



October 11, 2010

Skyline news

Reporting on New York's Health Care News

First Certified, Meaningful Use-Ready EHRs Announced

Last week, the Certification Commission for Health Information Technology (CCHIT) and the Drummond Group released a list of the first certified electronic health records (EHRs) on the market to meet the Stage 1 meaningful use requirements under the Federal Medicare and Medicaid Incentive Program. This was an important milestone for hospitals that are working to qualify for Medicare and Medicaid incentive

Electronic Health Record (EHR) Incentive Program, in which it defined meaningful use and established the Stage 1 criteria for achieving meaningful user status. On the same day, the Office of the National Coordinator for HIT (ONC) released its companion rule on Standards, Implementation Specifications, and Certification Criteria for EHR technology, and another rule regarding the certification process for EHR. GNYHA summarized both

LINK See the Certified Health IT Product List at <http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=3174> www.uhfny.org.

payments by implementing certified EHRs. In this regard, on July 28, the Centers for Medicare & Medicaid Services (CMS) released its final rule on the Medicare and Medicaid

sets of rules in GNYHA M L - 1 0 6 , dated September 29, 2010, which can be accessed at www.gnyha.org/gnyhamemos.

Following up on its final rule outlining

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GNYHA Launches ACA Hospital Impact Model

In an effort to help hospitals plan for the effects of the comprehensive health care reform legislation enacted earlier this year, GNYHA has created the Affordable Care Act (ACA) Hospital Impact Model. The model is a framework for anticipating and monitoring the ACA's effect on net patient revenue, and its purpose is to help senior management with budgeting and strategic planning associated with health reform. The ACA Hospital Impact Model covers the following topics:

- **Medicaid:** revenue from new Medicaid beneficiaries, net of new expenses;

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ACGME Finalizes New Resident Work Hours Standards

On September 28, the Accreditation Council for Graduate Medical Education (ACGME) finalized its new standards for resident work hours, effective July 1, 2011. Earlier this year the ACGME, the national accrediting organization for allopathic graduate medical education programs,

had released a draft set of new duty hours and supervision standards for public review and comment. GNYHA held a member call in July and submitted comments on behalf of its members.

The new ACGME standards call for increased levels of supervision (particularly the supervision exercised over post-graduate year [PGY-1] residents) and shorter shifts

for PGY-1 residents. PGY-1 residents are not permitted to be on duty for more than 16 consecutive hours as of July 1, 2011. The new standards also mandate increased education on sleep deprivation and fatigue mitigation for residents and faculty, and encouragement of napping during long shifts.

The ACGME is also developing a Patient

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Transparency Helps Culture, Costs

On September 22, GNYHA held a briefing on the benefits of disclosure, apology, and early offers of compensation following an adverse event. This was the second briefing in a series GNYHA is offering entitled Strategies for Early Resolution of Medical Malpractice Claims. Richard C. Boothman, Chief Risk Officer and Adjunct Assistant Professor of the Department of Surgery at the University of Michigan Health System, presented on the risk management principles underlying the proactive approach of full disclosure and apology that he has successfully implemented at his institution. Mr. Boothman said the Health System has realized reduction in the costs associated with liability claims and administrative costs since 2001, when this program was initiated. A study in the August 17, 2010, *Annals of Internal Medicine* reported that after fully implementing the “disclosure with offer” program at the University of Michigan Health System, the average monthly rate of new claims decreased. In addition, the average monthly rate of lawsuits decreased; median time from claim reporting to resolution decreased; and the average monthly costs decreased for total liability, patient compensation, and non-compensation-related legal costs.¹

Beyond the financial benefits of this approach, Mr. Boothman emphasized the positive impact that disclosure and transparency has had on the health system’s patient safety program. He described how their disclosure program has resulted in greater satisfaction for clinicians and patients. The critically important lessons learned from these cases have led to improved care processes and communication among providers. Mr. Boothman recounted the challenges he faced in changing the culture of the “status quo” and the “deny and defend” mentality that exists in health care when it comes to true transparency, but believes that all institutions can benefit from this approach.

