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Hundreds of nurses, doctors, and hospital staff members from across Connecticut met with lawmakers on April 4 to thank them for their support and to advocate for a healthcare system that is adequately funded, protects patients, and contributes to the economic vitality of the state.

Wearing blue surgical scrubs, suits, and white lab coats, the hospital staff members fanned out across the Legislative Office Building and Capitol for both impromptu and scheduled meetings with lawmakers. Also this year, a number of legislators sought out their constituents to learn about their concerns related to hospital and healthcare issues.

At the forefront of their message to lawmakers Wednesday was a request to protect the agreement reached last year with the state on the hospital tax. That agreement, which initially increases both the hospital tax and state payments to hospitals, calls for a reduction in taxes and payments in 2020. However, in his February budget proposal, Governor Dannel Malloy proposed keeping the tax at the higher \$900 million a year level in 2020 but eliminating the scheduled payments to hospitals.

As they met with lawmakers, participants emphasized that hospitals not only play a critical role in preserving, protecting, and improving the lives of all people in Connecticut, but are the key to a healthier economy; they contribute \$26.2 billion to the state and local economies each year and employ more than 100,000 people in Connecticut, often making them the largest employers in their communities.

In addition to the tax agreement, hospitals brought a unified voice to some core concerns. They urged lawmakers to bring Medicaid rates in line with the national average, oppose a proposed \$20 million cut to the Graduate Medical Education (GME) fund, support a fair Certificate of Need (CON) process that treats hospitals the same as other providers, and increase funding for mental health and substance use and prevention programs.

Jacob Quinton, MD, and Shawn Ong, MD, who are both second-year residents in Internal Medicine at Yale New Haven Hospital, shared their concerns about the proposed GME cuts with state Senator Gary Winfield (D-New Haven).

"We all feel it's very important to continue that funding for training," said Dr. Quinton. "We're very concerned if this is on the chopping block."

Sen. Winfield told the residents that he is concerned about cuts to healthcare.

Hartford HealthCare employees had a similar message for lawmakers.

As they waited for an elevator to take them to a meeting with Sen. Steve Cassano (D-Manchester), Gail Nelson, RN, Carol Ghergurovich, RN, and Julie Michaelson, RN, talked about how potential GME cuts would affect Hartford HealthCare.

"This has a particular impact for us because two of our hospitals are teaching hospitals," said Ms. Nelson.

Bristol Hospital employees gathered with Rep. Whit Betts (R-Bristol), Rep. John Piscopo (R-Thomaston), Rep. William Petit (R-Plainville), Sen. Henry Martin (R-Bristol), and Sen. Eric Berthel (R-Watertown), to discuss a variety of issues that could impact hospitals this legislative session, including the state's financial health, job creation, and a bill that would prohibit supervisors from requiring their

employees to attend employer-sponsored meetings about religious or political matters. That bill, [HB 5473, An Act Concerning Captive Audience Meetings](#), is [opposed](#) by CHA.

Hospitals and health systems participating in Hospital Day included: Bristol Hospital; Day Kimball Hospital; Griffin Health; Hartford HealthCare, which includes Backus Hospital, Hartford Hospital, The Hospital of Central Connecticut, MidState Medical Center, Windham Hospital, and The Charlotte Hungerford Hospital; Trinity Health Of New England, which includes Saint Francis Hospital and Medical Center, Saint Mary's Hospital, and Johnson Memorial Hospital; Western Connecticut Health Network, which includes Danbury Hospital and Nowalk Hospital; and Yale New Haven Health, which includes Bridgeport Hospital, Greenwich Hospital, Lawrence + Memorial Hospital, and Yale New Haven Hospital.



## CHA Testifies Against Municipal Revenue Bill



On Monday, April 2, CHA testified in opposition to [HB 5591, An Act Concerning Municipal Revenue](#), on the grounds that the bill pre-ordains the creation of a municipal services in lieu of taxes (SILOT) program on not-for-profit hospitals and colleges.

