

# Progress Notes

May 2016



*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.*

## Mel Mal Proposals and Nurse Staffing Mandate Concern Hospitals as Session Nears Close

With the 2016 state legislative session set to end June 16, hospitals are eagerly working with lawmakers to find solutions to two major issues: medical malpractice and mandated nurse staffing ratios. Proponents of these measures are aggressively pushing their case for their cause, and legislation could be acted upon in the final weeks of the legislative session.

Hospital leaders are urged to contact their respective state legislators in both the Assembly and the Senate and strongly emphasize how these proposals would harm hospitals' ability to deliver healthcare. Message points about the [medical malpractice legislation](#) and [nurse staffing ratio legislation](#) are accessible online

**Medical Malpractice:** Member hospitals of the Suburban Hospital Alliance of New York State remain adamantly opposed to proposed medical malpractice legislation that seeks to convert the current statute of limitations to a discovery statute. The legislation seeks to re-set the clock in relation to the timeframe in which a plaintiff can sue for a medical error. Currently, the law allows for two and a half years from the time the error occurred. The

proposed statute would set the clock from the date the malpractice action was discovered, which could be many years later, and would allow a lawsuit to be filed up to 10 years after the alleged negligent act. For several years hospitals have been working with the state legislature to find solutions to the exorbitant medical malpractice costs endured by providers in New York State. The discovery statute adds to this cost burden without identifying reasonable solutions or compromises to this very sensitive subject. Another proposal awaiting action by the legislature concerns contingency fees for attorneys. This legislation directly harms injured patients by taking money away from the patient solely to increase the legal fees of the attorney representing them.

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Nurse Staffing Ratios: Member hospitals are equally opposed to any mandated nurse staffing ratios and point to the lack of evidence that proves safer and enhanced quality care due to such mandates. Peer-reviewed studies in California – the only state with mandated ratios – found no direct link between clinical outcomes and statewide staffing ratios. Research shows that the factors

that do make a difference are the use of evidence-based protocols, team-based approach to care, and communication. Staffing plans are best handled by each hospital so that decisions reflective of surge needs, experience levels of the staff, and patient acuity can be made on an as-needed and immediate basis.

## **Bill Minimally Addresses Site Neutral Issue, Includes SES Adjuster**

The Helping Hospitals Improve Patient Care Act (H.R. 5273) has moved out of the House Ways and Means Committee and will move to the House floor for a vote in the weeks ahead. The bill very narrowly addresses the hospital outpatient department (HOPD) site neutral issue that evolved as a result of the Bipartisan Budget Act of 2015. The Bipartisan Budget Act of 2015 precludes hospitals from receiving the higher outpatient reimbursement rate for off-campus, hospital-owned clinics that opened after November 2, 2015 – the date of enactment of the budget law. The law establishes a “site-neutral” payment policy; that is, care is reimbursed at the same rate regardless of whether the care is delivered in a physician office or hospital-based clinic. This is despite the substantially higher cost of overhead and skilled nursing mix in the hospital setting.

Hospitals have been asking for clarification about how the site-neutral law affects off-campus projects under development as of November 2, 2015, but were not yet billing under the higher outpatient prospective payment system and therefore not grandfathered under the higher payment rate. The act would benefit a very limited

number of hospitals with off-campus sites classified as mid-build as of that date. The bill outlines specific steps about [attestations and construction agreements](#) that could apply.

Meanwhile, hospitals continue to urge federal regulators to build in flexibility to the rules that the Centers for Medicare and Medicare Services (CMS) will release this summer pertaining to hospital-based outpatient departments. The hospital industry wants CMS to include flexibilities for relocation or rebuilding, change of ownership, needed expansion of services and interpretation of the definition of “on campus” in the rules.

In hopeful news, the House Ways and Means Committee bill also includes a provision that would apply a socio-economic status (SES) adjuster to the Medicare Hospital Readmissions Program, and allow CMS to remove from readmissions certain admissions, such as those classified as substance abuse, psychosis, and others. The research is now definitive that other factors, such as poverty, education, housing, have a significant impact on patient outcomes.

