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Awards are great, but vigilance hardwires safety into our culture

Quality and safety are expectations in healthcare. Whether people come to us for a lifesaving procedure or a routine medical need, first they must trust us. We earn that trust every day.

We earn trust by providing safe environments, practicing safe care and working together at every level to eliminate harm and elevate health. We reevaluate our processes and rededicate ourselves to these efforts every day. Only then, can we take stock of our many accomplishments, celebrate the recognition we receive — and remember that our success hinges on the essential, ever-present commitment to improving quality and contributions across all teams.

It is gratifying that our efforts to provide safe, quality care continually earn national recognition. Independent organizations like the Leapfrog Group, Healthgrades, U.S. News & World Report and others use clinical outcomes data to verify and recognize our results.

Earning awards is satisfying and celebrations of them are well deserved. But accolades are not why we do this hard work every day. Trophies are not why safety must be a hardwired part of HHC’s culture. As with our other values, practicing safety is who we are, and why we are here.

The COVID-19 pandemic tested us in so many ways. We met unimaginable challenges with unequalled innovation, unparalleled compassion, unsurpassed teamwork and true tenacity. And through it all we learned and grew safer and stronger.

You will see examples of our ongoing efforts in these pages:
• How we are using technology to be a true partner in care.
• The role of innovation in our quality journey.
• Our attention to creating and adhering to best practices.

At Hartford HealthCare, we have made tremendous and measurable strides in our safety journey — earning recognition for our efforts and continually enhancing quality and outcomes. We know there is always room to grow and we will never be satisfied with excellent, when there is an opportunity to do even better.

On behalf of my 30,000 colleagues at Hartford HealthCare, thank you for your interest in our quality and safety journey. It is our ongoing quest to consistently provide the best, most advanced care with a great experience to those we care for. Working together, we are helping people live their healthiest lives.

I am immensely proud of the efforts of my colleagues. As you will see in this report, our core values — caring, safety, excellence, integrity and equity — are at the forefront of everything we do and we will never lose sight of them.

Sincerely,

Jeffrey A. Flaks
President and Chief Executive Officer,
Hartford HealthCare

2021 Value Report
Safety & excellence are core values; who we are and what we do

Core to our mission, vision and values, quality and safety are embedded in our culture; who we are and what we do. Hartford HealthCare is an agile, coordinated and diverse care delivery system, exemplified by our commitment, sense of responsibility and passion to deliver the safest, highest quality, compassionate care.

Driven by a narrower vision to be widely recognized for clinical excellence, and informed by foundational and ongoing work to understand current state, we are guided in our journey to leading quality and safety performance by a thoughtfully and diligently-conceived quality and safety plan of execution. Through an environmental scan in parallel with an in-depth assessment of our quality and safety programs and initiatives, we seek to identify trends and implement best practices to consistently improve patient outcomes and experience. Learnings and best practices are applied in the areas of structure, payment models, publicly-reported measures, quality management, the role of data analytics, the role patients play in shared decision-making around their care, and more.

The plan of execution serves as the roadmap to guide Hartford HealthCare where we want and need to be as a healthcare system committed to quality and safety improvement and leading performance.

During the sustained difficult times brought on by the COVID-19 pandemic, the pride and admiration I have for the quality of care and commitment to safety and continuous improvement displayed by our teams cannot be overstated. As the Chief Clinical Officer, I see the dedication on a daily basis — in the form of compassion and discretionary effort and also through achievement of reputable publicly-reported awards and designations. To sum up only a piece of what gives me such immense pride, this report highlights some of the impressive work that goes on behind the scenes, resulting in such well-deserved public recognition and celebration of our teams’ efforts.

I am so proud of and confident in our teams that with unwavering commitment to quality, safety and continuous improvement, we will see sustained similar results, along with greater recognition of the tremendous work we are doing on our path to being widely recognized for clinical excellence.

The programs, initiatives and achievements outlined in this report reflect 2021 activity and performance, and exemplify how Hartford HealthCare defines “value” in new and original ways. The 2021 Value Report highlights Hartford HealthCare’s leading performance in quality and safety along with its best-in-class commitment to continuous improvement, led by a shared mission to deliver superior care and achieve better outcomes for the communities Hartford HealthCare is privileged to serve.

Sincerely,

Ajay Kumar, MD, MBA
Executive Vice President & Chief Clinical Officer,
Hartford HealthCare
Recognized leader for quality and safety performance

By design, Hartford HealthCare prioritizes quality and safety at all levels of the organization. At Hartford HealthCare we recognize that to achieve top performance, we must reinforce the long-term commitment to being a high-performing, high-reliability organization with the accompanying investment in quality and safety.

With that commitment, Hartford HealthCare strives to be a recognized leader in quality and safety performance, consistently providing the highest standard of care to patients. Represented through both long-term strategic priorities and annual improvement priorities, Hartford HealthCare focuses its efforts on near-term outcomes and sustained performance excellence in eliminating patient harm and preventable deaths, prioritizing community health, promoting our extensive clinical expertise and improving the culture of safety.

Success in eliminating harm and preventable mortality means improved quality and safer care, and improved perception and trust through publicly-reported quality ratings. These contributing factors to being a recognized leader for quality and safety performance have a symbiotic relationship. A just, blame-free culture, keen eye on addressing population health and continued strengthening of clinical best practice make for a highly reliable environment devoid of errors and in turn, harm.

We are on a specific path, with specific means to the specific sustained end of being recognized for leading quality and safety performance. Our plan of execution has led us to significant achievement in providing the safest, highest standard of care, as demonstrated in this report. Staying the course with our vision, goals and objectives, our path forward propels transformative change in quality and safety.

Sincerely,

Stephanie Calcasola, MSN, RN-BC, CPHQ
Vice President of Quality & Safety
Hartford HealthCare
BY THE (PLAY)BOOK
By The (Play)Book

Hartford HealthCare is committed to the quality care and safety of its patients. A commitment to quality and safety is demonstrated by a system of care poised to deliver on its mission, vision and values. At Hartford HealthCare all colleagues aim to establish a standard for quality and safety performance and continuously improve upon the care and experience provided to patients. A thoughtfully cultivated Quality & Safety Playbook functions as a ‘how-to’ resource guide for creating value through performance improvement. By applying improvement methodologies, Hartford HealthCare designs and improves upon its processes.

Structurally, the Quality and Safety Committee of the Hartford HealthCare Board of Directors is charged with oversight of quality and safety performance throughout the system to drive achievement of a vision to be widely recognized for clinical excellence and most trusted for personalized, coordinated care. Its primary purpose is to ensure a comprehensive system-wide quality and safety program is in place and functioning effectively at each of Hartford HealthCare’s acute hospitals and the non-acute community organizations. The Committee oversees patient safety and quality of care by establishing strategic goals, promoting transparency, monitoring performance on measures of quality and safety and periodically evaluating standards of medical staff credentialing, provider peer review and compliance with regulatory requirements across the system.

Updated annually, the Patient Quality and Safety Plan establishes a functional framework for continuously and systematically improving quality of care provided, patient safety, experience, processes and outcomes. The improvement process takes an organization-wide approach that is multidisciplinary and collaborative with the shared goal to provide safe, high-quality care. The plan helps stakeholders set priorities, align initiatives and create the direction for improvement opportunities. Key priorities and guiding principles provide the foundation for Hartford HealthCare’s successes, achieved through specific initiatives, all aimed at providing safer care across the continuum.

Guiding Quality and Safety Principles

- **Provide safer care by eliminating harm caused through care delivery**
- **Remove unnecessary care variation**
- **Share safety information and lessons learned to promote transparency**
- **Increase patient and family engagement in all aspects and levels of care**
- **Create and reinforce a Culture of Safety across the care continuum**

Hartford HealthCare’s true north is to be a recognized leader for quality and safety performance. All colleagues across the system work collaboratively and partner with organizations outside the system to establish sustainable programs that enable Hartford HealthCare to deliver a high standard of care in the safest environment and increase the likelihood of the desired health outcomes for patients. Each principle and priority with accompanying goals and change ideas represents a tangible set of guideposts paving the path to being a recognized leader in quality and safety performance.
Measuring Quality Performance

The National Quality Forum is an organization that works to catalyze improvements in healthcare. Its ABCs of Measurement pose the questions — How do patients know if their healthcare is good care? How do providers pinpoint the steps that need to be improved for better patient outcomes? And how do insurers and employers determine whether they are paying for the best care that science, skill and compassion can provide? — with the answer being, performance measures give us a way to assess healthcare against recognized standards.

Consistent tracking of performance measures that reflect rigorous scientific and evidence-based review represents a critical catalyst to continuous improvement work to ensure all patients are receiving the safest, high-quality care.

What healthcare systems and providers have come to know and refer to as “core measures,” help regulatory, accrediting and improvement organizations support healthcare providers by ensuring all are speaking the same language and being held accountable to a standard set of measures so the focus can be placed on improving the care delivery process and measurably improving quality of care outcomes. Many of these measures identified by groups including The Centers for Medicare and Medicaid Services, The Joint Commission, National Quality Forum, Agency for Healthcare Research and Quality, among others, focus on patient satisfaction, care outcomes and efficiency, and safety.

Hartford HealthCare’s tracking of a series of key performance indicators aligns with these important standard measures of healthcare quality and safety. Hartford HealthCare uses data to improve the healthcare delivery process. It has developed reliable solutions to formalize, manage and analyze data to meet objectives and drive results.

In fiscal year 2021, Hartford HealthCare met or exceeded goals set around improving the patient experience and providing safe, high-quality care.

- Patient experience as measured by results from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), shows how satisfied patients are with the care provided.
- Patient Safety Indicators provide information on safety-related adverse events occurring in hospitals following operations, procedures and childbirth.
- Hospital-acquired infections can cause extended length of stay, months of follow-up and potential death in certain cases.
Reduction in incidence of patient safety indicators and hospital-acquired infections improves patient safety as reflected in publicly-reported quality ratings.

- Blood Pressure and Hemoglobin A1C are the most consistent metrics of community health and wellness and important for chronic care and population health management.

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<td>Hemoglobin A1C: Improved Hemoglobin A1C control by 3.3% from fiscal year 2020 baseline performance</td>
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High Reliability

Hartford HealthCare is committed to being a high-performing high-reliability organization (HRO). The most important promise we make to those we care for is safety. At Hartford HealthCare we commit to promoting safe environments, performing safe care and working at every level to eliminate harm and elevate health. This commitment is a defining characteristic of an HRO.

On our journey to optimizing Hartford HealthCare’s culture, we are guided by the high-reliability principles of transparency, communication, accountability, continuous learning and improvement. Over the past several years, Hartford HealthCare has been focused on building an organizational culture centered on continuous improvement to deliver higher standards of performance for our colleagues, patients and communities.
The CHAMP Safety Behaviors are for all of us, all the time. They are used to reduce errors. Safety behaviors help us make every moment matter.

- **COMMUNICATE clearly**
  With over 30,000 colleagues across Hartford HealthCare, communicating clearly has never been more important for creating and maintaining a culture of safety. We all come from diverse backgrounds and unique perspectives, both personally and professionally, which means that we each bring our separate realities to every given situation. This influences the way we see ourselves and others, the assumptions we make and how we communicate, making our safety habit of communicating clearly so important.

- **HANdOFF effectively**
  Designed to provide a seamless transition when communicating important information during a handoff or transition of patient care or project. We provide effective handoffs of patients, tasks and materials to ensure understanding and ownership.

- **ATTENTION to detail**
  Designed to prevent us from making skill-based errors — those unintended slips and lapses when we perform familiar, routine acts as if we are on auto-pilot without even thinking. We want to pay attention to details to add intention to those critical safety tasks — to slow down when the hand is operating before the head. We also want to reduce the chance of making an error when we are under time pressure, distracted or stressed.

- **MENTOR and coach others**
  200% accountability — think of this as “I’ll look out for you and you look out for me.” It means we look out for each other to catch each other’s mistakes while at the same time building a greater sense of accountability. This is all about helping others do the right thing and expecting that they will help us to do the right thing, too. We do it to help each other perform at our individual best and for the team to reach higher performance levels.

- **PRACTICE a questioning attitude**
  It is about training ourselves to be comfortable with asking clarifying questions, even if it means slowing down the process we are involved in.

Hartford HealthCare is building a safety culture where the components trust, report, and improve work effectively to reinforce each other and produce a stable culture that sustains high reliability. Hartford HealthCare has made a lot of progress on the road to high reliability and we have more work to do.
Culture of Safety

Two major changes that healthcare organizations need to make in order to progress towards high reliability are steadfast commitment to achieving zero patient harm and a fully functional Culture of Safety throughout the organization. A culture of safety is fundamental to driving improvement in patient safety. All at Hartford HealthCare commit to strengthening a culture of safety by building trust, modeling leadership behaviors and creating an environment that promotes psychological safety and continuous learning.

New and revamped programs are designed to recognize Good Catches, make Hartford HealthCare a place where colleagues feel free to raise safety concerns and, together, while practicing high reliability principles of transparency, communication, accountability, continuous learning and improvement, do the kind, just, best, right, and safe thing.

A Good Catch is an action that prevents a gap in generally accepted practices from reaching a patient, visitor or colleague. Good Catches can be clinical or non-clinical.

Through events reported in our safety event reporting system, Riskonnect, Hartford HealthCare colleagues are encouraged to nominate individuals for the Good Catch award based on the following criteria:

- Use of specific high-reliability behaviors to impact patient safety, quality of care and/or service to patients, visitors and staff
- Initiate a crucial conversation to address unsafe acts and set behavioral expectations in the following areas: teamwork, collaboration, safety, accountability and communication (speaking up)
- Take specific action to improve safety culture

Each day, hundreds of patients entrust their care to Hartford HealthCare. Caring for others and supporting those who provide patient care is a responsibility that all Hartford HealthCare colleagues take seriously. Because of that, it is important that all understand how errors occur so that all can continuously improve upon preventing them. At Hartford HealthCare, standard work has been established across the system to report, track and follow up on all safety events. Encouraging reporting of and classifying the severity of event types allow providers to apply the appropriate level of mitigation to prevent similar events from repeating themselves.

The goal of event reporting is to keep each and every one of us — patients, providers, visitors, colleagues — free from harm. Timely event reporting helps identify where a potential risk exists and prevents continued and future harm. Hartford HealthCare’s desire to promote continuous improvement through increased safety event reporting is reflected in the prioritization of goals, dedicated to improving the culture of safety. One goal is to improve safety and clinical quality through an improved culture of safety as measured by survey responses to the culture of safety question in the Press Ganey Engagement Survey, “I can report patient safety mistakes without fear of punishment.” Another goal aims at improving the culture of safety by increasing event reporting through Riskonnect.
For event reporting at Hartford HealthCare, one standard safety reporting system has been adopted — Riskonnect. Reporting safety errors allows Hartford HealthCare to improve processes, and is an integral part of the safety culture and becoming a high performing HRO. It is important to remember that Serious Safety Events and other errors also impact colleagues. In Hartford HealthCare’s “Just Culture,” people understand what is expected and are supported by an environment that is equitable, fair, and based on trust. Colleagues are recognized for doing the right thing, and also empowered to ask the tough questions through courageous conversations, and to challenge a situation when it does not seem right.

Event reports are used to work on system problems, improve patient care and reduce risk for all within the organization. Leaders review event reports at the local, regional, institute and system level. The goal is to review and resolve events as quickly as possible. Improvements, concerns, lessons learned are communicated via safety huddles, and in multidisciplinary clinical committee meetings.

Hartford HealthCare recognized the 1-year anniversary of the first fully formalized system-wide Safety Huddle — focused on the perioperative space — which has since been adopted across the system as best practice. Safety huddles foster timely communication of safety events to providers, and unit and/or specialty-specific staff across the system. They also help identify opportunities to improve and standardize processes and the policies and the procedures that support them.
Regulatory Readiness

Healthcare regulations and standards are necessary to ensure compliance in providing safe health care to every individual who accesses a healthcare system. Healthcare regulatory agencies monitor practitioners and facilities, provide information about industry changes, promote safety and ensure legal compliance and quality services. Federal, state and local regulatory agencies often establish rules and regulations for health systems, and their oversight is mandatory. Some other agencies, such as those for accreditation, require voluntary participation but are still important because they provide rankings or certification of quality and serve as additional oversight, ensuring that health care organizations promote and provide quality care.

Some regulatory agencies that protect, support and regulate public health are:

The Centers for Medicare and Medicaid Services

The Centers for Medicare and Medicaid Services (CMS) is responsible for creating health and safety guidelines for U.S. hospitals and healthcare facilities, including introducing and enforcing clinical and quality programs. As a government payor, CMS also reimburses care facilities for its Medicare patients’ healthcare services. In addition to regular care costs, CMS utilizes penalties for care facilities performing below its clinical and quality standards—usually fines or lower reimbursement rates. CMS rewards hospitals with payments based on either how well they perform on certain quality measures or how much they improve their performance.

