

# central line

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

## Recognizing barriers to prevent patient readmissions

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



One in five Medicare patients admitted to a hospital is readmitted within 30 days. For those with heart failure, a frequent cause of admission, the number is one in four. Current Center for Medicare and Medicaid Services (CMS) payment for Medicare patients readmitted within 30 days is \$17 billion. As of this article's early December writing, the Obama administration was banking on eliminating "waste" to pay for two-thirds of the nearly trillion dollar cost of the health reform under debate. Therefore, it's not hard to see why there's an interest in reducing readmissions.

The mistake we all fear government will make is to assume that an overwhelming number of these are avoidable through some intervention that apparently is now lacking for any num-

ber of reasons. The feds estimate that nearly three-quarters of Medicare readmissions within 30 days are preventable. That seems very high intuitively, but undoubtedly, some percentage of readmissions is amenable to elimination. However, it's a leap to suggest all responsibility for readmissions should fall to hospitals, the current target of initiatives to recoup payments for presumed defective inpatient care. Indeed,

pilot studies currently being conducted demonstrate how complex the situation is, a message the government and third-party payers need to heed if they're to build a fair reimbursement system with properly constructed and aligned incentives.

The Care Transitions Project is the CMS demonstration now under way in 14 states to test how the readmission

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### *ED wait times on display!*

Emergency Department (ED) wait times for The Hospital of Central Connecticut's New Britain General and Bradley Memorial campuses are now available on the hospital Web site, [www.thocc.org](http://www.thocc.org).

Wait times are automatically updated every five minutes on the site as well as on a flat screen in the New Britain campus ED lobby. The display also includes a rotating series of short messages with important information for patients.

"No one likes to wait, especially if they are sick or injured," says Jeff Finkelstein, M.D., the hospital's chief of Emergency Medicine. "By displaying both campus wait times, we hope to give patients a choice. This is part of our efforts in the ED to enhance customer service and exceed our patients' expectations."

The hospital's ED is one of the busiest in the state, with more than 100,000 visits in fiscal year 2009 for both campuses combined. Despite this volume, HCC's ED has some of the shortest wait times in the country, with 90 to 95 percent of patients seen by a physician or physician assistant within 60 minutes.



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*First hospital in Greater Hartford using technique*

## Surgeon uses one small incision for gastric banding bariatric surgery

The Hospital of Central Connecticut (HCC) is the first hospital in Greater Hartford to offer minimally invasive gastric banding bariatric surgery that uses only one small incision. This new technique offers patients reduced post-operative pain and less scarring.

HCC bariatric surgeon Carlos Barba, M.D., medical director of bariatric surgery, makes a single one-inch incision in the belly button, vs. several small incisions throughout the upper abdomen for laparoscopic adjustable gastric band surgery.

“This is a technique that mini-

mizes the post-operative pain in patients having a laparoscopic adjustable gastric band,” says Barba. “Cosmetically, it is also more attractive.”

Barba and HCC bariatric surgeon Nissin Nahmias, M.D., received training in the new technique and plan to make it the primary gastric banding method. It can be used with either the LAP-BAND® or REALIZE® adjustable gastric banding systems.

“Every patient we’ve offered this to jumped on it. It’s very exciting to us and raises the bar to a higher level of satisfaction for our patients,” says Nahmias.

Through the one incision, used as an entry port for the procedure, an insert is placed within the body and used to exchange medical instruments, including a camera for procedure visualization. Patients are hospitalized overnight or go home the same day.

HCC is a designated Center of Excellence by the American Society for Metabolic & Bariatric Surgery (ASMBS); Barba is the hospital’s only designated Bariatric Surgery Center of Excellence surgeon. The hospital also offers Roux-en-Y gastric bypass bariatric surgery.

