

TraumaMan System Provides Hands-On Surgical Training through Simulation	1 & 5
Saint Michael's Prepares for the Future	2
Targeting "Zero" for Hospital-Acquired Conditions	3
CareLink: Leveraging Technology to Enhance Health	4
CHE Welcomes Its First Affiliate: Matulaitis Nursing Home	6

Symposium Provides Chance to Share Homeless Outreach Expertise	7
Comprehensive Care Management: The Movie	8
CHE Style Guide and Graphic Standards Manual Now Available	8
CHE and Seton Hall University Forge Unique Educational Partnership	9
Across the System	10 & 11
10 Minutes with ... Nora Triola, Ph.D.	12

Fall/Winter 2010

CATHOLIC HEALTH EAST

HORIZONS

TraumaMan System Provides Hands-On Surgical Training Through Simulation

In April 2006, key operational and clinical leadership from throughout Catholic Health East came together to develop a plan for CHE's future. This 10-year plan focused on envisioning the type of health care CHE aspired to deliver by 2017.

One of the goals identified in CHE's Vision 2017 is ... "CHE's culture of quality and safety is demonstrated by being ranked in the top 10% of all nationally recognized/accepted quality and safety measures." And the strategy for achieving that goal is to ... "Implement evidence-based processes and techniques to improve continually in areas of quality and safety."

CHE's commitment to quality is ongoing and evident in our established Comprehensive Care Management and ACT (Advancing Clinical Transformation) initiatives, as well as our new evidence-based care initiative—CareLink. As part of this ongoing commitment to quality, each year CHE's claims services and clinical loss prevention department develops an Enterprise Risk Management (ERM) work plan to address emerging patient safety and professional liability trends. Out of this work plan, specific ERM initiatives are identified which can significantly



Dr. Oscar Naviera (pictured right), chief of anesthesiology, Holy Cross Hospital, participates in a chest tube insertion during simulation training with Simulab representative Chris Grossi (left), which CEO Patrick Taylor, M.D. (center), watches.

impact how we deliver care system-wide.

The 2010 initiative is piloting the use of the TraumaMan® System at Holy Cross Hospital in Ft. Lauderdale, Fla. The TraumaMan System, developed by the Simulab Corporation in Seattle, Wash., is a human patient simulator (HPS) that is designed to teach basic and

advanced surgical skills in the care of a trauma patient.

TraumaMan is an anatomically correct human torso form with four surgical zones (abdomen, chest, neck and ankle base) and replaceable tissue sets designed for multiple 'students' to practice various surgical procedures. The replaceable tissue sets, which are

filled with simulated blood so that they bleed when cut, provide each student with a 'first cut' experience. TraumaMan also comes with a ventilator that provides an airway response in the pleural cavity, lungs and trachea, allowing the instructor to train in the proper ABC (airway, breathing and circulation) order.

continued on page 5

Saint Michael's Prepares for the Future

At Saint Michael's Medical Center in Newark, New Jersey, an oil painting hangs on the wall at Mother Schervier Hall paying homage to the foundress of the Sisters of the Poor of Saint Francis. Mother Frances Schervier's courage and foresight directed her and her community towards a brighter future for those that were discarded by society. Today, that spirit continues to guide those who serve and are served in the community, from hospital leaders to patients.

On September 29, as the leaves on the trees reminded folks a new season was upon them, colleagues, friends and civic leaders began the process of "saying goodbye" to this landmark. A special event—which coincided with the Feast of Saint Michael, the patron saint of the hospital—celebrated the hospital's ambitious plans for the future. The plans call for Mother Schervier Hall to be demolished to make way for a \$250 million expansion and renovation project that will dramatically upgrade Saint Michael's facilities and improve access to care for residents of Newark.

The "new" Saint Michael's campus will include a state-of-the-art, 180,000 square foot outpatient services center and parking garage, plus a new "hub" building that will include a larger emergency department, new gift shop, and an appealing, light-filled lobby. An underground robotic valet parking system is also proposed, as is a new medical education building. The remaining historic hospital buildings, which date to the late

Newark Mayor Cory Booker expressed great enthusiasm for the hospital's redevelopment projects and their impact on the community.



Left and below: Renderings by architectural firm Francis Cauffman depict proposed designs for the new Saint Michael's buildings, which will include a medical office building and clinical tower.



1800's, will be renovated and preserved, with proposed use that may include office space and living quarters for hospital residents.

"We may be saying goodbye to this building, but the ambitious campus redevelopment projects spotlighted here illustrate what we can achieve together to build upon the legacy of Mother Schervier," said Judith M. Persichilli, president and CEO of Catholic Health East.

The Honorable Cory A. Booker, mayor of the City of Newark, was one of several civic leaders and elected officials who attended the event. He described Saint Michael's as "a light and a beacon in our community ..." as he helped to recognize and celebrate Saint Michael's

new beginning.

"We're thrilled to be working with Catholic Health East and our institutional partners to transform the delivery of patient care in Greater Newark and the surrounding communities," said Robert H. Evans, president and chief executive officer of Saint Michael's Medical Center. "This is a vital next step for our health care ministry."

The construction of the medical office building and hub are scheduled to be completed by 2013.

For more information about Saint Michael's renovation project, please contact Carol Ann Campbell, director of media relations, Saint Michael's Medical Center, at 973.596.3805.



Targeting “Zero” for Hospital-Acquired Conditions

A 2007 study by the Centers for Disease Control and Prevention estimated that 1.7 million hospital patients—4.5 of every 100 admissions—develop infections each year, causing or contributing to the deaths of nearly 100,000 people.

For many, these alarming statistics served as a wake-up call. The health care industry rededicated itself to finding effective ways to reduce and eliminate the unintended harm that was being inflicted upon some of its sickest and most vulnerable patients.

Over the last few years, CHE has been involved in national efforts focused on the prevention, control and investigation of hospital-acquired infections. CHE was a partner in the Institute for Healthcare Improvement’s 100,000 Lives Campaign and the subsequent 5 Million Lives Campaign, both nationwide efforts to reduce morbidity and mortality due to hospital-acquired conditions. These campaigns, and the media coverage that ensued, did a great deal to raise public and provider awareness and focus attention on this long-time but little-discussed problem.

