



Progress Notes

October 2018

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Opioid Bill Passes; Outpatient Payment Cuts Linger

Support for Patients and Communities Act, the comprehensive opioid legislation passed by Congress, includes the elimination of the Institute of Mental Disease (IMD) exclusion that has been a barrier to care. The president signed this bill on October 24. The law lifts the exclusion not just for treatment of opioid abuse, but for treatment of all forms of addiction. It also allows states to receive federal Medicaid matching funds for up to 30 days per year for substance use disorder (SUD) services provided to adults age 21-64 in IMDs, which are licensed under Article 31 of state health law. Hospitals pushed for modification of the IMD exclusion, which prohibited federal Medicaid funding for services for adult Medicaid beneficiaries at facilities that have more than 16 beds and that provide inpatient or residential behavioral treatment. Acute care hospitals that provide SUD services often run at or over capacity currently because they do not have the option to refer patients to these specialized centers. The sweeping legislation includes many other provisions designed to expand access to treatment and prevention programs, to stop the flow of illegal drugs across the borders, to improve prescription drug monitoring programs, to establish comprehensive opioid recovery centers, and more.

Hospitals are keeping up the pressure on the Centers for Medicare and Medicaid Services to reconsider the proposed federal rule that would further reduce payments made to off-campus, hospital-based clinics. Known as a site-neutral payment, it would reduce reimbursement by about 40 percent to all providers of basic clinical services. Off-campus, provider-based clinics that were billing prior to November 2, 2015, when the previous legislation went into effect, were "excepted" from the payment reduction rule. The new proposed rule eliminates that exception. The hospital field strongly opposes equalizing payment rates between hospital-owned clinics and others because nonprofit hospitals have substantial overhead requirements that physician offices

do not and have an obligation to meet the needs of communities, including treating uninsured patients. This proposal would result in a negative \$785 million impact to New York's hospitals and health systems over the next decade. Almost all of New York Congressional House members have signed on to a letter urging the agency to rescind its proposal.

Insurance Enrollment Season Opens Nov. 1st

Health Insurance – The health insurance marketplace's Open Enrollment Period begins on November 1, 2018. Consumers will have until January 31, 2019, to enroll in health coverage for 2019. Those renewing current coverage can access the marketplace beginning November 16, 2018.

On Long Island, the Suburban Hospital Alliance regional affiliate, the Nassau-Suffolk Hospital Council, is one of three state-appointed Navigator agencies for the region. The Hospital Council maintains a user-friendly, bilingual website – <http://www.coverage4healthcare.org> - that lists enrollment sites and dates and other helpful information. Assistance is offered on a first come, first serve basis.

In the Hudson Valley, state-certified Navigator agencies are: Community Service Society of New York, Maternal Infant Services Network of Orange, Sullivan and Ulster Counties, and the Westchester County and the Rockland County Departments of Health.

Depending on income levels, families and individuals may be eligible for federal tax credits and/or cost sharing assistance. For 2019, monthly premiums for the Essential Plan, an option for adults with modest incomes, remain \$20 a month or at no cost, depending upon an individual's income.

Open season for enrollment in the health insurance exchange ends January 31, 2019. Enrollment in Child Health Plus, Medicaid, and the Essential Plan are available year long. Individuals can shop the marketplace through an online portal on www.nystateofhealth.ny.gov, by calling the state's customer service number at 855-355-5777, or by meeting with a state-certified navigator.

News Briefs

Hospitals' Community Service Plans – New York hospitals' 2018 Community Service Plan updates are due to the state by Friday, December 28. The Department of Health is asking hospitals and healthcare systems to provide an update on their work in 2018 under the Prevention Agenda, using the DOH Health Commerce System. For your easy access, HANYS has posted DOH's instructions on its [Community Health web page](#).

Updated templates are to be emailed to prevention@health.ny.gov by the December deadline.

A New York State requirement, CSPs are created and implemented by hospitals and healthcare systems to identify health priorities in the communities they serve and map out strategies to

improve them. Hospitals share their CSPs with the public and update the Department of Health on their progress. Hospitals must download the reports they submitted 2017, which now have state feedback on community interventions, strategies, and activities, then update their workplan tables before submitting these reports back to the state.

Donating to Florida – The Florida Hospital Association Research and Education Foundation has established an Employee Assistance Fund for FHA member hospital employees who suffered significant property loss as a result of Hurricane Michael. HANYS is making a contribution to the FHA Hospital Employee Assistance Fund. [To make a donation, visit the Fund website](#)

Annual HAI Reports Released – This month, [the CDC](#) and the New York State Department of Health each released their annual reports on hospital-acquired infections. The CDC report provides 2016 state-level infection rates for a series of infections monitored closely by government agencies, insurers, and quality report cards. New York State performed significantly better than the national baseline on ventilator-associated events and *C. difficile* events. [The New York State Department of Health's report](#) offers hospital-specific infection rates for six types of healthcare-associated infections for years 2016 and 2017. It also provides consumers with a comparison of each hospital to the state average. This report shows advances in reducing *C. difficile* events and select surgical site infections statewide.

