



JUNE 25, 2007

# Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

## NYS Regular Legislative Session Ends Legislators to Return for Special Session

As the 2007–08 regular Legislative session drew to a close last week, GNYHA and the Healthcare Association of New York State (HANYS) continued to work with the Legislature on health care–related bills. In particular, GNYHA and HANYS worked to head off legislation—which saw a flurry of activity during the final week of the session—that would limit the ability of health care providers to require a nurse to remain beyond his or her regular shift, thus hampering their ability to ensure safe patient care.

**Mandatory Nurse Overtime:** The main bill under consideration (A.1898/S.125), which would limit mandatory overtime for nursing staff, is sponsored by Assemblywoman Aileen Gunther (D-Orange/Sullivan counties) and Senator Tom Morahan (R-Rockland/Orange counties). As originally drafted, the bill would have limited the number of hours a nurse can work to 8 hours per day or 40 hours per week, except if the nurse's regularly scheduled work hours conflict with the 8-hour limitation, such as a 12-hour shift. Mandatory overtime under the original bill

could be imposed only in the event of a Federal, State, or county declaration of emergency or other disaster that increased the need for emergency personnel. A.1898 passed the Assembly and S.125 moved partially through the Committee process in the Senate. GNYHA and HANYS opposed the bills on the grounds that the stated exceptions were much too narrow.

On June 18, following conversations with GNYHA and HANYS, Senate Majority  
*continued on page 4*

## Health Commissioner Takes Aim at New York's Graduate Medical Education System

Last week, NYS Department of Health (DOH) Commissioner Richard Daines, M.D. addressed members of the NYS Council on Graduate Medical Education (COGME). He expressed four areas of concern that he has with New York's GME system, including 1) his view that the State's

physician shortage, by specialty and geographic area, is worsening (as it is throughout the country, with the aging of the baby boomer population), despite the size of the State's GME investment; 2) the fact that, in his view, teaching hospitals rely on GME funds to pay

*continued on page 3*

## GNYHA's Health Care Leadership Institute Graduates First Class

### Program Promotes Diversity in Health Care Management

The first class of GNYHA's Health Care Leadership Institute graduated on June 18 at a ceremony hosted by GNYHA. The Institute, an executive development program designed to promote racial and ethnic diversity in health care leadership, was jointly sponsored by GNYHA and the City of New York's Baruch College School of Public Affairs. Sixty-two middle managers from diverse racial and ethnic backgrounds, who were selected by their CEOs, participated in the program. Graduates received certificates of completion endorsed jointly by

*continued on page 3*

### CMS Releases New Comparative Data on Cardiac Mortality

On June 21, 2007, the Centers for Medicare & Medicaid Services (CMS) announced that it has placed new comparative information on its *Hospital Compare* Web site ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)) to allow consumers to assess individual hospital mortality rates for patients with heart attacks and heart failure. *The data reveal that GNYHA members outperformed all states in terms of having the most hospitals with better-than-average results and few hospitals with worse-than-average results.* This is a testament to the quality of care provided by hospitals in the New York area. In addition to posting information on the Web site, CMS has provided detailed hospital-specific information to all hospitals in the country. ■

# Participants in Rapid Response Systems Collaborative Share Best Practices at Learning Session

**G**NYHA, in partnership with the United Hospital Fund (UHF), recently held the second learning session for its Rapid Response Systems (RRS) Collaborative. More than 135 participants from 32 hospitals participated in interactive discussions that included a range of topics covering hospital experiences with implementing RRS, long-term sustainability of gains made during the Collaborative's activities, and simulation training. The GNYHA/UHF RRS Collaborative was launched in 2006 to promote hospitals' use of the RRS—a system in which a team of clinicians is identified to bring critical care expertise to the bedside before a patient's condition becomes critical and escalates to a cardiac arrest.

**Lessons Learned:** In keeping with the Collaborative's model of sharing lessons learned and best practices across hospitals, a hospital panel including representatives from Franklin Hospital, Hackensack University Medical Center, New York Hospital Queens, NYU Medical Center, St. Charles Hospital, and Vassar Brothers Medical Center presented on their RRS accomplishments, best practices, and strategies for overcoming barriers to implementing an RRS. Kathy Duncan, R.N., the faculty expert for the RRS intervention of the Institute for Healthcare Improvement's *5 Million Lives Campaign*, added to the panel discussion by discussing strategies for sustaining results realized from implementing the RRS. She also described the Early Warning System, which prioritizes patient risk, crisis response, and how important it is to improve the culture of safety by incorporating effective communication techniques, leadership patient safety rounds, and measuring the safety culture consistently through the use of a safety culture survey.

