

QUALITY & SAFETY

2016 Value Report

Hartford
HealthCare
Connect to healthier.™



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Message from Our Chief Executive Officer



When you are sick or injured, you put yourself in the hands of caregivers. To do so, you must have full confidence in these healers. You have to trust them. At Hartford HealthCare, it's our vision to be "most trusted for personalized, coordinated care." This is not an empty slogan. Every day, the 18,000 people of Hartford HealthCare measure themselves against this vision as a way of achieving it on behalf of the communities we are privileged to serve. The cornerstone of this trust is safe and high-quality care.

In this "2016 Quality and Safety Value Report," you will see the work we do every day to create and sustain reliably high-quality healthcare across all of our settings, from our hospitals to our ambulatory sites and in our home care. Through our high-reliability training and our Institute Model, which puts patients at the center of care, we are building and sustaining ever higher quality of care. It is clear in these pages that we are not merely focusing on one or two areas. We have created a standardized way of working and improving that is addressing quality across the board.

I am incredibly proud of the people of Hartford HealthCare and all that they do to provide the highest quality care to the patients and families we serve across Connecticut. Their focused hard work is shaping a system of care that is truly trustworthy.

Sincerely,

A handwritten signature in black ink that reads "Elliot Joseph". The signature is fluid and cursive, with the first name "Elliot" and last name "Joseph" clearly legible.

Elliot Joseph
Chief Executive Officer
Hartford HealthCare

Message from Our Chief Medical Officer



As I begin my seventh year as Chief Medical Officer, I am drawn to reflect on our journey in improving quality and safety spanning all of Hartford HealthCare. What began as a focus on the hospitals has now spread to all settings — physicians' offices, ambulatory sites, mental health centers, rehabilitation facilities, senior services and even the home. We have made dramatic progress in making care safer — a 73 percent reduction in the number of times we harm patients and reductions in hospital-acquired infections. We now have the capacity to measure important health outcomes at the level of a disease, a provider and, most important, a patient. We have demonstrated an ability to execute and sustain — most notably with our best-in-the-nation hand hygiene results, now sustained above 95 percent for three years. As we have made progress, we will continue to set aggressive goals for improvement.

Today, consumers are shouldering an increasing share of the cost of care. This fact is driving the emergence of healthcare consumerism. It requires that we build on our work to improve quality and safety and target our efforts on increasing the value we deliver to our customers. We can no longer work on safety and quality in a vacuum. As we work to redesign our clinical procedures and pathways, we must tie improvements in quality with greater efficiency and a reliably great customer experience. This is the value the new “activated” consumers are seeking in the market. We must always be their first choice.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Orlando', written in a cursive style.

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



At Hartford HealthCare, we have been on a seven-year journey to transform healthcare for those we serve. The path we have chosen has been logical and sequential — setting the stage for the next phase in our evolution. Our goals are defined by taking four steps for change in a successive, but overlapping manner:

- 1. Make care for patients safer.**
- 2. Improve the quality of care – better clinical outcomes for all.**
- 3. Increase transparency – share our results with our team and our customer.**
- 4. Deliver better value in an environment increasingly focused on cost.**

The first phase of transformation focused on making care safer. We embraced the goal of becoming a high-reliability organization. Keeping those under our care safe from medically induced harm was the first step. We have trained more than 12,000 staff members at Hartford HealthCare in these principles. It has become part of the fabric of daily care in our organizations. The work day begins with a safety huddle in all three regions. We are now focused on failure — mindful that “being in the moment” is a key step to eliminating human error. Just as important, we have a deep focus on designing our care systems to eliminate sources of error. Strong processes and systems keep our patients safer. The results of our efforts have been dramatic — a 73-percent reduction in the frequency of serious safety events during the past three years. A serious safety event occurs when moderate harm to severe harm — including death — occurs to a patient under our care as a result of a deviation from a standard of care.

With safety and reliability as a foundation we established clinical councils: system-wide multidisciplinary teams charged with developing standards of care and monitoring outcomes data. We began with four councils in 2011. Today, there are 40 councils working to reach consensus about best practices, put these practices into use and monitor results. Our decision to move to Epic as a system-wide electronic health record has accelerated our adoption of system-wide best practices. The councils acted as the laboratory where we designed our Epic system. The principle that has guided this work is identification of a best practice and implementation across the system through the power of Epic and its ability to assist clinicians in providing high quality care. The councils have had many successes. Care has improved and has been monitored through clinical dashboards established for each council. The councils’ work has now been fully integrated into the work of our system Institutes: Cancer; Heart & Vascular; Ayer Neuroscience; Bone & Joint; Behavioral Health; and Tallwood Urology & Kidney. Although the councils preceded the institutes, the council structure is now incorporated into — and is supported by — institute leadership and staff. The councils also serve other important purposes: they have partnered with our supply-chain staff to eliminate unnecessary variation in the products we use. This has resulted in significant cost savings: \$10,000,000 over the past three years.

The third phase of transformation has been to increase transparency about our outcomes and results. We began with internal transparency — all dashboards are shared across the system and the identity of

the hospitals and care teams is known. We do not “blind” the data. This transparency also extends to our physicians. In the departments with more advanced data systems, the identity of physicians is known by all members of the team. Transparency acts to accelerate change. We have observed that transparent data helps a lagging performer improve when other members of the team are able to share their experiences to achieve better results. External transparency refers to our desire to share meaningful outcomes information with our patients and their families. Very little of the publicly available quality data helps patients and families reach a decision about where to get care for any particular condition. Last year, we made a commitment to increase public transparency detailing clinical outcomes for our institutes – what we call “Measures that Matter.” The Tallwood Urology & Kidney Institute has now published an outcomes report for kidney and urology care, the Cancer and Heart & Vascular reports (excerpted later in this report) followed soon thereafter. These documents detail complication rates and important outcomes for specific diseases and procedures and will place us in the vanguard of healthcare provider transparency.

We are now embarking on the fourth phase of transformation: Clinical Care Redesign (CCR). CCR is an approach to restructuring care to drive better outcomes reassessing all aspects of care. The goal is to eliminate needless care variation and to eliminate waste in treating patients. Our clinical teams have begun CCR efforts in three areas: general medicine focusing on sepsis, pneumonia, and chronic disease; cardiac care; and colo-rectal surgery. They reach consensus about evidence-based standards of care and develop care paths that are efficient and effective. Early results in colon and rectal surgery are promising, with low complication rates for surgery and more rapid return home and to full activity. In addition, we are partnering with GE Healthcare to redesign care around imaging — seeking better outcomes, less waiting and improved efficiency for getting X-ray studies and other imaging performed.

This sequential approach — safety, quality, transparency and pursuit of value will allow us to fulfill our vision to be “most trusted for personalized coordinated care,” and to offer our patients real value: quality, affordability and an unmatched customer experience.





Memorial Sloan Kettering
Cancer Alliance
MEMBER

Hartford HealthCare Cancer Institute

The Hartford HealthCare Cancer Institute provides comprehensive care to our communities in many ambulatory locations and at cancer centers in five hospitals across Connecticut — Hartford Hospital, The Hospital of Central Connecticut, Backus Hospital, MidState Medical Center and Windham Hospital. Hartford HealthCare physicians treat more than 5,000 new 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 model is organized around disease management teams. The disease management model brings together all members of the care team to diagnose, coordinate care, and determine best practices based on tumor profile. This holistic approach leads to exceptional patient satisfaction and better patient outcomes.

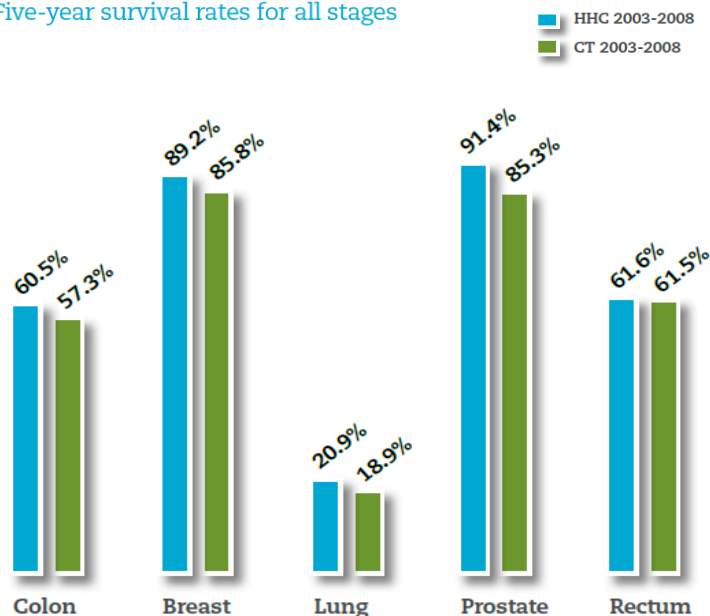
In 2013, the Hartford HealthCare Cancer Institute became the charter member of the Memorial Sloan Kettering (MSK) Cancer Alliance. Membership in the MSK Cancer Alliance means access to highly skilled specialists and advanced, leading-edge treatments. Through the MSK Cancer Alliance, many of MSK's world-renowned clinical research trials are available to cancer patients across the Institute.

In 2017, the Institute was accredited by the American College of Surgeons Commission on Cancer (CoC). This prestigious affiliation allows HHC to access a national cancer database. Our providers and leaders can access the National Cancer Database (NCDB) to collaborate and learn from 1,500 CoC accredited facilities nationwide.

Cancer treatment outcomes for HHC exceed Connecticut averages. Data available from the National Cancer Institute (2003-2008), reflects that the Institute has among the highest five-year survival rates in the state of Connecticut and cancer programs in the NCDB for Colon, Breast, Lung, Prostate and Rectum. 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 rates include all stages and individuals of all ages and health conditions who have been diagnosed with cancer.

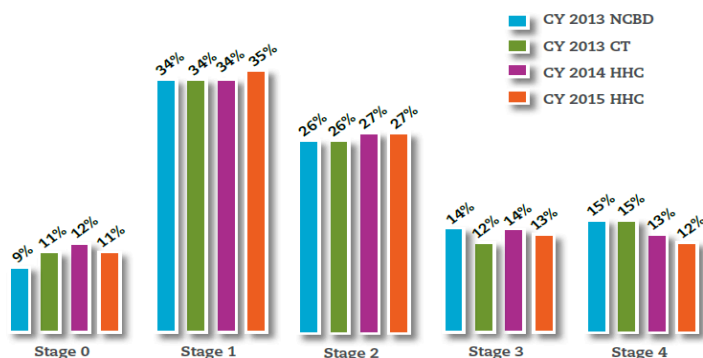
Earlier stage diagnosis leads to more treatable and potentially curable cancer. The Cancer Institute offers numerous screening and early detection programs with the goal of diagnosing patients as early as possible. Breast and colon cancer mortality reduction is seen through the use of screening for these diseases with mammography and colonoscopy. Cancer Institute providers reach out to the communities we serve to encourage lifesaving screening and to overcome barriers to screening for the medically underserved. The Cancer Institute completed a pilot study of lung cancer screening with low dose CT scanning based on a large national trial, and demonstrated upon screening 1,000 people at high risk 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 screening to those at risk (30 or greater pack years of smoking, active smoker or quit, 15 years ago, ages 55-77) at all five Hartford HealthCare hospitals.