Sheila Namm, Esq., R.N., M.A., Vice President of Professional Affairs at Maimonides Medical Center, presented at the briefing, recounting

the challenges her organization has faced in implementing their disclosure and apology

She stressed the importance of institutional leadership and commitment to transparency and honesty with patients, and that this is an approach that can work in New York

VIDEO

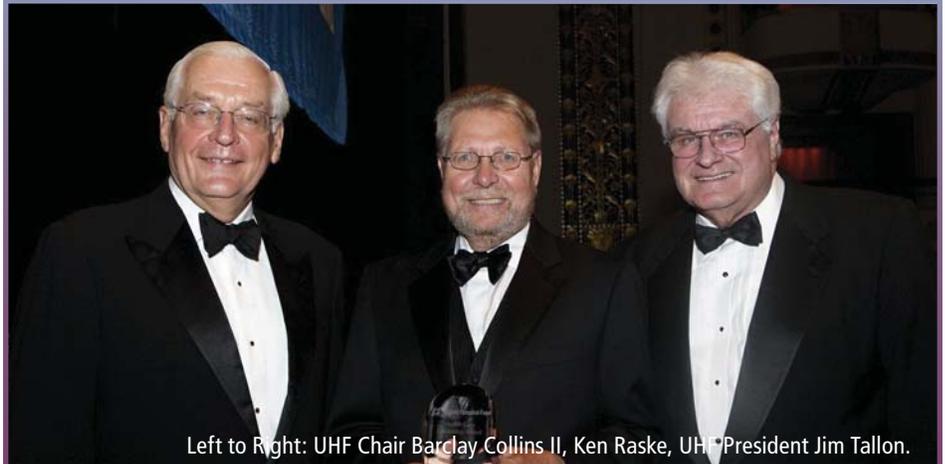


See a video of **Richard Boothman** discussing one of the cases of “disclosure with offer” in this week’s e-Skyline at www.gnyha.org/Skyline.

program. Ms. Namm noted that there is a bit of a learning curve in getting it “right,” but that hospitals should not be dissuaded from this approach, which is absolutely the right way to respond to patients following an adverse event.

as well as it has worked in other parts of the country. Materials from the briefing are available on the GNYHA Web site. Please contact Lorraine Ryan at GNYHA for more information. ■

UHF HONORS GNYHA’S KEN RASKE



Left to Right: UHF Chair Barclay Collins II, Ken Raske, UHF President Jim Tallon.

On October 4, the United Hospital Fund (UHF) awarded its 2010 Health Care Leadership Award to GNYHA President Kenneth E. Raske. Mr. Raske has led GNYHA for more than 25 years, and was recognized for his leadership of and dedication to the hospitals and long term care facilities he represents.

According to UHF, “It takes a rare leader to unite the chief executives of very different types of organizations, but Ken Raske’s hallmark is his ability to mobilize these diverse providers and find common ground so they can speak with one powerful voice, for the benefit of the larger community.” UHF also noted GNYHA’s unique partnership with the 1199 SEIU Health Care Workers United East that Mr. Raske has developed.

Mr. Raske was honored during a gala at the Waldorf-Astoria Hotel, an event that also marked the opening of UHF’s 132nd fundraising campaign. At the event, Paula L. and Leon Root, M.D., received UHF’s Distinguished Community Service Award, which TIAA-CREF underwrites. UHF’s Special Tribute went to the Sisters of Charity of New York. ■

Work Hours *continued*

Safety and Quality Assurance review process with plans to survey every sponsoring institution in some manner annually. This new process is in response to certain stakeholders’ concerns that the current review process is not stringent enough, and a more robust and timely process is needed to ensure ongoing

compliance with the resident work hour and supervision standards.

GNYHA is in the process of putting together a workplan to assist member compliance with the new ACGME standards. Information on these activities will be released shortly. If you have questions on the new duty hours standards, please contact Anu Ashok at GNYHA (aashok@gnyha.org). ■

¹Kachalia, Allen, et al: “Liability Claims and Costs Before and After Implementation of a Medical Error Disclosure Program.” *Annals of Internal Medicine* Vol. 153 (August 17, 2010): 213-222.

Briefing Shares CLABSI Successes

Last week GNYHA, in partnership with the United Hospital Fund (UHF), hosted a briefing on the various approaches its member hospitals are taking to reduce central line-associated bloodstream infections (CLABSI). Hospitals participating in the GNYHA/UHF CLABSI Collaborative (which operated from 2005 to 2007) saw significant reductions in their CLABSI rates, clearly demonstrating that CLABSI infections within the ICU can be reduced through leadership support, teamwork, communication,

and the implementation of evidence-based best practices.