The Joint Commission

The Joint Commission (TJC) seeks to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. TJC sets its standards and establishes elements of performance based on CMS standards. CMS has endorsed TJC for having standards and a survey process that meets or exceeds the established federal requirements. TJC conducts complaint-based investigations and surveys on behalf of CMS. An independent, not-for-profit organization, TJC is the nation’s oldest and largest standards-setting and accrediting body in health care. Health care organizations, programs, and services voluntarily pursue accreditation and certification. To earn and maintain The Gold Seal of Approval® from TJC, an organization undergoes an on-site accreditation or certification survey by a TJC survey team at least every three years. This visit is called a survey. During the survey, surveyors randomly select and review patient medical records to evaluate standards compliance. TJC accreditation is woven into the fabric of a health care organization’s operations. In addition to accreditation, TJC Commission offers specialty certification for more than five specialties, signifying that the specialty has met rigorous standards of care based on data collection guidelines and consistent use of best practices and an engaged, collaborative approach.
The Department of Public Health
The Connecticut Department of Public Health (DPH) licenses and certifies Connecticut hospitals. This means that the hospitals must meet certain rules and regulations in order to care for patients and receive payment. DPH conducts rigorous surveys every two years to issue an operating license to all inpatient facilities. One function of DPH is to investigate complaints about any facility they license. Complaint investigations involving a hospital visit are unannounced. The DPH might look at the hospital’s medical records, talk to and observe staff members and inspect the hospital. Once the investigation is done, the hospital gets a letter from DPH stating their findings. If the investigation finds a quality violation, DPH issues a report outlining the findings. The hospital will then respond with a plan to correct those concerns. If needed, DPH may return to the hospital to confirm the corrections to alleviate the concerns have been implemented.

Occupational Safety and Health Administration
Occupational Safety and Health Administration (OSHA) ensures safe and healthful working conditions for workers by setting and enforcing standards and providing training, outreach, education, and assistance. OSHA enforces its regulations and standards by conducting inspections based on priority, such as an imminent danger situation, fatality, or a worker complaint. OSHA citations are not issued as a penalty for an injury or fatality. Instead, they are issued to address violations of OSHA standards and for safety hazards identified by the OSHA compliance officer.

In fiscal year 2021, Hartford HealthCare established an aligned accountability model for clinical and environment of care regulatory readiness. Integration of a comprehensive regulatory readiness program provides Hartford HealthCare with the necessary structures to provide high-standard care by reducing variation across care sites. The regulatory readiness program comprises Hartford HealthCare’s executive leadership team, senior leadership team and subject matter experts from all functional departments, including but not limited to quality management, infection prevention, nursing, pharmacy, facilities, and informatics. In 2021, Hartford HealthCare had several visits from regulatory agencies with no resulting findings or issues of non-compliance with standards and a number of certifications and designations from TJC, including the first and only Certified Comprehensive Cardiac Center in New England and the first in the country to earn TJC Certificate of Distinction for Advanced Spine.
Public Reporting

Public reporting is a strategy designed to assess quality and cost in healthcare delivery systems. The intent of publicly reported measures is to provide consumers, payers and healthcare organizations with insight into an institution’s standard of care. Performance reporting includes report cards and star ratings on the U.S. Centers for Medicare and Medicaid Services’ (CMS) Medicare.gov Care Compare website, letter grading from the Leapfrog Group, national ranking through U.S. News & World Report and granting of awards from Healthgrades.

Advocates of public reporting believe transparency around clinical performance helps consumers make informed decisions when choosing care providers. Additionally, advocates cite public reporting as a tool for employers, payers and healthcare institutions when considering strategic partnerships and initiatives. Providers and health plans, in turn, are motivated to improve performance to strengthen their reputations and demand for their services. Publicly reported information may also be helpful for policymakers when assessing performance and value.

The current challenge is finding ways to make public reports more relevant, useful and comprehensible to consumers. At times, publicly reported quality information is highly variable and challenging for the average consumer to interpret, understand and use. Because public reporting is increasingly considered as a lever to drive performance and increase the consumer’s confidence in choosing where to access care, it is becoming a bigger part of an overall strategy to improve a system’s quality of healthcare provided. The achievement of notable letter grades, awards, ratings and rankings demonstrates Hartford HealthCare’s investment in public reporting participation and exemplifies its commitment to continuous improvement.

The Leapfrog Group

The Leapfrog Hospital Safety Grade assigns letter grades to hospitals based on their record of patient safety (i.e., errors, injuries, accidents and infections). The Leapfrog Hospital Safety Grade is the only hospital rating focused exclusively on hospital safety. Its A, B, C, D or F letter grades are a quick way for consumers to choose the safest hospital to seek care.

Several of the measures included in Leapfrog’s annual survey are aligned with other national agencies and organizations such as The Joint Commission, the Centers for Disease Control and Prevention (CDC) and CMS. The Leapfrog Hospital Survey provides hospitals with the opportunity to benchmark their performance on these national measures against other hospitals in their state and across the nation. Hospital results are publicly reported.

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In addition to Hartford HealthCare’s commendable performance in prioritizing safety as demonstrated by its Leapfrog Hospital Safety Grades, Hartford Hospital was recognized as a Top Teaching Hospital by The Leapfrog Group. Given to only 72 hospitals in the nation for excellence in quality and safety, Hartford Hospital is the only hospital in Connecticut to be recognized with this distinction.
In the latest spring 2022 safety grade results, all Hartford HealthCare hospitals received either an A or B safety grade. By optimizing its operating model, Hartford HealthCare excelled in metrics related to process, which indicates a strong culture of safety with practices that engage staff and leaders. Additionally, there has been significant improvement in many of the measures related to outcomes, including several infection rates, which have been a keen focus in recent years — catheter-associated urinary tract infections (CAUTI), clostridiodes difficile (C. Diff), and surgical site infections. Patient outcomes have improved on account of Hartford HealthCare’s commitment to a scientific approach to improvement and providing frontline caregivers real-time tools and resources to reinforce best practice at the time of care. To ensure continued success, Hartford HealthCare prioritizes eliminating preventable harm, reinforcing high-reliability principles, and partnering across the organization and directly with patients and their families.

The real work is ensuring patients receive the best care possible. Achieving “A” Leapfrog hospital safety grades is a reflection of success in that work. The 28 measures used to encompass this grade are challenging to improve, but through the efforts of the entire team, these improvements can be made and sustained.

**U.S. News & World Report Best Hospitals**

U.S. News & World Report began publishing hospital rankings in 1990 to identify hospitals that excel in treating particularly difficult patients in various specialties — Best Hospitals: Specialty Rankings. The accompanying Best Hospitals: Procedures & Conditions report addresses patients in relatively low-acuity procedures and conditions. These ratings show consumers how well their local hospitals stand up to close scrutiny in 7 relatively common procedures and conditions.

Hartford Hospital is rated #1 in the Hartford Metro Area and #2 in Connecticut. Hartford Hospital is rated as high performing in two specialties — orthopedics and urology. Hartford HealthCare hospitals are rated high performing in a number of procedures and conditions.

Additionally, The Hospital of Central Connecticut and The William W. Backus Hospital were rated high performing in the inaugural edition of the Best Hospitals for Maternity report. Hospitals that performed well had fewer newborn complications, fewer early deliveries and fewer C-sections compared to other hospitals across the nation. Out of 2,700 hospitals nationwide that offer maternity services, U.S. News & World Report identified 237 that earned recognition among the Best Hospitals for Maternity.
Healthgrades Ratings and Awards

According to the latest Healthgrades rating and awards methodology document — to help consumers evaluate and compare hospital performance specific to specialty areas, Healthgrades communicates performance in two ways—through ratings and awards. Ratings and awards are based on assessment of risk-adjusted mortality and complication rates at nearly 4,500 hospitals across the country for 33 of the most common procedures and conditions.

Healthgrades’ Star Ratings are an evaluation of the hospital’s actual performance as compared to the predicted performance for that hospital. Performance in individual procedure or condition cohorts is designated as 5-star (better than expected), 3-star (as expected), and 1-star (worse than expected). Healthgrades also grants awards to communicate superior performance when compared to other eligible hospitals.

Hartford HealthCare’s superior performance for award years 2021 and 2022 as recognized by Healthgrades came in the form of the following Specialty Excellence and America’s Best Awards and five-star ratings for the quality of care offered to patients in various categories.

Charlotte Hungerford Hospital
- 5-Star performance for Sepsis

Hartford Hospital
- America’s 50 Best Hospitals for Cardiac Surgery Award™ (2022, 2021)
- America’s 100 Best Hospitals for Cardiac Care Award™ (2022, 2021)
- America’s 100 Best Hospitals for Coronary Intervention Award™ (2022, 2021)
- America’s 250 Best Hospitals Award™ (2022)
- Cranial Neurosurgery Excellence Award™ (2022)
- Critical Care Excellence Award™ (2021, 2020)
- America’s 100 Best Hospitals for Prostate Surgery Award™ (2021, 2020)
- 5-Star performance for Coronary Artery Bypass Graft (CABG) Surgery
- 5-Star performance for Coronary Interventional Procedures (Inpatient)
- 5-Star performance for Heart Attack
- 5-Star performance for Heart Failure
- 5-Star performance for Valve Surgery
- 5-Star performance for Respiratory Failure
- 5-Star performance for Sepsis
- 5-Star performance for Gastrointestinal Bleed
- 5-Star performance for Cranial Neurosurgery
- 5-Star performance for Stroke
- 5-Star performance for Pneumonia

MidState Medical Center
- Outstanding Patient Experience Award™ (2021, 2020)
- 5-Star performance for Heart Failure
- 5-Star performance for Sepsis
- 5-Star performance for Total Knee Replacement
- 5-Star performance for Pneumonia
- 5-Star performance for Spinal Fusion
The Hospital of Central Connecticut
• America’s 250 Best Hospitals Award™ (2022)
• America’s 100 Best Hospitals for Spine Surgery Award™ (2022)
• Critical Care Excellence Award™ (2022)
• Pulmonary Care Excellence Award™ (2022)
• 5-Star performance for Respiratory Failure
• 5-Star performance for Sepsis
• 5-Star performance for Upper Gastrointestinal Surgery
• 5-Star performance for Stroke
• 5-Star performance for Pneumonia
• 5-Star performance for Spinal Fusion

St. Vincent’s Medical Center
• Cranial Neurosurgery Excellence Award™ (2021, 2020)

William W. Backus Hospital
• America’s 250 Best Hospitals Award™ (2022)
• Critical Care Excellence Award™ (2022)
• Pulmonary Care Excellence Award™ (2022)
• Stroke Care Excellence Award™ (2022)
• 5-Star performance for Sepsis
• 5-Star performance for Bowel Obstruction
• 5-Star performance for Stroke
• 5-Star performance for Pneumonia

Windham Hospital
• Joint Replacement Excellence Award™ (2022)
• 5-Star performance for Total Knee Replacement

Continued on next page
CMS Overall Hospital Quality Star Ratings

The Centers for Medicare & Medicaid Services (CMS) developed a methodology to summarize results of many of the aforementioned publicly-reported measures so as to help consumers, along with their healthcare provider, make decisions on where to receive care. The Overall Hospital Quality Star Rating, posted on the Care Compare website, provides consumers with a simple overall rating of hospital-level quality, calculated by combining multiple dimensions of quality into a digestible, usable, interpretable single summary score.

The dimensions of quality into which the variety of measures fall include:

- Mortality
- Safety of care
- Readmission
- Patient experience
- Timely and effective care

The overall rating shows how well each hospital performed on the quality measures compared to other hospitals in the U.S.
HARTFORD HEALTHCARE REGIONS
Message from Leadership

The Central Region’s highest priority is ensuring that the communities we serve have easy access to safe, equitable and high-quality care. In order to achieve this, we must eliminate the opportunity for errors that could potentially be harmful to our patients.

The Central Region’s Executive Leadership Team has taken an active role in this process with a model that really effects change from the top down. We hold weekly meetings to discuss safety events, which allows us to stay up-to-date with what’s happening in real time at The Hospital of Central Connecticut and MidState Medical Center. We work in tandem with our clinical leaders to discuss these safety events and how we can work with colleagues involved in a safety event to prevent it from happening again.

The key to preventing mistakes is to use best practices that will result in change. We’ve found that re-education and communication can be effective for a colleague who has misidentified a patient or a specimen, but often those measures are not enough on their own. That’s when we put hardwired processes in place that make it less likely for the error to happen again. We want to make it easier for colleagues to do the right thing and hard to do the wrong thing. We want our colleagues to look ahead and recognize a potential issue before it even presents itself. It’s also important to make sure we are recognizing our colleagues and departments for their excellence when they make great strides in quality and safety.

The culture of safety we’ve created in the Central Region when it comes to quality and harm reduction is superb. Our leadership, training and focus has netted us great success through our consistent commitment to accountability and creating change in the name of patient safety.

Sincerely,

Garry Havican
Senior Vice President & President,
Hartford HealthCare Central Region

Jeff Finkelstein, MD, FACEP
Vice President of Medical Affairs,
Hartford HealthCare Central Region

Karen Fasano, DNP, MBA, RN, NEA-BC
Vice President of Patient Care Services,
Hartford HealthCare Central Region
Patient Safety Indicators

Patient Safety Indicators (PSI) are a CMS measure of potentially avoidable safety events, captured through coding. PSIs primarily focus on acute care perioperative and periprocedural complications, including death in low mortality diagnosis-related group, pressure ulcers, death in surgical patients with treatable complications, puncture of the lung related to a medical procedure, in-hospital fall resulting in hip fracture (Department of Public Health reportable falls), serious perioperative bleeding, post-operative respiratory failure, post-operative blood clots, post-operative sepsis, post-operative disruption of surgical wounds, and unrecognized abdominal accidental perforations and lacerations.

One of the fiscal year 2021 quality objectives for the Hartford HealthCare Balanced Scorecard focused on reducing patient harm events, including both hospital-acquired infections (HAI) and PSIs. For fiscal year 2021 (July 2020-June 2021 reporting period), the Central Region’s target for PSIs was 80 events or fewer. The region reduced its total PSIs to 54 events, which is a 33% improvement to target. Robust physician and quality review, clinical documentation improvement (CDI) and coding were closely involved to reduce harm events impacting our patients. The Central Region will continue a thorough review process to ensure sustainability of providing a safe environment for our patients to receive their care.
Hospital-Acquired Infections (HAIs)

A hospital-acquired infection, also known as a nosocomial infection, is an infection that is acquired in a hospital or other health care facility. Despite the COVID-19 pandemic, MidState Medical Center continued to make improvements in overall incidence of HAIs in 2021, while The Hospital of Central Connecticut demonstrated sustained performance in overall HAIs.
Monday Safety Meeting

In early 2020 the Central Region’s executive leadership team brought to life a vision around active leadership engagement with front line leaders and staff to understand areas of patient safety and how the employees were experiencing errors. Without knowing that a global pandemic was just around the corner, the Central Region leadership team established a venue to engage in conversation about safety events, including the contributing factors, root cause, safety behaviors that would have potentially prevented the event and corrective action plans to prevent reoccurrence. Throughout the pandemic, the Central Region maintained its commitment to this important initiative, and utilized the forum to not only tackle safety events in near real time, but made significant improvements around patient identification, mislabeled specimens, heparin errors, patient falls and pressure injuries. The Central Region has seen a steady increase in reporting of events throughout the region, an improvement around serious safety events as well as Department of Public Health reportable events.
Message from Leadership

Hartford HealthCare’s East Region is committed to providing our patients and staff with the highest quality and safety standards as well as ensuring the consistent delivery of the safest and best care to every member of the communities we serve. Throughout the past year, we have been focused on a number of priorities to help realize our goals for increased quality performance utilizing the tenets of our How Hartford HealthCare Works (H3W) operating model and leadership behaviors to improve our culture of safety.

Collaborating with our colleagues across the region, our leadership team developed the following initiatives to allow us to succeed in improving our performance and continue to deliver the highest-quality care:

• Expanding our leadership forums and executive leadership team meetings to include all department directors throughout the region; allowing for transparency and better collaboration on key performance priorities focusing on quality and safety.
• Taking measures to publicly recognize William W. Backus (Backus) Hospital for receiving an “A” grade for safety by Leapfrog, a national distinction that recognizes achievements in protecting patients from harm and error in the hospital.
• Implementing measures to reduce the number of hospital-acquired infections, which have been on the rise since the beginning of the pandemic.
• Increasing the identification of precursor safety events indicating a proactive approach to safety.
• Leveraging Riskonnect to capture precursor and actual concerns; highlighting and recognizing “good catches.”
• Focusing on accountability when quality and safety opportunities are identified, through active participation in countermeasures and improvement initiatives.
• Increasing team engagement through standard quality meetings

We are confident that these initiatives will help us continue to achieve our quality and safety goals year over year. Using evidence-based standards of care and always putting our patients’ and staff’s safety first, we will continue to drive meaningful change at our hospitals and across our region. These efforts are helping us deliver on our commitment of greater transparency, cost efficiency and always delivering the safest, highest-quality care possible.

