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## In this issue:



Good day!

I wanted to talk with you today about an important opportunity and obligation we each have to uphold over the next couple of months. It comes in the form of education and training around the most important matter of patient privacy and protected health information.

This type of information is all around us and is the foundation for the care we provide and the very work we do every day. It should come as no surprise that we hold ourselves to the highest level of expectations and accountability in preserving this type of information. Patients absolutely expect that we will maintain the confidentiality and security of their information. This information can be found in many forms—medical records, billing, emails, data files, faxes, photos, conversations between staff and more. Maintaining the confidentiality and security of this information requires the highest levels of diligence and effort to preserve its integrity, especially in this day of computer hacking and identity theft.

We are all familiar with HIPAA (Health Insurance Portability and Accountability Act), our guiding principles of privacy. I commend you for the work you do to observe, adhere to and even self-report when the standards of HIPAA might be compromised. It is work that requires self-discipline and integrity—ideals I see exemplified here at Care New England all the time.

On occasion, however, even the most diligent among us might drift from the rigor, fall into a bad habit or simply make a mistake, even in areas of privacy. Such was the case in 2012 when a number of backup tapes containing Women & Infants patient information were missing. Once we realized the situation, we self-reported and began working with the U.S. Office of Civil Rights (OCR), the authority with oversight of

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these issues. The good news here is that, ultimately, these tapes were found. However, the situation resulted in an enforcement action by the OCR and a corrective action plan that highlighted the need to improve our processes, policies, and work force training on HIPPA privacy and security rules.

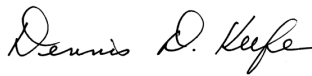
As a result of this review, Care New England Compliance has revised its policies and submitted them for approval to the OCR. Once that approval has been secured we have an obligation to complete educational training for 100 percent of the workforce within 60 days; that's right, everyone—NO EXCEPTIONS—and in 60 DAYS. This includes physicians, staff, volunteers and even vendors to some extent.

The training will be delivered via cloud-based learning management system (Healthstream). Email notifications will be sent once the training period begins. The training will take about one hour and you can complete it during your workday. There will be classroom accommodations available. Again, you will have 60 days to complete from the time the initial training is sent. **This is mandatory for everyone.** Those who do not complete the training once the 60-day window has expired will be subject to progressive disciplinary action.

I'm sure this sounds like quite a challenge—full participation, 60 days, no exceptions! But, I see the way you respond to challenges, how you do your job, and I am confident this will be no different. Ultimately, we will all be better educated and even better prepared for dealing with sensitive patient information in the future. I appreciate your participation.

I hope you have a great week ahead!

Sincerely,



Dennis D. Keefe  
President and Chief Executive Officer



## VNA focuses on advance directives

When patients have a chronic progressive illness, knowing their wishes decreases unwanted hospitalizations and allows for the focus of care to be on comfort and possibly hospice care. It is a way that our VNA team can provide patient-centered care and honor a patient's dignity. Given this information, it has been an ongoing goal of the VNA to document an advance directive from at least 50 percent of their patients.

To successfully increase advance directive documentation, Therese Rochon, RN, director, advanced illness management, has collected and reviewed a monthly report capturing the percentage of patients with an advance directive since April 2016. While great progress has been made since April, there is still room for improvement.

When a patient does not have a chronic progressive illness, it allows the nurse to present the option of filling out a Medical Durable Power of Attorney form that will establish who would make decisions for them if they were not able to for themselves. This is a document that we would all benefit from having and allows us to have that discussion with the chosen surrogate decision maker. With 21 percent of patients with an advance directive in December 2016, documentation will be an area of focus for the VNA throughout 2017 as we strive to ensure all VNA patients receive the care they want in the setting of their choice.





## Quality care = Right care, in the right place, at the right time

In order to provide safer care TOGETHER across Care New England, we are committed to providing “the right care, in the right place, at the right time.” One of the biggest challenges and opportunities is to make sure that all patients:

- Receive the care they need—no more and no less;
- In the right setting—home, physician’s office, hospital, rehab, etc.;
- Without any delays.



To make this happen, every member of the CNE care team plays a critical role in measuring and tracking how successful we are. Our measures of success are reported on the CNE Quality Dashboards, including:

- Timely initiation of care for VNA patients.
- Client wait time to get into a program at The Providence Center.
- Length of stay for patients admitted to the hospital.
- Follow-up after hospitalization within seven days.
- Time from arrival in the Emergency Department (ED) to discharge.
- Time from deciding to admit an ED patient to arrival on an inpatient unit.
- Making sure patients with sepsis receive all appropriate treatment within specified time limits.
- Initiate planning for discharge within 24 hours of hospitalization.

