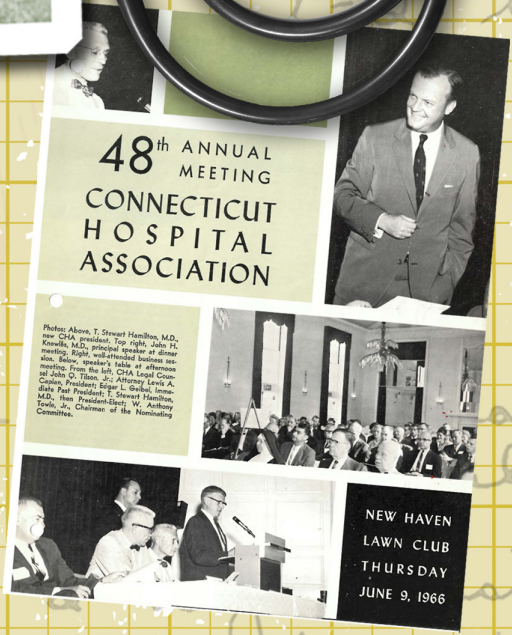
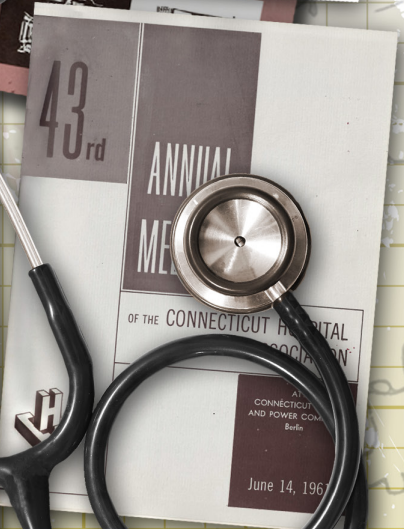


CELEBRATING
100 CHA
 YEARS OF SERVICE
 2018 ANNUAL REPORT



TO PARTICIPATE
 IN HEALING

IS THE

Noblest Work



PROGRAM AGENDA

TO PARTICIPATE IN HEALING IS THE NOBLEST WORK

CHA: Celebrating 100 Years of Service

100th Annual Meeting

June 14, 2018

3:30 – 4:00 p.m. Registration

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

Call to Order	David A. Whitehead
Invocation	Judith A. Carey, RSM, PhD
Welcome and Recognition of Past CHA CEO, Former Board Chairmen and T. Stewart Hamilton Awardees	David A. Whitehead
Report of the President	Jennifer Jackson
Report of the Chairman of the Board	David A. Whitehead
Awards Presentations	David A. Whitehead
<ul style="list-style-type: none"> • AHA Grassroots Champion Award • Connecticut’s Hospital Community Service Award • John D. Thompson Award for Excellence in the Delivery of Healthcare Through the Use of Data 	
Acknowledgment of Outgoing Trustee	David A. Whitehead
Election of Officers and Trustees	David A. Whitehead
Passing of the Gavel	David A. Whitehead
Remarks of the New Chairman	John M. Murphy, MD
Adjournment	
5:00 – 6:00 p.m. Station Buffet and Open Bar	
6:00 – 7:00 p.m. Guest Speaker	Doris Kearns Goodwin

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MESSAGE FROM THE BOARD CHAIRMAN AND PRESIDENT



A century ago, 12 Connecticut hospitals joined forces to establish the Connecticut Hospital Association to focus on advocacy and improving patient care. Today that collective mission still rings true, and is echoed in the theme for CHA’s 100th Annual Meeting, *To Participate in Healing is the Noblest Work – CHA: Celebrating 100 Years of Service.*

Over the last 100 years, CHA and its members have persevered through the challenges presented by economic crisis and depression, the world at war, the advent of the social contracts of Social Security, Medicare, and Medicaid, and rapid and incredible advances in medical science and technology. The constant thread through it all is that CHA and Connecticut hospitals have been there for the people of Connecticut. As we reflect on our accomplishments and turn our sights toward the future, one thing is clear: our success stems from the unity of our members and the commitment they bring to a shared vision.

In recent years, we faced complex challenges and political uncertainty as the state’s budget crisis resulted in cuts to hospital funding. Yet strong, unrelenting, and unified hospital advocacy resulted in a watershed agreement with legislative leadership and the Administration last fall that dramatically improved hospitals’ financial position related to the provider tax. This year’s legislative session called for strong advocacy once more to protect the agreement. In addition to achieving that goal, we preserved graduate medical education funding, which will better equip hospitals to train the next generation of caregivers that are so critical to our future.

Our voice is strengthened when we stand with others in the healthcare sector to accomplish not only our legislative goals, but also as we aspire to improve the health of Connecticut residents. We are implementing groundbreaking initiatives in partnership with stakeholders across the healthcare sector including a three-year initiative to address social determinants of health like housing, food insecurity and transportation, which influence health outcomes. To fortify the system of care in Connecticut, we must continue to broaden our thinking to encompass all of the stakeholders that play a role in improving the health of populations.

As we celebrate CHA’s first 100 years, we also look toward the future. This year we developed an ambitious five-year strategic plan to guide us as we build a sustainable, comprehensive and impactful system of care. We are committed to leading positive change in the healthcare system, providing the highest quality care, engaging patients, and achieving critical alignment among providers, payers and policymakers.

Looking forward, we face a new political landscape with a new Administration. Even as some things change in Hartford, one thing remains the same: Connecticut’s fiscal challenges are likely to continue. Now, more than ever, we need to stand firmly together as CHA members, and with the entire healthcare sector, to bring our strength to bear – and continue building momentum toward positive change. This is a marathon, not a sprint. Our future requires unity, resilience and courage.

On behalf of the CHA Board and the CHA staff, thank you for your commitment to patients and communities, for your advocacy and for allowing us the privilege of serving you. Together we look forward to building a sustainable future for the next 100 years of service.

David A. Whitehead
Chairman, CHA Board of Trustees
Executive Vice President
Chief Strategy and Transformation Officer
Hartford HealthCare

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 5, 2018, 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, 2018.

The auditors issued an unmodified 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 14th consecutive year, the auditors did not issue a management letter.

CHA ended the fiscal year with net income of \$785,000, compared to budgeted net income of \$49,000, primarily due to positions held open pending the conclusion of the strategic planning process, tax reform savings, and operating expense savings. The positive net income will be used to begin building working capital as well as establishing a fund for enhanced advocacy strategies. During FY 2018, CHA continued to control expenses while enhancing member services and positioning the organization for future growth with initiatives such as expanding markets for quality, data, and IT services, increasing CHA's data holdings,

and developing innovative new products and services that will provide additional revenue streams. The Financial Oversight Committee continues to monitor the impact of the frozen defined benefit plan on CHA's financial position; rising interest rates and consistent asset performance drove a decrease in the pension liability, and CHA implemented de-risking strategies to further reduce the plan's exposure to market fluctuations.

Over the last year, the Financial Oversight Committee developed recommendations on ensuring CHA's financial sustainability that were approved by the CHA Board as part of the 2018-2022 Strategic Plan. The result is a five-year plan to develop a financially strong and viable Association by repairing CHA's financials, investing in new competencies, and building capital and new business to support additional advocacy growth. The plan includes a phased implementation of a sustainable and equitable dues structure and income from CHA's non-advocacy

OVER THE LAST YEAR, THE FINANCIAL OVERSIGHT COMMITTEE DEVELOPED RECOMMENDATIONS ON ENSURING CHA'S FINANCIAL SUSTAINABILITY THAT WERE APPROVED BY THE CHA BOARD AS PART OF THE 2018-2022 STRATEGIC PLAN.

businesses to develop working and investment capital and ensure the Association's long-term financial viability. The CHA Board, Financial Oversight Committee, and DNS Board will continue to monitor CHA's financial position closely, and establish performance and growth targets to ensure the organization's success.

The Committee has reviewed the budget and business plan for the new fiscal year, which includes implementation of the first year of the five-year financial plan, including funding for enhanced advocacy strategies, building staff depth, and immediate investments in non-advocacy businesses to position them for future growth.

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.

