

# central line

A PUBLICATION FOR THE MEDICAL STAFF OF THE HOSPITAL OF CENTRAL CONNECTICUT

## In search of justice

By Steven D. Hanks, M.D., MMM, FACP, executive vice president & chief medical officer of The Hospital of Central Connecticut



Lost in the din over this past winter's health reform debate was the concern physicians continue to have about the medical liability system. In a recent survey conducted by Atlanta-based Jackson Healthcare, 85 percent of physicians cited medical malpractice litigation as the primary hindrance to their practicing medicine efficiently and scientifically vs. defensively and wastefully. A whopping 92 percent in the same survey stated medical liability reform should be the top priority of any healthcare reform initiative. Despite all this, medical liability reform has received little more than lip service in the various health reform debates.

It seems just about everyone loses with the current medical liability system. Patients lose. While they recognize suboptimal outcomes, most are laypersons and not trained to understand if

negligence played any role. Consequently, numerous studies have shown that compensable events far exceed the actual number of claims paid. Physicians lose. They can be found liable for injuries for which they had no role in causation. This results in practicing defensive medicine, which studies have shown adds up to \$100 billion annually to healthcare costs in the United States. The courts lose. The system becomes clogged with meritless cases. Society loses. Little is fair about such a system. The only winners are the trial lawyers.

So why hasn't anything been done about this problem? We've been stuck in an endless argument with a very powerful political lobbying constituency that has resulted in real stagnation with respect to medical liability for the past 45 years. The stagnation began after MICRA reforms passage, which, in California, capped non-economic damages at \$250,000, unadjusted for inflation. Despite its success in controlling runaway liability concerns in California, MICRA has not swept across the nation as an obvious solution. Contributing factors may include a perceived bias and unfairness in that system, as well as doubts regarding the statutes' constitutionality.

One potential solution I've been following is the proposal for specialized

## Dr. Hanks named Executive VP and Chief Medical Officer

In early March, The Hospital of Central Connecticut Board of Directors named Steven Hanks, M.D., MMM, FACP, FFSMB, executive vice president and chief medical officer.

Hanks, with HCC since 2004, was most recently senior vice president of Medical Affairs & chief medical officer. With promotion to this newly created position, the areas of Governmental Affairs, Development, Pharmacy, and Physical Medicine have been added to Hanks' current scope of responsibilities. In addition, he also assumes the principle executive liaison role for several member companies of the Central Connecticut Health Alliance, the hospital's parent organization; these include the Visiting Nurse Association of Central Connecticut, Community Mental Health Affiliates, Alliance Occupational Health, and the Central Connecticut Physical Medicine Center.

Before joining HCC, Hanks was vice president of Medical Affairs & chief medical officer, Finger Lakes Health, Geneva, N.Y. He earned his medical degree with distinction in research from the University of Rochester, Rochester, N.Y.; and completed an internship and residency in internal medicine/primary care at Strong Memorial Hospital,

### IN THIS ISSUE

- Joint Commission visit expected .....2
- ER wait times an iPhone™ app .....3
- Open MRI at Bradley Memorial campus .....4
- New medical staff appointment .....5
- Help us go green.....5
- Program emphasizes patient safety .....6
- Make the link tip.....7

Continued on page 6

Continued on page 5

## Joint Commission expected before year's end

The Hospital of Central Connecticut is expecting an unannounced visit by the Joint Commission sometime this year to evaluate all hospital programs and sites for compliance with standards. The last visit was in September 2007.

Five surveyors will be on site five days, reviewing more than 1,000 standard elements related to patient care planning, delivery and evaluation. They will talk with staff members throughout the hospital and at off-site programs.

This year, surveyors will use a "tracer methodology," tracing randomly selected patients from admission through discharge and evaluating various elements of care along the way.

The following are expected focus areas for the 2010 visit:

- **Environment of care** – Is the facility safe for patients, employees and visitors, e.g. do hallways provide a clear exit path during emergency situations?
- **Infection control** – Including hand hygiene and other steps we take to prevent infections and their transmission.
- **Communication** – How well caregivers communicate — with patients and one another about patients' health status and needs.
- **Compliance with 2010 National Patient Safety Goals** – visit [www.joint-commission.org](http://www.joint-commission.org) for information on Patient Safety Goals.