Sincerely,

Donna Handley, BSN, MHA
Senior Vice President and President, Hartford HealthCare East Region
Abbie Courtemanche, DO
Vice President of Medical Affairs, Hartford HealthCare East Region
Teresa Fuller, MSN, RN, CPXP
Vice President of Patient Care Services, Hartford HealthCare East Region
2021 was a year of tremendous recognition for Hartford HealthCare’s East Region as it continued to persevere through the lasting impact of the COVID-19 pandemic, remaining committed to the highest level of quality care delivery. The following awards and recognition are truly a testament to the colleagues across the East Region and their dedication to quality and safety.

Backus Hospital was one of only 105 hospitals in the Nation awarded a Leapfrog Top Hospital Award in addition to maintaining an “A” safety grade for the fifth reporting period in a row. Women’s Health at Backus Hospital was recognized by Newsweek as a Best Maternity Hospital award recipient, one of only three hospitals in the state of Connecticut, as well as being rated High Performing for Maternity Care by U.S. News & World Report. Backus Hospital’s Stroke Program received a 2021 Get with the Guidelines Stroke Gold Plus Award with Honor Roll and Target for Type II Diabetes; this award is in recognition of sustained compliance with stroke guidelines. Another accomplishment in fiscal year 2021 was a Certificate of Recognition from the American Diabetes Association.

Windham Hospital’s Stroke Program received a 2021 Get with the Guidelines Stroke Gold Plus Award with Honor Roll Elite; this award is in recognition of sustained compliance with stroke guidelines. Windham Hospital was a recipient of a Certificate of Recognition from the American Diabetes Association for 2021, demonstrating commitment to care of this complex population in the community.

Faced with challenges of the ongoing pandemic, the East Region experienced longer lengths of stay, challenging clinical dispositions and limited community resources. The leadership and clinical teams reinvigorated focus on throughput and identification of barriers and countermeasures to ensure a timely transition of care for patients. The implications of the pandemic resurgence on the volume and acuity of the patient population were reflected in increased boarding hours, the need for ever-increasing communication with community partners and collaborative thinking to provide safe plans and timely transitions for patients. The work that was done through 2021 set the East Region off on the right foot leading into 2022. Due to the rigor and attention, plans were implemented and maintained while current outcomes are showing sustained improvement in Emergency Department boarding hours and overall length of stay.
In the East Region, a “Transition of Care” project, initiated in 2021, has demonstrated sustained incremental success and improvement in patient experience and quality of care outcomes, demonstrated by reduced length of stay and prevented readmissions. This work, which identifies patients at high risk for readmission and ensures they are scheduled with a follow-up appointment at discharge, is inclusive of a physician resource phone number for additional support or clarity as needed, as well as a connection with an ambulatory Integrated Care Partners Care Manager.

On a recurring monthly basis, data and progress towards length of stay and throughput goals are reviewed amongst the executive leadership team. Additionally, key performance indicators such as discharges by noon, accuracy of estimated discharge date, turnaround time for Environmental Services, and Emergency Department metrics that correlate to throughput are continuously monitored.

Commitment to Continuous Improvement

Secondary to the pandemic, rising acuity and volume of patient presentation and admissions, was the impetus for Backus Hospital to act swiftly to meet the growing demand for hospital beds. Capacity was expanded with the creation of an eight-bed Emergency Department Convenient Care space, in what was previously a waiting area for same day surgery. Not only did access and throughput in Emergency Medicine improve, but overall hospital throughput was positively impacted in helping meet patient demand for resources.

The clinical teams also evaluated critical care capacity and were essentially able to triple capacity to care for this complex patient population by increasing the Progressive Care Unit bed capacity and converting several Post Anesthesia Care Unit (PACU) beds to critical care beds to meet patient needs. This was vital for the acuity of patients being cared for in 2021. In doing so, safety and access were much improved and throughput of discharged patients stabilized.
Despite the challenges of COVID-19 surges in 2021, the Fairfield Region remained steadfast in improving the quality of care to patients, and most importantly eliminating patient harm. Success in the Fairfield Region is marked by continued expansion of essential health care services, notably maternity and surgical services, while improving quality and safety outcomes such as reductions in Serious Safety Events, hospital acquired infections and mortality.

Efforts to improve the quality of care include frequent and transparent closed-loop communication and providing quantitative data. Safety events and mortalities are reviewed each day and are followed by a weekly leadership review guided by the principles of Just Culture and High Reliability. Root cause analysis is conducted when indicated and leads to the development of evidence-based corrective actions.

In 2021, our Patient Safety Coach Program continued to gain momentum by adding additional front-line patient safety champions. In addition, the Good Catch Award, which was a legacy program in the Fairfield Region, was reinvigorated. All Good Catches are reported in Riskonnect and are evaluated by a multidisciplinary team comprised of Human Resources, Lean, Human Experience and Quality & Safety. The ‘top’ recognition from all Good Catch nominations is recognized and celebrated by the leadership team monthly.

Other efforts include daily house-wide and unit-based safety huddles using Lean huddle boards, Core4 scorecard and safety behaviors of the month along with weekly leadership rounding. Rounding topics clearly demonstrate our commitment to safety and challenges and concerns are documented, reviewed and reconciled.

Increasing our event reporting to drive change and celebrating Good Catches supports our values of providing safe and effective care. This success will drive many improvements including in our Leapfrog grade and American Nurses Credentialing Center Magnet Recognition.

Sincerely,

William M. Jennings
Senior Vice President and President,
Hartford HealthCare Fairfield Region

Daniel Gottschall, MD
Vice President of Medical Affairs,
Hartford HealthCare Fairfield Region

Dale Danowski, RN
Vice President of Patient Care Services,
Hartford HealthCare Fairfield Region
Accolades & Outcomes

St. Vincent’s Medical Center continues to be recognized for delivering the highest quality of care. Achievements for high-quality care have been recognized through the following awards, designations or certifications:

- The American Nurses Credentialing Center (ANCC) Magnet Recognition, the highest national honor for nursing excellence was achieved by St. Vincent’s Medical Center in 2012 and 2018, with 2021 marking the beginning of the journey to re-designation. The ANCC Magnet Program designates organizations achieving nursing excellence to improve patient outcomes. To the patients this means care is delivered by nurses who are motivated, valued and supported to deliver the highest standards of care. Fewer than eight percent of hospitals earn Magnet status.

- During 2021, St. Vincent’s Medical Center Trauma Services once again achieved recognition as a Level 2 Trauma Center by the American College of Surgeons (ACS) Committee on Trauma (CoT). The ACS CoT evaluates trauma care and services required to provide optimal care to the patient. Leadership commitment, readiness, resources, policies, patient care and performance improvement are evaluated.

- The American Heart Association Get with the Guidelines Gold Plus recognition is an advanced level of recognition awarded to hospital programs demonstrating outstanding performance in clinical care measures for greater than 24 consecutive months. St. Vincent’s Medical Center was recognized for Stroke, Stroke Honor Roll, Stroke Diabetes Honor Roll, Target Heart Failure Honor Roll, and Target Heart Failure Type 2 Diabetes Honor Roll.

- The American College of Cardiology National Cardiac Data Registry recognizes participating hospitals that have sustained top performance in quality of care and adherence to clinical practice guidelines St. Vincent’s Medical Center was once again recognized with the Chest Pain and Myocardial Infarction Silver Recognition Awards.

- The Women’s Choice Best Hospital Awards recognize hospitals across the nation that demonstrate the highest level of care with a focus on women’s health. St. Vincent’s Medical Center was recognized for Comprehensive Breast Surgery, Best Mammogram Center, Bariatric Surgery, Minimally Invasive Surgery, Obstetrics, Orthopedics, Stroke, Cancer, and Heart Care.

- St. Vincent’s Medical Center Bariatric Surgery Program was recognized by The Metabolic and Bariatric Surgery Quality Improvement Program (MBSAQIP) for achieving high quality bariatric care.

- St. Vincent’s Medical Center Mammography Services has been recognized by the American College of Radiology Breast Imaging Center of Excellence and was re-certified by US Department of Health and Human Services Food and Drug Administration for Mammography Quality Services Accreditation. This recognition, completed by a certified inspector, indicates that the program is in full compliance with the Mammography Quality Standards Act.

Patient Safety Coaches (PSC) are Hartford HealthCare front line colleagues who provide peer-to-peer coaching to recognize and encourage the use of High Reliability principles and H3W operating model leadership behaviors and tools. The PSCs are role models who support the recognition and reporting of potential safety concerns. The PSC team grew from 25 in 2020 to 36 in 2021, a 44% increase in these valued resources. The PSCs volunteer discretionary effort and 200% accountability by engaging in the monthly PSC workgroup, posting and discussing the Safety Behavior of the Month at safety huddles and encouraging colleagues to report safety concerns in Riskonnect.
Safety Event Reporting provides insight into potential opportunities for improvement in patient safety. Encouraging reporters to share safety concerns provides the opportunity for colleagues and leadership to learn and improve. The identification of near miss and safety events leads to process review and redesign focusing on further harm reduction and reduced clinical practice variation. Staff have increased reporting by 25% when compared with the previous year. During fiscal year 2020, 2685 events were reported compared to 2021 with 3359 reported events for the Fairfield Region. This increase in safety event reporting is an example of the shared, colleague and leadership commitment to a just culture, robust reporting and patient safety. Peer coaching to enhance increased reporting was supported throughout the year by our Risk, Quality and Patient Care Services leaders and Patient Safety Coaches. Clinical leaders incorporated feedback to staff during unit-based safety huddles. This sharing of events that are reported in Riskonnect cultivates organization-wide learning.

The team’s commitment to safe practices and standard work led to significant improvement in strategic Balanced Scorecard quality outcomes, especially related to eliminating preventable harm. Despite significant strain to the workforce due to several COVID-19 waves of increased hospitalizations, the healthcare providers displayed expertise, teamwork, resilience and true high reliability behaviors. The number of hospital-acquired infections decreased by 43% from baseline (prior 12 months) and patient safety indicators decreased by 13%.

Focusing on key drivers impacting patient experience, the Fairfield Region continues to see year-over-year increases in patient experience rankings within the Northeast.
Commitment to Continuous Improvement

During 2021, two performance improvement projects focused on venous thromboembolism (VTE) — refers to blood clots that form in veins — prevention and improvement of perioperative safety.

Complementing system efforts of hardwiring standard work for VTE prevention practices led way to the following tactics rolled out in the Fairfield Region: new governance, concurrent review of VTE events with providers, provider education, nursing education regarding mechanical prophylaxis application and refusal algorithm, reviewing VTE compliance during rounds and hand off.

The second initiative aimed at increased perioperative safety, specifically, addressing perioperative management of anticoagulation therapy. Interventions included:

- Provider education on perioperative anticoagulation management through a novel approach — easy access to guidelines for providers through a quick response (QR) code
  - The QR Code and associated scanable badge buddy has been shared across the system as best practice, enhancing handoff from the floor to the perioperative space.
- Timeout in interventional radiology and operating room to include anticoagulation management.
- Provider communication and documentation of perioperative management of anticoagulation
- Pharmacy-driven anti-Xa monitoring process for Lovenox® for specific population

Several of these interventions have already been implemented or have the potential to impact practice at the system level with the ultimate outcome being increased overall quality and safety of care.
Message from Leadership

Like our colleagues across Hartford HealthCare, our ultimate goal in quality performance is providing the very best individualized care while causing zero harm to the patient. As a top regional tertiary care center, most often caring for the sickest of the sick patients, this aspiration can be challenging especially with an even larger number of higher acuity patients during the pandemic. Thanks to our culture of transparency, self-reporting, collaboration and keen focus on continuous improvement, Hartford Hospital has become a national leader in quality and safety.

To eliminate preventable harm, our quality and safety team is laser-focused on key Patient Safety Indicators (PSI) and setting goals to deliver the safest care to our patients. Each case is reviewed by our quality team and the department quality provider lead. This collaboration enables us to quickly identify opportunities for improvement in clinical care and documentation. These cases are then reviewed in a monthly key performance indicator work group with key stakeholders and then shared through our Clinical Quality Committee allowing us to make meaningful, lasting and measurable changes when necessary.

The industry has taken notice of our commitment to quality and safety. In the past year alone, Hartford Hospital has been recognized with and an “A” Safety Grade and Top Teaching Hospital Award from Leapfrog and “Top 250” Hospital among other awards for clinical excellence from Healthgrades. As you will see in the data reported below and the performance improvement project we’ve highlighted, we continue to show marked improvement in our efforts to enhance quality and improve safety. Living by our Hartford HealthCare values and with a fierce dedication to continuous improvement, we will continue to reduce harm and keep our patients as safe as possible.

Sincerely,

Bimal Patel
Senior Vice President and President,
Hartford HealthCare Hartford Region

Adam C. Steinberg, DO, MBA, FACOG, FACS
Vice President of Medical Affairs,
Hartford HealthCare Hartford Region

Laura J. Bailey, MSN, RN, RNC-OB
Vice President of Patient Care Services,
Hartford Healthcare Hartford Region
**Accolades & Outcomes**

**Patient Safety Indicators (PSI) Performance**

PSIs focus on areas of hospital-acquired harm. PSIs are publicly reported data elements that make up a part of Leapfrog, CMS Star ratings and other publicly-reported rating agency outcomes.

Hartford Hospital met the fiscal year 2021 target to reduce preventable harm events. Baseline data of total harm events, beginning the fiscal year, was 203 events. Hartford Hospital reduced the number of PSI events to 186, realizing a 9% overall reduction.

[Graph showing PSI performance over time with data points for 2020 and 2021]

**Commitment to Continuous Improvement**

Hartford HealthCare strives to provide safe, high-quality care. One area of focus is to eliminate hospital-acquired infections (HAI). These “serious safety events” can cause extended length of stay, months of follow-up and potential death in certain cases. Better HAI performance will improve publicly-reported quality ratings (e.g., CMS and Leapfrog) in 2022 and beyond.

Five hospital acquired infections (HAIs) are tracked per National HealthCare Safety Network (NHSN) requirements, which include:

1. Clostridioides difficile (C.Diff) infection
2. Catheter-associated urinary tract infections (CAUTI)
3. Central line-associated blood stream infections (CLABSI)
4. Post-operative surgical site infections (SSI) — colorectal surgery
5. Post-operative SSIs- hysterectomies

In strengthening efforts for information transparency and communication throughout the pandemic, HAI reduction strategies focused on a multi-disciplinary approach and “back to basics” strategies.
Multi-disciplinary line rounds include nursing, providers, infection prevention and unit leadership. Rounds continue to shift the culture to a prospective as opposed to a retrospective review of lines and opportunities. Real-time dialogue lends to earlier line removal and alternative optimization for both central lines and indwelling urinary catheters.

The “back to basics” approach to date includes education and standardization of the following:

1. Scrub the hub practice rejuvenation for all vascular access devices
2. Dressing standardization for vascular access
3. Multidisciplinary deep dives for complete assessment of opportunities to include antimicrobial stewardship
4. Expansion of CHG bathing for all patients with a central line and/or indwelling urinary catheter
5. System-wide policy update to reflect best practice change
6. Safety huddle — consistent sharing of practices tips and learning opportunities for further dissemination

Hartford Hospital performed better than target ending the year with 117 HAIs, exceeding expectations of target — fewer than 147 events. Over time, the performance improvement efforts have continued to drive down the total number of HAIs.
Over time, the performance improvement efforts have continued to drive down the total number of HAIs.
Northwest Region

Message from Leadership

At Charlotte Hungerford Hospital and across Hartford HealthCare’s Northwest Region, we are fiercely committed to our goal of zero patient harm. With this in mind, we have created a culture of transparency, collaboration, self-reporting and have set benchmarks that ensure our patients receive the safest and highest quality care available.

To demonstrate our dedication and to further engage all of our colleagues in their role in promoting this culture, we have reinvigorated and reinforced our dedication as a High Reliability Organization (HRO) including promoting a blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment, encouraging collaboration across all disciplines and providing timely resources and support to address safety concerns quickly. We’ve also restarted the Safety Champion of the Month Program to reward colleagues who best adhere to HRO behaviors including practicing clear communication, attention to detail, “stopping the line” when necessary, practicing effective handoffs and mentoring others.

