



QUALITY  
& SAFETY  
*Annual Report*

FY 2014



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# Message from Our Chief Executive Officer



Our core values at Hartford HealthCare are integrity, caring, excellence and safety. Each is important, but safety is the cornerstone. Our most basic promise to our patients and families is that we do no harm. It is the starting point toward our vision of consistently excellent and well-coordinated care. That's why safety and quality are at the center of all we do.

In 2009, we created How Hartford HealthCare Works (H3W). It is now part of our system-wide culture, with 600 work groups, nearly 20,000 ideas generated and more than 10,000 ideas implemented. More than 11,000 managers and staff have been trained in the H3W leadership behaviors that govern the way we work. We have created an approach that not only emphasizes improving the way we work but also improving the patient experience. It has been a success story in many ways, but even a culture of improvement needs to be upgraded from time to time. In order to bring our performance to the next level and sustain it, we must provide staff with better tools for improving work and give employees the power to quickly make improvements in their daily routines.

Following key industry leaders, Chief Operating Officer Jeffrey A. Flaks has moved to train our leadership team in the use of Lean techniques as a way to strengthen our H3W culture. Lean stresses the importance of methodical workflow analysis that leads to standardized, daily work across the organization. It utilizes daily status checks and huddles, visual information boards and leadership rounding. We have begun rolling out Lean and will continue to roll it out over the next several years.

Although we are just beginning to infuse H3W with Lean practices, we already are beginning to yield results in clinical quality. Our two-year effort in improving hand-hygiene compliance has resulted in compliance at our hospitals of well above 90 percent — with our two largest facilities approaching 100 percent. We have gone from average to national leadership thanks, in part, to Lean elements — visual management and daily huddles — that have been part of this effort. While we have been good at specific quality initiatives in the past, our enhanced H3W model will give clinicians and all staff members the tools and know-how to sustain across-the-board improvements.

Together with our robust risk-management training and a major investment in the Epic electronic health record and clinical analytics, our strengthened H3W operating model will ensure that we always are moving forward toward our vision of being “nationally respected for excellence in patient care and most trusted for personalized, coordinated care.”

This report outlines the progress we have made our in constant effort to improve safety and quality, critical elements of achieving our vision.

Sincerely,

A handwritten signature in black ink that reads "Elliot Joseph". The signature is fluid and cursive, with the first name being more prominent.

Elliot Joseph  
President and CEO  
Hartford HealthCare



# Message from Our Chief Medical Officer



The core mission of any healthcare organization is to provide safe and high-quality care. Our patients, clients and customers place their trust in us every time they come to us for help in improving their health. We earn that trust each day as we strive to provide the safest care possible. During the past year, we have made important strides in reaching our goal of safer care.

The highlights of the past year include the following accomplishments:

- We have consistently achieved hand-hygiene compliance above 90 percent — a remarkable achievement that places us among the best performers in hospital care in the United States. That achievement has been associated with an overall reduction in the frequency of hospital-acquired infections.
- Our high-reliability journey continues at all five Hartford HealthCare hospitals and has become part of our culture. Reinforced by our daily morning safety huddles, we have seen sustained reductions in episodes of harm to our patients. Our reports to the Centers for Medicare & Medicaid Services with the composite Patient Safety Indicator Score have improved by 20 percent. Reportable adverse events to the State of Connecticut Department of Public Health decreased by 46 percent in 2014.
- We have established a performance-improvement methodology through our clinical councils. Thirty councils operate across our healthcare system. These interdisciplinary groups set goals and improve outcomes with a deliberate process to reach consensus about best practices and to drive that across the system.

We are committed to a robust quality and safety program and are relentless in our pursuit of the goal of top performance. This report, the system's second annual Quality and Safety Report, will highlight our successes and point to future opportunities to do better yet.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rocco Orlando'.

Rocco Orlando, MD  
Senior Vice President & Chief Medical Officer  
Hartford HealthCare



# About Hartford HealthCare

Hartford HealthCare is Connecticut's only truly integrated healthcare system. With more than 18,000 employees and \$2.5 billion in net revenues, the system offers the full continuum of care with five acute-care hospitals; the state's only air-ambulance service; behavioral health and rehabilitation services; a large physician group and clinical integration organization; skilled-nursing and visiting-nurse services; a laboratory system that spans the state; and a number of services for seniors, including senior-living facilities.

## Our vision:

To be nationally recognized for excellence in patient care and most trusted for personalized coordinated care.

## Our values:

- **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.
- **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.
- **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.
- **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.

### Hartford HealthCare at a Glance

Revenue:	\$2.5 billion
Inpatient discharges:	81,838
Emergency Department visits:	379,877
Psychiatric admissions:	8,706
Primary care visits:	361,331
Home care admissions:	16,209
<b>Senior care</b>	
*Assisted-living occupancy rate	96.8%
Physical therapy treatments:	753,498
Medical residents and fellows	776
Community benefit (FY 2013)	\$206 million



# Our High-Reliability Journey

Our commitment to becoming a high-reliability organization is the cornerstone of our approach to patient safety. Following the training of all hospital staff, the central feature of this commitment is the daily safety huddle — held every day in each of our three regions (Central, East and Hartford) in the state.

All serious safety events, near misses and precursor safety events are reviewed at the huddle. These events are tracked and investigated and opportunities for systems improvement are noted. Most important, culture is changing — staff members are empowered to speak up when they have a safety concern. Front-line staff members who “speak up for safety, ask a question and use the chain of command” to keep our patients safe are recognized and celebrated within our organization.

High reliability has become one the core aspects of our How Hartford HealthCare Works (H3W) leadership behaviors, which govern the way we work. The result has been a sustained decrease in the rate of serious safety events.

Our commitment to high reliability also is a key component of continued improvement in the Patient Safety Indicator 90 score. This metric represents a composite measure of several indicators of harm that are tracked by the Centers for Medicare & Medicaid Services. These events include blood clots occurring after surgery, hospital-acquired pressure ulcers, unintended perforations and lacerations, punctures of the lung during invasive medical procedures, and several other measures.



*A huddle convenes at Hartford Hospital to discuss a bloodstream infection case and the measures that should be taken to prevent and reduce such infections.*

## HHC Composite Serious Safety Event Rate >>



We have reduced the rate of harm as a result of several interventions. Each event is reviewed by the quality team and by providers on a concurrent basis. Immediate feedback leads to rapid correction of any underlying systemic issues.

The number of patients who have developed pressure ulcers while in the hospital has decreased because of the work of a system-wide pressure ulcer collaborative.

## HHC Safety PSI 3 – Pressure Ulcers >>



Reducing hospital mortality is another key objective of the commitment to becoming a high-reliability organization. Risk-adjusted mortality measures are used to assess our performance. With its more complex case mix, Hartford Hospital has a higher expected mortality rate that is used when benchmarking against national best practices.