When the Advancing Clinical Transformation (ACT) Initiative kicked off at the beginning of 2009, patient care executives from across the system targeted five hospital-acquired conditions (HACs) for reduction or elimination. It was felt that making progress on these five conditions would have a significant impact on improving care and reducing costs throughout the ministry. The five HACs selected were catheter-associated urinary tract infections (CAUTI), central line associated bloodstream infections (CLABSI), falls resulting in injury, ventilator-associated pneumonia, and hospital-acquired pressure ulcers.

Significant progress was made in these areas in 2009 and through 2010. By the end of 2009, 13 RHCs reduced the incidence of pressure ulcers; 12 RHCs reduced incidence of catheter-associated urinary-tract infection; 10

RHCs reduced ventilator-associated pneumonia incidence; 10 RHCs reduced falls-with-injury rate; and six RHCs reduced the rate of central line infections.

Encouraged by our clinical transformation successes, even more aggressive targets were set for 2010. For three of the clinical indicators (central line infections, falls and ventilator-associated pneumonia), the goal for each RHC was set at **zero**. Through the first six months of 2010, seven RHCs experienced no ventilator-associated pneumonia, three reported no falls with injuries, and another three had no central line infections.

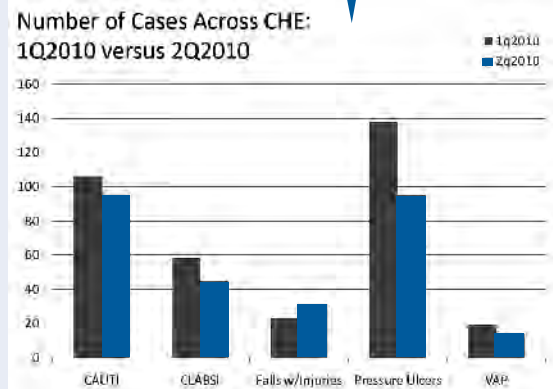
The accompanying chart (Figure 1) displays the progress that has occurred in 2010 alone. Each of the five HACs (other than falls with injuries) experienced a decline from the 1st quarter to the 2nd quarter of 2010.

Establishing a goal of “zero” was not without its controversy. A few questioned the advisability of setting unrealistic goals, preferring instead to continue setting “reachable” goals and striving for incremental improvement. As the patient care executives discussed this matter last year, there arose consensus among the group that CHE needed to make a statement by embracing the target of zero for hospital-acquired infections. It was a goal whose time had come.

Many professional groups, including the Association for Professionals in Infection Control and Epidemiology (APIC), strongly support targeting zero. According to APIC, as the number of antibiotics used to effectively treat infections has fallen, it became imperative for health care professionals to gravitate from a culture of treatment to a culture of prevention. As APIC noted in 2008:

“Targeting zero encourages all organizations to set the goal of elimination rather than remaining comfortable when local or national averages or benchmarks are met. Every single health care-acquired infection impacts the life of a patient and family—even one should feel like too many.”

(Figure 1)



Beginning in 2011, CHE’s patient care executives are contemplating adding three more HACs to our clinical indicator target list: *C. difficile*, Methicillin-resistant *Staphylococcus aureus* (MRSA) and venous thromboembolism (VTE). While the three indicators for which zero targets were set for 2010 will keep that same goal for 2011, CHE plans to target zero incidents for all eight HACs for the year 2012. These contemplated changes are currently going through an extensive vetting process with key internal groups and should be finalized shortly.

In addition to improving quality and patient/resident satisfaction, there are financial incentives for reducing HACs. As of October 1, 2008, Medicare ceased paying for the additional cost of hospitalization for patients whose conditions were not present upon admission but subsequently acquired during the hospital stay.

For all of these reasons, our RHCs will continue to work with each other—and learn from each other, as well as from national experts—as our person-centered care focus implores us to improve every aspect of a person’s experience with our health ministry.

“I strongly support the goals of the National Quality Forum,” said Sharon Duffy, M.S.N., R.N., CHE’s vice president, nursing practice. “We need to continue ‘to improve the things that help and to prevent the things that harm’ for every person ... every place ... every time.”



CareLink: Leveraging Technology to Enhance Health

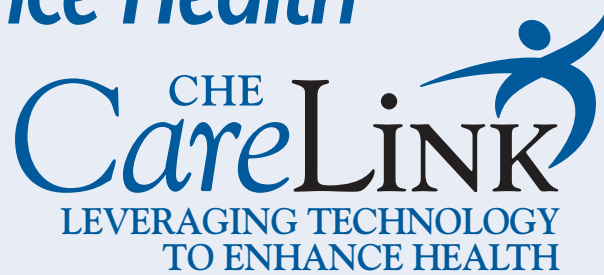
The CareLink initiative is by far the largest CHE system-wide project ever undertaken. At its core, CareLink's purpose is to provide the technology support required to implement a system of evidence-based care throughout our health system.

CareLink's impact on clinician workflows, as well as the basic changes that will be required in how we all relate to each other and get our work done, will require significant culture shifts at all levels of our ministry. Because "meaningful use" of electronic health records (EHR)—as defined by the U.S. Department of Health and Human Services—will be a requirement for hospitals across the nation to continue receiving full payments from CMS (and possibly other payers) in 2015, CareLink is an initiative that must be successfully implemented across Catholic Health East.

The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 provides financial incentives for providers who qualify as "meaningful users" of EHR. As detailed in the legislation, meaningful use includes electronic prescribing, health information exchange between and among hospitals and physicians, and automated reporting of quality data.

There is much work to do, with much planning and engagement required to best understand how we are going to achieve our goals. Those goals remain steadfast: provide quality, person-centered care in the best way possible. While CareLink is very closely aligned with CHE's Vision 2017, CMS's expedited timeline for requiring providers to demonstrate "meaningful use" will require CHE to escalate plans for implementing our 2017 goals.

