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Lawmakers Reduce Hospital Funding Cuts During Special Session



Connecticut lawmakers reduced the budget cuts to hospitals from \$64 million to \$30 million during a Special Session of the legislature on December 8.

The restoration of hospital funding came after months of advocacy efforts by CHA and its member hospitals. Those efforts included a multi-media advocacy campaign that included print, television, radio and digital ads, and a new website, www.StopTheCutsNow.org, containing a petition calling on Governor Malloy to reverse his recent cuts to hospitals. That petition reached a milestone last week when it garnered more than 10,000 signatures in support of hospitals.

The partial restoration of hospital funding this week comes after years of cuts and taxes on hospitals. Since he took office in 2011, Governor Malloy has been responsible for \$1.3 billion in cuts and taxes to hospitals.

Jennifer Jackson, CEO, CHA, released the following statement about the Special Session this week:

"By restoring roughly half of the funding for Medicaid services cut in the rescissions in September, the Legislature took an important step to mitigate the impact of the drastic cuts on hospitals and their patients. Throughout the process, legislators on both sides of the aisle stood up for their hospitals, patients, and communities.

Hospitals still face an annual tax of nearly \$400 million. They have lost \$1.3 billion in funding in the last five years. These massive cuts, year in and year out, are an ongoing threat to patient care. The situation is simply not sustainable. The next critical step is to address this systemic funding problem in the next legislative session."

The \$30 million reduction to hospitals is in the current and next state fiscal years. The \$14 million promised to six hospitals by Governor Malloy on October 9 was unchanged in the Special Session. Additionally, the deficit mitigation plan incrementally increases by 5% per year the urban and industrial site reinvestment tax credits used by hospitals and ambulatory surgical centers – from 50.01% to 70%.

Lastly, restoration of funding has been made to the Department of Mental Health and Addiction Services (DMHAS), but it is unclear if the funding will be restored to Community Care Teams (CCTs).

The [deficit mitigation plan](#) approved by the General Assembly this week addresses the \$350 to \$370 million state budget deficit projected over the next two fiscal years. An additional \$93 million in executive branch cuts will be made by Gov. Malloy.

How Vanderbilt Medical Center Implemented Choosing Wisely Initiative

At a December 9 Choosing Wisely program at CHA, representatives from Vanderbilt University Medical Center in Nashville, TN described how they are using the initiative to reduce unnecessary lab work and chest x-rays at their facility.

The presentation, which was co-sponsored by CHA, the Connecticut Choosing Wisely Collaborative, Qualidigm, the Connecticut Partnership for Patient Safety, and Middlesex Hospital, covered the reasons for reducing unnecessary medical procedures, the steps Vanderbilt took to implement the program, and how it ultimately succeeded in reducing procedures in both of its target areas.

Choosing Wisely was launched four years ago by the American Board of Internal Medicine (ABIM) Foundation and Consumer Reports with the goal of helping healthcare providers work in concert with patients to provide care that is necessary, evidence-based, and safe. It is intended to eliminate over-utilized or duplicative medical procedures, which would result in more affordable, better healthcare.

Vanderbilt undertook the initiative two years ago after the hospital was forced to reduce staff because of budget cuts, said Donald W. Brady, MD, Senior Associate Dean for Graduate Medical Education and Continuing Professional Development, Professor of Medicine, and Professor of Medical Education and Administration at Vanderbilt University Medical Center.

At the same time that was happening, Dr. Brady said, the hospital went through a clinical learning environment review for its residents and fellows that forced him – the dean of the medical school – to grapple with questions about how integrated his students were and whether they were invested in improving the system in which they were working.

"I had to ask myself, 'how am I giving them data to show that they can do better?' Because the goal is to train better physicians and provide higher quality, lower cost patient care," said Dr. Brady.

The urgency surrounding lower cost healthcare is real, said Meghan Kapp, MD, Anatomic and Clinical Pathology Resident and Chief Resident at Vanderbilt. Healthcare spending accounted for 17.8 percent of the United States' GDP in 2012 - a markedly higher percentage than in other countries - and that number is projected to grow to 50% by 2050 if nothing is done, Dr. Kapp said.

Part of the challenge in getting healthcare providers to be more discerning about what tests and procedures they order is changing the mindset that "doing more" somehow equates to doing no harm, Dr. Kapp said, "because in reality, doing more can actually lead to more harm."

Once Vanderbilt committed to Choosing Wisely it had to decide on the best approach to implementing the program. Dr. Brady said one decision that was integral to Vanderbilt's eventual success was its decision to involve front-line hospital staff rather than just rely on executives to steer the initiative.

