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Update Archives

Governor and Lawmakers Issue New Budget Proposals

Governor Dannel Malloy, legislative Democrats, and House and Senate Republicans all released budget proposals this week that are intended to close the state's growing deficit.

Governor Malloy's revised FY 2018-2019 budget, which was released on May 15, continues to authorize cities and towns to tax real property owned by acute care and specialty hospitals. Additionally, the budget reduces by $100 million the new supplemental pool of $250 million proposed in the Governor's February budget. Imposing local property taxes on hospitals was unanimously rejected by the Finance, Revenue and Bonding Committee in its revenue package released late last month.

Also in relation to hospitals and healthcare, the Governor's budget:

- Annualizes the FY 2017 rescissions of $6 million in hospital supplemental payments.
- Eliminates the hospital supplemental payment separate line item.
- Eliminates the small hospital pool, for a cut of approximately $11.8 million in each year of the biennium.
- Cuts $800,000 in FY 2019 to nursing homes and hospitals for reduced excess capacity based on structural changes based on a New York state report from 2006.
- Reduces funding to Connecticut Children's Medical Center by $1,265,717 in FY 2018 and $2,531,434 in FY 2019.
- Reduces funding to the Department of Mental Health And Addiction Services by $6,658,096.
- Annualizes FY 2017 rescissions and makes additional cuts to UConn John Dempsey Hospital totaling more than $1.5 million in each year of the biennium.
- Cuts funding to school-based health clinics by $330,000.
- Reduces hospital/college PILOT payments to certain municipalities by $4 million.
- Delays the establishment of the Office Of Health Strategy until FY 2019.

The Governor's plan relies on achieving more than $1.5 billion in savings from state employee concessions over the next two fiscal years, and includes his previously announced plan to require municipalities to assume $400 million in annual teacher pension costs. It cuts more than $700 million in municipal aid; increases revenue by an additional $80 million over the Governor's original budget by boosting the real estate conveyance tax on properties valued above $800,000; ends the sales tax exemption on non-prescription drugs; and imposes certain restrictions on business tax credits.

Senate and House Democratic legislative leaders jointly issued a press release on May 16 describing their biennium budget. According to that release, the Democratic plan does not include the Governor's proposal to allow municipalities to levy a property tax on not-for-profit hospitals, and it does not repeal the sales tax exemption on hospitals. It also includes a $250 million increase in supplemental Medicaid funding to hospitals.

Like the Governor's plan, the Democrats' budget proposal relies on roughly $1.5 billion in state employee union concessions over the next two fiscal years. Democrats have also called for deep cuts to municipal aid and public colleges and universities, as well as legalizing marijuana and opening a new casino.

Finally, House and Senate Republicans issued separate budget proposals this week. Both of those plans, which are currently being reviewed by the state Office of Fiscal Analysis, retain the small hospital pool and add $40 million to the supplemental payment pool.

Both of those plans also rely on the Governor obtaining an extra $650 million in concessions from unionized state employees, increasing the amount needed in concessions to about $2.2 billion.

The Malloy administration has notified the unions that more than 1,000 state employees could lose their jobs due to the state's fiscal problems. The Governor has publicly stated that layoffs could be far more severe – up to 4,200 employees could be laid off – if the state can't reach an agreement with the unions on concessions.

CHA Program Explores Best Practices for Neonatal Abstinence Syndrome

When Yale New Haven Hospital's Matthew Grossman, MD, and his team started looking at how they were caring for infants born with neonatal abstinence syndrome (NAS) in 2010, they discovered something important.

They were doing what they had always done, rather than finding new solutions. Dr. Grossman, Assistant Professor of Pediatrics and Quality and Safety Officer at Yale New Haven Hospital, described his hospital's journey to transform the way it cares for infants with NAS during a program at CHA on May 16.

Dr. Grossman was one of six speakers at the CHA program, Opioid Dependence and Neonatal Abstinence Syndrome: From Pregnancy to Postpartum to Community, which was co-sponsored by the Connecticut Perinatal Quality Collaborative, Yale New Haven Hospital, the March of Dimes, and Connecticut Children's Medical Center.

The Connecticut Perinatal Quality Collaborative (CtPQC) works to promote high quality maternal and newborn care across the continuum, from the hospital to the neonatal intensive care environment. CHA partners with CtPQC to improve the health and quality of care for mothers and infants, most recently through the Neonatal Abstinence Syndrome Comprehensive Education and Needs Training project.

The first step in the hospital's journey, Dr. Grossman said, was when it began to question its use of morphine to treat babies with NAS. At the time, he said, the hospital was treating 98 percent of these tiny patients with morphine, but when he and others began closely reading studies on the use of morphine and other drugs for NAS babies, they found that the studies didn't show consistent results.

