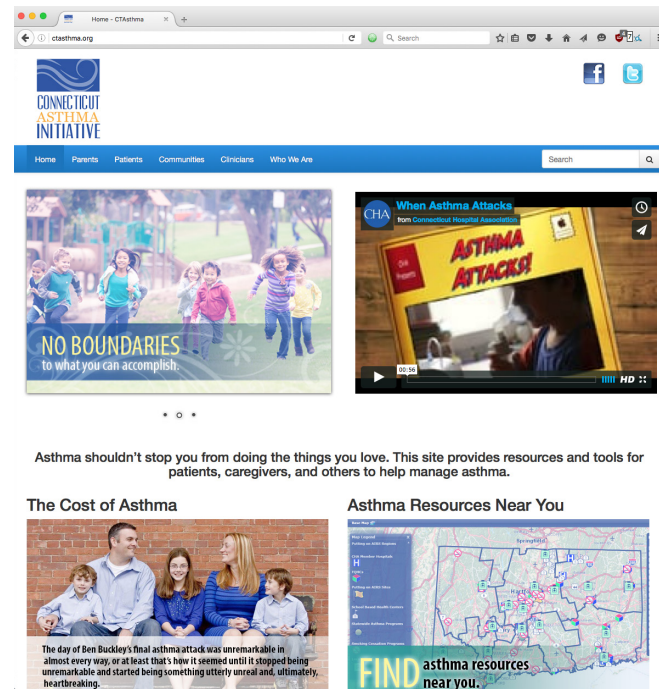


medication training for inhaler use with “teach-back,” provision of an understandable ED discharge plan and asthma action plan form for completion by the primary care provider, and a “warm hand-off” – an appointment made with a primary care provider.

Recognizing the significant health outcome disparities that exist, and informed by working with groups such as the Hispanic Health Council and the Connecticut Health Foundation, the CAI is also working to identify best practices in the policy arena that can improve the social determinants that so heavily affect asthma outcomes in some Connecticut communities.







*Nearly 85,000 Connecticut residents seeking asthma resources have been reached through extensive social media outreach in both English and Spanish.*

Population Health, Yale New Haven Health, met for the first time in February 2016. The group is developing an evidence-based, compassionate, statewide end-of-life care strategy in collaboration with continuum of care partners, as well as facilitating statewide adoption of guidelines for practice improvement in the areas of palliative care. The group will also develop resources for provider and public education.

Another member-focused initiative developed by CHA this year is a cross-continuum patient reference system, in partnership with PatientPing, which uses Admission/Discharge/Transfer (ADT) data to assist providers in better managing patient care. This technology will alert providers when their patients are admitted to or discharged from a hospital, nursing home, or other facility, allowing for better, more coordinated and cost-effective patient management as healthcare continues its progression toward a value-based payment system.

ChimeData continues to support hospitals' population health strategies by providing hospital-specific community health profiles, analytics for the CAI, and new advanced data analytics products and solutions focused on population health management. Each community health profile includes an executive summary of insights and key actionable drivers, as well as health profile data comprising demographic and socioeconomic factors and leading health indicators. *ChimeMaps*, CHA's interactive geo-mapping analytic product, continues to be used to evaluate hospital, health, and population

Additionally, a dedicated website, CTasthma.org, was created to provide information – including an interactive resource map – for clinicians, patients, and families. Nearly 2,000 people follow the CAI on social media.

The impact of social determinants of health on outcomes and costs of care has been addressed through educational programming for hospitals and continuum of care partners, including a focus on creating Accountable Health Communities.

An End-of-Life Care Advisory Group was created this year based on direction from the CHA Board Committees on Patient Care Quality and Population Health. The Advisory Group, chaired by Adam Silverman, MD, Vice President, Ambulatory Strategy and Development, Trinity Health–New England, and Amanda Skinner, RN, CNM, Executive Director, Clinical Integration and

data for the purposes of strategic planning and business development, community analysis, and population health management. Customized decision support and the asthma scorecard help evaluate the performance of the CAI. The new advanced data analytics, along with the cross-continuum patient reference system, are geared toward supporting population health along the continuum of care.

CHA also represents Connecticut hospitals' interests in the development of the State Innovation Model (SIM), a plan for the future delivery and payment of healthcare services in the state, by serving in many areas. CHA's focus has been on educating participants and state leaders on hospitals' role in population health and primary care transformation, monitoring SIM implementation, and facilitating hospitals' full participation with SIM including in Medicaid shared savings initiatives.

CHA staff continued to serve on the Advisory Council for the State Health Improvement Plan, developed by DPH with participation from a broad coalition of partners. The goal of the State Health Improvement Plan is to provide a framework for health promotion and disease prevention in the current decade, with overarching themes of improving health equity and addressing the social determinants of health. CHA is also partnering with the Chronic Disease Program at DPH as lead convener for the chronic disease component of the State Health Improvement Plan.

