Save the date: Wednesday, June 27, 2012

SAVE THE DATE

Connecticut Hospital Association’s 94th Annual Meeting

Wednesday, June 27, 2012
Aqua Turf Club, Southington, CT
4:00 p.m. to 7:00 p.m.

CHA Presents Successful High Reliability Boot Camp

On April 26 and 27, CHA held a High Reliability Boot Camp for hospitals participating in the ambitious statewide initiative to eliminate all-cause preventable harm using high reliability science to create a culture of safety. CHA member hospitals are participating in this initiative, which was first introduced to hospital CEOs and senior hospital leaders in November 2011, and formally launched on March 23, 2012, at the annual Patient Safety Summit.

Healthcare Performance Improvement (HPI) is the technical partner for the project. HPI Founding Partner and Chief Innovation Officer Kerry Johnson shared the principles of high reliability organizations; provided an in-depth overview of high reliability science in healthcare and current trends; discussed leadership and behavior-based error prevention; and presented accountability and improvement strategies.

“People will make errors,” Mr. Johnson said. “In a high reliability organization, you detect, contain, and bounce back from events that do occur. Serious safety events are preventable and come from deviations from best practice in patient care. We use active human errors as indicators of where systems failed, not as a blame game. Becoming a high reliability organization is a long-term journey. But there is good evidence that just getting started can bring some measurable benefits.”

Mr. Johnson explained that safety is a science, and ultra-high levels of safety can be achieved by employing high reliability principles. Hospitals that have enacted such principles have reduced serious safety events and improved safety by 80 percent or more.

Participants expressed enthusiasm and excitement about the practical tools learned during the Boot Camp.

The next High Reliability Boot Camp for CHA member hospitals will be held in June.
House and Senate Pass Telepharmacy Bill

On Tuesday, May 1, The Senate passed in concurrence with the House HB 5329, An Act Concerning The Use Of Telepharmacy By Hospitals, a bill initiated by Connecticut hospitals. HB 5329 would permit all of Connecticut’s hospitals to participate in the telepharmacy initiative, originally established as a pilot program in 2011, on a permanent basis, provided the hospitals meet the same quality standards outlined in the original pilot and are in compliance with Department of Consumer Protection (DCP) pharmacy regulations. The bill will be transmitted to the Governor for further action.

Certificates of Merit Bill Redrafted and Passed by State Senate

On Friday, April 27, the Connecticut State Senate met, amended, debated, and passed SB 243, An Act Concerning Certificates Of Merit. The bill was redrafted after sustained and targeted advocacy by Connecticut hospitals, led by the Committee on Government's Subcommittee to Consider Medical Malpractice Liability Reform, chaired by Kyle Ballou, Administrative Director, Community and Government Relations at Yale-New Haven Hospital. CHA thanks members of the Subcommittee, members of the Committee on Government, and all those who spent time meeting with and/or reaching out to their legislators on this issue. The coordinated advocacy by Connecticut hospitals, in partnership with the Connecticut State Medical Society and several medical specialties societies, helped to inform and educate legislators, resulting in a redrafted bill based in part on these discussions.

As originally filed, SB 243 would undo a 2005 law that discourages the filing of baseless lawsuits against healthcare providers by requiring a plaintiff's counsel to obtain, at the outset of a case, an opinion from a similar healthcare provider indicating there is evidence that the standard of care has been breached. This opinion is documented by a “good faith certificate.” After numerous meetings with legislative leaders and the physician community, the bill was amended to address many of the concerns of the medical community surrounding the required qualifications of the expert certifying that medical malpractice had occurred.

The redrafted bill was passed on a vote of 32-3, and was transmitted to the House for further action.