The more they looked at their protocol for treating these babies, he said, the less sense it made. After birth, babies with NAS would be taken immediately to the NICU, assessed with the Finnegan NAS Scoring Tool and, based on the score from the tool, administered morphine or another drug. The babies were cared for exclusively by the NICU nursing staff, all of which resulted in average hospital stays of four weeks per child.

"We took a step back and asked, 'What are our goals?' They were simple. We wanted to minimize negative outcomes, such as seizures, which are very rare, and promote maternal bonding. We wanted these kids to do well in the hospital and also at home," Dr. Grossman said. "So, we started treating them like babies first and NAS babies second."

It didn't happen overnight, but the hospital changed the protocol for care of babies with NAS. First, Dr. Grossman said, it committed to following the first line of treatment for NAS babies from the Academy of Pediatrics, which is non-pharmacological treatment and based on the identified needs of the mother and baby. This includes rooming-in so mothers participate in the care of their baby, skin-to skin contact, and encouraging breastfeeding. Creating a non-judgmental, compassionate, quiet environment is also important for both mothers and babies.

The team also began assessing the babies differently. Instead of using the Finnegan NAS Scoring Tool, hospital staff assessed the babies on three simple measures: Can the baby eat, sleep, and be consoled?

Now, babies with NAS room with their mothers, receive supportive care from hospital staff, and are rarely given morphine or other drugs for their withdrawal symptoms, Dr. Grossman said. The average length of stay dropped from 30 days to 5.9 days, and breastfeeding rates have climbed above 50 percent.

In addition to Dr. Grossman's presentation, the May 16 program covered a variety of topics related to maternal opioid dependence and NAS. Vincent McClain, MD, Assistant Medical Director, Residential Addiction Services, Rushford Center, spoke about obstetric management of opioid dependency. Margaret McLaren, MD, Connecticut Children's Medical Center Specialty Group, and Associate Professor of Pediatrics, UConn School of Medicine, gave a presentation on using an empathic model for treating pregnant women and mothers with opioid addictions. A team from Middlesex Hospital explained how they adopted the same model for NAS care as that used in Yale New Haven Hospital. The team comprises Lauren Melman, MD, Inpatient Pediatric Infant Care and Primary Care Pediatrics, Middlesex Hospital; Cliff O'Callahan, MD, PhD, Pediatrics and Family Medicine, Director of Nurseries, Middlesex Hospital; and Laura Pittari, APRN, Neonatal Unit, Middlesex Hospital.




Day Kimball Healthcare, Yale New Haven Health Announce Community Partnership

Day Kimball Healthcare (DKH) and Yale New Haven Health have announced a new "Community Partner" relationship that will enhance clinical care at Day Kimball Hospital and expand access to care providers in Northeast Connecticut.

The announcement was made at the DKH Center in Plainfield, where a Yale New Haven Health-affiliated Yale Medicine cardiologist's office was added to the healthcare center.

DKH President and CEO Joseph Adiletta was careful to point out that this new relationship is not a merger; rather, it is a clinical partnership. Mr. Adiletta said becoming a Yale New Haven Health Community Partner is a progressive step in Day Kimball's strategy to grow access to high quality healthcare in the communities it serves while it remains one of the few independent hospitals and healthcare systems in the state.

"For more than 122 years, Day Kimball's mission has been to serve the health needs of our community through our core values of clinical quality, customer service, fiscal responsibility, and local control," said Mr. Adiletta. "Becoming a Community Partner of Yale New Haven Health will allow us to preserve and expand access to first class care close to home in Northeast Connecticut. We are proud to join with such a recognized and esteemed partner in this effort, particularly a partner that so closely shares our vision and values of what healthcare should be and how it should be delivered."

Yale New Haven Health Chief Operating Officer Chris O'Connor said, "We are proud to partner with DKH to enhance access to high quality clinical care in Northeast Connecticut in a cost-effective manner. DKH has an outstanding history of providing exceptional care and we believe this partnership will bring mutual benefit to both organizations and to the people in this region."

Now that DKH has become an official Community Partner of Yale New Haven Health, the two systems will work together to identify additional opportunities for collaboration.

DKH is the second organization to become a Community Partner of Yale New Haven Health; Bristol Hospital became a Community Partner in 2013.

Bridgeport Hospital School of Nursing Celebrates Final Graduation

After 133 years of educating nurses from throughout Connecticut, Bridgeport Hospital School of Nursing (BHSN) – the state's oldest nursing school – held its final commencement ceremony earlier this month as it prepares to transition from a two-year diploma program to a four-year bachelor of science in nursing program at the University of Bridgeport this fall.

