General Assembly Adjourns Sine Die

The General Assembly adjourned Sine Die at midnight, Wednesday, June 5. That brought to an end a session focused on fiscal and legislative matters such as the settlement between the hospitals and the state; transportation infrastructure funding and electronic tolls; increases in the minimum wage; paid family and medical leave as well as other labor-related initiatives; recreational possession and use of marijuana; sports wagering; gun control measures; and stricter tobacco control laws.

Prior to adjournment, the House and Senate passed a joint Senate Resolution allowing each chamber to return at a later date for Special Session. The “call” allows the General Assembly to return for matters related to bond authorizations and school construction. The date of the Special Session will be announced later in the summer. The resolution can be found here: Senate Joint Resolution #44.

Additionally, the Governor has the authority to call a Special Session for other matters previously discussed, but not addressed during the regular Session, including: transportation infrastructure funding and electronic tolls; hospital settlement issues; and economic development-related matters.

General Assembly Passes $43 Billion Biennium Budget

This week, the General Assembly adopted HB 7424, An Act Concerning The State Budget For The Biennium Ending June Thirtieth, 2021, And Making Appropriations Therefor, And Implementing Provisions Of The Budget – the SFY 2020-2021 biennium budget.

The $43 billion spending and tax plan would address the nearly $3 billion two-year deficit, while increasing state spending in each year of the biennium, by 1.7% ($320.9 million) in SFY 2020 and by 3.4% ($662.9 million) in SFY 2021. As part of this budget, and as required by current law, additional revenue will be deposited into the state’s Budget Reserve, or Rainy Day Fund, raising its balance to over $2 billion.

Specific to hospitals and healthcare, the budget:

- Contains funding and tax levels, as well as budget language that reflect funding, tax levels, and budget language from both the Governor’s and Appropriations Committee’s budgets
- Sets aside approximately $190 million to implement the hospital settlement agreement ($160 million comes from this year’s surplus, and $30 million comes from undesignated funds)

According to a press release from the Governor’s office, the budget:

- Begins to stabilize the state’s fixed costs
- Does not increase income or sales tax rates on anyone
- Invests more money into education and workforce development
- Does not cut municipal aid to towns and cities

The House of Representatives passed the budget on a vote of 86-65, after 9 hours of debate on Monday, June 3. On Tuesday, June 4, the Senate approved the budget on a vote of 20-16 after seven hours of debate. In each chamber, the budget was approved largely along party lines. In the Senate, two Democratic Senators joined the Republican Caucus in voting in opposition to the two-year spending and revenue plan. In the House, five Democratic Representatives joined the Republican Caucus in voting in opposition to the budget.

Public Option Bill Fails In Last Hours Of The Session

The Senate failed to take action on HB 7267, An Act Concerning Public Options For Health Care In Connecticut, prior to the end of session.
On Tuesday, June 4, the House passed the bill that would have set price benchmarks/caps on the growth of healthcare spending. The bill would also have allowed the Department of Consumer Protection (DCP) and the Department of Public Health (DPH) to establish a Canadian Prescription Drug Importation Program and, lastly, the bill would have directed the state to file a waiver with the federal government related to establishing a reinsurance program. The provisions establishing a public option were deleted from the version of bill supported in the House. When the bill was transmitted to the Senate, the Senate did not take action.

Connecticut Hospitals’ High Reliability Showcased at Patient Safety Congress

Connecticut hospitals’ commitment to high reliability was discussed on a national stage at the Institute for Healthcare Improvement (IHI) Patient Safety Congress that took place May 15–17, in Houston, Texas. Ellen Crowe, RN, Director Clinical Excellence, Care Redesign and Innovation, CHA, discussed the high reliability journey of Connecticut hospitals and health systems, and shared practical strategies for implementation and long-term sustainability of high reliability, as well as concrete examples of how to build and sustain a collaborative model that has significantly reduced harm within the state. She was joined by Gina Rocha, Vice President of Clinical Affairs at the Hospital Association of Rhode Island, to articulate the structure that CHA utilized to partner with neighboring hospital associations to spread high reliability science to Rhode Island and New Jersey.

