Governor Malloy Proposes Additional Hospital Cuts and Taxes

On Tuesday, April 12, Governor Malloy released a second FY 2017 budget adjustment proposal aimed at closing the ever-widening budget deficit that is now pegged at more than $900 million. The budget proposed by Governor Malloy would eliminate the remaining $49.6 million ($150 million state and federal share) in the Inpatient Supplemental Pool for 2017. The Governor’s new proposal, along with the cuts and taxes he proposed in February, would result in a tax increase to hospitals of $240 million, bringing the total net hospital tax to approximately $545 million.

Later in the day, after the release of the Governor’s revised budget, it was reported in the media that House Speaker Brendan Sharkey (D-Hamden) indicated the legislature would rewrite its FY 2017 spending plan to account for the more than $900 million projected deficit. (Last week, the General Assembly’s two budget writing committees approved spending and tax plans that covered the original Office of Fiscal Analysis (OFA) deficit estimate of $570 million, but still left an approximate $360 million hole.)

In a statement released to the media Tuesday evening, Jennifer Jackson, CEO, CHA, decried the governor’s cuts:

"Once again, Governor Malloy is proposing that the hospitals of Connecticut, which serve millions of residents every year, bear a disproportionately large share of the budget reductions.

Let’s be clear: this is a tax increase of $150 million on hospitals – and it would be the Governor’s third increase to the hospital tax in a year. This added $150 million tax, on top of the nearly $400 million tax already being levied against our hospitals, will do irreparable harm to our state. It’s inarguable that these cuts will result in the end of critical healthcare services and the loss of more jobs, and will harm hospitals’ ability to protect and serve the people of Connecticut.

As we have done several times before – we again call on the state legislature to reject the Governor’s proposed cuts to hospitals and the damage it would cause patients and communities."

The governor’s budget proposal, which comes a week after the legislature’s Appropriations Committee approved its own spending plan for the 2017 fiscal year, calls for an additional $350 million in budget reductions and 2,500 state employee layoffs.

In addition to eliminating the balance of the Inpatient Supplemental Pool for hospitals, Gov. Malloy’s budget maintains $11.8 million in funding for the Small Hospital Pool, eliminates supplemental funding for Federally Qualified Health Centers, and increases the non-union employee share of health premiums to 20 percent.

The budget proposal makes sweeping cuts across a wide arc of state services, ranging from prisons to services for the poor to higher education, as well as deep reductions in state aid to cities and towns. Some of those cuts include a $43 million reduction in municipal cost-sharing grants, a $2 million reduction for charter schools, and a 10 percent cut to Medicaid rates for children’s dental services, for a savings of $5.3 million.

Layoff notices were issued earlier this week at the Department of Children and Families, the Department of Mental Health and Addiction Services (DMHAS), and the Department of Social Services. The Department of Corrections has also announced that nearly 150 workers will lose their jobs.

The DMHAS layoffs are expected to save the state $15 million and will, among other things, result in reduced hours for the Mobile Crisis programs at Southeastern Mental Health Authority, Western Connecticut Mental Health Network, and the Capitol Regional Mental Health Center. The layoffs will also require restructuring of administrative support at River Valley Services, inpatient treatment units at the Capital Region Mental Health Center, and clinical programs at the Western Connecticut Mental Health Network.
Connecticut’s High Reliability Collaborative, which has trained more than 50,000 healthcare workers across the state with the goal of eliminating all preventable harm to patients, is the focus of a scholarly article in the April edition of the Journal of Nursing Regulation.

The article, which was written by several CHA staff members, a senior consultant at Healthcare Performance Improvement, and a medical student at Quinnipiac University, details the process Connecticut hospitals have undertaken to implement high reliability science. All CHA member hospitals have committed to implementing high reliability.

“It is a pleasure to spread the word about Connecticut’s success using high reliability science,” said Mary Cooper, MD, JD, CHA Chief Quality Officer and Vice President of Quality and Safety, and lead author of the article. “It is our hope that other healthcare systems can benefit from what we have learned as we have embarked on this important patient safety initiative.”

The High Reliability Collaborative began in 2010 when the CHA Board of Trustees committed the state’s hospitals to eliminating preventable patient harm. CHA officially adopted high reliability as the patient safety curriculum in 2011, and partnered with Healthcare Performance Improvement, a consulting firm that specializes in helping healthcare organizations adopt practices found in other high reliability organizations.

The article in the Journal of Nursing Regulation details how Connecticut’s hospitals adopted high reliability, which creates an organizational structure and teamwork-based safety culture by encouraging inter-professional interventions, behavioral changes, structured leadership, and culture shifts that make safety a core value.

The article concludes by noting that Connecticut’s high reliability efforts are paying off. The frequency of Serious Safety Events (SSEs) has decreased, and the rate of SSEs has declined by about 50 percent from its peak. Hospitals are now using high reliability to address other problems of patient safety, such as surgical site infections and CAUTIs.

In addition to Dr. Cooper, the article was written by Alison Hong, MD, CHA Director of Quality and Patient Safety; Elizabeth Beaudin, RN, PhD, CHA Senior Director, Nursing, Health and Workforce; Anthony Dias, MBBS, DPM, MPH, CHA Vice President, Data Services; Jennifer Jackson, RN, BSN, MBA, JD, CHA CEO; Steve Kreiser, CDR, MBA, Senior Consultant, Healthcare Performance Improvement; and Clinton P. Ingersol, BS, Quinnipiac University.

