

What's news...

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

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

*Dean Hart died March 4.
He got the greatest care*



1976-- Dr. Joseph Klimek was appointed the first full-time Chief of Epidemiology at a non-university hospital in the U.S.

from
all the staff in your hospital.
Thank you so much.
Sincerely,
Georgeanne (Hart) Garbs
and family

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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.



Training Available for Epic EHR; Will Go Live in Late August

Dr. Spencer Erman, Associate Chief Medical Informatics Officer
Hartford HealthCare, CareConnect

In late August, Hartford Hospital is transitioning the clinical documentation system to the Epic EHR. At that time, all clinical documentation, ordering, registration, scheduling, billing, and other functions will be done in Epic, replacing SCM and the multitude of other systems.

Planning has been going on for the occasion for over three years; the system has been built and tested, the computers and other infrastructure is being installed and tested, and now, the providers and other users need to be instructed and tested.

Any and all providers who will be caring for our patients after the go-live date will need to use Epic as the exclusive method for clinical documentation and ordering.

Training for Epic began June 6, and will continue until mid-August. You should have already been contacted about signing up for classes. If you have not signed up for your classes and have questions, please email careconnecttraining@hhchealth.org and we will send the information.

The Epic training classes are being held in various locations around Hartford, with classes scheduled 14 hours a day, 6 days a week. Each individual class is 4 hours in duration, and depending on your specialty and practice, you will be taking 2-4 classes. There is a proficiency exam at the end of training that must be passed in order to get your credentials.

We advise you to schedule your classes now, so you will have adequate time to practice and personalize.

Please watch your email box for EpiCycle Essentials, a weekly newsletter with more information.

Anti Xa Monitoring for Heparin Protocols

Laura C. Hobbs, Pharm.D., BCPS

Hartford Hospital will be replacing partial thromboplastin time (PTT) with anti Xa monitoring for heparin infusions effective Tuesday, June 21.

Anti Xa is a more direct measure of heparin activity. PTT values can be prolonged in patients with lupus anticoagulant or various factor deficiencies. Antithrombin deficiency or increased levels of acute phase reactants blunt the PTT response.

Anti Xa therapeutic range is consistent between laboratories while the PTT range is different among each institution and changes with different instrumentation and reagents. The PTT range for each institution is derived from the standard anti Xa range of 0.3-0.7 units/mL.

Published articles have found that when using anti Xa there is an increased proportion of tests in goal range, and therefore fewer dose adjustments needed.

Change to anti Xa monitoring promotes standard practice throughout HHC; heparin protocols in Epic will use anti Xa and Backus Hospital has used this test for over 5 years.

All patients on heparin protocols whether standard or low intensity will be changed to monitoring via anti Xa values beginning Tuesday, June 21.

Any questions about the new heparin protocols using anti Xa monitoring, ask your pharmacist.

EPIC Glycemic Management

Effective August 2016 as we transition to EPIC our Glycemic Management will include:

Glytec's eGlycemic Management System™ (eGMS™)

Glytec provides the only of its kind, integrated glycemic management and surveillance system, enabling hospitals and healthcare systems to significantly reduce the frequency, risks and costs of hyperglycemia and hypoglycemia and offer superior care to their patients. The Glucommander™ suite incorporates physician-directed, evidence-based computerized algorithms for safe and effective glycemic management throughout the hospital and ambulatory settings. Tight integration with the inpatient and/or ambulatory electronic medical record (EMR) allows Glytec to utilize the data necessary to calculate proper insulin dosing automatically. The algorithms take into account not only a patient's blood glucose levels, but also a host of other relevant factors including height, weight, co-morbidities and current medications. The result is patient-specific insulin dosing for patients of ages two and older, which includes IV mealtime dosing, subcutaneous transition and subcutaneous insulin dosing. Further, near real-time surveillance capabilities allow for even greater monitoring of actionable data and earlier intervention with patients at higher risk for abnormal blood glucose levels.

The Glucommander™ Suite

- **Glucommander IV:** Accurate, patient-specific IV insulin dosing for *all* patient demographics in your hospitals. The IV module also includes solution for IV mealtime dosing.
 - **FAQ** – How often is blood glucose monitoring required?

Most fingersticks are hourly

If BG is dropping quickly (rarely happens, but may occur early in treatment of DKA or HHS) or if hypoglycemia then every 15-30 minutes.

For patients with BGs in target for 4 consecutive hours, frequency may be decreased to every 2 hours

- **FAQ** – How does IV meal bolus work?

The IV insulin infuse on is increased at the start of a meal, 30 minutes later the nurse indicates how much the patient ate, the infusion is adjusted and hourly monitoring resumes

o **FAQ** “ Can Glucomander IV be used outside of the ICU “ Yes!

- **Glucomander Transition:** A reliable transition from IV to SubQ insulin dosing. **FAQ** “ How does transition from IV to SubQ take place?

