Richard D’Aquila named YNHH president, chief operating officer

To help prepare Yale-New Haven Hospital for a rapidly changing future, the role of the Office of the President has been strengthened and some of the responsibilities have been shifted within the two top leadership positions.

Richard D’Aquila has been appointed president of YNHH, and will continue in his role as the hospital’s chief operating officer (COO). Marna P. Borgstrom, YNHH president and CEO since 2005, will remain YNHH’s chief executive officer, as well as president and CEO of Yale New Haven Health System.

“As the challenges associated with healthcare reform continue to consume more time and resources, it is important to make the Office of the President even more effective to support the continued strong performance of the hospital,” said Borgstrom. “Rick and I have worked very collaboratively in an Office of the President model in which the CEO and COO act in concert on behalf of the organization, so this new role is a natural extension of that philosophy.”

Employees adjust to new PIP measures; solid start in first quarter

First quarter PIP results for fiscal year 2012, which ended December 31, show employees are rising to the challenges of an evolving economic and regulatory environment while adjusting to new PIP measures and metrics. If PIP were paid today, eligible employees would receive a payout of up to 1.87 percent of their salary. If all goals are achieved at maximum potential, the PIP maximum payout is 3 percent for FY12.

For fiscal year 2012, PIP results are measured in four areas of performance: financial, patient safety and quality, patient satisfaction and throughput.

Financial results

The financial measure is the net operating margin, which accounts for 30 percent of PIP. For the first quarter, the net operating margin exceeded the maximum goal, coming in at 2.92 percent.

Patient safety and quality

For the first time, the patient safety and quality category includes four measures: blood stream infections (BSIs); value-based purchasing (VBP); readmissions; and environment-of-care mock surveys. Together, these measures account for 30 percent of PIP.

BSIs, the number of infections caused by patient line insertions and line maintenance, were 25.1 BSIs per 10,000 patient discharges, not making the threshold goal of no more than 24 BSIs per 10,000 patient discharges.

The hospital introduced value-based purchasing (VBP) into PIP because Medicare will soon reimburse, or purchase, from hospitals only those services that it defines as quality and safe patient care. The VBP score, based on a combination of HCAHPS results and core measures, exceeded the target goal for the first quarter at 96 percent. HCAHPS, or Hospital Consumer Assessment of Health Providers and Systems, is a government survey that measures patient satisfaction at hospitals.

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Readmissions, or the number of patients readmitted to the hospital within 30 days of their discharge, came in at 19.6 percent and did not meet the threshold goal of no more than 18 percent readmissions for these three conditions.

The environment-of-care or regulatory mock survey, which involves teams of employees who survey patient care units to identify opportunities for improvement came in at 93 percent and also missed its threshold goal of 96 percent.

“Patient safety and quality is very serious business and we recognize that we have work to do in these areas,” said Peter Herbert, MD, YNHH chief of staff. “The good news is that we have several new initiatives in place as well as clinical leaders reviewing and implementing best practices in order to address these important issues and move us towards not just meeting goals, but providing the best care possible for patients.”

Patient satisfaction

The patient satisfaction category includes HCAHPS ratings for overall patient satisfaction, staff responsiveness, environment and Press

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<th>Category</th>
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<th>Target</th>
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KEY: red – below threshold; yellow – met threshold; green – met target; blue – met maximum
Newest class of Service Excellence Heroes introduced, welcomed

Excitement filled the air in the 55 Park Street auditorium as the fourth and newest class of Service Excellence Heroes took their seats and waited to be inducted before an audience of former Heroes, senior leaders, co-workers, family and friends on January 17.

Richard D’Aquila, president and COO, congratulated the third class of Heroes and asked them to stand and figuratively “pass the baton” of leadership to the next class of Heroes.

To the new class of Heroes, D’Aquila pointed out that “you put Service Excellence into practice every day and create an exceptional experience for our patients and guests with a smile on your face. It can be as simple as walking people to the right door or elevator when they are lost in this very, very complicated institution. Thank you for all that you do every day.”

