

Vital Signs FOR SUCCESS



Committing to the Highest Quality

Jillian Planz, Patient
Access Coordinator at
New Milford Hospital

Advancing Aneurysm Care

The Importance of
Palliative Care

News from Norwalk

A New Way to
Detect Lyme

MAKO Makes the Scene

Global Health Education
Offers Hope



Letter From John Murphy, MD



Dear WCHN Employees,

The integration of Norwalk Health System and WCHN is truly solidifying. Many of our support functions, such as Human Resources, Finance, Information Technology and the WCHN Foundation, are already operating to serve the overarching network. In the upcoming weeks we will roll out network-wide goals and metrics, we'll bring our Norwalk colleagues into our wellness program, and we will all be on the same benefits platform. A bit further down the road, we'll introduce a new "parent" brand for our Network that will tie together all of our affiliates.

In spite of the great changes we are all adapting to, our shared mission to improve the care and wellness of our patients has never wavered. Among the patient-centered initiatives in this issue are:

- The steps we're taking to improve our quality scores and reduce the risk of mistakes through proven High Reliability Organization measures.
- The research we're conducting and technology we're using to help diagnose and treat Lyme disease sufferers.
- Numerous innovations we've implemented to make our patients' surgical experience less invasive and more comfortable. These include MAKOpasty® for partial joint replacement, FEVAR for abdominal aneurysm repair and radioactive seed localization for breast cancer diagnosis and treatment.

- How we're applying the experience of our Global Health Education participants to benefit patients, medical students and physicians both abroad and here at home.
- The partnerships through which we've secured funding and additional resources—such as Project LEAN in Norwalk.
- The overall compassion of our staff and volunteers – as with the Hearts of Hope program.

Vital Signs has traditionally been distributed to "legacy WCHN" employees. But, beginning in early 2015, we'll have a single newsletter for employees across the network, with stories that illustrate how each of our entities is contributing to our mission and results. Your story ideas and feedback are always welcome and should be sent to vital.signs@wchn.org.

As always, your efforts and successes bring our mission to life. We look forward to sharing them in future issues!

John M. Murphy, MD



PRESIDENT AND CEO
Western Connecticut Health Network

On the Cover



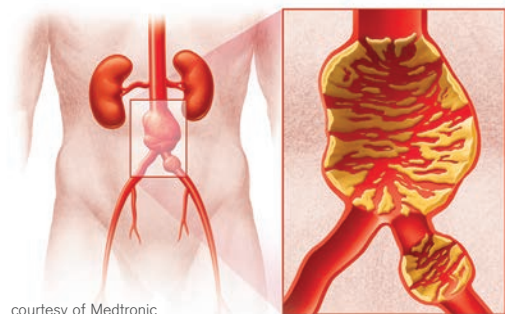
Jillian Planz, Patient Access Coordinator in New Milford Hospital's Emergency Department, was one of the Soarian Super Users who helped on "day one" of the hospital's Soarian launch.

As part of the process of sharing a single license with Danbury Hospital, New Milford Hospital had to move its clinical applications off of Meditech and onto the Soarian platform – a huge undertaking.

At midnight on Tuesday, September 30th, the Soarian Clinical IT platform and all its associated software programs went live at New Milford Hospital. Congratulations to the staff for putting in the extra time to learn the new systems, for the inspirational peer coaching, the use of your own time to create helpful notes to be shared with your colleagues, and the many other examples of teamwork and the patient focus that is our culture.

Thank you to all the clinical and ancillary staff involved in this undertaking and a special thanks to all our IT partners who helped with a successful launch!

Advancing Aneurysm Care with FEVAR



courtesy of Medtronic

In October, Danbury Hospital became one of only four Connecticut hospitals to offer an innovative, minimally invasive surgical treatment option for a condition called abdominal aortic aneurysm. The procedure, fenestrated endovascular abdominal aortic repair (FEVAR), is considered the next major advancement in aneurysm management.

“An abdominal aortic aneurysm is a weakness of the abdominal aorta that has a tendency to produce an enlargement of the blood vessel,” said vascular surgeon Dr. Richard Hsu, of the Western Connecticut Medical Group. A FEVAR is a less invasive surgical treatment option to the traditional open aneurysm repair for patients with this complex condition, and it requires a shorter recovery period.

