

centralline

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

Making change stick

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



One of the most difficult aspects of change is securing its permanence. This is particularly true of cultural change within organizations, such as our high reliability transformation. As one of my mentors, Dr. Harry Leider, taught me years ago, any successful change is dependent on three ingredients: leadership, tools and incentives. Of the three, leadership is most crucial toward sustaining change and making it permanent.

Recognizing this, high reliability organizations deploy a specified bundle of leadership practices designed to continually emphasize fastidious attention to high reliability behaviors, tools and techniques. These leadership practices are designed to assure constant communication about safety as a core value and to establish accountability, without which any change effort is doomed to eventually fail. Just as with our error prevention techniques, our leadership practices have been specifically tailored to The Hospital of Central Connecticut (HOCC) on the basis of an initial assessment two years ago by Healthcare Performance Improvement. That assessment was finalized only after a vigorous validation process, involving in-depth interviews with almost 100 key people within the organization. Here are the specific leadership tools/techniques HPI recommended based on that assessment which we are now in various stages of deploying:

1. Setting the tone of safety as a core value. This has been formally codified in the values of Hartford HealthCare. In addition, all of our major meetings, including our monthly employee H3W meetings, start with a safety story. On executive rounds, the senior leadership team always asks first and foremost about the safety of our patients and employees. Physicians minimize power gradients and reinforce safety as a core value when they

thank individuals who raise patient care concerns, even in those cases where concerns may ultimately be unfounded.

2. Daily check in. We launched this hospitalwide in the fall and have sustained and refined the format. Each morning at 7:45 am in the Board Room, management gathers with senior leadership to review any safety concerns from the previous 24 hours and to review anything that could impact safety in the ensuing 24 hours. This technique is spreading to all units and departments in the near future.

3. Rounding to influence. This formal leadership technique, recently taught to management, involves regular rounds and visibility of staff with a specific targeted safety message, such as hand hygiene. It is now an expected management competency at HOCC. This particular practice is part of establishing accountability.

4. Five to one feedback. With this formal technique managers have been taught individual feedback is given to staff as they are observed performing, or not performing, error prevention techniques and other values-based behaviors for which they've been instructed. The goal is a ratio of five positive/complimentary comments for each constructive one, which has been shown to create the ideal balance between employee morale and improvement opportunity.

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Family Health Center opening in Bristol Oct. 1



Committed to meeting the Bristol and Plainville communities' growing needs for outpatient care, The Hospital of Central Connecticut (HOCC) plans to open its Family Health Center in Bristol on Oct. 1.

Located at 22 Pine St. in Bristol, the 15,000 square foot center will include a primary care and walk-in medical office open seven days a week, an outpatient lab, a radiology center; and the HOCC Wound Care Center. In addition, the center will be leasing three offices for private physicians.

"We're looking to improve access to our services in the greater Bristol area," says Claudio Capone, director of Strategic Business Planning & Physician Relations. Hartford HealthCare (HHC) Medical Group's primary care physicians now at the Plainville office will relocate to the Family Health Center.

"We're excited to bring Hartford HealthCare Medical Group into Bristol and we look forward to becoming a partner in meeting the health and wellness needs of the community," says Kent Stahl, M.D., interim president and CEO, vice president for Primary Care, Hartford HealthCare Medical Group and vice president, Hartford HealthCare. "By moving our Plainville office to Bristol, we can expand the range of services we provide to our current and new patients living in Bristol and in the surrounding communities."

Hartford HealthCare Medical Group will be open for primary care and walk-in 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 5 p.m. Saturday and 10 a.m. to 4 p.m. Sunday. HHC Medical Group physicians who will relocate to Bristol are M.D.s Lorraine Binns-Grear, Nicholas Formica, Lynne Todd and Michael Grey, chief of Medicine at HOCC.

The outpatient lab includes routine services such as blood draws. It will be open 7 a.m. to 5:30 p.m. Monday through Friday, and 8 a.m. to noon Saturday; it will be closed Sundays and holidays. The radiology center will offer X-rays 8 a.m. to 8 p.m. Monday through Friday; and 9 a.m. to 5 p.m. Saturday, and 10 a.m. to 4 p.m. Sunday and holidays. In addition, the center will also offer ultrasound testing 8 a.m. to 4:30 p.m. Monday through Friday; it will not be open on holidays.

