

A Special Advocacy
Message from the CEO

State Budget Cycle Never Ending



News 12's Virginia Huie recently met with Kevin Dahill, president and CEO of the Nassau-Suffolk Hospital Council, for a health care perspective on what the economic meltdown means to the average citizen.

The New York State legislature faces the tough challenge of finding \$2 billion in savings when it meets next month. The state right now is looking at a \$1.2 billion budget shortfall in this fiscal year resulting from the economic crisis on Wall Street, with projections of \$8 to \$10 billion dollars in deficits for next year. In this budget year, which seems to have no end, hospitals are once again vulnerable to cuts and may be faced with some tough choices in the months ahead.

At risk are the millions of patients served by hospitals, including the thousands who access care at one of Long Island's 24 not-for-profit and public hospitals every day. That is why we are moving quickly to mobilize our advocacy efforts.

The Executive Budget for 2009 – 2010 will be delivered a month earlier than usual, on December 16, and the Governor has indicated that deep cuts in all areas are likely. That's why it is imperative that hospitals connect with their lawmakers early and often and demonstrate to them specifically what cuts in Medicaid, for instance, will do to programs and services

hospital-wide.

New York's Department of Health is also indicating that belt-tightening is likely. In his testimony at a state budget hearing in late October, Health Commissioner Richard Daines MD said reform efforts should move forward, despite the state's economic distress, and that New York can and should spend its health care dollars better. Daines asserts that New York's Medicaid program is inefficient.

The effectiveness of this year's advocacy campaign will rely upon real-time examples of the actions hospitals will be forced to take in the areas of staffing, clinical programs, and community activities. The more detailed the list of consequences that is given to law makers, the better hospitals' chances of influencing legislators to make decisions that are helpful to hospitals and patients.

Educating the media is another outlet for effective advocacy.

(Continued on page 2)

“Lame Duck” Opportunity

The United States Senate will reconvene after the November election and their House colleagues may follow for a “lame duck” session that will look at a second economic stimulus bill. This presents hospitals with an opportunity to forward these unfinished agenda items:

- An increase in FMAP (Federal Medical Assistance Percentage) given to states.
- Moratorium on a CMS regulation that took effect October 1, 2008, which eliminates the direct medical education adjustment in the inpatient Prospective Payment System for capital costs.
- Moratorium on CMS' proposed cut to Medicaid outpatient

- services, which would narrow the definition and scope of these services and reduce Medicaid funding to hospitals.
- Reauthorization of Section 1011, which funds hospitals that provide emergency care to undocumented immigrants.
- Ban on self-referral to new physician-owned hospitals and grandfathering of existing facilities with appropriate growth limitations.

Hospital Staffers/Volunteers Named Health Care Heroes

Long Island Business News' Health Care Heroes Celebration recognized numerous individuals, practice groups, and organizations on Thursday, October 23, 2008 at the Crest Hollow Country Club. The event is in its third year. Physicians, nurses, and volunteers from Long Island's hospitals dominated the finalist and winner's circle by placing in every category.

Achievements in Health Care

*Stony Brook University Hospital -
Code H Lifesaving Initiative Team*

Community Outreach

*John T. Mather Memorial Hospital -
Volunteer Medical Team*

*Good Samaritan Hospital Medical Center -
Mammography and Breast Diagnostic Center*

*Brookhaven Memorial Hospital Medical Center -
Spirit of Women Program*

Dentist Hero

*Glen Cove Hospital -
Dr. Leonard Patella, Chairman of Dentistry*

Health Care Professional Hero

*John T. Mather Memorial Hospital -
Administrative team of Kenneth Roberts, Kevin Murray, and Wayne Shattes*

*North Shore-Long Island Jewish Health System -
Mary Mahoney, Bioterrorism Coordinator*

Nurse Hero

*Mercy Medical Center - Margaret Glier RN
Nassau University Medical Center - Amy Pakes RN
Glen Cove Hospital - Irene Pascucci
Syosset Hospital - Nursing Staff*



The administrative team from John T. Mather Memorial Hospital accepts its "Health Care Professional Hero Award." From left: John Komenicki, Publisher of Long Island Business News; Mather Hospital Administrators Wayne Shattes, Vice President; Kevin Murray, Senior Vice President, Kenneth Roberts, President and CEO; and the event's keynote Dr. David Battinelli, Senior Vice President of Academic Affairs and Chief Academic Officer for North Shore-Long Island Jewish Health System.

Physician Hero

*John T. Mather Memorial Hospital - Dr. Michael Fracchia
Good Samaritan Hospital Medical Center - Dr. John Francfort
Stony Brook University Hospital - Dr. Michael Lydic
South Nassau Communities Hospital - Dr. Stanley Ring
North Shore-Long Island Jewish Health System - Dr. Neeta Shah
St. Francis Hospital - Dr. Akram Boutros*

Volunteer Hero

*Brookhaven Memorial Hospital Medical Center - Mary Calfa
John T. Mather Memorial Hospital - Louise Grinere
South Nassau Communities Hospital - Ethel Simmons*

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(Continued from page 1)

The Hospital Council has already begun reaching out to key media contacts.

The turbulence on Wall Street has everyone worried about all sectors of our economy, including health care. News 12's Virginia Huie recently met with Kevin Dahill, president and CEO of the Nassau-Suffolk Hospital Council, for a health care perspective on what the economic melt-

down means to the average citizen.

