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Healthier Nebraska

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NHA

in this issue

On the Cover: Mural painting at Bryan West in Lincoln, NE

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Edition 71

Bryan Health:
Improving quality, enhancing care

The large bore design of the MRI system at Bryan Medical Center in Lincoln helps reduce stress and anxiety for patients, especially those who experience claustrophobia.

Bryan Health is dedicated to providing high quality care and the most advanced, effective treatments for the patients it serves. This dedication has become even more imperative as health care reform has prompted Bryan Health and other hospitals and health care providers to further improve quality and increase employee engagement to improve patient care and experiences and reduce costly readmissions.

Bryan Medical Center, part of the Bryan Health system, was recently recognized by the Nebraska Hospital Association with the Quest for Excellence award, non-CAH division, for improving its medication reconciliation process. Improving the medication reconciliation process became a focus for the facility primarily to reduce patient harm risk with the added benefit of reducing the cost of providing care, not only for the hospital, but the patient as well.

In general, patients admitted to a hospital commonly receive new medications or have adjustments made to existing medications. Hospitals may not have easy access to a patient's complete list of medication or may be unaware of recent changes in medications prescribed, especially in cases of trauma or those requiring immediate, emergency care. Medication reconciliation is a process of avoiding such inadvertent inconsistencies by identifying the patient's complete medication regimen at the time of admission, transfer and discharge and comparing it with the new medication regimen prescribed.

Jerome Wohleb, pharmacy director at Bryan Medical Center, said that one way that reconciling and reducing the medications prescribed to an individual improves patient outcomes is by increasing the rate of patient adherence. There is a correlation between the number of

medications prescribed and the compliance rate for taking those medications, he said. A number of factors may contribute to the correlation, including an increased risk of forgetting to fill a prescription or take a medication; the burdensome costs of filling a large number of prescriptions and the timely consumption of such medications that require coordination around other medications or meals.

Because compliance declines as the number of medications increases, reducing the number of medications prescribed can improve patient outcomes, Wohleb said. "It decreases medical errors and improves outcomes," he said. Through this initiative, Bryan Medical Center realized a 50 percent decrease in patient risk from medication harm.

On average, each geriatric patient admitted to Bryan Medical Center was taking 11 different medications at home. Medication reconciliation helps identify and remove medications that are redundant or no longer necessary for the patient.

It has also been a time saving initiative as nurses no longer have to play "phone tag" with prescribing physicians to obtain accurate and timely prescription information for the patient, Wohleb said. And patients also benefit financially by paying for fewer medications.

The first step was coordinating the efforts of physicians, nurses and pharmacists, to knock down the silos of operation and, together, focus on high risk patients. To evaluate its medication reconciliation processes, Bryan Medical Center formed a multi-disciplinary team consisting of nursing, clinical informatics, prescribing providers, respiratory therapy, pharmacy, leadership, risk management, front line staff and organizational quality. After examining their processes, they added a pharmacist review of the medication list generated by nursing. Bryan Medical Center also focused on improving the education of patients at discharge by providing them a clean and accurate medication list.

"Our quality of care is greatly improved as a result of the new program," Wohleb said. "The results are better than we expected." As a result of its efforts, Bryan Medical Center saw the percent of unreconciled medications drop from 8.8 percent to 1 percent.

Recently recognized as one of the best hospitals in the state by U.S. News & World Report, Bryan Health maintains that status by investing in innovative initiatives that improve patient experience. In its mission to provide the most advanced, effective treatments, Bryan Health upgraded the Stereotaxis equipment in its electrophysiology department approximately six months ago.

The upgraded, state-of-the-art equipment is a precise magnetic system that enables physicians to safely navigate a patient's heart to correct electrical conduction problems in the heart that cause cardiac arrhythmias or irregular heartbeats.

Jennifer Preston, director of cardiac and vascular services at Bryan Medical Center, said the new equipment is more accurate, which helps reduce the procedure time and, in turn, results in less radiation exposure for the patient. This procedure may help decrease the amount of medications patients take to control arrhythmias.

"Stereotaxis allows for more accuracy in locating the area within the heart that is causing the arrhythmia, less radiation, less time on the table and helps to improve recovery time," Preston said. "We also see fewer recurrent arrhythmias."

Additional technological improvements include a 3-D mammogram, more comfortable and convenient MRI imaging, low-dose x-ray and CT imaging equipment.

Karmin Yeackley, radiology coding,

continued on next page

Aaron Pierce, pharmacist at Bryan Medical Center in Lincoln, reviews a patient's prescription record as part of the hospital's medication reconciliation process.

Dr. Michael Kutayli, electrophysiologist, shows off the Stereotaxis equipment at Bryan Medical Center in Lincoln. The Stereotaxis is a precise magnetic system a physician uses that helps reduce the procedure time for correcting arrhythmias and irregular heartbeats.

continued from last page

billing and marketing manager at Bryan Medical Center, said the new 3-D mammography equipment helps identify pre-cancerous and cancerous tissues earlier with improved imagery, accuracy and improved cancer recognition.