# SPOTLIGHT ON: *Quality*



By Kate Warner, Director of Quality and Education

## TJC Introduces New SAFER Matrix

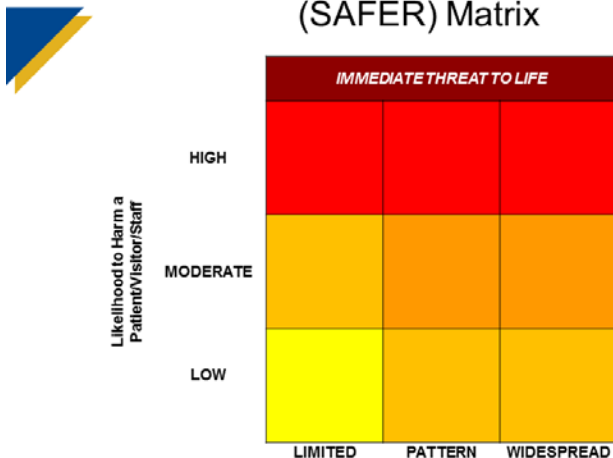
Earlier this month, the Joint Commission announced that they will begin using a new tool to quantify and communicate risk levels associated with deficiencies identified during surveys. The tool replaces the previous grading system which categorized Elements of Performance for which there were deficiencies as A or C and as direct or indirect impact. The new SAFER (Survey Analysis for Evaluating Risk) tool (shown below) is a nine-square matrix that will be used by surveyors on-site in real-time to score deficiencies based on the risk for injury or harm (high, moderate or low) to patients, employees or visitors as well as the scope of the deficiency (limited, pattern or widespread).

The new tool is intended to help hospitals prioritize and focus their post-survey improvement efforts by providing aggregate level data on areas of noncompliance within the Accreditation of Survey Findings Report.

Post survey follow-up requirements will also change. Opportunities for Improvement, which were used for single occurrences of Category C deficiencies and Measures of Success, will no longer apply. Because deficiencies will no longer be categorized as direct or indirect (both of which previously yielded different requirements for follow-up), Evidence of Standards Compliance must be submitted for all deficiencies within 60 days (previously 45 days for direct impact EPs and 60 days for indirect impact EPs). However, higher level deficiencies will require more information around how the hospital will achieve compliance and sustain corrective actions sustained over a certain period of time.

The Joint Commission will begin using the tool in Psychiatric Hospitals on June 6, 2016 and in all other facilities on January 1, 2017.

Survey Analysis for Evaluating Risk (SAFER) Matrix



# News Briefs

**Auxiliary of the Year Nominations** – The Healthcare Association of New York State is seeking nominations for its 2016 Auxiliary of the Year Award. Nominations are due June 20, to [aoty@hanys.org](mailto:aoty@hanys.org), and applications can be found at [www.hanys.org/awards](http://www.hanys.org/awards).

**HANYS & Mental Health** – The Healthcare Associate of New York State dedicated their NYS Triple AIM Newsletter to highlighting strides in the field of mental health throughout the month of May. Sending out four weekly emails rather than the typical monthly correspondence, the newsletter spent Mental Health Awareness Month, “sharing brief case studies, member stories, and resources on social media channels, in HANYS News, on the Triple Aim website, and with legislators and healthcare leaders, to highlight the critical mental health and substance use services provided by New York’s hospitals and health systems.”

**Media Campaign Targets Medical Malpractice** – HANYS and its partner organizations, including the Suburban Hospital Alliance of New York State, launched a media campaign to urge the State Legislature to reject harmful medical malpractice bills now under consideration. Print and digital ads are running in key capital region media outlets through the end of the legislative session – June 16, 2016.



**Surgical Principles Updated** – The American College of Surgeons recently updated its Statement on Principles, and hospitals should take a look at the [principles](#) to see if any updates to their hospital’s policies and procedures are warranted. Some recent media attention has focused on cases in which the primary surgeon initiates a concurrent surgery prior to completing the first surgery without the patient’s knowledge.

**Insurers Seek Significant Premium Increases** – As we gear up for another year of New York State of Health Marketplace insurance enrollment, the New York State Department of Financial Services (DFS) recently posted insurer applications for premium increases for small group and individual markets for rates effective January 1, 2017. The weighted average requested increase is 17.3 percent in the individual market and 12.3 percent in the small group market. This is for insurance plans sold on and off the marketplace. In past years, the state has not granted the full amounts requested. Find out more on the [DFS website](#).

## Stakeholders Learn about APC Model

The New York State Department of Health is continuing its statewide education about the Advanced Primary Care (APC) model that is the centerpiece of the state’s federal State Innovation Model (SIM) grant. The Northeast Business Group on Health (NEBGH), an independent employer-led multi-stakeholder coalition, is assisting the state in its education and outreach efforts.

The APC model promises to deliver better quality and improved outcomes more efficiently and at a lower cost. The state aims to have 80 percent of the state’s population receiving primary care in an APC setting by 2019, with 80 percent of the care paid for under a value-based financial arrangement. The NEBGH has been traveling around the state engaging with employers, health plans, providers, and key regional collaboratives. It held an informational program on May 17, 2016, which was hosted by the Long Island Association, the region’s leading business group.

More information about the [SIM and the State Health Innovation Plan \(SHIP\)](#) is available online.

