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Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

Governor Pataki Announces Challenge Grant Program for Bio-Tech Research in State of the State Address

On Jan. 4, 2006, NYS Governor George Pataki gave his twelfth and final State of the State Address to a joint session of the NYS Legislature. As is traditionally the case, the address did not include details on the Governor's health care agenda

for the year, but rather set the tone for 2006. Those details will be provided in his Executive Budget proposal, which, under the State Constitution, must be released on or before Jan. 17, 2006. In recent days, the Governor has stated that he expects the State to conclude the current fiscal year, which ends on Mar. 31, 2006, with a \$2 billion surplus; however, he is projecting a deficit in excess of \$2

billion for the coming fiscal year. He also signaled in his address that he will propose a variety of new tax cuts, including income and estate tax cuts, which could decrease State revenues in the coming fiscal year.

The Governor previewed one health care budget proposal, which he described as "an unprecedented bio-tech research challenge

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GNYHA Maps Out 2006 Federal Legislative Agenda

As the 109th Congress begins its second and final session, GNYHA continues to represent member hospitals on Capitol Hill with a challenging agenda for 2006, which will focus on medical malpractice reform, Medicare issues, support for emergency preparedness activities, health information technology, workforce funding, and health care coverage for the uninsured.

Medical Malpractice: One of GNYHA's top legislative agenda items is medical malpractice reform. With more than a 147% increase in premiums in the downstate region of New York from 1999 to 2004, the dangerous impacts of rising medical liability costs are forcing hospitals and physicians to drop services, close clinics, or even stop seeing patients entirely. GNYHA will advocate for the passage of the medical liability provisions of S. 4, the Healthy America Act of 2005. The companion bill in the U.S. House of Representatives, the Help, Efficient, Accessible, Low-Cost,

Timely Healthcare (HEALTH) Act of 2005 (H.R. 5), passed the House last July.

Medicare: Also at the top of GNYHA's agenda is a continuing focus on several Medicare issues. GNYHA will continue its efforts to

stave off any cuts to the inpatient and outpatient prospective payment systems as well as payments for teaching hospitals and hospitals that serve a disproportionate share of low-

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Beginning with this issue, *Skyline News* will be available to GNYHA members via e-mail on an as-requested basis. Interested readers will receive an e-mail on the date of publication, which will provide links to each story in that issue, as well as to *Health Care News In-Depth* when it is issued. Each story will also provide links to related Web sites and e-mail contacts as relevant. Additional features will allow readers to forward individual articles or an entire issue to other interested parties, print out individual articles or the full issue in a printer-friendly format, search back issues (beginning with the January 9, 2006, issue), and link to GNYHA's Web site, www.gnyha.org.

If you are interested in receiving *Skyline News* in this format, please send an e-mail with your name, title, affiliation, and e-mail address to John Wedeles at wedeles@gnyha.org. Please indicate whether you would like to receive both the print and e-mail versions of *Skyline News*, or e-mail only.

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We hope you will find this new format option to be helpful. ■

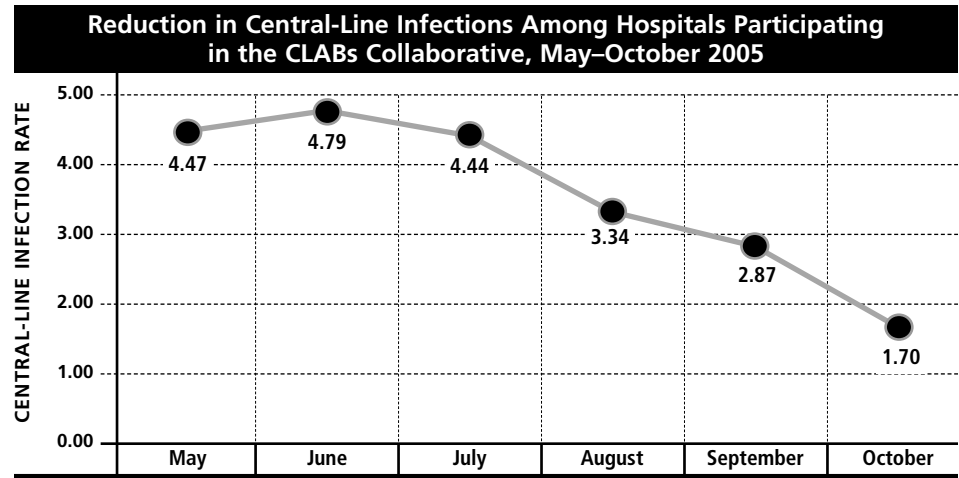
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Chairman of GNYHA Board of Governors Speaks on Leadership and Quality; CLABs Collaborative Makes Steady Progress

