

Progress Notes

April 2015



Published monthly by the **Suburban Hospital Alliance of New York State LLC** . . . a consortium of 52 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.

With State Budget Done, Focus Turns to Pending Legislation *Nurse staffing ratio bills equate to \$3 billion unfunded mandate for hospitals*

The 2015 – 2016 \$151 billion state budget, which met the April 1 deadline, included final details related to healthcare capital investment and healthcare transformation. A total of \$1.4 billion in new capital funding was agreed upon, but virtually all of the funding is earmarked for hospitals in Brooklyn and Oneida County, and for primarily rural institutions that are deemed to be essential healthcare providers. However, Suburban Alliance hospitals have the opportunity to reapply for the \$1.2 billion in capital funding that was allocated in the 2014-15 budget. The budget included an agreement that the \$1.2 billion fund would be distributed equitably across the state. New York’s hospitals, including many in the Hudson Valley and Long Island regions, are among the oldest structures in the country and need upgrades and re-design to meet new code requirements and new delivery care models.

Other budget highlights relevant to the hospital industry include:

- Additional funding for Doctors Across NY
- Expiration of two hospital Medicaid cuts related to potentially preventable negative outcomes and preventable readmissions
- No permanent elimination of the Medicaid trend factor, as was proposed by the governor. This factor is tied to the rate of inflation and directs upward adjustment in Medicaid reimbursement. It has been absent many years, even though it was legislated in 2000. The cut will remain now for just two more years, ending March 31, 2017. [Click here](#) for more budget details.

Nurse Staffing Ratio Legislation

Among proposed legislation before the state

Inside this Issue . . .

DSRIP Update 2

Meaningful Use Flexibility. 2

Quality Spotlight. 3

Region News 5

**Tell Albany Lawmakers:
Nurse Staffing Ratios Not the Answer
Lobby Day – June 1
State Capitol**

*Join your colleagues on Monday,
June 1, 2015 in Albany to voice your concerns
about this highly prescriptive legislation.*

legislature are bills (A.1548 Gottfried/S.782 Hannon) aimed at creating specific staffing ratios for nurses and other direct-care staff in hospitals and nursing homes.

Nurse staffing ratio

legislation of some sort surfaces perennially, but the hospital industry's opposition to such

mandates remains steadfast. Hospitals are not alone in their opposition to such legislation. The Joint Commission opposes such mandates and instead requires that staffing levels be set "based on competency and skill mix applicable to patient mix and acuity." The American Nurses Association also opposes such efforts, noting that staffing is a complex issue and must respond

Research confirms that the implementation of rigid staffing ratios is not in the best interests of patients.

to the differing acuity of patients, as well as surges in patient volume, among other factors. Research confirms that the implementation of rigid staffing ratios is not in

the best of interests of patients. No single model (i.e. nurse-to-patient ratios, nursing hours per patient day, or nursing intensity

weights) has proven to be the best approach in all settings and all situations. This legislation would severely restrict hospitals' ability to provide a dynamic care team that responds to the changing needs of patients over the course of a day and even hours. – Janine Logan, jlogan@nshc.org; jlogan@normet.org.

CMS Offers Hospitals Flexibility in Meeting HIT Rule

The Center for Medicare and Medicaid Services (CMS) released a rule earlier this month that provides hospitals with more flexibility in meeting Meaningful Use (MU) requirements for 2015. Specifically, the agency modified its existing rule by shortening the 2015 reporting period from a full 365 days to 90 days. This was a top priority for the hospital field. It also realigns the reporting period with that of other eligible professionals so hospitals participate on a calendar year basis instead of fiscal year basis.

Regarding patient engagement reporting

requirements, the flexibility rule would modify certain individual objectives and measures for Stage 2 for the 2015 reporting period. It has been difficult for many hospitals to meet the patient engagement components that require other providers in the community to be able to exchange patient health information. This is because many physicians in the community do not have compatible physician engagement capabilities or are not ready technologically for that level of exchange.

CMS also issued a proposed rule this month that would provide hospitals and eligible professionals with the option of beginning Stage 3 MU in 2017. All providers will be required to move to Stage 3 in 2018. – Janine Logan, jlogan@nshc.org; jlogan@normet.org.

DSRIP Update . . .

May is a busy month for the **Delivery System Reform Incentive Payment (DSRIP)** program and **Performing Provider Systems (PPSs)**. April 1 marked the start of Year 1 for DSRIP.