One of the new Heroes was Rosa Deis, Environmental Services associate, who works on the Acute Care for the Elderly Unit where patients are frail and sometimes confused. She tries to strike up a conversation with each one and family members to take their minds off where they are.

“When I found out I was named a Hero, I was surprised and happy, but it does not change how I treat each patient and their family members,” says Deis, who attended the ceremony with her daughter, Katherine Deis, a licensed clinical social worker in the hospital.

“I think it was awesome that my mother was honored,” says Katherine.

Marna Borgstrom (right) and Mary Gauld look at the poster and write-up.

“My mother is very humble and genuine; I felt it was just a matter of time before she was recognized. I have seen her with patients – who ask for her by name – and she is a Hero.”

As D’Aquila called out the names, Marna Borgstrom, CEO, gave each Hero a smaller framed version of the photos and stories that have started to grace the halls around YNHH.

The members of the fourth class of Heroes are:

Rose Andreoli, outpatient verification representative, PFAS; Joseph Andruk, nuclear medicine technologist, Diagnostic Radiology/Nuclear Medicine; Piper Brien, RN, clinical bed manager, PFAS; Sarah Brockington, food service ambassador, Food and Nutrition Services; Will Cushing, physician assistant, Hospitalist Service; Rosa Deis, environmental services associate, Environmental Services; Louise Dunphy, RN, clinical nurse, Newborn Special Care Unit; Mary Gauld, business associate, Pediatric Surgery; James Greene, environmental services associate, Environmental Services; Shelley Harrigan, RN, clinical nurse, Adult Primary Care Center; Mary Jones, patient/family liaison, Patient Satisfaction; Lauren Lyons, physical therapist, Rehabilitation Services; Christian Medina, patient transport associate, Patient Transport; Sharon Moales, licensed clinical social worker, Social Work – Emergency Department; George Paci, RN, infection prevention specialist, Quality Improvement Support; and Ronald Salem, MD, surgeon, section chief, Surgical Oncology.

In Memoriam

Joan Morgan

Joan Morgan, clerical specialist, System Business Office, Yale New Haven Health System, died on December 24, 2011, at the age of 77. She began her career at YNHH on October 11, 1982.

Harry Nicholls

Harry Nicholls, director, Corporate Business Services, Yale New Haven Health System, died on February 11 at the age of 55. He began his career at YNHH on December 23, 1985.
YNH and HSR jointly submit CON for approval

On February 9, Yale-New Haven Hospital and the Hospital of Saint Raphael (HSR) jointly filed a certificate of need (CON) application with the Connecticut Office of Health Care Access (OHCA) to seek approval of their proposed transaction. The CON filing follows an application filed with the Federal Trade Commission last fall to seek appropriate federal regulatory approval of the transaction. Approval at both these levels is required; HSR must also receive approval from the Catholic Church.

“We firmly believe this integration is the right approach to managing a challenging environment,” said HSR president and CEO Christopher M. O’Connor. “It provides an opportunity to enhance quality, preserve access and provide high-quality health care in the most cost-effective manner possible. The integration of these two exceptional hospitals will provide financial stability and allow for clinical growth on the HSR campus, while providing much needed additional capacity for YNHH.”

The CON, which further envisions the way in which the integration of the two hospitals will take place, will be reviewed over the course of the next four months. Under the proposal, YNHH would purchase the assets of HSR and most other entities in the Saint Raphael Healthcare System, allowing HSR to pay off debt and helping it to address shortfalls in its pension plan. Additionally, YNHH will invest millions of dollars in capital improvements to increase the capacity of the HSR campus, ensuring its vibrancy and growth.

“This transaction makes perfect sense on a number of levels,” said Marna P. Borgstrom, YNHH CEO. “It provides financial stability and allows YNHH to grow while avoiding the significant costs associated with the construction of a new patient tower. It positions us to better manage an uncertain healthcare environment in the most cost-effective way.”

