Hospital Advocates Converge in Washington DC

Representatives from the regional hospital associations that comprise the Suburban Hospital Alliance of New York State, LLC – the Nassau-Suffolk Hospital Council on Long Island and the Northern Metropolitan Hospital Association in the Hudson Valley – traveled to Washington DC May 3 - 7, 2014 for the American Hospital Association’s Annual Meeting and to meet with key legislative leaders and their staff. Prominent issues discussed included “two-midnight” rule provisions, Recovery Audit Contractor (RAC) reform and development of a short-stay inpatient payment category, as well as the need for more flexibility and timeline extension related to health information technology and meaningful use attestation.

State Legislature Contemplates Tort Reform

A handful of medical malpractice proposals are making their way through the state legislative process. In particular, hospitals take issue with proposals that would amend the statute of limitations (A.1056, Weinstein and S.7130, Libous) and pre-trial liability determinations (A.1085, Weinstein and S.887, Bonacic).

**Statute of Limitations**: These bills seek to change the start date for the statute of limitation timeframe from the point when the act is alleged to have occurred to the date of discovery of the alleged act. This could add months, even years to the timeline.

**Pre-Trial Liability Determination**: This legislation concerns defendants and co-defendants in a wrongful death or injury settlement. In cases where one co-defendant has agreed to settle before trial and the other co-defendant has not agreed to settle, this bill would require the non-settling co-defendant to elect how his/her...
liability would be determined before going to trial. This could result in situations in which a plaintiff, the party bringing suit, receives more than the total damages award by the jury.

Other medical malpractice bills on the radar include efforts to roll back the Arons decision (A.2365, Weinstein and S.1046, DeFrancisco) and raise contingency fees (S.554, DeFrancisco). The Arons bill would overturn the prevailing Court of Appeals 2007 Arons v. Jutkowitz decision, which allowed defense counsel to privately interview a plaintiff’s treating physician. The bill would prohibit this, while continuing to allow a plaintiff’s attorney to interview treating physicians. This bill would result in an unfair practice of allowing one set of attorneys more access than the other. The contingency fees legislation would allow attorneys to receive unlimited compensation in medical, dental, and podiatric malpractice lawsuits, rather than retain the current sliding scale.

While the hospital industry agrees that there is a pressing need for medical malpractice reform, these proposals do nothing to reasonably re-structure the current system or curtail exorbitant malpractice insurance premium costs. The industry supports reforms such as malpractice courts, wherein cases are tried by judges and juries with health knowledge, and limits on non-economic damages.

The 2014 legislative session is scheduled to close on June 19. — Janine Logan, jlogan@nshc.org or jlogan@normet.org.

New York Hospitals Make Strides in Patient Safety

New York hospitals achieve significant reductions in hospital acquired conditions and preventable readmissions

Many hospitals throughout New York State have achieved significant reductions in preventable readmissions and a notable decrease in harm experienced by patients as a result of the efforts of the state’s Health Engagement Network (HEN) of 152 hospitals. The HEN is a byproduct of the Partnership for Patients initiative launched in 2011 by the CMS Innovation Center through authority of the Affordable Care Act (ACA). The Healthcare Association of New York State (HANYS), in conjunction with the Greater New York Hospital Association, is the HEN working with hospitals in New York State.

The U.S. Department of Health and Human Services (HHS) recently highlighted the accomplishments of New York State’s HEN, noting that hospitals assisted by HANYS achieved significant results in safety across the board. Of particular note is a 36.1 percent decrease in catheter-associated urinary tract infections (CAUTI), a 48.0 percent decrease in central-line associated bloodstream infections (CLABSI), and a 78.2 percent decrease in the rate of scheduled deliveries before 39 weeks.

Nationally, according to HHS, collective efforts of a variety of public/private partnerships resulted in a nine percent decrease in harms experienced by patients in hospitals in 2012 compared to the 2010 baseline, and an eight percent decrease in Medicare fee-for-service 30-day readmissions. National reductions in adverse drug events, falls, infections and other forms of harm are estimated to have prevented nearly 15,000 deaths in hospitals, saved $4.1 billion in costs and prevented 560,000 patient harms in 2011 and 2012.

Continued on next page
The primary goals of the Partnership for Patients initiative are to reduce preventable hospital-acquired conditions by 40 percent and 30-day readmissions by 20 percent between 2010 and 2014. This is achieved, in part, by the sharing of best practices and ideas. The initiative is part of a larger effort within HHS and its public/private partners to move the needle on patient safety issues.