## News from the Long Island Region

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



**Boards Honored** – On May 9<sup>th</sup>, the United Hospital Fund awarded 28 hospital trustees with the Distinguished Trustee Award for their leadership and extraordinary service to hospitals in New York City’s five boroughs, Long Island, the Hudson Valley, and close-by Connecticut and New Jersey. Among these honorees were five representatives from NSHC member hospitals; *NuHealth/NUMC’s* board member, Warren Zysman, *Brookhaven Memorial Hospital Medical Center’s* Michele Knapp, Chair of Brookhaven’s Capital Campaign, *Eastern Long Island Hospital’s* Carole G. Donlin, Amy M. Hagedorn of *Northwell Health*, Patricia Stewart of *Southampton Hospital*.

**Robotic Excellence** – *John T. Mather Memorial Hospital* of Port Jefferson NY, along with Arif Ahmad, MD, have been designated a Center of Excellence in Robotic Surgery™ by the Surgical Review Corporation (SRC), the first in New York State. The designation means that Mather and Dr. Ahmad are now part of an elite network of surgeons and hospitals worldwide. According to the SRC, a facility that receives the COERS designation “demonstrates a commitment to excellence in the care of robotic surgery patients at the highest levels of its medical staff and administration. This commitment includes specialty-specific credentialing and privileging guidelines.”

**Safety Awards** – In the Spring 2016 Hospital Safety Score report, provided by The Leapfrog Group, *St. Francis Hospital* received an A rating, one of only 15 hospitals in the state achieving top scores.

**Get With The Guidelines** – This month, *Nassau University Medical Center’s* heart failure team achieved the American Heart Association’s Get with the Guidelines® Heart Failure Gold-Plus Quality Achievement Award, along with Target: Heart Failure Honor Roll. *South Nassau Communities Hospital* also received the Get With The Guidelines®–Heart Failure Silver-Plus Quality Achievement Award, as well as the Stroke Gold Plus Quality Achievement Award with Target: StrokeSM Honor Roll Elite.

## Long Island Nurses Recognized for Excellence

### *St. Francis Hospital Nurse Takes Top Honor*

Nurse leaders from Long Island’s hospitals and nursing education programs gathered Wednesday, May 18, 2016 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 and clinical practice.

Garden City resident Eileen Dwyer, BSN, RN, OCN, infusion unit nurse manager at St. Francis Hospital, Cancer Institute 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.

Dwyer challenges herself and her staff, “to put their heart into cancer care every day.” With more than 30 years’ experience as an oncology nurse, Dwyer said she realized early on in her career that this patient population needed and deserved highly-skilled nursing care. To assure this level of care, the unit achieved 100 percent oncology nursing certification due to Dwyer’s leadership and guidance. The unit began in 2013 as a 14-chair infusion unit and by 2015 moved to an off-site location and is now a 32-chair unit. A true advocate for all her patients and their families, Dwyer has encouraged her staff to join her in many fund raising activities, such as charity walks and runs. “My goal for the infusion center was to offer individualized care with a multidisciplinary approach, along with compassion and, most importantly, a personalized touch,” said Dwyer.

“Nurses are the backbone of our hospitals on Long Island and across the United States,” said Alan Guerci MD, chair of the Nassau-Suffolk Hospital Council and CEO of Catholic Health Services of Long Island. “The physician is at the patient’s bedside just a few minutes each day. It is up to the nurse to implement the care plan.”

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 21<sup>st</sup> year. For more information about this program and a full listing of nominees, visit [www.nshc.org](http://www.nshc.org).

From left: Gara Edelstein RN, MSN a member of the Nurse Excellence Sub-Committee and Senior Vice President of Patient Care Services/Chief Nursing Officer, Good Samaritan Hospital Medical Center and Catholic Health Services of Long Island; 2016 Nurse of Excellence Winner Eileen Dwyer RN; Ann Cella RN, Senior Vice President Patient Care Services and Chief Nursing Officer, St. Francis Hospital; Valerie Terzano MSN, RN, NEA-BC, Chair of the Nurse Excellence Sub-Committee and Senior Vice President of Nursing/Chief Nursing Officer, Winthrop-University Hospital.



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

## News from the Hudson Valley Region

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



**New President** – Stacey Petrower, M.P.A. has been named president of *NewYork-Presbyterian/Hudson Valley Hospital*. A senior leader in healthcare for more than 20 years, she currently serves as chief operating officer at NewYork-Presbyterian/Hudson Valley Hospital. She succeeds John C. Federspiel, who is retiring in July after 29 years as president.

**Donate Life Award** – HealthAlliance, a member of the *Westchester Medical Center Health Network*, received the 2016 Donate Life Outstanding Hospital Outreach Award from the Center for Donation & Transplant. The center in Albany is one of 58 federally designated nonprofit organ procurement organizations in the United States.