• **Performance Improvement projects** – in departments and organization-wide.

- **Documentation** – including dating and timing of entries in paper charts, complete and timely history and physicals and no use of unapproved abbreviations.
- **Time-outs** and informed consent for invasive procedures.
- **Medical staff participation and oversight** in delivering quality care, including performance in core measures.

For more information on the upcoming visit, check The Joint Commission page on *AINet* or contact Ellen Budris R.N., M.S.N., regulatory coordinator with Performance Improvement, at [ebudris@thocc.org](mailto:ebudris@thocc.org), 860-224-5262.

## New medication system enhances safety, efficiency

The Hospital of Central Connecticut is one of only 23 hospitals nationwide using IntelliFlowRx™, a system designed to make preparation of IV medications and other sterile solutions safer and more efficient.

The system was implemented at the New Britain General campus last September after extensive renovations to the Pharmacy's sterile product preparation area. The new preparation area meets the latest practice standards for design, sterility, cleanliness, air filtration and other elements. Area access is limited, and gowns, masks and other protective equipment are required. IntelliFlowRx is scheduled to be implemented within a year at the Bradley Memorial campus Pharmacy.

The IntelliFlowRx system allows the pharmacist to check prepared solutions — about 70 are prepared per shift — without entering the preparation area.

"As with other medications, accuracy in IV medications and other sterile solutions is absolutely critical," says Dave Girouard, M.P.H., R.Ph., Pharmacy director. "With our new system, we

IntelliFlowRx software "triages" orders, prioritizing them according to time needed and other criteria.

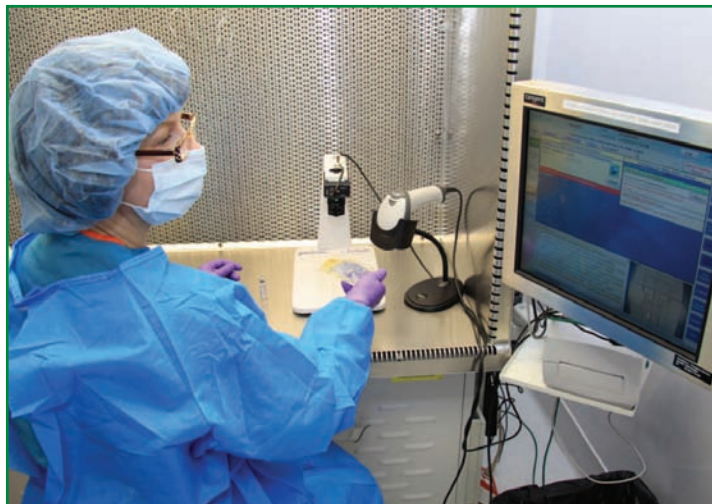
• IntelliFlowRx provides instructions to make each solution. Technicians

assemble medications required for the solution and scan bar codes on each medication to be sure they have the correct ones. The system alerts the technician if there is an incorrect solution medication.

• The technician draws the correct amount of each medication into a syringe, then places the syringe and medication vial under a special digital camera. Photos of syringes and vials are taken at each critical preparation process step.

• Using IntelliFlowRx data, pharmacists can check solutions and steps in the

preparation process from any computer connected to the IntelliFlowRx network, without having to enter the preparation area. Information about the solution and its preparation is electronic, virtually eliminating paperwork.



Using the new IntelliFlowRx™ system, Pharmacy Technician Wiesława Krzynowek scans a medication during preparation of a sterile solution.

have extra assurances that solutions are prepared correctly and thoroughly checked."

Here's how it works:

- Medication orders for sterile solutions come in via the Cerner system and

## HCC performance on AlNet

Annual results of quality performance measures for varied Hospital of Central Connecticut departments and centers of excellence are accessible on AlNet through an initiative that seeks increasing quality performance reporting transparency.

The hospital's Clinical Performance Improvement Committee (CPIC) leads this initiative, which began last year and currently lists standardized reports for 15 departments/centers of excellence on AlNet's Hospital Performance page.

