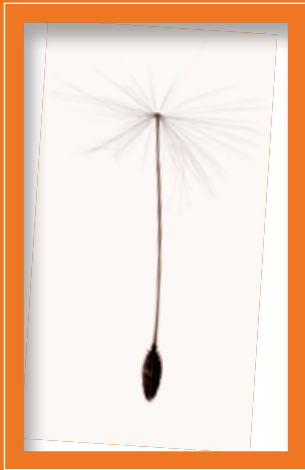




number twenty-four



### **vision statement**

We envision continual improvement in people's health as a result of research being converted to practical benefit.

### **mission statement**

We will be an imaginative, collaborative and engaged participant in the process that begins with rigorous health research and ends in realized health benefits and by doing so give the vision of Ethel Donaghue its best expression.

### **goals**

1. Promote knowledge uptake of health research into the realms of healthcare delivery, practice, and policy.
2. Advance the Foundation's mission by collaborating with people and organizations that have the opportunity and responsibility to improve health.
3. Ensure that our grantmaking programs are structured to support rigorous research that more directly leads to a positive impact on health.
4. Identify and support researchers and organizations whose work encompasses the principles of knowledge uptake.
5. Build networks and collaborations to test innovative ideas related to grantmaking and health research.
6. Contribute to efforts, both internal and external to the research enterprise, that optimize the capacity of health research to address the needs of policymakers, practitioners, and consumers.

### **values**

Steadfast in our commitment  
Principled and practical  
Engaged to the point of effect  
Respectful and reflective



**Great research ideas must find favorable environments in which they can establish their significance and grow.**

Lynne Garner, PhD, President and Trustee and Amy R. Lynch, JD, U.S. Trust, Bank of America, Trustee

**Y**ou have to be an optimist to fund research.

Although the Foundation's programs are focused on topics that have a strong potential to improve health and we use the expertise of highly regarded scholars to evaluate our proposals, no one knows what the end point will be for any study in which we invest Miss Donaghue's funds. Certainly, there are many examples of worthy, research-based ideas never being used.

Like seeds being dispersed through the wind, great research ideas must find favorable environments in which they can establish their significance and grow. We structure our programs to increase those odds for Donaghue awards. For example, we require our Another Look grantees to work with a stakeholder organization during the research study. Engaging

stakeholders in the research process, we hope, will provide a useful exchange with those who will eventually use the research results and promotes the adoption and sustainability of the innovation. We're excited about this year's crop of organizations with which these investigators have partnered. The projects are described on pages eight, nine and ten in this report. Take a look and see if you don't agree that these organizations are in strong position to use the resulting evidence to improve the health of elders in care facilities.

This year, we continued our *Linking Evidence and Practice* program as a way of helping good ideas get better established. We also continued *R3 – Making Research Relevant & Ready* to bring expertise in scaling and implementation to researchers so their innovations can grow outside of research environments.

The first three *Greater Value Portfolio* awards to create greater benefit through value were made this year, and we hope the larger size of these awards will help ensure successful results.

For all of these reasons and more, 2015 has been an exciting year for the Donaghue Foundation, and we trust that these efforts will grow into useful knowledge to improve health. And as always, we are grateful to the many individuals working with us as science and policy advisers who make our work possible.

Lynne Garner, PhD  
President and Trustee

Amy R. Lynch, JD  
U.S. Trust, Bank of America,  
Trustee

## 2015 new awards

### another look

Marie Boltz, PhD and Jane Flanagan, PhD  
Boston College  
“Post-Acute Outcomes in Nursing Home Residents with Dementia”

Susan H. Busch, PhD  
Yale University  
“Reducing Inappropriate Use of Anti-Psychotic Medications in Nursing Homes”

Andrew B. Cohen, MD, PhD  
Yale School of Medicine  
“End-of-Life Care for Nursing Home Residents with Guardians”

Stephen Crystal, PhD  
Rutgers University  
“Data Driven Quality Improvement for Safer Dementia Care in Texas”

Lara Dhingra, PhD  
Metropolitan Jewish Health System  
“Institutional Special Needs Plans and Hospice in Nursing Homes: Prevalence and Patterns”

Sean Jeffrey, PharmD  
University of Connecticut  
“Preventing Medication-Associated Delirium”

Mark S. Lachs, MD  
Cornell College of Medicine  
“Annual Prevalence of Resident-to-Resident Mistreatment”

Pamela Nadash, PhD  
University of Massachusetts  
“Nursing Home Satisfaction Measures: What is their relationship to quality”

Jennifer Perloff, PhD  
Brandeis University  
“Accountable Care: Impact on Nursing Home Services”

