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

Sustained quality improvement in health care: Waiting for Godot?

By Steven D. Hanks, M.D., MMM, FACP, VP Medical Affairs, HHC Central Region



In October, Dr. Mark Chassin, president and CEO of the Joint Commission, published an article in *Health Affairs* entitled “Improving the Quality of Health Care: What’s Taking so Long?” He noted that while it’s been 14 years since the Institute of Medicine focused the public’s attention on what we now

know to be an epidemic of medical error in the process of healthcare delivery, little has changed. As an example, over 50 wrong site surgeries are reported to the Joint Commission each week. Lest you scratch your head in amazement at that seemingly impossible rate, consider that our own hospital has contributed three such cases to this national role of dishonor over the past few years. Or how about nosocomial infections? Updated information from the CDC puts the number of deaths from preventable infections at over 100,000 per year. We’ve also had our fair share of these. Clearly, the way we have done things in the past has not made a significant dent in this problem. What’s needed is a new way forward.

Dr. Chassin opines on what he feels to be three major reasons for our failure as a profession and as an industry to correct this situation:

1. Current and past efforts have been too narrowly focused on preventable complications;
2. We continue to rely on older improvement methods that are not designed to handle the complexities of our systems today; and
3. Hospitals typically have organizational cultures that are not compatible with sustained excellence.

As to the first reason of our historically narrow approach, we need to focus more broadly on the three major categories of quality problems: overuse, misuse and

underuse. Overuse has gotten the least attention, yet holds the greatest potential for improvement and reduced cost if effectively addressed. I see the following as main causes of overuse:

- **The subtle, perverse impacts of fee-for-service reimbursement methods.** Our professional associations are mobilizing to assist us with this first cause, through efforts such as the American College of Physicians Choose Wisely campaign, which encourages evidence-based utilization of many common tests. Realigning our financial incentives through clinical integration efforts such as through Hartford HealthCare’s Integrated Care Partners or other forms of accountable care organizations and bundled payment models will also drive down overuse.
- **An unpredictable system of torts that encourages defensive medicine.** We’re still mired in the mud regarding tort system reform.
- **Patient demands fueled primarily by historic first dollar coverage insurance schemes and secondarily by unrealistic expectations due to knowledge gaps.** Redesigned insurance plans with higher cost sharing is

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Hospital first in state to use software that objectively assesses breast density

The Hospital of Central Connecticut (HOCC) is now the first hospital in the state using breast density imaging software to more objectively and consistently assess breast density levels as part of mammogram studies.

HOCC recently installed VolparaDensity™ breast imaging software in each of its six mammography units. The Volpara system uses a computer-generated formula to measure breast tissue density on a scale of 1 as low density to 4 as high density. On a mammogram, both dense tissue and tumors appear white, which can mask tumor identification. Breast density is a breast cancer risk factor.

“Using VolparaDensity removes the subjectivity from evaluation of mammographic density, allowing the radiologists to be consistent in their interpretations every time they read a mammogram,” says Jean Weigert, M.D., FACR, the hospital’s director of Breast Imaging.

Weigert says VolparaDensity software’s value will be appreciated for the more difficult readings, namely breasts that are less fatty or dense, wherein radiologists’ interpretations can vary. “This will allow us to be more accurate in determining that the women who may benefit from additional imaging the most are informed.” This may include ultrasound or MRI, she notes.

Connecticut was the first state to enact a law requiring breast density information be included in mammography reports. “Before the Connecticut density law was enacted most radiologists were not convinced that we should support expanded screening with ultrasound but research

has shown that we are finding additional cancers. The ability to more accurately evaluate breast density will improve our ability to screen our patients and hopefully find early cancers that are easier to treat.”

The Volpara grade is corresponded to the current Breast Imaging Reporting and Data System (BI-RADS), which rates breast density on a scale of 1 to 4; 4 is the highest. Higher density is associated with greater breast cancer risk. For many years, radiologists reviewing mammograms have used the Breast Imaging Reporting and Data System (BI-RADS) to rate breast density. But, Weigert notes, “It’s very subjective.”