CPIC is led by Lou Graff, M.D., medical director of Quality, and Kate Betancourt, R.N., M.P.H., Performance Improvement director, under the direction of Steven Hanks, M.D., MMM, FACP, executive vice president & chief medical officer.

"While there are areas of opportunity for improvement for us all to focus on, it is quite exciting to see that most departments and centers of excellence are providing best practice performance and all are actively involved in vigorous quality improvement efforts to strive for the highest quality performance," Graff says.

Each report includes results for major quality metrics respective to an area and most reports include descriptions of "What are we measuring and why?" and "How are we doing and how do we compare to best practices?" To access the reports on AlNet, go to Departments and Services/Performance Improvement/Quick References/Hospital Performance.

Departments and centers of excellence with posted information are Bariatrics, Behavioral Health (Psychiatry), Critical Care, Dialysis, Emergency, Infection Prevention, Joint Center, Joslin Clinic, Medicine, ObGyn, Oncology, Pediatrics, Surgery, Stroke Center, Utilization (Observations & Readmissions). Data from several other departments and areas of interest will be posted over the coming months.



## ER wait times now an iPhone™ app

If your patients are headed to The Hospital of Central Connecticut emergency room, there's now an iPhone™ app to check for wait times. In February, HCC launched the free iPhone application that posts waiting times for emergency rooms at its New Britain and Southington campuses. Wait times are also available on the hospital's Web site.

The app also shows maps and directions to HCC's New Britain General and Bradley Memorial campuses and emergency room phone numbers. The hospital's Web site, [www.thocc.org](http://www.thocc.org), is also available.

"This new mobile application will let incoming patients know that if one campus is busy they can receive the same level of care at the other campus, which may not be as busy," says Robert G. Flade, R.N., M.S., director, Emergency Department (ED). Wait time listings are updated every five minutes. People with life-threatening emergencies should still call 911, adds Flade.

HCC Department of Medicine physician assistant Jeremy Allen led HCC's app development team that also included the ED's information system provider, Empower Systems; Affiliated Computer Services, Inc.; and iPathy Software.

*New iPhone™ app posts waiting times for emergency rooms at HCC's New Britain and Southington campuses.*

## HCC now an RTOG affiliate member institution

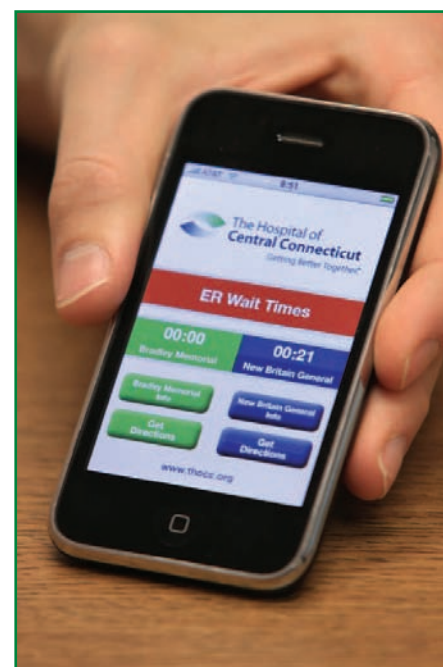
Supporting The Hospital of Central Connecticut's efforts in cancer research, the hospital was recently approved as an active affiliate member institution of the Radiation Therapy Oncology Group (RTOG).

HCC's affiliate member status, effective early November, is through the University of Texas M.D. Anderson Cancer Center. HCC's Department of Radiation Oncology will test novel radiotherapy approaches against cancer, including the Novalis® shaped beam surgery system, which uses precision radiation and speed to treat tumors without surgical incisions, pain or blood loss.

"Our affiliation with RTOG, along with our recent acquisition of the Novalis radiosurgery unit will allow us to treat a variety of cancers in new ways," says radiation oncologist Neal Goldberg, M.D., principal investigator for the research efforts.

Among RTOG trials the hospital plans to conduct are two using Novalis for lung cancer, and trials involving radiation therapy for brain, breast, esophageal, and head and neck cancers.

RTOG, funded mainly by the National Cancer Institute, is a leader in varied research activities involving multiple member hospitals and affiliates. Its focus is on select disease sites, including the central nervous system, head and neck, and lung.