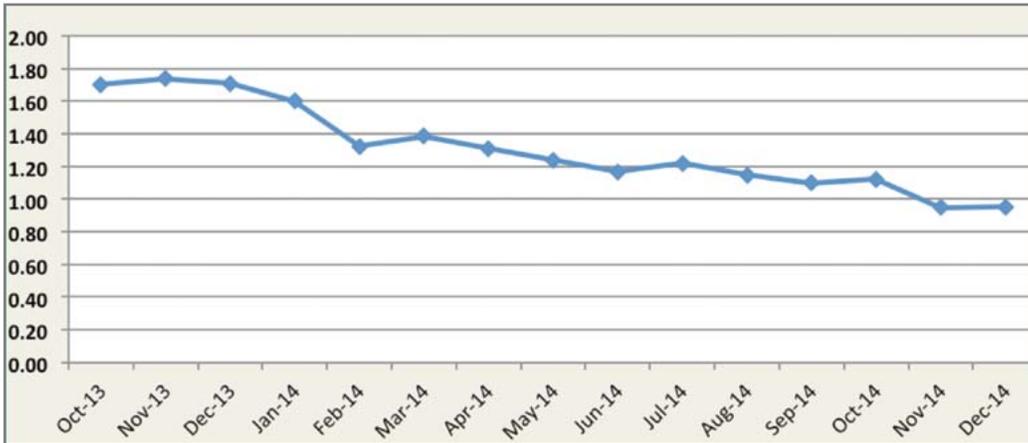
Over the past three years, we have seen a steady decline in mortality. One reason that may be contributing to a slow rate of improvement is the fact that in Connecticut, the Medicare hospice benefit is not used as widely as in other parts of the country. We are working with our physicians and patients to educate them to take advantage of this important benefit at the clinically appropriate time, leading to better quality of life in the final days of life.

## HHC Mortality Observed to Expected >>

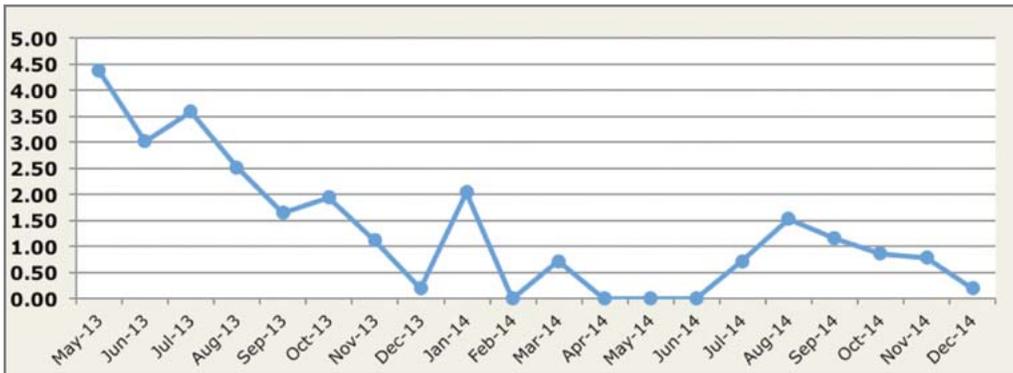


# Our High-Reliability Journey

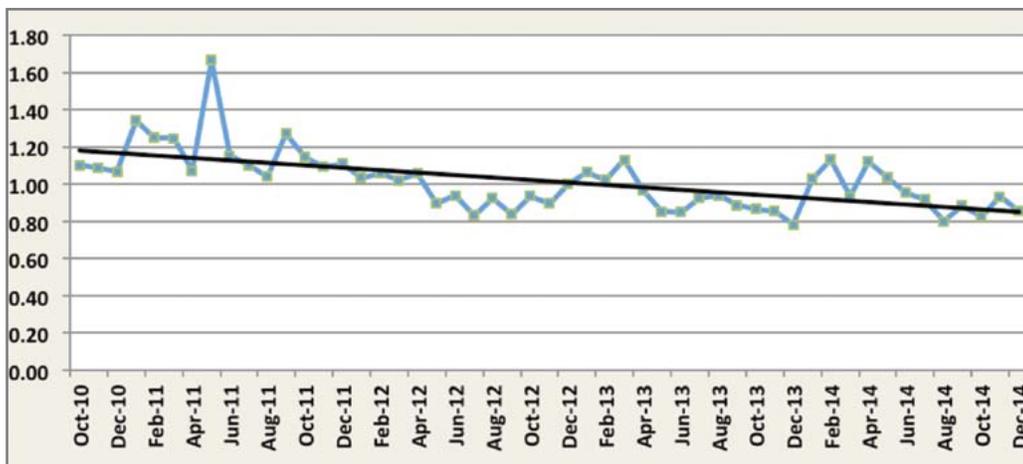
## HHC Composite Serious Safety Event Rate



## HHC Safety PSI 3 – Pressure Ulcers



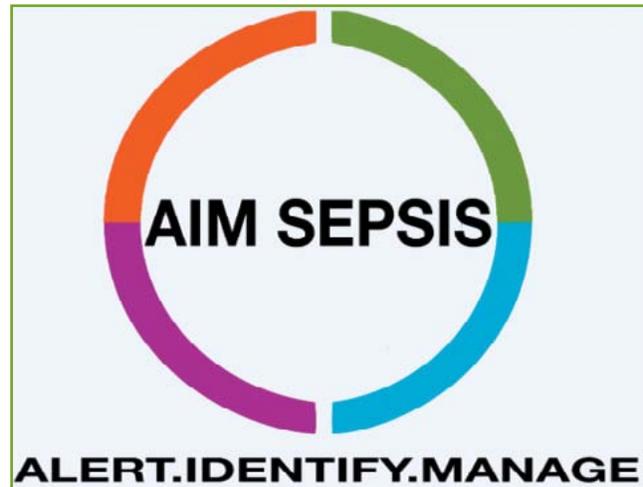
## HHC Mortality Observed to Expected



## High-Reliability: *Decreasing Sepsis in our Hospitals*

We see opportunities to improve mortality in patients with sepsis. This overwhelming infection remains an important cause of preventable mortality in hospitals.

The Hartford HealthCare Sepsis Collaborative has focused on early identification and treatment of serious infections. Early identification of impending sepsis makes the care team aware of a patient at risk. Following assessment and confirmation of the condition, the “sepsis bundle,” a number of measures to combat the condition, is put into place immediately.



## High-Reliability: *Beyond Hospitals*

Because of the success of our high-reliability initiative, training in high-reliability principles will be expanded to the non-acute parts of Hartford HealthCare. These principles have not been widely implemented in healthcare outside of hospitals — until now. Hartford HealthCare is taking part in an innovative program to bring high-reliability principles to the physician’s office.

This pilot program is being conducted by the Connecticut Hospital Association, HPI Inc., the nationally respected architect of this approach, and three provider organizations in the state, including Hartford HealthCare Medical Group.

# Hand Hygiene and Healthcare-Associated Infections

Reducing the number of patients who develop infections while under our care is a core goal as we strive to get to zero. Three years ago, we adopted a balanced scorecard initiative to improve our compliance with hand hygiene to above 90 percent. Our rationale was that this simple intervention, carried out without fail, would contribute to decreasing infections.