### greater value portfolio

Jeffrey T. Kullgren, MD, MPH and Eve A. Kerr, MD, MPH  
University of Michigan  
“Patient, Provider, and Health System Effects of Provider Commitments to Choosing Wisely”

Valerie A. Lewis, PhD  
Geisel School of Medicine at Dartmouth College  
“Demonstrating Methods to Integrate Clinical Care, Public Health, and Social Services with Value-Based Payment Models”

Dale Ellen Lupu, PhD MPH  
George Washington University  
“Implementing Shared-Decision Making with Chronic Kidney Disease: Testing its impact on improved quality of life and reduced health care costs”

### r3 – making research relevant & ready

John Cahill, MBBS and Vinod Srihari, MD  
Yale University  
“Stepping Out: A web and outcomes-based model for early psychosis care”

### the r3 2nd opportunity award

Nancy Berlinger, PhD  
The Hastings Center  
“Reaching Non-Self-Identifiers in End-of-Life Care: Resolving uncertainty and improving practice among hospital clinicians across teams and shifts”

Judith Fifield, PhD  
University of Connecticut Health Center  
“Enhancing the Dissemination of SisterTalk”

Sharon Inouye, MD, MPH  
Hebrew SeniorLife  
“HELP 2.0 – Relevant, Ready, Reachable”

### funding partnerships

Ann Bonham, PhD  
Association of American Medical Colleges  
“Advancing Implementation Science in Community-Academic Partnered Research”

### 2015 continuation awards

#### another look

Joseph Hanlon, PharmD  
University of Pittsburgh  
“Cumulative CNS Medication Dosage and Serious Fall Injuries”

Yue Li, PhD  
University of Rochester  
“Reducing Avoidable Hospital Uses from Nursing Homes”

Kimberly Van Haitsma PhD  
Pennsylvania State University  
“Assessing Resident Preferences to Advance Person Centered Care”

#### funding partnerships

Ann Bonham, PhD  
Association of American Medical Colleges  
“Advancing Effectiveness Research and Implementation Science in our Own Backyard: Donaghue Grant Opportunity for Academic Medical Centers”

#### practical benefit initiatives

Elizabeth Bradley, PhD and Leslie Curry, PhD, MPH  
Yale University School of Public Health  
“Identifying Effective Strategies for Coordinating Health Care and Social Services”

Jeannette Ickovics, PhD  
Yale University School of Public Health  
“CARE Health Assessment and Promoting Public Health”

Margaret Pisani, MD  
Yale University School of Medicine  
“NAPP to Improve Patient Sleep in the ICU”

Victor G. Villagra, MD  
University of Connecticut Health Center  
“Patient Decision Quality: The role of financial incentives”

#### grant programs

##### another look

Funding to use existing data for research with the near-term potential to improve health. In 2015, the focus was on improving the health of elders in care facilities.

##### funding partnerships

Donaghue works with other funders to leverage its resources.

##### greater value portfolio

Projects for three, four or five years to test new ways to increase the benefits of health care delivery to more people at an equivalent or reduced cost.

##### practical benefit initiatives

Periodically the Foundation will develop awards in an array of different topics for research opportunities that will provide useful knowledge.

##### r3 – making research relevant & ready

R3 funds enable grantees to access experts in areas relevant to scaling, spread and implementation.

## history and purpose



Ethel Donaghue

**Miss Donaghue said in her will that her trustees should seek out useful health knowledge through research, and she gave them permission to undertake unusual and non-standard activities in furtherance of her purpose.**



The Patrick and Catherine Weldon Donaghue Medical Research Foundation is a charitable trust created pursuant to the will of Ethel F. Donaghue, late of West Hartford, Connecticut. The Foundation, which began operations in 1991, is governed by Bank of America, N.A. and Lynne Garner, PhD, Trustees. The Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, is a private foundation within the meaning of Code Section 509(a), and is subject to the jurisdiction of the Probate Court for the District of West Hartford.

The search for knowledge by Donaghue-funded scientists has been made possible by the vision of Ethel F. Donaghue, who died in 1989 without immediate family to inherit her wealth. Her father died in 1910 of heart disease when Ethel was only fourteen, and her mother succumbed to cancer in 1933. Spurred on by living through several family health problems and outliving her entire immediate family by over three decades, Miss Donaghue developed an abiding interest in health care and research. Her commitment to advancing health culminated in a trust devoting the bulk of her estate to The Patrick and Catherine Weldon Donaghue Medical Research Foundation, which honors the memory of her parents.

The testamentary intent of Ethel Donaghue is the immutable mandate for the Donaghue Foundation trustees. Miss Donaghue said in her will that her trustees should seek out useful health knowledge through research, and she gave them permission to undertake unusual and non-standard activities in furtherance of her purpose. Therefore, a frequent question in trustee discussions of policy and program design is "If she had the facts that we do today, what would Miss Donaghue do?"



