



Progress Notes

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Senate Debates Fate of Americans' Healthcare Coverage/Access

The GOP American Health Care Act (AHCA) passed by the House on May 4, 2017, now moves to the Senate where the bill is expected to undergo scrutiny before a final Senate bill emerges. With highly conservative and moderate Republicans holding opposing views about Medicaid expansion, pre-existing conditions, and women's health services, the debate is expected to take many twists and turns, especially in light of the Congressional Budget Office's projection that about 22 million Americans will lose their insurance under the AHCA.

Republican Senators are aiming to complete their work on healthcare reform by the July 4th recess. They hope to use the reconciliation process, which only requires a simple majority vote, to move the legislation through the chamber. However, if their bill costs more than the House bill it could run afoul of rules governing the reconciliation process.

Senate Majority Leader Mitch McConnell named a 13-member team of Republican senators to begin drafting a new bill. The new Senate bill would have to return to the House, where that chamber would either have to accept it as is or move to conference a compromise bill.

The AHCA retains the harmful amendment advanced by New York Representatives Faso and Collins that would shift the Medicaid burden from counties to the state. That translates into a \$2.3 billion budget hole for the state, which could look to close that gap via coverage reductions, eligibility changes, and Medicaid reimbursement reductions to providers. The state may also resort to eliminating the portion of state sales tax money it returns to counties. For some suburban counties, such as Nassau and Suffolk, this would result in a loss not a savings because the counties' share of sales tax revenue exceeds the counties' Medicaid costs.

The Medicaid program is also under assault. As written, the AHCA dismantles Medicaid, cutting \$834 billion from the program over 10 years and shifting the entire program to a per capita capped program. New York State is at risk of losing \$3.7 billion in the first year of repeal without a meaningful replacement if New York maintains coverage.

The House bill relies on a waiver process that would allow states to eliminate the package of essential health benefits and drop consumer protections, such as a ban on pre-existing condition limitations, that were guaranteed under the Affordable Care Act. The bill also includes an additional \$8 billion for states' high-risk pools. These components are meant to lower the cost of insurance, while ensuring that those with costly illnesses and pre-existing conditions can obtain affordable insurance. However, healthcare economists generally agree, as does the Congressional Budget Office, that the high-risk pool funding falls short of adequate levels to cover costlier patients. And, while the reduction of essential benefits could make insurance premiums less expensive, the resulting insurance product would be woefully inadequate. States could eliminate coverage for maternity care, mental health and substance abuse, and prescription drugs, among other categories.

State Legislature Considers Healthcare Bills

The Suburban Hospital Alliance of New York State is closely monitoring several bills moving through the state legislature that would impact medical malpractice, prior authorizations, and the Metropolitan Transportation Tax, a levy that was imposed upon hospitals and other suburban employers beginning March 1, 2009. The New York State legislature is scheduled to end its 2017 session on June 21st.

Medical Malpractice

The Suburban Hospital Alliance opposes a number proposed bills related to medical malpractice reform. While it acknowledges that New York's system needs reform, true malpractice reform that balances the rights of patients to receive fair compensation and the need for rational procedures and limitations that keep malpractice premiums affordable is the only course to take.

Assembly bill A.3339 (Weinstein) would amend the current statute of limitations for medical, dental, and podiatric malpractice laws by establishing a discovery law. This would delay the start of the statute of limitations period until the discovery of the act, for up to 10 years after the injury. This legislation would dramatically expand the period of time in which malpractice lawsuits can be filed. Under current law, plaintiffs have two and one-half years from either the date of the injury or the date of the last treatment for which there has been continuous treatment of the injury.

Assembly bill A.1415 (Weinstein) would amend the General Obligations Law in relation to settlements in tort actions. Under current law, plaintiffs are not entitled to receive more than what a jury awards them. This bill could result in situations in which a plaintiff receives more than the total damages awarded by the jury. This bill interferes with the standard way in which juries compute awards when one or more co-defendants exist.

Assembly bill A.1386 (Weinstein) and **Senate companion S.411** (DeFrancisco) would vastly inflate medical malpractice premiums and encourage frivolous lawsuits by allowing the award of damages for emotional pain and suffering to the friends, family, and others affected by the death of an injured patient. This legislation would be a vast expansion of liability for expenses that are highly emotional and difficult to calculate and would most certainly led to higher medical malpractice premiums.

