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Message from Jeffrey Flaks, Hartford HealthCare President & Chief Executive Officer

The Best At Getting Better

As part of our training to be a high-reliability healthcare organization, Hartford HealthCare colleagues focus on two factors that matter most to patients: “Don’t harm me. Heal me.”

Living up to the promises in those two straightforward sentences requires constant diligence, routine training, a culture of safety and a commitment to excellence.

I am proud to say that our 41,000 colleagues across Hartford HealthCare — people who work in care settings and staff who support their work far from the bedside — exhibit those qualities in measurable ways.

For example, this past year:

- Every one of Hartford HealthCare’s seven hospitals earned a perfect grade for safety from The Leapfrog Group, an independent safety watchdog agency. In fact, we are the only health system in New York, New England and New Jersey to achieve these uniform perfect safety grades, and one of only three such systems in the nation.
- Hartford HealthCare earned a perfect three-star rating in all five cardiothoracic categories from the Society for Thoracic Surgery. And Hartford Hospital ranked #1 in the nation for mitral valve surgery.
- Our kidney transplant program had the best one-year kidney graft survival rate in the nation.
- Hartford Hospital was named the only Top Teaching Hospital in Connecticut — one of only 75 in the nation.
- Our patient-focused teamwork earned recognition from Fortune, U.S. News & World Report, The Joint Commission, the Health Transformation Alliance and other organizations that use clinical outcomes data to review and verify high performance.

Our work is never done. We have the aspiration to be “the best at getting better,” and in these pages you will see examples of our ongoing efforts.

On behalf of all my colleagues, and in recognition of the commitment we make to the 23,000 people we help every day, thank you for your interest in our quality and safety journey.

Sincerely,

Jeffrey A. Flaks
President and Chief Executive Officer, Hartford HealthCare
Message from Ajay Kumar, MD, Hartford HealthCare Executive Vice President & Chief Clinical Officer

Modeling Excellence for All – Leading National Quality and Safety Outcomes

Each interaction with a patient, their family or our community is an opportunity to deliver an exceptional experience. At Hartford HealthCare (HHC), creating a differentiated experience starts by ensuring patient safety through the delivery of high-quality, excellent care. Through HHC’s operating model, the breadth and depth of our colleagues, and our concentration on improving quality and safety for our patients, HHC has positioned itself as a national leader in quality and safety – and is always striving to get better.

In the last year, HHC’s hospitals and institutes have once again led in quality and safety outcomes. For the Fall 2023 cycle, all seven of our hospitals earned As from The Leapfrog Group, a national safety watch-dog agency. HHC was among only the few healthcare systems in the nation to earn straight As and it is a testament to the focus we put on quality and safety across our organization. Across HHC’s Institutes, we have earned top recognition from national organizations for our continued performance in quality and safety outcomes, securing HHC as the best place to receive world-class care, close to home.

The programs, initiatives and achievements outlined in this report reflect 2023 activity and performance. The 2023 Value Report highlights HHC’s approach to continuous improvement and how HHC is truly the best at getting better – for our patients, communities and all we are privileged to serve.

Sincerely,

Ajay Kumar, MD, MBA
Executive Vice President & Chief Clinical Officer,
Hartford HealthCare
Message from Stephanie Calcasola, Hartford HealthCare Chief Quality Officer

On a path to lead the nation in clinical excellence

As Hartford HealthCare continues to expand access to healthcare services across the state, more communities are receiving world-class care right here in Connecticut. By choosing Hartford HealthCare (HHC) for medical services, patients and their families are entrusting us to deliver the highest quality and safest care. At HHC, we honor that trust and understand it is a privilege to serve our communities. Each day, our 41,000 colleagues work diligently to ensure the best care is delivered to every patient.

To achieve the highest standard of care, HHC has been exercising its commitment to be a high-reliability organization (HRO). Safety – a core value – is engrained in our culture’s DNA with all new colleagues undergoing high-reliability training as part of their onboarding process. By creating a shared understanding around the importance of safety, our colleagues are able to work effectively and promote a psychologically safe environment conducive to providing best-in-class care.

This past year, HHC received national recognition for its quality and safety performance. All seven of our acute hospitals earned an A safety grade from The Leapfrog Group. This recognition means that patients at a hospital with D or F grades face a 92% higher risk of death compared to our A-rated hospitals.

Our strategic approach to quality and safety centers around improvement science, data-driven decision making, transparency, and organizational culture. At HHC’s core is a commitment to continuous learning with the aspiration to be “the best at getting better.” The quality and safety analytics teams are data experts that utilize HHC’s diverse data infrastructure to consolidate and compile data into meaningful and actionable information. Our clinical leaders and colleagues are able to translate the data into prioritized initiatives that result in improved patient care. As a system, we continue to lead focused efforts to eliminate avoidable patient harm and mortality.

Hartford HealthCare has made tremendous strides to improve and sustain our promise to always provide the highest standard of care to all. We are on a specific path to clinical excellence with the goal of leading the nation in quality and safety outcomes. This report highlights HHC’s ongoing improvement initiatives and transparently summarizes our quality and safety performance. I thank you for your interest in our quality and safety journey.

Sincerely,

Stephanie Calcasola, MSN, RN-BC, CPHQ
Chief Quality Officer, Hartford HealthCare
QUALITY & SAFETY

Performance Improvement
The most important promise Hartford HealthCare (HHC) makes to the patients we serve is to provide accessible, safe, high-quality care. We continue our journey to elevate the quality of care to ensure it is accessible, affordable, equitable and excellent. To achieve this promise, HHC has built an ecosystem to deliver on our mission of improving the health and healing of all. HHC’s integrated health system leverages our institutes with specialized experts who provide world-class care, statewide primary and specialty care services and an extensive behavioral health and community network to provide personalized, coordinated care.

HHC prioritizes quality and safety initiatives to drive improved patient outcomes through robust strategic planning, programmatic improvements and innovative partnerships. Each year, HHC tracks a series of key performance indicators and quality measures to target improvements in the care delivery process. The goal is sustained performance excellence by promoting a culture of high-reliability, addressing inequities in care and providing safe and high-quality care.

In FY2023, HHC exceeded all improvement goals to provide safe and high-quality care. This includes attention to:

- Hospital-acquired infections (HAIs), which can cause extended length of stay, months of follow up and potential death in certain cases
- Blood pressure and diabetes, consistent metrics of community health and wellness and important for chronic care and population health management
While Hartford HealthCare has always focused on improving quality and safety, there has been measurable progress especially in recent years, including:

- **Reducing hospital-acquired infections (HAIs)** by more than 80% since 2015 (a reduction of about 500 HAIs annually)
- **Reducing the rate of serious safety events** by about 40% since 2019
- **Eliminating preventable mortalities** through a decline of about 10% in observed to expected mortality rate since 2020
- **Committing to a culture of safety** that fosters transparency, continuous learning, and improvement – such as implementing a safety event reporting system across HHC which reported more than **8,000 events in 2023** (50% increase in just two years)

The increase in event reporting is a national best practice to drive transparency and reduce avoidable harm. Further, national studies show that higher event reporting rates strongly correlate to a more positive safety culture.

At the center of Hartford HealthCare’s safety culture is the organizational commitment to be a High Reliability Organization (HRO). At HHC, HRO principles are embedded in the culture across the organization which include transparency, communication, accountability, continuous learning and improvement. All new colleagues receive high-reliability training during new colleague orientation and are enrolled in training during their onboarding process. At the conclusion of HRO trainings, colleagues have the knowledge and skills to play an active role in promoting the HRO culture in their daily roles. Since starting our HRO journey in 2019, Hartford HealthCare has seen sustained positive change our quality and safety outcomes resulting in providing, meaning teams provide some of the safest care in the country.

**Public Reporting**

HHC has significantly elevated our quality and safety programs to deliver improved patient outcomes and achieve regional and national recognition. Public reporting is a strategy designed to address quality and cost in our healthcare system. The intent is to provide consumers, payers and healthcare organizations with insight into an institution’s standard of care. The goal is to inform how well a hospital is performing in quality, safety and efficiency. Public reports can allow for the comparison of costs, quality, such as rates of hospital-acquired infections, and how satisfied patients are with service. Advocates of public reporting believe that transparency of clinical performance helps consumers make informed decisions when choosing where to receive care.

In 2023, Hartford HealthCare received national recognition for public reporting outcomes.
Leapfrog Hospital Safety Grade:
Achieved “A” rating at all HHC hospitals

The Leapfrog Group, an independent healthcare safety watchdog agency, report is an important resource for patients that drives transparency of hospital performance and influences positive change in healthcare. A Leapfrog grade is the highest rating a hospital can earn and reflects excellence in delivering high-quality and safe care. All of Hartford HealthCare’s seven acute care hospitals were ranked with Leapfrog Safety Rating for Fall 2023. HHC was the only health system in Connecticut and one of three nationally who can proudly report these results. Over the course of four years, HHC has transformed the standard of care provided in Connecticut with more communities now having access to safer care. Countless lives at HHC have been saved due to the system’s rigor in avoiding patient harm as a result of our safety journey.

<table>
<thead>
<tr>
<th>Leapfrog Safety Rating by Time Period</th>
<th>Hartford Hospital</th>
<th>The Hospital of Central Connecticut</th>
<th>MidState Medical Center</th>
<th>Backus Hospital</th>
<th>Windham Hospital</th>
<th>Charlotte Hungerford Hospital</th>
<th>St. Vincent’s Medical Center</th>
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<tbody>
<tr>
<td>2023</td>
<td>A</td>
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<td>2019</td>
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Healthgrades:
HHC is the most recognized health system in Connecticut by Healthgrades

Healthgrades is a nationally recognized evaluator of hospital and provider quality for conditions and procedures, heavily utilized by consumers for comparing hospital performance in selecting their care. Healthgrades recognizes hospitals for quality and safety in a range of specialties based solely on clinical outcomes. HHC has been recognized this year with 56 total awards and 5-star procedures/conditions, making us by far the most recognized health system by Healthgrades in Connecticut.
INNOVATION

Healthcare is changing at an increasing velocity and organizations that do not innovate will be left behind. Innovation is embedded in HHC’s DNA with extraordinary resident intellectual property of employees and assets. Innovation accelerates our digital transformation through the deployment of emerging digital technologies including artificial intelligence, machine learning, enterprise cloud solutions, biometric devices, automation, simulation, 3D printing and virtual health. These technologies improve operational efficiency and care delivery, create transformative patient and provider experiences, redefine excellence in quality and safety outcomes, decrease friction to access and delivery of care, diversify revenue, reduce waste and variability, and manage costs effectively.

Pioneering a Future of Trustworthy AI in Medicine

The promise of artificial intelligence (AI) in healthcare is undeniable. From enhancing diagnoses and treatment plans to streamlining operations and personalizing patient experiences, AI offers a glimpse into a future brimming with efficiency, equity and exceptional care. However, concerns linger about potential bias, patient safety and the ethical implications of AI, highlighting the need for responsible implementation and oversight.

HHC stands at the forefront of this revolution, championing the safe and effective integration of AI into our healthcare system.

A Cornerstone of Responsible AI Governance

Our approach hinges on a comprehensive framework that addresses key concerns surrounding AI implementation. This framework is built upon five pillars:

- **Ecosystem**: Fostering collaboration with world-class academic and industry partners—including the Massachusetts Institute of Technology (MIT), Oxford University and Google—to access cutting-edge research and expertise.
- **Portfolio**: Focusing research and innovation across various medical specialties such as neuroscience, cardiology and oncology to develop AI-powered solutions that tackle specific clinical challenges.
- **Governance**: Implementing a robust governance structure to ensure AI applications undergo rigorous evaluation, approval and continuous monitoring for safety, effectiveness and potential biases.
- **Education**: Equipping our healthcare community with the knowledge and skills necessary to leverage AI effectively and mitigate potential risks.
- **Integration**: Uniquely focusing on seamlessly integrating AI into clinical practice, with ongoing evaluation and modification to optimize patient outcomes.
Human Intelligence (HI) working with Artificial Intelligence (AI)

HHC recognizes the future of healthcare belongs to clinicians who are comfortable working alongside AI. To prepare for this new era, we equip our healthcare professionals with the necessary education and training to effectively interpret and utilize AI outputs. This extends beyond clinicians to encompass the critical role of informatics professionals.

Informatics is undergoing a parallel evolution. They are developing the expertise to bridge the gap between cutting-edge AI and real-world clinical workflows. This includes:

- **Designing and implementing AI solutions** that seamlessly integrate into existing workflows, minimizing disruption for clinicians in a safe and trustworthy manner.
- **Ensuring data quality and security**, safeguarding patient information and ensuring the reliability of AI outputs.
- **Developing ongoing monitoring and evaluation processes** to continually assess the effectiveness and safety of AI in clinical practice.

By fostering a workforce that embraces both clinical and informatics expertise, HHC is building the foundation for a future in which AI is safely and effectively integrated into healthcare delivery.

HHC’s Innovation Ecosystem is Expanding

Research and collaboration are the engines behind growth. They fuel innovation, leading to better clinical outcomes and improved operational efficiency. Strong partnerships are essential in harnessing this power. HHC has developed an ecosystem of innovation partners and has continued to expand that ecosystem.

- HHC is continuing to leverage the relationship with MIT and most recently collaborated with 14 MIT doctoral students who will work side-by-side with clinical experts from HHC to use AI and machine learning (ML) to advance healthcare.
- HHC is collaborating with Oxford University to make sure our AI and ML development is balanced. We conduct research while partnering with them to evaluate potential risks around AI integration.

A Model for the Future

Our proactive and comprehensive approach to AI integration serves as a blueprint for healthcare organizations worldwide. By prioritizing responsible development, implementation and monitoring of AI, HHC is paving the way for a future where AI serves to elevate the quality, safety and equity of healthcare for all.
ACADEMIC AFFAIRS

Academic Affairs, Medical & Continuing Education and Research
Transforming HHC into a Teaching Organization

The work of Academic Affairs - which encompasses university partnerships, health science student placements, undergraduate and graduate medical education, and research - is aligned with the mission and strategic imperatives of Hartford HealthCare and its purpose is to provide an experiential learning venue for one of HHC’s most essential operating resources - a well-educated and prepared workforce.

