

What's news...

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

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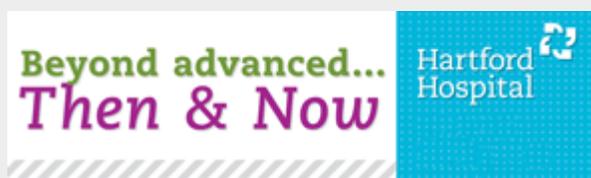
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April 24, 2016

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This card that was sent to the Department of Medicine from the mother of a patient who passed away:

*Dean Hartz died March 4.
He got the greatest care from
all the staff in your hospital.
Thank you so much.
Sincerely,
Georganne (Hartz) Garbus and family*



1966 - Hartford Hospital was the recipient of the country's™ very first Medicare disbursement check.

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Chief's Corner

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



From the President of the Medical Staff

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

IMPORTANT!

JCAHO Changes to Pain Management in SCM: Therapeutic Duplication

Changes are going in which will affect the way you can place orders

- 1) There can be no duplication of medications
- 2) There must be specific directions for use – there can be nothing left to the nurses discretion

What is therapeutic duplication?

Therapeutic duplication is the practice of prescribing multiple medications for the same indication or purpose without a clear distinction of when one agent should be administered over another. For example, prescribing both ibuprofen and oxycodone for pain, or prescribing both ondansetron and prochlorperazine for nausea and vomiting.

Why is it a problem?

It is a patient safety issue! Therapeutic duplication may lead to unintended or excessive use of prescribed medications, medication errors, and increased adverse drug reactions. For example, over-sedation might occur when multiple medications are given to treat pain. Medication orders with therapeutic duplication can cause confusion for healthcare providers ordering and administering medications because they do not provide instructions on when each medication should be given.

The Joint Commission requires that multiple medications for the same indication must include specific directions for use and may not be left to the discretion of the nurse. This most commonly occurs for bowel, nausea and vomiting, and pain medications among others. Therapeutic duplication (without different directions for use) is problematic because it allows the nurse or patient to choose the medication and may be interpreted as nurse “prescribing.”

A recent Joint Commission survey has determined Hartford Hospital to be deficient in this area.

Correction of this issue was determined to be a condition for continued CMS participation.

Our current order sets and documentation do not meet Joint Commission medication order standards and we are required to correct them in preparation for a return visit by JCAHO on May 2.

What you need to know and do:

- Check/order only one medication for each category of mild, moderate and severe pain in order sets
 - If a provider orders multiple medications (i.e. PO and IV) from within the same category, he/she must provide directions in the order comments that instruct the nurse when to administer each medication
 - This can be accomplished by providing directions that sequence the medications (i.e. give ibuprofen if acetaminophen is ineffective) or provide directions to administer for a unique symptom (i.e. acetaminophen for headache, morphine for incisional pain – both ordered for the PRN indication of mild pain)
- Always check for other medications that the patient may be receiving for the same category of pain and discontinue the previous medication, or provide different directions for sequencing or a

unique symptom for the new medication

- Nurses or Pharmacists will call ordering provider to clarify orders for therapeutic duplication

What are the changes you will see in SCM?

Hartford Hospital will adopt the new HHC EPIC pain management order sets to replace the current pain management orders in SCM. The new EPIC-based pain management orders in SCM will support the action plan by providing the following:

- Pain Order Sets that are organized to guide the provider making an assessment of the general amount of pain management that they expect their patient to need
- Orders in these sets are written with details that guide the nurse through selecting the right dose of pain medication for the patient based on their current reported level of pain on a 1-10 scale
- Additionally, SCM legacy order sets that previously contained orders for NSAIDS and opioids will have those orders replaced with standardized order subsets

For questions about these changes call: 860 972-7387

Implementation of changes in SCM began on April 21 and will be completed by Monday, April 25!

In summary, there will be new pain order sets in SCM and changes made to the SCM legacy order sets. Furthermore, changes will be made in nursing documentation such that the patient's level of pain is documented on the 1-10 scale, and their response to their pain medication is also documented.

- Order sets have been modified to have a specific pain score associated with each specific dose of medication
- Nurses will administer prescribed medication based on the corresponding pain score

Remember

1. **Prescribers MUST write clear orders.**
2. **Nurses MUST clarify unclear orders upon receipt and before they administer medications.**
3. **Pharmacists MUST clarify unclear orders before they dispense medications.**

What providers need to do

These are examples of what you will now see in order sets:

Step 1: Select from one or more of the three order sets as shown below.



For non-narcotic orders

Step 2: Select the medication.

Oral/Rectal Meds for Mild Pain

Oral/Rectal Meds for Mild Pain [0 orders of 6 are selected]									
ATTENTION									
Do Not order in patients with scheduled acetaminophen or NSAIDs									
For ACETAMINOPHEN Orot or limit acetaminophen to 325 mg per dose for hepatic insufficiency									
Acetaminophen Oral/Rectal Mild Pain									
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	Duration	Admin Instructions	
<input type="checkbox"/>	ACETAMINOPHEN (H)	975	MG	PO	Q6H	<input checked="" type="checkbox"/>	Pain - Mild (1-3)		Do not exceed greater than 375 mg of.
<input type="checkbox"/>	ACETAMINOPHEN LIQ (H)	975	MG	PO	Q6H	<input checked="" type="checkbox"/>	Pain - Mild (1-3)		Do not exceed greater than 375 mg of.
<input type="checkbox"/>	ACETAMINOPHEN SUPP (H)	650	MG	PR	Q6H	<input checked="" type="checkbox"/>	Pain - Mild (1-3)		Do not exceed greater than 975 mg of.
For IBUPROFEN Orot in patients with kidney disease, PUD or UGI bleed, anticoagulation or coagulopathy, thrombocytopenia, or severe asthma.									
NSAIDs Oral Mild Pain									
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	Duration	Admin Instructions	
<input type="checkbox"/>	IBUPROFEN (H)	400	MG	PO	Q6H	<input checked="" type="checkbox"/>	Pain - Mild (1-3) or patient		Maximum daily dose 2400 mg.
<input type="checkbox"/>	IBUPROFEN SUSP (H)	600	MG	PO	Q6H	<input checked="" type="checkbox"/>	Pain - Mild (1-3) or patient		Maximum daily dose 2400 mg.
<input type="checkbox"/>	IBUPROFEN (H)	500	MG	PO	Q12H	<input checked="" type="checkbox"/>	Pain - Mild (1-3) or patient		