Our efforts to promote quality and safety continue to be recognized nationally. In 2021, Charlotte Hungerford Hospital once again received an “A” Grade for Safety from Leapfrog for the hospital’s’ achievements in protecting patients from harm and error. We are one of only eight hospitals in Connecticut to receive this distinction. Also in the past year, we’ve been recognized as a Primary Stroke Center, a certification given by The Joint Commission to those hospitals that establish a consistent and exceptional approach to Stroke and Transient Ischemic Attack (TIA) patient care in their communities.

As you will see in the data reported, we continue to set and achieve goals aimed at optimal performance in preventing harm. Our culture and focus on continuous improvement will allow us to deliver the safest and highest quality care to the patients we serve now and in the future.

Sincerely,

Bimal Patel  
Senior Vice President and President, Hartford HealthCare Northwest Region

John Capobianco  
Senior Vice President, Hartford HealthCare Northwest Region

Paul Scalise, MD  
Vice President of Medical Affairs, Hartford HealthCare Northwest Region
Accolades & Outcomes

Despite the ongoing challenges that the pandemic continued to pose for the hospital in 2021, the Northwest Region continued to receive external affirmation of the high-quality, safe care provided to the community. While not an all-inclusive list, some of the most notable achievements are outlined below:

• Reaccreditation of the Charlotte Hungerford Hospital clinical laboratory by the American College of Pathologists
• Recertification of the Radiology and Radiation Oncology Departments by the Nuclear Regulatory Commission
• Reaccreditation of the Pulmonary/Blood Gas Laboratory by The Joint Commission
• Reaccreditation of CT scan and Ultrasound by the American College of Radiology
• Reaccreditation of the Sleep Center by the American Society of Sleep Medicine
• Reaccreditation of The Center for Youth and Families as a Child Care Advocacy Center by the National Children’s Alliance and two successful site visits by the Department of Children and Families, receiving approval for both the Child Extended Day Program as well as the Outpatient Clinic services.
• Presentation by the Charlotte Emergency Department leadership team of its work, “Emergency Department Transformation: Enhancing Experience, Engagement & Efficiencies” at the National Press Ganey® Conference, which outlined its impressive journey that saw Charlotte Hungerford Hospital patient experience scores rise from one of the lowest among its regional peers in October 2019 to one of the highest in September 2021.
• Designation as a Primary Stroke Center by The Joint Commission — received full initial certification following comprehensive on-site review of the program and its outcomes. This achievement is even more noteworthy given it was accomplished in just twelve short months from the decision to proceed. Additional details of this journey, as well as the clinical outcomes that have resulted, are further noted below.

Lastly, the Charlotte Hungerford team is very proud to have achieved a Leapfrog Safety Grade of “A” for both the spring and fall 2021 reporting periods, marking a third consecutive “A” rating for the hospital. This distinction is significant evidence of the quality and safety transformation Charlotte Hungerford Hospital has realized over its relatively brief tenure as the cornerstone of the Northwest Region of Hartford HealthCare.

For the third consecutive year, the Northwest Region has seen progressive reduction in the incidence of preventable death among hospitalized patients. Eliminating preventable mortality is a key priority at Hartford HealthCare. Accurate documentation by providers is essential to capture the true risk of death for any given patient. The graph below illustrates the remarkable progress Charlotte Hungerford Hospital has realized over the past three years. While initial opportunity was focused on assuring that a patient’s severity of illness is accurately captured, new breakthroughs were achieved in 2021 with the launch of a multidisciplinary team that reviews 100% of in-hospital deaths. Review examines adherence to evidence-based care and also monitors for any new/emerging system issues that might contribute to risk. Learning institutions pay close attention to detail and strive to “find and fix” potential concerns, in the interest of providing the best and safest care to its patients.
Another measure of excellence noted in 2021 is the achievement of the aspirational goal to achieve zero urinary catheter associated infections in hospitalized patients. While numbers in general are low, one infection is too many as it can lead to serious consequences, such as sepsis. Several evidence-based best practices were implemented in order to reduce the use of indwelling urinary catheters, which is the most effective way to avert infection.

On the safety front, for the first time since implementation of bar-coding medication administration (BCMA) technology, the Northwest Region has achieved the highly ambitious Leapfrog target of 95% adherence to using this technology to accurately confirm identification of both patient and medication. This one measure is among the most highly-weighted factors in determining a hospital’s Leapfrog safety grade. According to Leapfrog, one study of BCMA implementation in an academic medical center showed a 41.1% reduction in non-timing errors in medication administration. Adding this safety check to an already robust nurse verification process provides strong reassurance of a sound and safe process.
One of the proudest moments in the Northwest Region in 2021 was the successful certification as a Primary Stroke Center by The Joint Commission. This designation confirms that state-of-the-art, expert care is rendered to patients in the community who are suffering signs and symptoms of a stroke. Here is why that matters:

According to a 2017 report from the American Heart Association:
- Stroke is the 5th leading cause of death as of 2014, killing nearly 133,000 people each year
- Stroke accounts for 1 of every 20 deaths in the U.S.
- Stroke is the leading cause of disability in the U.S.
- 80% of strokes are preventable through risk factor modification
- Yearly cost for stroke management is estimated to be $33 billion

And according to Connecticut Department of Public Health statistics, in the state:
- There are 7,400 hospitalizations and 1,400 stroke deaths annually
- Stroke is the 5th leading cause of death overall
  - 4th in the 65-84 age group
  - 3rd in 85+ age group
- In 2008, stroke hospitalization costs in Connecticut were $250 million
- 90% of all strokes occurred in persons aged 65 and older
- By the year 2028, 20% of Connecticut’s residents will be over 65

According to data gathered and reported by the Centers for Disease Control and Prevention, Litchfield County ranks third highest in stroke death per 100,000 in Connecticut (55.1), just shy of Windham County (61.7) and New London County (57.3). These data were the catalyst for the Northwest Region to undertake the ambitious endeavor to rapidly acquire the technology, resources and expertise required to launch a stroke center of excellence. And so, in January of 2021, the journey began with the launch of the Northwest Region Stroke Steering Committee and Stroke Performance Improvement Committee. In just 12 short months, the outcomes are striking.

- The percent of patients receiving timely administration of life saving “clot buster” drugs (< 3 hours from onset of stroke symptoms) moved from just 29% in 2020 to 93% for calendar year 2021.
- The percent of patients assessed for swallowing difficulty prior to receiving oral intake (in an effort to avoid aspiration) moved from 72% in 2020 to 91% in 2021.
- The percent of patients receiving all components of recommended evidence-based stroke care rocketed from just 51% at baseline in 2020, to 86% in 2021.

As a result of this exceptional work, patients and families in the Northwest Region can be confident that they will receive the expert, “brain saving” interventions at their hospital, close to home, versus what once entailed a frightening and often costly trip across the state, far from family and loved ones.
HARTFORD HEALTHCARE INSTITUTES
Message from Leadership
All Ayer Neuroscience Institute colleagues, from the exam room to the boardroom, are committed to a culture of safety. When faced with challenges, a thorough root-cause analysis is completed in order to pinpoint specific, practical solutions. Efforts to improve quality also include attracting and retaining premier physicians and employees and designing evidence-based quality improvement processes in order for the team to excel.

Effective outcomes measurement is vital to ensure our healthcare professionals are delivering the best care for patients and for the Institute to achieve its goals. Given the industry’s administrative and regulatory complexities, The Ayer Neuroscience Institute has focused on three relevant metrics that highlight our commitment to high-quality care: system mortality, readmission rates and length of stay.

In the last quarter of fiscal year 2021, the average adjusted mortality rate decreased to 0.84. Readmission rates have hovered at 1.0 and the Institute is utilizing telehealth and nurse navigators to overcome the challenges of COVID, placement limitations and less than optimal family/caregiver communications. Many aspects of care impact length of stay, including availability of needed testing, consultations, placement, and transitions to home, rehab or skilled nursing facility, which was particularly challenging due to COVID. Despite these challenges, the geometric mean (GM) length of stay was consistently below 1.0 for fiscal year 2021 due to several unique and innovative care processes including long-term monitoring at acute care centers and beginning discharge planning upon admission.

Healthcare outcomes are used to calculate overall hospital quality and arrive at various recognitions and Ayer Neuroscience Institute is incredibly proud of the many recognitions we have earned. They are a representation of the team’s steadfast focus on providing the best, most effective and efficient care. Every Hartford HealthCare acute care center is now designated by The Joint Commission as a certified stroke center, which is the most meaningful accomplishment knowing that stroke is the fifth leading cause of death and disability.

Few healthcare systems have garnered the depth and breadth of neuroscience accolades as Hartford HealthCare, and we will continue our dedication to constant innovation to enhance quality. New surgical, imaging and data from Synaptive Medical will support interdisciplinary collaboration like never before for spine and brain tumor patients, and the development of a Neuro Critical Care Recovery Clinic will provide follow-up care for patients with life-threatening injuries and illnesses over the long term.

Sincerely,

Khalid Abbed, MD
Senior Vice President & Co-Physician-in-Chief,
Ayer Neuroscience Institute

Mark Alberts, MD, FAHA
Senior Vice President & Co-Physician-in-Chief,
Ayer Neuroscience Institute

Wendy Elberth
Senior Vice President of Operations,
Ayer Neuroscience Institute
The Ayer Neuroscience Institute achieved a number of significant national certifications and recognitions in fiscal year 2021. These include Hartford Hospital being recertified by The Joint Commission as a Comprehensive Stroke Center. The Gold Seal of Approval® reflects a commitment to high-quality patient care. This is the most demanding stroke certification and is designed for those hospitals that have specific abilities to receive and treat the most complex stroke cases. Charlotte Hungerford Hospital was certified for the first time as a Primary Stroke Center. William W. Backus Hospital, MidState Medical Center and St. Vincent's Medical Center achieved recertification as Primary Stroke Centers. This program is designed for hospitals providing the critical elements to achieve long-term success in improving outcomes for stroke patients. MidState Medical Center also received the Women’s Choice Award for Best Hospitals™ for stroke care. All Women’s Choice Award centers are in the top 10% in the country.

In addition to the stroke designations and related quality metrics, which reflect the outstanding efforts of Hartford HealthCare inpatient neuroscience teams, several other Ayer Neuroscience Institute programs have achieved national recognitions. Hartford Hospital received designation as a Level 4 Epilepsy Center by the National Association of Epilepsy Centers, meaning it can perform sophisticated brain surgery for patients with certain types of seizures and achieve excellent outcomes in terms of surgical safety, reduction of seizures and improved quality of life for these patients. The Level 4 Epilepsy Center is using the most advanced, minimally-invasive techniques for the treatment of intractable seizures. Dr. Mohamad Khaled performed Hartford HealthCare’s first responsive neurostimulation (RNS) surgery, implanting electrodes in a patient’s brain that will anticipate and stop seizures and Dr. Brendan Killory used laser ablation surgery for epilepsy, the first of its kind at Hartford HealthCare.

MidState Medical Center was the first in the United States to achieve designation by The Joint Commission as an Advanced Spine Center. This reflects a new and unique program that recognizes excellence in safety and outcomes for spine surgery. The spine service had a successful year. Using advanced technology, Ayer Neuroscience Institute spine surgeon Dr. Vijay Yanamadala became the first in New England to perform an awake spinal fusion surgery at St. Vincent’s Medical Center. Under the leadership of Dr. Mohamad Khaled, Hartford Hospital has continued to increase complex spinal deformity surgeries, now serving as a quaternary referral center for the most difficult procedures.

Another achievement is designation as a Center for Comprehensive Multiple Sclerosis Care by the National Multiple Sclerosis Society.

The Neuroscience Intensive Care Unit at Hartford Hospital was the recipient of the Organ Donation Advisory Committee Award which recognizes the unit’s commitment to safe and effective organ donation among the sickest of admitted patients with serious underlying medical diseases, such as brain death.

Taken together, and in the midst of a global pandemic with significant challenges in terms of staffing and resources, these system-wide accomplishments highlight the Ayer Neuroscience Institute’s commitment to providing high quality care to the sickest patients in the communities served by Hartford HealthCare and neighboring communities. Such accolades also reflect the vision to expand and advance the Institute’s expertise to better care for all types of patients with challenging neurological and neurosurgical disorders.

The Ayer Neuroscience Institute’s commitment to provide the safest and highest quality patient care is based on principles of clinical and operational excellence. The Institute’s aim is to continue being national leaders in neurological surgery quality and patient safety as manifested by an interdisciplinary team approach to care by utilizing minimally-invasive techniques and offering the full spectrum of treatment options for patients.
One of the performance/quality improvement projects that the Ayer Neuroscience Institute takes great pride in is the use of Kamishibai Cards (K-Cards). The inpatient neuroscience units were pioneers in implementing this tool. K-cards are a part of the Lean methodology process. The objective is to improve quality metrics, increase staff engagement and accountability and improve transparency. K-cards were used to track several quality indicators including hospital acquired infections — central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) — pressure injuries, falls and patient experience. Nursing leadership and nurse educators worked to identify appropriate units on which to implement this initiative. Each card is assigned to a frontline caregiver to review care provided on the unit. Staff share information with each other and gaps in care are addressed in real time. Results of the audits done on the cards are reported to staff during daily huddles.

As an inpatient improvement initiative, the K-card implementation increased staff awareness of quality metrics and heightened engagement in care improvement. Additionally, this initiative resulted in huge improvement in CAUTI and CLABSI rates, to the point of celebrating zero CAUTI or CLABSI infections since the implementation of the K-cards project. Similarly, the units have increased fall-free periods of time, are meeting goals for and are the highest performing units in the hospital for leader rounding on patients.

![Image of HAPI Bundle Compliance]

**Commitment to Continuous Improvement**
Message from Leadership

The Bone & Joint Institute’s quality metrics, established yearly, aim to be “difficult enough” to achieve and “important enough” to positively transform musculoskeletal care. The quality metrics purposefully incorporate collaborative team care beyond orthopedic surgery, including cost of care, radiology, anesthesia, emergency department coverage and rehabilitation services.

Transparency and physician collaboration on standardized patient care protocols are critical in helping The Bone & Joint Institute achieve clinical quality performance metrics. Outcomes and adverse events, occurring at monthly service line meetings, are reviewed with a spirit of cooperation and without “blame or shame.” The data-reporting structure identifies each surgeon by name. Substantial work to evaluate data sources and improve accuracy has allowed for process improvements, as well as individual behavioral change to meet internal and national benchmarking standards.

Signature programs developed by physicians at The Bone & Joint Institute have strengthened our missions of clinical care, research and education and have helped to optimize patient care across the institution. An example is the Procedure Related Education and Pre-Anesthesia Risk Evaluation (PREPARE) program, which ensures that patients are seen, evaluated and risk-assessed by anesthesiologists, medically optimized and educated prior to elective surgery. Selected patients with modifiable risk factors, such as obesity and diabetes, are referred to the MODIFY program, which is designed to medically optimize such patients for surgery. Medical optimization before surgery has led to fewer complications, reduced readmission rates, a significant reduction in opioid use and better communication with providers helping to keep patients out of the emergency department following surgery.

At The Bone & Joint Institute, we’ve created a data-driven culture. As the only self-contained musculoskeletal hospital in the state, we are not only benchmarking ourselves against other centers in the region, we are comparing ourselves to other top centers across the country. Data analytics are transformative to our continuous quality improvement and daily goals for excellence in patient care. And, adhering to Hartford HealthCare’s values: It’s the “safe” thing and “right” thing for our patients.

Sincerely,

John Grady-Benson, MD  
Physician-in-Chief,  
Bone & Joint Institute

Stacey Lombardi  
Vice President of Business Operations,  
Bone & Joint Institute
Accolades & Outcomes

The Hartford HealthCare Bone & Joint Institute is proud to hold the following designations of excellence and quality measured by delivery of high-volume specialized care, with high success rates and cost-effectiveness.

**Designations of Excellence**

- The Joint Commission Certificate of Distinction for Hip & Knee Replacement
- The Joint Commission Certificate of Distinction for Shoulder Replacement
- The Joint Commission Certificate of Distinction for Spine Surgery
- BCBS+ Blue Distinction Centers for Hip & Knee Replacement
- BCBS+ Blue Distinction Centers for Spine
- Aetna Institutes of Quality (IOQ) for Hip & Knee Surgery
- Aetna Institutes of Quality for (IOQ) Spine Surgery

The Bone and Joint Institute Quality and Safety Department maintains a robust surgery registry to support performance metrics tracking and reporting of quality outcomes. All service lines transparently report surgeon-identified data. The registry drives reporting for various audiences/initiatives:

- Hartford Hospital/Bone & Joint Institute Joint Advisory Council
- Hartford Hospital Quality and Performance Improvement Committee
- The Joint Commission Disease-Specific Certification Performance Metrics
  - Total Knee Arthroplasty (TKA)
  - Total Hip Arthroplasty (THA)
  - Total Shoulder Arthroplasty (TSA)
  - Spine surgery
  - Hip fracture
- Bone & Joint Institute service line quarterly volume and complication reports
  - Total Joint Service
  - Orthopedic Trauma Service
  - Spine Service
  - Fragility Fracture Steering Committee
  - Foot & Ankle Service

**Patient Reported Outcomes (PRO)**

The Bone & Joint Institute collects PROs across all service lines. In conjunction with the Data Intelligence team, the Institute submits outcomes data to the American Academy of Orthopedic Surgeons (AAOS) "Family of Registries", including the American Joint Replacement Registry and the American Spine Registry. The Bone & Joint Institute is a Key Opinion Leader in the new AAOS Trauma and Fracture Registry.