As a part of the current state readiness evaluations, CareLink teams have begun visiting RHCs and meeting with nurses, pharmacists, physicians, therapists and many




other department colleagues, as well as with senior leadership. During these visits, interviews of groups and individuals are helping us understand better the current work being done, and how best to use the technology we are deploying to achieve our goals.

To help build a basic understanding of the CareLink initiative and all that it entails, CHE launched CareLink University in late October 2010. These three-day, in-person sessions will help selected RHC attendees get fully engaged in all of the key details of the CareLink initiative, and will help provide attendees with the background and tools needed to help them build a better awareness and understanding of CareLink at the local level.

In addition, CareLink's first Clinical Advisory Council meeting took place on Nov. 4-5 in Philadelphia. This meeting was convened to continue the good work that many physicians and colleagues from across the CHE family participated in earlier this year. This group diligently evaluated orders and order sets, taking clinical content from each RHC, comparing local practices to that of an evidence-based set of orders from a nationally recognized vendor, ZynxHealth. The effort

involved in facilitating meetings and calls, collating information, and then beginning to standardize the orders into a more cohesive and logical set of documents has been enormous. The Clinical Advisory Council builds on this foundational work.

We are certainly in good company with the rest of the hospitals in the United States working towards achieving the goals of quality and safety through use of an electronic health records system, and demonstrated by "meaningful use" of those systems. The successful implementation of EHR promises a higher quality, safer, more efficient and more accessible health care system for our patients, our physicians, our colleagues and our communities.

Yes, we all face challenges. The government has set an aggressive and ambitious timeframe for achieving meaningful use. All products that comprise the electronic health record must be certified. There are strict quality reporting requirements, and all facilities must adopt specific terminology standards. And while we have one eye on preparing for the future, we must also remain dedicated in the present to our Mission and Core Values, and to providing the very best person-centered health care to all who seek our aid. 

Introducing ... CareLINK University

CareLink University (CLU) matriculated its first class on October 27 and 28. CLU aims to educate and train all levels of clinicians including physicians, nurses, executives and ancillary department leaders for the future goals of IT implementation, communicating as EHR champions, and CPOE adoption. The curriculum is robust and teaches basic skills all the way up to workflows and clinical process re-engineering. Those interested in enrolling in the course can register on CHE Connect at <http://portal.che.org/resources/programs/CareLink>. For more information about CareLink University or to enroll, send an e-mail to CLU@che.org.



TraumaMan System Provides Hands-On Surgical Training Through Simulation

...continued from page 1

John Cunha, D.O., emergency room physician, Holy Cross Hospital, watches while Marc Parent, R.N., OR educator, practices performing a pericardiocentesis using the TraumaMan System.

“
We found the simulation model [TraumaMan] quite helpful for practicing advanced airway techniques.
”

Mark E. Caputo, M.D., medical director, emergency services at Holy Cross Hospital

“Simulation medicine is being embraced nationally as a way to maintain clinical competency,” said Mark E. Caputo, M.D., medical director, emergency services at Holy Cross Hospital. “It is especially valuable for high-risk procedures that are seen on an infrequent basis. We found the simulation model [TraumaMan] quite helpful for practicing advanced airway techniques.”

The TraumaMan System is the only simulator approved as an alternative to live non-human models or cadavers for Advanced Trauma Life Support (ATLS®) certification. It is endorsed by the American College of Surgeons and is used in ATLS courses across the country. ATLS courses teach and certify medical professionals in standardized life-saving procedures such as chest tube insertion, peritoneal lavage (to determine the absence or presence of internal bleeding of the abdomen) and pericardiocentesis (to remove fluid from around the heart).

Holy Cross Hospital first began piloting the TraumaMan System in August 2010 in the anesthesia department as a training tool for its physicians. It is now currently being used in the emergency department and will then be available to the surgery department. After the six-month pilot is complete, the system will be evaluated for a potential rollout to other RHCs/JOAs.



“This pilot affords us an excellent opportunity to utilize the medical industry’s premier training simulators,” said Dr. Patrick A. Taylor, president and chief executive officer, Holy Cross Hospital. “Both the TraumaMan and CentralLineMan Systems allow physicians to practice procedures that they may not frequently see but could very well be called upon to perform in an emergency situation.”

The TraumaMan System is not the first patient simulator that CHE has introduced through ERM initiatives in an effort to enhance quality of patient care. In 2008, NOELLE™ and baby HAL®—robotic mother and child birthing simulators—were introduced to help educate clinical staff in labor and delivery settings.

“Simulation training has been an unqualified success for CHE from a patient safety perspective,” said Kathy Young, vice president, claims services for CHE. “It just makes good sense to practice high-acuity, low-volume procedures on mannequins instead of patients. The data reflects a better quality of patient care as a result of using simulation training.”

For more information about the TraumaMan System, the pilot program or Enterprise Risk Management initiatives, please contact Stacey Stephens, CHE manager, litigation, at sstephens@che.org.

The TraumaMan® System includes four primary areas for practicing surgical skills:



The **abdominal area** can be used for practicing diagnostic peritoneal lavage. For this procedure, TraumaMan includes a simulated abdominal tissue structure with a fluid reservoir that can be filled with clear water or ‘red’ water depending on the trainer’s desired response.



The **chest area** allows for chest tube insertion, pericardiocentesis and needle decompression (fluid removal from chest cavity) to be performed. TraumaMan also includes airflow inside the pleura and inflatable lungs to simulate breathing for a realistic response during procedures.

In addition, a sternum, ribs, heart and additional pericardium tissue are included to simulate pericardiocentesis. And for needle decompression, the system includes a clavicle, rib landmarks and pressurized pleural space to simulate tension pneumothorax (accumulation of air in the pleural cavity leading to a collapsed lung).



In the **neck area**, both a cricothyroidotomy and percutaneous tracheostomy (to provide an emergency airway) can be performed. In addition to the simulated human tissue on the exterior of the neck, TraumaMan includes a simulated cricoid cartilage, thyroid cartilage, cricothyroid ligament and trachea. It also includes airflow in the trachea for a realistic response during procedures.



