

Seymour Street Journal



What's news...

From the Offices of Stuart Markowitz, MD and Stacy Nerenstone, MD

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*"Wherever the art of medicine is loved,
there is also a love of humanity."*

- Hippocrates

1984: The first successful heart transplant in Connecticut was done at Hartford Hospital by Dr. Henry B.C. Low.

Follow Hartford Hospital on [facebook](#), [youtube](#) and [twitter](#)

Chief's Corner

- [Dr. Jack Greene](#), Hartford HealthCare Regional Vice President of Medical Affairs for the Hartford Region and Hartford Hospital

Just Ask Us!

We have put in place a dedicated email box for the medical staff, called "Ask Jack." The emails will be picked up each day, and I will be responsible for making sure that you receive feedback. Send your concerns to askjack@hhchealth.org.

In addition, there is a dedicated email box to ask questions of [Dr. Stu Markowitz](#). Send your questions or comments to StuandYou@hhchealth.org, and you'll get a response from Stu within 10 days.

Orientation to the HHC Research Program

The HHC Research Department has produced an orientation program for new HHC clinicians who may be interested in conducting research.

The orientation program includes information about:

- Research administration overview
- Available resources
- Protocol design/statistical analysis
- Data management
- Grant writing support
- Human Research Protection Program approval process and training

To schedule this session, please contact Liz Roper, Director of Research, at lizabeth.roper@hhchealth.org, or 860-972-1964

Patient Experience: Central Region Changes Designed to Improve Critical Care Capabilities

Dr. Jonathan Velez

The patient experience is a top priority at Hartford HealthCare. We strive to provide the best care possible to every patient, every time. In that light, we are always looking for opportunities to continuously improve our service lines.

In March, MidState Medical Center's critical care unit (CCU) will see several changes that are designed to improve our critical care capabilities for patients and to enhance the services provided to our physicians.

The MidState CCU will be staffed with critical-care-certified, medical intensive care providers 24/7. Additionally, we are providing surgical critical care attending coverage by HOCC surgical critical-care physicians, who will be available for phone consultations and on-site assistance. Finally, we will expand our staff of critical-care trained advanced practice providers to provide 24/7, on-site coverage of our CCU patients. It is our goal to have these advanced provider positions fully staffed no later than June.

In addition to these enhancements, **Dr. Steven Prunk** has been named Central Region director of Critical Care Medicine to oversee the CCUs at both MidState and HOCC, where he previously was CCU director. His experience will be invaluable as we strengthen our ability to provide more extensive critical care for the communities we serve.

Finally, I would like to recognize **Dr. Ali Hemdan** for his leadership over the MidState CCU for the last several years. With Dr. Hemdan's oversight, the quality and performance of the CCU has grown extensively. We are also thrilled that Dr. Hemdan will continue to provide attending coverage for the CCU moving forward.

From the President of the Medical Staff

- [Dr. Stacy Nerenstone](#), President of the Hartford Hospital Medical Staff

Annual Medical Staff/Board Spring Event June 8; Medical Staff Award Winners Announced

The Annual Medical Staff-Board Spring Event will be held on Thursday, June 8 from 6-8:30 p.m. in Heublein Hall.

Part of the event is the Annual Medical Staff Awards, which honor individuals who have made exceptional contributions to the medical community.

Please join your colleagues in recognizing the accomplishments of the recipients of our Annual Medical Staff Awards, and welcome our new faculty members joining Hartford Hospital. Awards will be presented to:

- **Dr. Robin Deutsch** and **Dr. Amre Nough** - *DAVID HULL, MD YOUNG PRACTITIONER AWARD*
- **Dr. John McArdle** - *JOHN K. SPRINGER HUMANITARIAN AWARD*
- **Patricia Veronneau, RN, MSN** - *CLINICIAN IN PHILANTHROPY AWARD*
- **Dr. R. Frederic Knauft** - *DISTINGUISHED SERVICE AWARD*
- **Dr. Adam Steinberg** - *QUALITY & SAFETY AWARD*

Save the Date: Medical Staff End of Summer Event

September 16 (Friday), 6-9 p.m., New Britain Museum of American Art

Join the Medical Staff Officers and your colleagues from the Hartford Hospital Medical Staff for a

unique opportunity to socialize and enjoy each other's company. **More details to follow!**

Luisa Machado Named Hartford Hospital Physician Navigator

Luisa Machado is the new physician navigator at Hartford Hospital, acting as a resource for the active medical staff and reporting to medical staff officers, **Dr. Michael O'Loughlin**, (secretary) and **Dr. Stacy Nerenstone**, (president). Her office is located in the Medical Staff Office.

As a resource for the medical staff, Luisa will work with physicians or their staff to resolve issues that impact patient care, identifying trends that need to be addressed. She is meeting with department chiefs to document onboarding plans and to create approved templates for specialties and clinical areas of expertise for each department.

She participates in the Physician Engagement Committee, EMC and Chiefs' meetings.

Luisa has been at Hartford HealthCare/Hartford Hospital for many years, most recently in the HHC Marketing Department. She graduated from Central Connecticut State University with a BS degree in Business Administration.

If you have any questions, suggestions, concerns or ideas for Seymour Street Journal, please contact her by email at Luisa.Machado@hhchealth.org or by phone (office) 860-972-3013 or (cell) 860-883-8497.

From the Hospital President

Dr. Stu Markowitz, Senior VP, HHC, and Hartford Region President

Picking Up Momentum

Momentum is our new internal social media site where we can recognize each other for great work and share our thoughts about working at Hartford HealthCare.

To see what it's all about, visit [HHC Connect](#) and click the Momentum icon on the right side of the home page. Use your network (Outlook) user name and password to log in.

Top News

Mandated Education for Medical Staff Members

The attached document includes 2017 updated mandated education for medical staff members to meet the Joint Commission/ nation patient safety goals requirement.

In order to prevent the spread of communicable diseases between patients, hospital personnel and visitors, special procedures must be followed by all persons directly or indirectly involved in patient care.

