

# centralline

A PUBLICATION FOR THE MEDICAL STAFF OF THE HOSPITAL OF CENTRAL CONNECTICUT

## Every 16 days ...

By Steven D. Hanks, M.D., MMM, FACP, executive vice president & chief medical officer of The Hospital of Central Connecticut



When we began our journey to high reliability at The Hospital of Central Connecticut, we were warned of a somewhat sobering sign of initial success. Most successful hospitals experience a worsening of their serious safety event rate (SSER) in the first year of implementation.

This is a sign of success as it reflects a culture change taking place. We're not actually having more events; rather, people are becoming comfortable with transparency and reporting. Many things previously hidden from view are now brought under the light of scrutiny. While we were forewarned to expect this phenomenon, it is deflating to experience it. Somewhere deep inside, all of us who have been dedicated to this work were hoping that somehow our organization would buck the trend and not follow that typical pattern.

Yet here we are in the midst of our journey, and we can now see that our actual performance is nearly twice as bad as what we initially measured in August 2011 when we conducted our three-year retrospective diagnostic assessment with Healthcare Performance Improvement. You may recall that our clarion call was the fact that our data showed we had an episode of serious preventable harm every 27 days, and a preventable death every 91 days. The SSER is a 12-month rolling average of these events adjusted for activity. It is recalculated each month, adding data from the most current month and then dropping off the data for the same month of the prior year. The sobering reality described above became apparent to us in March, when the new SSER revealed that our rate was such that serious preventable harm occurs every 16 days, nearly every two weeks, compared with our initial baseline of roughly once every four weeks. In other words, these events are almost twice as common as we initially

thought. Data for preventable deaths are similar, running now at every 62 days as opposed to every 91 days as identified in our initial measurement.

The good news is we believe we've reached our nadir. If we can replicate results of other hospitals that have done this work, we can expect our SSER to level out and start dropping some time in this calendar year. It is our full expectation that two years from now, we'll be experiencing a rate 80-90 percent lower than current. Achieving this reduction requires a two-pronged approach:

1. **implementing error reduction techniques**, which almost all of you have learned through participation in our high reliability training classes; and
2. **making changes to our systems, processes, management and culture** designed to anticipate error and insulate from the effects, so organizational resiliency is increased and error absorbed or deflected before reaching a patient. It's a well-worn playbook that has been used successfully in many other high risk industries, and now is being successfully applied in health care.

You have our personal thanks for your participation, commitment and leadership of this important work. In the words of our experienced HPI consultant, Kerry Johnson, the medical staff alone cannot make this happen, but

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## Dickey named chief of Radiology



Interventional radiologist Kevin Dickey, M.D., F.S.I.R., was named chief of the Department of Radiology at The Hospital of Central Connecticut (HOCC), effective early April.

An HOCC medical staff member since 2006, Dickey succeeds Sidney Ulreich, M.D., chief since 1975 and who remains on staff.

Dickey, who describes Radiology staff as dedicated and energetic, says his vision is “to make the imaging services in our hospital the most comprehensive, efficient and state-of-the-art anywhere.”

He gives credit to Ulreich, who for the past 25 years led Radiology. “He’s been a constant torch bearer for quality and safety in the imaging in New Britain and he’s always been a huge patient advocate and physician advocate and he’ll be missed in this role.”

Among Dickey’s goals:

- **Integration of New Britain Radiological Associates and Mandell & Blau.** Coinciding with change in leadership is transition of the chief’s role to broadened governance beyond the New Britain General campus to Bradley Memorial campus and satellite facilities, formerly governed by Mandell & Blau, P.C. Hence, Radiology is now integrating the two physician practices covering HOCC — New Britain Radiological Associates, P.C., and Mandell & Blau, P.C. With integration, Dickey is looking toward seamless access to and reporting of imaging studies via PACS system and voice recognition. There are now nearly 20 radiologists among both campuses including those covering satellite offices in New Britain, Southington and Newington. With practice integration, Dickey also looks to improve patient and referring physician access to imaging services and scheduling.

