



Thursday, June 6, 2013

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In This Issue:[CHA Annual Meeting - Save the Date](#)[General Assembly Adjourns 2013 Regular Session – Sine Die](#)[\\$1.1 Billion Invested in Community Benefit Initiatives in 2011, But CT Hospitals' Ability to Strengthen Community Health at Risk](#)[Hospitals Focus on Preventing Venous Thromboembolic Events](#)[L+M Corporation Purchases Westerly Hospital](#)[CHA Hosts Fourth Supplier Diversity Program](#)[Connecticut is the Only State With Decreasing Gross Domestic Product](#)[Education Updates](#)**CHA Annual Meeting - Save the Date****SAVE THE DATE****Connecticut Hospital Association's
95th Annual Meeting****Tuesday, June 25, 2013**
Aqua Turf Club, Southington, CT
4:00 p.m. to 7:00 p.m.**General Assembly Adjourns 2013 Regular Session – Sine Die**[Update Archives](#)

The 2013 Legislative Session came to an end at midnight, June 5. As in years past, the final week of the legislative session is characterized as controlled chaos, with budget bills and other pieces of legislation being passed prior to the constitutionally mandated adjournment. As previously reported, the budget bill was passed by the House during the early morning hours of Sunday, June 2. The Senate passed the budget on Monday, June 3.

On Tuesday, June 4, and Wednesday, June 5, the House and Senate passed in concurrence budget implementer bills—bills that specify how the budget will be implemented. Of interest to the hospital and healthcare communities is [HB 6705](#), An Act Implementing The Governor's Budget Recommendations For Housing, Human Services And Public Health, a bill that implements state agency programs and services and changes laws governing state housing, human services, and public health programs.

Also, [HB 6706](#), An Act Implementing Provisions Of The State Budget For The Biennium Ending June 30, 2015 Concerning General Government passed prior to the end of session.

Three bills opposed by hospitals were not acted upon prior to the adjournment. Specifically and as a result of unified and sustained hospital advocacy, [SB 1154](#), An Act Concerning The Accidental Failure Of Suit Statute, died. SB 1154 would have expanded the accidental failure of suit statute beyond legitimate cases in which a technicality resulted in dismissal by making dismissal for failure to provide a good faith certificate discretionary and curable in all medical malpractice cases, regardless of the circumstances that led to the dismissal. Also not acted upon was [HB 6687](#), An Act Concerning Certificates Of Merit, a bill that would have significantly weakened the good faith certificate process by amending the existing certificate of merit law by eliminating the requirement for a "detailed" pre-suit opinion letter and allowing any medical expert to provide a pre-suit opinion, regardless of whether such expert is a similar healthcare provider. Lastly, the Senate did not take action on [SB 1074](#), An Act Concerning Workers' Compensation And Liability For Hospital Services, a bill that would have made changes related to employer liability for hospital services.

During the final days of session, the House and Senate passed in concurrence a number of bills of interest to Connecticut hospitals. Specifically, bills that were passed in concurrence and transmitted to the Governor for further action include:

On May 30, The Senate passed in concurrence with the House [HB 5727](#), An Act Concerning The Time For Parental Notification When A Child Is Admitted To A Hospital For Diagnosis Or Treatment Of A Mental Disorder. The bill will change the time for a hospital to notify a parent when a child is admitted to the hospital for diagnosis or treatment of a mental disorder from within five days of the child's admission to not later than one day after the child's admission.

On June 1, the Senate passed in concurrence with the House [HB 6406](#), An Act Concerning The Electronic Prescription Drug Monitoring Program, a bill that requires the monitoring of the prescribing of controlled substances. It seeks to reduce overuse by patients and unnecessary prescribing practices by

practitioners.

On June 3, the Senate passed in concurrence with the House the Department of Public Health's (DPH) perennial technical revisions bill. [HB 6644](#), An Act Concerning Various Revisions To The Public Health Statutes, makes numerous substantive and minor changes to DPH-related statutes and programs, including several changes to statutes of interest to hospitals.