Every year, an estimated 648,000 American patients develop a healthcare-associated infection (HAI), and thousands die as a result. Patients with healthcare-associated infections die at a rate of nearly six times that of uninfected patients. HAIs cause pain, suffering and emotional stress and may lead to the need for additional medication or surgery, an extended hospital stay, and lasting side effects. Over the last three years, using data as our guide, we have lowered HAI rates across all of our hospitals as we aspire to be among the safest hospitals in the nation.

When we began this important work in October of 2012, the data revealed an ICU catheter-associated bloodstream infection rate across the system of 1.71. Through our standard central-line placement process and commitment to hand hygiene, that rate dropped 56 percent by 2014.

The improvement took place as a result of leadership and a commitment to do the right thing, all the time. Our system's Infection Prevention and Quality teams coordinated a massive effort with the clear goal in mind to reduce healthcare-associated infections. The teams took an inventory of hand-hygiene improvement protocols across the country and learned that many had outcomes that were short-lived. Self-reporting through standard observation often leads to inaccuracies, which won't reduce infection rates.

Our hand-hygiene compliance baseline audit in 2012 revealed a compliance rate of 33 percent, which was below the national average of 40 percent for acute-care hospitals. To truly have a foundation of safety for all patients, families, visitors, and employees, we had to implement change. Our patients deserved no less. We set a goal of 90 percent and employed a secret-shopper model to encourage compliance. Every single person in every single hospital is connected to this effort — from leadership to nursing to physicians to facilities teams. Everyone is empowered to speak up and remind coworkers of hand hygiene — to “Wash in, Wash out.”

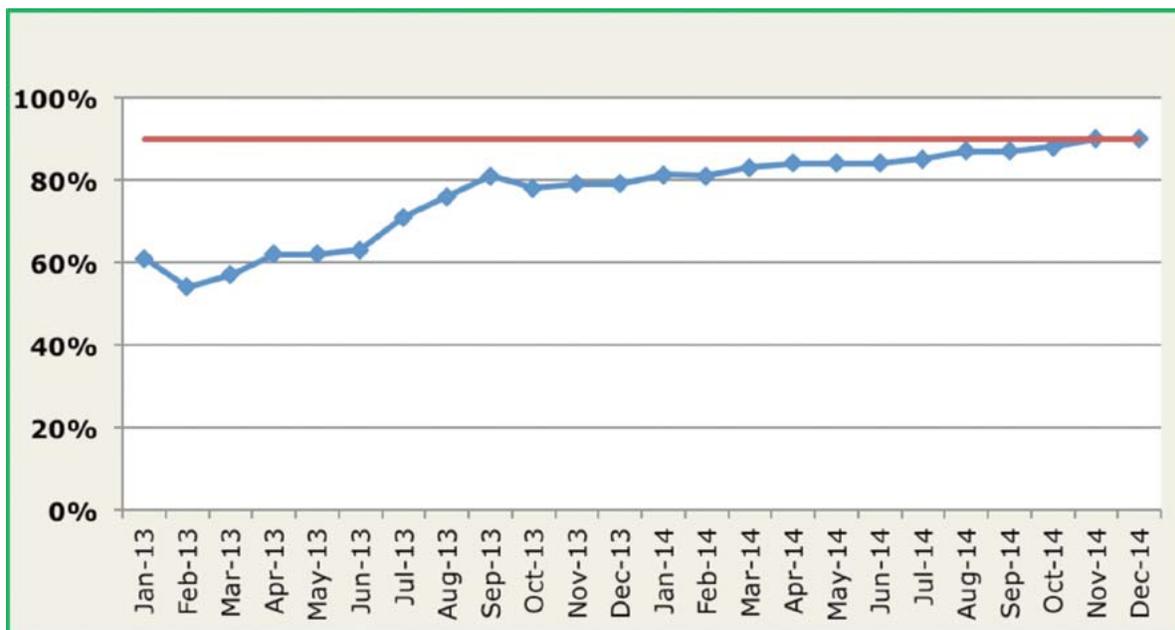
Every two weeks, hand-hygiene compliance results are publicly reported and every month, the results are shared with all staff members. Hospitals began to compete with one another; departments within hospitals began to compete with one another. Lower performers weren't shamed, but instead, received coaching and encouragement to succeed. Those who were performing well received accolades. The change didn't happen overnight. However, slowly and steadily, change was happening all across the system, decreasing dangerous variation and decreasing healthcare-associated infections.



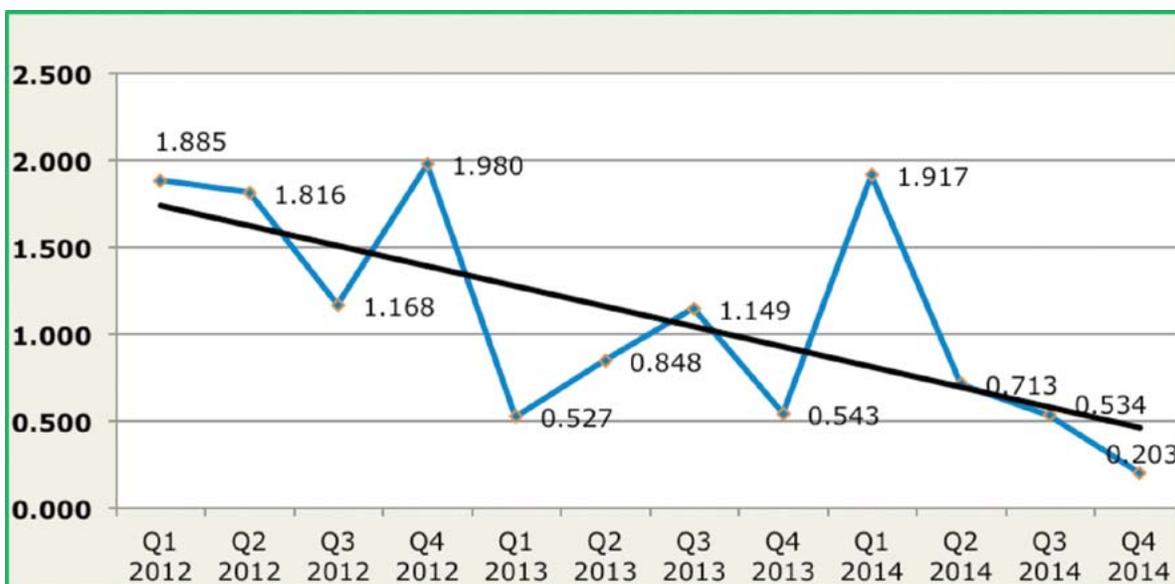
*Hartford HealthCare's “Wash in, Wash out” hand-hygiene campaign involved every member of the staff and included digital screens featuring employees demonstrating their adherence to the program.*

# Hand Hygiene and Healthcare-Associated Infections

## HHC Hand-Hygiene Compliance



## HHC ICU Catheter-Related Bloodstream Infections



# Hand Hygiene and Healthcare-Associated Infections

After surpassing our 90 percent hand-hygiene compliance goal, we are focused on 100 percent, with zero harm and high reliability.