- 5/7 Release of attribution for valuation and award letters sent to PPSs
- Mid-May baseline data and member roster released to PPS leads
- Mid to Late May Year 1 payments released

The DSRIP [dashboard](#) on the state's website and HANYS' [Medicaid Waiver website](#) are helpful resources. Additionally, the [United Hospital Fund](#) offers a matrix of the projects chosen by the 25 PPSs.



SPOTLIGHT ON: *Quality*

By Kate Warner, Director of Quality and Education

CMS Includes Sepsis Measure in Inpatient Quality Reporting Program

In late March, the Centers for Medicare and Medicaid Services (CMS) notified hospitals participating in the Inpatient Quality Reporting Program that data collection

included. The allied associations were particularly concerned about elements requiring hospitals to measure central venous pressure and central venous oxygen

saturation, both of which require an

invasive procedure that involves

inserting a catheter or central line into a large vein near the patient's heart.

On April 1, 2015, CMS released the measure specifications that will be used for the upcoming reporting period. The

composite measure appears to be

unchanged from its previous version and still includes the controversial elements.

In addition, the specifications for the federal program do not align with the New York State Department of Health (NYSDOH) severe sepsis and septic shock reporting requirements that began on April 1, 2014. To meet the requirements of the state program, hospitals are asked to collect data on almost 100 elements, a process that takes an estimated 45 minutes per record to complete. Despite the fact that the requirements for both programs are based on the NQF #0500 measure, there are several key differences that prevent hospitals from collecting data for both at the same time. Most notable is the NYSDOH requirement for hospitals to collect data concurrently with treatment. HANYS and the allied associations will continue to advocate for greater alignment between the two programs going forward in an effort to reduce the reporting burden imposed on member hospitals.

Despite the fact that the requirements for both programs [CMS and New York State] are based on the NQF number 0500 measure, there are several key differences that prevent hospitals from collecting data for both at the same time.

on the Severe Sepsis and Septic Shock: Early Management Bundle (NQF 0500) will be required beginning October 1, 2015. The "bundle" is a composite measure that combines several key elements used to assess the patient's process of care from the time of presentation. More specifically, hospitals will have to report on the number of patients who received the appropriate tests, medications and procedures within a specified period of time (three hours and/or six hours) based on their diagnosis (Sepsis, Severe Sepsis or Septic Shock).

CMS had originally intended for hospitals to begin reporting on the measure January 1, 2015 and included it in the FY 2015 Inpatient Prospective Payment System Final Rule. However, data collection was delayed indefinitely while the measure was re-evaluated by the National Quality Forum (NQF) after concerns were voiced by the American Hospital Association, the Healthcare Association of New York State (HANYS) and others over some of the data elements it

News Briefs

Business Leaders Learn about Health Policy

Kevin Dahill, president/CEO of the Suburban Hospital Alliance of New York State and the alliance's two regional hospital associations, delivered a compelling message about how the current environment of health policy reform affects local businesses and the entire community. Speaking before members of the Westchester County Association in White Plains, NY on April 22, 2015, Dahill presented a hospital reimbursement and reform history lesson. On April



Suburban Hospital Alliance President/CEO Kevin Dahill addressed business leaders.

28, 2015, Dahill spoke to an audience of health information technology professionals who were gathered for an Association of Information Technology Professionals meeting at Adelphi University in Garden City, NY. His message there emphasized the importance of health information technology in this era of population health-based care delivery. "Population health relies on data and metrics to gauge improvement and to inform the plan of care," said Dahill.

Collective Achievements in Patient Safety . . . are outlined in the New York State Partnership for Patients summary document Working Together to Create and Sustain Change: NYS Partnership for Patients Final Report. Highlights of hospitals' collective success (2012 – 2014) include: reduction in early deliveries, reduced readmissions, and reduced central line-associated bloodstream infections. One hundred sixty-nine hospitals in New York participated. HANYS and the Greater New York Hospital Association have applied for the second round of the Partnership for Patients program. If awarded the contract, work could begin late spring or early summer 2015.

Healthcare Auxilian Day . . . is May 6. This day provides a special opportunity to publicly acknowledge the important contributions and countless hours of service of healthcare auxiliaries across the state.

Community Health Status Indicators 2015 . . . shows how each county compares with peer counties on certain indicators of mortality, morbidity, healthcare access and quality, plus health behaviors, societal factors, and the physical environment. Members of the Suburban Hospital Alliance and the Healthcare Association of New York State can access this useful [online tool](#) to help their hospitals and other stakeholders better assess the health of their communities and identify disparities; promote a shared understanding of the many factors that drive health; and mobilize partnerships to improve population health.