When the patient is ready to be transitioned from IV to SubQ and an order is written, the nurse clicks on transition and Glucomander recommends a basal dose of insulin. Once the basal is given a countdown begins to when the IV insulin can be d/c'd. This assures overlap of basal (which takes 2-4 hours to start working) with IV insulin. Once the timer completes, the IV insulin is d/c'd.

- **FAQ** “ Do you have to continue a patient on SubQ insulin once hyperglycemia is resolved with IV insulin?

If the patient has Type 1 Diabetes - Absolutely. If the patient has Type 2 Diabetes, in almost every case they should be transitioned to SubQ. However, for some patients with hyperglycemia and no history of diabetes they may not require insulin once the cause of hyperglycemia resolves. (most commonly occurs under significant stress, for example “ cardiac surgery or high dose steroids)

- **Glucomander SubQ:** A solution for the effective management of patients on SubQ insulin which includes modules for basal plus correction insulin for NPO patients, basal, bolus plus correction, tube feeding, and Insulin:Carb ratio dosing.
 - o **FAQ** “ How is SubQ insulin started?

Most commonly it is started with new orders for weight-based insulin with the Total Daily Dose (TDD) divided into 50% basal and 50% prandial (divided into 3 meals).

- **FAQ** “ How is SubQ titrated?

Insulin is titrated to a goal of the midpoint of the target range based on the individual patient's response to each dose.

- **FAQ** “ What target range does Glucomander use?

The provider, while ordering the initial insulin doses, sets the target range. The most common target range is 120-160. Other commonly used targets are 80-120 (OB patients), 100-140 (surgical patients) or 140-180 (critically ill and high risk for hypoglycemia)

-

Analytics & Surveillance

- **GlucoMetrics** consists of a powerful analytics engine and suite of reports used to measure and monitor the success of inpatient glycemic control initiatives. The analytics engine provides instant access to data aggregated from across the hospital and /or hospital system through reports that can be used to identify benchmark performance metrics, measure the effectiveness of initiatives, and offers detailed reporting on relevant adverse events. GlucoMetrics pre-built and on demand clinical and business intelligence reports provide constant feedback on utilization, performance and outcomes.
- **GlucoSurveillance** interfaces with your laboratory information system and analyzes real-time results to discover meaningful patterns in a patient's glucose history. Patients with multiple episodes of hyperglycemia, within a specified time interval and agreed upon parameters, are identified and flagged as potential candidates for insulin therapy. In one click, caregivers can begin treatment of these patients in Glucomander using the IV or SubQ protocol.
- **GlucoView** is a central monitoring application that provides a snapshot view of all patients in the unit being treated by Glucomander. The snapshot includes a HIPAA-compliant list of patients in the unit, their last glucose result, insulin dosing, and a timer that counts down and alerts when the next glucose check is due. GlucoView simplifies clinical workflow by facilitating shift change communication and providing a shared view of glycemic status indicators.



From the President of the Medical Staff

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

Please Review System Compliance, Privacy and Information Security

Please take a moment to review the [attached presentation on HIPPA compliance](#).

All of us could use a reminder of this important information.

Improving Orders for PRN Medications

A recent regulatory visit has identified an opportunity to improve orders for PRN medications. To provide clear expectations for the administration of PRN medications, please note the following:

1. When PRN medications are ordered, a clear PRN indication must be provided. Two medications ordered for the same PRN indication is not acceptable.
2. If two medications are ordered for the same PRN reason the pharmacist and nurse will seek clarification. Each order must have a different and specific indication.

Example: The following order **will** require clarification:

Ativan 1mg IV prn restlessness along with Morphine 2mg IV prn restlessness

- The following order **will not** require clarification:

Ativan 1mg IV prn restlessness along with Morphine 2mg IV prn mild pain 1-3.

3. If two pain medications are ordered PRN for the same intensity, the nurse or pharmacist will seek clarification prior to approval and administration.

Example: The following order **will** require clarification:

Dilaudid 1mg IV PRN mild pain 1-3 along with Morphine 2mg IV PRN mild pain 1-3.

- The following order **will not** require clarification:

Dilaudid 1mg IV PRN moderate pain 4-6 along with Morphine 2mg IV PRN mild pain 1-3.



From the Hospital President

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



Congratulations to This Year's Medical Staff Award Winners

The Annual Medical Staff-Board Spring Event was held on Thursday, June 9 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.

These awards are another illustration of the excellence, commitment and compassion that define Hartford Hospital.

Congratulations to 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

Top News

Dr. Orlando Kirton Leaves Department of Surgery; Dr. Jonathan Gates Appointed New Chief

After more than 16 years of tremendous achievements and dedication, **Dr. Orlando Kirton**, chief of the Department of Surgery, has left Hartford Hospital to take another step in his career in a more academic environment. We are sincerely grateful for the excellent work he accomplished at one of the busiest surgical centers in the Northeast. He helped build our hospital's reputation as a destination for innovative and complex care and expanded services not only to our patients but also to our community members.