Connecticut hospitals continue to emphasize cultural competency as an institutional priority through CHA's Health Equity Collaborative, now in its fifth year. This year, hospitals took the AHA #123forEquity Pledge to Act to Eliminate Health Care Disparities. As well, CHA has continued its partnership with the Connecticut Association of Healthcare Executives, National Association of Health Services Executives, and the New England Regional Health Equity Council to collaborate on opportunities to advance the health equity agenda.







## MEMBER-FOCUSED SERVICES

**CHA strengthened its commitment to helping hospitals meet the challenges of a dynamic and rapidly evolving healthcare environment. CHA helped to train the next generation of healthcare leaders through affordable education and leadership development programs. Additionally, members received critical data, information, and analysis from ChimeData, as well as high-speed connectivity, Internet access, and secure network services from ChimeNet.**

CHA's Education Services delivered 89 education programs over the last year, including issue-based forums, leadership conferences, member briefings, and support of the High Reliability and Partnership for Patients initiatives. The various programs reached more than 3,600 hospital leaders, clinicians, and healthcare professionals across the care continuum, helping them stay abreast of critical issues and challenges across the rapidly changing healthcare landscape. The education curricula continued to focus on leadership and management development, regulatory compliance, health equity, reimbursement and financial management, and population health, including support of the Connecticut Asthma and End-of-Life Care Initiatives.

New in 2016, CHA offered an intensive Case Management – Transitions Across the Continuum course, support for the Surgical Site Infections program, and a conference on Patient and Family Engagement. Consistent with the strategic goal to deliver issue-based, multidisciplinary programs and cross-continuum learning, CHA held issue-



based forums and member briefings on hospitals and probate courts, Deaf and Hard of Hearing regulations, and collaborated with Community Health Network (CHN) to provide education on the benefits of Patient Centered Medical Homes. CHA also partnered with ONE-CT to present Leading in a VUCA Environment, outlining strategies and tools to provide leadership in an environment





*“It is simply unacceptable to have disparity and inequality in healthcare. It is inconsistent with our values.”*

— Thomas LaVeist, PhD, Director  
Hopkins Center for Health Disparities Solutions  
Johns Hopkins Bloomberg School of Public Health

that is volatile, complex, and ambiguous. The program was attended by 90 nurse leaders.

The CHA Leadership Program series brought nationally recognized experts to Connecticut again this year. Pamela F. Cipriano, PhD, RN, President, American Nurses Association, delivered the keynote address at the 2016 Patient Safety Summit; Dave deBronkart (E-patient Dave), author and patient advocate, was the keynote presenter at the Nurse Leadership Forum; and Thomas LaVeist, PhD, Director, Hopkins Center for Health Disparities Solutions, Johns Hopkins Bloomberg School of Public Health, was the keynote speaker at the annual Health Equity Symposium.

Based on positive feedback from members, CHA scheduled The Joint Commission (TJC) programs on Radiation Dose Management, Medication Safety for Pharmacists, and the updated TJC

Standards and National Patient Safety Goals. CHA also continued the Lean Principles in Healthcare course to help hospitals improve employee engagement, streamline processes, reduce waste, and improve interdisciplinary collaboration.

### ChimeData

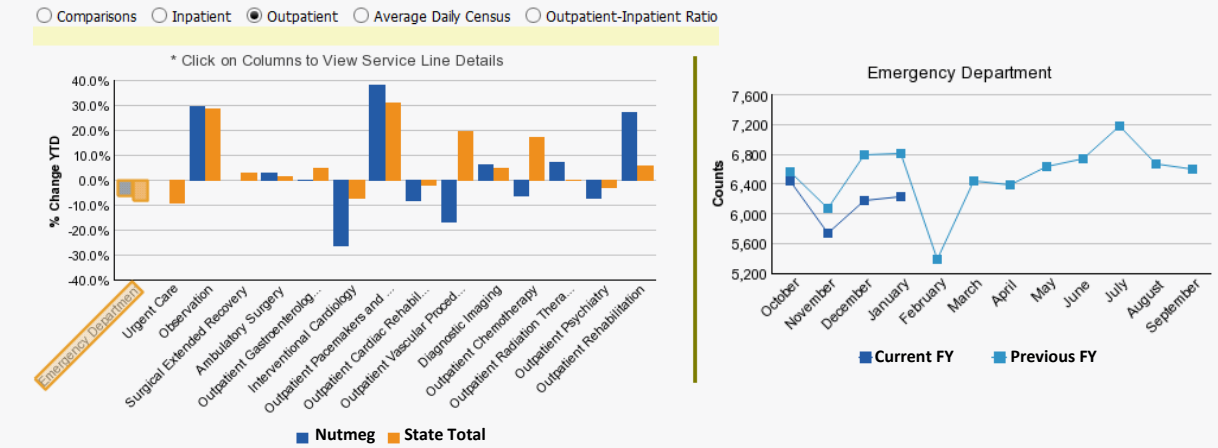
This year, ChimeData expanded its offerings to provide new innovative data solutions and business intelligence capabilities, including predictive modeling that supports hospitals in the management of clinical care redesign and navigation of evolving payment models. Products and services include enhanced benchmarking, performance reporting, and analytics on market share, service lines, physician performance, quality and patient safety, and community health and disparities.