HOCC offers mammograms at its New Britain General and Bradley Memorial campuses, in addition to its New Britain Diagnostic Breast Center at 40 Hart St., and its Newington Diagnostic Center. Volpara software is also at Imaging Center of West Hartford, an HOCC affiliate.

Earlier this year, HOCC’s comprehensive breast program 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™ (NQMBC) Program. This distinction signifies the hospital’s commitment to providing the highest level of quality health care to patients in its community. The hospital’s comprehensive breast program is accredited by the National Accreditation Program for Breast Centers. For program information, please visit www.thocc.org/services/breast/nurse.aspx.

Seeking provider input for EPIC

CareConnect is the project name for building and installing the EPIC electronic health record throughout Hartford HealthCare. In January 2014 a newly formed systemwide team of informaticists began their training to build the new system to be installed as outpatient and inpatient medical record systems throughout each HHC entity hospital by the end of 2016.

EPIC will be installed as an **inpatient** medical record system initially in Hartford Hospital in 2015. Then it will be rolled out to Windham, MidState and Backus hospitals. It will be installed within The Hospital of Central Connecticut toward the end of 2016. It will be largely the same system for all sites, with minor variations allowed on a local level. The outpatient electronic health record will be installed on a different schedule, with the goal

of outpatient areas being live by end of 2016.

This month, M.D.s Jennifer Clark, associate Medical Informatics officer, and Fadi Hammami, chief medical informatics officer, Central region, will be making major EPIC design decisions with other HHC Medical Informatics officers. Starting next month more detailed design decisions and input will be solicited from providers throughout HHC who can represent their specialties on matters of best practice, local practice and work-flow. The goal is to develop systemwide order sets and physician documentation that supports standardized management. Department and division chiefs will be tapping providers for this project. If you would like to be involved please contact your department chief or Clark (Jennifer.Clark@hhchealth.org) or Hammami (Fadi.Hammami@hhchealth.org).

Surgeon receives Petit award

Having gone on five medical mission trips to Africa and Asia since 2007, Hospital of Central Connecticut general surgeon Sharon Weintraub, M.D., finds the need for medical care great and the work “fascinating” despite cultural challenges and limited medical resources.

“There’s such a need for these services,” says Weintraub. “I take much more from these experiences than I think I give back.”

For her commitment to community service, Weintraub, director of Surgical Critical Care, was recognized with The Hospital of Central Connecticut William A. Petit, Jr., M.D., Physician Service Award. The annual award is given to a physician member of the hospital’s medical staff to recognize extraordinary commitment and service to the hospital, the community, the medical staff or patients.

Petit presented the award to Weintraub at a Dec. 5 Quarterly Medical Staff meeting at the hospital’s New Britain General campus. Her name is now on a plaque in the campus lobby. Petit previously served as medical director of the Joslin Diabetes Center Affiliate at the hospital and director of the section of endocrinology, metabolism and diabetes. He is very active in the community. The Petit Family Foundation which he created to honor the memories of his wife, Jennifer Lynn Hawke-Petit, and their daughters, Hayley Elizabeth Petit and Michaela Rose Petit, funds programs focused on education, chronic illness and those that support people affected by violence. Nominees for the Physician Service Award embody Petit’s spirit of altruism, commitment and excellence.

Through Doctors Without Borders, Weintraub has been to Liberia, West Africa and Sri Lanka. She’s also traveled to Haiti, Dominican Republic, Panama, Colombia, Philippines, Indonesia and Vietnam through Project Hope with much of the work done on medical units aboard U.S. Navy ships. Her first trip was for three months in 2007 and her latest trip in 2012, also for three months, was completed just before she started working at HOCC.

Among her most notable observations during travels was the strong cultural influence toward receipt of medical care. Shortly after performing an emergency, life-saving tracheotomy on a young female from Liberia in 2007 Weintraub learned from the patient that she would not be welcomed back to her village because of the visible tracheostomy tube. Instead of returning to the village, the patient stayed in a subdivision of the medical campus always wearing a scarf over the site until, with Weintraub’s medical care, the tube could be safely removed.



