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Healthier Nebraska

THE NEBRASKA MEDICAL CENTER
OMAHA, NE

Nebraska Hospital Association
The influential voice of Nebraska's hospitals

Laura J. Redoutey, FACHE
President

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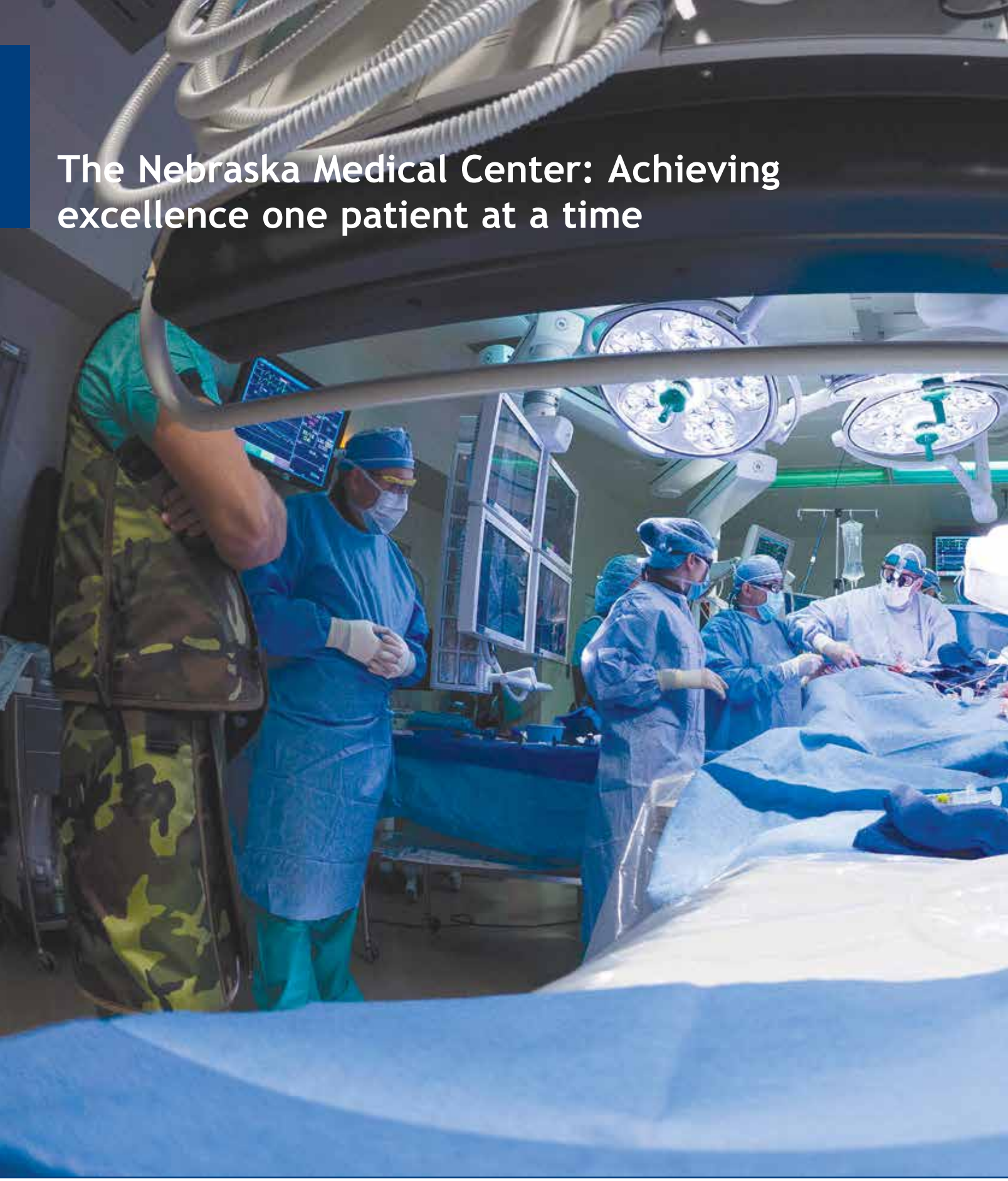
Edition 69

The Nebraska Medical Center: Achieving excellence one patient at a time



The Nebraska Medical Center earned the distinction of being named among the "100 Great Hospitals in America" by Becker's Hospital Review for the first time, joining the hospital industry's upper echelon alongside prestigious institutions such as the Mayo Clinic, Massachusetts General and Cleveland Clinic.

The 2014 edition, released in March, includes a compilation of some of the most prominent, forward thinking and focused health care facilities in the nation. Hospitals included on the Becker's list are home to many medical and scientific breakthroughs, provide best-in-class patient care and are stalwarts of their communities, serving as academic hubs or local mainstays.

"We've always believed those aforementioned qualities describe this medical center perfectly," said Brad Britigan, president of the Clinical Enterprise that includes The Nebraska Medical Center. "To have tangible proof of this from an independent organization that is so highly thought of in the health care industry like Becker's, makes being named to this list extremely significant."

While The Nebraska Medical Center is honored by the recognition, staff attributes the hospital's success to its patient-centered culture and staff commitment to the facility's mission: "Serious Medicine. Extraordinary Care."