"The earlier the cancer is detected, the more treatment options patients have available," Yeackley said. And with more accuracy, "we have reduced the number of call back visits resulting in reduced anxiety for the patient."

The large bore design of the MRI system also helps relieve anxiety for patients, Yeackley said, especially those who may experience claustrophobia.

Each hospital initiative and capital improvement is made with the patient in mind, from the 64-slice CT scanner and digital x-ray system, which reduces radiation dosages by up to 40 percent and 50 percent, respectively, from conventional equipment, to providing same day imaging services for the convenience and consideration of patients to reduce their stress and accommodate their busy schedules.

Another innovative treatment option for patients is the minimally invasive outpatient procedure for tendon pain. The Tenex treatment removes scar tissue that causes pain without disturbing the surrounding healthy tissue. On average, the Tenex procedure takes 15 minutes and the average recovery time ranges from four to eight weeks.

Yeackley said many people manage rather than address their tendon pain because the previous options were much more invasive and patients experienced a much longer recovery time.

"There are many silent sufferers who just deal with it," she said. "Prior to the availability of the Tenex procedure, patients did not seek surgical intervention of their tendon pain, because of the invasiveness and the recovery time was approximately six to eight months. With this 15 minute procedure they can get their mobility back, allowing those individuals to regain their active lifestyles."

But the hospital's focus on quality and patient experience and satisfaction extends far beyond new equipment.

Denise Moeschen, critical care data coordinator at Bryan Medical Center, said the hospital is working to further improve the way it handles patients with sepsis. Sepsis, a toxic response to infection, is a medical emergency requiring early detection and treatment for survival that kills 258,000 Americans each year. In addition to the lives lost, Moeschen said, nationally, "readmission rates for sepsis patients are very high" and sepsis is the most expensive in-hospital condition in the U.S. costing the country $20 billion for care and readmissions.

The initiative began in 2009 and resulted in a nearly 50 percent reduction in mortality rates caused by sepsis. While

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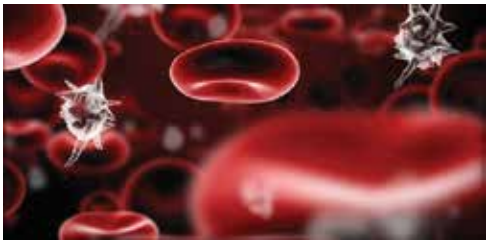
it was a tremendous accomplishment, Moeschen said the ongoing goal is to continue whittling away at the mortality rate until it reaches zero.

"The best way to care for sepsis is to recognize it early and treat it aggressively," she said. And the best way to achieve that goal is through interdepartmental communication and multidisciplinary collaboration.

The goal is to recognize before they become severely ill or experience organ dysfunction, Moeschen said. This is accomplished by routine screening of patients for early indicators such as fever or hypothermia, increased heart rate or respiratory rate, high or low white blood cell count or confusion in a patient with a suspected or documented infection. Further work up could include lactate level or other blood work. And once a patient has been identified as having sepsis the goal of the hospital is to administer antibiotics within an hour.



Sepsis, pictured, kills more than 250,000 people in the U.S. annually and costs more than $20 billion for care and readmissions.

Moeschen said, beginning in October, the hospital began working to identify ways to make the process even more efficient for earlier detection and administration of the antibiotics. They are looking into how collection and reporting of lab work can be enhanced and how the electronic documentation system can improve the screening process and expedite notification to pharmacy.

Another step in the sepsis quality improvement initiative is a public information campaign that Bryan Health may kick-off in 2016. "Less than 50 percent of the population knows what sepsis is, Moeschen said, and "many times they are informed because they have personal experience." "We would like to educate the community as well, but we want to make sure our house is completely in order first."

Bryan Health has undertaken additional initiatives to further reduce costly readmissions rates — initiatives such as tracking whether a patient fills prescribed medications following discharge from the hospital and developing specific tools to address the needs of patients at high risk of heart failure — and utilizing technology to improve each patient's experience, such as using tablet computers to enable parents to connect and bond with their child in the neonatal intensive care unit.

For 88 years, Bryan Health has been a consistent, collaborative leader helping to improve health care in Nebraska. Bryan Health will continue pursuing innovative initiatives and working to improve upon the best practices with the goal of providing the highest quality, safest care the patients and communities it serves for at least another 90 years or more.

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By Bruce Rieker, J.D.
vice president, advocacy

The foundation for transformation

As our state grapples with how to improve the delivery, quality and cost of health care, Nebraskans should be mindful of the extraordinary work being done by many key decision makers and stakeholders to build the foundation for providing more effective and efficient care in the future.