Sharon Weintraub, M.D., is pictured with her partner, Robert Baxt, M.D., who went with her on a 2012 medical mission trip.



A Philippine classroom. Schools were used as clinical sites for surgical triage and other medical services.

Pictured with the award are Sharon Weintraub, M.D., and William Petit Jr., M.D.

Also influencing Weintraub’s care was access to appropriate follow-up care, managing “the disease process in an environment where there are not a lot of resources.” For example, a woman with breast cancer in Africa or with thyroid disease in Asia might not have access to medications, radiation or chemotherapy that would follow their surgeries if done in the U.S. Often surgical management had to be modified to best treat the patient in these settings.

Weintraub especially enjoyed her last trip to Southeast Asia where she performed surgery on a U.S. Navy ship and in area communities, accompanied by translators who also helped with cultural adjustments. She performed many operations for thyroid and breast conditions. Other operations performed by the medical team, which included her partner, were for maxillofacial, urological, orthopedic and gynecological conditions.

“You learn the most amazing things in resource-poor environments as to how things can get done,” Weintraub says.

“It’s a gift in some ways to be able to do work where you are challenged by conditions you may never encounter at home.”

“I’d like to think I understand some more about how people view the world and other people’s perspective on the value of life and death and also I think how to appreciate your resources in different places,” says Weintraub, who plans to go soon on yet another medical mission trip. “I would enjoy the opportunities to travel with my Hartford HealthCare colleagues to share some of these experiences with them.”

NEWSnotes

Chief medical informatics officer named. Hospitalist Fadi Hammami, M.D.,



has been appointed chief medical informatics officer (CMIO) for the Central region. In this role, he will be responsible for working to optimize information technology, including the upcoming EPIC installation. Fadi, a hospitalist, also served as the CMIO at The Hospital of Central Connecticut for the past year. 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.

Keeping patients informed is central to patient satisfaction. HOCC instituted bedside report last month, enabling patients and their families to be involved in patients' care. Bedside report, which occurs during morning and evening shift change and as required, provides time for nursing staff, patients and family members to review the day's plan and includes time for patients' and family members' questions and concerns. It is being initiated on each nursing unit according to a planned timeline.

Make a pledge to 'Stop the Stigma.' HOCC Medical Staff members are invited to take a pledge toward the "Stop the Stigma" campaign aimed at changing how we think and talk about mental illness. To pledge, visit www.StopTheStigmaCT.org. Hartford Hospital is aiming for 5,000 individual pledges. Stop the Stigma was the focus of Hartford Hospital's Jan. 25



Black & Red gala at The Bushnell, which will benefit the Institute of Living, part of Hartford HealthCare's Behavioral Health Network.

December hand hygiene compliance best yet! As of mid-December, The Hospital of Central Connecticut had its highest hand hygiene compliance figures to date, achieving 89 percent overall! Physicians remain among the high performers but still have opportunity for improvement on the way into rooms (achieving 73 percent way in and 100 percent on way out). All staff members are asked to commit to reminding others if they see them about to slip in compliance.

HOCC participating in study on schizophrenia. The Hospital of Central Connecticut's Psychiatry & Behavioral Health Research department is participating in a national clinical research study of an investigational medication taken in combination with olanzapine. Olanzapine, regarded as a highly effective antipsychotic medication for patients with schizophrenia, has been conversely associated with side effects such as weight gain and metabolic issues. Participants are currently being sought for the study which will evaluate an investigational medication that may reduce these side effects. Michael Balkunas, M.D., chief of Psychiatry & Behavioral Health Services, is principal investigator. For more information, please call 860-224-5597.

Patients welcomed for clinical trial of low-dose CT lung cancer screenings.

