

# Progress Notes

## June 2014



*Published monthly by the **Suburban Hospital Alliance of New York State LLC** . . . a consortium of 53 not-for-profit and public hospitals advocating for better health care policy for all those living and working in the nine counties north and east of New York City.*

## State Legislature’s Work Concludes

*Hospitals remain vigilant in advocating for bills’ adoption by governor and advancing other clinical, educational, and operational reforms and priorities*

The 2014 New York State Legislative session came to a close on June 19, 2014 and hospitals counted their success in securing passage of key healthcare legislation and halting likewise damaging legislation. Both chambers passed bills pertaining to insurance coverage for telemedicine services, the elimination of some duplicative accreditation surveys related to outpatient behavioral health services, and a streamlined process to administer required Hepatitis C Virus testing. The Suburban Hospital Alliance of New York State, LLC, strongly supported these bills. Advocates effectively held back several harmful medical malpractice bills and nurse staffing ratio bills. In addition, the legislature and governor’s office hammered out agreements overseeing

heroin addiction treatment and coverage and a bill to legalize marijuana for specific medical purposes. **Telemedicine:** This legislation requires insurance coverage of telemedicine and telehealth services. The bill would provide insurance coverage for services that are delivered via telemedicine, if those services are otherwise covered under the policy and meet federal rules and regulations for Medicare. It also would provide coverage for telehealth services that are consistent with the state home telehealth program. This legislation builds on telemedicine law passed in 2012 that streamlines the credentialing verification and peer review process for physicians who provide telemedicine services.

**Regulatory Reform:** This legislation allows the Office of Mental Health(OMH) and the Office of Alcoholism and Substance Abuse Services (OASAS) to accept hospital accreditation from a national accrediting organization, such as The Joint Commission, for outpatient services provided by dually-licensed hospitals. This national accreditation

***Inside this Issue . . .***

***Health IT and Readmissions . . . . . 3***

***Quality Spotlight . . . . . 4***

***Waiver Update. . . . . 3***

***Regional News. . . . . 7***

*. . . . .continued on next page*

status is already used by OMH and OASAS in place of separate state reviews of inpatient psychiatric and substance abuse services provided by dually-licensed hospitals.

**Hep C Testing:** This legislation would authorize registered nurses to administer Hep C Virus tests pursuant to a standing order from a physician or nurse practitioner. On January 1, 2014, a state law requiring providers to offer Hep C testing to “baby boomer” patients – those born between 1945 and 1965- went into effect. The bills just passed by the Senate and Assembly would help hospitals and health providers more easily meet this testing requirement.

### **Heroin and Opioid Addiction**

**Agreement:** With the surge of heroin and opioid use and overdoses, especially in suburban regions like Long Island, the legislature and governor agreed on a series of bills to address this harrowing problem. The package of legislation includes insurance coverage provisions for the diagnosis and treatment of substance abuse disorders, demonstrations to test new programs and treatment options, public awareness and education campaigns, and more tools

for law enforcement to crack down on the illegal distribution and acquisition of heroin, opioids, and prescription drugs. This legislation builds on previous measures to curb and cure substance abuse. Earlier this month, Governor Cuomo announced a series of new initiatives including the addition of 100 experienced investigators to the State Police Community Narcotics Enforcement Team; new efforts to make supplies of naloxone available to all first responder units in the

state; and the launch of a targeted awareness campaign that will take place on all public college and university campuses. As part of that campaign, SUNY and CUNY personnel will be working alongside State Police to raise awareness about the dangers of heroin and opioid abuse. In 2011, the Governor signed the “Good Samaritan 911 law” to protect individuals who seek medical assistance for a person experiencing a drug overdose or other life-threatening medical emergency from prosecution and arrest for certain drug crimes. In August 2013, the I-STOP law went into effect. The law requires most prescribers of controlled substances to consult New

York’s online prescription monitoring registry for information about their patients’ past use of certain drugs.

