



# Progress Notes

Summer 2018

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## White House Tampers with Health Insurance, Again

### Risk Adjustment Program

The Trump administration abruptly put on hold \$10.4 billion in risk adjustment payments for benefit year 2017. This move once again imperils the health insurance market and portends higher premiums next year.

Part of the Affordable Care Act (ACA), the Risk Adjustment Program is designed to help stabilize insurance markets by disincentivizing health insurers from seeking out only the healthiest of individuals as customers. The program transfers funds in the individual and small group health insurance markets from health plans with lower-risk members to plans with higher-risk enrollees, including those with pre-existing conditions. No taxpayer money is involved.

CMS says it took this action due to conflicting court rulings in lawsuits filed by small insurers who claim they are being treated unfairly by the program. The administration says its hands are tied due to the contradictory decisions stemming from federal courts in New Mexico and Massachusetts regarding the formula CMS uses to calculate the payments. However, some legal experts say these payments are required by law and should continue.

### Association Health Plans

CMS also recently expanded the availability of association health plans to allow unrelated businesses or groups of individuals to form groups to purchase health insurance across state lines, without a requirement to offer products that adhere to the current ACA's minimum standards of coverage. Although New York State has robust consumer and provider protections in place, this new rule, effective September 1, 2018, will challenge the state's ability to regulate these plans.

Both these actions are of concern to hospitals because these changes could lead to more underinsured and uninsured. But more importantly, these actions restrict patients' access to affordable healthcare coverage and thereby access to healthcare services.

As recently as July 16, 2018, House Ways and Means Committee Chair Kevin Brady reported that he is in talks with the White House about ways to re-start the risk adjustment payments.

## Hospitals Keep the Heat on Mandated Nurse Staffing Legislation

The push to enact nurse staffing ratios is expected to intensify in the coming months and may very well take center stage when state lawmakers reconvene in January 2019. A number of factors are adding to the mounting pressure, including November elections that could change the majority in the state Senate and a fervent push by the New York State Nurses Association (NYSNA) to gain support for mandated ratios throughout the state.

On the local level, NYSNA is courting local leaders from around the state in support of mandatory nurse staffing ratio legislation (A.1532/S.3330). Suburban Hospital Alliance of New York State has learned of several instances in which local elected leaders and officials have endorsed the legislation.

Despite the Alliance's testimony at a hearing held by the Westchester County legislature in May, the legislative body eventually passed a resolution in support of the bill. In the Long Island region, the Nassau County Executive, joined by two state legislators, held a press briefing in early July to endorse the staffing legislation. The Suburban Hospital Alliance has taken a proactive approach to these local actions, in addition to its ongoing robust advocacy about this issue that occurs at the state level.

"We welcome the opportunity to meet with county and local leaders to discuss this issue," said Kevin Dahill, president/CEO of the Suburban Hospital Alliance. "As local leaders, it's important they understand that nurse staffing decisions are really driven by what is happening locally and in the hospital's community. Experienced local clinicians are best equipped to make appropriate staffing decisions that meet the needs of each and every patient, every minute of the day and night, by taking into account patient mix and acuity and surge capacity concerns. The flu is a good example."

Mandated nurse-to-patient ratios have been shown to not improve care in the only other state – California – that has such ratios in place. It is estimated that mandated staffing ratios would cost New York's hospitals and nursing homes close to \$3 billion annually.

### Learn More about Advocacy

Go to the Suburban Hospital Alliance's [website](#) for more in-depth detail about the Suburban Hospital Alliance's advocacy agenda.

## News Briefs

The New York Blood Center has declared a blood supply emergency for hospitals throughout the New York metro area. In order to maintain a safe blood supply, a seven-day inventory of all blood types must be continually replenished. Right now, reserves are below that minimum. In the summer months, donations usually drop off due to vacations and busy summer plans. But the need for blood remains, always. Please consider holding a blood drive at your hospital and spreading the word about needed donations among your communities. The need peaks during the months of July and August.

Simply contact the New York Blood Center representatives noted below and they will handle all the logistics of setting up a blood drive at your hospital.

