

Progress Notes

February 2016



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Hospital Advocates Bring their Concerns to Albany

Hospital leaders from across the state will participate in the Healthcare Association of New York State's (HANYS) Advocacy Day in Albany on March 2, 2016. As the legislature and the executive branch continue to deliberate the 2016 – 2017 state budget, issues surrounding medical malpractice, nurse staffing ratios, and minimum wage concern all hospital leaders. Additionally, financial loss and fallout from the demise of health insurer Health Republic needs addressing. Providers in New York State are owed about \$200 million in unpaid Health Republic claims. About 70 percent of Health Republic's clients resided in the regions represented by the Suburban Hospital Alliance. Both the Assembly and Senate have introduced bills to establish a guaranty fund that addresses the Health Republic loss and would guard against future losses resulting from a health insurer's failure. New York is the only state that does not have a health insurance guaranty fund.

Pressing for significantly more capital to be included in the state budget is another priority shared by New York's hospital leaders. Even more urgent is the need for the state to release capital funds for healthcare

transformation that were promised two years ago and have yet to be disbursed. These funds are needed to ensure that hospitals remain solvent, as they invest in infrastructure and program changes that support more outpatient-based, population health activities. New York's hospitals and health systems have the second lowest operating margins in the country and New York's hospital infrastructure is the sixth oldest in the country.

[HANYS website](#) provides more detailed information about advocacy issues and positions.

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Obama Budget Calls for Cuts

The 2017 budget process got underway on February 9, 2016 when President Obama released his federal fiscal year 2017 budget request to Congress. The hospital industry is once again dismayed that the proposal calls for billions in Medicare and Medicaid provider reductions. Taking a large hit is the Medicare Graduate Medical Education (GME) program. GME helps fund teaching hospitals that are training the next generation of healthcare professionals. The budget also proposes reduced payments to post-acute providers, including inpatient rehabilitation facilities, home health agencies, hospices, skilled nursing facilities and long-term care hospitals. Congress often looks to the administration's proposed budget as a guide when the House and Senate develop their budget resolutions.

Meanwhile, the Centers for Medicare and Medicaid Services (CMS) is gearing up to release, by the summer

of 2016, rules that will put into effect the payment cuts to hospital-based outpatient departments that were outlined in the Bipartisan Budget Act of 2015. That legislation precludes hospitals from receiving the higher hospital outpatient reimbursement rate for off-campus hospital-owned clinics that opened after November 2, 2015. The law establishes a "site-neutral" payment policy; that is, care is reimbursed at the same rate regardless of whether the care is delivered in a physician's office or hospital-based clinic. This is despite the substantially higher cost of overhead and skilled staffing mix in the hospital setting. The rule restricts patients' care options and the hospital industry is asking CMS for more flexibility in the final regulations.

Flu Declared Prevalent in New York

Educational materials available from the Suburban Hospital Alliance

On February 11, 2016, New York State Health Commissioner Dr. Howard Zucker declared the flu virus prevalent in New York State. That initiated the state's public health law that requires all healthcare personnel who have not received a flu vaccine for this flu season to wear a protective mask while in areas where patients or residents are typically present. This is a comprehensive endeavor to protect patients, visitors, and employees from exposure to the flu virus.

While an annual flu vaccine remains the single best method for preventing the flu, a surgical facemask, worn by employees, provides added protection to patients,

employees, and visitors. All member hospitals of the Suburban Hospital Alliance of New York State offer the flu vaccine to employees. For employees choosing to forego vaccination, surgical masks are provided.

As a matter of standard practice, all Suburban Hospital Alliance hospitals enforce universally recognized precautions to prevent the flu. These include hand washing, the use of hand sanitizers, placed conveniently throughout the hospital, as well as goggles, and gowns. In addition, all hospitals adhere to rigorous infection control guidelines and policies every day to ensure a clean environment for patients, staff, and visitors.

Antiseptic wipes are located in patient rooms, workstations, hallways, and other treatment areas and are easily accessible to hospital employees responsible for sanitizing medical equipment and surface areas.

“Flu prevention is a priority at all hospitals on Long Island and in the Hudson Valley. Hospital employees work every day to lessen the spread of flu virus by adhering to strict infection control practices and prevention guidelines,” said Kevin Dahill,

president/CEO of the Suburban Hospital Alliance of New York State. “In addition, hospitals, nursing homes, and other facilities must document the number and percentage of personnel vaccinated against the flu to state and federal authorities.”

