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Thursday, May 1, 2014

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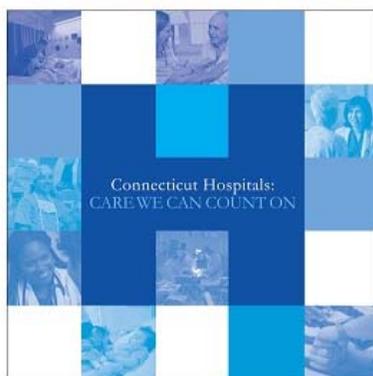
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SAVE THE DATE



The 96th Annual Meeting
of the Connecticut Hospital Association
Wednesday, June 18, 2014

[General Assembly Enters Final Days With Major Issues Unresolved](#)



The General Assembly has entered the final days of the 2014 Legislative Session with several major policy issues requiring action prior to adjournment at midnight, May 7. In addition to several healthcare-related bills, the General Assembly still needs to come to agreement on a FY 2015 Budget Adjustment spending plan. Negotiations between legislative leaders and the Malloy Administration continue and were complicated earlier this week when the Office of Fiscal Analysis (OFA) and the Office of Budget and Management (OPM) issued a consensus review projection that lowered the anticipated revenue surplus by \$330 million.

It is anticipated that legislators will meet in session throughout the weekend to debate and vote on the budget and other bills prior to May 7.

[Declining Revenues Cause Malloy to Pull Back on Tax Rebate Proposal and Funding For Supplemental Pension Fund](#)

On April 28, Ben Barnes, Secretary of the Office of Policy and Management (OPM), wrote to legislators informing them that due to declining state revenues, two of Governor Malloy's budget initiatives are being withdrawn from consideration.

In February, the Governor proposed using a portion of the then-projected budget surplus for this fiscal year (which ends on June 30, 2013) to provide individual tax rebates equaling approximately \$155 million, make a \$100 million supplemental payment into the state employee pension fund, and make a deposit of \$250 million into the state's rainy day fund.

It is being reported that, based on an analysis of tax returns received on and after April 15, tax revenues for this fiscal year are expected to fall approximately \$330 million short of what was originally projected. This reduces the anticipated \$500 million surplus for this fiscal year and necessitates the Governor's action in calling for rescinding his proposal for the individual tax rebate and supplemental payment into the state employee pension plan.

A reduction in tax receipts for this year means that the revenues projected for the next fiscal year, beginning July 1, must also be lowered. Legislative leaders and OPM are currently meeting to review the budget and tax package to determine what, if any, adjustments need to be made to both the budget and the tax package.

Bill Allowing APRNs to Practice Independently Transmitted to the Governor



On April 28, the House of Representatives passed in concurrence with the Senate [SB 36, An Act Concerning The Governor's Recommendations To Improve Access To Health Care](#), a bill proposed by the Governor and supported by CHA.

Long a priority of Advanced Practice Registered Nurses (APRNs), SB 36 will require APRNs to have a Collaborative Practice Agreement with a physician for the first three years of practice (not less than 2,000 hours); require 50 hours of CNE in specified areas every two years; and continue to require national certification, current RN license, and malpractice insurance. SB 36 eliminates the requirement of a collaborative agreement for APRNs with three or more years of licensure.

In a statement issued shortly after the passage of the bill, Governor Malloy applauded the final approval and stated, "This bill increases access to primary care across Connecticut by allowing advanced practice registered nurses to do more of what they do so well – evaluating, screening, physical examinations and management of many routine medical conditions such as hypertension, diabetes, and asthma."

The Connecticut State Medical Society opposed the passage of SB 36 and during the House debate supported two amendments, one of which would have required the APRN to complete 6,240 hours in a collaborative agreement with a physician, rather than the three years of collaboration. The other amendment would have established a formal residency education program for APRNs wishing to practice independently. Both amendments were defeated.

CHA submitted [testimony](#) in support of the bill, as it facilitates flexibility in the access to and provision of care across the continuum. The Governor has pledged to sign the bill into law.

CHA Supplier Diversity Forum – Save the Date



CHA will host its fifth Supplier Diversity Forum concurrent with the CHA Annual Meeting on Wednesday, June 18, 2014, at the Aqua Turf Club in Southington.

The Supplier Diversity Forum provides senior executives and purchasing decision makers from member hospitals the opportunity to learn about products and services offered by CHA's Minority Business Enterprise (MBE) partners and other diverse vendors. The Supplier Diversity Forum will also include an educational session on supplier diversity for the CHA Diversity Collaborative.

As part of hospitals' commitment to increasing supplier diversity, CHA has been working with the Greater New England Minority Supplier Development Council (GNEMSDC) to develop enhanced opportunities for minority businesses to work with CHA member hospitals. The GNEMSDC is a local not-for-profit organization dedicated to fostering business relationships between certified MBEs and potential buyers. The GNEMSDC certifies minority businesses that are 51% owned and controlled by an ethnic minority and helps refer them to corporations looking to purchase the goods and services they offer.

The CHA Diversity Collaborative is a multi-year, statewide endeavor to improve health equity and eliminate disparities by increasing diversity in hospital governance and senior management, improving cultural competence in the delivery of care, and increasing supplier diversity. This first-in-the-nation collaborative of acute care hospitals has been recognized as a national model for advancing health equity and eliminating disparities.