Five-year survival rates for all stages



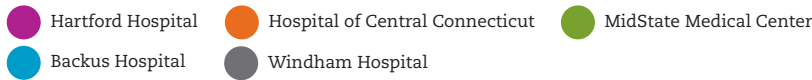
STAGE AT INITIAL DIAGNOSIS

Breast, colon, prostate, lung and kidney cancer



2016 Top Five Sites for Hartford HealthCare Cancer Institute

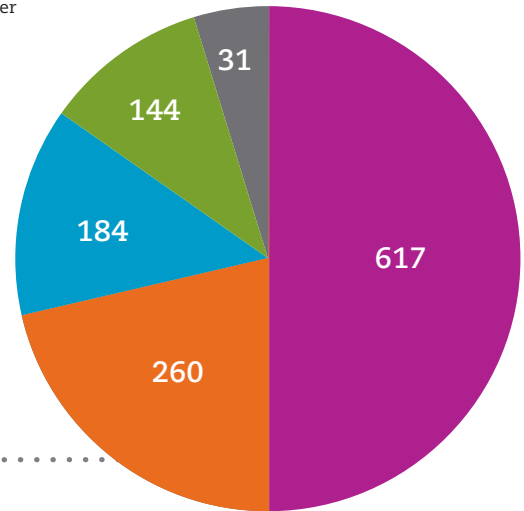
The five most common types of cancer treated by teams of specialists at the Hartford HealthCare Cancer Institute are cancer of the bladder, breast, colon, lung and prostate. Each patient is treated with a personalized plan.



Breast Cancer

The breast cancer team has developed guidelines for genetic testing for breast and ovarian cancers. Two Memorial Sloan Kettering clinical trials were opened for patients whose breast cancers overexpress the HER-2 protein. The Institute also hosted a systemwide weekly and monthly breast conference to discuss complex cases with experts from all five hospitals.

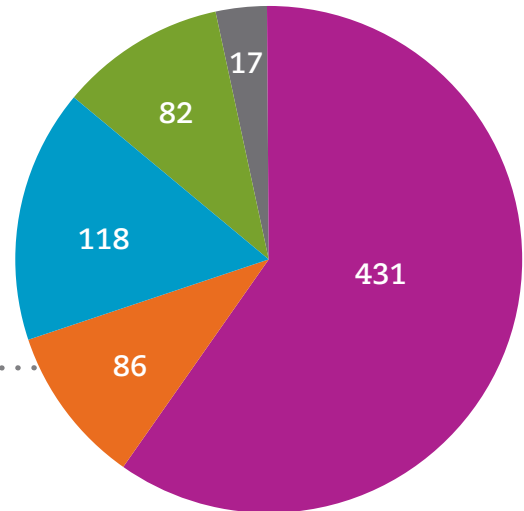
TOTAL: 1,236



Prostate Cancer

In collaboration with MSK, a prostate cancer clinical trial will soon begin and focus on men with an advanced stage of prostate cancer. The clinical trial will study use of a novel agent to target and manipulate androgen receptors toward improving treatment response.

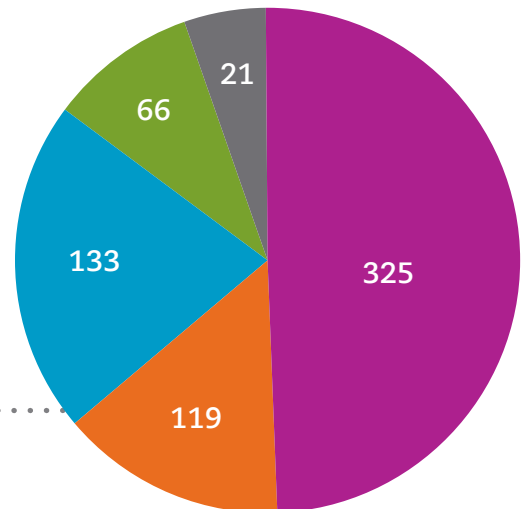
TOTAL: 724



Lung Cancer

The lung disease team has been evaluating medications to determine which have fewer side effects than traditional chemotherapy. This initiative 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, 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.

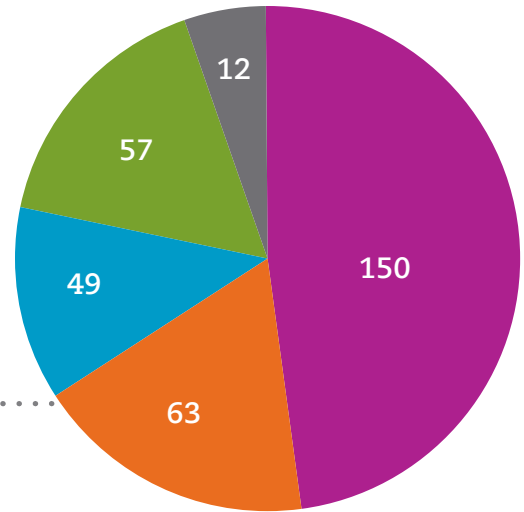
TOTAL: 664



Bladder Cancer

Bladder cancer patients respond positively to muscle invasive chemotherapy followed by surgical removal of the bladder. In large clinical trials this combined approach has shows better outcomes compared to only surgery. Similarly, for certain patients with cancer of the renal, pelvis or ureter, the Institute is participating in a clinical trial with Memorial Sloan Kettering.

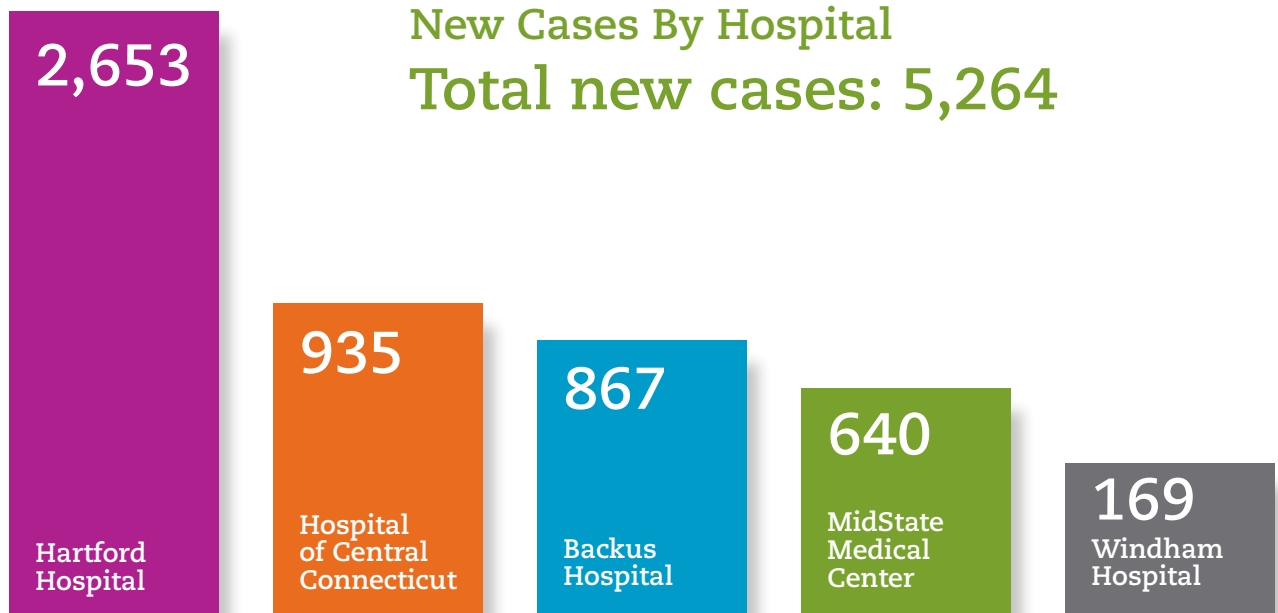
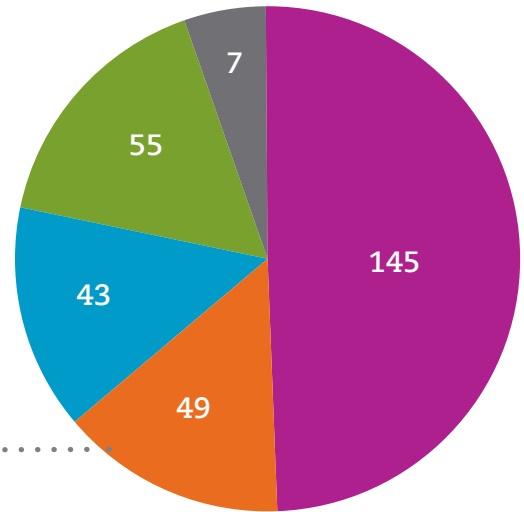
TOTAL: 331



Colon Cancer

As part of colon cancer care, patients are screened for Lynch syndrome, the most common hereditary syndrome leading to colon cancer. The Institute now tests patients' tumors for molecular changes to avoid ineffective and potentially harmful therapy. Surgical techniques for early stage colon cancer include laparoscopic-assisted procedures, leading to quicker recovery without compromising cure rates.

TOTAL: 229

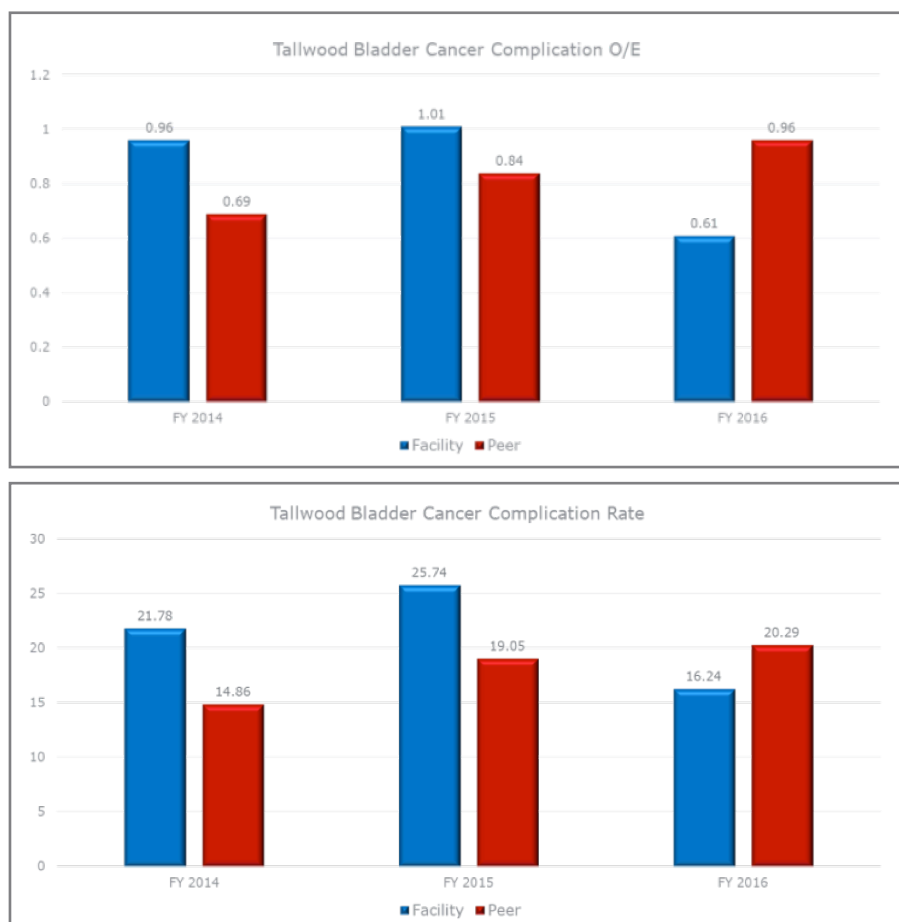


Tallwood Urology & Kidney Institute

The Tallwood Urology & Kidney Institute has fellowship trained physicians who cover six specialty areas including general urology, men's health (fertility/andrology, men's sexual function), pelvic health and incontinence, kidney stones, urologic cancer, and chronic kidney disease, along with a wide range of conditions and treatments. Tallwood's urology oncology team is part of the Hartford HealthCare Cancer Institute, the charter member of the Memorial Sloan Kettering Cancer Alliance. All of this comes within the framework of the HHC Cancer Institute disease management model, which ensures the highest-quality, safest and most cohesive care. This gives urologic cancer patients access to state-of-the-art clinical trials closer to home. We are the leaders in treating urologic cancers in Connecticut. We rank in the top 10 percent nationally for lowest complication rates for several procedures.