State and federal regulatory reviews will proceed in tandem with an expectation of closing on the transaction by July. Over the course of the next several months, leadership at both hospitals will further define operating plans related to the integration. In preparation for the integration, members of both medical staffs have begun conversations about clinical services.

“We fully believe this transaction will prepare us for future growth to meet the needs of the patients we serve,” said O’Connor.

**livingwellCARES will help employees manage their health, and diabetes**

This year, as part of the employee medical benefits program, Yale Health is offering livingwellCARES, a variety of new services and resources designed to help employees and their covered family members enjoy better health and get the right care.

“The livingwellCARES program — much like our new YNHH livingwell Fitness Center — can help you take a more active role in your own personal health and improve your health and well-being,” said Michael Dimenstein, vice president, System Compensation and Benefits.

livingwellCARES, an expansion of the YNHH wellness initiative called livingwell, has two key components. The first helps employees and family members manage chronic medical conditions. The second component is a more specialized, one-on-one care coordination program for employees and family members with diabetes.

ActiveHealth Management is a national health management and wellness company dedicated to improving healthcare quality and lowering costs. ActiveHealth will provide confidential telephone support for employees and their dependents who have chronic health conditions. The program covers 42 conditions, 36 for adults and six for children, including coronary artery disease, high blood pressure, asthma, cancer, gastrointestinal, orthopedic and pulmonary problems. ActiveHealth also offers ActiveHealth Maternity for pregnant women.

In addition, employees have access to the “MyActiveHealth” web portal, which provides employees and family members with online health tools and resources, a secure personal health record, healthy recipes and more. For more information, employees may visit www.MyActiveHealth.com/ynhhs, click the “create an account” link and follow the prompts or call ActiveHealth at 1-866-938-0320.

The second component of livingwellCARES is the care coordination program for adults with diabetes. This comprehensive program offers face-to-face counseling with a specially trained registered nurse from Northeast Medical Group who can answer questions, address concerns and coordinate care from setting up medical appointments to assistance with medical paperwork.

“By meeting one-on-one, employees living with diabetes will be able to better manage it, avoid or minimize complications and enjoy better overall health,” said Robert Nierodzien, MD, chief executive officer, NEMG. Participants in the care coordination program will be eligible for special incentives, including waived copays on generic diabetes medications and testing supplies.

“We want to partner with our employees to make sure they have the resources they need to improve and maintain their health,” said Dimenstein. “Promoting a healthier workforce supports our employer of choice and provider of choice goals. Healthy and fit employees can deliver the best care and services to our patients.”

Maureen McGlennon, RN, PSM, promoted

Maureen McGlennon, RN, BSN, formerly assistant patient service manager of the Smilow Infusion Center and Day Hospital, has been promoted to patient service manager for the Hematology/ Bone Marrow Transplant (BMT) clinics, the Infusion Center and Day Hospital, all located on the seventh floor of Smilow Cancer Hospital. She will also manage the BMT coordinators.

McGlennon joined YNHH in 2006 from Stamford Hospital in Stamford, CT. She has been a certified oncology nurse for more than 20 years. A native of Northern Ireland, she earned her nursing diploma at Queens University in Belfast, and recently completed her BSN at the University of Phoenix.

Jill Williams, RN, PSM, Medical Oncology/Hematology Unit

Jill Williams, RN, BSN, formerly assistant patient service manager of the Medical Oncology/Hematology Unit in Smilow Cancer Hospital at Yale-New Haven, has been promoted to patient service manager (PSM).

Williams began her career at YNHH in 1989 after graduating from Southern Connecticut State University with a BSN. She worked on the Medicine/Renal Unit for one year and then moved to oncology where she has worked since. Eight years ago, she was named APSM of the Medical Oncology/Hematology Unit and when Smilow Cancer Hospital opened, she assumed the same position.

Nightingales nominations are due by Wednesday, February 29.

Tell your nurse manager about your candidate for this important award.
GYANEY results. The patient satisfaction category accounted for 30 percent of PIP. Overall patient satisfaction scores met the maximum goal of 74 for the first quarter. With a score of 64, staff responsiveness exceeded its target. Results for the hospital environment came in at 59, exceeding the threshold goal. Results from Press Ganey patient satisfaction surveys just missed the target goal of 89.3 coming in at 89.