ChimeData continued its market and

product expansion, focused on growing its data holdings to include outpatient data and partnerships with other state hospital associations to allow other hospitals to utilize ChimeData products and solutions. ChimeData products and services help hospitals gauge their performance in quality improvement and patient safety, track and trend the utilization of key hospital services, and meet regulatory requirements.

During the past year, ChimeData introduced two population health prototype solutions – Risk Stratification and Gaps in Care – which offer insight into factors associated with high-risk, high-cost patients and help pinpoint those most likely to be hospitalized. ChimeData provided data and analytics in support of advocacy including on asthma and perinatal issues, as well as community health profiles. As part of the ChimeData

### Patient Census monthly interactive report



market expansion plan, four state hospital associations now use *ChimeMaps* – Colorado, Indiana, Iowa, and New Jersey. In total, more than 300 hospitals, across four associations, with more than 600 registered users, now access *ChimeMaps* for geographic visualizations of health data that drive community health planning, population health strategies, and more.

ChimeData continues to collect, store, and analyze administrative claims data from inpatient admissions, Emergency Department non-admissions, hospital-based ambulatory surgeries, and outpatient observation encounters from Connecticut member hospitals.

### ChimeNet

In a rapidly changing technology environment, ChimeNet continued to provide secure, high-speed fiber broadband connectivity, Internet access, and fully managed network, network security, and wireless infrastructure 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.

This year, ChimeNet’s data center infrastructure provided a platform for delivering shared IT solutions for hospitals and physicians, and supported advanced data analytics

and delivery of services to out-of-state hospital associations. Hospitals, large physician practices, and other commercial businesses utilized ChimeNet’s data center infrastructure for redundancy and disaster recovery. Cyber security and data network resilience strategies are also target technologies for ChimeNet.

Working with hospitals and physicians, ChimeNet is designing new products and services that leverage this infrastructure and reduce costs, facilitate patient engagement, and respond to new trends such as telemedicine, home healthcare, and provider collaboration via technology.



# AHA GRASSROOTS CHAMPION AWARD

**Stuart Rosenberg**  
President  
Johnson Memorial Hospital

**The American Hospital Association's (AHA's) 2016 Grassroots Champion Award recipient is Stuart Rosenberg, President, Johnson Memorial Hospital. As a 2016 Grassroots Champion, Mr. Rosenberg is being recognized for his exceptional leadership in generating grassroots and community support for issues of importance to hospitals and healthcare.**

Stu, who has more than 26 years of experience in general administrative and human resource management, began his career with the Saint FrancisCare system in 1987. He is currently President of Johnson Memorial Medical Center, which includes Johnson Memorial Hospital, Johnson Health Care, and Home and Community Health Services – all members of the Trinity Health – New England Regional Health Ministry.

Stu is a member of the CHA Committees on Population Health and Government. He is a past member of the CHA Committee on Human Resources, Subcommittee on Employee Wellness, and Subcommittee on Advocacy Communication Strategy, and is Past Chairman of the CHA Human Resources Executives Meeting Group.

In addition to his leadership at Johnson Memorial Hospital, Stu serves as Chairman of the Asnuntuck Community College Foundation Board, Co-Chairman of the Board of Trustees New England District 1199 Health, and Co-Chairperson of the Allied Health Regional Policy Board. He is a member of University Park Board of Directors, the Upper Albany Main Street Board of Directors, the Hartford Federal Credit Union Board of Directors, the Connecticut Education and Training



Commission Board of Directors, and the North Central Connecticut Chamber of Commerce Board of Directors. He is Past President of the CT Health Care Human Resources Association.

CHA congratulates Stu on this well-deserved recognition and extends deep thanks for his service to Connecticut hospitals.





## CHA HEALTHCARE HERO AWARD

### **Kelly DePanfilis, RN**

Patient Service Director  
Nursing Department  
Norwalk Hospital  
Western Connecticut Health Network  
*Nominated by Jan Mola, RN*

Although excellence is the norm for oncology nurse Kelly DePanfilis, RN, it was a promise that she made to an elderly patient that resulted in a lifesaving effort to save a child. Kelly was taking care of an elderly patient with leukemia who, despite his illness, had a very positive outlook and explained to her that when he was well enough he planned to have a bone marrow transplant. When Kelly expressed her interest in becoming a donor herself, the patient showed her how to get on the registry.

Several months after the patient was discharged from Norwalk Hospital, Kelly participated in the “Be the Match” registry outreach at the annual Norwalk Hospital Whittingham Cancer Center Walk. A few months later, Kelly received a call that she might be a match for someone. Without any hesitation, she went to Massachusetts General Hospital in Boston for more testing. She learned that she was a 100 percent match for a six-month old boy with an immunodeficiency disorder.