Christopher O'Connor
Treasurer
CHA Board of Trustees

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

AN EXTRAORDINARY PAST, A BOLD FUTURE

FOR 100 YEARS, CHA has provided dynamic, innovative state and federal advocacy for hospitals and health systems, patients, and communities. CHA's primary purpose is to enable its members to succeed in a volatile and changing landscape. That critical theme is woven into the three core commitments developed during the strategic planning process to guide the Association's work for 2018–2022:

- Leadership
- Patients and Communities
- Sustainable Healthcare System



LEADERSHIP

This year, CHA continued its sharply focused advocacy, working to achieve positive change in Connecticut's healthcare system, collaborating with leaders from across the state, and galvanizing the public.

After years of advocacy by CHA and its members, hospitals reached a historic agreement with legislative leadership and the Administration in 2017 to increase supplemental payments and Medicaid rates, which was signed into law last November. Since its passage, the Association has worked effectively to implement the agreement, secure approval from the Centers of Medicare and Medicaid Services, and oppose threats to the agreement while continuing its overall advocacy for hospitals and health systems. Among those threats were a proposed \$21 million cut to Graduate Medical Education funding and a provision in the Governor's 2019 state budget adjustments that would have repealed the hard-won agreement to lower the hospital tax after the biennium.

Other key issues on which CHA advocated during the 2018 Legislative Session included telehealth, scope of practice, Medicaid public option, increasing the legal age for purchasing tobacco, expansion of the clean indoor air act, behavioral health access, and tax exemption and property taxation of hospitals and other not-for-profit entities. CHA also continued its advocacy on the importance of organ and tissue donation and injury prevention.



CHA demonstrated its commitment to addressing significant public health issues by leading the effort to oppose proposed funding cuts to mental health and substance abuse services. CHA, along with representatives from Connecticut hospitals, argued that the reductions would further burden the already overtaxed mental health system, as well as intensify the burden placed on hospital Emergency Departments (EDs) and community providers at a time when Connecticut citizens continue to wrestle with prescription drug abuse and opioid addiction.

Continuing its leadership in this area, CHA, along with the Connecticut State Medical



Society and the Connecticut Chapter of the American College of Emergency Physicians, released an updated set of voluntary opioid prescribing guidelines this spring to help ED medical staff treat patients with chronic pain conditions. The guidelines were endorsed by the state Department of Public Health.

Connecticut hospitals continued to demonstrate to legislators the significant contributions made both to the state's economy and to the communities they serve. Hospitals and health systems contributed \$27.7 billion to the state and local economies in 2016, and generated 207,000 jobs. Additionally, they provided more than 12 million community benefit services to individuals and families at a cost of \$1.7 billion — that's 15.4 percent of total hospital revenue. Those services are wide-ranging, geared





toward addressing social determinants of health, improving health equity, and targeting the needs in our communities.

A new facet of CHA's advocacy was the Faces of Connecticut Hospitals social media campaign, which chronicled the stories of the dedicated professionals who work in Connecticut hospitals and the patients whose lives they have saved. The campaign underscores the deep commitment demonstrated by doctors, nurses, and other staff members at hospitals, and sends the message that hospitals are first and foremost about people.

HOSPITALS AND HEALTH SYSTEMS CONTRIBUTED \$27.7 BILLION TO THE STATE AND LOCAL ECONOMIES IN 2016



CHA is a leader in innovation, investing in the future of data and information technology through services offered by ChimeData and ChimeNet. CHA is growing the current portfolio of products and services, as well as developing new markets through partnerships with out-of-state associations.

ChimeData delivered new product offerings this year and expanded its innovative data analytic solutions and business intelligence capabilities, including predictive modeling that supports hospitals and health systems in managing clinical care redesign and navigating evolving payment models. ChimeData products and services, including the new hospital-specific ChimeData Dashboard and redesigned ChimeData products, help hospitals gauge their performance in quality improvement and patient safety, track and trend the utilization of key hospital services, support population health strategies, and meet regulatory requirements by collecting, storing, and analyzing hospital claims and real-time data. ChimeData also continued its market and product expansion, including partnerships with other state hospital associations that allow hospitals from out of state to utilize ChimeData products and services.



ChimeData now offers ChimeMaps to six associations, data collection and processing services for an additional association, and Hospital Innovation Improvement Network data processing and submission for three other associations.

ChimeNet continues to deliver network security, reliability, and cost effectiveness to its healthcare, education, municipal, and corporate clients who need to share content-sensitive information. ChimeNet's co-location facility and state-of-the-art private healthcare Cloud infrastructure supports customer disaster recovery and business continuity planning, while its

statewide fiber data network allows hospitals to communicate securely and effectively. The data center infrastructure provides a platform for delivering shared IT solutions for hospitals and physicians, and supports advanced data analytics and delivery of services to out-of-state hospital associations.

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 evolving needs such as telemedicine, home healthcare, and provider collaboration via technology.

PATIENTS AND COMMUNITIES

CHA and its members are committed to ensuring patients and families receive care that is safe and of the highest quality.



Using education, data support, and a commitment to outcomes, CHA continues to work with hospitals and health systems to improve care delivery across the continuum and facilitate the necessary transformations in healthcare. This includes focusing on the social factors that influence health, that will lead to improved well-being for all of Connecticut's citizens, and lower costs.

This work takes many forms, but it begins with the understanding that ensuring patient safety while delivering quality care is the first priority of Connecticut hospitals. To this end, CHA continues to lead an ambitious statewide initiative that aims to eliminate harm using high reliability science.

This initiative, which began in 2011, has led to a reduction of serious safety events and fostered culture change at Connecticut hospitals. Today, CHA leads and sustains high reliability implementation in other states, across the continuum of care, and through a new Safer Hospitals Initiative, which will develop strategies to enhance worker safety, minimize workplace violence, and facilitate the adoption of peer-to-peer support programs for healthcare workers and team members who experience on-the-



job trauma. Another arena in which CHA is expanding high reliability is in the patient and family advocate community. The CHA Statewide Patient and Family Advisory Council, which held its inaugural meeting last year, fosters a culture of patient-centered care.

CHA's efforts to transform patient-centered care also include the Radiation Dose Management (RDM) initiative. Launched in 2014, this is the first statewide radiation dose data repository in the United States, and leverages radiation dose measurement and analysis software from Bayer Healthcare. To date, a centralized dose



repository has been implemented; a consensus standard for dose measurement has been reached; and more than 630,000 CT studies have been sent to the CHA repository. CHA is now in the second phase of the RDM initiative, which includes benchmarking, best practices, and dose reduction.

CHA is also focused on new models



for improving health that help integrate and coordinate care. The Cross Continuum Patient Reference System, in partnership with PatientPing, is one of these efforts. This patient-centered platform connects multiple providers in real time to improve care outcomes for patients. Over the past year, CHA has partnered





MORE THAN 2,500 PROVIDERS HAVE BEEN ENROLLED IN NEONATAL ABSTINENCE SYNDROME COMPREHENSIVE EDUCATION AND NEEDS TRAINING

with 25 Connecticut hospitals to send nearly two million notifications to more than 400 post-acute providers, Accountable Care Organizations, and Provider Organizations across 16 states.

CHA's population health work focuses on advancing new care delivery models. Recognizing that social factors such as housing, food insecurity, and transportation influence health outcomes, CHA's Board of Trustees approved the development and implementation of a three-year statewide collaborative to address social determinants of health through the implementation of data standards, collection, and sharing, comprehensive screening, a statewide technology platform for tracking and referrals, and advocacy to address underlying system and resource issues. CHA also led the work of the Connecticut Social Health Initiative, a successful pilot project undertaken by four hospitals and funded by the Connecticut Health Foundation that concluded this spring.

The Connecticut Asthma Initiative, which began in 2015, continues to have a positive impact on patients with chronic asthma. This work has resulted in hospital-community partnerships, an increase in the number of hospitals training staff, as well as patients, in the proper use of inhalers, warm hand-offs to primary care providers, and the use of asthma action plans. More recently, the initiative has broadened its mission to focus on identifying and addressing healthcare disparities, such as environmental or socioeconomic factors, that can result in barriers to treatment.

The Care Decisions Connecticut movement – which was launched in 2016 by CHA, hospitals, and healthcare partners – continues to grow. A social movement empowering people to take an active

role in healthcare decision-making, beginning with conversations about end-of-life care, Care Decisions Connecticut is expanding its outreach to community-based organizations. WNPR's Colin McEnroe headlined the Care Decisions Connecticut conference on November 14, 2017, at the Frank H. Netter MD School of Medicine at Quinnipiac University, and provided a touching and heartwarming story about his parents and their end-of-life journey.