## Advancing Implementation Science in Community/Academic Partnered Research: A Donaghue-AAMC Grant Opportunity for Academic Medical Centers



**Wendy Gwartzman Lane, MD, MPH**

*University of Maryland School of Medicine*  
"Community Academic Partnerships to Improve Birth Outcomes"

To address poor birth outcomes among inner-city African American women, Dr. Lane and her team are expanding the B'more for Healthy Babies community outreach services and programming to the Mondawmin Neighborhood of West Baltimore. The research team will partner with the Baltimore City Health Department and the Family League of Baltimore city to conduct a needs assessment and implement services in a manner that best reaches community members and best meets their needs. The team will conduct a multipronged, multilevel evaluation of the interventions with public health data, community focus groups, individual level measurements of changes in risk and protective factors. The goal is to get women into prenatal care earlier, improve maternal health during pregnancy, and reduce preterm births and NICU hospitalizations.



**Roberto Cardarelli, DO, MPH**

*University of Kentucky College of Medicine*  
"Reducing the Lung Cancer Burden in Northeast Kentucky through an Academic/Community Partnership: A Terminate Lung Cancer Study"

In partnership with St. Claire Regional Medical Center, Dr. Cardarelli and his team will implement an educational curriculum aimed at reducing lung cancer rates through early screening and tobacco cessation in the region. Professionals who service the population will participate in a series of educational opportunities intended to create change in knowledge and attitudes toward lung cancer screening and tobacco cessation guidelines. In addition, five clinics will participate in a tailored implementation approach to increase screening and tobacco cessation counseling. The study will evaluate experiences and uptake of the education program and implement and monitor the processes and workflows. The research team anticipates an approximate 40 percent shift from late stage diagnosis lung cancers to earlier stages based on the screening intervention efforts.

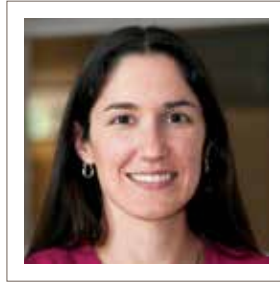
Donaghue worked with AAMC to develop the request for proposals and review the applications. AAMC coordinates with two of its communities — the Research on Care Community, which represents the health research component of a learning health system, and the Chief Medical Officers Group, which represents the clinical implementation and management component of the learning health system — to conduct the competitive grant program for the two pilot projects, monitor their progress, evaluate the changes they have made, and disseminate the findings among the AAMC ROCC members.

In 2015, Donaghue continued its partnership with the Association of American Medical Colleges to bring research opportunities to academic medical centers and teaching hospitals. Donaghue provided a four-year, \$660,000 grant to AAMC to establish two competitively selected pilot projects that are focused on supporting partnerships between research organizations and local community organizations to improve population health. The previous Donaghue/AAMC awards, *Advancing Effectiveness Research and Implementation Science in Our Own Backyards*, focused on promoting learning health systems through research. Providing relevant training opportunities to medical students is a component of both research programs.



**Jeffrey T. Kullgren, MD, MPH  
and Eve A. Kerr, MD, MPH**  
*University of Michigan*  
“Patient, Provider, and Health System Effects of Provider Commitments to Choosing Wisely”

Clinicians’ decisions to order potentially unnecessary services are often affected by their high-pressure practice environments that can make it hard to consistently avoid ordering low-value care. The field of behavioral economics offers a promising and scalable approach to decreasing use of low-value services: ask clinicians to commit to avoiding ordering such services and provide them and their patients with resources to support this commitment. This project will evaluate such an intervention across two large health systems. Clinicians will be invited to commit to following a set of targeted Choosing Wisely® recommendations. Clinicians who make this commitment and their patients will receive key resources to support adherence to this commitment.



**Valerie A. Lewis, PhD**  
*The Dartmouth Institute for Health Policy and Clinical Practice*  
“Demonstrating methods to integrate clinical care, public health, and social services with value-based payment models”

The goal of this study is to understand how health care providers under new payment reforms are integrating clinical care, public health, and social services to provide high quality and cost effective care and outcomes to patients. New payment models in health care are shifting providers away from fee-for-service reimbursement towards value-based reimbursement. Four health care delivery organizations engaged in alternate payment models that are working to integrate medical care and social services to provide greater value of care will be studied. Recognizing the impact of non-medical issues on medical outcomes and costs, a small number of innovative provider organizations are actively integrating social, public health, community, and clinical services to comprehensively meet patients’ medical and social needs, and deliver overall higher value care at a lower cost.