Kelly credited her elderly patient for encouraging her to join the Bone Marrow Registry and “pay it forward.” When she learned that he had passed away, she reached out to his family and explained to them how his inspiration had motivated her to become a donor and change a little boy’s life.



Kelly has since organized the bone marrow drive at Norwalk Hospital, coordinating all aspects of the event. But she didn’t stop there. Kelly also organized a winter coat drive at the hospital for the less fortunate in the community, led the effort on her nursing unit to send packages to members of the military overseas, volunteered for the annual Tommy Spinola Golf Tournament to raise money for the community, and served as the chairperson of the Hospital’s Practice Council.

Every day, Kelly demonstrates that nursing is not just a profession, but a calling and a way of life.

## CHA HEALTHCARE HERO AWARD

### **Keith Grant, BSN, RN, CIC**

Registered Nurse  
Infection Preventionist  
Saint Francis Hospital  
and Medical Center  
*Nominated by  
Kathleen A. Smith, RN*

Keith Grant, BSN, RN, CIC, goes beyond the call of duty on a regular basis. As an infection preventionist at Saint Francis Hospital and Medical Center for the past four years, Keith has made a number of invaluable contributions to the hospital’s ability to respond to the emerging challenges of infection prevention. During the Ebola crisis, Keith organized, evaluated, and led the initiative to ensure that there was appropriate and sufficient Personal Protection Equipment available should a patient present with travel history and/or signs of this highly infectious disease. He also helped establish a training program for the ED, Labor and Delivery, and Critical Care nurses and physicians.

Keith also “adopted” certain units at the hospital in an effort to better educate the nursing staff with regard to decreasing hospital-acquired infections, and most specifically catheter-associated urinary tract infections (CAUTIs). He rounded on units and engaged in discussions with nurses to assess their level of understanding about the science of prevention and best practices to prevent CAUTIs. He identified two units to receive additional training, and partnered with them to provide the education.

When hospitals were faced with an increased focus on ensuring that pharmacies met USP 797 regulations for



compounding, Keith partnered with his colleagues in the pharmacy and became an expert on the topic, attending training with pharmacists and developing and implementing plans to maintain sterility in the compounding areas.

Beyond his hospital role, Keith is a Captain in the United States Air Force and has been deployed twice, most recently to Europe for six months. He is a flight nurse and the Medical Crew Director responsible for the transport and care of critical patients from field hospitals to the most advanced healthcare facilities around the globe. Keith received the Humanitarian Medal from the U.S. Air Force for lifesaving care rendered under intense circumstances during Hurricane Katrina.



## CHA HEALTHCARE HERO AWARD

### Laurel Holmes, MSW

Director of Community Partnerships  
and Population Health  
Lawrence + Memorial Healthcare  
*Nominated by Bruce Cummings  
and Jennifer Muggeo*

As the person responsible for supporting the delivery of an integrated population health approach across all entities of L+M Healthcare, Laurel Holmes, MSW, has an enormous job. It involves researching best practices and evidence-based strategies in population health management and community health improvement, facilitating creative partnerships with other community health and social service organizations, and working as L+M's primary leader in the development and implementation of a system-wide effort to plan, manage, report, and publicize community benefit activities for all entities in the L+M family of organizations.

Laurel has tackled all of these jobs with skill, deep knowledge, and commitment to the tenets of population health, particularly when it comes to highlighting health inequities in southeastern Connecticut. She is responsible for leading the assessment and identification of community needs within L+M Hospital and Westerly Hospital's service areas, and for developing innovative solutions using community partnerships to improve the health status of the underserved, uninsured, and other special needs populations, as well as for the broader community.

Laurel has worked to encourage citizen



involvement and multi-sector partnerships in health promotion and primary prevention activities such as tackling child obesity, preventing teen pregnancy, reducing the risk of diabetes among children, and intervening to reduce school absenteeism and avoidable use of the ED by children with asthma.

Laurel has more than 30 years of experience in the medical and public health fields and has been recognized nationally and in Connecticut for her work. She was recognized by Ledge Light Health District as the recipient of the 2015 Francis "Sam" Crowley Award, which is presented annually to a person who promotes the *10 Essential Services of Public Health*.

## CHA HEALTHCARE HERO AWARD

### Lenworth Jacobs, MD

Vice President of Academic Affairs  
Director of the Hartford Hospital  
Trauma Institute  
Hartford HealthCare  
*Nominated by Debra Durbin*

Following the Sandy Hook tragedy, Lenworth Jacobs, MD, a trauma expert and regent with the American College of Surgeons (ACS), knew that something needed to be done to reduce the loss of life in mass-casualty events. Four years later, Lenworth is leading the national adoption of the "Stop the Bleed" Campaign, which is focused on providing bystanders with the tools and knowledge to stop life-threatening bleeding.