**Stage 7 EMR** – The Healthcare Information and Management Systems Society (HIMSS) awarded *Orange Regional Medical Center* in Middletown, NY with a Stage 7 designation for implementing an electronic medical record (EMR) system to improve patient safety and quality of care. Stage 7 is the highest level on HIMSS Analytics' EMR adoption model, which is used to track EMR progress at hospitals and health systems.

**Meeting the Triple Aim** – *Good Samaritan Regional Medical Center* of the Bon Secours Charity Health System was highlighted in a HANYS newsletter this month, for meeting the NYS Triple Aim during Mental Health Awareness Month. The hospital's special victims center has created a holistic system of caring for their patients, placing all of their services under one roof and providing a comprehensive care plan for individuals. "The center has provided comprehensive care for more than 200 victims, supportive services for at least 400 additional family members, and was crucial in the first successful prosecution of a human trafficking case in New York State."

**Boards Honored** – On May 9<sup>th</sup>, the United Hospital Fund awarded 28 hospital trustees with the Distinguished Trustee Award for their leadership and extraordinary service to hospitals in New York City's five boroughs, Long Island, the Hudson Valley, and close-by Connecticut and New Jersey. Among these honorees were two representatives from NorMet member hospitals – Michelle F. Rider, CPA, Esq. of *St. Luke's Cornwall Hospital*, and The Honorable Felice K. Shea of the *Montefiore Health System*.

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

## NSHC Events & Meeting Reports

**Fiscal Policy Committee** – The committee focused primarily on the proposed Medicare inpatient prospective payment system (IPPS) rule and on the proposed Medicare rule to implement a new physician payment system.

The group also made decisions about regional wage index project and discussed the liquidation of the Health Republic insurance plan.

**Corporate Compliance** – At its May 10 meeting, the Corporate Compliance Committee received briefings on a new federal audit of HIPAA Business Associate Agreements, changes to federal discharge planning requirements and the Office of the Medicaid Inspector General's audit workplan for the 2016-17 fiscal year.

**Quality Committee** – Ms. McCale at the May 18 meeting reported to the committee on the quality-related provisions of the IPPS, changes to Joint Commission requirements and the delay of the CMS star rating system for hospitals.

The committee also discussed recent experiences with Joint Commission and DOH surveys.

**Long Island Health Collaborative** –The full Long Island Health Collaborative met on May 17, providing updates on their various workgroup and program activities. A new workgroup, the LIHC Engagement Activation Partnership, or LEAP, is geared at leveraging community influencers to increase outreach and awareness. The three grant programs conducting work via the Collaborative, the NYSDOH's Population Health Improvement Program, Creating Healthy Schools and Communities from the NYSDOH, and the USDA's SNAP-Ed Eat Smart New York program, will begin coordinating to take advantage of existing and overlapping work among other Collaborative members. Sarah Ravenhall reported on the analysis reports of both the Community Member surveys distributed by the Collaborative, and the February CBO Summit qualitative reports.

**LIPHIP Steering Committee** – The Long Island Population Health Improvement Program's Steering Committee gathered on May 25 to receive updates on the status of the NYSDOH PHIP grant, and the various activities of the Long Island Health Collaborative workgroups. Sarah Ravenhall reported on the PHIPs continued partnership with DSRIP's Long Island PPSs, including a prospective joint event aimed at leveraging current community engagement strategies.



## 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 – The Heart Center
- St. Joseph Hospital

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

- Franklin Hospital
- Glen Cove Hospital
- Huntington Hospital
- North Shore University Hospital
- Peconic Bay Medical Center
- Plainview Hospital
- Southside Hospital
- Syosset Hospital

Stony Brook University Hospital  
Southampton Hospital  
South Nassau Communities Hospital  
Veterans Affairs Medical Center  
Winthrop-University Hospital

## NorMet Member Hospitals

Blythedale Children's Hospital  
Bon Secours Charity Health System

- Bon Secours Community Hospital
- Good Samaritan Hospital
- St. Anthony Community Hospital

Burke Rehabilitation Hospital  
Catskill Regional Medical Center  
Ellenville Regional Hospital  
HealthAlliance Hospital

- Broadway Campus
- Mary's Avenue Campus

Helen Hayes Hospital  
Keller Army Community Hospital  
Montefiore Health System

- Mt. Vernon Hospital
- New Rochelle Hospital

The New York Presbyterian Hospitals

- Lawrence Hospital Center
- Hudson Valley Hospital
- Westchester Division

Northern Dutchess Hospital  
Northern Westchester Hospital  
Orange Regional Medical Center  
Phelps Memorial Hospital Center  
Putnam Hospital Center  
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 Health Network

- Westchester Medical Center
- MidHudson Regional Hospital