**Quality and Operational Outcomes**

There has been growth in the number of surgical cases performed by orthopedic surgeons in each of the specialty areas. A unique aspect of care at The Bone & Joint Institute is the Level I Orthopedic Trauma surgical care which complements the Hartford Hospital Trauma Center designation.
One example of a performance improvement process is the significant reduction in surgical site infections (SSI) through implementation of evidence-based best practices, engaging clinicians and providers and ongoing monitoring and reporting through our service line team meeting structure.

Cost effective care is demonstrated through the decrease in transition of elective total joint arthroplasty patients to a skilled nursing facility (SNF) following their brief inpatient stay at The Bone & Joint Institute. The vast majority of patients transition to their home setting with a very low rate of Emergency Department visits and readmissions.
Reducing Surgical Site Infections (SSI)
Under the premise that one surgical site infection is one too many, Institute leadership and the Infection Prevention Work Group embarked on a number of specific quality improvement initiatives in order to further reduce SSI rates.

- **Pre-incision Ancef Optimization**
  Infection Prevention Work Group Leadership noted that pre-incision Ancef administration was not standardized to a “best practice”. Anesthesia providers used Hartford Hospital policy of administration within 60 minutes of incision. A review of literature and expert input from Infectious Disease attending providers yielded a goal of Ancef administration between 15-45 minutes of incision. This data was tracked and reported by type of surgery from April through December 2021 with significant improvement noted. The data continues to be reported monthly at Infection Prevention Work Group and service line meetings. Critical success staff members include Michael Summa, Lead CRNA and John Tiernan, MD, Anesthesia Director, for their commitment to this improvement project.

- **Introduction of pre-operative nasal, oral and skin bacterial decolonization: Nose-to-Toes Protocol**
  In order to reduce surgical site infections caused by Staphylococcus aureus, Methicillin Resistant Staphylococcus aureus and other organisms, The Bone & Joint Institute implemented the Nose-to-Toes Protocol for all patients undergoing surgery. This protocol includes pre-operative Chlorhexidine bath, including the surgical site, Povidone Iodine nasal decolonization and oral rinse with Chlorhexidine Gluconate 0.12%. The results of this initiative are still being collected and measured.
• **Skeletal Pin Site Care Protocol design and implementation**
  An investigation into contributing factors to a patient with a pin site infection yielded an opportunity to improve protocols, patient teaching and hand-off communication with skilled nursing facilities. The effect of this protocol implementation will be measured moving forward.

• **Operating Room “Back-to Basics” observations**
  In order to address an increase in the spine surgical site infection rate, The Bone & Joint Institute and main Hartford Hospital operating rooms partnered with the Hartford Hospital Infection Prevention team to conduct observations and implement a perioperative “Back-to Basics” operating room audit process from September through December 2021. Standards were reiterated with all team members and gaps were addressed. The “Back-to-Basics” audits have become a standard for the Institute and main hospital operating rooms.
Message from Leadership

Across the Hartford HealthCare Cancer Institute, improving the quality of patient care is embedded in our everyday work — through daily huddles, practice management meetings, multidisciplinary patient care conferences, clinical councils and disease management teams. And yet, each day our team strives to further improve patient outcomes and experience.

Our quality efforts begin by adopting the rigorous standards and guidelines of leading national organizations, such as the Memorial Sloan Kettering (MSK) Cancer Center through our participation as an MSK Alliance member. We invite external assessment of our quality and frequently compare our performance to leading cancer centers like MSK and professional societies such as the American Society of Clinical Oncology (ASCO) for medical oncology, American College of Surgeons (ACS) for surgery, American College of Radiology (ACR) for radiation oncology, and the Oncology Nursing Society (ONS). In fiscal year 2021, we were pleased to be reaccredited by ACS and ACR.

Benchmarking ourselves against top centers is important but our goal is to be a leader in defining the future of quality cancer care. This year several of our physicians and staff presented their groundbreaking quality work at meetings of ACS, ASCO and ONS. For example, Dr. Rawad Elias’ work to improve the care of older patients with cancer, highlighted below, was presented at a national ASCO quality conference. We are also partnering with the Massachusetts Institute of Technology Sloan School of Management to develop a machine learning algorithm to predict which patients receiving chemotherapy are at the highest risk for hospitalization from sepsis so that we can take proactive steps to prevent patient harm.

Quality is the foundation upon which we can achieve our strategic vision of being a destination cancer institute by providing high quality patient care through innovative partnerships and distinctive capabilities. With the talent of our Cancer Institute team, which is unparalleled in Connecticut, and in partnership with our strategic partners like MSK, we are poised to contribute to advancing the standards of care for cancer patients today and in the future.

Sincerely,

Peter Yu, MD
Senior Vice President & Physician-in-Chief,
Hartford HealthCare Cancer Institute

Kristi Gafford
Senior Vice President of Operations,
Hartford HealthCare Cancer Institute
The goal of the Hartford HealthCare Cancer Institute is to provide patients with the best possible multidisciplinary, coordinated cancer care as evidenced by outcomes that meet or exceed national benchmarks. The Cancer Institute voluntarily pursues select accreditations to assess the quality of care provided and to reciprocally provide data and information to the team and patients about performance. The Cancer Institute is accredited by two of the “gold standard” accreditation programs for cancer care:

- **The American College of Surgeons’ (ACS) Commission on Cancer Accreditation**
  - Achieving this recognition requires the Institute to meet comprehensive standards that address the full continuum of cancer — from prevention to survivorship and end-of-life care — while addressing both survival and quality of life. Adherence to these standards is associated with better patient outcomes in diverse settings. The Institute regularly submits cancer registry data and in fiscal year 2021 participated in a site visit that resulted in a three-year reaccreditation.

- **The American College of Radiology’s (ACR) Radiation Oncology Accreditation**
  - This accreditation focuses on ensuring radiation oncology and medical physics meet the highest standards for technical quality and practice guidelines. The process includes a self-assessment and peer review component that evaluates diagnostic image quality, staff qualifications, policies, protocols, equipment and treatment plans. In fiscal year 2021, all Hartford HealthCare radiation oncology sites were accredited by ACR.

This past year the Cancer Institute and several of its leaders were also recognized nationally and internationally for efforts to advance quality cancer care. Some of the most notable include:

- Memorial Sloan Kettering Cancer Center awarded the Hartford HealthCare Cancer Institute a grant to support an innovative Hospice-Telemedicine project. Current research is focused on applying telemedicine to support a seamless transition to hospice and elevate care for patients by encouraging an ongoing partnership among the patient/family, oncology providers and the hospice team.

- A grant from the Stavros Niarchos Foundation is supporting the Institute’s participation in the ASCO’s Quality Training Program. The team’s quality project is focused on implementing a Distress Screening Tool for patients, but in particular to identify support needs for underserved and at-risk populations.

- Andy Salner, MD, FACR and FASTRO was honored as a Fellow of the American Society of Radiation Oncology, an honor bestowed on fewer than four percent of the organization’s members in recognition of significant contributions to the field of radiation oncology through research, education, patient care and service. Dr. Salner also served as an American Society for Radiation Oncology representative to the Global Emergencies/ Nuclear Accident Management Committee of the Worldwide Network for Blood and Marrow Transplantation.

- Dr. Oscar Serrano, specialty trained for transplants and hepatobiliary cancer surgery, was selected as one of ten national leaders to lead the ACS Commission on Cancer’s work in improving health equity.
• The exceptional work of several oncology nursing leaders was selected for presentation at the 46th Annual Oncology Nursing Society Congress. The two projects focused on innovative approaches to annual competency validation related to the management of complications from administration of chemotherapy that can leak into surrounding tissues and the development and implementation of a virtual review course for oncology nursing certification.

• Hartford HealthCare Cancer Institute collaborates with MSK and national clinical trial consortiums to bring advanced treatment options to patients before commercially available. NRG Oncology is an organization that conducts “multi-institutional clinical and translational research with a particular emphasis on gender-specific malignancies including gynecologic, breast and prostate cancers and on localized or locally advanced cancers of all types.” NRG conducted a quality assurance audit of the Cancer Institute’s research operations related to its studies in 2020 and concluded that no corrective and preventative action plan (CAPA) was required, demonstrating Hartford HealthCare’s commitment to high quality research.

Defining and measuring quality cancer care is challenging due to the complexity of the disease and the broad spectrum of diagnostic and treatment options. The Commission on Cancer’s National Cancer Database is a clinical cancer registry system that includes data from more than 36 million cancer cases diagnosed since 1985. The database allows the Cancer Institute to review survival reports, benchmark data and assess how treatment compares with programs in the state, similarly sized organizations or all accredited cancer programs across the country. The Rapid Cancer Reporting System (RCRS) of the database provides the most up-to-date information to assess treatment of patients and allows the team to intervene when patients have not received all components of care. Hartford HealthCare’s performance data for breast and colon cancer treatment in 2017-2019 met or exceeded the established performance rates of all other programs, as shown in the table below.

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Measure Description</th>
<th>2019 Performance Rate</th>
<th>2018 Performance Rate</th>
<th>2017 Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer</td>
<td>91.60% (98.82% - 94.39%)</td>
<td>94.69% (92.00% - 96.96%)</td>
<td>98.82% (92.73% - 97.33%)</td>
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<tr>
<td></td>
<td>Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - II hormone receptor-positive breast cancer</td>
<td>96.52% (94.84% - 98.38%)</td>
<td>96.43% (97.33% - 93.54%)</td>
<td>96.43% (95.39% - 97.56%)</td>
</tr>
<tr>
<td></td>
<td>Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - II hormone receptor negative breast cancer</td>
<td>92.00% (95.06% - 97.44%)</td>
<td>92.16% (95.61% - 98.76%)</td>
<td>96.83% (91.22% - 100.00%)</td>
</tr>
<tr>
<td></td>
<td>Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with 4 positive regional lymph nodes</td>
<td>82.03% (75.90% - 93.33%)</td>
<td>88.76% (72.90% - 100.00%)</td>
<td>95.83% (97.84% - 100.00%)</td>
</tr>
<tr>
<td></td>
<td>Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer</td>
<td>92.07% (90.49% - 94.56%)</td>
<td>91.37% (89.90% - 93.33%)</td>
<td>86.51% (88.00% - 91.00%)</td>
</tr>
<tr>
<td>Colon</td>
<td>At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer</td>
<td>86.16% (84.89% - 93.44%)</td>
<td>94.74% (91.39% - 98.08%)</td>
<td>88.27% (83.55% - 92.98%)</td>
</tr>
<tr>
<td></td>
<td>Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer</td>
<td>93.96% (95.80% - 91.00%)</td>
<td>97.37% (92.28% - 99.00%)</td>
<td>83.76% (71.91% - 95.66%)</td>
</tr>
</tbody>
</table>
Additionally, the most recent annual Cancer Quality Improvement Program report (based on 2019 data), which compares quality and outcomes data to more than 1,500 cancer programs accredited by the American College of Surgeons Commission on Cancer using the National Cancer Database, illustrates that the Cancer Institute treated the cases reviewed appropriately based on national standards of care. In each category, the Institute exceeded the state and all other accredited programs’ performance.

**BREAST:** Adjuvant hormonal therapy for hormone receptor positive breast cancer

- HHC: 96%
- State of CT: 95%
- All CoC: 91%

**COLON:** Adjuvant chemotherapy for lymph node positive colon cancer

- HHC: 94%
- State of CT: 92%
- All CoC: 86%

**RECTUM:** Chemo and Radiation therapy is administered or recommended for resected rectal cancers

- HHC: 93%
- State of CT: 91%
- National: 88%
The Comprehensive Oncology and Aging Care Team (COACH)

Recognizing that the median age for a cancer diagnosis is 66 years, Dr. Rawad Elias, Medical Director for the Comprehensive Oncology and Aging Care Team (COACH) at Hartford HealthCare, has championed a number of initiatives aimed at evaluating and supporting the unique needs of the older cancer population. This work has resulted in the Hartford HealthCare Cancer Institute being the only cancer center in the state of Connecticut to be designated an Age-Friendly Health System by the Institute for Healthcare Improvement. The Cancer Institute was also awarded the Age-Friendly Health System-Committed to Care Excellence Award. This distinction recognizes alignment with evidence-based best practices and focus on what matters most to older adults and their family caregivers.

The COACH team designed a Rapid Fitness Assessment (RFA) in Epic that supports the detection of geriatric impairments that otherwise would not have been identified, and prior to the creation of the geriatric oncology program, were not evaluated. The assessment is encouraged for all patients 65+ years old. All older patients with surgical bladder or pancreaticobiliary malignancies receive a geriatric oncology evaluation as an essential component of their preoperative evaluation.

Among the more than 200 patients evaluated between July 1, 2020 and March 27, 2022, the Epic RFA demonstrated that 34% of patients assessed had a history of falls, 64% had slow gait, 47% had a significant weight loss (≥ 10 lbs.), 32% were found to have cognitive impairment, 56% were with high distress, 54% had a positive depression screening, and 23% had limited social support. The identification of these impairments has enabled interventions designed to improve outcomes. The COACH team collaborates with services across the extensive Hartford HealthCare network to ensure that care is seamless and comprehensive.

Additionally, the COACH team collaborates closely with the MSK Alliance Cancer and Aging Interdisciplinary Team (CAIT) on research and educational projects to improve the care of older cancer patients. COACH launched “The Hartford Talks,” a series of geriatric oncology educational talks to enhance the knowledge of cancer and aging principles across Hartford HealthCare and recently expanded the scope by hosting high-profile speakers and inviting attendees from across the United States and beyond.

The amazing work of this team is just one example of how the Hartford HealthCare Cancer Institute continues to provide exceptional care to patients and aims to advance quality across all of cancer care.
Connecticut Orthopaedic Institute

Message from Leadership
The Connecticut Orthopaedic Institute at MidState Medical Center launched in April 2017 and expanded its program to St. Vincent’s Medical Center in 2021.

A mission and vision for quality
Connecticut Orthopaedic Institute’s mission is to improve the orthopaedic health, healing, and quality of life of the people and communities we serve. The Institute maintains a vision for providing an exceptional patient experience while providing world-class quality, and safe care, driven by data-proven, researched-based orthopaedic best practices.

Quality is at the forefront of every aspect of Connecticut Orthopaedic Institute. From the beginning, the Institute set out to be a national leader in quality care and it has delivered. Connecticut Orthopaedic Institute at MidState Medical Center was first in the nation to receive Advanced Certification in Spine Surgery from The Joint Commission following a rigorous review.

Connecticut Orthopaedic Institute upholds a focus on continuous improvement with a goal of zero readmissions, infections and complications.

Achieving goals
The Connecticut Orthopaedic Institute utilizes a continuous improvement process to promote constant innovation, including lean operational tools and implementation of new policies.

The Institute’s improvement processes include a multidisciplinary approach to quality with the help of a medical advisory board. This team consists of readmission and surgical site infection committees to review any readmission or infection for opportunity to identify trends and improve. The board develops guidelines utilizing evidence-based best practices that are updated annually to standardize care and ensure our patients are prepared for surgery.

The launch of Force Therapeutics, an online patient education platform, works in tandem with our nurse navigators to enhance two-way communication with our team during the entire surgical experience, including patient education, virtual rehabilitation and patient-reported outcomes, which are monitored closely.

The Institute consistently ranks among the highest levels in patient satisfaction scores from Press Ganey. In a model of continuous improvement, Connecticut Orthopaedic Institute developed a patient engagement and experience committee to glean feedback from our patients on how to improve.

Continuous improvement
The Connecticut Orthopaedic Institute has celebrated countless successes over the years, but our work is not done. We will continue to study and adjust to ensure every patient receives the highest level of compassionate, high-quality care, with outstanding outcomes, and an exceptional experience. Our expert team is dedicated to helping our patients live their best lives through improved movement with education, support, collaboration, the latest technology and the most skilled surgical hands.