Academic Affairs has partnered in the development of a nursing program at Eastern Connecticut State University (ECSU) in Willimantic and we are building a simulation center in it at Windham Hospital to support nursing student training to ensure a pool of qualified nursing professionals in the eastern region of our service area. ECSU admitted its inaugural nursing class in September 2023. Academic Affairs has built relationships with colleges and universities across Connecticut, with exceptionally strong collaborations with Quinnipiac University, UConn, Connecticut State Universities (Central, Southern, Western, Eastern), Sacred Heart and Connecticut State Community College (formerly 12 independent community colleges). The partnership with the state directly supports our equity imperative to dismantle occupational segregation by building academic programs and school relationships to ensure that disadvantaged and historically marginalized groups have access to quality education at fair tuition rates.

In 2023, HHC hosted 1,077 health science students from all allied health disciplines (social work, physical therapy, pharmacy, respiratory therapy, phlebotomy, etc.). Academic Affairs focuses on providing a rich clinical experiences to support the student in building practical knowledge and skill and in creating an atmosphere that positions us as the employer of choice.

Internally, Academic Affairs has been collaborating closely with partners in talent acquisition and talent management to identify areas of staffing need that might be addressed by creating opportunities for learners to become colleagues. As a team, we convened a workforce strategy session in December with stakeholders from around the system. We developed a shared mental model of HHC’s future state as a teaching and learning organization, especially focused on how training programs can be used as a conduit to employment in our system, offering family-sustaining wages and career development.
Medical Education at HHC

Undergraduate (UME) and Graduate Medical Education (GME) are critical elements for preparing the next generation of physicians. For decades, HHC hospitals have trained medical students and residents and hosted fellowships. Hartford Hospital and The Hospital of Central Connecticut host nearly 300 residents on any given day. In 2023, HHC partnerships with the UConn School of Medicine and the Frank H. Netter School of Medicine at Quinnipiac University increased the number of residents and allowed expansion into other HHC hospitals such as St. Vincent’s Medical Center and Charlotte Hungerford Hospital. More than 400 HHC physicians have an academic appointment at UConn and more than 100 at Quinnipiac.

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<th>Medical School</th>
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<td>UConn</td>
<td>• Anesthesiology residency Expansion- 2 additional residents</td>
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<td>• Cardiac anesthesia fellowship: Integrated Anesthesia Associates Continued growth to full program, 2 additional fellows</td>
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<tr>
<td></td>
<td>• Foot and ankle fellowship at The Bone &amp; Joint Institute New, 1 fellow</td>
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<tr>
<td></td>
<td>• General surgery residency Expansion – 1 additional resident</td>
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<td></td>
<td>• Neurosurgery residency Continued growth to full program, 1 additional resident</td>
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<td></td>
<td>• Physical medicine and rehabilitation residency Continued growth to full program, 4 additional residents</td>
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<td></td>
<td>• Pulmonary critical care medicine fellowship Expansion, 1 fellow rotating at Hartford Hospital</td>
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<tr>
<td></td>
<td>• Vascular surgery residency New, 1 resident</td>
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<tr>
<td>Frank H. Netter School of Medicine at QU</td>
<td>Three new residencies approved and actively recruiting medical residents</td>
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<td></td>
<td>• Rural family medicine, rural psychiatry and anesthesia</td>
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<td>• Brings residents to Charlotte Hungerford Hospital for the first time</td>
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<td></td>
<td>• Augments clinical care in areas historically difficult to recruit for recruitment</td>
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Research at HHC

Research is a critical element of scholarly activity and allows HHC to bring the latest advanced technologies and treatments to our patients. Research often aids in recruiting and retaining the best clinicians who provide hands-on care and continue their research efforts right here in Connecticut.

The enterprise-wide research effort was reviewed by our team this year and we are in the midst of a large-scale organizational shift. In the new model, the bulk of research done at HHC will take place within the institutes and clinical departments, principally at Hartford Hospital and to a lesser degree at St. Vincent’s. Emphasis is on aligning research goals with areas of clinical strength, building teams and collaborative work and improving the revenue yield from trials and research contracts. Key recruits and investments in professional development will enhance HHC’s influence and thought-leadership nationwide. Standard work and performance indicators are being established for research leadership to have a clearer understanding of resource utilization and productivity.
A new HHC-MIT collaboration, “Holistic AI in Medicine,” was launched with 14 research projects by HHC clinician scientists partnered with MIT graduate students and advisors. The research studies include:

- Prediction of Left Ventricular Ejection Fraction from a 12-Lead Electrocardiogram.
- Prediction of Mortality/Complications in TAVR and Other Cardiac Procedures.
- Prediction of Chronic Subdural Hematoma Recurrence.
- Patient Screening for Early Detection and Guideline-Directed Management of Aortic Stenosis.
- Predicting Psychosis Relapse.
- Determining Brain Age from T1 Images.
- Using a Data-Driven Analysis Strategy to Identify Features of HHC Communities that Increase Risk for Weight Gain & Obesity.
- Rapid Identification of Psychosis Biotypes from the BSNIP Project Using AI/ML.
- Treatment of Fragility Hip Fractures.
- Automated Care Reviews and Medical Necessity Denial Management.
- Using AI/ML to Diagnose AAST Injury Classification for Blunt Splenic and Liver Injuries on CT Scan.
- Predicting Which Patients Transitioning From an Inpatient Stay Will Have Poor Outcomes Due to Medication-Related Issues.
- Predicting Patients at Risk for Hospital-Acquired Infections.

HHC research related to the study of health disparities continued to be a focus in 2023. Study activities of the eight HHC health equity projects funded by the Hartford Hospital medical staff continued and resulted in presentations at national meetings and plans for several manuscript submissions. In addition, HHC has created and led the diversity, equity and inclusion leadership track for UConn residents and fellows.

**Continuing Education at HHC**

Continuing Education is essential, as it helps ensure clinicians - including physicians, athletic trainers, dietitians, nurses, physician assistants, pharmacists, psychologists and social workers - are keeping up to date with the latest advances in treatment and procedures. In the past year, we added the ability to provide professional credits for dieticians and athletic trainers.

Continuing Education at HHC also supports providers in maintaining their licenses and certifications. We have increased capabilities to provide more opportunities for on-site education and maintenance of certification for our clinical colleagues. Continuing education activity increased dramatically following the 2020 pandemic year. The graph below displays the number of credits and the percentage change from the previous year.
Care Logistics Center

The HHC Care Logistics Center (CLC) has been in operation since October 2017. In that time, the volume of transfers CLC colleagues manage has gone from 7,171 in FY2018 to 12,233 in FY 2023, an increase of 71%. In addition, the volume of new business or out-of-network hospital transfers to HHC has increased from 3,325 to 5,618 for the same time period. Once considered a local Connecticut healthcare system, HHC is now recognized by our New England healthcare colleagues as a destination hospital system for highest acuity patients. Nothing should give us more pride than to see providers across New England referring their patients to our system for their care.

Each year since the initiation of the CLC, our transfer volumes have continued to increase. Additionally, where we were a system with one hospital capable of caring for the most acute patients in New England, we are now a system that has matured to a point where 26% of our transfer volume is cared for at HHC community hospitals. This increase in our capabilities allows HHC to remain open to accepting transfers when most healthcare systems in New England have frequently been unable to accept the added volume.

However, in this era of constant change, we cannot rest on our successes. The constant state of healthcare flux requires we remain agile and ready to accept all challenges, as we have in the past. We must not follow healthcare trends but be a leader at the forefront of these changes. While patient safety is our true north, innovation is ingrained as one of our guiding principles.

Over the last year we:

- Utilized our NALE (No Ambulance Leaves Empty) protocol to decrease length of stay (LOS) for select patients. Total NALE hours saved were more than 5,600 hours with an average of 5.02 hours saved per NALE-appropriate patient.
- Partnered with our HHC EMS teams to develop standardized interfacility transfer language (priorities) and escalation processes to avoid transport delays. Partnership led to an increase in ambulance transport from 24,915 in FY2022 to 27,111 in FY2023.
- Partnered with our behavioral health team to develop admission standard work to ensure patients are quickly and safely cared for in the right hospitals. This resulted in an increase in average census from 271.75 in FY2022 to 281.8 in FY2023. Behavioral Health Network patient placement went from 486 in FY2022 to 624 in FY2023.
CENTRAL REGION

The Central Region team continued their journey to improve the safety, value and quality of care provided to our community by focusing on throughput, the process by which patients are admitted to the hospital, cared for and transitioned back to the community. Evidenced-based research has shown that unnecessary days in the hospital can lead to hospital-acquired complications (infections or falls), and often decrease patient experience. Patients who have an extended length of stay in the hospital can also experience barriers to transition, such as planning difficulties, organization and communication challenges, authorization barriers and transportation delays. Safely reducing the length of stay for our patients provides better care by ensuring they receive the right care, in the right way, at the right time.

In an effort to support the work of safety and quality associated with a reduced length of stay, a director of throughput was hired. Additionally, the Central Region implemented progression rounds. These are multidisciplinary, including care coordination, physicians, nurses and rehabilitation specialists who meet to discuss each patient’s care and safe transition progress. Core quality metrics are reviewed, including VTE prophylaxis, fall risk, presence of central lines, and use of foley catheters. Another component of progression rounds is evaluating patients for early discharge, with a goal of getting more patients discharged by noon.

Quality & Operational Outcomes

During 2023, the Central Region continued to focus on reducing preventable harm by analyzing our observed-to-expected mortality ratios. A number less than one means fewer people die in our hospitals than expected based on the acuity of their condition. For eight of the months at The Hospital of Central Connecticut (HOCC) we met our target of less than 0.8. For and nine of the months at MidState Medical Center (MSMC), we met our target of less than 0.8. Work in palliative care will be initiated to influence these important metrics including discussions regarding goals of care. Readmission at 30 days was 4.08%
The Central Region continued to focus on safe throughput and reducing length of stay in 2023. A number less than one indicates fewer people stay unnecessary days in the hospital. For 10 months of 2023 HOCC stayed at or below the target of 1.0. MSMC teams achieved the goal for nine months of 2023.
Awards & Accolades

- Both HOCC and MMC received A grades for safety from The Leapfrog Group, the nation’s leading independent watchdog for analyzing safety and quality data.
- HOCC achieved recognition as a Level 3 trauma center. This new service for our community shows the hospital’s commitment to providing high-quality care including 24/7 assessment, resuscitation, surgery and critical care for critically-injured people. This differentiator has allowed our ED trauma arrivals to increase significantly. It also requires monitoring for quality improvement.
- Baby Friendly – The Family Birthing Center at HOCC received recognition as a Gold Level Safe Sleep hospital. This requires a hospital-wide education/quality program and community outreach on the importance of infant safe sleeping positions to reduce the risk of sudden infant death syndrome. Both MSMC and HOCC were certified as Baby-Friendly through Baby-Friendly USA, a national accreditation agency that focuses on evidence-based and culturally sensitive care for the mother and baby. It has criteria for skin-to-skin contact, proper feeding of the infant and rooming of the baby with the mother.
- Healthgrades – HOCC received the America’s 250 Best Hospitals Award, America’s 100 Best Hospitals for Spine Surgery Award, Critical Care Excellence Award, and Pulmonary Care Excellence Award. MSMC has received the Healthgrades Outstanding Patient Experience award four years in a row.
- HOCC Bradley Campus received accreditation through the American College of Radiology for breast ultrasound.
- The Breast Center at MSMC received a seal of approval in the National Quality Measures for Breast Centers™ program.
- MSMC was named one of America’s Best Hospitals for Patient Safety, Bariatric Surgery, Obstetrics, Orthopedics, Stroke Care, Minimally Invasive Surgery and Mammogram Imaging by the Women’s Choice Award®
- Aetna Institutes of Quality® spine and total joint replacement designations awarded MSMC.
- Both HOCC and MSMC received recognition for stroke care with the Gold Plus Award for inpatient care and the Target Stroke Elite awards for timeliness of administering clot-busting medication.
The East Region team embraces patient-centered care as the foundation of patient experience and a key part of our collaborative improvement work. Our major priority this year is to improve teamwork, coordination of care and how information flows from care teams to the patient and family. Press Ganey’s “Staff Work Well Together to Care For You” metric measures the patient perception of this key priority. The East Region participated in an improvement Kaizen in 2023 to identify early adopters, key countermeasures and improvement strategies. These initiatives have included: bedside shift report, managing up, team building, daily huddles and nurse leader rounding on patients and colleagues. Cipher Health, a digital rounding application, was implemented in the inpatient, emergency department and outpatient ambulatory settings across the East Region. The tool allows nurse leaders to digitally capture rounding data, which has assisted in standardizing nurse leader rounding, verifying care consistency, gaining real-time feedback, proactively addressing problems before they occur and trending areas of opportunity, as well as allowing for quicker service recovery with direct notifications triggered to environmental services and food and nutrition services in real time. The East Region has seen improvement in FY2023. Since implementing these tools and tactics, we have seen scores exceed targets. We have celebrated these pilot successes as we look to reinforce and sustain evidenced-based practices.

The East Region continued to focus on reduction and overall prevention of hospital-acquired infections (HAIs) in 2023. These HAIs include:

- Leadership and clinical teams used evidence-based best practices from infection prevention and quality improvement to reduce harm and variance in care. An analysis of events identified inappropriate culturing as a contributing factor in approximately 40% of identified CAUTIs, CLABSIs and hospital-onset C. diff in the region. Positive cultures are not always indicative of true infection and therefore culturing should be done judiciously to avoid detection of colonization. Strategies to drive improvement targeted peer checklists to reinforce high-reliability practices, daily review and discussion between interdisciplinary team members and adherence to prevention bundle compliance. In the event of HAI, key stakeholders collaborate to identify opportunities and institute appropriate countermeasures to prevent recurrence.