To accomplish our goal and move forward, we identified best practices and standardized this work across the system. We identified every missed opportunity for hand hygiene and focused our attention on improved performance. Intensive ongoing education now is the norm via periodic newsletter messaging to the medical staff, intranet-based hand hygiene FAQs, electronic quality-improvement newsletters, and the posting of hand-hygiene data on unit and department dashboards.

A hand-hygiene video, running on the hospitals' public video screens, is showcased across the system. Our executive leadership utilized "rounding to influence" to reinforce the commitment to hand-hygiene compliance and to answer questions. We engaged all managers and directors from across facilities to round on units, thank staff members whom they observed to be compliant, and speak to those not compliant. This demonstrates to our staff that leadership is committed to this initiative, and it reinforces the commitment to patient safety as our core value.

Our model is one of the best in the country, with validated hand-hygiene results that others aspire to reach, accomplished with cultural change, not technology. It is a blueprint for other systems that seek stellar patient safety. Our secret observers have made more than 100,000 observations and were recognized by the Hartford HealthCare Board of Directors for their contribution to making our hospitals safer.

Our efforts to decrease HAIs now are focused on urinary tract infections (UTIs). Estimates are that 80 percent of UTIs that develop in the hospital are potentially avoidable. Our performance in this area needs improvement as we are seeing unacceptably high rates of this infection.

As a result, reduction of UTIs is a 2015 balanced scorecard goal. The same rigor and discipline that was applied to hand hygiene now is being deployed across the system to reduce UTIs. Indications for insertion of urinary catheters are being scrutinized to decrease the frequency with which these devices are used. Standard best-practice insertion techniques are being adopted with retraining of all staff. Finally, there is discipline in removing catheters as soon as they are no longer needed — all proven strategies that result in a decrease in infections.



# Integrated Care Partners

Integrated Care Partners (ICP) is a clinically integrated network that brings together Hartford Healthcare (HHC) system hospitals; employed physicians; and community, private-practice physicians in a coordinated effort to improve the health of our patients and our community. Through this partnership, ICP physicians collaborate to improve quality and safety, enhance the patient experience, and reduce the cost burden of caring for patients.

Healthcare is in the midst of dramatic change everywhere across our country. ICP partners with its physician members to help them navigate through this new healthcare environment in the following ways:

- Participation in establishing best practices and standards of care and delivering on those standards for our patients.
- Collaboration with a team of care managers to improve outcomes and lower the cost of care for our highest-risk patients.
- Collaboration with behavioral health clinicians and academic pharmacists to help manage the complexities of chronic illness.
- Access to a uniform electronic health record to better coordinate patient care.
- Access to state-of-the-art data analytics that help physicians understand how they are performing on key, established quality measures for their patient population.
- Participation in contracts negotiated by ICP with commercial insurers to ensure that physicians are paid for the value they provide.

Nearly 2,000 providers are members of this growing organization, and we expect membership to continue to grow. ICP has developed robust care management capabilities to coordinate care and improve outcomes for patients across the care continuum. ICP care managers are key contributors to readmission reduction — an important measure of healthcare quality.



*ICP community care managers are nationally certified in managing care for patients with chronic illnesses, which is a main focus of ICP members as ICP works to improve patient outcomes and reduce costs. The care management team now includes 30 members: nurses, social workers and health coaches.*

# Integrated Care Partners

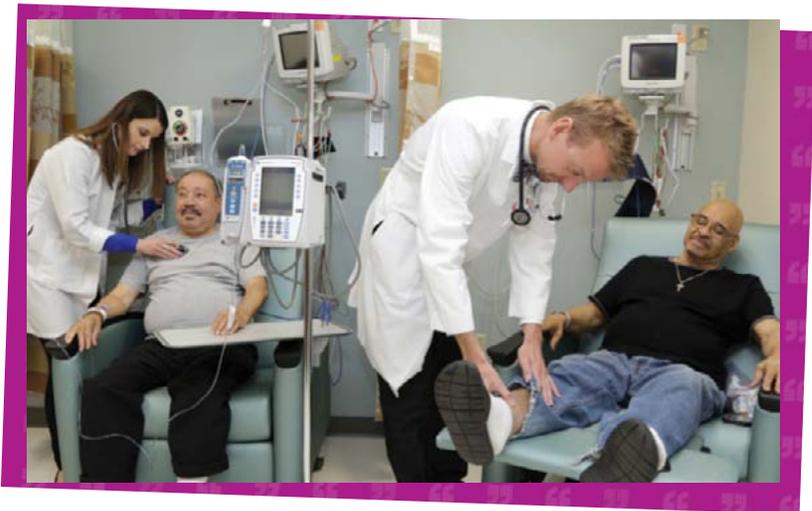
Led by Dr. James Cardon, the efforts to reduce readmissions are focused on four conditions tracked closely by the Centers for Medicare & Medicaid Services (CMS): heart failure, pneumonia, chronic lung disease and heart attack. While we only have begun to move the needle in reducing readmissions, there are a number of initiatives under way to improve this outcome, including:

- Post-discharge clinics for heart failure.
- Creation of a limited network of high-quality nursing homes aligned with Hartford HealthCare goals.
- Focused, intensive home-care programs for the sickest patients, enabling them to remain at home rather than be admitted to hospitals.
- Introduction of new technologies, such as telehealth, to improve care for high-risk patients.

Members of Hartford HealthCare Medical Group have been participating in the Medicare Shared Savings Plan, a CMS Accountable Care Organization (ACO), and focusing on improving the quality of care. ICP physicians already have reached the top quartile among all ACOs nationally on several CMS quality measures.

There still remains room for improvement in quality, but ICP physicians have made much progress.

In the coming year, ICP will focus on continued growth, improving quality scores into the top decile nationally, lowering the cost of care by reducing unnecessary admissions and readmissions, and keeping our patients within the integrated Hartford HealthCare network.



*APRN Catherine Callan and Hospital of Central Connecticut (HOCC) Chief of Cardiology Dr. Justin Lundbye examine patients at HOCC's Heart Failure Resource Center, which they established in 2011. Hartford HealthCare has since established similar clinics at Windham and Hartford hospitals and at MidState Medical Center. The centers, also sometimes known as "bridge clinics," are focused on reducing hospital admissions and readmissions for congestive heart failure patients by helping them manage their own care more effectively.*

# Influenza Prevention

This marks the third year that universal influenza immunization has been in place at Hartford HealthCare. This program is consistent with our values. We do not wish to expose our patients, many of whom are frail and vulnerable, to a potentially avoidable, and possibly deadly, infection.

All employees are expected to be vaccinated, and compliance has been above 99 percent. Although this year the vaccine was not well-matched to prevalent the flu strain, our employees have embraced this approach as being in the best interests of our patients.