CHA continued its efforts over the past year to improve the health and quality of care for mothers and infants through initiatives that address different aspects of the pregnancy and childbirth experience. The Connecticut Perinatal Quality Collaborative (CPQC) partnered with CHA to address issues including perinatal health and opioid addiction, and plays an active role in CHA's Neonatal Abstinence Syndrome (NAS) and Improving kNowledge to Decrease Early Elective Deliveries (INDEED) initiatives.

The NAS initiative focuses on improving the quality of care for mothers with substance use disorder and their babies. The INDEED initiative aims to lower the number of non-medically necessary early elective deliveries. CHA also leads the Neonatal Abstinence Syndrome Comprehensive Education and Needs Training (NASCENT) project, which was created to respond to the NAS epidemic by educating providers on best practices for opioid prescribing, and identifying and treating substance use disorder in women of childbearing age. More than 2,500 providers from the Hartford and Southeastern Connecticut regions have been enrolled so far in online and in-person education and training.





CHA'S EDUCATION SERVICES DELIVERED 60 EDUCATION PROGRAMS OVER THE LAST YEAR TO 2,000 HOSPITAL LEADERS, CLINICIANS, AND HEALTHCARE PROFESSIONALS

health equity, reimbursement and financial management, quality and safety initiatives, and population health.

In 2018, CHA offered *Lean Principles: Project Charter Preparation and Planning* for members familiar with Lean principles, and the CHA Population Health Academy in collaboration with the Jefferson College of Population Health. CHA held 13 issue-based forums and member briefings specifically designed for facilitating teamwork and interdisciplinary collaboration. Sessions included patient access to medical records, Medicare updates, human trafficking, and Middlesex Hospital's emergency response to a violent incident.

The CHA Leadership Program series brought nationally recognized experts to Connecticut again this year. Sharon Anderson, RN, and Patricia Resnik, from Christiana Care Health System, delivered the keynote address at the *2018 Patient Safety Summit*; Tiffany Christensen, a nationally recognized speaker and the author of three books exploring advocacy, end-of-life planning, and partnership strategies in healthcare, was the keynote presenter at the *Nurse Leadership Forum*; and Rishi Manchanda, MD, MPH, a physician, healthcare leader, and author of *The Upstream Doctors*, was the keynote speaker at the annual *Health Equity Symposium*.



In addition to high reliability and NASCENT training, CHA's Education Services delivered 60 education programs over the last year, including issue-based forums, leadership skills conferences, member briefings, and programs in support of the Health Innovation Improvement Network.

The various programs reached 2,000 hospital and health system leaders, clinicians, and healthcare professionals across the care continuum, helping them respond to critical issues and challenges across the rapidly changing healthcare landscape.

The education curricula continued to focus on leadership and management development, regulatory compliance,



SUSTAINABLE HEALTHCARE SYSTEM

Hospitals and health systems in Connecticut are evolving to meet the needs of patients and communities, but to do so most effectively, they require a healthcare system that is sustainable and vibrant. CHA continues to advocate for structural changes to ensure the healthcare system thrives.



CHA continued its focus on funding issues of major consequence, such as the hospital tax, Medicare, and Medicaid. CHA advocated for a Medicaid program that is adequately funded, and a regulatory framework that facilitates the transformation of the delivery of quality care as hospitals and health systems move toward integrated care delivery and alternative payment models. Hospitals and health systems, through CHA, identified and pursued opportunities to reduce total cost of care and improve the quality of care and health of Medicaid beneficiaries. They also began developing a financial reporting tool to track system performance and the movement from fee-for-service to value-based payment.

Last fall and this spring, CHA and its partners in the Connecticut Healthcare Association Collaborative, which includes the Connecticut Association of Healthcare Facilities, LeadingAge Connecticut, the Connecticut Association of Healthcare at Home, and the Connecticut State Medical Society, traveled to Washington, DC. They met with Connecticut's congressional delegation and discussed their shared goal that all Connecticut residents receive



CHA ADVOCATED FOR A MEDICAID PROGRAM THAT IS ADEQUATELY FUNDED AND A REGULATORY FRAMEWORK THAT FACILITATES THE DELIVERY OF QUALITY CARE



continued access to high quality, affordable healthcare and long-term services and supports, and that providers receive appropriate reimbursement. Members of the state delegation vowed to support the state's

healthcare sector. CHA also continued to advocate for a Certificate of Need process that treats hospitals fairly and on an equal basis with other providers, entities, and out-of-state specialty hospitals and challenged the statutory

and regulatory system that has not kept pace with the transformation in healthcare since the passage of the Affordable Care Act, and often favors the status quo over innovation and change.

AHA GRASSROOTS CHAMPION AWARD

Patrick A. Charmel
 President and Chief Executive Officer
 Griffin Hospital and Griffin Health Services

The American Hospital Association's (AHA's) 2018 Grassroots Champion Award recipient is Patrick Charmel, President and Chief Executive Officer of Griffin Hospital and Griffin Health Services Corporation. As the 2018 Grassroots Champion, Pat is being recognized for his exceptional leadership in advocating for hospital priorities such as instituting policies that improve patient care, eliminating the hospital tax, and raising Medicaid rates. He is an active and engaged advocate, speaking at press conferences at the Capitol, and educating legislators on major issues impacting hospitals today.



Pat, in leading Griffin Hospital since 1998, has developed and implemented consumer-driven, patient-focused services that result in high patient satisfaction, while maintaining high operational efficiency.

A strong and visible supporter of CHA, Pat is a member of the CHA Board of Trustees and Executive Committee, and is a former Chairman of the CHA Board. Pat is the current Chairman of CHA's Diversified Network Services Board, a member of the Financial Oversight Committee, and a member of the Committee on Hospital Finance. Over the years, he has served on many CHA committees, subcommittees, and work groups. Additionally, he was an American Hospital Association Regional Policy Board 1 Member from 2003–



2006. Pat is also President of the Planetree Board, a member of the Board of Governors of the Quinnipiac Alumni Association, and the Board of Directors of the Greater Valley Chamber of Commerce.

Pat's involvement with Griffin Hospital began in 1979, when he became a student intern while

attending Quinnipiac College, where he received his bachelor's degree. He received a master's in public health from Yale University.

CHA congratulates Pat on this much-deserved recognition and extends its deepest appreciation for his advocacy on behalf of Connecticut hospitals.



CONNECTICUT'S HOSPITAL COMMUNITY SERVICE AWARD

Yale New Haven Hospital
Medical Respite Care for Homeless Patients

After learning that more than 30 percent of homeless patients returned to the emergency department within 30 days of their discharge and that more than 50 percent were readmitted for inpatient care, Yale New Haven Hospital was determined to improve outcomes for those patients.

Assisted by a host of community stakeholders, Yale New Haven Hospital collaborated with Columbus House, a homeless shelter, to create a medical respite care program to provide skilled medical care for chronically homeless patients while they recuperate from illness or injury.

Medical respite care is defined by the National Health Care for the Homeless Council as, "acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital," and



has been shown to improve outcomes for homeless patients, including enabling them to find permanent housing.

During the last four years, Yale New Haven Hospital documented 1,709 of its admitted patients as being homeless. Some of them were readmitted to the hospital multiple times, resulting in 2,865 inpatient stays. While

many patients needing continued care were taken in by family or friends following their hospitalization, 265 patients were welcomed into medical respite care.

Located on the third floor of Columbus House, a not-for-profit homeless advocacy group that has provided shelter to 80 homeless people nightly for 36 years, the 12-bed medical

respite program includes 24-hour supervision, referrals to healthcare providers, transportation, and case management.

Admission into the medical respite care program begins with hospital staff recognizing that a patient lacks housing, and documenting this in the electronic medical record for retrieval in real-time. Social workers and care managers evaluate the services needed upon discharge. If skilled nursing is required to help with recovery from illness or injury, the social worker collaborates with Columbus House staff when reviewing the patient's eligibility. If approved, the care manager arranges visiting nursing services, and follow-up appointments are made with a local clinic, which often becomes the patient's medical home. Upon discharge, the patient is transported from Yale New Haven Hospital to Columbus House.

The Columbus House staff use patient stays in medical respite as a time when they can help patients restore their identification, benefits, and income, and connect patients

MEDICAL RESPITE HAS REDUCED 30-DAY READMISSIONS BY TWO-THIRDS

with housing and other services to break the cycle of homelessness. Weekly meetings among hospital and shelter staff, home care nurses, and ambulatory medical providers allow for continued collaboration during a patient's stay in medical respite care.