Dahill Dose – Check out the latest posts at [dahilldose.com](#). SHANYS President and CEO Kevin Dahill offers informed and insightful commentary about healthcare policy, legislation, and regulation.

Bill Tracker – The Healthcare Association of New York State (HANYS) Federal Legislative Tracker is an interactive tool that lets members easily track New York State Congressional Delegation members' support for HANYS and Suburban Hospital Alliance legislative priorities. Congressional "Dear Colleague" sign-on letters supported by HANYS and the Suburban Hospital Alliance in the current 115th Congress can also be tracked. The tracker pulls in real-time updates from approved public sources.

Beyond the EMR: 4 Best Practices for Optimizing Efficiency

As hospitals and clinicians have settled into the relatively new world of electronic medical records, many are beginning to look for ways to get the most out of their investment and benefit from the data these systems collect.

On their own, EMRs don't offer a focus on logistics and optimization; their primary function is data collection and documentation. While several EMRs have added a basic bed management option to facilitate patient placement, it is only a small step toward driving efficiency in the hospital.

Kevin Dahill, President and CEO of the Suburban Hospital Alliance said part of the challenge is that EMRs were not built with the purpose of solving operational efficiency challenges. "The hospitals we talk to have often spent significant time and resources implementing and optimizing their EMRs," Dahill said. "However, they quickly experience diminishing returns on their investment when it comes to efficiency gains from the EMR."

At Blessing Health System, an integrated health system based in Quincy, Illinois, CEO Maureen Kahn saw their system's EMR's limitations when it came to driving efficiency. "We saw growth in the inpatient setting while most other hospitals saw a decline," Kahn said. "We knew we needed to be able to take on more volume while having consistent and sustainable

performance, which meant we needed something bigger and bolder than the throughput projects we had done in the past.”

FOUR BEST PRACTICES TO OPTIMIZE EFFICIENCY

According to Samantha Platzke, Senior Vice President of System Performance and Chief Financial Officer at Care Logistics, there are four best practices hospitals can implement to build upon their EMR platforms and improve efficiency. Care Logistics is a company that helps hospitals optimize their patient flow, throughput, and patient progression.

First, Platzke recommends identifying patient status as soon as the patient enters the hospital. “Getting patient status right and removing variability in how you establish it is really the key first step because the whole care team is aligned for the type of patient they’re caring for,” Platzke said.

Second, Platzke noted the importance of setting a target length of stay and having the care team driving toward that goal. “It’s vital to establish a target length of stay and a progression plan with specific times and milestones for every patient,” said Platzke. “This must occur at time of admission.”

The third key for optimizing efficiency is ensuring adequate resources based on demand. “The best practice is to be able to forecast for demand on the staffing in the hospital at least four to six hours in advance while understanding that demand needs must go beyond simply measuring patient census,” Platzke said. “It should be measured based on the actual care that a nurse must provide during those hours.”

Platzke said a final key factor is to create a system where every department and all leadership are working collaboratively. “To really optimize, you’ve got to create a system in which all the departments are together working simultaneously to implement and sustain all of those best practices,” Platzke said.

Achieving this sustainability has been important at Blessing Health as well. “In the past,” Kahn said, “We did smaller, focused efforts such as an ED throughput project, but we found that the improvements were not sustainable. Sustainability must be built in, and you must have the right tools to automate it. With our Care Logistics project, we started by putting the process improvements in place first and followed it with the technology to sustain our improvements.”

Kahn’s observations about sustainability are key. Once these best practices are implemented, they can be challenging to sustain without the right tools in place, and the EMR is often not up to the task.

For example, despite recent advances and integrations that have improved workflow, EMRs still struggle to handle simultaneous demand on resources. Matching the availability of equipment and clinical and diagnostic staff with the availability of the patient is not supported in the typical EMR. This can result in uncoordinated or delayed diagnostic testing for patients.

“A key factor for both inpatient and outpatient care is how you utilize your resources within the hospital to maximize patient flow and throughput and give patients a high-quality care experience,” Dahill said. “With just an EMR, providers and other clinical staff spend a lot of time drilling down into EMR data patient-by-patient to find information they need, but Care Logistics pulls it all up to the surface.”

Kahn agreed and said having real-time information in front of their care teams is saving time and impacting patient and physician satisfaction. "Our physicians can walk onto any unit and immediately know where a patient is and what tests they are receiving. In the past, tests ordered today often were not completed until the following day," Kahn said. "Most of those tests are now done the same day, and attending physicians are getting the information they need to make decisions sooner than they ever did before."