- Root cause analyses identify opportunities for improvement, alignment and standard work. Both Backus and Windham hospitals were successfully below the national 25th percentile for C. diff and CAUTI, and below the national mean for CLABSI for calendar year 2023 through the Connecticut Hospital Association. In year-over-year improvement, the East Region saw a 75% decrease in hospital acquired infections HAIs in that time. The work will continue to remain a priority for the region, as this reduction has a direct impact on promoting the safest, highest-quality care possible.
Backus Hospital CY 2023 HAIs

<table>
<thead>
<tr>
<th>Backus</th>
<th>Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI</td>
<td>0</td>
</tr>
<tr>
<td>CLABSI</td>
<td>3</td>
</tr>
<tr>
<td>CDIFF</td>
<td>2</td>
</tr>
<tr>
<td>COLO SSI</td>
<td>1</td>
</tr>
<tr>
<td>HYS SSI</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6</td>
</tr>
</tbody>
</table>

Windham Hospital CY 2023 HAIs

- CAUTI: 0
- CLABSI: 3
- CDIFF: 2
- COLO SSI: 1
- HYS SSI: 0
- TOTAL: 6

Windham 2023 HAIs

- CAUTI: 1
- CLABSI: 1
- CDIFF: 0
- COLO SSI: 1
- HYS SSI: 0
- TOTAL: 6
Backus Hospital Historic **CAUTI Data** 2016-2022

![CAUTI Data Chart](image1)

Backus Hospital Historic **CLABSI Data** 2016-2023

![CLABSI Data Chart](image2)

Backus Hospital Historic **C. difficile Data** 2016-2022

![C. difficile Data Chart](image3)
Awards and Accolades:

Leapfrog Hospital Safety Grade for Spring and Fall 2023 for Backus and Windham hospitals

Backus Gold Seal of Approval for Advanced Certification for total hip and total knee replacement

Backus Healthgrades
Best Specialty
- Five-Star Recipient for Treatment of Heart Failure for two years in a row (2023-2024)

Neurosciences
- Five-Star Recipient for Treatment of Stroke for three years in a row (2022-2024)

Pulmonary
- Recipient of the Healthgrades Pulmonary Care Excellence Award™ for three years in a row (2022-2024)
- Named Among the Top 10% in the Nation for Overall Pulmonary Services for three years in a row (2022-2024)
- Five-Star Recipient for Treatment of Pneumonia for five years in a row (2020-2024)

Critical Care
- Recipient of the Healthgrades Critical Care Excellence Award™ for three years in a row (2022-2024)
- Named Among the Top 10% in the Nation for Critical Care for three years in a row (2022-2024)
- Five-Star Recipient for Treatment of Sepsis for eight years in a row (2017-2024)
- Five-Star Recipient for Treatment of Pulmonary Embolism in 2024
- Five-Star Recipient for Treatment of Respiratory Failure in 2024

Windham Healthgrades
Orthopedics
- Five-Star Recipient for Total Knee Replacement for four years in a row (2021-2024)

Critical Care
- Five-Star Recipient for Treatment of Sepsis for two years in a row (2023-2024)
The Best at Getting Better: Improving Length of Stay

Research supports that optimizing a patient’s length of stay (LOS) reduces the opportunity for hospital-acquired complications including falls, pressure-related skin injuries and hospital-acquired infections. In April 2023, a Kaizen targeting improvements to LOS was led by our Lean Sensei and had participants across many services including physicians, nursing, therapies, care coordination, social work, hospitalists, resident and pharmacists, representation from several regions of HHC. During the Kaizen, the current state was mapped and barriers to transitions were identified. In follow up, solutions (also referred to as countermeasures) were identified, trialed and implemented with the goal of enhancing progression of care (POC) rounds. Solutions were gathered regionally and from best practices across the system. Communication and documentation templates were implemented. Predictive analytics including H2O predictive analytics were introduced to the team’s standard work for decreasing LOS. Electronic tracking boards were installed on two pilot units. The electronic medical record was leveraged to implement a clinical progression rounds list of patients with planned transitions. Unit medical directors from the hospitalist team were identified as leaders and process co-owners. A standardized template for rounding and tracking board was used by the interdisciplinary teams during POC rounds to review and solve for barriers to transitions. Through targeted interventions, efficiencies in the transition of care process and LOS were achieved.
Quality/Operational Quality Metrics

In spring 2023, St. Vincent’s leadership committed to applying an interdisciplinary, data-driven, performance improvement approach to improve patient experience. A Kaizen focused on: “Moving from Good to Great”: St. Vincent’s Approach to Achieving Improvements in Patient Experience.” The Kaizen featured participants across many services including physicians, nursing, food and nutrition, therapies, care coordination, patient advocacy, human-centered care, guest relations and housekeeping. Our Cardiology Inpatient Unit was selected as the pilot unit to trial and implement improvements identified during the Kaizen. Patient experience survey data was used to identify key drivers including: staff working well together, nurses treating patients/families with courtesy and respect and attention to needs. Idea-generating sessions identified improvements for key drivers. Improvements targeting staff working well together included: managing up, triad rounding (patient, nurse and physician leader), warm handoffs, use of white boards as a communication tool, purposeful rounding and a picture perfect visual guide for the placement of items in patient rooms. Ways to improve the perception of courtesy were explored and improvements included: knocking on the room door before entering, asking and using the patient’s preferred name, offering blameless apology when needed, practicing empathy and 40 seconds of compassion and asking about and meeting unmet needs before leaving the room. Many of these methods also applied to improving patients’ perception of our attention to their needs. Patient experience data and comments were tracked to assess the impact of the improvement tactics. The pilot unit patient experience scores in the three key drivers improved consistently after the Kaizen. The improvements from the pilot unit are being implemented on other patient care units across the medical center.
Reducing Hospital-Acquired Pressure Injuries (HAPI)

Despite efforts to achieve zero harm, hospital-acquired pressure injuries (HAPI) often present as a preventable hospital-acquired harm. A HAPI is a localized injury to skin and/or the underlying tissue, usually occurring over a bony prominence or related to a medical device. HAPIs are the result of pressure, friction or shear and are associated with risk factors including age, decreased mobility, hemodynamics, diabetes, smoking history and current tobacco use, nutritional status and the severity of underlying illness. Critical care patients are at increased risk for the development of pressure-related skin injuries developing HAPIs due to additional risk factors including severity of illness related to multiorgan dysfunction, shock or sepsis, impaired tissue oxygenation, hemodynamic support requiring vasoactive medications, sedation further limiting mobility, use of medical devices and barriers to nutrition. Nurses conduct a comprehensive assessment of a patient’s skin upon admission to the hospital and twice daily. HAPI prevention includes implementing the appropriate evidence-based nursing practices based on the individual’s skin risk assessment and risk other factors. These practices include the use of pressure relief surfaces (mattresses, stretchers), frequent turning and positioning, skin barrier creams and protective foam dressings. Optimizing overall care including nutrition, early mobilization, skin care and use of appropriate surfaces aids. Pressure-related skin injuries can impact a patient’s recovery, may be complicated by pain and/or infection and can contribute to increased length of hospitalization as well as increased cost of care. Strategies to reduce HAPI included the addition of a second, 0.6 FTE Wound Care Nurse to support the wound care program; participation in the system-wide Pressure Injury Prevention Committee; reinvigorating the regional HAPI Committee which includes our unit-based nursing skin champions; continued support of best practices by providing unit-based skin stations which provide resources including evidence-based strategies and visual tools; implementation of WoundVision Scout thermographic imaging to enhance admission skin assessments. Scout imaging has captured skin changes present below the skin’s surface, prompting prevention interventions at admission that otherwise would not have appeared to be indicated. Overall, HAPI rates improved by 15% from FY 2022 to FY 2023; ICU HAPI rates improved 26% in the same time period.
Mortality

The Risk Adjusted Mortality Ratio (observed/expected) was reduced by 20% (29 fewer deaths) from October 2022 to September 2023. Efforts to improve the mortality ratio include a robust system-wide and regional mortality review process. All cases are reviewed and, when potential clinical opportunities are identified, cases are referred to peer review and safety event review team (SERT). Cases are reviewed for opportunities for organizational learning and process improvement. Key drivers for the overall mortality rate include the care process for sepsis as well as pneumonia. Improvements in addition to organizational learning from reviews included the sepsis improvement team’s weekly review of all sepsis cases and the compliance with providing all evidence-based care elements in the sepsis bundle. Strategies to prevent aspiration pneumonia including oral pharyngeal care were rolled out between FY 2022 and 2023. Opportunities to provide palliative care and hospice continue to progress. Resources have been added to the Rapid Response Team (RRT), resulting in reliable resources seven days a week. The RRT nurse is also available as a resource if concerns regarding a patient’s clinical conditions arise but may not necessitate a RRT activation. Timely escalation to and activation of the RRT provides the opportunity for early interventions. Data from RRT activations are shared with each clinical unit’s nursing practice council. All cardiac arrest cases are reviewed for adherence to Advanced Cardiac Life Support (ACLS) guidelines. Improvement in the adherence to protocols has increased from 86% in FY 2022 to 90% in FY 2023 (and 100% FY 2024 year to date). The in-hospital cardiac arrest (ICHA) survival to discharge improves 52% to 29% in FY 2023. According to the Journal of the American Heart Association, the median unadjusted rate ranged from 8.3 to 31%.
Awards & Accolades

- St. Vincent’s Medical Center earned an A grade from The Leapfrog Group in Spring and Fall 2023.
- CMS 4 Star Rating. CMS uses a star rating between 1 and 5 (5 is the highest) to demonstrate how a health plan compares to other plans on HealthCare.gov. Health plans receive an overall rating which accounts for based on three categories: medical care, member experience and plan administration.
- Disease-specific certification from The Joint Commission for Connecticut Orthopedic Institute at St. Vincent’s in advanced hip/knee, hip fracture; Ayer Neuroscience Institute at St. Vincent’s in advanced stroke. Certification with The Joint Commission is proof that a program meets the rigorous standards of the world’s preeminent accreditation and certification organization.
- Disease-specific certification from The Joint Commission for Connecticut Orthopedic Institute at St. Vincent’s in advanced hip/knee, hip fracture; Ayer Neuroscience Institute at St. Vincent’s in advanced stroke. Certification with The Joint Commission is proof that a program meets the rigorous standards of the world’s preeminent accreditation and certification organization.
- College of American Pathologists Lab Accreditation for St. Vincent’s laboratory services. This accreditation signifies laboratory practices meet or exceed performance standards.
- American Heart Association Get with the Guidelines recognition as a Stroke Gold Plus and Honor Roll status.
- Target Heart Failure and Target Heart Failure Diabetes Care Gold Plus and Honor Roll status recognizing program commitment to continuous improvement using research-based guidelines to provide high quality care.
- Wound Care Center was awarded the Healogics Center of Distinction Award for continued and consistent commitment to excellence and a focus on creating an exceptional patient experience.
- Acute Inpatient Rehab Unit recognized by Uniform Data System with the Medical Rehabilitation Top Performer Award for outstanding rehabilitation program performance and achievement in functional improvement for our rehab patients.
- SVMC Medical and Surgical Weight Loss Program was recognized for patient safety by the American College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program in partnership with the American Society for Metabolic Surgery Comprehensive Center Accreditation.
- Women’s Choice Awards for Best Hospitals recognized the following programs at for achieving exceptional ratings and providing the highest level of care: bariatric surgery, orthopedics, Stroke Center, heart, cancer, Comprehensive Breast Program, mammography, safety and outpatient care.
- National Accreditation Program for Breast Centers Breast Center of Excellence- first in the area to be recognized, signifying that our staff qualifications, equipment and performance exceed comparable centers.
- Echocardiology Laboratory recognized for 20 years of excellence by the Intersocietal Accreditation Commission.
- American Association of Cardiovascular and Pulmonary Rehabilitation recertification of SVMC Cardiovascular Rehabilitation Program distinguishing the program as an elite performer.
- The Recognition for the Maternal Child Health Program by the national Immunization Action Coalition’s Hepatitis B Birth Dose Program for achieving a birth dose rate of 90% or greater.
NORTHWEST REGION

The Robotic Surgery Program at Charlotte Hungerford Hospital (CHH) is an innovative and transformative program that has helped improve outcomes for patients in the Northwest region. Robotic surgery allows surgeons to perform minimally invasive procedures through small incisions instead of the larger incision often used in traditional surgery. The benefits of robotic surgery include: smaller, less noticeable incisions or scars, shorter hospital stays and decreased pain and discomfort following surgery. Additionally, robotic surgery often has fewer complications and a lower risk for infection, providing a quicker recovery and better overall outcomes for the patient.

Many healthcare organizations, including all HHC hospitals, utilize robotic surgery. CHH implemented its robotic surgery program in November 2023. Several CHH surgeons are trained in robotic minimally invasive surgeries and inspired the need in the Northwest region. The addition is transformative for the population CHH serves, as patients can now receive these services close to home instead of traveling outside the area. CHH is the only hospital in the northwest corner of Connecticut to have a robotic surgery program.

Since the program’s implementation, more than 50 cases have been completed. The program was initially implemented for general surgery patients and is expanding to include urology and gynecological procedures. Not only has this been transformative for patients in our region, we have seen an overall improvement in patient experience scores.

Quality & Operational Outcomes

Scout Thermography: An area of relentless focus for CHH is decreasing incidence of HAPI, which can lead to severe pain, additional costs and the potential for infection and death. Many HAPI reduction strategies have been deployed to decrease incidences of patient harm. In particular, CHH has seen a reduction in HAPI rates in the ICU since implementing the Scout thermography scanning device in June 2023.