**Dale Ellen Lupu, PhD, MPH**  
*George Washington University*  
“Implementing Shared-Decision Making with Chronic Kidney Disease: Testing its impact on improved quality of life and reduced health care costs”

Studies have documented that patients with advanced kidney disease want to engage in shared decision-making and advance care planning with their nephrology care teams. Clinical practice guidelines also support this. Yet most dialysis patients do not have an advance care plan and they report never engaging in such discussion with their nephrologists. The Centers for Medicare and Medicaid Services has begun to pay for advanced care planning discussions. However, little is known about how to have these discussions before patients need to decide whether to go on dialysis. This project will develop a multi-faceted intervention to implement advanced care planning in the pre-dialysis clinic setting, test two modes of delivery, and study the impact on patient’s decisions, alignment of patient goals with care received, and use of other health services, including dialysis, ICU, and hospice.



**A**t the start of 2015, Donaghue announced a new grant program that would support research to demonstrate and test new approaches to increasing value in health care delivery. The length of the grant is for three, four or five years depending of what best meets the needs of the particular research project and will support a total cost of up to \$600,000.

The topic of improving the value in our health care system is a broad one, and the ideas that were submitted were wide-ranging. In general, we received research proposals based that focused on health care consumers, on changes to specific areas clinical care delivery, and on changes to systems that extend beyond health care.

## r3 grants



**R**3 — Making Research Relevant & Ready — was created to help promote the knowledge gained from Donaghue-funded research so that it will improve health. This grant program recognizes that expertise from disciplines outside those traditionally eligible for research funding is needed for scaling, dissemination, and the sustainability of evidence-based programs and practices. Donaghue grantees, past and present, are eligible for the R3 program and are welcome to contact the Donaghue office if they may be interested receiving an R3 grant award.

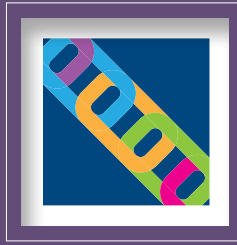
In addition to the R3 grant described to the right, three R3 – Second Opportunity awards were provided to Sharon Inouye, MD, MPH, Hebrew LifeSenior Life; Judith Fifield, PhD, University of Connecticut; and Nancy Berlinger, PhD, MDiv, The Hastings Center.



### John Cahill, MBBS

Yale University School of Medicine  
“STEPping Out: A web and outcomes-based model for early psychosis care”  
*Project Consultant: Steady Vision*

The Specialized Treatment in Early Psychosis program has been shown to be effective in improving outcomes for young adults who are experiencing the first signs of psychosis. As interest in early treatment for psychosis grows, Cahill and his co-PI, Vinod Srihari, MD, who was the principal investigator on the STEP effectiveness trial, are looking for scalable ways to replicate it among other health care systems. The goal of their R3 project is to develop a user-friendly and solution-oriented practice management software package that will be provided to clinics as a companion to the STEP treatment manual. Cahill will be working with Steady Vision, a digital marketing and interactive design firm, to consult on information architecture, content strategy, user experience and website design and development.



**T**hrough its *Linking Evidence and Practice* portfolio, the Donaghue Foundation allocates funds to support initiatives by other organizations whose work is aligned with the Donaghue mission of funding research that will be of practical benefit in improving health. Through LEAP, the Foundation offers sponsorship support for events and programs that connect research evidence and evidence creators with leaders in healthcare policy and health systems, practitioners, patients, and the public. In considering requests for funds, Donaghue places special emphasis on programs that promote collaboration among diverse stakeholders or advance the work of past and current Donaghue grantees.



### EHealth Conference CT Partners for Health

The 2015 Better Health Conference focused on advancing the movement that promotes a more engaged healthcare consumer. Through keynote talks, panel discussions and vendor booths, the conference provided information and strategies to help consumers better manage their health and to engage with their healthcare system. Attendees heard from local and national healthcare experts who shared their experiences, best practices, and innovations in patient engagement. The conference was sponsored by CT Partners for Health, a group of more than 40 healthcare stakeholders.



## linking evidence to practice grants



### **Yale InnovateHealth Mentor Program**

Yale School of Public Health

InnovateHealth Yale is a home for those at Yale University who are interested in creating innovative solutions to challenges in health and education. Among other opportunities, the program brings to Yale accomplished mentors who are using the principles of social entrepreneurship to improve the health of underserved communities and low resource countries. The mentors, through their advice, connections, and support, shape the work of students who are exploring the path of social entrepreneurship to making healthcare better for all. Mentors hold office hours, give Master's Tea talks, lecture to the greater student body, meet with students over dinner, and connect with faculty and staff engaged in social entrepreneurship teaching and training.



