D rugs fueled a vicious, seemingly unending circle for Steven Mikkanen.

Using since high school, when he “wanted to fit in,” left him homeless and broke throughout his 20s. He’d steal to support his habit, but multiple arrests left him undesirable to employers and feeling worthless. In 2014, after three arrests in as many days, he finally was brought to Rushford for treatment.

“I wonder if maybe I got into treatment earlier, I’d have avoided some of the guilt and shame I feel,” the Shelton resident told a group assembled for the unveiling of the new Heroin and Opioid Prevention and Education (HOPE) initiative in New Britain.

HOPE — a community partnership between New Britain, Berlin, Hartford HealthCare entities (The Hospital of Central Connecticut, MidState Medical Center and the Behavioral Health Network),

Collaboration between BHN, Central Region, Berlin and New Britain meant to be a bridge for opioid users

Workout partners

David Humphrey, left, Chief Executive Officer of the franchise that owns 73 Planet Fitness Gyms across the country, received special recognition at the Rushford Annual Meeting Wednesday, Nov. 28, for his role in helping to open a Planet Fitness for use by clients at the Rushford Middletown facility. Pat Rehmer, right, ACHE, MSN, Hartford HealthCare Behavioral Health Network president and HHC senior vice president for Behavioral Health, presented him with signed thank you cards from the staff and clients during the Rushford Annual Reception at The Inn at Middletown. Story, page 9
the State’s Attorney’s Office and various community mental health agencies — is designed to offer certain opioid users the option of treatment instead of being arrested.

“The police can forego a possession or paraphernalia charge for people willing to go into treatment immediately,” explained New Britain Mayor Erin Stewart, adding that anyone with an outstanding warrant for previous criminal charges would need to address those before treatment.

Jessica Collins, RN, regional director of behavioral health at The Hospital of Central Connecticut and MidState Medical Center, said New Britain police officers have all been trained in the HOPE initiative’s message so they can explain what’s available to opioid users facing arrest. If they consent, users would be taken to either hospital where the emergency department staffs are prepared to help.

“They are able to administer (the opioid replacement medication) Suboxone, connect the patients with recovery coaches and assess them in an environment that is stigma-free,” Collins said.

The 34-year-old Mikkanen, who is now engaged to be married and studying full time to be a drug abuse counselor, asserts his life could have been so much different if a police officer gave him such an option.

“I had no idea what treatment was,” he said. “I thought I was weak-willed because I should have been able to stop on my own.”

Without the arrests on his record, he would also be finding it easier now to secure an internship required for his studies.

“I believe with the option of arrest or treatment, most people would at least try treatment. I know I would have!” Mikkanen said. “I like feeling like a decent human being, not like a criminal. It’s essential to me for my long-term recovery.”

HOPE is what Collins called an “innovative intervention” that gives opioid users access to help through “avenues that had previously been punitive.”

“We are committed to helping use medication-assisted treatment on the front lines,” she said of the opioid epidemic that has claimed hundreds of lives in the region in the past few years. Law enforcement officials at the recent press conference agreed.

“I got into this business to keep our community safe,” said Brian Preleski of the State’s Attorney’s Office. “This affords the opportunity for people who are ready to get clean … and may save lives.”

City police officers and participating 911 emergency medical services first responders, emergency medical technicians and paramedics will also hand out cards and information sheets that list the multiple services available in the area. Officers at the front desk of area police stations have been trained to provide assistance to anyone looking for a path to recovery.

For more information on Medication Assisted Treatment Close to Home (MATCH), offered through various Hartford HealthCare locations, go to matchrecovery.org.
Finding success in opioid treatment

**Suboxone in the ED, then quickly to MATCH has led to ‘successful transition’**

On a recent Saturday, a patient was brought into The Hospital of Central Connecticut Emergency Department overdosing on opioids; doctors diagnosed him with Opioid Use Disorder and asked if he wanted to start recovery.

When he agreed, they gave him a dose of Suboxone, a medication that eases what can be painful withdrawal symptoms and stops cravings for the drug. The man was then sent home. He returned to the emergency department for a second dose on Sunday and a third dose Monday. On Tuesday, he walked into Hartford HealthCare’s Medication Assisted Therapy Close to Home (MATCH) Program at Rushford in Meriden to work on his sobriety in an outpatient setting.

“This is what we consider a successful transition,” said J. Craig Allen, MD, medical director at Rushford and co-chair of the HHC Opioid Management Council, which recently identified a need for providers to administer Suboxone in system emergency departments across the state.