Compared to a pre-program, 2012 study, medical respite has reduced 30-day readmissions by two-thirds. Additionally, medical respite patients are half as likely to return to the ED compared to all homeless patients. An analysis of hospital length of stay illustrates that while homeless patients in 2012 were kept in the hospital an average of three days longer than those who had homes, as

of 2017, their stay is now an average of only one day longer, a reduction of 1.6 inpatient days per admission.

Providing medical respite services has dramatically reduced re-visits to the Emergency Department and inpatient readmissions. According to a 2017 Yale New Haven Hospital study, the 30-day readmission rate for respite patients dropped from 50 percent in 2012 to 16.7 percent by 2016. The average length of stay fell from 8.6 days in 2014 to 7 days in 2016.

The hospital also estimates Medicaid savings between \$12,000 and \$25,000 per patient during the 12 months after their stay in the program. The success is largely due to the fact that patients are recovering in a safe environment and receiving intense case management. Ultimately, 76 percent of those in respite care secure permanent housing.

With the savings generated by medical respite, Yale New Haven Hospital is investing further in the shelter-based program by funding on-site medical staff.

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

Bridgeport Hospital

Reducing severe hypoglycemia in hospitalized patients with diabetes mellitus

Hypoglycemia in hospitalized patients is associated with increased length of hospital stay, readmission rates, and mortality. Bridgeport Hospital recognized that its incidence of hypoglycemia was high and a more effective response was needed.

The hospital assembled a multidisciplinary Hypoglycemia Clinical Redesign Team focused on reducing preventable harm and providing quality care for patients while adding value. The team, comprising physicians, nurses, patient care technicians, pharmacists, dietitians, a project manager, and administrators, was charged with designing, implementing, and evaluating a standardized approach for management of severe hypoglycemia.

Following a systematic review of the hospital's processes, the team classified factors for improvement into four major categories: equipment and supplies, procedure (hospital policy), communication, and staff education and awareness.

The team developed a hypoglycemia bundle of care, as well as team-based interventions

A MULTIDISCIPLINARY HYPOGLYCEMIA CLINICAL REDESIGN TEAM FOCUSED ON REDUCING PREVENTABLE HARM AND PROVIDING QUALITY CARE FOR PATIENTS WHILE ADDING VALUE

to improve severe hypoglycemia management in patients admitted to the hospital. New standardized protocols were adopted to address each contributing element. Alerts and new order



set procedures were incorporated into the hospital's electronic medical record (EMR); pharmacy deliveries were increased and alerts created in the EMR to show when supplies were used; and an extensive education program was rolled out to staff. Interventions were implemented as a pilot in two inpatient areas and later expanded to the entire hospital.

Bridgeport Hospital tracked process and outcome measures, and observed significant improvement in both. All process-related outcomes improved significantly after the interventions. The hospital observed a significant, dramatic reduction in both 30-day and 6-month readmission rates. Thirty-day readmission rates dropped from

33 percent to 13 percent; 6-month readmission rates dropped from 43 percent to 26 percent.

By using data to introduce new methods of care, Bridgeport Hospital successfully addressed its goal to reduce preventable harm, which is a central focus of the hospital's quality and safety improvement efforts.

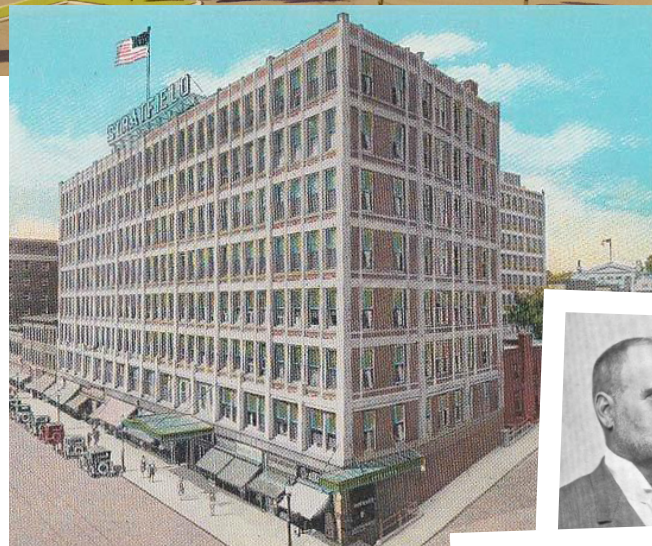
100 YEARS OF CHA

1919-2018



On Wednesday, June 4, 1919, the same day the U.S. Senate passed the 19th amendment giving women the right to vote, representatives from 12 hospitals (Bridgeport Hospital, The Charlotte Hungerford Hospital, Danbury Hospital, Grace Hospital, Hartford Hospital, Litchfield County Hospital, New Haven Hospital, Norwalk Hospital, Saint Francis Hospital, Waterbury Hospital, The William W. Backus Hospital, and Stamford Hospital) met at the Stratfield Hotel, now apartments for the elderly and disabled, in Bridgeport and formed the Connecticut State Hospital Association.

Starting top to clockwise: The original architectural art for 110 Barnes Road in Wallingford; Stratfield Hotel, site of the first meeting; Charles Godfrey, MD, the first Interim Chairman of CHA; and William W. Jones, MD, the first CHA Chairman, in 1919.



At the first annual meeting that same year, the Association elected its first Chairman and set the organization's primary goal: to serve as a forum in which hospital administrators and others could meet to exchange ideas and discuss challenges related to patient care.

Throughout the course of history, CHA's mission has focused consistently on patient care and advocacy. The Association addressed issues common to all hospitals at the time: increasing enrollment in training schools for nurses, developing uniform charges

Starting top to clockwise: The 48th Annual Meeting at the New Haven Lawn Club in 1966; the Liberty Building, CHA's first office and the original lease papers; the 1925 Annual Meeting Minutes booklet; Hiram W. Sibley, the first CHA Executive Director; Stuart W. Knox, the second CHA Executive Director; and registration for the 43rd Annual Meeting at the Connecticut Light and Power Company in Berlin.

THE CONNECTICUT HOSPITAL ASSOCIATION

- 1919**
CHA FOUNDED AS FORUM FOR EXCHANGE OF IDEAS ON PATIENT CARE
- 1948**
FIRST FULL-TIME STAFF HIRED
- 1951**
CHA IS FIRST IN U.S. TO INTEGRATE HOSPITAL TRUSTEES INTO BOARD
- 1969**
FIRST DISTINGUISHED SERVICE AWARD; CHANGED IN 1970 TO T. STEWART HAMILTON, MD, AWARD
- 1978**
CHA OFFICES MOVE TO WALLINGFORD
- 1979**
CHIMEDATA ESTABLISHED
- 1980**
CHA BEGINS COLLECTING CLAIMS-BASED ADMINISTRATIVE DISCHARGE DATA



for care, establishing standard salaries and hours for nurses, and issues around workers' compensation and health insurance.

Over its 100-year history, the CHA Board of Trustees would be led by 79 different chairmen whose occupations included physician, nurse, attorney, religious leader, politician, business leader, as well as hospital executives.

In 1946, CHA signed a lease for its first home at the Liberty Building on Temple Street in New Haven, which comprised a single office. In 1948, CHA hired Hiram W. Sibley as its first paid Executive Director. In 1950, CHA moved into a larger space at 160 Saint Ronan Street in New Haven – in the same building at the time as the Connecticut State Medical Society.

Starting top to clockwise: 160 Saint Ronan Street, New Haven, home to CHA in 1969; the original architectural rendering for 10 Alexander Drive in Wallingford, home to CHA in 1978; Herbert H. Anderson, third CHA Executive Director; construction at the current CHA offices; Dennis May, fourth and longest serving leader of CHA; an aerial view of 110 Barnes Road, Wallingford, in 1982.



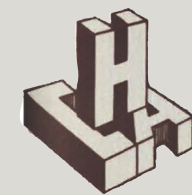
CHA's current location at 110 Barnes Road, Wallingford; Jennifer Jackson, CHA President and CEO, with former president Dennis May.

The building is now home to the Yale Center for Research Computing.

A decade later, CHA moved to an office building on Sargent Drive in New Haven, where the Regional Water Authority is now located. Offices would move to larger headquarters in 1978 on Alexander Drive in Wallingford – a building almost identical to the space at 110 Barnes Road, which has been home to CHA for the past 36 years.