**Medical Marijuana Program:** On the final day of the legislative session, the governor and the legislature reached an agreement allowing the use of marijuana for specific medical conditions. The agreement creates a certification process for patients and a process for physicians to register with the Department of Health in order to prescribe the substance. The

legislation also establishes a registration process for up to five manufacturing organizations, which will be authorized to operate up to four dispensing sites each. The bill prohibits the smoking of medical marijuana and health insurers are not required to cover medical marijuana. The program will not be up and running for another 18 months and it will expire in seven years. –

Janine Logan, [jlogan@nshc.org](mailto:jlogan@nshc.org) or [jlogan@normet.org](mailto:jlogan@normet.org).

## ***Hospitals’ Remaining Advocacy Priorities***

- *BSN Nursing degree requirement*
- *Medical malpractice*
- *Nurse staffing ratios*
- *More CON reforms*
- *Advance directives and surrogate decisions*

# Congress Considers Health IT and Readmissions Issues

**Health Information Technology:** A proposed rule recently released by CMS and the Office of the National Coordinator for Health Information Technology (ONC) recognizes some of the difficulty hospitals and doctors are having in meeting “meaningful use” targets related to the adoption of electronic health records. “Meaningful use” refers to a providers’ level of successful adoption of electronic health records and certification of vendor supported technology. There are payment incentives and penalties tied to “meaningful use” of electronic health records. Robust use of health IT is key to reducing health care costs, improving quality, and better coordinating care. Implementation of HIT has been costly and cumbersome for many providers and the “meaningful use” guidelines and timeline difficult to meet and follow. The proposed rule allows for some flexibility in how eligible providers meet “meaningful use” requirements in 2014. “Meaningful use” stems from the Health Information Technology for Economic and Clinical Health (HITECH) Act enacted as part of the 2009 American Recovery and Reinvestment Act (ARRA).

**Revisiting Readmissions Penalty Policy:** The Hospital Readmissions Program Accuracy and Accountability Act of 2014, recently introduced in the Senate, asks the Centers for Medicare and Medicaid (CMS) to make changes to the current Hospital Readmissions Reduction Program, authorized by the Affordable Care Act. Specifically, the proposed legislation seeks to ensure that those hospitals caring for a large number of poor and uninsured are not unfairly penalized for preventable readmissions that occur outside of their clinical control. A growing body of evidence supports the theory that socioeconomic factors play a huge role in readmissions. Income and education levels, access to healthy and affordable foods and reliable transportation are just some of the determinants affecting patients’ recovery and/or potential return to the hospital. The bill would require CMS to adjust hospital performance by using census tract data to account for these factors. – Janine Logan, [jlogan@nshc.org](mailto:jlogan@nshc.org) or [jlogan@normet.org](mailto:jlogan@normet.org).

**Medicaid Waiver Update . . .** Applications for the Design Project Grants offered through the Delivery System Reform Incentive Payment (DSRIP) program were due June 26, 2014. The state will now review these applications, looking for Performing Provider Systems (PPS) that cover a broad geographic area and include providers throughout the care continuum. Design Project Grant winners will be announced in mid-July. Formal DSRIP applications detailing planned projects are due December 16, 2014.

Twelve providers within the Suburban Hospital Alliance membership survived the state’s first round of scrutiny.

DSRIP is a competitive program worth about \$6.42 billion to be distributed to winning projects throughout the state over a five-year period. DSRIP’s purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital admissions (inpatient and ER) by 25 percent over five years. Payments to members in the PPS are based upon achieving predefined results in system transformation, clinical management, and population health. All PPSs throughout the state must achieve benchmarks in order for all PPSs to receive savings generated by their projects.

The emerging PPS must choose from among a list of approved DSRIP programs that can be found on the state’s website dedicated to the Medicaid waiver. Non-safety net providers in the PPS, such as home health agencies, nursing homes, medical homes, physician practices, and other hospitals not deemed as safety nets, will share not more than five percent of a project’s total valuation.

