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

Moving beyond the blame game

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



When something goes wrong in health care, our traditional response has been to find the responsible individual and apply whatever fixes or discipline deemed necessary to improve performance. The problem with this approach is it fails to account for the fact that healthcare delivery occurs in the context of

complex systems, and failures are not typically solely due to a mistake on the part of a singular individual.

The fact is, sustained perfect performance of human beings is rarely possible to achieve. Fallibility is part of being human. The implications for systems relying on human performance are profound; what it ultimately means is no matter how well-educated, resourced, rested and intentioned we may be, given enough time, especially when operating in complex and chaotic environments, human beings will eventually falter. So if all we ever do when we have preventable harm events is focus on human failings, we're doomed to eventually have the same failing result in the same harm in the future. This is really the secret that high reliability industries like aviation and nuclear power have understood to become ultra-safe. That is not to imply that attempts to reduce error are pointless, but rather there's a parallel track that has to occur for highly reliable outcomes to be produced. This involves anticipation of error, where it may be impactful, and then looking at system redesign to create safeguards that prevent inevitable error from leading to catastrophe. A big part of achieving this higher level of performance involves cultural adaptations that allow such thinking to become pervasive within an organization. Unless people feel safe speaking up, stopping the line or simply asking clarifying questions, these critical behaviors will not emerge.

A key piece of creating the environment where all healthcare team members feel comfortable raising issues is instituting a just accountability system. If people feel discipline for individual culpability is fairly applied and occurs only when it should, they will not hesitate to speak up and point out concerns. If, on the other hand, people fear reprisal or reprimand for situations in which they are set up to fail, they will be very reluctant to bring concerns forward, especially in cases where there has been an error.

In an organization with a just culture, the approach to an untoward outcome proceeds along the lines of the diagram "Performance Management Decision Guide for Medical Staff," shown on page 6.

In this schematic, malevolent or willful misconduct results in prompt severe sanction, up to and including law enforcement referral. Disciplinary severity diminishes as you progress toward the right side of the diagram. Studies show that in most cases, bad outcomes are primarily a result of good people working with systems and processes in which there are inherent weaknesses, as opposed to malice, incompetence or gross negligence.

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Newly named chief of Medicine**Garner cites quality care, humanism as important focal points**

Joseph Garner, M.D., newly named chief of Medicine at The Hospital of Central Connecticut, says the department's strength in community and hospital-based physicians as well as its support of graduate medical education are solid foundations that will move the department

forward in the increasingly complex field of medicine wherein a team approach to patient care is the new norm.

"I think the biggest change is the increasing complexity of medical care due to the tremendous amount of knowledge that has been accumulated," says Garner, former division director of Infectious Disease (ID) who in late January was named chief of Medicine, succeeding Michael Grey, M.D.

"You don't act solely, alone as a physician anymore," Garner says. "You need to involve other healthcare workers in a team approach, in addition to carefully considering the patient's preferences." This team includes nurses, technical staff, mid-level providers, social workers and discharge planners.

Acknowledging healthcare's new and continually changing landscape, Garner says the department's focus needs to be "providing quality medical care both from a strictly scientific medical point of view but also from a humanistic standpoint — what used to be called 'bedside manner,' how we interact with our patients. I think if we're able to provide both of these things we'll do well no matter what else happens."

One change Garner anticipates is higher oncology volume with HOCC's cancer center expected to open by early spring 2015 and Hartford HealthCare Cancer

Institute becoming the charter member of the Memorial Sloan Kettering Cancer Alliance. This will also mean adoption of MSK care standards and clinical trials.

"Overall, this is a time of unprecedented change in the world of medicine and the one thing that I'm pretty sure of is nobody knows exactly what the future will look like other than that it will be different," says Garner. "One of the reasons I was interested in the position is because I think we have a very strong Department of Medicine and will be able to adjust to whatever changes are needed."

A mainstay of the Department of Medicine through the University of Connecticut School of Medicine is a primary care internal medicine residency program, as well as fellowship positions in pulmonary critical care, infectious diseases, endocrinology, gastroenterology and cardiology. Thomas Lane, M.D., is program director of the primary care internal medicine residency program.

"The residency program is very strong under Dr. Lane's leadership" says Garner, adding that the residency program's quality and number of residents continues to improve. Last year HOCC's primary care internal medicine residency was ranked highest among residents in the university's internal medicine programs, which includes three other hospitals; this was not the first time HOCC was ranked highest.