## NEWSnotes

### HCC mourns the loss of Dr. Jolly.



The Hospital of Central Connecticut mourns the loss of Gary P. Jolly, D.P.M., who died Jan. 31. An HCC medical staff member since

1989, he was a former chief of Podiatry and practiced at The Center for Reconstructive Foot Surgery, New Britain. Among his survivors are his wife, Joann, and four children. Donations in Gary P. Jolly's name can be made to ACFAS Legacy Fund for podiatric surgery education and research initiatives, 8725 West Higgins Road, Suite 555, Chicago, Illinois 60631-2724; St. Matthew Lutheran Church, 224 Lovely St., Avon, CT 06001; or to Joslin Center for Diabetes, One Joslin Place, Boston, MA 02215.

**Congrats Dr. Watson!** Pulmonologist Kevin Watson, M.D., recently became board-certified in sleep medicine. This marks his fourth board certification, in addition to internal medicine, pulmonary medicine, and critical care medicine.

**New forms for IS access.** In compliance with the HIPAA Security Rule, The Hospital of Central Connecticut (HCC) will be requiring physician practices to complete forms authorizing which practice members have access to HCC electronic medical record systems. These forms will replace verbal requests. Two forms will soon be distributed to practices:

The hospital electronic medical records access confirmation form will delineate which practice members have access to Cerner PowerChart, EmPOWER and Synapse systems.

A new hospital electronic medical records access request form will serve

as a request for new access and/or changes to MD/staff into the same hospital systems.

Also, practices without current or new access to these hospital systems are required to sign an electronic medical records access agreement that will outline specifics of the new forms and a practice's responsibilities and obligations regarding access. For more information, please contact Catherine Annulli, medical staff informatics liaison, at 860-224-5633.

**New, open MRI at Bradley Memorial campus.** Open MRI of Southington at the hospital's Bradley Memorial campus now has a Hitachi high-field open Oasis™ MRI, the first such system in Central Connecticut. The scanner has a 1.2 Tesla field strength and is open on all four sides. It's especially appealing to people who are claustrophobic or larger in size. Appointments, available 7 a.m. to 9 p.m. Monday through Friday, can be made by calling 860-276-5155.



**Bradley Memorial campus Special Procedures Unit renovated.** The unit's renovations included new furniture, facelifts to the waiting room and front desk areas, and more space for procedures and recovery. Conducted on this first floor unit are endoscopies, minor surgical procedures and some medical procedures, like infusions.

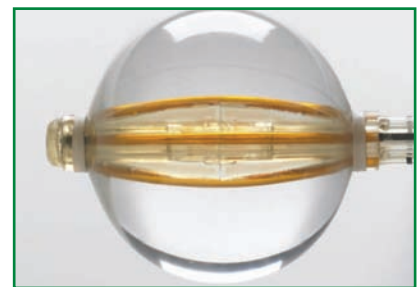
**New brachytherapy treatment available for some breast cancers.** The Hospital of Central Connecticut now offers a new form of temporary

## New Medical Staff appointment announced



Amy M. Johnson, M.D.  
Obstetrics/Gynecology  
Practice: 474 Hudson St.,  
Hartford, 860-972-2780  
Education: University of  
Connecticut School of  
Medicine; obstetrics/gynecology internship and  
residency, Johns Hopkins Hospital, Baltimore.

brachytherapy to treat some breast cancers. SenoRX Contura™ Multi-Lumen Balloon is a type of high-dose rate internal radiation treatment that follows lumpectomy. During treatment, a small balloon catheter is inserted into the lumpectomy cavity where a tumor was removed. Over five days, twice a day, a small, computer-controlled source delivers radiation through the catheter to the tumor site, where it remains in place for about 10 minutes before being withdrawn. When the five-day regimen is complete, the balloon catheter is removed; no traces of radiation remain. The Multi-Lumen Balloon allows for more precise treatment that can be conformed to the shape of the treatment site. Contura is most appropriate for patients with early stage breast cancer.



Contura™ Multi-Lumen Balloon.  
Photo courtesy of SenoRx.