The Healthcare Association of New York State has a website dedicated to DSRIP and the Medicaid waiver.

Go to [www.hanys.org](http://www.hanys.org) and click on Medicaid waiver icon. The NYSDOH also has a dedicated section on its website. Go to [www.healthy.ny.gov](http://www.healthy.ny.gov).



## SPOTLIGHT ON: *Quality*

*By Kate Warner, Director of Quality and Education*

### **CMS Releases Proposed Rule for Fiscal Year 2015 Payment**

On April 30, 2014, the Centers for Medicare and Medicaid Services (CMS) released its proposed rule for the payment of hospital-based inpatient services in fiscal year 2015. Though the rule addresses many components of the payment system, the focus on quality continues to grow. Every year CMS makes changes to the various measures on which hospitals must report to avoid payment penalties, frequently adding new measures with the intent to improve quality of care and removing others for which hospitals have “topped out.” Some trends that emerged from the proposed quality reporting requirements for 2015 were a greater emphasis on “episodes of care” measures and continued emphasis on e-measures. There were changes to all four of the quality reporting programs, but the majority of changes were made to the Inpatient Quality Reporting program (commonly known as Core Measures).

For fiscal year 2017 (with measurement starting in 2015) CMS has proposed removing 15 measures from the Inpatient Quality Reporting (IQR) program, but to retain electronic versions of 10 measures on which hospitals have consistently performed well. The intent of retaining e-measures is to provide some incentive to transition to electronic reporting mechanisms versus the current chart abstraction method. CMS proposes to add 11 new measures and will offer voluntary electronic reporting on several of them.

Under the Readmission Reduction Program, hospitals are penalized for readmissions that exceed the expected volume for five conditions (heart failure, AMI, pneumonia, COPD and hip and knee surgeries). CMS

proposes to increase the maximum penalty to 3 percent of base Medicare payments for hospitals that exceed their expected rates for fiscal year 2015. No new measures were proposed for this fiscal year.

“Readmission after coronary artery bypass grafts” was proposed for fiscal year 2016. The measure will need to be endorsed by the National Quality Forum (NQF) before it can be included in the program.

For fiscal year 2015, CMS proposes to implement the Hospital Acquired Conditions Program as mandated by the Affordable Care Act (ACA) and laid out in previous rules. Under the program, hospitals that fall into the top quartile of national HAC rates will see a 1 percent reduction in total Medicare payments. Measures were unchanged from the 2014 final rule; however, CMS proposes to adjust the weighting for fiscal year 2016.

Under the Hospital Value Based Purchasing (VBP) program, hospitals lose a percentage of base DRG payments but have the opportunity to earn it back by exceeding performance measures. For fiscal year 2015, hospital “contributions” to the VBP pool will increase from 1 percent to 1.5 percent of base DRG payments. There were no changes to VBP measures proposed for fiscal years 2015 or 2016. For fiscal year 2017, CMS proposes to remove six “process of care” measures and add three new measures to address MRSA bacteremia, *C. diff* infection, and early elective deliveries to the program. Also in fiscal year 2017, CMS proposes to modify the scoring methodology for the program. For fiscal year 2019, CMS proposes to add a measure for “complications from hip and knee surgeries”.

CMS continues to try to integrate reporting requirements for the IQR and Meaningful Use programs. The proposed rule introduces a plan to include reporting on Meaningful Use clinical e-measures in reporting

requirements for the IQR program in fiscal year 2018. The rule also proposes to align reporting periods for the two programs starting with calendar year 2015. – *Kate Warner*, [kwerner@seagatealliance.com](mailto:kwerner@seagatealliance.com).

## News Briefs . . .

***Non-profit Revitalization Act of 2013*** . . . takes effect July 1, 2014. The act streamlines several outdated items in New York’s not-for-profit corporation law. It also adds four substantive provisions related to conflict of interest policies; audit oversight process; related party transaction provisions; and whistleblower policy.

