



May 26, 2008

# Skyline news

Reporting on New York's Health Care News

## Congress Mulls Medicaid Moratoria as Deadline Passes

**B**y a veto-proof margin of 75-22, the Senate last week approved as part of a bill to fund the continuing wars in Iraq and Afghanistan a provision to prevent the Centers for Medicare & Medicaid Services (CMS) from implementing until April 2009 seven Medicaid regulations, including regulations to eliminate Medicaid funding for graduate medical education (GME), cut critical funding for public hospitals, curtail funding for outpatient hospital services, and hamper the ability of states to raise revenues for their Medicaid programs. Unfortunately, the Congress did not complete action on the bill because on May 15, while passing the Medicaid moratoria legislation by an overwhelming margin, the House of Representatives did not muster enough votes to approve its version of the overall Iraq war funding bill. Final action on the bill, therefore, will have to wait until after the Memorial Day recess, which ends on June 3. Regardless of when the measure does arrive on the President's desk, the Administration has already made clear that it will veto the Iraq war funding bill if the Medicaid moratoria are included, along with other



**On May 12, at St. John's Riverside Hospital in Yonkers, Congresswoman Nita Lowey (D-NY) held a press conference to urge Congressional support for moratoria on the seven Medicaid regulations proposed or promulgated by the Bush Administration. The following day, the New York City Independent Budget Office released an analysis reporting that the City's private and public hospitals could lose more than \$1 billion in annual Medicaid funding if the regulations are implemented. Also pictured are St. John's Riverside Hospital President and CEO and GNYHA Chair-Elect James Foy and GNYHA President Kenneth E. Raske.**

domestic spending items the President opposes. With the existing moratoria on the GME and public provider regulations expiring on May 25, the Administration formally announced on May 21 that it would voluntarily refrain from implementing either rule until August 1, 2008, or "more than 60 days after the moratoria expire." While that announcement was intended to signal a willingness by the Administration to work with stakehold-

## GNYHA Joins Nurse Lobby Day

**O**n May 20, GNYHA joined the Healthcare Association of New York State (HANYS), the New York Organization of Nurse Executives, and nurse executives from hospitals across New York for a lobby day in Albany on nurse staffing and workforce issues. The group educated key members of the Legislature and their staffs on issues related to the nursing shortage, urged support for legislation to enhance the availability of nurses, and expressed serious concern about legislation that would make it more difficult for hospitals to serve patients safely and effectively, including bills to ban unavoidable mandatory overtime and to impose rigid nurse staffing ratios in hospitals. With regard to enhancing the availability of nurses, the group expressed strong support for S.4994-

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ers, it should be pointed out that both of these rules likely would have had a 60-day notice anyway.

GNYHA continues to work with Congress to make sure hospital members are protected from the extremely damaging Medicaid regulations promulgated by CMS (see photo of Rep. Lowey's press conference), and expects that Congress will soon pass legislation to prevent CMS from implementing the regulations. ■

# NYS DOH Kicks Off HEAL NY Phase 5

On May 12, the New York State Department of Health (DOH) hosted a well-attended kickoff meeting for the HEAL NY Phase 5 awardees and their stakeholder organizations. This phase of the HEAL NY program will focus on advancing health information technology (HIT) interoperability and electronic health record adoption in New York State. DOH, along with the New York eHealth Collaborative (NYeC), will serve as the intermediary for HEAL NY awardees, as well as other health care stakeholders involved in HIT projects,

to encourage collaboration on State and regional implementation efforts.

At the kickoff, Lori Evans, Deputy Commissioner for the Office of Health Information Technology and Transformation, presented details on the statewide strategy for HIT, as well as the structure, workflow, and agenda of the “Statewide Collaboration Process.” This process will be a multi-stakeholder effort to develop policies, technical standards, and operational guidance for the Statewide Health Information Network for New York (SHIN-NY), an infrastruc-

ture to connect health information exchange projects across the State. DOH and NYeC also announced the creation of several workgroups that will start to address key areas including protocols and services, clinical priorities, and privacy and security. GNYHA members and staff will participate in each of these workgroups as they relate to hospitals as key stakeholders and participants in health information exchange. For more information about the HEAL NY Phase 5 projects by region, visit <http://www.health.state.ny.us/technology/projects/regions/>. ■

