Hartford HealthCare Cancer Institute
2016 Outcomes Report

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Hartford HealthCare
“Most trusted for personalized coordinated care.” — The Hartford HealthCare vision

At Hartford HealthCare, our vision is our compass – guiding us as we work to transform healthcare and provide our patients and families with superb, seamless care. In earning the trust of our communities, we promise to never stop improving and innovating as we shape a new, high-value model of customer-centered care.

Excellence without evidence is empty. Still, hospitals and health systems have had a hard time reporting quality and outcomes in useful ways. As clinical data moves increasingly to digital platforms and we see more demand for the information from payers and the public, Hartford HealthCare is leading the way to demonstrate our commitment to clinical excellence and full transparency.

Reflected in this report is the work of our multidisciplinary teams of physician leaders, other clinicians, support staff and partners, who are collaborating to set and meet high-quality standards. In our quest for excellence, we have adopted best practices from industries far outside of healthcare. These include High Reliability Training and Lean practices and principles that are part of our H3W (How Hartford HealthCare Works) operating model.

Our success is evident in our improving safety metrics, especially in the area of hand hygiene, where we are among the best in the nation.

We at Hartford HealthCare are benchmarking ourselves against the best healthcare organizations in America to reassure those we serve that they will receive world-class care no matter what hospital, outpatient location or home service they utilize at Hartford HealthCare.

Sincerely,

Elliot Joseph
President and Chief Executive Officer
A nationally recognized leader and innovator in the field, Dr. Yu is a former president of the prestigious American Society of Clinical Oncology (ASCO) who is known for his pioneering work in furthering the role of technology in producing higher quality cancer care and improved outcomes for patients. Over the course of more than 30 years, Dr. Yu has established a reputation for bringing the latest advances in clinical resources and research to community healthcare settings — a key mission of the Hartford HealthCare Cancer Institute.

Before becoming the first Physician-in-Chief of the Hartford HealthCare Cancer Institute in 2016, Dr. Yu was director of cancer research at the Palo Alto Medical Foundation in California, where he was among the first wave of practitioners to convert to an electronic medical record (EMR) for streamlining and maximizing efficiency in clinical record-keeping and data storage — which has since become the standard for best practice in the field. A medical oncologist and hematologist by training, Dr. Yu took advantage of advances in computer technology to enhance patient care by eliminating errors and ensuring that patients received the best course of care to meet their individual needs.

Born and raised in the Northeast, Dr. Yu began his career as a Research Associate and Research Fellow at Memorial Sloan Kettering Cancer Center in New York. Over the years, he has continued to lead the way in developing and expanding access to the latest in promising new treatments and protocols, especially current trends in research that have led to breakthroughs in areas such as precision oncology and immunotherapy. As Physician-in-Chief of the Hartford HealthCare Cancer Institute, Dr. Yu plays a leading role in guiding the clinical direction of the Institute’s pioneering membership in the Memorial Sloan Kettering Cancer Alliance — and in fact serves as the Alliance’s Director of Health Informatics. His technological expertise is well known nationally, having twice been elected by Epic Systems users to the Epic Oncology Steering Board. He also sits on the Board of Governors for ASCO’s digital learning system, CancerLinQ.
In her role as Vice President of Operations, Handley partners with physician leaders to oversee the clinical and strategic direction of the Hartford HealthCare Cancer Institute, ensuring that the Institute’s vision is being met for clinical excellence through a single standard of world-class care for patients at each of the five cancer centers within the Institute — Backus Hospital, Hartford Hospital, The Hospital of Central Connecticut, MidState Medical Center and Windham Hospital.

She guides strategies for future growth while ensuring that caregivers and providers at all levels — from physician to nurse to technician to support staff — are upholding policies and practices that meet the needs of each individual patient. Handley works closely with physicians and leaders specializing in numerous cancer types to coordinate the delivery of evidence-based medicine and other crucial components to care such as patient education, community education, family support, rehabilitation and process improvement.

Handley assumed her role with the Hartford HealthCare Cancer Institute in 2009. Prior to that, she served as Vice President of Cancer Services at St. John Health in Detroit. She began her career as a nurse specializing in thoracic surgical oncology at Massachusetts General Hospital.

Handley played a leading role in developing and implementing the Hartford HealthCare Cancer Institute’s relationship with Memorial Sloan Kettering through its charter membership in the Memorial Sloan Kettering Cancer Alliance.
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THE HARTFORD HEALTHCARE CANCER INSTITUTE

Bringing more options, more hope to patients

The Hartford HealthCare Cancer Institute encompasses comprehensive cancer centers at five hospitals across Connecticut — Hartford Hospital, The Hospital of Central Connecticut, Backus Hospital, MidState Medical Center and Windham Hospital. Collectively, the cancer programs within the Cancer Institute treat more than 5,000 new cancer patients per year while caring for tens of thousands of existing patients, offering a full range of innovative, evidence-based and personalized treatments designed to meet the needs of each individual patient.

Our innovative Institute approach is unlike any other in the state and is among the most highly regarded in the nation. Through our Institute, which is organized around specific diseases and not necessarily locations, we can apply best practices throughout our system so that patients receive the same high standards of care no matter where they live or which Hartford HealthCare cancer center they choose.

For all of our patients, a dedicated team of oncologists, surgeons, radiologists, pathologists, nurses, clinical researchers, technicians and others collaborate to provide the exact course of care they need. The Institute’s multidisciplinary Disease Management Teams meet and collaborate regularly to lend expertise and insight on numerous cancer types, translating into exceptional coordinated care.

The Institute’s accomplished, fellowship-trained physicians are nationally recognized for their level of sophisticated care in areas such as radiation oncology, medical oncology and surgical oncology. Patients are also cared for in an environment that emphasizes compassion and personal connections, with a team of trained nurse navigators who provide guidance and support to patients and families, from diagnosis to recovery. The Institute also boasts a thriving survivorship program.

In 2013, the Hartford HealthCare Cancer Institute became the first community-based cancer program to become a member of the Memorial Sloan Kettering Cancer Alliance, establishing a relationship with one of the world’s premier cancer centers. The Institute’s membership in the Alliance provides patients in Connecticut access to the most advanced, leading-edge treatments available anywhere.

In 2017, the Institute was accredited by the American College of Surgeons Commission on Cancer, one of a select few institutes nationwide to be recognized as a system, rather than individual cancer centers.

For patients coming through our doors with a cancer diagnosis, that means three things: standardized care, more options and more hope.
Providing access to new frontiers in the fight against cancer

Cancer has historically been an uncommonly challenging disease to understand and treat. But promising new developments in research and technology are providing patients with more hope than ever before.