Dr. Jonathan D. Gates, MBA, FACS, has been appointed the new chief of Hartford Hospital's Department of Surgery, effective June 1. Dr. Gates came to us from the Brigham and Women's Hospital in Boston and brings more than 25 years of surgical, research and teaching experience.

Sign Up NOW for Care Connect Training; Classes Run Through Mid-August

All providers who will be practicing at Hartford Hospital on August 20 will be using Epic as the exclusive method of clinical documentation and ordering. Without training, you cannot be granted credentials to access the EHR.

We urge you to sign up as soon as possible for Care Connect training , and to take your classes as soon as you can. The classes run about 4 hours each, and the number of classes you will need will depend on your medical specialty.

The classes will run through mid-August.

If you have used Epic within the past two years at a previous location or during training, please email us at careconnecttraining@hhchealth.org

Dr. Adam Borgida Speaks at Blumenthal Press Conference About Zika

U.S. Sen. Richard Blumenthal (D-Conn.) held a news conference at our Education Resource Center May 20 to discuss U.S. Senate action on Zika Virus funding and the recent Zika cases in Connecticut. **Dr. Adam Borgida**, Hartford Hospital OB/GYN chief, also spoke.

Sen. Blumenthal held another news conference at Hartford Hospital May 31 concerning super bugs. **Dr. Jack Ross**, director of infectious disease, also participated. Blumenthal urged passage of the Promise for Antibiotics and Therapeutics for Health (PATH) Act, legislation he is cosponsoring to clear an approval pathway for antibiotics that treat a limited patient population with a serious, life-threatening condition.

CESI Staff Trains 12 Navy Undersea Medical Officers

Our Center for Education, Simulation and Innovation (CESI) staff trained 12 Navy undersea medical officers May 13 in managing trauma, cardiac events and other medical cases. CESI recently renewed its contract with the U.S. Navy for another three years.

The Navy MDs come to train four times a year.

Training on Physician-Hospital Affiliation and Alignment Models

Thursday, June 23, 3:30-5 p.m., Gilman Auditorium

You are invited to a free training session on Physician-Hospital Affiliation and Alignment Models on Thursday, June 23 from 3:30-5 p.m. in Gilman Auditorium.

We will present information about joint ventures, co-management agreements, employment arrangements and gainsharing with physicians that are acceptable under the current regulatory scheme.

Charles Buck of the law firm of McDermott, Will & Emery will provide this training.

All medical staff members who might benefit are invited.

For more information, contact Janice Bosque at 860-263-4150.

Excellence

Cardiology Staff Presents at American College of Sports Medicine Annual Meeting

Researchers from Hartford Hospital Cardiology presented at the American College of Sports Medicine Annual Meeting in Boston, MA.

Dr. Paul D. Thompson, co-physician director of the HHC Heart and Vascular Institute, gave the John Sutton Memorial Lecture on “Are There Deleterious Effects from Prolonged Endurance Exercise” at the American College of Sports Medicine Annual Meeting in Boston on June 3.

Amanda Zaleski, exercise physiologist, presented a study on “Compression Socks Worn During Flight and Hemostatic Balance in Oral Contraceptive Using Boston Marathon Runners”. She received the 2015 ACSM NASA Space Physiology Research Grant and the CT Space Grant Consortium Fellowship for this project.

Gregory Panza, exercise physiologist, presented a study on “Physical Activity Intensity and Well-Being in Healthy Adults”; a sub-study of the larger NIH funded STOMP trial (PI: Dr. Paul Thompson, chief of Cardiology).

Dr. Beth Taylor, director of Exercise Physiology Research, presented her work on “The Effectiveness Ratio: Refining Exercise Prescription for Optimal Health Benefit”.

The group was also fortunate enough to join the Surgeon General Vice Admiral Vivek H. Murthy, M.D., MBA while he spoke candidly on his perspectives of current and future national health initiatives.

Drs. Albert and Cosin Receive Awards from Provider Leadership Development Institute

Drs. Ross Albert and Jonathan Cosin received awards from the Provider Leadership Development Institute at the graduation of its 2015-2016 class.

Dr. Albert received the 2016 Hastings Center Cunniff-Dixon Physician Award for outstanding Palliative Care.

Dr. Cosin received the HOCC William A. Petit Jr., MD Physician Service Award for his mission work in Grenada.

The PLDI was developed to enhance the skills and confidence of current, or prospective provider leaders throughout the Hartford HealthCare System. The nine-month program consists of a robust curriculum helping to build the skills necessary to improve quality, affordability and access to care.