Scout thermography scanning is a wound care device used to identify pressure injuries before they become harmful to patients. Using Scout has helped identify pre-visual deep tissue pressure injuries creating the ability to initiate prompt preventative measures to minimize skin injury. In addition, this process assists by accurately classifying pressure injuries present on admission, avoiding CMS penalties.

In the first five months of its implementation in the ICU, a Scout technology captured a thermal anomaly present on admission. The wound care team initiated treatment for the pressure injury to prevent further harm, as well as classify the injury as present on admission. Additionally, ICU HAPI rates prior to Scout implementation compared with rates after show a decrease maintained into 2024.
Clinical Care Redesign: The HHC Clinical Care Redesign (CCR) Program helps teams rethink the way care is delivered. The goal of a clinical care redesign project is to reduce unnecessary variation, improve patient outcomes and optimize value.

In 2023, the CHH CCR team focused on reducing unnecessary lab orders, particularly inpatient Procalcitonin test to determine if a patient has a bacterial infection. This test was selected as a focus due to its increased cost and unreliability. In 2022, the cost of the test was about $20. The hospital ordered 4,000 for approximately $83,000. The CCR team provided education to hospitalist providers and ultimately decreased the ordering of Procalcitonin lab tests, eventually limiting the use of the test to emergency and infectious disease providers.

As a result, the hospital saw a cost reduction of nearly $19,740 in 2023. This reduced utilization of Procalcitonin tests did not affect patient days or transitions in care when compared year over year from to 2022. This reduction in testing continues to be demonstrated early into 2024.
Pre-Hospital Blood Transfusion Program: The Northwest Region paramedic team launched a pre-hospital blood transfusion program in July 2023 to provide lifesaving blood products to patients throughout Litchfield County. This resource can be requested by any EMT or paramedic in our primary response area. Two units of O- blood in a specialized cooler and a blood warmer capable of warming the blood to body temperature are carried by critical care credentialed paramedics which can be deployed to for patients suffering from a traumatic or medical hemorrhage.

This exciting initiative is the third ground EMS blood program implemented in the state after several months of hard work both locally and at the system level. Blood may sound like an unusual treatment to give outside of the hospital, however, when minutes count to treat unstable patients prior to the hospital, it offers significant benefits with improved patient outcomes. Patients who receive blood transfusions sooner have a lower risk of mortality and lower overall need for additional blood products, decreasing the use of this precious resource. Within the Northwest Region in particular, it is especially critical because it may take EMS crews 45 minutes or longer to transport a patient to a trauma center due to the unique geography of the county and availability of specialized hospital resources. Since its implementation, there have been several life-saving transfusions.

Awards & Accolades

• CHH achieved an grade by The Leapfrog Group in Fall 2023. This national distinction recognizes a longitudinal commitment to patient safety and the priority that holds within the region.

• 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. CHH was recognized for stroke.

• The CHH Blood Gas Lab was re-accredited by The Joint Commission. This status demonstrates CHH’s compliance with national standards for safety and the ongoing commitment to providing high-quality care.
HARTFORD REGION

Hartford Hospital is a high-reliability organization (HRO) committed to providing safe and high-quality care to our patients. Our culture of continuous improvement along with the benefits of a decentralized, largely manual and redundant cardiac monitoring system inspired an interprofessional team to leverage, teamwork excellence and cutting-edge technology to transform cardiac monitoring in clinical practice.

The goal was to implement an integrated solution that supported patient safety, gained efficiencies and sustained our bedside teams in delivering high-quality patient care. The team met weekly and selected these core system components:

- Avoidance of manual admission processes that might yield mismatches between patients and monitor data.
- Readily available algorithm displayed for early intervention and appropriate patient support.
- Elimination of nonactionable alarms.
- The system’s architectural design with its included alarm communications was planned in tandem with the architecture of the surrounding physical space.
- Integration of stand-up desks that would support staff member attention to monitor displays.

The newly integrated cardiac monitoring system included Hartford Hospital’s new centralized monitoring unit (CMU) that went live 24 hours a day, seven days a week in September 2023. Early recognition escalation and bidirectional communication improved with implementation of the new CMU, Ascom alarm dashboard and secure chat. Additionally, Airstrip technology was integrated in the electronic medical record allowing for visibility of patient’s rhythm, live waveforms, alarms and historical data to all members of the care team. The rhythm strips are captured, interpreted and integrated into the medical record in real time. There was an optimization of alarms by aligning with best practices, plus hardwiring clinical best practices through audits and evaluation of daily necessity.

Hartford Hospital’s new integrated cardiac monitoring system has increased accountability, improved performance and reliability of our system, all identified as components vital not only to excellence in cardiac care but to staff members’ sense of psychological safety.
Reduction in CLABSI

CLABSI is a serious infection with significant impact on morbidity and mortality for our patients. In response to the increased trend noted early in balanced scorecard 2023, an interdisciplinary team - including provider and nursing clinical leaders, infection prevention, infectious disease, vascular access and quality-developed and implemented a multipronged call to action. The primary goal was to increase leadership engagement, accountability and awareness and to have a forum for discussion and understanding of barriers the clinical teams were experiencing.

The significant reduction in SIR from 1.311 to 0.518 was attributed to the following continuous improvement collaborative efforts:

- Interdisciplinary team hospital level daily huddle
- Enhancing unit level daily line review
- Diagnostic stewardship
- Clinical decision support in the electronic health record
- Proactive identification of deviations utilizing the Kamishibai cards (Kcards) methodology
- Utilization of midlines
- Transition from intravenous to oral medications
- Focus on high-risk lines
- Onboarding and ongoing education for nursing and providers
- Spotlight discussions in all quality forums
- Comprehensive retrospective reviews of all infections

Hartford Hospital SIR – BSC 2023
**Optimization in the Standard Work for Delivery of Oxygen**

Oxygen requires a prescription from a healthcare provider. Delivery of oxygen as prescribed is vital to the management and treatment of our patients. From FY Q3 2021 to FY Q3 2023, the Hartford Region had 12 events related to the delivery of oxygen. Opportunities identified were oxygen tank duration, hallway patients, transport between units and testing.

A focus group worked on developing and implementing the following:

- Oxygen standards of care for transition and travel
- Revised expectations of handoff
- Hospital-wide education, including as an element of new colleague onboarding and orientation
- Weekly audits on each unit and by each discipline
- Concentrators (continuous source of oxygen) for hallway patients
- Emergency Department and transport specific interventions including targeted education, improving visualization of patients on oxygen and frequent rounding.

After interventions were hardwired, the last identified oxygen delivery event was in February 2023 with a successful ongoing auditing and sustained compliance exceeding target.

**Oxygen Delivery Events**
**Awards & Accolades**

**Leapfrog Group**
- Safety grade for both Spring and Fall 2023. This is evidence of the tremendous transformation in the quality and safety at Hartford Hospital.

**Healthgrades**
- Best in joint replacement
- Outpatient Joint Excellence Award
- #2 in Connecticut for cardiology in 2024
- 2024 America’s 250 Best Hospitals Award - top 5% of U.S. hospitals for clinical performance across 31 common procedures and conditions.

**Society of Thoracic Surgeons**
- #1 in the nation for mitral valve surgery and ranked second in the nation for all five cardiothoracic categories measured by the Society for Thoracic Surgery.

**Kidney Transplant Program**
- Best one-year kidney graft survival rate in the nation. The program has the highest overall functionality one year after transplant of any similar program in the country.

**American Heart Association and Mitral Foundation**
- One of 21 hospitals nationally recognized with this award. It’s the fourth consecutive year the hospital received the award.

**Comprehensive Cardiac Center Certification**
- One of only 14 nationally to be awarded with this premier cardiovascular certification for hospitals that demonstrate high-quality care using evidence-based, guidelines-driven treatment and foster collaboration throughout the system of care.

**American Society for Gastrointestinal Endoscopy**
- Three-year recognition for quality and safety; following the ASGE guidelines on privileging, quality assurance, endoscope reprocessing, CDC infection control guidelines and ensuring endoscopy staff competency.

**US News & World Report**

**Newsweek**
- World’s Best Hospitals and World’s Best Hospitals for infection prevention.
- America’s best maternity hospitals (5 ribbons).
AYER NEUROSCIENCE INSTITUTE

Our care team of neurologists and neurosurgeons offers patients life-changing care for conditions that affect the nervous system across a seven-healthcare system. We advocate for advanced neuroscience research across clinical programs with one goal: To improve clinical care. We strive to promote, foster and sustain the highest quality care with our constant pursuit of the most advanced medical innovations. Our clinicians are committed to delivering the best evidence-based care to our patients and the community. The increased need for various specialty services, evidenced by a 12% increase in inpatient and observation transitions compared to last year, is clear testimony of the great care we deliver.

**Inpatient & Observation Neuroscience Transitions**

<table>
<thead>
<tr>
<th></th>
<th>FY21</th>
<th>FY22</th>
<th>FY23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>7,353</td>
<td>7,865</td>
<td>8,825</td>
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</tbody>
</table>

Inpatient and observation neuroscience transitions across the system increased by 960 (12%) over a two-year period (FY2022-FY2023) and 1,472 (20%) over a three-year period (FY2021-FY2023). Transition volume is primarily attributed to stroke patients.

**Total Neurosurgery Cases**

<table>
<thead>
<tr>
<th></th>
<th>FY21</th>
<th>FY22</th>
<th>FY23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>3,387</td>
<td>3,483</td>
<td>3,683</td>
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</tbody>
</table>

Neurosurgery cases across the Ayer Neuroscience Institute increased by 200 (6%) over a two-year period (FY2022-FY2023) and 296 (9%) over a three-year period (FY2021-FY2023).

Note: Includes OR and Ambulatory Surgery Center (ASC) Cases.
Many of our clinical care team members are fellowship trained in specific conditions and treatments, such as migraine, pain, nervous system tumors, deep brain stimulation and others. Such high-level expertise is unique at one organization. We give our patients peace of mind whether they are concerned about new neurological symptoms or want to find a better way to manage their condition.

Our Headache Center is a leader in providing headache care to our caring for patients using evidence-based practices. In fact, we also educate other clinicians and sites and provide training on how to manage patients who suffer from various types of headache-associated pain. HEADucation takes into consideration that there are more patients with headaches than any other neurological issue. Many headache patients may even become debilitated by headaches.

**Innovations in Pain Management**

We are committed to providing our patients the most advanced pain management techniques. Our advanced techniques help them return to their normal lives.

**Minimally-Invasive Lumbar Decompression (MILD)**

Millions of people suffer from low back pain due to lumbar spinal stenosis, common complaint in elderly which is commonly managed surgically by decompressing the spine. A common post-surgical complication is neurogenic claudication presenting as low back and leg pain. Patients are usually apprehensive and nervous to undergo major spine surgery which makes them great candidates for MILD. MILD decompresses the spinal canal which helps restore space in the spinal canal to reduce pressure on the nerves, improve mobility and reduces pain. Being minimally invasive, the procedure doesn’t require general anesthesia, implants or stitches and is typically performed in less than an hour.

**Intracept Pain Management Procedure - Basal Nerve Ablation**

This invasive procedure treats by deadening/eliminating the problematic nerve using radiofrequency heat. Once the problematic nerve is eliminated, it will no longer transmit pain signals. This procedure has been shown to improve function and relieve pain in the long term. Patients report no complications and great pain relief within two to four weeks and most can resume normal activities after a brief recovery period.
Advances in Research

Ayer Neuroscience Institute
Research Highlights

- Published in the Journal of Neurosurgery: "Incorporating Simulation into the Neurosurgical Residency Curriculum: A Program Director Survey".
- Published in JAMA: "Blood Pressure Management After Endovascular Therapy for Acute Ischemic Stroke".
- Published in Stroke Journal: "Large Core Thrombectomies: Are We Still Confident or Confident".
- Published in World Neurosurgery: "MMA Embolization: Outcomes of Posterior Versus Anterior Translenticular Mesenteric Arterial Embolization for the Treatment of Chronic Subdural Hematomas".
- Published in the Journal of Clinical Neuroscience: "Systematic Review and Meta-Analysis of the Relationship Between Vascular Risk Factors and Stroke Outcomes".
- Poster Presentation at the American Association of Neurosurgical Nurses Conference: "Systematic Review and Meta-Analysis of the Relationship Between Vascular Risk Factors and Stroke Outcomes".
- Poster Presentation at the American Academy of Neurology: "Clinical Utility of Skin Biopsies Compared to Dermal in Diagnosing Systemic Lupus Erythematosus".

Awards & Accolades

We are proud to have received many accolades and have been recognized regionally and nationally for being a leader in neurology and neurosurgery earning numerous awards and recognitions.