**HCC receives Ryan White Program grant for HIV/AIDS patient care.** The hospital has been awarded a five-month grant of \$60,000 from the Ryan White

Program to provide outpatient care for indigent and underinsured HIV patients seen in HCC's Infectious Disease Clinic. The program is funded with federal dollars through the City of Hartford. The grant is renewable for a one-year period. HCC will seek renewal, says Joseph Garner, director of Infectious Diseases, to support the continued delivery of high-quality health care to this patient population.

**Hospital of Central Connecticut offers prostate cancer support group.** The Hospital of Central Connecticut has resumed its free, monthly support group for prostate cancer survivors and their significant others. The group meets the fourth Wednesday of each month, 6-7:30 p.m., Lecture Room 1, at the hospital's New Britain General campus. The group is facilitated by a nurse and will occasionally feature physicians and other guest speakers. A light supper will be served. Parking in the Quigley garage next to the hospital's main entrance will be validated. Pre-registration is requested. For information or to register, call Marcia Anderson, 860-224-5299.

**Medicine residency program accredited.** On Jan. 31, the University of Connecticut (UCONN) Primary Care Internal Medicine Residency Program, which includes rotation at The Hospital of Central Connecticut (HCC), was granted five-year reaccreditation, the longest possible accreditation cycle.

Residency program director Thomas J. Lane, M.D., FACP, also HCC director, Division of General Medicine and



## Help us go green to save paper and cost!

To help us save paper and cost, we're giving Central Line readers the option of getting the bimonthly physician newsletter via email or U.S. mail. Please contact editor Kimberly Gensicki at [kgensicki@thocc.org](mailto:kgensicki@thocc.org) or 860-224-5900 x6507 with your name and delivery preference. A reminder: Central Line is always available via AINet on the "Physicians" page, and on [www.thocc.org](http://www.thocc.org), "For physicians" page.

Geriatrics, and Medical Education, coordinated UCONN's accreditation preparation. Last February, Lane assumed the role of program director, UCONN Primary Care Internal Medicine Residency Program.

Currently, HCC has about 25 primary care internal medicine residents on site. The UCONN Primary Care Internal Medicine Residency program rotates 51 residents through The Hospital of Central Connecticut, UCONN Health Center and other hospitals, including St. Francis and Hartford. HCC also participates in UCONN School of Medicine residency programs for obstetrics and gynecology, otolaryngology, and general surgery.

**Center accredited.** The Center for Fertility and Women's Health was recently accredited for first trimester Obstetric and Gynecologic Ultrasound by the American Institute of Ultrasound in Medicine (AIUM) for three years. The Center, in New Britain, also serves as a teaching center for ultrasound technology students from the Fox Institute of Business. Center physicians are obstetricians/gynecologists Anthony Luciano, M.D., and Danielle Luciano, M.D., FACOG.

**Practice accredited.** Comprehensive Pain Management of Central Connecticut, LLC, was recently accredited by the Accreditation Association for Ambulatory Health Care. Pain management specialist Eric Grahling, M.D., is director of the practice with locations in Southington, Plainville and Bristol.

**Child Development Center openings available.** The hospital's Child Development Center, New Britain General campus, has various infant openings for children born in spring or summer 2009. Schedules can range from one to five days per week. It also has preschool openings for children who will attend kindergarten in September 2010; schedules can range from one to four days per week. The center accepts children and grandchildren of Hospital of Central Connecticut and Health Alliance affiliate employees, as well as those of HCC attending physicians and their office staffs. For more information, contact Sue Dunn, 860-224-5437, X1, or [sdunn@thocc.org](mailto:sdunn@thocc.org).

*Dr. Hanks Continued from page 1*

Rochester. Hanks also earned a master's degree in medical management from Carnegie Mellon University, Pittsburgh. He is an assistant dean for Graduate Medical Education and an associate professor of medicine, University of Connecticut School of Medicine. Hanks is a member of numerous boards, associations and committees.

## centralline

Central Line is a bimonthly publication for the medical staff of The Hospital of Central Connecticut. To send information, story suggestions or comments, please contact Kimberly Gensicki at [kgensicki@thocc.org](mailto:kgensicki@thocc.org); 860-224-5900 x6507; or via fax at 860-224-5779.