This session marks the program’s fifth year, and for the first time, now includes both physicians and advanced practitioners. Acceptance into the program is based on a stringent application process and referrals.

IOL's Dr. Teitelbaum Named President of CT Psychiatric Society

Dr. Caren Teitelbaum, an attending psychiatrist at the Institute of Living, has been named president of the Connecticut Psychiatric Society. Dr. Teitelbaum has been with the IOL since 2009.

The Connecticut Psychiatric Society is a branch of the American Psychiatric Association. Its goals including fostering the science and progress of psychiatry and promoting high quality care and professional standards, as well as advocating for patients and those who treat them.

Dr. Merkelson Honored With Young Leaders Advisory Council Award

Scott Merkelson, DMD, was honored for his outstanding volunteer service at the Brownstone Clinic by Hartford Hospital’s Young Leaders Advisory Council (YLAC) at its annual Spring Into Action fund-raiser on May 18.

Dr. Merkelson became a volunteer attending in the general dentistry section of the Department of

Dentistry in 1975. He has volunteered over 4,000 hours of service since then, helping to train well over 100 residents. In addition to supervising the clinical activities of dental residents, he presents lectures.

YLAC's annual Spring Into Action, which was held at Hot Tomato's in Hartford, netted more than \$21,500 to benefit the Brownstone Clinic.

Media Coverage Wrap-Up

Dr. Craig Allen was interviewed by Ch. 3 about a recent study by AAA that shows a high number of marijuana-related fatal accidents.

Pot & Driving: <https://youtu.be/IRAQZAFksfo>; and by FOX 61 and WTNH, Ch. 8 about a new form of heroin more potent than fentanyl and morphine: <http://fox61.com/2016/05/09/heroin-overdoses-could-get-more-common-as-w-18-makes-its-way-to-connecticut/>

Dr. Edmond Cronin was on the Ray Dunaway Show on CBS CT on June 7 discussing National CPR and AED Awareness Week. [Listen to it here.](#)

Dr. Brian Grosberg, HHC Headache Program and FOX 61 on on May 16. The topic was about a study that showed the impact migraines have on a patient's family. He also discussed treatment options as part of the HHC headache program.

Dr. Belachew Tessema was on Chaz & AJ ton May 24 talking about allergies.

Dr. Paul Thompson was quoted in an article in the Wall Street Journal about the cause death of Aubrey McClendon, Former Chesapeake Energy co-founder.

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.

Recent "Connect to Healthier" segment features:

- "Addiction has met its MATCH. Medication Assisted Treatment Close to Home" helps those struggling with opioid and other addictions. <https://youtu.be/o3V2LGv-zeM>
- Plain Language: https://youtu.be/7_F1EcK7DLQ

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.

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

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

Research and Academics

Drs. Cronin and Zweibel Present Novel Technique for Epicardial Access at Heart Rhythm Society Sessions

Drs. Edmond Cronin and Steven Zweibel, Interventional Electrophysiology, Division of Cardiology, presented on a novel technique for epicardial access for ventricular tachycardia ablation, at the featured poster session at the annual Heart Rhythm Society Scientific Sessions on May 4 in San Francisco.

The technique involves perforation of the right atrial appendage with a guidewire over which a microcatheter is placed into the pericardial space. Carbon dioxide is infused through this, separating the parietal and visceral pericardium and simplifying percutaneous access. This was the first time that the technique had been applied in the field of catheter ablation.

Dr. Cronin also gave an invited lecture on “Cross-specialty collaboration for the emerging electrophysiologist” and chaired a session on career advice for early career cardiac electrophysiologists from prominent leaders in the clinical, basic science, and allied professional fields.

Telerehabilitation Program Pilot Study Launches at Jefferson House

Two years in development through the collaboration of Jefferson House, Hartford HealthCare Rehabilitation Network, Hartford HealthCare Bone & Joint Institute, and Hartford Healthcare at Home, the Telerehabilitation Program pilot has launched. This feasibility study measures the outcomes of home physical therapy conducted by a licensed physical therapist via an Internet-based video connection as compared to in-person.

Randomized trials have been conducted in Canada and Australia, according to Christopher Peterson, PT, DPT, principal investigator and Hartford HealthCare Rehabilitation Network Telerehabilitation program director, but this is the first ever in the context of a post acute care continuum in a US based healthcare system.

Candidates must be older than 60, have had a total knee replacement at Hartford Hospital and post-operative rehabilitation at Jefferson House.

The first patient, Charles Keeler, who is 85 years old had a right knee replacement last year with a short-term rehabilitation stay that lasted nearly 30 days, followed by additional physical therapy at an

outpatient clinic. In May of this year, after his left knee replacement and a seven-day stay at Jefferson House, he returned home with an iPad, tripod and Fitbit. Prior to leaving Jefferson House, he was trained on how to use all devices. Via secure virtual technology, Keeler had nine telerehab sessions with Kathleen Sullivan, MSPT, MHA, Jefferson House Director of Rehabilitation and Co-investigator. A home assessment had been conducted previously via the eHab app, which can also capture joint angles and additional data from video sessions.

