Appropriations Budget Continues Hospital Cut Of $90 Million

On Wednesday, March 6, state lawmakers on the Appropriations Committee released a 2017 budget adjustment plan that continues the $90 million cut made to hospitals during the last budget cycle, but does not include any new reductions to the Supplemental or Small Hospital Pools.

That budget plan, HB 5044, An Act Making Adjustments To State Expenditures For The Fiscal Year Ending June 30, 2017, cuts roughly $570 million from the state budget but leaves another $330 million in savings still to be found in order to address a projected $900 million deficit.

The plan was criticized by both Governor Malloy and Republican leaders, who said Democrats didn’t go far enough to address the state’s budget crisis. The Governor announced that he would submit a revised proposal next week to address the entire projected budget deficit.

The Appropriations Committee budget reduces Governor Malloy’s transportation initiative by approximately $100 million, cuts educational cost-sharing funds for cities and towns by 1 percent, and takes $154 million from prisons, $130 million from the Department of Children and Families, and $81 million from the Department of Developmental Services, among others.

With respect to hospitals and healthcare, the budget:

- Continues cuts made to hospitals in the deficit mitigation plan enacted in December 2015, resulting in a $90 million reduction to hospitals ($30 million state share) in FY 2017.
- Reduces funding to the Small Hospital Pool by $3 million ($1 million state share). The Small Hospital Pool is reduced from $14.8 million to $11.8 million, and Johnson Memorial Hospital is removed from the Pool due to its recent acquisition.
- Restores $725,000 in funding for Connecticut Children’s Medical Center (cut was made in FY 2016).
- Reduces funding to the University of Connecticut Health Center by approximately $15 million.
- Maintains the cut to Community Care Teams. However, the budget write-up was changed from the Governor makes the cut to “reflect elimination of acute care and emergency behavioral health service grants” to Appropriations Committee “reduces funding by $3 million in FY 17 to reflect a one-year delay in program implementation.”

Additionally, HB 5044 creates a separate line item for the hospital supplemental pool, which decreases the amount the Governor can cut from hospitals without legislative approval.

Safe Haven Day Raises Awareness About Amnesty Law

Since Connecticut’s Safe Haven law took effect in 2000, Connecticut’s hospitals have served as a refuge for 27 babies whose mothers couldn’t care for them and gave them up to be adopted by other families.

That achievement was lauded during a press conference at the Legislative Office Building on Monday, April 4, as state officials, law enforcement, and hospital representatives gathered to mark Connecticut’s first annual Safe Haven Day, which is meant to raise awareness about the law that allows newborns under 30 days of age to be given up, with no questions asked, at an emergency room. The babies are then placed in adoptive homes by the state Department of Children and Families (DCF).

This annual reminder is necessary, said Pamela Sawyer, a former state representative from Bolton who sponsored the original Safe Haven law. In 2014, Ms. Sawyer organized a group of volunteers including legislators, agency officials, clinicians, educators, and advocates that spearheaded the adoption last year of a Special Act designating April 4 as Safe Haven Awareness Day in Connecticut.

The group remains dedicated to finding new ways to keep the law in the public eye.

“The law only works if people know about it,” said Ms. Sawyer. “A young woman of 15, 16, or 17 wouldn’t be aware of it [because it was established when they were very young].”

Connecticut’s Safe Haven law was created in honor of a baby boy who was abandoned under a tree in Meriden in January, 1988, and froze to death. The death of that baby haunted the police officers in Meriden who found him and helped arrange for his memorial service, said retired Meriden Police Chief Robert Kosienski, who spoke at the press conference. The baby was named David Paul by local clergy before he was buried.

“We adopted him and we promised that each and every year we would recognize his birth and death,” said Chief Kosienski.

Since David Paul’s death, Ms. Sawyer said, there have been several instances in which young women have abandoned their infants and the babies have died. In August 2014, for instance, a baby was found dead in a trash dumpster, and the young mother was arrested. And in 2007, a Danbury teenager was charged in the death of her infant.

“She probably didn’t know about the Safe Haven law. So at this point, we have lost the baby and we have lost the mother to incarceration,” said Ms. Sawyer.

Timothy Jaccard, coordinator of the National Safe Haven Alliance, said 3,126 babies have been rescued across the United States as a result of Safe Haven laws. The Alliance is donating 500 Safe Haven signs to be posted at hospitals throughout the state.
Mr. Jaccard presented Ms. Sawyer with the Torch of Life Award for her leadership on the issue. He also recognized the contributions of Connecticut’s hospitals by presenting CHA with a framed Safe Haven sign. Carl Schiessl, Director, Regulatory Advocacy, and work group member, accepted the sign on behalf of the hospitals.

Also speaking at Monday’s news conference was Lt. Gov. Nancy Wyman, who presented the group with a proclamation honoring the day; DCF Commissioner Joette Katz; and Rep. Gayle Mulligan (R-Hebron).