The great work that has been accomplished to lower complication rates is illustrated by the bladder cancer team. Since 2014, the disease team has been working to reduce complications for patients who undergo a cystectomy. These high-risk patients are vulnerable for infection, failure to thrive, blood clots and gastrointestinal complications. In order to improve surgical outcomes, the team implemented the following standard care plan.

During the past two and a half years, complications from bladder cancer surgery have decreased.

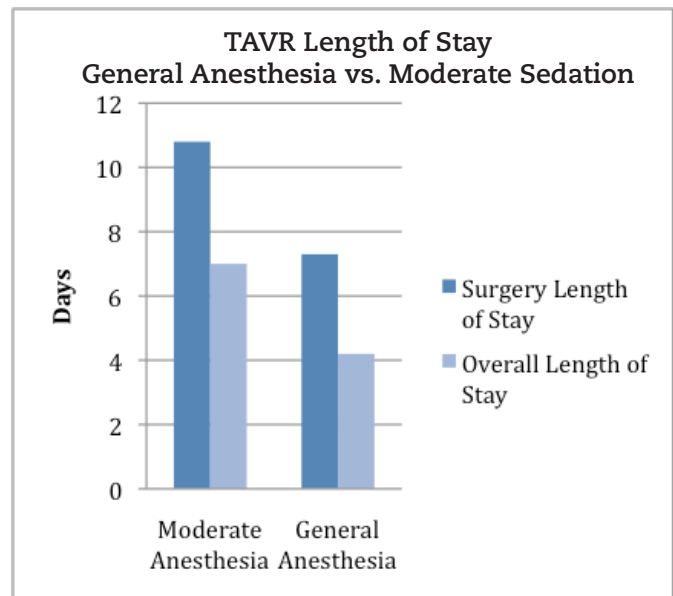
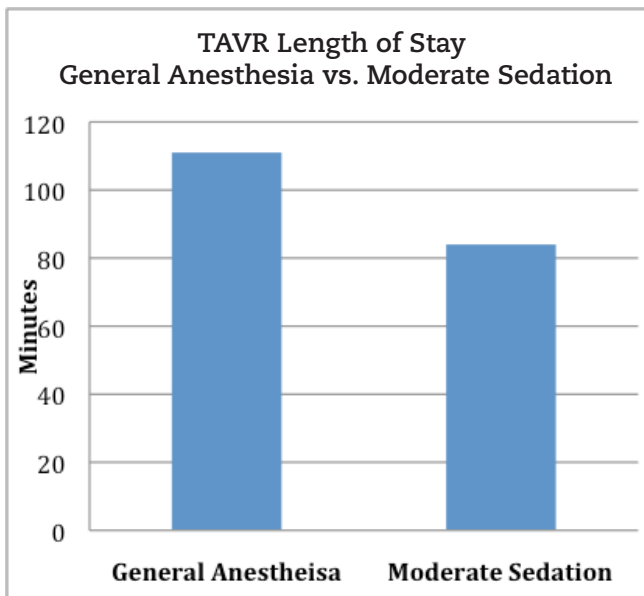


Heart & Vascular Institute

Better Outcomes for Minimally Invasive Valve Replacement

The Heart & Vascular Institute is known for its innovative approach in using minimally invasive techniques. Transcatheter Aortic Valve Replacement (TAVR), is a minimally invasive procedure during which a valve is inserted into a diseased aortic valve not requiring traditional open heart surgery. When first introduced, this procedure was typically performed under general anesthesia with intubation. More recently, moderate sedation (local anesthesia) is used and results in decreased procedure times, decreased time in the intensive care unit (ICU), decreased hospital stay, improved patient outcomes and decreased cost of care. In addition, moderate sedation has been shown to decrease the need for blood transfusions.

In 2016, Hartford Hospital transitioned from the use of general anesthesia to moderate sedation during TAVR procedures on select patients. This transition was considered in an effort to improve resource utilization, decrease procedure time and decrease length of stay (LOS). This change in practice resulted in a decreased average LOS from 10.8 day in patients performed with general anesthesia compared to 7.0 days in patients who underwent moderate sedation. The average procedure to discharge (SLOS) LOS was 7.3 days and 4.2 days, respectively. In addition, average procedure time decreased from 111 minutes in patients undergoing general anesthesia compared to 84 minutes in patients undergoing moderate sedation.

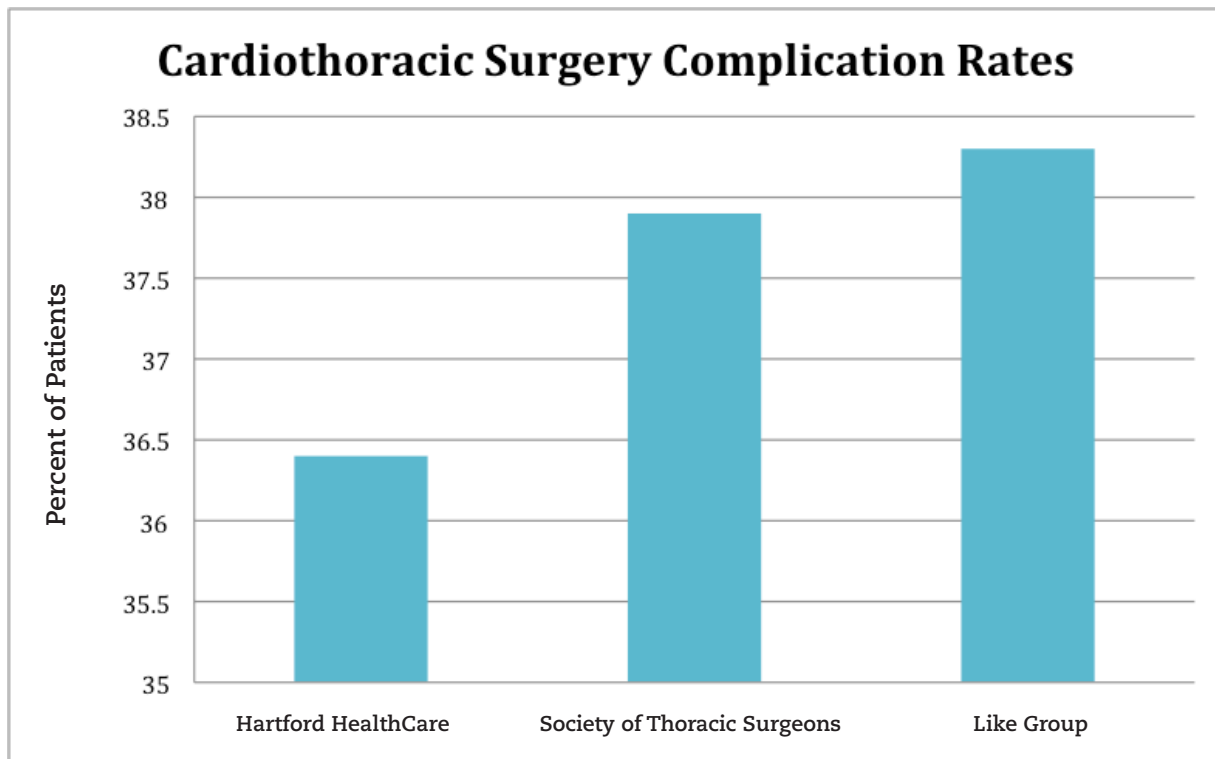


Cardiothoracic Surgery Program at Hartford Hospital Demonstrated High Quality Outcomes for Coronary Artery Bypass Graft Surgery (CABG)

Coronary Artery Bypass Graft surgery (CABG) is a common procedure used to treat coronary artery disease (CAD). It has been demonstrated to be highly effective for the relief of severe angina, and prolonged life in patients who are unresponsive to other medical treatments or percutaneous coronary intervention. However, similar to other surgical procedures, there are possible risks associated with CABG surgery including bleeding during or after the surgery, blood clots that can cause heart attack, stroke, or lung problems, infection, pneumonia, breathing problems and kidney failure.

To measure these complication rates as well as overall quality, safety and effectiveness of the CABG program, Hartford Hospital participates in the Society of Thoracic Surgeons (STS) National Adult Cardiac Surgery Database. This registry is an important tool allowing organizations to compare risk-adjusted quality performance. Hartford HealthCare can compare outcomes with organizations nationwide within the STS. This database tool also allows HHC to compare outcomes against our organizational peers (Like Group) who have similar geographic region, case volume, and patient populations.

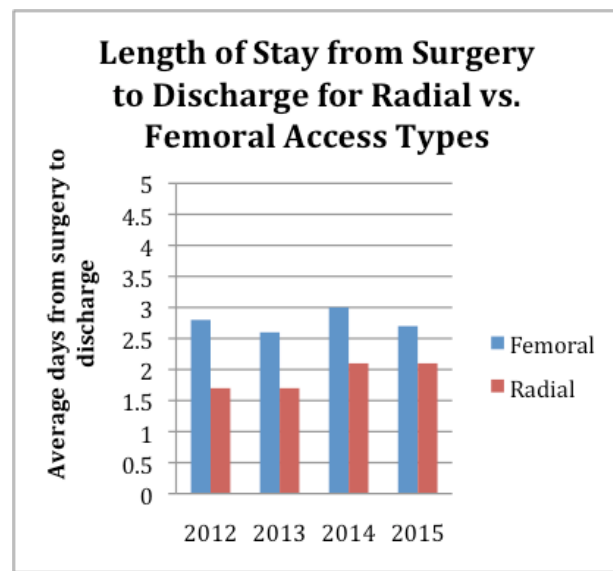
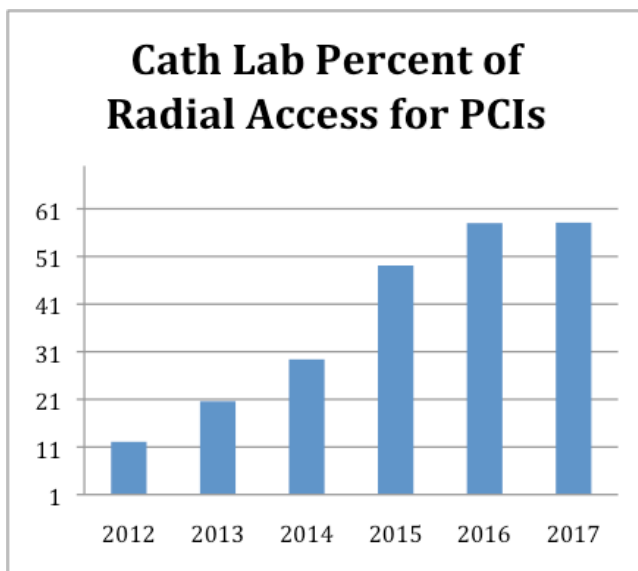
When comparing outcomes from 2016, The Cardiothoracic Surgery Program at Hartford Hospital performed 341 Isolated CABG procedures. The percent of any complication for isolated CABG surgery was 36.4% which was better than both the Like Group (our peers) and the entire STS database which were 37.8% and 38.3%, respectively. Further breakdown of complications demonstrated the rate of reoperation from bleeding (0.9%) was lower compared to the Like Group and STS (1.6%, 1.7%), and any neurologic complications (1.8%) and stroke (0.6%) were both lower than the Like Group and STS, 3.0%, 2.9% and 1.4%, 1.3%, respectively. In addition, the kidney failure rate (1.5%) and any pulmonary complications (10.3%) are lower compared to the Like Group and the overall STS database (1.9%, 2.1% and 11.1%, 11.6%).



Decreasing LOS with Radial Access for Cardiac Catheterization

In recent years, the use of radial artery (through the wrist) access for diagnostic and interventional cardiac catheterization procedures has been increasing worldwide. Compared to the traditional femoral approach (through the groin), trans-radial access has been demonstrated to provide a decrease in complications, early patient ambulation, improved patient satisfaction, decreased length of stay and decreased costs. In addition, another potential benefit of the radial approach may include a decrease in major bleeding events after coronary intervention which is considered a contributing factor in mortality rates.