### **New Frontiers in Science Distinguished Lectureship at the FDA Program**

Health Research Alliance

This program aims to strengthen scientific expertise at the FDA and to foster interactions between the scientists and those who work at the FDA by bringing outstanding scientific leaders for short periods to serve as Distinguished Lecturers. The potential for new path-breaking therapeutics, diagnostics and prevention for human diseases is extraordinary. However, the pace and breadth of scientific discovery today makes it particularly challenging to ensure there are sufficient FDA staff knowledgeable in the numerous complex and highly specialized areas that the agency regulates. Providing opportunities for FDA staff to work with and access the expertise of scientists who are working in the quickly changing cutting-edge fields that FDA regulates will help fill this knowledge gap.



### **Research!America**

11th Edition of the Research Investment Report

The goal of the Investment Report -11th Edition is to provide a detailed analysis of U.S. spending on biomedical research over the course of a fiscal year and to indicate changes in spending over time. To capture today's complex research ecosystem, Research!America is partnering with TEconomy Partners, formerly the science economics and policy business unit of Battelle, a group well-known for their high quality work on research and development economic analysis, to develop a meaningful analysis of the current and trending funding climate for medical research in the U.S.



### **Yale Neuroscience 2015**

Yale Department of Psychiatry

The day-long conference of Neuroscience 2015 made cutting-edge research knowledge available to mental health professionals, consumers, and their families throughout Connecticut. Yale researchers provided non-technical summaries of their research that are geared toward the general public. These presentations highlight recent advances in basic and clinical neuroscience and explain their promise for advances in the diagnosis, treatment, and prevention of mental illness. After the presentations, audience members speak in small groups with the researchers. Participating partners include the Connecticut Mental Health Center, the Department of Mental Health and Addiction Services, the Connecticut Chapter of the National Alliance on Mental Illness, and the Yale Department of Psychiatry.

## another look grants



In its third year, the *Another Look – Better Health for Elders in Care Facilities* program invested nearly \$1.3 million in research awards for nine studies over the next two years. Another Look was established to provide funding for research projects that can improve the quality of care for the elderly population in nursing homes or other care facilities. Researchers must use data that already exists for their study and must identify a stakeholder in the care delivery or policy arena with whom they will either consult or collaborate and who is willing to work with the researcher to develop a research product that may be readily used to improve care. A video describing the Another Look program is at [donaghue.org/publications](http://donaghue.org/publications).



**Marie Boltz, PhD  
and Jane Flanagan, PhD**  
Boston College  
“Post-Acute Outcomes in Nursing Home Residents with Dementia”  
*Stakeholder Organization:*  
*Massachusetts Office of Elder Affairs*

This study will inform our understanding of older adults with dementia who have been admitted for skilled nursing care after hospitalization. The study will describe the trajectory of the patient’s functional status while considering the contribution of health and demographic characteristics, medication and treatment use, and resource consumption. Study findings will be used to develop and test a dementia-capable, post-acute care model for nursing homes. The stakeholder organization will participate in all aspects of study design, recruitment, analysis, and dissemination of results.



**Susan H. Busch, PhD**  
Yale School of Medicine  
“Reducing Inappropriate Use of Anti-Psychotic Medications in Nursing Homes”  
*Stakeholder Organization:*  
*Connecticut State Department on Aging*

Overuse of antipsychotic medications, particularly among elderly nursing home residents with dementia but no psychosis, is a concern because the use of these medications is associated with little or uncertain benefit and substantial risk. Pilot studies suggest antipsychotic use is particularly high in nursing homes with more Medicaid-paid residents. To provide information about those at highest risk for potentially inappropriate antipsychotics and the modifiable factors associated with better performance, the study will describe nursing home and resident characteristics associated with high rates of potentially inappropriate antipsychotic use, rates of antipsychotic use across or within nursing homes by characteristics of the resident, and the attributes of the nursing home that are associated with the lowest rates of antipsychotic use.



**Andrew B. Cohen, MD, PhD**  
Yale School of Medicine  
“End-of-Life Care for Nursing Home Residents with Guardians”  
*Stakeholder Organizations:*  
*The Mary Wade House and the Office of Guardianship and Elder Services, Washington State Administrative Office of the Court*

Extraordinary challenges arise when end-of-life decisions must be made for nursing home residents with impaired capacity and no available family or friends. These individuals are often represented by professional guardians who may know little of the values and beliefs of the individuals they represent. Anecdotal evidence suggests that professional guardians choose more aggressive treatments for end-of-life care decisions. If true, residents with guardians may receive burdensome care that is inconsistent with their preferences. The proposed project will examine if nursing home residents with professional guardians receive more intensive end-of-life care than residents without professional guardians. A committee of experts and stakeholders will use the results to develop recommendations for improving the care of nursing home residents with professional guardians.