Dr. Julie Fedderson, chief quality officer at The Nebraska Medical Center, attributes the hospital's achievement to senior leadership shifting its focus to patient-centered care.

"In recent years, a group of senior leadership changed the mindset as to where we are going as an organization, placing the patient at the center," Fedderson said. "It is a huge thing to have leadership at the top level understand, at the end of the day, we are here to provide a service to the patient."

"If you want to be an organization that truly adheres to quality and wants your outcomes to get better, it requires strong involvement by leadership," she said.

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Leadership may have initiated the shift toward patient-centered care, according to Bill Dinsmoor, CEO of the Clinical Enterprise that includes The Nebraska Medical Center, but that goal was realized by everyone's commitment to making it a reality.

at the things we are doing today, patient experience is the number one guiding principal."

The biggest impact on a patient's experience and satisfaction is engagement. If a patient feels like they were heard and understood, Anderson said it makes them feel more satisfied with their care. So each day patients are asked what their goals are for that day. In one case, a patient-initiated

said. The formula to provide a great patient experience requires establishing a trusting relationship, addressing the patient's needs and questions, working with the patient to develop a mutually agreed upon plan for care and providing a calm, healing environment.

"The more you can understand and engage a patient and the family, the more successful and better the outcome will be,"

Dr. David Mercer, director of the intestinal rehabilitation program at The Nebraska Medical Center, is examined by a young girl. The Nebraska Medical Center understands engaging patients helps build a relationship of trust, makes patients feel more at ease and promotes patient involvement in their own plan of care.

"Patient experience is not a project. It's our way of life and our philosophy," Dinsmoor said. "What allowed us to be recognized as an organization is the consistent commitment to that vision and the people that make it come to life every day."

"When you do what's right for the patient, delivering high quality care, the rest of the problems will solve themselves," he said.

Melissa Anderson, director of patient experience at the Nebraska Medical Center, agrees that people, from janitorial services to executive leadership, work at the hospital for the right reasons, which helps everyone deliver the best care and service.

"The leadership team really understands that if we can get patient satisfaction right everything else will follow," Anderson said. "When you look

goal was to be able to walk the halls three times.

"His goal was to make sure he could walk his daughter down the aisle at the end of the month. That helps us as a staff to prioritize a patient's treatment plan," she said. "What may seem silly to us is important to the patient."

The Nebraska Medical Center has fulfilled their commitment to patient-centered care through many unique approaches, from patient shadowing and having staff sit on bed pans for an extended period of time to help them understand a patient's experience to the formation of a patient and family advisory council and providers sitting at a patient's bedside when appropriate to indicate the provider has time to address the patient's questions and needs.

It is not always the grandiose ideas that have the greatest impact, Anderson

she said. "The key to improving patient experience, quality and safety is to actively partner with patients throughout their care."

"People come here expecting the very best in clinical care, how they judge the care they receive is how well we listened how well we partnered with them," Anderson said.

The Nebraska Medical Center also conducts follow-up checks after a patient has been discharged to make sure their prescriptions were filled and their continuing health needs are met.

"You really do get a very warm, personal approach," liver transplant surgeon Dr. Alan Langnas said. "This environment really is a very safe place for (patients), they sense that. They know that people are paying attention to them, they know they are getting good treatment, they know that we will respond to their questions and concerns."

"Combine that with an extraordinary high level of expertise, both surgically and medically, makes for a very powerful and very effective place for patients to come for care," Langnas said.

And while The Nebraska Medical Center strives for perfection, no facility is immune from potential near misses, errors or adverse events.

"Patient safety is our number one concern," Fedderson said. "Nobody comes to work wanting a patient to have a bad outcome."

Everyone at the Nebraska medical Center holds themselves accountable to fulfill the mission of patient safety, Fedderson said, and they hold each other accountable also.

"People use to feel like they shouldn't report or there may be an adverse consequence for reporting. That is not the case here anymore. We encourage staff to report potentially unsafe conditions," she said. As a result, "we have a robust culture of reporting incidences. We are very unique because we value transparency, sharing our data and talking about a near miss, errors or adverse events. We share those with everyone from management to front line staff. This helps us identify things we could do better or processes we could improve."