For Oral Narcotics

Step 2: Select the medication (i.e. morphine or hydromorphone).

Oral Medications for Moderate to Severe Pain

HYDROmorphine							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	HYDROmorphine (H)	2	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - INITIAL DOSE
<input type="checkbox"/>	HYDROmorphine (H)	2	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - Moderate (4-6)
<input type="checkbox"/>	HYDROmorphine (H)	4	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - Severe (7-10)
oxyCODONE							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	OXYCODONE TAB (H) Immediate	5	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - INITIAL DOSE
<input type="checkbox"/>	OXYCODONE TAB (H) Immediate	5	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - Moderate (4-6)
<input type="checkbox"/>	OXYCODONE TAB (H) Immediate	10	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - Severe (7-10)
HYDROmorphine Liquid							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	HYDROmorphine (H)	2	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - INITIAL DOSE
<input type="checkbox"/>	HYDROmorphine (H)	2	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - Moderate (4-6)
<input type="checkbox"/>	HYDROmorphine (H)	4	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - Severe (7-10)
oxyCODONE Liquid							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	OXYCODONE SOLN (H) 1 MG/ML	5	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - INITIAL PAIN
<input type="checkbox"/>	OXYCODONE SOLN (H) 1 MG/ML	5	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - Moderate (4-6)
<input type="checkbox"/>	OXYCODONE SOLN (H) 1 MG/ML	10	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - Severe (7-10)
Morphine							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	MORPHINE SOLN (H) 4 MG/ML	10	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - INITIAL DOSE
<input type="checkbox"/>	MORPHINE SOLN (H) 4 MG/ML	10	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - Moderate (4-6)
<input type="checkbox"/>	MORPHINE SOLN (H) 4 MG/ML	20	MG	PO	Q3H	<input checked="" type="checkbox"/>	Pain - Severe (7-10)
HYDROcodone/acetaminophen							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	HYDROCODONE &	1	TABLET(S)	PO	Q1H	<input checked="" type="checkbox"/>	Pain - INITIAL DOSE
<input type="checkbox"/>	HYDROCODONE &	1	TABLET(S)	PO	Q4H	<input checked="" type="checkbox"/>	Pain - Moderate (4-6)
<input type="checkbox"/>	HYDROCODONE &	1	TABLET(S)	PO	Q4H	<input checked="" type="checkbox"/>	Pain - Severe (7-10)
oxyCODONE/acetaminophen							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	PERICOCET (H) 5/325 MG	1	TABLET(S)	PO	Q1H	<input checked="" type="checkbox"/>	Pain - INITIAL DOSE
<input type="checkbox"/>	PERICOCET (H) 5/325 MG	1	TABLET(S)	PO	Q4H	<input checked="" type="checkbox"/>	Pain - Moderate (4-6)
<input type="checkbox"/>	PERICOCET (H) 5/325 MG	2	TABLET(S)	PO	Q4H	<input checked="" type="checkbox"/>	Pain - Severe (7-10)
oxyCODONE Concentrated Liquid							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	OXYCODONE CONC (H) 20 MG/ML	5	MG	SUBLINGUAL	Q1H	<input checked="" type="checkbox"/>	Pain - INITIAL DOSE
<input type="checkbox"/>	OXYCODONE CONC (H) 20 MG/ML	5	MG	SUBLINGUAL	Q3H	<input checked="" type="checkbox"/>	Moderate Pain (4-6)
<input type="checkbox"/>	OXYCODONE CONC (H) 20 MG/ML	20	MG	SUBLINGUAL	Q3H	<input checked="" type="checkbox"/>	Severe Pain (7-10)

For Intravenous Narcotics

There is an additional step for intravenous narcotics.

Step 2: Determine the patient's expected response to

opioids using the following criteria.

SELECT ONLY ONE CATEGORY	
Category 1*	Elderly/frail, opioid naive adult, renal/hepatic impairment OR pediatric patient greater than 40 kg
Category 2*	Standard adult
Category 3*	Opioid tolerant adult or patient failed category 2
* For the INITIAL DOSE on a med-surg floor start with the lowest dose in the category x 1 dose. If ineffective proceed with dosing per pain score between 15 to 30 minutes of initial dose.	