During the second session of the 103rd Legislature (2014), Legislative Resolution 422 (LR 422) was jointly introduced by State Sen. Kathy Campbell, chair of the Health and Human Services (HHS) Committee, and State Sen. Mike Gloor, chair of the Banking, Commerce and Insurance Committee, to develop policy recommendations for transforming Nebraska's health care system to ensure access to cost-effective, high quality care. This interim study resolution was predicated on many concerns facing Nebraskans seeking health care:

- Eleven of Nebraska's 93 counties have no primary care physicians;
- Counties with uninsured rates of 21 percent or greater exist only in rural areas;
- Nebraska's future economic and fiscal well-being requires a healthy population, the availability of high-quality care at lower costs and greater delivery efficiency;
- Reform requires a patient-centric, high-value enterprise that has cooperation between all health care stakeholders and policymakers;
- State government must provide clear leadership for transformation that results in transparency, trust and full participation from all partner stakeholders;
- In 2013, as a result of Legislative Resolution 22 (LR 22), HHS Committee, in conjunction with the Banking, Commerce and Insurance Committee, held a conference on health care attended by 167 stakeholders from across the state;
- The LR 22 stakeholder's conference examined what the Nebraska health care system should look like in 15 years and what opportunities and challenges patients, providers and payers will face during that period of change; and
- There is opportunity for continued partnership and leadership by the Legislature in the development of a vision for transformation of the Nebraska health care system.

In order to develop the policy recommendations required by LR 422, the two legislative committees were jointly tasked with bringing together, through information gathering meetings and work groups, partner stakeholders at all levels, including state and local governments, public and private insurers, health care delivery organizations, employers, specialty societies, patients, consumers and all other interested parties, to work together with the shared objectives of controlling health care costs and improving quality. With the input from the partner stakeholders, the committees were to:

- Provide a comprehensive review of our state's delivery system, costs and coverage demands;
- Define opportunities for enhanced health care delivery to rural and medically underserved regions and patients through telemedicine, electronic home care devices and internet-based care;
- Determine the role of team-based care including patient-centered medical homes, accountable care organizations and introduction of additional health care providers to these medical teams;
- Assess the opportunities for loan forgiveness for providers serving in designated underserved counties;
- Construct a framework that meets the state's public health, workforce, delivery and budgetary responsibilities; and

- Develop cooperative strategies and initiatives for the design, implementation and accountability of services that improve quality and value-based care while improving the health of all Nebraskans.

Through the informational meetings and workgroups, a proposed framework consisting of eight "Building Blocks" has been developed to meet delivery, quality, public health, workforce, value and budgetary responsibilities. Those building blocks and key elements of each are:

- Assure health care is accessible for all Nebraskans,
  - Optimize public and private funding,
  - Mental health parity, and
  - Use evidence-based practices;
- Support effective models of delivery, financing and payment,
  - Utilize patient-centered medical homes,
  - Develop innovative health insurance opportunities,
  - Assure transparent health care pricing by all providers,
  - Reward providers for improving value,
  - Provide seamless coordination of care across all settings,
  - Use interdisciplinary team-based care, and
  - Promote palliative and end-of-life care;
- Assure transparency of quality and patient safety for all providers and facilities,
  - Consumer choice of providers based on quality and value,
  - Transparent reporting of adverse events,
  - Transition of determination of quality from claims-based to outcomes-based evaluation,
  - Accountability to reduce cost and improve quality, and
  - Remove barriers to comprehensive health information technology;
- Establish and support a state-wide database for the collection and analysis of health and health care delivery,
  - Utilize robust, de-identified health information that includes claims data from all payers and uniform patient outcomes data from all providers,
  - Provide detailed analyses of the health of Nebraskans and of delivery processes, and
  - Establish an entity to evaluate and disseminate information and provide recommendations for health improvement;
- Utilize population health-based interventions,
  - Reduce burden of chronic disease,
  - Emphasize public health and disease prevention,
  - Disease prevention education for at-risk groups,
  - Provide community and workplace education for population health, and
  - Measure progress of improved personal and community health;
- Promote personal responsibility for wellness,
  - Improve public health literacy,
  - Provide proactive, culturally-competent patient education on disease prevention and management,
  - Utilize individual risk-based pricing of health care coverage, and
  - Provide incentives for personal health-related improvement;
- Address health care workforce shortages,
  - Develop strategies to attract health care workers,
  - Eliminate practice barriers for providers,
  - Evaluate new categories of health care team members, and
  - Utilize telehealth and internet-capable care;
- Coordination of state-wide health planning,
  - Establish a center of data and planning,
  - Identify necessary public and private resources to ensure quality care for all Nebraskans,
  - Recommend uniform clinical preventive services,
  - Develop metrics to monitor effectiveness of population health outcomes,
  - Collaborate on community-based solutions, and
  - Reduce health care disparities.

Ensuring access to high quality, patient-focused, cost-effective health care is a challenge. Through the efforts of so many devoted stakeholders involved with LR 422 and its predecessor LR 22, coupled with several more public and private initiatives, Nebraskans are conquering that challenge by creating a better way of delivering care.

Bruce Rieker, vice president, advocacy, can be reached at brieker@NebraskaHospitals.org.

NHA Leadership Institute 2015 Class XII

By Kim Larson
director of marketing

In just a few weeks, the Nebraska Hospital Association Research & Educational Foundation (NHAREF) Leadership Institute will begin sessions for its 12th class. With more than 250 alumni, the NHA Leadership Institute has proven to be inspiring, invigorating, invaluable, innovative and effective. A Class XI (2014) participant succinctly summed it up stating, "[This program is] a pathway for the promotion of ambitious individuals."