In the early 1980s, CHA began construction of the 110 Barnes Road building; staff moved into the building in 1982. This new facility provided members with a full-service conference center where dozens of groups convene to share information and best practices, and receive valuable education.

EVOLUTION OF THE CHA LOGO



The first recorded use of a graphic symbol for CHA appeared on a publication following the 42nd Annual Meeting in 1961. The logo was used sparingly over the next eight years.



In 1969, CHA adopted a new logo that was used for more than 30 years, until 2001. The CHA letters appeared in a variety of colors over the years; for official use, they were black and red.



2001-2008: A new president and CEO heralded the redesign of CHA's logo. The new look was introduced with a redesign of CHA's weekly newsletter, which was delivered by e-mail for the first time. At the same time, CHA launched its www.cthosp.org website.



2008-Present: In mid-2008, the logo was given a facelift to today's graphic mark for a more updated and modern look.

THE CONNECTICUT HOSPITAL ASSOCIATION TODAY





A CONVERSATION with Dennis May

Dennis May was fresh out of Boston College with a degree in accounting and philosophy, and a wife and infant daughter, when he spotted an ad in the *New Haven Register* for a job at an organization called the Connecticut Hospital Association.

He had never heard of the Connecticut Hospital Association, nor did he know anything about hospital accounting. However, the job, generating financial reports for hospital administrators and controllers, paid \$95 a week and was in New Haven, not far from his West Haven home.

"I decided, let me take a flyer and see what this is," said Dennis, adding that he was whiling away a summer Sunday afternoon, swinging in a hammock and flipping through the paper, when he saw the ad.

He went in the following week for an interview with then-executive director Stuart Knox and, somewhat to his surprise, landed the job.

It was 1962, and Dennis – who brought the Association's total number of employees up to six the day he started – had just embarked on a career at CHA that would span 38 years, including 21 as its President.

During a recent interview at his serene Branford home where he lives with his wife Roseann, Dennis reflected on his long career at CHA, and on the changes that have occurred in healthcare and at

hospitals since he walked through the door on his first day of work.

Dennis retired on July 1, 2000, after having led the Association through a period of tremendous growth and change. His tenure as President resulted in acclaimed initiatives in cost containment, quality measurement, and public accountability. At his final Annual Meeting as President, Dennis was presented with the T. Stewart Hamilton, MD, Distinguished Service Award for "his personal dedication and tireless efforts toward the advancement of healthcare."

Now, 18 years into a much-deserved retirement, Dennis said he is happy watching from the sidelines as CHA's leaders embark on new initiatives and ramp up the Association's advocacy on behalf of hospitals. Red-winged blackbirds vied for position with goldfinches at the feeder in his backyard as he proudly showed off a photograph of himself and his wife, their four children and spouses, and their eight grandchildren, ranging in age from 26 to 4, which was taken near his summer home in Maine.

Later, he talked at length about his time at the Association, and the colleagues he grew to think of as his second family. His first few months at the Association were a time of revelations, large and small, he said.

"I learned later that the only reason they created

my position was because the Board had declined to accept the recommendation from Knox to buy an IBM punch card computer," Dennis said, grinning a little at the memory. "The Board didn't think computers were advanced enough to invest in one, so they said, 'Why don't you just hire someone right out of school?' So, I was hired instead of an IBM punched card computer."

It may not have been the most auspicious start to a career, but Dennis made the most of it. Mr. Knox let him know he had a lot to learn and assigned him the task of reading Board minutes and cost studies submitted by hospitals.

His job, during those first years, was to generate financial reports for the Association's 36 member hospitals using a Friden calculator that, by his estimation, weighed about 20 pounds. At the time, he and the other five CHA employees were working out of rented space in a former mansion owned by the state Medical Society on Saint Ronan Street in New Haven.

When Mr. Knox left CHA two years later, the Board undertook a national search and hired Herb Anderson, who was running a hospital in Lincoln, Nebraska; Dennis was then promoted to be the accounting consultant, a job he performed until about 1970 and, as he put it, "they had to hire someone new to operate the Friden calculator." When Mr. Anderson assumed the title of President in 1970, Dennis became the Vice President of Finance.

Mr. Anderson retired in 1979 and Dennis, who had taken on more and more responsibility leading up to that point, was appointed President by the CHA Board of Trustees at the suggestion of its Chairman, Edward Kenney, who was President of Greenwich Hospital.

"Ed said to me, 'You're going to be the next President,' and I said, 'No, you



owe it to yourself and the Board to do an executive search,' but he wouldn't hear of it," Dennis said.

His tenure as President spanned four governors – Ella Grasso, William O'Neill, Lowell Weicker Jr., and John Rowland. He led the construction of the current CHA headquarters on Barnes Road, as well as the growth of the organization and its staff, which numbered 150 employees at the time of May's retirement in 2000.

When asked why he spent his entire career at CHA, Dennis was quick with an answer. First, he said, he is a Connecticut native and loves the state where he was born. Second, he said, "I loved my job."

Third, and maybe most importantly, Dennis had built a staff at CHA that allowed him to do his job the way he wanted to do it, which was to get out and meet CEOs at their own hospitals, "which I did, all 36 of them."

In fact, Dennis cited the building of that qualified staff as his greatest accomplishment, describing it as "the foundation of the modern CHA" because it led to critical advances in the way the Association provided an ever-growing array of advocacy, education, and data services to members. It also allowed Dennis to meet with hospital CEOs, which was critical to his ability to understand what CHA should be doing for members.

"I probably spent about half of my time out of the office, and it was always in

a hospital CEO's office," he said. "I started out asking what are we doing well and what are we doing poorly, but I figured out that was the wrong question. They couldn't answer it. I had to ask them what their problems were, and once they answered, I knew whether I could help them."

Dennis was also invited to join Mory's Group, named after the club at Yale University, which was an invite-only dinner club for hospital CEOs.

"What a valuable education that was," Dennis said. "I just kept my mouth shut and listened. A lot of the growth of the organization was the result of those kinds of things, where I just picked stuff up informally."

Dennis is not particularly surprised by any of the challenges faced by hospital leaders today, he said, but worries about the accessibility of healthcare "for those in the middle." He has followed, with increasing concern, the "tribal mentality" in Washington, DC, that is, as he described it, dismantling the Affordable Care Act.

"I worry about coverage for those people who are not eligible for Medicaid or Medicare, and how that is going to be breached given the political dynamics today," Dennis said. "People are not getting the preventive care they need because they can't afford it."

His hope for CHA in its next 100 years, and his advice to its current and future leaders, is to remember the words of Benjamin Franklin, who said, "We must, indeed, all hang together or, most assuredly, we shall all hang separately."

"I hope CHA maintains its ability to speak with a single voice to the government and to the public," Dennis said. "That's still the marker for future success. And I hope it continues to embrace good change, especially if that change has the ability to make care more affordable for everyone."

HONORING CHA'S FORMER BOARD CHAIRMEN



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First chairman, William W. Jones, MD

- 1920-22 Lewis A. Sexton, MD
- 1922 Harold W. Hershey, MD
- 1923-25 Charles Lee
- 1925-27 T. Eben Reeks, MD
- 1927 Roy L. Leak, MD
- 1928-30 J. J. Webber, MD
- 1930-32 B. Henry Mason, MD
- 1932-34 Oliver H. Bartine
- 1934-37 Allan Craig, MD
- 1937 Albert Buck, MD



1938

First woman, Lucy A. Pollock, RN

- 1939 Lucy A. Pollock, RN
- 1940-42 Wilmar M. Allen, MD
- 1942-44 Anna M. Griffin, RN
- 1944-46 William B. Sweeney
- 1946-48 Richard J. Hancock
- 1948 William J. Donnelly
- 1949 D. Spencer Berger



1950

First priest, Rev. Lawrence E. Skelly

- 1951 Isidore S. Geeter, MD
- 1952 Edward K. Warren
- 1953 James M. Dunlop
- 1954 C. P. Goss III
- 1955 Albert W. Snoke, MD
- 1956 Andre Blumenthal

- 1957 Charles V. Wynne
- 1958 Robert C. Kniffen
- 1959 Charles T. Treadway Jr.
- 1960 Richard O. West