"You will see hospital units close, programs eliminated, even staff layoffs," said Dahill. "And as more people lose their jobs and their health insurance that goes with those jobs, you'll see many more uninsured. Many will turn to hospital ERs for routine care they would have otherwise accessed through their primary care physician."

Quality Takes the Driver's Seat

State and federal governments and accrediting agencies ramp up efforts to reimburse providers for quality care that is documented through benchmarks and other measurable outcomes

Although the New York State Department of Health's (DOH) Medicaid non-payment policy for serious adverse events, which was initiated on October 1, 2008, was partially delayed, this policy change underscores the fact that there is no turning back on quality-based reimbursement. The DOH had originally identified 14 serious adverse events for non-payment. Only three became effective on October 1. These include retention of a foreign object, intravascular air embolism, and administration of ABO-incompatible blood products.

The Centers for Medicare and Medicaid Services' (CMS) non-payment policy for hospital-acquired medical conditions has also kicked in. The CMS will no longer pay for any of 10 reasonably preventable conditions while hospitalized. These include incompatible blood transfusions, severe bedsores, injuries from falls, poor blood sugar control, and infections after certain injuries.

Infection control standards and practices are at the core of the pay-for-performance trend.

Indeed, infection control standards and practices are at the core of the pay-for-performance trend. Just last month, the Society for Healthcare Epidemiology of America released an infection prevention compendium. This useful guide combines current information about treating six infections, including MRSA and surgical site infection.

In New York, the Department of Health's hospital-acquired infection reporting data will be publicly available next summer on the DOH website. The infection rate information will be based on 2008 data. At least 20 other states have passed similar laws.

As patients become more quality savvy, they will demand more transparency and accountability from all providers. The thinking moving forward is to reimburse providers for the quality of care they deliver, rather than for what they can fix.

Headline News ...

Hospital TCU Benefits Complex Medicare Patient

One LI hospital part of statewide pilot program

Hospital-based transitional care units (TCUs) present providers with a unique quality challenge, according to Wayne Shattes, vice president of administration at John T. Mather Memorial Hospital (Port Jefferson, NY), which instituted a TCU in March 2007. At a recent briefing for the area's nursing home administrators, held at the Nassau-Suffolk Hospital Council offices in Hauppauge, Shattes reported on the progress of Mather's TCU. These units are hybrids of acute hospital care and the more holistic care traditionally offered by skilled nursing facilities.

Mather's program is one of only five pilot programs authorized by the state legislature in 2005 and the only one on Long Island. It is a collaborative project with Island Nursing Rehabilitation, a not-for-profit skilled nursing facility, which is sponsored by Mather. The 16-bed post-acute unit runs at an average capacity of 70 percent per month with an average length of stay of 7.4 days.

The units are identified by their own skilled nursing facility provider number and admit the discharged acute care unit patient as a new patient to the TCU. Quality management and reporting is extensive, as the units must meet skilled

nursing facility as well as acute care patient quality and safety goals. The units are subject to Joint Commission on Accreditation of Healthcare Organization standards for acute care units and federal Medicare requirements for skilled nursing facilities.

Federal and state agencies have kept a close watch on this emerging care model and have visited the Mather unit on several occasions. Data compiled by Mather, such as length of stay, patient satisfaction, and outcomes, will influence health planning. Some outcome measures Mather utilized included the Berg Balance Test and Barthel Index for Occupational Therapy. There were positive gains in both these areas.

The NSHC began lobbying in 2003 for TCU licensure in this state. New York and Connecticut continue to be the only two states in the country that do not authorize these hospital-based units. The purpose of the TCU is to reduce the Medicare length of stay, while offering these "transitional" patients a more acute level of interim care that best meets their complex needs.

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Hospitals, County Prepare for Disaster

Suffolk County Executive Steve Levy, hospital CEOs and the head of the Nassau-Suffolk Hospital Council, Kevin Dahill, put pen to paper on September 4, 2008 and signed an historic Memorandum of Agreement for Hospital Emergency Management Coordination. The document formalizes the relationship of shared responsibility for disaster readiness and response that these entities have always maintained.

As Hurricane Hanna threatened to hit Long Island that weekend, the groups agreed that their network, which emphasizes communication, coordination, and cooperation, would assure the safety of Long Islanders. Whether the need is to share supplies, personnel, or space/bed capacity, these hospitals and Suffolk County rescue and response departments work together seamlessly.

The Joint Commission on Accreditation of Healthcare Organizations, the independent accrediting body for hospitals nationwide, now requires this legal document under its enhanced regulations for hospital emergency preparedness.



Standing from left: Dr. Linda Mermelstein, Suffolk County Health Department; Robert Delagi, Suffolk County Director Emergency Medical Services; Phil Messina, Administrative Director, Emergency Department and Perioperative Services at Brookhaven Memorial Hospital Medical Center; Dr. Carl Goodman, Director, Emergency Service, Brookhaven Memorial Hospital Medical Center; John Searing, Suffolk County Deputy Commissioner Fire Rescue and Emergency Services Department.
Sitting from left: Kevin Dahill, president/CEO of the Nassau-Suffolk Hospital Council; Paul Connor, CEO of Eastern Long Island Hospital; Suffolk County Executive Steve Levy; Jay Zuckerman, Administrative Director, Regulatory Affairs and Support Services, Peconic Bay Medical Center.

The Nassau-Suffolk Hospital Council helps enhance health care for all Long Islanders by representing the interests of its 24 member hospitals before lawmakers, regulatory agencies, the media, and the public.