Through the Hartford HealthCare (HHC) Cancer Institute’s charter membership in the Memorial Sloan Kettering (MSK) Cancer Alliance, many of these groundbreaking new clinical approaches are offered to patients in Connecticut — in their communities, close to home. Membership in the MSK Cancer Alliance means highly skilled and highly trained specialists within the Institute are able to provide patients with leading-edge advances in cancer research and protocols being conducted at Memorial Sloan Kettering Cancer Center in New York — one of the world’s premier cancer centers.

Membership in the Alliance is founded on the premise that precision-based medicine is transforming cancer research and care, and that this transformation can bring the most benefits through partnerships with academic and community-based institutions. To become a certified member of the Alliance, an in-depth analysis of the HHC Cancer Institute’s operations and standards of care was conducted to assess the alignment with MSK. This ensured that our practices align both across the Institute and with MSK, supporting our mission to bring a single standard of world-class care to all of our patients.

As of 2016, several dozen of MSK’s world-renowned clinical research trials have been made available to cancer patients at locations across the Hartford HealthCare Cancer Institute, with more set to be released in the months ahead. Available trials offer promising treatments for a wide range of cancer types including breast cancer, pancreatic cancer, lung cancer, Hodgkins Disease and others.

Beyond clinical research, the Institute’s membership in the MSK Cancer Alliance means leading experts and specialists at both the Cancer Institute and MSK are able to collaborate and offer insight on the best course of treatment for cancer patients. World-renowned specialists and researchers at MSK, many of whom are leading the way in developing groundbreaking new specialties such as immunotherapy or molecular oncology, are working closely with their peers at the Cancer Institute to identify patients who can benefit from these promising new treatments.

In previous years, patients in Connecticut would have had to travel far from their homes to receive access to such new treatments, requiring lengthy stays while their families traveled back and forth to see them. Through membership in the MSK Cancer Alliance, patients receiving care within the Cancer Institute now have access to these promising new treatments right in their own communities.

The relationship between the HHC Cancer Institute and MSK is transforming the delivery of cancer care in Connecticut, bringing more options and hope to patients than ever before.
OUR VISION

What are some of your impressions of the HHC Cancer Institute since joining as physician-in-chief?

First, that the Cancer Institute is just one of several Institutes being launched at HHC. Each has a different disease focus and draws upon unique strengths, but all the Institutes can learn from each other and the physician and administrative leadership are now meeting regularly.

Second, there are multiple needs and opportunities for growth in the Cancer Institute as we respond to two imperatives. One of those is positioning our healthcare providers and the hospitals for the changing economic environment of alternative payment reform coupled with the need to demonstrate that our patients experience superior health outcomes. In short, what is called the Triple Aim of better patient experience with their healthcare, improved population health and more affordable healthcare.

The other prime objective of the Cancer Institute is to help develop the Memorial Sloan Kettering Cancer Alliance by successfully recruiting patients to clinical trials and helping to define guidelines and best practices that lead to better patient outcomes. The importance of recruiting patients to clinical trials is self-evident; it is how we will bring precision medicine and immuno-oncology to HHC patients and contribute to the national Cancer Moonshot efforts. But less often mentioned is the opportunity for HHC, working through the MSK Cancer Alliance, to help build the next generation of practice guidelines. Typically, oncologists and nurses rely on the professional guidelines produced from the American Society of Clinical Oncology, the National Comprehensive Cancer Network, the Oncology Nursing Society and others. But these guidelines begin as best practices of the cancer centers, through quality improvement initiatives and consensus opinions of experts, who now include our HHC providers.

What are some of the main challenges or barriers you feel are important for the Cancer Institute to overcome to be successful?

Finding the right people for the work at hand. Some of those people are already here, but are engaged in other work. Will they be willing to change focus and redefine their careers? In other situations, we will need to recruit new...
talent. With the right vision and forethought we can articulate a message that will bring to bear the best talent. The right people need to be supported to succeed. To me that means that what they are trying to accomplish and why that is important needs to be both clearly articulated and accepted by our community. Change management is key and the changes we are speaking of are disruptive. But to stand still is to fail.

We are living in an information world and for providers to take the best care of their patients, for administrators to make the right business decisions and for us to learn how to improve, we need the capacity for data analytics and reporting. That can only happen if we can collect and organize cancer data so that we understand it and build a data architecture that allows information sharing among the HHC oncology ecosystem. This is no trivial task and I would say that no institution that I am aware of has accomplished this to date. However, several organizations have made progress and I would like to see the Cancer Institute be at the forefront in this area.

Conversely, what are some of the attributes of the Cancer Institute that make it well positioned to meet those challenges?

The Cancer Institute is fortunate to have superior talent among its administrative leadership. Vice President of Operations Donna Handley and her three regional directors — Abbi Bruce, Kris Popovitch and Fred Bailey — really center the Institute. On the physician side, our team of medical, radiation and surgical oncologists are inquisitive and self-determined to succeed. In all disciplines including oncology nursing, pharmacy, cancer registrars, genetic counselors, palliative care and others, we have people passionate about their work and their patients. When I was a fellow at Memorial Sloan Kettering, I was told that with the tremendous resources available at MSKCC, success was expected. It feels the same way here at HHC.

You work closely with physicians in your new role. What are some of the important messages you try to convey to them?

We are living in a period of medicine where unprecedented and disruptive forces are relentlessly forcing themselves upon us and changing our profession. Physician burnout is leading senior physicians to consider earlier retirement and younger physicians to ask questions about the quality of their lives, both professionally and personally. Ignoring this is foolhardy.

Much of what is happening is frankly unpredictable and uncontrollable; witness the recent national elections. Some of this is under our control through our professional medical societies such as ASCO, the American Society for Radiation Oncology, the College of American Pathologists and the American Society of Hematology and I encourage physicians to be actively involved with their professional society as I have done. Some of it is under our control through health care systems such as HHC and within HHC the Cancer Institute is where we educate, support and provide a mechanism to get involved in determining your future, such as our Disease Management Teams and leadership structure.

Payment reform will most definitely impact our physicians. It will drive us to shared accountability for the health outcomes our patients experience and for the economic outcomes of our decisions on treatment. By shared I mean collective responsibility for team-based care involving primary care, specialists, hospitalists and diagnostic and supportive specialties such as radiologists and pathologists. Our incomes will be linked to the health and economic outcomes of individual patients and populations of patients.

Where would you like to see the Cancer Institute 10 years from now?