In order to achieve best practice and improve outcomes and satisfaction of our patients, the cardiac catheterization laboratory at Hartford Hospital has been transitioning away from the use of the traditional femoral approach to radial access. From 2012 to 2016, the use of trans-radial access has increased from 12.1% to 58%, respectively. This increased utilization has resulted in less time in the hospital (Femoral ALOS 3.77, SLOS 2.66 vs. Radial ALOS 2.93, SLOS 1.95).





Ayer Neuroscience Institute

Clinical Councils Begin to Define Areas of Improvement

The Stroke Council recently celebrated its one year anniversary. The multidisciplinary providers team has been meeting regularly to find ways to improve quality and has worked on key initiatives related to quality and access to care for stroke patients across Hartford HealthCare.

The first initiative identified the need for a nurse navigator to serve as a patient advocate, educator and key point of contact across the continuum of care. A Stroke Center nurse navigator position was created and implemented in February of 2017 and has resulted in improved patient and family satisfaction and enhanced care.

The Stroke Council also identified the need to develop one standard Acute Ischemic Stroke protocol. This standardization, in part, helped us to achieve our second hospital being awarded Gold Plus and Target: Stroke Elite Plus, the American Heart Association's highest award. We were able to reduce the door to drug time for acute ischemic stroke patients providing thrombolytic therapy to 75% of the patients within 60 minutes and to 50% of the patients within 45 minutes of arrival in one hospital after implementing the new protocol.

Behavioral Health Network

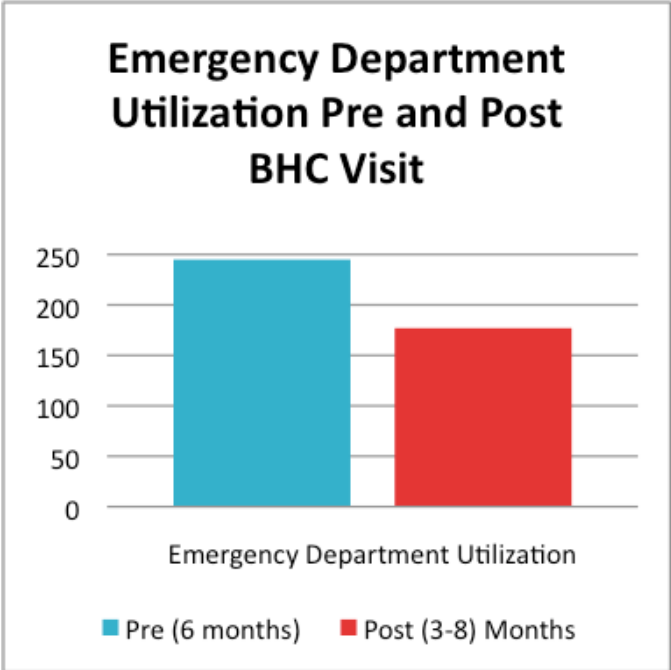
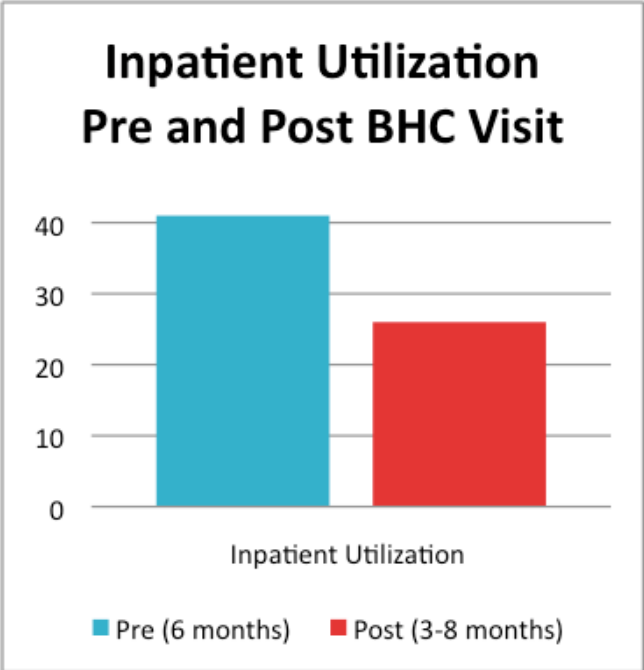
Bringing Behavioral Health to Primary Care

Only 25% of patients make an appointment when a primary care physician recommends that they see a mental health provider. Hartford HealthCare has been working to improve this by integrating Behavioral Health Clinicians (BHC) within practices into primary care offices.

By incorporating BHC within practices, outcomes have improved: patients will keep their first appointment over 82% of the time when they can see a behavioral health clinician in the same environment as where they see their primary care doctor, a dramatic increase over typical compliance (around 25-30%) rates.

Because patients are seeing their behavior provider regularly, HHC has seen improvements in patient outcomes for depression, anxiety conditions, and substance abuse issues. Even more impressive, this initiative has reduced Emergency Department utilization by 30% and hospital admissions by 35%

“Our physicians, staff, and our patients find this kind of integrated care in our primary care practices a welcome change in what has been a challenging set of conditions to treat successfully in our primary care practices,” says Cynthia Heller, MD, Vice President, Hartford HealthCare Medical Group.



Reducing the Need of Seclusions and Restraints

Management of violent and aggressive behavior is a major challenge in psychiatry. Traditional approaches frequently included seclusion and restraint; interventions that can be traumatizing for both patients and staff. The goal is to avoid physical restraint, eliminate risk and injury and improve the patient experience while enhancing staff's critical thinking skills and reducing their fear and anxiety. The movement to replace seclusion and restraint with more humane, patient centered responses has grown is part of a national trend.

HHC behavioral health centers have been working to eliminate seclusion and restraint practices. In response, the IDEA team, or "Innovative De-escalation Emergency Assistance" team, was created at the Institute of Living. This team consists of 25 members; nurses, technicians, recreational therapists and psychiatrists from each of the inpatient units in the Donnelly Building. They are called to an escalating incident and collaborate, assist, consult and support. The members of this team embrace humanitarian care and least restrictive approaches that not only calm the patient in the moment but are also individualized and result in better functioning after the situation has been defused.

The IDEA team has achieved remarkable results that only begin with a significant decrease in physical restraints. The data thus far proves this team is exceptionally successful- out of 150 consults, only 25 have resulted in seclusion/restraint; that is, greater than 80% of the IDEA team consults have been successful at preventing either seclusion or restraint or further escalation. And remarkably, the IOL has been able to reduce its restraint rate by 70% this fiscal year.

This model has been applied as a best practice at Backus Hospital, with a similar focus on the importance of proactive planning, responsiveness to patients' concerns. Using a similar team-based approach focused on de-escalation techniques, the hospital has seen a 68% reduction in restraint hours over the last year and The Hospital of Central Connecticut has also demonstrated significant gains. Natchaug Hospital, starting the year with a nearly restraint-free environment, held these gains through excellent teamwork, proactive planning and clinical leadership

Prompt Access in Urgent Behavioral Health

Behavioral health patients who present in an emergency department are in acute crisis. Delays and access to community mental health or substance abuse treatment increase the risk for adverse events, such as overdose or suicide. In response to the epidemic of opioid related deaths, there is a need for prompt access to all forms of behavioral healthcare. "When a patient presents themselves in an Emergency Department, either voluntarily or as a result of a drug overdose or some other event, we have a unique opportunity to leverage that crisis to engage a patient in care. And sometimes that window of opportunity closes very fast," said Deborah Weidner, MD, Medical Director of Psychiatry in our East Region.

Natchaug Hospital recognized the need to offer immediate community treatment and implemented next day assessments. Prior to implementation, 36% of referrals were seen within one day versus 79% after the intervention was made. Improved access reduces adverse events, improves patient engagement and makes the referral process more effective.

Responding to a State Opioid Health Epidemic

In 2016, the opioid overdose epidemic continued to ravage Connecticut and the nation. Deaths from opioids, a category of drug that includes prescription painkillers, heroin, and fentanyl have reached unprecedented numbers with over 90 Americans dying every day from an opioid overdose. In Connecticut, the 832 opioid overdose deaths in 2016 represent an increase of over 20% from the previous year.

In the midst of this crisis, the Hartford HealthCare Behavioral Health Network (BHN) has been working tirelessly to stem the tide through prevention, education, and the provision of high-quality care. Of the free-standing detox programs in the state, Rushford has the lowest 30 day readmission rate, and the second lowest 7 day readmission rate. Rushford is able to achieve these rates because it provides a full continuum of care for opioid use disorders. Rushford treats all age ranges and is one of the only organizations in Connecticut offering medication assisted treatment for adolescents.

Accessibility to services locally is important and the BHN continued its Medication-Assisted Treatment, Close to Home (MATCH) program development, adding a new site in Avon to its existing sites in Cheshire, Dayville, Glastonbury, Groton, Mansfield, New Britain and Vernon. MATCH helps people into recovery using a combination of medications such as Suboxone® or Naltrexone XRT, which reduce opiate cravings, in combination with small relapse-prevention groups and support services. Evidence shows that medication-assisted treatment is the most effective treatment for opioid use disorders and MATCH programs have helped increase the number of BHN clients receiving Suboxone® from 317 in 2016 to nearly 1,000 in 2016.

The BHN has continued its work with state and federal lawmakers: strategizing and testifying on legislation targeting opioid overdoses, prevention, and treatment for opioid addiction. We continue our work with the Departments of Consumer Protection, Mental Health and Addiction Services, Child and Family Services and Public Health through the Alcohol and Drug Policy Committee to fight this epidemic. BHN physicians and other clinical experts have participated in forums, panels and roundtable discussions throughout the state and provided professional and community presentations in over 25 Connecticut communities and maintained a prominent role on television, radio and in newspapers addressing the problem and identifying solutions.

At Rushford and Natchaug Naloxone training, which includes education on identifying the signs and symptoms of opioid overdose and on the use of naloxone continues to be an integral part of a patient's orientation treatment and is being rolled out at other HHC entities. In the BHN, once trained, patients are given prescriptions for, or "kits" containing, naloxone, the opioid overdose reversal drug. In 2016 we expanded our reach by providing this training to communities and community organizations including the Meriden Police, The Chrysalis Center for Domestic Violence, school nurses at East Hampton and Southington, Capital Community College Police Department in Hartford, the South Central Connecticut Regional Water Authority Police Department in New Haven and others.

With the rise in opioid addiction and overdoses, physicians have come under scrutiny for their practice and prescribing strategies when treating pain. Again this year, Hartford HealthCare partnered with the BHN in the development of its annual Risk Management training program. Physicians across the healthcare system will focus on safe opioid prescribing and non-opioid approaches to pain management. In addition, the Rushford Addiction Medicine Fellowship Program, which educates physicians about prevention, diagnosis and treatment of substance-use disorders, has collaborated with the central region's Neonatal Abstinence program, Hartford Hospital's High Risk pregnancy program, HHC Pain Program and The Brownstone clinic in Opioid treatment strategies.

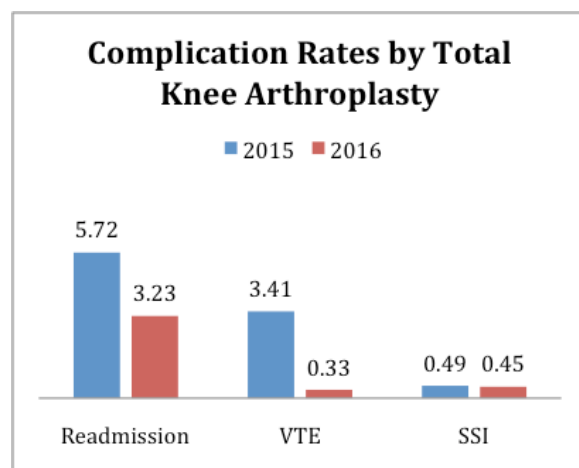
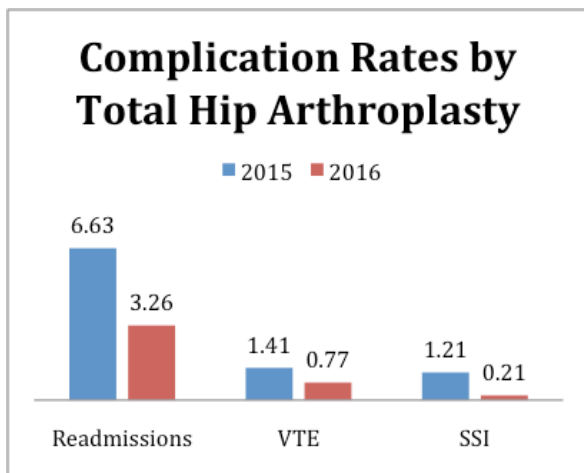
The BHN continues to develop knowledge and skills in opioid addiction treatment for psychiatry residents, medical students, physician assistants, nursing students and social work students who obtain practicum experience in our treatment programs.