Below is an abbreviated version of the most important aspects of infection control at Hartford Hospital. It is not a substitute for the Infection Control Manual. Providers are still responsible for following Infection Prevention policies. Details and policies are available on the Hartford Hospital Intranet in the Infection Control Manual on line. In addition, Infection Prevention and the Department of Infectious

Diseases can be reached at 850-972-2878 for consultation at any time.

<http://apps.harthosp.org/Privileges/pdf/IC-Education.pdf>

Nominate a Healthcare Hero by March 24

The Connecticut Hospital Association's (CHA) *Healthcare Heroes Awards* celebrate the invaluable contributions of healthcare workers, both to their field and to the community at large. CHA is seeking nominations from both direct patient care and nonclinical areas of CHA member facilities.

Ten healthcare heroes, selected by a panel of judges, will be awarded a \$100 cash prize. Winners will be honored at the 99th Annual CHA Annual Meeting on Wednesday, June 14. Please let the Marketing and Communications team know who you will nominate by emailing announcements@hhchealth.org.

Are You Having Dragon Issues?

There are intermittent/sporadic Dragon issues that are being worked on now. If users get a pop up window when starting Dragon, they need to hit Run. Also, when logging in if the only option they see is Nuance PowerMic Mobile under Microphone, then they cannot use this PC for Dragon until a fix is pushed. This is affecting some PCs but not others.

CESI Earns National Reaccreditation

The Center for Education, Simulation and Innovation (CESI) was recently reaccredited as a Comprehensive Accredited Education Institute (AEI) by the American College of Surgeons (ACS).

The accreditation verifies that CESI addresses the educational needs of a broad spectrum of learners and advances the science of simulation-based surgical education. The goals of the ACS-AEI program are to enhance surgical patient safety, support surgeons' maintenance of certification requirements, address the competencies that surgeons and surgical residents need to achieve and demonstrate, and enhance access to contemporary surgical education.

Fall Prevention Volunteer Program Featured in AHA Resource

Our Bed Safety/Fall Prevention volunteer program is featured in *Engaging Health Care Volunteers to Pursue the Triple Aim*, a new American Hospital Association (AHA) resource. *Triple Aim* was developed by the Institute of Healthcare Improvement as an approach for maximizing healthcare system performance by:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per-capita cost of health care

Featured as the first case example for "Improving the Patient Experience of Care," Hartford Hospital's Bed Safety/Fall Prevention program was developed to assist with hospital initiatives to reduce patient falls, thereby preventing injuries and eliminating the burden of additional recovery time and costs. The program has been recognized nationally and regionally with the Association for Healthcare Volunteer Resource Professionals. Extraordinary Award Program and the New England Association of Directors of Healthcare Volunteer Services' President's Award for outstanding volunteer program.

The AHA resource is accessible at: www.aha.org/volunteers or www.ahvrp.org.

HHC Behavior al Health Network to Sponsor TheaterWorks Production About Bipoloar Disorder

The Hartford HealthCare Behavioral Health Network is a sponsor for the TheaterWorks production, "Next to Normal," a Pulitzer Prize and Tony Award-winning musical about a mother who struggles with worsening bipolar disorder and the effects that her illness has on her family.

All Hartford HealthCare employees will receive a 15 percent discount on tickets for the show, which runs Tuesdays through Sunday starting Friday, March 24 and ending Sunday, April 30.

Hartford HealthCare will partner with TheaterWorks to host community dialogues highlighting mental health and addiction immediately following the show. TalkBack Tuesdays feature an intimate, post-show chat with cast and special guests including BHN experts such as BHN president Pat Rehmer, Rushford medical director Dr. Craig Allen, and Institute of Living Psychiatrist-in-Chief Dr. Hank Schwartz.

- **April 4: Creative Team Talkbacks (Cast):**
Post-show chat with the cast and the creative team as they discuss the process of bringing NEXT TO NORMAL to the TheaterWorks stage.
- **April 11: "Where's the Casserole?"**
Stigma and Discrimination in Mental Health featuring Pat Rehmer MSN, ACHE, SVP, Behavioral Health Hartford HealthCare and Kathy Flaherty, Executive Director of Connecticut Legal Rights Project
- **April 18: "A Dose of Reality"**
Facing the opioid crisis in America featuring **Dr. Craig Allen** and family member Health and Human services has declared that we as a country are in the midst of an opioid overdose epidemic. In 2014, more than 28,000 people died from opioid overdose, and at least half of those deaths involved a prescription opioid. In "Next to Normal" daughter Natalie reaches into her mother's medicine cabinet to cope. Listen in as experts connect the play to this pressing current event.
- **April 25: "There Will Be Light" Journey to Wellness and Recovery**
Featuring **Harold Schwartz, MD**, psychiatrist-in-chief, vice president, Behavioral Health, Hartford Hospital, and **Karen Kangas**, director of Recovery and Family Affairs, HHC Behavioral Health Network. "Next to Normal" explores many paths to wellness and recovery ending with the hope that "There Will Be Light." This talkback conversation will delve into all the ways Diana ventures to find recovery.

For more information on "Next to Normal," visit www.theaterworkshartford.org. Tickets can be purchased by calling the TheaterWorks box office at 860.527.7838, Monday to Friday from 10 a.m. to 5 p.m. When calling, mention that you are an HHC employee in order to receive your 15 percent discount.

HHC to Expand Relationship with Healogics for Wound Care

Starting later this year, Hartford HealthCare will expand its relationship with Healogics, a national provider of wound care services, to include Backus and Hartford Hospitals. The expanded relationship will ensure we are providing one standard of wound care to our patients, through a management services contract.

Healogics is already a trusted partner, managing wound care centers at MidState Medical Center and The Hospital of Central Connecticut. The expanded relationship will bring national best practices to all of our wound care patients and providers. As we finalize this expanded relationship, we are pleased to share some preliminary information to help you understand how this agreement will affect our program and our patients.