Ten years from now, the Cancer Institute will be seen as a national model for a community healthcare system that consistently exceeds expectations. We will have a clearly articulated strategy that is well grounded on our mission and vision, and achieved operationally through respect for and alignment of the interests and preferences of our constituencies including patients, healthcare providers and administrators. We will be at the forefront in the sustainable and scalable implementation of precision medicine, immuno-oncology and science in patient care through our clinical trials and care delivery systems.

It can be a challenging time to be in the healthcare field. Why do you continue to be excited and passionate about the work that you do?

How do you respond to challenging times? Do you see yourself as a victim or as an innovator who can envision new models and build the team around that? As president of ASCO, I spent a good deal of time thinking about the future state of cancer care. Working with the ASCO Board of Directors and our staff of over 300, we prepared a vision of cancer care that will transform patient lives and healthcare. At HHC I feel that we have the opportunity to see that happen and to be part of that exciting future.
Neal Goldberg, MD, has seen many changes and advances in his field since beginning his career in medicine more than 30 years ago. But his participation — and the participation of his cancer program — in the Hartford HealthCare Cancer Institute has been among the most forward-looking and positive developments that he has seen for his program and patients.

“It’s a changing healthcare environment, and you have to identify the partnerships and relationships that will best position you for the future, and your ability to bring the best care to patients,” said Dr. Goldberg, whose cancer program is one of five across Connecticut that are affiliated with the Cancer Institute. “Overall it’s been a huge positive for our program and our patients.”

Dr. Goldberg said the decision several years ago by The Hospital of Central Connecticut to become a partner under Hartford HealthCare paved the way for his program to transition into the Cancer Institute, which has rapidly evolved over the past few years and has significantly expanded the resources and expertise available to his patients. Among the chief benefits that came through participation in the Institute: the completion of a $40 million comprehensive cancer center and medical arts building that opened last year in New Britain, setting a new standard for innovative and patient-focused care.

In that time, Dr. Goldberg said, he has seen radiation oncology volumes at his program increase by 40 percent year over year, the result of rapidly spreading word-of-mouth among patients and providers in the community about the state-of-the-art technology and conveniences that can be found at the new center.

“Our participation in the Cancer Institute has allowed us to deploy the latest and most advanced radiation oncology technology, which probably would not have occurred without the resources of HHC and the Cancer Institute,” he said. “It’s also allowed us to realize this vision that we had for the cancer center and establishing a model for our ability to continue bringing the best care to patients.”

Dr. Goldberg said providers within the Institute also benefit from its pioneering membership in the Memorial Sloan Kettering Cancer Alliance, which provides locally based patients with access to leading edge clinical trials and other advances in care being made at MSK, one of the world’s premier cancer centers.

“It’s bringing tangible benefits to patients in terms of access to clinical trials and new treatment paradigms, not to mention access to a wider range of physicians and specialists with expertise and experience in a wide range of cancer types,” he said.
Network Cancer Program Accreditation set the tone for 2016

For the past several years, the Hartford HealthCare Cancer Institute has undertaken the enormous task of integrating the human, clinical and technical resources at five individual cancer centers across Hartford HealthCare, and combining them under the umbrella of a single, comprehensive network of care.

In 2016, the Institute took a significant step forward in realizing that goal by receiving accreditation from the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program. The network accreditation formally recognized the extensive work that has been done to provide a single standard of care across all five hospital cancer programs. The journey to network accreditation began in January of 2016 with each of the five cancer committees within the Institute — Backus Hospital, Hartford Hospital, MidState Medical Center, The Hospital of Central Connecticut and Windham Hospital — joining forces to meet all of the standards required for accreditation.

The process involved establishing Institute-wide policies and procedures across a host of clinical categories, ranging from the administration of chemotherapy drugs; the proper procedures for credentialing physicians; the establishment of a single uniform cancer registry; the methodology for providing patients access to clinical trials; and the infrastructure for providing community education and patient support.

“It was a huge undertaking, but at the same time, it was invigorating to see the progress we have made in realizing our vision, and the passion of all involved in making sure our patients have access to the highest standards of care,” said Donna Handley, the Vice President of Operations for the Institute.

Throughout 2016, the newly formed Hartford HealthCare Cancer Institute Cancer Committee held meetings every other month, with a leadership work group meeting on the alternate month. The Cancer Committee, which is made up of physician and administrative leaders as well as cancer program staff from all of the cancer centers within the Institute, worked collaboratively to complete three quality studies over the course of the year. The studies included a review of the use of chemotherapy at end-of-life and an investigation into the use gene testing in colorectal cancers at the Cancer Institute that will be presented by Andrew Salner, MD, medical director at the Hartford HealthCare Cancer Institute at Hartford Hospital, at the 2017 Annual Meeting of the American Society of Clinical Oncology.

“This accreditation really is important because it allows us to present ourselves to the public and the communities we serve as a single network where patients can be sure they will receive the same excellent standard of care no matter which of our cancer center doors they go through,” said Judith Keating, who, as manager of the Cancer Registry for the Hartford HealthCare Central Region, played an instrumental role in coordinating the accreditation effort. “People should realize that when they go to one of our local hospitals for care, they have access to resources that spread far beyond that one particular location. There is a full network that they can tap into, and that expands their options and reasons for hope.”
The five most common types of cancer treated by teams of specialists at the Hartford HealthCare Cancer Institute are cancer of the bladder, breast, colon, lung and prostate. Each patient has a unique scenario requiring a personalized plan. The Cancer Institute’s advances in caring for these cancers included:

- Working collaboratively with gynecologic oncology clinicians, the breast cancer team developed guidelines for genetic testing for breast and ovarian cancers. In addition, two Memorial Sloan Kettering clinical trials were opened for patients whose breast cancers overexpress the HER-2 protein. The Institute also initiated a systemwide monthly multidisciplinary breast conference to discuss complex breast cancer cases with experts from all five hospitals in addition to weekly cancer conferences at each hospital.

- Through the Memorial Sloan Kettering Cancer Alliance, a prostate cancer clinical trial will soon begin and focus on men with an advanced stage of prostate cancer known as castrate resistant prostate cancer with metastasis. This develops after a patient’s condition is unresponsive to typical treatment of hormone manipulation; traditional treatment involves cytotoxic chemotherapy. The clinical trial will study use of a novel agent to target and manipulate androgen receptors toward improving treatment response.

