

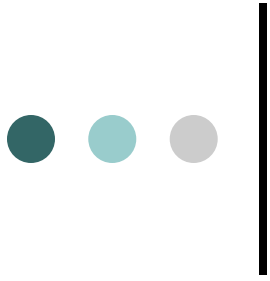


The Berger Commission's Impact on Acute Care





1. Did Berger Get It Right?
2. Wouldn't all of this have happened anyway ...without a Berger Commission?
3. What really was the impact of Berger at the "grassroots" level?



Did Berger Get It Right?



Wouldn't all of this have
happened anyway *without* a
Berger Commission?



What really was the impact of
Berger at the “Grassroots” Level?



Timetable of Change

- **November 2006** - DOH officially releases the “Berger Commission Report”
- **January 1, 2007** - The Berger report becomes law
- **March 31, 2007** - Ellis and St. Clare’s sign a Memorandum of Understanding, which outlines a proposed unified governance structure between the hospitals
- **July 13, 2007** - Ellis and St. Clare’s submit a joint request for state/federal funding
- **July 19, 2007** - Ellis agrees to a state request to work with (DOH) and Bellevue to transition Bellevue’s services
- **November 1, 2007** - Ellis begins providing Bellevue’s services
- **January 17, 2008** - DOH announces agreement to have St. Clare’s surrender operating license in exchange for state funding for hospital pension, closing costs. Deal sets Ellis to assume St. Clare’s services
- **June 16, 2008** - Ellis officially begins providing St. Clare’s services



What we had to do!

Literally *thousands* of details....



Initial Sub-Committee Identified	Priority Order	Point Person	Targeted Completion	Wave 1 or Wave 2	Task to be Completed
Admin/Corporate				1	Identify potential to retain current Bellevue Pharmacy staff members. In view of RPh shortage, consider retention bonuses.
Admin/Corporate				1	Notify State Radiation Board of ownership change
Admin/Corporate				1	Notify State Technologists Licensing Board
Admin/Corporate				1	Review Quality State Mandated Regulatory Documents
Admin/Corporate				1	Must be MQSA compliant
Admin/Corporate				1	RSO responsibilities assumed by Ellis RSO
Admin/Corporate				1	Verify that all technical staff have a valid NYS license
Admin/Corporate				1	Transition Scheduling Department to handle the Bellevue appointments
Admin/Corporate				1	Expand current hours of operation to handle increase in volume in Mammography and Ultrasound
Admin/Corporate				1	Move as much as possible to Ellis immediately
Admin/Corporate				1	Notify DOH and JCAHO of ownership change
Admin/Corporate				1	Maintain separate CLIA license for Bellevue site
Admin/Corporate				1	Contact AABB and CAP as appropriate
Admin/Corporate				1	Review of NYS licensure criteria for all Medical Technologists and Technicians as well as job duties assigned



Admin/Corporate				1	Reallocation of staff may be required to shift testing to Ellis
Admin/Corporate				1	Development of a Communications Strategy/Plan for Physicians, Staff and the community
Admin/Corporate				1	Get to know each other – send managers over to get to know other depts. and functionality
Admin/Corporate				2	Review of all clinical and administrative procedures for compliance with regulations and integration into EH organizational policies
Admin/Corporate				2	Review/revision of transfer agreements/policies which allow for internal transfers and transfers to other facilities.
Admin/Corporate				2	Insure Operating Certificate lists OB/Nursery Level II
Admin/Corporate				2	NYS Licensure requirements must be met for all Respiratory Therapists
Admin/Corporate				2	A Neonatologist serves as the Medical Director for Respiratory Care Services – contract revision and negotiation required to maintain this relationship
Admin/Corporate				2	Review existing staffing plans and develop immediate and transitional staffing needs
Admin/Corporate				2	Review of census/market data and financial performance; development of operating budgets
Admin/Corporate				2	Develop reporting structure for new service line
Admin/Corporate				2	Productivity targets to be established for OB services
Admin/Corporate				2	Biomed inspection/validation of routine monitoring and emergency equipment, general equipment