The NHA Leadership Institute provides up-and-coming leaders with the necessary skills to become exceptional leaders and puts them on the path to senior management positions. It is important for current CEOs to develop the leadership pipeline to ensure effective succession planning while enhancing employees' contributions to your organization.

In partnership with faculty of Bellevue University, the Institute's mission is to advance the effectiveness of hospitals by providing a quality environment of professional development and support for health care leaders. Coursework focuses on the unique challenges and organizational management techniques facing hospitals. Each year, approximately 30 health care professionals from across Nebraska come together for a 10-month program designed to instruct, inspire and invigorate. Participants establish peer-to-peer connections and lifelong bonds with classmates and faculty during the eight sessions.

The NHA Leadership Institute helps participants learn the difference between management and leadership. Knowing when and how to utilize an appropriate leadership style is the key to achieving the individual performance and desired organizational results. This program defines the two via comprehensive curriculum, combining core leadership competency working sessions and multiple layers of applied practice in health care. Participants in the Leadership Institute will improve their leadership skills and enhance their effectiveness in the health care field, while preserving the care and compassion critical to quality health care delivery.

Institute curriculum includes topics such as using 360°assessments for improved leadership, working with conflict, coaching for improved performance, analyzing performance issues, personality traits at work, leading across the generations, leading a team and succession management.

The NHAREF is proud of all alumni, but we are always excited to see someone take the lessons learned in the Institute and apply it to their job responsibilities to make a marked difference in their organization, and in themselves. This is the core of the Leadership Institute's mission. Two success stories are shared by alumni who have risen to leadership positions in their organizations after completing The NHA Leadership Institute.

"As a young person coming out of college, I was equipped with a vast amount of knowledge but limited ability to use that leadership information in a meaningful way. The NHA Leadership Institute allowed me the opportunity to realize the potential of those tools in real life situations.

Through the institute I met many wonderful, up and coming leaders. I was able to network and share ideas with peers to further my experience. NHA Leadership Institute is a great foundational start to a leadership career and is a valuable asset to the health care professionals of Nebraska."

Dana Steiner, BSN, MBA
Executive Director of Patient Services — Lexington Regional Health Center
Lexington, NE

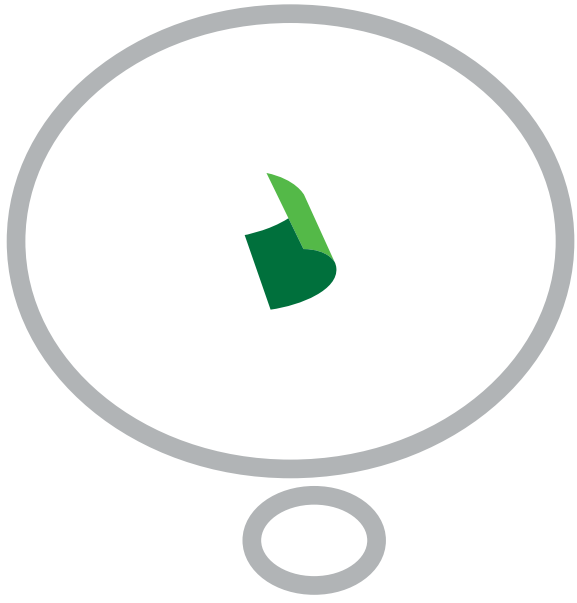
"The NHA Leadership Institute is a wonderful program, with inspiring presentations throughout the year. It helped me to be more self-aware, identifying strengths and ways to better utilize them, and to recognize and improve on my weaknesses.

Working with multiple generations of staff, and all of the different personalities can be challenging. The NHA Leadership Institute provided information and insight to help communicate effectively, and engage and inspire employees across all of these lines.

I came away with a toolbox full of ways to help motivate me as a leader, and skills to help me motivate those I work with."

Carolyn Jones, RN, BSN, CNML
Chief Nursing Officer — Box Butte General Hospital
Alliance, NE

The deadline to apply is Friday, Jan. 9. For more information about the NHA Leadership Institute register, contact Jon Borton, vice president, educational services, at jborton@NebraskaHospitals.org, or visit http://www.nebraskahospitals.org/education/leadership_institute.



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Congressional outlook for 2015

By David Burd, FHFMA
vice president, finance

The campaign advertisements have stopped and another election is in the books. Voters have spoken and new members of Congress will soon be taking office. Promises have been made to solve nearly all of our country's problems including national budget deficits, foreign policy concerns, immigration laws, health care costs and many, many more. Now that the elections are over, what does it all mean for our country and for health care specifically? Will the 214th Congress be more productive than Congresses in recent years? Will the Affordable Care Act (ACA), otherwise known as Obamacare, really be repealed as promised by so many candidates? There is certainly no shortage of questions as we look ahead to the first session of the 114th Congress, which convenes on Jan. 6.