### Recognizing barriers to prevent patient readmissions *Continued from page 1*

problem can be addressed. Initiated last April, the project is designed to improve care coordination and service provision at discharge into the outpatient setting and beyond. The thought is that applied resources will help control chronic disease, thus lowering hospital readmission risk. Initial results are not earth-shattering. Barry Straube, M.D., CMS chief medical officer, was recently quoted as saying the demonstration has started to “inch” readmission rates down. Hardly the result one would expect if the feds are correct that the overwhelming majority of readmits are preventable. So what are the barriers?

First and foremost is the individual patient. We physicians know patients vary greatly in their motivation and desire to do what’s necessary to maintain optimal health. The rare patient takes all a physician’s advice to heart and faithfully follows instructions to a “T.” Most patients take their medication, but how many never miss a dose? Most try to watch their diet, but how many never

cheat when it comes to sugar, fat, salt or whatever it might be they should avoid? Patients with chronic disease often have multiple conditions, making compliance more difficult, and they vary in their education level, health literacy and resource availability.

Second is the outpatient care system. It’s marked by fragmentation and limited in service scope. Medical record systems are rarely seamlessly interoperative across the care continuum. Adding to this is that a chronic disease patient often has multiple physicians and there are often communication lapses among the providers, both potential outpatient service providers and physicians.

Third is misaligned incentives. Physicians earn more from daily E&M services provided in an inpatient setting than they do struggling to manage a tenacious patient in the outpatient setting. In fact, a physician’s herculean efforts to prevent an inpatient admission may be entirely without recompense. The DRG system, which essentially caps payment

for any given inpatient diagnosis, promotes a push toward rapid discharge and minimal use of resources as everything comes out of the single capitated payment. Until the payment system is reformed to align incentives, so only the right care is provided at the right time and in the right location, inefficiencies like avoidable readmissions will continue.

So where is all this heading? The Care Transitions Project is slated to run through 2011, but CMS may use the blunt stick of jiggering with the reimbursement system to force changes and guarantee a certain recovery of dollars for the Medicare program. This would undoubtedly take the form of a move to no pay or partial pay for readmissions for certain diagnoses. If this happens, the hospital will need to find innovative ways to partner with the medical staff so HCC will get incentives aligned to assure provision of excellent care while minimizing readmission risk.



## 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:

### **DX: Anemia**

? H+H \* Symbols can't be coded!

Needs transfusion

Anemia

### **Link it!**

Specify type of anemia

Acute blood loss anemia

Anemia of chronic disease

Aplastic anemia

Expected post-operative acute blood anemia

Clinical documentation improvement RNs, at the New Britain General and Bradley Memorial campuses 7:30 a.m. to 3 p.m. weekdays, review charts and make physician queries verbally or in the chart to translate clinical terminology to an accurate code. For documentation assistance, call 860-224-5900 to speak with clinical documentation specialist R.N.s Maryanne Shanley (x2168), Janet Colasanto (x2169) or Gale Mihalalkos (x2170). If you'd like a session at your office on how to translate "clinical"



Pictured are (standing, from left) R.N.s Gale Mihalalkos and Janet Colasanto. Viewing a chart are Maryanne Shanley, R.N., and Robert Malkin, M.D.

to "coding" for accurate public reporting of illness severity and mortality risk of your hospitalized patients, please contact Brenda Robertson, B.S.N., CCMC, CPHM, director, Patient Care Coordination, at 860-224-5900 x6266 or via email at brobertson@thocc.org.

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

*"The clinical documentation specialists leave notes in charts asking for clarification of certain documents. It helps us to clarify or add specificity to our diagnosis. By responding and providing, it allows the hospital to capture the severity of patients being taken care of at HCC. That will have enormous positive benefit in terms of reimbursement as well as hospital-specific and physician-specific mortality rates that will be available soon. So it's in everyone's interest to look carefully at the clinical specialist's questions and respond to their requests for improved documentation."*

Michael Grey, M.D., M.P.H., FACP, chief, Department of Medicine

*"I am very happy to have the service provided by the clinical documentation specialists available at our hospital. It definitely helps us in keeping our documentation complete, current and thorough. I expect this service should significantly help us in continuing to bill appropriately while also limiting our liability."*

— Robert Malkin, M.D., cardiologist

## Grey's commentary in JAMA

An article on healthcare cooperatives by Hospital of Central Connecticut Chief of Medicine Michael Grey, M.D., M.P.H., FACP, appeared in the Dec. 16 issue of the *Journal of the American Medical Association (JAMA)*.