Hartford HealthCare and The Hospital of Central Connecticut are now conducting a clinical trial to comply with the new National Comprehensive Cancer Network recommendation that individuals at high risk for lung cancer have annual low-dose CT (LDCT) lung cancer screenings. Eligibility for trial participation is:

- Group 1 – Patients who are 55-74 years old, currently smoke or have quit within past 15 years, and have smoked at least one pack of cigarettes a day for 30+ years (or the equivalent).
- Group 2 - Patients who are 50-74 years old, smoked at least one pack of cigarettes a day for 20+ years (or the equivalent), and have one additional lung cancer risk factor that does not include secondhand smoke exposure or personal cancer history such as lung, lymphoma or other smoking related cancer. Patients must also have a first degree relative family history of lung cancer, a chronic lung disease such as emphysema or pulmonary fibrosis or carcinogen exposure such as arsenic, asbestos, cadmium, chromium, diesel fumes, nickel, radon and silica.

The LDCT scan is free for patients and will not involve their insurance. All patients will need a lung screening order from their provider before study enrollment. Screening orders should say: "CT scan of chest for lung screening." Please fax orders to 860-224-5954. For more information, please call Noa Mencher, thoracic navigator and study coordinator, at 860-224-5864.

ED staff learn the ImPaCTS of acute pediatric care. A team of Emergency Department nurses, physicians, nursing techs and respiratory therapists received special training in caring for acutely ill children as part



of a national effort to improve pediatric survival rates in an emergency setting. As part of the program, called Improving Pediatric Acute Care Through Simulation (ImPaCTS), staff members were trained to carefully look for pediatric warning signs on a

high fidelity simulation mannequin of an infant and a young child. These mannequins are linked to a computer that allows them to simulate medical emergency symptoms that ED staff members may encounter in real life. "We are glad to have this opportunity to provide our staff with enhanced training in providing care for critically ill pediatric patients," says ED educator Nancy Giardina, R.N. "Eighteen percent of the patients we see in the ED are pediatric patients." Here, members of the ED staff examine the child mannequin for symptoms during the Nov. 14 training session.

Service Excellence reminders are hospitalwide. Reflecting The Hospital of Central Connecticut's commitment to service excellence and patient satisfaction, colorful and gentle reminders of HOCC's service excellence initiatives — encouraging staff to Smile, Speak gently and Sit for a minute — are being placed in many hospital elevators. The placard messages, also in Spanish and Polish, include photos of staff members.



We welcome physicians to the hospital

Nicole M. Anderson, M.D.



Radiation Oncology Practice: The Hospital of Central Connecticut
Education: Brown University School of Medicine; medicine internship, Roger Williams Medical Center/Boston University; radiation oncology residency, Yale-New Haven Hospital. Medical areas of interest include breast cancer.

Anthony Babigian, D.P.M.



Podiatry Practice: Grove Hill Medical Center, One Lake St., New Britain, 860-832-4666
Education/experience: Ohio College of Podiatric Medicine (now known as Kent State University College of Podiatric Medicine), Independence, Ohio; podiatric surgical residency, Kennedy Memorial Hospital (now known as Kennedy University Hospital), Stratford, N.J., where he was

also a chief resident.

Most recently, he was on staff at Heywood Hospital and its Center for Wound Care and Hyperbaric Medicine, Gardner, Mass. Medical areas of interest include diabetic foot and ankle care, general podiatry, sports medicine, foot surgery. Enjoys family activities, lacrosse, cooking.

A. Semih Gork, M.D.



Neonatal-perinatal medicine Practice: The Hospital of Central Connecticut
Education: Hacettepe University Medical School, Faculty of Medicine, Ankara, Turkey; internship, Hacettepe University Medical School; pediatric surgery residency, Ondokuz Mayıs University, Samsun, Turkey; pediatric residency, Hurley Medical Center; Flint, Mich.; pediatric surgery research fellowship, University of Michigan, Ann Arbor, Mich.; clinical perinatal/neonatal medicine fellowship, Yale University

School of Medicine. Medical areas of interest include issues related to late preterm infants, feeding readiness and necrotizing enterocolitis. Enjoys cabaret singing, flamenco dancing, baking.

Brian F. Pugh, M.D.