Materials to help hospitals educate the public and their employees about flu virus and the public health law were sent to hospital communication directors earlier this month.



NSHC Launches Patient Experience Collaborative

Following a successful pilot, the NSHC’s Nurse Executives Committee launched a collaborative project on improving patient experience using the Qualaris Audit Tool. The Suburban Hospital Alliance has contracted with Qualaris to provide its web-based, customizable tool to member institutions, with each participating institution receiving, at no cost, the ability to participate in a regional project and one institution-specific quality improvement module. Each facility receives a free iPad to ease the collection of data, though the platform can be used from a smart phone, workstation-on-wheels or any internet-capable device. Eleven institutions have signed up to date, with the goal of launching in the Hudson Valley this spring.



SPOTLIGHT ON: *Quality*

By Kate Warner, Director of Quality and Education

Statewide Safe Patient Handling Workgroup Releases Recommendations

On February 5, the New York State Safe Patient Handling Workgroup’s Report to the Commissioner was posted on the New York State Department of Health’s website. The report was called for in a law passed last

year requiring all covered providers to establish a safe patient handling (SPH) committee that could develop a facility or system-wide SPH program and related

policies. More specifically, the original legislation required each facility to:

- Adopt a safe patient handling policy developed by the safe patient handling committee.
- Conduct a patient handling hazard assessment.
- Develop a process to identify the appropriate use of the SPH policy based on the patient's condition and availability of equipment.
- Provide initial and ongoing annual training on safe patient handling, and establish a retraining program for those found deficient.
- Create a process to investigate incidents and conduct post-investigation reviews.
- Conduct an annual performance evaluation of the program.
- Consider the feasibility of incorporating patient handling equipment when developing architectural plans.
- Develop a process by which an employee may refuse to be involved in patient handling without disciplinary action.

As required by the legislation, the report reviews existing SPH programs statewide, identifies best practices, sample policies, and tools and resources for healthcare providers to use as they develop Safe Patient Handling policies for their institutions. The report featured detailed descriptions of programs at Kaleida Health, New York State Veterans Home at Batavia,

North Shore-LIJ Staten Island University Hospital, Heritage Ministries and Upstate County Nursing Home all of which were considered leaders in the state.

The workgroup outlined their specific recommendations for implementation of each of the components of the law (listed above) but overall recommended:

- Hazard assessments and algorithms specific to the setting under consideration
- Considerations for financial feasibility
- Facility-wide commitment including leadership involvement and training on every level (physicians, direct care workers, purchasing departments, maintenance)
- Communication focusing on the importance of SPH to staff through training, educational materials, facility newsletters and posters, incorporating SPH into in-service training.

The workgroup's recommendations were also sent to the Commissioner who is expected to review them and formally disseminate information on Safe Patient Handling to healthcare facilities in the coming months. Provider policies need to be developed by January 1, 2017 and should reflect the elements of the policies and best practices disseminated by the Commissioner of Health, but are not required to adopt the state recommendations. [Click here](#) to view the report in its entirety.

News Briefs

March 1-2 are Advocacy Days! Suburban Hospital Alliance and HANYS Advocacy Days will be held on March 1 and March 2, respectively. The Tuesday, March 1 agenda will include an afternoon of meetings with Senate and Assembly leadership and key committee chairs, a political event for the Independent Democratic Caucus, and dinner. The Wednesday, March 2 agenda will include the HANYS kick-off briefing and luncheon, with time set aside for hospital executives to schedule meetings with their individual representatives in the Senate and Assembly.

Share Your Story – The National Patient Safety Foundation (NPSF) is sponsoring Patient Safety Awareness Week, March 13-19, to increase awareness about patient safety among health professionals and the public. To share your hospital success stories and utilize them in your communications efforts, visit the [Patient Safety Week website](#).

Leadership Program – A new HANYS/Cornell collaboration, the *Advanced Executive Leadership for Physicians* program was developed to address the need for physician leadership at all levels within provider organizations. The 2016 inaugural program will be two sessions, May 2-4 and June 6-8, at the Cornell Industrial Labor Relations Conference Center in New York. CME credits [Visit the site at HANYS.org for more information and to register](#).