Hudson Valley Region  
Andrea Cefarelli

Long Island Region

**Dahill Dose** – Check out the latest posts at [dahilldose.com](http://dahilldose.com). Authored by SHANYS President/CEO Kevin Dahill, the blog offers informed and insightful commentary about healthcare policy, legislation, and regulation.

**Mental Health Education Law** – The Mental Health Education in Schools law went into effect July 1, 2018. Governor Cuomo signed the legislation in 2016. The first-in-the-nation law requires that all elementary, middle and high schools in New York State now include mental health, as part of existing physical health instruction, in their education curriculum.

**Emergency Opioid Legislation** – The New York State Department of Health filed emergency regulation on July 13, 2018, allowing patients to use medical marijuana as a replacement for opioids, and to add opioid use disorder to the list of qualifying conditions under the state's Medical Marijuana Program. The emergency regulations are effective immediately. The department is expected to propose permanent regulations on August 1, 2018, which will be subject to a 30-day public comment period.

**Awaiting the Next Prevention Agenda** – The Public Health and Health Planning Council will issue its updated 2019 – 2024 Prevention Agenda in December of this year. Planning for the new cycle has been underway for some time and included diverse stakeholder feedback. The five priority areas are very similar to current Prevention Agenda priorities, with some refinement and detail. In this round of the Prevention Agenda, the state is emphasizing healthy aging across the life cycle in each priority area and incorporating a health-across-all-policies approach including upstream, “non-health” interventions and strategies in each priority area. There is an emphasis, on the part of the state, to better understand the community benefit that is reported by hospitals on IRS schedule H. The state is seeking more detail about the dollar amount reported on the community health improvement line on the IRS document. However, categorizing activities to that level of detail will be rather difficult and cumbersome for most hospitals. The state hopes to more easily discern the spending that is associated with Prevention Agenda priorities and is currently developing more guidance about this. The Healthcare Association of New York State has offered a few webinars on the topic. Stay tuned for more information/webinars offered by HANYS and assistance at the local level provided by SHANYS.

**New Yorkers Relate Stories about Insurance Loss and Gain** – Healthcare Voices is a campaign spearheaded by the Nassau-Suffolk Hospital Council to highlight the stories about New Yorkers' experiences with the health insurance marketplace, coverage issues, and healthcare access. The Hospital Council is also a state-certified navigator agency and is in a unique position to interact with New Yorkers who are seeking health insurance coverage. The campaign is bringing attention to these otherwise unheard voices through social media, traditional media channels, and through conversations with legislators.

Bianca Fabian's employer does not offer insurance. However, she says she knows the importance of having coverage for both routine needs and when life throws you a curveball. That is why she did not hesitate to purchase insurance from the marketplace. Read more about Bianca's story and other stories at [Healthcare Voices](#), including that of [Ruth Zaporta](#) who was featured in the state's print and broadcast ads about enrolling in the marketplace.



Click on these links to view the digital spot, featuring Ruth, in both English and Spanish:

<https://info.nystateofhealth.ny.gov/4millionreasonsgroup2>

<https://info.nystateofhealth.ny.gov/4millionreasonsspanish1>

<https://info.nystateofhealth.ny.gov/4millionreasonsspanish2>

### **HANYS Recognizes Hospitals for Improving Quality of Care and Patient Safety**

*Patient Care Improvement Efforts by Bassett Healthcare Network, St. Joseph Hospital, Good Samaritan Hospital Medical Center, and Northwell Health Receive HANYS' Pinnacle Award for Quality and Patient Safety*

The Healthcare Association of New York State (HANYs) presented its 2018 Pinnacle Award for Quality and Patient Safety to four healthcare organizations from across the state in recognition of their outstanding initiatives that enhanced patient care. Presented annually, the Pinnacle Award for Quality and Patient Safety highlights New York providers' great achievement in improving healthcare delivery. This year, 115 organizations across the care continuum submitted nominations.

"We commend Bassett Healthcare Network, St. Joseph Hospital, Good Samaritan Hospital Medical Center, and Northwell Health for their innovation and commitment to improving patient care in their communities, and congratulate them on this well-deserved award," commented HANYs President Bea Grause. "We are pleased to recognize the efforts of hospitals, health systems, and other providers throughout the state, who all demonstrate an unwavering commitment to providing high-quality care."