Dr. Hsu performed the hospital's first FEVAR on Alana Glaser, 67, a retired nurse from Bethel and a former longtime resident of New Milford. Despite learning about her difficult diagnosis, the timing could not have been better for Glaser, who has other medical conditions. The recent availability of FEVAR at Danbury Hospital offered her the option to undergo this revolutionary new procedure rather than the traditional open surgery.

Dr. Hsu performed the FEVAR procedure inside Glaser's aorta using long, thin catheters to implant a custom-made stent that is surrounded with a fabric liner to reinforce any weak spots. Every patient's anatomy is different, so with FEVAR, the stent is made specifically to fit an individual patient's anatomy based on a 3-D computer model from a CT scan.

Most patients who undergo FEVAR avoid intensive care admission, as did Glaser, who was discharged a day after the procedure and was able to resume normal daily activities soon after. FEVAR procedure patients do require lifelong monitoring of the stent graft, but the short-term advantages are clearly evident.

Along with Dr. Hsu, experienced vascular and endovascular surgeon Dr. Alan Dietzek, Chief of Vascular and Endovascular Surgery and the Linda and Stephen R. Cohen Chair in Vascular Surgery at Danbury Hospital, is also performing FEVAR at Danbury Hospital.

The FEVAR procedure has the potential to be of great benefit to the estimated 1 million people who suffer from abdominal aortic aneurysm in the United States, according to the Centers for Disease Control and Prevention (CDC).

Ebola Preparedness

Western Connecticut Health Network is fully prepared to respond to Ebola and is committed to protect our staff, patients, visitors and members of our communities. In the unlikely event that we were to have a patient present with Ebola-like symptoms, we have specialized teams in place at all three hospitals that have been trained on the necessary protocols, procedures and protective equipment required to safely screen and isolate patients.

We are following a Network-wide approach to inform, train and prepare our staff to manage any potential encounters with the disease. Our medical team – including highly

trained infectious disease specialists and infection control nurses – is current on all approaches, protocols and procedures recommended by the Centers for Disease Control and Prevention (CDC) as well as best practices identified by the hospitals which have successfully treated Ebola patients here in the US.

We will continue to update you as this situation evolves to help you stay current on the issues. For general information about the disease, reliable sources include: www.cdc.gov and www.ct.gov/dph/. You can also visit the intranet to view a special Ebola video created especially for employees.



Danbury Hospital breast cancer patient Gigi Adams experienced the RSL procedure

Radioactive **SEED** Localization

Makes Breast Surgery More Accurate and Comfortable

How can breast surgeons remove a spot in a woman's breast that they are not even able to feel? This is a challenge breast surgeons often face.

The traditional way is for a radiologist to place a thin, flexible wire into the breast. One end of the wire marks the spot to be removed and the other end sticks out of the skin, so the surgeon can follow the wire to the appropriate spot.

This is not always the easiest procedure – wires may shift, their precision can vary, and sometimes the wire follows a long and twisty course through the tissue, making the targeted spot more difficult to find. The wires need to be placed on the day of surgery – making the surgery day longer (with nothing to eat or drink prior to surgery). The wire can be in place for hours and can sometimes be uncomfortable.

WCHN is the first healthcare provider in Connecticut to offer a new technology to accurately locate these spots that cannot be felt: radioactive seed localization (RSL). A tiny radioactive pellet – a “seed” – is placed into the breast by a radiologist a few days or even up to a couple of weeks before the surgery. A bit larger than a grain of rice, the seed contains a very safe, tiny dose of radioactivity. It can localize the spot more precisely than a wire and does not protrude from the skin or cause discomfort. In fact, most women say they don’t feel the seed when it’s in place.

On the day of surgery, a small, hand-held probe that detects radioactivity leads the surgeon directly to the seed placed at the affected spot. This helps ensure the incision is made precisely at the area that needs to be removed. After the removal, the tissue is X-rayed to determine the right spot was located, and the X-ray and probe confirm that the seed has been removed. Once the seed is out, no radioactivity remains in the breast.

RSL can be used to target spots for biopsy or to localize cancers for lumpectomy. Use of the “seed” improves the patient’s experience and may allow the breast surgeon to perform more precise, accurate surgery.

Wilton pre-school teacher Joanne “Gigi” Adams, 54, is one patient who had RSL. During her routine mammogram, a small lump was detected and then determined by a biopsy to be malignant. Gigi was referred to fellowship-trained, dedicated breast surgeon Dr. Valerie Staradub. “I was frightened about the diagnosis, and also about the traditional localization process, because some of the women I knew said it could be painful and uncomfortable,”

said Gigi. So when Dr. Staradub offered Gigi RSL as an option, she was relieved. The implantation of the radioactive seed took 15 minutes under local anesthesia, and was virtually painless. The next day, Dr. Staradub used RSL to perform the successful breast surgery.