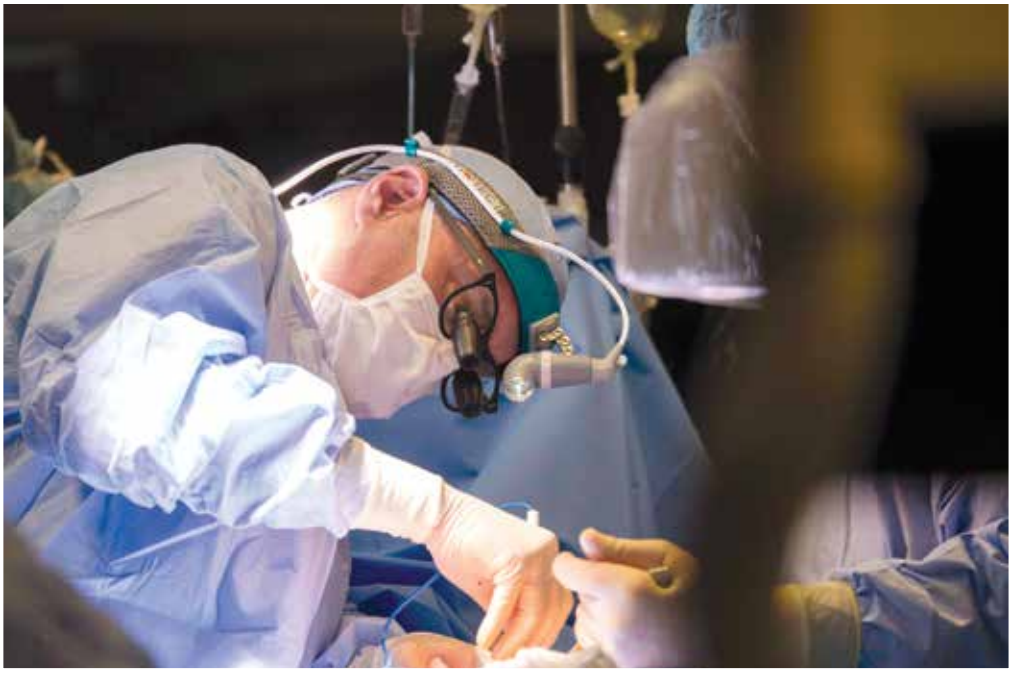
"Most errors and near misses aren't related to an individual person. They are related to the processes," Fedderson said.

Everyone takes pride in their work and understands they are caring for someone's relative, friend or neighbor, so when such incidents do occur, people own them; take responsibility and work to correct them.

"Even though we are a big medical center, we still have that hometown, Nebraska focus," Fedderson said. "The people who practice and work here recognize there are people that could be your neighbor, a friend, someone's mom or dad, so we take our patients problems personally."

That dedication to quality and safety begins at the resident level. Residents at The Nebraska Medical Center participate in reporting training, sit on the resident quality committee and receive new physician orientation on quality and safety.

Dr. Pierre Fayad, director of the vascular neurology and stroke program at The Nebraska Medical Center, reviews a plan of care with the patient. Actively partnering with patients not only improves a patient's experience, but also improves patient outcomes.



Dr. Michael Moulton, chief of the cardiothoracic surgery division at The Nebraska Medical Center, examines a patient during surgery.

Regardless of tenure, from residents to senior leaders position, from executives to front line staff, everyone is dedicated to patient safety, satisfaction and providing the best quality care. From providing care and education to research and innovation, everyone at The Nebraska Medical Center is dedicated to improving the lives and health of patients and communities throughout Nebraska and the Midwest, Dinsmoor said.

While The Nebraska Medical Center is a large facility with a high patient volume, the hospital's mission — "Serious Medicine. Extraordinary Care." — comes down to people: patients and those who care for them.

"Physicians, nurses, pharmacists, they all selected a profession that focuses on helping others. They are all, deep down inside, committed to taking care of someone, taking care of the patient," Dinsmoor said. "At the heart of the matter, it is about patient care and delivering superior service." HN

NHA Affiliate Membership Program

By Kim Larson
director of marketing

The Nebraska Hospital Association (NHA) Affiliate Membership Program is part of an ongoing effort to build and strengthen alliances with Nebraska's health care providers and related organizations to ensure that hospitals and health systems are able to provide high quality, accessible and affordable health care to all residents of Nebraska.

It is the mission of the NHA to be the unified and influential voice for Nebraska's hospitals and health systems. The NHA supports and encourages its members in developing various health care delivery systems geared toward improving the health and well-being of Nebraska's communities.

The NHA is proud of its distinguished list of more than 80 current affiliate members and the alliances that have been fostered. Individually, we cannot achieve all the work that needs to be done. It is up to us as health care and service providers to collaborate for the health of our state. Together, we can make the difference.

The NHA Affiliate Membership Program is comprised of five levels, ranging from Standard to Platinum, that offer dozens of benefits for an annual fee. Fees are pro-rated for organizations joining mid-year.

The NHA is host to many networking events and educational programming throughout the year that are included as part of the Affiliate Membership Program benefits. Annual events include Advocacy Day, Mid-Year Meeting & Golf Tournament, Leadership Institute and the Annual Convention. Benefits of NHA Affiliate Membership also include exposure for your company in several NHA publications, including the Nebraska Health Care Resource Directory, Healthier Nebraska quarterly magazine, Member Value Report, Newslink, the Annual Convention book and the NHA website.

The NHA's largest event, the Annual Convention, is Nebraska's largest statewide health care event and trade show, providing two and a half days of one-on-one networking opportunities with hundreds of Nebraska health care decision makers. Convention attendees include CEOs, CFOs, COOs, CNOs, human resource managers, purchasing, marketing, IT, safety and quality managers and many others.

Find out how the NHA can build and strengthen alliances with your organization by viewing the NHA Affiliate Membership Program brochure at nebraskahospitals.org/about_us/affiliate_members.html. You may also contact Heather Bullock, member services and events manager, at hbullock@nebraskahospitals.org or (402) 742-8148 for more information.

Nebraska hospitals do much more than care for the sick and injured. Safe havens in times of pain, trouble and hardship, hospitals are always there when needed—for emergencies, lifesaving treatments and life-enhancing education, welcoming new lives into the world, and helping patients and families at the end of life. Nebraska's hospitals contribute to the quality of life and health, going well beyond the walls of the hospital. HN

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

Medicaid transformation and data analytics

Transformation

A transformation of Medicaid across the country has begun and it is only a matter of time for that change to happen in Nebraska. Growing federal deficits, state budget concerns, Medicaid's countercyclical spending cycles and an aging population are fueling interest in reforming Medicaid.