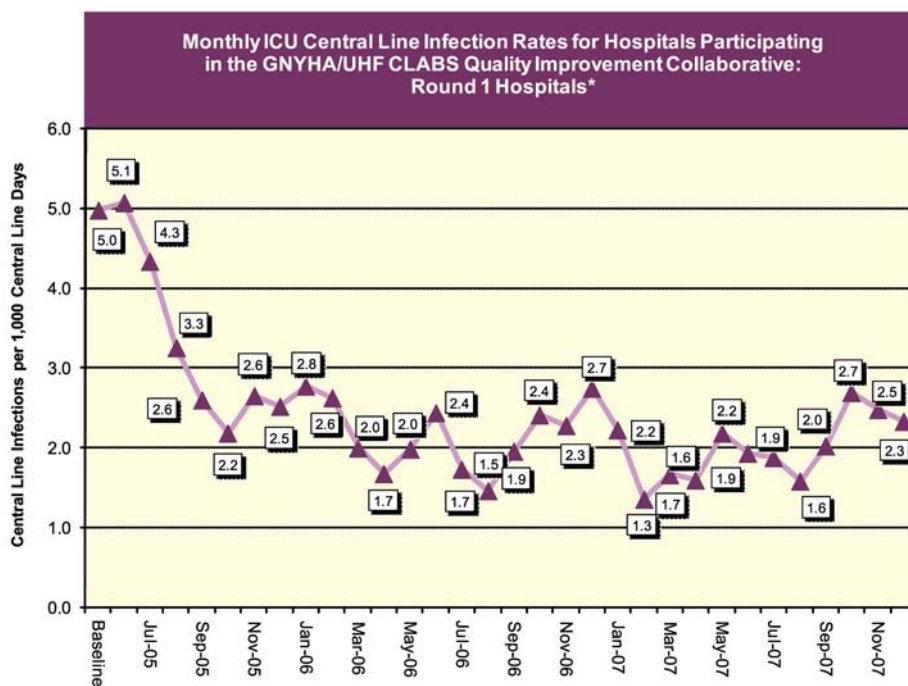
## CLABs Collaborative Reaches Third Anniversary, Releases Progress Report

May 2008 marks the three-year anniversary of the launch of the Central Line-Associated Bloodstream Infections (CLABs) Collaborative—a joint program developed by GNYHA and the United Hospital Fund (UHF) to reduce and eventually eliminate CLABs in hospitals through cultural and systemic change. Since the program’s in-

ception, the initial 36 CLABs-participating hospitals have seen sustained reductions in central line infections by more than 50%, on average. Since 2005, a total of 46 hospitals have joined the program.

As part of the collaborative, participating hospitals submit monthly data on the number of CLABs incidents for every 1,000 ICU patient days with a central line in place. When the collaborative began in May 2005, the aggregate average CLABs rate for the

initial 36 hospitals was 5.0 for every 1,000 ICU patient days with a central line in place. Nationally, about 5.3 CLABs develop for every 1,000 ICU patient days with a central line in place. By the end of December 2007—the last month for which complete CLABs data is available—the initial 36 hospitals participating in the Collaborative had reduced CLABs to 2.3 for every 1,000 ICU patient days with a central line in place. One critical component of the CLABs Collaborative is the adoption of the central line insertion bundle, a kit that includes all of the necessary supplies like the sterile gown and draping for proper line insertion. After implementation of the central line insertion bundle—the 31 months from June 2005 to December 2007—the 48 reporting ICUs from the initial 36 participating hospitals averaged, in the aggregate, 20 months with zero CLABs (or 66% of the 31 months for which data was submitted). Many individual ICUs went consecutive months with zero CLABs on multiple occasions, and a few reported zero CLABs for a year or more. GNYHA will continue to work closely with members and its partner UHF with the goal of achieving and sustaining zero infections. For more information on the CLABs Collaborative or any of GNYHA’s infection prevention initiatives, contact Terri Straub at [straub@gnyha.org](mailto:straub@gnyha.org). ■



# Governor Paterson Proposes Patient Safety Legislation

On May 14, New York Governor David Paterson proposed new patient safety legislation—largely in response to the case of Dr. Harvey Finkelstein, a Long Island doctor accused of poor infection control practices that allegedly led to patients contracting Hepatitis C, among other illnesses. Specifically, the Governor's bill would strengthen oversight of physicians by the State Office of Professional Medical Conduct (OPMC) by requiring continuous review of medical malpractice claims and payouts; require health plans to report physician termination for impairment or misconduct; require courts to report criminal sentences imposed against doctors; require charges of misconduct by the State Board to be made public; require physicians to more regularly update their profiles, including legal actions, for posting on the State

Web site; and allow OPMC better access to physicians' own medical records where there is reason to believe a doctor suffers from alcoholism, substance abuse, or other impairments.