**2015 Top Five Sites for Hartford HealthCare Cancer Institute**

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Hartford Hospital</th>
<th>Hospital of Central Connecticut</th>
<th>Backus Hospital</th>
<th>Midstate Medical Center</th>
<th>Windham Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td>31</td>
<td>144</td>
<td>184</td>
<td>260</td>
<td>617</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>118</td>
<td>86</td>
<td>82</td>
<td>431</td>
<td>17</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>144</td>
<td>31</td>
<td>184</td>
<td>260</td>
<td>617</td>
</tr>
<tr>
<td>Bladder Cancer</td>
<td>260</td>
<td>184</td>
<td>144</td>
<td>31</td>
<td>617</td>
</tr>
<tr>
<td>Colon Cancer</td>
<td>617</td>
<td>31</td>
<td>144</td>
<td>260</td>
<td>184</td>
</tr>
</tbody>
</table>

Total: 1,236

Total: 734
A significant advance related to lung cancer care is evaluation of all new lung cancer cases for specific molecular abnormalities or “weaknesses” for which the Institute’s clinical team is now using a newer, targeted medication that has fewer side effects than more traditional chemotherapy. These advances were made possible by our alliance with the Memorial Sloan Kettering Cancer Center. In addition, for many patients, two recently FDA-approved medications can be very effective in harnessing the immune system’s ability to attack lung cancer, often with fewer side effects than traditional chemotherapy.

Current treatment for most patients with muscle invasive bladder cancer involves chemotherapy followed by surgical removal of the bladder. In large clinical trials this combined approach has been shown to be more beneficial compared to only surgery, and is currently considered the standard of care. Similarly, for certain patients with cancer of the renal, pelvis or ureter, the Institute is participating in a clinical trial with Memorial Sloan Kettering.

As part of a colon cancer care algorithm, patients are screened for Lynch syndrome, the most common hereditary syndrome leading to colon cancer. The Institute also places a priority on personalized care and tests patients’ tumors for molecular changes to avoid ineffective and potentially harmful therapy. Surgical techniques for early stage colon cancer include laparoscopic-assisted colectomy, leading to quicker recovery without compromising cure rates.

NEW CASES BY HOSPITAL

Total new cases: 5,682

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Many studies provide validation that high surgical volumes (total number of procedures performed per year) result in improved outcomes for both operative mortality (in-hospital or within 30 days) and morbidity.

Measures of surgical quality, such as hospital volumes, have the potential to help patients select the best provider and hospital, and encourage providers and hospitals to develop and implement quality improvement protocols.

There is a large volume of cancer procedures performed by HHCCI surgeons annually, which contributes to the excellence of our patient outcomes. The HHCCI utilizes surgical data to analyze measures ranging from length of stay to complications in order to determine opportunities for improvement in quality.
From 2014 to 2015, infusion therapy volume increased by 10.4%. The HHCCI is focused on increasing access to infusion services, which has driven growth. The most recent example of this growth was the opening of the Hartford HealthCare Medical Group Waterford Oncology practice in New London.

From 2014 to 2015, radiation treatment volume at the HHCCI increased by 3.5%, whereas the state of Connecticut increased by approximately 2.5%. Much of this growth is attributed to the Hospital of Central Connecticut (HOCC) Cancer Center, which opened in March 2015.

With the investment in a new linear accelerator (LINAC) and TrueBeam, the HHCCI increased capabilities. In April 2017, a new LINAC was also installed at Backus Hospital. This LINAC has additional capabilities such as Sterotactic Body Radiation Therapy (SBRT), Stereotactic Radiosurgery (SRS) for Head and Neck and Brain and advanced imaging capabilities. Backus Hospital has also added high dose brachytherapy. This new equipment allows Backus Hospital to treat more complex cancer cases so patients’ can remain close to home.
As an accredited cancer program, the HHCCI submits registry data to the National Cancer Institute Database (NCDB), which includes data from all accredited cancer programs. This data is used to report 20 quality measures covering nine primary sites in order to provide comparative information to assess adherence to established standards of care. This reporting tool is used to promote continuous practice improvement internally, and also allows physicians and hospitals to compare care at the HHCCI compared to other facilities. For the measures below, the HHCCI’s performance exceeded both the NCDB and Connecticut in 2013 and 2014 (most recent data available).

**Colon nodes**

A minimum of 12 lymph nodes removed and examined pathologically for resected colon cancer is desirable to accurately determine the stage of disease. The expected performance rate is 85%.

**Breast radiation therapy**

Extensive evidence from randomized clinical trials has shown that radiation therapy following breast conservation therapy for eligible patients reduces the risk of local recurrence. The expected performance rate is 90%.

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**REGISTRY DATA**

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**GRAPHIC DATA**

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**Hartford HealthCare**
Tamoxifen or third generation aromatase inhibitor is recommended or administered within 365 days of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer. Extensive evidence suggests that hormone therapy reduces the risk of recurrence, contralateral breast cancer and death. The expected performance rate is 90%.

**Needle biopsy**

Image or palpatation-guided needle biopsy to the primary site is the recommended approach to establish diagnosis of breast cancer. The expected performance rate is 80%.
Breast, colon, prostate, lung and kidney cancer

Earlier stage diagnosis leads to more treatable and potentially curable cancer. The HHCCI offers numerous screenings and early detection programs with the goal of diagnosing patients as early as possible.

Breast and colon cancer mortality reduction is achieved through the use of screening for these diseases with mammography and colonoscopy. HHCCI clinicians reach out to the communities we serve to provide lifesaving screening messages and to overcome barriers to screening for the medically underserved.

We also completed a pilot study of lung cancer screening with low-dose CT scanning based on a large national trial, and through screening 1,000 high-risk people, we demonstrated that we could successfully reproduce the outcomes seen in the national study with a primary care-based model in our community.

We now offer lung cancer screenings to those at risk (30 or greater years of smoking, active smoker or quit, 15 years ago, ages 55-77) at all five of our Hartford HealthCare hospitals.
Five-year survival rates indicate the percentage of people who survive a certain type of cancer five years after diagnosis or starting treatment. Overall survival rate includes all stages and individuals of all ages and health conditions who have been diagnosed with cancer.

Based on most recent data available from the National Cancer Institute (2003-2008), the HHC Cancer Institute has higher survival rates than the state of Connecticut and cancer programs in the nationally recognized National Cancer Database (NCDB) for the disease sites listed.
Memorial Sloan Kettering Cancer Alliance

Prior to becoming the charter member of the MSK Cancer Alliance, MSK completed a current state assessment of the HHCCI’s scope of services, clinical standards of care (SOCs), and operational resources and capabilities (R&Cs) to ensure that qualifications for membership were achieved.