Historically, Nebraska has often pursued spending reductions instead of measures that promote quality and outcomes. Some states are pursuing innovative incentive-based payment and provider-led care models and Nebraska should do the same.

With the potential for expansion of eligibility under the Affordable Care Act (ACA), the way of paying for the care of the poor is being brought into the main stream. This shift will create a very competitive landscape that will produce new and innovative means of ensuring access to high quality and affordable care.

Nationwide, many Medicaid agencies are experimenting with new models that control costs while creating incentives to achieve higher quality, better outcomes and more cost efficient delivery systems. Those efforts include incorporating more performance-based payment mechanisms, reconsidering program financing mechanisms, increasing collaboration and renegotiating contracts with providers and health plans to increase accountability for performance.

Incentive-based payment models include shared savings for providers participating in accountable care organizations in New Jersey and Minnesota, implementation of bundled payments for 15 conditions in Arkansas and use of global budgets that cover nearly the full scope of services for beneficiaries in Oregon. New York and Connecticut are implementing stricter performance requirements on intermediaries through managed care companies.

During the past two years, the District of Columbia and 26 states have expanded their Medicaid programs. Without expansion, Nebraska's hospitals will face continued demand for services from the uninsured and underinsured while, in the longer term, fewer dollars will be available to offset the cost of uncompensated care. In states that have expanded Medicaid, it has meant increased enrollment in or transition to managed care. Without new incentive based payment models, this may mean a reduction in reimbursement as managed care companies negotiate lower payments, states eliminate supplemental payments tied to fee for service payments or both. With or without expansion, many states, including Nebraska, will need to deal with insufficient behavioral health capacity and the coordination of behavioral and physical health services.

Medicaid should be a foundational component in a continuum of coverage. Integration of Medicaid into a spectrum of public and private insurance options should provide seamless coverage as a beneficiary moves up and down the income scale into and out of employer sponsored coverage. The ACA increased interaction between Medicaid and the private market through eligibility and enrollment provisions that require coordination and encourage integration of eligibility and enrollment processes for Medicaid, comprehensive health insurance programs and premium tax credits through the federal Marketplace.

Arkansas and Iowa are using Medicaid funds to purchase qualified health plan (QHP) coverage through the Marketplace for some or all of the expansion adults. Michigan is providing coverage to the new expansion population through its current network of Medicaid managed care plans but is incorporating commercial market principles by imposing both premium and cost-sharing requirements. In many states Medicaid managed care plans are entering the commercial market for the first time to offer health benefits through QHPs sold in the Marketplace.

Iowa and New Hampshire are leveraging Medicaid dollars to assist beneficiaries in purchasing employer-sponsored insurance (ESI) by using Medicaid to cover premium obligations, cost-sharing and any minimum benefits not covered through the ESI plan. Massachusetts is carrying Medicaid principles into the commercial market by seeking to smooth out cost-sharing requirements for lower-income individuals who receive coverage through certain QHPs in the Marketplace.

Other states are adopting strategies to ensure continuity of insurers and providers. California is awaiting the Center for Medicare and Medicaid Services approval of a Bridge Plan in which Medicaid managed care organizations can be certified as QHPs for those individuals transitioning between Medicaid and the Marketplace. This would allow individuals with fluctuating incomes to stay with the same issuer and provider network when their eligibility for Medicaid or QHP coverage changes. In full convergence scenarios, a state may move to a single-payer model (Vermont), a private Marketplace for all insurance programs (Utah for the small group market) or a hybrid that uses regional purchasing authorities (Oregon).

These reforms will ultimately result in fewer operational differences across public and private insurance markets. Convergence may help to reduce the churning that happens when an individual transitions between public and private coverage and encounters gaps in their insurance. Continuous coverage better enables providers to manage care for populations and improve health outcomes.

Data Analytics

Historically, states have relied on a traditional Medicaid Management Information System (MMIS) to manage their Medicaid programs, essentially maintaining eligibility lists and paying bills. An MMIS is not typically designed to generate actionable data analysis that can help providers and payers profile patients, understand utilization and spending patterns, target efforts to improve care or measure performance.

Some states, such as Colorado, have undertaken initiatives to enhance the usefulness of Medicaid data for care management and other program purposes. Colorado takes raw Medicaid eligibility and claims data from its MMIS and pools that information to create a data warehouse and provide data analytics through an online portal to primary care medical providers (PCMPs) on metrics of interest. The statewide portal is structured to support care management at the level of the patient and the PCMP. Predictive modeling is used to risk-adjust metrics. The categorization of patients into risk groups based on their Medicaid claims enables PCMPs to identify those with high needs and focus care management efforts.

Data analytics are fundamental to accountable care and population health. Accountable care models encourage and expect providers to work together and take responsibility for the entire population or area they serve. Common metrics, adjusted for risk, provide a means to track performance, establish accountability and fairly distribute incentive payments linked to performance. Regardless of the direction Medicaid reform takes, data analytics will be a fundamental pillar of accountable care.