Bone & Joint Institute

Since 2015, the Bone & Joint Institute (BJI) has been measuring quality metrics. Patients are called 60 days after operation to capture important data on post operation complications, emergency department visits, and readmission rates. Tracking the progress of patients and capturing metrics has helped drive quality improvement process in the BJI.

The Joint Commission has awarded BJI Disease Specific Certification for Total Knee Arthroplasty, Total Hip Arthroplasty, Total Shoulder Arthroplasty and Spine Surgery. The BJI has tailored its practice to meet new standards. Sixteen performance measures specific to these certifications are measured and reported monthly to BJI staff.

Key metrics are tracked including 30-day post-operative blood clots, readmissions and 90-day post-operative Deep Surgical Site.



Additional metrics include Transition to Home vs. nursing facilities for elective surgery patients. For Total Joint Arthroplasty, FY16: 77.8% of patients transition to home compared with 66.5% in FY15. Elective Spine patients were transitioned to Home in FY16: 85.8% compared with FY15:83.9%.

The Fragility Fracture program focuses on patients at high risk for fractures and analyzes data quarterly on a variety of metrics such as length of stay, time to OR, post-operative transfusion, major complications, readmissions, ED visits, disposition. Comparing FY16 to FY15, there was an 11% increase in volume, a reduction in ED visits by 33%, reduction of readmissions by 23%, LOS decreased from 6.13 days to 5.5 days and time to OR improved from 1.45 days to 1.19 days. Since the initiation of the program the complication rate has decreased in these patients.

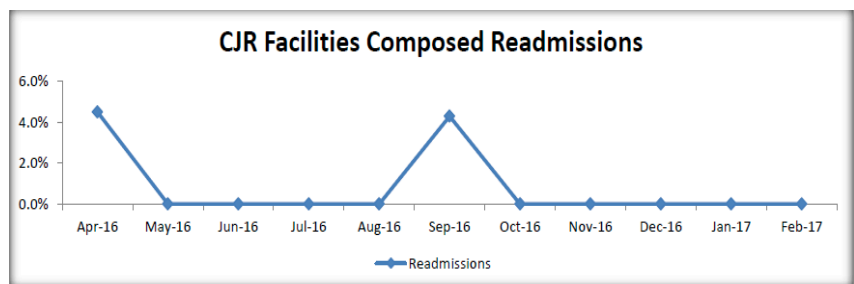
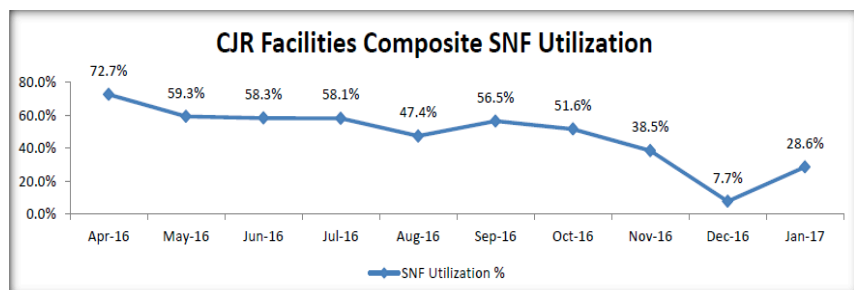
The goals in FY2017 are focused on the following:

- Improve outcomes in orthopedic spine patients with a goal of fewer post-op blood clots, readmissions and infections
- Achieve Joint Commission reaccreditation for TKA, THA, TSA, Spine-due Summer 2017

Comprehensive Care for Joint Replacement

Comprehensive Care for Joint Replacement (CJR) model is a CMS initiative which aims to support better and more efficient care for Medicare beneficiaries undergoing lower extremity joint replacement. The CJR program is a pilot being tested in selected counties in the United States. The goal is better outcomes for less cost. The model holds organizations accountable for quality and economic outcomes. The CJR model holds participant hospitals financially accountable for cost and quality of care from hospitalization to 90 days post-surgery. On a yearly basis, hospitals are responsible for paying Medicare if spending for care is greater than the target price set by CMS. If spending is less than the target price, payments will be made to the hospitals based on their quality composite scores which factor in complication rates and patient satisfaction scores. The goal of the CJR program is to increase coordination of care among hospitals, physicians and post-acute care providers.

Hartford Hospital, Midstate and Backus have been working in partnership to develop the CJR model. To do so orthopedic surgeons and Integrated Care Partners have been working together to focus on driving outcomes and decreasing costs. One area of focus has been to decrease the use of skilled nursing facilities following discharge from the hospital. Patients are able to return home sooner and begin rehabilitation at home. The results are excellent with improved patient satisfaction. This approach is enhanced with help from Hartford Healthcare at Home and the Rehabilitation Network.



Prior to implementing these interventions, only about 20% of knee and hip patients were going directly home. The transition rate to home is now an impressive 70%-80%. What has made the HHC CJR model successful is patient education. Encouraging the care team to communicate clearly with patients and their families has resulted in smooth transitions to the home. Surgeons have been expressing expectations for a home discharge with patients in their office before surgery. There has also been an increased emphasis on pre-op class attendance. On the inpatient side, narcotics are being used less post-operatively in order to meet the expectation of same day surgery ambulation. All along the care continuum, patients are consistently being educated on the benefits of home recovery.

Although we are pleased with the strides we have made, we will continue to monitor our performance as well as the performance of our partners. Together we are making a difference in patients' lives.

Integrated Care Partners

The Quality Payment Program, MIPS and the ICP Strategy

The Quality Payment Program improves Medicare by helping clinicians focus on care quality and the one thing that matters most — making patients healthier. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula, which threatened clinicians participating in Medicare with potential payment cliffs for 13 years. If a clinician participates in Medicare Part B, that clinician is identified as part of the dedicated team of clinicians who serve more than 55 million of the country’s most vulnerable Americans. These clinicians are required to participate in MIPS and may choose how they want to participate based on practice size, specialty, location, or patient population.

The Quality Payment Program has two tracks:

- Advanced Alternative Payment Models (APMs) or
- The Merit-based Incentive Payment System (MIPS)

If a clinician decides to participate in an Advanced APM, through Medicare Part B they may earn an incentive payment for participating in an innovative payment model.

If the clinician decides to participate in MIPS, that clinician will earn a performance-based payment adjustment.

All of the Hartford HealthCare physicians who are providers of care billing to one of our HHC ACO TINS, are considered to be in a MIPS APM. Clinicians who are not part of the HHC ACO are considered MIPS eligible clinicians.

What does this mean?

This means that all physicians in the HHC ACO will not have the additional reporting requirements that MIPS eligible clinicians are subject to, starting in 2017.

Who’s in the Quality Payment Program?

A clinician is part of the Quality Payment Program in 2017 if in an Advanced APM or billing Medicare more than \$30,000 in Part B allowed charges a year and providing care for more than 100 Medicare patients a year. The clinician must both meet the minimum billing and the number of patients to be in the program. If below either, the clinician is not in the program.

For MIPS, one must also be a:

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist



If 2017 is the first year participating in Medicare, that clinician will not be in the MIPS track of the Quality Payment Program.

Performance

The first performance period opened on January 1, 2017 and closes December 31, 2017. During 2017, CMS asks that clinicians record quality data and how they used technology to support their practice.

Send in performance data:

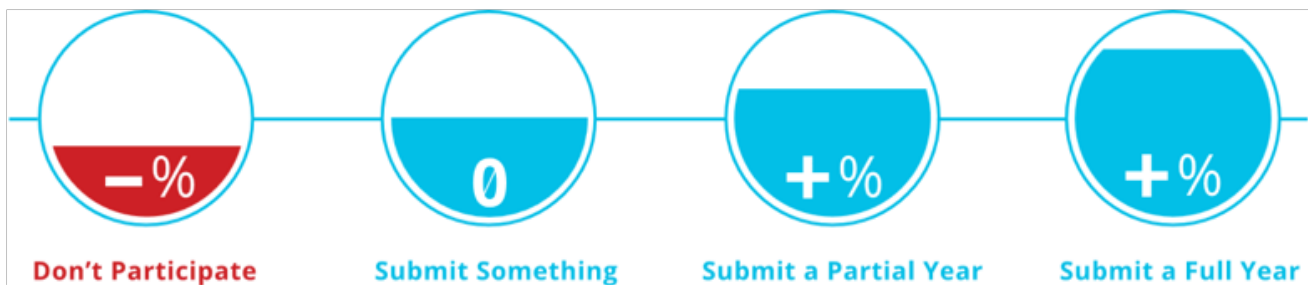
To potentially earn a positive payment adjustment under MIPS, CMS requires clinicians send in data about the care they provided and how their practice used technology in 2017 to MIPS by the deadline, March 31, 2018.

Payment

Clinicians may earn a positive MIPS payment adjustment for 2019 if they submit 2017 data by March 31, 2018. If a clinician participates in an Advanced APM in 2017, that clinician may earn a 5% incentive payment in 2019.

When does the Quality Payment Program start?

Clinicians can start anytime between January 1 and October 2, 2017 and will need to send in performance data by March 31, 2018.



To support ICP member clinicians eligible for MIPS, ICP has developed a MACRA/MIPS strategy. ICP has selected the core set of quality measures and activities across the MIPS performance categories that member clinicians are encouraged to perform and report to CMS via a qualified data registry. This will allow all ICP members, eligible for MIPS, to submit data to CMS and review performance via a single platform. The implementation of the qualified QCDR is planned to kick off in June 2017 for MIPS reporting readiness in October 2017.

Clinical Care Redesign

Clinical Care Redesign represents a new approach to transform care at Hartford HealthCare. The goal is to drive exceptional quality of care and cost efficiencies. It is the natural progression to achieving the HHC 5 Ones (One Registration, Health Record, Standard of Excellence, Bill and Relationship). The goals of Clinical Care Redesign are (1) improve clinical and quality outcomes, (2) reduce clinical and operational variation, and (3) reduce costs of care.

The Clinical Care Redesign model includes a multi-disciplinary team of clinical experts, project management and quality resources that will use standardized methodology and Lean practices to develop evidence-based best practice care pathways, best practice operational practices and streamlined procedural operations. The Advisory Board Company has partnered with HHC to assist in this process.