*Influenza immunization is mandatory throughout the Hartford HealthCare system. Above, a Hospital of Central Connecticut staff member gets her annual vaccination.*

# CareConnect: Epic Implementation, Part of the Drive to Quality

The CareConnect program team has been working with every part of the Hartford HealthCare (HHC) organization to prepare for the ambulatory go-live of the Epic electronic health record (EHR). The implementation of Epic in both the ambulatory and acute environments is under way with quality and safety foremost in mind. Our Epic implementation is a major step in our system's achievement of what we call the "Five Ones" in patient care: one registration, one health record, one standard of excellence, one bill and one relationship.

CareConnect, the name given to the implementation of Epic, gives us the opportunity to identify best practices, reach consensus across the organization and build the EHR to eliminate unnecessary variation. The CareConnect team has partnered with HHC's clinical councils to achieve consensus. Just as important, the EHR is being configured to capture the key measures of quality that will allow us to demonstrate value and high-quality care.

One example of these efforts is the work to define and measure our adherence to preventive health measures. The system tracks these measures – immunizations, cancer screenings and checkups for chronic conditions — and prompts providers and patients when there's a gap in care. In addition, this reporting capability is allowing us to automate the capture of required data as we are increasingly paid for performance, both by the Centers for Medicare & Medicaid Services and commercial insurers.

**HHC Working  
Toward the  
Five Ones:**



*Super users train to be equipped to help their coworkers when the Epic electronic health record goes live.*

A measure of our success as we aim for a top decile go-live is the engagement of our end users. More than 1,300 front-line team members have come forward, committed to obtaining additional training, acting as conduits between their peers and the CareConnect transformation, and providing elbow-to-elbow support to their team members during go-live. This level of engagement is critical to successful adoption of the many changes that are part of our Epic/CareConnect transformation.

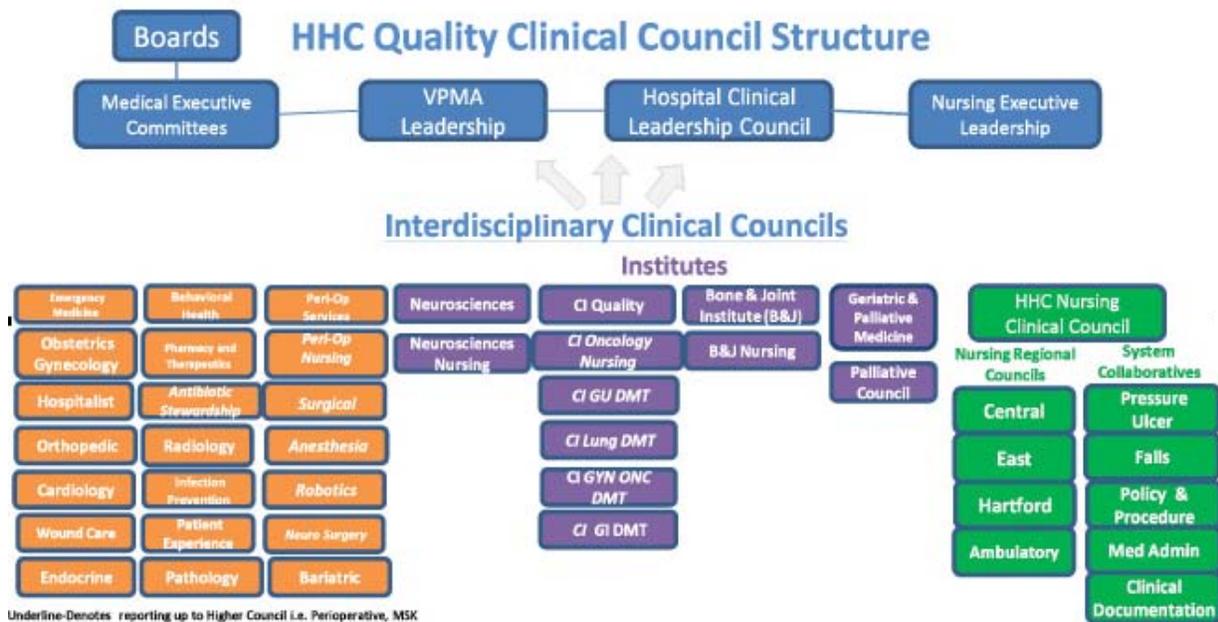
# Hartford HealthCare Clinical Councils

Hartford HealthCare’s clinical councils have come of age during the past four years since the first councils were established. We now have more than 30 councils, which have proven to be the most useful vehicles to move this large organization to achieve clinical consensus as we eliminate unnecessary variation.

The councils are interdisciplinary groups organized around clinical areas of patient care. They have charters and have developed dashboards to measure clinical quality and efficiency outcomes. Each is chaired by a clinician, and each has an executive sponsor from the senior leadership team. The councils are working on the following four areas:

- Improve quality and safety.
- Decrease cost in partnership with Supply Chain — focusing on both supplies and capital expenditures.
- Partner with the CareConnect team in the Epic implementation as panels of subject matter experts to develop protocols, order sets and new work flows.
- Actively engage in clinical transformation as we look to design care in the way that assures both efficiency and high quality.

The clinical councils have done remarkable work that is too extensive to recount in this report. A few examples of their work follow.



# Hartford HealthCare Clinical Councils

## Pharmacy and Therapeutics Council:

The Pharmacy and Therapeutics Council identified \$1.6 million in savings during the past year. The council has established two subcommittees:

- An Oncology Pharmacy and Therapeutics Committee is developing a single oncology formulary for the system, a preamble to developing a single formulary for all pharmaceuticals.
- An Anti-infective Subcommittee will develop protocols for the appropriate use of antibiotics. In partnership with the Infection Prevention Council, this group has responsibility for antimicrobial stewardship – ensuring that we do not overuse antibiotics and promote the development of lethal microorganisms that are resistant to therapy.

## Obstetrics and Gynecology Council:

The OB/Gyn Council has focused its most successful efforts on obstetrics. The group used a robust dashboard to track outcomes, such as early elective delivery, post-partum bleeding, and the rate of breast feeding and maternal injuries at the time of delivery. Performance in all of these areas is improving. In addition, the council has done nationally ground-breaking work in the use of simulation to improve outcomes during childbirth. Led by Dr. Jack Greene, vice president of Medical Affairs for the Hartford HealthCare Hartford Region, and Dr. Elizabeth Deckers, director of Labor and Delivery at Hartford Hospital, work on shoulder dystocia and post-partum hemorrhage has been presented at the American College of Obstetrics and Gynecology, CMS and many other national meetings.