Gigi is currently cancer-free, and undergoing chemotherapy under the care of medical oncologist Dr. Jennifer Zikria at Danbury Hospital’s Praxair Cancer Center. “I would recommend Danbury Hospital to everybody,” she says. “This team was very professional, compassionate and kind to me and my family. I couldn’t ask for better care!”

For information about breast care at WCHN, call 800-210-1853.

“This team was very professional, compassionate, and kind... I couldn’t ask for better care.”

– GIGI ADAMS



Community Care Team



Olga, pictured above right, receives a hug from Judy Pedersen, Hearts of Hope executive director.

PAYING IT FORWARD

with Hope

Norwalk Hospital volunteer Olga Taborda was overwhelmed as she received a "Heart of Hope" from her son, Phil, a Norwalk police officer. Hearts of Hope is a "pay-it-forward" program designed to spread hope through art and the creation of hand-painted ceramic hearts delivered as gifts to people going through difficult times.

Phil was the recipient of his own Heart of Hope last December as a first responder of the Sandy Hook school tragedy. Phil was so touched by the power of this tiny treasure, he personally took time to visit the New Jersey fourth-grader who painted his Heart of Hope. As a witness to this kind gesture, Olga, a 23-year breast cancer survivor, was inspired to create nearly 100 Hearts of Hope to be given to the patients she has been serving at the Whittingham Cancer Center (WCC) for the past 13 years.

One August afternoon, Olga arrived at WCC to distribute the hearts she created only to be surprised by her son – who presented his mother with his own Heart of Hope in honor of her

commitment to the patients at WCC. Phil calls his mother "an angel," because of the "enormous pride she takes in spending time with patients."

As a community service program, Hearts of Hope comprises a nationwide group of volunteers who create and distribute beautiful keepsake hearts, with messages of hope, to people in need. Since 2002, the program has delivered nearly 50,000 hearts nationwide. For more information, check out www.ourheartsofhope.org or call 973-224-6900.

Grant Supports Care Team Navigator

Norwalk Hospital recently received a \$31,200 grant from the Fairfield County Community Foundation (FCCF) to improve public health in Greater Norwalk by bringing on a Community Care Team (CCT) Navigator. CCTs are population-based treatment models that work to improve health outcomes and reduce avoidable costs, especially for individuals with complex or chronic conditions.

Norwalk Hospital's Mental Health/Substance Abuse (MHSA) CCT was developed in response to public health needs identified in the 2012 Greater Norwalk Community Health Assessment (CHA), a collaborative, community health planning process led by Norwalk Hospital and the Norwalk Health Department. The CHA ranked mental health and substance abuse among the top three public health concerns in the Greater Norwalk area.

The FCCF grant will subsidize the work of Norwalk Hospital's MHSA CCT Navigator, who provides patient-centered care to targeted individuals as well as referrals to Greater Norwalk community-based mental health, substance abuse and housing agencies. The one-year, full-time navigator position is a vital community liaison who coordinates and leverages existing community-based resources.

The MHSA CCT builds upon and expands best practices and community collaboration gained through the Greater Norwalk Opening Doors CCT, which addresses the physical and health needs of homeless individuals. CCTs have been implemented with great success in other Connecticut communities. Middlesex Hospital was among the first to use this strategy, which resulted in significantly improved quality of care and health outcomes.

"We must have effective community collaboration if we are to successfully treat the chronically mentally ill, homeless and substance-abusing populations," said K. Tait Michael, MD, a psychiatrist and Norwalk Hospital consultant who is guiding the MHSA CCT effort. "Great work is being done, and we now have the opportunity to combine efforts toward the common goals of housing and appropriate treatment."

First County Bank Foundation Renews Funding for Project LEAN

For the fourth consecutive year, the First County Bank Foundation has supported Norwalk Hospital's involvement in Project LEAN, which has proven successful in reducing obesity rates among student participants.

The Norwalk Hospital Foundation received a \$10,000 grant from the First County Bank Foundation to help fund a registered dietician from Norwalk Hospital to engage students through hands-on nutrition education, physical activity, gardening and cooking. Other Project LEAN activities include "Breakfast Boot Camp," for



Project LEAN in action!

which children can choose to arrive at school early for exercise and a nutritious breakfast, as well as monthly events to encourage parent involvement.