Step 3: Select the medication (i.e. morphine or hydromorphone). Orders are clustered so as to

deliver a one-time test dose to the patient, and subsequent doses based on the patient's pain level

IV Opiates for Mild to Severe Pain

IV Opiates Mild - Severe Pain [0 orders of 25 are selected]							
Nursing							
Order	Add'l Instructions						
<input type="checkbox"/>	Nursing - H	For INITIAL DOSE on a med surg floor, start with the lowest dose in the category					
Morphine 1-4 mg							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	MORPHINE INJ (H)	1	MG	IV PUSH	once	<input checked="" type="checkbox"/>	Pain - I#
<input type="checkbox"/>	MORPHINE INJ (H)	1	MG	IV PUSH	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	MORPHINE INJ (H)	2	MG	IV PUSH	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	MORPHINE INJ (H)	4	MG	IV PUSH	Q3H	<input checked="" type="checkbox"/>	Pain - S
HYDROmorphine 0.2-0.6 mg							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	HYDROmorphine INJ (H)	0.2	MG	IV	once	<input checked="" type="checkbox"/>	Pain - I#
<input type="checkbox"/>	HYDROmorphine INJ (H)	0.2	MG	IV	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	HYDROmorphine INJ (H)	0.4	MG	IV	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	HYDROmorphine INJ (H)	0.6	MG	IV	Q3H	<input checked="" type="checkbox"/>	Pain - S
Morphine 2-8 mg							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	MORPHINE INJ (H)	2	MG	IV PUSH	once	<input checked="" type="checkbox"/>	Pain - I#
<input type="checkbox"/>	MORPHINE INJ (H)	2	MG	IV PUSH	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	MORPHINE INJ (H)	5	MG	IV PUSH	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	MORPHINE INJ (H)	8	MG	IV PUSH	Q3H	<input checked="" type="checkbox"/>	Pain - S
HYDROmorphine 0.4-1.2 mg							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	HYDROmorphine INJ (H)	0.4	MG	IV	once	<input checked="" type="checkbox"/>	Pain - I#
<input type="checkbox"/>	HYDROmorphine INJ (H)	0.4	MG	IV	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	HYDROmorphine INJ (H)	0.8	MG	IV	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	HYDROmorphine INJ (H)	1.2	MG	IV	Q3H	<input checked="" type="checkbox"/>	Pain - S
Morphine 6-12 mg							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	MORPHINE INJ (H)	4	MG	IV PUSH	once	<input checked="" type="checkbox"/>	Pain - I#
<input type="checkbox"/>	MORPHINE INJ (H)	4	MG	IV PUSH	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	MORPHINE INJ (H)	8	MG	IV PUSH	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	MORPHINE INJ (H)	12	MG	IV PUSH	Q3H	<input checked="" type="checkbox"/>	Pain - S
HYDROmorphine 0.6-2 mg							
Order	Dose	Units	Route	Frequency	PRN	PRN Reason	
<input type="checkbox"/>	HYDROmorphine INJ (H)	0.6	MG	IV	once	<input checked="" type="checkbox"/>	Pain - I#
<input type="checkbox"/>	HYDROmorphine INJ (H)	0.6	MG	IV	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	HYDROmorphine INJ (H)	1.2	MG	IV	Q3H	<input checked="" type="checkbox"/>	Pain - M
<input type="checkbox"/>	HYDROmorphine INJ (H)	2	MG	IV	Q3H	<input checked="" type="checkbox"/>	Pain - S



From the Hospital President

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

Let Your Voice Be Heard

We still need help from you and your staffs concerning the state budget. As you know Governor Malloy has recommended budget adjustments that mean a \$150 million cut to all hospitals and a \$34 million cut for Hartford HealthCare.

Even the money we've been promised is in jeopardy.

We must continue speaking up to lawmakers: Stop the unfair hospitals cuts that only undermine our ability to care for Connecticut's most vulnerable individuals.

Please let your voice be heard and urge your staff members to do the same. Go to <https://votervoicenet/hhc/campaigns> to keep pressure on the legislature.

Top News

Patient Experience ShowCase: Connecting Patients to Healthier

More than 220 staff members attended the Hartford HealthCare Patient Experience ShowCase: Connecting Patients to Healthier on April 8 in Heublein Hall.

The focus was on how we can interact with our patients and families better to differentiate our healthcare system. Speakers included Jeffrey Flaks, HHC's Chief Operating Officer; Stacie Pallotta, with Partner Strategic Consulting Services, Press Ganey; Dr. Daniel Kombert, director of the HHC Central Region Hospitalist Program and his wife Joanne Kombert, RN; Dr. Rocco Orlando, HHC Chief Medical Officer; and Lean Senseis Connie Flores, Mohamed Saleh and Sandi Voogd.

Our healthcare system is on a mission to improve the patient experience, and as Jeff Flaks said, "to engage the hearts and minds of our staff and unleash all the members of HHC."

Fee Schedule for HHC MG providers to change on April 30

Fee schedules will change for medically necessary services provided by all HHC MG providers on April 30. In an attempt to create a standard pricing methodology that is defensible and repeatable for new services throughout HHC, we will be implementing a single professional fee schedule within Epic.

This unified fee schedule will support the initiative of a single patient statement by ensuring that the patient is charged the same amount for the same service provided anywhere within HHC. This will be a rolling implementation of a fee schedule as each entity goes live with Epic.

Today, each entity has its own unique fee schedule, and some have multiple fee schedules. Significant variation exists in professional fees, sometimes even within the same category of services. Patients are receiving separate statements today for services provided by different entities, and question the different prices that they see.

Legislation is forcing us toward increasing price transparency. Connecticut Senate Bill 811 actually requires us to provide an estimate of the cost of services for uninsured patients in advance of providing the service. Price transparency continues to be a hot topic throughout the nation as patients become more aware of their own financial responsibilities due to health insurance costs.

Creating a unified fee schedule supports the single patient statement, and price transparency. Our new fees align with a methodology is defensible and repeatable for new services.