Obstetrics & Gynecology Quality Metrics			Hartford HealthCare		
Clinical Focus Area	Top Decile	Facility	Aug 2014	Sep 2014	Oct 2014
<b>Postpartum Hemorrhage</b> More than 500 ml of blood loss following normal vaginal delivery of the fetus or 1000ml following Cesarean section. Lower is better	3.00	Backus			
		Hartford			
		MidState			
		THOCC			
		Windham			
<b>Elective Delivery Before 39 Weeks</b> (abstracted) Patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation. Lower is better	0.00	Backus			
		Hartford			
		MidState			
		THOCC			
		Windham			
<b>Exclusive Breast Milk Feeding</b> (abstracted) All newborns that were exclusively fed breast milk during the entire hospitalization. Exclusive breast milk feeding is defined as only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines. Higher is better	80%	Backus			
		Hartford			
		MidState			
		THOCC			
		Windham			
<b>Antenatal Steroids</b> (abstracted) Patients at risk of preterm delivery at >=24 and <32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Higher is better	100%	Backus			
		Hartford			
		MidState			
		HOCC			
		Windham			

# Hartford HealthCare Clinical Councils

## Radiology Council:

The Radiology Council has developed 50 uniform informed-consent forms used across the system. In addition, they developed 15 protocols by reaching consensus about standard ways in which to perform procedures. They are driving improved quality with a system-wide initiative to measure and reduce the radiation dose exposure of our patients — a vitally important component of cancer prevention. In partnership with Supply Chain, they have reduced expenses by \$700,000 during the past year.

## Infection Prevention Council:

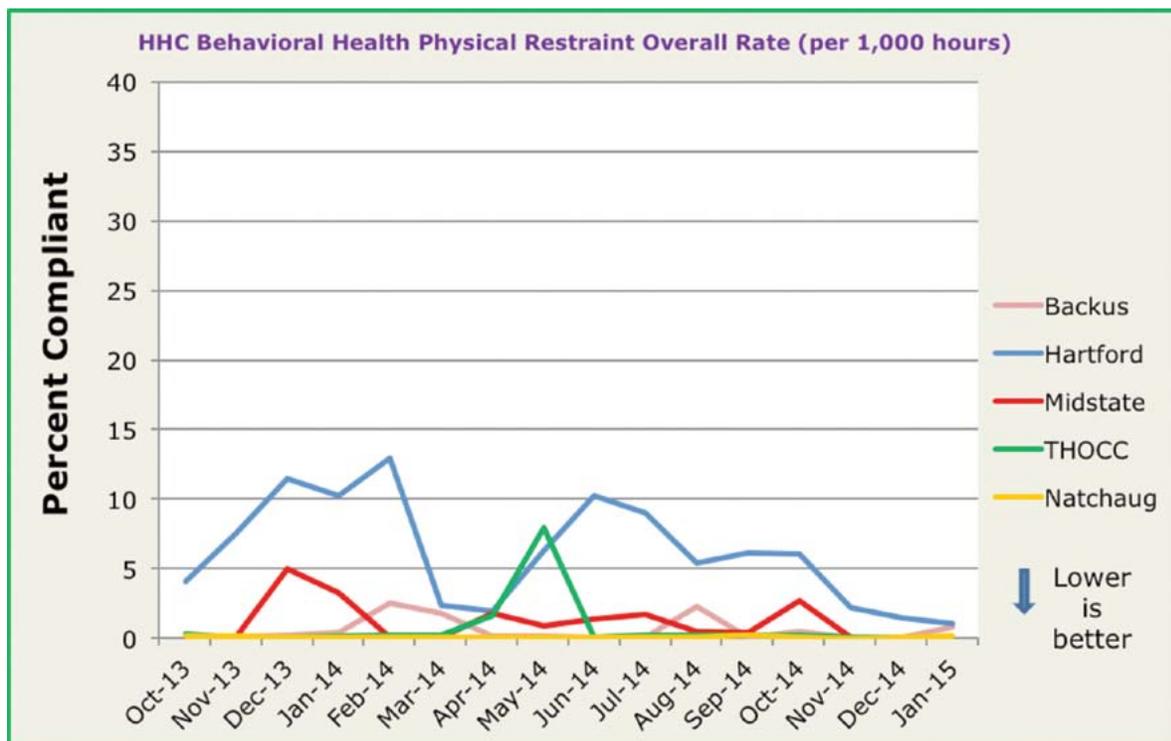
The Infection Prevention Council has been one of the most effective and accomplished of the councils. The group defines system standards for infection prevention and has demonstrated important reduction in the incidence of bloodstream infections. The group now is focused on reducing the frequency of urinary tract infections, an area in which we have significant room to improve our practices.

## Behavioral Health Council:

The Behavioral Health Council formed in early 2014 with two primary focus areas:

- Development of a standard patient experience survey tool to measure patient satisfaction across all inpatient sites and
- Reduction of restraints in the behavioral health settings.

One hundred percent of applicable behavioral health staff was trained in non-violent crisis intervention. Staff learned techniques of verbal de-escalation. Hartford HealthCare's Behavioral Health Network met the goal of training and with this and other efforts, the inpatient restraint hours were reduced by 40 percent in 2014.



# Risk Management at Hartford HealthCare

Risk management at Hartford HealthCare is viewed as a key part of our quality initiatives.

This year, Risk Management was reorganized into a single organization. Each of Hartford HealthCare's three regions (East, Central and Hartford) has a risk manager who works in partnership with the quality team; legal department; and Hartford HealthCare Indemnity Services Ltd. (HHC IS), our captive liability insurance company.

HHC IS insures both HHC and more than 400 independent physicians on our medical staffs. The risk managers act as a key part of the team that performs root-cause analysis for adverse events and near-misses, looking for opportunities to identify system errors and improve the safety of patient care. The frequency and severity of medical liability claims continues a downward trend — another indicator of an improving safety environment at Hartford HealthCare.

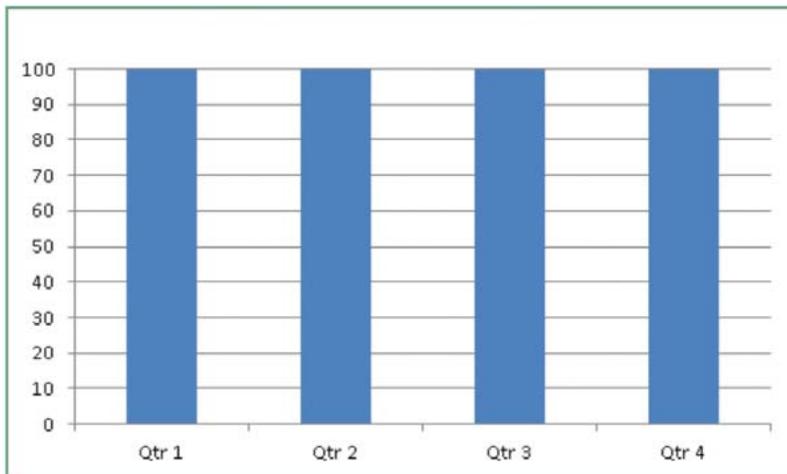
Our risk-management programs continue to provide risk education for all providers on a continuous basis. We offer a series of web-based and classroom education sessions tailored to the needs of specialists. The program educated more than 9,000 practitioners last year and was highly rated in program evaluations. In addition, we continue to do practice-based risk assessments in ambulatory settings, looking for opportunities to improve documentation and change systems to improve patient care and outcomes.

## Clinical Laboratory Partners

Clinical Laboratory Partners (CLP) served nearly 1.6 million patients in FY 2014 at 60 service centers. Their staff strives to provide exceptional care.