Emergency Medicine Practice: The Hospital of Central Connecticut
Education/experience: Jefferson Medical College, Philadelphia; internship and emergency medicine residency, Drexel University, Philadelphia. Most recently he worked in the Emergency Department at Ingalls Hospital, Harvey, Ill. He has also worked at the Emergency Department of Rotorua Hospital in Rotorua, New Zealand. Enjoys running, including half marathons, golf.

HOCC to begin CenteringPregnancy™ program

The Hospital of Central Connecticut will soon be one of four healthcare facilities in the state to begin a CenteringPregnancy™ program, a unique initiative that aims to decrease the number of preterm births with a new patient care model that focuses on second and third trimester wellness visits and education in a group setting.

The program, partially funded through the March of Dimes, will begin this spring and target underinsured and uninsured pregnant patients.

Andrea Joyner, M.D., director of Outpatient Women's Health Clinics, Department of Obstetrics and Gynecology at HOCC, describes the program as "a completely new design of prenatal health all together" with patients becoming more empowered to assume control of their health care. The group setting will also provide a support group atmosphere, says Joyner. "The more educated the patients feel, the more likely they are to participate in their own care and seek intervention sooner when something is abnormal."

Each group will accommodate about 20 participants, namely the pregnant patient and a support person and monthly, two-hour meetings will be held during the patient's second and third trimesters. Toward patient compliance, meeting times will correlate with city bus schedules.

Patients will learn how to check their own blood pressure and fetal heart rates while healthcare providers will measure the baby's growth in a designated area of the meeting location, HOCC's new Family T.R.E.E. room in its Ferdinand Sauer, M.D. Family BirthPlace (see article below). Group education will include nutrition, breast-

feeding, contraception, baby-preparedness, preterm labor, postpartum depression.

Joyner says studies support this new patient care model. "So far, the primary studies that have been published have shown a decrease in numbers of preterm births in patients who participate in group prenatal care, especially in low-income populations." Preterm birth (delivery before 37 weeks gestational age) can lead to significant neonatal morbidity, including difficulty breathing, decreased blood sugar, bleeding problems, major neurologic deficits, cerebral palsy, and abnormal bowel functioning, says Joyner.

In 2010, preterm birth rate for New Britain residents was at 12.1 percent, according to the State of Connecticut Department of Public Health's vital statistics. These numbers are higher than state and national rates, at 9.7 and 11.5 percent, respectively, says Joyner, adding New Britain numbers may be higher than reported since most preterm labor patients under 29 weeks gestation are transferred to higher acuity hospitals for delivery.

Joyner says the patient care model also benefits physicians by using their time more efficiently. There is no change to current billing patterns for providers whose patients participate in CenteringPregnancy.

Centering Healthcare Institute will review HOCC this month toward becoming an approved Centering site. Besides Joyner, obstetrician/gynecologists Christopher Morosky, M.D. of HOCC and Sephanie Garozzo, M.D., New Britain OB/GYN; and HOCC R.N.s Jill Russo, Joan Potash and Roselyn Montes have had CenteringPregnancy facilitator training.

Hospital birthplace programs grow with new Family T.R.E.E. room. In November, The Hospital of Central Connecticut's Ferdinand Sauer, M.D. Family BirthPlace opened its Family T.R.E.E. room geared at prenatal education, breastfeeding support, wellness checks and fitness. The T.R.E.E. room — which stands for Transformation, Resources, Education and Exercise — will be the new meeting space for the hospital's established childbirth education classes, breastfeeding support groups, pre- and post-natal exercise classes as well as prenatal yoga classes. It will also serve as meeting space for the Outpatient Women's Health Clinic's new CenteringPregnancy™ program, to begin spring 2014. The program will be offered to underinsured or uninsured pregnant patients and replace the traditional model of individual prenatal care with second and third



trimester wellness visits and education performed in a group setting. The CenteringPregnancy initiative at HOCC is partially funded through the March of Dimes in a collaborative effort to decrease the number of preterm births. For more information, please call 860-224-5691.