HHC views this as an opportunity to partner with a leading organization in wound care-one that can

work with our talented providers and staff to help take these important wound care services to the next level in terms of quality, affordability and patient experience. Healogics shares our vision and values, emphasizing safety, quality and service, and will work closely with us to achieve mutually agreeable metrics, including a focus on patient satisfaction.

While more information will be available soon, here are a few details that will answer some immediate questions:

- We do not anticipate job loss for current wound care employees
- Healogics has a formal process for helping an existing wound center team transition to the Healogics model of care
- Wound care center staff will soon meet the Healogics team members who will support this transition
- Healogics will work with Hartford HealthCare to ensure that the transition plan incorporates our programs' unique needs
- During this planning and preparation process, wound care center staff are asked to please stay the course and continue the great work you are doing to serve our patients
- The partnership will invest in training and clinical infrastructure to support the Backus and Hartford Hospital teams.

Influenza Update

- Influenza activity is now past peak in Connecticut and throughout the region.
- Current flu activity is moderate and is classified geographically as widespread.
- Predominant circulating influenza virus is Type A; the predominant subtype is influenza A (H3N2).
- It is still important to take steps to prevent influenza-related illness and hospitalization.

Excellence

HH Receives Healthgrades' Distinguished Hospital Award for Clinical Excellence

Hartford Hospital once again is a recipient of Healthgrades' Distinguished Hospital Award for Clinical Excellence. This places us among the top 5 percent of hospitals in the nation recognized for high-quality care in at least 21 of 32 common inpatient conditions and procedures.

During the study period - inpatient stays from 2013 to 2015 - the 258 selected hospitals as a group had a 26.2 percent lower risk-adjusted, in-hospital mortality rate across 19 procedures and conditions where mortality was the clinical outcome, compared to all other hospitals.

During this same period, if all other hospitals performed at the level of the 258 hospitals across those 19 procedures and conditions, 160,322 lives potentially could have been saved.

Dr. Duvall Appointed to American Board of Internal Medicine's Cardiovascular Disease Committee

Dr. W. Lane Duvall, director of Nuclear Cardiology at Hartford Hospital, has been appointed to the American Board of Internal Medicine's Cardiovascular Disease Committee.

This committee is composed of 12 nationally recognized cardiologists and is responsible for writing the cardiovascular disease certification examination.

Dr. Duvall graduated Phi Beta Kappa in molecular biology from Princeton and from Yale Medical School. He was an internal medicine resident at Duke and a cardiology fellow at Mount Sinai Center in New York. He was on the faculty at Mount Sinai from 2004 until joining Hartford Hospital in 2013.

Dr. Duvall's research has focused on improving the utility and reducing the radiation exposure of nuclear cardiology imaging studies.

Dr. Albert Publishes on End-of-Life Care

Dr. Ross Albert has published an article called "End-of-Life Care: Managing Common Symptoms" in the March 15 issue of *American Family Physician*.

New Physicians

Dr. Ioana Stanescu-Rheumatology. <https://hartfordhospital.org/CristianaStanescu>

Dr. Thomas Abbruzzese-Surgery. <https://hartfordhospital.org/ThomasAbbruzzese>

Hartford Hospital Completes 500th TAVR Procedure

On March 2, Hartford Hospital's structural heart team completed its 500th Transcatheter Aortic Valve Replacement (TAVR). TAVR is designed to treat aortic valve disease, a common condition that develops as people get older.

Dr. Robert Hagberg, chief of cardiac surgery at Hartford Hospital, said the popularity of TAVR is growing because patients often tolerate it better than open-heart surgery and face a faster recovery. "It's actually competing with standard surgical aortic valve replacement now because TAVR is becoming mainstream," Hagberg said.

Transplant Center Completed 99 Transplants in 2016

The Hartford Hospital Transplant Center finished 2016 with its 99th transplant for the year and its 501st liver transplant. In 2015, 87 transplants were performed. The center hasn't had this volume in more than 10 years. This is a testament to Hartford Hospital's remarkable transplant team. Our hospital has been performing transplants since 1971.

Also, Anthem has approved the heart and kidney transplant programs as Centers of Medical Excellence. This designation is given only to hospitals that have historically demonstrated quality clinical care and processes in special medical services. These designations help Anthem members make more informed decisions when choosing a hospital for this specific care.

Formulary Changes for Nutritional Supplements

On March 29 we will be changing our formulary for nutrition supplements. We are converting from Nestle Nutrition to Abbott products. The tube feedings will change to a hard plastic container in place of the bags we currently have.

Colorectal Screenings Can Save Many Lives

Letter To the Editor: Register Citizen, March 14

- *Andrew Salner, MD, director, Hartford HealthCare Cancer Institute, Hartford Hospital;*
- *Tracy Battaglia, MD, MPH, board chair, American Cancer Society, New England Division;*
- *Neil Maniar, PhD, MPH, vice president, Health Systems, American Cancer Society, New England Division*

There are far too many cancers where the opportunity for either prevention or early detection simply does not exist.

In these instances, we often find the cancer only when it becomes symptomatic in an advanced stage. But this is not the case for all cancers. In fact, for some cancers such as colorectal cancer, we have highly effective methods to prevent the cancer or to catch it at an early and highly treatable stage.

In March we celebrate Colorectal Cancer Awareness Month. Given the fact that colorectal cancer remains a leading cause of cancer deaths, and that almost 50 percent of colorectal cancer cases can be prevented through screening, the public health significance of screening and early detection is clearly evident. It is imperative we do all we can to raise awareness about colorectal cancer and the importance of screening which has decreased both incidence and mortality rates by 2-3 percent per year.

There are now several effective options available for colorectal cancer screening, including colonoscopy, fecal immunochemical tests and virtual colonoscopy. Once tested, the frequency of screening for individuals of normal risk is every 10 years.

Despite the availability of highly effective screening tests, a significant percentage of individuals over the age of 50 are not screened as recommended.

Statistics show that nationally almost 40 percent of individuals over the age of 50 have not received the recommended colorectal cancer screening and within certain populations this percentage is even higher.