In his testimony before the Finance, Revenue and Bonding Committee, Carl Schiessl, Director of Regulatory Advocacy at CHA, said that the section of the bill creating a work group charged with developing recommendations for a SILOT program can only be interpreted as "mandatory" because municipalities are already free to develop voluntary programs to generate revenue from tax-exempt properties to help finance the delivery of local public services. Mr. Schiessl also pointed out that the Economic Growth and Fiscal Stability Report urged the Legislature to authorize municipalities to impose SILOTS on not-for-profit hospitals and colleges – another reason CHA interprets the section as mandatory.

CHA opposes a mandatory SILOT program for numerous reasons, including that it will increase the cost of healthcare, function as a disincentive to expand care into new areas, and will hamper efforts to grow Connecticut's healthcare economic sector. Hospitals are often the largest employers in their communities and are typically located in central cities, Mr. Schiessl added, and should be encouraged to "grow and prosper rather than pay new fees."

Hospitals already contribute to their communities in numerous ways, he said. In 2016, for example, Connecticut hospitals provided more than 12 million services to individuals and families at a cost of \$1.7 billion.

"Connecticut hospitals are keeping their promises to the state, to cities and towns, and to their patients. We remain committed to working with you to enact measures that will achieve economic growth and fiscal stability, while striving to improve the health of our communities," Mr. Schiessl concluded. "The state should not impose mandatory municipal service fees on not-for-profit hospitals."

## Legislative Committees Reach Reporting Deadlines This Week

All legislative committees will have reached their reporting deadlines by the end of this week, and all bills to be considered for action during the 2018 Legislative Session will be known. The Judiciary Committee met its JF Deadline on Wednesday, April 4; the Appropriations Committee met its JF Deadline today, April 5; and the Finance Committee will meet its JF Deadline on Friday, April 6. At the time of publication, the Finance, Revenue and Bonding and Appropriations Committees were meeting and will determine whether they will take action on bills of interest to hospitals.

On April 4, the Judiciary Committee released with a Joint Favorable Substitute (JFS) report [HB 5473, An Act Concerning Captive Audience Meetings](#), a bill [opposed](#) by CHA that would prohibit any person engaged in business from requiring his or her employees to attend employer-sponsored meetings that have as their primary purpose communications concerning religious or political matters.

The Public Health Committee met on Monday, March 26, and reported out of Committee with a Joint Favorable (JF) report:

- [SB 164, An Act Raising The Legal Age To Purchase Tobacco To Twenty-One](#), a bill supported by CHA that would raise the legal age to purchase tobacco to 21. CHA's testimony can be found [here](#).

The Committee reported out with a Joint Favorable Substitute (JFS) report:

- [SB 303](#), An Act Concerning Urgent Care Centers, a bill opposed by CHA that would, among other provisions, regulate the signage outside of outpatient clinics, urgent care centers, and freestanding Emergency Departments. CHA's testimony can be found [here](#).
- [SB 401](#), An Act Concerning The Use Of Automatic External Defibrillators, a bill supported by CHA that would provide liability protection to physicians and other healthcare professionals who use automated external defibrillators in the scope of their practice or employment when the automatic external defibrillator malfunctions. CHA's testimony can be found [here](#).
- [SB 464](#), An Act Establishing A Working Group To Enhance Physician Recruitment In The State, a bill supported by CHA that would establish a working group to enhance physician recruitment in the state. CHA's testimony can be found [here](#).
- [SB 511](#), An Act Concerning Opioids, a bill that would evaluate and establish various methods of combating the opioid crisis in the state. CHA supports and opposes various sections of this bill. CHA's testimony can be found [here](#).
- [HB 5289](#), An Act Concerning The Department Of Public Health's Recommendations Regarding The Clean Indoor Air Act, a bill supported by CHA that would implement the recommendations of the Department of Public Health to expand both the Clean Indoor Air Act and prohibitions on smoking in the workplace. CHA's testimony can be found [here](#).

All bills released by the Committee will be reviewed by nonpartisan fiscal and legal departments and placed on the calendar for further action.