<table>
<thead>
<tr>
<th>Award</th>
<th>Details</th>
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<tbody>
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<td>Advanced Certification</td>
<td>Scoliosis Surgery (1st in the nation)</td>
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<tr>
<td>Aetna IQ for Scoliosis Surgery</td>
<td>Spine Wellness Center</td>
</tr>
<tr>
<td>1 Comprehensive Center</td>
<td>(Hartford)</td>
</tr>
<tr>
<td>4 Primary Centers</td>
<td>(Backus, OHIO, HCC, SVMC)</td>
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<tr>
<td>1 Acute Stroke Center</td>
<td>(Windham)</td>
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<tr>
<td>National Association of Epilepsy Centers</td>
<td>Level 4 Epilepsy Center</td>
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<tr>
<td>All Sleep Care Centers</td>
<td>Accredited by the American Academy of Sleep Medicine</td>
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<table>
<thead>
<tr>
<th>Organization</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>American Parkinson's Disease Association Information &amp; Referral Center</td>
<td>(1st in CT)</td>
</tr>
<tr>
<td>Parkinson Foundation Comprehensive Care Center</td>
<td>(1st in the Northeast; 1/15 globally)</td>
</tr>
<tr>
<td>National Multiple Sclerosis Society Center for Comprehensive MS Care</td>
<td></td>
</tr>
<tr>
<td>First in CT to Receive ABRET Accreditation</td>
<td>(Hartford)</td>
</tr>
<tr>
<td>All HHC EMG Labs</td>
<td>(12) Awarded AANEM Electrodiagnostic Laboratory Accreditation</td>
</tr>
</tbody>
</table>
The BJI Fragility Hip Fracture Steering Committee was established in FY 2015 as a multidisciplinary approach to the care of our osteoporotic hip fracture patient. The goal was to improve the care of these patients through standardized care pathways, improved multidisciplinary coordination, and rigid outcome evaluation. Utilizing the AAOS Management of Hip Fractures in the Elderly guidelines, patient safety and quality indicators were established such as:

- Reduced blood transfusion
- Increased tranexamic acid (TXA) administration
- Decreased pulmonary embolus /deep vein thrombosis (PE/DVT)
- Reduced 90-day unplanned return to operating room (RTOR)
- Decreased 90-day surgical site infection (SSI)
- Decreased average length of stay (LOS)
- Reduced time to operating room (TTOR)
- Reduced 30-day unplanned readmission
- Reduced 30-day unplanned return to Emergency Department

These determinates for data collection were drawn from evidence-based research, national best practices and strategic goals set by:

- Fragility Hip Fracture Steering Committee
- Orthopedic, anesthesia, nursing, pharmacy and rehabilitation colleagues
- Hartford Hospital Quality Committee

The BJI Fragility Hip Fracture Steering Committee achieved the following performance improvement goals and objectives:

- **Improved data utilization** by engaging with the data intelligence team to create a data-driven culture with improved data integrity. One such example was optimization of program dashboards and standard reports. This improved efficiency and timeliness of information capture and facilitates timely reviews and adjudication by the quality and safety and medical directors.

- **Improved patient experience and safety** by utilizing nurse navigators to support individual patients through their continuum of care, along with weekly case reviews on unplanned return to ED and readmissions.

- **Improved anesthesia care** by identifying less invasive cutting-edge anesthesia techniques, creating protocols to integrate them and studying them for efficacy and potential publication.

- **Improved infection prevention** by optimizing timing of pre-incision administration of Ancef with outcomes reviewed at monthly BJI infection prevention work group meetings.

- **Improved education for staff** via our nurse educator team with disease-specific education and new BJI CORE orientation.

- **Improved education for the community** through including free webinars and events on fall prevention, osteoporosis, nutrition and bone health.

- **Improved evaluation and oversight** by utilizing the Patient and Family Advisory Council to amplify the voice of the patient to enhance the patient care and access to care.
This also culminated in the osteoporosis program being awarded Star Performer status by the American Orthopedic Association’s Own the Bone for four consecutive years.
Fragility Hip Fracture – **Blood Transfusion**

![Graph showing Blood Transfusion rates from FY 2015 to FY 2023.](chart)

Fragility Hip Fracture – **TXA**

![Graph showing TXA rates from FY 2019 to FY 2023.](chart)

Fragility Hip Fracture – **PE/DVT**

![Graph showing PE/DVT rates from FY 2015 to FY 2023.](chart)
The team celebrated its 10th year of the co-management agreement between Hartford HealthCare and BJI LLC, and the seventh year of musculoskeletal inpatient services in a state-of-the-art, award-winning building. During the last seven years, there have been close to 41,000 surgical procedures at BJI, with total joint replacement volumes now approaching 3,000 cases annually. Musculoskeletal care services at BJI in FY 23 continued to achieve outstanding quality patient outcomes with increasing efficiency. BJI physicians across multiple service lines performed almost 6,400 surgical cases and collaborated effectively to manage daily operations which approached or exceeded FY22 agreed-upon co-management quality metrics. The mature partnership has been increasingly successful in establishing budgets and examining personnel issues, while promoting strategies to provide top musculoskeletal care.

The data-driven culture at BJI is palpable. Monthly meetings in all orthopedic service lines transparently evaluate each provider’s outcomes in a blame-free environment. Adverse events are embraced, thoughtful root cause analyses performed and then refined or new processes of care developed, setting new standards of accountability. This cycle of continuous process improvement keeps patients safer than ever, while optimizing outcomes. The overall result is consistently high Press Ganey “likelihood to recommend” scores in the 94th percentile and measurable outcomes that are as good, if not better, than, the top orthopedic institutions in the country.

The providers at BJI are dedicated to the principle of “Every patient at the top of the pyramid, every day.” From that basic starting point, many keystone and signature BJI clinical programs thrived in FY23, expanding access to care and improving the patient experience across almost 6,400 surgical cases.
<table>
<thead>
<tr>
<th><strong>The Joint Commission Gold Seal of Approval</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Advanced hip and knee replacement</td>
</tr>
<tr>
<td>• Core total shoulder replacement</td>
</tr>
<tr>
<td>• Advanced spine</td>
</tr>
<tr>
<td>• Core hip fracture</td>
</tr>
<tr>
<td>First hospital in New England recognized with all four orthopedic certifications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Aetna Institutes of Quality (IOQ)</strong></th>
</tr>
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<tbody>
<tr>
<td>Orthopaedic Care Facility</td>
</tr>
<tr>
<td>• Total joint replacement and spine surgery designation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Blue Distinction Plus (BDC+)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Knee and hip replacement</td>
</tr>
<tr>
<td>• Spine surgery</td>
</tr>
<tr>
<td>BDC+ is the highest achievement, reserved for only those centers that meet criteria in all 3 areas: Quality, business, cost</td>
</tr>
<tr>
<td>Award</td>
</tr>
<tr>
<td>--------------------------------------------</td>
</tr>
<tr>
<td><strong>Excellence Award Recipient</strong></td>
</tr>
<tr>
<td><strong>Best Regional Hospitals</strong></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>America's 50 Best Hospitals</strong></td>
</tr>
<tr>
<td><strong>Women's Choice Award</strong></td>
</tr>
<tr>
<td><strong>Hip &amp; Knee Surgery Research All-Stars by Avant-Garde</strong></td>
</tr>
</tbody>
</table>
CANCER INSTITUTE

Lung Cancer Screening: A Lifesaving Initiative for Connecticut and Beyond

Lung cancer is the leading cause of cancer death in the United States, and tobacco use contributes to 80-90% of all cases. Despite the potential for early detection leading to successful treatment, most lung cancer diagnoses are found at later stages. An annual low-dose computed tomography (LDCT) scan, a rapid and non-invasive procedure, has proven effective in reducing lung cancer mortality rates among high-risk patients. However, this potentially life-saving technology remains underutilized, with only 8% of eligible Connecticut residents undergoing LDCT screening. Therefore, increasing awareness and facilitating access to this screening is an essential public health initiative.

The Hartford HealthCare Cancer Institute (HHCCI) strives to become a national leader in timely lung cancer screening and diagnosis, ultimately aiming to save lives. A Kaizen focused on this aspiration. Stakeholders - primary care physicians, radiologists, oncologists and performance improvement experts - evaluated current practices in lung cancer screening and pulmonary nodule management across HHC. The team identified the following high-priority goals:

- Boosting referral and completion rates for LDCT scans.
- Expediting specialist referrals for abnormal LDCT results.
- Increasing the number of lung cancers found in an early stage.

To achieve these goals, quality improvement teams focused on streamlining the ordering process, establishing clear workflows and responsibilities, educating providers on the benefits of LDCT screening, and developing a comprehensive pulmonary nodule management program. Additionally, the marketing team launched a campaign to promote lung cancer screening.

The initiative’s impact has been clearly positive. The number of LDCT scans ordered by primary care providers has more than doubled, with a corresponding increase in the number of completed scans (demonstrated in figures 1 and 2 below). A significant rise was also seen in the number of patients with positive results who were rapidly connected to specialists for further evaluation.

The project’s success led to the establishment of the HHC Lung Cancer Screening and Pulmonary Nodule Management Program. Recent Connecticut legislation further strengthens efforts to diagnose lung cancer earlier by including lung cancer screening in the state’s early detection and treatment referral program. These combined efforts should significantly increase the knowledge of and access to this potentially life-saving screening, and ultimately promote the early diagnosis and treatment of lung cancer.

Impact of HHC Improvement Efforts on LDCT Scan Order and Completion Rates

<table>
<thead>
<tr>
<th>Time Period</th>
<th># LDCTs Ordered</th>
<th>% of Eligible Patients</th>
<th># LDCTs Completed</th>
<th>% of Eligible Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Period: August 2020 to July 2021</td>
<td>4,161</td>
<td>40.50%</td>
<td>3,295</td>
<td>32%</td>
</tr>
<tr>
<td>Post Interventions: August 2022 to July 2023</td>
<td>8,828</td>
<td>61%</td>
<td>6,685</td>
<td>46%</td>
</tr>
</tbody>
</table>
Quality & Operational Outcomes

The Cancer Institute has achieved a prestigious three-year re-accreditation as an Integrated Network Cancer Program (INCP) by the American College of Surgeons’ Commission on Cancer (COC). This recognition signifies our exceptional commitment to delivering the highest quality cancer care. Earning the INCP designation highlights HHC’s ability to provide seamless, high-quality cancer care across all our facilities. This means patients benefit from a multidisciplinary approach wherever they receive care within our system. A team of specialists – surgeons, medical and radiation oncologists, radiologists, pathologists and other experts – work together to create and deliver the most effective treatment plan for every patient. This collaborative approach is the institute’s hallmark.

The COC accreditation also recognizes the importance of comprehensive support services for cancer patients. Hartford HealthCare goes beyond just treatment by offering access to vital services like:

- Clinical trials: Exploring the latest advancements in cancer treatment.
- Screening and prevention events: Taking proactive steps to detect cancer early.
- Palliative care: Managing pain and symptoms to improve quality of life.
- Genetic counseling: Understanding one’s personal cancer risk.
- Rehabilitation: Recovering physically and emotionally after treatment.
- Oncology nutrition: Maintaining optimal health during and after cancer care through specialized dietary guidance.
- Survivorship services: Helping patients thrive during and after cancer treatment.
HHC’s dedication to quality is demonstrated in our performance on the COC quality metrics. The latest report, based on 2021 data, demonstrates that the Cancer Institute delivers care surpassing national averages in nearly every measure compared to all cancer programs accredited by the COC. Cancer Institute patients can be confident they will receive the most advanced treatments, comprehensive services and the support of a dedicated team of specialists, all working together to achieve the best possible outcomes.

**NCDB Quality Measures: HHC Cancer Institute vs. All COC-accredited Programs**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast</strong></td>
<td></td>
</tr>
<tr>
<td>First breast surgery within 60 days of diagnosis (for Stage I-III breast cancers, non-neo-adjuvant setting)</td>
<td>82.8% 78.1%</td>
</tr>
<tr>
<td>Breast radiation within 60 days after breast conserving surgery (for Stage I-III breast cancers)</td>
<td>69.5% 68.1%</td>
</tr>
<tr>
<td>Combination chemo/chemo-immunotherapy within 120 days of diagnosis (for select Stage IB-III breast cancers)</td>
<td>93.1% 90.6%</td>
</tr>
<tr>
<td><strong>Colon</strong></td>
<td></td>
</tr>
<tr>
<td>Adjuvant chemotherapy within 120 days of diagnosis for lymph node positive colon cancer (Stage III)</td>
<td>80.9% 83%</td>
</tr>
<tr>
<td>At least 12 regional lymph nodes removed and examined for resected colon cancer</td>
<td>100% 94.9%</td>
</tr>
<tr>
<td><strong>Gastric</strong></td>
<td></td>
</tr>
<tr>
<td>At least 16 regional lymph nodes removed and examined for resected gastric cancer</td>
<td>68.2% 70.9%</td>
</tr>
<tr>
<td>Chemo/chemo-radiation within 120 days pre-surgery for patients with select gastric or esophageal cancer</td>
<td>47.6% 68.1%</td>
</tr>
<tr>
<td><strong>Head &amp; Neck</strong></td>
<td></td>
</tr>
<tr>
<td>Postoperative radiation therapy within six weeks after surgery for patients with surgically-managed head and neck squamous cell carcinoma</td>
<td>33.3% 32.9%</td>
</tr>
<tr>
<td><strong>Non-Small Cell Lung (NSCL)</strong></td>
<td></td>
</tr>
<tr>
<td>Systemic chemotherapy/immunotherapy within three months pre- or postoperatively for select resected NSCLC</td>
<td>80.0% 73.4%</td>
</tr>
<tr>
<td><strong>Melanoma</strong></td>
<td></td>
</tr>
<tr>
<td>Systemic therapy within six months of surgery (for Stage IIIb-D resected melanoma)</td>
<td>100% 83.4%</td>
</tr>
<tr>
<td><strong>Rectum</strong></td>
<td></td>
</tr>
<tr>
<td>Circumferential margin greater than 1mm from the tumor to the inked, non-serosalized resection margin for rectal resections</td>
<td>93.1% 91.4%</td>
</tr>
<tr>
<td>Pre-op chemo and radiation therapy or post-op chemo and radiation within 180 days for select resected rectal cancers (for Stage III cancer)</td>
<td>86.4% 85.8%</td>
</tr>
</tbody>
</table>
Awards & Accolades

• Three year re-accreditation from the American College of Surgeons’ Commission on Cancer (COC). To achieve re-accreditation, the Cancer Institute underwent a site visit to confirm compliance with COC accreditation standards.

• Hartford Hospital was named one of America’s Best Hospitals for cancer care in 2024 by the Women’s Choice Award, placing it in the top 8% of U.S. hospitals offering cancer care services. St. Vincent’s Medical Center was recognized as one of America’s Best Hospital for comprehensive breast care, signifying a level of care that is in the top 9% of U.S. hospitals offering breast care services.

• Selected as a main member of the Southwest Oncology Group (SWOG), a major part of the global cancer research infrastructure. SWOG has members in 45 states and nine other countries as part of the National Cancer Institute’s National Clinical Trials Network.