On June 4, the House passed in concurrence with the Senate [HB 466](#), An Act Concerning Continuing Education Courses For Physicians, a bill that reduces the frequency with which physicians must take mandatory topics for continuing medical education (CME), and adds behavioral health to the list of such topics.

Also on June 4, the House passed in concurrence with the Senate [SB 465](#), An Act Requiring Newborn Screening For Adrenoleukodystrophy. As amended, the bill will require the Department of Public Health to mandate newborn screening for adrenoleukodystrophy (ALD), but not until (1) the development and validation of a reliable methodology for ALD newborn screening using dried blood spots, (2) the development and validation of testing methodology quality assurance or the approval of an ALD test using dried blood spots by the federal Food and Drug Administration, and (3) the availability of necessary reagents for the test.

On June 5, the House passed in concurrence with the Senate [SB 900](#), An Act Concerning Revisions To The State Codes Of Ethics, a bill [supported](#) by CHA that makes several changes to the State Codes of Ethics for Public Officials and Lobbyists, including a change to the definition of "goods or services" as it relates to gifts to the state. SB 900 expands the codes' exemption for gifts to the state to include goods or services that support participation by a public official or a state employee at an event that furthers a state or quasi-public agency function, thus permitting state employees to attend or participate in events, forums, or trainings that may be funded or provided by regulated entities like CHA and hospitals, provided that the state employees' attendance at such events furthers the mission, action, or function of state government.

Also on June 5, the Senate passed in concurrence with the House [HB 6518](#), An Act Concerning Standards Of Professional Conduct For Emergency Medical Service Personnel. HB 6518, as amended, will create within available appropriations, a 15-member Connecticut EMS primary service area task force within DPH, and would expand the authority of DPH to take disciplinary action against emergency medical technicians (EMTs), advanced EMTs, emergency medical responders, or emergency medical services (EMS) instructors.

During the final hours of the session on June 5, the House and Senate passed in concurrence [SB 992](#), An Act Concerning Various Revisions To The Office Of Health Care Access Statutes. The bill's original language was substituted for language that will allow for-profit hospitals to create medical foundations.

All bills are considered "dead" if they fail to pass each chamber of the General Assembly prior to the end of the session. They will need to be refiled at the beginning of the next legislative session for consideration in 2014.

As has been tradition, Governor Dannel Malloy addressed a Joint Session of the General Assembly at the end of the session. In his remarks, the Governor thanked legislators for their hard work and highlighted legislative proposals related to UCONN's Next Generation initiative, funding for education reform, energy, and increasing the minimum wage. As with the start of the 2013 Legislative Session, the overriding focus of the Governor's remarks revolved around the continued budget challenges the state faces and the ramifications of the December 2012 shooting in Newtown.

\$1.1 Billion Invested in Community Benefit Initiatives in 2011, But CT Hospitals' Ability to Strengthen Community Health at Risk



In recognition of Community Health Improvement Week, June 2-6, 2013, CHA has released a new report, [Keeping Connecticut Healthy: Connecticut Hospitals Strengthening Community Health](#), which chronicles the \$1.1 billion invested in community benefits by Connecticut hospitals in 2011.

Hospitals have a long and important tradition of providing comprehensive services and support well beyond the hospital doors to people and communities throughout the state. This new report showcases a small sample of that work. But these are the types of services that are threatened now, as a result of the huge cuts to hospitals included the state budget passed this week. The FY 2014-2015 state budget significantly cuts funding to hospitals by \$550 million and will have devastating consequences for patients, jobs, hospital services and programs, and the economy.

Connecticut hospitals are dedicated to their core mission of delivering safe, patient-centered, quality care 24 hours a day. They remain committed to working with the state on meaningful reform that will improve care, access, and efficiency, and to working with community partners to meet as best as possible the full spectrum of community health needs.

In 2011, Connecticut hospitals provided more than 12.8 million community benefit services to individuals and families. These include financial assistance to the uninsured, mobile vans and clinics delivering primary and preventive care, healthy lifestyle education programs, weight loss and physical activity promotion, programs for managing chronic conditions like asthma, and initiatives to address key public health challenges like heart disease and cancer.