Garner joined HOCC in 1984 as ID division director. He earned his medical degree from Stanford School of Medicine in Stanford, Calif; completed an internal medicine internship and residency at University of Rochester, Rochester, N.Y.; a clinical fellowship in medicine and a clinical and research fellowship in infectious disease at Massachusetts General Hospital, Boston.

ICD-10: Countdown to the upgrade

Hartford HealthCare is preparing for the Oct. 1 transition to ICD-10, a new medical coding system. ICD-10 is the latest version of the International Classification of Diseases, used throughout the world. Federal mandate requires the complex transition to ICD-10 from version 9, used since 1979.

Since ICD-10 is the first new coding system adopted since widespread computer usage, the transition will require updated software installation, staff training, changes to business operations, data conversion, testing, reprinting of manuals and other materials.

For physicians, documentation of patient care must be adapted to conform to ICD-10 coding requirements.

Toward adapting to this new system with minimal disruption, Hartford HealthCare is planning a series of communications and training — written, web-based and in person. This also includes a new SharePoint page (<https://myhhc.hhchealth.org/hhcProjects/icd10/info>) with links to a variety of information. Please take some time to review these resources. If you have questions, please send them to ICD10.info@hhchealth.org.

Together. Ahead of cancer.

With the theme “Together. Ahead of cancer.” a robust advertising campaign announcing Hartford HealthCare’s partnership as a charter member of the Memorial Sloan Kettering (MSK) Cancer Alliance included two commercials aired on a limited regional basis during the Feb. 2 Super Bowl.

“Together. Ahead of cancer.” is the tagline for the partnership’s new website, togetherahead.org; and is the message behind every print or electronic ad appearing on TV and in newspapers. The message will also be spread on billboards, through more social media and in community talks.

During a Jan. 31 campaign kick-off event that premiered the television commercials at Hartford Hospital, Donna Handley, vice president of operations for the Hartford HealthCare (HCC) Cancer Institute, thanked those at HHC and MSK who worked to make the partnership a reality. She said the work being done between the organizations will serve to benefit untold numbers of patients throughout the region by providing them with the very latest in cancer care — including breakthroughs in research and treatment, and access to clinical trials. “We will lead the way in bringing Memorial Sloan Kettering standards of care and clinical trials into community settings,” Handley said.

As news of the MSK partnership spreads, building of The Hospital of Central Connecticut’s new cancer center continues. The structure will cover over 65,000 square feet and is being built on North Mountain Road in New Britain, close to the Plainville town line. It is expected to open by early spring of next year.

The \$40 million cancer center will offer full-service, advanced cancer care to the entire region. The center will also benefit from Hartford HealthCare’s membership in the Memorial Sloan Kettering Cancer Alliance, which will bring state-of-the-art cancer research and cancer care to people in area communities.

The center is being built by TBI Construction, LLC. Tom Vaccarelli, HOCC director of Facilities, says construction on the center’s exterior walls is substantially complete, and about 50 percent of the interior wall construction is also completed. Many sections of the cancer center, to include two stories for cancer services and a three-story medical office building, are being wired and fitted with mechanicals.

To learn more about the Hartford HealthCare Cancer Institute’s partnership with Memorial Sloan Kettering, visit www.togetherahead.org; use Twitter hashtag #TogetherAhead; or see our posts on the Hartford HealthCare Facebook page.

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WHO WILL YOU CHOOSE?

CANCER DIVIDES
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BUT WE WILL WIN BY
WORKING TOGETHER.

BAD NEWS, CANCER.
TWO OF YOUR WORST
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BEST FRIENDS.

Hartford HealthCare
Cancer Institute

Memorial Sloan Kettering
Cancer Alliance

TOGETHER. AHEAD OF CANCER.

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NEWSnotes

HOCC welcomes breast nurse navigator.



Alicia Gadzinski, R.N., B.S.N., OCN, recently joined The Hospital of Central Connecticut as breast nurse navigator, working with patients who have breast cancer or other breast diseases. She began her nursing career at Bristol Hospital, where she worked as a staff nurse on its oncology/telemetry unit, and then served as an oncology research and navigation nurse at its Cancer Care Center. Gadzinski earned her bachelor's degree in nursing science at Goodwin College. She also holds an oncology board certification and is fluent in Polish. She can be reached at 860-827-0525 X4 or Alicia.gadzinski@hhchealth.org.

Article by HOCC nurse published.

