

THIS WEEK'S HEADLINES

[**IHA STARTS ASSESSMENT TALKS WITH STATE
FOCUS ON NON-PAYMENT FOR MEDICAL ERRORS
DEMOCRATS ASK HHS TO RESCIND POLICY
MINI-RESIDENCY: AN EFFECTIVE ADVOCACY TOOL
JOIN IHA AT AHA ANNUAL MEETING
STUDIES: MANY PHYSICIANS DON'T REPORT ERRORS
BRIEFLY NOTED**](#)

IHA STARTS ASSESSMENT TALKS WITH STATE

IHA staff met earlier this week with the Department of Health and Family Services (DHFS) to talk about a new hospital assessment program. The meeting marked the beginning of a series of detailed discussions to develop a plan that will be submitted to the General Assembly and the Governor. Member CEOs have been provided with information detailing the impact of the IHA model, as endorsed by the IHA Board, on their institutions.

Meanwhile, an alternative plan emphasizing Medicaid payments to Chicago-area hospitals was introduced to the Cook County Board of Commissioners Jan. 9. IHA is looking into details of the Cook County plan, while making clear to members, legislators, DHFS, and the media that the IHA model, which benefits the entire state, is the most likely to win statewide support and to meet the criteria for federal approval.

Sen. Jeff Schoenberg (D-Evanston), chair of the Senate Appropriations II Committee, is currently sponsoring a series of statewide hearings on a new hospital assessment plan. IHA will notify members about the hearings, which are planned for suburban Chicago, Springfield, Quad Cities and the Metro East area over the next two months.

[\(top of page\)](#)

FOCUS ON NON-PAYMENT FOR MEDICAL ERRORS

More large insurance companies are taking major steps toward non-payment for "never events" and reducing payment for the most common preventable hospital-acquired conditions. "Never events" are based on the National Quality Forum's list of 28 rare events resulting in death or long-term harm. The insurers are

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THIS WEEK'S MAIL

[Upcoming Deadlines for Performance Measurements & Public Accountability](#)
TO: CEOs; CFOs; CIOs; CMOs; Directors of Quality Improvement; Coordinators of Performance Measurements

[Hospital Report Card Act: Public Requests for Nurse Staffing Information](#)
TO: CEOs; CNEs; In-House Counsel; Human Resource Director

[Strengthening Relationships with Your Legislators: A Mini-Residency](#)
TO: CEOs

[IHA Membership Dues Allocable to Lobbying Expenditures \(password required\)](#)
TO: CFOs

[2008 Scholarship Fund Project](#)
TO: CEOs

[This Week's Mail Archives](#)



CALENDAR OF EVENTS

Jan. 23: [Regulatory Inspections Education Program](#)

[Click here to view all programs.](#)

COMPdata: [Click here to view list of programs.](#)

also following the lead of Medicare, which will reduce payments to hospitals for the costs of certain serious preventable events and hospital-acquired conditions, including pressure ulcers, falls, and urinary catheter infections, starting next October. (Click here to see an IHA memo summarizing Medicare's proposed payment reduction policies for select conditions.)

As part of this trend, Aetna recently announced that its new or renewed contracts with hospitals will include language calling for hospitals to report medical errors to an appropriate agency within 10 days, to take action to prevent future events, to waive all costs related to a "never event" and to apologize to the patient and family. CIGNA, WellPoint, and UnitedHealth Group also are exploring policies similar to Medicare. Massachusetts and Minnesota are working toward implementing policies on no longer billing patients for "never events" and several other states are considering similar initiatives.

In response to these developments, IHA's Patient Safety Task Force will be looking at non-payment issues and implementation of the Illinois Adverse Health Care Events Reporting Law. Member hospitals can prepare for the new Medicare policy by registering for the 2008 Patient Safety Collaborative, which focuses on ways to permanently reduce and prevent pressure ulcers, falls and urinary catheter infections.

[\(top of page\)](#)

DEMOCRATS ASK HHS TO RESCIND POLICY

Five U.S. House and Senate Democratic health care leaders asked HHS Secretary Michael Leavitt to rescind an income eligibility cap for the State Children's Health Insurance Program (SCHIP) or Medicaid in a Jan. 14 letter. Stating the children "are lawfully entitled to care," they also said CMS has no authority to limit states' efforts to extend health coverage to more children through Medicaid. New Medicaid restrictions require states to enroll at least 95% of the children living in families with incomes below 200% of the federal poverty level before providing health coverage to other children. CMS adopted the same policy for SCHIP in Aug. 2007. Legislators have asked for a response by Jan. 31.

[\(top of page\)](#)

MINI-RESIDENCY: AN EFFECTIVE ADVOCACY TOOL

While legislators are at home in their districts, IHA members have a great opportunity to strengthen relationships with them – a key to our success in the Legislature. A new guide to organizing a successful hospital mini-residency for your legislators, including a suggested agenda and templates for letters and fact sheets, as well as summaries of key legislative issues, is now available on our web site. A mini-

residency can be a highly effective way to give your lawmakers a first-hand look how your hospital contributes to its community and how it is affected by legislative issues.

For more information, contact [Kathleen Dunn](#) or [Nichole Magalis](#) at 217-541-1150.
([top of page](#))

JOIN IHA AT AHA ANNUAL MEETING

Mark your calendar for the 2008 AHA Membership Meeting, April 6-9, in Washington, D.C. In response to shifting trends in member participation, IHA has made some changes to this year's state program activities. IHA registration forms and information will be sent to members in early February (AHA registration is separate).

For more information contact Barb Filliung at 630-276-5482.
([top of page](#))

STUDIES: MANY PHYSICIANS DON'T REPORT ERRORS

Two recent studies show that while most physicians agree that medical errors should be reported to their hospitals, many don't report them. A University of Iowa study in this week's *Archives of Internal Medicine* found that 17% of 300+ physicians surveyed at three teaching hospitals failed to report minor errors, ones that "prolonged treatment or caused discomfort." Another 4% said they did not report mistakes that "caused disability or death."

A separate study in the Jan./Feb. issue of *Health Affairs* found that only 30% of physicians surveyed in Washington state and Missouri think the system for physicians to report patient safety problems is adequate. According to the study, physicians are more likely to informally discuss medical errors or near misses with colleagues than to report them to a risk management or patient safety program.

The studies, done between 2003 and 2005, may not reflect the most current attitudes toward reporting of errors.
([top of page](#))

BRIEFLY NOTED

P The January issue of *Chicago Hospital News* features an article by Ken Robbins titled "Continuing Challenges on the Horizon for Hospitals." His overview for 2008 highlights Medicaid payment, covering the uninsured and ensuring quality and safety.

P Adventist Bolingbrook Medical Center opened Jan. 14, the first non-replacement, full-service community hospital to open in Illinois since 1980. Bolingbrook Mayor Roger Claar was the first patient at the state-of-the-art 138-bed, all single-occupancy facility.

P Most physician-owned specialty hospitals are ill-equipped to handle emergencies, according to a report from the U.S. Dept. of Health and Human Service's Office of the Inspector General. The report, which examined more than 100 specialty hospitals, found that nearly half do not have an emergency department and that more than one-third rely on calling 911 to get emergency medical assistance for patients. The report also found that less than one-third have a physician on-site at all times and 7% do not always have a nurse on duty.

[\(top of page\)](#)