***Nominate an Auxiliary*** . . . for the HANYS Auxiliary of the Year Award. Nominations are being accepted through July 1, 2014. The award is presented annually to an auxiliary that has demonstrated outstanding achievement and service within its healthcare facility and community. The award application is available on the HANYS website [www.hanys.org](http://www.hanys.org).

***Hospitals Adhere to the Triple Aim*** . . . and varied stories about how New York’s hospitals are doing so are highlighted on the HANYS website through its ‘NYS Triple Aim’ campaign. The campaign captures the widespread efforts of hospitals that are pursuing the Triple Aim approach of improving population health, enhancing the quality of patient care, and reducing the cost of healthcare. New York’s hospitals are actively engaged in implementing new and innovative approaches to healthcare delivery despite fiscal constraints. Go to [www.HANYS.org/tripleaim](http://www.HANYS.org/tripleaim). Feel free to re-tweet and post the outstanding work performed by

### Commerce Bank Offers Members Financial Flexibility

Suburban Hospital Alliance of New York State, LLC is pleased to announce the endorsement of Commerce Bank for automated accounts payable (AP) solutions. Commerce Bank’s revolutionary AP solution, ControlPay® *Advanced*, enables Suburban Hospital Alliance member hospitals to simplify, automate, and control payment processes while generating a steady revenue stream.

ControlPay® *Advanced* allows hospitals to save time and expenses by paying invoices electronically through the Visa® network. Participating Suburban Hospital Alliance member hospitals will earn monthly revenue share based on their spend level and the aggregated volume of all hospitals who participate in this Suburban Hospital Alliance program.

For additional information, contact Maureen Kalmbach at the Suburban Hospital Alliance at 845-562-7520 or [mkalmbach@normet.org](mailto:mkalmbach@normet.org).

Marla Freeman is the Commerce Bank Account Executive who will be servicing participating NorMet member hospitals. For your hospital specific proposal, contact Marla Freeman at (973) 467-5578 or [Marla.Freeman@commercebank.com](mailto:Marla.Freeman@commercebank.com).

John Kounelias is the Commerce Bank Account Executive who will be servicing participating Nassau Suffolk Hospital Council member hospitals. For your hospital specific proposal, contact John Kounelias at (732) 722-7014 or [John.Kounelias@commercebank.com](mailto:John.Kounelias@commercebank.com).

hospitals. To submit a story for the campaign, contact Steve Kroll at [skroll@hanys.org](mailto:skroll@hanys.org) or Michael Pauley at [mpauley@hanys.org](mailto:mpauley@hanys.org).

***Flu Has Flown . . .*** at least for now. On June 5, 2014, Acting Commissioner of Health, Howard Zucker, MD, declared that influenza is no longer prevalent in the state. This declaration means that New York State healthcare workers who are not vaccinated against influenza are no longer required by state regulation to wear masks in areas where patients are typically present. The employee mask requirement had been in effect since December 19, 2013, when flu was declared prevalent in the state. The State Department of Health's flu mask requirement – for those healthcare workers who did not receive the flu vaccine – went into effect July 2013.

***Understanding Health Coverage . . .*** is the goal of the Centers for Medicare and Medicaid Services' (CMS) new initiative "From Coverage to Care" (C2C). It is designed to help answer questions that people may have about their new health coverage and to help them make the most of their new benefits. It also seeks to give healthcare providers the tools they need to promote patient engagement. The campaign includes the Roadmap to Better Care and You, a web-based, eight-step guide to help consumers and healthcare providers be informed about the diverse benefits available through their coverage and how to use it appropriately to access primary care and preventive services. Go to [www.marketplace.cms.gov/c2c](http://www.marketplace.cms.gov/c2c).

***Patient Safety Advocates . . .*** graduated May 19, 2014 from PULSE of NY's inaugural Patient Safety Advocate Training Class. PULSE of NY is a leading patient advocacy organization dedicated to raising awareness about patient safety and reducing medical errors through advocacy, education, and support. The 12-hour course covered the PULSE of NY standard four-hour training called Family Centered Advocacy. This training focuses on reducing falls, infections, surgery and medication errors, and improving health literacy and communication skills. For information about training call 516-579-4711.