SIZABLE RETURNS ACHIEVED

Hospitals that partner with Care Logistics also say that physicians, staff, and patients are much happier because there is a very clear understanding of what must be done to successfully progress the care of patients and what the real-time status of each patient is in his or her own progression of care. In addition, the financial opportunities are significant. On average, hospitals working with Care Logistics see an average annual financial improvement of \$19.2 million. "Depending on the size of the hospital, the improvement could range from \$6 million to as high as \$55 million per year," Platzke said.

By implementing best practices such as those outlined by Platzke, hospitals can build upon their own EMR platforms to optimize efficiency and achieve similar results. At Blessing Health System, adoption of best practices has resulted in the capacity to accommodate a 9.5 percent growth in admissions while simultaneously reducing the utilization of nursing overtime and agency labor. Total improvements have had an annual financial impact of \$11.6 million.

Care Logistics is a key business partner of the Suburban Hospital Alliance of New York State. For more information, please contact Wendy Darwell at wdarwell@nshc.org or 631-963-4152.

Spotlight on Quality

CMS Increases Oversight of Joint Commission and Other Accrediting Organizations

By Kate McCale, Director of Quality and Membership Services, Nassau-Suffolk Hospital Council

Earlier this month, CMS announced that it will strengthen oversight of The Joint Commission and other Medicare Accreditation Organizations (AOs) that ensure hospital compliance with the agency's quality and safety standards. The announcement follows a series of articles published by the Wall Street Journal late last fall questioning the integrity of the accreditation process. The articles, which eventually led to an investigation by the Energy and Commerce Committee, alleged that hospitals with "serious deficiencies" maintained their accreditation. Energy and Commerce Committee leaders also found that in FY 2015, Accrediting Organizations did not report almost 40% of 'condition level' deficiencies later found by state survey agencies.

In response to calls for action by Energy and Commerce Committee leaders, CMS has devised a plan to increase transparency and oversight in three ways; publicly posting performance data, redesigning the process for validation surveys, and publicly releasing its reports to Congress.

The plan has implications for hospitals and other healthcare organizations accredited by AOs as hospital-specific data will be posted on the CMS.gov website and increased scrutiny of the AO survey process will undoubtedly mean increased scrutiny of providers during surveys and follow-up.

Plans to increase transparency by posting Accreditation Organization performance data online seems to create more exposure for healthcare providers than for the AO itself. In early October, CMS began posting hospital-specific data on serious or condition-level deficiency findings following a complaint survey. The AO responsible for surveying the hospitals is also listed but the data is presented in a way that encourages hospital comparisons, not AO comparisons. The CMS.gov website will also include a list of providers determined to be out of compliance.

The accreditation survey process could also become more challenging for hospitals and healthcare organizations. Currently, hospitals are surveyed every three years by an AO and a random sample of hospitals (3 percent) are then subject to a 60-day follow-up survey from a state agency. CMS is now purposing to combine the two processes meaning that state surveyors would be present during accreditation surveys so that they can directly observe and evaluate the AOs ability to assess compliance. In addition, CMS will more closely monitor hospitals that are considered to be out of compliance and incorporate state complaint investigations into the accreditation process and its evaluation of AOs.

The only part of the agency's plan that seems to have a limited effect on the healthcare providers it surveys is its commitment to post the Annual Report to Congress on the CMS.gov website. The report to Congress will provide consumers, reporters, and regulators with information on the results of 60-day state validations surveys including the number of 60-day validation surveys conducted, the number of surveys with serious (condition-level) deficiencies and the disparity rate between state survey and AO findings. It is unclear how the information in that report will change in light of the new survey process and what the exposure for individual healthcare organizations could be going forward.



News from the
Hudson Valley

[Click here for Northern Metropolitan Hospital Association member listing](#)

Program Excellence – Three hospitals from the Health Quest System have earned accreditation by the AABB. The blood transfusion and cellular medicine programs at *Northern Dutchess Hospital, Putnam Hospital Center and Vassar Brothers Medical Center*, have achieved excellence by, “promoting a level of professional and technical expertise that contributes to quality performance and patient safety.”

Leading Medical Society Accreditation – The Wound Care and Hyperbaric Institute at *Good Samaritan Hospital* has received reaccreditation from the Undersea and Hyperbaric Medical Society (UHMS). A member of the *Westchester Medical Center Health Network*, Good Samaritan Hospital's UHMS accreditation means the facility has met or exceeded the highest standards of care and patient safety through rigorous evaluation of the operations, including equipment, staff, and training to ensure that the utmost quality is maintained within the specialty of undersea and hyperbaric

medicine. Good Samaritan Hospital is the only hospital in Rockland County to receive this distinction.