For laboratory tests, CLP focuses on ensuring that each specimen is adequate and no specimens are rejected. Rejections can occur due to collection techniques. To minimize rejection rates, CLP has a daily feedback process to phlebotomists when specimens are rejected. Through this improvement effort, CLP's specimen rejection rate is lower than the national rate and has exceeded the national top decile in some areas.

### CLP Specimen



*CLP focuses on ensuring each lab specimen is adequate for testing.*

# Rehabilitation Network

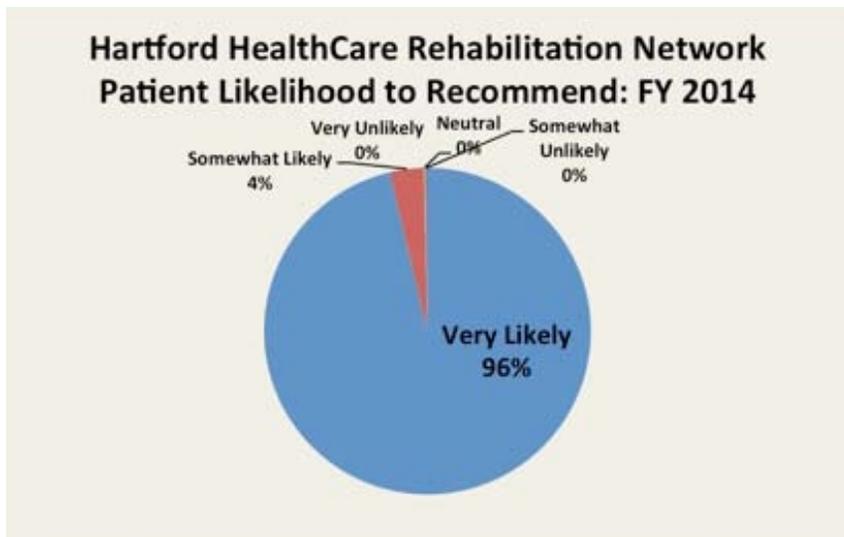
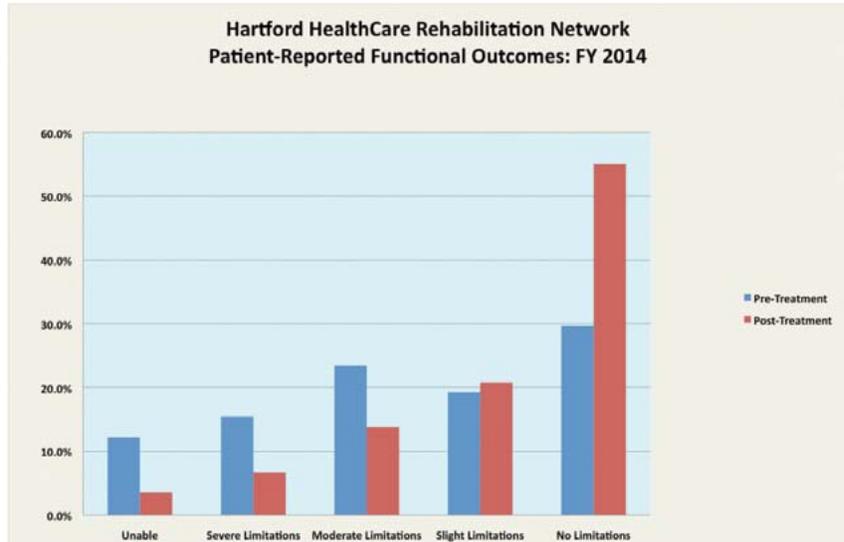
Hartford HealthCare Rehabilitation Network (HHCRN) provides physical therapy, occupational therapy, speech/language therapy, audiology, and athletic training services throughout the Hartford Health-Care network.

Therapy services provide a broad spectrum of patients with improved ability to function at work, in leisure activities and in daily living. Specialty treatment programs include sports medicine and rehabilitation for individuals with headaches, vestibular dysfunction, concussion, neurologic disorders, impairments secondary to oncologic diagnoses, and pelvic-floor dysfunction.

In outpatient settings, all patients are assessed using a variety of evaluation tools, including self-reports of functional abilities and limitations using standard objective tests such as the Oswestry, Neck Disability Index, Dizziness Handicap Inventory and the DASH (Disabilities of the Arm, Shoulder and Hand). These same patient-reported functional outcomes tools are used at the end of therapy to evaluate improvement. The overall rollup of scores can provide information about the overall effectiveness of therapy services.

In Fiscal 2014, substantial improvement was reported by patients across all specialty areas. All reported levels of function improved after therapy.

In addition to patient-reported functional outcomes, HHCRN assesses the patient experience through self-report of satisfaction with services, consistently hearing from patients that they would be “very likely” to refer a friend or family member in need of rehabilitation care to HHCRN.



# The Hartford HealthCare Response to Ebola

In September 2014, Ebola arrived at a hospital in Dallas. That event led to the unfortunate infection of two nurses caring for the index patient. As the Ebola Virus Disease (EBV) epidemic raged in West Africa, several infected Americans returned to the United States for treatment. These events resulted in a realization that hospitals across the nation needed to prepare to identify, isolate, contain and treat EBV patients.

Connecticut, with its proximity to the international airports in metro New York and with a significant West African population, was considered an area of increased risk. With this recognition, the Hartford HealthCare Infection Prevention team acted decisively to prepare to care for EBV patients. Our approach included the entire system and was led by Dr. Rocco Orlando, Hartford HealthCare chief medical officer; Dr. Jack Ross, Hartford HealthCare director of Infection Prevention; and Bimal Patel, Hartford HealthCare senior vice president of Operational Integration.

A large team, made up of members from throughout the healthcare system, was convened to determine the best practices for identification of patients at risk and to develop a systematic approach. The team met daily to determine how to screen patients in all locations. We made an early decision to centralize care of EBV patients at Hartford Hospital. A location in Hartford Hospital's High Building with appropriate infection-prevention characteristics was selected and was rapidly modified to create a biosecure isolation unit totally divorced from all other patient care areas.

The Center for Education, Simulation and Innovation (CESI), a nationally known training center, made dramatic contributions. Once the Infection Prevention Team had developed protocols for the use of personal protective equipment (PPE), the CESI team worked night and day over a single weekend to train 174 front-line care providers in the safe use of PPE and the safe care of EBV patients.

The work of our team was nationally recognized. We were commended for our readiness and inspected

various federal agencies for their readiness, including the Centers for Disease Control, the Department of Health and Human Services, and OSHA. The CESI approach to donning PPE was shared nationally via webinars. As part of the campaign to decrease widespread public anxiety about Ebola, Dr. Orlando conducted many media interviews and spoke publicly to educate and inform the public that Connecticut was well-prepared and that the average citizen had little to fear.



*Hartford HealthCare employees train in the proper use of personal protective equipment and transporting Ebola patients. Hartford HealthCare's readiness was used as a national model.*



## A Care Management Patient Story

An Integrated Care Partners RN care manager received a referral from a practice concerning an elderly patient's declining health. The patient's wife and family were having difficulty caring for him at home. He was losing weight and in constant pain due to his diagnosis of arthritis, afib and renal cancer. Because of his pain and decreased mobility, he had not been able to actively participate in his care or physician follow-up for almost two years.