The Family Health Center will also be the primary location of HOCC's Wound Care and Hyperbaric Medicine program. Wound care services specialize in treating non-healing wounds that may result from a variety of conditions, including diabetes and poor circulation. Advanced treatments

include hyperbaric oxygen therapy. HOCC also offers wound care and hyperbaric services at its Bradley Memorial campus and wound care at its New Britain General campus. The centers are open Monday through Friday 8 a.m. to 4:30 p.m. and closed weekends and holidays.

"We are excited to bring to Bristol a state-of-the-art wound care center and hyperbaric medicine center," says Marianna Ganci, R.N., director, Wound Care and Hyperbaric Medicine. "Our wound care center staff and physicians work hand-in-hand with community physicians to develop a comprehensive care plan for patients with chronic wounds."

Historical perspective on shift to outpatient health care

As a Hartford HealthCare System entity, The Hospital of Central Connecticut continually monitors its healthcare strategies, seeking opportunities to grow in both our primary and secondary primary service areas. The hospital's soon-to-open Family Health Center in the Bristol community is no exception and reflects the growing trend for an influx of patients — including baby boomers — seeking health care in outpatient settings.

Michael Grey, M.D., HOCC chief of Medicine and a medical historian, says the shift to more outpatient care reflects the earlier days of medicine in the United States. "Up until the middle of the last century, the vast majority of medical care was provided in the home or in doctors' offices. Accelerating after WWII, hospital-based and increasingly specialty-based medical care drove a dramatic expansion of hospital growth in the U.S."

Even with the growing presence of baby boomers as healthcare recipients, the shift to care outside the traditional hospital setting is expected to remain. Inpatient admissions are expected to decline, notes Grey, and specialty care will likely come into greater balance with primary care and "home-based health care will experience a dramatic rebirth." Nationwide, Connecticut has the 16th highest population of people 65 and older — at 13.7 percent, per U.S. Census Bureau July 2008.

"While the nation's health care system will be challenged to provide timely access to high quality ambulatory health care, the new state-of-the-art ambulatory care facility being built in Bristol reflects Hartford Health Care's commitment to providing expanded access to high quality, personalized, and coordinated health care for our patients and the communities we serve," Grey says.

Clinical Integration Organization formed: Integrated Care Partners

Over the past several months, Hartford HealthCare (HHC) and private-practice physician leaders have come together to form a “clinically integrated” physician organization — Integrated Care Partners — to improve the coordination and quality of patient care throughout HHC and to help one another meet the requirements of health care reform and the demands of insurance companies and employers for better patient outcomes at a lower cost.

Integrated Care Partners is an organization that will establish standards of care for its members, provide assistance with information technology to enable easier sharing of patient information, and implement contracts with insurance companies that all members will agree to follow. Membership is voluntary and free, and both independent community doctors and HHC-employed physicians will be invited to join. The organization is not a program run by hospitals, a service to manage practices nor will it employ physicians.

Physicians themselves will lead Integrated Care Partners, which will have a 15-member board, including nine practicing physicians. Michael Loiacono, M.D., chief of Anesthesia at The Hospital of Central Connecticut, chairs the Integrated Care Partners board.

“Integrated Care Partners will be shaped by the physicians who are part of it,” said Dr. James Cardon, Integrated Care Partners CEO and chief integration officer for HHC. “Member physicians will define performance objectives,

quality standards and evidence-based medicine protocols for all members; forge partnerships with health plans, employers and providers; and establish requirements for participation.

“In this new age of health care, we must change the way we deliver care to patients,” Cardon said. “To lower costs, we need better care coordination and that coordination must include HHC physicians and physicians who work with HHC physicians and HHC organizations. *Clinical integration really means structured collaboration — working together through standardized processes.*”

“Ultimately, the providers who succeed in the new age of healthcare delivery will be those who provide consistent high-quality care and manage the cost,” Cardon said. “Integrated Care Partners will be a community of providers who work to accomplish these goals. This is all about coming together to serve our patients.”

Patients will benefit from Integrated Care Partners’ use of established standards of care, an increased focus on disease management and health and wellness, and better care coordination. Physician benefits include support in care coordination, tools to improve outcomes, access to information technology support and rewards for high quality.