HANYs presented the Pinnacle Awards at its 50th Annual Membership Conference, in four separate categories based on organization size and type. The honorees and their award-winning initiatives are summarized below.

### **Bassett Healthcare Network**

#### [Using Project ECHO to Spread Primary Care-Based Buprenorphine Management for Opioid Addiction](#)

Bassett Healthcare Network's project provides opioid addiction recovery services to patients at primary care centers. Bassett equipped its primary care teams with training, expert consultation, and necessary waivers to reach this vulnerable population.

By leveraging Delivery System Reform Incentive Payment (DSRIP) program funding and a unique collaboration with the University of Massachusetts (UMass), primary care clinicians obtained Drug Addiction Treatment Act (DATA) waivers. These waivers enable primary care clinicians to prescribe buprenorphine for treatment of opioid addiction. Bassett also meets with UMass by video conference, using the Extension of Community Healthcare Outcomes (ECHO) model to share primary care-focused expertise.

Treatment was initiated for 210 patients from December 2016 to mid-January 2018; of these, 176 (84%) were treated by addiction medicine and/or primary care; and thirty-four (16%) were treated by OB-GYN physicians as part of perinatal care.

### **St. Joseph Hospital, Bethpage**

#### [The Cultural, Clinical, and Operational Benefits of Establishing a Robust Safe Patient Handling Program](#)

St. Joseph Hospital's project addressed barriers to safe patient handling by establishing a multidisciplinary committee, reviewing best practices, conducting staff interviews, and using Lean methodology to optimize use of safe handling devices.

Staff interviews revealed that the two biggest barriers to using safe patient handling equipment appropriately were accessibility and a knowledge deficit regarding when they should be used. The hospital assessed and updated operational processes for stocking, storing, and cleaning equipment. Technological processes were also changed to help staff select the most appropriate device. Last, directions for appropriate use were affixed to the patient safety devices to serve as a resource at the point of care.

As a result, sling use increased 339%, safe patient handling-related injuries decreased 36%, the number of days of lost work decreased 71%, safe patient handling-related injuries with lost days of work decreased 67%, patient falls where the patient was being assisted by nursing staff decreased 21%; and there was a 50% reduction in the number of Workers' Compensation claims and the facility gained eligibility for the 2.5% Workers' Compensation Safe Patient Handling credit.

### **Good Samaritan Hospital Medical Center**

[Reducing Hospital Contaminated Blood Culture Rate Through Organizational Transparency and Surveillance of Individualized Collector Rates](#)

Blood culture contamination remains a challenging, but avoidable, cause of false positive blood cultures that result in diagnostic errors, including misdiagnosis of sepsis. Clinical impacts include extended length of stay and administration of unnecessary and/or inappropriate antibiotics with concomitant adverse drug events. Globally, this runs counter to antibiotic stewardship and contributes to antibiotic resistance. There are also significant financial costs associated with these preventable events.

Good Samaritan Hospital Medical Center improved staff adherence to evidence-based protocols for blood culture collection by embracing internal transparency practices and developing an un-blinded individual collector blood culture contamination rate report. The report helped identify those with high contamination rates and created opportunities to target education efforts appropriately and efficiently.

Through this initiative, the facility-wide blood culture contamination rate fell 68% and has remained below the national benchmark for two years. Emergency department collectors achieved a 71% contamination rate reduction. The inpatient collector contamination rate, which was already quite low, was reduced 25%; and the hospital avoided an estimated \$2.14 million in costs associated with contaminated blood cultures over two years post-intervention.

**Northwell Health**

[The Path of Least Resistance: An Organization-wide Approach to Antimicrobial Stewardship](#)

Inappropriate antimicrobial use has been linked to antimicrobial resistance, which is associated with increased mortality, prolonged lengths of stay, and increased healthcare costs. Northwell Health established an antimicrobial stewardship program by aligning its antimicrobial reduction strategy with the U.S. Centers for Disease Control and Prevention's campaign to prevent antimicrobial resistance, and with The Joint Commission and Centers for Medicare and Medicaid Services antimicrobial stewardship standards for hospitals, nursing care centers, and ambulatory care.