During a recent 45-minute session, the iPad and tripod were set up in a hallway so Sullivan could observe Keeler walking without his cane. "Put equal weight on both knees," she coached. "Nice job." Using the special app on the iPad, Keeler can also access a video library of himself performing exercises at Jefferson House, share photos and video, and text message Sullivan. He also checks his Fitbit to see if he has reached his 2,000-step daily goal. "I'm pretty lucky to be in this study," he said. "And I don't have to go out."

Peterson said the goal is 27 telerehab patients and recruitment is open. "This is not a replacement of traditional hands-on care; it's an additional tool," he said.

For more information about the study, call 860.696.2550 or visit <https://rehab.prod.hartfordhealthcare.org/services/telerehabilitation>

Jefferson House, a department of Hartford Hospital, offers short-term/outpatient rehabilitation, skilled nursing and palliative care. For more information about Jefferson House, located at 1 John H. Stewart Drive in Newington, visit jeffersonhouse.org.

New Trial Begins on Medtronic CoreValve Device in Low Risk Patients

Hartford Hospital has been an investigational site for the Medtronic CoreValve Device. Our work has helped the company obtain FDA approval for transcatheter aortic valve replacement (TAVR) using the device for High and Extreme risk patients with severe symptomatic critical aortic stenosis.

We have also been involved in **SURTAVI (Surgical Replacement and Transcatheter Aortic Valve Implantation)** clinical trial. **SURTAVI** is a prospective, multi-center, multi-national, randomized, interventional trial to study the safety and efficacy of TAVR in patients with severe, symptomatic aortic stenosis (AS) at **intermediate surgical risk**. This study is now closed to enrollment.

We are now starting a new trial in collaboration with Edwards Life Sciences: **Partner III**

A Prospective, Randomized, Controlled, Multi-Center Study to Establish the Safety and Effectiveness of the SAPIEN 3 Transcatheter Heart Valve in **Low Risk** Patients Requiring Aortic Valve Replacement who have Severe, Calcific, Symptomatic Aortic Stenosis.

Drs. Ray McKay and Robert Hagberg are co-principal investigators for the study here at Hartford Hospital.

This new trial will enroll patients that have symptomatic critical AS and are at low risk for surgical aortic valve replacement (SAVR) as defined by the Society of Thoracic Surgery's (STS) on line short term risk calculator as well as the TAVR team's overall assessment of surgical risk.

Patients with an STS Risk Score for SAVR mortality of less than 4% will be eligible for enrollment in the trial and randomized on a 1:1 basis to either TAVR vs SAVR. High and Extreme risk patients typically have an STS risk of mortality with SAVR of 8% or higher and are eligible for TAVR using a commercially available product such as the CoreValve or Sapien device. The **SURTAVI** protocol lowered the baseline STS risk of mortality to 3% from 4% and included the heart team's assessment of incremental risk factors that are not calculated in the STS risk model such as frailty and others.

A similar **intermediate risk** trial with the Edwards device (**Partner II**) was conducted and the trial showed similar results between SAVR and TAVR at two years in terms of the clinical endpoints of mortality and stroke. **SURTAVI** results are still being collected by Medtronic and will be reported in the near future. **The Partner II** results have been submitted to the FDA for consideration of approving the

Edwards devices for the treatment of patients with AS at intermediate risk for SAVR.

Randomization for the **Partner III** study will be stratified by the need for coronary revascularization. In cases of required coronary revascularization, concomitant percutaneous coronary intervention (PCI) and TAVR is encouraged; however staging is left to the discretion of the investigator. Concomitant coronary artery bypass grafting will be conducted during the SAVR, if indicated.

Save the Date: 32nd Annual Cardiovascular Symposium

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 1.855.442.4373.

Voices of Our Patients

Voices of Our Patients: Kudos to Dr. Robert Gallagher

Acknowledgment and Appreciation of Wonderful Staff

*I had robotic heart surgery, on Jan 13, 2016, by Cardiac Surgeon **Robert Gallagher**. I thank Dr. Gallagher and staff for a wonderful job that they did, in improving my life.*

I also had Cardio Rehab, from 2/20/16 to 5/11/16. I met some wonderful nurses, at Hartford Hospital Cardio Rehab (Michelle, Michelle, Karen, Maria, Heidi, Charlie, and others). If I forgot your name, I do apologize. These nurses, that I just mentioned did a tremendous job of rehabilitating me to good health and well being. They made sure I was on the right path to a heart healthy body. They answered any questions that I had and they assisted me on rehab issues that I had. Without their guidance and the love for what they do, I would be lost, to be able to do a successful and complete recovery.