More public education to raise awareness about the risk associated with colorectal cancer and the importance of screening is a clear first step to improve screening rates. But, we must go beyond that; we must ensure awareness campaigns reach every corner of our community and screenings are made widely available to those who need it. We must also address the barriers patients face when trying to get a colonoscopy or other screening test.

Some screening tests require significant preparation and time off from work and they also require patients to have someone available to take them home following the procedure. In many cases, patient navigation and selected access to free FIT and other screening options have been put into place to help decrease some of these barriers.

We can all play a role in increasing CRC screening rates. Do you know someone who is over 50 and hasn't been screened yet? Help them learn more about the importance of screening (the valuable info posted at www.cancer.org is a great first step) or encourage them to speak with their doctor about screening. This March, let's all work together to get more people screened, reduce rates of colorectal cancer and save lives.

Research and Academics

Clinical Intersection of HIV/AIDS: A Practical Discussion of Connecticut's Course Mandates

Saturday, March 25 (7 a.m.-2 p.m.)

The UConn School of Medicine and the New England AIDS Education and Training Center will hold a CME event on Saturday, March 25, called **Clinical Intersection of HIV/AIDS: A Practical Discussion of Connecticut's Course Mandates**.

This program is aimed at Hartford-area physicians to fulfill State-Mandated CME licensing requirements. Registration is limited to 100 people. Please register ASAP.

Advanced Practitioners Symposium

Friday, April 28, 7 a.m.-1 p.m., Heublein Hall

The Department of Medicine is hosting the 2nd Annual Advanced Practitioners Symposium on Friday, April 28 from 7 am-1 pm in Heublein Hall of the Education and Resource Building. Our program is open to all healthcare providers including physicians, APRNs, PAs and students.

Topics to be discussed include:

- Management of acute delirium
- Appropriate use of opioids in multi modal analgesic therapy
 - Comprehensive infection evaluation
 - Dermatologic assessment of common lesions

Register by calling the Hartford Hospital Health Referral Service line at 1.855.HHC.HERE (1.855.442.4373). Space is limited; however, if the class is full, you will be placed on a waiting list and be called if there are any cancellations.

IOL Studies Marijuana's Effect on Motorists

The federal government has turned to the Institute of Living to conduct two research studies exploring the hazards of driving under the influence of marijuana.

"We are seeing an increase in marijuana use across the country, which is only natural when you think about how it is being decriminalized and legalized and normalized throughout society," said **Dr. Godfrey Pearson**, director of the Olin Neuropsychiatry Research Center at the IOL. Pearson is leading the research with **Dr. Michael Stevens**. "It's a growing public health question, and we're happy to contribute to a better understanding of it."

Volunteers Needed for a Research Study Aiming to Detect Cancer Earlier

HHC is conducting a research study to determine if a new blood test can be used to detect cancer earlier than standard screening tests.

We are seeking participants to make a study-related blood donation for laboratory analysis.

Participants may qualify if they:

- are at least 20 years of age
- are not pregnant
- do not feel feverish or have an inflammatory disease
- have never had cancer before (skin cancer other than melanoma is acceptable) or have recently been diagnosed with cancer but have not yet started treatment

Qualified participants will receive a \$25 check card after their blood donation. To participate please contact 860.972.1588.

Clinical Trials Being Offered at HHC

Research is a critical aspect of our being the destination for innovative and complex care.

Through our membership in the Memorial Sloan Kettering Cancer Alliance, Hartford HealthCare is now offering more than 20 clinical trials to our patients, giving them access to innovative new treatments right here at home.

Our Neuroscience Center also is offering a number of clinical trials in our overall efforts to improve patient outcomes.

Accepting New Patients? We Can Help

Help New Patients Find You

Hartford HealthCare offers physicians a free powerful tool to help reach potential patients. The system-wide "Find A Doctor" search feature on our website helps potential patients connect with appropriate physicians when they need care.

Patients' searches lead to doctors' online profiles, which are based on information physicians provide to the Medical Staff Office. Details on education, specialty, office locations, languages spoken, biography and any promotional videos are displayed, helping patients make vitally important decisions in choosing a physician.

The HHC Planning and Marketing team is committed to making sure this online information is correct. Please spend a few moments reviewing your profile at HartfordHealthCare.org/verify. Click the "Physician Feedback Form" on the right hand side of your profile to submit changes.

You will need your NPI number to verify your identity. The "Accepting New Patients" filter is set as the default to help patients connect with physicians who are taking new patients. If you are no longer accepting new patients, please let us know. Changes to your profile will be made within three business days.

Operational Update

Patients in Need of Financial Assistance

Do you know a patient who is in need of financial assistance?

Hartford HealthCare can provide help to patients in need. Learn more about the program and how to assist patients on HHC Connect: <https://intranet.hartfordhealthcare.org/inside-hhc/patient-support>

Remind a Colleague: Wash In, Wash Out

All health care workers and patients should feel comfortable reminding any other health care worker to

sanitize regardless of their role. This should always be done in a courteous and constructive manner. All health care workers should respond courteously and gratefully when reminded.

If you remind another health care worker to sanitize, and he or she responds with irritation or hostility, please notify their department chief, [Dr. Jack Greene](#) or [Dr. Jack Ross](#), who will communicate with them to prevent recurrences.

Improving Doctor-to-Doctor Communication: TigerText

A Free Tool To Help You

We all want to do what is best for our patients. Problems in communication between hospital providers, consultants, and community providers has been identified as a major source of dissatisfaction for both patients and physicians. And it can lead to gaps in patient care.

Hartford Hospital has invested in a tool to help providers improve communication. It is a HIPAA compliant texting service called TigerText, and we are offering it to the medical staff at no charge.

TigerText allows a provider to send brief text messages, with patient identifiers, to another provider on the system. Examples of texts include quick reports of a procedure, notification of discharge, questions about medications, etc. There is an option to alert people if you are on vacation, and the notices that are sent are marked as read when they are opened by the recipient.