Assembly bill A.1500 (Weinstein) and **Senate companion S.412** (DeFrancisco) would allow a plaintiff, when a judgement against a defendant remains unsatisfied after 30 days, to sue and collect the unsatisfied judgement from a third-party defendant. The bill would give plaintiffs the opportunity to recover funds from a party they initially decided not to sue.

Prior Authorization

Senate bill S.3568 would amend insurance law to include concurrent symptoms and side effects in current prior authorization exceptions. A similar bill has already passed the Assembly (A.1129). The Suburban Hospital Alliance supports this legislation because requiring providers to obtain separate prior authorization for the related treatments delays care and could cause harm to the patient.

Mobility Tax (MTA Tax)

Assembly bill A.6533 and its **Senate companion S.2634** is legislation designed to exempt not-for-profit hospitals from the metropolitan commuter transportation mobility tax (MTA tax). The tax has been unfairly and unreasonably applied to seven suburban counties within the Suburban Hospital Alliance region, despite the broad disparity between levels of access and usage between New York City and the suburbs. The Suburban Hospital Alliance supports this legislation.

For more details about each of these bills, please visit the [Suburban Hospital Alliance website](#).

Hospital Leaders Represent Regions' Interests in Washington DC

Hospital chief executive officers, trustees, and senior leadership from the Suburban Hospital Alliance of New York State gathered in Washington DC May 7 – 10, 2017 for the American Hospital Association's (AHA) Annual Meeting and for federal briefings led by the Healthcare Association of New York State.

Hospitals throughout the Hudson Valley and Long Island regions will endure massive cuts in Medicaid reimbursement, if current efforts to de-fund and re-organize the Medicaid program become law. Hospital advocates emphasized this message throughout their meetings with congressional staffers. Republican staffers made it clear, however, that the GOP is deeply committed to fulfilling the party's campaign pledge to repeal the Affordable Care Act.

In his closing speech to meeting members, New York's senior U.S. Senator and Minority Leader Charles Schumer urged the hospital field to mobilize its employees in grassroots effort to defeat the GOP's American Health Care Act.

Healthcare Voices



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.

Recently widowed, Ruth Zaporta, who is now raising her school-aged children by herself, learned she had breast cancer soon after obtaining affordable coverage through the Affordable Care Act. Zaporta says without the coverage, she would never have seen the doctor who diagnosed her cancer. According to Zaporta, the insurance saved her life. Read more about Ruth's story and other stories at [Healthcare Voices](#).

News Briefs

Auxiliary Award – The Healthcare Association of New York State is seeking nominations for its 2017 Auxiliary of the Year Award. Nomination deadline is June 20.

Flu No Longer Prevalent – State Health Commissioner Howard Zucker MD declared flu no longer prevalent in New York State on May 4, 2017. The declaration means New York's healthcare workers who are not vaccinated against the flu are no longer required to wear masks in areas where patients are typically present. Flu activity peaked in the state in mid-February, when there were more than 6,000 laboratory-confirmed cases in one week.

New United Hospital Fund CEO – Anthony Shih, MD, MPH, has been named president and CEO of the United Hospital Fund effective August 14, 2017. He is currently executive vice president of the New York Academy of Medicine and previously was executive vice president for programs at The Commonwealth Fund.

Circle of Life Award – Nominations are sought by the American Hospital Association for its 2018 Circle of Life Awards. The award recognizes hospitals' innovative palliative and end-of-life care programs. Visit <http://www.aha.org/circleoflife> for more information and to apply.

#HAVhope Friday – The American Hospital Association has designated Friday, June 9, 2017 as Hospitals Against Violence day - A National Day of Awareness. The campaign focuses on addressing violence within the hospital walls and in our communities. HAVhope Friday is a national day of awareness to unite hospitals, health systems, nurses, doctors, and other professionals from across the country, as well as the local and national organizations they work with, to focus national attention on ending violence through a digital media campaign. Use the tag #HAVhope to help spread the message on social media. For more information and to sign a pledge on behalf of your hospital go to www.aha.org/preventviolence.

Advocacy Guide for Trustees – Healthcare trustees are integral to advocating on behalf of hospitals and health systems. [Advocating for Healthcare - A New York State Trustee Guide](#), offered by the Healthcare Association of New York State, is a helpful publication designed to assist trustees in their advocacy efforts. The guide offers an update about the current

environment and the advocacy issues facing hospitals.

