

In Today's Issue

[Change Healthcare Network Hit by Cybersecurity Attack](#)

[Investing 340B Drug Discount Savings in High-Poverty Chicago Communities](#)

[Register: New IHA Small and Rural Webinar Series](#)

[AHRQ Offers Resources Identifying Patient Safety Strategies](#)

[Funding Opportunity: Sexual Assault Nurse Examiners Program](#)

[COVID-19 Information](#)

[Briefly Noted](#)

Change Healthcare Network Hit by Cybersecurity Attack

UnitedHealth Group-owned Change Healthcare said on its status page that it was hit by a cybersecurity attack on its systems on Wednesday, according to a Reuters [report](#).

The Tennessee-based company, which is a national provider of healthcare cost transparency and consumer engagement solutions, said it was facing enterprise-wide connectivity issues. Change Healthcare processes patient payments for healthcare organizations across the country, including in Illinois.

"Once we became aware of the outside threat, in the interest of protecting our partners and patients, we took immediate action to disconnect our systems to prevent further impact," Change Healthcare said on its status page, adding that its experts are working to address this matter.

For updates, [click here](#).

Investing 340B Drug Discount Savings in High-Poverty Chicago Communities

Only one in 10 Sinai Chicago patients has private health insurance. The rest have coverage through Medicaid or Medicare, other government programs, or are uninsured. As the largest private safety net provider in Illinois, Sinai considers the federal 340B drug discount program a "safety net in and of itself."

The 340B program requires pharmaceutical manufacturers to sell outpatient medications at discounted prices to healthcare organizations that care for a disproportionate number of uninsured and low-income patients. Thanks to 340B savings, Sinai Chicago provided over 750 patients with free or steeply discounted medications in 2023. It also has invested in specialty clinics including its Centers for Diabetes and Endocrinology and comprehensive services like its Medications Management Services.

Yet, drugmakers have increasingly restricted drug discounts that have helped fund expanded access to care and new healthcare services—counter to the 340B program's intent. The most glaring restriction, Sinai noted, is the limitation on where patients can get discounted drugs. In some instances, hospitals are only allowed to contract with one pharmacy for an entire community.

"Obviously, such a policy does not ensure access to essential drugs for a patient population like the one Sinai serves," the hospital said. "The threat and fear of 340B program reductions can prevent planned extensions of care and new programs in clinical areas greatly needed in our community that would not otherwise have access to care."

Sinai's service area includes 1.5 million people on Chicago's West and Southwest sides, where poverty rates range from 30%-50%. Sinai's patients have been negatively impacted by drug manufacturer 340B changes. One patient who lost access to diabetes and weight loss medications now requires more clinical visits and additional medication.

IHA is advocating for [Senate Bill 3727](#) to prohibit drugmakers from interfering with hospital pharmacy contracts. See our [340B landing page](#), “Increasing Access to Affordable Drugs,” for more hospital stories, and an [infographic](#) and [fact sheet](#) on the impact of drugmaker restrictions.

[Contact us](#) with questions.

Register: New IHA Small and Rural Webinar Series

Driving growth in hospitals and health systems is a key leadership goal. An IHA webinar series geared toward small and rural hospital leaders will offer insights and strategies to achieve growth while building up the skills of leaders organization-wide.

[Registration](#) is now open for “Empowering Rural Hospital Leaders: Best Practices for Growth,” held from noon-1 p.m. CT on [March 26](#), [May 14](#), [Aug. 20](#) and [Nov. 19](#). The series—sponsored by IHA’s Gold Corporate Sponsors—is designed for:

- Hospital/health system CEOs;
- C-Suite leaders;
- Clinical, operational and department leaders;
- Hospital trustees; and
- Aspiring leaders.

Self-professed rural healthcare zealot Doug Morse will lead the series. Morse is a former rural hospital CEO and network system executive, and is the author of “You Got This: How to Make Big Decisions at Small Hospitals.” He is the principal of ExecHQ, a consulting firm focused on strategic planning, operational improvements and leadership training.