Throughput

The throughput category — or how efficiently patients are moved through the hospital — accounts for 10 percent of PIP and includes 11 a.m. discharge and length of stay. Discharging clinically ready patients by 11 a.m. exceeded the threshold goal of 21 percent at 21.8 percent. Length of stay, however, missed its threshold goal of 5.18 coming in at 5.22 days for the average length of a patient stay.

For FY12, departmental goals are not part of the PIP program.

“While we are off to a solid start for fiscal year 2012, results indicate that employees are getting used to new measures and benchmarks that are part of our restructured PIP program,” said Michael Dimenstein, vice president, Compensation and Benefits. “The new measures were designed to help us meet the demands of an evolving healthcare industry and prepare us for the challenges ahead, including new pay-for-performance structures. Meeting these goals also helps us focus our behaviors on the basics of providing exceptional care for our patients.

“Through the next three quarters, I am confident that employees will be more familiar with our goals and the behaviors necessary to successfully meet them,” added Dimenstein.

YNHH doubles efforts: Washing hands, checking bands

Yale-New Haven Hospital is doubling its efforts to improve employee habits in two critical areas: hand hygiene and patient identification, both of which are national patient safety goals.

Every patient care unit and area now has three champions: a physician, nurse manager and staff member who are trained to speak with employees who do not comply with the standards of hand hygiene and patient identification.

“We are asking for cooperation from every employee who has patient contact to improve hand hygiene and patient identification,” said Lori Hubbard, RN, manager, Office of Nursing Excellence. “These are two of the most basic cornerstones for keeping patients safe while they are in the hospital and it is essential that we improve both.”

Hands …

At the bare minimum, the hand hygiene effort now requires washing in and washing out with soap and water or alcohol-based hand sanitizer upon entering and leaving a patient care room or area. The previous standard required hand hygiene only when the caregiver expected to have patient contact.

The hand hygiene initiative also spreads responsibility throughout the organization — assigning 100 percent accountability to each employee who is 100 percent responsible for his or her behavior and 100 percent accountable for colleagues’ hand hygiene.

Finally, all employees are encouraged to say “thank you” when other staff or a patient prompts them to wash their hands. Employees are also encouraged to thank colleagues when they see others complying with hand hygiene practices.

… and bands

Patient identification is crucial in both the outpatient and inpatient setting, and is different in each. Most outpatients are not given identification bands so staff need to ask them their names and date of birth and then compare that information with the patient’s medical record. In the inpatient setting, nurses, transporters, PCAs, pharmacists — everyone — must check the patient’s name and medical record number on his or her ID band before administering medication, drawing blood or fluid samples, administering blood products, beginning a diagnostic test or transferring the patient.

Like hand hygiene, staff are 200 percent accountable for patient identification — with 100 percent responsibility for their own and their co-workers’ behavior.

Again, the last word is “thanks.” When staff members are reminded to check or double-check a patient’s identification, they should think the person urging strict compliance on behalf of patient safety.

Patient Transport supervisors Deidre Moore and Henry Okapu are leading the hands and bands effort in their department and have met with the more than 110 transporters in their department, on all shifts. All transporters have seen and discussed the YNHH hand hygiene video “starring” Peter Herbert, MD, chief of staff. “We have eight transporter-champions trained to observe our staff daily to ensure compliance with hands and bands,” said Moore, a supervisor on days. “We encourage staff to remind each other — as well as other staff — to comply. If they’re not comfortable, we ask them to imagine the patient being a family member, so they get the courage to speak up on how important hands and bands is to patient safety.”

“The general public today is very aware of hospital-acquired infections and patient identification and how they contribute to a safe experience while in the hospital,” said Hubbard. “Our Hands and Bands Program raises awareness so we develop the good habits that ensure safety and provide peace of mind to those we are caring for.”