Created in 2010 through a collaborative partnership between Norwalk Hospital, Pepperidge Farm, the Norwalk Health Department, and Jefferson Elementary School, Project LEAN, (Learning with Energy from Activity and Nutrition) is an innovative, school-based program that teaches children important lifelong habits of exercising often and eating healthful foods. The program aims to improve the overall health of Norwalk students.

"The First County Bank Foundation is proud to continue its support of Project LEAN," said Reyno A. Giallongo, chairman and CEO of First County Bank and the president of the Foundation. "We're impressed by the Project's ongoing success in promoting habits of healthy living, and the children love it."

Project LEAN was first offered as a pilot program to second-grade students at the Jefferson Science Magnet School, Norwalk's largest elementary school. Now in its fifth year, Project LEAN has expanded to include instruction to the School's second through fourth grades, as well as to students attending Kendall Elementary School, Norwalk's second largest elementary school.

Childhood obesity poses a significant public health challenge in Norwalk and throughout the United States. During the 2009-2010 school year, obesity rates of public school students in Norwalk were higher than state and national averages.



Members of the Palliative Care team (left to right):

Back row:

Dr. Jeanine Famiglietti; Karen Mulvihill, DNP, ACHPN, Director of Palliative Care Services; Julia MacMillan, APRN, ACHPN

First row:

Dr. Heather Sung; Dr. Damanjeet Chaubey, Medical Director; Bernadene Lawrence-Phillip, APRN. *Not pictured, but also part of the Palliative Care team: Dr Jo-Ann Soltis; Lynn Crager, RN, Chaplain; Nicole Knapp, LCSW.*

Palliative Care

Program Promotes Quality of Life, Earns Distinctive Certification

Patients with life-limiting illnesses such as heart failure, lung disease, Parkinson's disease and cancer benefit from palliative care where the focus is quality of life and symptom management.

Palliative care is a patient-centered, team-based approach for management of disease and can be offered from beginning of a diagnosis process to end-of-life care.

Danbury Hospital launched its Palliative Care Program in 2003 when few programs existed nationwide. “We felt there was a significant need for pain management and end-of-life care for patients not ready or eligible for hospice care,” says Karen Mulvihill, DNP, APRN, FNP, ACHPN, Director of Palliative Care Services for Danbury Hospital. “We want to provide expert guidance and support to our patients and families and help them in navigating the complexities of disease management. We need to help them decide treatment options which meet their personal goals.” The program is part of the Hospitalist Medicine Department, led by Dr. Damanjeet Chaubey.

The Palliative Care consultation team is a multidisciplinary group that includes professionals from primary care and palliative care, hospital medicine, advanced practice nursing, clinical case management, spiritual care, pharmacy, nutrition, and complementary medicine. Together, the team works with the patients and family to:

- identify and assess pain and determine ways to reduce it;
- eliminate or reduce side effects and other symptoms;
- address fatigue and appetite loss;
- develop a care plan for ongoing treatment;
- connect to other appropriate community resources.

Program Recognized for Exceptional Care

This October, Danbury Hospital received Joint Commission Advanced Palliative Care Certification. This special certification recognizes hospital – based palliative care programs that demonstrate exceptional patient- and family-centered care in order to optimize the quality of life for patients with serious illnesses. Danbury Hospital is the first hospital and second facility in Connecticut to receive this very special designation.

Recognition of the importance of palliative care has grown in the medical community over the last several years. Karen cites one of the biggest research studies in palliative care, published in 2010 (NEJM, Teno, et.al), about non-small cell lung cancer patients. “The study found that if palliative care was introduced at the time of diagnosis, patients lived about three months longer versus patients who didn’t get palliative care. This study

“We need to help them decide treatment options which meet their personal goals.”

helps prove that good symptom management, good planning and good pain control throughout treatment can really help prolong life,” she says.

Palliative care started as an inpatient hospital service and is now moving into the outpatient environment. The team currently goes to six nursing facilities and provides home visits and sees outpatient oncology patients at both Danbury and New Milford Hospitals.