My only disappointment is that I did not have more than 36 cardio rehab sessions. I surely do and will miss their guidance in my rehabilitation.

These nurses, that I mentioned above, are truly an asset to Hartford Hospital and the Rehab Program. I thank you for placing these nurses in such a wonderful position, and I thank all the nurses who helped me in my cardio rehab and my recovery in going forward.

Hartford Hospital and Hartford Hospital Cardio Rehab is in a good position, knowing that such fine people are helping people like myself, putting their life back together after surgery such as this.

Also, Dr Gallagher and his staff did a tremendous job as well.

Thank you to all the staff, at Hartford Hospital, Cardio Rehab, ICU, Cardio Services, Dr . Gallagher's unit, and all those people involved, in putting my health back in order.

Name withheld at patient request

Operational Update

Compliance Quiz for June 2016: "It's not my paper"

You find a piece of folder paper in the cafeteria that has names, room numbers and diagnostic information listed for several patients.

What do you do?

1. Throw the paper into the garbage.
2. Leave it on the table; the person who left it should be right back.
3. Call the Privacy Department at 860-972-1573.
4. Put the paper in a locked shredder bin.

Update on Parking Changes for Public Garage and Valet Services

We understand that charging our patients and their families for parking is a very sensitive issue. With that said, it has become clear that we must proceed with a modified version of the plan previously discussed this past February.

We are moving forward with this plan for two reasons: the first is financial and the second is that we have no standard practice for parking validation, which has led to inconsistency and confusion.

Effective June 1, all Hartford Hospital customers will be charged for the use of valet parking and public garage parking at rates that are lower than our peer hospitals. The only approved exceptions to this program are for inpatients on the day of discharge, as well as patients requiring daily or near-daily treatment on campus, such as outpatient dialysis and cancer treatment.

Non-hospital-based private offices in the Medical Office Building and 100 Retreat Avenue Building with existing validations will not be affected.

Weekly and monthly discounted parking passes for public garage and valet parking will be available at the Hartford Hospital Cashier Office (Room 136, High Building) during business hours for family members of current patients. After hours, passes can be purchased directly from the valet service in the hospital's Main Lobby. Weekly passes will be \$20; monthly passes will be \$65.

Signage will be posted this week to alert our customers of this change. If you have questions, please contact Steven Alexandre, director of Real Estate, at Steven.Alexandre@hhchealth.org or 860.545.7199.

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.

Focus on EPIC

Please see the attached newsletter from Marc Palter MD, CMIO, with information about Epic and Epic training.

Epic is an integrated Electronic Health Record platform being implemented throughout Hartford Healthcare.

The first Go “Live” was in the HCMG Ambulatory Primary Care sites in August 2015. Midstate Medical Center and Windham Hospital went live in all inpatient units and hospital outpatient departments on April 30. The HHCMG Specialty practices went live two days later.

It’s been a resounding success!

We now move to Phase III - Going live in Hartford Hospital, the Institute of Living and Natchaug Hospital, August 20!

[Read the first issue of EpiCycle Essentials for Providers.](#)

Also view:

[How to locate the eLearning courses for your Epic Program](#)

Update on HHC Cancer Institute

A Conversation With Dr. Peter Paul Yu, new Physician-in-Chief of the Hartford Healthcare. Cancer Institute:

ASCO Past-President Anticipates a New Position With an Ongoing Goal of Advancing the Field of Oncology

After an extensive national search, **Hartford Healthcare.** has appointed ASCO Past-President **Peter Paul Yu, MD, FACP, FASCO**, as the first Physician-in-Chief of the Hartford Healthcare. Cancer Institute.

As Physician-in-Chief, Dr. Yu will be responsible for working closely and collaboratively with physicians and nurses who practice within the Hartford Healthcare. Cancer Institute to ensure a single, elevated standard of world-class care for patients with various types and stages of cancer as part of the Memorial Sloan Kettering (MSK) Cancer Alliance.

Dr. Yu will be jointly appointed at Memorial Sloan Kettering as Head of Health Informatics for the MSK Cancer Alliance. *The ASCO Post* recently spoke with Dr. Yu about his new position and other activities.

[Read more here.](#)

The Hartford Healthcare. Cancer Institute Presents: The Basics of Bone Marrow Transplant Lecture Series

6-7 p.m., Hartford Hospital Cancer Center, Taylor Conference Rooms

June 27: Stem Cell Transplant for Lymphoma

Miguel Perales, MD, Deputy Chief, Adult Bone Marrow Transplant Service, Memorial Sloan Kettering

Cancer Center

July 22: Optimal Work-up for HCT Patient

Memorial Sloan Kettering Cancer Center Lecturer to be announced

Sept. 23: Optimal Work-up for HCT Patient

Memorial Sloan Kettering Cancer Center Lecturer to be announced

Oct. 24: Post-transplant Care for Autologous HCT Recipients – “Can We Bring Patients Back Home Earlier?”