The **ankle base** can be used to practice intravenous cutdown procedures. Included are skin, fat and muscle layers, simulated blood flow, and the great saphenous vein for a realistic practice procedure.



CHE Welcomes Its First Affiliate: Matulaitis Nursing Home

The Mission and Vision of Catholic Health East foresees the continued expansion of the system to welcome additional participants, and for CHE to serve as a vehicle which enables Catholic Sponsors to strengthen the Mission, sponsorship and Catholic identity of their sponsored health ministries. One specific dimension of planned system growth is the incorporation of additional religious communities who desire to co-sponsor their health ministry through CHE.

Based on this premise, a specific type of CHE relationship—the *affiliate*—was created at the outset of CHE's formation 12 years ago ... but never used. Following a year of discernment and discussions with the CHE Sponsors Council, on July 1, 2010, CHE welcomed Matulaitis Nursing Home as its first affiliate, and its sponsor, the Sisters of the Immaculate Conception of the Blessed Virgin Mary as CHE's first affiliate sponsor.

Based in Putnam, Conn., Matulaitis is a 119-bed skilled nursing facility that offers long-term care, short-term rehabilitation, respite services and hospice care.

"Our innovative association with Catholic Health East helps to assure our residents and their loved ones that we have access to national quality, safety, clinical and management expertise," said Sr. M. Bernadette Matukas, M.V.S., representative of the Sisters. "And we look forward to strengthening the future of our Catholic identity and mission."

"We welcome the Sisters of the Immaculate Conception of the Blessed Virgin Mary as CHE's first affiliate sponsor. In their ministry to those whom they serve at the Matulaitis Nursing Home, the Sisters, the dedicated administration, and their capable staff embody the values that are the guiding principles of all we do. In affiliating with CHE, they share with us the rich traditions and heritage that are uniquely theirs," said Sr. Mary Persico, I.H.M., CHE's executive vice president, mission integration.

Matulaitis Home was opened on June 14,

“

We welcome the Sisters of the Immaculate Conception of the Blessed Virgin Mary as CHE's first affiliate sponsor ... In affiliating with CHE, they share with us the rich traditions and heritage that are uniquely theirs.

”

Sr. Mary Persico, I.H.M.,
CHE executive vice president,
mission integration




1968 and was named after Blessed George Matulaitis, the founder of the Sisters' Congregation, a man who according to the Matulaitis website, "devoted his life to the work of God and service of His people, whose human dignity and precious individuality he continually emphasized." Matulaitis Nursing Home is rated as a five-star facility by Medicare. It just completed renovations to respond to new needs of various services and present day living standards.

As an affiliate, Matulaitis entered into a transitional relationship for two years. The sponsoring congregation is invited to attend Sponsors Council meetings and their sponsored facilities are eligible for selected programs and services available throughout CHE ... such as Excellence in Ministry, Spirituality at Work, and other sponsorship education and ministry formation offerings. A limited management integration exists during the two-year time frame and the Sisters work with representatives from the CHE Sponsors Council and from Catholic Health East Senior Services Management (CHESSM).

CHESSM, a supportive health corporation within CHE that is contracted to perform

operational assessments, planning and management services for long-term care facilities that are outside of CHE, will facilitate the relationship between CHE and Matulaitis during this two-year transitional "affiliate" period.

"Our new relationship with Matulaitis can be thought of as an 'engagement' of sorts," said Bill Healy, vice president, regional operations for CHESSM who was instrumental in the development of the agreement. "It's really a learning period between both parties."

"We are excited to have the opportunity to work closely with the Sisters of the Immaculate Conception of the Blessed Virgin Mary and we are proud to welcome the staff and board of Matulaitis Nursing Home as CHE's first affiliate," said Judy Persichilli, CHE's president and chief executive officer. "We look forward to a long and productive relationship, and to helping them strengthen and maintain their health ministry for the benefit of their local community and the people they serve." 

For more information about Matulaitis and its affiliate status, please contact Bill Healy, vice president, regional operations, CHESSM, at 610.355.2114 or whealy@che.org.

What is an "Affiliate"?

Over the last few years, Catholic Health East has been approached by several health care organizations who were attracted to some of the benefits of being part of CHE ... but were for one reason or another not at the point where they could commit to taking the step of becoming a full-fledged member of CHE. After careful consideration, the Sponsors Council, board of directors and CHE leadership agreed that it was prudent to consider using an existing but never used type of relationship—an affiliate—that addresses the needs of some of these organizations.

Affiliate status within CHE was designed to serve as a "transitional" agreement that is two years in duration; at the end of the two-year period, both the affiliate and CHE have the opportunity to evaluate the relationship and determine if it should become "permanent."

On July 1, 2010, Matulaitis Nursing Home of Putnam, Conn., became the first affiliate of Catholic Health East. The Sponsors of Matulaitis, the Sisters of the Immaculate Conception of the Blessed Virgin Mary, became the first affiliate sponsors of CHE.



Symposium Provides Chance to Share Homeless Outreach Expertise Across Continents

One hundred twenty physicians, nurses, behavioral health, social service and homeless service professionals, representing cities and countries from four continents, convened in Los Angeles from October 20-22, 2010 for International Street Medicine Symposium (ISMS) VI. Created and organized annually by Operation Safety Net®, Pittsburgh Mercy Health System's innovative, award-winning medical and social services outreach program for persons who are unsheltered and homeless, ISMS serves as a catalyst for health and community leaders to share insights and best practice models of care, and to provide professional support to others who minister to the needs of this under-resourced population.

The first ISMS—the first conference of its kind for street medicine providers—was held in Pittsburgh in 2005. Other cities that have played host to the symposium include Santa Barbara (2006), Houston (2007), San Juan (2008) and Atlanta (2009). Each year, the number of participants has grown.