March Finances: Mixed

Inpatient volumes based on transitions from inpatient care statistics fell below budget by (0.4%) in the month of March. The comparison to the prior year shows March, 2016 transitions from inpatient care volume to be 1.8% ahead of the prior year. Outpatient revenues exceeded budget by 14.1%. The favorable outpatient revenue variance was in Radiation Oncology, Emergency, Radiology and Perioperative services.

Through the first six months of fiscal year 2016, transitions from inpatient care volumes were ahead of budget by 0.1% and were (0.2%) lower than the prior fiscal year. Outpatient revenues exceeded budget by 9.5% for the six months ending March 31, 2016. Year to date, the favorable outpatient revenue variances were primarily in Radiation Oncology, Emergency, Radiology, and GI Endoscopy services.

Cardiology performs first three VATS Assisted Maze Procedures

This week the Cardiac Surgery Department and the Electrophysiology Division of the Department of Cardiology performed the first three minimally invasive (robotic or VATS assisted) Maze procedures.

The collaborative effort between surgeons and electrophysiologists is essential in treating patients with certain forms of atrial fibrillation (AF) and involves a staged approach. In these patients, Mini Maze is usually followed by a catheter based mapping/ablative procedure at a later time. The Mini Maze approaches the disease from the epicardium (outside of the heart) while the electrophysiologist approaches the problem from the endocardium (inside of the heart).

The Mini Maze procedure involves creating lesions in the left atrium which are designed to block the initiation and propagation of atrial fibrillation as well as obliterating the left atrial appendage with a clip placed at the base of the appendage. Two to three months later, patients with complex AF will have the second stage of the hybrid approach in the electrophysiology lab. This staged or hybrid approach has been shown to be more effective in treating patients with persistent and long-standing persistent AF than either approach as a stand-alone procedure.

The thoracoscopic or robotic approach to the Mini Maze is slightly less invasive than the bilateral mini thoracotomy approach previously used at Hartford Hospital. This minor change to the Mini Maze was implemented in order to help patients recover faster, shorten the length of stay and decrease the amount of pain associated with the procedure.

Please contact **Dr. Eric Crespo** or **Dr. Robert Hagberg** with questions or referrals.

IOL Introduces New Program for Adolescents with Psychosis

The Child and Adolescent Day Treatment Program at the Institute of Living has introduced a new program titled "Connecting Adolescents with Psychosis" (CAP), which provides early intervention services for 13- to 18-year-olds with psychotic spectrum disorders.

This specialty includes group psychotherapy to foster connection and promote socio-emotional growth; community trips to engage youth in rehabilitation activities; and cognitive remediation aimed at improving functioning and processing speed. CAP offers a low-stimulation, therapeutic treatment setting for adolescents, as well as psycho education and support services for families. It also offers collaboration with schools and community providers to help meet the needs of young people dealing with psychosis.

Excellence

Kudos to the teams (ICP and HHC at Home) for their excellent care and coordination

We received this note from Dr. Sowmya Kurtakoti, medical director of Duncaster CCRC:

Just wanted to share a recent visit with one of my house call patients.

Mrs. K was referred to our house call program due to recurrent admissions to the hospital and unable to get to the PCP's office. She was first seen in November 2015. She was living with her elderly spouse, has no children

and her house was in poor living condition with clutter all over her house. She wasn't eating well and was unkempt.

Referrals were then made to ICP and HHC at home to involve nurses, aides and social workers. ICP SW has been excellent in reaching out to the nieces and getting them to be more involved in the patient's care and helping her get a conservatorship. HHC at Home nurses have been very helpful. In particular their aides have done a phenomenal job with the de-cluttering and helping her get out of her room more and involving her in things around the house.

Pt. is cognitively intact and appreciates all the help that she has received. She is also receiving two home cooked meals which the aides have been cooking and one from meals on wheels. She looked a lot better and living conditions have significantly improved. She hasn't had an admission to the hospital since November. When I recently visited at her home last week, she was very happy with all the care that she had been receiving. Also said that she was celebrating her visit with me that day.

Kudos to the teams (ICP and HHC at home) for their excellent care and coordination. And for making a difference in a patient's life!!

Dr. Paul Thompson Lectured at Duke Sports Cardiology Summit; Rio De Janeiro Sport Cardiology Symposium

Dr. Paul Thompson, chief of Cardiology at Hartford Hospital and co-physician director of the Hartford HealthCare Heart and Vascular Institute, was visiting professor at Duke Medical Center and lectured at the 3rd Annual Duke Sports Cardiology Summit on April 8 and 9.

Dr. Thompson met with faculty and cardiology trainees and lectured on the new American College of Cardiology Guidelines for Sports Participation and on the cardiac risks of exercise.

Dr. Thompson also was one of four international speakers the the Rio De Janeiro 2016 Sport & Exercise Cardiology Symposium. He delivered three lectures: "The Boston Marathon as a Research Laboratory", "How Should We Reduce Sudden Death During Exercise & Sports", and "Does Regular Exercise Increase or Decrease Atrial Fibrillation".

The other international speakers were Jurgen Scharhag from Germany, Sharlene Day from the University of Michigan, and Michael Emery from the University of Indiana.

Dr. Lane Duvall Coauthors National Guidelines for SPECT

Dr. Lane Duvall, director of Nuclear Cardiology, was one of five coauthors of the recently published American Society of Nuclear Cardiology national guidelines for SPECT nuclear cardiology procedures.

These updated guidelines provide nuclear cardiologists, nuclear medicine physicians, radiologists, physicians-in-training, nuclear technologists and other clinicians who perform nuclear cardiology SPECT procedures with a comprehensive resource detailing the latest imaging technology developments, stress modality advances, and updated radiotracer dosing recommendations.