The landscape in Congress will change somewhat when it convenes in January. As a result of the elections, the Senate will flip from being controlled by Democrats to being controlled by Republicans with a 53 – 44 – 2 margin with the Louisiana seat still to be determined following a runoff election this month. The House of Representatives will continue to be controlled by Republicans with a 244 – 188 margin with three seats still to be filled. However, while both Houses of Congress will now be controlled by Republicans, obviously the White House will continue to be occupied by President Obama through 2016. So, while the change in control of the Senate may result in an increase in the number of bills that are passed by Congress and sent to the president's desk for his signature, it will probably only lead to an increase in the number of presidential vetoes and not necessarily in an increase in the number of meaningful bills that are signed into law.

From a health care perspective, there does not appear to be a consensus within the Republican party in regard to the ACA. There are some members of the party that will push for incremental changes to the law, such as repealing the medical device tax, changing the definition of a full-time employee, delaying the employer mandate, repealing the individual mandate and repealing restrictions on physician-owned hospitals. Of course, other Republican members will push for a comprehensive repeal of the ACA as promised in their campaigns. While a full repeal of the ACA certainly won't be signed into law by the president, it is possible that some incremental changes to the law could attract bipartisan support and have a higher likelihood of being signed by Obama.

As has become an annual occurrence, Congress will again be faced with addressing the Medicare physician payment methodology, also known as the sustainable growth rate. Congress will choose between fixing the problem permanently by adopting a new payment methodology or "fixing" it temporarily by passing legislation to avoid significant payment cuts as has been done repeatedly over the last several years. The current short-term "fix" will expire on March 31. Of course, the discussion will again come down to money, namely how to pay for it, and Nebraska hospitals will be at risk. Congress will again likely look to the rest of the health care industry to help offset the costs of any changes made to Medicare physician payments.

In January, Nebraska's congressional delegation will have some new faces. Ben Sasse was elected by Nebraskans to serve in the U.S. Senate and Brad Ashford was elected by Nebraska's second district to serve in the House of Representatives. Sen. Deb Fischer, Rep. Jeff Fortenberry and Rep. Adrian Smith will return and continue to serve in Congress. The Nebraska Hospital Association appreciates the support of our congressional delegation over the last year and is looking forward to continue working with them in 2015 as we move toward improving health care in Nebraska and addressing the many challenges within the health care industry.

The bottom line is that most people believe that Washington D.C. has not been very productive in recent years. The partisan divide has grown and discussions appear to be more about political posturing and less about actually addressing our country's significant problems. Here's hoping that 2015 will be a new beginning that results in Congress and the president all working together regardless of political party to achieve what is best for our country. Nebraska's hospitals are certainly facing significant challenges including dramatic reimbursement reductions in recent years. "Solving problems" by simply reducing hospital payments is no longer acceptable. There are many health care issues that need to be addressed in 2015, and the NHA stands ready to work with our congressional delegation and other stakeholders for the good of all of Nebraska's residents.

David Burd, vice president, finance, can be reached at dburd@NebraskaHospital.org. HN

By Monica Seeland, RHIA
vice president, quality initiatives

2014 Quest For Excellence awards

Each year the Nebraska Hospital Association, CIMRO of Nebraska, Nebraska Association of Healthcare Quality, Risk and Safety, and the Nebraska Department of Health & Human Services Office of Rural Health sponsor the Quest for Excellence awards.

Memorial Community Hospital & Health System (MCH&HS) in Blair is this year's winner of the Quest for Excellence award, Critical Access Hospital Division. MCH&HS shared the story of their journey to reduce readmissions. First, they examined their process for calling patients after discharge. Two processes were in place, one for the general medical/surgical patient and one for cardiac rehab patients. While the medical/surgical patient received one call within 48 hours of discharge, the cardiac rehab patients received weekly follow up calls for 30 days and results showed their readmission rates were better. MCH&HS expanded the patients receiving weekly follow up calls for 30 days to include patients with pneumonia, heart failure and chronic obstructive pulmonary disease and transitioned responsibility for these calls to the cardiopulmonary staff. As a result of these changes, they saw their readmission rate drop from 10 percent to a low of 2 percent, with most quarters demonstrating a readmission rate of 4 percent for these patients. Congratulations to Memorial Community Hospital & Health System for their dedication to improving quality of care.

The winner of the Quest for Excellence award, non-CAH division is Bryan Medical Center in Lincoln. Bryan Medical Center focused on improving their medication reconciliation process. On average, each geriatric patient admitted to Bryan Medical Center had been taking 11 medications at home. To evaluate their medication reconciliation processes, they formed a multi-disciplinary team consisting of nursing, clinical informatics, prescribing providers, respiratory therapy, pharmacy, leadership, risk management, front line staff and organizational quality. After examining their processes, they added a pharmacist review of the medication list generated by nursing. The pharmacist's role was to review the documented medication list and assess it for potential therapeutic issues and errors. This identified a significant gap in the accuracy of information obtained via the patient interview and uncovered several near miss scenarios. The next step in their medication reconciliation improvement process was to improve the education provided to the patient at discharge. A team-based approach involving nursing, pharmacy and the physician, along with some IT programming created a clean and accurate medication list to provide to the patient at discharge. As a result of their efforts Bryan Medical Center saw the percent of unreconciled medications drop from 8.8 percent to 1 percent. Congratulations to Bryan Medical Center for their great work to improve quality of care.