## Nursing teams find ways to reduce costs

Several nursing teams have been involved in three key projects expected to save the hospital an estimated \$950,000 this year.

Part of the hospital's organizational effectiveness program, the teams' projects involve appropriate use of patient sitters, reduced supply expenses and better use of "non-value" nursing hours – those that do not involve patient care.

**Patient sitters team** – found ways to reduce use of sitters, who sit with patients requiring constant observation, without impacting patient care. Results: Between 2008 and 2009, the hospital used 26,000 fewer patient sitter hours, saving around \$312,000.

**Supply issues team** – found ways to reduce key supplies' cost by replacing them with lower-cost, equal-quality products; implementing a program to refurbish non-invasive medical supplies like compression stockings; and making other changes. Expected savings: \$340,000 in FY 2010.

**Non-value nursing hours team** – identified four areas of concern: nurses not taking lunch; tardiness; nurses staying past their scheduled time; and nurses coming in before their scheduled shift. Improvement efforts include encouraging nurses to take lunch breaks to avoid fatigue; working with Human Resources and a hospital-wide team to develop the hospital tardiness policy for all staff, effective last month; and working with clinical managers to reduce "early-in" hours. The team's research estimates that about 10 percent to 15 percent of late-out hours could be avoided and involved issues around inefficient documentation processes and looking for medications and supplies. The team is working on ways to allow nursing to shift this non-value time to patient care time. Expected savings: \$300,000 in 2010.

## Risk management program emphasizes patient safety

The Hospital of Central Connecticut is using a new risk management educational program aimed at complementing ongoing patient safety efforts. The program, which began this past fall, will assist HCC clinical and administrative staffs in understanding medical liability drivers and practical risk management interventions to help improve patient safety.

The educational program's foundational themes or "pillars" are being presented over two years, followed by additional themes. First-year themes are informed consent and documentation/charting, followed by standard of care and patient/provider communications. The program totals five hours and is completed through live sessions, E-learning mini cases via e-mail, and Web-based training. Medical Risk Management, LLC, is coordinating education.

Required participants for the first year are employed physicians, APRNs, PAs, and clinical and senior leadership. Clinical staff members (e.g., nurses, social workers) will begin the program next year. University of Connecticut School of Medicine residents who rotate through HCC are also participating in the program through the school.

For more information, please contact Heather Williams, project manager, Medical Risk Management, at 860-493-5777 or [hwilliams@1mrm.com](mailto:hwilliams@1mrm.com).

### In search of justice *Continued from page 1*

health courts. This would follow the logic of the tax courts, which were created because the vagaries of tax law were felt to be beyond the grasp of a typical jury. The same is true of medical liability; so why not adopt a system that has promoted fairness in the process of tax disputes? The leading proponent of this approach is Phillip Howard, author of *The Death of Common Sense* and founder of Common Good, a national organization intent on liability reform.

Such courts would have specially trained judges who hear nothing but medical liability cases. These judges would be empowered to select appropriately credentialed experts to assist them in understanding cases. The result would be a more reliable and efficient system that would better recognize injury and more promptly apply compensable remedy. Costs would go down and physicians would be free to practice medicine as intended, rather than for protection. I favor a modified version of the model proposed by Common Good in which the judge oversees a panel of three experts, randomly chosen from a pool of board-certified experts in the field. In my version, all actively practicing board-certified licensed physicians would come out of the ordinary jury pools and instead be put into the jury pool for the health court system. Physicians not board-certified or in active practice would revert to the normal jury pool. The panel would hear the case presided over by the specially trained judge, who would issue a verdict informed by an advisory opinion from the panel. In this model, the judge would retain discretion to bring in objective experts.

Here's the problem – just like MICRA and other proposed reforms, health courts eliminate the windfall currently accruing to the pocketbooks of the trial lawyers. The reality is that trial lawyers have no incentive to support any reasonable type of medical liability reform.

## Pharmacy and Therapeutics Committee update

By David L. Girouard, MPH, R.Ph., director of Pharmacy

### Nutritional order sets

The committee reviewed and approved two nutritional-based order sets. The Pressure Ulcer Nutrition order set is new and addresses the special nutritional needs of patients with pressure ulcers. A revision to the Enteral Nutrition order set was approved and is available for use throughout the hospital; formerly, it was used only in critical care areas.