"The hospital had already put together a Choosing Wisely committee, very high-powered, made up of a lot of its top people," Dr. Brady said. "They launched Choosing Wisely and decided on their first project and what do you think happened? Nothing. They were just too busy doing all the other things they had to do."

So Dr. Brady and others took the idea to the hospital's program directors and residents, and asked if they were interested. A steering committee was soon established and began its work by asking 70 subspecialty groups at the hospital to list their five top over-utilized procedures. What rose to the top of all of those lists was lab work.

After the committee had chosen its first goal – reduce the amount of lab work being ordered – it had to communicate that goal to the front-line staff at the hospital, said Wade Iams, MD, Vanderbilt's Chief Resident of Internal Medicine.

"Creating a vision is really key. Everybody goes into medicine to provide the best care possible so we really harkened back to that message," Dr. Iams said. "We tried to strike a very motivational tone."

The committee put out informative fliers about reducing lab work, sent out weekly results that celebrated reductions in the numbers and, most importantly, did not dictate to staff when and how they should reduce lab work.

Our big message was to say, 'You are all great clinicians and you know unnecessary labs when you see them,' " said Dr. Kapp. "We wanted to send the message that they get to make those decisions."

The percentage of patients receiving lab work decreased significantly, Dr. Kapp said, which encouraged the committee to tackle its next goal – decreasing the number of chest x-rays.

Overall, Vanderbilt officials said, the Choosing Wisely program has been both a success and a significant learning experience for them.

"You really need to have a motivated identifiable local champion. It means more to staff to receive an email from someone they know than someone they don't," Dr. Kapp said.



Influenza Cases Slowly Rising in Connecticut



According to the Connecticut Department of Public Health, influenza cases are slowly rising in Connecticut. To date this season, there have been 77 confirmed cases of influenza and 37 hospitalizations in Connecticut. One death has been reported. The predominant influenza viruses identified this season are Type A, although the percentage of Type B influenza viruses in circulation had recently increased.

Vaccination is a best practice for patient and healthcare worker safety, and in 2011, the CHA Board adopted a statewide policy endorsing mandatory influenza vaccination for hospital personnel as part of CHA hospitals' commitment to patient safety. All acute care hospitals in Connecticut have implemented a mandatory participation or mandatory vaccination program. For more information about where to obtain a vaccine, visit the [HealthMap Vaccine Finder](#).

CHA Receives Educational Video Award from HPI



CHA received the "Most Educational Video" award for High Reliability science from Healthcare Performance Improvement (HPI) at its annual Safety Summit in Philadelphia on November 17-19.

The patient education video, [Your Safety Comes First in Connecticut Hospitals](#), was part of this year's launch of Connecticut hospitals' first statewide Safety Absolute. A Safety Absolute is a flag on an existing rule that reinforces the rule as critical to patient safety. The Safety Absolute that hospitals adopted is about patient identification. Specifically, the rule states: Before taking action with a patient or patient information, verify patient identification using first and last name. Validate patient identification using birth date or medical record number and matching to a source.

Hospital staff reinforces the rule of checking two forms of identification when they provide care, collect specimens, transfer patients for procedures or studies, prescribe or offer medication, and when they offer food. Staff members are asking for a patient's name, and then

validating his or her identity by asking for a date of birth, checking the medical record number, or scanning the barcode on a patient's ID bracelet.

Each year during its Safety Summit, HPI hands out seven awards for videos that illustrate various aspects of safety culture transformation. In addition to most educational, the awards recognize the following categories: creative, original, funniest, inspirational, best introduction to culture transformation, and best demonstration of reliability tools in action.

Education Updates

Approaches to Palliative Care

Tuesday, December 15, 2015

9:00 a.m. - 4:00 p.m.

[Event Registration](#)

Unplanned readmissions remain a problem in Connecticut and our first program will address unplanned readmissions by addressing palliative care in the hospitals. The program Approaches to Palliative Care will be held at CHA from 9:00 a.m. to 4:00 p.m. on Tuesday, December 15, 2015. Our keynote speaker is Rosemary Gibson, who was the chief architect of the Robert Wood Johnson Foundation's decade-long strategy that successfully established palliative care in more than 1,600 hospitals in the U.S. She is the recipient of the Lifetime Achievement Award from the American Academy of Hospice and Palliative Medicine. She will be followed by a panel highlighting the palliative care programs at Hartford Hospital, Greenwich Hospital, and Danbury Hospital. After lunch, we will have a workshop to teach people how to introduce palliative care when there is no formal program in the hospital.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.