“Everybody wins,” Cardon said.

To learn more about clinical integration and Integrated Care Partners, please visit www.integratedcarepartners.org.

Hand hygiene efforts include pledge

A hand hygiene pledge is the latest in a series of measures the hospital has implemented to improve hand hygiene rates. Physician leaders were the first to sign the pledge on June 14; staff in clinical areas will also be asked to sign the pledge, which says:

I pledge to sanitize

Both my hands,

When entering and exiting patient rooms,

Each time, every time.

To cheerfully thank those who remind me if I forget,

And to thank those who sanitize,

Gratefully,

With clean hands and safety for all.

Posters with the pledge and signatures will be displayed in each department or unit. The pledge is the latest in a series of steps the hospital has taken to improve hand hygiene rates. Other measures include:

- Numerous new sinks and additional Purell dispensers
- Ongoing education for all staff

- Monitoring in clinical areas to confirm hand hygiene compliance
- Peer coaching to encourage fellow health-care workers to sanitize their hands
- Rounding to influence, in which directors/managers have a face-to-face discussion with every staff member about hand hygiene.

Hand hygiene is one of the hospital’s Balanced Scorecard initiatives; our goal is at least 90 percent compliance. As of June, the hospital was at 63 percent overall compliance.



Physicians committed to the hand hygiene pledge include (from left) M.D.s Joseph Garner, director, Infectious Disease; and Michael Grey, chief of Medicine.

Academic year begins for residents, fellows

On July 1, The Hospital of Central Connecticut began a new academic year with residents and fellows in both medical and surgical programs. There are:

- 48 primary care internal medicine residents (16 each of PGY-1, 2 and 3) from the University of Connecticut (UConn) School of Medicine who rotate here and at Hartford Hospital, Saint Francis Hospital and Medical Center, and University of Connecticut Health Center. Chief residents are Sarah Hashmi, M.D., PGY-4; and Anton Dela Cruz, M.D., PGY-4. Thomas Lane, M.D., is program director of the primary care internal medicine residency program.
- five fellows through UConn School of Medicine at HOCC with one fellow each in: pulmonary critical care, infectious diseases, endocrinology, gastroenterology and cardiology.
- 42 UConn School of Medicine general surgery residents who rotate through HOCC as well as Hartford Hospital, Saint Francis Hospital and Medical Center, Connecticut Children's Medical Center and University of Connecticut Health Center. Chief residents are Daniel Mullins, M.D., PGY-5; and Georgios Georgakis, M.D., PGY-5. At HOCC, a PGY-5, 2 and 1 resident and up to three UConn School of Medicine students rotate for four to eight-weeks at a time.
- 39 Obstetrics/Gynecology residents, including 10 PGY-1 residents and a reproductive endocrinology fellow at



Primary care internal medicine residents (PGY-1) observing hospitalist Ram Illindala, M.D., with a patient are (from left) M.D.s John Zawidniak, Cameron Smith, Anardi Agosto and Katherine Gross.

HOCC who also rotate through Hartford Hospital and University of Connecticut Health Center.

- three podiatry residents from Yale-New Haven Hospital who rotate at HOCC.

Steven D. Hanks, M.D., MMM, FACP, the hospital's executive vice president and chief medical officer, is assistant dean for Graduate Medical Education at UConn School of Medicine and HOCC chief academic officer. He is also on UConn's Graduate Medical Education Committee.

GI Health Center Team pools expertise for patients

For some women, gut feelings can be more than fleeting. They can be painful and very problematic, and may be related to conditions like gastric reflux disease, irritable bowel syndrome (IBS) or even cancer.

Getting a patient to the right doctor and devising the best treatment plan is the mission of a newly formed team of female doctors and other healthcare professionals pooling their expertise for patients.

The 15-member Women's Gastrointestinal Health Center Team of gastroenterologists, colorectal surgeons, registered nurses, a nutritionist and psychologist, representing varied Hartford HealthCare entities and physician practices, is opening doors for frank, collaborative discussions toward best practices for difficult cases.

Hospital of Central Connecticut (HOCC) colorectal surgeon Christina Czyrko, M.D., describes the team as "a consortium of individuals who provide services in gastrointestinal disorders by women for women."