HHC has selected three clinical arenas to pilot and develop our initial efforts in redesign:

Medicine: Chronic Lung Disease, Pneumonia and Long Term Ventilator Management

- Quality Goals for Medicine:
 - Decreased mortality
 - Fewer readmissions
 - Fewer complications

Sepsis

- Quality Goals for Sepsis:
 - Decreased mortality
 - Fewer complications
 - Fewer readmissions

Surgery: Colorectal Enhanced Recovery After Surgery

- Quality Goals for Surgery:
 - Fewer readmissions and ED visits
 - Shorter hospital stay with more rapid recovery

Cardiovascular: Electrophysiology Lab, Catheterization Lab, Cardiovascular Surgery

- Quality Goals for Cardiovascular:
 - Improved time to treat heart attack in the Cath lab (door-to-balloon time)
 - Decreased mortality
 - Fewer readmissions and complications
 - Improved patient throughput
 - Lower cost of care through better efficiency and thoughtful management of supplies

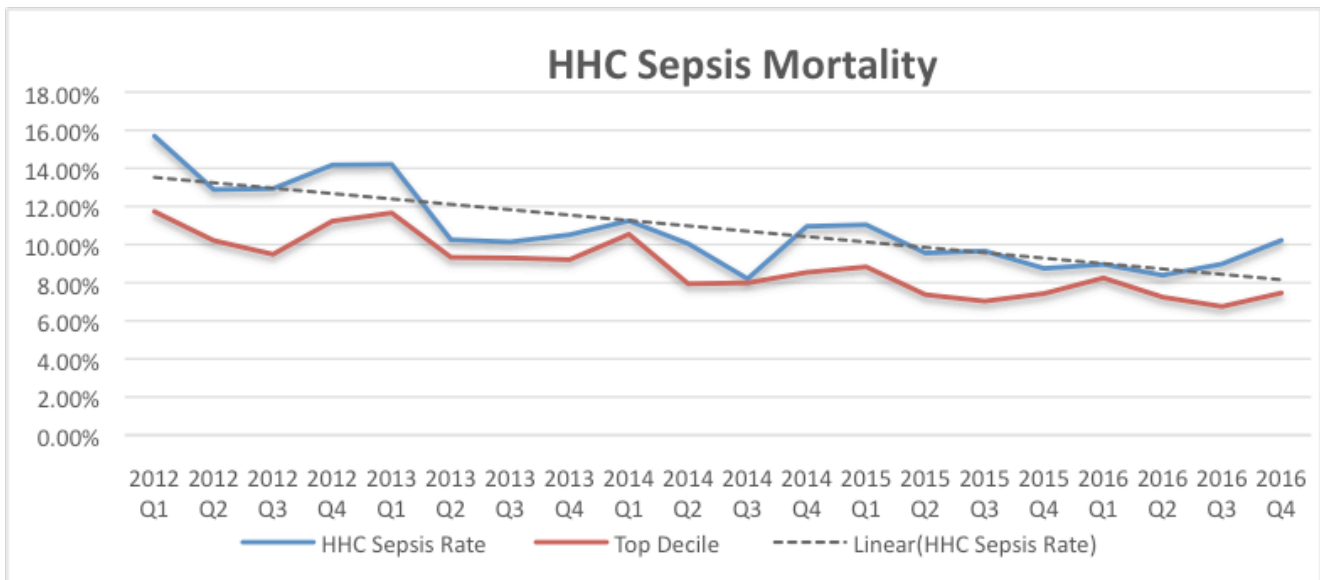
Infection Prevention

Sepsis

Sepsis is a leading cause of hospital deaths in the United States. Sepsis also results in a 75% higher length of stay, 50% more readmissions, and an annual cost of \$20 billion in the United States.

Sepsis is a complication caused by the body’s overwhelming response to an infection. Sepsis can be difficult to diagnose, especially in the early stages. Sepsis is a medical emergency where time matters. When sepsis is quickly recognized and treated, lives are saved. Clinicians at the bedside are the critical link to preventing, recognizing, and treating sepsis.

At Hartford HealthCare we have reduced sepsis mortality and saved lives by establishing a system collaborative. The AIM (Alert, Identify, Manage) initiative has worked across all inpatient sites, using a multi-disciplinary approach to educate, communicate and change the way we recognize and treat sepsis. Our commitment to reducing hospital acquired infections through hand hygiene and catheter use reduction has been an integral part of decreasing the incidence of sepsis.



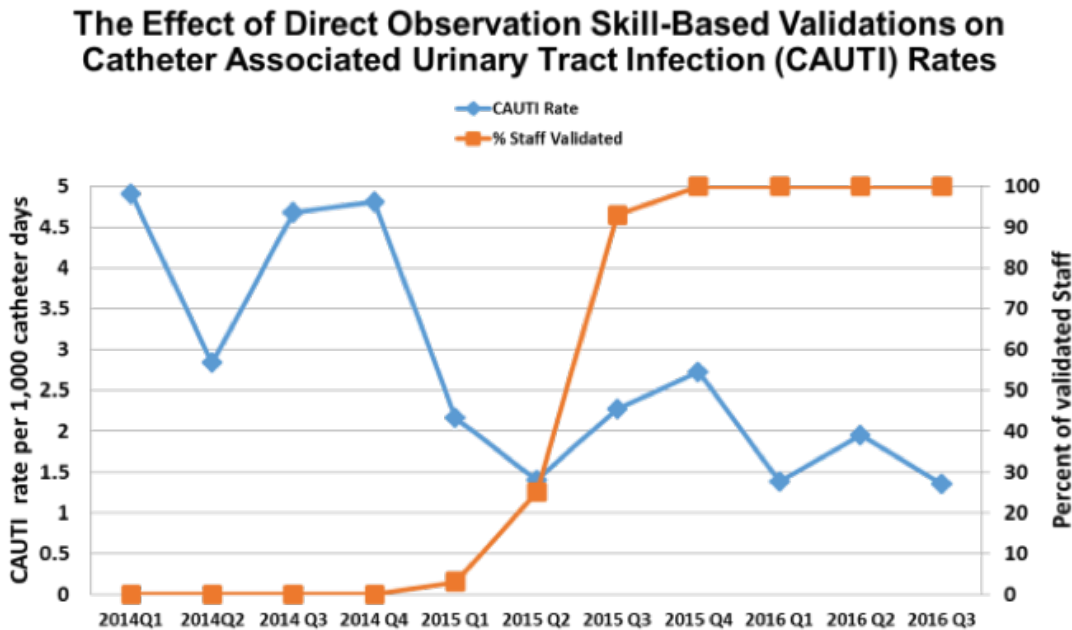
Catheter Associated Urinary Tract Infection (CAUTI)

Catheter Associated Urinary Tract Infections is one of the most common types of hospital acquired infection. Inserting a foley increases the rate of infection dramatically. It is important for healthcare organizations to focus on CAUTI in order to keep patients safe and free from infection.

Hartford HealthCare acute care facilities have seen a 54% reduction of Catheter Associated Urinary Tract Infections over a two year period. In 2014, a multidisciplinary team critically examined HHC CAUTI practices and discovered several opportunities including improvement in aseptic insertion, maintenance practices, and specimen collection practices, standardization of equipment and policies and protocols.

Revamping education was determined as the first course of action to reduce rates. The HHC Center for Education and Innovation (CESI) was instrumental in developing and dissemination a new training module. Re-education of nurses began in 2015 with a focus on the use of an insertion checklist, skill-based validation, electronic learning module, super-user training methodology, and an auditing process.

To date, 1,700 nurses have been validated on their foley insertion technique. Nurses have responded well to education that involves direction observation of their skills. The graph below shows the effect of this type of training and how it has impacted infection rates.



*It should be noted that although the National Healthcare Safety Network (NHSN) criteria for CAUTI changed during this time frame (2015 Q1), the new definition was applied to the baseline data for purposes of comparison for this study.

Lean Vignettes

In 2015 Hartford HealthCare leadership committed to strengthening our H3W Operating Model by integrating Lean management into our organizational culture. Lean management focuses on nurturing problem-solving, facilitating continuous improvement and eliminating wasteful practices to enhance organizational outcomes and, most importantly, the customer experience. With roots in the aviation and automobile industry Lean was slow to permeate healthcare settings until the last decade. There are now many Lean adopters in healthcare, though few have implemented in as comprehensive or as thoughtful an approach as we have at HHC. Now close to the tipping point, we are witnessing positive outcomes because of new ways of working and problem-solving across the system.

As an HHC Balanced Scorecard initiative in 2016 we developed a curriculum, trained over 400 leaders and implemented over 200 daily huddles where staff congregates for 15 minutes at standard HHC huddle boards. These huddle boards bring focus to key team efforts including short term and long term goals and prompt identification of opportunities that lead to rapid improvement. Following Lean training, teams adopted specific standard elements in the workplace such as standard work, coaching and rounding. By the end of FY2017 more than half the work groups at HHC will have a huddle in place, with those in remote settings supported by virtual boards on SharePoint.

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The examples below represent just a sampling of the outcomes HHC teams have achieved after embedding lean practices into their daily workflow:

- **At MidState ED ALOS improved by 30% to 155-165 minutes associated with a 60% reduction in Left Without Being Seen (drop by over 4 patients/day)**
- **At HOCC Inpatient Psychiatry ALOS decreased by 4.3 days (30.6% drop).**
- **Across HHC in-network referral rates to HHC at Home increased from 66% to 72% over a four month period**
- **At HHCMG Abandoned Call Rates dropped 20% in Specialty Care (7.2% to 5.8%) and 35% in Primary Care (8.9% to 5.8%) over a 6 month period**
- **At HH decreased number of phone calls made to patient during transition to Homecare from 14 to 2 phone calls**
- **At HH follow up physician appointments for CHF patients increased from 44% to 100% following a CHF Kaizen (rapid improvement event)**

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“Our changing environment requires us to continuously transform ourselves to meet our aspirations as a health system”, says Jeffrey A. Flaks, HHC president and chief operating officer. “Strengthening H3W with daily management increases our agility as an organization.”

CareConnect

Care Everywhere

Hartford HealthCare continues to implement EPIC in all clinical sites. The advantages of a single electronic health record Care Everywhere is an interoperability platform that supports record exchanges between practices, hospitals, and facilities on the eHealth exchange network, and members of the Epic community.

Since HHCMG Primary Care Go-live in August 2015, Hartford HealthCare has exchanged more than 2.4 million patient records, with more than 1000 hospitals, 1200 emergency departments, and almost 29,000 clinics. These outside records are brought directly into the Epic chart, where they are reviewed by members of the healthcare team.

HHC facilities have sent and received records from all 50 states. These records include problem lists, medication lists, allergy lists, immunizations, and laboratory and imaging results. These exchanges improve care coordination, increase patient safety, and decrease unnecessary tests. Care Everywhere helps ensure that patient's health data follows them wherever they receive care — whether it is a planned transition of care such as a referral, or for an unplanned transition such as visits to the emergency department.

Dragon Voice Transcription

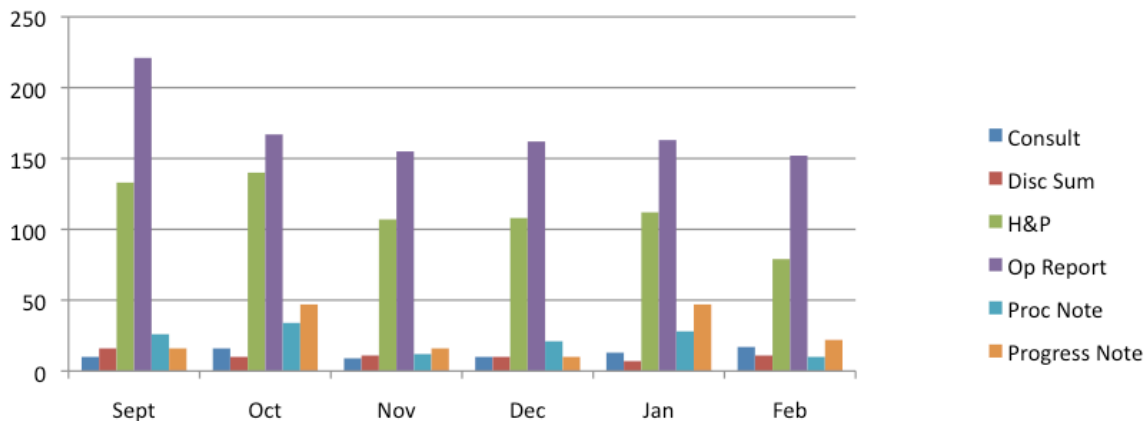
With the implementation of Epic Electronic Health Record, Hartford HealthCare explored options to minimize the amount of time that providers would need to spend in front of the computer, typing notes. Epic contains many tools that allow point and click functionality, but providers need to tell a story, and this is difficult to achieve through the use of pre-configured templates.