In 2011, Connecticut hospitals spent \$213.1 million in charity care and uncompensated care for patients unable to pay. They incurred \$831.5 million in losses due to unpaid government-sponsored healthcare. Hospitals spent \$4.2 million in subsidized health services to provide care needed by the community, \$47.2 million in community services to improve the health of the community, \$11.1 million to create stronger, healthier communities, \$13.4 million on donations to help support community organizations, and \$26.7 million on research and other programs to advance healthcare for patients and the community.

Read the report [here](#).

Hospitals Focus on Preventing Venous Thromboembolic Events



On May 22, hospital leaders participated in the Partnership for Patients program *Preventing Venous Thromboembolic Events (VTE) in the Acute Care Setting*. Venous thromboses are clots that develop in deep and superficial veins, frequently in the lower extremities of those whose mobility is limited. An embolus occurs when part of the clot breaks away and travels to the heart and lungs. This is one of the most common preventable causes of hospital death.

The program featured Steven Tremain, MD, and Kim Werkmeister, improvement advisors at Cynosure Health, who discussed standardizing risk assessments for patients. During the session, a panel of experts was convened to share strategies for implementing VTE risk assessments and order sets. Panelists included: Scott Brown, IT/Medical Information, Norwalk Hospital; Bill Marshall, DO, Surgeon, Saint Francis Hospital and Medical Center; Pete Cordeau, RN, BSN, MBA, Director, Cardiology, St. Mary's Hospital; and Eric Huang, Clinical Pharmacist, Greenwich Hospital.

Following the live session at CHA, Connecticut hospital panelists participated on a national webinar on VTE prevention hosted by Cynosure Health.

Preventing VTEs is one of the key goals of Partnership for Patients, a national Centers for Medicare & Medicaid Services (CMS) initiative designed to reduce preventable inpatient harm by 40 percent and readmissions by 20 percent. All

Connecticut acute care hospitals participate in Partnership for Patients.

L+M Corporation Purchases Westerly Hospital



L+M CEO Bruce Cummings and Special Master Mark Russo ink the deal.

On June 1, Lawrence + Memorial Corporation completed its purchase of Westerly Hospital. As President and CEO Bruce Cummings signed the deed with the court-appointed special master for Westerly Hospital, he described how the organization is dedicated to revitalizing Westerly.

Part of the purchase deal calls for a \$30 million investment in new technology, equipment, and expansion of services. This process has already begun, with upgrades to X-ray machines and cardiac imaging systems.

Recruitment efforts are under way; several doctors and nurses have been hired and additional staffing needs are being assessed. The hospitals' staffs will remain separate. However, in the emergency department, Emergency Medical Physicians, a company that staffs L+M's emergency department, will also staff Westerly Hospital's emergency department.

Westerly Hospital will keep its name, but will receive a new logo that acknowledges its affiliation with L+M.

Westerly Hospital, a 125-bed facility, had been in receivership since 2011. With this purchase, L+M has created a

regional healthcare system.

CHA Hosts Fourth Supplier Diversity Program



Please join us for CHA's fourth annual Supplier Diversity Forum, co-sponsored by the Connecticut Association of Healthcare Executives, to be held the morning of the CHA Annual Meeting on June 25, 2013, at the Aqua Turf Club in Southington. The Forum addresses a key goal of the CHA Diversity Collaborative and will offer practical programming for hospitals as they increase their purchasing of supplies and services from diverse businesses.

The Forum includes an education program and vendor fair. The education program includes **Building and Sustaining Momentum for Your Supplier Diversity Program**, presented by Lawrence A. Gill, Supplier Diversity Corporate Procurement, Travelers. Mr. Gill is responsible for seeking out and promoting the competitive participation of diverse

businesses in the performance of contracts led by the company.

Supplier Diversity From a Supplier's Perspective will be presented by Jeré C. Eaton. Ms. Eaton is the founder and owner of PrintabiliTees, LLC. Under her leadership, the company has grown to become a recognized brand with MBE, WBE, DBE, and SBE certifications.