MSK collected and reviewed retrospective five-year data for the six highest volume disease sites at HHCCI (Breast, Colon, Endometrial, Kidney, Prostate, and Thoracic) and 11 resources and capabilities (Lab Medicine & Pathology, Medical Oncology, Pharmacy, Radiation Oncology, Radiology, Surgical Oncology, and Survivorship) and assessed the HHCCI both internally and compared to MSK. Once the analysis and reporting of results were completed, a designation of high, moderate or low alignment was given to 378 identified metrics used to determine quality of care and operational excellence (additional measures were added incrementally).

The HHCCI met the performance thresholds and became a certified member of the MSK Cancer Alliance in September 2014. The post-launch phase focused on developing and implementing plans to ensure that the 65 areas of low alignment were addressed (i.e. change in practice, new/standard equipment, etc.) and collect data that was originally uncollected. As of May 2017, all original areas of low alignment have been addressed. All data will be re-collected at the end of 2017 to quantify improvements in quality.

![Diagram showing the alignment of metrics from launch to May 2017.]

- **Launch**: 200 (53%) High Alignment, 65 (17%) Moderate Alignment, 57 (15%) Low Alignment, 56 (15%) Uncollected SOCs, 321 (79%) Uncollected Nursing R&Cs
- **May 2017**: 321 (79%) High Alignment, 28 (7%) Moderate Alignment, 33 (8%) Low Alignment, 23 (6%) Uncollected SOCs, 3 (1%) Uncollected Nursing R&Cs
The HHCCI Navigation Program consists of experienced nurse navigators at each of the five cancer centers. They guide and support our cancer patients, from the moment they are informed of their cancer diagnosis through completion of their cancer treatment. All navigators are experienced oncology nurses who specialize in a different cancer type.

Navigators work closely with multidisciplinary physician teams to ensure patients received the most appropriate care plan. In addition, navigators’ provide educational support to help patients understand their treatment plans, help coordinate care, connect patients to the services they need and offer emotional support.

Our goal is to connect 100% of our patients with the appropriate navigator the moment they are diagnosed with cancer.

For more information, call Karen Cudworth (manager, Hartford Hospital) 860-972-4597.

To speak with a Nurse Navigator at any time, call the Cancer Connect Line at 855.255.6181.
Lynch Syndrome (LS) is a genetically inherited autosomal dominant disease that is the result of germ-line mutations in mismatch repair (MMR) genes. LS is the most common cause of inherited colorectal cancer, causes cancer at a younger age, and increases other neoplasm risk, such as pancreas and endometrium. Thus, it is important to identify patients who have LS so that these patients and affected family members can receive the proper surveillance and care.

The HHCCI has developed a standard of care to screen patients who may have LS by testing all new colorectal cancer specimens for loss of expression of MMR genes, as well as to refer all patients under 50 for counseling.

This study demonstrates that implementation of such a standard is an important, yet gradual process. The most recent data from our studies suggest a near 100% compliance.

### Testing at the HHC Cancer Institute

<table>
<thead>
<tr>
<th>Hospital</th>
<th>No. of patients*</th>
<th>% tested 2014</th>
<th>% tested 2015</th>
<th>% MMR+</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>217</td>
<td>96.1%</td>
<td>92.0%</td>
<td>5.9%</td>
</tr>
<tr>
<td>B</td>
<td>13</td>
<td>16.7%</td>
<td>42.9%</td>
<td>25%</td>
</tr>
<tr>
<td>C</td>
<td>65</td>
<td>20.7%</td>
<td>60.0%</td>
<td>7.4%</td>
</tr>
<tr>
<td>D</td>
<td>67</td>
<td>97.1%</td>
<td>87.9%</td>
<td>8.1%</td>
</tr>
<tr>
<td>E</td>
<td>61</td>
<td>72.0%</td>
<td>77.8%</td>
<td>13.0%</td>
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<td><strong>Total</strong></td>
<td><strong>423</strong></td>
<td><strong>81.6%</strong></td>
<td><strong>14,008</strong></td>
<td><strong>7.6%</strong></td>
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* Numbers of patients reflects the size of the hospital in the blinded study.
SURVIVORSHIP CARE PLANS

The HHC Cancer Institute offers some of the most progressive and comprehensive post-treatment programming available today, with an emphasis on individualized counseling and mentoring. High quality survivorship programs exist at each of the five cancer center campuses within the Institute.

Programming includes an individualized care plan that is created for each patient after they complete treatment. In general, the survivorship care plans emphasize the critical importance of maintaining a healthy lifestyle through diet and exercise, and connect survivors of early stage (0-III) cancer to post-treatment resources in their communities.

Because survivors can experience recurrence, the care plans include frequent examinations and checkups. Survivorship programs offer more than practical assistance, however. They also provide emotional and social support, as evidenced by the many survivor reunions and celebrations that routinely take place within the Institute.

Survivorship programs will continue to grow in importance as cancer treatments and survivorship rates improve.

HHCCI Survivorship Care Plans (SCPs)

- Began tracking SCPs as a system in 2015. Prior to that, SCPs were reported by hospital.
- **2015:** 265 SCPs delivered at HH (16% of eligible patients received SCPs); 410 SCP delivered at HHC (17% of eligible patients)
- **2016:** 695 SCPs delivered across HHC (31% of eligible patients received SCPs)

Commission on Cancer (CoC) Standard for Survivorship

- **Jan. 1, 2015–Dec. 31, 2015:** Implement process to provide SCPs to ≥ 10 percent of eligible patients who have completed treatment.
- **End of 2016:** Provide SCPs to ≥ 25 percent of eligible patients who completed treatment.
- **End of 2017:** Provide SCPs to ≥ 50 percent of eligible patients who complete treatment.
- **End of 2018 and future:** Provide SCPs to ≥ 75 percent of eligible patients who complete treatment
Katie Poole | Patients benefit from new cancer center

The Hartford HealthCare Cancer Institute at The Hospital of Central Connecticut had only been open a few months when a nervous and frightened Katie Poole walked through the building’s doors for the first time after receiving a breast cancer diagnosis.

It was around Christmastime — six months after the center’s grand opening in June 2015 — when she and her husband walked in, and she noticed the word “Peace” spelled out in large letters above the stone-inlaid fireplace that greets people in the main entrance.

“Seeing that, and seeing those surroundings, just gave me an overwhelming feeling like everything was going to be OK,” said Katie, a 24-year-old Kentucky native and newlywed who had just recently moved to New Britain with her husband.