### Ischemic Reperfusion Prevention order set

The Ischemic Reperfusion Prevention (IRP) intravenous formulation is used in the critical care area for post-operative patients who have trauma, sepsis,

or compartmental syndrome. The IRP solution's antioxidant effects may contribute to reducing the inflammatory response associated with trauma.

### Adverse drug reactions

Fifteen adverse drug reactions (ADRs) were reported during the fourth quarter 2009 (October-December). The high-risk, high-alert narcotic medication class was involved in four ADRs (two allergic reactions and two cases of respiratory depression). Antibiotics and contrast media both accounted for three ADRs; all appeared to have been hypersensitivity reactions. No ADR reported this quarter met criteria for FDA reporting.

### Formulary changes

There were no additions or deletions to the Formulary at the December 2009 Pharmacy and Therapeutics Committee meeting.

ADR reporting is an important means by which the medical staff can monitor medications' safe use at The Hospital of Central Connecticut. The information gained here is added to a national database for post-marketing surveillance (FDA MedWatch program). Ninety-two ADRs were reported in 2009; physician reporting accounted for 10 percent of reports. If your patient experiences an ADR, please report this via the ADR Hotline (860-224-5900 X2330). It only takes a few seconds to assist in this important monitoring.

## Make the link tip

The hospital's new Clinical Documentation Program, Make the link, is aimed at helping physicians use terminology truly reflective of the patient's illness severity and mortality risk. Here's a tip to help increase accuracy of public profiling of patients' clinical complexity:

### Renal Failure

#### DX:

Renal Insufficiency  
Renal Failure  
Pre-renal azotemia  
^ Creatinine

#### Link it!

Specify Acute or Chronic  
Specify Stage of Chronic  
I-II = Mild  
III = Moderate  
IV-V = Severe  
ESRD  
Unspecified  
Unknown

A clinical documentation specialist can help you translate "clinical complexity" to "coding" for increased accuracy in your public reporting profile regarding your patients' SOI and ROM. For documentation assistance, available 7:30 a.m. to 3 p.m. weekdays, call 860-224-5900 to speak with clinical documentation specialist R.N.s Janet Colasanto (x2169), Gale Mihalalkos (x2170), or Maryanne Shanley (x2168).



### What doctors are saying about Make the link ...

*"I think this program is helping tremendously in our understanding and knowledge of coding. With specific diagnosis and proper documentation, the whole process of billing, reimbursement and record keeping becomes smooth and proper."*



— Askari H. Jafri, M.D., internist

## Upcoming physician communiqués

To help improve hospital communications to Medical Staff members, here's a schedule indicating when events and other communiqués are expected.

**April 26** Staff Executive Committee proceedings

**May 31** Staff Executive Committee proceedings

**June 3** Quarterly Medical Staff meeting, 7:45 a.m., Cafeteria

**June 4** *Central Line* distributed

## So much fun at the Healthy Family FunFest!

Nearly 2,000 people attended the March 7 Healthy Family FunFest at the Aqua Turf. The free event, presented by The Hospital of Central Connecticut, Central Connecticut Senior Health Services and Southington-Cheshire Community YMCAs, featured nearly 80 booths with information and activities for people of all ages.



*Above: Nancy Crampton, R.N. (left), and Celeste Armstrong, R.N., CNOR, clinical manager, both of Perioperative Services, speak to a booth visitor.*

*Right: From the Grove Hill Medical Center booth are (from left, front) medical assistants Brianne Groth and Karen Graham; and (from left) M.D.s Michael Posner, Paul Ceplenski, George Melnik, Catherine Holmes, and Katarzyna Wadolowski.*



at New Britain General and Bradley Memorial

The Hospital of  
Central Connecticut



IMPORTANT NEWS  
FOR OUR PHYSICIANS

100 GRAND STREET, NEW BRITAIN, CT 06050

A PUBLICATION FOR THE MEDICAL STAFF OF  
THE HOSPITAL OF CENTRAL CONNECTICUT

centraline

NONPROFIT ORG  
US POSTAGE  
PAID  
NEW BRITAIN CT  
PERMIT NO. 905