Beata Kubacka, R.N., MSN, RD, CDE, inpatient diabetes clinical coordinator, wrote the article "A balancing act. Achieving glycemic control in hospitalized patients" published in the January issue of *Nursing* 2014. It is estimated as many as 25 percent of

hospitalized patients have diabetes or some degree of hyperglycemia. The article discusses the challenges of glycemic management during hospitalization and presents the latest evidence-based guidelines in management of hospitalized adult patients with diabetes.

LeGeyt heads Orthopedics.



Orthopedic surgeon Michael LeGeyt, M.D., has been named division director of Orthopedics, effective Jan. 2. He succeeds orthopedic surgeon Richard Froeb, M.D. LeGeyt, who joined HOCC's medical staff in 2003, earned his medical degree at University of Connecticut School of Medicine. He completed a general surgery internship at Waterbury Hospital; an orthopedic surgery residency at Seton Hall University, South Orange, N.J.; and a hand surgery fellowship at Brown University, Providence, R.I. He is in private practice in New Britain. LeGeyt says he looks forward to working with HOCC administrative

members on further development of the orthopedics service line.

Lundbye named to editorial board.

Justin Lundbye, M.D., chief of Cardiology, has been named to the editorial board of *Therapeutic Hypothermia and Temperature Management*, a quarterly, online and printed publication.

HOCC receives award for excellence in lactation care.

The Hospital of Central Connecticut has been recognized for excellence in lactation care, receiving the IBCLC (International Board Certified Lactation Consultant®) Care Award. The award was given to the hospital by the International Board of Lactation Consultant Examiners® and International Lactation Consultant Association®. It recognizes the hospital's staffing of IBCLC professionals and provision of a comprehensive breastfeeding support program for families. The award also recognizes medical staff training toward breastfeeding support and management. HOCC employs two IBCLCs.

Healthy Family FunFest 2014!

More than 2,300 visitors attended the Healthy Family FunFest on Feb. 23 at Aqua Turf, Plantsville. The fun-filled event included health screenings, tips and information from health experts, a petting zoo and more! It was presented by The Hospital of Central Connecticut, Central Connecticut Senior Health Services and the Southington-Cheshire Community YMCAs.



Britta Raczkowski, physician liaison, Hartford HealthCare.



Pediatrician George Skarvinko, M.D., with practice staff members Angela Orsini-Gary, APRN, and Pat Kemish, receptionist.



Cindy Baker, R.N., and Catherine Callan, APRN, of Cardiology.

Three pledges toward cancer center total more than \$2.5M

The Hospital of Central Connecticut is benefiting from three pledges totaling more than \$2.5 million toward its cancer center, now under construction. HOCC received a \$1.5 million pledge from the Maximilian E. & Marion O. Hoffman Foundation; a \$1 million pledge from American Savings Foundation; and a \$50,000 pledge from Tilcon Connecticut.

The gift from the Hoffman Foundation is the largest yet in the hospital's \$10 million fundraising campaign to support the new cancer center. In recognition of this generous gift, the new breast center will be named the Maximilian E. & Marion O. Hoffman Foundation Comprehensive Breast Center.

The hospital will recognize The American Savings Foundation's gift, which will support center construction, by naming the center's second floor the American Savings Foundation Medical Oncology Pavilion. The center's main entrance patio garden will be named in recognition of Tilcon Connecticut employees.

The Medical Staff Campaign is currently under way for the new Cancer Center; it is chaired by Akella Sarma, M.D., chief of staff. Campaign focus is on participation by all members, at all levels, which is key to success and sets the pace for others to support this project including employees, grateful patients, volunteers and the community. Medical staff members are encouraged to create a meaningful



Among three recent pledges toward the cancer center is a \$50,000 pledge from Tilcon. Pictured are (from left) Gary Wall, general manager and Dan Stover, president, Tilcon Connecticut; Steven Hanks, M.D., MMM, FACP, vice president Medical Affairs, Hartford HealthCare Central Region; and John Dillaway, HOCC chairman of the Board.

legacy by taking advantage of special naming opportunities throughout the new Cancer Center. Gifts can also be made to honor a special life or to recognize a family. Gifts can be pledged and payable up to five years. For information related to campaign support, please contact Wendy Lux in the Development Office at 860-224-5624 or wendy.lux@hhchealth.org.

Give your hearts lots of love!