The move, he said, was prompted by a state Medical Examiner’s Office report that there were more than 1,000 opioid-related overdose deaths in Connecticut in 2017.

“We saw this as a huge opportunity,” Dr. Allen said. “Research supports identification and intervention as a path to decreasing opioid overdose deaths. Screening for misuse and providing harm reduction education, naloxone prescriptions (the opioid overdose reversal medication) and referrals for medication-assisted treatment are considered ‘best practice’ to beat this crisis and improve public health.”

He added, “Optimal treatment is starting buprenorphine medication such as Suboxone as soon as possible with patients in the emergency department. This shows improved engagement and patients are more likely to remain in outpatient treatment 30 and even 60 days after discharge.”

MidState Medical Center was the first HHC emergency department (ED) to initiate Suboxone treatment on site. Jeffrey Finkelstein, MD, vice president of medical affairs for MidState and HOCC, says it was a change in thinking for ED providers that opened the door for the change.

“Based on the stigma of substance abuse, we felt it wasn’t the job of the ED to give outpatient medication,” he said. “But, with all the news on the opioid crisis, we realized we could do something fairly easy and save lives. It was like an awakening.”

At Windham Hospital, Emergency Department Medical Director Mark Dziedzic, MD, said, “Being able to initiate Suboxone in the emergency department allows us to take advantage of a crucial moment in that patient’s path of drug abuse. When a patient comes to us seeking detox and is in active withdrawal, we can treat their symptoms completely with Suboxone. In the past, we only gave symptomatic treatment which is not very effective.

“Patients in active withdrawal are uncomfortable and could be more likely to use again even if they want to quit. By initiating Suboxone, we can bridge them for the time it will take for them to get to the medication-assisted treatment program as opposed to having them suffer.”

In order to start Suboxone in the ED, there has to be an outpatient clinic the patient can go to receive therapy and continue their prescription. Without the medication, which is called opioid replacement therapy, the patient will experience withdrawal symptoms and cravings leading to a high risk of relapse. In the past, the lack of outpatient programs has been a barrier to inpatient or ED induction of Suboxone. However, at HHC, the Behavioral Health Network (BHN) has developed 13 locations (Avon, Cheshire, Dayville, Glastonbury, Groton, Mansfield, Meriden, Middletown, New Britain, Norwich, Southington, Torrington and Vernon).

“Our goal is to create a seamless system to help people with opioid use disorder receive first-line, evidence-based care regardless what Hartford HealthCare ‘door’ they enter. The emergency departments are our initial focus given the large number of high-risk patients, but soon we’ll be treating opioid use disorder in all our acute care hospital settings and primary care clinics,” Dr. Allen explained.
A three-day, broadly focused quality improvement project called a “Kaizen” was held last summer, bringing all BHN programs offering medication-assisted treatment for opioid use disorder into alignment. The workgroup established five areas or “pillars” they felt were essential for substance use disorder treatment. All programs working toward meeting these goals will be considered Medication Assisted Treatment Close to Home (MATCH) clinics. The goals are:

- Foster shared understanding and education. All staff, clients and involved family members receive standardized education on substance use disorder and its treatment.
- Create a single point of contact for all MATCH programs. Regardless of a person’s location, one phone call will connect them to the closest MATCH clinic or other community treatment resource.
- Establish same-day access to clinicians and Suboxone prescribers.
- Create financial transparency so there is a clear understanding of insurance coverage and the client’s financial responsibility.
- Expand recovery capital by placing a priority on engaging the family and community support services in the treatment and recovery process.

“The expansion of our medication provider network now allows us to treat more people with first-line, evidence-based, FDA-approved medications because we can safely transition them to outpatient MATCH settings,” Dr. Allen said.

With the support of two recent grants and a philanthropic gift, Dr. Allen cites upcoming enhancements that include telehealth access, seven-day programming and innovative technologic supports that allow for 24-hour recovery coach access and monitoring.

“I believe that Rushford and the BHN will provide the model for high-quality substance use disorder care for other healthcare systems in Connecticut and across the country,” he said.

Dr. Dziedzic said offering Suboxone in the emergency department should help increase the number of people seeking recovery.

“It gives them instant access during a moment where they are seriously considering getting help,” he explained. “These moments can be fleeting and the longer the patients have to wait, they might lose their resolve.”

The patient successfully transitioned from Suboxone in the HOCC ED to Rushford for outpatient services is a perfect example, Dr. Finkelstein said, of helping patients.