Award Opportunity – Apply for HANYS' 2016 Community Health Improvement Award to highlight your hospital's innovative efforts to improve health and well-being in your community. Nominations are due by March 8, and more info can be found at [HANYS.org/community_health](#)

Guaranty Fund Legislation – State Senate Health Committee Vice Chair David Valesky (D-Syracuse) has introduced legislation (S.6667) supported by HANYS and the Suburban Hospital Alliance to establish a health insurance guaranty fund in New York. State Assembly Health Chair Richard Gottfried (D-Manhattan) introduced companion legislation (A. 9311). We thank and applaud Senator Valesky and Assemblyman Gottfried for introducing this important legislation. The fund could retroactively cover amounts owed by Health Republic, which ultimately reached nearly \$200 million, and would protect providers from any future insolvencies.

DOH Hospital-Acquired Condition Report – The Department of Health's 2014 HAI report showed that all reportable infections decreased between 2007 and 2014, translating to almost 15,000 fewer infections in New York State. Moving forward, DOH recommends hospitals adopt [CDC's antibiotic stewardship guidelines for combatting antimicrobial resistance](#).

News from the Long Island Region

A Report on Nassau-Suffolk Hospital Council member hospital achievements and notable activities



Meeting the Triple Aim – *Mercy Medical Center* was recognized for meeting the NYS Triple Aim with the development of a strategic planning team of registered nurse staff and ancillary members to improve its fall prevention/reduction program. Read their story and submit your hospital achievements at [HANYS.org](#).

Purchasing Partners – *Catholic Health Services of Long Island* (CHS) announced it recently purchased the remaining 50 percent stake in Beacon Health Partners, resulting in a 95.5 percent CHS and a 4.5 percent St. John's Episcopal Hospital ownership. The new structure, known as CHS Beacon, will play an important role in the Delivery System Reform Incentive Program (DSRIP). CHS is partnering with both the Nassau/Queens and the Suffolk County Performing Provider Systems (PPS).

Excellent Survey Results – A U.S. Department of Health and Human Services survey revealed more than four out of five patients treated at *St. Francis Hospital* last year rated their overall experiences highly, giving it the highest rate of satisfied patients among Long Island hospitals. Other high-rated hospitals include Eastern Long Island Hospital, John T. Mather Memorial Hospital, and North Shore University Hospital.

Summits Reveal Pressing Health and Social Service Needs

More than 175 community-based organizations (CBO) participated in CBO Summits sponsored by the Long Island Health Collaborative (LIHC), an initiative that is supported by the New York State Department of Health Population Health Improvement Program (PHIP) grant. The summits are one of the tools that the LIPHIP is using to gather data and information for Community Health Needs Assessment (CHNA) for the Long Island region. The events were held February 2 at Adelphi University, February 9 at St. Joseph College and via WebEx on February 12.

The summits followed a group facilitated discussion format with all comments recorded and transcribed by certified court stenographers. Staff and volunteers from the Long Island Health Collaborative received facilitator training prior to the sessions.

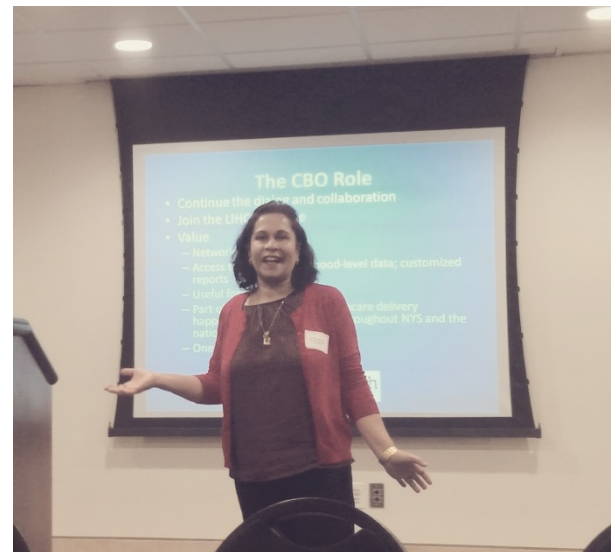
The intent of the discussions was to glean information from CBO representatives about the health needs and social issues faced by the clients they serve.

Conversation focused on the state's Prevention Agenda priorities. Information will be run through ATLAS.ti qualitative analysis software by the PHIP's data vendor, Data Gen. A report highlighting key themes and recurring issues will be prepared and sent to all hospitals, CBO participants, local health departments,

and the entire LIHC membership. The report is expected mid to late March.

Hospitals can draw from this report, as well as the analysis from the individual community health survey circulated by the PHIP, to prepare the CHNA and the subsequent Community Service Plan required to meet state and federal community health reporting requirements.

Additionally, the PHIP team is collecting survey responses from those who attended and participated in the CBO Summits. Results will be analyzed and reported to the full group. Preliminary data show that there is a great need among CBOs to continue this sort of open and ongoing communication across all sectors.