We are anxious for all of our Medical Staff to enroll in this free application. It is VERY easy to use, even for those of us who have problems with new technology. We urge everyone to register and get on this useful and HIPAA compliant system today-it will make your job easier and improve patient safety.

- Here is a TigerText Request form with directions on how to get TigerText: [You can download the form here](#)
- For further help with this, feel free to contact John.Rogalsky@hhchealth.org (860-972-3207).
- Any problems not resolved by the TigerText Help line can be referred to [Dr. Marc Palter](#) at Marc.Palter@hhchealth.org.

TigerText Support

For Hartford Hospital users, TigerText support can be obtained by calling the Hartford HealthCare help desk at 860-545-5699 and choosing option #6; or by calling TigerText Pro support directly at 650-564-4722.

For issues related to password recovery, a helpdesk call is required and will be routed to the Mobility team.

Hartford Hospital Media Coverage

Media Coverage Wrap-Up

Dr. Michele Petrucelli HH was interviewed on NBC CT Friday about cold weather precautions. <https://youtu.be/plibgo4LbPg>

Dr. Jeff Finklestein was interviewed on WTIC AM radio about Go Health <https://soundcloud.com/hartford-healthcare/face-connecticut-on-gohealth-urgent-care-featuring-dr-jeff-finkelstein/s-K0wn2>

FOX CT: New Treatment for Opioid Abusers: <http://fox61.com/2017/03/02/new-treatment-options-available-for-opioid-abuse-in-hartford/>

Dr. Ken Robinson on NBC CT <https://youtu.be/6XPp98yR-TY>. Also CT Radio Network <https://soundcloud.com/hartford-healthcare/robinson-crn-snow-removal-safety-03142017/s-Zd8ma>

This week's segment on WFSB: Colon Cancer <http://www.wfsb.com/category/232428/medical-rounds>

Connect to Healthier on NBC-CT

HHC's two-minute "Connect to Healthier" segment airs each Sunday at 9:20 a.m. and it's posted fresh each Monday on HHC Connect, our Intranet.

This week's NBC CT segment <http://www.nbcconnecticut.com/news/health/Connect-to-Healthier-338800432.html>

TAVR

This segment focused on TAVR, and the first time doctors at HH utilized a new approach through the carotid artery. <https://youtu.be/GtzteutfUI>

The Gift of Life

They are called "Good Samaritan" donors-organ donors who are unrelated to the recipient, and they are life savers. There is an extensive screening process to ensure all potential donors are medically and psychologically suitable. This is one woman's story. <https://www.dropbox.com/s/wbmyjt4ciu8evnf/122416%20CTH%20Transplant%20Gift.mov?dl=0>

Resident Wish Come True

This is about making a lifelong dream come true, more than a New Year's Resolution. HHC Senior Services teamed up with a local recording studio to grant a wish for one of their residents who always wanted to make a record. <https://hartfordhealthcare.org/locations-partners/hartford-healthcare-senior-services>

Hartford Hospital Pain Treatment Center

<https://youtu.be/3inFYqT4UMM>

Recap of the Bone & Joint ribbon cutting

<https://youtu.be/S3POcBVx4WM>

Holiday eating and eating disorders

https://youtu.be/eZ_GpjF9QrM

Helping Adult Caregivers

Being a caregiver can be tough, but newer programs like Movies & More are helping adult caregivers connect with their aging parents.

<https://youtu.be/rlwCACcLuRQ>

Featuring A Roundup of HHC News

A remarkable achievement for Dr. Brian Grosberg; a grand opening for HHCMG in Bloomfield; and Breast Cancer awareness month. <https://youtu.be/9ztEDTzSOi8>

Sunday's Connect to Healthier segment on NBC CT highlighted the following events/accolades across HHC:

A remarkable achievement for Dr. Brian Grosberg, a grand opening for HHCMG in Bloomfield and Breast Cancer awareness month.

<https://youtu.be/9ztEDTzSOi8>

Introducing Hartford HealthCare's News Hub

Hartford HealthCare's new online health news site delivers lively, informative and useful health news in a whole new way. Look for print, video and audio stories produced by HHC's News Service, as well as timely tips on nutrition, fitness, health and wellness, and medical innovations.

<http://healthnewshub.org/p/health-news-hub/>

Read the latest health news or sign up for our e-newsletter at: healthnewshub.org

Upcoming News Service Content; Share Your Stories

The Hartford HealthCare News Service is actively creating content with media partners across the state. Please let us know if you have great patient stories to share. Share your stories with us so we can share them to a wider audience.

[Connect to Healthier](#)

Sundays in the 9 a.m. hour, we broadcast a two minute health segment on NBC CT.

[Medical Rounds](#)

Partnership with WFSB. Weekly live interview from the HHC studio at 5:45 p.m.

[HealthCare Matters radio program](#)

Every month, Elliot Joseph highlights an important health care related topic with nationally recognized experts on CBS affiliate WTIC-am, NewTalk 1080, Connecticut's largest and most popular talk radio station

[Healthier Connections](#)

Monthly partnership with FOX CT.

[CT STYLE](#)

Monthly partnership with WTNH.

HHC YouTube page: <https://www.youtube.com/user/HartfordHospitalCT>

[Link to contact information across the system: Hartford HealthCare Media Relations Team](#)

Voices of Our Patients

Kudos

Please pass on to your folks a thank you from all of us in the ED for admitting and moving upstairs a huge bolus of patients yesterday.

I don't know but assume there were plenty of patients who required discharge work as well, given the storm, which must have made the admissions that much more onerous.

Great work and much appreciated.

Fred Tilden

CME Applications

Interested In Hosting a CME Event?

In order to ensure that your educational event meets the standards established by the ACCME and the CSMS, the HHC CME department has established the following deadlines for submission of CME applications.

To ensure a timely review of your application, we strongly recommend advance planning for all events.