In addition to SB 243, on Friday the Senate voted on SB 13, An Act Concerning A Study Of Telemedicine Services. The bill would require the Insurance Commissioner, in consultation with the Commissioner of Public Health, to study telemedicine services that are provided in this and other states to assess the benefits of and obstacles to statewide implementation of such services. The study shall examine the extent to which such services are covered under health insurance policies or health benefit plans in this and other states; the types of services most commonly provided via telemedicine; the types of services for which telemedicine delivery has been shown to be effective; the costs to patients, providers and insurers that are covered under health insurance policies or health benefit plans in this and other states; the types of services most commonly provided via telemedicine; the types of services for which telemedicine delivery has been shown to be effective; the costs to patients, providers and insurers that are associated with such services; and how other states have addressed licensing requirements for providers.

The Senate also passed SB 414, An Act Concerning Advanced Practice Registered Nurses’ Certification or Signature, and SB 248, An Act Concerning Probate Fees. Lastly, the Senate passed SB 55, An Act Expanding The Membership Of The Pharmaceutical And Therapeutics Committee, a bill that would add a child psychiatrist to the membership of the Pharmaceutical and Therapeutics (P&T) Committee, increasing the Committee's membership to fifteen. The Committee, established pursuant to federal law, oversees the development and maintenance of the Department of Social Services' preferred drug list for Medicaid.

On Thursday, April 26, the House focused on a small number of highly controversial bills. Namely, it debated and passed HB 5291, An Act Concerning Competitive Alcoholic Liquor Pricing And Hours Of Operation For Permittees. HB 5021 makes various changes to the Liquor Control Act, including expanding the days and hours for alcohol sales, and permitting sales on Sundays. The House also debated and voted in concurrence with the Senate on SB 55, An Act Concerning Pulse Oximetry Screening For Newborn Infants. The bill would require, starting January 1, 2013, that all healthcare institutions caring for newborn infants test them for critical congenital heart disease, unless, as allowed by law, their parents object on religious grounds. SB 56 also requires the testing to be done as soon as medically appropriate. The bill was transmitted to the Governor for further action.

The Senate discussed and voted on a number of bills, most of which had no direct impact on hospitals. Of note, the Senate debated, amended, and passed SB 98, An Act Concerning Deductibles And Guidelines For Colonoscopies. The bill would prohibit insurers from imposing a deductible for a procedure that is initially undertaken as a screening colonoscopy or a screening sigmoidoscopy.

On Monday, April 30, the Connecticut House of Representatives met in session and spent the major part of the day debating and voting on HB 5024, An Act Concerning Voting Rights. The bill would allow for same-day voter registration. Aside from HB 5024, the House passed a number of bills with minimal impact on hospitals.
of bills, including HB 5037, An Act Implementing The Governor's Budget Recommendations Concerning Public Health. HB 5037 authorizes the State to recover the cost of caring for an individual committed to a state institution after being found not guilty of a crime by reason of a mental illness. The Senate did not meet in session on Monday.

During session on Tuesday, May 1, the House did not debate or pass any bills that would have a direct impact on Connecticut hospitals.

During session on Tuesday, the Senate directed most of its time and energy in debating and passing HB 5021, An Act Concerning Competitive Alcoholic Liquor Pricing And Hours Of Operation For Permittees, a bill that would allow for the Sunday sales of alcohol, and SB 79, An Act Concerning Unemployed Individuals And Discriminatory Hiring Practices, a bill that would ban discriminatory job advertisements against the unemployed by companies and employment agencies.

On Wednesday, the Senate debated and passed SB 78, An Act Concerning The Learn Here, Live Here Program, a bill supported by CHA. SB 78 allows graduates from certain higher education institutions to participate in the Learn Here, Live Here Program, and requires payments from the Department of Economic and Community Development in accordance with the program. The Commerce Committee amended the bill earlier in the session to include CHA-suggested language clarifying that hospital-based educational programs would be included in the Learn Here, Live Here Program. The bill was amended by allowing, rather than requiring, the Department of Economic and Community Development to develop a Learn Here, Live Here program as described in the bill. After being passed by the Senate, SB 78 was referred to the Finance, Revenue and Bonding Committee for further action.

