



OCTOBER 30, 2006

Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

Hospitals and Health Care Union Identify Conditions Necessary for “Berger Commission” Recommendations to Succeed

On October 26, the Healthcare Education Project (HEP)—a joint initiative of GNYHA and 1199 SEIU United Healthcare Workers East—laid out the conditions that they believe are necessary for the recommendations of the Commission on Health Care Facilities in the 21st Century to succeed. The Commission—also known as the “Berger Commission,” after its Chairman, Stephen Berger—is set to make its final recommendations on closing, consolidating, and restructuring New York State’s hospitals and nursing homes on December 1, 2006. The Healthcare Education Project supported the Commission’s creation as a way of reforming a financially fragile health care system plagued by a rash of hospital closures and bankruptcies.

Most important, according to the HEP, is that the Commission’s recommendations, if implemented, must not compromise the health care needs of a single community or cause a single New Yorker to lose access to needed health care services.

“While we believe the Commission has indeed taken these needs into account, we call on the New York State Department of Health to develop, with the input of health care providers, an implementation plan that will ensure communities are properly educated about their options in the event

of a hospital closure,” said GNYHA President Kenneth E. Raske. “It will be essential that they know exactly how and where to receive needed health care services.”

“The Commission’s recommendations, if implemented, must not compromise the health care needs of a single community or cause a single New Yorker to lose access to needed health care services.”

It is also critically important, the HEP noted in its Oct. 26 press release, that programs be implemented to ensure that hospital and nursing home personnel displaced by Commission recommendations are given the necessary tools to find new jobs in the health care system in a practical and timely manner. While Governor George Pataki and the State Legislature provided for an appropriation of \$10 million for such a program

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Grassley Seeks Wage Index Extension

U.S. Senate Finance Committee Chairman Senator Charles Grassley (R-IA) announced recently that he will seek a six-month extension to a wage index reclassification program created by the Medicare Modernization Act (P.L. 108-173, Section 508) during the upcoming lame-duck session of Congress. Set to expire on March 31, 2007, this program has allowed certain hospitals across the country to reclassify into different geographic regions in order to increase their wage index—and thus, their reimbursement rates—for Medicare payment purposes. A temporary extension of the program would give Congress more time to consider proposals put forward by the Medicare Payment Advisory Commission, which has

developed an alternative methodology for calculating the wage index (see *Skyline News*, October 16, 2006).

In explaining why he would seek an extension, Chairman Grassley stated that, “Medicare hospital payments need to adequately account for differences in wages so that hospitals are able to obtain staffing in a competitive workforce environment. When that difference isn’t recognized, it’s harder for a hospital to recruit and keep on staff nurses and other essential personnel without putting the hospital’s financial health in jeopardy.”

The announcement came while Senator Grassley was campaigning for Senator Rick Santorum (R-PA) in Pennsylvania, where

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NYS DOH Issues New Protocol to Improve Surgical Safety

The NYS Department of Health (DOH) recently released a new protocol aimed at reducing the incidence of wrong-patient, wrong-site, and wrong-side surgery and invasive procedures, entitled the *New York State Surgical and Invasive Procedure Protocol* (NYSSIPP). NYSSIPP—which was presented at a GNYHA educational program in September—must be implemented by March 2007 in hospitals and other Article 28–licensed facilities in which invasive procedures are performed. The protocol was developed by the NYS Procedural and Surgical Site Verification Panel, a group of clinicians, nurses, administrators, and DOH representatives from around the State empaneled by DOH at the request of Commissioner of Health Antonia Novello, M.D. The NYSSIPP, which is

based on the Joint Commission on Accreditation of Healthcare Organizations' Universal Protocol™, includes best practices and lessons learned from the review and analysis of wrong-site surgery cases reported to DOH over the last several years through the New York Patient Occurrence Reporting and Tracking System. NYSSIPP replaces New York State's existing guidelines on preventing wrong-site surgery, which are entitled *The Pre-Operative Protocols Panel—Final Report* and were developed in 2001.

Hospitals and other State-licensed facilities in which surgery and invasive procedures are performed must have a policy in place that addresses the NYSSIPP's key features including scheduling of procedures, informed consent documentation, a pre-operative/pre-

procedural verification process, marking of the operative site, and “time-outs” before and during the procedure. In addition, the NYSSIPP emphasizes the importance of communication with the patient and family prior to surgery and among the surgical team members throughout the procedure as a way to reduce the incidence of this type of occurrence.