Katie is one of more than several hundred patients who over the past year have been welcomed at the new cancer center, which features more than 60,000 square feet of modern, state-of-the-art clinical services in a warm and gentle setting that is designed to put patients at ease. Katie said her experience was made much easier by the amenities offered at the center, but even more so by her interactions with the nurses and doctors who cared for her.

“Going through chemotherapy is never fun, but I actually did find myself looking forward to my visits because it was just such a welcoming place for me,” said Katie, whose last chemotherapy treatment was in June. “As time went on I found that my conversations with the nurses were
more personal, more like talking with a friend than just the medical conversation. I really felt like they cared for me as a person.”

Katie’s diagnosis came less than three months after her wedding, and she remembers how scared and uncertain she and her husband felt while they sat in a waiting room before undergoing her first chemotherapy treatment.

“I remember a staff member came out and he could see that we were kind of distraught, and he instantly came up to us and told us how he had been a patient once too, and that everything was going to be OK,” she said. “It struck me what a kind thing to do that was, and eventually I found out that everyone there is like that.”

When she learned that she would have to go through chemotherapy, Katie said she worried about images she had seen of cold and impersonal infusion centers where people sit in cramped spaces with needles and IV’s hooked up in rows.

She said she could not believe it when she walked in the new center’s spacious infusion center, which features numerous private bays where patients can sit in a semi-private room with adjustable recliner chairs and high-definition TVs while they receive their treatment. Best of all, she said, each bay has floor-to-ceiling windows looking out on the woods behind the center, which features a winding nature path circling a pond.

“It always brought me such a sense of peace and calm to look out on that view,” she said.

Donna Handley, vice president of operations for the Hartford HealthCare Cancer Institute, said experiences like Katie’s are the reason that the cancer center — located off Interstate 84 on the New Britain-Plainville town line — was built.

“We felt there was a need to create a single location where patients could receive the full range of care they might need without having to get in their car,” she said. “At the same time, we wanted to create an environment that would help with the healing process, where patients would feel confident and cared for.”

Besides the fireplaces, nature path and other amenities, the cancer center features a staff of patient ambassadors who greet everyone who enters the building to help them get to the places where they need to go.

Katie’s medical oncologist, Wylie Hosmer, MD, said the facility makes it much easier for physicians to provide the coordinated treatment and monitoring that patients need to successfully fight their disease.

“Because of the logistics of the center, it’s a lot easier to work with specialists across a variety of disciplines to establish the best course of treatment for each individual patient,” Dr. Hosmer said.
Like most people, cancer changed Linda Choser’s life in ways she never could have imagined.

But in her case it was for the better.

Through a combination of her positive attitude, spirituality and treatment at the Hartford HealthCare Cancer Center at MidState Medical Center in Meriden, she is now cancer-free.

“The staff at MidState Medical Center saved my life,” the 57-year-old Middletown resident said.

Her improbable journey began in 2014, when she began experiencing symptoms but did not go to see a doctor. In fact, being in tip-top shape she hadn’t been to a doctor in nearly a decade.

When the symptoms became unbearable, she went to an emergency clinic and was later
When I go back, I try to see everyone. I can only imagine how many people they see that don’t make it, and I want them to see someone who did.

diagnosed with cancer. A friend and former nurse recommended Linda seek care at MidState. Although it was a longer drive compared to other hospitals, Linda soon came to realize it was well worth the trip.

It was there that she met oncologist Dr. Gerard Fumo. He presented her with her options, but since the cancer had already spread to her lymph nodes, the odds weren’t particularly good.

She decided against surgery, instead opting for a rigorous regimen of chemotherapy and radiation therapy for the golf-ball size tumor. She also made a decision that would ultimately turn her life around.

“I embraced my cancer with love, and decided to learn from it,” she said, adding that she wasn’t a fan of all the catchphrases that included “fighting” or “battling” cancer.

Her learning moments included the realization that she had a lot of resentment inside her, that she should have a more positive attitude and that she needed a different kind of spirituality in her life.

She found that spirituality at the First Church of Christ, a congregational church in Middletown. Unlike her more strict religious upbringing, the church accepted the fact that she was gay and it also had a vibe about it that made her feel loved, accepted and at home. After a couple of visits she began volunteering as a deacon and with the youth group, and she is now attending seminary school to become an ordained minister.

Linda is now cancer-free. She gives a great deal of credit to the staff at the MidState cancer center for her recovery and newfound life, which includes spending time with her two boys in Missouri and her mother locally, working at a local supermarket, house-sitting, pet-sitting, gardening and photography.

She said the MidState team “has given her life back” and she is determined to tell her story to others to help them overcome hard times in their lives.

“They were very caring, very empathetic and understanding,” Linda said of the doctors, nurses and support staff at MidState. “They knew how much it hurt and they were as gentle and kind as they could be. It was a very positive experience. I actually enjoy going back for my check-ups — they are wonderful people and I feel like family. When I go back I try to see everyone. I can only imagine how many people they see that don’t make it, and I want them to see someone who did. It’s my way of saying ‘thank you.’”
John Hayes | Traveling the road to recovery

John Hayes of West Simsbury, who has run more than 40 marathons, knows how to work his body. But after being diagnosed with Stage 4 kidney cancer last year, he took a chance on his body working for him.

He didn’t have much choice. Already, doctors had removed his kidney. Meanwhile, cancer spread to his neck and stomach. When his body didn’t respond to traditional treatments, Hayes entered a clinical trial through the Hartford HealthCare Cancer Institute’s membership in the Memorial Sloan Kettering Cancer Alliance. The alliance offers patients at Hartford Hospital, Backus Hospital, Windham Hospital, The Hospital of Central Connecticut and MidState Medical Center treatments once available only through research studies at MSK in New York.

With Hayes’ prognosis dire, he entered a clinical trial that treats cancer patients with an experimental technique known as immunotherapy, which uses the patient’s own immune system to fight the disease. It’s a dramatic departure from chemotherapy, a conventional treatment that attacks cancer cells directly.

Hayes, now 61, had struggled with the uncertainty of his illness.

“Not really knowing yet what it was and waiting for the scan and you’re sitting alone,” he says. “It was tough.”

Hayes nonetheless trained for the Oct. 8 Hartford Marathon even as he received immunotherapy treatments twice a week. Former President Jimmy Carter, perhaps the most famous cancer patient to undergo immunotherapy, used a drug that allows immune cells to fight cancer by blocking molecules called checkpoints that cancer needs to shut down the immune system. With surgery, radiation and his newly enabled immune system to fight cancer, Carter showed no recurrence. The drug Carter used, Keytruda, and others like it are almost prohibitively expensive and are not effective for every patient.

