

Progress Notes September 2012

A Monthly Publication of the Nassau-Suffolk Hospital Council, Inc.

Progress Notes publication is a summary of regulatory and legislative news, advocacy messages, and other relevant issues affecting the delivery of hospital and health care on Long Island.

Tax Hikes and Spending Cuts Cloud Horizon

Immediate worries about a federal government shutdown are off the table – at least until March 27, 2013 – as a result of a continuing resolution recently passed by the House and Senate. President Obama is expected to sign it. The stopgap spending bill funds federal agencies at current levels and even allows for a slight increase of 0.6 percent in accord with last summer’s budget deal. While it is business as usual for now, the fiscal cliff draws ever closer and the prospect of steep tax increases and spending cuts occurring at year’s end is very real. Most notably, unless lawmakers find other funding sources, the hospital industry will fall subject to automatic sequestration – two percent across-the-board Medicare cuts – a value of \$375 million in new Medicare reductions (2013 – 2021) to hospitals on Long Island. Sequestration is a result of the bi-partisan super committee’s inability to reach a deficit reduction agreement last November.

It will likely fall to a lame duck Congress to tackle sequestration, as well as other fiscal concerns that hang in the balance – a Medicare physician pay cut of 27 percent, expiring Bush tax cuts, and expiration of the

Social Security payroll tax holiday. In mid-September, the White House released its report on how sequestration would be implemented. The report was required by sequestration language set forth last year.

Hospital leaders from the region visited lawmakers on September 11, 2012 - American Hospital Association Advocacy Day - to register their concerns with these upcoming tax increases and spending cuts. **Leaders will be back in Washington, DC on Thursday, November 9 and Tuesday, December 11 to further press lawmakers.** There is a threat that lawmakers could shift even more of the planned sequester cuts from defense to health care. Advocacy Days are sponsored by the American Hospital Association in conjunction with state and regional associations. Join NSHC president/CEO, Kevin Dahill, at either one or both of these advocacy days. To register and for more information about hotel locations go to:

<http://www.surveymonkey.com/s/WMDJCWK> - Michael McCue, mmccue@aha.org. – Janine Logan, jlogan@nshc.org.

Hospitals Await Fate of Observation Services Bill

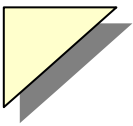
Hospitals in New York continue to await the outcome of the **observation services bill** signed by the state legislature this past spring and delivered to the governor September 21, 2012. The bill will clarify conflicting state and federal observation care regulations and, for many hospitals, alleviate logistical and fiscal concerns. Hospital associations continue to negotiate the particulars of this legislation with the Cuomo administration. State regulations finalized in January require that observation care be provided in a discreet unit, under the direction of the emergency department, with a specific designation of beds for the purpose of providing observation care. Many hospitals do not have the physical space to house such a discreet unit or the funds to construct it. Medicare rules allow hospitals to admit patients to observation status and place them on existing units that best meet patients’ clinical needs. Further, state regulations limit observation care to 24 hours, while federal rules allow 48 hours or more when clinically appropriate. Because of these conflicts, hospitals may tend to admit patients to short stays, even when observation care is clinically more appropriate. These short stays trigger coding/payment audits and have resulted in loss of payment for valid and medically necessary services. The Suburban Hospital Alliance of New York State, LLC advanced legislation to correct these discrepancies.

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This issue of *Progress Notes* is dedicated to the memory of our colleague and friend
Annette Butindari 1960 -2012
NSHC Facilitated Enrollment Program Quality Assurance Coordinator

Continued from page 1. . . *Observation Services Bill*

Meanwhile, the outcome of the **wage deduction bill** is known, as the governor signed this piece of legislation into law earlier this month. The law expands the realm of allowable employee-authorized deductions to include deductions for services provided by employers such as parking, meals in the employer dining facilities, and onsite fund raising activities conducted by auxiliaries. This last deduction is important, as auxiliary-sponsored vendor sales and gift shop purchases are a vital source of fund raising for the auxiliaries and their hospitals. An interpretation of the labor law only allowed for wage deductions that were classified as being for the benefit of the employee. This law, which takes effect October 6, 2012, clarifies the interpretation. – Janine Logan, jlogan@nshc.org.



The Quality Corner

An update on quality reporting measures

Mary Jane Milano, Director of Quality and Education

Influenza Vaccination Notification: Acute care hospitals participating in the Inpatient Prospective Payment System's Hospital Inpatient Quality Reporting Program are required to submit summary data on influenza vaccination of health care personnel beginning on January 1, 2013 for the 2012-2013 influenza season. Data must be reported for all employees on the payroll, licensed independent practitioners (physicians, advanced practice nurses, and physician assistants affiliated with the hospital but not on payroll), and students, trainees, and volunteers aged 18 or older. Go to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network vaccination module website at http://www.cdc.gov/nhsn/hps_Vacc.html for additional information.