“The growth of the symposium is a reflection of the need to collaborate to provide health care and housing services for people who are homeless in cities around the world,” said Linda Sheets, symposium cofounder, program director for Operation Safety Net, and organizer of ISMS VI. “Operation Safety Net, Pittsburgh Mercy Health System and Catholic Health East are pleased to be at the forefront of such global collaboration.”

ISMS VI featured more than a dozen presentations by guest faculty from various world cities in North and South America, Europe and Asia. Topics included community approaches to homelessness found in Haiti, Los Angeles, Morgantown (West Virginia) and Minneapolis. Additionally, presenters addressed the global topics of improving the



In addition to the symposium presentations and field experiences, ISMS VI featured an art show by artists affiliated with Lamp Community, a Los Angeles-based nonprofit organization that provides housing and support services to men and women with severe mental illness and who are chronically homeless. The show featured several original works by people served by Lamp. Pictured with one of the works—“Street Kids” by Darlene Altemeier Dobbs—is Hayk Makhmuryan, art project manager for Lamp Community.

“We are moving toward developing metrics and best practices for street medicine. These are exciting times and promise to improve how we care for the most vulnerable in our communities.”

Dr. Jim Withers, founder and medical director, Operation Safety Net

health and health care of persons who are homeless; various approaches to diagnosing and treating behavioral health and addiction issues; defining street medicine; developing a comprehensive web-based curriculum in homeless health care for medical learners; and finding government funding for homeless service programs.

Attendees also participated in field medicine experiences in Los Angeles' infamous Skid Row and at homeless shelters in Bell and Santa Monica.

“As a new field of health care, we are moving toward developing metrics and best practices for street medicine. These are exciting times and promise to improve how we care for the most vulnerable in our communities,” said Dr. Jim Withers, symposium co-founder and founder and medical director, Operation Safety Net.

ISMS VI was sponsored by Operation Safety Net. Since its founding in 1992, Operation Safety Net has provided health

care, case management and social services to more than 9,700 individuals and more than 68,000 visits to persons who are currently living on the streets of Pittsburgh or who are newly housed. Additionally, in the past three years, Operation Safety Net has found housing for more than 400 individuals who once lived on the streets of Allegheny County.

United Homeless Healthcare Partners of Los Angeles County, JWCH Institute, Inc. and Homeless Health Care Los Angeles hosted ISMS VI. The symposium was made possible in part by a grant from the GlaxoSmithKline Foundation. Additional support was provided by Catholic Health East and The Robert Wood Johnson Foundation.

This article was submitted by Linda K. Ross, director of communications, Pittsburgh Mercy Health System. For more information about Operation Safety Net, contact Linda Sheets, program director at lsheets@mercy.pmhs.org or 412.232.5739.



Hot Off the Presses ...

CHE Style Guide and Graphic Standards Manual Now Available

As we are all often called upon to be communicators, we are keenly aware of the tremendous power of the printed word. The language and phrasing that we use makes a difference in how our messages are received.

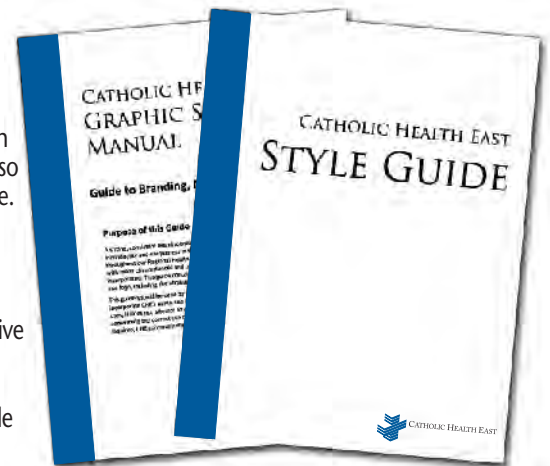
Any day of the week, numerous memos, letters and e-mails are created and sent by CHE colleagues across the System. And as many printed pieces are created, there are no doubt nearly that many variations in style, content and even accuracy.

To provide guidance to all colleagues, and to help maintain consistency throughout CHE in our written materials, the communications department has created a **CHE Style Guide**. This guide resides in the Communications Community of the CHE Portal and is accessible via link directly from the portal home page (under System Resources).

The **CHE Style Guide** is based on the Associated Press (AP) Stylebook—the authoritative reference for journalists and writers—and is organized like a dictionary. In addition to many everyday words, entries also include CHE-specific terms for your reference. Inside, you'll find the correct use of 'its' and 'it's', when to capitalize titles and how and when to write out numerals.

The guide is not meant to be an exhaustive list; it is a working document, which will be updated regularly with new entries and the most updated version will always be available on the CHE Portal.

Also now available on the Portal is the updated **CHE Graphic Standards Manual**, which includes everything you need to know about branding and the use of the CHE logo. The manual includes correct and incorrect usages of the CHE logo, acceptable use of the tagline, plus how to access all system logos.



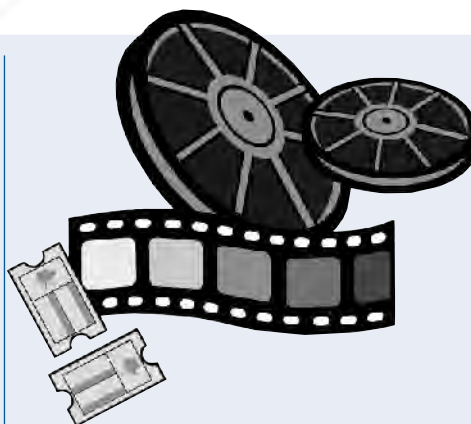
If you have any questions about either of these documents, or you have suggestions for entries that you think should be included in the **CHE Style Guide**, please contact Maria Iaquinto, CHE communications manager, at miaquinto@che.org.

Comprehensive Care Management: *The Movie*



Comprehensive care management—as envisioned in CHE's Vision 2017—connects individuals with information to make informed decisions about providers, services and programs based on accurate information, unbiased advice and personal preference that support their holistic and spiritual needs throughout their lives. This will result in the right care delivered in the right setting to the right person at the right time.