Mandatory Prescriber Attestation Education – The Department of Health released instructions for the attestation form for the new mandatory prescriber education signed into law last year by Governor Cuomo. The law requires mandatory education for prescribers in pain management, palliative care, and addiction. The three-hour training must be completed by July 1, 2017 and once every three years thereafter. To track compliance, prescribers and hospitals must attest to completing such training on behalf of residents. Licensed prescribers are responsible for completing the attestation through their individual Health Commerce System account using the Narcotic Education Attestation Tracker (NEAT) application. For residents who prescribe under a hospital's DEA registration number, the facility must make the attestation through the DOH HCS NEAT application. DOH is offering a free online-accredited course through the [University of Buffalo](#). For more information about the requirement contact: DOH's Bureau of Narcotic Enforcement at 866-811-7957.

Spotlight on Quality

DOH Releases Reports on Hospital Acquired Conditions and Sepsis

The New York State Department of Health has released, in two separate reports, a wide range of hospital-specific data on a series of hospital acquired infections and sepsis. The reports, which are based on 2015 data, were produced to promote transparency and provide consumers with information that could inform their decisions on where to access care.

"Hospital-Acquired Infections in New York State, 2015" was released on March 29th and contained two parts; a summary for consumers and a technical report. The summary for consumers provides a significant amount of information on hospital-acquired infections in general as well as specific information on the six types of HAIs reviewed in the report; surgical site infections, central line-associated bloodstream infections, catheter-associated urinary tract infections, *Clostridium difficile* infections, *Carbapenem-resistant Enterobacteriaceae* infections (CREs) and Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSIs). Consumers are provided with a description of the risk for infection, what causes an infection to occur and how infections are manifested for each of the six conditions listed. The report also contains data on statewide infection rates as well as hospital-specific data on the number of observed infections, the number of predicted infections and the infection ratio. Hospital performance is compared to the state average and the report notes which hospitals performed better or worse in comparison.

The "New York State Report on Sepsis Care Improvement Initiative: Hospital Quality Performance", also released in March, provides consumers and providers with similar information on sepsis-related performance data. The report provides a description of the New York State Sepsis Initiative and the collaborative efforts of healthcare providers, regulators and quality improvement agencies that have resulted in improvements in sepsis-related care and a decrease in patient mortality. The report specifically provides data on statewide and hospital-specific outcomes related to; the percentage of patients who received care using the hospital developed sepsis protocols; the percentage of adult patients with sepsis who received all of the recommended early treatments within three hours of arrival; the percentage of adult patients that received all recommended treatments within 6 hours of arrival; the percentage of pediatric patients who received all recommended treatments within one hour of arrival and the risk adjusted inpatient mortality. In the report's appendices more detailed information on the number of cases, number of deaths, mortality rate and a categorization of the hospital's performance can be accessed.

From a performance improvement perspective, the data included in these reports is now considered old and less than useful. Hospitals have been working to improve patient outcomes in the above-described areas for a number of years and have made vast improvements in performance. Continued improvement since 2015 would not be reflected in these reports. Hospitals can, however, benefit from knowing the nature of the information released to the public and their hospital-specific scores to prepare for questions from patients or the media on the topics.



News from the
Hudson Valley

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

Network's Patient Satisfaction Awards – Health Quest hospitals received 11 national Excellence in Healthcare Awards from Professional Research Consultants, the patient-satisfaction-survey partner of the Hudson Valley's premier healthcare network. Five-star award recipients were:

- *Vassar Brothers Medical Center's* ambulatory surgery centers in Poughkeepsie and Fishkill, outpatient physical therapy services, the Dyson Center for Cancer Care's mammography and ultrasound services, and the mammography and MRI services provided by DRA, a division of Vassar Brothers Medical Center.
- *Northern Dutchess Hospital's* emergency department services and for giving clear discharge instructions to hospitalized patients.
- *Putnam Hospital Center's* outpatient physical, occupational and speech therapy services and for giving clear discharge instructions to hospitalized patients.

Extraordinary Healing – CURE® Magazine selected *Orange Regional Medical Center's* Oncology Nurse Navigator Sara Sargente, RN, OCN, as the national winner of the 2017 Extraordinary Healer® Award for Oncology Nursing. Ms. Sargente is an Oncology Nurse Navigator for ORMC's Head & Neck Cancer Program and Bloodless Medicine Program.