***Quest for Quality Prize® . . .*** applications are due October 12, 2014. The American Hospital Association's (AHA) McKesson Quest for Quality Prize® is presented annually to hospitals pursuing excellence through hospital leadership and innovation in quality improvement and safety. All U.S. hospitals are eligible for the 2015 AHA-McKesson Quest for Quality Prize®. To download an application go to: [www.aha.org/questforquality](http://www.aha.org/questforquality).

***Educational Discount . . .*** is being offered to employees of Suburban Hospital Alliance of New York State, LLC, hospital members. Mercy College and the Suburban Hospital Alliance entered into a partnership that will allow employees of member hospitals a 15 percent discount on all undergraduate and graduate classes at Mercy College in Dobbs Ferry, NY. The Suburban Hospital Alliance includes all member hospitals of the Nassau-Suffolk Hospital Council and the Northern Metropolitan Hospital Association. For more information contact Mercy College at: 1-877-MERCY-GO.

***48<sup>th</sup> Institute for Health Care Auxiliaries and Volunteer Leaders . . .*** takes place October 6 and 7 at the Albany Marriott. The Institute aims to provide valuable information about today's complex health care environment and help auxiliaries and volunteer leaders learn useful new skills to help them in their roles. More details to follow.

*HTNYS Trustee Conference . . . “Transforming Governance: Leading in an Era of Reform”* will take place September 12 – 13, 2014 at the Sagamore. Conference registration opens July 9. Trustees are encouraged to work directly with their hospital’s CEO and board coordinator for a smooth registration process. More info at HTNYS website.

## **\* \* \* Blood Donations Needed \* \* \***

The blood supply typically drops off in the summer months. Please consider scheduling a blood drive at your hospital sometime in the next few weeks. Doing so will ensure that the blood supply does not drop to critically low levels during the summer weeks. The New York Blood Center will assist in scheduling blood drives. In the Hudson Valley region call Andrea Cefarelli (914) 760-3173; on Long Island call Karen Muscolino (516) 478-5038.

## **News from the Long Island Region . . .**

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



## **Mercy Medical Center Auxilian Next President of Regional Group**

Sheila Norris, a Mercy Medical Center volunteer auxilian, was elected to a one-year term as president of the Nassau-Suffolk Council of Hospital Auxiliaries. Her term expires June 2015.

A member of Mercy’s auxiliary for more than 25 years, Norris continues her active role in all phases of fund raising for the hospital and oversees the auxiliary’s scholarship program. A member of the United Hempstead League since 1987, Norris received her 25-year pin from this organization, having served in various leadership positions on the board including president.



**Sheila Norris**

Norris considers volunteering her life’s work and passion and says she has served as a volunteer for a variety of organizations since the day she was married and through the raising of her six children.

“One of my goals as the new auxilian president is to expand the membership base and get more members active in meetings,” said Norris.

In her role as Nassau-Suffolk Council of Hospital Auxiliaries president, Norris will continue to lead this organization of hospital volunteers that is aligned with the Nassau-Suffolk Hospital Council (NSHC).

## **Region’s Auxiliary Council Elects New Leadership**

The executive board of the Nassau-Suffolk Council of Hospital Auxiliaries changed hands on Monday, June 9, 2014, when officers for the 2014 – 2015 service term were sworn in by Hospital Council president/CEO Kevin Dahill. The ceremony took place during the Hospital Council’s Annual Auxilian Luncheon held at the Watermill Inn in Nesconset. This luncheon pays tribute to the work of auxiliaries at all Long Island hospitals.

Hospital auxiliaries play a vital role in the delivery of compassionate care at each of their facilities and are major fund raisers for their respective institutions. Collectively, Long Island's volunteer auxiliaries raise millions through gift shop and thrift shop sales, fashion shows and boutiques, and other events.