The per-webinar fee is \$195 per IHA-member organization, which includes an unlimited number of connections within the same hospital or health system corporate office. Save 25% when registering for all four webinars. The webinar recording will be shared with all registrants following the program.

Based on member input, the webinar series will supplement the 2024 IHA Small & Rural Hospitals Annual Meeting on June 27. The meeting was previously a one-and-a-half-day conference but will be one day to reduce time away from the office and travel expenses. More information about the annual meeting is forthcoming.

[Contact us](#) with questions.

Funding Opportunity: Sexual Assault Nurse Examiners Program

The Health Resources and Services Administration (HRSA) released a new Notice of Funding Opportunity to increase the number of qualified sexual assault nurse examiners.

The [Advanced Nursing Education-Sexual Assault Nurse Examiners \(ANE-SANE\) Program](#) will offer advanced nursing education and training to expand the SANE workforce and improve access to sexual assault forensic examination. The ANE-SANE Program aims to provide better access to mental and physical care for survivors of sexual assault and domestic violence.

HRSA will award approximately \$14.2 million to up to 28 grantees over a period of three years through this funding opportunity. [Click here](#) to view the grant opportunity for complete eligibility information. Applications are due by April 2 at 10:59 p.m. CT.

A pre-recorded technical assistance webinar is forthcoming, and a [live Q&A session](#) will take place on March 6 from 1:30-3 p.m. CT.

AHRQ Offers Resources Identifying Patient Safety Strategies

New evidence reviews from the Agency for Healthcare Research and Quality are available to help healthcare leaders prioritize and implement strategies to improve patient safety in five areas:

- [Opioid Stewardship](#)
- [Reducing Adverse Events Related to Anticoagulants](#)
- [Implicit Bias Training](#)
- [Deprescribing](#)
- [Computerized Clinical Decision Support To Prevent Medication Errors and Adverse Drug Events](#)

The reviews are part of the agency's [Making Healthcare Safer IV](#) report, a continuous updating of patient safety harms and practices. These reports provide consolidated information sources for healthcare providers, health system administrators, researchers and government agencies. Among additional patient safety topics that will be added to Making Healthcare Safer IV in coming months: fatigue and sleepiness of clinicians due to hours of service, transmission-based precautions for multidrug-resistant organisms; and infection surveillance for *Clostridioides difficile*, methicillin-resistant *Staphylococcus aureus* (MRSA), carbapenem-resistant Enterobacterales (CRE), and *Candida auris*.

To support hospital members with their commitment to quality and safety efforts, IHA's Institute for Innovations in Care and Quality is advancing person-centered healthcare in Illinois through [evidence-based initiatives](#) that can measurably improve patient safety and strengthen quality healthcare. For questions about our programs and resources please [contact IHA](#).

COVID-19 Information

The Illinois Dept. of Public Health (IDPH) has launched a weekly [Infectious Respiratory Disease Surveillance Dashboard](#) that will be updated weekly on Friday. This report provides the public with the latest data on hospital visits, seasonal trends, lab test positivity and demographic data.

[Click here](#) to visit the IDPH COVID-19 resources webpage. IDPH will continue to report the weekly number of people with COVID-19 admitted to hospitals from emergency departments, deaths and vaccinations, with COVID-19, influenza and respiratory syncytial virus information also reported through the dashboard of the [Illinois Wastewater Surveillance System](#).

Briefly Noted

Percussionaire has recalled 2,145 of its high Frequency Transport Phasitron Breathing Circuit Kits, which are used for continuous ventilation of patients. The kits have been recalled due to a product defect that may cause serious adverse health consequences, including lung injury, low blood pressure, collapsed lung, cardiac arrest and death. The Food and Drug Administration has identified this as a Class I recall due to the potential for serious injury or death. There have been three complaints regarding this device issue, one related injury and no reports of death.

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Illinois Health and Hospital Association