• Selected as a 2023 End-of-Life Nursing Education Consortium (ELNEC) Award of Excellence recipient. The team was recognized for its outstanding work promoting palliative care nursing and serving as a role model in teaching, advocating for and offering palliative care. More than 360 clinicians participated in ELNEC core classes across Hartford HealthCare.

• Alvaro Menendez, MD, medical oncologist, in collaboration with the Jackson Laboratory, received an R03 grant from the National Cancer Institute aimed at assessing molecular predictors of treatment response for Black, white and Hispanic patients with triple negative breast cancer.
The Connecticut Orthopaedic Institute (COI) improved care by evaluating the surgical site infection rate and successfully decreasing infections in the surgical spine population. Recognizing that an increase in infections may lead to significant morbidity, mortality and associated healthcare cost for each patient, the team identified the need to learn more about what factors influenced our outcomes to change.

The quality team utilized the concepts of the Lean Continuous Improvement Cycle and Institute for Healthcare Improvement (IHI) Model for Improvement, Plan-Do-Study-Act (PDSA) methodology with follow-up to sustain improvement with improved outcomes over nearly three years.

This originally began as a time-limited project with data and observations on perioperative harm reduction from colleagues in quality, perioperative care and COI.

The recognition of the increase in spine surgical site infections began in June 2021. The quality and infection prevention teams reviewed and analyzed data pertaining to infections regularly. The workgroup reviewed the spine population readmission and surgical site infection data and shared opportunities with the larger group.

The team created small tests of change and formed a PDSA workgroup. The opportunities identified centered on:

1. Breach in aseptic technique/surgical site prep.
2. Hand hygiene/scrubbing in.
3. Attire/jacket, OR traffic, sterile back table/instruments.

Some of the impactful examples of the changes made included: changing the flow of OR traffic, to add SSI Audit: including room traffic, vendors, attire, surgical prep and radiology; standarding all prepping agents; sharing all data transparently with all OR staff with loop closure at huddles; and reviewing CHG wipes vs CHG bottle pre-operatively.

The impact of this modification in process is sustained through data by reflecting the team’s next deep incisional primary (DIP) surgical site infection for spine taking place in July 2022 (while this work was on-going) making a 12 month period without any deep incisional primary organ space spine infections (down from a total number of 9 SSI events). Since implication of this project, the data reflects only two spine deep incisional and organ/ space SSI events infections for FY2023.

The results achieved include a period of more than 12 months without a reported deep incisional primary or organ space level spine infection. Most recent data support the idea that the improvements are sustained and the national benchmark provides us with assurance that we are well below any infection rate the rest of the nation is experiencing.
Model for Improvement

Steps of Improvement
1. Forming the team
2. Setting the aims
3. Establishing measures
4. Selecting the change
5. Testing change
6. Implementing change
7. Spreading change

Institute of Healthcare, IHI

<table>
<thead>
<tr>
<th>Type of Infection</th>
<th>FY 21 (Oct 20-Sept 21)</th>
<th>FY 22 (Oct 21-Sept 22)</th>
<th>FY 23 (Oct 22-Sept 23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spine: Lami and Fusion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Infections</td>
<td>DIP &amp; O/S Infections</td>
<td>9 DIP &amp; O/S Infections</td>
<td>2 DIP &amp; O/S Infection</td>
</tr>
<tr>
<td>Standard Infection Ratio - SIR</td>
<td>LAMI: 0.725</td>
<td>LAMI: 1.485</td>
<td>LAMI: 0.647</td>
</tr>
<tr>
<td></td>
<td>FUSN: 1.31</td>
<td>FUSN: 2.357</td>
<td>FUSN: 0.257</td>
</tr>
<tr>
<td>National Goal / Aggregate Data - SIR</td>
<td>&lt; 1.0</td>
<td>&lt; 1.0</td>
<td>&lt; 1.0</td>
</tr>
</tbody>
</table>
Maintaining excellence: Safer surgeries, fewer infections

Surgical site infections can lead to significant problems — patient morbidity, increased length of stay, readmission, return to the OR and increased costs. Reduction and prevention are crucial to improving quality of care and patient outcomes.

We continue to provide excellent surgical care, while remaining well below the benchmark for both hip and knee replacements and spine surgeries.

Keeping surgical site infections low

Target: Less than 1%

Hip and knee replacements: 0.44%
Spine surgeries: 0.17%

12-month average

Transforming Orthopaedic Service Line from Volume to Value

- The CMS Comprehensive Care for Joint Replacement (CJR) bundle payment model has required hospitals to evaluate the care of the joint replacement patient.
- The goal of the model is to promote quality and financial accountability for care within the 90-day episode.
- The model runs April 1, 2016 through December 31, 2024.

COI at MidState Medical Center is the pioneer for Hartford HealthCare in value-based payment. The CMS Comprehensive Care for Joint Replacement (CJR) bundle payment model is used as an opportunity to elevate the elective orthopaedic surgical service line to highest clinical standards, quality outcomes, patient satisfaction and cost optimization.

The team identified opportunities to achieve success in the CJR bundle in the elective orthopedic service line through evidence-based clinical care redesign. A multidisciplinary approach across the care continuum resulted in improved quality outcomes.
Lessons learned with CJR implementations were valuable for Hartford HealthCare as a system. The goal is to provide the highest quality of care, improve clinical outcomes, patient satisfaction over the eight-year CJR engagement and beyond.

With the goal of improving the quality of care and reducing variations, the following areas of opportunity were identified:

- Standardizing the pre-operative evaluation to identify and address comorbidity early; optimizing health status of complicated surgical candidates.
- Setting patient expectations and engaging patients early in the pre-operative process.
- Implementing standardized best practice evidence-based care, thus reducing the risk of complications and readmissions.
- Streamlining and improving utilization of post-acute care services.
- Increasing post-op follow up intervals.

The multidisciplinary teams designed and implemented best practices with a focus on excellence across the episode of care, beginning in the surgeon’s office through the continuum of care, pre-operatively, acute inpatient and post-operative phases of care.

As a result of this multidisciplinary approach, the orthopaedic programs have seen improved results through the entire episode of care for joint replacement patients.

This comprehensive approach to excellence has improved the quality of services and the confidence our patients have in the care they receive at our hospitals. Our interdisciplinary team achieved this dramatic improvement through data to improve and drive clinical results.
Outcomes

Quality of Care
- Improved from Below Acceptable to Excellent

Patient Satisfaction
- Improved by 3 points (CMS)
- HCAPHS in high 90%

Complications
- Minimized
- Documentation and coding improvement process is established

LOS
- Reduced year over year

SNF Utilization
- Reduced from 90% at baseline to about 13%

CJR 90-day Complications
CJR Composite Quality Score (CQS)

The Best at Getting Better
2023 Quality & Excellence Highlights

Advanced Certification
Spine Surgery (first in the nation)

Advanced Certification
Total Hip & Knee Replacement

Certification
Shoulder Replacement (MidState)

Certification
Hip Fracture (SVMC)

Aetna Institutes of Quality® (IOQ)
Orthopaedic Care Facility for Total Joint Replacement & Spine Surgery Designation (MidState)

Distinction+ for Spine Surgery (SVMC)

Distinction+ for Knee & Hip Replacement (MidState)

Five-Star Recipient
for Total Knee Replacement & Spinal Fusion Surgery (SVMC)

Premier Bundled Payment Collaborative Award Winner
“Positive Savings & Excellent Quality” & “Most Improved”

Women’s Choice Award
America’s Best Hospitals for Orthopedics

CMS 5-Star Hospital (MidState)

Comprehensive Care for Joint Replacement
Quality Rating of “Excellent”

National Association Orthopaedic Nurses (NAON)
Orthopedic Nursing Excellence Award

Connecticut Orthopaedic Institute

2023 Quality & Excellence Highlights

CJR Composite Quality Score (CQS)
Reducing LOS is pivotal to enhancing throughput and the overall patient experience at Hartford HealthCare. LOS directly impacts positive outcomes by reducing the risks of HAI and venous thromboembolism (VTE). The Digestive Health Institute’s (DHI) Surgical Weight Loss Program took a multidisciplinary approach to reducing bariatric LOS at Hartford Hospital. In reviewing the process of patient stay, there was an opportunity to modify communication with patients on the office level and surgical unit. All involved, including bariatric surgeons, hospital-based advanced practice providers, program coordinator, director of nursing, unit manager and DHI program director, worked collaboratively to improve the process and achieve results.

Communication efforts included developing a patient pre-operative class to enhance patients’ understanding of pre- and post-operative care, providing a platform for emotional support and empowerment in a group setting. Additionally, the surgical unit floor enhanced care through setting expectations with patients prior to surgery, reserving rooms on Sunday for early post-bariatric patients, and educating staff regarding timely documentation.

As a result of these changes, our LOS decreased from 2.83 days in October 2022 to 1.43 days in August 2023, with an average LOS of 1.53 days for 2023. This achievement is a testament to the exceptional teamwork and collaboration among our bariatric surgeons, outpatient program partners and inpatient staff. This class has been implemented across all four metabolic and bariatric surgery programs as quality improvement projects within Hartford HealthCare, aiming to address key areas such as LOS, emergency room visits, readmissions and surgical site infections. Additionally, a survey was developed and utilized to gauge patient experience and assess the value of the program for patients. The surgical weight loss team’s collective efforts to reduce LOS resulted in numerous recognitions from Hartford Hospital including the Full Circle Award and Clinical Team of the Year finalist.
Quality/Operational Outcomes Metrics

Surgical and Procedural Volumes

DHI teams remained sharply focused on our mission and vision of providing affordable access to quality care across our wide array of specialties. We experienced a 6% increase in surgical and procedural volumes in FY2023 as compared to the prior fiscal year. Through coordination of care for common and complex digestive health conditions, we are improving the health of our community.

Surgical & Procedural Volumes (YOY by Program)
Appropriate Antibiotic Prophylaxis

DHI gastrointestinal (GI) endoscopy quality leaders identified an opportunity to enhance antibiotic use before percutaneous enteral feeding tube (PEG) insertion, crucial for reducing infection risks during GI endoscopy. Quality improvement initiatives focused on administration and documentation practices resulted in surpassing the national benchmark of 98% for appropriate antibiotic prophylaxis and exceeding the national benchmark for all ambulatory endoscopy centers and hospital-based endoscopy units. This proactive measure reduces infection-associated complications, addressing the heightened risk for patients undergoing PEG tube placement due to factors like age and medical condition.
Awards & Accolades

NAPRC Accreditation
DHI, in partnership with the HHC Cancer Institute, recently earned a three-year accreditation from the National Accreditation Program for Rectal Cancer (NAPRC), a quality program of the American College of Surgeons for The Hospital of Central Connecticut (THOCC). With this designation, THOCC joined Hartford Hospital among the 80 hospitals nationwide who achieved this prestigious recognition. To achieve voluntary accreditation, we demonstrated compliance with NAPRC standards addressing program management, clinical services and quality improvement for patients. We established a multidisciplinary rectal cancer team and met standards addressing the clinical services the rectal cancer program provides, including carcinoembryonic antigen (CEA) testing MRI and CT imaging for cancer staging which allow patients to start treatment within a defined timeframe. Rectal cancer programs accredited by NAPRC undergo a site visit every three years and are also accredited by the American College of Surgeons, Commission on Cancer.

ASGE Quality Recognition
Four HHC facilities - Backus, Hartford and Windham hospitals and MidState Medical Center - are the only ones in Connecticut to earn Endoscopy Unit Recognition Program (EURP) status for their commitment to providing high-quality care to patients and referring providers.

Medical and Surgical Weight Loss Recognitions
Backus Hospital’s Medical and Surgical Weight Loss program received its initial Metabolic and Bariatric Accreditation and Quality Improvement program with Obesity Medicine Qualification designation. Now, all four of the Medical and Surgical Weight Loss programs carry this important designation.

Optum Center of Excellence
St. Vincent’s Medical Center was approved for the first time as an Optum Center of Excellence, providing increased access for patients under Optum-managed insurance plans.
HEART & VASCULAR INSTITUTE (HVI)

Motivated by the initial 2-star rating across all surgical categories in 2016 and recognition of the Society of Thoracic Surgery (STS) National Database as a valuable resource for quality improvement and patient safety, the cardiac surgery team embarked on a transformative journey to enhance patient outcomes.

Utilizing a comprehensive and systematic approach, our team aimed to significantly lower mortality and morbidity rates by implementing a series of enhancements along the continuum of care. These enhancements included bolstered preoperative screening and optimization protocols, the introduction of ancillary programs tailored to treat intricate patient subsets, a heightened utilization of minimally invasive surgical methods and the refinement of postoperative monitoring and support systems.

Specifically, we successfully launched targeted quality improvement initiatives. These encompassed optimizing preoperative patient health through the introduction of prehabilitation programs and integrating exercise, nutrition and lifestyle interventions. Additionally, we embraced a less invasive mini-thoracotomy approach for mitral valve repair, avoiding a sternotomy and thereby facilitating swift patient recovery while curbing hospital costs.

Moreover, we deployed strategies aimed at reducing reliance on blood transfusions. This involved the implementation of cell salvage systems, hemostatic agents and meticulous surgical techniques. Evidence-based perioperative strategies were incorporated, encompassing preoperative glycemic control and atrial fibrillation prophylaxis, timely antibiotic administration and postoperative anticoagulation management.

The adoption of an Early Recovery after Cardiac Surgery (ERACS) clinical pathway was instrumental in minimizing narcotic usage, shortening hospital stays and reducing healthcare disparities, particularly among populations of color. Similarly, the inception of a complete revascularization in high-risk indicated patients (CHIP) multidisciplinary program enabled a thorough evaluation of potential percutaneous or surgical revascularization strategies for high-risk patients grappling with complex coronary artery disease (CAD).