1961

State Senator, Joseph P. Cooney

- 1962 W. Anthony Towle Jr.
- 1963 Arthur M. Rogers
- 1964 Edgar L. Geibel
- 1965 Lewis E. Caplan
- 1966 T. Stewart Hamilton, MD
- 1967 Phillip A. Coleman
- 1968 Clarence W. Bushnell
- 1969 Frank T. Healey Jr.
- 1970 Bliss B. Clark, MD
- 1971 C. Manton Eddy
- 1972 Charles B. Womer
- 1973 James G. Pettit
- 1974 John M. McIntyre
- 1975 Robert W. Huebner



1976

First woman – religious order, Margaret Rosita Kenny, CSJ

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



1985

State Senator, Ruth O. Truex

- 1986 Robert B. Bruner
- 1987 Rev. Thomas J. Lynch
- 1988 Gordon B. McWilliams
- 1989 Robert F. Wilson
- 1990 Anne Virginie Grimes, SC
- 1991 Stephen J. Burlingame
- 1992 Richard E. Pugh
- 1993 William R. Johnson
- 1994 Philip D. Cusano
- 1995 John J. Pacowta
- 1996 John J. Meehan
- 1997 Raymond S. Andrews Jr.
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- 2002-4 Robert G. Kiely
- 2004-6 Larry M. Gold
- 2006-8 Patrick A. Charmel
- 2008-10 Marna P. Borgstrom
- 2010-12 Christopher M. Dadlez
- 2012-14 Susan L. Davis, EdD, RN
- 2014-16 Bruce D. Cummings
- 2016-18 David A. Whitehead

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- 2017 Bruce D. Cummings
- 2014 Susan L. Davis, EdD, RN
- 2012 Judith A. Carey, RSM, PhD
- 2011 Colleen Smith, RN
- 2009 J. Kevin Kinsella
- 2008 Robert G. Kiely
- 2007 Richard E. Pugh
- 2006 Robert J. Lyons Jr.
- 2005 Charles M. Riordan, MD
- 2004 John H. Tobin, D.Man
- 2003 Raymond S. Andrews Jr.
- 2002 Marguerite Waite, CSJ
- 2001 Philip D. Cusano
- 2000 Dennis P. May
- 2000 John J. Meehan
- 1999 Theodore H. Horwitz
- 1998 Paul D. Doolan, MD
- 1997 Reverend Thomas J. Lynch (posthumously)
- 1996 Howard A. Pearson, MD
- 1995 Katherine C. III, MD
- 1994 John E. Fenn, MD
- 1994 A. John Menichetti
- 1993 Anne Virginie Grimes, SC
- 1990 Gordon B. McWilliams
- 1988 Robert C. Boardman
- 1988 Isidore S. Geetter, MD
- 1987 John D. Thompson
- 1986 Frank T. Healey Jr.
- 1985 John H. Houck, MD

- 1985 John K. Springer
- 1984 Robert U. Massey, MD
- 1984 Stanley W. Shepard
- 1983 Joseph F. Duplinsky
- 1983 John M. McIntyre
- 1982 Robert B. Bruner
- 1982 Margaret Rosita Kenny, CSJ
- 1981 Clarence W. Bushnell
- 1981 Edward M. Kenney
- 1980 John Q. Tilson
- 1979 Herbert A. Anderson
- 1978 Anthony J. DeLuca
- 1977 Mary Madeleine Forcier, CSJ
- 1976 Bliss B. Clark, MD
- 1976 Edgar L. Geibel
- 1976 Charles B. Womer
- 1973 Arthur M. Rogers
- 1972 Albert W. Snoke, MD
- 1971 William J. Donnelly
- 1970 T. Stewart Hamilton, MD



100 YEARS OF HEALTHCARE

The First 25: 1919-1944

In the first quarter-century of CHA's existence, the average life expectancy in the United States was 47 years. Today, life expectancy is 79 years. That improvement is due to the extraordinary advances in healthcare over the past century.

In 1919, there were about 4,400 hospitals with 429,000 beds across the country. One hundred years later, there are 5,534 hospitals in this country, with more than 890,000 beds. Today, Connecticut boasts 33 hospitals, including 27 acute care facilities, with more than 8,000 licensed beds.

The years 1919-1944 saw the introduction of lifesaving vaccines for diphtheria, tetanus, tuberculosis, typhus, whooping cough, and yellow fever, along with the development of antibiotics such as penicillin and streptomycin. Despite these advances, infectious diseases still caused more than 52 percent of all deaths in the United States.

When the three-year-long Spanish influenza pandemic ended in 1920, more than 15 million people worldwide had died, including 600,000 in the U.S., and 8,500 in Connecticut - far more than the number of American soldiers killed in World War I. Flu pandemics would return three more times over the next 100 years.

A polio epidemic in 1916 led to the development of the iron lung, which maintained respiration artificially until the patient could breathe independently, usually after one or two weeks. Introduced to the United States in 1928, early devices cost about \$1,500. In 2017, there were three iron lungs still in use in the United States.

Tuberculosis was another scourge of the times. In 1936, the U.S. Census Bureau estimated that of every 21 deaths in the country, one was from TB. Undercliff Sanatorium in Meriden was the first

facility in the country dedicated exclusively to treating children with tuberculosis and, later, adults. By 1938, there were more than 700 TB hospitals across the country. Despite medical advances and a vaccine, TB remains a health threat today.

In 1939, Connecticut became home to a collection of more than 650 brains, 15,000 patient images, and handwritten journals documenting more than 2,000 brain surgeries by Dr. Harvey Cushing. His pioneering advances in surgical protocols and instruments, including the cauterizing Bovie tool and use of antibiotics, boosted brain surgery survival rates from less than 20 percent to greater than 90 percent.

In addition to surgical benefits, the discovery of antibiotics, like streptomycin in 1943, would also be applied to treat tuberculosis and other infectious diseases. The prevalence of these diseases led to the establishment of the organization that later became the Centers for Disease Control and Prevention.



FROM DIALYSIS TO HEART BYPASS

1944-1969

From the Flying Forties to the Swingin' Sixties, great strides would be made in the field of medicine: the introduction of a polio vaccine in 1952; invention of the cardiac pacemaker in 1952; first kidney transplant in 1954; and vaccines for measles (1964) and mumps (1967) (rubella would follow in 1970).

In 1950, the top 10 causes of death were: heart disease, cancer, stroke, accidents, infant death, influenza/pneumonia, tuberculosis, arteriosclerosis, kidney disease, and diabetes. The average life span of Americans in 1949 was almost 67 years, which would rise to an average of 70 years by 1968.

As one of the leading causes of death in the 1950s, kidney disease was at the forefront of medical innovation, resulting in the development of the first artificial kidney machine and first kidney transplant in 1954. Aided by advances in technology, by 1973, 40 percent of patients received dialysis treatment at home. Today, more than 90 percent of patients receive treatment at dialysis centers. There are more than 45 centers in Connecticut.

Connecticut became the focus of national headline news in 1961 when a fire at Hartford Hospital led to nationwide changes in hospital fire codes and construction.

While improvements in care were being made, the healthcare industry struggled to meet the demand for nurses. After World War II, there were many efforts, including federal legislation, focused on educating a new generation of nurses. The federal Nurse Training Act of 1964 funded collegiate nursing education, spurring development of baccalaureate, graduate, and advanced practice programs. At the height of training, there were more than 1,500 hospital-affiliated nursing schools in the country. Connecticut closed its last hospital-affiliated nursing school in 2017.

Advances in disease management and surgical care created a need for new types of nurses who specialized in different hospital settings such as intensive care units. One of the first critical care units was opened in a Connecticut hospital in 1953. By 1969, more than half of the nation's not-for-profit hospitals possessed a critical care unit.

With heart disease as the number one cause of death at the time, inventors devoted research to treatments and surgical advances. Among those advances was the introduction of a prototype of a heart bypass machine by Connecticut inventor Dr. William Sewell. The first open heart surgery in Connecticut was performed in 1956. Almost 30 years later, Connecticut native Dr. Robert Jarvik developed the first totally artificial heart.



A DIAGNOSTIC REVOLUTION

1969 - 1994

Advances in the 70s and 80s included the first computerized axial tomograph (CAT/CT) scanner, magnetic resonance imaging, enhanced mammography, and the discovery of a bacterial infection caused by deer ticks that would be named for a small town in Connecticut.

In 1970, the average life expectancy for an American was 71 years, rising to 73 years at the end of the 80s and 75 years at the end of the 90s. Three vaccines were introduced: pneumonia (1977), chicken pox (1984), and hepatitis B (1986). Today, there are 12 vaccinations on the recommended list, with a 72% nationwide vaccination rate.