Academic Agreement – *MidHudson Regional Hospital's* healthcare system and the Westchester Medical Center Health Network (WMCHHealth) announced a long-term Academic Affiliation Agreement (AAA) with New York Medical College (NYMC) that will serve to strengthen the academic medicine programs as well as the clinical care and research practices of both NYMC and WMCHHealth.

Advertising Awards – The Marketing Department at the Greater Hudson Valley Health System, in conjunction with Focus Media, received several nationally recognized healthcare advertising awards including 'Best of Show' for a powerful ad series for the Breast Center at *Orange Regional Medical Center*. Advertising and publicity materials for both ORMC and *Catskill Regional Medical Center* received various additional Healthcare Advertising Awards in a competition sponsored by Healthcare Marketing Report.

Making Connections – Communications directors and government affairs representatives from hospitals in Westchester County gathered May 3 at a White Plains restaurant to exchange ideas and share best practices. The informal meeting provided an opportunity for the region's hospital representatives to discuss the current reform climate in Washington, DC and consider pending legislative efforts in Albany. Northern Metropolitan Hospital Association CEO and president, Kevin Dahill, joined the group. A Facebook group for NorMet Communications Directors has since been launched. Please contact Janine Logan, Senior Director of Communications and Population Health, jlogan@normet.org, if you would like to receive an invite to join the closed group.

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



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

- *South Nassau Communities Hospital*, for their reduction in readmissions due to efficient and safe processes in the transition of care from the hospital to the skilled nursing facility and nursing home,
- *Stony Brook University Hospital*, for the Exigent General Surgery Service, which has led to continued advances in surgical throughput and streamlined care by coordinating efforts with the emergency department and the ambulatory surgery center,
- and *St. Joseph Hospital*, for implementation of LEAN and the Stanford Operating System (SOS) techniques to improve ED patient satisfaction; decrease wait times; improve clinical care; and decrease lost revenue from patients leaving without treatment.

• Read about this achievements and more at www.hanys.org/tripleaim.

Get With The Guidelines – *Nassau University Medical Center* received the American Heart Association/American Stroke Association's Get With The Guidelines-Stroke Gold Plus Quality Achievement Award with Target: Stroke Honor Roll.

Pinnacle Award – *Good Samaritan Hospital Medical Center* earned the Catholic Health Services Pinnacle Award for Quality & Patient Safety for its Positive Patient Identification System in the CHS's acute care category. *St. Catherine of Siena* Nursing and Rehabilitative Care Center's Interdisciplinary Approach to Falls won the Pinnacle Award in the continuing care category. The presentations were made at a conference held at the DeMatteis Center in Greenvale on May 5th.

Quality Award – *John T. Mather Memorial Hospital* will receive an IPRO Quality Award in June for its eMOLST (Medical Orders for Life-Sustaining Treatment) system, an electronic medical record order form that informs others of a patient's wishes for life-sustaining treatment. Mather was nominated for being the first Long Island hospital to go live with eMOLST - the electronic version of MOLST - for the team's work on integrating eMOLST into the hospital's electronic medical record, and for helping to develop a quality improvement education program.

Population Health Dashboard – The Long Island Health Collaborative, funded by the NYSDOH Population Health Improvement Program grant, which is overseen by the Nassau-Suffolk Hospital Council, unveiled a user-friendly [population health dashboard](#) on its dedicated site for population health activities. The dashboard displays primary data collected and analyzed by the PHIP grant, along with comparisons of data sets housed by the New York State Department of Health. Data points examined include obesity rates, hospitalizations, and barriers to care, for example. The dashboard, which is updated quarterly, is a window into this region's healthcare landscape. All Long Islanders are encouraged to complete [an online survey](#) to bolster local data collection.

Long Island Nurses Recognized for Excellence

St. Catherine of Siena Medical Center Nurse Takes Top Honor

Nurse leaders from Long Island's hospitals and nursing education programs gathered Wednesday, May 17, 2017 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. One nurse from each of the Hospital Council's member hospitals was nominated for the award, which recognizes outstanding leadership and clinical practice. Deans of area nursing schools also submitted nominations recognizing nursing excellence in education and clinical practice.