Connecticut Academy of Nutrition and Dietetics Honors CHA

On Friday, April 8, the Connecticut Academy of Nutrition and Dietetics (CAND) presented CHA with a certificate of appreciation for CHA’s efforts to advocate for a change to Connecticut public health laws to reflect an expanded patient care role for certified dietitian-nutritionists (CDNs).

According to testimony submitted last year by CAND and CHA, changing Connecticut’s laws was necessary to bring the state in line with rule changes made by the Centers for Medicare & Medicaid Services (CMS) regarding CDNs. Prior to the CMS rule change, which was finalized in 2014, federal reimbursement rules limited dietitians to a subordinate role, specifically not allowing a CDN to make a self-executing diet order for a patient.

The CMS rule change acknowledged that registered dietitian-nutritionists and other qualified nutrition professionals are an important part of a patient’s interdisciplinary care team, and are best qualified to assess the nutritional status of patients. Based on estimates by CMS in 2014, this change would also allow for hospitals to realize savings associated with the change. CMS estimated that individual hospitals would save a minimum of $124,853 per year, with an annual savings of $459 million in healthcare costs nationally.

As a result of the coordinated advocacy by the Academy and CHA in 2015, Connecticut’s law was amended to allow CDNs to order directly diet or nutritional support for patients in hospitals and other healthcare settings. Unfortunately, that 2015 change included an unintended provision requiring a physician to countersign the CDN’s order within 72 hours. This legislative session, CHA submitted a recommended technical change to the Public Health Committee, under section 26 of HB 5337, to remove the unintended provision. CHA looks forward to this 2016 update becoming law so that the expanded role of CDNs will be fully realized.

The Connecticut Academy of Nutrition and Dietetics is the state affiliate of the Academy of Nutrition and Dietetics, and represents the interests of registered dietitian-nutritionists in Connecticut. There are currently more than 2,000 registered dietitian-nutritionists practicing in Connecticut. Registered Dietitian-Nutritionists, otherwise referred to as RDs or RD-Ns, make up the majority of nutrition providers practicing under the CD-N certification in the state.

Influenza Claims 18 Lives in Connecticut This Season

The number of confirmed influenza cases in Connecticut has increased seven-fold since February, according to the state Department of Public Health, and the illness has been attributed to 18 deaths.

According to the Department of Public Health, there have been 3,561 confirmed cases of influenza and 881 hospitalizations in Connecticut so far this season. Ten of the 18 deaths occurred during peak flu activity weeks in March. The age breakdown for the 18 influenza-related deaths is as follows: 10 patients were 65 or older, six patients were 50-64 years of age, and two patients were 25-49 years of age. Influenza has been reported in all eight counties, but the majority of cases occurred in Fairfield, New Haven, and Hartford counties.

Vaccination is a best practice for patient and healthcare worker safety. 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. All acute care hospitals in Connecticut have implemented a mandatory participation or mandatory vaccination program.

Education Updates

HEN 2.0 – Reducing Adverse Drug Events: Strategies to Accelerate Improvement Webinar – ADE-Opioids
Reducing Adverse Drug Events is a topic area for focused improvement efforts nationally. Join Frank Federico, Institute for Healthcare Improvement, as he reviews key strategies proven to assist hospitals in managing their high-risk medication safety programs related to opioid, insulin, and anticoagulation usage.

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

Failure to Rescue and Change Management

Monday, April 25, 2016
9:00 a.m. - 4:00 p.m.

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. Continuing education credits will be awarded.

HRO Safety Event Classification

Wednesday, April 27, 2016
9:00 a.m. - 4:15 p.m.

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.

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 his or her 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 to decrease readmissions and control costs.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series. Continuing education credits will be awarded.

Preparing for Accountable Health Communities—Addressing the Social Determinants of Health

Wednesday, May 4, 2016
9:00 a.m. - 3:30 p.m.

Many patients and families who seek medical care in our hospitals and healthcare systems face daunting challenges in their personal lives. Food insecurity, housing insecurity, economic challenges, and other socially-determined factors negatively affect health outcomes and make it difficult for patients to engage successfully in their treatment. A growing and consistent body of evidence makes it clear that interventions exist to meet these challenges, improve health, and reduce costs of care.

Healthcare delivery system leaders and clinicians have long recognized the impact of social factors on health, and that addressing patients’ social needs can be extremely complex. Yet, clear signals from CMS and other payers increasingly require healthcare providers to plan to address this issue. CHA is pleased to announce it is working with Health Leads, a company founded over 20 years ago to address social determinants of health, real time, at the point of care.

Please join us for a full-day educational forum designed to develop the strategy and resources your organization needs to connect patients with community-based resources that can improve their health and reduce unnecessary healthcare utilization.

Transiting From Staff to Management: What's Next?

Thursday, May 5, 2016
8:30 a.m. - 3:30 p.m.
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.

Continuing education credits will be awarded.

**HEN 2.0 – Reducing Adverse Drug Events: Strategies to Accelerate Improvement Webinar – Insulin Safety**
Thursday, May 5, 2016
1:00 p.m. - 2:30 p.m.
[Event Registration](#)

Reducing Adverse Drug Events is a topic area for focused improvement efforts nationally. Join Frank Federico, Institute for Healthcare Improvement, as he reviews key strategies proven to assist hospitals in managing their high-risk medication safety programs related to opioid, insulin, and anticoagulation usage.

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

**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.

Continuing education credits will be awarded.