**Stephen Crystal, PhD**

Rutgers University  
 “Data Driven Quality Improvement for Safer Dementia Care in Texas”  
*Stakeholder Organization: Texas Department of Aging and Disability Services*

This project will help Texas use data to more effectively deliver safer dementia care. Texas is currently implementing multiple initiatives to improve long-standing treatment patterns that have placed it second-highest nationally in antipsychotic use. Current leadership is committed to changing this pattern and improving safety and outcomes for its almost 100,000 residents in 1,237 nursing homes. Predictors of safe dementia use will be modeled, building on the team’s experience in nursing home quality measurement, metric-driven quality improvement, and analysis of linked nursing home data. Analyses will help the state fine-tune its interventions; identify impact of actionable factors on antipsychotic overuse; and test metrics that can be used to monitor safe dementia care practices and be incorporated into ongoing processes for sustained impact.



**Lara Dhingra, PhD**

Metropolitan Jewish Health System  
 “Institutional Special Needs Plans and Hospice in Nursing Homes: Prevalence and patterns”  
*Stakeholder Organization: Hospice and Palliative Care Association of New York State*

One strategy to enhance palliative care for those with short life expectancy is hospice. Yet preliminary data reveal that only two percent of residents in New York nursing homes were enrolled in hospice. In 2003, Medicare created Institutional Special Needs Plans to provide comprehensive care to those residing in institutions, including nursing homes. However, there is concern that I-SNPs could decrease hospice use if providers are not educated about hospice eligibility. Our goal is to analyze data from 1.4 million nursing home residents throughout the U.S. to evaluate the use of I-SNP and hospice programs and the association between I-SNP use and enrollment in hospice among Medicare beneficiaries. These data will help to identify barriers to hospice referral and will be used to develop educational interventions.



**Sean Jeffrey, PharmD**

University of Connecticut  
 “Preventing Medication-Associated Delirium”  
*Stakeholder Organization: Department of Geriatric Medicine, Hartford Hospital*

Delirium is associated with substantial morbidity and mortality in the elderly, and many episodes of delirium are thought to be preventable by limiting medications that are known to trigger delirium. There is no reliable information on how many elderly patients living in care facilities receive these medications or the number of hospitalizations associated with episodes of medication-related delirium. Data show that patients in assisted living facilities receive an average of 2.7 potentially inappropriate medications and thus we hypothesize that better medication management will benefit residents. This analysis will create informatics tools that can be used by other health care systems to identify potentially preventable episodes of delirium and to develop training programs to help clinicians prevent delirium and counsel elderly patients and their families around safe medication use.



**Mark S. Lachs, MD**

Cornell College of Medicine  
 “Annual Prevalence of Resident-to-Resident Mistreatment”  
*Stakeholder Organization: 1199SEIU/League Training and Employment Fund*

A major understudied problem in long-term care is aggressive interactions between residents. Using data from federally-funded projects, our goal is to estimate the annual prevalence of this problem and to identify person, facility, and environmental factors associated with these episodes. Annual prevalence of resident aggression overall and for different types of aggression will be examined using data from six reporting sources, and individual and environmental predictors of aggressive interactions between residents will be determined. This project has the potential to advance the science of identifying the profiles of potentially aggressive residents and will result in guidelines for developing future testable interventions to prevent this aggression with an overarching goal of enhanced quality of life for nursing home residents.

## another look grants



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**Pamela Nadash, PhD**

University of  
Massachusetts  
“Nursing Home Satisfaction  
Measures: What is their  
relationship to quality”  
*Stakeholder Organization:*  
*National Consumer Voice for  
Quality Long-Term Care*

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Consumers and their families need information that is both credible and responsive to their needs to help them choose the nursing home that will best serve them. Government, too, needs good information about nursing home performance to perform its oversight and program management functions, incentivize better performance, and respond to consumers’ information needs. However, existing quality measures are seen as inadequate. Information from residents and families could add a different, much needed perspective on quality. Thus, this study aims to investigate whether satisfaction data supplement, substitute for, or contradict other measures of quality such as the extent to which nursing home quality and quality of life deficiencies predicts satisfaction. Particular attention will be given to those factors that are potentially affected by policy interventions.



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**Jennifer Perloff, PhD**

Brandeis University  
“Accountable Care: Impact  
on nursing home services”  
*Stakeholder Organization:*  
*Hebrew SeniorLife*

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New Medicare payment models are intended to contain Medicare spending and improve quality of care. Accountable Care Organizations and bundled payment hospitals are targeting spending for post-acute care nursing home services spending. However, little is known about the impact of these models on Medicare post-acute care services or about possible unintended consequences for long-stay nursing home residents. This study is designed to describe differences in the post-acute care trajectories of beneficiaries assigned and not assigned to an ACO; determine whether ACO-assigned beneficiaries are less likely to enter a Medicare skilled nursing facility and more likely to use home health; and determine whether ACO-assigned beneficiaries of post-acute care services use fewer resources. The goals are to uncover policy-driven trends in post-acute care utilization that will suggest implications for long-stay nursing home residents.