On Dec. 21, 2005, GNYHA and the United Hospital Fund of New York (UHF) held their bimonthly conference call for participants in the Central Line–Associated Bloodstream Infections (CLABs) Collaborative, which is aimed at eliminating CLABs in hospitals. The conference call highlighted the important role of hospital senior leadership in driving quality improvement and patient safety. The call featured Michael Dowling, President and CEO of the North Shore–Long Island Jewish Health System and GNYHA Board Chairman, and James Reinertsen, M.D., Senior Fellow at the Institute for Healthcare Improvement (IHI) and President of the Reinertsen Group, an independent health care consulting and teaching practice.

In keeping with the CLABs Collaborative's goal of not only eliminating CLABs, but also creating a model for quality improvement, both speakers challenged hospital leadership to engage in the quality improvement process and weave quality and performance improvement into their overall organizational operations. There was much discussion involving how senior leaders can effectively learn about and understand the barriers staff encounter in improving the quality of care. Additionally, Mr. Dowling and Dr. Reinertsen stressed the value of CEO leadership consistently "checking in" with quality improvement teams as well as reviewing, interpreting, and acting on quality data, such as the rate of CLABs.

Dr. Reinertsen has authored several IHI publications, including *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care*, which describes the following points for leaders who want to achieve dramatic, system-level performance



improvement: 1) establishing and overseeing system-level aims for improvement at the highest board and leadership levels; 2) aligning system measures, strategy, and projects in a leadership learning system; 3) channeling leadership attention to system-level improvement; 4) getting the right team involved; 5) making the Chief Financial Officer a champion of quality; 6) engaging physicians; and 7) building improvement capability.

During an earlier CLABs conference call, Gail Donovan, Chief Operating Officer of Continuum Health Partners, also emphasized the importance of incorporating quality and performance improvement into the overall strategic framework of a health care facility. Ms. Donovan stressed how imperative it is for the Board of Trustees to continually review and understand data from quality improvement efforts, and she advocated for all hospitals to be sure that quality data are reported to senior leadership on an ongoing basis.

Impact of the Interventions: As of October 2005, two-thirds of the hospitals participating in the CLABs Collaborative had reduced their

central-line infection rates by more than half. GNYHA and UHF are beginning to assess the CLABs Collaborative interventions that have been implemented to determine the possible correlation between those interventions and hospital performance. Metrics that will be evaluated will include implementation of a central-line bundle, methods for compliance with the central-line bundle, use of the "daily goals" sheets, and use of a customized pack for central-line insertion.

CLABs Collaborative on the Web: GNYHA encourages hospitals to visit the Joint Effort New York (JENY) Web site, which is administered through IPRO and serves as a bulletin board and information-sharing resource center for the CLABs Collaborative. Areas of focus include sharing best practices, audio recordings and archives from conference calls, educational resources, information on the Model for Improvement, standardized data collection instruments and templates, and presentations/videos from pertinent speakers. The CLABs Collaborative home page can be located via <http://jeny.ipro.org/clabs>. ■

Suffolk County Requires Grocers to Pay for Workers' Health Coverage

On Jan. 1, 2006, a new law went into effect in Suffolk County mandating that large, non-unionized grocery retailers set aside \$3 per hour to fund health care costs for each employee. The law applies to stores like Wal-Mart, Target, and Kmart. With this measure, Suffolk County joins NYC

as one of the few localities in the nation to enact legislation requiring large food stores to contribute to their workers' health coverage. A similar measure in Maryland was vetoed earlier this year by Governor Robert Ehrlich.

The Suffolk County law applies only to companies with at least \$1 billion in annual

revenue and at least 25,000 square feet of sales space for groceries. The money employers are required to set aside must go toward paying employees' health care costs, and companies are prohibited from deducting the amount from employees' wages. Opponents are expected to mount legal challenges. ■

NYC Council Selects New Speaker

On January 4, 2006, the members of the NYC Council selected Christine Quinn (D-Manhattan) to serve as the next Council Speaker. Council Member Quinn will succeed Gifford Miller, who served as Speaker for the last four years but who had to leave the Council because of term limits. The Speaker leads the Council's efforts to negotiate with the Mayor on the City budget, chooses committee chairs and makes committee assignments, and manages the Council's legislative activity.

