CHA Board Chairman Susan Davis, EdD, RN, Testifies on Patient Safety Reforms for the Elderly at Senate Committee Hearing

On July 2, the U.S. Senate Special Committee on Aging held a hearing on patient safety reforms for the elderly. Hosted by Senator Richard Blumenthal, the hearing addressed how seniors are disproportionately affected by medical errors. It examined reforms that have been implemented through both the Patient Protection and Affordable Care Act and the American Recovery and Reinvestment Act to improve and incentivize quality of care, making patient-centered care a priority.

"Connecticut really is at the forefront. The more we can add to this movement, the better," said Sen. Blumenthal.

"CHA is working with every hospital to work together to promote a culture of safety and high reliability," said Dr. Davis. "We are committed to eliminating serious safety events, creating a culture of high reliability, and making our hospitals a safe place. It is a journey, not an event. Connecticut hospitals are working together to share data. We, as providers, have to be better. We are doing it for our patients."

By instilling high reliability principles, St. Vincent’s Medical Center has experienced a serious safety event reduction of more than 40 percent and a 58 percent reduction in its medication safety rate.

In addition to Dr. Davis, the committee heard testimony from Scott Ellner, DO, MPH, FACS, Director of Surgical Quality, St. Francis Hospital and Medical Center. He provided a frontline surgeon's perspective on safety initiatives that have improved outcomes at St. Francis Hospital and Medical Center.

"My vision as a healthcare provider is about improving outcomes," he said. "At Saint Francis, over the last five years, my team has collected and reported on 30-day surgical complications through a risk-adjusted, transparent database. Knowing our outcomes has allowed us to realize both how good we are, and how much better we can be."

Others testifying included: Jean Rexford, Executive Director, Connecticut Center for Patient Safety, Redding, CT; Alice Bonner, PhD, RN, FAANP, Director, CMS Division of Nursing Homes, Survey and Certification Group, Washington, DC; Jamesina E. Henderson, Executive Director, Cornell-Scott Hill Health Center, New Haven, CT; and David Blumenthal, MD, MPP, Chief Health Information and Innovation Officer, Partners Health System, Boston, MA.

Pension Funding Stabilization Provisions Pass Congress

On Friday, June 29, the U.S. Congress passed a conference report on the highway bill, S. 1813, that included pension funding stabilization language – a provision of great importance to and an advocacy priority of Connecticut hospitals. The bill was sent to President Obama for his approval.

The long-sought-after pension stabilization language addresses this issue effectively in the short term by basing pension plan interest rates on historical averages, which will improve the funding status of defined benefit plans and reduce required contributions.

As detailed in the conference committee statement (pg. 27), pension plan liabilities will continue to be determined based on corporate bond segment rates. However, beginning in 2012, for purposes of the minimum funding rules, pension plan interest rates may be based on historical averages. The provision is intended to stabilize the fluctuation of interest rates from year to year, resulting in fewer sharp declines and increases in interest rates.

In mid-May, CHA, in conjunction with the American Benefits Council and more than 200 companies and organizations that provide retirement benefits to millions of workers and retirees, wrote to Congress describing how the current artificially low interest rates have an adverse effect on pension plan sponsors. The low interest rates have created very high estimates of pension plan liabilities and require increased pension contributions to close the gap. Connecticut hospital advocacy was led by Peter Karl, President and Chief Executive Officer, Eastern Connecticut Health Network.

CHA Files Amicus Curiae Brief with Connecticut Supreme Court

Last week, CHA filed a Brief of Amici Curiae with the Connecticut Supreme Court in the case of Robbins v. Physicians for Women’s Health. The Appellate Court of Connecticut previously held that summary judgment was not appropriate for an entity that acquired the assets of an OB-GYN practice, even though the acquiring entity was not directly involved in the alleged negligence, and despite the fact that the plaintiff settled with the predecessor entity. In reaching its decision, the Appellate Court applied a theory of “successor liability,” which is generally intended to prevent corporations from evading legal responsibilities by transferring ownership of corporate assets.

Consistent with the input received from members, CHA is arguing that the Appellate Court incorrectly applied tort principles to a business law
As a matter of public policy, this will create uncertainty for Connecticut businesses, with the most negative burden falling on healthcare providers. The Connecticut Supreme Court is expected to render a decision in this case later this year.

**CHA Opposes Changes to Medicaid Low-Income Adult Program**

On June 26, CHA submitted testimony to the Council on Medical Assistance Program Oversight opposing a proposed Medicaid 1115 waiver that the Department of Social Services (DSS) wants to use to make changes within the Medicaid Low-Income Adult (MLIA) program.

The waiver seeks to reduce MLIA enrollment by: (1) establishing a $10,000 asset limit; (2) counting family income when determining eligibility for individuals under the age of 26 and either living with their parents or claimed as a dependent for tax purposes; and (3) limiting nursing home coverage to 90 days.

The Department of Social Services (DSS) estimates that the proposed changes will result in a reduction in spending of approximately $52 million in FY 2013, with an impact of between 15,000 and 20,000 individuals losing eligibility for the MLIA program.

In its testimony, CHA states, “The changes sought in the proposed 1115 waiver will move Connecticut in the wrong direction. We should continue on the path of supporting PPACA and its provisions of providing access to healthcare, and not limit its applicability by imposing asset tests and income and coverage limits… The proposed changes to the MLIA program will impede access to healthcare coverage for a vulnerable population that just recently became eligible for Medicaid coverage under federal reform.”

DSS held the second of two federally-required public hearings on June 28. A state-required hearing on the proposed Medicaid waiver before the Appropriations and Human Services Committees of the General Assembly will be held later this summer.

**Partnership for Patients Model for Improvement Workshop Held at CHA**

On June 25, CHA held an educational session about improving safety processes for hospitals participating in Partnership for Patients, a national initiative designed to reduce preventable inpatient harm by 40 percent and readmissions by 20 percent. Patricia Vasko, RN, MAS, CPHQ, CPMSM, HRM, Improvement Advisor, Cynosure Health, spoke about implementing an effective model of improvement – incorporating goal setting, performance measurement, and a Plan-Do-Study-Act (PDSA) approach to intervention selection, evaluation, and modification.

“When selecting your goals, make them real and important,” she said. “Use both data and stories to motivate your team and facility… We know that when we purposefully make improvements in our processes, we can make a difference in our patient outcomes.”

Ms. Vasko reviewed strategies for effective goal setting – establishing bold, but realistic, specific, measurable goals; strategies for effective measurement – for both improvement and reporting; and use of small tests of change for effective implementation and assessment of interventions.

Ms. Vasko provides consulting services specializing in leadership, quality, performance improvement, accreditation and licensure activities, risk management, crisis management, education, and medical staff services. She has extensive experience and success in assisting hospitals with regulatory issues and preparation, and has developed sustainability processes to ensure future success.

All acute care hospitals in Connecticut participate in Partnership for Patients, which is being conducted by CHA in partnership with the Healthcare Research and Educational Trust (HRET), the non-profit research and educational arm of American Hospital Association (AHA).