Be a champion for change! Ask yourself:

- What steps could your team take to get our patients the care they need quickly?
- What barriers or delays could you help eliminate?
- Can you decrease waiting time for appointments, tests, results, decisions and/or actions?
- How can you bring care to your client/patient rather than sending them for care?
- How can you facilitate smooth, timely transfers from one setting to another?

Remember, when it comes to quality, every minute counts.

Have questions or concerns? Call the quality champion on your campus.

Butler Hospital – **Charles Alexandre**, [calexandre@butler.org](mailto:calexandre@butler.org), ext. 16524

Kent Hospital – **Maureen Casey**, [macasey@kentri.org](mailto:macasey@kentri.org), ext. 31498

Memorial Hospital – **Pam DiMascio**, [PDimascio@CareNE.org](mailto:PDimascio@CareNE.org), 729-2398

The Providence Center – **Jocelyn Therien**, [JTherien@provctr.org](mailto:JTherien@provctr.org)

VNA of Care New England – **Cindy Bielecki**, [cbielecki@vnacarenewengland.org](mailto:cbielecki@vnacarenewengland.org), ext. 57623

Women & Infants Hospital – **Denise Henry**, [dhenry@wihri.org](mailto:dhenry@wihri.org) or at ext. 42053

## Dr. Paul DiSilvestro named director of Program in Women’s Oncology

After a rigorous national search, Paul A. DiSilvestro, MD, was named director of the Program in Women’s Oncology for Women & Infants Hospital and the Care New England Health System, and division director for gynecologic oncology in the Department of Obstetrics and Gynecology at The Warren Alpert Medical School of Brown University.



Dr. DiSilvestro is a professor of obstetrics and gynecology at Brown and has been the interim director of the Program in Women’s Oncology and the Division of Gynecologic Oncology since April 2016.

“Dr. DiSilvestro is a trusted and steadfast leader presenting an exciting vision for the future, including development of a research program in developmental therapeutics as well as a personalized cancer medicine treatment program,” said Maureen G. Phipps, MD, MPH, chair of the Department of Obstetrics and Gynecology at Women & Infants. “With Dr. DiSilvestro’s leadership, we are well-positioned for an exciting future for our women’s oncology services at Women & Infants and across Care New England.”

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Dr. DiSilvestro replaces Cornelius O. “Skip” Granai III, MD, FACOG, FACS, whose efforts brought the Program in Women’s Oncology into the national spotlight as an innovative center of cancer care excellence and who remains in a supportive emeritus role while continuing to see patients, train the next generation of women’s health providers, and provide outreach support.

Dr. DiSilvestro serves as the director of research in the Program in Women’s Oncology and chair of the Board of Managers of the recently formed Care New England Medical Group (CNEMG). He is principal investigator for the Women & Infants site of the National Cancer Institute’s (NCI) cooperative research group, NRG Oncology, the National Institutes of Health-sponsored cancer collaborative that includes the Gynecologic Oncology Group (GOG). Dr. DiSilvestro is currently the co-chair of the Ovarian and Breast Cancer Committees at NRG Oncology and previously served on the Cancer Prevention and Control and the Phase I committees. In addition, he has been study chair or co-chair of multiple NCI-sponsored GOG trials. Dr. DiSilvestro is well-respected nationally for his clinical, teaching and research expertise. He is a general board examiner as well as a subspecialty (gynecologic oncology) board examiner for the American Board of Obstetrics and Gynecology.

A graduate of the University of Vermont College of Medicine, Dr. DiSilvestro completed a residency at Women & Infants and a fellowship in gynecologic oncology at the University of Oklahoma.

## Kent Hospital Family Medicine residents volunteer at Special Olympics Medfest

Recently, three Kent Hospital Family Medicine residents provided sports medicine physicals to more than 30 Special Olympic RI athletes. Held on Saturday, January 14, at the Trudeau Center in Warwick, Special Olympics MedFest was an opportunity for those with intellectual disabilities who are enrolled or considering participating in an upcoming Special Olympics to receive a free sports medicine physical and other health screenings.

Drs. Christopher Lonegan, Kara Kopaczewski, and Eric Lee assessed blood pressure, temperature, pulse, height, weight, body mass index, vision, hearing, medical history, potential medication side effects and general physical health. Once the physical was complete, the residents reviewed the results with the athletes and their families noting any issues that would require a follow-up prior to Special Olympic participation.