- **Distinction of radiology specialties.** The department will offer expertise in several specialty areas including musculoskeletal imaging, thoracic imaging, neuroradiology, interventional radiology, breast imaging and body imaging.

- **Development of uniform protocols for imaging standards.** With integration of the two physician groups and consolidation of services, standardization of imaging protocols will also occur, ensuring that imaging procedures will use minimum radiation and be optimized for diagnostic accuracy.

- **Acquisition of the latest equipment and introduction of new testing.** In the near future, HOCC plans to purchase advanced breast imaging equipment to assess breast density and detect smaller and more subtle breast cancers; new CT and MRI units; and other hardware/software

platforms to optimize radiation dosing, scan times and diagnostic accuracy.

Dickey joined New Britain Radiological Associates, P.C. in 2006, practicing primarily at HOCC’s New Britain General campus. He is also director of Vein Centers of Connecticut in New Britain and Madison; director of Interventional Radiology at HOCC; and an assistant clinical professor of Radiology at the University of Connecticut School of Medicine.

Dickey earned his medical degree from Emory University School of Medicine, Atlanta. He completed two years in a general surgery internship and residency at Emory University Affiliated Hospitals, Atlanta; diagnostic radiology residency at University of Vermont College of Medicine, Burlington, Vt.; and fellowship training in vascular and interventional radiology at Yale University School of Medicine. Before joining New Britain Radiological Associates, P.C., he was chief of Radiology at St. Vincent’s Medical Center, Bridgeport. He has also worked at Dartmouth Hitchcock Medical Center in Lebanon, N.H. as associate professor and chief of Interventional Radiology; New Haven Radiology Associates, P.C., New Haven; Yale University School of Medicine; and has had several hospital medical staff appointments. Dickey also served the U.S. Naval Reserve as a lieutenant commander, Medical Corps.

He is an oral board examiner and written exam author with the American Board of Radiology; on the executive committee of the Radiological Society of Connecticut; and a member of several other professional organizations including the American College of Radiology, Society of Interventional Radiology, and Radiological Society of North America. He has been an investigator for varied clinical trials; has authored several articles for professional journals; and lectured nationally and internationally.

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**Every 16 days ...** Continued from page 1

they sure can prevent it from happening. We would not have ventured down this path were it not for the commitment we’ve received from all of you and the physician leaders who represent you in various venues here at the hospital. Thank you all for your continued exertions. Now let’s strive to be one of the 13 of the 305 hospitals contracted with HPI last year who went the entire year without a single episode of serious preventable harm.

1st in state to achieve distinction

## Hospital's breast program named Certified Quality Breast Center of Excellence

The Hospital of Central Connecticut's comprehensive breast program recently became the first such program in Connecticut to be recognized as a Certified Quality Breast Center of Excellence in the National Quality Measures for Breast Centers™ (NQMCB) Program.

This distinction signifies the hospital's commitment to providing the highest level of quality health care to patients in its community.

"Today the management of breast cancer is quite complex. This award recognizes outstanding performance and coordination of our breast cancer team," says Barbara Fallon, M.D., FACP, medical director of the hospital's comprehensive breast program.

Certification, effective through April 2014, acknowledges the program having achieved 25th percentile or higher in 90 percent of 36 quality indicators every six months for the past year. These quality indicators ensure patient-centered, high quality services throughout the continuum of breast care, from radiology to radiation therapy, medical oncology, surgery and program support services, says Donna Boehm, R.N., M.S.N., M.P.H., Oncology program development manager.

Boehm credits an interdisciplinary team of staff members and physicians whose combined efforts culminated in certification achievement. "Through that we were able to elevate the quality of services," she says. The team comprises hospital and medical staff from Radiology, Surgery, Pathology, Medical Oncology, Radiation Oncology, Nursing, genetic counseling and testing, and rehabilitation services.

The hospital is now listed on NQMCB Program's website as one of 40 Certified Quality Breast Centers of Excellence™.

This certification follows the hospital program being named last year as a Certified Quality Breast Center by the NQMCB Program. HOCC was the only hospital in the state to achieve such acknowledgement.