Sincerely,
The Connecticut Orthopaedic Institute at MidState Medical Center was honored to receive several monumental achievements in 2021. It is the first program in the country to receive Advanced Certification in Spine Surgery from The Joint Commission. The Institute participated in The Joint Commission’s inaugural Advanced Spine Certification survey in late August. The surveyor recognized the team for its engagement, collaborative approach and strong focus on evidence-based practice. This certification officially recognizes The Connecticut Orthopaedic Institute at MidState Medical Center’s pre-operative care and education, standardization of practices, procedures and care for patients, and emphasis on everything from pre- to post-operative consults with the spine surgeons to communication and collaboration between clinicians. It also recognizes the consistent use of care teams and compliance with clinical practice guidelines. In addition, The Joint Commission determined that the institute met rigorous standards of care based on data collection guidelines, and participates as required in the American Spine Registry, which measures clinical complications and outcomes. To be eligible for the certification, the institute must have served at least 200 spine patients.

The Connecticut Orthopaedic Institute at MidState Medical Center also obtained Advanced Re-certification for Total Hip and Knee Replacement. The Institute continues to strive for the highest level of care and quality for its patients. Additional accomplishments include:

- Women’s Choice Award for Best Hospitals™ for orthopedics
- Anthem Blue Cross Center of Distinction+ for Joint Replacement and Spine Surgery
- Aetna Institutes of Quality® (IOQ) Orthopedic Surgery Network — Joint Replacement Surgery designation
- Aetna Institutes of Quality® (IOQ) Orthopedic Surgery Network — Spine Surgery designation

Operational improvements and achievements:

- Maintaining year-over-year top rating national score for patient experience at 98.6% — Likelihood to recommend Press Ganey patient satisfaction survey
- Patient Engagement and Experience Committee engaged former patients and family members in a monthly meeting with a multidisciplinary team to discuss opportunities for continuous improvement to deliver an exceptional experience

The Connecticut Orthopaedic Institute provides the highest quality of care and an outstanding patient experience. The latest report card reflects the exceptional care every patient receives.

<table>
<thead>
<tr>
<th>2021 Statistics for Total Joint Replacement surgery</th>
<th>COI</th>
<th>National Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who recommend our hospital</td>
<td>98.6%</td>
<td>–</td>
</tr>
<tr>
<td>Complication rate</td>
<td>0.88%</td>
<td>&lt; 1.10%</td>
</tr>
<tr>
<td>Prosthetic joint infection rate</td>
<td>0.20%</td>
<td>&lt; 1.00%</td>
</tr>
<tr>
<td>Patients discharged directly home after surgery</td>
<td>98%</td>
<td>&gt; 95%</td>
</tr>
<tr>
<td>Readmission to hospital within 30 days of surgery</td>
<td>1.46%</td>
<td>&lt; 1.51%</td>
</tr>
<tr>
<td>Total Joint Replacements performed</td>
<td>2,088</td>
<td></td>
</tr>
</tbody>
</table>
Commitment to Continuous Improvement

The Connecticut Orthopaedic Institute at MidState Medical Center identified the opportunity to reduce and eventually eliminate falls in the immediate post-operative period due to modifiable factors that enhance patient safety. There had been an increase in assisted/witnessed falls in 2020 overall, particularly in the May-June timeframe.

Utilizing lean operational methodology, a multidisciplinary Fall Committee was developed and a full assessment around falls was conducted.

In light of the assessment findings, the following countermeasures were implemented:

- Staff re-education on gait belts/safe practice patient assistance
- Pre-operative screening and communication of high-risk patients by the nurse navigators
- Repeat screening by admitting nurse
- Sock size selection
- Dionne Egress assessment
- Bed and chair alarms
- Minimize narcotics and review high-risk medication
- Geriatrics and pharmacy consult as needed
- Real-time communication of physical therapy safety concerns
- Additional block nurse and regional block regimen reassessed

With the countermeasures initiated, there was a resulting sharp decline in falls; going eight months without a fall on the unit. There were no reported injuries to colleagues or patients. Falls became witnessed/assisted with the main goal achieved of reducing falls and eliminating patient harm.
Sterile Processing Services for The Connecticut Orthopaedic Institute at MidState Medical Center continues to see month-over-month and year-over-year surgical instrument tray volume growth. At one point, fiscal year-to-date Connecticut Orthopaedic Institute trays accounted for 51.99% of all items processed in Sterile Processing Services. This represents an increase of 28.53% from the same period in the prior fiscal year and an increase of 88.37% from the same period in fiscal year before that. Growth in tray volume is the driving force behind many of the process improvement initiatives in Sterile Processing Services.
In 2021, The Connecticut Orthopaedic Institute at St. Vincent’s Medical Center successfully obtained the prestigious Advanced Certification for Total Hip and Knee Replacement from The Joint Commission. This certification represents the high-quality care each total hip and knee replacement patient receives throughout their entire episode of care, starting from the pre-surgical consultation and ending with the 90-day post-operative visit. Additional accomplishments include:

- Women’s Choice Award for Best Hospitals™ for orthopedics
- Aetna Institutes of Quality® (IOQ) Orthopedic Surgery Network — Spine Surgery designation

Operational improvements and achievements:

- Official ribbon cutting for The Connecticut Orthopaedic Institute at St. Vincent’s Medical Center, spring 2021
- Regional Anesthesia Fellowship launched in 2021
- More than 40 physician-led community outreach events scheduled
- 95% of total joint patients were discharged directly home
- Overall surgical volume increase by 28 percent
- Improved likelihood to recommend Press Ganey patient satisfaction survey scores year over year

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>FY20</th>
<th>FY21</th>
<th>Delta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep Vein Thrombosis/ Pulmonary Embolism rate</td>
<td>0.42%</td>
<td>0.00%</td>
<td>-0.42%</td>
</tr>
<tr>
<td>Readmission Rate</td>
<td>4.22%</td>
<td>1.66%</td>
<td>-2.56%</td>
</tr>
<tr>
<td>Total Hip Replacement SSI</td>
<td>1.74%</td>
<td>0.89%</td>
<td>-0.85%</td>
</tr>
<tr>
<td>Total Knee Replacement SSI</td>
<td>0.69%</td>
<td>0.55%</td>
<td>-0.14%</td>
</tr>
<tr>
<td>Spine SSI</td>
<td>0.81%</td>
<td>0.66%</td>
<td>-0.15%</td>
</tr>
<tr>
<td>Complications</td>
<td>2.11%</td>
<td>1.22%</td>
<td>-0.89%</td>
</tr>
<tr>
<td>Total Joint Replacement Blood Transfusion</td>
<td>1.04%</td>
<td>0.22%</td>
<td>-0.82%</td>
</tr>
<tr>
<td>Spine Blood Transfusion</td>
<td>2.01%</td>
<td>0.35%</td>
<td>-1.66%</td>
</tr>
</tbody>
</table>

* Lower is better
The Connecticut Orthopaedic Institute at St. Vincent’s Medical Center created a local workgroup, the Perioperative Safety Committee, to align with the system initiative of reducing harm by decreasing surgical site infections (SSI), readmissions and mortality. The team began this work in the operating rooms, performing observations of spine surgical teams with the goal to decrease SSIs. This included, but was not limited to, monitoring the amount of time the operating room doors were open, the amount of traffic in the room, the appropriate use of surgical attire and the distance of the operating room table to the wall and surrounding structures. Through the diligent work of this group, the team quickly identified key areas of vulnerability and initiated immediate action plans for improvement for both spine and total joints surgeries. This resulted in a decrease in SSIs of 19% for spine surgery, 20% for total knee replacements, and 60% for total hip replacements in fiscal year 2021 compared to fiscal year 2020. This group has since expanded into a larger multidisciplinary workgroup that involves other service lines at St. Vincent’s Medical Center.

The Connecticut Orthopaedic Institute at St. Vincent’s Medical Center also aligned with a Clinical Care Redesign system initiative to assess blood utilization by researching and ensuring the appropriate use of transfusion thresholds for orthopaedics. Research conducted in 2020 demonstrated that Hartford HealthCare transfused patients with 35% more blood products when compared to peers at comparable healthcare facilities. The team at St. Vincent’s Medical Center decided to educate colleagues and surgeons on the harm of excessive transfusions, placed “Why give two when one will do?” signs in clinical areas and reported out blood utilization rates on a regular basis. This resulted in decreased blood transfusion rates by 79% for total joints and 83% for spine patients in fiscal year 2021 compared to fiscal year 2020. Currently, the team continues to monitor the blood utilization rate throughout the Institute to ensure appropriate transfusions.
Message from Leadership

To improve performance and encourage continuous improvement, the Hartford HealthCare Heart & Vascular Institute utilizes High Reliability Organization principles to minimize harm while providing the highest level of care to our patients. At the Heart & Vascular Institute, we believe patient safety and performance improvement are the role of all colleagues. Transparency and collaboration are critical. In addition, Institute leadership plays an active role in promoting and supporting quality, patient safety and performance improvement and role-model leadership behaviors. Our leadership team gives direction and monitors the identification, measurement, assessment and improvement of important processes and outcomes. Leaders set expectations, promote communication and provide adequate time and training to colleagues involved in quality management activities.

To help us deliver on our quality and safety benchmarks, the Heart & Vascular Institute embraces best practices that guide process improvement through specialty-specific, physician-led Clinical Quality Councils. These councils oversee quality data management, case reviews and quality improvement using H3W Operating Model tools and Lean management methodologies.

The Institute focuses on systematic analysis, identification and implementation of improvement activities to:

- Eliminate the occurrence of and minimize the risk of safety events
- Support effective responses to actual or potential occurrences to promote a safe culture
- Integrate safety priorities into all relevant processes, functions and services to improve outcomes
- Improve patient/family, physician and employee satisfaction
- Improve organizational processes to provide value to the customer
- Maintain compliance with licensure, accreditation and regulatory requirements of applicable state and federal agencies
- Support the organizational mission, vision and values

Risk management and patient safety measures are fully integrated into the performance improvement measurement framework. High-risk activities are identified for performance improvement.

At the Heart & Vascular Institute, we judge success by achieving top decile performance in all quality metrics and measures, and strive for zero patient harm events. As you will see in the data presented below, we continue to enhance the quality of care we deliver and improve safety for all patients positioning the Institute as a national leader in heart and vascular care.

Sincerely,

Sabet Hashim, MD, FACS
Senior Vice President, Co-Physician-in-Chief,
Heart & Vascular Institute

James Cardon, MD, FACC
Executive Vice President, Interim Co-Physician-in-Chief,
Heart & Vascular Institute

Wheatley Wentzell
Senior Vice President of Operations,
Heart & Vascular Institute
Accolades & Outcomes

The Mitral Valve Reference Center Award

The Mitral Foundation and the American Heart Association have partnered to promote true centers of excellence for mitral valve repair. Mitral valve repair is considered a niche specialty in cardiac surgery, and the likelihood of repair depends on the skill and experience of the surgeon.

The Mitral Valve Repair Reference Center Award identifies the nation's best hospitals and surgeons for mitral valve repair surgery based on objective performance measures. This special recognition is achieved by demonstrating a record of superior clinical outcomes, as well as an ongoing commitment to reporting and measuring quality and performance metrics specific to mitral valve repair.

In 2020, Hartford Hospital was first in New England and since continues to be one of the few programs recognized in the United States. Hartford HealthCare's expertise in minimally-invasive mitral surgery gives it a competitive edge over reference centers in the region.

Mitral Valve Repair Mortality
Latest Published Data

<table>
<thead>
<tr>
<th>Hospital Score</th>
<th>STS Like Group</th>
<th>STS All Particants</th>
<th>Hospital Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hartford Hospital</td>
<td>0.93%</td>
<td>0.97%</td>
<td>0%</td>
</tr>
<tr>
<td>St. Vincent's Medical Center</td>
<td>1.46%</td>
<td>0.97%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Society of Thoracic Surgeons 3-Star Maximum Rating

Twice a year, the Society of Thoracic Surgeons (STS) provides cardiac surgery performance ratings for hospitals in the United States. The ratings apply to five categories and Hartford Hospital has achieved the maximum 3-star rating in four out of five categories for five consecutive years. Achievement of the 3-star rating for any one of these categories places a hospital in the top performing 4-9% of all hospitals participating in the STS National Database. By attaining the highest STS rankings in multiple surgical categories, Hartford Hospital is placed among the most elite cardiac surgery centers in the United States.
The Joint Commission Comprehensive Cardiac Center Certification

The Comprehensive Cardiac Center (CCC) Certification is a newer certification offered by The Joint Commission. Achievement of this certification requires compliance with national standards of cardiac care, an effective integration of evidence-based medicine and an organized approach to performance improvement including data collection and analysis. Hartford Hospital was the first in New England to achieve certification.

This certification is important to the Institute because it informs the following:

- More integrated, coordinated care for patients
- Demonstrably better outcomes
- Recognition for clinical excellence
- Early identification and management of high-risk patients
- Patient education to help them make informed decisions about their care
- Ongoing quality improvement processes
- Participation in nationally-audited data registries

American Heart Association recognizes Hartford HealthCare for its care of patients with heart failure

The American Heart Association (AHA) Get With The Guidelines (GWTG) Heart Failure Program recognized St. Vincent’s Medical Center with the 2022 GWTG Heart Failure Gold Plus, Target: Heart Failure and Target: Diabetes recognition. This represents the maximum recognition possible and includes four separate awards. The Gold, Silver or Bronze award is based on meeting quality excellence over time. St. Vincent’s Medical Center has maintained the Gold award since 2015. The Plus Award demonstrates excellence in providing evidence-based quality care and can be granted only if the participant has already achieved a Silver or Gold status award. St. Vincent’s Medical Center has maintained the Plus Award since 2014. The Target Heart Failure and Target Type 2 Diabetes (heart failure patients with diabetes) Awards are recognition of performance in additional metrics. Both have been maintained for the last three years.

Participation with the GWTG - Heart Failure Registry has supported the St. Vincent's Medical Center Heart Failure in-hospital program to improve care by promoting consistent adherence to the latest scientific treatment guidelines. Numerous published studies of the AHA GWTG — Heart Failure Guidelines demonstrate success in achieving significant patient outcome improvements.

Heart & Vascular Institute was awarded the maximum “Three Stars” by The Society for Vascular Surgery’s Vascular Quality Registry Participation Program

The mission of The Society for Vascular Surgery’s (SVS) Vascular Quality Initiative (VQI) is to improve patient safety and the quality of vascular care by providing web-based collection, aggregation and analysis of clinical data submitted in registry format for all patients undergoing specific vascular treatments. There are 14 separate registries within the VQI.
In fiscal year 2021, the Hartford HealthCare Heart & Vascular Institute was awarded the maximum “Three Stars” VQI Participation Award. This recognition is the result of participation in actions that lead to better patient care, including:

- The completeness of long-term, follow-up reporting, based on the percentage of patients for whom they have at least nine months of follow-up data
- Physician attendance at semi-annual meetings of a regional quality group
- Initiation of quality improvement activities based on VQI data
- The number of vascular registries in which the center participates

At Hartford Healthcare, VQI data is used to measure performance outcomes, support quality improvement initiatives and improve long-term patient care.

The following is an example of a performance improvement project that was triggered by VQI data.

**Accolades & Outcomes**

**Optimizing medical therapy after vascular intervention**

Studies show that patients who receive post-operative antiplatelet and statin therapy after vascular surgery or endovascular therapy have an improved survival benefit. This is true across a broad spectrum of vascular procedures, from carotid endarterectomy for stroke, to endovascular therapy for peripheral arterial disease.

Within Hartford HealthCare, we track our adherence to post-operative antiplatelet and statin recommendations as part of a national quality database, the Vascular Quality Initiative (VQI). In 2019 the Institute identified an opportunity to improve medication compliance at time of discharge. Working with the Epic electronic medical record (EMR) team to devise a “hard-stop” at time of discharge, we implemented an automatic order in December of 2019 to confirm that patients had appropriate medical therapy, prescribe the appropriate medical therapy, or document a contraindication to its use (such as allergy or intolerance). The team then utilized the VQI database to study the effect of this process change on compliance rates following vascular procedures.

Over a four-year period, 2,234 patients underwent a vascular procedure at Hartford Hospital. Prior to the implementation of the “hard-stop” at discharge, the rate of antiplatelet and statin adherence at time of discharge was 86.3%. Following implementation of this quality improvement initiative, overall compliance with antiplatelet and statin therapy improved significantly to 92.4%, with a compliance rate of 93.4% in 2021. This improvement was achieved without a change in the number of patients with a documented intolerance to medical therapy (1.6% before hard-stop vs. 1.8% after), suggesting that this initiative improved the prescribing of these important medications at discharge, closing a quality gap within the system.