"The plan is really to discuss patients who have been seeking care for diagnosis elsewhere and have failed to come to any successful conclusion," says HOCC colorectal surgeon Maria Mirth, M.D., who specializes in pelvic floor disorders.

Gastroenterologist Kiran Sachdev, M.D., co-director of the health center team, says the center is designed to "ful-

fill the needs of the patient which are not being adequately met within Connecticut." Sachdev, on staff at Hartford Hospital, says the center incorporates the care a woman needs to feel better and get better, inclusive of counseling and physical therapy.

GI problems affect a larger percentage of women vs. men for varied reasons including female anatomy, child bearing history and hormones, says Czyrko. Common conditions facing females are irritable bowel syndrome and celiac disease, with female baby boomers a growing segment of patients seen by gastroenterologists.

The team, which will be meeting monthly, brings to the table some of the more difficult cases to help devise treatment plans and get patients to doctors most experienced for varied issues. In some cases, such as IBS, a visit with a registered dietitian and/or psychologist may be appropriate as both diet and stress can be trigger factors for the condition with symptoms that include bloating, constipation and diarrhea.

The ratio of women to men affected by IBS and who seek health care, according to Czyrko, says, is 2-2.5:1. Bowel incontinence, she notes, is much more prevalent among women with a 20:1 female to male ration.

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NEWSnotes

Bartus receives teaching award.

Colorectal surgeon **Christine Bartus**, M.D., assistant professor of Clinical Surgery and HOCC site director for the University of Connecticut School of Medicine Integrated General Surgery Residency Program, received the Golden Scalpel Teaching award in June from the school's general surgery residents for academic year 2012-2013.

Journal article co-written by HOCC staff members published.

The article "Effect of Zoledronic Acid on Bone Density and Markers of Bone Turnover in a Community Clinic" was published in the June/July issue of *Connecticut Medicine* (Volume 77, No.6). Co-writers from HOCC Center for Metabolic Health are **Susan Zailskas**, R.N., CDE; **Carrie Lukens**, Ph.D.; **Tashauna U. Goldsby**, Ph.D.; **Ria Lim**, M.D., a former HOCC resident; and **Rostislav Muravev**, M.D., volunteer. **Latha Dulipsingh**, M.D., former medical director, Clinical Research and former director of Endocrinology, was also a co-author.

Mandatory high reliability training for medical staff members must be concluded by Sept. 30.

Private physicians must complete a 90-minute session; hospital medical staff members must attend a three-

hour session and can register on Cornerstone. This month's scheduled sessions are 7:30 to 9 a.m. Aug. 6 in Lecture Room 2 and Aug. 27 in Lecture Room 1. To register or for more information, please contact **Laura Lagosz** at llagosz@thocc.org or 860-224-5900 X5270.

Gerratana receives Orthopaedist of the Year Award.

Orthopedic surgeon **Frank Gerratana**, M.D., received the Connecticut Orthopaedic Society's 2013 Orthopaedist of the Year Award on May 10 at the Farmington Marriott in Farmington. The award recognizes his "dedication to the integrity of the practice of medicine, and his tireless pursuit for legislative representation and political support for the profession, the practice of medicine and his patients." Gerratana, who practices with Grove Hill Medical Center, was chosen for the award by his peers. The award also recognizes Gerratana's 15 years of commitment to the society with leadership on legislative and political issues involving orthopedic surgeons.

Poster presentation made at June conference.

General surgeon **Terrence Donahue**, M.D., presented two posters on abdominal wall reconstruction at the June 6-8 Abdominal Wall Reconstruction Conference in

Washington, D.C. Other presenters were **Rekha Singh**, M.D., FACS, chief of surgery; **Jillian Fortier**, M.D., PGY-3 (pictured below to left of Donahue); and **Lindsay Hollander**, M.D., PGY-2 (pictured at right).



Hammami awarded scholarship.

Hospitalist **Fadi Hammami**, M.D., HOCC's chief medical informatics officer, recently received a T. Stewart Hamilton, MD scholarship from the Capital Area Health Consortium for his work toward his master's degree in healthcare management.

Hanks receives commemorative plate.