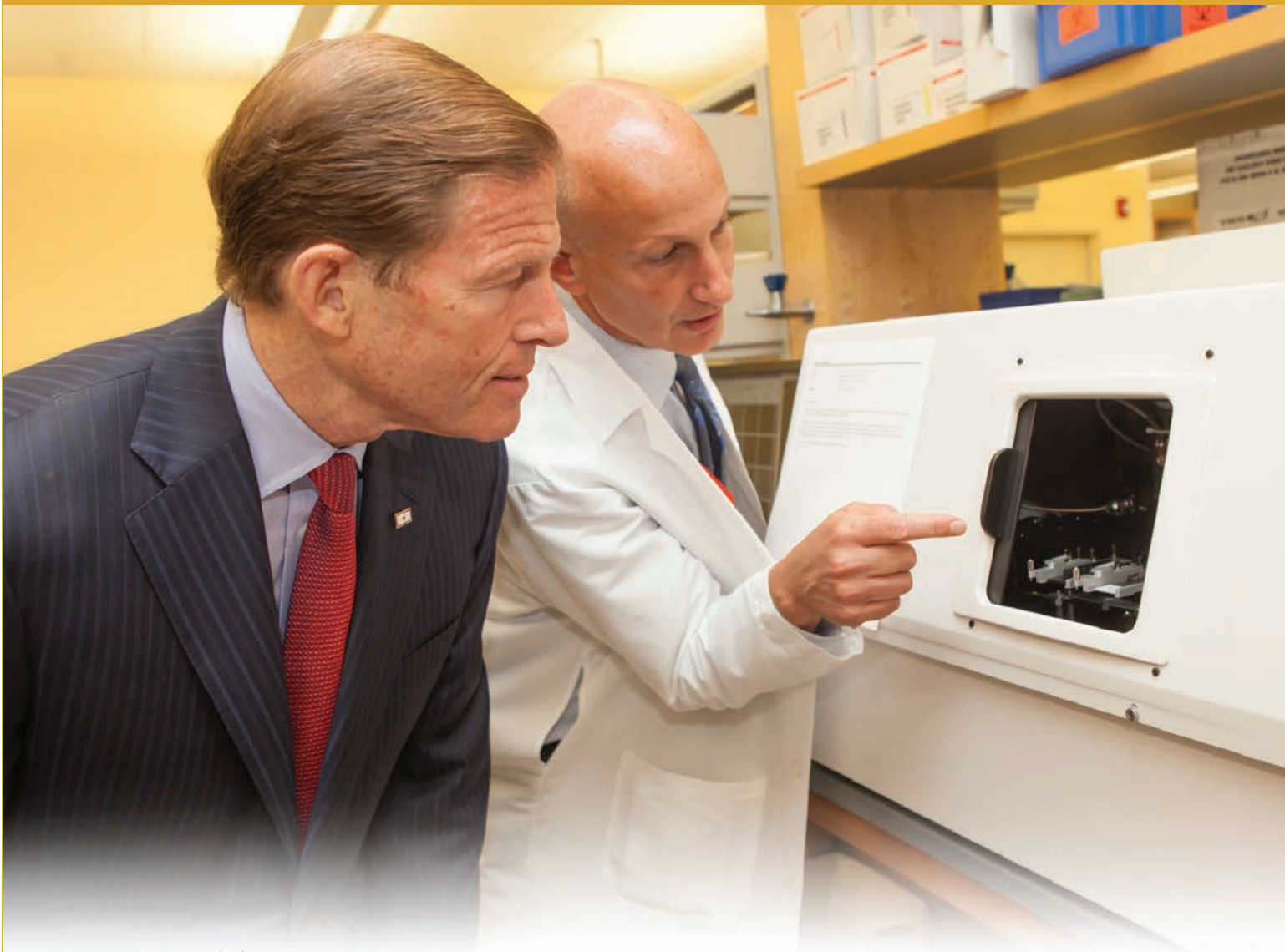
“Even for patients with end-stage disease we’re able to put a symptom plan in place and establish goals of care with the patient and family. We ensure their wishes are being followed and the symptoms are managed,” says Karen.

Norwalk Hospital launched its palliative care program this past spring. The program is run by Iris Nagin and Dr. Myra Skluth.

For more information

For more information on how palliative care can help you, please contact the Danbury Hospital Palliative Care Team at 203-739-6662, or speak with your physician.

You can also visit:
www.getpalliativecare.org



Senator Richard Blumenthal (left) visited the WCHN Biomedical Research Institute in August, where Dr. Paul Fiedler, Chair of WCHN's Department of Pathology and Lab Director (right), demonstrated the use of RareCyte technology to detect Lyme infection in blood.

Major Grant Awarded to Biomedical Research Institute

to Advance
Lyme
RESEARCH

The goal of finding a more effective test to diagnose Lyme disease may be closer to reality.