Hayes, like Carter, responded to immunotherapy.
“After about eight or nine treatments, I went for another scan,” he says, “and the tumors had shrunk significantly.”

Flash back to January 2015, when Hayes told his family that all he wanted for his 60th birthday that October was for all of them to run, together, in the Hartford Marathon. Then he was diagnosed with kidney cancer.

“The summer went from training for the marathon to doctors’ appointments, biopsies, tests and finally a few months of chemotherapy,” his daughter, Wendy Nichols, wrote on a GoFundMe page to raise money for her father’s chemotherapy treatment. “The week after his birthday, he finished chemo and what we thought would be the finish line, a surgery, turned into nothing more than a stop in his battle against cancer.

A year later, Hayes got his birthday wish as he and his family crossed the Hartford finish line in less than six hours. One more marathon complete, even as his body continues to fight a very different kind of long-term endurance test.

“I say this over and over again,” says Nichols. “He’s my hero.”

Jean Sabatine has had a rich life as a professor of theater and dance at the University of Connecticut. But four years ago, she found herself facing a frightening new threat — breast cancer.

Though she was proud of her independent lifestyle — she lives on her own near the UConn campus in Storrs — she fretted at the prospect of undergoing treatment without any emotional support. Yet from the moment Jean was diagnosed at the Hartford HealthCare Cancer Institute at Windham Hospital, she realized she would have someone by her side the entire time — her nurse navigator, Lori Terranova, RN. As part of the team of nurse navigators within the Cancer Institute, Lori serves as a welcoming guide and companion for cancer patients throughout their journey of care, from diagnosis to recovery.

Nurse navigators like Lori also consult with the multidisciplinary specialists who collaborate to determine the best course of care for each patient. Throughout her treatment, Lori provided Jean with information on treatment options, while making sure Jean had the emotional support she needed to successfully navigate her care.

So when Jean completed her last radiation treatment three years ago, no one was as happy as Lori — and no one was as grateful as Jean. “I’ve been cancer-free for three years, but I feel like Lori is still there watching out for me,” said Jean, who still consults with Lori on routine follow-up examinations. “From the moment I was diagnosed, I tried to make this experience as positive as possible...but it was a lot easier with Lori by my side.”
When Margie Elkins was diagnosed with breast cancer last year, it turned her life upside down in a lot of ways. The diagnosis uprooted the sense of security and peace she shared with her husband, Carl, at the couple’s waterfront home in Niantic. It challenged her to overcome a constant sense of fear and uncertainty, while forcing her to endure the pain and discomfort of surgery and other treatments.

Even after her treatment was successful, Margie still felt a sense of loss due to the surgery she experienced. She wanted to feel as close to the person she was before her diagnosis as she could, which for her meant reconstructive surgery.

“What you find out with a process like this is, it takes a long time to get through, and sometimes you don’t think you’re going to get there,” she said. “But you have to keep going because what else can you do?”

With that in mind, Margie and her husband consulted with Dr. Vinod Pathy, a renowned and highly accomplished surgeon based out of the Hartford HealthCare Cancer Institute at Backus Hospital and an expert in a pioneering procedure called DIEP Flap surgery. In a DIEP Flap procedure, fat, skin, and blood vessels are cut from the wall of the lower belly and moved up to the chest to rebuild the breasts. In a properly performed DIEP, no muscle is cut or removed. The surgeon carefully reattaches the blood vessels of the flap to blood vessels in the chest through microsurgery. Because no muscle is used, most women recover more quickly and have a lower risk of losing abdominal muscle strength.

Dr. Pathy, who is the only surgeon performing the procedure in Connecticut, explained to Margie that the procedure could minimize recovery time and side effects associated with traditional reconstructive surgery by “rerouting” blood vessels and tissue from her abdomen to her chest area.

Margie and her husband decided to go ahead with the procedure, and she said it has allowed her to regain the sense of normalcy and security she had before her diagnosis.

“It was a tough choice, but it was the right choice,” she said. “And Carl and I felt that we were fully participating in the process from the beginning. That was important to us.”
Institute takes part in study to detect early stage cancer

The Hartford HealthCare Cancer Institute is taking part in an unprecedented effort to develop a blood test that would be able to detect cancer in its early stages. The Cancer Institute is one of three cancer programs across the country taking part in the effort, which is led by GRAIL, Inc., a California-based life sciences company whose mission is to detect cancer early when it can be cured.

GRAIL has commenced its first multicenter clinical study, the Circulating Cell-free Genome Atlas (CCGA) study to facilitate the development of a blood test for early-stage cancer detection. The CCGA study will characterize the landscape of cell-free DNA profiles in individuals with cancer and in healthy non-cancer participants using GRAIL’s “high-intensity” (ultra-broad and ultra-deep) sequencing approach, leveraging Illumina sequencing technology. GRAIL was launched in January 2016, with initial investors including Illumina, ARCH Ventures, Jeff Bezos, Bill Gates, Sutter Hill Ventures and GV.

The CCGA study is now being conducted at the Hartford HealthCare Cancer Institute and other leading community and academic medical centers and eventually will include up to four-dozen clinical trial sites across the United States. These medical centers will collect blood and tissue samples from patients recently diagnosed with cancer, and blood samples from healthy individuals. In its first phase, the CCGA study will enroll and analyze samples from 10,000 study participants. GRAIL and its advisors believe that studies enrolling tens of thousands of people will be needed to identify the patterns required to detect many types of cancer. To confirm clinical validity and utility of these tests, studies enrolling hundreds of thousands of people will be needed.

“We are pleased to be taking part in this enormously promising and visionary effort to take genomic medicine to the next level,” said Peter Paul Yu, MD, physician-in-chief, Hartford HealthCare Cancer Institute.

The atlas that will be developed will go a long way in helping researchers to overcome one of the greatest challenges in cancer treatment, leaders of the study said.

“For too many patients and their families, a late diagnosis of incurable cancer is devastating, and the complexity of cancer has made it challenging to find biomarkers for early stage detection when the cancer could be cured,” said Jose Baselga, MD, PhD, physician-in-chief, Memorial Sloan Kettering Cancer Center, chairman of GRAIL’s Scientific Advisory Board (SAB) and member of the CCGA SAB.

“The CCGA study will provide a critically important library of knowledge about cell-free nucleic acid profiles in cancer patients and new insights into the biology of cancer at its earliest stages. Of equal importance, the CCGA will characterize the heterogeneity of the population of individuals without cancer, and thus enable the development of models which distinguish people with and without cancer with unprecedented accuracy.”