HANYS has regional Partnership for Patient specialists deployed in both regions of the Suburban Hospital Alliance. — Janine Logan, jlogan@nshe.org or jlogan@normet.org

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**Medicaid Waver Update . . .**

The New York State Department of Health extended the due date for applications for Delivery System Reform Incentive Payment (DSRIP) program Design Project Grants through June 26, 2014. These grants will support the emerging Performing Provider Systems (PPS). The PPS is the entity through which community-level collaboration among the continuum of providers in a geographic area will work to service Medicaid patients. Safety net providers, determined by a definition and conditions set by the state, will lead the PPS. The state identified 145 safety net hospital providers.

For the Design Project Grants, the state received 88 Letters of Intent by the May 15, 2014 deadline and 51 were identified as emerging PPSs. Eleven providers within the Suburban Hospital Alliance membership survived the state’s first round of scrutiny. Design Project Grants will be announced in mid-July. Formal DSRIP applications detailing planned projects are due December 16, 2014.

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 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 and click on Medicaid waiver icon.

The NYSDOH also has a dedicated section on its website. Go to www.healthy.ny.gov.

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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.

Insurance Rebates . . . totaling more than $1.5 billion were issued to consumers by insurance companies between 2011 and 2012. This is according to a recent Commonwealth Fund report. The rebates are the result of the Affordable Care Act’s medical loss ratio requirement that states insurers must spend at least 85 cents of every premium dollar on treatment and medical costs. The report also notes that consumer rebates fell from $1 billion in 2011 to $513 million in 2012, which indicates more insurers now are in compliance with the law.

Health Care Innovation Round Two awards . . . were announced by the CMS Innovation Center. The first batch of awards for round two will be implemented in 13 states and will span a wide range of patient populations. The 12 awards range in value from $2 million to $18 million over a three-year period. One Suburban Hospital Alliance member hospital was the recipient of an award – the North Shore/LIJ Health System for its “Healthy Transitions in Late Stage Kidney Disease.” The second and final batch for round two will be announced in the coming months.

Premium Assistance . . . from third-party payers should be allowed and this is the position taken by the Suburban Hospital Alliance regarding CMS’ interim final rule on the matter. Third-party insurance premium payments made on behalf of enrollees who are in financial need should be accepted from any source, including hospitals. The rule currently defines allowable premium and cost-sharing assistance too narrowly.

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 health care facility and community. The award application is available on the HANYS website www.hanys.org.

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.

48th Institute for Health Care Auxiliaires 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.
An “A” for Hospital Safety . . . was earned by John T. Mather Memorial Hospital. The Hospital Safety Score is compiled under the guidance of the nation’s leading experts on patient safety and is administered by The Leapfrog Group, an independent industry watchdog. Mather is one of only 251 hospitals in the nation to have achieved an A grade in all five releases of the Hospital Safety Score.

Excellence in Community Service . . . was granted to the North Shore-Long Island Jewish Health System when it was named a finalist for the prestigious 2013 Foster G. McGaw Prize for Excellence in Community Service, one of the most esteemed community service honors in health care. The Foster G. McGaw Prize is sponsored by the Baxter International Foundation, American Hospital Association, and Health Research and Educational Trust.

Tops in Stroke Care . . . is the Nassau University Medical Center as noted by its “Get with the Guidelines Stroke Plus” Quality Achievement Award from the American Heart Association/American Stroke Association. A hospital must meet specific quality improvement measures in order to receive the award.

Trustee Recognized . . . at Eastern Long Island Hospital by the United Hospital Fund. Z. Micah Kaplan MD, chairman of the Eastern Long Island Hospital Foundation board, received the hospital fund’s Distinguished Trustee Award, which recognizes extraordinary service, leadership and a deep commitment to not-for-profit hospitals in the New York region.

Blood Donation Awards . . . were presented to Hospital Council member hospitals by Karen Muscolino from Long Island Blood Services at the board’s May 1st meeting. Hospitals honored were: South Nassau Communities Hospital; Winthrop-University Hospital; Good Samaritan Hospital Medical Center; and Eastern Long Island Hospital.

Website Exhibits Creativity . . . that was the assessment of the Association of Marketing and Communication Professionals’ judges who bestowed a Hermes Creative Awards 2014 Honorable Mention upon the Long Island Health Collaborative’s (LIHC) dedicated website. LIHC 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.

Nursing Excellence Celebrated . . . on Wednesday, May 21, 2014 when nurses from Long Island’s hospitals and nursing education programs gathered at the Woodbury Country Club to bestow recognition upon their nurse peers at the Nurse of Excellence Award Ceremony hosted by the Nassau-Suffolk Hospital Council (NSHC). One nurse from each of the Hospital Council’s member hospitals was nominated for this award, which recognizes outstanding leadership and clinical practice. Deans of area nursing schools also submitted nominations recognizing nursing excellence in education.
Roosevelt resident **Renee Gilchrist RN, a cardiothoracic intensive care nurse at North Shore University Hospital** (Manhasset, NY), rose above a field of 26 nominees. Those nominees were selected from a field of about 500 nurses at hospitals and teaching institutions from across Long Island.

