Appropriations and Finance Committees Release Budget

This week, the Appropriations and Finance, Revenue and Bonding Committees released their respective budget documents. The Appropriations Committee’s spending proposal would restore significant funding to hospitals and other healthcare providers by not accepting the Governor’s proposed Medicaid provider rate reduction of $107.5 million in FY 2016 and by $117.5 million in FY 2017. Instead, the Appropriations Committee only reduces provider rates by $12 million in FY 2016 and $12 million in FY 2017. The Finance, Revenue and Bonding Committee’s revenue proposal accepted the Governor’s expansion of the hospital tax for 2016 and 2017, but in 2017, it provides a $56 million refund of the tax to hospitals.

The Finance Committee would also:

- Modify the Governor’s proposal to limit hospitals’ use of tax credits. Instead of establishing a 70% cap on the use of tax credits as proposed by the Governor, it establishes a 50.01% cap. The Committee’s goal was not to be as limiting as the Governor’s proposal.
- Increase by $5 certain professional license fees issued by DPH. The $5 increase in the fee will be used to fund the Health Assistance Intervention Education Network.

Among other things, the Appropriations Committee would:

- Accept the Governor’s proposal to eliminate the $15 million low-cost hospital pool.
- Provide $3 million in FY 2016 and $3 million in FY 2017 to the Department of Mental Health and Addiction Services to support a new grant program for entities providing acute care and emergency behavioral health services to individuals 15 years and older.
- Not move HUSKY A adults earning more than 138 percent of the federal poverty level into the Connecticut Healthcare Exchange.
- Not accept the Governor’s proposal to reduce physician reimbursement by $2.17 million in each year of the biennium.
- Provide $1 million in each year of the biennium to establish a pilot program for up to three municipalities to allow EMS personnel to provide community-based healthcare services.
- Include $2.58 million in each year of the biennium to restore half of the obstetrical rate cut.
- Include $16,000 in FY 2016 and $20,000 in FY 2017 to establish a pilot program for up to three municipalities to allow EMS personnel to provide community-based healthcare services.
- Increase the newborn screening cost to hospitals by $42.00 per screen.
- Require OPM to recommend $20 million in municipal aid reductions for FY 2016 and FY 2017.
- Require OPM to recommend $20 million in municipal aid reductions for FY 2016 and FY 2017.
- Increase by $5 certain professional license fees issued by DPH. The $5 increase in the fee will be used to fund the Health Assistance Intervention Education Network.

The Appropriations Committee would also accept the Governor’s proposal not to disperse to hospitals the enhanced revenue on hospital supplemental payments of $12.9 million in FY 2014 and $16.1 million in FY 2015, and the state would not disperse to hospitals the enhanced revenue in the new biennium.

Hundreds Attend Series of High Reliability Programs at CHA

More than 300 people attended a series of high reliability programs this week. On Monday, more than 120 people attended the HRO Leadership Method Training, which focused on the science of safety and behaviors and practices of high reliability organizations. Leaders from short- and long-term facilities, as well as from organizations across the continuum of care, participated in the program.

On Tuesday, more than 100 hospital staff were trained as safety coaches. Others attended the HRO Fair and Just Accountability program, which focused on teaching staff to use the Performance Management Algorithm and provided an understanding of why Fair and Just Accountability is important in the creation of a culture of safety.

Wednesday featured a session on leadership for ambulatory sites. HRO training for the ambulatory setting is critical to patient safety because the volume of patients seeking care in these settings is higher than in the inpatient hospital setting, visits are shorter, and there are more providers and many more handoffs.

Since 2011, through CHA, Connecticut hospitals have changed their culture through implementing a first-of-its-kind statewide initiative to eliminate all-cause preventable harm using high reliability science. To date, more than 25,000 hospital staff and physicians across the state have been trained in high reliability safety behaviors.

Senator Chris Murphy Celebrates Permanent Doc Fix at Saint Francis Hospital and Medical Center

On April 27, U.S. Senator Chris Murphy (D-Conn.) celebrated at Saint Francis Hospital and Medical Center the recent enactment of the “permanent doc fix” – a major, bipartisan legislative achievement that repeals the Medicare Sustainable Growth Rate (SGR) for physician reimbursement under Medicare and extends funding for the Children’s Health Insurance Program (CHIP) and community health centers nationwide.