Zahrine Bajwa, PhD, an LIHC member and team coordinator at Cornell University Cooperative Extension

New Enrollment Program Assists the Aged, Blind and Disabled of Long Island

Long Island's population of aged, blind, and disabled now has access to local certified enrollers to help them apply for the appropriate public insurance/assistance program(s). The Consumer Assistance for the Aged, Blind, and Disabled program (ABD) is overseen by the Suffolk County Department of Social Services, which subcontracts with the Nassau-Suffolk Hospital Council

(NSHC) to provide in-person application assistance at convenient locations throughout Suffolk and Nassau counties.

Officially opened in October 2015, the New York State –sponsored ABD program can assist any person who falls into one of three categories: certified blind, certified

disabled, or 65 years of age or older. In addition, recipients of Medicare that are looking for supplemental Medicaid insurance, as well as people looking for Medicare savings programs to help with Medicare expenses, can apply for these assistance programs with help from the ABD facilitated enrollers.

Application assistance sites for the ABD program are available year-round, and are staffed with facilitated enrollers who are specifically trained to assist consumers in applying for Medicaid-funded service coverages.

“For those with difficulties attending in-person enrollment sites, consumers are able to designate another person to enroll them in the ABD program on the applicants’ behalf,” says ABD Program Coordinator Michelle Bates. “A designee needs proof of both an

applicant’s income and available resources to enroll the eligible applicant.”

Sites, which are available almost daily across both Nassau and Suffolk counties, are specifically chosen to meet applicant’s particular needs. Libraries, which are handicap accessible and often in close proximity to public transportation, are a typical enrollment site. Beyond libraries, sites are chosen based on their history of coordinating services for Medicaid recipients with disabilities.

Visit www.coverage4healthcare.org/insurance_over_65 for site locations, dates and times. Assistance at these site locations is given on a first come, first serve basis. For more information, contact the Nassau-Suffolk Hospital Council Consumer Assistance for the Aged, Blind and Disabled program at (631) 435-3000.

If you have news to share about your hospital’s achievements, please send to Janine Logan at jlogan@nshc.org.

News from the Hudson Valley Region

A Report on the Northern Metropolitan Hospital Association member hospital achievements and notable activities



Clinical Excellence – *Vassar Brothers Medical Center* is among 14 New York hospitals to receive Healthgrades’ Distinguished Hospital for Clinical Excellence Award for 2016, for delivering high-quality care across at least 21 of 32 common inpatient conditions and procedures.

Telehealth – An eHealth Program linking the ICU at *MidHudson Regional Hospital* in Poughkeepsie to Westchester Medical Center Health Network’s (WMCHHealth) specialized telehealth operations center is now operational, allowing ICU specialists in WMCHHealth’s eHealth operations center to remotely monitor the vital signs of patients in MidHudson Regional Hospital’s ICU.

Cancer Care - *White Plains Hospital* opened an expanded 70,000-square-foot center for cancer care in February. Cancer patients now have a diverse range of services for diagnosis, treatment, clinical trials, survivorship, patient support and amenities under one roof, giving them unparalleled access to comprehensive, integrated cancer care, close to home.

If you have news to share about your hospital’s achievements, please send to Janine Logan at jlogan@normet.org.

NSHC Events & Meeting Reports

Corporate Compliance – On February 23, committee members received briefings on the final CMS rule on investigating and addressing overpayments from Medicare, the Office of the Inspector General’s workplan for 2016, required disclosures under the state’s out-of-network billing law, and the federal Financial Assistance Plan requirements. NSHC general counsel Mark Thomas updated the group on amendments to the Nonprofit Revitalization Act and a recent ruling on the governor’s executive compensation rules that affect Nassau County institutions.

Fiscal Policy – At the February meeting, the Fiscal Policy committee discussed the implications of the state budget proposal and outstanding state revenues due to hospitals and new DOH audits of providers’ compliance with the out-of-network billing law. Ms. Darwell also briefed the committee on implementation of the two-midnight rule, negotiations over malpractice reform, and a Medicare wage index reform bill that was introduced in the House of Representatives.

Quality – Quality Committee members received updates from Ms. Darwell on the flu prevalence order, changes to Ebola drill requirements, and procedures for handling suspected Zika virus cases, as well as a briefing on the final rule for home health referrals. Ms. Warner reported on CMS’ star rating system for health facilities and the state’s best practices for safe patient handling.