In 2009, three CHE RHCs (Mercy Health System of Southeastern Pennsylvania and Keystone Mercy Health Plan in Philadelphia, Pa.; St. Peter's Health Care Services and CHOICES Geriatric Care Management Program in Albany, N.Y.; and Sisters of Providence Health System and Hampden County Physician Associates in Springfield, Mass.) were launched with three basic objectives: to create value for our patients, providers and payers through enhanced care coordination and improved alignment of incentives; to impact access to timely and appropriate care, and to enhance the quality and



efficiency of that care; and to measure and document pilot outcomes and learnings so that they can be applied to other populations, providers and payers.

The progress made to date by these three pilot projects has been extraordinary. The innovations that have been introduced ... the value that has been realized for providers, payers and patients ... and the "lessons

learned" by these trailblazing initiatives will help transform our health care ministry in the years ahead. The best way to share the progress of these pilots is to view a 16 minute video that will help you learn much more about how these three initiatives promise to change the way we provide care ... for the better.

You can view the video on the CHE portal at <http://portal.che.org/resources/programs/ccm>; instructions for how to view this video (either via a Silverlight Plug-in or by playing directly on your computer) are located on this page. If you have any trouble viewing the video, or if you would like us to send you a DVD copy, please contact Maria Iaquinto, CHE communications manager, at miaquinto@che.org or 610.492.3730.

These three care management pilot projects are helping to reshape the definition of what a "health care delivery system" is and should be ... and the benefits that this new vision for health care promises for us all.



Catholic Health East and Seton Hall University Forge Unique Educational Partnership

Catholic Health East recently announced the selection of Seton Hall University as its partner in the development of a unique educational program that will focus on the development and cultivation of the health system's next generation of Catholic health care leaders.

Known as the CHE Ministry Leadership Academy, this initiative will identify and develop a cadre of committed, well-formed lay leaders who can successfully carry the CHE's ministries into the future and facilitate smooth succession for senior management teams at the system and local levels.

"The future of Catholic Health East is dependent on the development of experienced, strong mission-driven leaders who embrace our vision, values and culture," said Judith M. Persichilli, president and chief executive officer of Catholic Health East. "We're excited about the opportunity to partner with Seton Hall University in this collaborative effort to help prepare the future stewards of our health care ministry."

Reverend Monsignor Richard M. Liddy, Seton Hall University professor of Catholic thought and culture and director of the Center for Catholic Studies there, remarked about the goals of the project. "Our aim is to link the original values of the religious sisters' mission to the sick, the dying, the poor and the neglected with the realities of contemporary health care," he said. "We believe this can be achieved."

The CHE Ministry Leadership Academy's three key learning objectives focus on ministry leadership, operational leadership and transformational leadership. "The faculty will work with Leadership Academy participants to determine how to best integrate the core elements of ministry leadership into policies, structures and CHE's culture so that Catholic identity explicitly



informs the organization's life and directs its daily operation," said Anita Jensen, CHE's vice president of leadership formation.

Ministry Leadership Academy participants will be grouped into cohorts of up to 15 individuals, with the first cohort meeting four times per year for a two-year period, beginning in 2011. A second cohort will be initiated in 2012, and a third in 2013. Classroom sessions, professional exposure and inter-organizational rotation opportunities will be incorporated into the curriculum. Faculty will include Seton Hall University faculty as well as members of the CHE senior management team and other subject matter experts. Successful completion of the program will result in participants being awarded a certificate in healthcare leadership from Seton Hall University.

"In combination with CHE's current ministry formation offering—"Excellence in Ministry"—the CHE Ministry Leadership Academy represents the next step in the development of our system's leadership capacity and capabilities," said Persichilli. "This initiative offers participants the

opportunity to explore their own call to health care ministry, while advancing their leadership skills consistent with CHE's Mission to be a model of person-centered care."

Based in South Orange, N.J., the 156 year-old Seton Hall University is the oldest diocesan-sponsored Catholic university in the United States. Components of the University involved in the development of CHE's Leadership Academy include the Center for Catholic Studies, Immaculate Conception Seminary School of Theology, Stillman Business School, the School of Law and the School of Health and Medical Sciences.

"Our team combines experts in business and health care management with theology and Catholic social teaching. Our approach combines adult ways of learning with interdisciplinary expertise and the participants' own professional experience," said Monsignor Liddy. "We look forward to building the partnership between Seton Hall and Catholic Health East to benefit the health leaders of tomorrow."