GNYHA Briefing: All the materials from GNYHA's Sept. 13, 2006, educational program on the NYSSIPP are available in the Resource Centers of GNYHA's Web site, www.gnyha.org, under Quality and Patient Safety (see Agency and Accrediting Body Initiatives, NYS Department of Health). Please contact Lorraine Ryan at GNYHA for more information about the NYSSIPP. ■

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in the 2006–07 State budget, the actual statute creating the program was not enacted. The Healthcare Education Project has provided detailed proposed legislation to the Governor and the State Legislature to implement such a program.

“We call on the Governor and the State Legislature to enact this program as soon as possible so the hardworking men and women working in institutions cited by the Commission to close or restructure are quickly placed in new jobs and not added to the ranks of unemployed New Yorkers,” said 1199 SEIU President Dennis Rivera.

Additionally, the HEP urges that steps be taken to ensure that the Commission's recommendations do not have a negative market impact on institutions that have *not* been targeted. Specifically, the HEP believes that the recommendations must be implemented in a manner that does not have a negative impact on the capital markets hospitals desperately need to borrow funds for facility improvements and other restructuring projects essential to the reform of New York's health care system. The recommendations must also be implemented in a way that does not prompt hospital vendors to become less flexible in their dealings with hospitals and

other health care providers. Such actions, the HEP pointed out, would cause severe cash flow problems and supply shortages, which could harm patient care.

The HEP also pointed to the need for the Commission to ensure that its recommendations are consistent with the amount of funding available for restructuring through the HEAL New York program and the Federal-State Health Reform Partnership (F-SHRP) Medicaid waiver. These funding sources, which GNYHA and 1199 SEIU worked hard to help secure, will make restructuring projects possible and go a long way toward ensuring a smooth transition to a leaner, healthier

health care system. The Healthcare Education Project believes, however, that the Commission should not recommend drastic restructuring of an institution—given the marketplace consequences such a recommendation will inevitably entail, even before implementation—unless it is clear that HEAL New York and F-SHRP funding will be made available to carry out the recommendation in a feasible and cost-effective manner.

GNYHA and 1199 SEIU stand ready to work with the Commission, the Governor, the State Legislature, and State agencies to ensure that these vital conditions are in place so that the transition to a new health care system will be a positive one. ■

AROUND

The New York Academy of Medicine (NYAM) has elected **Jo Ivey Boufford, M.D.**, as its next president. Dr. Boufford replaces Jeremiah A. Barondess, M.D., who retired as NYAM President on October 1, 2006, after 15 years in the position. An Academy Trustee since 2004 and a Fellow since 1988, Dr. Boufford was President of the New York City Health and Hospitals Corporation under Mayor Ed Koch and served in the U.S. Department of Health and Human Services under President Bill Clinton. Dr. Boufford will take office on February 1, 2007; until then, **David Vlahov, Ph.D.**, Director of the Academy Center for Urban Epidemiologic Studies, will serve as NYAM's Interim Executive Director. ■

GNYHA Medication Safety Forum Meets

On October 4, 2006, GNYHA held a meeting of its Medication Safety Forum, at which 150 participants focused extensively on the important issue of medication reconciliation and the challenges that the process raises. Forum participants were briefed on the findings from a GNYHA survey that was aimed at identifying hospitals' progress in improving the medication reconciliation process and identifying successful practices, and heard from one individual—who works at a GNYHA member hospital—whose personal experience led her to undertake an effort to prevent medication safety errors.

Medication Reconciliation: Medication reconciliation is a process for identifying the most accurate list of all medications a patient is taking—including name, dosage, frequency, and route—and using that list to ensure that the patient gets the correct medications during each encounter within the health care system. The process involves comparing the patient's current list of medications against the physician's admission, transfer, and/or discharge orders.

Medication reconciliation is one of six initiatives identified by the Institute for Healthcare Improvement's *100,000 Lives Campaign*, as well as one of the National Patient Safety Goals (NPSGs) identified by the Joint Commission on Accreditation of Healthcare Organizations, in particular NPSG 8. Experience from hundreds of organizations has shown that inadequate communication of medical information at health care transition points is responsible for as many as 50% of all medication errors and up to 20% of adverse drug events in the hospital.

Each time a patient moves from one setting to another, clinicians should review

previous medication orders alongside new orders and plans for care, and reconcile any differences. If this process does not occur in a standardized manner designed to ensure complete reconciliation, medication errors may lead to adverse events and harm.