“Sometimes it’s really hard to know the right thing to do but once you know it, it’s hard not to do the right thing,” he said. “A life was saved. You don’t get much better than that.”

For more information on the MATCH program at HHC, go to hartfordhealthcare.org/match.
Marijuana study looks at memory function

From the control room of the functional MRI (fMRI) at the Olin Research Center, Alecia Dager, PhD, watches the monitor for signs of activity in the portion of the brain that controls memory, curious as to how marijuana impacts this process.

This is part of research conducted at Olin, recruiting participants ages 18 to 22, some of whom admit to being heavy marijuana users and others who do not use, to compare function in the brain’s frontal lobe and hippocampus, where memories are made.

“My primary hypothesis is that marijuana users will show poor memory function and less brain response in the hippocampus during memory tasks,” Dr. Dager said. “For this, there would have to be changes in the neurochemicals.”

The fMRI examines neurochemical activity in the brains of participants in her “Marijuana Memory Study,” fueled by a $658,940 grant from the National Institute of Drug Abuse. After launching in 2015, the study will run through June 2019 and enroll 72.

“I’m hoping this will give us a better understanding of the memory dysfunction in marijuana users,” Dr. Dager said.

Study participants are given a fMRI scan while memorizing information. They are then asked to remember the information while Dr. Dager watches the scanner for break-downs in brain function.

The fMRI also examines the brain’s neurochemistry, specifically metabolites critical to various brain processes in the frontal lobe and hippocampus. She hopes to link their function to the presence of THC and CBD, chemicals found in marijuana.

“Marijuana and Memory Study” is recruiting. For more information or to participate, contact Chelsea Meagher at chelsea.meagher@hhchealth.org, 860.545.7106, or go to nrc-iol.org/onrc_participate_MJ_Memory.asp.

This is part of an ongoing series spotlighting research projects underway at Olin.

Coat and food drive under way to help IOL families

Please join the IOL PHP/TOPS programs in supporting those in need with food and outerwear to help protect them from the cold.

Our families would benefit from receiving the following items:

- Non-perishable items (boxed stuffing, canned goods, etc.) for a holiday dinner
- Monetary gifts or supermarket gift cards (Stop & Shop, Big Y, Walmart, etc.) so that turkeys or hams may be purchased
- New/lightly worn hats, gloves, scarves, & coats
- Other donations of food, household items, and toys are also welcomed

Donations will be accepted through Tuesday, Dec. 18. Please bring all items to the PHP/TOP hallway located in the Brace-land Building on the first floor. Items such as hats, gloves, and scarves may be hung on the giving tree directly. There will also be a box for larger items. Please place all food items in the designated food bin.

If you have any questions, please contact Corrado D’Ambrogi at 860.696.0042 or Kelsey Socha at 860.696.0025.
The Institute of Living Innovative De-escalation Emergency Assistance (IDEA) team was awarded the Hartford Hospital Team of the Year award at the 2018 Hartford Region State of the Hospital Meeting on Nov. 11.

The IDEA team focuses on developing and improving best practices at the IOL for reduction of seclusion, restraint and violence.

The following excerpt is from the nomination submitted for the team:

“Management of violent and aggressive behavior is a major challenge in psychiatry. Traditional approaches frequently include seclusion and restraint; interventions that can be traumatizing for both patients and staff. Seclusion and restraint have been used in the care of the psychiatric ill since the early 1800s when the first of the early ‘asylums’ were established. However, due to increasing concern that these practices may be counter-therapeutic, dangerous to patients and staff, and often avoidable, the IOL leadership team recognized that seclusion and restraint reduction must be a priority for the IOL and that alternative management strategies to prevent the use of these modalities were critically needed (Blair et al., 2017).

“Through this exploration, we learned that Butler Psychiatric Hospital in Rhode Island had developed a de-escalation team to reduce seclusion and restraint that had proven very successful. As such, we invited Butler Hospital to visit us in November 2015 to speak with us about this approach. After this visit, and many multidisciplinary discussions involving both leadership and frontline staff, we decided that the de-escalation team was the one practice change we had not yet implemented and therefore, decided to create a pilot. Hence, the IDEA team was born!