These small changes over time can have a significant impact on the quality care the Heart & Vascular Institute strives to provide to patients every day. Utilizing data from the VQI provides a simple way to monitor the effect of these quality improvement initiatives. By significantly increasing the adherence to best medical therapy, this improvement project was a major factor in raising the Institute's VQI participation rating to the highest 3-star level.
### Carotid Endarterectomy Mortality
Latest Available VQI Data

- Hartford Hospital: 0.30%
- The Hospital of Central Connecticut: 0.30%
- Backus Hospital: 0.30%

### Carotid Stent Mortality
Latest Available VQI Data

- Hartford Hospital: 1.00%
- The Hospital of Central Connecticut: 1.10%
- Backus Hospital: 1.20%

### Endovascular Aneurysm Repair Mortality
Latest Available VQI Data

- Hartford Hospital: 1.80%

### Supra-Inguinal Repair Mortality
Latest Available VQI Data

- Hartford Hospital: 2.90%
Message from Leadership
The Tallwood Urology & Kidney Institute extends the Hartford HealthCare vision as we strive to be the most trusted in the region for personalized, coordinated care for patients with urologic and kidney conditions.

Guiding us are the five clinical councils foundational to the institute model: Men’s Health, Kidney Stones, Pelvic Health, Genitourinary Oncology and Chronic Kidney Disease. We cultivate a collaborative approach to care, developing and following standards and guidelines that reduce variability between providers and locations, address care gaps, improve clinical outcomes and enhance the patient experience.

To reinforce and achieve these goals, we launched various initiatives, including:

• Data mining, management and migration. We partnered with Informatics and Epic CareConnect to identify and streamline workflows (e.g., MyChart questionnaires that encourage patients to directly enter data into their health record, and SmartTools to feed registries) so we can more easily retrieve data through Epic and migrate it to established registries.

• Registry development/integration. Our quality improvement efforts include building and enhancing our prostate cancer, men’s health and kidney stones databases. Recent partnership with American Urological Association Education and Research Inc. allows us to participate in their registry to benchmark quality performance against peers.

• Quality oversight. We developed a quality auditing process led by the respective medical directors of our clinical councils to review cases identified within Premier with O:E >1 in mortality, complications, readmissions and length of stay. Other current projects address care gaps and access, such as the coordination rate of appointments for patients seen in the emergency departments presenting with kidney stones, timely stent explanation and urinary sphincter alerts in Epic. We are also actively recruiting a medical director to lead quality projects identified by our clinical councils, specifically to identify and address root causes of care gaps and opportunities to drive best practice.

Tallwood teams are keenly focused on providing safe, high-quality care. Our engaged clinical councils are always curious about ways to improve care and the patient experience. Our goal is to maintain an O:E of <1.0 for mortality, readmissions, complications and length of stay, and we believe quality stewardship, data management and registry utilization will be critical to achieve success.

Sincerely,

Steven Shichman, MD
Vice President, Physician-in-Chief,
Tallwood Urology & Kidney Institute

Jan Ruderman
Vice President,
Tallwood Urology & Kidney Institute
Accolades & Outcomes

The following graphs reflect fiscal year 2021 inpatient quality metrics:

- **Length of Stay Observed/Expected**
  - <1 is better than expected
  - [Graph showing data for Chronic Kidney Disease, GU Cancer, Kidney Stones, Men's Health, Pelvic Health]

- **Mortality Observed/Expected**
  - <1 is better than expected
  - [Graph showing data for Chronic Kidney Disease, General Urology, GU Cancer, Kidney Stones, Men's Health, Pelvic Health]

- **Complication Rate Observed/Expected**
  - <1 is better than expected
  - [Graph showing data for Kidney Stones, Men's Health, Kidney Cancer, Bladder Cancer, Prostate Cancer]
Commitment to Continuous Improvement

Tallwood Stone Center — Emergency Department Continuity of Care Coordination

The Tallwood Kidney Stone Center was developed out of concern raised within Tallwood’s Kidney Stone clinical council where providers identified gaps related to timely access and transitions of care, specifically between emergency room and follow up office visits. A project team convened to develop a new model of care for individuals experiencing kidney stones. The project team identified improving Emergency Room-to-Urology Office Visit rates as a Phase 1 goal. Project milestones included:

1. Reports created in Epic to pull Emergency Room and Urology visits by Medical Record Number (MRN).
2. Triage guidelines developed and approved through council, risk stratifying patients into elective, urgent and emergent categories with patient algorithms defined for each.
3. Collaboration with emergency department leadership across Hartford HealthCare regions to improve workflows.
4. Nurse navigation introduced to conduct outreach to patients seen within Hartford HealthCare emergency rooms and facilitate appointments with urology.
5. Data tracked by month/quarter to measure success.
6. Stones appointment templates created to efficiently fill provider schedules.

Within the first 12 months of the project, Kidney Stone — Emergency Department coordination rates increased resulting in 33% of patients system-wide being seen for follow up within two weeks, with several regions exceeding 40% in fiscal year 2021.
HARTFORD HEALTHCARE BEHAVIORAL HEALTH NETWORK
Message from Leadership

At the Behavioral Health Network (BHN) our goals for quality performance are closely tied to access and ensuring that we make evidence-based, high-quality care available to our communities. We are aware that a significant number of people with treatable behavioral health conditions are not receiving treatment.

In addition to our traditional forms of providing services throughout our network, the BHN is constantly looking at new and innovative ways to provide access to behavioral health services and reach those in need. We embed social workers and psychologists in primary and specialty care, provide access for psychiatrists to primary care and specialty care providers, and use telehealth and virtual care options in all ambulatory settings. We continue to serve our students throughout elementary and high school years in our clinical day school settings.

By leveraging technology and innovation, we are able to reach our patients in new ways, whether it is using apps to stay in close touch with patients, or using virtual appointment or group sessions to reduce isolation, or using an interactive model to assist clinicians in treating adults with early psychosis. We also recognize the importance of recovery and having people involved in care who have lived experience. This has a significant impact on quality through the patient experience lens.

The BHN continues to be a center of training and education for all fields in behavioral healthcare. With a large medical staff, we are committed to training the next generation of psychiatrists and advanced practice professionals through our many clerkships, residency programs and fellowships. We also provide extensive training opportunities for nursing, social work and psychology.

At the core of the BHN is a shared mission to improve the quality of life for the people we serve. This is achieved through new and innovative care models which provide greater access to those who need care. This is achieved through building on centers of excellence and replicating care models in new geographies in Connecticut, maintaining focus on existing programming to ensure we continue to provide high quality services across all levels of care and focusing improvement initiatives on the things which matter most — to improve outcomes and deliver on the highest quality of care possible.

Sincerely,

John Santopietro, MD, DFAPA
Senior Vice President & Psychiatrist-in-Chief,
Behavioral Health Network

James O’Dea
Senior Vice President,
Behavioral Health Network
Accolades & Outcomes

Changing Pathways: Opiate Medication Assisted Treatment

Prior to the COVID-19 pandemic, there was a growing epidemic of opioid use and increases in opioid-related deaths. During the pandemic, as a result of the increased social isolation, limited access to treatment resources, and the rise in availability of a highly-addictive synthetic opioid drug, fentanyl, this crisis has worsened dramatically.

There were over 100,000 opioid related deaths in this country in 2021. And the morbidity and mortality associated with these conditions is projected to be worse in 2022 and going forward.

The Changing Pathways initiative, operating in multiple parts of the BHN, and in partnership with Beacon Health Services, has shown very positive results in addressing these issues. Evidence clearly demonstrates the medication-assisted treatment (MAT) is the approach that has the most positive impact on reducing risk and harm associated with substance use conditions. The Changing Pathways initiative is based on rigorous education for patients and families on the use of and value of MAT.

Our data demonstrates that engaging patients in MAT during an initial period of medical withdrawal treatment — commonly referred to as ‘detox’ — results in longer periods of engagement in treatment, lower rates of relapse to substance use, and lower risk of both morbidity and mortality.

![Hartford Hospital Inductions April 2019-December 2021](image)
Psychosis Intervention Programs

Untreated Psychosis in Adolescence

Attenuated Psychosis Syndrome (APS) is characterized by prodromal symptoms of schizophrenia, which most frequently emerges in adolescence. While the paranoia, hallucinations, delusions and social withdrawal are not as severe as in schizophrenia, they nevertheless begin to interfere with school, work, family relationships and social activities. It is estimated that 3 to 7% of all youth in the Northeast United States experience APS. For 2% of all youth, the symptoms are so severe that parents or schools seek referrals for mental health treatment. Without intervention, it is estimated that 37 to 42% of youth with APS will eventually develop full blown schizophrenia in adulthood.

This unmet need has prompted the most ambitious initiative in the history of psychosis research. An international consortium of 27 hospitals called the Psychosis Risk Outcome Network (ProNET) has partnered with the National Institute of Health, Federal Drug Administration, National Alliance on Mental Illness, American Psychiatric Association, representatives from pharmaceutical and biotechnology companies, and hospitals from around the world, to create a public-private endeavor called the Accelerating Medicines Partnership for Schizophrenia (AMP-SCZ). AMP-SCZ is a 5-year project to study APS in new ways and develop cutting edge technology for the sole purpose of developing earlier treatments for adolescents prior to the first psychotic break. At The Institute of Living at Hartford Hospital, the Olin Center and the Advanced Service for Adolescents with Psychosis (ASAP) serve as one of the international sites for ProNET and is part of this incredible partnership with AMP-SCZ.

Adults with First Episode Psychosis Clinical Council

In order to address similar needs for adults, the First Episode Psychosis Clinical Council was created to improve identification of early psychosis across levels of care. The Council began its work in early 2021, with representatives from across the BHN. With the overarching goal to reduce the duration of untreated psychosis for adults, the Council developed three core strategies: 1) create standard approaches to identification of symptomatic adults, 2) develop protocols for comprehensive evaluations including underlying medical conditions, assessment, pharmacological interventions, and non-pharmacological interventions; and 3) align resources within Hartford HealthCare to better serve identified adults.

The goal of the Council was achieved through a dynamic, electronic, interactive model that illustrates decision points and useful resources to use when an adult with early psychosis engages with the system. The model targets clinicians and providers at different levels of care, designated as "swim lanes", to use the model for guidance and/or information to inform decision making. Swim lanes include emergency departments, inpatient psychiatric services and ambulatory settings and are connected to each other in the model as a person transitions between services. Various points in the interactive model link to detailed information about how best to engage, treat and refer an adult to appropriate care.

A pilot is underway at Charlotte Hungerford Hospital’s ambulatory clinic and soon at the William W. Backus Hospital emergency department, both common entry points for adults suffering from psychosis symptoms. The pilot programs orient clinicians and providers to the model and materials with the aim of reducing the duration of untreated symptoms.
Earlier Intervention: Benefits of Intensive Outpatient Program (IOP) for APS

The ASAP Program is an Intensive Outpatient Program (IOP) and offers treatment 3-4 days a week for those 13-18-years old experiencing psychosis. Youth attend three hours a day of specialized core programming (Table 1) not generally offered in research-based APS programs. Adolescents receive a comprehensive array of services (table 2). Treatment is provided by a multi-disciplinary team including a psychiatrist, bachelor’s level case worker, neuropsychologist, psychologist and social worker. The average length of stay is 4-6 months, much longer than the typical duration of 4-6 weeks. This allows time to rule out underlying medical causes, in-depth group therapy work, opportunity for socialization, establishment of stable family support, an introduction to the adolescent and family about pharmacotherapy, school collaboration to maintain academic progress, and a coordinated transition to outpatient care.

While patients at ASAP and standard outpatient services had similar symptom severity and social abilities at intake, compared to standard outpatient services, those who received treatment at ASAP experienced a greater reduction in psychotic symptoms and a greater improvement in overall social functioning. Importantly, these differential benefits were still present more than a year after treatment ended (Figure 4 and 5). The IOL ASAP program is leading the way in translating research findings into evidence-based clinical care available to all adolescents who are at risk for schizophrenia.
Commitment to Continuous Improvement

Lean Silver Journey

Programs at The Hospital of Central Connecticut, Charlotte Hungerford Hospital, Rushford Center and The Institute of Living stepped up to pursue Lean Silver Certification; the next phase of their Lean journey, focused on the utilization of Hartford HealthCare’s Operating Model within a strategic project to deliver break-through outcomes.

At The Hospital of Central Connecticut, ambulatory services re-established the Partial Hospital Program to care for the most acute ambulatory patients. Efforts to modify patient flow and place patients in the proper level of care resulted in a dramatic monthly increase from zero to over 600 visits. At Charlotte Hungerford Hospital, a similar focus is underway to establish a Dialectical Behavior Therapy Intensive Outpatient Program bringing evidenced-based care via intensive skill-based work with an emphasis on emotion regulation and distress tolerance.

Rushford’s Medication Assisted Treatment Close to Home program developed numerous standard work processes and tools to create predictability and efficiency, as well as created different staffing models to best serve clients, all while increasing partial hospitalization program access by 300%.

At The Institute of Living, the Child and Adolescent Program established a Short Term Enhance Programming (STEP) Clinic to react to the dramatic increase in need as result of the pandemic. The program serves as a “clinical bridge” between levels of care and provides immediate clinical support for acute children and adolescents awaiting services. In addition to providing needed access, the program focuses on financial strength and created visibility into revenue capture allowing for targeted corrective action.

The Schizophrenia Rehabilitation Program, via process mapping and standard work, reintroduced research protocols, engaged Recovery Support Specialist interns in programming and integrated rehab into clinical billable services.

The Residential Program utilized nutrition as a vehicle to promote health and wellness. In addition to creating standard work for nearly every repetitive process, the program provided weekly nutrition and cooking groups, daily physical activity groups, and revamped the menu to align with United States Department of Agriculture (USDA) dietary guidelines; increasing the percentage of meals in compliance from 22% to 97%.
Finally, the Center for Interventional Psychiatry established the Esketamine Treatment Center to serve people with “treatment-resistant depression.” The Center incorporated the Lean Operating Model into its development with focus on flow, process mapping and standard work to systematically improve access to 45% above visit expectations.
Community Network Services

Message from Leadership
Hartford HealthCare’s Community Network provides comprehensive care, services and resources across the Hartford HealthCare system of care. We are teamwork personified, providing the right care, at the right time and in the right location.

Coordination of care between service lines is paramount. From acute care, senior living and special needs communities, to home care, rehabilitation clinics and beyond, the Community Network is a key component to streamlining the continuum of care.

Our primary goal is to improve the quality of care, services, outcomes and experience for our patients — at all access points — and to provide a safe and supportive working environment for all of our colleagues.

The Community Network has made great strides in delivering the highest quality of care to those we serve. Through our operating model, we continuously identify opportunities for improvement and prioritize efforts to implement new procedures and best practices. A few areas of significant improvement include:

- Improved overall outcomes across the network
- Enhanced monitoring and training of infection prevention among patients and colleagues
- Implementation of new residency programs
- Launching of pilot program for patients with movement disorders

Our partnerships across the Hartford HealthCare system have enhanced our ability to achieve success in reaching or exceeding our goals. We continue to build and refine a system of care that redefines quality health outcomes and delivers optimal care while providing an exceptional patient experience.

Throughout fiscal year 2021, we made impressive strides to achieve our goals through a number of key initiatives and projects all aligned with the Hartford HealthCare Balanced Scorecard and the Quality and Safety Strategic Plan. Highlights of our accolades and accomplishments include the convening of the Hartford HealthCare Community Network Quality Council, creating a collaborative forum to promote integration and improvement of key performance indicator priorities across the distinct business units that represent the Community Network.

Sincerely,

Eric Smullen
Senior Vice President,
Hartford HealthCare Community Network
Accolades & Outcomes

- Hartford HealthCare at Home and the Connecticut Department of Social Services’ Protective Services for the Elderly Program was presented the Innovation Award by the Connecticut Association for Healthcare at Home. This award is given each year to an agency that embraces change and consistently strives to use new methods to optimize home health or hospice delivery.

- Hartford HealthCare at Home Vice President Laurie St. John was presented the Judith Hriceniak Career Achievement Award for Excellence in Nursing Leadership by the Connecticut Association for Healthcare at Home. The award recognizes distinction of service in nursing displayed by a home care or hospice RN in a management position. The award recognizes a nursing leader who serves as a visionary role model, inspires others through development and life-long learning, incorporates technology into the practice of nursing and patient education; and consistently displays strong communication and collaboration.

- Hartford HealthCare at Home achieved a 3.5 star rating with sustained improvements in functional outcomes each year.

HHC at Home Safety Event Reporting

Commitment to Continuous Improvement

Hartford HealthCare at Home maintained its commitment to safety at all levels of care. In 2021, all managers and senior leadership were trained in High Reliability Organization principles and the Good Catch Award program was implemented. The awards recognize safety behaviors that address near misses in processes to prevent safety events. The program is currently on track to have increased safety event reporting and investigation by 51% over prior fiscal year 2021.
Accolades & Outcomes

- Senior Services experienced a successful rollout of Riskonnect beginning July 2021 with 602 reported events in the 4th quarter of 2021. Monthly HRO education slides and safety stories are incorporated into daily huddles as part of standard work.