The decision to transition was prompted by a 2010 Institute of Medicine report and other national patient safety recommendations to raise nursing education standards. BHSN's Surgical Technology program will transition to Housatonic Community College (HCC) in the fall and be elevated to an associate degree program. The BHSN Sterile Processing program will also move to HCC.

"You got started – now keep going," Bridgeport Hospital School of Nursing Director Linda Podolak, DNP, told graduates at the May 1 ceremony. "Today is a beginning. Be open, learn from your experiences, and find the leader within to provide the best care to your patients."

Despite the bittersweet occasion that precedes BHSN's transition to University of Bridgeport, the mood of the 30 graduates from the accelerated class of December 2016 and 50 from the traditional class of May 2017 was celebratory.

"This is a day we not only celebrate memories as the school closes but we also look ahead to the future," said MaryEllen Kosturko, MAHSM, BSN, RN, Bridgeport Hospital Senior Vice President, Patient Care Operations and School of Nursing. "Stay involved in the nursing profession and it will open doors for you."

Pulitzer Prize Winning Columnist to Provide CHA Annual Meeting Keynote Address

Pulitzer Prize winning *Washington Post* columnist and MSNBC analyst Eugene Robinson will deliver the keynote address at CHA's 99th Annual Meeting on Wednesday, June 14, 2017.

Mr. Robinson is on the front lines of news coverage every day. His twice weekly column is syndicated in 145 newspapers across the nation. In his three decades at the *Washington Post*, Mr. Robinson has been city hall reporter, city editor, foreign correspondent in Buenos Aires and London, foreign editor, and assistant managing editor in charge of the paper's award winning Style section. He has written books about race in Brazil and music in Cuba, covered a heavyweight championship fight, witnessed riots in Philadelphia and a murder trial in the deepest Amazon, sat with presidents and dictators and the Queen of England, trusted and parried with hair--proud politicians from sea to shining sea, handicapped three editions of American Idol, acquired fluent Spanish and passable Portuguese and even, thanks to his two sons, come to an uneasy truce with hip-hop culture.

Mr. Robinson's remarkable story telling ability has won him wide acclaim, most notably as the winner of the 2009 Pulitzer Prize for his commentary on the 2008 presidential race.

Mr. Robinson's insights on the current political realities and the impact on healthcare are free of the usual inside the beltway jargon. While media outlets may be tempted to churn out news served on a platter by candidates and companies, Mr. Robinson takes a step back not only to look at the big picture, but to focus on deeds—not just words. Whether he's assessing politicians, cliff hanging events on Wall Street, or handicapping elections, he reminds us that politics may not be for the faint of heart but sure can be fun to watch.

The theme of this year's Annual meeting is *Connecticut Hospitals: Building a Healthier Connecticut*. The theme reflects hospitals' 2017 advocacy focus on building a healthier state – with healthier people, healthier communities, and a healthier economy that comes from a strong hospital and healthcare sector.

Education Updates

How to Ensure a Healthcare Compliance Program is Really Effective
Friday, June 16, 2017

9:00 a.m. - 12:00 p.m.
View Brochure | Event Registration

This program will cover the latest industry enforcement trends, including developments on compliance program effectiveness. It will also provide an in-depth discussion on how to mitigate key risk areas such as coding, billing, and privacy. Participants will be provided tips on how to demonstrate the effectiveness of a compliance program and participate in an interactive discussion on these topics.

Managing the Operating Budget
Tuesday, June 20, 2017
9:00 a.m. - 3:00 p.m.
View Brochure | Event Registration

In today's healthcare environment, resources are limited. Managers are challenged to get the most out of their budgeted resources and comply with budgetary constraints. The need for sound budget management tools is paramount. Managers must understand revenue and costs behavior, how to analyze their departmental performance, and how to modify performance to achieve their budgeted operational and financial objectives.

This day-long program—part two of a two-part series that began in April 2017—will introduce managers to a variety of analytic tools (revenue and spending analysis, volume-adjusted variance analysis, work process and root cause analysis, and revenue and expense forecasting) as well as a number of strategies to improve revenue and expense performance. Bill Ward, a lecturer on financial management in healthcare, will present this program.

Financial Analysis Tools for Managers
Wednesday, June 21, 2017
9:00 a.m. - 3:00 p.m.
View Brochure | Event Registration

What is the potential financial impact of a new initiative or a new technology? How can the financial impact be determined? Why is departmental supply spending so much higher than last year? Does it make sense to staff a critical vacancy with agency staff? Is the employment of clinical pharmacists, intensivists, or hospitalists financially sound?

What are the best ways to develop answers to these questions? How can department managers and directors make and support their decisions with sound financial analyses? This program provides managers and clinicians with tools they can use to answer questions about current performance and opportunities they are considering. Bill Ward, a lecturer on financial management in healthcare, will present this program.