“De-escalation of potentially violent incidents is central to reducing seclusion and restraint. The IDEA team was developed to enhance our de-escalation initiatives, and was based on the belief that the earliest intervention focused on the best possible communication with the patient would provide the greatest chance for peaceful problem resolution and an effective means to improve — and ensure — patient and staff safety while supporting the patient’s own coping skills. The philosophy behind the IDEA team is not to ‘take over’ or control; rather, to collaborate and support. The goal is to avoid physical restraint (except as a last resort), mitigate risk and injury, improve the patient experience, and support the patient’s coping skills while enhancing the staff’s critical thinking skills and reducing their fear and anxiety. This has resulted in a true ‘culture change’ at the IOL!

“In the first few months after the IDEA team began, the restraint rate decreased approximately 75%, from 4.77 to 1.239; the seclusion use has decreased substantially as well, from a rate of 2.13 to .48.

“Another important point that must be highlighted is that the members of the IDEA team spend a great deal of time with the patient struggling with agitation. Being available to the patient during this very difficult time conveys not only caring, but true respect for that individual.

“After an event on the unit, the IDEA team debriefs with the staff to analyze the situation (what worked, or what might have been done differently). This dovetails nicely with our quality improvement model at the IOL, as well as with the high reliability organization we are striving for at HH. We also schedule post-incident debriefings, monthly review, and data sharing in our weekly IDEA team meetings and in our IOL Quality Council.”
Family Resource Center Support Groups

The IOL Family Resource Center (FRC) holds regular support groups. All programs are free of charge and, unless otherwise noted, are held in the Massachusetts Cottage, First Floor Group Room at the IOL Campus, 200 Retreat Ave., Hartford. The upcoming IOL FRC Support Group schedule is as follows:

- **Support Group For Those Coping With A New Or Chronic Medical Condition.** Nov. 30, Dec. 14, 21, 28. (Every Friday except the first of the month), 1 - 2 p.m. in the Center Building, first floor conference room. For young adults ages 17-26 struggling with a new diagnosis, chronic medical conditions, physical symptoms or limitations. The group will help with difficult losses and limitation due to a medical condition, and build a positive, future-oriented focus with realistic goals. To RSVP, please email marissa.sicley-rogers@hhchealth.org.

- **Depression Bipolar Support Alliance Group (DBSA).** Dec. 3, 10, 17, 24, 31. (Every Monday), noon – 1 p.m. in the Todd Building, Bunker Room, Dec. 5, 12, 19, 26. (Every Wednesday), 7 – 8 p.m. in the Commons Building, second floor, Litchfield Room. Peer-run support group for those who have been diagnosed with depression or bipolar disorder.

- **Dementia Support/Educational Group Meeting.** Dec. 4. (First Tuesday of each month), 11:30 a.m. to 12:30 p.m. in the Donnelly Conference Room, first floor. Please join us as we bring together experts and those who want guidance, direction, and support. Space is limited — reservations are required by calling 860.545.7665.

- **Schizophrenia: An Introduction To The Disorder.** Dec. 4. 6:30 – 7:45 p.m. This program is for family and friends of individuals who have schizophrenia or a related disorder. It will present a basic understanding of the disorder, its treatment, along with suggestions to help family members and friends cope with the illness. To attend, please RSVP to Laura at 860.545.7324.

- **It's Hard To Be A Mom.** Dec. 6, 20. (First and third Thursday of each month), 10 - 11:30 a.m. Peer-led group that acknowledges the inherent challenges of modern-day mothering and offers an opportunity for mothers to come together, share experiences, and support each other. This group welcomes expecting mothers and mothers with babies to discuss any and all challenges associated with motherhood. Babies welcome! Please RSVP to Laura at 860.545.7324.

- **Support Group For Families Dealing With Major Mental Illness.** Dec. 6, 20. (First and third Thursday of each month), 5:15 - 6:30 p.m., in the Center Building, first floor conference room. For family and friends of individuals who have schizophrenia, bipolar or other related disorders.

- **Hearing Voices Network (HVN).** Dec. 6, 13, 20, 27. (Every Thursday), 5 - 6:30 p.m. in the Todd Building, Bunker Room. Peer-run support group based firmly on a belief of self-help, mutual respect and understanding where people can safely share their experiences of voices, visions, unusual sensory perceptions. The groups offer an opportunity for people to accept and find meaning in their experiences that help them regain power over their lives.

- **Al-Anon Parent Group.** Dec. 6, 13, 20, 27. (Every Thursday), 7 - 8 p.m. One-hour topic discussion.

- **Social Support Group — LGBTQ Issues.** (Second and fourth Wednesday of each month), 5 – 6:15 p.m., in the Center Building, Young Adult Service Group Room. Support group for 16- to 23-year-olds who identify LGBTQ issues in their lives. The goal is to discuss support strategies to manage life challenges.