Joint Commission Report: The Joint Commission (TJC) recently released its annual report on hospital quality and safety. Hospitals must reach two separate 95 percent performance thresholds to be considered a top performer. The report lists 620 hospitals as "Top Performers on Key Quality Measures." These represent the top 18 percent of those Joint Commission-accredited hospitals that report core measure performance data and reflect an increase of 50 percent from last year. Additionally, another 583 hospitals (17 percent of hospitals) were only one measure short of being recognized as "top performers." The report also notes that hospitals that are not recognized as top performers are still performing well on accountability measures and, overall, since reporting began in 2002, all hospitals have continuously shown improvement on core measures.

Direct Quality Reporting: The CDC is looking to use direct messaging to streamline quality reporting efforts. The CDC issued a request for proposals to vendors who can establish an infrastructure to make direct messaging for quality reporting possible. Currently, health care organizations that submit information to the CDC either report through their respective electronic health records, which requires uploading files, or through the Internet, which is labor intensive. Direct messaging may help streamline data submission.

Obesity Epidemic: The number of obese adults, along with related disease rates and health care costs, are on course to increase dramatically in every state in the country over the next 20 years, according to *Fast in Fat: How Obesity Threatens America's Future 2012*, a report released by Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). If obesity rates continue on their current trajectories, by 2030, the obesity rate in New York could reach 50.9 percent. According to the latest data from the CDC, in 2011, 24.5 percent of adults in the state were obese. Over the next 20 years, obesity could contribute to 2,260,299 new cases of type 2 diabetes; 5,217,841 new cases of coronary heart disease and stroke; 4,953,893 new cases of hypertension; 3,179,056 new cases of arthritis; and 762,062 new cases of obesity-related cancer in New York.

HANYS Quality Committee Meeting: At the committee's September 20, 2012 meeting in New York City, New York State Health Commissioner Dr. Nirav Shah, along with Dr. Foster Gesten and Patrick Roohan, Office of Quality and

Member Hospitals

Brookhaven Memorial Hospital Medical Center

Catholic Health Services of Long Island

- Good Samaritan Hospital Medical Center

- Mercy Medical Center

- St. Catherine of Siena Medical Center

- St. Charles Hospital

- St. Francis Hospital

- St. Joseph Hospital

East End Health Alliance

- Eastern Long Island Hospital

- Peconic Bay Medical Center

- Southampton Hospital

Long Beach Medical Center

John T. Mather Memorial Hospital

Nassau University Medical Center

North Shore-Long Island Jewish Health System

- Franklin Hospital

- Glen Cove Hospital

- Huntington Hospital

- North Shore University Hospital

- Plainview Hospital

- Southside Hospital

- Syosset Hospital

Stony Brook University Hospital

Veterans Affairs Medical Center – Northport

Winthrop-South Nassau University Health System

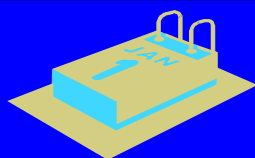
- South Nassau Communities Hospital

- Winthrop-University Hospital

Patient Safety for the state, discussed the priorities of the Department of Health, as well as its newly created Office of Quality and Patient Safety. Ruth Leslie, Deputy Director, Certification and Surveillance for the State Health Department, spoke about the role of a hospital's governing body as it relates to quality, as well as NYPORTS. The Falls Committee of the Northern Metropolitan Hospital Association's Patient Safety Institute talked about the fall prevention strategies developed by the committee. – Mary Jane Milano, mmilano@seagatealliance.com.

National Palliative Care Expert Speaks to NSHC Members Register Now for October 2 Program

Understanding MOLST, Palliative Care and End of Life Care: Dr. **Patricia Bomba**, a nationally-recognized palliative care and end-of-life care expert, presents on the *Medical Orders for Life Sustaining Treatment (MOLST)*, New York's palliative care laws and advance care directives. The program will cover ways that hospitals can honor patients' wishes, provide comfort care, and comply with state law, even if they do not have formal palliative care programs. Dr. Bomba's collaborative work with NYSDOH on health policy and her legislative advocacy for the MOLST Program established MOLST as a statewide program. The program will be held on Tuesday, October 2 from 8 – 9:30 a.m. Please RSVP to Lillian Curry at 631-963-4153 or lcurry@nshc.org.



Mark Your Calendar for NSHC Events in October

- Oct. 2 Palliative Care Briefing with Dr. Bomba, 8 a.m.
- Oct. 9 Executive Briefing, RAC Audits, 8 a.m.
- Oct. 9 Nurse Managers Committee Meeting, 12:30 p.m.
- Oct. 10 Finance Committee Meeting, 8 a.m.
- Oct. 12 Revenue Cycle Committee Meeting, 12:30 p.m.
- Oct. 17 Nurse Executives Committee Meeting, 2 p.m. at Adelphi University
- Oct. 23 Corporate Compliance Committee Meeting, 9:30 a.m.

*Meetings for NSHC members only and are held at the Hospital Council office in Hauppauge unless otherwise noted. To register/info call: 631-963-4153.

News Briefs . . .