The commentary article, "Health Insurance Cooperatives: Lessons from the Great Depression," traces the origins, implementation and successes of healthcare cooperatives, focusing primarily on federally sponsored initiatives during the Great Depression.

Grey's articles addresses a historical perspective on healthcare cooperatives, and advantages and disadvantages of the concept, introduced as part of the agenda on healthcare reform by Sen. Kent Conrad of North Dakota.

This was Grey's first article in *JAMA*. He is a recognized authority on the history of national health insurance reform in the U.S. and the arena of medicine and health care during the Great Depression and New Deal era. He has published widely in the areas of public health, medical education, and history of medicine. Grey wrote *New Deal Medicine*, published in 1999.



## NEWSnotes

**Hanks added to Council.** Steven D. Hanks, M.D., MMM, FACP, senior vice president of Medical Affairs and Chief Medical Officer, has been named to Press Ganey's National Physician Advisory Council.

**N4 clinical manager named.** Kathleen Lundquist, R.N., MSN, has been



named N4 clinical manager. Before joining The Hospital of Central Connecticut, she was nurse manager of the Emergency

Department/Urgent Care Center for nine years and nurse manager of the Cardiac Step Down Unit for three years at John Dempsey Hospital, Farmington. She has more than 30 years of nursing experience, including more than 20 years in management/leadership roles. Lundquist earned her bachelor's and master's degrees in nursing from the University of Connecticut School of Nursing.

**Administrative changes in Hospitalist Program.** Karim Namek, M.D. (top



photo), has joined The Hospital of Central Connecticut as director of the Hospitalist Program, and Neeraj K. Kalra, M.D., is now program associate director. Most recently, Namek was Hospitalist director at New Milford Hospital; prior to that, he was a hospitalist at Danbury

Hospital. Namek earned his medical degree at St. George's University School of Medicine, Grenada. He completed an internal medicine internship at Danbury Hospital and a hepatology and liver transplantation fellowship at

### Cardioversions now conducted in Cardiac Catheterization Lab

Effective Feb. 1, elective outpatient cardioversions at The Hospital of Central Connecticut New Britain General campus will be scheduled and performed in the Cardiac Catheterization Lab. Cardioversions, with or without transesophageal echocardiogram, will be performed Tuesdays and Thursdays at 8:30 or 9:30 a.m. in the Cardiac Cath Lab; an anesthesiologist will be present. Recovery will be in CV/Angio holding room. Elective inpatient cardioversions will occur in cardiology. Emergent inpatient cardioversions continue to be managed on patient care units, and Emergency Department patients requiring cardioversion will be managed by the physicians in the ED. Attending physicians were recently sent information regarding this change, which further supports the hospital's effort to provide a consistent, safe environment for such patients. For more information, please contact Linda Frigon, R.N., M.S.N., interim chief nursing officer, at 860-224-5227.

Columbia University College of Physicians and Surgeons, New York City. Kalra, with HCC since 2008, earned his medical degree at American University of the Caribbean School of Medicine, St. Martin. He completed an internship and residency in internal medicine at Wayne State University/Detroit Medical Center, Detroit.

### Weigert named Health Care Hero.

Radiologist Jean Weigert, M.D., was named a *Hartford Business Journal* Healthcare Hero in the category Advancements in Healthcare-Innovation. She was honored at a Jan. 28 awards event at the Connecticut Convention Center. Her nomination noted that she "shows tremendous commitment to her field as a patient advocate, researcher, and contributor to professional organizations." Last April, Weigert received the 2009 Breast Journal Abstract Award for an unprecedented two-year study she led showing measurable value of a gamma imaging test over ultrasound in detecting breast cancer as a follow-up to mammogram.