White Paper: Economic Impact of Physicians



In addition to providing excellent patient care, physicians drive economic development and job creation in their communities, according to a new white paper from Merritt Hawkins. Merritt Hawkins is a leading physician search firm that works with CHA's Shared Services Program.

Merritt Hawkins' "Economic Impact of Physicians" fact sheet found that Connecticut physicians have an economic impact on their communities of approximately \$1.6 million each year. Nationwide, each physician supported an average of 14 jobs, and \$1.1 million in wages and benefits. Specialty physicians generated an average of \$1.4 million in revenue for their affiliated hospitals.

The white paper combines state-based physician economic output numbers included in a recent AMA-sponsored study with numbers from the Merritt Hawkins 2013 Survey of Inpatient/Outpatient Revenue.

For your copy of the report, contact Jeremy Robinson, Director of Marketing, Merritt Hawkins, at (770) 481-1105

Education Updates

HPI Level 3: Train-the-Trainer Session

Friday, May 2, 2014
9:00 a.m. - 5:00 p.m.

This train-the-trainer session is designed for hospital trainers to learn how to teach the staff safety behaviors and error prevention tools.

[Event Registration](#)

HRO Level 3: Medical Staff Training

Thursday, May 15, 2014
8:00 a.m. - 9:30 a.m.

On Thursday, May 15, 2014 we will host a discussion about the role of medical staff in High Reliability Organizations from 8 a.m. to 9:30 a.m. This discussion will be held during the Physician Executive Committee meeting, and we will discuss training, credentialing, and the role of training in the medical schools. In addition, we will kick off a discussion of the expansion of training to ambulatory centers and hospital aligned office-based practices. Breakfast will be included.

[Event Registration](#)

HRO Level 3: Fair and Just Accountability and Red Rules

Thursday, May 15, 2014
12:30 PM - 4:30 PM

On Thursday, May 15, 2014 from 12:30 p.m. to 4:30 p.m., we will host the rescheduled meeting on Fair and Just Accountability and Red Rules. This is a session for your Human Resources Executives and anyone else who manages people. Fair and Just Accountability trains staff to review performance from a standardized perspective when there is an adverse event, focusing on the behavior rather than the outcome. Red Rules are safety absolutes, and as a state, we are beginning our work toward standardizing one Red Rule on Patient Identification. Lunch will be available.

[Event Registration](#)

Caring for Adult Behavioral Health Patients in the ED

Thursday, May 22, 2014
9:00 a.m. - 12:45 p.m.

CHA is pleased to have Patricia Rehmer, Commissioner, Department of Mental Health and Addiction Services (DMHAS), join us as keynote speaker for the upcoming Caring for Adult Behavioral Health Patients in the ED conference. This issue-based, multidisciplinary education forum is designed for member sharing of best practices, policies, and innovative approaches to meeting this challenge. Commissioner Rehmer will discuss the treatment of individuals with behavioral health disorders while in the ED and issues many CT hospitals face caring for this patient population. Commissioner Rehmer will also discuss interventions currently being implemented, resources available within the DMHAS system and how to access them, bed capacity and challenges that both DMHAS and hospitals are experiencing, and provide information about the Recovery Model and planning for the next steps in this model.

Following the Commissioner's address, panelists from Lawrence + Memorial Hospital, Hartford Hospital, Middlesex Hospital, Saint Francis Hospital and Medical Center, Waterbury Hospital, and Yale-New Haven Hospital will present strategies they are using and new models of engaging with this patient population to improve outcomes.

Because this issue impacts on several clinical and support groups in the hospital, we encourage interdisciplinary teams to attend the forum.

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

DSM-5: An Overview and Update on Important Changes

Thursday, May 22, 2014
1:30 p.m. - 4:30 p.m.

At the request of several member groups representing multiple disciplines, we are offering an education session on the recently released Diagnostic and Statistical Manual of Mental Disorders (DSM), 5th edition, providing an overview of important changes to this classification and diagnostic tool of the American Psychiatric Association (APA), considered by clinicians as a universal authority for psychiatric diagnosis. The DSM-5, used by clinicians and researchers to diagnose and classify mental disorders, and by many others for administrative and financial purposes, is the product of more than 10 years of effort by hundreds of international experts, all working toward a goal of providing an authoritative volume to improve the diagnosis and treatment of mental disorders.

This informative and fast-paced session, will be presented by Carolyn M. Drazinic, MD, PhD and Charles C. Dike, MD, FRCPsych, MPH, who will discuss the specific changes incorporated into the DSM-5 and the rationale for these revisions. Ample time will be provided for audience questions.

We invite psychiatrists, behavioral health workers—both inpatient and outpatient, HIM directors, coders, social workers, and crisis clinicians to attend.

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

HRO Level 3: Safety Coach Training

Friday, May 30, 2014
9:00 a.m. - 12:00 p.m.

Safety Coaches are peer mentors, trained 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.

[Event Registration](#)

HRO Level 3: Safety Coach Training

Friday, May 30, 2014
1:00 p.m. - 4:00 p.m.

Safety Coaches are peer mentors, trained 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.

[Event Registration](#)