Hospitals' Commitment to Optimizing Patient Safety:

The GNYHA survey findings as well as the forum discussion highlighted the fact that GNYHA members have made tremendous strides in implementing medication reconciliation systems, but significant challenges remain due in great part

to the sheer volume of patients, medications, transition points, and health care encounters they handle, as well as variations in formularies. The GNYHA member responses to the survey were similar to the findings from a recent national survey on medication reconciliation conducted by the Institute for Safe Medication Practices.

GNYHA member hospitals' commitment to overcoming the challenges identified by the survey was reflected during the forum discussion by Miriam Klein, Pharm.D., Medication Safety Officer at Woodhull Medical Center, along with her colleagues Sheila Neiman, Director of Pharmacy, and Yelena Shneyder, Pharm.D. Dr. Klein and her colleagues described their work in promoting safe medication practices at their hospital and through their visits to hospitals in Germany to exchange best practices. An advocate of innovative solutions and initiatives to ensure that medications are administered safely, Dr. Klein has focused much of her recent efforts on medication labeling as a means to ensure safety. While visiting Germany, Dr. Klein and her colleagues discovered a number of safety measures, which

O N - L I N E
Medication Safety Resources

Massachusetts Coalition for the Prevention of Medical Errors
Recommendations for safe practices in medication reconciliation
www.macoalition.org/Initiatives/RecMeds/SafePractices.pdf

Institute for Healthcare Improvement
Resources for improving hospital medication systems
www.ihl.org/IHI/Topics/PatientSafety/MedicationSystems

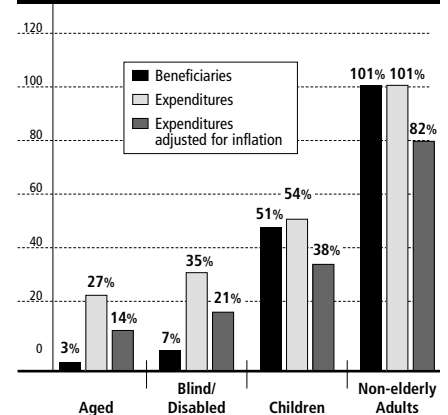
Institute for Safe Medication Practices
Resources for preventing errors and ensuring that medications are used safely
www.ismp.org/tools/default.asp

MEDICAID CORNER

Medicaid Spending Grows With Services to Aged, Blind, and Disabled

As reported previously in "Medicaid Corner" (*Skyline News*, Oct. 16, 2006), almost 75% of New York's Medicaid budget is spent on services for only 23% of the program's clients—low-income elderly persons requiring long-term nursing home and other services and disabled persons, including those with co-occurring medical, behavioral health, and other conditions. A look at the growth in program spending shows that spending increases were also disproportionately high for those groups. Thus, while the number of aged persons enrolling in Medicaid grew by 3% from 2000 to 2004, total spending for the aged grew by 27%. Similarly, the number of blind and disabled clients in the program increased by 7%, but spending increased by 35%. On the other hand, spending growth on non-elderly adults and children matched growth in enrollment almost one-to-one. When spending is adjusted for inflation over the years, spending for children and adults actually *decreased* in proportion to their enrollment growth.

Growth in Total Medical Expenditures and Growth Adjusted for Inflation, 2000-04, by Eligibility Category



Source: Centers for Medicare & Medicaid Services, 2004 Medicaid Statistical Information System Report.

are available through pharmaceutical manufacturers but are not available in the United States, for use with intravenous medications. GNYHA and GNYHA Services' Pharmacy Program will work with Dr. Klein and her colleagues to explore opportunities to bring their message about improved safety of intravenous medications to the attention of pharmacy societies, medication safety organizations, pharmaceutical manufacturers, and ultimately, the U.S. Food and Drug Administration, in an effort to increase medication safety. ■

NYS, With NYC, to Provide Training in Child Abuse Reporting

On Nov. 2 and Dec. 13, 2006, the NYS Office of Children and Family Services, in conjunction with the Office of NYC Mayor Michael Bloomberg, will be offering training regarding NYS's Mandated Child Abuse Reporting Law via live satellite broadcast. NYC Health and Hospitals Corporation (HHC) President Alan Aviles and GNYHA President Kenneth Raske will participate with Mayor Bloomberg to introduce the training, emphasizing the importance of identifying and reporting child abuse. The Nov. 2 session will take place at HHC sites. The Dec. 13 session will be available to all NYC hospitals that have teleconferencing capabilities and that register to receive the program. Both sessions will be held from 12:00 noon until 2:00 p.m., and continuing medical education credits are available. Archived versions of the training will be available to all providers throughout the State during a future phase of training.