Who Are the Hospital Heroes . . . is a new online initiative sponsored by the Coalition to Protect America's Health Care and the American Hospital Association. The program showcases hospital caregivers and many others, from administrative staff and nurses, to physicians and other allied health professionals, maintenance and security, who go

above and beyond in their work to help patients in their communities. Visit the [Hospital Heroes website](#) to view featured heroes and to nominate a hospital hero.

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. Feel free to re-tweet and post the outstanding work performed by hospitals. To submit a story for the campaign, contact Michael Pauley at mpauley@hanys.org.

Educational Discount . . . available 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.

Set a Foundation for Your Future

The Academy for Healthcare Leadership and Advancement

September 27 through November 17, 2015

[Click here for more information and to register.](#)

HANYS 47th Annual Membership Conference June 25 and 26

The Sagamore at Bolton Landing

[Click here for more information and to register.](#)

News from the Long Island Region . . .

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



Scholarship Available . . . to those studying journalism, marketing/communications, or healthcare administration. The scholarship is administered by the Nassau-Suffolk Hospital Council Communications Committee. Applicants must be juniors or seniors in college or post-graduate students and must be residents of either Nassau or Suffolk counties. However, college study can occur outside of these counties. Filing deadline is May 15, 2015. For an application and information go to www.nshc.org and click on programs.

Health TV Show Recognized . . . with a Telly Award. The honor went to Catholic Health Services of Long Island's "CHS Presents: Lifestyles at the Heart of Health." Nearly 12,000 entries from all 50 states and some foreign nations

competed in this year's competition. The Telly Awards is the premier award honoring outstanding local, regional, and cable TV programs, video and film productions, online video, films, and commercials.

Demonstrating the Triple Aim . . . is South Nassau Communities Hospital for its reduction in admissions through heart education. The program was recently featured by HANYS' NYS Triple Aim campaign.

John T. Mather Memorial Hospital's Auxiliary . . . donated \$220,000 to support the construction of the new single-bedded patient care unit. The funds were raised by the auxiliaries through a variety of fund raising activities held in 2014.

An "A" for Patient Safety . . . was awarded to **Nassau University Medical Center** by the Leapfrog Group, according to a hospital news release. NUMC was one of only five Long Island hospitals to receive the top score.

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

Claims Data Assistance

Managed Care Advisory Group: The Hospital Council has expanded its business relationship with the Managed Care Advisory Group to offer to members its Contract Payment Review (CPR) product. The focus is ensuring that insurers are complying with negotiated reimbursement rates and payment policies. MCAG will analyze claims data to assess where underpayments have occurred, identify reimbursement trends, implement recovery efforts and make recommendations on contractual changes. For more information, contact Wendy Darwell at wdarwell@nshc.org or 631-963-4152.

News from the Hudson Valley Region. . .

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



Outstanding Care . . . is the basis for White Plains Hospital being recognized as a Level 4 Epilepsy Center by the National Association of Epilepsy Centers. This is the fifth year that the hospital's Seizure Diagnostic Center has been honored with this designation. The hospital was also recognized for its quality of care of older adults by the Nurses Improving Care for Healthsystem Elders program.

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

NSHC Events/Meetings Report. . .

Fiscal Policy Committee: At its April 8 meeting, the Fiscal Policy Committee was briefed on the final provisions of the state budget and a bipartisan agreement in Congress to amend the physician reimbursement formula under Medicare. Consultant Tracey Roland of The Reimbursement Alliance reported on the positive outcome of the annual Medicare wage index audit project, organized annually by NSHC.

Nurse Executives: The committee received updates on nursing-related legislation and regulatory changes, then discussed the need for specialized residency programs for new nursing school graduates. Chief nursing officers and deans of nursing were joined by nurse managers and human resources professionals immediately thereafter for an educational program on horizontal violence.

Revenue Cycle: The committee reconvened on April 10 under the leadership of its new chair, James Fouassier of Stony Brook University Hospital, and received a presentation from HANYS staff on the out-of-network billing law that took effect on March 31. A presentation on finalized federal rules for charity care, billing and collections policies also was provided.

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

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/New York Presbyterian

Keller Army Community Hospital

Lawrence Hospital Center/New York Presbyterian

MidHudson Regional Hospital

Of Westchester Medical Center

Montefiore Mt. Vernon Hospital

Montefiore New Rochelle Hospital

The New York Presbyterian Hospital, Westchester Division

Northern Westchester Hospital

Orange Regional Medical Center

Phelps Memorial Hospital Center

Putnam Hospital Center

St. Anthony Community Hospital

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

White Plains Hospital