The hospital's comprehensive breast program is accredited by the National Accreditation Program for Breast Centers. It includes a breast nurse navigator and weekly breast conference meetings. A nurse navigator guides patients through the healthcare system from diagnosis through treatment. Among the program's educational initiatives are survivorship workshops and manuals for patients with breast cancer. For program information, please contact Nurse Navigator Bethany Carr, APRN-BC, M.S.N., CBPN-IC, at 860-827-0525 option 4 or visit [www.thocc.org/services/breast/nurse.aspx](http://www.thocc.org/services/breast/nurse.aspx).

The NQMCB Program is a quality initiative of the National Consortium of Breast centers, Inc., which focuses on excellence in breast health care for the public by supporting healthcare practitioners through educational programs, newsletters, a national directory and patient forums. It also furthers collaborative research on breast health issues and has set measures for quality standards in breast healthcare programs and for quality performance in breast healthcare facilities.

## Hand-held devices help reduce errors, protect patient safety

Laboratory staff members were recently honored for spearheading efforts to implement new hand-held technology that allows for positive patient identification (PPID) at the bedside immediately before a blood sample is taken.

Hospital President and CEO Clarence Silvia presented phlebotomists Donna Dupre, Bradley Memorial campus, and Timothy Walton and Michelle Pagani, New Britain General campus, with a plaque in recognition of their work on the project, which helps improve patient safety, reduce errors and enhance efficiency.

Using the hand-held PPID device, linked to the Cerner computer system, a phlebotomist scans the barcode on a patient's ID wristband and prints specimen collection labels specifically for that patient, right at the bedside. The technology eliminates

handwritten specimen labels and specimen-labeling transcription errors.

"Nine months after the device's introduction, there has not been a single mislabeled specimen from any phlebotomist using the hand-held PPID device," says Joe Vaccarelli, director of Radiology, Laboratory and Patient Transport.

The device also helps enhance efficiency because once the patient's wristband is scanned, any test ordered for the patient will appear on the printed labels. So if a test is ordered while the phlebotomist is en route to the patient, the PPID system includes that "last-minute" addition on the label, eliminating the need for the phlebotomist to return and re-draw the patient's blood.

## Hospital's Stroke Center recognized

The Hospital of Central Connecticut's (HOCC's) Stroke Center recently earned national recognition for providing excellent, timely care that can help reduce damage caused by stroke.

HOCC received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award for meeting specific stroke care quality measures for two or more consecutive years. These measures include aggressive use of clot-dissolving and cholesterol-reducing medications and other activities aimed at reducing death and disability and improving the lives of stroke patients.

In addition the hospital received the association's Target: Stroke Honor Roll recognition for improving stroke care. Target: Stroke, a national quality campaign, aims to have hospitals provide t-PA— clot-dissolving medication — within 60 minutes of a stroke patient's arrival.

"By administering t-PA within 60 minutes, we're reducing the amount of time a clot can block blood flow to the brain, and we're helping to preserve brain cells," said Kristen

Hickey, R.N., M.S.N., HOCC Stroke Center coordinator.

"If given intravenously in the first three hours after the start of stroke symptoms, t-PA has been shown to significantly reverse the effects of stroke and reduce permanent disability," added Timothy Parsons, M.D., Stroke Center medical director.

In addition to the American Heart Association and American Stroke Association recognitions, the Stroke Center has advanced certification as a Primary Stroke Center from The Joint Commission and has been designated a Primary Stroke Center by the Connecticut Department of Public Health.

The Stroke Center treats patients who have had strokes and transient ischemic attacks. The center also educates the community and hospital inpatients on identifying stroke symptoms; coordinates rehabilitation services for stroke patients; and works with community agencies and facilities to ensure continuity of care. For information, call Hickey at 860-224-5900, X6764.

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## *Hospital now a sponsor hospital for New Britain EMS paramedic training*

Already an integral part of New Britain Emergency Medical Services (EMS) paramedic training program, The Hospital of Central Connecticut (HOCC) has recently formalized its role, now serving as sponsor hospital, a key step toward national program accreditation.