Monica Seeland, vice president, quality initiatives, can be reached at mseeland@NebraskaHospitals.org.
HN

By Jon Borton, MS, vice president, educational services

Preparing Nebraska's hospitals for emergencies

Nebraska experienced a number of significant emergency events in 2014, including tornadoes, severe storms, straight-line winds and flooding. Twenty-eight Nebraska counties received federal disaster declarations after an estimated $13.2 million in damage was incurred by these storms. The greatest impact was in Pilger, which was destroyed by an EF4 tornado, the second-strongest rating on the scale that measures tornado strength, with estimated wind speeds of 166 to 200 mph. The storm caused more than $4.2 million in damages in Pilger and Stanton County alone.

The NHA shared with member hospitals updates regarding response efforts and disaster declarations and provided information on resources available and options for those wishing to provide assistance. On Aug. 15 the cafeteria of CHI Health Good Samaritan in Kearney was inundated by floodwaters that overwhelmed the city's storm sewer system. No hospital patients or employees were injured during the flooding.

On Aug. 15 the cafeteria of CHI Health Good Samaritan in Kearney was inundated by floodwaters that overwhelmed the city's storm sewer system. No hospital patients or employees were injured during the flooding.

Education & Events

The NHA co-sponsored and promoted many events in 2014 related to emergency preparedness, including in-person events, webinars and conference calls designed to train and educate member hospitals on a variety of topics. Online independent study courses were also made available.

Communication

NHA member hospitals are provided information about many activities that are directly related to their emergency preparedness efforts.

The NHA publishes an electronic newsletter, "Emergency Preparedness News," to alert member hospitals on as needed basis, depending upon the nature of the information and urgency, to be shared with health care providers. In addition to Emergency Preparedness News, the NHA has utilized Twitter as a means of providing immediate and up-to-the moment information to the nearly 350 followers of @NHA_EPNEWS.

Legislation

Two main issues related to hospital emergency preparedness were at the forefront of NHA's federal legislative interests in 2014. These were sustained funding for hospital preparedness and the Centers for Medicare & Medicaid Services (CMS) proposed emergency preparedness rule.

The hospital preparedness program, the primary federal funding program for hospital emergency preparedness, has provided critical resources since 2002 to improve health care surge capacity and hospital preparedness for a wide range of emergencies. The preparedness program has supported greatly enhanced planning and response, facilitated the integration of public and private sector medical planning to increase the preparedness, response and surge capacity of hospitals and has led to improvements in state and local infrastructures that help hospitals and health systems prepare for public health emergencies.

Authorized funding levels and annual appropriations for the hospital preparedness program have significantly declined since the program began. Congressionally authorized funding and appropriations for the hospital preparedness program was $515 million per year in the early years of the program. The Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 reduced authorized funding to $374.7 million per year for fiscal years 2014-2018. However, for FY 2014, Congress appropriated only $255 million – more than a 50 percent reduction from prior years. Nebraska received nearly $1.4 million in hospital preparedness funding during the past year. Similarly, the president's FY 2015 budget proposal recommends only $255 million for the Hospital Preparedness Program. NHA along with the American Hospital Association (AHA) continues to urge Nebraska's federal legislators to increase the appropriation for the HPP to $374.7 million, consistent with the amount authorized in the 2013 Pandemic and All-Hazards Preparedness Reauthorization Act.

In December 2013, CMS issued a proposed rule that would establish emergency preparedness conditions of

participation that hospitals, CAHs and 15 other provider and supplier groups would have to meet to participate in the Medicare and Medicaid programs. CMS has formulated its proposed regulations in four key areas: risk assessment and planning based on an "all hazards" approach; policies and procedures based on risk assessment and planning; a communications plan; and training and testing. In addition, inpatient providers, including hospitals, long-term care facilities and CAHs, would be required to comply with emergency and standby power systems' requirements.

The NHA supports CMS's goal for Medicare providers and suppliers to have comprehensive emergency preparedness plans and generally believes that the agency has chosen the correct framework for the proposed conditions of participation, but along with most state hospital associations urged CMS to make sure its requirements enhance readiness without adding confusion or creating additional administrative burden. The top priority of hospitals during a disaster is to ensure that patients are safe and can receive the services they need.

Ebola Virus Disease

NHA first shared information on Ebola Virus Disease with member hospitals on May 14 by sharing a list of frequently asked questions about the disease which was developed by Dr. Daniel Lucey, Dr. John Hick and Dr. Dan Hanfling, specifically to inform the health care preparedness community. At this time the Ebola outbreak in West Africa were just beginning to occur in capital and populated regions of Guinea and Liberia, raising the risk of transmission to other areas of the world.

The NHA began in early August offering additional information, guidelines and key messages for evaluation of patient suspected of having Ebola. In collaboration with the AHA, details were shared with Nebraska's hospitals on countless Ebola-related subjects.