The introduction of the CT scanner in 1971 vastly improved the ability of doctors to diagnose many diseases earlier and to provide more information than X-rays by showing three-dimensional images of internal organs and structures of the body. The first CT scan took nine days to capture a full 3D image; today it takes mere seconds.

The discovery of nuclear magnetic resonance in the 1950s led to the development of the magnetic resonance imaging scanner in 1973. Using powerful magnetic fields and radio frequency pulses, MRIs produce detailed pictures of organs, soft tissues, bone, and other internal body structures.

Advances in the treatment of breast cancer were made possible by improvements in mammography units. Studies about the advantages of mammography eventually led to a 1976 recommendation by the American Cancer Society to use mammography as a screening tool. A 1992 act of Congress ensured that all women had access to mammography to detect breast cancer.

Medical advances also led to changes in patient care. Where it was once common for a woman to spend 10 days in the hospital after giving birth, today the average stay is about 39 hours. In the 1970s, a patient could spend four days in the hospital

following a hernia operation; now that surgery is performed in an outpatient facility. In 1980, about 3 million operations were performed in ambulatory settings; by 1995, the number had grown to 27 million.

Medical research, technological advances, and routine health screenings stimulated a boom in fitness clubs, home exercise videos, and jogging – complete with leg warmers, leotards, and headbands – as Americans began to take control of their health. Despite the fitness craze, which has continued to this day, 80 percent of American adults currently do not meet the government's national physical activity recommendations for aerobic activity and muscle strengthening. Additionally, around 45 percent of adults are not sufficiently active to achieve health benefits.



INTO THE FUTURE

1994 - Today

Eighteen years into the 21st century, once inconceivable medical advances such as robotic surgery, 3D printed components for medical devices and the human anatomy, and the sequencing of the human genome, are being employed to advance the treatment, prevention, and perhaps eradication of disease.

A century ago, the emphasis in healthcare was on treating an illness, followed by a focus on curing disease. Today, the goal is to prevent disease by addressing the social determinants that impact health and well-being.

As of 2012, about half of all adults in this country — 117 million people — had one or more preventable chronic health conditions such as heart disease, stroke, diabetes, or cancer. Despite poor exercise and dietary habits, life expectancy in 2000 was 76 years and improved slightly to 79 years in the first decade of the millennium. Connecticut has the third highest life expectancy in the country at 80.8 years.

Where minimally invasive surgical techniques were at the forefront at the end of the 20th century, the new century heralded the arrival of robotic surgery. Neurosurgical biopsies and orthopedic joint replacement were the first procedures to use robotic assistance. Now, robotic surgery is used for procedures ranging from cancer treatment to urology and gastroenterology. It is estimated that 90 percent of prostatectomies in the U.S. are conducted robotically. Studies cite shorter hospital stays, faster recovery, and reduced pain and discomfort among the benefits to patients.

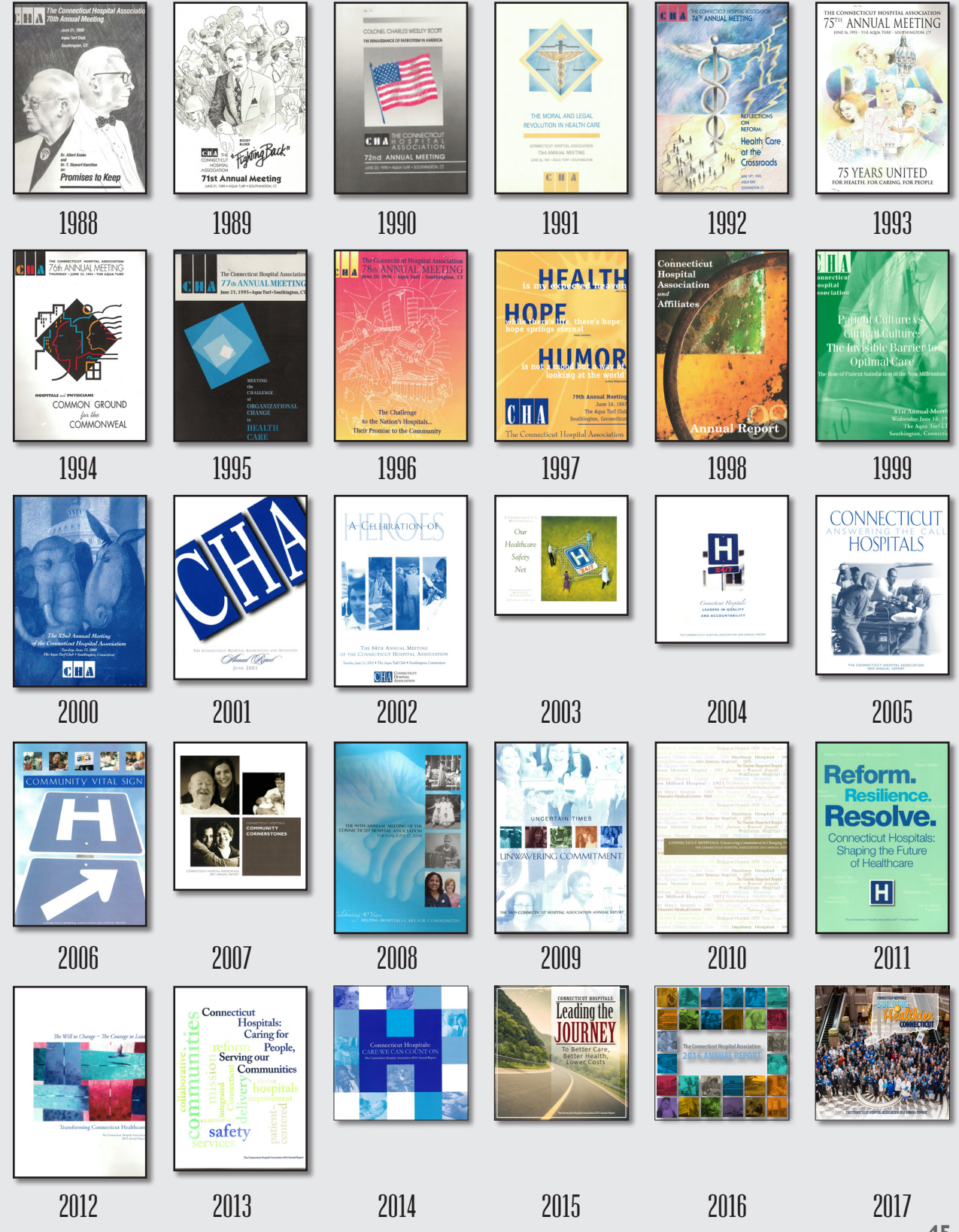
In addition to robotic surgery, the advent of 3D printing is changing the way surgeons plan and execute procedures with the ability to create models to train, prepare, and guide surgical teams through complex procedures. Through 3D printing, CT, MRI, or other scanning data can be converted into a unique 3D print that shows the actual organ for operation. Blood vessels and veins can be identified, and specific problems