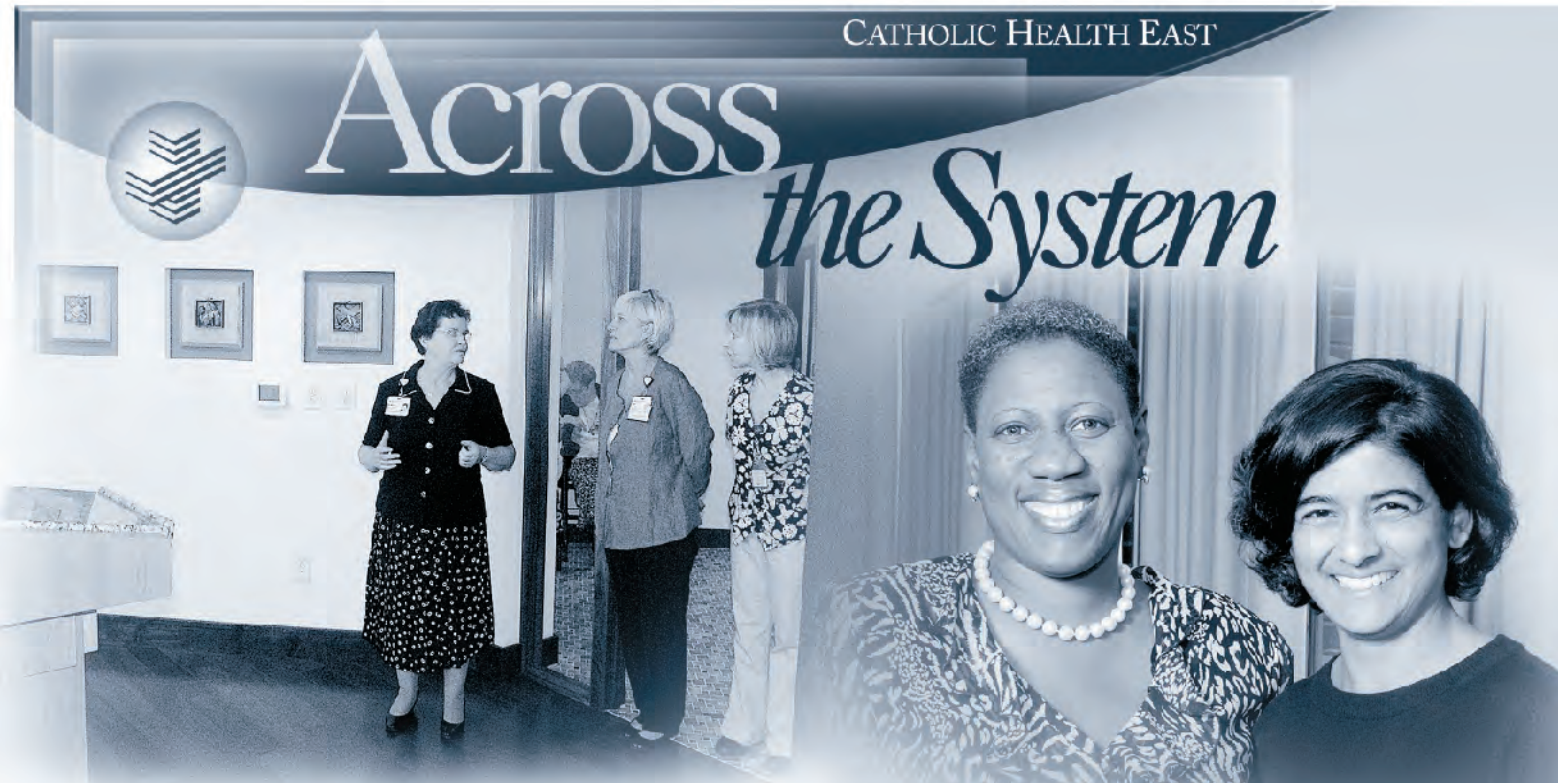
For more information, contact Anita Jensen, CHE vice president, leadership formation, at ajensen@che.org or 610.355.2010



CATHOLIC HEALTH EAST

Across

the System



The Franciscan Sisters of Allegany have lived on the property of St. Anthony's Hospital, part of BayCare Health System (Clearwater, Fla.), since 1931 when nine pioneering Sisters founded the hospital with a spirit of dedication, charity and faith, establishing the first Catholic hospital on Florida's west coast. Due to recent construction for an emergency center and patient tower, the Sisters have a new convent which features a modern and updated home that shelters both body and spirit on the hospital campus. Pictured is Sr. Mary McNally, O.S.F., St. Anthony's vice president of mission, giving a tour in the chapel at the new convent.

Aysha Kuhlor (left), director of clinical and nursing services for the Mercy Community Health's Saint Mary Home (West Hartford, Conn.), greets Dr. Nimalie Stone, Division of Healthcare Quality Promotion for the Centers for Disease Control and Prevention. The CDC and the Connecticut Department of Public Health, in conjunction with the Connecticut Directors of Nursing Association, held "A National Perspective on Infection Prevention in Long-Term Care" seminar at Saint Mary Home on Friday, October 15, 2010.



Our Lady of Lourdes Medical Center (Camden, N.J.) recently presented the 2010 Joseph A. Pacera Community Benefit Award to nine Lourdes associates and a Camden resident whose volunteer efforts have made a difference in the city and best exemplify the spirit and meaning of community health improvement. Back row, left to right: Alexander J. Hatala, Lourdes president and CEO; Joseph Howe, M.D.; Margaret T. O'Donnell; Robert DiMaio, M.D.; Rocky Wilson; Margaret Fernandes, M.D.; Sister Helen Owens, O.S.F. Front row, right to left: Janet Parker, N.P.; Sister Rosemarie Kolmer, O.S.F.; Russell Harris, M.D.; Peter Burgos; Tondra Lawson; Eugene Gatti, M.D. Not pictured: Joseph Stegmuller, M.D.



For the second time in five years, St. Mary's Health Care System (Athens, Ga.) is celebrating being named the 2010 Georgia Large Hospital of the Year by the Georgia Alliance of Community Hospitals (GACH). St. Mary's was chosen from among hospitals in the state with 150 or more beds. At its annual conference on October 14, GACH said St. Mary's "demonstrated immense support of direct patient care through improving access for indigent populations, as well as strong quality of life initiatives, community benefits and expansion of critical health care services to its surrounding community."



CATHOLIC HEALTH EAST



The Driver Advisement Program at Weldon Rehabilitation Hospital, part of Sisters of Providence Health System (Springfield, Mass.), was the focus of a recent segment on "Mass Appeal," a locally-produced, lifestyle program on NBC's Springfield TV affiliate. As guests of the program, Sheryl Moriarty, OTR/L, a certified driver rehabilitation specialist, and Julie Olearcek, OTR/L, provided details of the Driver Advisement Program and assisted in the demonstration of adaptable vehicle equipment. Here "Mass Appeal" co-host Ashley Kohl talks with Moriarty and Olearcek on the set of the "live" program.



Pictured at Polo at the Point with the Dogwood Trail Maids are the Harbin triplets who were born with a total birth weight of four pounds. Oliviyanna Harbin weighed just nine ounces, breaking the record as the world's smallest surviving newborn. After birth, Oliviyanna struggled in the NICU for eight months but then was admitted into Mercy Medical's (Daphne, Ala.) pediatric home care with her sisters who now each weigh 18 pounds. Today, Oliviyanna weighs 10 pounds. Considered a miracle, Oliviyanna and her sisters have thrived with the support of Mercy's pediatric home care, made possible by Guardian Angel program. Sponsored by the Eastern Shore Optimist Club, the Dogwood Trail Maids serve as good will ambassadors and provide more than 150 hours of community service during their one-year term.