- **Substance Use Educational And Support Group.** Dec. 13. (Second Thursday of each month), 4 – 5 p.m. For family members impacted by loved ones with substance abuse.

- **Anxiety Disorders: An Introduction.** Dec. 18, 6:30 – 7:45 p.m. This lecture is for families and friends of individuals who have an anxiety disorder or a related disorder. Participants will acquire a basic understanding of anxiety disorders, their treatments and suggestions to help them better cope with the illness. To attend, please RSVP to Laura at 860.545.7324.

- **Autism Spectrum Support/Educational Group Meeting For Parents.** Dec. 19. (Third Wednesday of the month), 6 - 7 p.m. Providing a place for parents of children on the autism spectrum, or another related disorder, to come together and get support and information. Monthly, peer-run support groups interspersed with special guests and speakers to offer additional guidance and perspective. Please RSVP to Goviana at 860.560.1711 or gmorales@spedconnecticut.org.

If you are a student that needs to observe a group for a class assignment, you must contact the Family Resource Center by emailing Laura Durst at laura.durst@hhchealth.org two weeks prior to the group you would like to attend. Please note, not all of our groups are open for observers and it is up to the facilitator and group members themselves.
Natchaug kicks off annual staff campaign

Please consider including Natchaug Hospital in your year-end giving plans this holiday season.

- All donations stay local to Natchaug Hospital and support its programs and client needs.
- No donation goes towards wages/salaries.
- Donations and pledges of $25 or more can win a weekly drawing (entries based on giving level). The earlier you donate/pledge, the more chances you have to win!
- New for this year: Donations/pledges of $25 or more received before Dec. 31 are eligible to receive a Natchaug gear item (mug, winter hat, long sleeve t-shirt, hooded sweatshirt, fleece vest, zip-up fleece) based on giving level.

Your tax-deductible donation supports the programs and services at Natchaug Hospital. You make a difference every day, by helping people with mental illness and substance use disorders recover and find new beginnings. Unfortunately, many of the wonderful services you and your peers provide are not reimbursed by insurance. In fact, many of our most successful programs rely on your generosity for support.

Your donation may help give a child a new set of clothes when they have none. Your donation might provide our day programs with new gym equipment or give a young girl the chance to heal through trauma-informed yoga. Every day we work to improve the lives of our clients and your generous donation is one more way to help!

Contact Sherry Smardon at the Development and Community Benefits Office for more details at 860.465.5910 or sherry.smardon@hhchealth.org. Payroll deductions will begin in the first pay period of January 2019. Pledges from last year will automatically renew. If you wish to cancel your pledge you must do so in writing.

Inpatient School Student Comments

### OCTOBER

- I never went to school before and talked out loud, but in this school I was free to talk when I wanted and they made me feel safe and confident.
- This is better than my school!
- Both Jeannie and Paul were extremely nice, fun, and helpful to me and made my experience here that much better.

Help for those in financial need

Do you know a patient who is in need of financial assistance? Hartford HealthCare can provide help to patients in need.

Learn more about the program at https://intranet.hartfordhealthcare.org/inside-hhc/patient-support.

Donations needed for holiday toy drive

Natchaug Hospital is collecting donations of new, unwrapped toys for children ranging from five to 18 years old to make the holidays special for families in the community and those who may spend the holidays receiving treatment on the child and adolescent inpatient unit.

Donations may be dropped off in the main lobby at 189 Storrs Road, Mansfield Center from now through Monday, Dec. 17, between 7 a.m. and 9:30 p.m.

Suggested donations include gift cards, toiletries, Play-Doh, Legos, dolls, puzzle books, reading books, playing cards, socks, blankets, stuffed animals, etc.

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Do you have a Gold Medal Manager?

Nominate through Momentum or visit HHC Connect for details.

Selected managers will be honored quarterly.
Recovery was a major focus for Rushford and the rest of the Behavioral Health Network in fiscal year 2018 and will continue to be the emphasis for years to come, thanks to two federal grants awarded to Rushford that total more than $3.5 million combined.

The two grants — the Meriden Opioid Referral for Recovery (MORR) project and Connecticut Treatment Expansion for Accessibility (C-TEA) project — were announced by HHC Behavioral Health Network President and HHC Senior Vice President Pat Rehmer, MSN, ACHE, at the Rushford Annual Reception on Wednesday, Nov. 28 at the Inn at Middletown.