In addition, they are actively involved in advocating on federal, state, and local levels on behalf of their hospitals and the thousands of patients that these institutions serve each day.

**Patient-Centered Recognition** . . . was given to **Nassau University Medical Center's** (NUMC) federally-qualified health centers and two outpatient practices at the hospital by the Patient-Centered Medical Home 2011 Program from the National Committee for Quality Assurance. NUMC was granted this designation because of its use of evidence-based, patient-centered processes that focus on highly coordinated care and long-term participative relationships.

**Outstanding Cancer Care** . . . designation was granted to **Mercy Medical Center** from the American College of Surgeons' Commission on Cancer. Mercy was presented with the 2013 Outstanding Achievement Award by the ACS's cancer commission. Mercy is one of a select group of only 74 U.S. health care facilities with accredited cancer programs to receive this national honor for surveys performed last year.

**Caring for Community Health** . . . is the ongoing focus of the Long Island Health Collaborative's (LIHC) multi-stakeholder group of hospitals, the two local county health departments and other local government entities, academic institutions, and dozens of community-based organizations. The collaborative was formed in the spring of 2013 in response to state and federal mandates that ask hospitals, local county health departments, community-based organizations, schools, businesses and other industry sectors to work together to identify and respond to unmet health needs in the community. LIHC is focused on chronic disease management and prevention, with an emphasis on obesity-related conditions, as well as substance abuse/mental health treatment and prevention activities. The website provides links and resources, <http://nshc.org/long-island-health-collaborative/>. The collaborative's other plans include chronic disease surveillance and assessment to gain a collective view of Long Islanders' health and the promotion of walking, as a simple and inexpensive way to engage in physical activity to improve/manage one's health.



From left: Sheila Norris, newly-elected auxiliary president from Mercy Medical Center; Virginia Bolla, First Vice President, St. Francis Hospital; Edna Fetkowitz, Second Vice President, Huntington Hospital; Sara Banks, Treasurer, Good Samaritan Hospital; Georgia Priebe, Recording Secretary, St. Catherine of Siena Medical Center; and Grace Way, Corresponding Secretary, Mercy Medical Center.



*If you have news to share about your hospital's achievements, please send to Janine Logan at [jlogan@nshc.org](mailto:jlogan@nshc.org).*

## News from the Hudson Valley Region. . .

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



**Reducing Readmissions** . . . is the focus of a trans-disciplinary collaborative used by the **Greater Hudson Valley Health System** (Catskill Regional Medical Center and Orange Regional Medical Center). So far, according to the system, this collaborative approach has led to a 29 percent decrease in readmissions, regardless of diagnoses. The approach focuses on three areas: sharing of electronic medical records in real-time between skilled nursing facilities and the hospital emergency department, along with medication reconciliation in the ED; a robust patient education program that occurs throughout the patient's entire stay, not just at discharge; and use of a universal transfer form between skilled nursing facilities and home care facilities that utilizes a standardized process for transferring patients from skilled nursing facilities back to their homes.

**Child Advocate** . . . recognition was bestowed upon **Phelps Memorial Hospital Center** CEO **Keith Safian**. He was awarded the "Champion of Children" Award from the Child Care Council of Westchester. He was selected for this award because of his support of the Robin's Nest, a child care center located on the Phelps campus, which serves Phelps staff and the surrounding community. Phelps also made the news for its excellence in stroke care. The medical center attained the American Heart/American Stroke Association's "Target: Stroke Honor Roll" for meeting stroke quality measures that reduce time between hospital arrival and treatment with clot-buster tPA. This award is the first for Phelps. In addition, for the fifth year in a row, Phelps received the Get with the Guidelines-Stroke "Gold Plus" Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association.

**Recognition for Excellence in Wound Care** . . . goes to the **Hudson Valley Hospital Center's** Institute for Wound Care and Hyperbaric Medicine. The hospital was awarded reaccreditation with Distinction by the Undersea and Hyperbaric Medical Society (UHMS). Hudson Valley Hospital Center is the only facility in the region to provide this level of service, according to UHMS. Only one other hospital in New York State has earned Accreditation with Distinction.