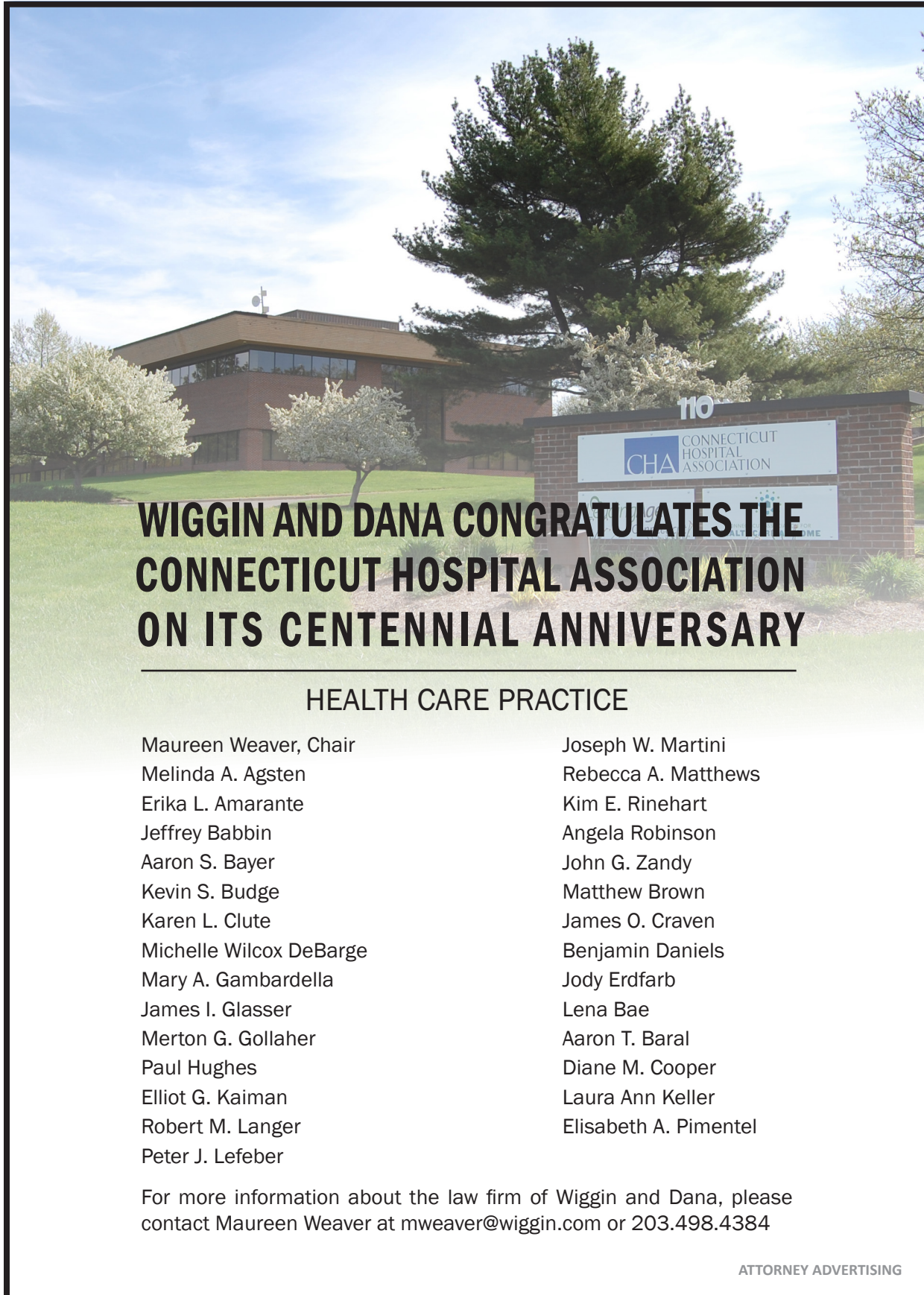
can be shown prior to surgery. The possibilities for 3D orthopedic implants, prosthetics, and even organs will have a vast impact on the future of healthcare.

Additionally, the monumental feat of sequencing the human genome has provided powerful tools to understand the genetic factors of disease, paving the way for new strategies for diagnosis, treatment, and prevention. Research here in Connecticut has identified genes associated with hypertension, macular degeneration, dyslexia and Tourette's syndrome, among many others. It is anticipated that these discoveries will identify health challenges as early as possible to develop prevention plans, rather than managing or curing the disease.

The past 100 years have been an amazing journey of healthcare discoveries. We can only begin to imagine what the next 100 years will bring to the noble work of healing.

60 YEARS OF THE CHA ANNUAL REPORT





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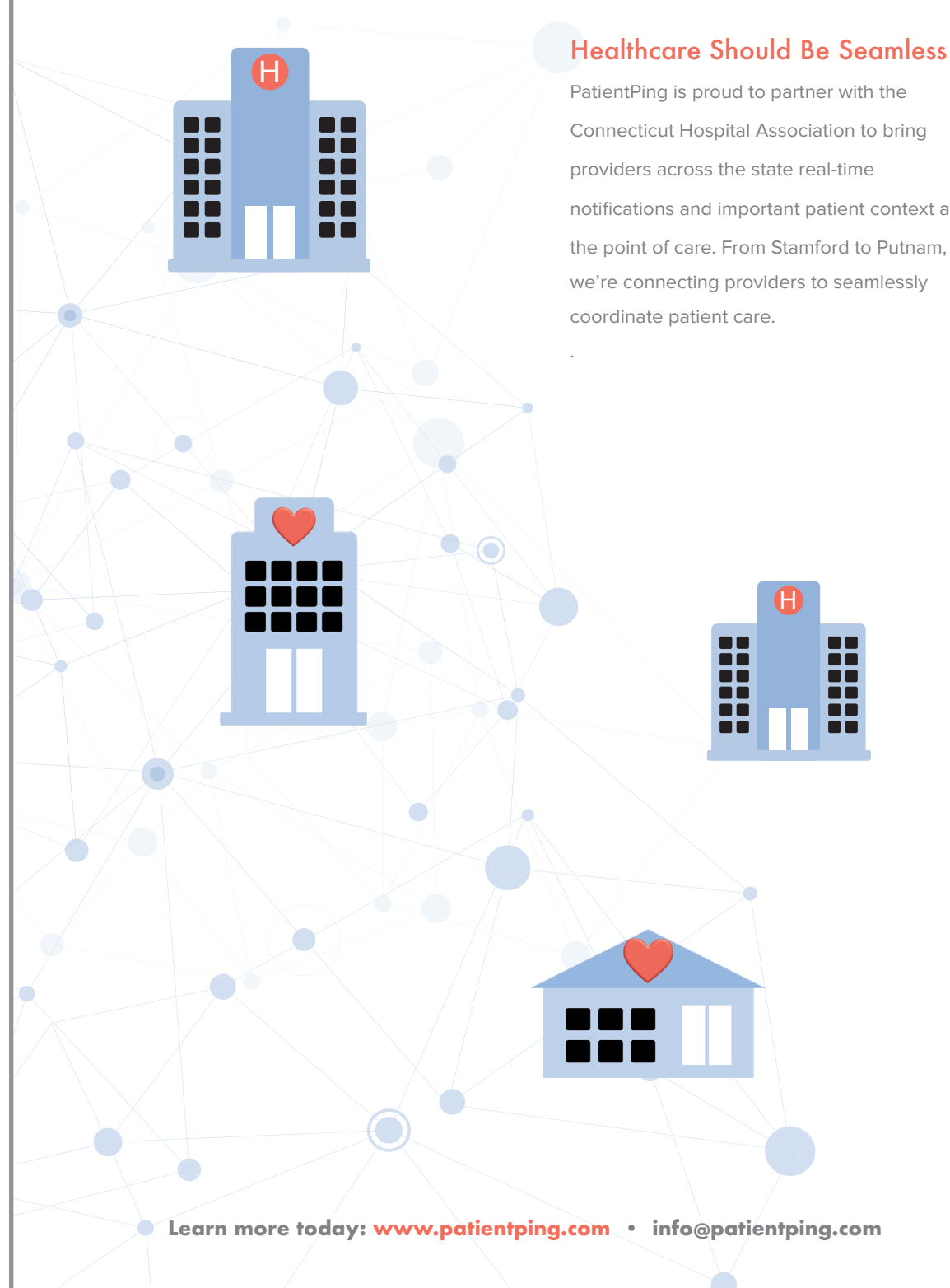
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- Terri Savino, RN
- Judith Kunisch, RN
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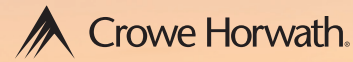
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DNS Board Chairman	Patrick A. Charmel , President and Chief Executive Officer, Griffin Hospital	2-year term
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Executive Committee At Large Member	Vincent G. Capece , President and CEO, Middlesex Hospital	1-year term

POSITION	NOMINEE	TERM
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	Jeffrey A. Flaks , President and Chief Operating Officer, Hartford HealthCare	3-year term
	Stuart E. Rosenberg , President, Johnson Memorial Hospital	3-year term
	Ena Williams, RN , Senior Vice President and Chief Nursing Officer, Yale New Haven Hospital	3-year term
CEO FORUM CHAIRMAN	Kurt A. Barwis , President and Chief Executive Officer, Bristol Hospital	2-year term
AHA DELEGATE	William M. Jennings , Executive Vice President, Yale New Haven Health, and President and Chief Executive Officer, Bridgeport Hospital	3-year term expiring 12/31/2021
AHA ALTERNATE DELEGATE	Vincent G. Capece , President and CEO, Middlesex Hospital	3-year term expiring 12/31/2021

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CHA'S MISSION is to advance the health of individuals and communities by leading, representing, and serving hospitals and healthcare providers across the continuum of care 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.