**The late Bridget Wheeler honored.** On Dec. 17, the hospital's board of directors approved a resolution

recognizing the dedicated service of the late Bridget Wheeler, vice president of Patient Care Services, who passed away Dec. 9, 2009. Wheeler had a long and distinguished career as a nurse, nursing instructor and nursing leader. Donations in her memory may be made to The Hospital of Central Connecticut, for nursing education, c/o the HCC Development Office, 100 Grand St., New Britain, CT 06050.

### Administrators conduct rounds.

Weekly, HCC administrators are visiting patient care units or ancillary departments at both campuses to talk with staff about what the hospital can do to improve patient care, safety and satisfaction. Linda Frigon, director of Patient Care Services and interim chief nursing officer; Clarence Silvia, senior vice president and chief operating officer; and Steven Hanks, M.D., senior vice president of Medical Affairs, participate in the Leadership WalkRounds™ which began in September. The Institute for Healthcare Improvement developed WalkRounds as one way to help build an organization's safety culture. Rounds are designed to promote discussions between senior leaders and front-line staff about patient safety and other care issues, and show leaders' commitment to safety and quality.

## New Medical Staff appointments announced

Jennifer Decker, D.P.M.



**Podiatry**

**Practice:** The Center for Reconstructive Foot Surgery, One Liberty Square, New Britain, 860-229-2807

**Education:** Dr. William M.

Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science, North Chicago, Illinois; podiatric residency, St. Joseph Hospital as well as Thorek Memorial Hospital/Weil Foot and Ankle Institute, Chicago; fellowship, reconstructive foot surgery, The Hospital of Central Connecticut.

Yu Ming Victor Fang, M.D.



**Maternal Fetal**

**Medicine/Obstetrics & Gynecology**

**Practice:** 85 Jefferson Street, Hartford, 860-545-2884

**Education:** School of Medicine

at Stony Brook University Medical Center, Stony Brook, N.Y.; obstetrics/gynecology residency, Winthrop University Hospital, Mineola, N.Y.; maternal-fetal medicine fellowship, University of Connecticut Health Center.

Aly Hemdan Abdalla, M.D.



**Pulmonary and Critical Care Medicine**

**Practice:** Giosa & Brown Pulmonary Associates, 455 Lewis Avenue, Meriden; 203-238-9726

**Education:** University of Cairo, Egypt; internal medicine residency, Bridgeport Hospital; pulmonary and critical care medicine fellowship, Memorial Sloan-Kettering Cancer Center, New York City.

Karim Namek, M.D.



**Hospitalist Program**

**Practice:** The Hospital of Central Connecticut

**Education:** St. George's University School of Medicine, Grenada; internal medicine

internship, Danbury Hospital; hepatology and liver transplantation fellowship, Columbia University College of Physicians and Surgeons, New York City.

Aaron Shafer, M.D.



**Gynecologic oncology**

**Practice:** 85 Seymour St., Suite 705 Hartford, 860-545-4341

**Education:** University of Pittsburgh School of Medicine;

obstetrics/gynecology residency, Women and Infants Hospital of Rhode Island, Providence, R.I.; gynecologic oncology fellowship, University of North Carolina Hospital, Chapel Hill, N.C.

**Hospital elects board members, corporators.** At The Hospital of Central Connecticut's annual Corporators Meeting Dec. 16, six people were elected to the hospital's board of directors; two were elected directors emeriti; and 26 area residents were elected hospital corporators. The Rev. Thomas A. Mills Jr. was elected a new hospital director. Five directors were re-elected at the meeting: Letterio Ascuito, M.D., Anthony Ciardella, M.D., Joseph R. Crispino, John S. Manning and William W. Weber. Two directors emeriti were elected: Harry N. Mazadoorian and Laurence A. Tanner. At its Dec. 17 meeting, the hospital's board of directors elected John S. Manning board president, John E. Dillaway vice chairman, and William W. Weber secretary.