For the last four years, Council Member Quinn served as Chair of the Health Committee. Under her leadership, the Committee pursued an aggressive agenda to protect the public's health. Of particular interest to GNYHA members and the communities they serve, the Committee focused on women's health issues, including holding a hearing and a women's health fair at City Hall with GNYHA member institutions; published a report entitled, "In Defense of Medicaid," a document designed as a tool to

assist the NYC health care community in lobbying against proposed reductions to the Medicaid program that were under consideration in Albany; focused on public health emergency preparedness, with GNYHA and its members testifying on several occasions; and held hearings on the impact on communities of hospital closures, a concern shared by GNYHA and its members. Council Member Quinn also led the Council's efforts to require certain industries to provide health insurance to their workers, similar to the statewide HEAL New York proposal put forward by GNYHA and 1199 SEIU two years ago, and to work with Mayor Michael Bloomberg to enact NYC's smoking ban.

GNYHA congratulates Council Member Quinn on her election as Speaker of the NYC Council and looks forward to continuing to work with her as well as the new Chair of the Health Committee, who will be named soon, and their colleagues to improve the health of all NYC residents. ■

GNYHA Offering Communication Skills Training for Responding to Adverse Events

For the last several months, GNYHA has been offering introductory communication skills training to its member hospitals to help strengthen the skills needed for effective disclosure conversations with patients and families following an adverse event. This initiative is part of GNYHA's efforts to promote proactive disclosure and apology, when warranted, and compensation if appropriate, to patients following an adverse patient event or medical error. Such interventions have been shown to not only enhance patient trust and satisfaction, and improve provider-patient relations, but can also serve to identify opportunities for improving patient safety, and can, in some cases, help to reduce professional liability claims costs over time.

The training is being provided by Chris Stern Hyman, a partner in the Medical Mediation Group, LLC, and Carol B. Liebman, a clinical professor at Columbia University

School of Law. Ms. Hyman and Ms. Liebman conducted similar training for several hospitals in Pennsylvania, which enacted a mandatory disclosure law in 2002.

The goals of the GNYHA-sponsored training are to help members develop and improve the communication skills needed for effective disclosure, to prepare a core group of skilled staff who can help others prepare for such communications, and to help create a more supportive environment in hospitals for clinicians, caregivers, and patients following an adverse event. Sixteen GNYHA member hospitals have participated in the training and more than 100 professionals—physicians, nurses, patient representatives, and administrators—have been trained.

If you are interested in having your hospital participate in the training, for which there is a nominal fee, please contact Lorraine Ryan at GNYHA. ■

Health Care Providers in Nassau County Permitted to Install ABHR Dispensers

In a major step forward for GNYHA members and their infection control efforts, the Nassau County Fire Marshal's office has confirmed that health care facilities within Nassau County are now permitted to install alcohol-based hand rub (ABHR) dispensers in corridors outside of patient rooms and other areas so long as conditions in the Fire Code of New York State are met. Nassau County had previously taken the position that the use and installation of ABHR dispensers in egress corridors was prohibited. ABHR dispensers are viewed as an important tool in promoting sound infection control practices in hospitals.

GNYHA has been involved in ongoing communications with the Nassau County Fire Marshal about the use and installation of ABHR dispensers in light of the U.S. Centers for Disease Control and Prevention (CDC) guidelines for hand hygiene in health care settings that were published in October 2002. The CDC guidelines clearly recommend the use of ABHR in health care settings. Since that time, the Fire Code of New York State was amended to permit the installation of ABHR dispensers in egress corridors so long as the requirements of the Fire Code of New York State are satisfied.

In November 2005, the Nassau County Fire Marshal informed GNYHA that it no longer objected to the installation and use of ABHR dispensers in health care facilities. GNYHA is pleased with the cooperation it received from the Nassau County Fire Marshal's office and the resolution of this issue, as members can now move forward with efforts to continue to improve infection control policies and practices. GNYHA members can contact Alison Burke for copies of the Fire Code of New York State regarding the installation and use of ABHR dispensers or with any questions about this issue. ■

grant initiative that will leverage \$600 million in public/private matching funds and capitalize on the strength of great institutions like Sloan Kettering, Mt. Sinai, Cornell, NYU, and Columbia to fuel even more research, jobs, and opportunity in the Empire State.”

GNYHA understands that, under the proposal, which is still being developed, the State would provide \$150 million in funding. That amount would be matched three to one by eligible research institutions, thus totaling \$600 million in the aggregate. The Governor and his staff have expressed an interest in meeting with GNYHA and its members to help work out the details. In a statement, GNYHA President Kenneth E. Raske praised Governor Pataki for, with this proposal, building upon his health care legacy and the legacy of Speaker Sheldon Silver and Majority Leader Joseph Bruno, who together created Family Health Plus, Healthy New York, HEAL New York, and several other important programs.