Also on Wednesday, the Senate passed and transmitted to the House SB 371, An Act Concerning The Administration of Injectable Vaccines To Adults In Pharmacies. The CHA-supported bill would allow pharmacists to administer to adults vaccines that are listed on the National Centers for Disease Control and Prevention's adult immunization schedule under certain circumstances. The Senate amended and passed SB 315, An Act Prohibiting The Unnecessary Collection Of Social Security Numbers. The bill was amended to allow the collection of Social Security numbers by anyone, including hospitals, subject to the HIPAA provisions.

The Senate amended and transmitted back to the House for further action HB 5107, An Act Concerning Captive Insurance Companies, a bill that would limit the statutory limits on captives' risks to risk retention groups – a type of captive insurer formed under the federal Products Liability Risk Retention Act, instead of all captives.

On Wednesday, May 2, the House passed a number of bills of interest to Connecticut hospitals. Specifically, the House debated, amended and passed HB 5038, An Act Implementing The Governor's Budget Recommendations Concerning An All-Payer Claims Database Program, a bill supported by CHA which would require the Office of Health Reform and Innovation (OHRI) to establish an all-payer claims database program for receiving and storing data relating to medical and dental insurance claims, pharmacy claims, and information from enrollment and eligibility files from reporting entities. HB 5038 requires insurers or anyone else that administers healthcare claims and payments (“all payers”) to provide information for inclusion in the database. HB 5038 was transmitted to the Senate for further action.

The Senate and House will meet on Friday and Saturday of this week, and Monday through Wednesday of next week.

Both the House and Senate were meeting in session at the time of publication. Additional items of interest will be reported on in next week’s edition of Update.

**Appropriations Committee Fails To Take Action On Issues Of Interest To Hospitals**

On April 30, the Appropriations Committee met, but failed to take action on two bills of interest to hospitals. Specifically, the committee failed to take action on SB 30, An Act Implementing Provisions Of The Budget Concerning Human Services, and SB 425, An Act Concerning A Basic Health Program – essentially killing the bills for the session. HB 425 is one of two legislative proposals dealing with the basic health plan. The other bill, HB 5450, is on the House calendar awaiting action by the House.

**Regional Health Equity Council Meets at CHA**

CHA was pleased to host the New England Region I Regional Health Equity Council (RHEC) meeting on April 25. Marie M. Spivey, EdD, RN, Vice President of Health Equity at CHA, is Region I co-chair. Ten Councils have been created across the country by the U.S. Department of Health and Human Services Office of Minority Health to promote systemic and systematic change that improves the overall health of the nation and its most vulnerable populations. The strategic work of the Councils is linked to the goals of the National Partnership for Action to End Health Disparities (NPA) – a public-private initiative that seeks to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation toward achieving health equity.

The fundamental goals of the RHECs are defined as the need to: increase awareness of the significance of health disparities and their impact on the regions and the nation; strengthen and broaden leadership for addressing
disparities at all levels; improve health and healthcare outcomes for racial, ethnic, and underserved populations; improve cultural and linguistic competency and the diversity of the health-related workforce; and improve data availability and coordination, utilization, and the diffusion of research and evaluation outcomes.

Representatives from each of the northeastern states and the U.S. Department of Health and Human Services Office of Minority Health participated in this meeting — either in person or via conference call. The RHEC attendees were offered the opportunity to participate in a webinar created as support for the CHA hospitals’ Diversity Collaborative Teams’ monthly meetings. The webinar was presented by Wayne Boatwright, CDM, MHA, Vice President of Cultural Diversity at Meridian Health, who discussed the value of cultural competence in healthcare. He described how education and cultural competence training are critical for management, employee relations, strategic planning, and fostering a culture of growth. However, he also emphasized that this work cannot be a bottom-up initiative.

The mission of the NPA through the RHECs is to increase effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action.