The program is led by a multidisciplinary subcommittee comprised of a clinical pharmacist, physicians, nurses, infection preventionists, licensed independent practitioners, microbiologists, information technology, and quality. Among other activities, Northwell developed and distributed guidelines among clinical staff using multiple types of communication, developed registered nurse competencies, published a monthly performance report, developed a financial report for antimicrobial utilization, surveyed staff, and developed and evaluated patient education tools.

As a result, total antibiotic days decreased by 9,318; facility-wide total antibiotic days for the five targeted high-use, high-cost antibiotics decreased by 19,231; and entries of pharmacy interventions in Quantifi, an electronic pharmacy database, increased from 9,914 to 11,061. In addition, the Clostridium Difficile standardized infection ratio (SIR) decreased by 18.52% across nine acute care and one children's hospital.

*Originally published June 28 by the Healthcare Association of New York State.*

Spotlight on Quality

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

CMS has again postponed updates to its hospital quality star ratings after changes made to the methodology in December left many stakeholders and providers with considerable concerns. The December updates resulted in a significant increase in the number of hospitals receiving a one-star rating (from 260 hospitals to 338 hospitals). The number of 5-star hospitals also rose (from 337 to 375) but what concerned hospitals most, were the drastic changes in their star ratings without corresponding changes in their outcome data.

Rush University Medical Center had previously been awarded the prestigious five-star rating. The hospital's May preview report indicated that their rating had dropped from five stars to three stars in just six months. When the Medical Center dug deeper, they found that CMS had been miscalculating star ratings since the beginning.

CMS had originally stated that the eight measures in the safety of care domain would be weighted evenly and that the domain score itself would constitute 22% of the hospital's overall score. Investigators from the Medical Center found that the formula relied heavily on the PSI-90 measure for the first of its four releases and scores for hip and knee replacements in the most recent update. Critics have stated that the latent variable modeling used by CMS is to blame and that the modeling is inappropriate for the calculation of domain scores because it changes the weight of measures every time a score is calculated.

Quality leadership from the Medical Center also found that a low safety score had a significant impact on a hospital's overall star ratings after reviewing national data. Their finding corroborates a report in Modern Healthcare that outlined how hospitals that perform below average on safety, readmission, mortality or patient experience have to perform above average on the other three measures in order to get four stars or higher.

CMS has denied claims that the July update was postponed in response to Rush University Medical Center's findings. The organization plans to re-examine its methodology, solicit stakeholder feedback, and gather provider feedback through a comment period. CMS did not provide any information on when healthcare providers could anticipate an updated methodology or changes to their star ratings.

The star ratings featured on the Hospital Compare website will continue to be from December 2017.



News from the  
Hudson Valley

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

**Meeting the Triple Aim** – Highlighted this month in the HANYS Innovation Spotlight for meeting the Triple Aim was Burke Rehabilitation Hospital, for their use of innovative technology to address unique, individual care needs. Read about how they paired a wheelchair-using patient with a special device to help him walk again at [www.hanys.org/tripleaim](http://www.hanys.org/tripleaim).

**Get with the Guidelines** – *Catskill Regional Medical Center* has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award. *Orange Regional Medical Center* received the same designation, along with Target: Stroke Honor Roll Elite. These awards recognize hospitals' commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

**Accreditation and Sponsorship** – *Westchester Medical Center* has been accredited as a Sponsoring Institution for graduate medical education by the Accreditation Council for Graduate Medical Education in affiliation with New York Medical College. With this distinction, Westchester Medical Center will assume sponsorship of 30 ACGME residency and fellowship programs.

**New Member** – Nyack Hospital has officially been renamed *Montefiore Nyack Hospital*, joining the health system's expansion push northward into the Lower Hudson Valley.

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



**Meeting the Triple Aim** – Highlighted this month in the HANYS Innovation Spotlight for meeting the Triple Aim was St. Charles Hospital for their interventions and reductions in falls among patients at home, post-discharge from inpatient rehabilitation facilities. Read about this hospital and more at [www.hanys.org/tripleaim](http://www.hanys.org/tripleaim).

**Good News** – *Good Samaritan Hospital Medical Center* has received The Commission on Cancer's prestigious Outstanding Achievement Award for the 15<sup>th</sup> year in a row. This is a recognition only earned by seven cancer programs nationwide.