- Complete applications for a recurring series such as Grand Rounds must be submitted **at least 4 weeks prior** to the planned activity.
- For a conference, course, or symposia, a complete application must be submitted **at least 12 weeks prior** to the event. We strongly encourage activity planners to contact the HH CME department at least 6 to 12 months prior to the date of the course in order to begin the planning process.

We have developed educational resources to assist planners with the application process. Please contact the HHC CME office at ContinuingEd@HHHealth.org or (860) 972-5816 to schedule an appointment with our team to discuss your CME needs.

CME Offerings on HealthStream Temporarily Unavailable

As we continue to enhance our eLearning through our new system-wide version of HealthStream, we will also be enhancing our online CME offerings.

As of December 1, the current CME programs are no longer available via HealthStream. Once we have completed the upgrade, we will announce their availability and instructions on how you can access them.

We appreciate your patience during this transformation.

HH In the News

Cilostazol: An Option for Ischemic Stroke After ICH?

Medscape Medical News, March 2

The antiplatelet agent cilostazol was noninferior to aspirin in preventing vascular events in patients with a recent ischemic stroke and a history of intracerebral hemorrhage (ICH) or multiple microbleeds in the PICASSO trial. Cilostazol also showed a strong trend toward less cerebral bleeding, but this finding did not reach statistical significance.

In terms of vascular events, cilostazol appeared more effective than aspirin at reducing recurrent ischemic strokes but less effective at preventing myocardial infarction (MI).

Presenting the data here at the International Stroke Conference (ISC) 2017, Sun U. Kwon Sr, MD, Asan Medical Center, Seoul, Korea, concluded that "cilostazol could be considered for secondary stroke prevention in ischemic stroke patients prone to cerebral hemorrhage but it may need consideration for MI risk."

Commenting on the results, Amytis Towfighi, MD, director, Neurological Services and Innovation, Los Angeles County Department of Health Services, California, called this an "important study."

Because hypertension causes both ischemic and hemorrhagic stroke, patients at risk for ischemic stroke are also at risk for hemorrhagic stroke. And those who have already had a previous cerebral bleed when they have an ischemic stroke are notoriously difficult to treat.

American Heart Association/American Stroke Association spokesperson, **Mark J. Alberts, MD, chief of neurology at Hartford Hospital and head of the Hartford Healthcare Neuroscience Institute** in Connecticut, explained that cilostazol has been available for many years and is popular in Asian countries. He added: "It is believed to be a safer option than aspirin or clopidogrel in terms of bleeding, and Asians have a greater risk of ICH than Caucasians. In the West it is typically used for peripheral vascular disease."

Regarding the PICASSO results, Dr Alberts said, "This is a well-done study, but I don't see the results changing practice in the US at this time."

Commenting for *Medscape Medical News*, Philip Bath, FRCP, DSc, University of Nottingham, United Kingdom, agreed that the PICASSO results would not be enough to recommend use of cilostazol in this situation in the West. "The drug is a bit of an unknown here and not well accepted. We need to understand it better," he noted.

"The PICASSO study was a relatively small trial and limited to the Asian population, but it has shown very interesting and appealing results, and I think we need to take notice of this study," he added. "I would like to see another similar trial conducted in the West."

Dr Bath stressed the difficulty of treating this patient group. "Patients who have had a previous cerebral bleed before are at a high risk of having another one, so using an antiplatelet drug is questionable. But if they have suffered a recent ischemic stroke then they are also at risk of having another one of these, so they also need protection from that. We just treat each case individually at present, trying to balance risk and benefits - we normally treat the most recent event, but it is an extremely problematic area."

The PICASSO trial involved 1512 patients from Korea, Hong Kong, and the Philippines who had had a noncardioembolic ischemic stroke or transient ischemic attack within the last 180 days and who had also had a previous ICH based on clinical or radiologic findings or multiple cerebral microbleeds (not within the last 6 months).

Patients were randomly assigned to cilostazol (200 mg/day) or aspirin (100 mg/day) for ongoing treatment.

The trial evaluated efficacy (stroke, MI, and vascular death) with a noninferiority analysis and evaluated safety (hemorrhagic stroke) with a superiority analysis.

Results showed that after a mean follow-up of 2 years, cilostazol was found to be noninferior to aspirin for the primary efficacy endpoint, and although there was a strong trend toward fewer cerebral hemorrhages in the cilostazol group, the superiority criteria for the safety endpoint were not met.

In the HHC System

MSK Cancer Alliance: Mainly About Medicine - Bi-directional relationship strengthens regional cancer care

Medpage Today

Unlike some other partnering ventures between leading academic cancer centers and community hospitals, the Memorial Sloan Kettering (MSK) Cancer Alliance appears to be more about medicine than marketing.

Now in its third year, MSK has three alliance members, and plans to continue its growth by adding no more than one new institution a year, according to MSK president and CEO Craig B. Thompson, MD.

During an exclusive interview with *MedPage Today*, Thompson explained that the alliance concept came out of MSK's 2012 strategic plan to extend and enhance new and innovative therapies to patients beyond its metropolitan New York City catchment area.

He said that 80% of MSK's patients come from within 50 miles, but with cancer diagnoses becoming more complex, and certain cancers being subdivided, "We realized that particularly with molecularly characterized trials it was becoming increasingly more difficult to enroll enough patients with those precise molecular characteristics."

He added that many patients were also finding it difficult to get involved in cancer care far from home, and 80% of cancer patients were receiving care at community or regional hospitals in their neighborhoods.

"We determined that 100 to 150 miles was the breaking point for patients to travel and began to look at like-minded community hospitals with similar missions within that radius that could partner with us to advance cancer care."

Over the next several years, MSK identified two partners fitting that criteria, [Hartford HealthCare Cancer Institute](#) at Hartford (Conn.) Hospital and Lehigh Valley Health Network's Cancer Institute in Allentown, Pa. It then ventured further afield, adding Baptist Health South Florida's Miami Cancer Institute (MCI) earlier this year.

Thompson identified New York State's upper Hudson Valley as the general geographical area MSK is eyeing for its fourth member after the Miami center has had a year to settle in more fully.