## Harsh Flu Season Coming to an End, But Hospitalizations Persist



Connecticut is past the peak of flu season, according to the Department of Public Health (DPH), but the illness is still geographically widespread throughout the state, with an elevated percentage of patients exhibiting flu symptoms presenting to hospital emergency departments and outpatient providers.

The severe flu season has resulted in 131 deaths in Connecticut, including three children. Of these deaths, 110 were among patients over the age of 65, 12 were 50-64 years of age, 5 were 25-49 years of age, 1 was between 19-24 years of age, and 3 were under the age of 18.

Flu activity remains elevated across the state, according to DPH, with a total of 2,839 patients hospitalized with confirmed cases of flu between August 27, 2017 and March 31, 2018. Statewide ED visits attributed to flu were trending downward but increased from 6.4 to 6.9 percent in the last week, DPH reported. A total of 9,495 positive influenza laboratory tests have been reported so far this season. The percentage of hospital admissions due to pneumonia attributed to influenza has decreased to 2.9%, which is below the baseline average of 4%.

The U.S. Centers for Disease Control and Prevention recommends the flu vaccination for everyone six months and older. Additionally, if vaccinated people get the flu, symptoms can be less severe. There are also anti-viral medications that can mitigate symptoms if taken within the first 48 hours.

In 2011, the CHA Board adopted a statewide policy endorsing mandatory influenza vaccination for hospital personnel as part of CHA hospitals' commitment to patient safety. To date, the vast majority of acute care CHA member hospitals in Connecticut have implemented a mandatory participation or mandatory vaccination program.

## Next Tuesday: 16th Annual Patient Safety Summit

As part of its ongoing efforts to advance patient safety and awareness, CHA will hold its 16th Annual *Patient Safety Summit* on Tuesday, April 10, from 9:00 a.m. to 4:00 p.m. The event, which is co-sponsored with Qualidigm and the Connecticut Association of Healthcare Executives, will focus on developing strategies and processes to change care statewide.

The morning program will include a keynote presentation by representatives from Christiana Care Health System, recipient of the John M. Eisenberg Patient Safety and Quality Award for Innovation in Patient Safety and Quality at the Local Level. The presentation will describe Christiana Care Health System's journey to developing an infrastructure for population health management, explain its process for integrating population health and quality strategies, and review the key principles in effectively managing risk-based populations. The keynote address will be given by Sharon Anderson, RN, Chief Population Health Officer and Senior Vice President for Quality and Patient Safety at Christiana Care Health System, and President of Christiana Care Carelink; and Patricia Resnik, Vice President of Quality and Care Management for Christiana Care Health System.

The morning program will also include a presentation by Independent Healthcare Consultant Charisse Coulombe, who will discuss the current focus of the Centers for Medicare and Medicaid Services (CMS) and describe ways to influence the implementation of evidence-based practices to produce sustainable change at healthcare organizations. Ms. Coulombe will also share information on how changes within each hospital or facility have impacted large, national scale change.

In the afternoon, Tim McDonald, MD, Director at the Center for Open and Honest Communication, MedStar Institute for Quality and Safety, and Professor at Loyola University Chicago Beazley Institute for Health Law and Policy, will give a presentation on adopting a principled approach to responding to patient harm.

The closing workshop will be led by Melinda Van Niel, Project Manager, Massachusetts Alliance for Communication and Resolution Following Medical Injury (MACRFMI), Department of Health Care Quality, Beth Israel Deaconess Medical Center. Ms. Van Niel will review successful implementations of disclosure, apology, and early resolution programs.

[View Brochure](#) | [Event Registration](#)

## Education Updates

**Lean Principles: Process Flow and Value Stream Mapping in Healthcare**

Session 1: Monday, April 9, 2018

Session 2: Monday, April 16, 2018

9:00 a.m. - 2:00 p.m.