This concerted effort, informed by data-driven insights and evidence-based practices, resulted in remarkable progress in patient outcomes. Ultimately, this project not only elevated the hospital’s standing within the healthcare community but also fundamentally transformed the cardiac surgery program, ensuring top-tier care for patients undergoing complex procedures.

Today, the Hartford HealthCare Heart & Vascular Institute stands at the forefront of cardiac surgery as a national leader, consistently recognized for the exceptional standard of care we provide. In the latest release of data from the STS Registry – the premiere clinical outcomes database for adult cardiac surgery globally – Hartford Hospital attained the prestigious three-star rating, the highest possible, across all five surgical categories.

Regarded as one of the most sophisticated and esteemed measures of healthcare quality, the STS star rating system underscores our unwavering dedication to excellence in patient outcomes and safety. Twice a year, the STS ranks more than a thousand cardiac surgery centers in the United States and assigns a one-to three-star rating for patient outcomes in cardiac surgery.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>2022 June</th>
<th>2022 December</th>
<th>2023 June</th>
<th>2023 December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Artery Bypass</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★</td>
</tr>
<tr>
<td>Aortic Valve Replacement</td>
<td>★★</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★</td>
</tr>
<tr>
<td>Aortic Valve Replacement with Coronary Artery Bypass</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★</td>
</tr>
<tr>
<td>Mitral Value Replacement</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★</td>
</tr>
<tr>
<td>Mitral Value Replacement with Coronary Artery Bypass</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★</td>
</tr>
</tbody>
</table>

Source: Society of Thoracic Surgery (STS) National Database
Note: December 2023 Star Rating has not been released

Progressive Improvement in STS Star Rating
Procedural Categories include: CABG, AVR, MVRR, AVR+CABG, MVRR+CABG

Max. 3 Star Rating in all 5 out of 5 Procedural Categories
Cerebrovascular disease is the fifth leading cause of death in the United States. At Hartford HealthCare, we can boast a remarkable 0% mortality rate for both Carotid Endarterectomy (CEA) and Transcarotid Revascularization (TCAR), reflecting our surgical expertise and patient care, offering reassurance to individuals considering these interventions for carotid artery disease. With such outcomes, patients can have confidence in undergoing these procedures with minimized risks.
For the fourth consecutive year, the hospital received the Mitral Valve Reference Center Award from The Mitral Foundation and American Heart Association for the nation’s best hospitals and surgeons for mitral valve surgery based on objective performance outcomes. Hartford Hospital is one of only 23 centers nationally to achieve this honor.

Achieving the highest quality outcomes with significantly reduced length of stay compared to similar hospitals is a testament to exceptional efficiency and effectiveness in healthcare delivery. It demonstrates a mastery of streamlined processes, optimized resource utilization and, perhaps most importantly, a deep commitment to patient-centered care that prioritizes swift recovery without compromising quality.

The Hartford HealthCare Heart & Vascular Institute at Hartford Hospital has proudly achieved The Joint Commission’s Comprehensive Cardiac Center (CCC) Certification, setting a remarkable milestone as the inaugural cardiac program in New England and one of just 16 nationwide to receive this esteemed recognition.

In partnership with the American Heart Association, this certification signifies the Institute team’s commitment to delivering top-tier cardiovascular care. It acknowledges our adherence to evidence-based practices and guidelines, ensuring patients receive the highest quality of treatment. Furthermore, it highlights our dedication to fostering seamless collaboration across the entire continuum of care.
Recognized for Excellence in Transcatheter Valve Therapies

With advancements in technology and techniques, catheter-based procedures offer patients shorter recovery times and reduced risk driving increased acceptance and adoption across various clinical specialties. Notably, structural heart programs at St. Vincent’s Medical Center and Hartford Hospital were recently honored by the American College of Cardiology (ACC) with the prestigious transcatheter valve certification, ensuring adherence to critical quality components in procedures like TAVR and TEER. This certification underscores the importance of maintaining high-quality standards, emphasizing multidisciplinary heart teams, formalized training and shared decision-making processes.

Hartford Hospital’s exceptional commitment to patient care and outcomes was further recognized by the STS and ACC, earning the distinguished three-star rating.
The Center for Comprehensive Aortic Center at Hartford HealthCare continues to emphasize multidisciplinary care for complex aortic diseases.

The Aortic Center performs more complex aortic procedures than any other center in the state and has been rated as “high performing” in abdominal aortic aneurysm repair by US News & World Reports for the fourth year in a row.

American Heart Association recognizes Hartford HealthCare for its care of patients with Heart Failure.

Hartford HealthCare participates in the American Heart Association’s Get With The Guidelines® – Heart Failure Program and has been recognized with the 2024 GWTG-Heart Failure Gold Plus and Type 2 Diabetes Award for its outstanding performance in providing high-quality care for meeting or exceeding guideline therapy recommendations in treating patients presenting with heart failure.
Electronic Medical Record Alert System for Implanted Artificial Urinary Sphincters

Recognizing a need to reduce harm, the Tallwood Urology & Kidney Institute Pelvic Health Clinical Council created a warning in the electronic medical record to identify patients with an implanted artificial urinary sphincter (AUS). Male patients with an AUS must have their device deactivated prior to urethral catheterization to prevent urethral injury and/or AUS cuff erosion-damage. The popup warning alerts providers of the presence of and need to deactivate the sphincter device prior to the insertion of a urinary catheter. Any provider who orders or inserts catheters (e.g., nurses, residents, advanced practice providers, physicians) will receive this best practice alert. These became active on April 25, 2022, and the alert system has fired 2,425 times since. Since implementation, no patient has required AUS explant due to cuff erosion or damage by a traumatic catheterization through an activated AUS. The total number of AUS explants and cuff erosion events has decreased since the alert has been in place. Given the transformational patient safety outcomes from this project, this initiative was selected as a presentation at the American Urologic Association national annual meeting in May 2024. The Tallwood Institute has developed similar alerts for other implants such as indwelling ureteral stents, improving quality of care delivered to our patient population.

Impact of Best Practice Alerts on Implanted Artificial Urinary Sphincters (AUS)

Pre vs Post Alert System

AUS explant and cuff erosion events over total sum of years of AUS implants in place for patients, comparing outcomes pre- and post-alert system.

Source: Epic
Patients admitted as inpatient at an HHC hospital who received care from a urology and/or nephrology attending in FY23 had better than expected outcomes for length of stay.

Source: Premier Inpatient Quality Data

Patients admitted as inpatient at an HHC hospital who received care from a urology attending in FY23 had better than expected outcomes for complications for our GU oncology program and sub-programs. As a program, GU oncology had a 0.92 observed/expected complication rate, performing better than expected and providing high-quality, safe care for our patients.

Source: Premier Inpatient Quality Data
Kidney stones affect one in 11 Americans and can form anywhere in the urinary tract, causing a myriad of troublesome symptoms. The Tallwood Kidney Stone Center was developed to care for this condition by applying the skills of a multidisciplinary group of specialists.

Through our partnership with Hartford HealthCare’s emergency departments, Tallwood nurse navigators have been able to significantly improve coordination rates to guide patients to appropriate urologic care each year, providing options for access for emergent, urgent and elective patients 100% of the time within appropriate clinical guidelines. In FY23, 40% of these patients chose to continue their follow-up care with a Hartford HealthCare urologist, showing consistent incremental improvement in access to care since the start of this partnership in FY18. This coordination of care has led to better patient access, outcomes and improved patient experience.

Source: EPSI
Awards and Accolades:

Backus Hospital was recognized in the “Best Regional Hospitals” in Eastern Connecticut for kidney failure and Hartford Hospital as a “High-Performing Hospital” for prostate cancer surgery and kidney failure according to U.S. News & World Report. These awards speak to Tallwood’s focus on providing top-quality care to the residents of Connecticut and the New England region.

**Backus Hospital**

Best hospital in Eastern Connecticut for Kidney Failure

**Hartford Hospital**

High Performing in Prostate Cancer Surgery & Kidney Failure
HARTFORD HEALTHCARE BEHAVIORAL HEALTH NETWORK
HARTFORD HEALTHCARE
BEHAVIORAL HEALTH NETWORK

In the past year, the Behavioral Health Network (BHN) has made significant strides in addressing the critical issue of access to care for psychiatric patients. Recognizing the pressing problem of patients waiting in emergency departments for long times for inpatient psychiatric beds, the BHN team undertook the initiative to transform throughput. The goal was to ensure the right treatment at the right place and at the right time for psychiatric patients.

One of the major challenges faced was a disparity between patient needs and bed availability. Reduced bed availability resulting from clinical risks (violence risk, medical risk, suicide risk) and milieu management risks further complicated the situation and caused frustration for patients and families seeking care.

To address this complex issue, the BHN team initiated a staged rollout of strategies aimed at removing unnecessary variation and improving access by:

1. Decreasing unavailable beds.
2. Decreasing the wait time for psychiatric inpatient beds.

Initial strategies leveraged the Clinical Logistics Center (CLC) as the driver for referral and placement decisions. Positioning the CLC at the center of the work allowed for a single process by which all inpatient psychiatric units would communicate around and accept referrals. Early successes included a standardized process and improved turnaround time, enhanced ability for the CLC to transition patients to the right care setting and optimization of transitions from medical to psychiatric units within Hartford HealthCare.

Despite initial efforts, opportunities remained. After consultation with another healthcare system which had proven success improving access, the next strategy access emerged: implementation of a daily access management call. This call provided a forum to facilitate a transparent and efficient conversation around justifications for unavailable beds and track and review patients approaching or beyond 24-hour wait times in emergency departments. By bringing administrative and clinical leaders from across the BHN to this conversation outcomes improved. Unavailable beds decreased by 38% during FY23 and the first two quarters of FY24 have shown a 43% decrease. The average number of patients in emergency departments awaiting beds overnight has decreased by 50%. Average daily census increased by 22 between FY23 Q1 and Q4.
Daily unavailable Beds by Quarter FY23

Average patients Awaiting Bed Placement in ED Overnight

Inpatient Psychiatric Unit: Average Daily Census FY22-FY23
Over the past three years, the BHN embarked on a transformative journey called Behavioral Regulation, Integrated Goals, Humanistic Treatment (BRIGHT). Established as an annual improvement priority, BRIGHT aimed to address the concerning rise in assaults resulting in injuries to patients and colleagues and improve key areas of assessment, intervention, prevention and postvention to decrease incidents and improve workplace safety.

A pivotal component of BRIGHT was the establishment of consultations for patients with risk for violence. Recognizing the unique challenges posed by patients with a history of aggressive and violent behaviors, the BHN team assembled a specialized group consisting of a forensic psychiatrist, two behavioral psychologists and a child psychiatrist to ensure a holistic and specialized approach to addressing complex cases. During this past year, the structure of the work pivoted from a strategy of ad-hoc/upon referral, to dedicated weekly consultative time, allowing more opportunity to ensure timely support and intervention for those in need.

The results of the consultations have been impressive. By leveraging the expertise of the consultative team and implementing targeted and proactive interventions, there has been a significant reduction in the average number of aggressive and violent events pre- and post-consultation. The average number of aggressive/assaultive safety events decreased by 86% for patients for whom consultation was provided.

Average Number of Aggressive/Violent Events Pre- & Post- BRIGHT Consult

![Bar Chart]

- Average Number of Aggressive/Violent Events Pre- BRIGHT Consult: 10.1
- Average Number of Aggressive/Violent Events Post- BRIGHT Consult: 1.4
HARTFORD HEALTHCARE COMMUNITY NETWORK

Hartford HealthCare Rehabilitation Network

Blood pressure screening in Outpatient Rehab

Throughout FY23, this initiative helped our clinicians capture numerous blood pressure abnormalities. These “good catches” allowed patients to be referred for additional medical intervention if necessary. Also, compliance with capture of blood pressure on initial evaluation rose throughout the year, ending just shy of the 90% target. This initiative has continued into FY24 with ongoing improvement noted.
Inpatient Mobility Aide Program

Now more than ever, there is a focus on “mobility as medicine.” Starting with a Hartford Hospital pilot in 2022, the Inpatient Mobility Aide Program has scaled to each HHC hospital. Guided by the AM-PAC “6 Clicks” mobility score, therapists assign appropriate patients to the rehab mobility aides for more frequent mobility, ambulation and training to optimize outcomes.

This best practice has increased patient mobility, optimized the resource utilization of our licensed therapy staff for higher acuity patients and improved access to therapy in all HHC hospitals.

The impact of this program has decreased length of stay (LOS), improved the number of patients transitioning home and decreased hospital-acquired pressure injury (HAPI) rates. The program received the Hartford Hospital Full Circle Award for clinical excellence and impact on patient-related outcomes.

Examples of dedicated floors at Hartford Hospital over a six-month period:
Hartford HealthCare at Home (HHCAH)

Teams at the agency focused throughout 2023 on clinical documentation improvements to promote clinician productivity without compromising the quality of patient care. Phase 1 included the adoption of evidence-based disease-driven best practice care plans and replacement of existing care plans in Epic.

<table>
<thead>
<tr>
<th>Visit Type</th>
<th>Documentation Time Reduction</th>
<th>% Efficiency Gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start of Care Assessment &amp; Care Planning</td>
<td>25 minutes</td>
<td>21%</td>
</tr>
<tr>
<td>Resumption of Care Assessment &amp; Care Planning</td>
<td>20 minutes</td>
<td>30%</td>
</tr>
<tr>
<td>Routine Assessment</td>
<td>32 minutes</td>
<td>37%</td>
</tr>
<tr>
<td>Therapy Initial Assessment</td>
<td>4 minutes</td>
<td>6%</td>
</tr>
</tbody>
</table>

The clinicians found care planning and documentation efficiencies at all nursing time points. Therapists found a nominal gain in care planning efficiency attributed to disease-based care planning already in use.