Revenue Cycle – Ms. Darwell reported to the committee on the Health Republic shutdown and latest developments in Medicare RAC audits and implementation of the two-midnight rule. She also explained the “site-neutral” payment provisions that affect reimbursement for hospital outpatient departments and the CMS final rule in addressing Medicare overpayments. The group discussed an uptick in managed care audits and payment delays.

Communications – Meeting via phone conference on February 3, 2016, committee chair Stuart Vincent, hosted the call from his office at John T. Mather Memorial Hospital. Members received an update on the state budget, the continuing work of the Long Island Health Collaborative, and the evolving Community Health Needs Assessment process. There had been some confusion pertaining to the timeframe of the community assessment and planning cycle. The state maintains that the first three-year cycle ended December 2015 and the next three-year cycle is 2016 – 2018. They define 2016 as both a year to “look back” and report on the prior three-year cycle and its Prevention Agenda priorities, and a “look forward” to assess current community health needs that will guide selection of Prevention Agenda priorities for the upcoming three-year cycle and implementation reports.

Long Island Health Collaborative – The LIHC met February 11, 2016. The Academic workgroup reported on its progress with a survey to ascertain internship, practicum, and research opportunities for university students and collaborative partners. The Public Education, Outreach, and Community Engagement workgroup reported on the upcoming launch of the newly redesigned, interactive website for the PHIP/LIHC and its plans to promote the walking/activity program – *Are You Ready, Feet?* LIHC member, the Association for Mental Health and Wellness, will conduct Mental Health First Aide training for members next month. Funding for continuation of the PHIP program is mentioned in the governor’s 2016 – 2017 proposed budget, but the allocation and duration is unclear. LIHC members are asked to express their support of the LIPHIP to their local state representatives. Plans are underway to hold a briefing for Long Island’s state delegation.

PHIP Steering Committee – The Steering committee met on January 27, 2016. Members were updated regarding the website redesign and launch and upcoming health promotion campaign – *Are You Ready, Feet?* Materials distributed to the PHIP Steering Committee members included the welcome brochure and draft of the PHIP strategic plan for review and comment. The communications plan, a blueprint for marketing and engagement activities, is also complete and available on the website. Sample data reports were presented to the committee. These focused on demographic data at the zip code level. In addition to demographic factors, the LI PHIP has access to prevalence data for specific conditions, 3M software preventable visits and admissions. Data similar to this is being provided to those LIHC/PHIP partners who request specific reports.

NSHC Member Hospitals

Brookhaven Memorial Hospital Medical Center
 Catholic Health Services of Long Island

- Good Samaritan Hospital Medical Center
- Mercy Medical Center
- St. Catherine of Siena Medical Center
- St. Charles Hospital
- St. Francis Hospital – The Heart Center
- St. Joseph Hospital

Eastern Long Island Hospital
 John T. Mather Memorial Hospital
 Nassau University Medical Center
 Northwell Health

- Franklin Hospital
- Glen Cove Hospital
- Huntington Hospital
- North Shore University Hospital
- Peconic Bay Medical Center
- Plainview Hospital
- Southside Hospital
- Syosset Hospital

Stony Brook University Hospital
 Southampton Hospital
 South Nassau Communities Hospital
 Veterans Affairs Medical Center
 Winthrop-University Hospital

NorMet Member Hospitals

Blythedale Children’s Hospital
 Bon Secours Charity Health System

- Bon Secours Community Hospital
- Good Samaritan Hospital
- St. Anthony Community Hospital

Burke Rehabilitation Hospital
 Catskill Regional Medical Center
 Ellenville Regional Hospital
 HealthAlliance Hospital

- Broadway Campus
- Mary’s Avenue Campus

Helen Hayes Hospital
 Keller Army Community Hospital
 Montefiore Health System

- Mt. Vernon Hospital
- New Rochelle Hospital

The New York Presbyterian Hospitals

- Lawrence Hospital Center
- Hudson Valley Hospital
- Westchester Division

Northern Westchester Hospital
 Orange Regional Medical Center
 Phelps Memorial Hospital Center
 Putnam Hospital Center
 St. Joseph’s Medical Center/St. Vincent’s Hospital
 St. Luke’s Cornwall Hospital
 St. Vincent’s Westchester (Division of St. Joseph’s Medical Center)
 Vassar Brothers Medical Center
 VA Hudson Valley Health Care System
 Westchester Medical Center Health Network

- Westchester Medical Center
- MidHudson Regional Hospital

White Plains Hospital