New Britain EMS is seeking accreditation for its paramedic training program from the Commission on the Accreditation of Educational Programs for the EMS Professions. Accreditation, required as of January 2013, necessitates hospital sponsorship. New Britain EMS paramedic training program began January 2012.

David Buono, M.D., medical director of HOCC's Emergency Department (ED) and of New Britain EMS, says, "New Britain EMS paramedics are among the best in the state and through our involvement in the training program we have an opportunity to help them become some of the best-trained paramedics so that when they take care of our patients they will be more than qualified."

David Kosciuk, captain, Support Services, New Britain EMS, says, sponsorship "solidifies HOCC as a strategic partner in our paramedic training program." For years, HOCC has provided on-site training ground for New Britain EMS emergency medical technician (EMT) students and in-services for paramedics.

Paramedic program accreditation process is about 18 months, says Kosciuk. As a sponsor hospital, HOCC

will help develop, sustain and govern the program, he says.

Paramedic training, which involves 1,200 hours of instruction, includes 280 hours at HOCC over three months, during which students have clinical experience in the ED, Labor & Delivery, Special Care Nursery, ICU, Cardiac Cath Lab, and wound care, with most time spent in the ED. From eight to 10 paramedic students are in each of the three-month sessions at HOCC which begin in January and July of each year.

"I look at the relation between the two facilities as very important because we serve the same community," says Nancy Giardina, R.N., M.S.N., HOCC Emergency Department clinical nurse specialist, who provides student instruction. "We are essentially an extension of each other."

While EMT personnel provide basic life support services, paramedics have more training and work closely with ED physicians, says Kosciuk, noting paramedics also handle EKG interpretation and airway access.

New Britain EMS handles about 13,000 responses and sees about 11,000 patients annually, with about half of those patients requiring paramedic services.

"We continue to appreciate the efforts of everyone at HOCC with the paramedic students and look forward to many more years of partnership," says Kosciuk.

## NEWSnotes

### Chief medical informatics officer

**named.** Hospitalist Fadi Hammami, M.D., has been named chief medical informatics officer at The Hospital of Central Connecticut. He will also continue in his role as hospitalist. In his new role, Hammami will be responsible for leveraging information technology to improve the quality, safety and efficiency of patient care. He and Jennifer Clark, M.D., have served as associate chief medical informatics officers for the past two years; Clark will continue in that role. Hammami joined the hospital in 2010. He earned his medical degree at Damascus University School of Medicine, Damascus, Syria, and completed an internal medicine internship and residency at the University of Connecticut. Before joining HOCC he was a hospitalist at Gaylord Hospital, and before that at Eastern Connecticut Health Network. He is currently enrolled as an MBA candidate at the University of Connecticut.



M.D., has been named chief medical informatics officer at The Hospital of Central Connecticut. He will also continue in his role as hospitalist. In his new role, Hammami will be responsible for leveraging information technology to improve the quality, safety and efficiency of patient care. He and Jennifer Clark, M.D., have served as associate chief medical informatics officers for the past two years; Clark will continue in that role. Hammami joined the hospital in 2010. He earned his medical degree at Damascus University School of Medicine, Damascus, Syria, and completed an internal medicine internship and residency at the University of Connecticut. Before joining HOCC he was a hospitalist at Gaylord Hospital, and before that at Eastern Connecticut Health Network. He is currently enrolled as an MBA candidate at the University of Connecticut.



### Manager receives Above and Beyond award.

Cathy Mangini, R.N., clinical manager of HOCC's Pediatrics Unit

and Family BirthPlace, recently received the Above and Beyond award from the Mill Foundation for Kids, Inc. The award recognizes individuals who go above and beyond in their daily duties to enrich the lives of sick children and who consistently exceed the expectations of their peers and patients, according to the Southington-based foundation. The award was presented March 16 at the foundation's annual Shamrockin' for Kids dinner dance at the Aqua Turf Club in Southington. Mangini has worked at HOCC (formerly New Britain General Hospital) for over 30 years. The Mill Foundation for Kids is dedicated to brightening the lives of ill children by purchasing toys and other gifts that are donated to HOCC and other area hospitals.