After completing her assessment of the patient with his family, the care manager contacted the physician and arranged a conference call with the family to discuss a referral to a palliative care / hospice program. The patient was referred to a hospice program, but did not medically qualify for that level of service.

In reviewing the care plan, the RN care manager noticed a sharp decline in the patient's nutritional status. In reviewing it with the MD, blood work was arranged to be drawn at the patient's home. As expected, the results warranted medical management of the patient's nutritional status, thereby meeting the hospice program admission criteria.

Ongoing collaboration between the MD, the care manager, and the patient and his family allowed for the patient's wishes and comfort goals to be realized. He was able to comfortably remain in his own home, supported by a hospice-trained community care team. He also had close support from his family during this stressful and emotional time.

The patient died peacefully at his home, surrounded by his family. The family was grateful for the collaborative effort made to get the patient into the hospice program, as well as the emotional and supportive care delivered by the hospice team.

## Improving Senior Transitions of Care

With an aging U.S. population, older adults are becoming proportionally greater users of Emergency Department services. MidState Medical Center found that of the 5,000 patients seen by the hospital's Emergency Department (ED) every month, 20 percent are 65 years old or older and many have psychological, social, physical and financial issues that a younger population doesn't face.

MidState ED physicians, nurses and technicians worked with pharmacists, care managers, physical therapists, dietitians, volunteers and representatives from the Connecticut Center for Healthy Aging to form a multidisciplinary team to look at senior patients more holistically and improve the transition of care from the ED to home.

This Senior Emergency Care Services Team, formed in June 2013, uses an electronic screening tool to identify high-risk patients. The tool is used to record senior patients' medication use, mobility and memory abilities, dietary issues and skin integrity to determine if consultations from physical therapy, social work, case management, pharmacy, dietary or wound center staff are needed. All MidState ED staff have been trained in the Senior Emergency Care Services initiative.

Since the program began, the number of patients eligible for the service has totaled nearly 7,000. Hundreds of patients have had pharmacy consultations to review their medications, and many medication interactions have been found and reported to primary care physicians. Patients with no primary care physician receive appointments before being discharged from the ED.

The Senior Emergency Care Services Team also involves care management staff in patient care early during a patient's ED stay to help connect seniors with appropriate community resources.



# Redesigning Care and the Patient Experience

Caring for hospitalized patients is an intense job and not all of it involves bedside care. There's paperwork and other tasks. A Backus Hospital clinical redesign team decided to change that.

The team found that nurses were spending more than a third of their time on non-value-added tasks that took them away from direct patient care. The redesign team wanted to figure out a way to enable the patient care team to spend as much time as possible, within their scope of practice, at the patient bedside.

After six months of weekly meetings and more than 100 process innovations, the redesign team came up with a new model of care they believed would work best: the partnering of a registered nurse and a patient care technician who work closely together to meet the specific needs of their patients.

The innovative-care delivery redesign aligns with the hospital's goals of putting patients first by enhancing the patient experience, lowering readmission rates and improving quality while at the same time lowering the cost of labor, improving staff engagement, and smoothing patient transitions.

Since the new care model was implemented, HCAHPS scores for communication with nurses have increased by more than 12 points. Scores for the responsiveness of the hospital staff have gone up more than 14 points so far, pain management has improved by 14 points, use of call bells has decreased by 74 percent, and use of sitters is down by 80 percent.



*The Backus Clinic Redesign Team works on determining how the patient care team could spend more time at the bedside.*

## Summary and Look Forward

Over the past year, we have continued to make great strides in improving quality and safety throughout Hartford HealthCare. With How Hartford HealthCare Works (H3W), continuous improvement, with a focus on the patient, is a major part of our culture, and we have begun to incorporate Lean Management Principles into that work to take it to yet another level.

We have trained 100 percent of our staff in high-reliability and safety techniques with a resulting steady drop in the serious safety rate across all hospitals. We developed a process for 100 percent review, analysis and action on all safety events. Our concerted, system-wide effort to reduce catheter-related bloodstream infections (BSIs) resulted in four months of zero ICU BSIs at three of our five hospitals. Over the past year, we realized a goal of establishing Patient Advisory Councils across the system to advance our mission to improve safety and quality through the voices of our patients.

We expect the implementation of the Epic electronic health record, which is under way, to facilitate care coordination and improve patient safety and outcomes. We have agreed to allow Hartford HealthCare patients' electronic medical records to be viewed by authorized clinicians at other hospitals in the state, including Yale-New Haven Health System, St. Francis Care and Connecticut Children's Medical Center. All the organizations use the Epic EHR — and will use a feature called "Care Everywhere" to give healthcare providers secure, electronic access to medical information they might not have otherwise.

Through Integrated Care Partners and our clinical councils, we are standardizing treatment protocols and reducing variation throughout our system. Working with government and commercial payers, ICP has established quality metrics for its members, which include all Hartford HealthCare-employed physicians. We base our performance improvement on rigorous use of data and measurement of outcomes.

With our dedicated staff and commitment to achieving our vision, we expect to continue our progress.

# Elements of How Hartford HealthCare Works (H3W):

## **A Culture of Service**

We know our customers and make every effort to understand and exceed their needs and expectations.

## **Staff-wide Involvement**

Everyone is or will be engaged in continuous quality improvement and innovation. The people who do the work know best how workflow can be improved and we trust them to guide us in making changes that enable all of us to work smarter.

## **Continuous Improvement and Innovation**

The goal of everything we do is to provide the best customer experience to everyone we serve. Always striving for improvement, staff members collaborate in work groups to identify opportunities, brainstorm possible changes and innovations, implement solutions and reassess results. Customer feedback and measures on dashboards are among the tools available to guide the continuous improvement process. All of our efforts are marked by a willingness to learn and grow.

## **Communication and Recognition**

Open, honest, transparent communication builds trust and enables us to work together as a team to create the ultimate customer experience. Staff members at all levels are encouraged to participate in the exchange of ideas. Our communication includes recognizing and celebrating the achievements of groups and individuals.

## **Authentic and Humanistic Behaviors**

Everyone understands and respects that people come to the organization from different backgrounds, experiences and perspectives. They encounter people and situations with curiosity, rather than judgment, seeking the best outcomes. Staff members provide ideas, energy, data and expertise. Facilitators provide insight, support and coaching. As needed, managers determine what improvement efforts should be undertaken and decide what resources should be dedicated.



### **H3W Leadership Behaviors**

*A Commitment to Continuous Improvement*

1. **Be in the moment**
2. **Be authentic and humanistic**
3. **Volunteer discretionary effort constantly**
4. **Model high performance – desired behaviors that drive desired results**
5. **Respect and leverage separate realities**
6. **Be curious vs. judgmental**
7. **Look in the mirror first – be accountable**
8. **Have courageous conversations**
9. **Provide timely, clear and specific performance expectations and feedback**
10. **Teach, coach and mentor – spend at least half of your time developing others**

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