In the second half of the session, Paul Mayo, M.D., Director of the Medical Intensive Care Unit at Beth Israel Medical Center, and Kathleen Gallo, R.N., Ph.D., Senior Vice

Panelists at the RRS Collaborative learning session (left to right): Lisa Ricker, N.P., Vassar Brothers Medical Center; Ann Foltin, R.N., NYU Medical Center; Elyse Goldberg, R.N.; New York Hospital Queens; Carol Wynne, M.S.N., R.N., C.C.R.N., Hackensack University Medical Center; Roberta Dixon, R.N., C.P.H.Q.; Franklin Hospital; Anna-Marie Wellins, R.N., M.Ed., C.E.N., St. Charles Hospital.



President and Chief Learning Officer at North Shore-Long Island Jewish Health System, described their experiences with simulation training for interdisciplinary teams. The two presentations each represented a different approach to simulation: one used a state-of-the-art training facility and the other made use of existing resources for training. To address this disparity, GNYHA's Critical Care Leadership Network is working to localize

and standardize training in critical care in such areas as simulation training models, ultrasonography, medical management of surgical patients, and burn care to allow all hospital staff to make use of regional resources and expertise.

For more information on the RRS Collaborative and other GNYHA critical care initiatives, contact Terri Straub or Zeynep Sumer at GNYHA. ■

---

## NYS Bad Debt and Charity Care Pool Technical Advisory Committee Meets

**T**he first meeting of the NYS Bad Debt and Charity Care (BDCC) Pool Technical Advisory Committee (TAC) was held on June 13 in Albany. The TAC was formed as a result of the State fiscal year (SFY) 2007–08 budget to advise the Commissioner of Health as he evaluates the type and amount of services that New York hospitals provide to indigent patients, costs incurred by hospitals in relation to their distributions from the BDCC pool, and the relationship between the BDCC pool distributions and the hospitals' obligation under the patient financial aid law. The Commissioner must submit a report by Dec. 15, 2007, with his evaluation and recommendations for pool restructuring. The report is expected to form the basis for proposals to restructure the BDCC pool distribution methodology in the SFY 2008–09 budget.

The TAC comprises CFOs from hospitals, including several from the GNYHA membership, as well as representatives from the Legislature and consumer advocates, and other technical experts. At the meeting, Department of Health (DOH) staff briefed the TAC on the current BDCC pool distribution methodology and the requirements of the patient financial aid law, and posed questions to the TAC about how hospitals compile and report data for the purpose of receiving distributions

from the BDCC pool. In particular, the discussion focused on how hospitals differentiate between bad debts and charity care for reporting purposes and the complexities of obtaining patient financial information from individuals needed to make a determination as to the patient's indigent status, especially when emergency services were provided. In addition, TAC members discussed the limitations of the patient accounting systems and stringent audit requirements that make separating bad debt and charity care difficult. In response to concerns about the patient accounting systems limitations raised by hospital members, GNYHA has initiated conversations with several of the largest vendors of such systems in order to explore which changes would be needed to improve hospital reporting, with a focus on differentiating between bad debts and charity care.

DOH will hold public hearings over the summer on this issue in NYC and Syracuse to gather input from other stakeholders. The TAC will meet again in September and November to discuss possible reforms of the BDCC pool distribution methodology and their recommendations to inform the Commissioner's report. GNYHA will continue to work with its members, HANYS, and others to provide appropriate feedback to DOH. ■

## Health Commissioner Takes Aim *continued from page 1*

for training, patient care, indigent care, and other activities he does not believe are clearly related to physician training; 3) skepticism about whether the contribution of the GME enterprise to NYS's economy—which the Association of American Medical College has valued at \$66 billion annually—was adequate justification for maintaining it in its current configuration; and 4) a decline in NYS's ranking for receipt of National Institutes of Health grant funding, from second highest to third highest in the country. Noting the increasing

cultural and linguistic diversity of the region, Commissioner Daines also asked for feedback on a proposal to require, in the reasonable future, that applicants to New York medical schools be proficient in at least one language other than English.

The Commissioner asked COGME to produce a report and recommendations to reform GME in New York, with a submission date of Aug. 1, 2007. DOH staff explained that this schedule will accommodate the process to develop appropriate proposals for

inclusion in the 2008–09 State fiscal year budget. During the subsequent discussion, COGME members indicated that they took the charge to them and their responsibility to respond seriously, and noted that COGME had developed specific proposals that addressed some of the Commissioner's priority areas, which should be included in its August report. COGME members also agreed that those topics were extremely important and deserving of reasoned analysis based on data and further information. COGME will therefore work on developing those answers and related recommendations. ■

## GNYHA's Health Care Leadership Institute *continued from page 1*

Baruch College and GNYHA. Two of the graduates are also alumni of GNYHA's Summer Enrichment Program, which provides undergraduate and graduate students with internships in GNYHA member institutions.