“Combining our ability to detect and characterize tumor DNA with our unparalleled computing power, we will convert vast amounts of genomic data into disease insight,” said Jeff Huber, GRAIL’s chief executive officer. “Our approach will produce more than a terabyte of data per individual thereby creating datasets of a scale and complexity that are unprecedented in genomic medicine.”

hartfordhealthcare.org/services/cancer-care
Silvia Willumsen, RN, BSN, is the new Bone Marrow Transplant Coordinator for the Hartford HealthCare Cancer Institute, assuming oversight of the Institute’s evolving bone marrow transplant program as part of its membership in the Memorial Sloan Kettering (MSK) Cancer Alliance.

In this important role, Willumsen will be working closely with MSK to emulate their model for delivering the most advanced, comprehensive bone marrow transplant services within the Institute framework. The goal behind the model is to have patients receive the procedure at MSK’s cancer center in New York, while providing them with pre-procedure preparation and post-procedure rehabilitation at locations within the Institute. That way patients have less time away from their families and their communities while still receiving the highest levels of care.

Willumsen has an extensive background in bone marrow and stem cell transplant procedures, having spent the past 11 years as Stem Cell Transplant Coordinator for the Department of Pediatrics Division of Stem Cell Transplant at the University of Miami/Jackson Memorial Hospital in Miami.

Since the program started in September 2016 through mid-May 2017, there were 42 referrals to Memorial Sloan Kettering, which resulted in:

- Fifteen transplants
  - Eight autogenous transplants (the patient’s own marrow or peripheral blood is used)
  - Seven allogeneic transplants (donor is used)
- Forty-four accruals to therapeutic and non-therapeutic clinical trials

A dedicated phone line has been established for Hartford HealthCare providers to make referrals to Memorial Sloan Kettering for appointments for bone marrow transplant referrals. To reach Transplant Coordinator Silvia Willumsen, call the Bone Marrow Transplant Referral Line at 860.310.7997. Please identify yourself as a member of the Hartford HealthCare Cancer Institute — a member of the MSK Cancer Alliance — when making the referral.
About Hartford HealthCare

Hartford HealthCare is Connecticut’s most comprehensive healthcare network. Our fully integrated health system includes a tertiary-care teaching hospital, an acute-care community teaching hospital, an acute-care hospital and trauma center, two community hospitals, the state’s most extensive behavioral health services network, a large primary care physician practice group, a regional home care system, an array of senior care services, and a large physical therapy rehabilitation network. The Hartford HealthCare Cancer Institute provides coordinated care across five cancer centers and is the charter member of the Memorial Sloan Kettering Cancer Alliance.

Today, Hartford HealthCare is creating a better future for healthcare in Connecticut and beyond. We are a community of caregivers engaged in developing a coordinated, consistent high standard of care. We use research and education as partners in care delivery. We create and engage in meaningful alliances to enhance access to services. We invest in technology and training to develop new pathways to improve the timeliness, efficiency and accuracy of our services.

Our vision
To be nationally respected for excellence in patient care and most trusted for personalized coordinated care.

Our values

Caring — We do the kind thing. Every Hartford HealthCare staff member touches the lives of the patients and families in our care. We treat those we serve and each other with kindness and compassion and strive to better understand and respond to the needs of a diverse community.

Safety — We do the safe thing. Patients and families have placed their lives and health in our hands. At Hartford HealthCare, our first priority – and the rule of medicine – is to protect them from harm. We believe that maintaining the highest safety standards is critical to delivering high-quality care and that a safe workplace protects us all.

Excellence — We do the best thing. In Hartford HealthCare, only the best will do. We work as a team to bring excellence, advanced technology and best practices to bear in providing the highest-quality care for our patients and families. We devote ourselves to continuous improvement, excellence, professionalism and innovation in our work.

Integrity — We do the right thing. Our actions tell the world what Hartford HealthCare is and what we stand for. We act ethically and responsibly in everything we do and hold ourselves accountable for our behavior. We bring respect, openness and honesty to our encounters with patients, families and coworkers and support the well-being of the communities we serve.

Visit us at www.hartfordhealthcare.org
This report represents an important milestone in Hartford HealthCare’s quality-and-safety journey. We strongly believe that our future progress will be linked to the evolution of our Institute Model, which will allow us to integrate a strong customer experience with advancements in clinical quality. We have launched six such institutes: Behavioral Health, Bone and Joint, Cancer, Heart and Vascular, Neuroscience, and Tallwood Urology and Kidney. Each is in a different state of development; Hartford HealthCare’s Cancer Institute was the first to roll out.

Our institutes are not service lines by another name. They have been designed around our patients, and with patients’ needs in mind. Our institutes are becoming the infrastructure of care at Hartford HealthCare. Each institute uses the system’s standard operating model and has a common governance structure. Each is co-led by a physician to ensure that patients and families receive the same high level of clinical excellence across our system. Our institutes have been created to both establish and meet industry-leading quality standards and to continuously raise the bar.

Our vision is to be most trusted by our patients and other customers. That trust is built on clinical excellence. Through our institutes, we are creating a foundation for ever-improving clinical quality available to all the people we serve across Hartford HealthCare. This report is a sign of our ongoing commitment to quality, transparency and accountability. Thank you for your interest in Hartford HealthCare.

Sincerely,

Jeffrey A. Flaks
Executive Vice President and Chief Operating Officer
Hartford HealthCare
Today, consumers are being asked to make healthcare decisions that touch their well-being and their wallets. They want – and deserve – to know the results of care, including complication rates and how experienced we are in treating certain conditions. Every provider claims “high quality” and “comprehensive care.” It’s easy to lay claim to excellence, but the proof is in the data.

While such information is becoming more widely available, especially online, it is often complex and highly variable and difficult for the average consumer to navigate. Hartford HealthCare is committed to transparency when it comes to reporting our performance, and we understand that the information we provide must be clear, comprehensible and useful. We strive to be among the leaders helping to shape performance-reporting parameters. We want to raise the bar in this new era of consumerism.

We are providing this information in an understandable format and sharing our quality measures in a meaningful way so doctors, patients and their loved ones can make informed, fact-based decisions. In the end, our quality metrics are for our patients. This report showcases much of the work done by our physicians, other clinicians and support staff across Hartford HealthCare. We have embarked on an incredible journey together to offer highly coordinated, consistently safe care. This outcomes information is another important step. We hope you find it informative and useful.

Sincerely,

Rocco Orlando, MD
Senior Vice President and Chief Medical Officer