Our Physicians Are Great Sources For Local Media

Dr. Sara Niego, medical director of the Institute Of Living Eating Disorders program at Hartford Hospital, was interviewed by Channel 8 about eating disorders.

Dr. Paul Thompson was quoted in a New York Times article: Dashing Hopes, Study Shows a Cholesterol Drug Had No Effect on Heart Health.

Dr. Brian Grosberg was interviewed by WTNH Channel 8 about a new treatment for migraine headaches.

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.

Here's a look at what's coming up.

[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.

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

Research and Academics

Inaugural Symposium for Advanced Practitioners

April 29

Hartford HealthCare is sponsoring a free symposium designed for and by advanced practice registered nurses and physician assistants on **Friday, April 29** from 7 a.m.-1 p.m. in Heublein Hall.

This symposium will offer key clinical topics with updated and evidence-based information from clinical experts, as well as networking and current clinical information in pulmonary, cardiology and other topics of interest to advanced practitioners.

Hartford Hospital is accredited by the Connecticut State Medical Society to provide continuing medical education for physicians. Hartford Hospital designates this live activity for a maximum of 4.5 *AMA PRA Category 1 credit (s)*, *if applicable*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For more information, please contact Erica Thompson at 860-972-5766 or erica.thompson@hhchealth.org.

Multidisciplinary Neurovascular Symposium: Updates in Stroke and Carotid Artery Disease

May 21

Saturday, May 21 from 8 a.m. to 4 p.m. in Heublein Hall.

Fees:

Hartford HealthCare employees: \$15

Students, residents and fellows: Free

Non-Hartford HealthCare professionals: \$30

Hartford Hospital is accredited by the Connecticut State Medical Society to provide continuing medical education for physicians. Hartford Hospital designates this live activity for a maximum of 5 *AMA PRA Category 1 credit (s)*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For more information:

Physician Resilience Series Offered by AMA

CSMS and HCMA have introduced a new educational series from the American Medical Association, focusing on the growing issues of physician burnout and resiliency.

1. **Tuesday, May 24**, 5:30 -8:30 p.m. (dinner and program): Nationally-known speaker Dr. Bruce Bagley will lead *Physician Work Life and Wellness*, a live CME event at Hartford Hospital . There is a fee for this dinner program: \$40 for CSMS members and \$65 for non-members. Registration starts at 4:30 p.m.
2. **Wednesday, July 20**, from 6-7:30 p.m.: *Physician Resiliency Assessment and Response*, a webinar led by **Dr. Christine Sinsky**.

For registration links and additional information, please visit <http://csms.org/resiliency>

Questions? Contact Catherine Wagner, EdD, CSMS VP for Education and Health Information at cwagner@csms.org.

Save the Date: 32nd Annual Cardiovascular Symposium

October 5

Wednesday, October 5

7:30 a.m.-3:30 p.m.

Connecticut Convention Center, Hartford

Information and registration: 98.188.110.106/CVSymposium

Please register for this event by calling 1.855.HHC.HERE (1.855. 422.4373).

Voices of Our Patients

Voices of Our Patients

I am writing to give special thanks and recognition to two of your medical employees who helped me during my recent, unscheduled treatment at the hospital. My wife and I were visiting my son and his wife in the Hartford area and attending a concert Sunday evening March 6 when i suddenly became ill and lost consciousness. I was taken you your hospital for evaluation and treatment. It was only necessary to stay until mid-day Monday and I was able to return to Georgia Tuesday and am having follow-up tests here.

*Although the staff was helpful, Nicole Sousa, morning ER nurses, and **Dr. Manuel Maya Tapia** were exceptional. They not only provided excellent medical care, but were very responsible, caring and compassionate. They put the personal commitment into professional competency. We were treated as a patient, as customer and a respected valued person. If there is any process where you cite outstanding performance please put both of these wonderful people into consideration.*

We would be glad to provide further specifics if they may be helpful.

*Sincerely and may God Bless you and all at your facility,
Rev. Mr. Thomas and Thalia Eden*

Operational Update

Help New Patients Find You

Hartford HealthCare offers physicians a free powerful tool to help reach potential patients. The systemwide "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.

Improving Doctor-to-Doctor Communication: 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.



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.

Bone & Joint Institute Progress on Schedule

Construction of the Hartford HealthCare Bone & Joint Institute at Hartford Hospital is proceeding rapidly on schedule and is expected to open its doors in December 2016.

The Institute will meet a growing demand for musculoskeletal care, driven by aging baby boomers with knee, hip, and other bone and joint problems. In the United States, more than 1 million joint replacements are performed every year, and that number is expected to grow significantly as the population ages.

But aging boomers aren't the only patients the Institute will focus on. Its motion lab will help athletes of any age prevent injuries, and its fragility clinic will help patients prevent fractures. Patients will be able to see different specialists and receive physical therapy at the same location, and care givers will have quick access to imaging and diagnostic services on site.

"We are creating an environment that will allow for the total care of the patient," said **Dr. Stuart Markowitz**, president, Hartford Region and senior vice president, Hartford HealthCare. "We are living longer, working harder, exercising less, and not always caring for our bodies as we should."

The Institute will offer innovative community programs to promote healthier living, according to **Dr. Courtland Lewis**, physician-in-chief of the Institute. "Every aspect of patient care has been carefully considered and the buildings reflect this work. As a multidisciplinary team, we will bring together all aspects of musculoskeletal care, from prevention to recovery, to help those we serve live healthier lives."