Catholic Health Services of Long Island Trustee, Richard J.J. Sullivan, Honored . . . by the Healthcare Trustees of New York State (HTNYS) at the group's 32nd Annual Trustee Conference held September 14, 2012 at Bolton Landing, NY. The 2012 Trustee Leadership and Advocacy Award was presented to Sullivan for his extraordinary service and commitment to Catholic Health Services of Long Island (CHSLI). As chair of CHSLI's board of directors, Sullivan was nominated and confirmed as executive chairman, when the previous CHSLI president retired. Sullivan served as unpaid CEO of CHSLI from July 2011 through April 2012, while the system searched for a permanent CEO. Under his leadership, CHSLI began functioning more like a system, as many new strategic initiatives were launched, including the investment of \$140 million to undertake electronic medical records implementation across the system.

The Gold Seal of Approval . . . was granted to **John T. Mather Memorial Hospital's** laboratory by The Joint Commission on Accreditation of Healthcare Organizations. The designation was earned after an extensive unannounced, on-site Joint Commission survey.

North Shore/LIJ CEO among Most Influential . . . according to *Modern Healthcare* magazine's annual listing. Michael Dowling, CEO of the North Shore/LIJ Health System, ranked 38th in a list of the "100 Most Powerful People in Health Care." He was the only leader of a Long Island-based institution to make the list.

Stony Brook Medicine Welcomes New CEO . . . Reuven Pasternak MD, who assumed the role at Stony Brook Medicine as chief executive officer and vice president for health systems of **Stony Brook**

University Hospital. Dr. Pasternak is a native of Hempstead, NY and comes to Stony Brook from Inova Health System in Falls Church, VA, where he served for the past four years as CEO of the Inova Fairfax Hospital campus and executive vice president of academic affairs for the health system.

Media Crisis Communication and Social Media . . . conference offered by the Healthcare Association of New York State (HANYS) takes place Wednesday, November 14, 2012 at the Hotel Albany. Two sessions will cover: crisis vulnerability and planning exercises, secrets of developing compelling and quotable messages, exercises to develop and refine your social strategy, case studies of hospitals using social media successfully. Contact: Michael Pauley, mpauley@hanys.org.

Historic National Cancer Prevention Study . . . involves eleven hospitals on Long Island. The American Cancer Society's Epidemiology Research Program will be enrolling participants for its newest research study, the Cancer Prevention Study-3 (CPS-3). The study will follow participants for 20 years in an effort to figure out who gets cancer and why. Weight and physical activity will be a major focus of the study, but other behaviors, including the use of medications, will be examined as well. Long Island hospitals participating in the study are **Glen Cove Hospital, St. Joseph Hospital, Mercy Medical Center, St. Francis Hospital, Huntington Hospital, Good Samaritan Hospital Medical Center, Southside Hospital, Peconic Bay Medical Center, Southampton Hospital, St. Catherine of Siena Medical Center, and Stony Brook Medicine**. For more information go to:

<http://www.cancer.org/Research/ResearchProgramsFunding/Epidemiology-CancerPreventionStudies/CancerPreventionStudy-3/cps3-locations#ny>

Drug Take Back Day . . . will occur September 29. The United State Drug Enforcement Administration (DEA) is sponsoring this fifth National Prescription Drug Take-Back Day. This initiative provides a venue for people who want to dispose of unwanted and unused prescription drugs and to remove them from their household medicine cabinets. In addition, it can be arranged for DEA agents to go to programs/facilities licensed as Class 3A Institutional Dispensers, Limited to collect discontinued, expired, or unwanted pharmaceuticals. The Department of Health's Bureau of Narcotic Enforcement (BNE) is working with the DEA to facilitate the approval process for collecting drugs from institutions. Direct questions to the BNE at 866-811-7957.

Hospital's Secret Garden . . . is growing on the fourth floor of Stony Brook's Health Sciences Tower. Stony Brook Heights Rooftop Farm is a collaborative effort of the hospital's nutrition division, Department of Medicine at Stony Brook University School of Medicine, **Stony Brook University Hospital** Food Service, and Stony Brook University's Sustainability Studies Program. The farm supplements the nutrition and food offerings to hospital patients. This year's crop has produced more than 400 pounds with 33 varieties of vegetables and herbs.

Committee News ...

Communications Committee: The group met on Friday, September 21, 2012 and welcomed guest presenters from *Newsday* who were on hand to inform hospital communicators about the various print, online, and web-based opportunities at *Newsday*. The meeting continued with a discussion of possible educational topics, media visits, and public health/public policy awareness initiatives.

Finance Committee: At its September 5th meeting, the Finance Committee received a guest presentation from Daniel Farrell, director of health care transaction services for PricewaterhouseCoopers, regarding hospital mergers and acquisitions. The group also discussed RAC activity and advocacy efforts.

**ABC's of
Health Care Reform
and You**

Brought to you by the hospitals on Long Island

For news and updates about the **Affordable Care Act** go to www.nshc.org
Find out about **A**ccess, **B**enefits, **C**osts as they apply to you and your hospital now and in the future. . .

A public information campaign sponsored by the NSHC Communications Committee



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