The briefing began with Dr. Brian Koll, Medical Director and Chief of Infection Prevention at Beth Israel Medical Center and Chair of the GNYHA/UHF CLABSI Collaborative, reviewing the Collaborative's approach and results. Rachel Stricof, former Director of the Hospital-Acquired Infection Reporting Program at the New York State Department of Health (DOH), spoke about the current status of CLABSI reporting in New York State. The briefing also featured a panel facilitated by UHF's Hillary Jalon on best practices in CLABSI reduction in the ICU, during which Dr. Koll spoke about peripherally inserted central catheter, or "PICC" lines, an often neglected element in CLABSI control programs. Maxine Shepherd and Bernice Gordon, both of The Mount Sinai Hospital, shared their hospital's experience implementing a CLABSI prevention program, with a

particular emphasis on line maintenance and nursing empowerment.

The briefing included a presentation by Dr. Joseph Schulman of Weill Medical College of Cornell University, New York-Presbyterian Hospital, on the New York State collaborative to decrease CLABSI within the neo-natal intensive care unit (NICU) setting. Dr. Ghinwa Dumyati of the Monroe County Department of Public Health gave an overview of the Upstate New York Collaborative, and its focus on CLABSI outside the ICU. Her experience reinforced the distinctive challenges of applying the lessons learned in a discrete setting like the ICU to the many disparate settings where central line maintenance is also crucial. In closing, Dr. Koll outlined the priorities set by GNYHA's Infection Prevention Steering Council, which include a CLABSI non-ICU collaborative and a project focused on addressing CLABSI in the pediatric setting. For more information, please contact Maria Woods (mwoods@gnyha.org) or Sara Kaplan-Levenson (skaplan-levenson@gnyha.org). ■

DOH, DASNY Award HEAL Grants

The New York State Department of Health (DOH) and the Dormitory Authority of the State of New York (DASNY) recently announced several awards under the Health Care Efficiency and Affordability Law for New Yorkers (HEAL NY). On September 22, 19 hospitals and clinics were awarded grants under HEAL Phase 18 to improve the coordination and delivery of inpatient and outpatient mental health services. The grant funds, totaling \$38.5 million, will be used principally for capital projects to improve and modernize the mental health infrastructure.

On September 30, a number of awards were made under HEAL Phase 19. This group of awards was provided by DOH and DASNY under their discretionary authority to support capital projects for facilities in financial distress or those addressing unmet health care needs in New York State.

In addition, nine health care facilities and agencies received \$150 million in grant awards for HEAL Phase 20. The funding, which was announced September 29, is intended to improve long term care services and develop community-based alternatives to traditional nursing home care for older New Yorkers. ■

ACA Hospital Impact Model *continued*

- **Insurance Exchange:** revenue from new privately insured individuals, net of bad debt and new expenses;
- **Employer-Sponsored Insurance:** losses from employers redirecting employees to the Exchange;
- **Medicare:** losses from the major fee-for-service reimbursement cuts—market basket, productivity, disproportionate share hospitals (DSH), readmissions, value-based purchasing, and hospital-acquired conditions—as well as the “flow-through” effect on payments from Medicare Advantage plans; and

- **Uncompensated care subsidies:** losses from cuts in Federal Medicaid DSH payments

The GNYHA ACA Hospital Impact Model will be updated quarterly as new insights are gained and new data become available. A Web interface is being built that will allow users to modify assumptions and input their own data, and GNYHA will provide user training and support for that tool. To introduce the model to GNYHA members, an Executive Briefing has been scheduled on October 26 (see below). The ACA Hospital Impact Model is free of charge to all GNYHA members. ■

MEMBER BRIEFING



GNYHA will hold an Executive Briefing for member hospitals to introduce the ACA Hospital Impact Model.

DATE: Tuesday, October 26, 2010

TIME: 2:00 p.m.–5:00 p.m.

LOCATION: GNYHA Conference Center

To register for the briefing, please contact Theresa Simon, (212) 506-5425 or simon@gnyha.org. ■

IOM Releases Nursing Report

On October 5, the Institute of Medicine (IOM) released a report that said nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform, and to advance improvements in America's increasingly complex health system.