The Institute will be integrated with Hartford Hospital's nationally recognized Center for Education, Simulation and Innovation (CESI) to offer patients proven, innovative treatments and provide medical practitioners and students access to state-of-the-art training.

"We expect the B&J Institute to be a regional, even a national, destination for musculoskeletal care," Markowitz said.

"The Institute's staff will work with patients to design programs to meet their individual, and often unique, needs," Lewis said. "We will transform the way care is delivered."

In addition, patients throughout the Hartford Hospital campus will benefit from the Institute as it frees up space so that the main hospital can increase private rooms from 55 to 75 percent and renovate and modernize operating rooms and intensive care units.

The Bone & Joint Institute's inpatient building â€” a "hospital within a hospital" â€” will consist of:

- Five floors with 130,000 total square feet
- 8 operating rooms
- 48 beds with the capability of expanding to 60 beds
- Diagnostic services (X-Ray, CT Scan, MRI, laboratory, etc.)
- Public space.

The ambulatory and medical office space will consist of:

- Three floors with 35,000 total square feet
- Offices for orthopedics and rheumatology
- Five ambulatory surgery rooms

Update on HHC Cancer Institute

27th Annual Mary Mulready Sullivan Oncology Symposium - LYMPHOMA: Innovations in Diagnosis and Treatment

May 5 (Thursday)

The 27th Annual Mary Mulready Sullivan Oncology Symposium will be held on **Thursday, May 5** from 7:30 a.m. to 1:30 p.m. in Heublein Hall.

The symposium will feature these speakers from Memorial Sloan Kettering:

- Anas Younes, MD- Introduction to Lymphoma
- Ahmet Dogan, MD - Diagnosis and Classification
- Paul Hamlin, MD - B Cell Lymphoma
- Craig Moskowitz, MD - Hodgkin Lymphoma
- Steven Horwitz, MD - T Cell Lymphoma
- Amy Copeland, RN, MSN, CNS - Clinical Research Issues from Nursing Perspectives
- Sergio Giralt, MD - Indications for Stem Cell Transplant

Hartford Hospital is accredited by the Connecticut State Medical Society to provide continuing medical education for physicians. Hartford Hospital designates this live activity for a maximum of 4.5 *AMA PRA Category 1 credit (s)*¹. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Cost is \$50 for MDs; \$20 for APRNs/ RNs/others; and free to students or residents who register. The cost includes morning refreshments and a box lunch.

Registration is required: call 855-HHC-HERE.

Read Hartford HealthCare Cancer Institute's newsletter, Plus

[Click here to read the latest issue of Plus](#), the Hartford HealthCare Cancer Institute's newsletter.

This special edition is the Cancer Institute's 2015 Annual Report.

Educational Events and Programs Calendar Available

[Click here to download.](#)

The Hartford HealthCare Cancer Institute has published an Educational Events and Programs Calendar listing all programs and support groups available this fall.

ICP News

ICP News: MACRA Redux

Please see the attached [April issue of ICP News](#).

Top Stories:

ICP CMO Dr. Michael Pinnolis - MACRA Redux: Transforming Medicare Payments to Providers

Inside:

- ICP Appoints Regional Medical Director
- Geriatric Consultations Available
- The Conversation of a Lifetime
- New Price for ICP Members for EHR
- A Patient Story of Dementia Care
- How to Be An Inbox Ninja

For a look at our previous issues, visit www.integratedcarepartners.org.

For your information: Videos from the first ICP Conference (The Mind/Body Connection: Integrating Behavioral Health and Primary Care) are posted on the ICP Web site: [Click here to view](#).

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 HH 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 HH CME office at ContinuingEd@HHHealth.org or (860) 972-5816 to schedule an appointment with our team to discuss your CME needs.

State Mandated CME Renewal Available Free To HH Doctors through HealthStream LMS

State mandated CME for physician license renewal is available free on the Hartford Hospital HealthStream Learning Management System.

You will need your Employee ID to access HealthStream. If you need the CME Programs, but do not have a HealthStream ID, a Temporary ID can be provided for you.

Please email HealthStream@HHHealth.org and request an ID and password for CME Courses. You will receive an email with the ID, password and instructions for accessing the courses.

To access HealthStream, use the link from the intranet, or click [here](#). Once you login, click on the Catalog tab and search for CME to view the available courses.

Once you have passed the post-test and evaluation, you will be awarded a printable CME certificate. Your CME will also be maintained and easily self-service accessed on the HealthStream site, should you need a copy in the future.

Please note that your Risk Management required activities through MRM will provide your Risk Management CME.

HH In the News

A unique treatment option for a migraine

WTNH, April 13

Think outside the box, to get rid of that debilitating migraine pain that can last from hours to days.

A handheld device has changed Fran Ludwig's life dramatically. She explained, "It fits right along the back of your head, pull the trigger and you get a pulse. I might use it several times a day for two or three days and I'm functioning well. It's managing the symptoms and then after that it's gone."

More tolerable and shortened attacks, thanks to what's called a Transcranial Magnetic Stimulation (TMS) device. It's about the size and weight of a hair dryer.

Dr. Brian Grosberg says, "It interrupts part of the migraine process that's the belief of how it ends up working."

Dr. Grosberg heads up the **Hartford HealthCare Headache program**. It's one of only 60 centers nationally prescribing the take home technology for patients like Fran.

[Read more here.](#)

In the HHC System

Hospitals, others beef up data security amid tougher oversight

Hartford Business Journal, April 18

Two of Greater Hartford's largest health systems, **Hartford HealthCare** and UConn Health, have grappled with past data breaches, but they say they've beefed up their procedures and protocols to protect patient data.