Memorial Sloan Kettering Cancer Center Lecturer to be announced

Nov. 28: Post-transplant Care for Allogeneic HCT Recipients – “Can We Bring Patients Back Home Earlier?”

Memorial Sloan Kettering Cancer Center Lecturer to be announced

The lecture can also be viewed via videoconference (meet.cancer@video.hhchealth.org) at the following locations:

- Backus Hospital, MOB Conference Room
- MidState Medical Center, Conference Room IV
- The Hospital of Central Connecticut Cancer Center, Conference Room A
- Windham Hospital, Johnson Room

Lectures are CME-eligible. For more information, please contact Andrea Dash at Andrea.Dash@hhchealth.org.

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 issue features a story about Dr. Peter Paul Yu, the Cancer Institute's new physician-in-chief.

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: Back Program Reduces Costs, Improves Outcomes

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

Cover Story:

CMO Column: ICP, Hartford Healthcare. Rehabilitation Network create Healthy Back Program to improve quality, patient outcomes and reduce the cost of care

Inside This Issue

• Sign up for Epic at a reduced cost

• A new tool to find undiagnosed hypertensive patients

- Patient story: Treating weight problem cures fatty liver disease
- New treatment for patients with sleep apnea

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

The following is a message from Deborah Gartley, Physician CME Planner

To All CME Participants:

In April, 2015, the CME Office began using electronic evaluations for every CME program across the HHC system. We have not been collecting nor accepting paper evaluations for over a year.

However, it has come to our attention that some participants do not complete the evaluations because they come via Survey Monkey, assuming they are junk surveys. Unfortunately, these participants did not receive any credit for participation because the evaluation was not completed. In fact, a significant number of CME hours were not awarded due to a lack of evaluations.

Please be aware that any Survey Monkey (or RedCap request) that comes from the CME Office will ALWAYS begin with HHC-Survey in the subject line. This tag identifies the Survey Monkey as an HHC request and allows the CME requests to filter through the email security system. ANY Survey Monkey that you receive that begins with "HHC-Survey" in the message line is a legitimate CME evaluation link. Please do not delete them, nor ignore them, if you wish to claim CME credit for participating, or your department's specific licensing (Radiology, for example) requires you to attend them. NO CME credit is awarded for any HHC program without a completed evaluation.

In addition, there are a 2 reminder emails sent via Survey Monkey if it hasn't been completed.

• Message 1: HHC-Survey CME Location/date/title is sent upon opening the evaluation

• Message 2: HHC-Survey ***REMINDER*** is sent with 1 week left

• Message 3: HHC-Survey ***LAST CHANCE*** is sent the day before the evaluation closes

Please contact the CME Office if there are any questions.

Regards,

Deborah Gartley, M.Ed, Paramedic
Physician CME Planner
Clinical Knowledge Systems
Academic Affairs

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@HCHHealth.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@HCHHealth.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

Superbug scare ‘a wakeup call,’ Connecticut experts say, but no imminent danger

New Haven Register, June 4

The [antibiotic-resistant bacteria](#) found in a Pennsylvania woman’s urine doesn’t mean the public is in imminent danger, but it serves as a warning that we likely will face more impervious bacteria in the future, say medical and public health experts.

The microbe, reported last month to the [Centers for Disease Control and Prevention](#) is resistant to colistin, the antibiotic doctors use as a last resort, but it is curable by other more commonly used antibiotics. However, if it were to mutate with bacteria that can’t be cured by those front-line drugs and their resistance is combined, a true “superbug” could develop.

“These bugs tend to be a little bit promiscuous,” said **Dr. Jack Ross, director of infectious diseases at Hartford Hospital**. That means they tend to trade parts of their DNA to create new, more resistant strains.

“That’s where the fear started last week,” Ross said. “It’s a wakeup call.”

[Read more here.](#)

Dancing with Parkinsonâ€™s

WTNH, June 4

Itâ€™s not easy to squeeze into a jammed room with aspiring dancers. Theyâ€™re here for the Dancing with Parkinsonâ€™s class â€” offered at the **Hartford Healthcare. Movement Disorders Center.**

Instructor Laura Richling leads this group of patients with Parkinsonâ€™s Disease and their caregivers. She says, â€œThis class has nothing to do with Parkinsonâ€™s and this class has everything to do with Parkinsonâ€™s.â€

Laura explains, â€œIt has nothing to do with Parkinsonâ€™s. When we walk into the door, when we sit down, we become dancers.