**Goals and Curriculum:** The Institute was conceived by GNYHA's Advisory Task Force on Diversity in Health Care Leadership, which comprised civic and business leaders from diverse communities as well as hospital and continuing care CEOs, and was established to advise GNYHA's Board of Governors on ways to increase the racial and ethnic diversity in the leadership of GNYHA's member institutions. The creation of the Institute was one of the primary recommendations of the Task Force, which the Board accepted in 2005. The Institute was designed to support the creation of a pipeline and network of talented professionals of diverse backgrounds who will be available to help lead health care institutions in New York. It is expected that, with the suc-

cessful completion of the program, participants will be ready to assume new levels of responsibility within the health care field in their own institutions or in others. CEOs were asked to help their selected candidates assume these new levels of responsibility.

The Institute's course of study provided an overview of the best practices in health care management, including strategic planning, financial analysis, communication, and dealing effectively with cultural diversity. Classes were held once or twice a month in the evening on the Baruch campus in Manhattan. Participants worked in clusters, researched a current issue in health care, and presented their findings to the class and to Baruch faculty and members of GNYHA's executive staff during the final week of class.

**Reflecting Diverse Communities:** With communities becoming increasingly diverse across the country, it has become critically important for all health care institutions to undertake efforts to create workforce and leadership teams that reflect the communities they serve and

that can help to attract patients. The GNYHA/Baruch College Health Care Leadership Institute is designed to assist GNYHA members in meeting this challenge. GNYHA appreciates the efforts of the 36 member institutions who participated in this pilot class of the Institute. This effort will be evaluated as a way to inform the structure of future classes. ■

### Participants in GNYHA's Health Care Leadership Institute

Beth Abraham Center for Nursing and Rehabilitation  
Beth Abraham Health Services  
Beth Israel Medical Center  
Brooklyn Hospital Center  
Cabrini Medical Center  
Casa Promesa Residential Health Care Facility  
Coler Goldwater Specialty Hospital and Nursing Facility  
Coney Island Hospital  
Continuum Health Partners—Corporate  
Flushing Hospital Medical Center  
Gouverneur Nursing Facility  
Harlem Hospital Center  
Kings County Hospital Center  
Kingsbrook Jewish Medical Center  
Lenox Hill Hospital  
Memorial Sloan Kettering Cancer Center  
Mount Sinai Hospital  
New York Downtown Hospital  
NYU Medical Center  
NewYork-Presbyterian Hospital  
North Bronx Health Network  
North General Hospital  
Northern Westchester Hospital  
Our Lady of Mercy Medical Center  
St. Barnabas Hospital  
St. John's Riverside Hospital  
St. Luke's-Roosevelt Hospital Center  
St. Mary's Hospital for Children  
St. Mary's Center, Inc.  
Schnurmacher Nursing Home  
Silvercrest Center for Nursing & Rehabilitation  
SUNY Downstate Medical Center  
Village Care of New York  
Visiting Nurse Service of New York  
Visiting Nurse Regional Health Care System  
Wyckoff Heights Medical Center



**Seated, l. to r.:** Natasha Elie, Institute graduate and Summer Enrichment Program alumnus, Gouverneur Healthcare Services; Trevor Abrahams, Institute graduate, Our Lady of Mercy Medical Center; Roseles Delgado, Institute graduate and Summer Enrichment Program alumnus, Our Lady of Mercy Medical Center; Elsa Rios, Faculty, Baruch School of Public Affairs; Manuel Delgado, Institute graduate, Kingsbrook Jewish Medical Center. **Standing (background), l. to r.:** Earnest Liggins, Institute graduate, Kingsbrook Jewish Medical Center; Cherry Ann Jack, Institute graduate, North General Hospital; Amy Kaufman, Director, Project Development, GNYHA; Lloyd C. Bishop, Vice President of Government Affairs and Community Health Initiatives, GNYHA.

# GNYHA Participates in Meeting With Committee on Healthcare Financing and Federal Housing Authority to Discuss Mortgage Insurance

On June 6, GNYHA participated in a meeting of the Committee on Healthcare Financing in Washington, D.C., which convened to update stakeholders on critical mortgage insurance programs for hospitals and long term care facilities. The programs—which provide mortgage insurance to help institutions with their capital development projects, especially in underserved communities—are administered by the Federal Housing Authority (FHA), in the Department of Housing and Urban Development.