Besides its EMC-related breach in 2012, Hartford Healthcare also reported a 2011 breach affecting as many as 93,500 people.

The breach occurred after a Hartford Hospital employee saved private health information on an unsecured hard drive to work from home, and then lost the drive. That data included names, addresses, birthdates, social security numbers and other information.

The hospital offered free identity protection to those affected and disabled employees' abilities to save sensitive data on a device through computer USB ports. It also installed programs meant to prevent malicious software and implemented encryption controls.

After the EMC incident, the health system beefed up its employee training around when it is legally required to sign a formal business-associate agreement, meant to ensure a contractor will take measures to safeguard health data. No such agreement was in place at the time of the EMC breach, according to settlement records.

David Haig, vice president of compliance, audit and privacy at Hartford Healthcare, said the health system has more than 20 employees working regularly on compliance or IT security, adding that enhanced training for all employees has helped keep privacy issues top of mind since the breaches. Staff who don't complete privacy training aren't eligible for raises.

"We're really aimed to get that into their consciousness," Haig said. "There's definitely a need for continuous vigilance."

Cynthia Snyder, Hartford Healthcare's system director of privacy compliance, said all mobile devices and thumb drives used by employees are now encrypted. If encrypted devices are lost or stolen, HIPAA doesn't require a breach notification because of how difficult it is to crack the encryption.

[Read more here.](#)

Meriden surgeon uses new device for spinal surgery

Record Journal, April 17

A local surgeon has been utilizing a new device for spinal stenosis patients as an alternative to spinal fusion surgery. **Dr. Ed Akeyson**, MidState Medical Center director of division surgery and a neurosurgeon of about 20 years, began using Coflex in February. The device was FDA approved and first used in October 2012, Phoenix Surgical device consultant David Whalen said. About 1,000 spine surgeons utilize Coflex across the country.

Coflex is a spring-like titanium implant that stabilizes the spine after decompression surgery, according to the product's website. Benefits of Coflex include faster and lasting symptom relief, as well as a shorter operation time and hospital stay.

Both Coflex and spinal fusion are preceded by a lumbar laminectomy; an hour and a half procedure. Spinal fusion surgery consists of large incisions in the back and the fusion of bones. Spinal fusion surgery has drawbacks, however, as it can cause muscle damage and consists of placing rods and screws in the back.

With Coflex surgery, the device is implemented into the back between two vertebrae. Coflex allows candidate patients to remain mobile, while spinal fusion limits such an ability. Akeyson said he knows of only 10 surgeons in the state that have been trained and are utilizing the device, and said Coflex is a far better option than spinal fusion.

"It doesn't make the spine as ridged as fusion does," Akeyson said. "Fusion makes the area of the spine very, very stiff."

Due to such complications, Akeyson had a long interest in being able to perform the surgery more efficiently

and safely before the development of Coflex.

"I think that it's a technology that's going to gain wider and wider acceptance," Akeyson said. "A major technological advance for people with spinal stenosis."

Health Care News In the Region

Connecticut task force begins review of hospital mergers

New Haven Register, April 12

Health care advocates on a task force looking at the state's review of hospital mergers questioned whether competition, market share and the costs to the consumer were being properly addressed.

Gov. Dannel P. Malloy, to most people's surprise, issued an executive order in February directing that the Office of Health Care Access not take any action on proposed hospital mergers until a task force looks at the rules now governing those consolidations.

Acquisitions and consolidations are among the health care changes that need a certificate of need from OCHA.

Malloy, when he issued his executive order, said it was "critical that our state laws ensure that all hospitals continue to thrive, and that the deck is not stacked in favor of fewer than a handful that dominate the marketplace. We need balance. Fewer health care systems mean fewer choices for consumers, and that can dramatically affect both the quality of care and costs. It's time we take a holistic look at the acquisition process."

[Read more here.](#)

Hot Topics in Health Care

Hospitals Eye Community Health Workers To Cultivate Patients Successes

Kaiser Health News, April 11

Donnie Missouri, 58, doesn't have medical training. He started his health career in the linens department in Johns Hopkins Hospital. Now, he works on the front lines: one of the hospital's non-medical workers who reaches out to patients who doctors think are at risk of suffering setbacks that will force them to return.

One recent day at the end of March, he visited Vincent Berry, a 28-year-old man who is paralyzed from the waist down, a condition resulting from a years-ago gunshot wound after a drug deal went sour. Berry's doing well medically, but he lives with his aging grandmother, in the upstairs bedroom of a narrow apartment where he relies on help from friends and family to be able to leave. Missouri has been trying to help him secure independent, wheelchair-accessible housing that will make it possible for him to go to school or pursue other activities that might move his life forward.

Missouri's goal is to connect people like Berry with resources like housing, transportation and other government benefits: factors that influence health but aren't the doctor's focus.

What's Missouri's secret? It's a combination, he says, of building rapport, meeting patients at home and, most importantly, understanding the challenges, medical and not, his neighbors face. "You have to know your community," he said of the East Baltimore neighborhood where he lives and works. "If you don't, it ain't going to work."

[Read more here.](#)

Coming Events

Inaugural Symposium for Advanced Practitioners - April 29

Hartford HealthCare is sponsoring a free symposium designed for and by advanced practice registered nurses and physician assistants on **Friday, April 29** from 7 a.m.-1 p.m. in Heublein Hall.

This symposium will offer key clinical topics with updated and evidence-based information from clinical experts, as well as networking and current clinical information in pulmonary, cardiology and other topics of interest to advanced practitioners.