Dragon Voice Transcription is a technology that allows a user to speak into a microphone and have the words appear on the screen, as if typed. The program is available at all of our hospitals that are currently on the Epic EHR, as well as outpatient facilities and ambulatory practices.

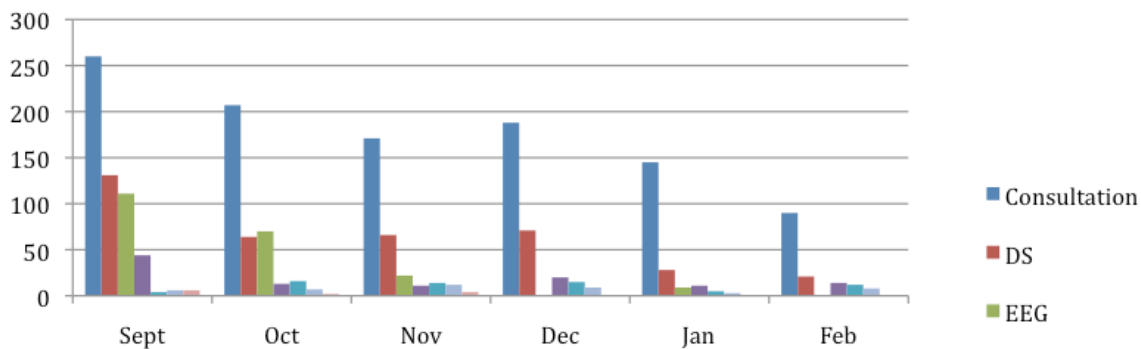
Dragon allows a provider to complete the chart real-time. No longer does the provider have to wait for the dictation to be typed and returned. The dictation/transcription is directly in the chart. It allows the provider to make corrections immediately. Patient safety is enhanced, as the note is immediately available to the members of the healthcare team.

The adoption of Dragon has been tremendous. For example, in the months prior to Hartford Hospital going live on Epic, there was an average of 4200 consults dictated and typed per month. In February 2017, there were 90 reports typed — all the rest were completed through the use of Dragon Voice Transcription. Similar findings are seen at all of our hospitals and clinics. There is an estimated saving of \$42,000/month through the decreased use of a transcription service. Almost 1,100 providers are currently active Dragon users, and Dragon is available to any member of the medical staff who wants to use it.

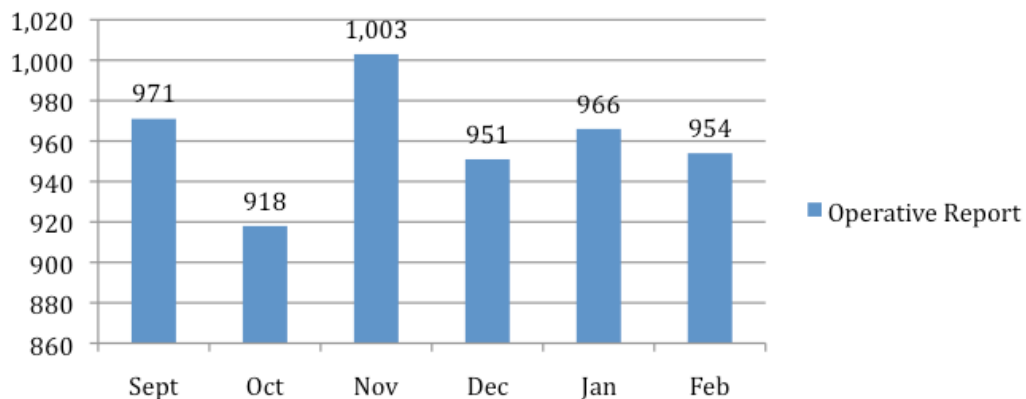
Post-EPIC Volume of Dictations by Report Types - MidState (Sep '16 - Feb '17)



Post-EPIC Volume of Dictations by Report Types - Hartford Hospital (Sep '16 - Feb '17)



HH Operative Report Dictation Volume (Sept '16 - Feb'17)



Interoperability Exchange Statistics

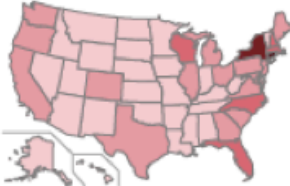
Hartford HealthCare

Care Everywhere Update - March 2017



We've exchanged patient records with organizations spanning

50
states



721,781
patient records exchanged in 2017

1,583,273
patient records exchanged in 2016

2,408,223
since Care Everywhere Go-Live in 2015

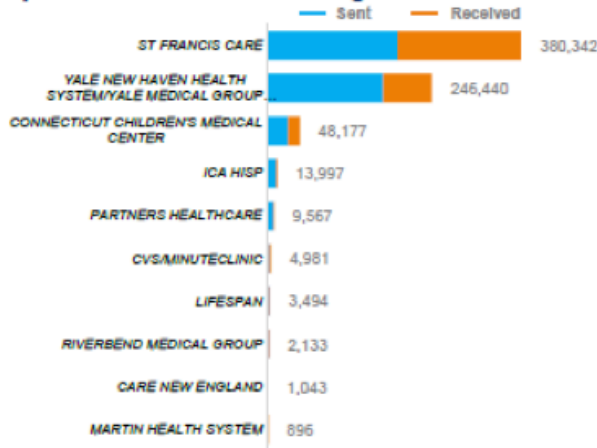
We've exchanged patient records with more than

1,020
hospitals

1,280
emergency departments and

28,920
clinics

Top Patient Record Exchange Partners In 2017



Incorporated Outside Data

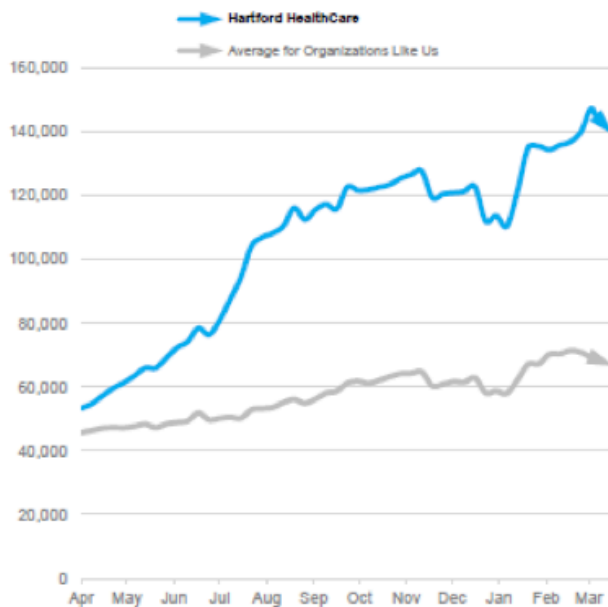
In the past month, clinicians added:

Problems	Allergies	Medications	Dispenses	Immunizations
18,065	5,466	15,011	56,177	2,037

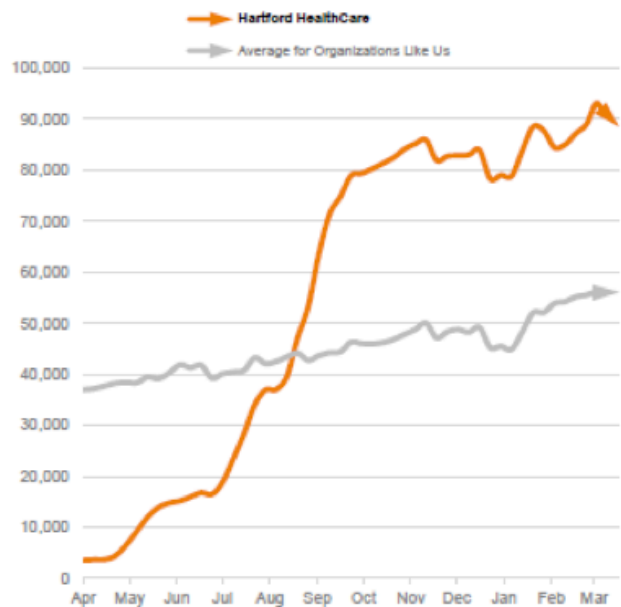
Implemented Features

- Carequality**
Go live with the framework to connect to networks of providers across the country
- Government Connections**
Connect to the SSA, DoD, and VA

Patient Records Sent



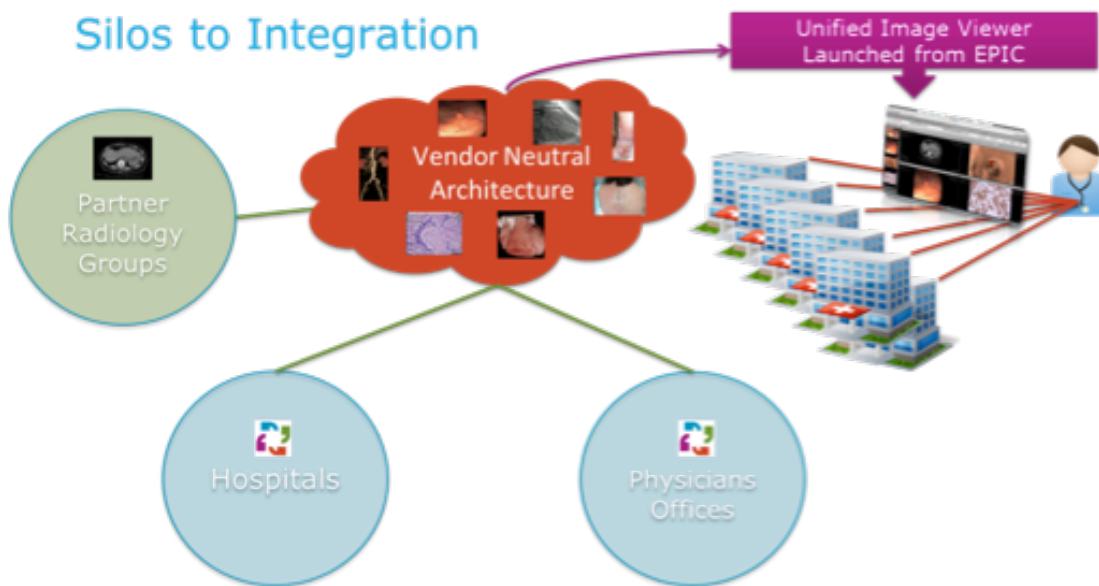
Patient Records Received



ImageConnect

Imaging is More than a Picture – It is Integral to Quality Outcomes

Medical imaging is perhaps the most valuable tool available to physicians today. Imaging is central to the diagnosis and treatment of most conditions. For medical imaging information to be clinically relevant, it must provide the right study with the right equipment at the right time — rapidly and efficiently. In addition, clinicians must have immediate access to all images when caring for patients — historically our inability to identify all prior imaging has led to waste by ordering redundant tests. These repeated studies add cost and expose patients to unnecessary radiation. The need to share medical imaging information is a critical part of an organization's strategy to respond to healthcare reform by improving customer experience, quality outcomes, provider efficiency, and reducing operational costs. Interoperability is imperative where providers can share and view clinical imaging data across organizational borders with affiliated practitioners, groups, hospitals and health systems.



ImageConnect – HHC’s Clinical Imaging Integration Platform

ImageConnect is HHC’s foundational platform to enable HHC’s vision of “a seamless scalable integrated clinical imaging solution, to allow viewing of a patient’s imaging history regardless of where, how or in what format the image was acquired.” The strategy of ImageConnect includes consolidation of our imaging informatics assets across all specialties, clinical campuses, and imaging practices in our ecosystem of integrated healthcare delivery and beyond. ImageConnect is fully integrated into our Epic electronic health record. With ImageConnect, our clinicians have full awareness of all studies performed and can view the images on their screen with the click of a mouse button.



How will ImageConnect Accomplish This?

All medical images from our ecosystem are transferred to HHC's vendor neutral archive (VNA) "cloud." Our patients' images are then accessible to our clinical providers on a unified system-wide viewer that can be launched from within Epic or with a secure link from any browser.