â€œThis class has everything to do with Parkinsonâ€™s,â€ she goes on to say, â€œPlanning moves, thinking of sequencing of moves, trying to express oneself with movement. Those artistic aspects to dance, a person with Parkinsonâ€™s has to think about those things a whole lot more every minute of every day probably than he or she did before that illness.â€

Medical Director of the Center **Dr. Toni De Marcaida** says, there is strong evidence this can intervene in the progression of the neuro-degenerative disorder, â€œThe activation of the brain cells forces the part of the brain that creates energy, the mitochondria of these brain cells are working hard, then it makes the whole brain cell healthier and the degeneration that can happen in Parkinsonâ€™s or even Alzheimerâ€™s Disease maybe slowed down.â€

Class participant David Popick says, â€œItâ€™s like I can move again. If I press my hands down against a hard surface, it stops the tremor. My hands can sometimes stop for a few minutes.â€

Art Choiniere is energized by the moves.

His wife Cathy says, â€œHe actually was singing. I watched him moving his feet up and down instead of shuffling. I had to keep glancing over because it really touched me.â€

Visible progression â€” says Dr. de Marcaida, requiring no medication or surgery.

[Watch it here.](#)

In the HHC System

Commentary: Doctors must play leading role in battle against opioid abuse

Modern HealthCare, June 4

By Dr. Rocco Orlando and Dr. J. Craig Allen

The dosage was high, but the drug's effect on the patient's chronic pain was leveling off.

The danger of an overdose loomed. The patient, working with his doctors, decided to enter a detox center and transition off the opioid painkillers in a medically monitored environment.

After providing initial relief, the drug had become more of a risk than a benefit. The patient received both buprenorphineâ€”used to treat [opioid addiction](#)â€”and psychosocial treatment. As with most

chronic-pain patients, his symptoms improved once he got off the medication. And he has beaten addiction.

This is a real story and a far too common situation. The path to addiction often starts in a doctor's office. That's why doctors have to be front and center in the fight against opioid abuse.

[Read more here.](#)

Hartford Healthcare official reiterates commitment to Southington's Bradley Hospital

Record Journal, May 31

Following a resident's call for the boycott of its Queen Street medical building under construction, Hartford Healthcare Corporation reiterated its commitment to keeping Bradley Hospital open and not moving emergency or inpatient services to the new center.

Hartford Healthcare owns the Hospital of Central Connecticut, which has a campus in both Southington and New Britain.

Rebecca Stewart, Hartford Healthcare spokeswoman, said the company "has repeatedly and consistently stated that the Bradley campus of the Hospital of Central Connecticut will remain open to serve patients. We stand by this."

On Wednesday, Bonnie Sica, a founder of the Community Committee to Save Bradley, urged residents to boycott the Hartford Healthcare urgent care center under construction on Queen Street. Sica said the new facility will draw patients who might have otherwise used services at Bradley.

Stewart disagreed about the role of the new medical building.

"The new health center at Queen Street will supplement the services offered at Bradley, not replace services for emergency care or inpatient care, neither of which will be offered at Queen Street, and will continue to be available at Bradley," she said.

[Read more here.](#)

Health Care News In the Region

Baystate Franklin's new president brings a wide range of medical experience to the job

Daily Hampshire Gazette, June 7

In a rural area like Franklin County, community hospitals like Baystate Franklin Medical Center in Greenfield often serve as vital health care hubs, offering services from pediatrics and oncology to surgery and addiction treatment.

It's a good thing, then, that the hospital is welcoming a new president and chief administrative officer this week whose varied career has spanned a wide range of those services.

Cindy Russo of Cheshire, Connecticut, the former vice president of operations for the central region at Hartford HealthCare, took Baystate Franklin's reins at the end of May. Dr. Thomas Higgins returned to his role as the hospital's chief medical officer after nearly a year as the interim president.

[Read more here.](#)

Hot Topics in Health Care

Tips for navigating hospital affiliations

Hartford Business Journal, June 6

The pace of change in today's healthcare industry has caused consolidation to become the "new normal" for many community hospitals and smaller health systems. Value-based payment, more informed patient-consumers, increasing costs of clinical personnel, technology, and the need to expand the care network have led providers of all kinds to seek economies of scale. As a result, many hospitals are considering affiliating with a larger system or other strategic partner. This can be a challenging prospect, but with careful planning, hospitals can successfully manage the process, turning the affiliation challenge into an opportunity.

Here are some things to keep in mind.

[Read more here.](#)

Coming Events

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"

September 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 27th annual Hartford Hospital Auxiliary Benefit Golf Tournament will be held on Monday, September 19, at Tumble Brook Country Club in Bloomfield. This year's beneficiary is the Department of Nursing Education and Research. For more information about the golf tournament or to make a donation the silent auction and raffle, please contact Lori Flaks at lbfleks@yahoo.com or Amy Steinberg at asteinberg74@gmail.com.

The Hartford Medical Society Presents "Civil War Hospital Newspapers"

October 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.