Commissioner Katz read the list of every hospital that has accepted at least one Safe Haven baby since the law was adopted. The 13 hospitals include Bridgeport Hospital, Connecticut Children’s Medical Center, Danbury Hospital, Day Kimball Hospital, Hartford Hospital, The Charlotte Hungerford Hospital, Lawrence + Memorial Hospital, Middlesex Hospital, MidState Medical Center, Norwalk Hospital, Saint Francis Hospital and Medical Center, Stamford Hospital, and Yale-New Haven Hospital.

Health Equity Day Celebrated This Week

Health Equity Day, a day on which healthcare professionals across the nation paused to recognize the vital importance of eliminating health disparities in the United States, was celebrated on Tuesday, April 5.

Taking place during National Minority Health Month, Health Equity Day is intended to raise awareness about health disparities in the U.S. and the role that social determinants play in these disparities. It recognizes the needs of African Americans, Hispanics, Latinos, Asians, Native Hawaiians, Pacific Islanders, Native Americans, people with disabilities, residents of rural areas, and other vulnerable groups, and aims to eliminate the disproportionate burden of premature death and preventable illnesses through prevention, early detection, and control of disease complications.

Marie Spivey, EdD, RN, Vice President, Health Equity, CHA, co-chairs the New England Regional Health Equity Council (RHEC), which issued a report last month finding that racial, ethnic and disabled populations in Connecticut and other New England states have significantly lower rates of health insurance coverage, receive fewer preventive health services, smoke at higher rates, and have less access to healthy food and opportunities for physical activity as compared to whites and non-disability populations.

“RHEC members continue to agree that systematic inequalities including racial and ethnic discrimination remain key factors leading to healthcare disparities that must be openly addressed,” said Dr. Spivey. “Designating a day each year to call attention to health equity issues is one way in which we can keep our focus on addressing these important issues.”

CHA has shown its commitment to this important mission by forming the CHA Health Equity Collaborative, which was launched in 2011 as the Cha Diversity Collaborative. The Health Equity Collaborative is a multi-year, statewide endeavor to eliminate healthcare disparities, improve health equity, improve cultural competence in the delivery of care, and increase diversity in hospital governance and senior management.

Connecticut hospitals, through CHA, are leading several initiatives, such as the Connecticut Asthma Initiative, that are aimed at addressing healthcare disparities. Connecticut hospitals are also emphasizing cultural competency as an institutional priority and taking the AHA #123forEquity Pledge to Act to Eliminate Health Care Disparities, which is part of a national call to action to eliminate healthcare disparities.

CHA is an active member of the Institute for Diversity in Health Management (IFD), and has established partnerships with the Connecticut Chapters of the American College of Healthcare Executives and the National Association of Health Services Executives, as well as the New England RHEC, the Connecticut Commission on Health Equity, and the Hispanic Health Council.

CHA Supports National Organ Donor Month

On April 1, a Donate Life flag was hoisted at CHA’s office on Barnes Road in Wallingford. The flag was raised in support of National Donate Life Month which, since 2003, runs each year from April 1 to April 30.

In raising the flag, CHA joins hospitals across the state in celebrating and recognizing the generosity of those who have saved and enhanced lives by becoming organ and tissue donors.

During the course of the month, hospitals across the state, working with their Organ Procurement Organizations (OPOs), will hold a number of activities and programs highlighting the importance of organ and tissue donations.

For several years, CHA has worked closely with Donate Life Connecticut, the New England Organ Bank, and LifeChoice Donor Services on public policy and education initiatives to advance awareness about the importance of organ and tissue donation.

State Representative Carter Announces Bid For U.S. Senate

On Monday, April 4, State Rep. Dan Carter (R-Bethel) announced that he plans to seek the Republican nomination to challenge U.S. Senator Richard Blumenthal.

Rep. Carter, 48, is retired from the Air Force, where he served as a C-130 pilot based in Saudi Arabia during Operation Desert Storm. He also served two tours in Bosnia with NATO and participated in missions supporting the United States’ drug interdiction program in Central America.

First elected to the Connecticut legislature in 2010, Rep. Carter has served on the Public Health Committee. He currently serves as Ranking Member of the General Law Committee, and is a member of the Education and Finance, Revenue and Bonding Committees. In Hartford, Rep. Carter has focused on job creation and opposing tax increases. Additionally, Rep. Carter has been a supporter of hospitals throughout his tenure in the General Assembly.

Rep. Carter’s district includes the towns of Bethel, Danbury, Newtown, and Redding.

Rep. Carter joins what could turn out to be a crowded GOP field to unseat Sen. Blumenthal, a Democrat who
served as Connecticut's attorney general for five terms before he was elected to the U.S. Senate in 2011. Stamford businessman August Wolfe, a former Olympic shot putter, has also announced his bid for the Republican nomination, and Jack Orchulli, who was the party's nominee in 2004, is considering running again. The GOP nominating convention is next month.