Increased sophistication in Medicaid purchasing strategies will require many hospitals and providers to take on more risk through performance-based contracting and payment. Convergence of Medicaid and ESI will lead to a seamless coverage continuum in which providers will participate, most likely as risk bearing contractors. Longer term, the prospect of direct contracting between Medicaid and provider systems may also create new opportunities for delivery systems to focus on providing dedicated services to Medicaid beneficiaries. Such a development could be a win-win solution for providers that are able to develop the capacity to manage populations by increasing the focus on prevention, expanding access to primary care and facilitating coordination across acute, post-acute and long term care settings. However, not all providers will be capable of developing or participating in such a system. Small, rural, and/or sole community hospitals will continue to need supplemental funding to be successful in their unique contexts.

As the pressure to reform Medicaid grows, there are many opportunities for hospitals and health systems to be part of the solution, particularly by creatively implementing new delivery models capable of total cost management. By working together, providers and the state can develop a vision and strategies that will make Nebraska's Medicaid program more sustainable, enabling beneficiaries and providers the ability to thrive.

For more information, contact Bruce Rieker, vice president, advocacy, at brieker@NebraskaHospitals.org. HN

By Jon Borton, MS, vice president, educational services

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Contact Jon Borton, vice president, educational services, at jborton@NebraskaHospitals.org or (402) 742-8147 for more information. HN

By David Burd, FHFMA
vice president, finance

Providing health care one regulation at a time

Well, it is that time of the year again … the time for the Centers for Medicare and Medicaid Services (CMS) to release all of its proposed rules.

While I'm sure some of you may have initially thought I was referring to the summer season, I am referring to the time of the year that everyone in health care looks forward to — CMS' proposed rules that "update" the many different prospective payment systems (PPS) that are utilized to reimburse providers for care delivered to Medicare patients. Okay, so I am being a little sarcastic by saying anyone really looks forward to these proposed rules, but the truth is that while these annual regulations are intended to update existing payments systems, they are typically enormous and contain significant policy changes.

A tremendous amount of time and effort must be spent to review all of the provisions contained in these proposals, submit comments to CMS if appropriate and implement the requirements if they are finalized. As all of the proposed rules continue to be released, it certainly seems like health care is being provided one regulation at a time.

In a complex industry such as health care, regulations are certainly a necessary and important part of ensuring that patients receive safe and effective care. However, there would seem to be a point where too much of something would no longer be a benefit to those it is intended to help, but rather a detriment. Hospitals dedicate significant resources, both in staff time and funding, to ensure that they are in compliance with all applicable regulations. However, limited resources make this a challenging task. Resources spent on deciphering and implementing regulatory requirements cannot be spent on providing the best patient care possible.

Provider reimbursement is based on a separate payment structure for each type of care. Each of these payment systems is complex and unique. CMS has established several payment systems including the following:

- Acute inpatient
- Hospital outpatient
- Home health
- Inpatient psychiatric
- Inpatient rehabilitation
- Long-term acute care
- Skilled nursing
- Physicians

As an example, I will focus on the PPS for acute inpatient services (IPPS). CMS recently released the IPPS proposed rule for fiscal year 2015 (which begins Oct. 1, 2014). The proposed rule for the IPPS alone is nearly 1,700 pages. That is not a typo – it is really that big (remember, this is supposed to be an annual update). The regulation extensively describes proposed changes to how CMS will reimburse hospitals for providing inpatient care. Various components of the IPPS include:

- Wage index
- Disproportionate share hospital payments
- Hospital-acquired conditions
- Readmissions reduction program
- Value-based purchasing program
- Quality reporting program
- Electronic health records incentive program
- Graduate medical education payments
- Bundled payments
- Outlier payments

Many other components of the IPPS could be listed above as well. Obviously, it is a very complex and confusing payment system. Changes included in the IPPS proposed rule could have a significant impact on the Medicare reimbursement that a hospital receives. Therefore, it is critical that hospitals have an understanding of what is being proposed and how it would impact their facilities.

So, how do you make sense out of 1,700 pages? It is not only a challenge, it is nearly impossible. Combine this with the fact that the IPPS proposed rule is only one regulation out of many. In addition to all of the annual payment system updates, there are numerous other regulations impacting hospitals in Nebraska that seem to be created or changed almost on a daily basis.

The health care industry is being buried in regulations. Hospitals continue to push forward in the pursuit of improving the quality of care provided to patients while at the same time reducing the overall costs of providing the care.

When regulations are implemented in a reasonable manner, they provide necessary guidance to the health care industry and help ensure that patients receive safe and effective care. However, at a certain point they are no longer productive. They become a burden and serve as a roadblock to improvements within the health care industry.

In order to achieve long-term quality improvements, cost reductions and increased coordination of care within the health care industry, regulatory burdens must be reduced. In the meantime, health care will continue to be provided one regulation at a time.

David Burd, vice president, finance, may be reached at dburd@NebraskaHospitals.org.

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By Monica Seeland, RHIA
vice president, quality initiatives

Improving care through patient engagement

Nebraska's hospitals continually work to improve the quality and safety of the care they deliver.

To help assure a safer hospital experience, hospitals are focusing on "patient and family engagement." One aspect of patient and family engagement is to conduct shift change huddles and do bedside reporting with patients and family members in all feasible cases. Many Nebraska hospitals report they are doing the shift change huddles and some are starting to do bedside reporting.