Business/Finc				1	Bellevue would be put into its own cost center
Business/Finc				1	Need to extend self insurance trust over Bellevue
Business/Finc				1	Need to extend all indemnity insurance coverage to Bellevue locations
Business/Finc				1	The billing system and claim scrubber need to have edits for mother and baby billing built
Business/Finc				1	Bellevue employee mgmt - contract mgmt
Business/Finc				1	Set up Courier system to support transfer of specimens
Business/Finc				1	Review vendor contract to insure support (equipment, reagent, Red Cross)
Business/Finc				1	Need to negotiate new payer rates under Ellis for OB services
Business/Finc				1	3rd party notification of all governmental and related entities (Medicare, Medicaid, Tri Care)
Business/Finc				1	Assess and modify charge master consistent with that in use by Ellis/St Clare's
Business/Finc				1	Notify Payers of New Clinic site
Business/Finc				2	Implement appropriate financial management reports and management reports to accommodate operational and financial management controls over this site.
Business/Finc				2	Develop budget for capital equipment needs
Business/Finc				2	Add appropriate time management systems



Business/Finc				2	The Ellis site would have to absorb all Bellevue Medical Records. It would be anticipated that scanning would be done there, a scaled back version of a records room would be at the Bellevue site along with scanning equipment. While coding would be absorbed at the Ellis campus. The ability for the Ellis campus to pull previous medical records must be maintained.
Business/Finc				2	All records would be transitioned over to electronic records.
Business/Finc				2	Bellevue uses different forms than Ellis due to their scope of service and therefore a forms management program would have to be developed
Business/Finc				2	Birth certificates have to be issued
Business/Finc				2	Birth registries need to be completed for the state
Business/Finc				2	Malpractice Adjustment
Business/Finc				2	Employed Physician Contractual Review
Business/Finc				2	Medical records management (documentation standards, access at both sites, birth register, birth certificate processing)
Clinical Services				1	move pharmacy over to EH Campus asap
Clinical Services				1	Change or Transfer of Pharmacy and other Licenses/Permits: NYS registered pharmacy license, nys prescription blanks, dea controlled substance license, including POA to sign controlled substance order forms, NYS alcohol permit (s), hospital, retail



Clinical Services				1	Employed NYS Registered Pharmacist, working the majority of the hours of operation of the Pharmacy, named as Supervising Pharmacist (SP)
Clinical Services				1	Identify Pharmacy compliance with NYS and Federal rules and regulations, Joint Commission Medication Management standards, JC NPSG and CMS Conditions of Participation
Clinical Services				1	Identify if current Bellevue Pharmacy professional and non-professional staffing is adequate for current level of Pharmacy services and for possible required future level of services, based upon current and/or needed hours of operation.
Clinical Services				1	Verification of professional licensure and maintenance of continuing education and continuing competency of staff.
Clinical Services				1	Revision of the Ellis hospital formulary by the joint P&T Committee to accommodate Bellevue.
Clinical Services				1	Establish new Bellevue Pharmacy accounts with prime vendor drug wholesaler and other direct accounts.
Clinical Services				1	Identify process for obtaining medical supplies and IV fluids to support ongoing Pharmacy operations
Clinical Services				1	Determine and establish staffing requirements to provide required Pharmacy services at Bellevue for inpatients and outpatients.
Clinical Services				1	move radiology over to EH Campus asap assuming physician capacity
Clinical Services				1	Move outpatient radiology exams to Ellis campus
Clinical Services				1	Review Bellevue Radiologist agreement for reading exams to decide if an interim contract is necessary with this group
Clinical Services				1	Work with Schenectady radiology Group to migrate work to this group under Ellis Contract
Clinical Services				1	Maintain inpatient US at Bellevue site
Clinical Services				1	Migrate as much in-house testing to Ellis site immediately