Supplier Diversity Leading Practices will be presented by Jamie Yolles, Director, Strategic Sourcing and Contract Management at OhioHealth. Ms. Yolles is responsible for management and continued development of OhioHealth's established Supplier Diversity Program.

The vendor fair provides senior executives and purchasing decision makers from member hospitals the opportunity to learn about products and services offered by CHA's Supplier Diversity Program (M/V/WBE) partners.

For more information, click [here](#).

Connecticut is the Only State With Decreasing Gross Domestic Product



Connecticut was the only state in which the real gross domestic product (GDP) decreased in 2012, according to new statistics released today by the U.S. Bureau of Economic Analysis (BEA).

The figure, -0.1 growth for Connecticut, is an inflation-adjusted measure of the state's gross product that is based on national prices for the goods and services produced within in Connecticut. It is derived as the sum of the GDP originating

in all the industries in the state.

Across the nation, durable-goods manufacturing, finance, insurance, and wholesale trade were the leading contributors to real U.S. economic growth. U.S. real GDP by state grew 2.5 percent in 2012 after a 1.6 percent increase in 2011.

Read the press release from the U.S. Bureau of Economic Analysis (BEA) [here](#).

Education Updates

Lean Principles: Process Flow and Value Stream Mapping in Healthcare

Wednesday, June 12, 2013

9:00 a.m. - 2:00 p.m.

As the demands of health reform and the challenges of reimbursement cuts drive change in all areas of healthcare delivery, hospital leaders are focused on transforming their organizations through strategies that simultaneously increase revenue and sharply reduce costs. Lean principles offer leaders a management system and methodology that eliminates road blocks and allows hospitals to improve the quality of care for patients by reducing errors and waiting times. It is a systematic approach to reducing costs and risks, while simultaneously setting the stage for growth and expansion. Please note: this is a two-session program. The second session is being held on Wednesday, June 19. Participants should plan to attend both sessions.

Continuing education credits will be awarded. Please see the brochure for details.

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

Engaging Patients and Family in Quality and Patient Safety

Wednesday, June 12, 2013

8:30 a.m. - 2:45 p.m.

Research shows that enhancing the relationship between healthcare professionals and their patients and families leads to measurable improvements in safety and quality. In order to be successful, the organization's administrative team, managers, and clinicians must lead the way toward creating partnership opportunities for patients and family members. Successful involvement of consumers in quality and patient safety requires changes in organizational policies, practices, and the attitudes and actions of all stakeholders, including caregivers. Improving communication with patients, listening to their concerns, and using tools to facilitate active partnerships should be a major element in an organization's quality and patient safety improvement strategy.

Continuing education credits will be awarded. Please see the brochure for details.

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

Basics of Budgeting for Healthcare Managers

Thursday, June 13, 2013

9:00 a.m. - 3:00 p.m.

Many healthcare department managers have traditionally risen from the professional ranks as successful clinicians or technicians but with little or no formal business training. As a result, many are thrust into a chaotic environment without the necessary business tools in financial management. Skills in planning and budgeting are essential if they are to achieve the institution's mission and contribute to "bottom line" results. In a very real sense, these represent survival skills for both managers and institutions. This member-requested management development program provides managers with the skills and tools they need to prepare better budgets, identify problems and solutions, achieve the mission, and succeed in today's chaotic healthcare environment. Participants will gain a working knowledge of operating and capital budgets, as part of developing performance planning skills.

Continuing education credits will be awarded. Please see the brochure for details.

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

Conducting Collaborative Community Health Needs Assessments

Thursday, June 27, 2013

8:00 a.m. - 12:30 p.m.

Learn about Connecticut best practices in planning, implementing, and evaluating collaborative community health needs assessments (CHNA) at this half-day workshop. This training is designed for organizations in any stage of the assessment or health improvement planning process. The workshop is based on the guidebook, Guidelines for Conducting a Community Health Needs Assessment, developed in 2012 by the CT Association of Directors of Health and Connecticut Hospital Association, along with community health center representation. This guide provides tools and resources to assist local health departments and hospitals in conducting collaborative community assessments to meet Public Health Accreditation Board and Patient Protection and Affordable Care Act requirements.

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