Some of the advantages of bedside reporting include:

Assessing the patient - this is important because both shifts can check over the patient and verify that the assessment is correct. The surgical site, IV medications and lines can also be assessed. The oncoming nurse gets the most up-to-date information to use to take care of the patient.

Patient Safety – during bedside reporting, staff is able to verify the patient identification bracelet with the patient and introduce the oncoming nurse to the patient. The oncoming nurse can assure that bed alarms are on, monitors are in place and that the patient is safe, doesn't have immediate needs and can obtain answers to any questions he or she may have.

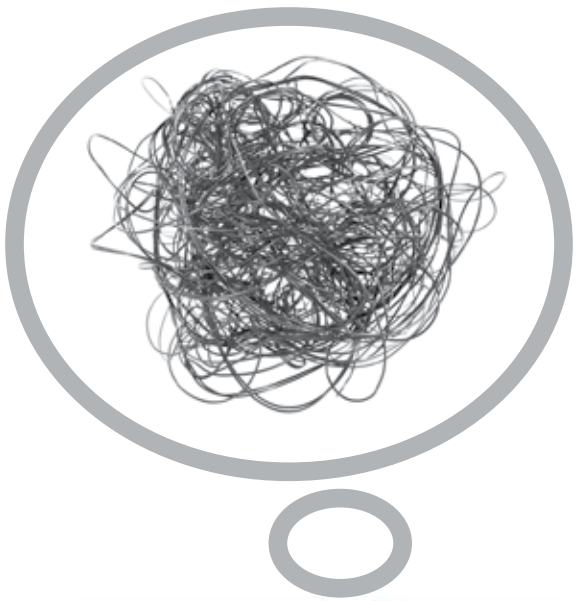
Patient -Focused Treatment - bedside reporting includes the patient in the discussion of their daily goals and treatment plans. Most patients can make corrections to misinformation given from one shift to another. This also gives the patient the opportunity to ask questions, feel a part of their own care and begin to take charge of their health.

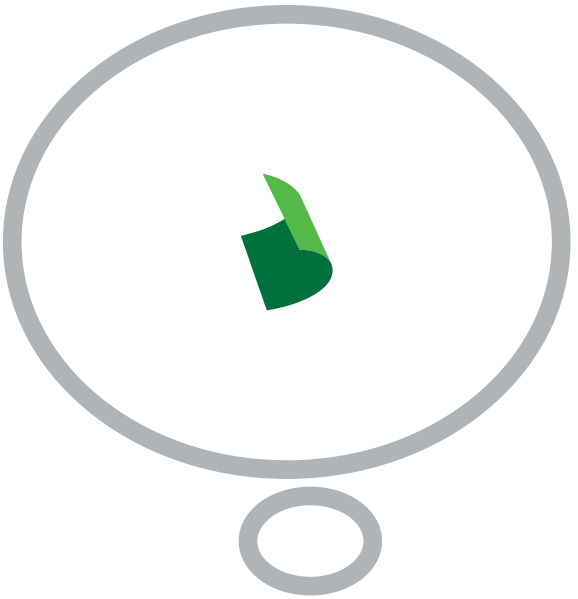
Benefits to the Nursing Staff - bedside reporting gives the oncoming shift a chance to visualize each patient and prioritize the patients needing attention first. It also promotes team work from shift to shift and questions from the oncoming shift can be answered.

The next time you are hospitalized you may be able to participate with your care givers during the bedside report.

Take advantage of this opportunity to be an active participant in your care, to be sure you understand your treatment and goals for recovery, to understand your medications and why they are prescribed and to understand the plans for your care once you are discharged.

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





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Trustee symposium was a hot one!

By Kim Larson
director of marketing

Although the temperature exceeded 100 degrees, nearly 200 hospital trustees and executives gathered in Green Valley Ranch Resort in Henderson, Nev., June 11-13, for the 18th Annual Western Regional Trustee Symposium. The heat did not hinder a great event.

Nebraska was proud to have 10 hospital trustees from Butler County Health Care Center in David City, Memorial Health Care Systems in Seward, Saunders Medical Center in Wahoo and Providence Medical Center in Wayne. The trustees who attended the symposium were also joined by the CEO of each of the four hospitals.

The Western Regional Trustee Symposium (WRTS) offers quality health care governance programming at an affordable cost. Designed for hospital board members and executive leadership, the program broadens the participants' awareness of current health care trends that affect them, and how they serve their boards and communities. Best practices of successful health care governance are shared for practical application in the boardroom. WRTS provides excellent networking opportunities for trustees and leaders from hospitals of varying size and scope. This symposium is geared toward rural and Critical Access Hospitals and aims to challenge conventional thinking with fresh approaches to standard health care governance concerns and business practices.

The ultimate goal of the symposium is to form and maintain health care governance excellence at each hospital in the Western and Midwest United States. WRTS is a collaboration of the hospital associations from Arizona, Colorado, Idaho, Montana, Nebraska, Nevada, New Mexico, North Dakota, Utah and Wyoming.

This year's theme, "Healthcare: A High Stakes Business," reminded attendees that having the right information is critical to making informed decisions when so much is at stake. Many important issues were addressed including quality, patient safety, affiliations, executive compensation, legal issues facing hospitals, governance in value-based health care, making difficult decisions about services, the perfect patient experience, financial viability and lean leadership.