Education Updates

HRO Worker Safety and Worker Engagement
Wednesday, April 13, 2016
9:00 a.m. - 12:00 p.m.
Event Registration

Steve Kreiser, HPI, will teach this course and share some of the practices that high reliability organizations can use to incorporate worker safety into their curriculum. There are a number of HPI customers who have taken this next step, and we will hear how some of them have done it.

HRO Leadership Method Training
Thursday, April 14, 2016
9:00 a.m. - 4:15 p.m.
Event Registration

Leadership Method Training is for organizations that are new to high reliability or for new management employees in organizations that are already on the high reliability journey. Both hospital and ambulatory organization leadership practices will be addressed. The leadership session is designed to teach hospital or ambulatory leaders the concepts of high reliability science and behaviors. The sessions are structured for leaders at the manager level and above. Medicine, Nursing, Quality, and Radiology continuing education credits are being offered for this session.

Creating Sustainability for High Reliability Organizations
Friday, April 15, 2016
9:00 a.m. - 12:15 p.m.
Event Registration

This session is designed for drivers of change in your organization and covers techniques to ensure the changes resulting from high reliability approaches are ongoing. Medicine, Nursing, and Quality continuing education credits are offered for this session.

HRO Safety Coach Training
Friday, April 15, 2016
1:00 p.m. - 4:15 p.m.
Event Registration

Safety Coaches are peer mentors, designed to recognize and acknowledge good high reliability behavior and to remind people about opportunities to improve behavior that does not stay true to high reliability concepts. Medicine, Nursing, and Quality continuing education credits are offered for this session.

Cross Cultural Diversity and Inclusiveness Training — Four-Hour Session for Clinical Providers
Monday, April 18, 2016
8:30 a.m. - 12:30 p.m.
View Brochure | Event Registration

In partnership with the Hispanic Health Council, the Saint Francis Center for Health Equity, and the Connecticut Association of Healthcare Executives, CHA is pleased to offer Cross Cultural Diversity and Inclusiveness Training—Four-Hour Session for Clinical Providers—a unique, comprehensive, and interactive program to achieve the goal of improving cultural competence in the delivery of care and addressing healthcare disparities.

The program provides an opportunity for hospitals who have taken the AHA #123for Equity Pledge to Act to Eliminate Healthcare Disparities to meet the requirement for training staff in cultural competence.

This program is being held at the Connecticut Institute for Primary Care Innovation (CIPCI) in Hartford.

Failure to Rescue and Change Management
Monday, April 25, 2016
9:00 a.m. - 4:00 p.m.
View Brochure | Event Registration

The morning portion of this workshop will focus on failure to rescue—the definition, an overview of the topic, early warning systems and rapid response teams, and how to use data analytics to identify patients at highest risk.

The afternoon portion will cover information on change management, including a discussion on engagement at all levels—hospital leadership, physicians, clinicians, frontline staff, and middle management.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.
When events occur in the hospital or ambulatory practice, they must be evaluated to assess whether the event is a Serious Safety Event, a Precursor Safety Event, or a Near Miss Safety Event. This session will review how the classification scheme works and how to utilize and standardize event classification in your facility. Medicine, Nursing, and Quality continuing education credits are offered for this session.

Reducing Readmissions Through the CARE Act
Thursday, April 28, 2016
9:00 a.m. - 4:00 p.m.
View Brochure | Event Registration

What do Medicare Shared Savings/ACO regulations, Patient Centered Medical Home standards, and Meaningful Use thresholds have in common? They all require the engagement of patients in their own healthcare, and have thus catapulted patient and family engagement (PFE) to the top of many healthcare providers’ priority lists. Despite this, for most healthcare organizations, patient and family engagement continues to be more of an aspiration than an executable strategy. What is needed are practical approaches that facilitate the shift from the patient and their family being passive recipients of care, to engaged members of their own care team.

Family members play an integral role in this changing dynamic, often serving as the keeper of medical information and history, and the informal care coordinator and care provider. Recognizing this, Connecticut along with several other states, via the Caregiver Advise, Record, and Enable Act (CARE) Act, now mandate hospitals to provide support for patients to designate an informal caregiver in their medical record, and to provide instruction and demonstration to help the caregiver better support the patient after discharge in order to decrease readmissions and control costs.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.

Transitioning From Staff to Management: What’s Next?
Thursday, May 5, 2016
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. For those who attended “Staff to Management: Starting the Transition” in September 2015 or March 2016, this is the second course in the two-part program and provides additional development for all managers who want to continually improve their skills.

Leading in a VUCA Environment
Friday, May 6, 2016
9:00 a.m. - 3:00 p.m.
View Brochure | Event Registration

The scope and pace of change in healthcare is unrelenting. VUCA is 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.