Under NYS law, health care professionals must report any instance in which they have reasonable cause to suspect child abuse or neglect. Failure to report can result in civil and criminal liability. The training sessions are designed to explain and reinforce health care professionals' legal obligations and will address the roles and responsibilities of mandated reporters, how to identify signs of abuse and neglect, how to determine whether there is a reasonable cause to suspect abuse, and how to effectuate required reporting.

GNYHA members that have teleconferencing capabilities and would like to receive the Dec. 13 broadcast for their staff should register on-line at www.bsc-cdhs.org/survey/mandate-dreportersrf.htm; contact Dave McGann at dave.mcgann@ocfs.state.ny.us or (518) 474-8629 for more information. The deadline for the Dec. 13 training site registration is Nov. 30.

Individuals interested in registering should contact their institution to determine whether the training will be provided, or go to

www.ocfs.state.ny.us/ohrd/announcements/603.pdf for an up-to-date listing of participating sites. If you are planning to attend at any listed training site, please contact the site facilitator in advance to ensure that space is available. ■

HOW TO REPORT CHILD ABUSE

If you suspect child abuse or neglect in New York State, you can call the New York Statewide Central Register Child Abuse and Maltreatment Hotline for Mandated Reporters at 800-635-1522. In New Jersey, call the New Jersey State Central Registry at 877-NJ-ABUSE.

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many hospitals benefit from the Section 508 program. This past summer, 21 senators—including Senators Chuck Schumer (D-NY) and Hillary Clinton (D-NY)—sent a letter to Chairman Grassley requesting continuation of the Section 508 program. A similar letter was spearheaded in the House and sent to U.S. Ways and Means Committee Chairman Bill Thomas (R-CA).

On the heels of Chairman Grassley's announcement, Senator Schumer, a member of the Senate Finance Committee, announced that he would "fight tooth and nail" to ensure that Senate leaders understand the "devastating impact on hospitals in Orange and Dutchess counties" if there is not a legislative extension. If implemented, it is estimated that the extension would cost less than \$100 million through the end of the Federal fiscal year and would affect up to 120 hospitals nationally. ■

Upcoming GNYHA Member Briefings

Compliance Seminar

Date: Wednesday, November 1, 2006

Time: 1:00 p.m.—5:00 p.m.

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

This seminar will provide members with strategies for developing, reviewing, and improving their compliance programs. The seminar will be led by a panel of leading attorneys, consultants, and compliance professionals, who will present their remarks in the context of recent and anticipated State and Federal compliance developments. The briefing will cover the basics of corporate and compliance programs, guidelines for evaluating and improving existing programs, methods for undertaking a risk self-assessment to identify areas for improvement, real-life effective uses of compliance programs, and self-investigation and compliance needs throughout the health care community. For more information, contact Susan Waltman or Deborah Brown at GNYHA; to register, contact Cynthia Araujo at araujo@gnyha.org.

Medical Orders for Life-Sustaining Treatment (MOLST)

Date: Wednesday, November 8, 2006

Time: 2:00 p.m.—4:00 p.m.

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

The NYS Department of Health (DOH) approved the use of MOLST forms—the forms used to indicate a patient's end-of-life medical treatment preferences that can be transported with the patient from one setting of care to another—in hospitals and nursing homes last year. This briefing, the second one that GNYHA has held on the topic, will address barriers to implementing the MOLST initiative and any issues that weren't covered at the last briefing. Representatives from the DOH Counsel's office, a physician involved with the MOLST initiative, and a representative from a hospital that is now implementing MOLST throughout a multi-hospital system will give presentations. For more information, contact Lorraine Ryan, and to register, contact Eden Rollins, at GNYHA.

CampusRN.com: Entry-Level Nursing and Allied Health Recruitment Services

Date: Thursday, November 16, 2006

Time: 10:30 a.m.—11:30 a.m.

Location: Web demonstration

CampusRN.com, a company with which GNYHA Services, Inc. has a group purchasing agreement, will be providing a Web demonstration of its entry-level nursing and allied health recruitment services, which include direct e-mail blasts, branding campaigns, job postings, and NurseConnect. NurseConnect is CampusRN's database search service, which allows employers to conduct candidate searches that focus on specific areas of interest, such as nursing specialty, academic performance, work experience, type of degree, and so forth. CampusRN works with more than 450 colleges and universities nationwide to link qualified candidates to employers. To register and obtain log-in information, contact Barbara Green or Felicia Gomez at GNYHA. ■