The presenters shared a framework for safe and reliable care, including a toolkit that hardwires simulation within evidence-based strategies promoted by high reliability organizations to increase both patient and worker safety. The annual conference gives current and aspiring healthcare leaders an understanding of how healthcare delivery organizations are successfully implementing high reliability principles as an effective strategic framework for reducing error and harm to patients, families, and the healthcare workforce. The nearly 200 participants were introduced to tools and strategies that will enable them to lead their organizations along a journey to becoming a high reliability organization and implement large-scale cultural transformation.

June 7 is Hospitals Against Violence Hope (#HAVhope) Friday

The American Hospital Association will hold its third annual Hospitals Against Violence Hope (#HAVhope) Friday on June 7, 2019. #HAVhope Friday is a National Day of Awareness that unites hospitals, health systems, nurses, doctors, and other professionals from across the country, as well as the local and national organizations with which they work, to combat violence.

#HAVhope is a digital media campaign that provides an important visual demonstration that the healthcare community stands together and with others in the community to combat violence in workplaces and communities. Connecticut hospitals are addressing violence through the Safer Hospitals Initiative, a statewide effort to enhance worker safety, minimize workplace violence, and support workers. Through the initiative, CHA, hospitals, and health systems developed standardized approaches to data collection, assessed protective equipment and devices, offered nonviolent crisis intervention and de-escalation training, and provided tools and education for early identification of the propensity for violence, crisis response teams, and post-event analysis and action plans.

CHA to Host Issue-Based Forum on Ligature Risk Mitigation

On Thursday, June 13, from 9:00 a.m. – 12:00 p.m., CHA will host an issue-based forum focused on helping hospitals understand and achieve compliance related to ligature risk mitigation.

Representatives from the Centers for Medicare & Medicaid Services and the Connecticut Department of Public Health will provide guidance on regulatory expectations regarding ligature risk mitigation as well as other safety issues for at-risk patients. The presentation will be followed by a panel discussion with both regulators and hospital representatives.

Click here to register online.

CHA to Host Training Program on Human Trafficking

CHA, in partnership with the Department of Children and Families, the Connecticut Human Anti-trafficking Response Team (H.A.R.T.), and Connecticut Children’s, will host Training of Trainers Introduction to Human Trafficking for Medical Providers.

The program will be held at CHA on July 11 and 15, 2019, from 9:00 a.m. - 4:00 p.m. Participants must attend both sessions of the program to be eligible for certification. The program flyer includes a link to register. The free program is designed for individuals who can educate staff at hospitals, clinics, or physician offices to meet the annual legislative mandate required for hospitals and clinics.

The Training of Trainers includes a one-day of curriculum learning, a half-day of classroom teach-backs and, lastly, a live training for medical providers with a lead trainer to ensure the trainee is comfortable with the content. The process ensures the trainee clearly understands the curriculum, can respond to common questions that arise, and is comfortable teaching solo moving forward.

Education Updates

HRO Train-the-Trainer
Tuesday, June 11, 2019
9:00 a.m. - 4:15 p.m.
Event Registration

The model for spreading high reliability training to the rest of the staff is a train-the-trainer model. The training is scripted. It requires an enthusiastic participant who is willing to make time to train others within the organization. Hospitals in Connecticut have trained educators, front-line managers, and senior leaders, including the CEO, as part of the training contingent. Train-the-trainer sessions are for hospitals and
ambulatory practices. This session is open to CHA HRO members.

HRO Root Cause Analysis Training (two-day training)
Wednesday, June 12, 2019
Thursday, June 13, 2019
9:00 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, safety, risk management, and other staff who respond to events. Please note: this is a two-day course; participants should attend both program dates. This session is open to CHA HRO members.

Palliative and End-of-Life Care: Engaging Clinicians and Patients
Tuesday, June 25, 2019
9:00 a.m. - 12:30 p.m.
Event Registration

CHA will host Palliative and End-of-Life Care: Engaging Clinicians and Patients -- a thought-provoking and informative program on palliative and end-of-life care.

In the opening presentation, Damanjeet Chaubey, MD, will discuss national trends and share how Nuvance Health developed and continues to expand its award-winning palliative and end-of-life program.

Additional presentations include information on preparing patients to work with clinicians, as well as family experiences navigating the healthcare system during serious illness and end-of-life planning.