The bill would also strengthen the Department of Health's (DOH's) ability to protect the public from unsafe situations by authorizing DOH to disclose information that comes to light during OPMC investigations; allow DOH to direct a physician to cease activities that may harm public health; enhance DOH's ability to compel physicians to cooperate with investigations; require office-based surgery practices to report the transmission of diseases within their practices; require infection prevention training in medical school and residency programs; and require DOH to conduct a study by January 1, 2009, on the viability of restricting the use of multi-dose vials and

requiring the use of disposable medical equipment engineered for single use. GNYHA is studying the bill and will be working with the Governor and State Legislature on this legislation during the final weeks of the New York legislative session. ■

## RSVP TODAY!



### GNYHA ANNUAL RECEPTION & AWARDS CEREMONY

#### A Salute to the Physician Training Capital of the World

Wednesday, June 4, 2008  
5:30 p.m.–9:30 p.m.

At this year's Annual Reception and Awards Ceremony, GNYHA salutes "the physician training capital of the world" by honoring three representative alumni of New York-area graduate medical education programs who exemplify the hundreds of thousands of physicians who have trained here:

- Bruce Charash, M.D., Founder and Chairman of Doc to Dock;
- Malachi G. Sheahan, III, M.D., Program Director of the Vascular Surgery Fellowship and Assistant Professor of Surgery, Louisiana State University School of Medicine, New Orleans; and
- Martin Posner, M.D., Clinical Professor of Orthopaedic Surgery at NYU Hospital for Joint Diseases.

For more information, please contact Adriana Ramos at [aramos@gnyha.org](mailto:aramos@gnyha.org) or visit the GNYHA Web site at [www.gnyha.org](http://www.gnyha.org). ■



## MedPAC Appoints New Members

On May 22, the Government Accountability Office (GAO) appointed three new members to the Medicare Payment Advisory Commission (MedPAC). The new members are Peter Butler, Executive Vice President and Chief Operating Officer of Rush University Medical Center in Chicago; George Miller Jr., Senior Vice President of Catholic Health Partners and President and CEO of Community Mercy

Health Partners in Springfield, OH; and Michael Chernew, professor of health care policy at Harvard Medical School in Boston. The new members will begin their three-year terms when MedPAC reconvenes in September. GAO also re-appointed Jennie Chin Hansen, R.N., a member of the AARP Board of Directors; and Nancy Kane, professor of management at the Harvard School of Public Health, to new three-year terms. ■

## Around

On May 19, The Brooklyn Hospital Center's Board of Trustees announced that **Dr. Richard Becker** will take over as President and Chief Executive Officer, effective June 30, 2008. Dr. Becker will replace current President and CEO **Samuel Lehrfeld**, who is retiring. Dr. Becker comes to The Brooklyn Hospital Center from the George Washington University Hospital in Washington, D.C., where he served as CEO, as well as Associate Dean of Clinical Affairs and Associate Professor of Anesthesiology and Critical Care Medicine. Dr. Becker completed his general surgical residency at what is now New York Downtown Hospital. ■

## Upcoming GNYHA Member Briefings

### Meeting to Review "Empire Express" Hurricane Evacuation Exercise

**Date:** Thursday, June 5, 2008

**Time:** 2:30 p.m.–4:30 p.m.

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

GNYHA will hold a meeting to review the hurricane evacuation exercise "Empire Express" that will occur on May 30, 2008. The New York State Office of Homeland Security, New York State Emergency Management Office, and the New York State Department of Health are cosponsoring this exercise with support from the U.S. Department of Homeland Security and Federal Emergency Management Agency (FEMA). The exercise will involve hospitals, nursing homes, and adult care facilities in the following areas: the five boroughs of New York City and Nassau, Suffolk, and Westchester counties. For more information, contact Doris R. Varlese. To register for the meeting, email Laurie Sangirardi at [sangirardi@gnyha.org](mailto:sangirardi@gnyha.org). ■

### CCLN Hosts Briefings on Burn Management and Surgical Critical Care

**Date:** Tuesday, June 17, 2008

**Time:** 9:00 a.m.–5:00 p.m.

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

As part of the Critical Care Leadership Network, GNYHA and partner United Hospital Fund will host two half-day programs on June 17. The first half-day session, *Burn Management: The First Three Days*, is designed to review the fundamentals of the comprehensive management of major burn victims up to 72 hours after the burn incident. Topics covered will include burn resuscitation; inhalation injury; early wound evaluation, treatment, and risk assessment; early supportive physiologic support; and special topics such as chemical and electrical injuries, abuse, preservation of function; and environmental and pain control.