During the event, Sen. Murphy highlighted the importance of the SGR repeal to ensuring that physicians
“Thanks to recent bipartisan support and the support of our legislators, like our guest today, Senator Chris Murphy, we’re now on a new, more stable path,” said John Rodis, MD, Executive Vice President and Chief Operating Officer of Saint Francis Hospital. “Chris, thank you so much for your efforts on this important issue and for helping shed some light on this process that’s going to be more sustainable for years to come.”

Hospital leaders look forward to meeting with Sen. Murphy in Washington next week as part of the American Hospital Association’s Annual Meeting.

Connecticut Children’s Medical Center President and CEO Martin Gavin Announces Retirement

Martin J. Gavin, President and CEO, Connecticut Children’s Medical Center, announced this week that he will retire prior to the close of the 2015 calendar year.

“I have been incredibly fortunate to have had the opportunity to serve as President and CEO of Connecticut Children’s Medical Center. I’ve always said that I have the best job in the world; it’s truly been a gift,” said Mr. Gavin. “But after nine years, it’s time for me to move on and let a new generation of leadership continue to advance our mission of caring for children and families.”

During Mr. Gavin’s tenure, Connecticut Children’s saw significant growth, both in its number of child care visits and its overall capacity to care for children. Last year alone, Connecticut Children’s provided care nearly 325,000 times, a 60 percent increase from 2006. This was made possible in part by new facilities that have opened in Farmington, Glastonbury, Shelton, Fairfield, and Waterbury, in addition to its presence in Hartford. As well, the number of employees at the Medical Center increased by more than 600 under Mr. Gavin, led by the addition of 70 new physicians and surgeons.

Prior to becoming President and CEO, Mr. Gavin served as a member of the Boards of Directors of Connecticut Children’s and its predecessor, Newington Children’s Hospital, from 1989 to 2000. He was Chairman of the Board when Connecticut Children’s opened on April 2, 1996, and later served as Chairman of the Connecticut Children’s Medical Center Foundation.

An executive with more than 27 years of experience in the insurance and investment industries, Mr. Gavin worked for 16 years at the Phoenix Companies in Hartford, retiring in 2000. Prior to joining the Phoenix, he worked at CNA Insurance Companies in Chicago. Mr. Gavin began his career at CIGNA (formerly Connecticut General).

Mr. Gavin has also been very active in the community, serving on several area Boards of Directors, including those of the MetroHartford Alliance, the Connecticut Health Council, the Connecticut Health Foundation, the Child Health and Development Institute, and the University of Saint Joseph.

Connecticut Children’s Board of Directors has formed a search committee and has begun a national search to identify a replacement for Mr. Gavin.

CHA wishes Mr. Gavin the best of luck in his retirement.

Modern Healthcare Names Marna P. Borgstrom one of its Top 25 Leaders

For a second time, Modern Healthcare magazine has named Marna P. Borgstrom, President and CEO, Yale New Haven Health System and CEO, Yale-New Haven Hospital, one of its top 25 Women Leaders in Healthcare. Mrs. Borgstrom also received this honor in 2013.

The program honors female healthcare executives who are chosen based on five criteria including having successfully led an organization, demonstrated the ability to effect change in the healthcare industry, demonstrated a willingness to share expertise with others in the field, served as a role model or mentor to other female healthcare executives, and assumed a leadership role in the industry outside of her own organization.

Mrs. Borgstrom received her Master’s of Public Health at Yale School of Medicine, and has been at Yale-New Haven Hospital since 1979 where she has held positions of increasing responsibility. She assumed her current position in 2006. She serves on several national and local boards, including VHA, Inc. in Dallas, the Association of American Medical Colleges, The Coalition to Protect America’s Healthcare, and the Connecticut Hospital Association.

Congratulations to Ms. Borgstrom on her accomplishment.
**Education Updates**

**HRO Train-the-Trainer**
Tuesday, May 5, 2015
9:00 a.m. - 4:00 p.m.
[Event Registration](#)

Train-the-Trainer will be open to hospitals and ambulatory practices. After leadership training takes place with hospitals and ambulatory practices this spring, individuals who embody a commitment to high reliability should be chosen from those organizations. Those are the trainers of the next generation of high reliability participants.