## **NSHC Holds Annual Meeting**

The Nassau-Suffolk Hospital held its annual meeting on July 11, 2018, at the Watermill Inn in Nesconset, featuring keynoter Dr. Benjamin Chu, managing director at Manatt Health located in New York City. Dr. Chu has led major health systems in Houston, Southern California and New York City. He is a national expert on healthcare transformation and reform and brought his message about "disruption" in healthcare to Long Island's hospital and health leaders. Consumerism, competition, consolidation, and cost are driving change in the healthcare marketplace at all levels, according to Chu.

John Collins, CEO of NYU Winthrop Hospital, was named the next chair of the Nassau-Suffolk Hospital Council board of directors at the annual meeting. He will serve in that role for two years. Outgoing NSHC board chair, Kenneth Roberts, president of Mather Hospital, was thanked for his years of leadership.





*Pictured left: Dr. Benjamin Chu of Manatt Health as the keynote speaker at the NSHC Annual Board Meeting.*

*Pictured right: Kevin Dahill, President and CEO, Nassau-Suffolk Hospital Council; Ken Roberts, President, Mather Hospital, Immediate Past Chairman, NSHC Board of Directors; John Collins, CEO, NYU Winthrop Hospital, Chairman of the NSHC Board of Directors.*

## **New Auxilian Leadership Appointed**

The 2018-2019 Executive Board of the Nassau-Suffolk Council of Hospital Auxiliaries was installed at the Annual Auxilian Luncheon held June 13, 2018, at the Watermill Inn in Nesconset. From left: Mary Yarusso, Corresponding Secretary, Peconic Bay Medical Center; Virginia Bolla, Recording Secretary, St. Francis Hospital; Edna Fetkowitz, Treasurer, Huntington Hospital; Lori Ballen, Second Vice President, North Shore University Hospital; Barbara Zinna, First Vice President, Mather Hospital; and Thelma Booker, President, Peconic Bay Medical Center. Hospital auxiliaries play a vital role in the delivery of compassionate care at each of their facilities and are major fundraisers for their respective institutions. Collectively, Long Island's volunteer auxiliaries raise millions through gift shop and thrift shop sales, fashion shows, boutiques, and other events. In addition, they are actively involved in advocating for federal, state, and local levels on behalf of their hospitals and the thousands of patients that these institutions serve each day.

Peconic Bay Medical Center volunteer, Thelma Booker, will serve a one-year term as president of the Nassau-Suffolk Council of Hospital Auxiliaries. Her term expires June 2019. Booker is an avid fundraiser for the hospital and local community organizations, utilizing her skills as a playwright to produce one-act plays as a unique fundraising event. She has taught Sunday school for 45 years and enjoys any activities that ultimately help children. Before her appointment as auxilian president, she served as president and vice president for the Peconic Bay Medical Center auxilian board.

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





*Pictured right: Thelma Booker, Peconic Bay Medical Center auxiliary volunteer, President of the Executive Board of the Nassau-Suffolk Council of Hospital Auxiliaries.*

## **Public Relations Pro Hopeful Wins NSHC Scholarship**



Nicholas Tedesco, a resident of Holbrook, New York and a student at New York Institute of Technology, was selected as the 2018 Ann Marie Brown Memorial Scholarship recipient. Awarded annually by the Nassau-Suffolk Hospital Council (NSHC) and its Communications Committee, the \$2,000 scholarship was presented to Tedesco at the group's annual luncheon on June 8, 2018, held at the Huntington Hilton.

Nicholas Tedesco is studying Interdisciplinary Studies at the New York Institute of Technology, with concentrations in Communication Arts, Business Management, and Labor Relations. He hopes to work in the field of public relations, perhaps as a Social Media and Communications Specialist.

The Ann Marie Brown Memorial Scholarship has been awarded since 1994 and commemorates the late vice president for government and public affairs at the Hospital Council. Brown served in this role from 1983 – 1993. The scholarship is offered to a college junior, senior, or post-graduate student who is both a resident of Long Island and studies communication arts, journalism, or healthcare administration. For more specific information, go to [www.nshc.org](http://www.nshc.org).