Overall clinician satisfaction with disease-based care planning increased from a 5 out of 10 rating to 8.5 out of 10.
The care planning and documentation work continues in 2024 and will include the following:

- Adoption of 18 additional evidence-based care plans.
- Reduction in Epic forms
- Education on plan of care summary, defensible documentation and discharge planning
- Recommendation for a study of patient outcomes with the care planning redesign to identify opportunities for further refinement and improvement.

**HHCAH Orientation Program**

The program underwent a redesign to reduce time in orientation. The program includes three tracks: immersion, intensive and standard. Registered nurses were found to be fully productive by 13 weeks and licensed practical nurses by 11 weeks.

**Hartford HealthCare Senior Services**

**Southington Care Center — Fall Reduction**

One of the Southington Care Center team's focuses this year was to reduce the number of residents who fall and are injured. They have been successful in reducing the number of overall falls by 17% in the first six months of the fiscal year compared to the same time period last year and 29% over the year before. One noticeable difference this year has been the use of resident care associates to assist certified nursing assistants (CNA) with daily tasks, allowing the CNAs to focus more on providing care to the residents and preventing falls. Lastly, the facility's focus on recruitment of CNAs allowed for consistent staffing levels, which allows staff time to spend attending to residents' needs and rounding.

A few other reasons for our success have included:

- An active Falls Committee that reviews falls data and trends to identify opportunities for improvement.
- Better communication of fall interventions through huddles, resident profiles and nursing rosters.
- Use of iPads for charting while monitoring residents in bed.

**Falls Comparison by Year**

<table>
<thead>
<tr>
<th></th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023-2024</td>
<td>19</td>
<td>14</td>
<td>18</td>
<td>20</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>2022-2023</td>
<td>22</td>
<td>18</td>
<td>16</td>
<td>24</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>2021-2022</td>
<td>25</td>
<td>24</td>
<td>17</td>
<td>33</td>
<td>24</td>
<td>20</td>
</tr>
</tbody>
</table>
Community Network Accolades

Hartford HealthCare Senior Services

- U.S. News Best Nursing Home

Three Hartford HealthCare Senior Services skilled nursing facilities – Southington Care Center, Jefferson House and Jerome Home* – were listed among the best in the country for short-term rehabilitation care according to high-performance rating from U.S. News & World Report.

*Jerome Home is managed by HHC.

Independence at Home employer of choice

- Hartford HealthCare’s Independence at Home received the 2024 Best of Home Care® Awards for Provider of Choice and Employer of Choice.

St. Vincent’s Inpatient Rehabilitation Unit

St. Vincent’s inpatient rehab unit was recently recognized by United Data Systems for being in the top 10% in the nation.

Hartford HealthCare
St. Vincent’s Medical Center

Recognized as One of the Top 10 Percent of Inpatient Rehabs Facilities in the United States

Cited for care that is effective, efficient, timely, and patient-centered.
The Best at Getting Better

In January 2023, Hartford HealthCare Medical Group (HHC MG) continued its transformative journey in reshaping the healthcare landscape in Connecticut, this time focusing on one of our most vulnerable populations: seniors. The launch of the Advanced Plus Network - Connecticut (APN-CT) a joint venture between Optum and HHC, began a mission to enhance healthcare access and outcomes for adults 65 and older throughout the state.

APN - CT emerged from the need to address the unique challenges seniors face, particularly in managing chronic diseases effectively. Recognizing the importance of tailored care, our team implemented strategies aimed at enhancing process efficiency and improving patient outcomes. Aligned with the quality standards required for APN - CT, these efforts have led to new reporting and operational processes that ensure:

- Accurate provider visit coding, reflecting the complexity of seniors’ conditions.
- Facilitation of regular annual primary care visits, promoting proactive health management.
- Seamless access to annual wellness exams proven to enhance patient outcomes.
- Structured transition of care follow-up appointments for seniors discharged from emergency rooms or hospitals, reducing the risk of readmissions.

As part of our ongoing efforts, we launched the HHC MG Embedded Advanced Practitioner Program, aimed at furthering healthcare accessibility and affordability for seniors. This initiative offers managed Medicare patients access to a dedicated annual wellness clinician team trained to conduct Medicare annual wellness visits.

Collaborating closely with primary care providers, the team assesses health status, updates personalized prevention plans and performs health risk assessments. By reviewing medical history, prescriptions and advanced directives, the program empowers senior patients to take proactive steps toward better health outcomes, complementing the care provided by their primary care providers.

Quality Operational Outcomes

Building upon our commitment to enhancing healthcare outcomes, HHC MG devoted the past few years to improving two specific chronic diseases in our communities: hypertension and diabetes. The graphs below illustrate the success achieved in FY23, emphasizing our dedication to caring for our senior population. To maintain consistency with national Healthcare Effectiveness Data and Information Set (HEDIS) standards, the population of seniors with diabetes included in our focus ranges from ages 65 to 75, while those with hypertension are aged 65 to 85.
Integrated Care Partners (ICP)

An important and fundamental aspect of value-based care (VBC) is delivering high-quality, evidence-based care with an emphasis and alignment of provider incentives with patient outcomes. In our quest to advance and improve healthcare delivery, we continue to underscore the importance of VBC and how it translates to access, affordability, equity and excellence. At the heart of this approach lies our risk-bearing entity, Advantage Plus Network-CT (APN-CT) which launched in January 2023. APN-CT is a partnership between HHC and Optum and participates in full risk payments for Medicare Advantage beneficiaries.

ICP continues to focus on 'star metrics' which include quality and process outcomes, patient satisfaction and pharmacy metrics that the Center for Medicare and Medicaid Services (CMS) uses to assess quality of care across Medicare Advantage plans. Our goal was to achieve an overall 4-star rating and 5-star ratings on key performance indicators. Incentive programs are a key element of the ICP clinical integration and we continuously revise these programs with renewed and new areas of focus to help ensure achievement of high-quality metrics within our network. For example, we:

- Designed the incentive program for specialty care providers with metrics relevant to their areas of practice with the purpose of aligning our specialists around the metrics that support engagement and accountability.
- Developed and implemented an outreach process for ICP ophthalmologists to help close the gap in care for diabetes eye exams.
- Entered a collaborative drug therapy management arrangement between HHC pharmacists and HHC MG to improve statin use in people with diabetes.
- Created and shared tip sheets and templates with practices to educate teams on annual wellness visits which resulted in improvement when compared to 2022.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Weight</th>
<th>Prior</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total Gaps</td>
<td>Closure Rate</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>1</td>
<td>11,163</td>
<td>82.5%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>1</td>
<td>25,077</td>
<td>79.9%</td>
</tr>
<tr>
<td>Controlling Blood Pressure</td>
<td>3</td>
<td>24,154</td>
<td>74.9%</td>
</tr>
<tr>
<td>Diabetes A1C Controlled</td>
<td>3</td>
<td>8,095</td>
<td>79.8%</td>
</tr>
<tr>
<td>Diabetes Care Eye Exam</td>
<td>1</td>
<td>8,095</td>
<td>79.9%</td>
</tr>
<tr>
<td>Follow-Up After ED Visit for People With High-Risk Multiple Chronic Conditions</td>
<td>1</td>
<td>1,475</td>
<td>59.7%</td>
</tr>
<tr>
<td>Kidney Health Evaluation for Patients With Diabetes</td>
<td>1</td>
<td>10,041</td>
<td>41.1%</td>
</tr>
<tr>
<td>Osteoporosis Management in Women Who Had a Fracture</td>
<td>1</td>
<td>324</td>
<td>39.8%</td>
</tr>
<tr>
<td>Plan All-Cause Readmissions</td>
<td>3</td>
<td>2,041</td>
<td>10.8%</td>
</tr>
<tr>
<td>Statin Therapy for Patients With Cardiovascular Disease</td>
<td>1</td>
<td>2,389</td>
<td>86.6%</td>
</tr>
<tr>
<td>Medication Adherence for Cholesterol (Statins)</td>
<td>3</td>
<td>33,351</td>
<td>90.7%</td>
</tr>
<tr>
<td>Medication Adherence for Diabetes Medications</td>
<td>3</td>
<td>9,102</td>
<td>89.2%</td>
</tr>
<tr>
<td>Medication Adherence for Hypertension (RAS antagonists)</td>
<td>3</td>
<td>26,182</td>
<td>91.4%</td>
</tr>
<tr>
<td>Statin Use in Persons with Diabetes</td>
<td>1</td>
<td>7,415</td>
<td>86.1%</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>N/A</td>
<td>168,904</td>
<td>81.7%</td>
</tr>
</tbody>
</table>

Aetna data through 12/31/2023, Anthem data through 12/31/2023, CCI data through 12/31/2023, CPCT data through 11/30/2023, United data through 12/31/2023, WellCare data through 12/31/2023
Annual Wellness Visit

Controlling Blood Pressure
Diabetes A1C Controlled

Colorectal Cancer Screening
**Risk Coding**

Hierarchical condition category (HCC) coding is a system used in healthcare to specifically and accurately classify and risk adjust patient populations based on their diagnoses and demographic information. HCC coding impacts outcomes and costs by ensuring specific and accurate disease diagnosis, enhancing quality reporting and driving cost efficiency by data-driven decision making. Accurate and comprehensive documentation and coding is used in Medicare Advantage payment models to ensure reimbursement is fair and accurate. Our goal was to increase the recapture rate to 67%. Educating healthcare providers was an important initiative undertaken in 2023 and this played a vital role in improving our coding and recapture rates. Some of the initiatives include:

- Monthly newsletters for risk adjustment and quality coding education
- Incorporating risk coding into ICP incentive program
- Monthly meetings with HHC MG leadership focused on risk coding
- System level collaboration on overall risk adjustment strategy
- Collaboration with APN-CT for coordination of risk coding approach
- Collaboration with health economics team to deliver yearly scorecards

### Key Metrics

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2023</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAF</td>
<td>1.051</td>
<td>1.142</td>
<td>0.091</td>
</tr>
<tr>
<td>Recapture Rate</td>
<td>61.2%</td>
<td>68.5%</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

#### Condition Prevalence

<table>
<thead>
<tr>
<th>Condition</th>
<th>2022</th>
<th>2023</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes - All</td>
<td>21.6%</td>
<td>21.7%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Vascular Disease</td>
<td>15.1%</td>
<td>18.7%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Morbid Obesity</td>
<td>8.6%</td>
<td>12.3%</td>
<td>3.7%</td>
</tr>
<tr>
<td>CHF</td>
<td>10.5%</td>
<td>11.3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>COPD</td>
<td>9.7%</td>
<td>10.3%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
**Affordability**

Some of the innovative models that we have adopted include making care accessible, affordable and patient centric. This includes identifying key performance indicators, associated quality metrics and targeted interventions. In partnership with APN-CT, we are actively engaged in several projects intended to connect our patients with the right, highest-quality care in the most appropriate setting.

These projects include: promoting safe transitions from our emergency departments when admission is not indicated; creating standard work across our primary care practices to ensure a patient can receive appropriate triaging and avoid an emergency department visit when appropriate; and ensuring standard interdisciplinary assessment processes are in place across our acute hospitals so patients are transitioned to the safest place, preferably their homes when medically appropriate.

**Equity**

One of our pillars in creating VBC is equity and being an inclusive healthcare delivery system that ensures every patient receives the care they need regardless of their socioeconomic status, race, ethnicity or geographic location. Our goal is to increase the screening rate for assessing equity. We focused our efforts on leveraging modules in Epic to capture social determinants of health data metrics of food, housing and transportation, connecting patients to local community resources based upon their unique needs. Our ambulatory care management teams routinely screen their patients and our acute care management teams screen all admitted patients over the age of 18.

We have expanded our care delivery model to include mobile health clinics with a comprehensive Neighborhood Health Program that began in August 2021, bringing health experts to where they are needed most and increasing healthcare access. In 2023, Neighborhood Health geographically expanded to span the state, providing 229 mobile clinics and 2,234 patient care visits. In 2023, mobile clinic service offerings expanded to include onsite complete metabolic panel testing, eight lab tests, 10 immunizations, preventative health screenings and a robust network of community and in-network follow-up care options. Partnership with the HH Adult Primary Care (APC) clinic also allowed us to leverage Neighborhood Health sites as access points for current patients and assist in priority zip code BSC strategies.
HARTFORD HEALTHCARE BOARD QUALITY & SAFETY COMMITTEE MEMBERSHIP

The Quality & 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. The committee does this 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 acute hospital and 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 Emeritus, Department of Surgery, Lahey Hospital and Medical Center

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

Letterio Asciuto, MD
Internist, Hartford HealthCare Medical Group

Joanne Berger-Sweeney
President, Trinity College

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

Julie Ciucias
Patient Family Advisor

Greg Deavens
President & CEO, Independence Health Group

David Hass, MD
Medical Director, PACT Gastroenterology Center of CT

John Janco
Retired President & CEO, Torrington Savings Bank

Cynthia McCraven, MD
OB/GYN, Women’s Health Connecticut

Kola Olofinboba, MD
Managing Partner, Fairview Capital Partners

Carol Polifroni, EdD, RN, CNE, NEA-BC, ANEF
Professor, PhD Program Director, and Co-director of School & Child Health, University of Connecticut School of Nursing

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

Mark Tramontozzi, MD
General and Vascular Surgeon, Hartford HealthCare Medical Group
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President & Chief Executive Officer

**Ajay Kumar, MD, MBA**  
Executive Vice President & Chief Clinical Officer

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

**Karen Goyette**  
Executive Vice President & Chief Strategy & Transformation Officer

**Jeffrey Cohen MD, FACS, FASCRS, CPE**  
Executive Vice President & Chief Clinical Operating Officer

**MaryEllen Kosturko, DNP, MAHSM, RN, CENP**  
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**David M. Mack, JD, MPH**  
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Vice President, Content Strategy

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**Daniel Kombert, MD**  
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**Clara Riley**  
Director, Academic Affairs

**Kenneth Robinson, MD, FACP**  
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**Lizabeth Roper**  
Director of Research

**Barry Stein, MD, MBA, FSIR, FACR, RPVI**  
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