### Quarterly Medical Staff meeting

**June 6.** The 8 a.m. event will be in the Cafeteria.

### Physician referral phone line now

**operated through Conifer.** The Hospital of Central Connecticut's physician referral phone service is now operated through Conifer Health Solutions, an industry leader in services that include physician referral management and event/class call

center registration. In late April, HOCC joined other Hartford HealthCare entities in making the systemwide switch to Conifer for call center services and referral management. HOCC's physician referral line is 800-321-6244 or 1-800-Doctors.

### Auxiliary golf tournament scheduled.

The Hospital of Central Connecticut New Britain General campus Auxiliary will hold its 23rd annual golf tournament June 4 at the Tunxis Plantation Country Club, Farmington. Shotgun start is at 11:30 a.m. Tournament proceeds will go toward the Auxiliary's \$1 million pledge for the hospital's new cancer center. Anyone interested in sponsoring or playing in the golf tournament, please call 860-224-5567.



**HOCC participates in regional disaster drill.** Hospitalist Program Director Daniel Kombert, M.D. (left) and hospitalist Neeraj Kalra, M.D., participated in a April 11 disaster drill with other regional healthcare partners. The drill, which involved the New Britain General and Bradley Memorial campuses, tested HOCC's readiness toward receiving a surge of mock patients evacuated and transferred from Saint Francis Hospital and Medical Center. As part of Joint Commission accreditation requirements, HOCC conducts two drills annually.

## We welcome physician to the hospital

Olumuyiwa O. Adebayo, M.D., FACP



Internal Medicine/  
Hospice and Palliative  
Medicine

Practice: The Hospital  
of Central Connecticut

Education/Experience:

College of Medicine, University of Ibadan, Nigeria; rotational internship, University College Hospital, Ibadan, Nigeria; medical microbiology residency, University College Hospital; internal medicine residency, St. Vincent's

Medical Center, Bridgeport, where he was also a chief resident; hospice and palliative medicine fellowship, Montefiore Medical Center of the Albert Einstein College of Medicine, Bronx, N.Y. He is also a hospitalist at St. Vincent's Medical Center. Most recently, he also practiced palliative care at Montefiore Medical Center of the Albert Einstein College of Medicine.

Interests: Reading contemporary fiction; traveling and discovering new places.

**100+ concrete trips in one day!** Construction is well under way for the hospital's new cancer center in New Britain. The most visible aspect of construction as of mid-April was concrete — and lots of it — with the concrete walls that will surround the three linear accelerators from four to seven feet thick due to associated radiation in those rooms. The concrete shown for the linear accelerator rooms represents 875 cubic yards of poured concrete shipped to the site over 103 trips in one day! Most site work, namely tree and brush removal, blasting and excavation is complete. Steel erection will begin once concrete work is complete. The cancer center will consolidate outpatient services in one convenient location and allow for future expansion of cancer care. The nearly 70,000-square-foot center is being built on over nine acres on the New Britain/Plainville line.



## Robust marketing campaigns include social media

The Hospital of Central Connecticut is elevating its marketing and advertising tactics with more social media alongside traditional advertising venues. In addition to newspaper ads, radio and TV spots for the hospital's marketing of cardiac, oncology and metabolic service lines, HOCC is also using online banner ads, Facebook, Twitter and Pinterest! And we have visibility on [courant.com](http://courant.com) that includes physician-bylined articles. Check us out on Facebook ([facebook.com/hospofcentralct](https://facebook.com/hospofcentralct)), Twitter ([twitter.com/HospCentralCT](https://twitter.com/HospCentralCT)) and Pinterest ([pinterest.com/thocc/](https://pinterest.com/thocc/)). Also, dedicated microsites for these three service lines are at <http://centraltoyourlife.com/>.