A 39-year nursing veteran, Gilchrist works in one of the most medically complex patient care units, a 23-bed open-heart surgery unit where most of the post-operative patients are highly unstable. These patients require intense care and monitoring and their fragile conditions leave them vulnerable to a variety of complications. Gilchrist noted that many of these complex patients were experiencing skin breakdown on their heels. This motivated her to partner with the hospital’s Skin Care Team to trial a device to address the problem. The intervention ultimately resulted in a 50 percent decrease in skin breakdown in patients on the cardiothoracic intensive care unit. She took her interest in skin care a step further and initiated a research study to determine why some patients on her unit developed pressure ulcers. Her work revealed that some of the medications used in surgery, kidney disease in the post-op period, and the length of the surgery may be related to the development of pressure ulcers.

Gilchrist is further distinguished by her status as a Clinical Ladder III nurse. This is a professional development program designed to recognize excellence among frontline staff nurses. Only three percent of North Shore’s nurses have attained level three. When not tending to her patients, Gilchrist is out in the community teaching others about heart health, conducting community health fairs, and offering nursing care at a clinic that treats the poor and uninsured.

“If we put our trust in the nursing profession, we can be assured that nurses will provide the guiding light and focus as the health care system undergoes redesign,” said Paul Connor, chair of the Nassau-Suffolk Hospital Council and president/CEO of Eastern Long Island Hospital.

The Hospital Council’s annual salute to nurses is fashioned after the New York State Legislature’s Nurse of Distinction Program that ended in 1995. NSHC is one of the few hospital associations in the state to continue this program voluntarily. It is now in its 19th year. The NSHC represents Long Island’s not-for-profit and public hospitals.

For more information about this program and a full listing of nominees, visit **www.nshc.org**.

*If you have news to share about your hospital’s achievements, please send to Janine Logan at jlogan@nshc.org.*
Outstanding Critical Care . . . recognition goes to White Plains Hospital. The hospital’s Intensive Care Unit was awarded the Beacon Award of Excellence – Silver Designation by the American Association of Critical-Care Nurses (AACN). The award recognizes and acclaims acute and critical care nursing units that achieve the highest quality outcomes.

Patient Safety Excellence . . . honor was bestowed upon Orange Regional Medical Center by Healthgrades, a leading online national resource that educates consumers about hospitals, physicians, for providing quality care. Orange was named one of the top five percent in the nation for patient safety in 2013. It also received Five Star recognition in Interventional coronary Procedures, Back Surgery, GYN Surgery, and Treatment of Pulmonary Obstructive Disorder in 2014. Catskill Regional Medical Center was also noted for excellence in patient safety, as well as earning Healthgrades’ 2014 five-star recognition for Treatment of Stroke, Appendectomy, and Treatment of Respiratory Failure.

Team Champions . . . distinction was granted to the operating room team at Ellenville Regional Hospital by the Center for Donation and Transplant (CDT). This was the first Team Champions award presented by the CDT. Ellenville’s OR team was chosen for their exceptional efforts on a research organ donor case from 2013.

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

NSHC Events/Meetings Report. . .

Corporate Compliance: At its May 13 meeting, the committee was briefed on the implications of the Nonprofit Revitalization Act, the OMIG’s workplan for 2014-15, the CMS “two-midnight” rule and associated audits, and changes to HIPAA policies that are necessary for compliance with new federal regulations on patients’ access to test reports. The committee also discussed best practices for trustee and physician disclosures.

Finance Committee: The committee focused its discussion largely on the terms and implications of the Medicaid waiver and options for Medicare wage index reclassification in the 2015 federal fiscal year. The group was also briefed on the proposed 2015 inpatient rule, and received an update on the progress of AHA- and HANYS-sponsored litigation regarding the “two-midnight” rule.

Quality Committee: On May 21, the Quality Committee received a briefing on the New York State Partnership for Patients’ progress and upcoming activities by regional coordinator Sharon Kennish. Ms. Warner reported on proposed quality reporting changes in the 2015 inpatient rule, the state’s sepsis and pediatric care regulations, and changes to the Medicare beneficiary complaint process, among other topics.
NSHC June Events/Meetings

June 9 NSHC Annual Auxiliaries Luncheon, Noon
Watermill Inn, Nesconset

June 10 Nurse Managers Committee Meeting, 12:30 p.m.

June 27 Human Resources Committee Meeting, 9 a.m.

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

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

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