The "Stop the Bleed" Campaign, which was launched on October 6, 2015 when Lenworth was invited to present his work at the White House, is the result of years of work on local and national levels. That work began with the creation of a committee of national experts, which Lenworth was instrumental in establishing, charged with developing a policy for reducing loss of life in mass-casualty events. That group, which was chartered by ACS and came to be called the "Hartford Consensus," included first responders from across the country – including doctors from the FBI and military, the Dallas SWAT team, and members of the U.S. National Security Council – and produced recommendations that have been distributed to more than 80,000 individuals and leaders worldwide.

One of those recommendations was for bleeding control to be part of the law-enforcement's initial response, as it is in the



military. And because bleeding is a major cause of death in these events, the Consensus also recommended that the public assist in bleeding control. Thanks to Lenworth's leadership, Hartford Hospital placed tourniquet kits throughout the hospital and trained staff to use them. Since then, other hospitals in Connecticut have followed suit; the University of Hartford also equipped its public safety officers with the kits.

Today, the national Stop the Bleed campaign is planning a variety of initiatives to educate and assist the public on bleeding control, including disseminating small portable bleeding kits for personal use. Lenworth has rightly received a four-year federal appointment to accomplish his work of helping to implement the national policy to empower the public to save more lives.



# CHA HEALTHCARE HERO AWARD

## Anita M. Kelsey, MD

Director of Echocardiography  
 Director of Women's Heart Program  
 Saint Francis Hospital and Medical Center  
*Nominated by Kristen Durocher*

When Anita M. Kelsey, MD, first arrived at Saint Francis Hospital and Medical Center in 2003, her goal was to develop a women's heart care initiative to fight cardiovascular disease, which kills more than 500,000 women each year in the U.S. So she took action and, in 2006, created the Women's Heart Program at Saint Francis; she now serves as the program's director.

The Program, offered free to any woman over 18, is designed to raise awareness and help women take a proactive approach to heart disease through education. Participants register for a risk assessment and a two-hour education session provided by a cardiologist, registered nurse, registered dietitian, and an exercise physiologist. The staff of the Women's Heart Program assist in developing individualized goals for participants through a combination of dietary changes and structured exercise plans.

Anita and her team are also taking their message beyond the hospital's walls. Under her leadership, the team educates women in schools, churches, corporations, and at many other community events and gatherings. Since developing the program 11 years ago, the lives of more than 10,000 women in the greater Hartford area have been directly impacted through education, outreach,



and screening programs. In addition to reaching out to the general public, Anita also understands the importance of education for the clinicians involved in the treatment of women's heart disease. That is why she created an annual symposium, Women's Cardiac Issues Now, which will celebrate its 11th year this June.

"Anita's advocacy for women's heart health is unmatched. There is really no one else like her," said Bernie Clark, MD, Cardiologist at Saint Francis Hospital and Medical Center. "Her daily dedication and commitment to the issue is two-fold. First, it's illustrated through the compassionate care she shows her patients and, second, in the considerable effort she makes in educating other physicians in the community about this important issue, making sure symptoms of this deadly disease are not easily dismissed."

# CHA HEALTHCARE HERO AWARD

## Jeanne Kessler, RN

Staff Nurse  
 Geriatric Psychiatric Unit  
 Institute of Living  
 Hartford Hospital  
*Nominated by  
 Christine Waszynski  
 and Kelley Boothby*

Jeanne Kessler, RN, a nurse and clinical leader at the Institute of Living at Hartford Hospital, functions as a designated expert in geriatric psychiatric nursing and dementia care. She demonstrates the essence of professional nursing through role modeling, clinical leadership, and a love of learning. Jeanne performs as the preceptor for new nurses and student nurses, serves as a unit staff representative for hosting site visits from The Joint Commission and the Department of Public Health, and provides unit-based staff education. Jeanne designed and implemented a quality improvement study on reducing sundowning behaviors on a dementia care unit. She also developed and implemented an evidence-based practice research project on medicating dementia patients with behavioral disturbances and its effect on the risk of skin breakdown.

Among Jeanne's responsibilities has been the oversight of four volunteer programs in the acute care setting – Patient Safety/Fall Prevention, Keeping in Touch (a geriatric visitation program for those with delirium), Individualized Therapeutic Activities, and Meal Mates. Her commitment to these programs includes classroom and one-on-one training for volunteers.

Recently, Jeanne agreed to assist with the piloting of a new volunteer role called Personal Touch, a program intended to show whether having a multi-trained volunteer assigned to a specific unit for an entire shift would be more effective than having a variety of volunteers. Jeanne designed a five-hour classroom training program and was willing to



conduct it on a Saturday to accommodate more volunteers. The program is already showing signs of success, with results from the first quarter showing an 80% decrease in falls.