## practical benefit initiatives grants



**Victor G. Villagra, MD**  
*University of Connecticut  
Health Center*  
"Patient Decision Quality:  
The role of financial  
incentives"

This project is aimed at designing a multi-year study on the role of financial incentives on the quality, durability and transferability of consumer-shared decision making in a large employers' health insurance plan. Unlike other uses of incentives that drive discrete decisions, this program exposes employees to complete and unbiased information without explicitly suggesting one treatment choice over another. The decision is ultimately the patient's. This approach may impart durable decision-making skills applicable to other non-incentivized healthcare decisions. As more payers rely on external incentives to induce behavior change, the study we envision will shed light into how employers can use incentives to motivate consumers to learn how to participate in medical decisions. The ultimate goal is to gain a more in-depth understanding the role of financial incentives to promote high-quality decision-making.



**Margaret Pisani, MD**  
*Yale School of Medicine*  
"NAPP (Nocturnal Ambient  
Protection Protocol) to  
Improve Patient Sleep in the  
Intensive Care Unit"

Patient sleep in the ICU is profoundly compromised by many factors including their critical illness, but noise, light levels, and unnecessary staff interruptions also contribute. Restructuring ICU workflow to allow a dedicated quiet time for uninterrupted sleep is a practical, low cost way to improve patient outcomes. We seek to address ICU sleep disruption with a multifaceted intervention that will reduce noise, light and unnecessary in-room interruptions while maintaining patient safety. As part of this ICU-wide NAPP, we will educate the nurses, physicians, pharmacists, respiratory therapists and other staff about the importance of sleep. The NAPP is expected to be associated with improvements in patient/family satisfaction and sleep as well as reductions in days of delirium, mechanical ventilation and ICU length of stay.



**P**eriodically the Foundation will develop awards for research opportunities that will provide useful knowledge in an array of different topics.

## grants

Institution	New	Continuation	Total
Association of American Medical Colleges	1	1	2
Boston College	1		1
Brandeis University	1		1
Dartmouth University	1		1
George Washington University	1		1
The Hastings Center	1		1
Hebrew SeniorLife	1		1
Metropolitan Jewish Health System	1		1
Pennsylvania State University		1	1
Rutgers State University of New Jersey	1		1
University of Connecticut Health Center	3	1	4
University of Massachusetts	1		1
University of Michigan	1		1
University of Pittsburgh		1	1
University of Rochester		1	1
Weill Cornell Medicine	1		1
Yale University School of Medicine	4	3	7
<b>Total</b>	<b>19</b>	<b>8</b>	<b>27</b>

## funds awarded

### Funds Awarded by Grant Program for Grant Cycle

<b>Another Look</b>	
New (9)	\$ 774,344
Continuing (3)	\$ 179,549
<b>Funding Partnerships</b>	
New (1)	\$ 220,000
Continuing (2)	\$ 265,710
<b>Greater Value Portfolio</b>	
New (3)	\$ 532,811
Continuing (0)	
<b>Practical Benefit Initiative</b>	
New (2)	\$ 249,907
Continuing (3)	\$ 157,443
<b>R3 – Making Research Relevant &amp; Ready</b>	
New (4)	\$ 154,000
Continuing (0)	
<b>Total</b>	<b>\$2,532,764</b>

## financials

Investment in marketable securities	\$65,147,910
Cash and cash equivalent	\$ 222,759
Other assets	\$ 7,451
<b>Total assets and fund balance</b>	<b>\$65,378,120</b>
<b>Income</b>	<b>\$ 1,143,981</b>
<b>Expenditures</b>	
Program	
Grants	
Another Look	\$ 952,893
Funding Partnerships	\$ 485,710
Greater Value Portfolio	\$ 532,811
Practical Benefit Initiatives	\$ 407,350
R3 – Making Research Relevant & Ready	\$ 154,000
Linking Evidence and Practice	\$ 40,300
<b>Subtotal</b>	<b>\$ 2,573,064</b>
Program support and Foundation-administered projects	\$ 187,743
<b>Management and General</b>	<b>\$ 593,956</b>
Investment Management	\$ 158,162
<b>Total Expenditures</b>	<b>\$ 3,512,926</b>

Note: In addition to these expenditures, an estimated amount of up to \$3,610,175 has been earmarked for future spending in support of ongoing grants.

The figures listed above are unaudited. Fair market values are approximate.