Clinical Services				1	Ellis Pathology group contract may need to be modified
Clinical Services				1	Review Certificate of Qualifications to insure our pathologist can cover any permit category at Bellevue site
Clinical Services				1	Review testing menu
Clinical Services				1	Maintain Critical stat testing requirements at Bellevue
Clinical Services				1	Review outreach/contracted testing to insure maintenance of test volume – contact clients
Clinical Services				1	Set up lab system access at Bellevue site for Orders and results processing
Clinical Services				2	Accept patient referrals for general surgery
Clinical Services				2	Gestational diabetes outpatient counseling can be provided by current Ellis Diabetes Educators without additional staff
Clinical Services				2	Availability/scope of support services (Pharmacy, Laboratory, Respiratory, Radiology/Imaging, Dietary, Rehab, Case Management/Social Work)
Clinical Services				2	Standards review for compliance with CMS/DOH regulations and JCAHO
Clinical Services				2	Review of hospital implementation of AWHONN guidelines and other clinical practice guidelines
Clinical Services				2	Review of infection control systems and policies for compliance with DOH regulations
Clinical Services				2	-24 hour laboratory and ultrasound required by DOH
Clinical Services				2	-Blood Bank contracts/considerations
Clinical Services				2	Status of Sexual Assault program
Clinical Services				2	Revision of PI, Safety and EOC plans to incorporate new services



Clinical Services				2	Identification of quality measures and outcomes (Core Measures, DOH measures, internal quality measures)
Clinical Services				2	Additional membership to Ethics Committee to provide assistance to staff/families
Clinical Services				2	Review NYSDOH permit categories to determine need for additions/deletions
Clinical Services				2	Identify adequacy of the current medication ordering process by practitioners and revise as necessary for inpatients and outpatients.
Clinical Services				2	Affirm or establish a method so medication orders are reviewed for appropriateness by a pharmacist, except as allowed by the Joint Commission (urgent med, LIP control and RPh retrospective review).
Clinical Services				2	Affirm or establish a joint method to resolve problem medication orders by RPh or RN.
Clinical Services				2	Identify current drug distribution process [cart based or cabinet based]
Clinical Services				2	Affirm or establish safe methods to prepare medications at Bellevue Pharmacy, including compounding of sterile products.
Clinical Services				2	Establish a method to review medication orders and provide medications when the Bellevue Pharmacy is closed.
Clinical Services				2	Identify safety of current process or establish safe process for administering medications
Clinical Services				2	Review recent medication occurrence, adverse drug reaction (ADR) and clinical pharmacy data to determine safety of the current medication management processes.
Clinical Services				2	Implement standardized process for reporting medication occurrences and ADR's.
Clinical Services				2	Establish joint medication reconciliation processes and notification of orders approaching expiration.



Clinical Services				2	Establish joint, interdisciplinary medication management committee, which includes Bellevue representation.
Clinical Services				2	Assess Equipment and digital capabilities
Clinical Services				2	Review requirements for image review and transfer to PACS
Clinical Services				2	They currently do US, Mammo and Mobile MRI and Mammo bus
Clinical Services				2	Medical Directorship transfer of responsibilities
Clinical Services				2	Notify State Radiation Board of ownership change
Clinical Services				2	Notify State Technologists Licensing Board
Clinical Services				2	Review Quality State Mandated Regulatory Documents
Clinical Services				2	Must be MQSA compliant
Clinical Services				2	RSO responsibilities assumed by Ellis RSO
Clinical Services				2	Verify that all technical staff have a valid NYS license
Clinical Services				2	Review Bellevue Radiologist agreement for reading exams to decide if an interim contract is necessary with this group
Clinical Services				2	They currently do US, Mammo and Mobile MRI and Mammo bus
Clinical Services				2	Maintain inpatient US at Bellevue site
Clinical Services				2	Transition Scheduling Department to handle the Bellevue appointments
Clinical Services				2	Expand current hours of operation to handle increase in volume in Mammography and Ultrasound
Clinical Services				2	NYS licensure for all Physical Therapists, Occupational Therapists and Speech-Language Pathologist must be reviewed.
Clinical Services				2	If contracted Rehab services exist at Bellevue we may need to continue arrangement
Clinical Services				2	Current Ellis staff needs competency in infant/peds rehab
Clinical Services				2	Review Respiratory services provided, equipment requirements and procurement strategy