Hospitals count on their trustees in these challenging times to provide necessary leadership and to make informed decisions to ensure the delivery of quality health care in their communities. The stakes are increasingly getting higher in the health care business, but the payoff was large at this event.

Opening keynote speaker, Bernice J. Washington, delighted the audience by infusing pizzazz and humor to the discussion of how today's trustees must be motivated and inspired to engage in discussions and revolutionary thinking in order to forge a new working environment to survive the post-reform environment.

Bernice Washington, president and CEO of BJW Consulting Group, is a veteran trustee, having served on Texas Health Resources board for nearly 20 years and on 18 other boards of directors. Mrs. Washington draws upon her own personal experience as a trustee, health care executive and Certified Master Coach to deliver behavior-changing keynotes, facilitate board discussion and enhance problem-solving skills. She is a highly regarded keynote presenter and effective facilitator.

Thursday's keynote speakers, Rex Burgdorfer and Jordan Shields from Juniper Advisory, described the strategic and financial motivations of mergers and acquisitions, analyzed the ownership structure of the industry and reviewed ways in which health care reform is driving corporate change.

In a special session, Dr. Brian Silverstein, a national health care expert with extensive experience in population health management, health care business models and provider systems, explored the market changes that are already underway and discussed how trustees can prepare for authentic populations management.

To wrap up the symposium, Mike Rock, senior associate director of federal relations for the American Hospital Association (AHA), shared innovative ideas and information as the AHA and our nation's hospitals collaborate to provide better health care services to our communities. Closing keynote speaker Daniel Sinnott, founder and president of Sinnott Executive Consulting, examined the four main responsibilities of every hospital trustee, and identified how the role of the trustee will change within each of these four areas.

The 19th Annual Western Regional Trustee Symposium will be held June 10-12, 2015, at Sun Valley Resort in Sun Valley, Idaho.

Visit the WRTS website, trusteesymposium.org, for more information.

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HN

By Adrian Sanchez, director of communications

The answer to improving health care: Leadership

For more than a decade, Kathleen Bartholomew has presented internationally to hospital boards, leadership and staff about safety, communication, cultural change and power in health. Her underlying message: "Leadership is the only answer to health care."

As the opening keynote speaker for the Nebraska Hospital Association's 2014 Mid-Year meeting, held May 22-23 in Kearney, Bartholomew conducted a passionate and heart felt presentation on how a hospital's culture and leadership affect quality and patient outcomes.

"Currently, in health care, being a team player means agreeing," Bartholomew said. "That culture trumps knowledge every time."

But improving health care quality and the culture of safety requires leadership, teamwork, communication and collaboration, which do not develop in an environment where everyone is expected to just agree.

"How do you change a culture when there is no motivation to change it? How do you change a culture when everyone thinks it's great?" Bartholomew asked approximately 250 people in attendance.

When she managed a 57-bed orthopedic and spine unit in Seattle, she understood before she could change the culture of the unit, she had to obtain its trust first.

"You can't implement culture without 100 percent trust. Not 99 percent, but 100 percent trust," Bartholomew said. To establish that trust, "we had to get rid of the hierarchy and power struggle and it was the job of leadership to dismantle that hierarchy."

After conducting an employee assessment in Seattle regarding the culture on her unit, nearly all of her staff reported being verbally abused by at least one physician. Bartholomew observed how nurses would negatively interact with patients and other nurses following these negative interactions. Coupled with distractions and stress due to personal issues, these issues contributed to medical errors, some resulting in death.

"The dominated turn on each other when they can no longer resist their oppressors," she said. "The cost of such bad behavior is high. Disruptive relationships have resulted in medical error and death."

Kathleen Bartholomew shares her experiences regarding hospital culture and its impact on quality, safety and patient outcomes with nearly 250 people during the Nebraska Hospital Association's 2014 Mid-Year meeting in Kearney.

Bartholomew equated what she observed on her unit to what is found in quantum physics. When particles operate in an environment with a single source of energy, the particles work in cooperation, operating to sustain the single source of power that exists, she said. If that single source of energy is divided, those same particles begin colliding, competing and struggling over power, operating as if each source of power is limited.

"One question determines whether a power structure exists, 'Do you lock up your food?'"

Bartholomew said. "Can you get what you need? Is your food locked up?"

Empowering staff with a voice to speak, not only on behalf of the patient, but also on their own behalf and the best interest of fellow colleagues, lead to greater collaboration and cooperative oversight, Bartholomew said. Statistically, 62 percent of the time a second opinion is sought, the diagnosis and treatment plan changes, so collaboration among nurses, physicians and other staff lead to better outcomes and fewer oversights and errors.

"When someone has your back, that is safety," she said. "Say what you see to everyone around you and accept it's not up to you to fix it."

Do not ignore safety or culture concerns, Bartholomew said, because, when harm is made visible, it provides a foundation to fix the problem and build trust, not only with the patient, but staff as well.

After dismantling the hierarchy, during the last three quarters of Bartholomew's tenure in Seattle, her unit was in the top 10 percent of patient, physician and employee satisfaction. With a turnover rate of less than 3 percent and a three year waiting list for employment on the unit, her success was dependent on one thing — building a community of staff who care about each other and the patients.