**HCC part of statewide collaborative regarding heart failure.** The Hospital of Central Connecticut will be participating in a statewide collaborative that begins this month in an effort to help reduce readmission rates for heart failure patients. The collaborative, sponsored by the Connecticut Hospital Association Patient Safety Organization and Qualidigm, is aimed at developing standardized processes for heart failure care. The HCC team involved in the effort will include representatives from executive leadership, Quality Improvement, Medical Staff and Care Coordination.

**Diagnostic center accredited.** The Hospital of Central Connecticut's Newington Diagnostic Center, 66 Cedar St., recently received three-year accredi-

tation in mammography from the American College of Radiology (ACR). Accreditation is awarded to facilities that have achieved high practice standards. ACR's board-certified physicians and medical physicists evaluate the qualifications of a facility's personnel and adequacy of equipment.

**HCC represented on float in Tournament of Roses Parade.** The Hospital of Central Connecticut honored families of HCC patients who were organ donors through roses placed on the 2010 Donate Life Rose Parade Float, New Life Rising, in the Jan. 1 Tournament of Roses Parade. HCC's representation in the parade reflects efforts of the medical and nursing staffs in promoting tissue and organ donation at the hospital.

## D2B time should decrease STEMI patients' EKGs confirmed before hospital arrival

To speed door to balloon (D2B) time for patients with ST-elevation myocardial infarction (STEMI), The Hospital of Central Connecticut and New Britain Emergency Medical Services are collaborating in the use of a new, computerized system that transmits an incoming patient's EKG readings to the hospital.

New Britain EMS uses the Web-based LIFENET® System to transmit a patient's 12-lead EKG to the HCC Emergency Department at the New Britain General campus before a patient's arrival. If an ED physician confirms that a STEMI is present through the transmission, an angioplasty suite can be immediately set up for emergent percutaneous coronary intervention (PCI) conducted by an interventional cardiologist to improve

blood flow to the heart.

Jeffrey Finkelstein, M.D., chief of Emergency Medicine, says the new LIFENET system will be a "tremendous" asset. "If we can save time and get the process started before the patient even arrives in the ER, every minute we save is a better outcome for the patient."

Interventional cardiologist Manny Katsetos, M.D., says, "This Web-based system elevates STEMI care to a whole new level that will ultimately save lives."

If the initial field EKG indicates a STEMI, the angioplasty suite would be set up by the time a patient arrives at the ED for assessment, says Robert Flade, R.N., M.S., director, Emergency Department. "We should be able to

reduce our door to balloon time dramatically," he adds, noting the hospital's D2B time is already above the 50th percentile reaching top 10 percent for five months through September 2009 nationally of the recommended 90 minutes or less, per American Heart Association and American College of Cardiology guidelines.

Bruce Baxter, CEO, New Britain Emergency Medical Services, Inc., says adopting the new system "is all about improving outcomes and it demonstrates the close, collaborative relationship that New Britain EMS has always had with the hospital."

The hospital may also receive STEMI readings from other emergency medical services providers who may also have the LIFENET system.

## Having a ball for a great cause

The New Britain General campus Auxiliary's 2009 Chrysanthemum Ball raised more than \$115,000 toward development of a comprehensive breast center for patients with breast disease. The November ball was held in honor of the achievements of Laurence A. Tanner, president and CEO of The Hospital of Central Connecticut and Central Connecticut Health Alliance.



Hospital President and CEO Laurence A. Tanner, center, with his wife, Jan, and father, Sylvan.



Richard Steinmark, M.D., Linda Steinmark; Dawn and Jeffrey Finkelstein, M.D.



Michael and Joanne Humen, son-in-law and daughter of James Massi, M.D., Surgery, far right. Aletta Chamberland, Radiology, is third from left.