The second half-day session, *Fundamentals of Surgical Critical Care*, will examine the issues specific to caring for post-surgical patients that surgeons and non surgeons alike find most challenging. The topics covered will include hemorrhagic shock, pancreatitis, thoracic and pelvic trauma, as well as ischemic bowel and colonic ischemia. The issues will be examined from multiple vantage points, including resuscitation vs. diuresis, surgical versus non-operative management, and when to call for surgical support.

While each session is a half-day program, participants must attend both sessions in order to receive continuing education credits. For more information and for registration, visit: [www.gnyha.org/specialtycc](http://www.gnyha.org/specialtycc). ■

### Training Sessions on Implementation of Ambulatory Patient Groups (APGs)

**Dates and Times:**

Tuesday, June 10 (1 p.m.–5 p.m.)

Wednesday, July 9 (8:30 a.m.–12:30 p.m.)

Wednesday, July 9 (1 p.m.–5 p.m.)

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

GNYHA, in conjunction with the Healthcare Association of New York State (HANYS), will host training sessions on the implementation of Ambulatory Patient Groups (APGs) as the new payment methodology for Medicaid outpatient services. The New York State (NYS) Department of Health (DOH), 3M (the developer of APGs), and Computer Sciences Corporation (the claims processor for the NYS Medicaid program) will provide the training. The State budget agreement for fiscal year 2008-2009 requires the implementation of APGs beginning with hospital outpatient clinic services on December 1, 2008, with a four year phase-in. All three training sessions will cover the same material and individuals may only attend once. The training sessions are targeted at hospital staff from the following departments: Finance/Reimbursement, Patient Accounts, Emergency Department Administrators, Ambulatory Care Administrators, and Compliance Officers. You may register to attend either in person or via the Webcast online at <http://www.gnyha.org/apgtraining>. ■

### World Energy Solutions, Inc.

**Date:** Thursday, June 12, 2008

**Time:** 1:00 p.m.–2:00 p.m.

**Location:** Web-based demonstration

GNYHA Services, Inc. will hold an on-line demonstration for World Energy Solutions, Inc., a provider of on-line auction services for electricity, natural gas, and green credits. During the demonstration, World Energy will show how its "reverse auction" process, in which the winning supplier is the lowest bidder, typically saves its clients between five and thirty percent on their energy costs. This process, which is fully managed by World Energy, is no-cost and risk-free for clients because the winning supplier pays World Energy's fees and there is no obligation to accept the bid if the price is not satisfactory. For more information, or to register for the demonstration, contact Barbara Green (212-259-0720; [green@gnyha.org](mailto:green@gnyha.org)) or Justin Muschong (212-258-5304; [jmuschong@gnyha.org](mailto:jmuschong@gnyha.org)). ■

## GNYHA Joins Nurse Lobby Day

*continued*

B/A.8645-A, sponsored by Senator George Maziarz (R-Niagara) and Assemblywoman Susan John (D-Monroe). This bill would authorize funding for schools of nursing and health care providers for initiatives to increase the number of nurses in New York State, including recruitment and retention efforts, the development of new nursing programs, and the development of faculty. With regard to mandatory overtime, the group expressed opposition to A. 1898-B/S.6342, which would ban the use of mandatory overtime except in the case of extreme emergencies. GNYHA and HANYS oppose the bill for several reasons, including the lack of an exception for situations where an extraordinary number of absences for a given shift would result in unsafe nurse staffing levels. In addition, the Continuing Care Leadership Coalition (CCLC), GNYHA's long term care affiliate, has urged an exemption for home care agencies. GNYHA looks forward to working with its members and the State Legislature on legislation that truly solves the nursing shortage, and thanks its members who participated in this year's nurse lobby day. ■

## Correction Notice

Please note that the previous issue of *Skyline News* (May 12, 2008) reported that NYS Department of Health Commissioner Daines voted against the motion to approve the application for establishing a freestanding (non-hospital-sponsored) ambulatory surgery center (ASC) project, Long Island Hand and Orthopedic Surgery Center, LLC, at the most recent Public Health Council (PHC) meeting. In fact, Commissioner Daines voted to approve the application at the May PHC meeting, consistent with his previous position on the matter. Notwithstanding this, the motion failed due to the lack of sufficient votes for approval. ■