Grants made since Foundation's inception: **\$90,772,844**

Current value: **\$68,777,255**

Original value of Ethel Donaghue's gift: **\$53,438,074**



## Linking Evidence and Practice

The Donaghue Foundation allocates funds through its Linking Evidence and Practice Portfolio to support initiatives of other organizations whose work is aligned with Donaghue's mission to fund research that will be of practical benefit in improving health. These initiatives are focused on connecting research evidence with healthcare policy, health systems and healthcare practice leaders.

Connecticut Center for Primary Care – "8th Annual Primary Care Summit: Strengthening Linkages between Primary Care and Public Health"  
**\$1,000**

Connecticut Health Advancement & Research Trust – "Reform to Transform" Forums  
**\$1,500**

Connecticut Health Research and Education Foundation – "Partnering with Patients for Better Healthcare: Establishing and Sustaining Patient Family Advisory Councils to Help Eliminate Harm"  
**\$500**

EHealth Connecticut Conference – "Better Health: It's Your Health, Take Charge"  
**\$2,500**

Health Research Alliance – "New Frontiers in Science Distinguished Lectureship Program at the FDA"  
**\$4,500**

Quinnipiac University – Medical Student Annual Research Symposium (MedStARS)  
**\$1,000**

Quinnipiac University – "RX – The Quiet Revolution: CT's 3 Medical School Collaborate to Transform Primary Care"  
**\$1,000**

Research!America "Data Collection and Analysis of U.S. Spending on Biomedical Research"  
**\$10,000**

University of Michigan for professional curation of the Connecticut Health Survey  
**\$3,000**

Yale University School of Medicine, Department of Psychiatry – "Neuroscience 2015: Treatment, Technology and Recovery"  
**\$7,800**

Yale University School of Public Health – "Innovate Health Yale Mentor in Residence"  
**\$5,000**

Yale University 2015 Healthcare Conference – "Optimizing Healthcare Outcomes: Translating Information into Innovation"  
**\$3,000**

## advisory committees

### policy advisory committee

**Carrie Brady, JD**  
Principal  
CBrady Consulting

**Carol Buckheit, MS**  
Director of Communication,  
College of Education, Nursing  
and Health Professions  
University of Hartford

**Heather Crockett-Miller, DDS,  
MPH**  
Chief Dental Officer  
Community Health Center, Inc.

**Jean Larson, MBA**  
Education and Community  
Outreach Manager, Yale  
University Human Investigation  
Committee (retired)

**John Lynch, MPH**  
Executive Director  
Connecticut Center for Primary  
Care

**Katie Martin, PhD**  
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and Public Health  
University of Saint Joseph

**Marie Massaro**  
Principal  
Massaro Consulting

**Patrick McKenna, AIA**  
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Community Solutions Northeast  
Hartford Partnership

**Thomas Van Hoof, MD, EdD**  
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University Connecticut Schools  
of Nursing and Medicine

**Erin M. White, MS**  
Student  
Frank H. Netter MD School  
of Medicine at Quinnipiac  
University

**another look**  
**Mary Jane Koren, MD, MPH**  
The Commonwealth Fund,  
retired

**Eilon Caspi, PhD**  
Gerontologist & Dementia  
Behavior Specialist  
Dementia Behavior Consulting, LLC

**John Charde, MD**  
Healthcare Consultant  
John Charde Healthcare  
Consulting, LLC

**Leslie Curry, PhD, MPH**  
Senior Research Scientist in  
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Co-Director, Robert Wood  
Johnson Clinical Scholars  
Program  
Yale School of Public Health

**James Grady, DrPH**  
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**Toni Miles, MD, PhD**  
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University of Georgia

**Barbara Resnick, PhD, CRNP**  
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**Julie T. Robison, PhD**  
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Medicine  
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**Stephen Walsh, ScD**  
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University of Connecticut

**Zhu Wang, PhD**  
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Connecticut Children's Medical  
Center

**greater value portfolio**  
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Assistant Professor, Department  
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University of Connecticut

**Carrie Colla, PhD**  
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Geisel Medical School at  
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Department of Bioethics  
National Institutes of Health

**Michael Gusmano, PhD**  
Research Scholar  
The Hastings Center

**Jack Hoadley, PhD**  
Professor, Health Policy Institute  
Georgetown University

**Veronica Nieva, PhD**  
Vice President  
Westat

**Meredith Rosenthal, PhD**  
Professor of Health Economics  
and Policy,  
Associate Dean for Diversity  
Harvard University School of  
Public Health

**r3 – making research  
relevant & ready**  
**Konstantine Drakonakis**  
Director, New Haven Office  
Launch Capital, LLC

**Marie Massaro**  
Principal  
Massaro Consulting

**Veronica Nieva, PhD**  
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President & CEO  
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