Clinical Services				2	Will need to evaluate block scheduling
Clinical Services				2	recruitment of OBGYN experienced registered nurses and ancillary staff
Facilities/Support				1	Environment of care review
Facilities/Support				2	Integration of Contract Services (biomed, foodservice, housekeeping)
Facilities/Support				2	Need to evaluate how to maintain and replenish Inventory consistent for OB services
Facilities/Support				2	Quality Analysis of inventory - need to established standards consistent with OB needs
Facilities/Support				2	Review all service/maintenance contracts. Can any be applied to existing Ellis deals?
Facilities/Support				2	Biomedical services - understand what Bellevue has and how to service it
Facilities/Support				2	Additional transport costs should be taken into consideration when looking at cost management.
Facilities/Support				2	Complete inventory at Bellevue is needed. Do we acquire any of it?
Facilities/Support				2	Linen Service
Facilities/Support				2	Establish transportation process to and from Ellis and Bellevue.
HR				1	Transition of staff onto Ellis payroll and benefit system



HR				1	No loss of accrued leave time benefits (vacation/sick time)
HR				1	Honor dates of employment for Ellis benefit accruals
HR				1	Access to Employee Health Medical Records
HR				1	Access to Patient Records = legal access
HR				1	Evaluation of staffing needs through transition
HR				1	Analyze and attempt to minimize culture differences between Ellis and Bellevue, with sensitivity to the impact of the transfer of ownership process.
HR				2	Need to evaluate wage and salary administration
HR				2	Primary Source Verification of Employee Licensure/Certification
HR				2	Verification of Competency Based Assessments on all Staff (with in previous 14 months)
HR				2	Competency Based Job Descriptions exist for all positions
HR				2	Proof of Annual Health Assessment, Updated Immunization Record and PPD for all staff (within previous 12 months)
HR				2	Communication and Implementation of Hospital Policies and Procedures (Clinical and Administrative)
HR				2	Require all staff go through Ellis Hospital Orientation and complete mandatory self learning packets as part of intake process.
HR				2	Employee background checks for child abuse registry
HR				2	Completion of all mandatory education and competencies prior to transition



IT				1	Inventory of : Applications, Hardware/Operating Systems, IT projects, IT staff/expertise/responsibilities, vendors (primary applications, networking, pc/server purchasing, telecommunications)
IT				1	Copies of IT/Telecomm Contracts
IT				1	Copies of Network Topology Diagrams
IT				1	Password Access for Administration of Critical Systems
IT				1	Electronic Access to Employee/Physician/Patient Information
IT				1	Integration of immediately required IT and Telecommunication Systems - email, financial systems (GL, AP, Payroll/HR), patient financials
IT				1	Integration of: pharmacy, laboratory and radiology systems
IT				1	Central Scheduling
IT				1	Identify current process for transcribing medication orders to MAR [handwritten by RN or electronic by RPh?]
IT				1	Integration of current computer systems [Meditech & Siemens]
IT				1	Identification and establishment of routine medication order sets in integrated Pharmacy computer system to facilitate RPh order entry.
IT				1	Integrate Orders, result and Power scribe into their system ASAP
IT				1	Explore the options prior to Consolidation around Partnership on Build of new OR System
IT				2	Review of Backup Procedures
IT				2	Copies of IT Policies and Procedures
IT				2	Review of IT Financials & Budget
IT				2	IT Review: Security Practices, network/backup, applications, hardware/operating systems, access control