Many hospitals implement procedures, policies and processes to feel like they are actually doing something, she said. But, with no investment in staff culture or hospital morale, they question why outcomes and satisfaction surveys do not reflect the intended impact.

Bartholomew said, regardless of the checklists, paperwork or other safety measures hospitals put into place, it is ultimately people who are responsible for the safety and care of patients.

In order to enact meaningful change, those in charge of enacting the policy must understand the change and why it was necessary, otherwise staff will perceive it as more busy work to fulfill requirements that may feel good, but are inefficient.

Unless staff and management buy-in to the initiative, the desired results will not be achieved, Bartholomew said.

"No matter what strategy or initiative you implement, it is humans that enact them," she said, "and no staff will be motivated by infection rates."

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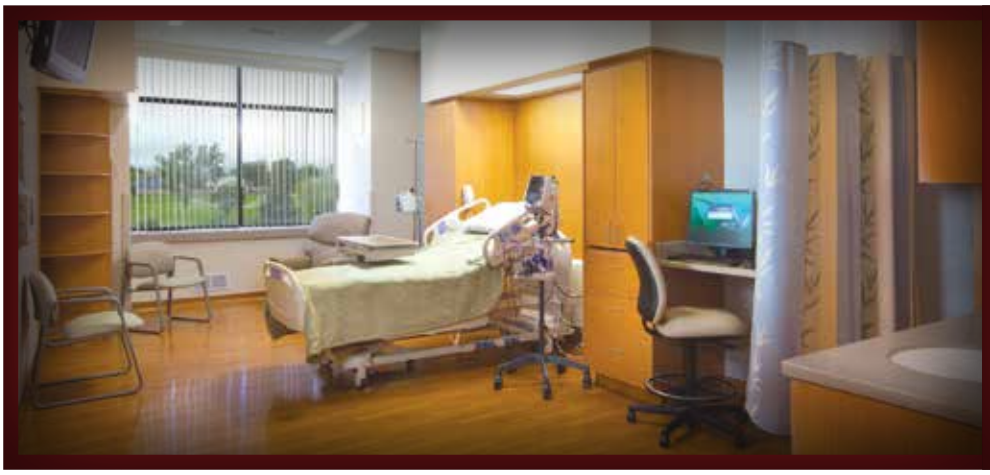

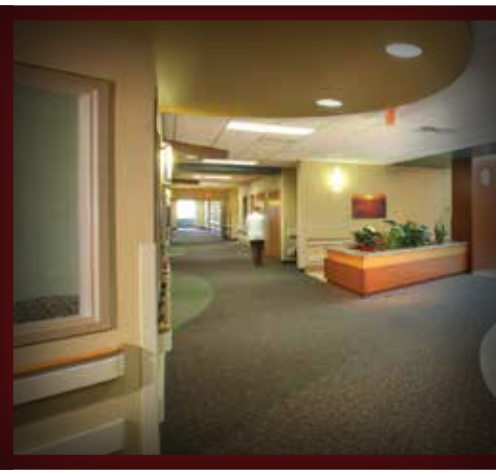

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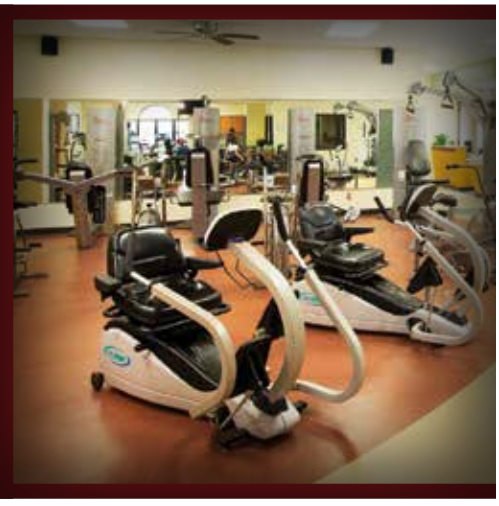
The firm has been involved in construction of minor as well as major healthcare facilities during that time. Several Nebraska communities had their first community hospital constructed by Beckenhauer. Some then received additions and/or renovations to them as well. Acute care hospitals have become a very definite focus in the more recent years, and much of our work has come by way of repeat work for existing clients as well as new clients gained through references from existing satisfied clients.



Growth in volume for the sake of growth has never been a driving agenda for Beckenhauer Construction. Growth rather has come about by repeat work and new clients who have heard about our service and commitment to the client. We normally are working on multiple acute care hospitals at all times. While earlier projects were no less important, we have been blessed recently to also work on some very high profile projects that have included not only great Architecture, but also great function and aesthetics.

Beckenhauer Construction takes great pride in the fact they employ very high caliber employees who have a shared interest in helping to "turn our client's vision into reality" while providing a high level of service, maintaining the budget, and completing their projects on, or ahead of schedule. It would be a rarity indeed to not end a project under budget.

Safety of the staff, the patients, visitors, and crews is always at the top of our list to control. We do so by continual training, monitoring, providing the best of equipment to assist us, and constant communication with the client so they are aware of our every move. We go above and beyond the industry standard requirements when it comes to protecting employees, client staff, patients, and visitors. If you are not already one of Beckenhauer Construction's clients we urge you to visit with any of our past or current clients to see what they have to say about doing business "The Beckenhauer Way".

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