While the FHA's health care portfolio has been made up heavily of New York institutions for decades, the agency has expanded its business considerably to hospitals in other

parts of the country, and has now insured more than 320 hospital mortgages in 42 states and Puerto Rico since its inception, with close to \$1 billion in deals nationally in fiscal year 2006 alone. Notably, FHA officials gave repeated reassurances to GNYHA that they continue to be interested in receiving new loan applications from New York-based institutions.

At the meeting, GNYHA met with Roger Miller, Director of the FHA's Office of Insured Health Care Facilities, and heard about the dramatic improvements the Office has made in processing applications, launching new marketing initiatives, enhancing customer service, and strengthening staff expertise in hospital finance, with the average time for processing hospital requests declining from

more than nine months to 24 days. Further, the period of time between when the FHA receives a completed application to the issuance of a commitment is now only 120 days, on average.

GNYHA also learned that the Committee has been urging lawmakers to respond to the proposed fiscal year 2008 Department of Housing and Urban Development (HUD) budget, which includes a 35% increase to the premium fees associated with these critical loans. As such, GNYHA has encouraged the New York delegation to sign on to a "Dear Colleague" letter spearheaded by Reps. Barney Frank (D-MA) and Gary Miller (R-CA), urging HUD Secretary Alphonso Jackson to reject this proposed fee increase. ■

## NYS Regular Legislative Session Ends for Year *continued from page 1*

Leader Joseph Bruno agreed to have the Rules Committee introduce a bill (S.6362) that would **1)** delete the 8-hour/40-hour limit; **2)** add an exception in cases where the institution receives an excessive number of sick calls, as long as good-faith efforts are made to avoid mandatory overtime, such as encouraging voluntary overtime; and **3)** add an exception if the nurse is actively engaged in a patient care procedure and patient safety necessitates the nurse's continued presence. In response to the introduction of this new bill, the sponsors of the earlier bill amended its language to provide for a new exception. Under the new version of the Gunther/Morahan bill, mandatory overtime could be imposed if the employer determines there is an emergency necessitating the continued presence of nursing personnel as long as the employer has first made a good-faith effort to obtain nurses on a voluntary basis and the emergency "is an unforeseen event that could not be prudently planned for and does not regularly occur in the facility." The Assembly approved this revised version of the bill on June 20; however, the Senate adjourned without taking action, due to ongoing discussions between the hospital community, which still has concerns about the bill, and the bill's supporters. Discus-

sions are expected to continue prior to the expected return of the Legislature for a special session in mid-July.

**Payer Reform:** Both houses of the Legislature passed payer legislation (A.8128-A/S.3986-A) that reflected the agreement reached between the NYS Departments of Insurance and Health regarding parameters for pre-authorization of health care services, external appeals for out-of-network services, cooling-off periods for contract terminations, and claims submission deadlines for out-of-network services provided to benefi-

ciaries of public insurance programs.

**Office-based Surgery:** Legislation was passed that authorizes DOH to oversee office-based surgery practices and requires them to report adverse events to DOH and to become accredited by a nationally recognized accrediting agency.

**Employer FHP Buy-in:** The DOH Commissioner was authorized to subsidize the cost of the premiums that certified home health agencies and personal care agencies would have paid for employees eligible for Family Health Plus, Child Health Plus, and Medicaid. Employees determined to be eligible for such public insurance programs could apply. ■

## A R O U N D

**Henry J. Amoroso** will become President and CEO of Saint Vincent Catholic Medical Centers as of July 2007. Formerly President and CEO of Catholic Health and Human Services, which manages Cathedral Healthcare System, Catholic Charities of the Archdiocese of Newark, and Mount Carmel Guild Behavioral Health, Mr. Amoroso has also served as Chairman of Catholic Charities of the Archdiocese of Newark, Chairman of Capital Campaign, and Director of the Executive Committee for the Board of Trustees of Cancer Research & Treatment affiliated with NewYork-Presbyterian Hospital/Weill Cornell Medical Center. He was the Principal Advisor on Urban Health Care to the transition team of Newark Mayor Cory Booker and he has advised NJ Gov. Jon Corzine on reorganizing health care in urban areas. Mr. Amoroso succeeds **Guy Sansone**, Saint Vincent's President and CEO for the past 18 months. • Effective July 1, 2007, **Robert I.**

**Grossman, M.D.** assumes the role of CEO of NYU Hospitals Center and Dean of the NYU School of Medicine. Dr. Grossman is the Louis Marx Professor of Radiology; Chairman of the Department of Radiology; and Professor of Neurology, Neurosurgery, and Physiology and Neuroscience at the NYU School of Medicine. He came to NYU in 2001 from the Hospital of the University of Pennsylvania. He succeeds **Robert Glickman, M.D.**, who has been Dean and CEO at NYU since 1998. ■