“My strong belief is that recovery is our overall mission,” said Rehmer. “It’s our job to help people get into the recovery zone and stay there as long as they can, while also understanding that substance use and mental health issues are chronic diseases of the brain, and people can and will relapse.

“These two grants will allow us to do that.”

The $2 million Meriden Opioid Referral for Recovery (MORR) project focuses on first responders using Narcan™ to reverse opioid overdoses and then connecting overdose victims with services through the Rushford Mobile Crisis Unit. Rushford will provide direct access to a clinician, who will provide the initial assessment and appropriate referral to treatment. In addition, Rushford will provide clients in the MORR program with a case manager who will be peer trained as a recovery support specialist in order to give persons looking to find their recovery the opportunity to make a connection with someone who has been where they are.

The $1.5 million Connecticut Treatment Expansion for Accessibility (C-TEA) project will increase access to Medication Assisted Treatment, Close to Home (MATCH) for patients who struggle to access or are unlikely to follow up on their treatment without peer support. C-TEA will expand patient access through telehealth options, provider education, and additional recovery coaches throughout the HHC system.

The MATCH program will be revamped in the coming fiscal year thanks to a team of clinicians and leaders who participated in a three-day Kaizen improvement event, explained J. Craig Allen, MD, medical director at Rushford during his keynote presentation.
“The vision is to provide evidence-based innovative and collaborative system-wide personalized treatment, so we want to standardize the way we’re providing care across the entire system,” explained Dr. Allen.

Both grants, which were awarded by the Substance Abuse and Mental Health Services Administration, emphasize the integration of recovery coaches with lived experience into Rushford and BHN services. The use of recovery coaches, who are in recovery themselves and undergo training to become certified peer support specialist, has been proven to be very effective, with 90 percent of those who come into contact with a recovery coach connecting with some form of treatment or service.

BHN Vice President Jim O’Dea, PhD, MBA, emphasized that the grants wouldn’t be possible without the hard work and dedication of Rushford’s staff and leadership.

“This is reflective of the performance of the organization,” said O’Dea. “Organizations don’t get multi-million dollar grants from the federal government until they’ve established a foundation of operations and proven they can do important things in the community with those types of resources.”

Rushford had a standout year operationally, highlighted by more than 180,000 outpatient visits at locations in Avon, Cheshire, Glastonbury, Meriden and Middletown; the restructuring of admissions and accessibility to adult residential care, resulting in a $600,000 net margin improvement — more than double the original goal; growth in child and adolescent services; and life-changing work in the Meriden area by Rushford as the local mental health authority.

“It’s been a tremendous year and it set the foundation for what is even more growth and exciting things to come,” said O’Dea.

Rehmer and O’Dea also introduced John Santopietro, MD, DFAPA, the new physician-in-chief for the Behavioral Health Network, who highlighted the challenges facing behavioral health systems.

According to Santopietro, behavioral health spending continues to shrink in relation to overall healthcare spending, despite the impact of mental illness and substance use. Mental illness ranks number one in worldwide disability cost to economies, suicide fatalities continue to exceed deaths from homicides, traffic accidents and breast cancer, and those with severe mental illness die 20 to 25 years earlier than the general population.

“This is one of the major reasons why I work in healthcare systems,” Santopietro said. “At this point in my career, I know what I want to do, but also where I want to do it and the people I want to do it with.

“I’ve been around many different groups and we are very lucky at Hartford HealthCare, at Natchaug, at the IOL and at Rushford to have a culture that supports innovation.”

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**Introducing the HHC EMMie Awards**

Nominate colleagues who made a moment matter for those in our care — patients, residents, clients, families, visitors, and students in our schools.

**Recognize moments that matter in four categories:**

- **Caught in the Act Award for Integrity:** Nominate a colleague who you caught doing the right thing for someone in our care.
- **Customer’s Choice Award for Creating an Exceptional Experience:** Nominate a colleague mentioned in a letter, comment, or media story that came from someone who had such an exceptional experience that they felt compelled to share.
- **Excellence in Practice Award for Continuous Improvement:** Nominate a colleague who found a way to improve the experience for someone in our care through one of the Lean/H3W continuous improvement venues.
- **Great Catch Award for Safety:** Nominate a colleague who did the safe thing by catching an error and preventing harm to someone in our care.

**Nominations due no later than Feb. 15, 2019**

Eight regional finalists and one winner from each category will be honored at an awards ceremony in April. Visit HHC Connect for nomination and eligibility details. Nominations submitted through Momentum.