Hartford HealthCare Central Region celebrated American Heart Month with a series of events on February Fridays targeting heart disease awareness and prevention. Events kicked off on Feb. 7, National Wear Red Day®, with group photos — aimed at raising awareness of heart disease's prevalence in women — at The Hospital of Central Connecticut campuses and MidState Medical Center. Events also included free BMI, blood pressure screenings 11 a.m. to 1 p.m. on February Fridays in the cafeterias; free cholesterol screenings at each campus on select days; and heart-healthy lunches on Fridays. On Feb. 7, Red Bags of Courage were part of the Women & Heart Disease theme giveaways. HOCC is a founding member of WomenHeart National Hospital Alliance and provides a peer-led support network for women with heart disease.



Pictured (above) on National Wear Red Day® are staff members at New Britain General campus; and (below) at Bradley Memorial campus.

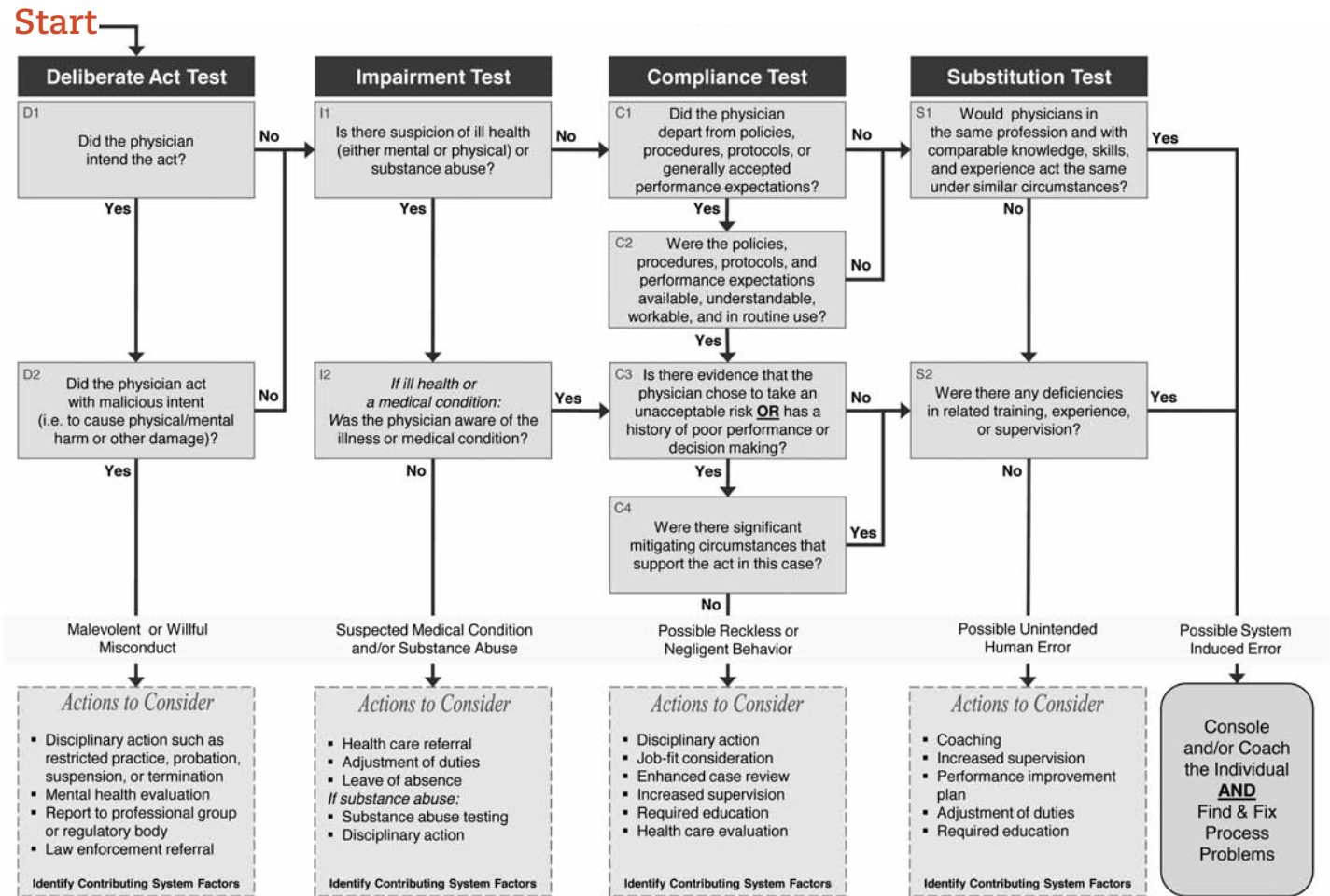
Moving beyond the blame game Continued from page 1

A major part of our work toward becoming a high reliability healthcare organization involves cultural transformation; a big piece of this includes creation of a just culture of accountability. We need to move away

from our historic base where that initial instinct drives our actions and instead take a measured and consistent approach, formally evaluating failures in a way that is consistent with a just culture.