Countless webinars and conference calls pertaining to Ebola Virus Disease were offered which NHA participated and informed the membership. NHA staff continues to participate in multiple calls weekly with members of the AHA readiness group to obtain the latest information on the Ebola outbreak and response.

As vital community resources, Nebraska's hospitals must be among the best prepared, along with police, fire, rescue and other public safety services.

The NHA will continue to represent our member hospitals interests that relate to emergency preparedness with the Nebraska Department of Health & Human Services, which manages the federal grant funding for disaster preparedness, the AHA and other federal and state agencies.

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By Kevin Conway,
vice president, health information

How's your risk?

Almost all health care providers are focused on "meaningful use" stages and implementation of Electronic Health Record (EHR) systems. To receive their incentive payments, providers must demonstrate that they have met the criteria for the privacy and security objective to "ensure adequate privacy and security protections for personal health information." This measure aligns with the Health Insurance Portability and Accountability Act (HIPAA) administrative safeguard standard to conduct a security risk assessment and correct any identified deficiencies. The EHR incentive program's privacy and security measure for Stage 1 is to "Conduct or review a security risk assessment of the certified EHR technology, and correct identified security deficiencies and provide security updates as part of an ongoing risk management process."

HIPAA's Security Rule requirements for Risk Analysis and Risk Management were published in the Federal Register on Feb. 20, 2003, with a compliance date of April 20, 2005. The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on Feb. 17, 2009, to promote the adoption and meaningful use of health information technology The HITECHs meaningful use measures build on the original Security Management Process standard in the Administrative Safeguards section of the Security Rule. Covered Entities are required to conduct Risk Analysis and Risk Management to meet the implementation specifications. Both risk analysis and risk management are standard information security processes and are critical to a Covered Entity's Security Rule compliance.

The Office of the National Coordinator (ONC), in collaboration with the HHS Office for Civil Rights (OCR) and the HHS Office of the General Counsel, developed a security risk assessment tool to help Covered Entities through the process. If a provider would want to conduct their own risk assessment, they can and the tool may be downloaded at www.healthit.gov. Although they can conduct their own risk assessment, in the ONCs Top 10 Myths of Security Risk Analysis, they state, "It is possible for small practices to do risk analysis themselves using self-help tools. However, doing a thorough and professional risk analysis that will stand up to a compliance review will require expert knowledge that could be obtained through services of an experienced outside professional."

The ONC further states, "Checklists can be useful tools, especially when starting a risk analysis, but they fall short of performing a systematic security risk analysis or documenting that one has been performed."

So with the question, "is it possible for a provider to conduct their own risk assessment?" The answer appears to be yes. But how much these assessments will stand up under the meaningful use auditing process is not yet known. To assist our member hospitals, NHA Services partnered with ITPAC Consulting, LLC, for a security risk assessment services. In 2014, ITPAC is on pace to conduct two assessments a month for member hospitals. This is on pace to match the assessments done in 2013. More information on the risk assessment services from ITPAC Consulting is available at www.itpac.biz.

Meaningful use Stage 2 also builds on the risk assessment adding a requirement to address encryption of data on end-user devices. With the breach notification interim rule published Aug. 24, 2009, and the Omnibus rule published Jan. 25, 2013, encryption of data is becoming a standard or best practice. Covered entities and business associates must perform notifications if a breach involved protected health information and if the information was unsecured. Unsecured protected health information is protected health information that has not been encrypted.

As long as we are talking about security and electronic data, another area requiring attention is the Payment Card Industry Data Security Standards. All merchants, or providers, who accept branded credit cards from the major card brands, online or in person, must have a compliance program. The data security standards provide a process for developing a payment card data security including prevention, detection and appropriate reaction to security incidents. Related documents can be found at www.pcisecuritystandards.org.

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By Adrian Sanchez, director of communications

Empowering the patient

At the heart of the hospital and health care industry are the patients. Every quality measure, safety procedure, innovation initiative, budget debate, regulation requirement and policy decision is made with the focus of providing the greatest care for the largest number of patients. With the patient in mind, health care providers continue to identify and make improvements as they navigate and readjust course the chart to perfect road map to health.

This message was the focus of keynote speakers at the Nebraska Hospital Association's (NHA) 87th Annual Convention held Oct. 22-24 at The Cornhusker Marriott Hotel in Lincoln. The theme for the 2014 NHA Annual Convention was "Road Map to Health," focusing on how hospitals and health care providers can best navigate the challenges and opportunities that lie ahead on the path to health care reform, including patient engagement, education and empowerment. The health care industry is currently in a state of flux and regardless of the change, whether financial, regulatory or political, the one constant is the patient.

The opening and closing keynote speakers were both intimately involved with the health care industry while the third advocated for patient involvement as a beneficial business model.