Jeanne has not limited her expertise and time to Hartford HealthCare. She has served as a consultant for CARE Camp Consultants in Farmington, provided a week-long summer camp for teens and residents at Buckingham Estates in Glastonbury, developed intergenerational workshops for teens and persons with dementia, and founded the Girl Scout Alzheimer's Awareness Badge Program completed by more than 130 Girl Scouts. Her exceptional work and dedication to others has been rewarded on numerous occasions, including in 2008, when she was one of only five national recipients of the Hallmark Hero Award. She has also been awarded the Hartford Hospital Evidence Based Practice Nursing Research Fellowship, the Geriatric Resource Nurse of the Year Award, and the Florence Nightingale Award for Excellence in Nursing.



## CHA HEALTHCARE HERO AWARD

### **Sherri Roller, RN, MSN**

Staff Nurse, Labor and Delivery  
Family Birthing Center  
St. Vincent's Medical Center

*Nominated by Christine Dressel, RN, BSN*

Sherri Roller, RN, MSN, has always been the kind of nurse who goes above and beyond what is required for her patients. As a nurse in the Labor and Delivery unit at St. Vincent's Medical Center, Sherri has, on more than one occasion, purchased diapers, baby clothes, and even car seats for families in need. In one instance, when a young woman with no family ended up needing to stay in the hospital on her 18th birthday, Sherri bought balloons, flowers, and a cake to make the day special for her patient. On another occasion, Sherri's shift ended while a patient was in labor but, instead of leaving, she "punched out" and returned on her own time to support the mom during delivery.

But it was the events of last October that cemented Sherri's status as a healthcare hero. Sherri was on her way to work one morning when she was passed by an erratic driver. The driver turned and hit a pedestrian, who went flying into the air. Sherri stopped and attended to the victim, calling 911 while she attempted to keep the patient alert. While waiting for the paramedics, Sherri worked to keep the young man calm and — despite having no gloves to protect herself from the patient's multiple, open head wounds — stop his bleeding.

After the patient was transported to St. Vincent's, Sherri went to work her



scheduled shift and, despite being assigned to a difficult patient that day, never let her unsettling morning affect her care for patients. Sherri checked on the accident victim she had helped and, when her shift ended, bought him a teddy bear in the hospital gift shop. When she entered his room in the ICU, he gave her a high five. There is no doubt she helped save his life that morning.

Sherri began her career at St. Vincent's as a secretary in the birthing and maternity unit 10 years ago, while going to school to become a nurse. Today, she holds an MSN and teaches clinical rotations to nursing students from Sacred Heart University and Quinnipiac University, serving as an inspiration for others.

## CHA HEALTHCARE HERO AWARD

### **Majid Sadigh, MD**

Director, Global Health Program  
Danbury Hospital  
Western Connecticut  
Health Network

*Nominated by Andrea Rynn*

As a four-year-old boy living in impoverished Iran, Majid Sadigh, MD, already knew he wanted to become a physician to help alleviate the pain and suffering he witnessed in his embattled country. He landed in the U.S. as a refugee and began his important mission. Despite the challenges of his youth and need for his family to escape war-torn Iran, Majid realized his dream to help others and became an internal medicine and infectious disease specialist. Sadly, to this day, Majid cannot return to his homeland, yet he channels his energy into a greater mission – being a "physician of the world."

In his work, Majid travels the globe responding to various calls for humanitarian aid with the focus of providing critical medical care and easing the suffering of others. He is particularly devoted to improving health in third-world countries in which residents often experience great hardships and unavoidable health crises.

In addition to his role at Western Connecticut Health Network (WCHN), he serves as an Associate Professor of Global Health at the University of Vermont Medical College where, each year, he accompanies a group of clinicians to developing countries to practice medicine. The group's most recent trip – to Uganda – was featured in a five-part series by Hearst Connecticut Media Group titled "A Connecticut Doctor in Africa."



Majid's work doesn't stop there, however. He responded to the 2004 tsunami in Sri Lanka, poverty in Kazan and Russia, devastation in weather-battered Haiti, and was called upon by the Centers for Disease Prevention and Control to support medical outreach in Liberia. After extensive preparation and training, he spent many weeks volunteering to aid Liberians dealing with the deadly Ebola crisis. Majid not only treated those stricken with the disease, he made just as much of an effort to comfort the many families who lost loved ones. He also brought insight and skills back to Connecticut and was pivotal in preparing WCHN staff and hospitals to ensure appropriate response in the event such a crisis emerged in Connecticut.

Majid Sadigh has taught us all that borders can stretch beyond the boundaries of one's heart, talent, and imagination.



## CHA HEALTHCARE HERO AWARD

### Steven Schutzer, MD

Founder and Medical Director  
Connecticut Joint  
Replacement Institute  
Saint Francis Hospital and  
Medical Center  
*Nominated by Stephanie Kelly  
and John Grady-Benson, MD*

Steven Schutzer, MD, a nationally respected orthopedic surgery expert, recognized long ago that the demand for total joint replacement (TJR) surgery would climb significantly in the coming years. He was right; there is now a projected demand of more than 4 million TJRs by 2030. Steven's leadership in TJR has transformed the culture and quality of care in New England, and his work is now becoming a model for value-based healthcare across the country.