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## RxNEWS

# Pharmacy and Therapeutics Committee update

By David L. Girouard, MPH, R.Ph., director of Pharmacy

### FDA communications

FDA published new warnings regarding Zithromax® and the association with fatal heart rhythms. Patients with baseline QT prolongation, low serum potassium/magnesium, slower than normal heart rate, or on certain anti-arrhythmics appear to have a higher risk for this event. A study in the May 17, 2012 issue of *The New England Journal of Medicine* showed a higher risk of death from any cause and an increase of cardiovascular death with a five-day treatment of azithromycin as compared to amoxicillin, ciprofloxacin, and no antibacterial drug. The risk was equivalent to levofloxacin. The FDA is still investigating and is recommending that healthcare professionals consider the possibility of fatal heart rhythms when evaluating treatment options for patients already at risk for cardiovascular events.

### New medication distribution system

Pharmacy and Nursing will be working together on a radical redesign of our medication distribution system.

### Formulary changes

There were no hospital formulary additions or deletions at the March and April 2013 Pharmacy & Therapeutics Committee meetings.

Our current system requires all medications to be processed in the basement pharmacy and sent to the nursing unit only after an order is written and reviewed. The redesigned system, known as (Pyxis®), will maximize use of automated dispensing cabinets (ADCs) in the patient care areas. These ADCs will be stocked with the most common medications used on the particular unit. Medications will be available to the nurse immediately after order review by the pharmacist and the time for medication availability will decrease from hours to minutes. Patient safety will also be enhanced as the ADCs will be linked with the Cerner® system such that only approved medications will be available for a given patient. It will take about 12 months for full system implementation.

## HOCC starts Ostomy Program

The hospital has hired a new wound/ostomy specialist and expanded its wound care services to include a new Ostomy Program for in- and outpatients.

Sharon Davis B.S.N., CWCN, COCN, came to HOCC earlier this year, joining Bettina Magliato, MS, CWCN, COCN. Both are certified wound care nurses and certified ostomy nurses.



Sharon Davis



Bettina Magliato

In addition to providing wound care for patients with non-healing surgical wounds, pressure ulcers and traumatic wounds, they provide pre- and post-operative care and

education for patients with different types of ostomies. The most commonly known is colostomy; other ostomy types include ileostomies and urostomies.

“Research shows that if we intervene before surgery, patients have better outcomes,” Magliato says. “Providing

care and education after hospital discharge can also help prevent hospital readmission for these patients.”

To help patients after hospital discharge and beyond, Magliato and Davis hold an outpatient Ostomy Clinic Thursdays on C1 at the New Britain General campus. They also educate patients and their family members on self-care and ostomy management. An ostomy support group is also being planned.

Before joining HOCC, Davis was a certified wound ostomy nurse for the Inpatient/Outpatient Wound Service at St. Francis Hospital and Medical Center in Hartford. She earned her bachelor's degree in nursing at Our Lady of the Elms College in Massachusetts.

Magliato has more than 30 years of nursing experience, including extensive experience in wound care and infection control. She has been a wound and ostomy care specialist/clinical educator at HOCC since 2010, and is also a clinical instructor with the Central Connecticut State University Division of Nursing.

## Freiheit named vice president and chief financial officer



Carolyn Freiheit was promoted to vice president and chief financial officer (CFO) for The Hospital of Central Connecticut, effective May 6.

Freiheit, most recently director of Finance, is now responsible for planning, implementing, managing and controlling the hospital's financial-related activities. This includes finance, budgeting, financial analysis, and forecasting. Freiheit succeeds Ralph W. Becker as CFO, a position he concurrently held at HOCC and MidState Medical Center since 2011. Becker continues as vice president and CFO at MidState.

Freiheit joined the former New Britain General Hospital in 2003 and was named director of Finance in 2006. She has also worked at Waterbury, Milford and Griffin hospitals. In May, Freiheit earned a master's degree in business administration from the University of Connecticut. She received a bachelor's of science degree in accounting from Western Connecticut State University.

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Central Line is a **bimonthly publication** for the medical staff of The Hospital of Central Connecticut. To send information, story suggestions or comments, please contact Kimberly Gensicki at [kgensicki@thocc.org](mailto:kgensicki@thocc.org); (860) 224-5900 x6507; or via fax at (860) 224-5779.

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A Hartford HealthCare Partner



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