Performance Management Decision Guide for Medical Staff

Adapted from James Reason's *Decision Tree for Determining the Culpability of Unsafe Acts and the Incident Decision Tree* of the National Patient Safety Agency (United Kingdom National Health Service)



Pharmacy and Therapeutics Committee update

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

Food and Drug Administration (FDA) removes rosiglitazone warning

The FDA has ordered removal of certain restrictions placed on rosiglitazone (Avandia®) use after results of a meta-analysis published in 2007 indicated an increase in cardiac-related deaths. A more recent clinical trial, “Rosiglitazone Evaluated for Cardiovascular Outcomes and Regulation of Glycemia in Diabetes (RECORD)” demonstrated no additional risk of heart attack or death in patients treated with rosiglitazone when compared to standard-of-care diabetes medications.

Hartford HealthCare sets sights on system level formulary

Hartford HealthCare affiliate hospitals are working together to standardize medication formularies and medication-related policies and procedures. Decreased variations among accepted formulary items will further support all HHC hospitals being on a similar platform

Formulary changes

The following additions are from the January and February 2014 Pharmacy and Therapeutics Committee meetings.

Additions

Medication	Use
Erlotinib (Tarceva®)	Oncology
Bendamustine (Treanda®)	Oncology
Ado-trastuzumab emtansine (Kadcyla®)	Oncology

for group purchasing and wholesaler drug acquisition. While a system level Pharmacy and Therapeutics Committee structure is not final, strong physician leadership and input will be needed for the formulary decision-making process.

A designated STEMI-receiving hospital

HOCC maintains remarkably low D2B time

The Hospital of Central Connecticut maintains a remarkably low door-to-balloon (D2B) time to treat ST-elevation myocardial infarction (STEMI) – averaging 61 minutes one of the best times in Central Connecticut and Greater Hartford regions and routinely lower than recommended guidelines.

In addition, HOCC's D2B time “consistently outperforms” that of other hospitals in these same regions when a prehospital electrocardiogram is performed says Justin Lundbye, M.D., FACC, chief of Cardiology.

As a designated STEMI-receiving hospital, a status HOCC has held since 2005, patients have a D2B time — how long it takes from hospital arrival to angioplasty — of 90-minutes or less. It's also the D2B time recommended by the American Heart Association and American College of Cardiology guidelines.

When a STEMI is suspected in the community, responding EMS providers use the Web-based LIFENET® System to transmit to HOCC's Emergency Department an

EKG reading that records a heart's electrical activity. A physician immediately interprets the reading, potentially putting ED and cardiac catheterization unit staff members on alert just minutes before a patient's arrival.

Once at the hospital a quick ED registration “allows the patient to be quickly checked by the physician, their name is in the system and they go down to the cath lab without leaving the stretcher,” says Lundbye.

In FY2013, HOCC performed 90 angioplasties for incoming STEMI patients.

Lundbye credits the hospital's low D2B time to a well-integrated plan involving area EMS responders who benefit from the hospital's inservices, Emergency Department, and interventional cardiologists and staff who perform angioplasties. HOCC's angioplasty team includes an interventional cardiologist, two radiologic technologists and a registered nurse. HOCC interventional cardiologists are M.D.s Robert Borkowski, Manny Katsetos and Alan Kudler.

\$150,000 grant supports cardiology services at Bradley Memorial campus

The Hospital of Central Connecticut's Department of Cardiology recently received a \$150,000 capital grant from The Bradley Henry Barnes & Leila Upson Barnes Memorial Trust, managed by the Main Street Community Foundation, supporting cardiology services at the Bradley Memorial Campus. The grant funds are being used to buy portable echocardiograph equipment to enhance inpatient echocardiographic services with quicker imaging time; enable use in other areas of the Bradley Memorial campus; increase annual number of patient screenings; and expand cardiology services in the Southington community. Pictured with the oversized check are (from left) Justin Lundbye, M.D., chief of Cardiology; Susan Sadecki, President & CEO, Main Street

Community Foundation; Bill Tracy, Foundation board member; and HOCC cardiologists Joshua Rock, M.D., and Inku Lee, M.D., who both practice in Southington.



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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 kimberly.gensicki@hhchealth.org; (860) 224-5900 x6507; or via fax at (860) 224-5779.

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**IMPORTANT
NEWS FOR OUR
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