He said that Memorial also realized that it was already training more than 1,500 physicians and nurses annually as partners in its clinical training programs to treat patients in clinical regional and community hospitals in the region surrounding New York, and wanted to further extend its range to find patients who would be effectively eligible for clinical trials as part of its research and innovation mission.

In addition, he noted, "many like-minded regional care institutions were coming together around the country particularly in response to changes in accountable care organizations."

MSK's alliance fact sheet describes the venture as "a transformative initiative to improve the quality of

cancer care and the lives of cancer patients by bringing evidence-based, world-class standards to community healthcare providers."

What seems to differentiate the alliance from some other NCI-Designated Comprehensive Cancer Centers' partnering with community-based hospitals is the bi-directional effort to learn and share among the institutions and an intensive commitment to best practices and quality cancer care.

MSK states on its website that typical alliances involve licensing standards of care but its alliance has a much greater integrated collaboration between physicians and health professional from all institutions, which can lead to better outcomes.

Hallmarks of the alliance include:

- Joint development of strategies to improve outcomes;
- Participation in disease management teams;
- On-site observations of new techniques;
- Sharing of educational resources;
- Quality and outcomes research;
- Expanded access to MSK clinical trials;
- Establishing MSK clinical trial sites at some alliance institutions;
- Collaborative efforts to measure outcomes including survival rates, quality of life, and total cost of care.

MedPage Today observed the ongoing interaction among MSK and alliance oncologists and healthcare professions during a two-day conference this January in Miami.

Another benefit is an annual CME conference that includes presentations from MSK and all alliance members.

When asked what other NCI cancer centers have comparable programs with community hospitals, Thompson mentioned Dana-Farber Cancer Institute and Fred Hutchinson Cancer Center's Seattle Cancer Care Alliance.

Some other academic-community hospital partnerships have been considered more "branding" exercises than meaningful medical models focusing on collaborative, integrated clinical care.

Importance of Geography

Thompson said that Hartford was almost equidistant between New York City and Boston, as was Lehigh Valley between New York City and Philadelphia, and both hospital systems met the stringent standards required for alliance membership.

MSK's interest in Miami was based on its emergence as a hybrid academic-community cancer center and the fact that many New York-based MSK patients spent the winter months in south Florida, and better local quality care and access to more clinical trials would be an added convenience for the snowbirds.

[Peter Paul Yu](#), MD, was jointly recruited by Hartford and MSK to become the Connecticut cancer center's first physician-in-chief in 2016, the year after he ended his term as president of the American Society of Clinical Oncology. He had been director of cancer research at Palo Alto Medical Foundation in California and was the rare community oncologist to lead ASCO.

During a phone interview, Yu said that Hartford became the alliance's charter member in 2014 and that both Hartford and MSK developed the cancer program together, perhaps partially in response to the series of Institute of Medicine reports on quality of care in oncology and accelerating the transfer of knowledge from academic to community cancer centers.

He has appointments both at MSK and Hartford and also serves as the alliance's director of health informatics reporting to MSK's physician-in-chief and chief medical officer [Jose Baselga](#), MD, PhD.

"The relationship with MSK is a true partnership and we have access to the rich portfolio of clinical trials at MSK. The goal is not to transfer patients from alliance centers to Memorial but to create an equal partnership where physicians are being treated respectfully as equals," he said, adding that alliance members form disease management teams that match their counterparts at MSK and foster

dialogue to ensure the quality of care is the same as at MSK, and that Hartford will soon be involved in about 50 MSK trials.

After expanding east to Hartford, the alliance went west to Allentown, Pa., in 2015.

Hartford HealthCare CEO Says GOP Health Care Bill 'Has Significant Flaws'

Hartford Courant:

The CEO of Hartford HealthCare said a Republican proposal to repeal and replace the Affordable Care Act "has significant flaws and unanswered questions" and its lack of a score by the Congressional Budget Office is "troubling."

"As our colleagues at the American Hospital Association, the American Medical Association and other professional organizations have pointed out, this legislation may make it more difficult for people to obtain health insurance," Elliot Joseph said in a written statement.

Joseph said he was particularly concerned about changes to **Medicaid** funding directed to the states. The Republican bill would impose limits beginning in 2020.

"Medicaid covers nearly one in five Connecticut residents," Joseph said. "Behind that statistic are real people. Think about the single mother who works to support her family but still earns very little. The notion that we might remove insurance coverage for her and her children, without having adequately considered the consequences, seems irresponsible."

Joseph said that without Medicaid coverage, patients "will not receive preventative care" and "will arrive at our hospitals and emergency rooms sicker -- creating higher cost and less healthy people."

The bill, championed by House Speaker Paul Ryan, R-Wis., passed two key House committees Thursday. Its fate is far less certain in the Senate, where moderate and conservative Republicans, as well as Democrats, have expressed concerns.

Health Care News In the Region

Connecticut health care leaders unhappy with GOP proposal to replace Obamacare

The Day: March 13

As the proposed replacement for the Affordable Care Act begins to make its way through Congress, it's attracting few fans among hospitals, physicians and others involved in health care policy in Connecticut.

"This does not achieve the goals of increasing insurance coverage, access to care or decreasing costs," said Matthew Katz, executive vice president and chief executive officer of the Connecticut State Medical Society, which represents 6,000 doctors and physicians-in-training. "The Affordable Care Act in no way solved all the problems, but it was a first step forward. This is in some respects a move backwards. But we don't think this is the end of the discussion."

Republicans on Monday unveiled their long-awaited proposal for replacing the ACA, also known as Obamacare, with a replacement plan they are calling the American Health Care Act. The bill would cut Medicaid funding, which expanded under the ACA, and provide tax credits based on age for private health insurance, instead of the income-based tax credits provided by ACA. In addition, it would eliminate the ACA's cost-sharing subsidies. The ACA's individual mandate, which requires most people to have insurance or face a tax penalty, would be gutted, and its repeal would be made retroactive to the beginning of 2016, among other provisions.