The creation of the Connecticut Joint Replacement Institute (CJRI) nine years ago was due to Steven's vision of a new model for healthcare delivery. After leading a group of his Orthopedic Associates of Hartford partners to Saint Francis Hospital and Medical Center, he engineered a co-management agreement between a group of nine other competing orthopedic TJR surgeons from five practices and the Saint Francis administration.

Nine years and 25,000 TJR patients later, Steven's pivotal leadership as the Medical Director of CJRI has dramatically improved quality and safety for TJR patients. CJRI is the largest TJR center in Connecticut, with patient satisfaction scores sustained in the 99th percentile, and the program is acknowledged for its low costs and high quality. CJRI has also received multiple, multi-year awards, including those from HealthGrades, Leap Frog, Becker's, Consumer Reports (5-star rating), and *U.S. News & World Report*.

Steven has also forged a strong relationship with



the Harvard Business School to align CJRI and fellow institutions with a nationally recognized agenda to improve healthcare value in TJR. CJRI is credited with having created not one, but five bundled payment programs.

"Dr. Steve" is also actively engaged in his community, serving as a mentor and advisor to Nutmeg Big Brothers and Sisters since 2000, serving on the Board of Directors of the Center for Neuro-functional Restoration, the Connecticut Joint Replacement Surgeons, LLC, and dancEnlight, a modern dance company. In addition to his full-time role as Medical Director of CJRI, he remains a full-time practitioner with a busy practice. He is a multi-year recipient of numerous awards, including Best Doctor in America, Top Docs in Connecticut, and Hartford Top Doc.

## CHA HEALTHCARE HERO AWARD

### Harold (Hank) Schwartz, MD

Physician-in-Chief  
Institute of Living  
Hartford Hospital  
*Nominated by Rebecca Stewart*

The tragedy at Sandy Hook Elementary School not only stunned the world, it left people across the state and nation with urgent questions. What combination of circumstances could culminate in such violence? And what steps must be taken to reduce the chance it would happen again?

Federal and state leaders turned to Harold (Hank) Schwartz, MD, Chief Psychiatrist at the Institute of Living in Hartford, to help craft public policy and launch a national dialogue on mental health. Hank was chosen to help lead the Sandy Hook Advisory Commission, where he served tirelessly alongside 16 others with backgrounds in mental health, school safety, education, and public safety.

The group's charge was to review the events at Sandy Hook from all perspectives and make recommendations with regard to gun violence, mental health, and school safety. In addition, Hank served as spokesperson for the Commission, giving interviews to the *New York Times*, the *Wall Street Journal*, *CBS Evening News*, and many other local and regional news outlets. Following the release of the Commission's final report, Hank gave a compelling presentation, "Adam Lanza – The Mind of a Mass Shooter" to standing-room only audiences across Connecticut and the country.



Since that time, Hank has become the go-to resource when high level organizations want to learn how to keep people safe. And he has dedicated himself to helping people learn how to read the signs of potential danger. He is currently involved in efforts to ensure the mental health of Connecticut police officers, and is a resource for Central Connecticut State University's senior administration.

But Hank's commitment to mental health treatment – particularly in the areas of improving access and removing stigma – was evident long before the Sandy Hook tragedy. It is his steadfast commitment to these very real issues that are often swept aside that make him a Healthcare Hero.



## CONNECTICUT'S HOSPITAL COMMUNITY SERVICE AWARD

**Lawrence + Memorial Hospital**  
Seven-Bed Respite Care Unit

**Based in New London, the Homeless Hospitality Center (HHC) is the principal, private, not-for-profit community-based agency that serves the region's homeless population.**

Three years ago, representatives from the Homeless Hospitality Center, L+M Hospital, and L+M's home health agency, the VNA of Southeastern Connecticut, collaborated to address a conundrum: a significant percentage of homeless patients who were treated and released from the ED with discharge plans for issues that ordinarily could be managed by self-care at home – or with skilled home healthcare – kept returning to the ED with follow-up needs arising from the lack of a clean, safe, reliable setting for recuperation. Thus was born an important addition to the Center's already broad scope of services: a seven-bed respite care unit.

The unit, which has served 100 people in the last 12 months, has resulted in a more effective partnership among L+M's social workers, the HHC staff, and the L+M ED. This improves health outcomes, allows for quicker releases from the ED, and reduces avoidable readmissions. Respite interventions also help prevent manageable illnesses from worsening.

The respite unit also better supports individuals with complex medical needs, such as the 52-year-old patient who presented at the ED with lower back and abdominal pain and was later diagnosed with clear cell renal carcinoma. Once in respite care, staff helped the patient link with a primary care provider and an oncologist,



and assisted him in making appointments and managing his pain.

Finally, the respite unit allows for better care of patients with a psychiatric diagnosis after they are discharged from L+M's behavioral health unit, Pond House. A quiet, supervised location that accepts homeless who are medically cleared but fragile, both supports recovery and reduces readmissions. And, because few respite guests have only one issue, the unit is also a resource for helping people navigate myriad post-hospital healthcare and housing challenges. With efforts from HHC staff, the VNA, an L+M social worker, and L+M's financial support, needed services are put in place more effectively.