Dr. Lonegan, a second-year Medfest volunteer, said, “Often these individuals are only seeing specialists for very specific issues, so we’re thankful to be a resource to these athletes in providing a quality sports physical.”



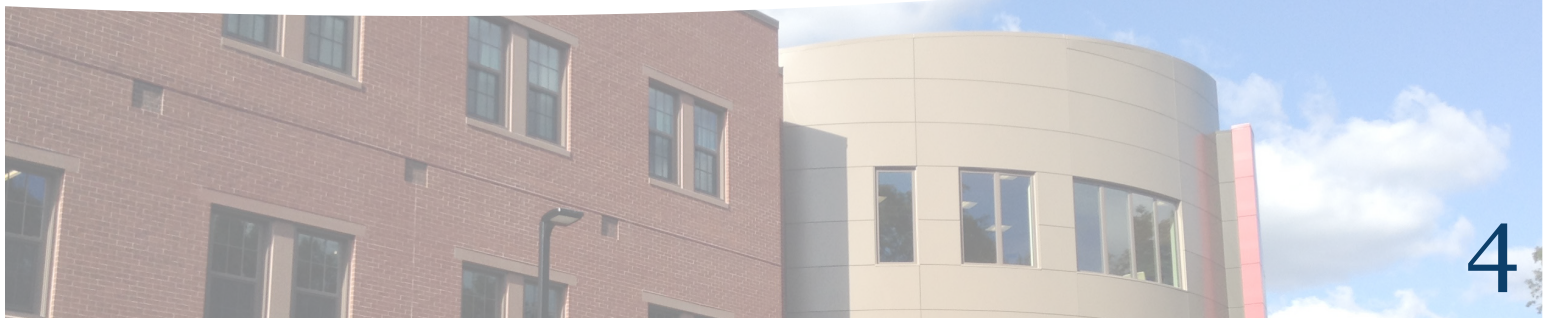
*Pictured left to right are: Christopher Lonegan, FM PGY-2; Kara Kopaczewski FM PGY-2; and Eric Lee FM PGY-1*

## Providence College Women’s Hockey honors The Providence Center

On Saturday, January 21, The Providence College Women’s Hockey team held a mental health awareness game and honored The Providence Center with a \$1,000 donation.

Junior goalie Alanna Serviss wanted to speak out about her experiences with depression and reduce the stigma surrounding mental illness so she helped organize a special game to recognize a local behavioral health care provider. She raised the majority of the money through donations from family and friends and more was collected at the game.

TPC’s Chief Development Officer Lisa Desbiens accepted the donation and had the honor of dropping the puck.



‘The Rhode Show’ features Butler Hospital’s Animal Assisted Therapy Program. Maryella Dubreuil, coordinator of the [Animal Assisted Therapy Program at Butler Hospital](#), and her dog, Bella, joined “The Rhode Show” last week to discuss therapy dogs’ ability to help and heal. The Animal Assisted Therapy Program is offered to patients on all of the hospital’s inpatient treatment units, as well as partial hospital programs. During the “Rhode Show” appearance, the team confirmed what literature supports—the reduction of anxiety levels amongst hospitalized psychiatric patients exposed to pet therapy.

Bella, an 11-year-old English Bulldog who has visited Butler’s treatment units for the past five years, is highly experienced in easing such anxiety by extending comfort and compassion during difficult times. Her presence has brought patients who were reluctant to socialize out into common areas and caused guarded patients to communicate openly—often to Bella directly! At Butler, each therapy pet has become part of the hospital’s family and brings a sense of unconditional acceptance to each person they meet. Watch Maryella and Bella’s full interview at <http://wpri.com/2017/01/18/the-benefits-of-dog-therapy/>.



## February is National Heart Month

Heart disease is prevalent in our society and according to the CDC, it is the leading cause of death for both men and women. Awareness and understanding of the risks and symptoms of heart disease can help to save your life. In commemoration of National Heart Month, over the coming weeks, we will be providing you with information about learning to live a heart-healthy lifestyle, the connection between obesity and the heart, what you should know about women’s heart health and more.

Help us kick off the month in style by wearing red on National Wear Red Day, Friday, February 3. Be sure to capture a photo of you and your colleagues for possible use in another edition of *carenews* or it might even show up on our Facebook page. Please email your pictures to [ccolaluca@carene.org](mailto:ccolaluca@carene.org). 