Hartford Hospital is accredited by the Connecticut State Medical Society to provide continuing medical education for physicians. Hartford Hospital designates this live activity for a maximum of 4.5 *AMA PRA Category 1 credit (s)*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For more information, please contact Erica Thompson at 860-972-5766 or erica.thompson@hhchealth.org.

27th Annual Mary Mulready Sullivan Oncology Symposium - LYMPHOMA: Innovations in Diagnosis and Treatment

May 5 (Thursday)

The 27th Annual Mary Mulready Sullivan Oncology Symposium will be held on **Thursday, May 5** from 7:30 a.m. to 1:30 p.m. in Heublein Hall.

The symposium will feature these speakers from Memorial Sloan Kettering:

- Anas Younes, MD- Introduction to Lymphoma
- Ahmet Dogan, MD - Diagnosis and Classification
- Paul Hamlin, MD - B Cell Lymphoma
- Craig Moskowitz, MD - Hodgkin Lymphoma
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Cost is \$50 for MDs; \$20 for APRNs/ RNs/others; and free to students or residents who register. The cost includes morning refreshments and a box lunch.

Registration is required: call 855-HHC-HERE.

The Hartford Medical Society Presents "Evoking Emotion in Painting: Lessons Learned in Cognitive Psychology and Neuroscience"

May 11 (Wednesday)

Presented by Dr. Robert Schweizer

Town and County, 22 Woodland Street, Hartford

5:30 p.m. Registration & Cocktails (cash bar)

6:15 p.m. Dinner, followed by program

Registration is \$20/member, \$35/guest or non-member, and includes cash bar, dinner, and presentation. If you have questions please call the HMS office at (860) 586-7573.

Multidisciplinary Neurovascular Symposium: Updates in Stroke and Carotid Artery Disease

May 21

Saturday, May 21 from 8 a.m. to 4 p.m. in Heublein Hall.

Fees:

Hartford HealthCare employees: \$15
Students, residents and fellows: Free
Non-Hartford HealthCare professionals: \$30

Hartford Hospital is accredited by the Connecticut State Medical Society to provide continuing medical education for physicians. Hartford Hospital designates this live activity for a maximum of 5 *AMA PRA Category 1 credit (s)*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For more information:

98.188.110.106/NeurovascularSymposium or 1.855.HHC.HERE (1-855-442-4373)

Physician Work Life and Wellness Dinner Program**May 24 (Tuesday)**

From the American Medical Association, focusing on the growing issues of physician burnout and resiliency.

4:30 -8:30 p.m. (registration, dinner and program)

Nationally-known speaker Dr. Bruce Bagley will lead *Physician Work Life and Wellness*, a live CME dinner event at Hartford Hospital.

There is a fee for this dinner program: \$40 for CSMS members and \$65 for non-members.

For registration links and additional information, please visit <http://csms.org/resiliency>

The Hartford Medical Society Presents "Genomic Personalized Medicine"**June 8 (Wednesday)**

Presented by Dr. Weinstock of The Jackson Laboratory

Town and County, 22 Woodland Street, Hartford

5:30 p.m. Registration & Cocktails (cash bar)

6:15 p.m. Dinner, followed by program

Registration is \$20/member, \$35/guest or non-member, and includes cash bar, dinner, and presentation. If you have questions please call the HMS office at (860) 586-7573.

Annual Medical Staff/Board Spring Event**June 9 (Thursday)**

The Annual Medical Staff-Board Spring Event will be held on Thursday, June 9 from 6-8:30 p.m. in Heublein Hall.

Part of the event is the Annual Medical Staff Awards, which honor individuals on the Medical Staff who have made exceptional contributions to the medical community. I'm pleased to announce this year's winners of these awards:

Dr. Subramani Seetharama, John K. Springer Humanitarian Award

Dr. Padmanabhan Premkumar, David Hull, MD Young Practitioner Award

Dr. Elizabeth Deckers and Jenifer Ash, APRN, Quality and Safety Award

Dr. Michael Conway, Distinguished Service Award

Widener on Physician Resiliency Assessment and Response

July 20 (Wednesday)

6-7:30 p.m.

Webinar led by nationally-known speaker by **Dr. Christine Sinsky**.

From the American Medical Association, focusing on the growing issues of physician burnout and resiliency.

For registration links and additional information, please visit <http://csms.org/resiliency>

The Hartford Medical Society Presents "The Upcoming Presidential Elections"

Sept 14 (Wednesday)

Presented by Attorney Kevin F. Rennie

Town and County, 22 Woodland Street, Hartford

5:30 p.m. Registration & Cocktails (cash bar)

6:15 p.m. Dinner, followed by program

Registration is \$20/member, \$35/guest or non-member, and includes cash bar, dinner, and presentation. If you have questions please call the HMS office at (860) 586-7573.

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!

The Hartford Medical Society Presents "Civil War Hospital Newspapers"

Oct 26 (Wednesday)

Presented by Dr. Ira Spar

Town and County, 22 Woodland Street, Hartford

5:30 p.m. Registration & Cocktails (cash bar)

6:15 p.m. Dinner, followed by program

Registration is \$20/member, \$35/guest or non-member, and includes cash bar, dinner, and presentation. If you have questions please call the HMS office at (860) 586-7573.

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 98.188.110.106/SSJ. This ensures that you will receive the newsletter at your preferred email address. [Back issues can be viewed here](#). For any questions or suggestions, please contact [Dr. Stacy Nerenstone](#), Medical Staff president, at 860-545-3043, or editor Annie Emanuelli at 860-972-2199.