This work is improving health outcomes and reducing healthcare costs. Having respite also helps L+M staff manage care more efficiently, avoid unnecessary hospitalizations, and allow staff to know that care they provide will be followed up appropriately after discharge.

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

**Middlesex Hospital**  
High Reliability Processes to Improve Care for the Early Identification and Treatment of Sepsis

**When a patient develops sepsis, a potentially life-threatening complication from an infection, early detection is the key to preventing it from leading to septic shock or, worse, death. Although Middlesex Hospital's sepsis mortality rate was already low compared to the statewide mean — 6.4% versus 13.4% — the hospital decided to undertake a sepsis improvement initiative in 2013 as part of its commitment to high reliability science.**

The impetus came in the summer of 2013, when the hospital's Rapid Response Review Committee identified three Serious Safety Events (SSEs) related to a delay in recognition and treatment for sepsis.

The hospital immediately recognized these findings as an opportunity to act. A sepsis task force was appointed and charged with implementing evidence-based practice strategies for sepsis improvement. This included revisions of sepsis pathways, physician and nursing education on sepsis, and implementation of an electronic early warning system, called the St. John Sepsis Tool, which alerts hospital staff that a patient is at risk of developing, or has developed, sepsis.

The hospital exceeded its 2014 goal of reducing sepsis-related mortality by 20% and, by using ChimeData, Middlesex Hospital is now able to benchmark its sepsis and other hospital mortality rates against other Connecticut hospitals. Finally, the hospital educated its staff on the signs and symptoms of sepsis, the components of the three- and six-hour sepsis bundles, and the new Early Warning System that went live in February 2014.



The results of the hospital's sepsis improvement initiative have been impressive. There has been an increase in the total volume of patients with a sepsis diagnosis, which means more cases are now being identified at earlier stages. Mortality attributed to sepsis was reduced by 21.33% and an estimated 24 lives were saved in 2014 and 2015. The hospital also experienced a 100% reduction in reported SSEs for sepsis and the sepsis pathway changes. Earlier recognition has resulted in an 11.11% reduction in length of stay.

The success of Middlesex Hospital's sepsis improvement initiative paves the way for the next generation of quality improvements by combining the current scientific methods and reference databases with the power of high reliability science.



# HONORING OUR HOSPITAL CHAMPIONS

We want to acknowledge the many nurses, doctors, volunteers, and patients who advocated publicly for hospitals prior to and during this year's legislative session. They appeared on TV, radio, print, and digital ads. They told their personal stories to the media. Their voices made a difference in our advocacy efforts.

Thank you for your efforts on behalf of Connecticut hospitals.

- |                        |  |
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POSITION	NOMINEE	TERM
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# IN MEMORIAM

**It is with great sadness that we at CHA say goodbye to our friend and colleague James Pollard; and it is with deep affection that we also celebrate his life and legacy.**

James C. Pollard, Infrastructure Specialist and friend to everyone at CHA, passed away on March 9, 2016, after a brief and brave battle with cancer. He was 42.

James worked at CHA for eight years, providing advanced support and maintenance for computers, servers, phones, and data centers. Late at night, on the weekends, or in the midst of an IT issue, it was always a relief to hear James' cheerful voice and know that you were in good hands. He could restore the connection, find the lost file, and fix anything. He made it look easy.

James was committed to CHA and its work for the membership. He believed strongly in the hospital mission to heal and comfort all Connecticut residents in their time of need, 24 hours a day, every day of the year.

And although his contributions to CHA and his colleagues were immense, it's his warmth, humor, and humanity that we'll miss the most.

James came through the door every morning whistling, was never too busy to help when asked, and had a way of making everyone he met feel



comfortable in his presence – probably because he was always smiling. He was known for his infectious laugh and a talent for practical jokes.

Beyond the doors of CHA, James treasured his family. He was an incredible husband to Laura Fresilli Pollard, and a doting father to his three daughters, Jasmine, Gabrielle, and Natasha Pollard. He will be missed by all.

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# CONGRATULATIONS!



It is an honor to receive the 2016 Community Service Award. L+M is pleased to support the Homeless Hospitality Center and is grateful for the Center's collaborative team approach that allows its respite care program to be so successful.



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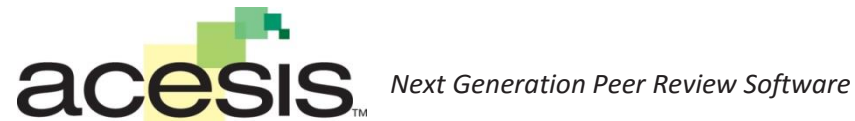
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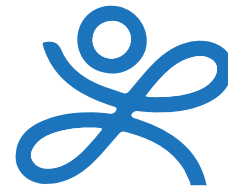
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