Dr. Ronan Tynan's story of personal triumph, overcoming numerous challenges throughout his well documented life, reflected the influence and power a positive support system can have on someone. At the age of 20, Tynan had his legs amputated after an auto accident caused serious complications to a lower limb disability he was born with. But with the love and support of family, just weeks after the operation, he was climbing up the steps of his college dorm, and within a year, he was winning gold medals in the Paralympics as a multitalented athlete. Between 1981 and 1984, Tynan amassed 18 gold medals and 14 world records of which he still holds nine.

Tynan became the first disabled person ever admitted to the National College of Physical Education. He later became a full-fledged medical doctor, specializing in orthopedic sports injuries, with a degree from prestigious Trinity College. He later won both the John McCormack Cup for Tenor Voice and the BBC talent show Go For It less than a year after beginning the study of voice. The following year, he won the International Operatic Singing Competition in Maumarde, France. In 1998, Tynan joined the worldwide sensation, The Irish Tenors.

He said none of his accomplishments would have been possible without the love, support and encouragement of friends and family, their belief in him inspired and fueled his belief in his himself. "Remember the people who saw your talent and encouraged you to succeed," Tynan said. "Don't be slow in giving or accepting encouragement."

Each and every patient needs encouragement to be reminded of their inner strength that may have lain dormant from exhaustion after days, months and even years of fighting. Help them remember, to see in themselves what others see in them, "a strength waiting to be harnessed," Tynan said, even if it's something as simple as a smile, because a "smile is the cheapest drug in the market and it has no side effects."

Many times patients have been a patient for so long, regardless of cause or reason, so that is all they remember. That is why motivating and empowering a patient can be the best medicine.

"We cannot become who we need to be without changing who we are," he said. That is why "success is a team effort," because friends and family help provide guidance after the way has been lost in memory.

Jennifer Page, the closing keynote, is the inspirational and entertaining mother of Mini Darth Vader who was featured in a 2011 Super Bowl ad for Volkswagen that became one of the most-watched viral ads of all time. Unbeknownst to many viewers, Page's son was born with a congenital heart defect necessitating eight major surgeries before age 8.

She shared her experiences to help convention attendees better understand, identify and address many of the major challenges facing health care consumers today by sharing her family's journey navigating the health care system.

Her predominant message, "Empower patients to be their own advocates," Page said. The more interactive, understanding and accommodating her son's providers were with her, her son and their family, the less helpless they felt and the more hope they had.

Paul Keckley, a health economist and leading expert on U.S. health reform and its impact, touched upon these messages during his presentation. From a business and financial perspective, the best way to reduce costly readmissions and improve the bottom line is to partner, educate and engage the patient. Keckley said treating the patient like an uninformed consumer will help hospitals focus on informing and educating them about treatments options available, services provided and how to effectively manage their own health.

The keynote speakers provided a reminder that it is the responsibility of hospitals to help educate and empower individuals to achieve a healthier lifestyle. As we navigate the journey of health care reform, it is important to remember health care providers are the navigators. While we can work with patients to share their journey toward improved health, ultimately the patient is the one steering the wheel.

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By Al Klaasmeyer, vice president
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Encryption of mobile devices to prevent medical breaches

The U.S. Department of Health and Human Services' (HHS) database of major breach reports, those affecting at least 500 people, has tracked 944 breach incidents affecting personal information from approximately 30.1 million people. A majority of those records are tied to theft, data loss, hacking and unauthorized access accounts, according to a Washington Post analysis of HHS data.

In a recent report, an individual's medical record is substantially more valuable to the individual "stealing the information" than a credit card breach, because the medical records could result in fraudulent claims during an extended period of time due the amount of time required to solve the crime and find the person responsible. Following a credit card breach, the individual credit card holder is able to cancel the credit card in a relatively short period of time.

Currently, health care facilities are to notify HHS of a breach of 500 individuals or more within 60 days after the breach has been discovered and the affected individuals must be notified by first-class mail "without reasonable delay" and within 60 days after the breach has been discovered.

Additionally, breaches of less than 500 individuals are to be reported no later than 60 days after the end of the calendar year during which the breach occurred.

HHS must in turn identify the covered entity involved in the breach on its web site. If the breach affects 500 or more residents of a state or jurisdiction, the covered entity must also notify prominent media outlets in the area.

Many of the breaches reported include non-encrypted mobile devices, "flash drives" and texting on a cell phone. NHA Services, Inc., has provided the NHA members with a solution to the non-encrypted mobile devices through the services of Matrix Mobile Security Solutions. Matrix Mobile Security Solutions provides security and privacy solutions for medical mobile devices, including cell phones, lap tops and tablets. Encryption for mobile devices assures compliance with HIPAA regulations and greatly reduces the possibility of breaches of Protected Health Information (PHI).

It is becoming more apparent that it is no longer "if" but "when" a medical breach will occur. Has your facility taken the steps to encrypt the mobile devices used to send protected health information to other practitioners to lessen the possibility of a breach? If not, contact Matrix Mobile Security Solutions:

Ted Murphy, President
(800) 679-6720 Office
tmurphy@matrixmss.com

For more information, please contact Al Klaasmeyer, vice president, NHA subsidiaries, at aklaasmeyer@NebraskaHospitals.org.

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