IT				2	Integration of: acute care and ambulatory care systems
IT				2	Analyze possibility of implementing bar-code medication administration process.
IT				2	Assess Equipment and digital capabilities
IT				2	Review requirements for image review and transfer to PACS
IT				2	Establish mechanism via order receipt can be accomplished through IT system use
Medical Staff				1	Physician Credentialing / bylaws
Medical Staff				1	Develop Department OBGYN
Medical Staff				1	Evaluation of BV medical staff and determination of EH need by Physician
Medical Staff				1	Review MDs credentials for reading OB/GYN studies
Medical Staff				2	Ellis employed surgeons with capacity to take on additional general surgical cases – credentialed in General Surgery
Medical Staff				2	Case Management oversight will be broadened
Medical Staff				2	Ensure proper quality metrics and consistent and up to established standards
Medical Staff				2	Medical staff coverage for Anesthesia, Obstetrics, Neonatology, Pediatrics- contracts, credentialing, 24 hour on-call availability
Medical Staff				2	Physician Credentialing as EH Providers
Medical Staff				2	Accept Patient Referrals
Medical Staff				2	Work with Schenectady radiology Group to migrate work to this group under Ellis Contract
Medical Staff				2	Review MDs credentials for reading OB/GYN studies
Medical Staff				2	Accept Patient Referrals



Nursing				1	Plan and impact of transitioning BH nurses to contract rate
Nursing				2	Adequate systems for mother/baby identification and infant security
Nursing				2	Status of Preconception/Prenatal education programs required by DOH
Nursing				2	OR/L&D with appropriate staffing/resources to comply with DOH regs
Nursing				2	Newborn screening procedures in compliance with regs
Nursing				2	Validation of professional licensure and required certifications (ACLS, neonatal resuscitation, lactation specialist)
Nursing				2	Development/approval of NYSNA memorandum of agreement to transition RN's/salaries/benefits
Nursing				2	Development of unit-based staffing plans with on-call coverage for specialty areas
Nursing				2	Review current agency nurse contracts for temporary staffing with requisite skills
Nursing				2	Need to understand state requirements of new born baby testing
Nursing				2	Involvement of Bellevue practitioners on Ellis Pharmacy and Therapeutics Committee
Nursing				2	If necessary, establish secure medication storage in current Bellevue Pharmacy and all medication storage areas for all drugs, including controlled substance. [Pyxis?]
Surgical Services				2	Peds coverage in OR for cesarean section procedures
Surgical Services				2	OR policies and procedures