The National Institute of Allergy and Infectious Disease (NIAID) recently awarded a two-year, \$600,000 grant from its Small Business Innovation Research Program (SBIR) to advance the research conducted by the Western Connecticut Health Network's Biomedical Research Institute in collaboration with RareCyte, Inc.

The goal of finding a more effective test to diagnose Lyme disease may be closer to reality. The money will help fund research to develop a better, more accurate test for diagnosing Lyme disease.

Lyme disease, a tick-borne infection caused by the spirochete *Borrelia burgdorferi*, has expanded to an estimated 300,000 U.S. cases per year. It's estimated that as many as half of the approved diagnostic tests often give negative results early in the disease, causing painful delays in treatment and even misdiagnosis. Better testing will enable earlier detection – and hence better treatment – of Lyme disease.

The scientists from WCHN's Biomedical Research Institute and RareCyte, Inc., have developed an innovative method that uses RareCyte's technology to enable direct visualization of the Lyme infection in blood. This collaborative work of Dr. Paul Fiedler, Chair of WCHN's Department of Pathology and Lab Director, and WCHN's Dr. Denise McKibben and Donna Guralski, along with the RareCyte scientists, could have significant impact on Lyme disease diagnostics. Ron Seubert, CEO of RareCyte, Inc., stated, "Dr. Fiedler understood the utility of RareCyte technology when applied to Lyme disease, and the SBIR grant is further recognition of that utility."

In a preliminary pilot study, the team analyzed blood samples of a small group of patients clinically diagnosed with acute Lyme disease using RareCyte technology before, during and after antibiotic treatment. In all patients, *B.burgdorferi*-positive staining objects were

identified in the blood – which means they detected the potential presence of Lyme disease where it was often not picked up by other tests. In some cases, the positive identification persisted even after antibiotic treatment had been completed.

These results indicate potential for monitoring patients with Lyme disease symptoms for their response to antibiotic therapy as well. Before the RareCyte test for Lyme disease detection can be used for routine clinical use, it requires further development and study. The SBIR grant will support that effort.

Dr. Ramin Ahmadi, Chair of the Department of Medical Education and Research, shared, "We are excited by our early findings and grateful to the NIAID for this opportunity to further our research in order to improve testing and restore health to those affected by Lyme disease."

Senator Richard Blumenthal, a Lyme disease research advocate, visited the Biomedical Research Institute to see how WCHN scientists can use RareCyte technology and the SBIR grant to benefit patients. "The lack of advanced diagnostic technology and adequate information about this pernicious disease means Lyme all too often goes undetected in its victims, ultimately causing lasting and devastating harm. This grant will fund important strides in understanding Lyme disease, helping lead to earlier detection and better treatment of the illness. The WCHN Biomedical Research Institute is a trailblazer in this effort."

WCHN Lyme Disease Registry

The WCHN Lyme Disease Registry is building a comprehensive database of patients with Lyme disease as the basis for multidisciplinary research leading to a better understanding of the course of the disease; how people are affected; and the causes of persistent symptoms. The Registry has locations in Danbury, New Milford and Norwalk. For more information, contact the Western Connecticut Lyme Disease Registry at (203) 739-8383 or at lyme.registry@wchn.org.



Smooth Moves... Into the New Pavilion

Congratulations to the Medical/Surgical, Critical Care and Emergency Department teams, who completed their moves into the new Peter and Carmen Lucia Buck Pavilion. Thanks to very detailed planning and the enthusiastic cooperation of staff, these relocations proceeded smoothly.

The ED Prepares for its Move Using the New Simulation Center

To prepare for its move to the new Buck Pavilion, the Emergency Department partnered with Spratt Simulation Center to execute a variety of clinical scenarios in the new space. Using a

full complement of EMS, ED, multiple specialties, and ancillary staff, the processes for a Trauma Code via helicopter, a pediatric Trauma Code, a Brain Attack, and a STEMI Alert were demonstrated.

Standardized patients and high fidelity mannequins were used to bring the simulation scenarios to life. In each case the scenarios began in the community with EMS, and were carried through to their clinical culmination with transfer to a subsequent unit, following evaluation and management in the ED. This allowed for all departments, processes, and operating systems that interface with the ED to be tested and reviewed prior to the move. Through the simulations and the subsequent debriefings, several potential challenges in the new space were readily identified, analyzed, and rapidly addressed.

Thank you to all who participated in these simulations for your time, and important feedback! Your work helped make the transition to our new space smoother for staff and, more importantly, for our patients.