Steven Hanks, M.D., MMM, FACP, FFSMB, executive vice president and chief medical officer, recently received the Congressional Commemorative Plate from the American Hospital Association in appreciation of his advocacy for the organization in Washington, D.C., on the issue of recovery audit contractors.

Occupational Health Network hosts Business After Hours in Plainville.

The Hospital of Central Connecticut's Occupational Health Network hosted a Business After Hours event on June 18 for the Central Connecticut Chambers of Commerce and Plainville Chamber of Commerce. The event, open to the public, was held at Occupational Health Network, 440 New Britain Ave., Plainville. In addition to meeting members of both chambers, guests



had the opportunity to learn about the Occupational Health Network. Since 1999, Occupational Health Network has provided Central Connecticut businesses with the most trusted, cost-effective injury prevention, management and rehabilitation services. Learn more about the network at www.thocc.org/services/occ_health/ or 860-747-9441. Pictured at the event are HOCC and Occupational Health Network staff.

We welcome physicians to the hospital

Ryan P. Dorin, M.D.
Urology



Practice: As part of Hartford HealthCare Medical Group he practices at 399 Farmington Ave., Suite 200, Farmington,

860-524-4388; and 85 Seymour St., Suite 415, Hartford, 860-947-8500

Education: Northwestern University Feinberg School of Medicine, Chicago; general surgery internship and urology residency, University of Southern California, Los Angeles, where he was also a chief resident; urologic oncology and robotic surgery fellowship, Hartford Hospital. He is fluent in Portuguese and Spanish.

Interests: Sports, traveling, music

Aashish Samat, M.D., M.R.C.P.



Endocrinology

Practice: Center for Metabolic Health, 11 South Road, Suite 130, Farmington; and 100 Grand St., New

Britain, 860-224-5433

Education: Padmashree Dr DY Patil Medical College, Mumbai, Maharashtra, India; transitional

internship, Rajawadi Hospital, Mumbai, India; internal medicine residency at B.D. Petit Parsee General Hospital, Mumbai, India, and St. George's Healthcare NHS Trust, London, United Kingdom, and Baystate Medical Center, Springfield, Mass.; endocrinology fellowship, University of Birmingham, Birmingham, United Kingdom and at Cleveland Clinic, Cleveland.

Interests: Traveling and photography

Vipra Sharma, M.D., M.P.H.
Hematology/Oncology



Practice: Grove Hill Medical Center, 300 Kensington Ave., New Britain, 860-224-6254

Education: Ross University School of

Medicine, Dominica, West Indies; internal medicine internship and residency, Maimonides Medical Center, Brooklyn; hematology and oncology fellowship, Newark Beth Israel Medical Center, Newark, N.J. She earned a master of public health — international health — at New York University, New York City. Sharma is fluent in Hindi.

Interests: Traveling, reading, cooking

New scrubs, uniforms coming in October

To enhance patient safety and satisfaction, The Hospital of Central Connecticut Oct. 1 will roll out new, color-coded scrubs and uniforms for certain disciplines caring for patients in our inpatient areas. Employees in designated roles will wear uniforms or color-coded scrubs that will help patients and their loved ones more easily identify care team members and their responsibilities. Color-coded scrubs are becoming the industry standard in hospitals nationwide and are an important part of patient safety and satisfaction. Information sessions are being held for employees.

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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; (860) 224-5900 x6507; or via fax at (860) 224-5779.

Making change stick *Continued from page 1*

5. Top 10 Safety List. Each manager is expected to maintain a list of their top safety concerns in priority order. Those lists then inform directors, who maintain their own lists fueled by issues passed up from direct reports, as well as their own top concerns. This cascade continues all the way up to the organization's CEO who will have a Top 10 Safety List that's largely representative of those from the VPs who report to the CEO.

These five tools/techniques in toto comprise what is known as our leadership bundle, and is meant to complement the error prevention bundle of practices that have been deployed to reduce the rate at which we all make errors. These two bundles represent a parallel track to high reliability, one designed to insulate patients from the impact of error when it does occur. Our hope is to eventually be one of the 13 client hospitals of HPI that last year went an entire year without a single episode of serious preventable harm.

GI Health Center Team

Continued from page 4

"Women do definitely seek women physicians," Mirth says, noting a team approach will help simplify referrals for the patients to get them to the right specialist. "Not one doctor has it all."