*Pictured: 2018 Ann Marie Brown Memorial Scholarship Recipient Nicholas Tedesco with Gail Carlin, former Director of Community Relations at South Nassau Communities Hospital and Chair of the Nassau-Suffolk Hospital Council's Communications Committee.*

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

## Committee Updates

On June 21, the Hospital Council hosted an educational program featuring labor law experts from Jackson Lewis on sexual harassment. Rich Landeau and Chris Valentino, both partners at the firm, spoke to hospital compliance officers, nurse executives and human resources leadership about the recent changes in state law, best practices for preventing harassment in the workplace, how to handle allegations, and how to manage investigations. Slides from the program are available upon request.

**Long Island Health Collaborative** – The members of the LIHC met June 13 to hear about upcoming events including two county-based networking events called BusinessLIHC Bingo, a partner walk with North Shore Animal League of America, and a public health program evaluation webinar hosted by The New York Academy of Medicine. The members received a presentation from the Health and Welfare Council of LI about the opportunity to work on their CBO Planning Grant, an update on the NYS Prevention Agenda, and recaps of the LIPHIP Legislative Briefing hosted in May.

**Long Island Population Health Improvement Program Steering Committee** – The PHIP Steering Committee convened July 18 to provide insight on communications with the Office of Civil Rights in regards to wording that will allow the PHIP and their local Regional Health Information Organizations (RHIOs) to exchange data to further advance the population health work of the PHIP and the Long Island Health Collaborative.

## Upcoming Events

### September 14-16 HTNYS' 28<sup>th</sup> Annual Trustee Conference

From Forecasting the Future to Today's Key Topics - Registration is Open!

- [Register](#) your trustees and CEO online for the HTNYS Conference.
- You can begin to [book hotel rooms online](#).
- Review the Conference registration information closely for breakout session choices and optional activities. We encourage you to use [HTNYS' Conference Planning Tool](#) to help you make plans with your CEO and Trustees before you register.

#### **HTNYS Conference Registration—Online Only—Now through August 24**

**Group Registration:** You can register several trustees at one time. Log in once and register all of your trustees without needing to know their individual login information. However, all attendees must have existing accounts. If you need to create a new account in advance of registration, contact [learning@hanys.org](mailto:learning@hanys.org) for assistance.

Please note that for each registrant you will need to select the following event options:

- **Welcome Cocktail Reception, Thursday**
- **Early Bird Bonus Breakfast Session with Kimberly McNally, Friday**
- **Breakout Strategy Sessions, Friday:** select one to attend
- **Breakout Strategy Sessions, Saturday:** select one to attend
- **Friday Dinner on Wheels (optional),** for which there is a separate fee of \$110 per person.

**Credit cards are the only accepted payment for registration fees.** The same credit card may be used for multiple registrations.

#### **Hotel Reservations—Online Only—Now through August 14**

You must use the reservation links to make online reservations for special HTNYS' rates at two quality Saratoga Springs hotels. Please visit HTNYS' [accommodations webpage](#) to make your reservations.

*Hotel reservations must be made by August 14. See the Conference brochure or [HTNYS' website](#) for more information about hotel rates, and cancellation policy.*

#### **Questions?**

- About the online Conference registration process: contact HANYS education staff at [learning@hanys.org](mailto:learning@hanys.org) or at (518) 431-7846.
- About the Conference: contact Donna Evans, Director, Trustee Education, and Development, at (518) 431-7713 or [devans@hanys.org](mailto:devans@hanys.org); or Sheila Taylor, Executive Assistant, at (518) 431-7717 or at [staylor@hanys.org](mailto:staylor@hanys.org).

### October 24-25 HANYS' 2018 Annual Auxiliary and Volunteer Conference

Save the Date

HANYS annual Auxiliary and Volunteer Conference will be held October 24-25 at the Saratoga Hotel and Casino in Saratoga Springs. The conference will feature speakers on topics such as healthcare reform, emergency preparedness, the opioid epidemic, and best practice sharing. The conference will also offer two sessions on leadership skills, including influencing without arm-twisting, and bringing out the best in yourself.

Brochures will be mailed in August, more information to come.