Dr. Sanjay Gupta
demonstrates MAKOpasty.[®]
Courtesy of Crystal Kang.

Another “First in State” for Danbury Hospital

Latest Technology in Joint Replacement

Danbury Hospital is now the first hospital in Connecticut to offer orthopedic patients MAKOpasty[®], the latest innovative technology in robotic joint replacement surgery. MAKOpasty[®] Partial Knee Resurfacing and MAKOpasty[®] Total Hip Replacement are new, minimally invasive surgical treatment options for patients suffering from early- to mid-stage osteoarthritis of the hip and knee.

MAKOpasty[®] is performed using RIO[®], a highly advanced, surgeon-controlled robotic arm system where the surgeon sees a virtual visualization of the patient's knee/hip based on the patient's CT scan. This helps the surgeon precisely position

the implants, which is critical to achieving the best outcome. MAKOpasty[®] also preserves healthy bone, surrounding tissue and ligaments – therefore, delivering better results and minimizing recovery time.

“When conservative measures are no longer effective in the treatment of osteoarthritis, these state-of-the-art treatments are an alternative to traditional hip and knee replacement surgeries,” said Dr. Keith Zuccala, Chair of the Department of Surgery, Western Connecticut Health Network, Carmen L. & Peter Buck Chair of Surgery, and Harold & Myra Spratt Chair in Minimally Invasive Surgery.

Danbury Hospital now has specialty-trained, MAKOpasty[®] certified orthopedic surgeons. Drs. Sanjay Gupta, Robert Deveney and John Dunleavy were the first three to complete certification and have begun performing MAKOpasty[®] cases. Drs. Nicholas Polifroni, Michael Brand, John Mullen and Lawrence Schweitzer have also recently completed certification.



HEALTH CARE LESSONS

FROM

UGANDA



What can American physicians learn from doctors practicing in Uganda, a poor country where the healthcare system is under-resourced, understaffed and

overwhelmed by demand, where there is one doctor for every 24,000 patients, and the average life expectancy is 51 years old?

Apparently, a tremendous amount. Just ask Dr. Karina Haber, who participated in two rotations in Uganda during her OB/GYN residency. Dr. Haber was the first Danbury Hospital resident to go to Uganda, doing her first six-week rotation in 2013 in Kampala, the country's capital and largest city. The Obstetrics and Gynecology Department at Danbury Hospital has been involved in global health for ten years and has participated in educational trips led by Drs. Robert Samuelson and Sung Lee to Latin America. More recently, the institutional global health program and resident global health certificate track was established under the direction of Dr. Majid Sadigh, Director of Global Health at Danbury. He promoted

Uganda as a site for resident rotations and the collaboration was strengthened under the leadership of OB/GYN Chairman, Dr. Shohreh Shahabi, who dedicated time and resources to further enhance the collaboration with Mulago Hospital.

"I initially went as an observer," says Dr. Haber, "but it quickly evolved into much more." During her stay, Dr. Haber worked side by side with other OB/GYN specialists at Mulago Hospital, a tertiary-care public hospital that treats patients at no cost, and serves as the teaching hospital for Makerere University. The facility has 1,500 beds, but is so overwhelmed that patients lie on tarps on the floor. There was one delivery room for up to 60 births per day. "Women were laboring on beds, chairs, and on the floor," she recalls. Many patients die waiting for care. Most of the 15 OB/GYN residents at Mulago Hospital were in dire need of modern surgical training.

During her time in Uganda, Dr. Haber witnessed and helped treat advanced pathologies she would rarely, if ever, see in the United States. She had to diagnose conditions without technology such as ultrasound and MRIs, instead relying on symptoms, physical examination, her own knowledge, and sometimes intuition. Lacking even the most basic supplies – sometimes including sutures – she had to improvise and think on her feet.

Dr. Haber returned with sharper skills, new knowledge, cultural understanding, and expertise in rare procedures that will make her sought-after in this country. These are some of the priceless benefits that Global Health Education participants gain and a major reason for the program's establishment.

Inspiring a New Initiative

Dr. Haber's time in Uganda was more than educational; it was a life-changing experience that altered her perspective. She was inspired to work for sustainable change in the Ugandan health care system – through funding, communication, ongoing collaboration and surgical training for the OB/GYNs at Mulago Hospital.