Elliot Joseph, chief executive officer of the Hartford Healthcare network, also pointed to the

absence of the CBO analysis as “troubling.”

“The proposal, as currently drafted, has significant flaws and unanswered questions,” he said. His network, which includes The William W. Backus Hospital in Norwich, agrees with the position of the American Hospital Association and the American Medical Association that the replacement is likely to make it more difficult for people to obtain health insurance.

“We know that without coverage, many patients will not receive preventive care, and will arrive at our hospitals and emergency rooms sicker, creating higher cost and less healthy people,” he said.

Cuts to Medicaid funding are a particular concern for the state’s hospitals, said Michele Sharp, spokeswoman for the Connecticut Hospital Association. Medicaid reimbursements to hospitals already cover only about half of the cost of care, she said, and the replacement plan only would worsen that situation, potentially reducing access to care for the poorest residents and threatening hospitals’ financial stability, she said.

Hot Topics in Health Care

The Need to Upgrade Technology in America’s Operating Rooms

Becker’s Hospital Review

When a patient sued Yale New Haven Hospital earlier this year for allegedly removing part of the wrong rib during surgery and then covering up the mistake, the case highlighted a problem facing operating rooms across America, avoidable human error.

Although the most egregious “Wrong-Site, Wrong-Procedure, and Wrong-Patient” errors are fairly uncommon, these and other more common preventable errors, including the wrong size tool being provided during surgery, do occur and are unequivocally problematic. Perhaps the errors do not even make their way to the patient, or mistakes are narrowly avoided by inefficient and unsafe mid-procedure halts to remedy missing or incorrect materials prior to being used.

Healthcare is in a continual state of flux. U.S. hospitals are under pressure to cut costs and become more profitable amid a wave of consolidation driven by private equity investors buying up hospital systems. Additionally, there has been a push by the federal government and private insurance companies away from the “fee-for-service” model of reimbursement, which incentivized clinicians for increased quantity of care, and toward “value-based care” which aims to strike a better balance between cost, risk, and quality.

The operating room drives 60% of revenue in the average hospital. It is critical not just that avoidable human error be eliminated, but that heightened efficiency and quality of surgical care be driven more broadly. While technology has begun to enter the pre- and post-operative realms, little technology has been applied.

Technology is certainly embedded in our daily lives. Most of us use a GPS on our phone to drive from place to place and would be dismayed if we had to use a paper map. But many operating rooms, where getting it right is a matter of life and death, not merely convenience, use the equivalent of paper maps when it comes to organizing how the facilities work and how staff coordinate activities.

Imagine a surgeon having a patient open on the operating table for a gastric band surgery only to discover that the hospital does not have the specific surgical stapling equipment needed and having to send a nurse across town by car to another facility to get the equipment, all while the patient is under general anesthesia. Unfortunately, such horror stories are too common in U.S. operating rooms.

The good news is that hospitals have put substantial investment into the physical infrastructure of their operating rooms. Recently, some hospitals have upgraded their facilities with more sophisticated software for imaging and documentation, as well as hardware to enable robotic and minimally-invasive procedure. Doctors at Jersey Shore University Medical Center, for example, compare modern

operating rooms to the difference between driving a modern Mercedes and a '56 Chevy.

The good news is that hospitals have put substantial investment into the physical infrastructure of their operating rooms. Recently, some hospitals have upgraded their facilities with more sophisticated software for imaging and documentation, as well as hardware to enable robotic and minimally-invasive procedure. Doctors at Jersey Shore University Medical Center, for example, compare modern operating rooms to the difference between driving a modern Mercedes and a '56 Chevy.

Having a modern operating room is more critical than ever to create consistent quality across a variety of operative circumstances. Increasingly, surgeons are expected to conduct procedures in a minimally-invasive manner at dedicated and highly-specialized ambulatory surgical centers rather than hospitals, and to discharge patients on the same day. Ironically, the turnover of operating room technicians, who are under intense pressure but unfortunately not paid as well as the other staff in the room, can be as high as 30% annually, a contributing factor in team composition inconsistency. The end result is physicians who want things done a certain way have to work with an ever-changing cast of surgical team members.

The solution is incorporating modern workflow management software into operating rooms. Such software allows doctors to set their preferences for how the operating theater is set up, what equipment they prefer to use, and how they perform a procedure. No longer relying on analog guides pre-operatively, each member of the team can access a digital guide to those preferences in real-time and with multimedia.

The digital workflow software manages the procedure from pre-op through to getting the patient back to the ward. Information can include everything from videos about assembling equipment to instructions about which personnel will perform what role and when.

Coming Events

Living On a Prayer: Responding to Families who are Waiting for a Miracle

Thursday, March 30 from 11:30 a.m.-1 p.m. in Gilman Auditorium

Presenter-**Rev. Erica Richmond**, M.Div., M.A. is the Palliative Chaplain at Hartford Hospital and a member of the Ethics Committee at Hartford Hospital

Lunch provided at 11:30 a.m.

The lecture is part of Hartford Hospital's ongoing Spiritual Care Grand Rounds series and is cosponsored by the Hartford Hospital Ethics Committee and Hartford Hospital's Office of Advanced Practice. To receive more information about this and/or other upcoming Spiritual Care grand rounds, please contact Jessica.Vandenend@hhchealth.org

Save the date

Department of Medicine Advanced Practitioners Symposium

April 28

The Seymour Street Journal (SSJ) has been developed to communicate key messages pertinent to our hospital's physicians. It will keep you informed and up-to-date on hospital, network, and health care news in a concise, convenient format. The SSJ will be sent to your preferred e-mail address every other Sunday. If you would like to be added to the *Seymour Street Journal* email list, or to receive it at a different email address, please opt-in at harthosp.org/SSJ. This ensures that you will receive the newsletter at your preferred email address. For any questions or suggestions, please contact [Dr. Stacy Nerenstone](#), Medical Staff president, at 860-545-3043, or editor

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