Pharmacy and Therapeutics Committee update

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

Improving patient safety: Lantus® insulin

The proper daily dosing of insulin glargine (Lantus®) can be problematic when converting patients from a home regimen or when changing dosing as an inpatient. We have observed a risk of dosing insulin glargine on a less than 24-hour interval on several occasions. Pharmacy has worked with physicians, nurses and the IT Department to develop a CPOE system warning whenever a dose of insulin glargine is ordered within 24 hours of a previously administered dose. Physicians and pharmacists will both receive the warning. Pharmacists will call physicians for an order clarification if no explanation has been entered into order comments.

Formulary changes

There were no additions or deletions to the hospital formulary at the November and December 2013 Pharmacy and Therapeutics Committee meetings.

Pharmacy behind the scenes: vancomycin monitoring

A new program developed by pharmacists at the Hospital of Central Connecticut is aimed at increasing the quality and safety of vancomycin therapy. Pharmacists will be monitoring all aspects of vancomycin therapy (dosing, therapeutic levels, culture and sensitivity results, etc.) on a daily basis. Pharmacists will contact prescribers with any suggested treatment changes.

High Reliability Safety Behaviors training offered to area practices

As part of its High Reliability Safety Behaviors program, The Hospital of Central Connecticut is implementing new safety behavior initiatives that include steps to avoid mislabeled specimens. Concurrently, HOCC is also offering to practices of HOCC medical staff members one-hour High Reliability training, which would cover specimen labeling. The hospital has received mislabeled and unlabeled specimens from private practices with some specimens irretrievable (e.g., retrieved during a biopsy).

All HOCC employees have been required to receive High Reliability training, contributing to increased serious safety event reporting. Among steps HOCC's Lab has taken to avoid safety errors related to specimens are instituting:

- a step-by-step Phlebotomy labeling process that includes bar code scanning which scans and compares the code on a patient specimen label to the code on a patient's wristband. Mismatches are investigated immediately.
- real-time investigations. If the Lab receives a mislabeled specimen staff goes to department where specimen originated and discusses incident with involved staff to increase safety awareness.

- the hospitalwide practice that encourages staff to Stop, Think, Act and Review (STAR) to help avoid adverse events.

One-hour High Reliability training for private practices affiliated with the hospital will cover

- how humans make errors;
- common errors in practice management setting (e.g., not updating a patient medication list that could impact hospitalization; misspelling of a drug or medication that could lead to a medication error); and
- six low risk safety behaviors that could reduce error incidence that might otherwise lead to patient harm.

If interested in High Reliability training for your practice, please call Sherry Stohler, patient safety program manager, Central Region at sherry.stohler@hhchealth.org or 860-224-5900 X4772.

Sustained quality improvement in health care Continued from page 1

already having an impact on patient behavior, and enhanced access to information through the Internet is helping to improve the self education of many of our patients.

As to the second reason of our reliance on older improvement methods, we are forging ahead with more robust improvement methodologies, including adoption of tools like Lean Six Sigma and change management. These techniques, successfully deployed in other industries to assist with particularly complex improvement challenges, are finding their way into health care. They are additional arrows that need to be added to our quiver.

Finally, there is culture. Surveys continue to show we have a long way to go in this regard. Event reporting is still not widely embraced, as a significant number of our staff continues to fear reprisals. We have numerous examples of disruptive behaviors from physicians and non-physicians alike which undermine teams' functioning. And our accountability systems for ensuring compliance with safe and standardized practices (like hand hygiene) still need

much development. This is why the work we are doing to emulate best practices of high reliability organizations is so critical. Hospitals that have been able to overcome these issues through adoption of high reliability practices have achieved stunning reductions in rate of serious preventable harm. Thirteen hospitals working with our consultant, Healthcare Performance Improvement (HPI), went an entire year with zero episodes of serious preventable harm. When those 13 hospitals started with HPI they were experiencing serious preventable harm on average of every 16 days.

While the medical staff alone cannot make all these things happen, your effective engagement with us on these efforts will support our progress. We do not want to be like Godot, endlessly waiting for something that does not appear. Our goal is to be one of those hospitals that went an entire year without a single episode of serious preventable harm. For that reason, I want to thank you in advance for your willingness to keep an open mind and work with us as we move to a system of significant sustained improvement.

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