The report, *The Future of Nursing: Leading Change, Advancing Health*, recommends that nurses fully engage with other health professionals and assume leadership roles in redesigning care in the United States. Suggestions included instituting residency training for nurses, increasing the percentage of nurses who attain a bachelor's degree to 80% by 2020, and doubling the number who pursue doctorates. It further suggests that regulatory and institutional obstacles—including limits on nurses' scope of practice—should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care.

The report is the product of a committee convened under the auspices of the IOM-sponsored Robert Wood Johnson Foundation Initiative on the Future of Nursing, and is the result of the committee's review of scientific literature on the nursing profession and a series of public forums to gather insights and evidence from a range of experts. The Initiative on the Future of Nursing has planned a national conference for the end of November to discuss ways to implement the report's recommendations.

At more than three million in number, nurses make up the single largest segment of the health care workforce and spend the greatest amount of time delivering patient care as a profession. Consequently, the report claims, nurses have valuable insights and unique abilities to contribute as partners with other health care professionals

in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year.

The Future of Nursing: Leading Change, Advancing Health concludes that the United

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The Future of Nursing: Leading Change, Advancing Health can be accessed at the IOM Web site, www.iom.edu.

States has an opportunity to transform its health care system, and nurses can and should play a fundamental role in that transformation. ■

NY GOV SIGNS NEW HEALTH BILLS

On October 1, Governor David Paterson

signed Chapter 539, sponsored by New York State Assembly Members Grace Meng (D-Queens) and New York State Senator Jose Peralta (D-Queens), that requires hospitals and birthing centers to distribute to each maternity patient and, upon request, to the general public, a leaflet containing information detailing how parents or guardians of infants and children can subscribe to the United States Consumer Product Safety Commission's e-mail lists to receive product recall and safety news. Intended to provide toy safety information to parents and guardians, the original version of this legislation would have required hospitals to prepare the leaflet in various languages. While GNYHA supports the distribution of consumer safety information to the public, GNYHA issued an opposition memo expressing concern that the bill would inappropriately pass on to hospitals the State's responsibility to produce consumer product information. GNYHA later requested a veto because it is not clear why hospitals, according to the legislation, should be the sole distributors of this consumer product safety leaflet. In addition, making the State leaflet available in only six languages is insufficient to meet the broad array of language needs of the State's residents.

Community Forums on Hospital Closures The Governor also signed legislation (Chapter 541), sponsored by New York State Senator Shirley Huntley (D-Queens) and New York State Assembly Member Rory Lancman (D-Queens), that requires the New York State Department of Health (DOH)—no later than 30 days after a general hospital closes—to hold a community forum to obtain public input on the impact of that hospital's closure on access to health care in the community. No later than 60 days after the community forum, DOH must make available on its Web site information regarding the impact on the above-referenced populations in the community; the measures DOH or other parties have taken or will take to ameliorate the anticipated impact; and any further information regarding access to health care services in the community impacted by that hospital's closure. ■

EHRs *continued*

the EHR certification process, the Office of the National Coordinator recently named the first Authorized Testing and Certification Bodies (ATCB), entities authorized to certify EHR products. There are currently three ATCBs: the CCHIT, the Drummond Group, and InfoGard Laboratories. Up to this point, a certified EHR product had yet to be available. CCHIT and the Drummond Group have begun certifying products, and both groups report that they will announce additional cer-

tified products over the coming weeks. The certified products are categorized according to whether they are designed for inpatient (hospital) or ambulatory (eligible provider) settings. The products are further classified into groups of complete EHRs (those that meet all of the Stage 1 criteria) and EHR modules (those that meet one or more, but not all, of the Stage 1 criteria).

The ONC is maintaining a Certified Health IT Product List (CHPL) on its Web site. When providers attest to meaningful use, only products published on this list will be accepted by

CMS as "certified."

In an effort to keep members apprised of the rapidly evolving HIT landscape, GNYHA is hosting a series of Health Information Technology Forums to discuss key topics of interest to hospitals related to Federal and state HIT programs, as well as hospital implementation issues. The calls will be held monthly and cover updates, important dates, milestones. To participate in future HIT Forum calls, contact Zeynep Sumer (zsumer@gnyha.org) or Sara Kaplan-Levenson (skaplan-levenson@gnyha.org). ■