Committed to improving conditions for OB/GYN patients, Dr. Haber worked with Dr. Corrie Miller, an OB/GYN resident at Danbury Hospital, to establish STAR International, a non-profit designed to fund the first surgical teaching camp at Mulago Hospital. Promoting STAR International on their own time, in just one year, \$20,000 was raised – including funding contributed by WCHN to support the cause.

“I initially went as an observer,” says Dr. Haber, “but it quickly evolved into much more.”

A website was created, equipment and supplies were secured, and a surgical teaching camp was organized. A partnership with the Afya Foundation and AmeriCares enabled STAR to obtain additional refurbished equipment and instruments.

Drs. Robert Samuelson, Sung Lee and Ellen Brand, Dalia White, CNM, RN, Vanessa Daou, CNM, and Dr. Corrie Beth Miller joined the effort to make the camp a success. In June 2014, two gynecologic specialists, two OB/GYN residents, an anesthesiologist, and two nurses traveled to Mulago Hospital to run the first “surgical teaching camp,” running for seven days, 12 hours per day. The team of senior OB/GYN physicians from Danbury Hospital led about 25 procedures, providing valuable training for the Mulago residents and two Danbury Hospital residents.

When they packed up and returned home, Dr. Haber, Dr. Miller and their colleagues left behind a team of local physicians capable of helping women with complex, life-threatening conditions.

Said Dr. Haber, “Our ultimate goal is to increase the number of women who can be treated at Mulago Hospital, by enhancing the surgical skills of the local physicians so they can care for their women in the future.” With the support of the Global Health and Obstetrics and Gynecology Departments at WCHN and collaboration of academic partners, STAR International plans to hold training camps several times a year and provide Mulago with continuity of services.

For more information about the work of Dr. Haber and her team, visit the blog: <http://starinternationaluganda.weebly.com/>

COMMITTING TO THE Highest Quality and Safety



Across our network, we are setting a standard for quality and patient safety with the goal to eliminate all cause preventable harm by using high reliability organization (HRO) science. Staff members on all campuses are diligently working toward this goal through various initiatives.

Safety Huddles

In August, Norwalk Hospital implemented daily Patient Safety Huddles, followed by Danbury and New Milford Hospitals in October. At these huddles, department leaders report any actual or potential safety issues, then work together to develop a plan to address or resolve them. Safety Huddles have helped expedite the process for finding solutions, give direction about priority and responsibility, and as a result, any trends in patient safety issues can be identified. Potential “watch-outs” and issues can include two patients with similar names; high patient census; equipment malfunction; an agitated patient; or building renovations. Anything that could cause a risk to patients, visitors or employees is raised in the huddles.

In the near future, senior leader rounding will occur on a monthly basis, where leaders visit various departments and units to discuss patient safety and other issues of importance to staff. Leaders will ask employees what they have learned or what processes they have implemented to enhance patient safety, as well as gather feedback about patient safety protocols. Safety coaches, a new role to be created, will work with peers to identify and report safety issues, and ensure the proper tools are used to address them.

Surgical Quality Excellence

Also, as part of our commitment to becoming a HRO, Danbury and Norwalk Hospitals participate in the American College of Surgeons voluntary National Surgical Quality Improvement Program (NSQIP), which allows hospitals to measure, follow and improve surgical outcomes. The network is also part of a statewide collaborative of approximately 20 hospitals that regularly share quality outcomes. Both programs help us better understand our quality of care by comparing patient

outcomes in key areas of surgical care to similar hospitals with similar patients. Furthermore, the data acquired from these programs help us zero in on preventable complications.

NSQIP Hospitals

Studies show each year that a NSQIP hospital:

- Prevents 250-500 complications
- Saves 12-36 lives
- Reduces costs by millions

By participating with NSQIP and the CT collaborative, we have the ability to share experiences and best practices and the quality movement not only becomes just a concept to discuss, but a true collaboration based on science and clinical results. Participating in NSQIP has also opened the doors to state and national collaborations in other clinical quality areas including the Surgical Unit Safety Program. All of these programs help us gauge how we are performing in key areas, identify opportunities for improvement, and brainstorm how to continuously improve care.

We're not just looking for good quality in our hospitals – we want the best, highly reliable quality. With our internal resources and the data we obtain from NSQIP and the state of Connecticut, we are on our way to reaching this goal.

HRO Education and Training

Over 3,000 network employees and nearly 300 non-employed physicians have participated in High Reliability Organization (HRO) training. That's about half-way to our goal of training all employees by December 31, 2014. If you have not already completed your HRO training, visit HealthStream on the employee intranet and sign up for a class!

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