More than 200 Holy Cross Hospital (Ft. Lauderdale, Fla.) associates participated in the Making Strides Against Breast Cancer Walk and raised over \$15,000. Holy Cross was the presenting sponsor and Marnie Kaplan, M.D., surgical oncology, Michael Dianne Bienes Comprehensive Cancer Center, chaired the event.



St. Mary Medical Center (Langhorne, Pa.) was named as one of 100 organizations in the nation selected as "Best Places to Work in Healthcare for 2010" by *Modern Healthcare* magazine. The prestigious award is based on colleague surveys that include questions on such topics as leadership, communications, working environment, pay and benefits, and overall satisfaction. A 40 percent response rate is required to be considered for the award, and of the randomly selected St. Mary colleagues who received surveys, an outstanding 83 percent responded. St. Mary ranked 23rd among the top 100 health care organizations nationwide and eighth among winning organizations with 1,000 or more colleagues. Pictured are members of St. Mary Medical Center's colleague engagement team with the *Modern Healthcare* award.



10 Minutes with... **Nora Triola, Ph.D., R.N., Chief Nursing Officer**

Nora Triola, Ph.D., R.N., NEA-BC, joined the CHE System Office as chief nursing officer in July 2010 after four years with Holy Cross Hospital in Ft. Lauderdale, Fla. She was also the chief nursing officer with Mercy Hospital in Miami, Fla., for the past year. In her role as the system CNO, she is responsible for leading CHE's nursing practice in anticipating and adapting to changes in the health care environment, and providing mission and values-based vision and leadership in the achievement of nursing excellence throughout the continuum of care.

Nora has over 30 years experience in nursing administration and holds a Ph.D. in nursing from the University of Miami in Coral Gables, Fla., where she also received her master of science in nursing (M.S.N.) degree. She is a Wharton Fellow and serves as a Magnet appraiser for the American Nurses Credentialing Center.

What prompted you to make the transition to the System Office after being in the hospital setting at Holy Cross Hospital?

Most nurses' desire to enter the profession originates through a nurse family member or a close experience with illness. I am no different. My mother is a nurse, and from the age of 5, I always knew I would be a nurse. The role has been a perfect vehicle for me to make a difference. As a recent graduate, I was focused on providing the highest quality care with empathy and compassion, thus the beginning of my personal journey of person-centered care. As the years progressed and my experience grew, I served in leadership roles more and more, and with each new function the scope of responsibilities increased. That allowed me to work towards my ultimate goal of making a more significant difference through serving others. Having been a CNO in several hospitals has given me an opportunity to develop my leadership style and skills as a transformational leader. When I joined Holy Cross, I was acutely aware of the sense that this facility was different, and so began my introduction



Nora Triola, CNO

to Catholic health care. The values and mission were continually exhibited by all colleagues and it was a good fit for me. The history of our founders signified to me tremendous courage, faith, caring and intellect and I wanted to hear each and every story, hoping to co-create further contemporary examples of their work.

Serving both Holy Cross and Mercy enabled me to appreciate the tremendous opportunities and synergies that exist between our RHCs. To serve as the CNO for the entire ministry was an opportunity to continue to grow professionally and begin to appreciate occasions where we could be of greater service to our colleagues and communities in all the RHC service areas. Supporting each other, sharing best practices and challenging one another to strive for excellence in all we do are all part of the impetus for my transition.

The CNO position is new to the CHE System Office. What do you think led to the creation of this new centralized nursing role and how is it beneficial to the RHCs/JOAs?

We continue to evolve and grow as a system. The system priorities were initially centered on financial performance and establishing structures necessary for streamlining and standardizing the business of health care. With health care reform as an impetus, it was an ideal time for the additional clinical input in strategic planning and the development of action plans to achieve person-centered care and the 2017 vision. Comparable activities involving the creation of system CNO roles are occurring across the country as everyone seeks strategies to improve quality and satisfaction while successfully managing increasing costs. The benefits to the RHCs and JOAs will be measured over time and will be directly related to our collective achievements on the

initiatives contained in our system nursing strategic plan, currently being developed with the patient care executives.

What are some of the priorities you will be focused on as CNO over the next year? What goals do you hope to achieve?

My priorities are to focus on developing a nursing services strategic plan with the patient care executives that enables Vision 2017 to be fully maximized; participating in the CareLink implementation, which leverages evidence-based care and technology to enable rapid access to patient information and clinician assistance to create safer systems; continuing the ongoing strides to measurably improve quality and patient safety, which will continue to be extremely important in differentiating ourselves; actualizing our clinical transformation activities through the ACT initiative, national collaboratives, benchmarking and sharing of best practices to enable us to move improvements into practice more timely; and increasing the maturation of self governance, autonomous professional practice, true interdisciplinary models of care, strengthening nurse engagement and ultimately increasing the number of Magnet-designated RHCs to serve as a differentiator in care delivery.

The development of a shared strategic planning document with measurable goals is something that is important in our first year. Subsequently, the attention to achieving the incremental next steps on the plan will be our focus. On a personal level I hope to be seen as a value-added resource to the patient care executives, my new CHE colleagues and the SMT.

What are some of the challenges you think you might face?

During periods of chaos and rapid change there are always opportunities and challenges. We will need to remain focused on our mission and the growth of our ministry so that when that glimmer of chance presents itself we can see the embedded opportunities they truly are and act. The role of the registered nurse in the era of health care reform is full of new and potentially different ways of practicing; being creative and envisioning the ultimate patient experience will allow us not to be broadminded in our approach to person-centered care. Another major challenge will be that of change fatigue; it seems like a technologic and scientific revolution. And yes, it is much easier to maintain the status quo than focus on maintaining a constant state of uncertainty, but our patients and colleagues deserve excellence in all we do because it is the right thing to do.



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