**Stroke Care Excellence** . . . was awarded to **White Plains Hospital** by the American Heart/American Stroke Association. The Get with the Guidelines® Stroke Gold-Plus Quality Achievement Award from the American Heart/American Stroke Association recognized hospitals for meeting specific quality achievement measures for the diagnosis and treatment of stroke patients including aggressive use of medications and risk-reduction therapies aimed at reducing death and disability and improving the lives of stroke patients. This is the eighth consecutive year that White Plains Hospital received this quality achievement award.

**Family Residency Program** . . . was recently established at **Orange Regional Medical Center**. The approval was granted by the American Osteopathic Association. As a teaching hospital, Orange Regional will educate medical students and train resident physicians. Family Medicine Residents will begin their training in July 2014.

*If you have news to share about your hospital's achievements, please send to Janine Logan at [jlogan@normet.org](mailto:jlogan@normet.org).*

## NSHC Events/Meetings Report. . .

**Communications Committee:** The committee held its annual Ann Marie Brown Memorial (AMB) Scholarship Luncheon on June 6, 2014 at the Melville Marriott. This year's scholarship recipient was Margaret Engellenner, a St. James, New York resident and student at the University of North Carolina Chapel Hill – Honors College. The NSHC Communications Committee bestows the \$2,000 award annually. Engellenner is pursuing a bachelor's degree in journalism/public relations.

Engellenner was chosen for the award based on her outstanding academic achievement and extensive community service. She is admired by her professors and peers for her attention to detail, exemplary work ethic, and professionalism. She aspires to become a public relations director for a children's not-for-profit where she can act upon her most important goals – “working with and helping people, especially children; writing; and working with a team.”

The AMB Memorial Scholarship has been awarded each year since 1994 and commemorates the memory of the late vice president for government and public affairs at the Hospital Council.



At left is the 2014 Ann Marie Brown Memorial Scholarship winner Margaret Engellenner with Theresa Jacobieliis, Assistant VP, Public Affairs and Marketing, Good Samaritan Hospital, and Chair of the NSHC Communications Committee.

### NSHC July Events/Meetings

July 10 NSHC Board Meeting, 8 a.m.

July 16 Nurse Executives Committee Meeting, 8:30 a.m.

July 17 Long Island Health Collaborative, 10 a.m.

*All meetings take place at NHSC offices in Hauppauge unless otherwise noted. Call 631-963-4153.*

#### NorMet Member Hospitals

Blythedale Children's Hospital  
Bon Secours Community Hospital  
Burke Rehabilitation Hospital  
Catskill Regional Medical Center  
Ellenville Regional Hospital  
Good Samaritan Hospital  
HealthAlliance Hospital Broadway Campus  
HealthAlliance Hospital Mary's Avenue Campus  
Helen Hayes Hospital  
Hudson Valley Hospital Center  
Keller Army Community Hospital  
Lawrence Hospital Center  
Montefiore Mt. Vernon Hospital  
Montefiore New Rochelle Hospital  
The New York Presbyterian Hospital, Westchester Division  
Northern Dutchess Hospital  
Northern Westchester Hospital  
Orange Regional Medical Center  
Phelps Memorial Hospital Center  
Putnam Hospital Center  
St. Anthony Community Hospital  
Saint Francis Hospital  
St. Joseph's Medical Center  
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  
White Plains Hospital

#### 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
- St. Joseph Hospital

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

North Shore-Long Island Jewish Health System

- Franklin Hospital
- Glen Cove Hospital
- Huntington Hospital
- North Shore University Hospital
- Plainview Hospital
- Southside Hospital
- Syosset Hospital

Peconic Bay Medical Center  
Southampton Hospital  
Stony Brook University Hospital  
Veterans Affairs Medical Center – Northport  
South Nassau Communities Hospital  
Winthrop-University Hospital