Continuing education credits will be awarded.

Changes in CPT/HCPCS for 2016

Wednesday, December 16, 2015

9:00 a.m. - 12:15 p.m.

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

CPT and HCPCS codes are the primary codes that describe individual hospital services that are billed to all payers. These code sets are revised annually with codes that are added, deleted, or revised. This workshop will focus on the 140 new, 134 revised, and 91 deleted CPT codes—including all major changes by body system, changes in diagnostic imaging, radiation oncology, and laboratory, plus additional bundling of procedures that are often performed together as well as new and revised coding guidelines. The workshop will also cover all changes to the HCPCS code set which is maintained by CMS. Each program participant will receive a comprehensive manual that outlines all the key code changes in 2016.

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

OPPS Final Rule for 2016

Wednesday, December 16, 2015

1:00 p.m. - 4:15 p.m.

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

The Centers for Medicare and Medicaid Services (CMS) has published the Outpatient Prospective Payment System (OPPS) Final Rule for 2016. The 2016 OPPS Proposed Rule contained a drastic increase in the number of services that will be classified as comprehensive APCs which will dramatically increase Medicare's packaging of supportive services. Overall OPPS payments are proposed to drop by 1.9% for the first time in the history of OPPS. This workshop will cover how these changes impact hospital reimbursement and help to underscore the need for capturing all reportable costs. As always, billing compliance will be an important part of the presentation.

Each program participant will receive a comprehensive manual that outlines the final changes for 2016.

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

Perinatal Conference

Thursday, January 7, 2016

9:00 a.m. - 4:00 p.m.

[Event Registration](#)

CHA is partnering with the Connecticut Perinatal Quality Collaborative and DPH for the next perinatal conference. Maternal hemorrhage, Neonatal Abstinence Syndrome, and Disparities in Care will be a few of the many topics. The Conference will focus on perinatal outcomes and quality improvement projects.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.

Lean Principles: Process Flow and Value Stream Mapping in Healthcare

Session 1: Thursday, January 7, 2016, 9:00 a.m. - 2:00 p.m.

Session 2: Thursday, January 14, 2015, 9:00 a.m. - 2:00 p.m.

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

As the demands of health reform 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 improves team engagement, eliminates road blocks, and allows hospitals to improve the quality of care for patients by reducing errors and waste streams, including wait 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, participants must attend both sessions.

Continuing education credits will be awarded.

Cross Cultural and Diversity Inclusiveness Training

Session 1: Friday, January 8, 2016, 8:30 a.m. - 2:00 p.m.

Session 2: Friday, January 15, 2016, 8:30 a.m. - 2:00 p.m.

This program is being held at the Connecticut Institute for Primary Care Innovation (CIPCI) in Hartford.

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

In partnership with the Hispanic Health Council, the Saint Francis Center for Health Equity, and the Connecticut Association of Healthcare Executives, CHA is again pleased to offer Cross Cultural & Diversity Inclusiveness Training (CC&DIT)—a unique, comprehensive, and interactive program to achieve the goal of improving cultural competence in the delivery of care and addressing healthcare disparities.

The CC&DIT curriculum was developed in direct response to member requests for help in providing diversity education and is structured as a two-module program, each session five hours in duration—delivered once each week over a two-week period. Training content is based on current research that emphasizes the idea that cultural competence is not achieved through a single training event—but is a lifelong commitment to learning, and professional skills development. With over 200 members completing the training, program evaluations have been consistently positive about the value of this training.

The program provides an opportunity for hospitals who have taken the AHA #123 Equity Pledge to Act to Eliminate Healthcare Disparities to meet the requirement for training staff in cultural competence.

Please note: this is a two-session program, participants must attend both sessions.

Continuing education credits will be awarded.

OSHA Recordkeeping Seminar

Monday, January 11, 2016

9:00 a.m. - 12:00 p.m.

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

Is your OSHA LOG accurate? Should you record the following injuries on your 2015 Log: Medical Glue is applied to close multiple lacerations? X-rays are taken of a leg after a fall, but the results are negative? Employee is given a non-prescription pain medication at prescription strength? The injury occurred in December 2014, but the employee didn't return to full duty until March 2015? To learn more about the most recent changes and updates, please join Leona May, Compliance Assistance Specialist with Federal OSHA in Bridgeport, for a detailed overview of OSHA Recordkeeping. Bring your log and your questions!