The team is also not bound to patient referrals within the health-care system, recognizing the value and need, at times, to refer out of the varied practices. For more information, please visit harthosp.org/Gastroenterology/WomensGI.

Pharmacy and Therapeutics Committee update

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

Formulary changes

The following additions are from the May and June 2013 Pharmacy and Therapeutics Committee meetings.

Additions

Medication	Use
Ticagrelor (Brilinta®)	Antiplatelet therapy
Inactivated four-factor PCC (KCentra®)	Reversal of bleeding associated with vitamin K dependent antagonist therapy

HOCC no longer using codeine for pediatric patients

Following an FDA-issued safety announcement concerning dangers of administering codeine to the pediatric population, HOCC is no longer using codeine for its pediatric patients. A significant percentage of pediatric patients (1-7 percent) have a genetic composition that enhances activity of the P450 2D6 (CYP2D6) enzyme. This enzyme abnormality results in rapid conversion of codeine to morphine. According to the FDA, several deaths as well as cases of severe respiratory depression have been reported in pediatric patients later determined to be “ultra-rapid metabolizers.” Our P&T Committee has reviewed evidence and has worked with Departments of Pediatrics and Anesthesia to develop alternatives to codeine in the pediatric population. Additional information is available at: <http://www.fda.gov/Drugs/DrugSafety/ucm313631.htm>.

Safety announcement issued on valproate use in pregnancy

The FDA has issued a safety announcement recommending not using valproate sodium and related products (valproic acid and divalproex sodium) in pregnancy. Recent evidence has demonstrated lower IQ scores in children whose mothers took the medication during pregnancy. Medication labeling will now carry the pregnancy category “X,” meaning the risk of use in pregnant women clearly outweighs any possible benefit of the drug. Additional information is available at: <http://www.fda.gov/Drugs/DrugSafety/ucm350684.htm>.

Hospital’s breast cancer treatment targets cancer, protects the heart

The Hospital of Central Connecticut (HOCC) is one of few area hospitals offering prone radiation therapy that treats breast cancer confined to the left breast while sparing and protecting the heart from radiation.

While radiation therapy has proven beneficial for some forms of breast cancer, such treatment to the left breast can increase heart disease risk.

That risk is reduced to zero with prone radiation ther-

apy, a technique that emits no radiation to the heart and lungs during treatment and is appropriate for patients with primary left-side cancer, namely cancer that hasn’t spread beyond the breast.

“Coronary artery disease typically shows up 10 to 20 years after radiation therapy,” says Neal Goldberg, M.D., HOCC’s chief of Radiation Oncology. “This is significant because many patients with primary breast cancer are

Hospital's breast cancer treatment targets cancer, protects the heart Continued from page 7

cured and live a normal lifespan.”

More than 20 patients have been treated at HOCC using prone radiation therapy since it became available at HOCC in 2010. During treatment a patient lies on the stomach vs. back. Aside from a different table top where the patient lies, prone radiation does not require special equipment. It does require some extra training for radiation therapy team members.

Doctors have known for years that breast cancer patients treated with radiation therapy while lying on their backs are at higher risk for coronary artery disease, Goldberg says.

Results of a study published in the March *New England Journal of Medicine* were more specific. According to the study, a 50-year-old woman with no cardiovascular risk factors has a 1.9 percent chance of dying of heart disease before age 80. Depending on how much radiation hits the heart, breast cancer radiation treatment increases that risk 2.4 percent to 3.4 percent. Researchers emphasized

that the benefits of radiation therapy for breast cancer outweigh the risk of heart disease.

Goldberg agrees, but notes that with the prone technique the risk of heart disease resulting from radiation therapy falls to zero.

“Having the ability to provide effective radiation therapy in the prone position while sparing the heart is a wonderful advance for women with left-sided breast cancer,” says cardiologist Heather Swales, M.D., director of the hospital's Women's Heart Wellness Center. Chest radiation treatment, particularly on the left side, she says, can damage lining of blood vessels that supply the heart and to the heart itself, leading to coronary artery disease, which can lead to heart attack.

Swales notes that women who have had radiation therapy to the chest should be particularly attentive to changeable risk factors that lead to coronary artery disease, like high blood pressure, high cholesterol, diabetes and smoking.

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