Continuing education credits will be awarded.

**Facilitating Care Transitions Across the Continuum**
Wednesday, May 13, 2015
8:30 a.m. - 4:00 p.m.
[View Brochure](#) | [Event Registration](#)

This hands-on workshop will provide registered nurses, nurse practitioners, and social workers responsible for managing populations at risk, with practical tools to implement care across the continuum and achieve effective care and care management. Participants will learn how to assess patients and their families for needs and risks; how to work with patients, families, professional, and community teams to develop, organize, and sequence individual plans of care based on evidence and preference for complex patients; the relative costs of necessary levels of care; how to engage patients and families in their care; and how to honestly and fairly evaluate results. Participants will also have the opportunity to discuss methods to sustain commitment to such intensely challenging yet pivotal positions in the continuum.

In consideration of the staffing needs at many healthcare organizations, and to allow an opportunity for one's entire care and case management team to attend, CHA is holding the program twice – on May 13 and again on May 14.

Continuing education credits will be awarded.

**HRO Cause Analysis - Two-Day Program**
Wednesday, May 20, 2015
Thursday, May 21, 2015
8:00 a.m. - 4:30 p.m.
[Event Registration](#)

Cause analysis teaches staff how to evaluate events, patterns of events, and causes of events and then helps staff ascertain how to implement solutions.

The sessions are for quality staff, safety staff, risk management staff, and other staff that respond to events.

Continuing education credits will be awarded.

**Staff to Management: Starting the Transition**
Wednesday, May 27, 2015
9:00 a.m. - 3:00 p.m.
[View Brochure](#) | [Event Registration](#)

Making the transition from being a staff person one day to a supervisor/manager the next is a significant step. Transitioning from individual contributor to being effective in a leadership role is far more challenging and complicated than ever before and requires the ability to use the tools of diplomacy, negotiation, persuasion, and alliance building to a greater degree than used in the past. Managing the demands of your organization for high productivity and quality, combined with financial prudence and regulatory compliance, are only part of the equation. You will discover that those tasks must be balanced with an excellent grasp of human relations skills in working closely and collaboratively with others and managing change.

Continuing education credits will be awarded.

**Conflict Management: Engaging the Difficult Employee**
Thursday, May 28, 2015
9:00 a.m. - 3:00 p.m.
[View Brochure](#) | [Event Registration](#)

It is clear to almost everyone that conflict is inevitable in life—in our personal lives as well as in the workplace. Different personalities, different work styles, cultural/ethnic norms, and differences in generational mix, all lead to an endless possibility of conflict surfacing at work.

What is not so clear is the role conflict plays in the process of change and effective team problem solving—both major factors in improving organization performance. How can we recognize and manage the sources and trigger points of conflict? When is conflict healthy—what makes it destructive? How can we reduce or defuse unnecessary conflict? What are the various styles of dealing with conflict, and the risks and benefits of each approach?

Continuing education credits will be awarded.
Medication Management and Reconciliation
Friday, May 29, 2015
8:30 a.m. - 11:30 a.m.

The Joint Commission medication management standards and medication-related National Patient Safety Goals provide a foundation for safe medication processes as well as outlining required processes and policies that are part of the Joint Commission survey process. This program will highlight key changes to the Joint Commission medication management standards for 2014 and 2015 as well as recommendations from the two Sentinel Event Alerts published in 2014 and 2015, pertaining to safe use of injectables and safe use of information technology. Challenging standards will be discussed as well as practical ways to address these standards.

The last hour will detail the revisions to the National Patient Safety Goal for Reconciling Medications that became effective in 2011. A review of how hospitals are performing on this Goal according to survey results will be shared, as well as a discussion of opportunities for improving the effectiveness of the process.

Continuing education credits will be awarded.

Diagnostic Imaging and Patient Safety Systems
Friday, May 29, 2015
12:30 p.m. - 3:30 p.m.

The Joint Commission has identified Diagnostic Imaging as having high-risk processes that require safe practices to reduce risks to patients and staff. Safe diagnostic imaging practices are and will continue to be part of the Joint Commission survey process. This presentation will highlight key changes to the Joint Commission Diagnostic Imaging standards, starting July 2015. Information on doing a self-assessment will be discussed as well as practical ways to address these standards.

Continuing education credits will be awarded.