- Both skilled nursing communities consistently achieved Centers for Medicare & Medicaid Services (CMS) 5-Star Quality Rating. The categories of Staffing and Quality also consistently hold the 5-star rating. Quality measures that affect 5-star ratings where the SNF’s ranked better than national average are in pressure ulcers, catheters use, urinary tract infection and anti-psychotic use. Decline in locomotion is above national average for both SNFs and falls with injury are above national average for one SNF and will be a focus for improvement.

<table>
<thead>
<tr>
<th>CMS Clinical Quality Indicators for Long Term Care Residents</th>
<th>Community</th>
<th>National Average</th>
<th>Fiscal Year 2021 Average</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents with a urinary tract infection*</td>
<td>Jefferson</td>
<td>2.6%</td>
<td>2.36%</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>Southington</td>
<td>2.6%</td>
<td>1.11%</td>
<td>●</td>
</tr>
<tr>
<td>High-risk residents with pressure ulcers*</td>
<td>Jefferson</td>
<td>9.3%</td>
<td>7.55%</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>Southington</td>
<td>9.3%</td>
<td>1.51%</td>
<td>●</td>
</tr>
<tr>
<td>Residents who have/had a catheter inserted and left in their bladder*</td>
<td>Jefferson</td>
<td>1.9%</td>
<td>0.47%</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>Southington</td>
<td>1.9%</td>
<td>0.38%</td>
<td>●</td>
</tr>
<tr>
<td>Residents who received an antipsychotic medication*</td>
<td>Jefferson</td>
<td>14.5%</td>
<td>10.88%</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>Southington</td>
<td>14.5%</td>
<td>10.11%</td>
<td>●</td>
</tr>
<tr>
<td>Residents who declined in locomotion*</td>
<td>Jefferson</td>
<td>20.8%</td>
<td>29.78%</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>Southington</td>
<td>20.8%</td>
<td>33.25%</td>
<td>●</td>
</tr>
<tr>
<td>Residents experiencing one or more falls with major injury*</td>
<td>Jefferson</td>
<td>3.5%</td>
<td>1.35%</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>Southington</td>
<td>3.5%</td>
<td>6.38%</td>
<td>●</td>
</tr>
</tbody>
</table>

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Infection prevention training and audits played a key role in the skilled nursing facilities’ (SNF) and assisted living communities’ (AL) ability to keep residents safe during COVID. In FY21 9.17% of SNF and AL residents were COVID positive. During the same period 19.85% of SNF and AL colleagues were COVID positive. Training and auditing on proper donning/doffing, hand hygiene, social distancing and other infection prevention interventions aided in keeping the incidences of COVID lower amongst residents despite the higher positivity rate among colleagues that cared for them keeping transmission at bay.

**Commitment to Continuous Improvement**

Continued collaboration amongst various disciplines (nursing, therapy, dietary, etc.) to ensure each Skilled Nursing Community maintains their 5-Star Nursing Home Rating displaying for consumers and all who visit the Medicare.gov, Nursing Home Compare website our commitment to Quality & Safety for each resident and patient within our communities.
Hartford HealthCare Rehabilitation Network engaged in a functional movement disorder pilot in collaboration with the Chase Family Movement Disorder Center. A pilot program with a multidisciplinary approach that includes physical therapy, occupational therapy, social work and a Movement Disorders Neurologist. Outcome data pre- and post- pilot on the patient specific functional scale (PSFS) and gait speed show significant improvements.

**Patient Specific Functional Scale (PSFS) Outcomes**

**Gait Speed Outcomes**
Patients with immediate referral to therapy (red line) for low back pain experienced better outcomes compared to those patients with delayed referral to therapy (green line). Patients with immediate referral to therapy also achieved better outcomes in fewer visits per episode. We continue to strive for the value equation: getting patients better in fewer visits.

The Hartford HealthCare Rehabilitation Network celebrated two new residency programs. The implementation of an Orthopedic Physical Therapy Residency Program in partnership with the University of Hartford as well as the first and only Physical Medicine and Rehabilitation (PM&R) residency in Connecticut, in partnership with Gaylord Hospital and UConn Health.

**Commitment to Continuous Improvement**

The Hartford HealthCare Inpatient Rehabilitation Unit achieved the Full Circle award for its work in achieving zero pressure injuries. The IRU team learned and implemented best practices through our voluntary participation with the Exchanged Quality Data for Rehabilitation (EQUADR) Patient Safety Organization (PSO).

**HAPI Improvment Story: HH IRU**
HARTFORD HEALTHCARE AMBULATORY CARE
The Hartford HealthCare Medical Group is committed to fostering a safe place to work and receive care for all colleagues and patients. We are dedicated to ensuring the consistent delivery of excellent care to every member of our community, regardless of their age, gender, ethnicity or other demographic attributes, and to continuously improve their health and well-being.

To help achieve these goals, the Medical Group established a number of initiatives throughout the year focusing on improving clinical health outcomes through enhanced care coordination.

- The Access Center has continued to expand and integrate more specialty practices into its operation. Increasing access to high-quality care allows for quicker appointment scheduling, leading to improved health outcomes.

- The management of hypertension and diabetes became a top priority in 2021, as we aimed to adequately control qualifying patients’ HTN and A1C measurements.

- In collaboration with Hartford HealthCare subject matter experts, we established a centralized Radiation Safety Committee to ensure the safe use of radiation for staff and patients at all Medical Group outpatient practices that use ionizing radiation for imaging and/or treatment.

- A colleague education program was developed to support new Medical Group nursing and medical assistant colleagues, allowing participants to practice vitals and rooming competency skills. The program, scheduled to launch in fiscal year 2022, will initially include primary care and cardiology practices, with plans to expand to other specialties.

- The Medical Group invested resources to hire our first Infection Preventionist in June 2021, to create a robust and measurable Infection Prevention program, investigate outbreaks, and provide prevention and control education.

- We launched the multidisciplinary Population Council to create a forum to review and direct all quality measure goals, strategy and opportunities for alignment.

With the implementation of these quality and safety initiatives, the Medical Group strives to make improvements in health outcomes year-over-year. The success that was achieved in fiscal year 2021 lays the foundation for advancement and will drive our goals for future performance. By creating scalable models, we provide ourselves the opportunity to grow our success over time and exponentially build a system of care that exceeds safety measures to become a high reliability organization.

Sincerely,

Mark Prete, MD, FACEP
Senior Vice President & President, Hartford HealthCare Medical Group

Cynthia Heller, MD
Vice President & Physician-In-Chief, Hartford HealthCare Medical Group

John Foley, MD
Vice President of Medical Affairs, Hartford HealthCare Medical Group
In 2021, Hartford HealthCare Medical Group’s Quality and Safety team directly contributed to achievements made on key metrics. The two system-wide initiatives identified were blood pressure (BP) control (<140/90) for people with hypertension, and HgA1c <9 control in people with diabetes. This became a significant focus in 2021 because it is widely known that BP control leads to a reduction in morbidity and mortality, ultimately leading to an improved quality of life.

These two quality measures are also monitored by payers (Medicare, Medicaid and commercial) as important in improving health status and reducing cost of care. We identified improvement opportunities in collection of demographic data which will allow us to identify and mitigate any disparities in outcomes and measurement.
Numerous interventions have been applied to support the system-wide goal for BP control, including:

- Ensuring patients with hypertension are given follow-up appointments when leaving the office. With information received from daily patient reports, offices can reach out to patients who left without follow-up appointments to schedule appropriately. This workflow was based on best practice guidelines created by Medical Group clinicians.

- Proper training is given to take blood pressure readings in both primary and specialty care, including taking a subsequent reading when patients had an initially elevated BP.

- An alert was created in Epic which sends a message to a Medical Group primary care provider when a patient has an elevated BP in a HHC specialty care practice.

- Patients are encouraged to bring their home BP cuffs into the office for proper correlation. If correlation has been shown, the patient can submit home BP readings to the office to better follow progress.

We will continue each of these initiatives in 2022 with additional countermeasures to achieve our targets and care for our patients.
Message from Leadership

In fiscal year 2021 Integrated Care Partners (ICP) demonstrated continuing quality performance in its journey toward success in value-based programs and population health management. While sustaining provider engagement around HEDIS metrics and improving quality data capture and reporting, ICP also increased partnerships with Hartford HealthCare Medical Group primary and specialty care, Institute Quality leads and Clinical Councils to develop clinical care pathways around chronic condition management. The ICP Community Care Managers engaged with patients in a new coaching program on diabetes self-management as part of such pathways. The focus on quality was supported by auditing and feedback at the provider and population level, with regular meetings with the Hartford HealthCare Medical Group Population Health team and robust review at the ICP Quality Performance Committee. Through these efforts ICP helped achieve system targets for the first Ambulatory Quality and Safety Balanced Scorecard objectives for diabetes and hypertension control.

Sincerely,

James Cardon, MD, FACC
Executive Vice President, Chief Clinical Integration Officer & Chief Executive Officer, Integrated Care Partners

Debra Hayes
Vice President & Chief Operating Officer, Integrated Care Partners

Naomi Nomizu, MD
Vice President of Medical Affairs, Integrated Care Partners

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Commitment to Continuous Improvement

In 2021, ICP successfully led several continuous improvement initiatives resulting in significant progress in key quality metrics. By developing a new quality data repository and automating new standard reports, ICP enhanced quality reporting capabilities. ICP also worked closely with community and Medical Group practices to proactively manage and monitor HEDIS quality metrics and access to care, engaging both providers and patients.

For fiscal year 2021, the ICP aggregated adult commercial population achieved the 95th percentile in Breast Cancer Screening and Diabetes A1c Testing metrics. The ICP aggregated pediatric commercial population is expected to achieve the 95th percentile in Well-Child visits Age 0-15 and 12-21 y/o metrics (Fig 1).

Commercial Preventative Metrics | Final 2020 vs. YTD 2021 PCP Quality Closure Rates

ICP successfully improved its year-over-year overall CMS Star rating (fig 2) and performance in the majority of CMS Star quality metrics (fig 3). In close collaboration with its practices, ICP achieved above 4 Stars in the first rating year for the CarePartners of Connecticut plan. This is a significant accomplishment as only 13% of plans, with less than 5 years in the MA program, have been able to achieve this result. ICP also achieved 4.5 Stars in United Healthcare, one of ICP’s largest Medicare Advantage plans.

Continuous Improvement CMS Quality Star Rating
### Continuous Improvement CMS Quality Star Rating

<table>
<thead>
<tr>
<th>Measure</th>
<th>Weight</th>
<th>Prior Total Gaps</th>
<th>Prior Closure Rate</th>
<th>Prior Stars</th>
<th>Current Total Gaps</th>
<th>Current Closure Rate</th>
<th>Current Stars</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>1</td>
<td>8,123</td>
<td>80.7%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>9,085</td>
<td>80.0%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>↑</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>1</td>
<td>18,061</td>
<td>76.1%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>20,757</td>
<td>77.0%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>↑</td>
</tr>
<tr>
<td>Controlling Blood Pressure</td>
<td>N/A</td>
<td>15,787</td>
<td>53.8%</td>
<td>⭐</td>
<td>18,113</td>
<td>69.0%</td>
<td>⭐</td>
<td>↑</td>
</tr>
<tr>
<td>Diabetes A1C Controlled</td>
<td>3</td>
<td>5,585</td>
<td>75.7%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>6,266</td>
<td>75.3%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>↓</td>
</tr>
<tr>
<td>Diabetes Care Eye Exam</td>
<td>1</td>
<td>5,585</td>
<td>75.4%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>6,266</td>
<td>78.4%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>↑</td>
</tr>
<tr>
<td>Diabetes Care Kidney Disease Monitoring</td>
<td>1</td>
<td>5,585</td>
<td>94.0%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>6,266</td>
<td>95.3%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>↑</td>
</tr>
<tr>
<td>Medication Reconciliation Post Discharge</td>
<td>1</td>
<td>5,179</td>
<td>44.2%</td>
<td>⭐</td>
<td>5,979</td>
<td>45.7%</td>
<td>⭐</td>
<td>↑</td>
</tr>
<tr>
<td>Osteoporosis Management in Women who had a Fracture</td>
<td>1</td>
<td>226</td>
<td>10.1%</td>
<td>⭐</td>
<td>271</td>
<td>35.4%</td>
<td>⭐</td>
<td>↑</td>
</tr>
<tr>
<td>Statin Therapy for Patients with Cardiovascular Disease</td>
<td>1</td>
<td>1,657</td>
<td>86.8%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>1,836</td>
<td>86.8%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>↑</td>
</tr>
<tr>
<td>Medication Adherence for Cholesterol (Stains)</td>
<td>3</td>
<td>21,745</td>
<td>89.4%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>25,584</td>
<td>89.2%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>↑</td>
</tr>
<tr>
<td>Medication Adherence for Diabetes Medications</td>
<td>3</td>
<td>6,011</td>
<td>88.2%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>6,953</td>
<td>88.5%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>↑</td>
</tr>
<tr>
<td>Medication Adherence for Hypertension (RAS antagonists)</td>
<td>3</td>
<td>18,048</td>
<td>90.2%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>20,641</td>
<td>90.5%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>↑</td>
</tr>
<tr>
<td>Statin Use in Persons with Diabetes</td>
<td>3</td>
<td>5,797</td>
<td>82.9%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>5,824</td>
<td>84.9%</td>
<td>⭐⭐⭐⭐⭐</td>
<td>↑</td>
</tr>
</tbody>
</table>
Improving Hypertension and Diabetes Control

In the United States, 1 in 2 adults is diagnosed with hypertension and 29% with diabetes. The downstream complications of inadequate blood pressure and blood glucose control are cardiovascular disease, end-stage renal disease, blindness and neuropathy. These conditions are incredibly costly and result in severe morbidity and premature mortality. Historically, Hartford HealthCare’s performance on these two metrics has been below the 75-percentile compared to national standards.

ICP primary care practices, with the support of the ICP specialists, significantly improved our population’s hypertension and diabetes management. In close collaboration with HHC MG, ICP achieved the highest historical score in diabetes and hypertension control, reaching the target performance metrics for the FY 2021 Hartford Healthcare Balance Scorecard as depicted in figure 4 and figure 5. Improvements can be attributed to the deployment of CPT-II codes, enhanced Epic supplemental data, standard workflow enhancements, patient recall, implementation of clinical care pathways, just-in-time provider lectures, provider surveys, provider coaching, patient engagement and education.
HARTFORD HEALTHCARE BOARD QUALITY & SAFETY COMMITTEE MEMBERSHIP
Hartford HealthCare Board Quality & Safety Committee Membership

The Quality and Safety Committee is a standing committee of the Hartford HealthCare Board of Directors responsible for assisting the Board in ensuring the health and well-being of the communities Hartford HealthCare serves by overseeing the quality of clinical care, patient safety and patient services provided throughout the system and across the entire care continuum; reviewing the effectiveness of the comprehensive system-wide quality and safety program at each of Hartford HealthCare’s acute hospitals and the Hartford HealthCare non-acute clinical Member Organizations; and advising the Board on matters relating to hospital medical staffs.

Members of the Committee:

Patricia Roberts, MD
Quality & Safety Committee Chair
Chair, Department of Surgery and Senior Staff Surgeon, Department of Colon and Rectal Surgery, Lahey Hospital and Medical Center
Professor of Surgery, Tufts University School of Medicine

Joseph Abreu, MD
Noninvasive Cardiologist and Director of Echocardiography, Charlotte Hungerford Hospital

David P. Hess
Chair, Hartford HealthCare Board

Howard Boey, MD
Head and Neck/Facial Plastic Surgery Partner, Southern New England Ear, Nose and Throat

James Carroll, MD
Radiologist, MidState Radiology Associates

Irfan Chughtai, MD
Connecticut Nephrology Associates

Carmen Cid
Dean, School of Arts & Sciences, Eastern Connecticut State University

Julie Ciucias
Patient Family Advisor Health Center

Greg Deavens
Hartford HealthCare Board Chair
Executive Vice President and Chief Financial Officer, Independence Health Group

Bruce Eldridge
Account Executive, H.D. Segur Insurance, Inc.

John Janco
President & CEO, Torrington Savings Bank

Bruce Koeppen, MD
Dean, Frank H. Netter School of Medicine and Vice President for Health Affairs, Quinnipiac University

Jeffry Nestler, MD
President, Connecticut GI

Kola Olofinboba, MD
Managing Partner, Fairview Capital Partners

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Dara Richards, MD
Chief Medical Officer, Southwest Community Health Center

George Springer, Esq.
Partner, Rogin Nassau, LLC

Carina Vora, DDS
Dentist, Vora Dental Care