Andrea Cooper and Raphael Cooper, M.D.

## Pharmacy and Therapeutics Committee update

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

### Order discontinuation alerts

The Committee approved a set of order discontinuation alerts designed to prevent a medication's inadvertent automatic discontinuation since every medication is entered into the computer system with a stop date. With the new alert process, a physician will receive an alert when entering the patient's Cerner record that the medication order is due to expire within 36 hours. A secondary alert will occur if the medication is not renewed and is automatically discontinued. This new system's implementation date will be announced.

### Levalbuterol (Xopenex®) automatic substitution

The Pharmacy and Pulmonary Medicine developed a levalbuterol to albuterol therapeutic interchange. Albuterol will be substituted for levalbuterol unless the latter is specifically requested by a pulmonary attending physician.

### Drug shortages

The Committee reviewed the numerous drug shortages we are experiencing and discussed alternate therapies where

### Formulary changes

The following changes are from the October 2009 and November 2009 Pharmacy and Therapeutics Committee meetings.

#### ADDITIONS

Medication	Use
Dronedarone (Multaq®)	Oral anti-arrhythmic
Prasugrel (Effient®)	Platelet inhibition
Nebivolol (Bystolic®)	Antihypertensive

#### DELETIONS

Medication	Reason
Chlorothiazide injection (Diuril®)	Lack of use

available. Drug shortages are common and it's pharmacy policy to address particular shortages with physicians responsible for the primary use of a given medication.

### Heparin strength changes

U.S. manufacturers of heparin products have started using a new assay, which includes a changed reference standard and testing method in accordance with

updated United States Pharmacopeia (USP) standards. This change decreases heparin potency by approximately 10 percent. For example, the new heparin products will be rated at 5,000 units, but will only have the potency of 4,500 units of the prior product. No dosing changes are proposed in response to the potency decrease.

## N3 honored for successful fall-prevention efforts

The N3 nursing unit at the New Britain General campus has received an Excellence in the Workplace award from the Connecticut Nurses Association for its fall prevention efforts. The award was presented at the association's annual convention in October. N3's Fall Prevention Project Team, comprising nursing technicians and registered nurses, began meeting in June 2008 to review literature on falls and generate ideas on fall prevention. Based on team recommendations, N3 implemented several changes in addition to existing hospitalwide fall-prevention protocols. Changes included outfitting every bed with an alarm and training all staff in alarm use; ensuring fall-prevention equipment is easily accessible; conducting hourly rounds to help patients with toileting and other needs; and taking special measures to re-orient confused patients. Within one month of implementing the Hourly Rounds, patient falls decreased from 14.3 to 2.5 falls per 1,000 patient days. In the following 53-day period N3 had a "0" fall rate. The hourly rounds are being implemented in other units throughout the hospital.

## Upcoming physician communiqués

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

- Feb. 22** Staff Executive Committee proceedings
- March 4** Quarterly Medical Staff meeting, 7:45 a.m., Cafeteria
- April 2** *Central Line* distributed

## 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.

## Team achieves \$410,000 in HCC savings

A team of employees from three departments at the New Britain General campus has achieved \$410,000 in inventory cost-savings. The team, representing Sterile Processing Department (SPD), the OR, and Ambulatory Services Unit, reviewed surgical and medical supply storage areas hospitalwide, removing supplies not needed, increasing space for storage or other uses. The team also reduced overstocked items, concentrating on high-cost items and trimming disposable supply kits, including an orthopedic supply kit. Originally \$1,281, the new orthopedic kit now costs \$569; \$4,000 in annual savings are expected. The smaller kit, also six pounds lighter, will allow for more storage space. Over the next six months, the team aims to achieve an additional \$100,000 in cost savings. SPD technicians Gina Libassi (left) and Linda Ouellete are pictured with the small-er orthopedic kit and the larger kit no longer in use.



at New Britain General and Bradley Memorial



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