Great Workplace – *St. Luke's Cornwall Hospital* was certified as a great workplace for the second year in a row by the independent analysts at Great Place to Work®. SLCH has earned this credential based on ratings provided by its employees in anonymous surveys. A summary of these ratings can be [found here](#). SLCH is one of only thirteen hospitals in the nation to be recognized as a Great Place to Work.

A Best Hospital – Healthgrades, an online resource for comprehensive information about physicians and hospitals, has named *Orange Regional Medical Center* is one of America's 100 Best Hospitals for Coronary Intervention. This achievement is part of findings released in the [Healthgrades 2019 Report to the Nation](#).

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



Meeting the Triple Aim – Highlighted this month in the HANYS Innovation Spotlight for meeting the Triple Aim were,

- *Northwell Health* for their commitment to reduce antimicrobial resistance via an organization-wide antimicrobial stewardship program,
- and *Good Samaritan Hospital Medical Center* for improving staff adherence to evidence-based protocols for blood culture collection by embracing internal transparency practices.
- Read about these efforts and others at www.hanys.org/tripleaim.

Suffolk County Marathon – The 4th Annual Suffolk County Marathon and Freedom Fest took place Sunday, October 28th. Staff from *Good Samaritan Hospital Medical Center*, *St. Catherine of Siena Medical Center*, and *St. Charles Hospital* partner with Progressive Emergency Physicians and Hunter Ambulance at each of the first aid tents and the field hospital to help care for the thousands of runners and participants who cheer on their friends and families. The marathon is hosted by a partnership of Suffolk County Veterans Services Agency, Department of Public Works, Police Department, Fire Rescue and Emergency Services, New York State Department of Parks & Recreation, the Greater Long Island Running Club, local fire departments, civic groups, community organizations, chambers of commerce and elected officials at the Town, County and State level.

Beacon of Excellence – The American Association of Critical-Care Nurses recently conferred a silver-level Beacon Award for Excellence on the ICU at *Mercy Medical Center*. The award recognizes unit caregivers who successfully improve patient

outcomes and align practices with AACN's six Healthy Work Environment Standards. Units that achieve this three-year recognition meet national criteria consistent with Magnet Recognition, the Malcolm Baldrige National Quality Award, and the National Quality Healthcare Award.

High Honors – For the second time, *South Nassau Communities Hospital* has won national recognition for nursing excellence, earning re-designation as an American Nurses Credentialing Center's Magnet® organization. South Nassau is one of only 26 hospitals in New York State (and one of 477 healthcare organizations nationally) to be honored.

Top Workplaces – Newsday released [their list](#) of top workplaces on Long Island, researched by an independent consulting firm, Energage. Polling more than 24,000 employees at 116 Long Island employers, three Hospital Council members made the list of top Large Employers, defined as having 500+ employees.

- #8, *Catholic Health Services of Long Island*, with more than 15,000 employees,
- #9, *Stony Brook Southampton Hospital*, with 1,163 employees,
- and #13, *NYU Winthrop Hospital*, with 7,409 employees.

Nurse Top Honor – Virginia Peragallo-Dittko, RN, BC-ADM, CDE, FADE, Executive Director of the Diabetes and Obesity Institute at *NYU Winthrop Hospital* has been chosen for one of the nursing profession's highest honors – induction into the American Academy of Nursing's 2018 Class of Fellows. Ms. Peragallo-Dittko is one of only 195 distinguished nurse leaders from across the globe to be selected for this elite group.

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

Committee Updates

Nurse Executive Committee – At the October 17 meeting of the Nurse Executive Committee, Dr. Linda Wenze, coordinator of emergency preparedness planning for the Suburban Hospital Alliance, presented on the role of leadership during active shooter events and other types of emergencies. Hospital Council staff provided a legislative update and discussed advocacy strategies for 2019. Members were briefed on recent regulatory changes from the Department of Health and CMS.

Revenue Cycle Committee – The Revenue Cycle committee convened on October 19. Ms. Darwell provided an overview of the health insurance exchange landscape and discussed policy changes included in the Medicare Inpatient Payment final rule. Members were briefed on recent findings from Office of Inspector General audits and trends in Targeted Probe and Educate and repayment reviews.

Long Island Population Health Improvement Program – The members of the Long Island Health Collaborative convened on October 10, to hear about future updates to the Prevention Agenda for the upcoming cycle, 2019-2024, as laid out by the Public Health and Health Planning Council. Nancy Copperman, Northwell Health, also gave an overview and progress updates on the Collaborative's Food Access Cluster. The PHIP's Suffolk County DSRIP partner invited those in attendance to a panel discussion on Community Based Organization engagement in Value Based Payment Models.