Kings Park resident Lisa Koshansky RN, Nurse Manager Critical Care at St. Catherine of Siena Medical Center, rose above a field of 27 nominees. Those nominees were selected from a field of about 500 nurses at hospitals and teaching institutions from across Long Island.

Koshansky says her lifelong motto and inspiration as a nurse has been "do no harm." Her drive for perfection has led the hospital's critical care unit to remain free of central line-associated blood stream infection incidents since 2011 and without a ventilator-associated pneumonia case since 2009.



From left: 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; Mary Jane Finnegan MSN, Chief Nursing Officer, St. Catherine of Siena Medical Center; 2017 Nurse of Excellence Lisa Koshansky RN; Keisha Wisdom MA, RN, Vice President and Chief Nursing Officer, Brookhaven Memorial Hospital Medical Center.

Her performance improvement efforts and leadership in this area have resulted in the hospital being recognized as a state leader in performance measures in sepsis identification and management. Additionally, she has led her colleagues in the intensive care unit and cardiac care unit in restraint reduction, achieving a restraint reduction of 75.7 percent to 4.75 percent in the ICU in 2016 and a restraint reduction from 38.3 percent to 2.8 percent in the CCU. Surprised to be chosen from among a field of so many outstanding candidates, Koshansky said, "I love the profession of nursing. I am humbled to be in the company of such great nurses. When you listen to what other nominees have accomplished, you tend to look at what you are not instead of what you are."

"The most important person for patients in a hospital is the nurse," said Kenneth Roberts, chair of the Hospital Council and CEO of John T. Mather Memorial Hospital. "Nurses are there 24/7 taking care of patients."

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. The Hospital Council is one of the few hospital associations in the state to continue this program voluntarily. It is now in its 22nd year.

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

Committee Updates

Fiscal Policy Committee: At their May 3rd meeting, members of the Fiscal Policy Committee were briefed on the Inpatient Prospective Payment System Proposed Rule by Melanie Graham, director of federal fiscal policy at HANYS. Hospital Council staff provided members with a summary of the final insurance market stabilization rule and discussed trends among Medicare Advantage Plans that deviate from CMS policy and advocacy efforts to address the issue.

Corporate Compliance Committee: At the May 16th meeting of the Corporate Compliance Committee, Ms. Darwell and Ms. McCale shared a Compliance Program Effectiveness Guide that was developed by HANYS legal counsel Mark Thomas in collaboration with Hospital Council staff. The guide is intended to be used as a self-evaluation tool to ensure programs meet the requirements of OMIG, OIG and DOJ. Ms. Darwell provided audit updates as they related to RAC audits, PERM audits and OMIG audits. Theresa Montini, director of research at the Brookdale Center for Healthy Aging discussed her research on how staff interpretations of HIPPA can reduce the effectiveness of patient and family communication.

Quality Committee: At their May 17th meeting, members of the Quality Committee heard a presentation from Dr. Steve Schulman and Sharon McCue on The Peri-Operative Surgical Home initiative at St. Francis. Ms. McCale provided an overview of the changes to quality reporting programs proposed in the Inpatient Prospective Payment System Proposed Rule and discussed reports recently released by the NYSDOH detailing hospital-specific performance on sepsis and HAI-related measures. Members discussed recent CMS/DOH/TJC survey trends at their facilities.

Long Island Health Collaborative: The full Collaborative met on May 17th. A presentation highlighting the collaboration between Farmingdale State University students and the Asthma Coalition of Long Island illustrated the concept of collective impact, and the power of partnerships in forwarding community and public health initiatives. Performing Provider Systems (Nassau Queens PPS and Suffolk Care Collaborative) presented updates of their community outreach/engagement work connected to DSRIP deliverables. The LIHC's Cultural Competency and Health Literacy training program received national recognition at the Institute for Healthcare Advancement's 16th Annual Health Literacy Conference in California held in early May. This work is funded by the NYSDOH Population Health Improvement Program grant.

LIPHIP Steering Committee: The Steering Committee for the Long Island Population Health Improvement Program met on May 24th. Members reviewed a revised charter and a principal from Insightformation Inc., which offers a web-based management system for coalitions, demonstrated tools and options useful for tracking progress, metrics, and outcomes of a coalition's collective impact process.

Upcoming Events

Facing the Future: Shaping Healthcare Together HANYS 49th Annual Membership Conference

June 21 – 23 at The Sagamore in Bolton Landing.

[Registration now available.](#)