GNYHA Maps Out 2006 Federal Legislative Agenda

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income and uninsured patients; will advocate for a legislative fix to the Centers for Medicare & Medicaid Services’ “75% rehab rule” and a permanent extension of the specialty hospital moratorium; will support the identification of fraud and abuse while protecting hospitals in the not-for-profit sector from unfair or damaging treatment; and will ensure that pay-for-performance legislation is not overly burdensome (either administratively or financially) and includes appropriate and meaningful quality measures.

Emergency Preparedness, HIT, Workforce:

GNYHA will advocate for increased dedicated dollars for hospitals and their ambulances to prepare for future events; will work to ensure that health information technology (HIT) legislation builds on existing hospitals’ efforts and provides financial support, as well as provides the flexibility to allow hospitals to implement HIT throughout their systems and their provider networks, as appropriate; and will urge Con-

Other Health Care Programs and Initiatives:

The Governor also noted that New York has “provided quality comprehensive health care to nearly one million more New Yorkers, granted prescription drug coverage to more seniors than ever before, and increased the number of children covered by Child Health Plus fivefold.” He called attention to this year’s on-time budget—the first in over two

decades—and counted Medicaid reform among “scores of important new initiatives.”

With respect to his 2006 agenda, the Governor referred specifically to the challenges of continuing to provide tax cuts for working families and their employers as well as supporting “the intellectual capital and research infrastructure we need to succeed in the high-tech economy of tomorrow.” ■

Upcoming GNYHA Member Briefings

Managing the Care of the Bariatric Patient in the Hospital

Date: Tuesday, January 17, 2006

Time: 9:00 a.m.–1:00 p.m.

Location: GNYHA Conference Center, 555 West 57th Street, 15th Floor

In response to the prevalence of obesity in the U.S., bariatric surgery has become a popular weight-reduction strategy, but it has significant risk. This briefing session, which is part of GNYHA’s Clinical Update Series, will educate the participants on bariatric surgery and risk-management protocols to optimize patient outcomes. The keynote speaker is Marcia Bauman, R.N., a former bariatric patient who has spoken to hospital groups across the country on bariatric patient care from both the nurse’s and patient’s perspective. For more information contact Terri Straub or Tim Glennon, and to register contact Rosanne Casey, at GNYHA.

United Telemanagement Corporation Automated Billing Solutions for Patient Telephone and Television Services (Conference Call)

Date: Tuesday, January 17, 2006

Time: 1:00 p.m.–2:00 p.m.

Representatives of GNYHA member hospitals and continuing care facilities are invited to participate in a conference call during which United Telemanagement Corporation will discuss in-depth its automated billing solutions for patient telephone and television services. To register for the conference call or for more information, contact Barbara A. Green at GNYHA.

Relational Security Corporation’s Risk Assessment Solution (Web Demonstration)

Date: Thursday, January 19, 2006

Time: 1:00 p.m.–2:00 p.m.

GNYHA and CCLC members are invited to an upcoming Web demonstration in which Relational Security Corporation will provide a comprehensive demonstration of the Relational Security Assessment Manager, which is designed to help health care institutions assess the potential risks and vulnerabilities to the confidentiality, integrity, and availability of an institution’s electronic protected health information. To register or for more information, contact Barbara A. Green at GNYHA.

Relocation and Closure of Hospitals

Date: Thursday, January 26, 2006

Time: 10:00 a.m.–12:00 noon

Location: GNYHA Conference Center, 555 West 57th Street, 15th Floor

At this briefing on hospital relocations and closures, representatives of Region II of the Centers for Medicare & Medicaid Services (CMS) as well as the New York State Department of Health will discuss the process for relocating or closing hospital services, including necessary regulatory approvals and whether closure plans are necessary. The CMS portion of the briefing may be of interest to GNYHA members located outside New York State. For more information contact Doris Varlese or Pat Wang, and to register contact Laurie Sangirardi, at GNYHA. ■

gress to avoid implementing harmful staffing ratios and to instead appropriate additional workforce funding.

Uninsured: GNYHA will continue to press for reforms aimed at providing health insurance for the uninsured. In particular, GNYHA will advocate for the reauthorization and expansion of the State Children’s

Health Insurance Program (SCHIP), which provides critical funding for health insurance for children nationwide. SCHIP helps fund New York’s Child Health Plus program, New Jersey’s NJ FamilyCare program, and Connecticut’s HUSKY (Healthcare for Uninsured Kids and Youth) program. SCHIP expires at the end of the year. ■