What Ellis Assumed

1133

\$118 million

10,600

43,000

8,400

39,000

Employees

Of operating expense

Additional patients

Additional days of care

Surgeries

ER visits

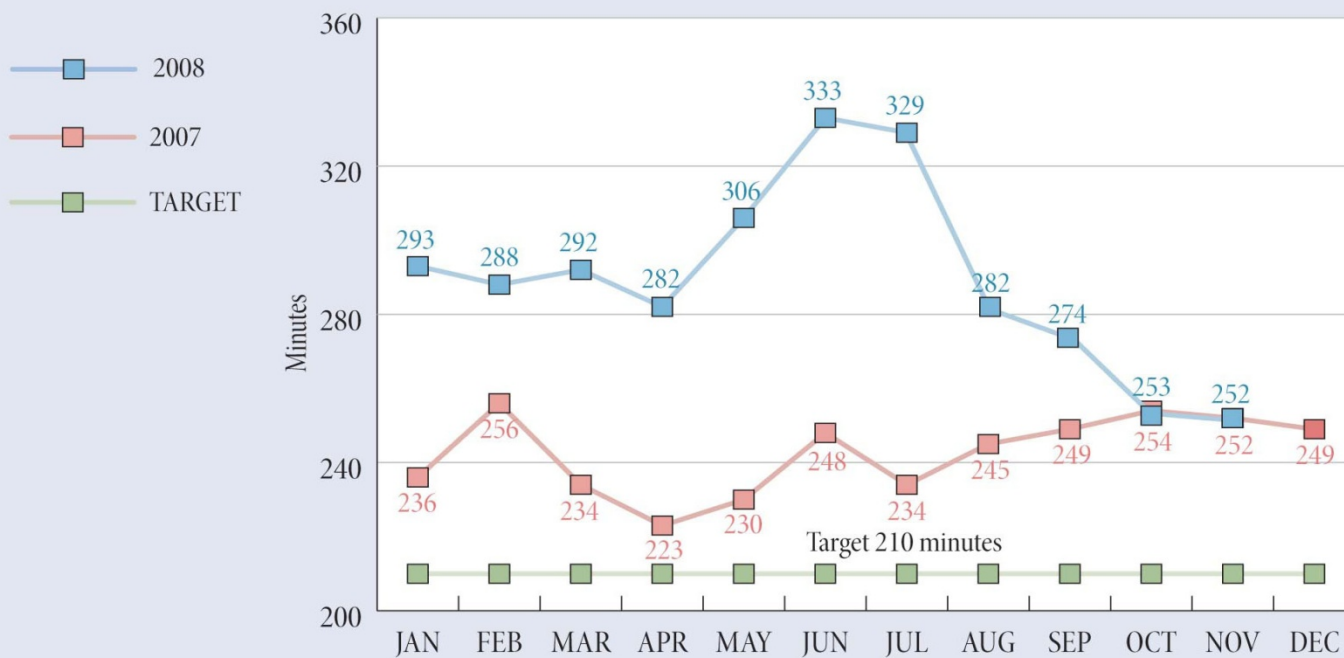


Summary of the Results

- **455 Total Beds - 17,500 Admissions**
2,800 Babies Delivered
78,000 Emergency Room Visits
685 Cardiac and Thoracic Surgeries
- **“Bellevue Takeover Seamless” *Times Union 11/2/07***
- **“Hospital Merger Nearly Painless” *Times Union 6/17/08***
- **\$7 million loss in 2007 became \$7 million gain in 2008**
- **2009 HealthGrades Award: Top 5% in Country for Clinical Quality and Patient Safety (1 of 76 in US)**

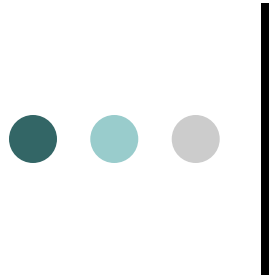
Biggest Challenge

ED Throughput Time*



*the time from when a patient first arrives in the emergency room to when he or she is either discharged home or admitted to the hospital.

Biggest Opportunity



STAFFING

800+ RNs

7% RN Turnover

(well below national benchmark for
Magnet Status hospitals)

3% RN Vacancy Rate

3.9% Overall Vacancy Rate





What Went Right?

- By narrowing alternatives, Berger forced consolidation and shortened time frames



What Went Right? (cont'd)

- \$ provided by the DOH through HEAL 4 served as both an incentive and a means to making and implementing changes



What Went Right? (cont'd)

- Highly effective and efficient process for consolidating healthcare facilities



What Went Right? (cont'd)

NO:

Merger

New Corporations

Attorneys

Long Transition Period

(Nor Cash Flow)

Made for a quick, effective, consolidation
...providing you have responsible leaders



Make no mistake about it

It could have been
a **disaster!!**



What Went Right? (cont'd)

○ Consolidation of Medical Staff

- Abrupt cessation of medical arms race
- Consolidated Decision-Making
- Joint Leadership Easier
- More Convenience for MD's



What Went Wrong

DOH Underestimated Costs



The Role of State Funding

Status of Dept. of Health – HEAL-NY Phase 4 Funding:

	<u>Total</u>	<u>Bellevue</u>	<u>St. Clare's</u>	<u>Ellis</u>
Bellevue Transaction	28.0	22.2	-----	5.8
Ellis/St. Clare's Transaction	50.0	-----	41.3	8.7
Total	\$78.0	\$22.2	\$41.3	\$14.5
	100%	28%	53%	19%



What Was Most Unexpected?

- Bellevue Surrendering Its License
- Speed that led to St. Clare's financial deterioration



What Has Been the Greatest Benefit of Berger?

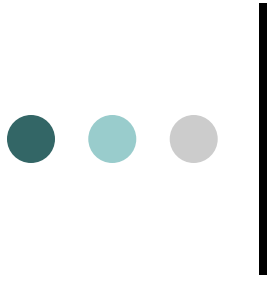
- Stability?
- Stronger Hospital?
- Greater Consistency?
- Retained Employees?



The Greatest Benefit of Berger

Enhancement of Community Health

- Working relationships with other organizations
- An opportunity to focus on community health
- A chance to “do the right thing”



Questions?