All images from Radiology, Cardiology, Pathology and all other specialties can coexist on one system and viewer. A VNA is an intelligent imaging management solution that provides scalable image information and life cycle management so that images and related information can be queried, stored and retrieved in a manner that is defined by open standards at multiple department, enterprise and regional levels while maintaining privacy and security of our patients' data. It affords HHC "future proofing" opportunities by controlling the expense and efforts of frequent technology upgrades without having to migrate, convert or change data formats or expensive interfaces.

Where are we along the ImageConnect Journey?

All Radiology images from all our acute care facilities, except for Backus Hospital which is slated for October 2017, are now available via an integrated frictionless EPIC user interface. We are also in the process of connecting our Hartford HealthCare Medical Group (HHCMG) ambulatory offices to the VNA to add to the growing number of entities connected to the platform. The days of siloed Radiology environments are rapidly disappearing in the transformation to comprehensive integration. Integration of all the other medical specialty imaging is being planned for the near future.

ImageConnect Driving Value for HHC

Improved Quality: ImageConnect reduces the need to repeat studies on patients by creating a master list of studies and reduces the need for unnecessary radiation exposure. Images are frequently transported on CDs — ImageConnect eliminates the need to manage digital media. Our patients must pick up discs and bring them to the doctor's office. ImageConnect does this seamlessly via the internet. ImageConnect also brings evidence based clinical decision support through Epic, assisting the clinician in ordering the right test.

Customer Experience: Imaging data follows patient across the healthcare system

Clinical Provider Experience: Significantly increases healthcare provider efficiency by not having to access multiple different imaging systems

Cost: The ImageConnect platform is scalable and supports HHC growth. New affiliates of HHC can readily adopt this technology in a cost effective way.



How Hartford HealthCare Works (H3W) Reaches Major Milestones in 2016

This was a milestone year on several fronts in Hartford HealthCare's H3W journey.

Through Lean training and the diffusion of Daily Management throughout HHC we are strengthening our H3W operating model. As of September 2016, staff on more than 230 units across HHC have now implemented daily huddles as one of the critical elements in how we work at Hartford HealthCare.

Daily Management — a systematic approach to supporting teams in meeting their customer needs and in achieving their goals in the workplace — was initiated in a successful design phase in 2015. The model engages staff in identifying and addressing opportunities for improvement, aligns team focus with organizational goals, and incorporates leadership presence in the workplace through rounding and coaching.

“Our changing environment requires us to continuously transform ourselves to meet our aspirations as a health system”, says Jeffrey A. Flaks, HHC president and chief operating officer. “Strengthening H3W with daily management increases our agility as an organization.”

We are fortunate at Hartford HealthCare to have a solid cultural foundation upon which we are introducing daily management and other lean practices. This foundation is characterized by clearly defined organizational values and H3W Leadership Behaviors. In 2016 at HHC, we completed the formal training of more than 18,000 employees in H3W Leadership Behaviors. This additional milestone was reached during a session in August at the System Support Office in Norwich. This number — which represents the approximate number of HHC employees — was set as a balanced scorecard goal when H3W was launched across the system more than five years ago.

“We started this journey about five-and-half years ago with the notion of bringing out these 10 leadership behaviors which have become such an essential part of the work we do and the work that is in front of us. I am so proud of all of you, of all of our facilitators, and all of our 18,000 staff who represent the great work that gets done in our organization,” said Elliot Joseph, chief executive officer who, along with several other members of the HHC executive leadership team, made a surprise visit to help kick off the session on August 9.

H3W was launched at Hartford Hospital in 2009 based on a model with origins at MidState Medical Center 20 years ago and has been deployed system-wide, with a strong emphasis on staff engagement, accountability, idea generation, and organizational communication, as well as recognition and celebration. Our focus on H3W Leadership Behaviors across the organization is designed to create a common, culture of respect, accountability, and honesty. With the recent training in lean concepts and embedding the implementation of daily huddles, rounding, and coaching there is a heightened focus on continuous improvement and the notion that “improving the work is the work.”

“This is a huge organizational milestone,” said Tracy Church, executive vice president and chief administrative officer. “H3W allows us to put words into action...We have the tools, training and skill-building to be better partners and to be able to deliver the best care and utmost experience to our patients, their families and our communities.”

HHC: Highlights of Awards and Recognition

- **The Hospital of Central Connecticut** received the Get With the Guidelines® - Heart Failure Silver Achievement Award for continued success in applying the most up-to-date evidence based treatment guidelines.
- **Hartford Hospital and The Hospital of Central Connecticut** have received the Healthgrades 2016 Distinguished Hospital Award for Clinical Excellence.
- **Backus Hospital** was one of only four hospitals in Connecticut to be named to Harvard Pilgrim Health Care's prestigious "Honor Roll," for maintaining the highest standards for patient care, patient experience and patient safety.
- **HHC at Home** Hospice Program received the We Honor Veterans Level Four, the highest recognition in this program. This is the only Hospice program in Connecticut to receive this prestigious award.
- **Hartford Hospital** and **William W. Backus Hospital** were named as meritoriously performing ACS NSQIP hospitals. Based on the July 2016 ACS NSQIP Semiannual Report data, the hospitals have been identified as achieving a meritorious composite quality score based on a combination of eight surgical outcomes.
- **The Hospital of Central Connecticut** Stroke Center has been awarded the Stroke Gold Plus and Target Stroke Elite Plus Honor Roll Award. This is the highest National award from Get with the Guideline and the American Heart and Stroke Associations. It directly relates to the quality of our inpatient care of our Stroke patients.
- Dr. Ross Albert, chief of palliative medicine at **Hartford Hospital** and medical director of **HHC at Home** hospice and HOPE palliative care teams, received the 2016 Hastings Center Cunniff-Dixon Physician Award. This award is only given to five physicians across the nation.
- Dr. Jack Ross Chief of Infectious Disease at **Hartford Hospital**, and Chris Werner, RN attended a meeting with Premier and the Centers for Medicare and Medicaid to discuss quality metrics around Sepsis.
- Thomas Nowicki, M.D., Director of Cognitive Simulation at the **Center for Education, Simulation and Innovation (CESI)**, and Stephen Donahue, Program Director at CESI, presented two programs (*Integrating Simulation with Risk Management to Improve Patient Safety and Mitigate Malpractice Exposures* and *Automated Competency Assessment Platform (ACAP)*) at the International Meeting on Simulation in Healthcare which is the annual meeting for the Society for Simulation in Healthcare. This was a program presented in partnership with MRM.
- Dr. Rocco Orlando continues to represent **Hartford Hospital** on the Premier Clinical Strategic Advisory Council. This group advised Premier on setting and advocating for a patient-centered and cost-effective quality agenda at the national level.
- Dr. Rocco Orlando's *High Reliability in a Health System: Essential, but Not Sufficient* presentation was accepted as a breakout presentation at the 2016 Safety Summit in Chicago, IL.

- Our surgical NSQIP Team had all of their submissions accepted for the American College of Surgeons (ACS) conference including:
 - > Case Study: NSQIP Data Helps Identify Key Patient Subset For Post-Operative Venous Thrombosis Emboli (“VTE”) Reduction
 - > Podium & Poster Presentations:
 - Surgical Performance Improvement in a Health System - ACS NSQIP and a System Surgical Council as a Driver for Change
 - NSQIP Data Helps Identify Key Patient Subset For Post-Operative VTE Reduction
 - > Poster Presentations:
 - ACS NSQIP Unites Multidisciplinary Professionals to Improve Patient Outcomes
 - A System-Wide Inter-rater Reliability Process Improves Abstraction Reliability and Increases Surgical Clinical Reviewer Versatility and Skill

- Elliot Joseph delivered the keynote address titled “Championing the Transformation of Health Care Delivery to Create Efficient, High Quality Health Networks” at the Press Ganey Executive Experience Summit in Boston.

- The Clinical Sciences Institute (CSI) of Optum reviewed a recent survey provided by the **Hartford Hospital** Bariatric Centers of Excellence (COE) network. This facility meets clinical qualification and maintained a cost effective contract for participation in the network.

- Four abstracts we submitted and accepted as poster presentations for the annual American Society for Metabolic and Bariatric Surgery (ASMBS), conference in New Orleans this November.
 - > Best practices for Real-Time Data Management Workflow using MBSAQIP
 - > Implementing an Inter-Rater Reliability Process to Improve Data Accuracy
 - > Hernia Case Determination: Development of a Rubric for Accurate Data Reporting
 - > Self-reported taste changes and food/physical activity preferences correlate with successful weight loss in females who underwent bariatric surgery

- Jo Friese and Patrick Turekw presented, “Breaking the Code: Using Plain Language Emergency Communication to Improve Safety in a Developing Healthcare System,” at the 2016 National Healthcare Coalition Preparedness Conference in December in Washington, D.C.

- Dr. Jack Greene and Pepper Sobieski presented a talk entitled *High Reliability, Necessary But Not Sufficient* at the annual Press Ganey High Reliability Summit in Chicago in September. They discussed the HHC approach to embed High Reliability training in our H3W operating model.

- Our Bariatric Surgery team had an impressive performance at Obesity Week in New Orleans in November with four presentations:
 - > Best Practices For Real-time Data Management Workflow Using MBSAQIP. Stone A, Tishler D, Papasavas P, Sobieski P, Strange S. American Society for Metabolic and Bariatric Surgery, 33rd Annual Meeting.
 - > Implementing an Inter-Rater Reliability Process to Improve Data Accuracy. Stone A, Tishler D, Papasavas P, Sobieski P, Strange S. American Society for Metabolic and Bariatric Surgery, 33rd Annual Meeting.
 - > Hernia Case Determination: Development of a Rubric for Accurate Data Reporting. Strange S, Stone A, Tishler D, Papasavas P. American Society for Metabolic and Bariatric Surgery, 33rd Annual Meeting.
 - > Self-reported taste changes and food/physical activity preferences correlate with successful weight loss in females who underwent bariatric surgery. Stone A, Papasavas P, Swede H, Rawal S, Tishler D, Duffy V. American Society for Metabolic and Bariatric Surgery, 33rd Annual Meeting.

Every Moment Matters: Building a Better Experience

Sometimes even the best medicine cannot compete with a favorite meal and a visit with family to make a patient feel better.

That's what a care team at Backus Hospital discovered recently while caring for a patient who was in isolation for a month recovering from an infectious disease.

Because of strict contact restrictions, the young mother's three small children could not come to the hospital. They missed each other terribly.

To help them stay in touch, Backus staff members loaned the patient an iPad, allowing her to communicate with her family via FaceTime. They also brought her a care package from her favorite fast-food restaurant.

While the patient was healing physically because she received outstanding medical treatment, she was also feeling better emotionally because she was receiving compassionate care.

It is this type of small, seemingly insignificant gesture, said East Region President Bimal Patel, that will define Hartford HealthCare over the next three to five years, making it the regional healthcare system where people know they will not only get excellent care, but also they will truly be well cared for.

In 2016, Hartford HealthCare launched a major, multi-year campaign to transform itself into an organization focused on customer experience. President and COO Jeffrey A. Flaks likened it to a "moon shot."

"We are talking about creating an organization where empathy is at its very heart," Flaks told system executives gathered at regional quarterly Leadership Forums in October. "Every leader will have personal goals relative to how we improve the employee and customer experience."

To help the organization focus on experience, Flaks and system CEO Elliot Joseph introduced our new rally cry — Every Moment Matters. More than a slogan, Flaks said, it's a reminder that every experience, every interaction, every decision point, every single moment, is an opportunity to display discretionary effort, to be more in the moment, to listen and to demonstrate how much we really care.

Joseph said focusing on the patient/customer experience is the next step in Hartford HealthCare's journey to become the region's most trusted health system for personalized, coordinated care. He said the steps the organization has taken over the past eight years — creating our H3W culture of continuous improvement; building a network that provides more outpatient and community care, with less emphasis on inpatient care; and improving quality with initiatives such as hand hygiene — has gotten us ready.

"We touch people hundreds of thousands of times in so many settings," Joseph said. "When people see our logo, it has a meaning about what touches their heart."



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