**Partnership Receives Award to Help Reduce Hospital Readmissions**

A local coalition called the Greater New Haven Coalition for Safe Transitions and Readmission Reductions (GNH CoSTARR) is one of 30 community-based programs across the United States to date to receive an award from the Centers for Medicare & Medicaid Services (CMS) to improve the quality of care for Medicare patients and keep them from being readmitted to hospitals.

GNH CoSTARR is a partnership between Yale-New Haven Hospital (YNHH), the Hospital of Saint Raphael (HSR), and the Agency on Aging of South Central Connecticut (AASCC). CHA is a member of the Advisory Board.

One of GNH CoSTARR’s goals is to reduce the number of Medicare patients who are readmitted to the hospital within 30 days of a previous admission. Building on past efforts, GNH CoSTARR will implement special care transition teams with registered nurses as care coordinators at YNHH and HSR, and social workers from the Agency on Aging. Teams will be housed within the two hospitals and develop holistic, patient-tailored discharge planning to help the patient recover successfully upon discharge. The teams will work to improve communications among the hospitals and nursing homes, home health agencies, and primary care providers in greater New Haven; support patients through their post-hospital transition; and inform them about community resources.

**Greater New England Minority Supplier Development Council Honors Minority Suppliers**

On April 26, the Greater New England Minority Supplier Development Council (GNEMSDC) held its Annual Awards Gala at the Aqua Turf Club in Plantsville. The program honored Jack Bryant with the President’s Award. Mr. Bryant, a Tuskegee Airman, is the President of Bryant Associates, a GNEMSDC-certified Minority Business Enterprise (MBE) from Boston. CHA consultants Brenda and Carlton Oneal from Light Speed were also among the night’s winners.

CHA has been working with GNEMSDC for the last three years to develop enhanced opportunities for minority businesses to work with CHA member hospitals. GNEMSDC has been instrumental in the development of CHA’s Supplier Diversity Program, through which hospitals can access contracts for goods and services offered by certified MBEs.

“Increasing supplier diversity is a consistent with our mission, and it is a key component of our CHA Diversity Collaborative,” said CHA President and CEO Jennifer Jackson, who served as honorary co-chair at the event. “Through this collaborative, hospitals have made an unprecedented commitment to increase supplier diversity. It is thanks to the Greater New England Minority Supplier Development Council and the great work it does with minority businesses that we are able to provide hospitals with rich, comprehensive business opportunities to meet their needs.”

GNEMSDC is a regional not-for-profit corporate membership organization dedicated to fostering business relationships between certified MBEs and potential buyers. GNEMSDC is the regional affiliate of the National Minority Supplier Development Council (NMSDC). There are over 1,500 corporations that participate in the NMSDC network. The 36 regional councils certify over 20,000 MBEs nationally. GNEMSDC certifies minority businesses that are at least 51 percent owned, managed, and controlled by racial and ethnic minorities. Referrals and introductions by the NMSDC and the regional affiliates led to over $100 billion in contracts in 2010.

**Education Updates**

**HRET Patient Safety Learning Network HCAHPS Workshop**

May 14, 2012  8:30 a.m. - 3:30 p.m.

CHA and the Health Research & Educational Trust (HRET) HCAHPS learning network will hold a workshop at CHA to review how to use
HCAHPS data effectively, and utilize improvement techniques and domain-specific strategies. Through case studies and presentations from program faculty and hospital teams, this interactive session will assist participants in developing strategies to improve the delivery of patient-centered care in their organizations.

For more information, contact Alison Hong, MD, at hong@chime.org. To register, click here.

**Connecticut Hospital Environmental Roundtable**
May 16, 2012  8:30 a.m. - 12:00 p.m.

CHA presents *Landscaping for Health and the Environment: Creating Sustainable, Attractive Landscaped Areas and Garden Spaces to Control Stormwater Runoff*. This program is for hospitals, hospices, clinics, nursing homes, and continuing care retirement communities, as well as those with an interest or role in grounds, landscaping, or sustainability issues. The program teaches how to use natural, sustainable approaches to manage the development of grounds while staying in compliance with stormwater regulations.

For more information, click here. To register, click here.