[View Brochure](#) | [Event Registration](#)

As the demands of health reform drive change in all areas of healthcare delivery, hospital leaders are focused on transforming their organizations through strategies that simultaneously increase revenue and sharply reduce costs. Lean principles offer leaders a management system and methodology that improves team engagement, eliminates road blocks, and allows hospitals to improve the quality of care for patients by reducing errors and waste streams, including wait times. It is a systematic approach to reducing costs and risks, while simultaneously setting the stage for growth and expansion.

Please note: This is a two-session program. Participants should attend both sessions.

**Managing the Operating Budget**

Tuesday, April 24, 2018

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

In today's healthcare environment, resources are limited. 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 introduced 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, revenue and expense forecasting) as well as a number of strategies to improve revenue and expense performance.

**Financial Analysis Tools for Managers**

Wednesday, April 25, 2018

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? This program provides managers and clinicians with tools they can use to answer these and other questions about current performance and opportunities they are considering.

**HIIN Health Equity: Developing Effective Partnerships to Address Social Determinants of Health**

Friday, April 27, 2018

9:00 a.m. - 3:30 p.m.

[View Brochure](#) | [Event Registration](#)

Hospitals are forging collaborative relationships with key community partners to improve care and achieve health equity. Partnerships between hospitals and community-based organizations are central to addressing the social determinants of health linked with effective healthcare and improved patient outcomes. In this workshop, Collaborative Consulting, a specialist consultancy with expertise in partnership development between healthcare and communities, will provide information on models and strategies for effective hospital/community based-organization partnerships.

This program is being offered under the Hospital Improvement Innovation Network (HIIN), a CMS national initiative aimed at advancing patient and family engagement and reducing events of preventable patient harm.

**An Expert's Guide to Reducing Hospital Readmissions**

Tuesday, May 1, 2018

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

Hospitals around the country, including those in Connecticut, are still struggling to decrease hospital readmissions. Amy Boutwell, MD, MPP, President, Collaborative Healthcare Strategies, a national thought leader, will present data-informed and root cause analysis-driven strategies to reduce readmissions, using the tools from the AHRQ ASPIRE Guide, and implementation experience from local, state, and national efforts to reduce readmissions.

This program is being offered under the Hospital Improvement Innovation Network (HIIN), a CMS national initiative aimed at advancing patient and family engagement and reducing events of preventable patient harm.

**Transitioning From Staff to Management: What's Next?**

Thursday, May 3, 2018

8 :30 a.m. - 3:30 p.m.

[View Brochure](#) | [Event Registration](#)

Whether recently assigned to the role of manager or a seasoned veteran, it is important to determine how well your problem solving, critical thinking, and decision making skills are keeping pace with the ever-changing healthcare environment. This is the second course in a two-part program and provides additional development for all managers—those who are new to the role and those who want to continually improve their skills.

### **Leading in Turbulent Times**

Friday, May 4, 2018

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

The scope and pace of change in healthcare is unrelenting. Turbulent times is synonymous with VUCA, an acronym that describes an environment that is Volatile, Uncertain, Complex, and Ambiguous—a military term that was created during the Cold War and reused during the Middle East conflicts. Healthcare fits the description perfectly—and as the landscape continues to evolve, learning the strategies and principles of VUCA Leadership will enhance focus and agility. This workshop will blend didactic and experiential material, giving leaders practical tools to engage their employees in shaping organizational culture and achieving outcomes that drive operational excellence.

### **A Closer Look at Asthma: Innovation and Strategies for the Future**

Thursday, May 10, 2018

9:00 AM - 3:00 PM

[View Brochure](#) | [Event Registration](#)

Elizabeth Cotton Matsui, MD, Professor of Pediatrics at Johns Hopkins University School of Medicine, will be the keynote speaker for the upcoming asthma conference. Dr. Matsui is a leading international expert on environmental allergies and asthma. This day-long conference, being offered through the collaboration of CHA's Connecticut Asthma Initiative and the Connecticut State Department of Public Health's Asthma Program, will feature sessions focused on innovation and strategies for community partnerships to improve asthma care and outcomes.

