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Healthier Nebraska

OGALLALA COMMUNITY HOSPITAL
OGALLALA, NE

NHA Nebraska Hospital Association
The influential voice of Nebraska's hospitals

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President

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Edition 66

Ogallala Community Hospital and Banner Health — Partnering to advance care in rural Nebraska

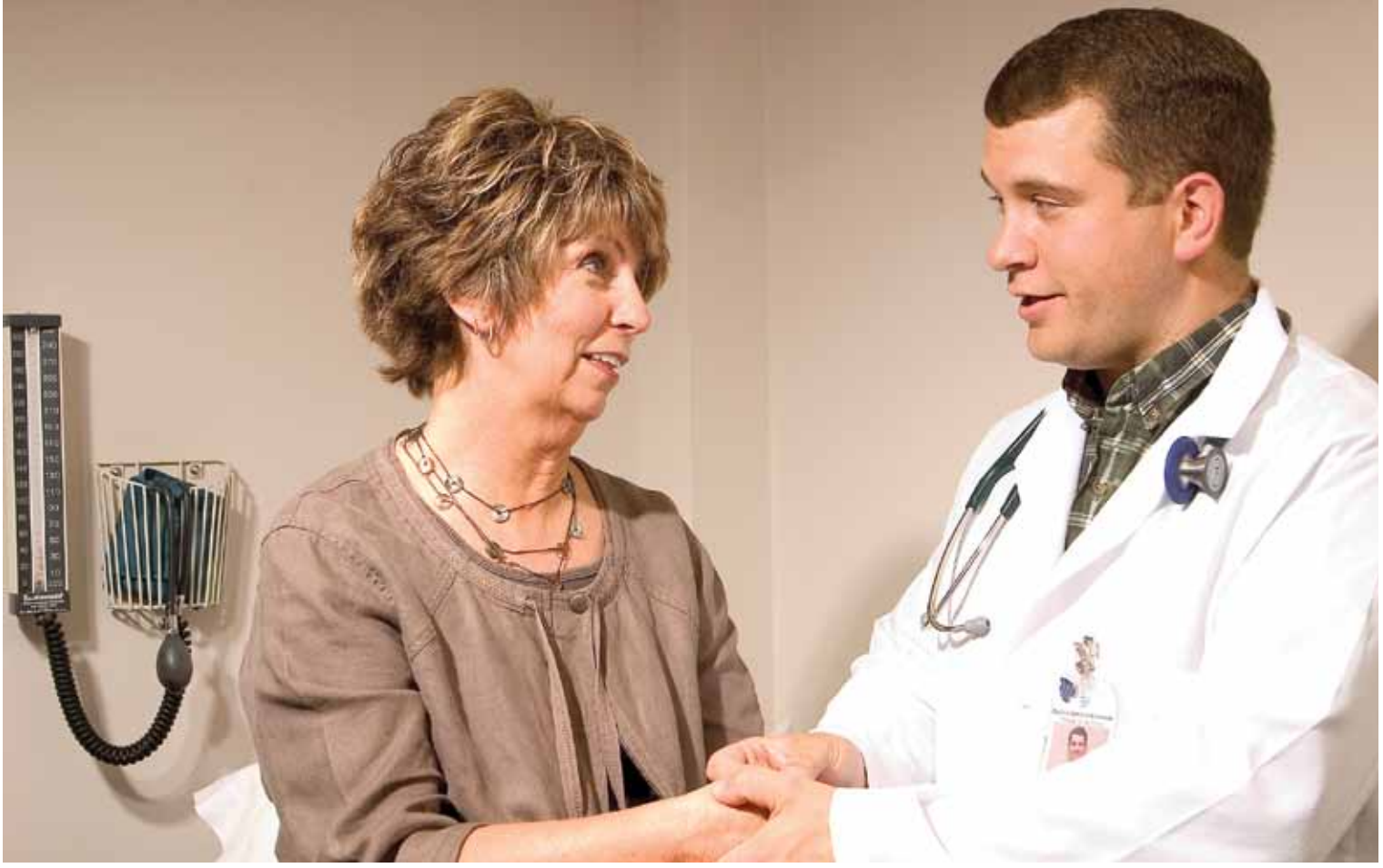
When Ogallala Community Hospital uses phrases like "state-of-the-art" and "leading-edge" to describe care and technology at the hospital, rest assured those terms are not used lightly.

The 18-bed hospital may be small in terms of size, but it offers a breadth of services in a network of care to meet all the needs of the residents in and around Keith County in southwest Nebraska.

"I truly think we have the best of both worlds," Sharon Lind, CEO of Ogallala Community Hospital said. "Patients benefit from the kind, compassionate care provided by people they know and trust. These caregivers are provided with the tools, training and technology that comes from one of the nation's leading health care systems."

That leading health care system is Banner Health. Based in Phoenix, Ariz., Banner is one of the largest, nonprofit health care systems in the country. The system manages 24 acute care hospitals, an employed physician group, outpatient surgery centers and a number of other services. In addition to Nebraska, Banner has facilities in Alaska, Arizona, California, Colorado, Nevada and Wyoming.

"Our patients, staff and community directly benefit from the support and resources provided by a health care system that understands what is required to operate in a rural environment now and into the future. Through Banner Health, Ogallala



Community Hospital has been successful in creating a quality rural health care delivery model focused on growth in specialty services to meet the changing needs of our community while optimizing efficiency and patient outcomes."

Lind said Banner recognizes the unique needs of rural hospitals and comes to the table with expertise and resources to partner with members in the community to find solutions that meet those changing needs. The success from this affiliation is seen in a number of awards for the hospital and the health care system:

- Ogallala Community Hospital was one of four Banner hospitals recognized as a HealthStrong Top 100 Critical Access Hospital in the United States, for two consecutive years.
- Ogallala Community Hospital received eight Banner's Best Awards last year and is generally a top performer within the Banner Health system.
- Banner Health was recognized as one of the Top Five Health Systems in the United States by Truven Health Analytics.
- Banner Health was recognized by the Hospitals and Health Networks magazine as one of Health Care's Most Wired companies.

Lind lists several examples of how Ogallala Community Hospital has partnered with Banner to expand the services offered to residents of southwestern Nebraska whether it's in the hospital, specialty clinic, with other providers or agencies in the area, or in nearby communities with other rural community hospitals.

Electronic Medical Records

The use of electronic medical records (EMR) has allowed the hospital to make patient care safer and more efficient.

Ogallala Community Hospital along with 20 other Banner facilities, reached the highest level of having a fully integrated medical record. As a result, Banner has achieved:

- 17.8 percent reduction in pharmacy costs.
- 15.8 percent reduction in nursing staff turnover.
- 84.3 percent reduction in adverse drug events.
- 7.1 percent reduction in average length of stay.

Most impressive is Banner Health's ability to use the EMR to identify dangerous disorders early. The vision at Ogallala Community Hospital is driving clinical quality through early detection and interventions that positively impact patient outcomes. Ogallala Community Hospital has the same health information technology that exists in the Arizona and Colorado markets – technology that is used to advance the level of care for the patients at home in western Nebraska.

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Banner physicians have significantly lowered the mortality rate of sepsis in intensive care unit patients where sepsis is most commonly treated. Sepsis is the nation's number 11 killer, according to the Centers for Disease Control and Prevention. Annually more than 750,000 Americans are afflicted by this serious infection that can cause major organ failure and death.

Like so many other life-threatening diseases, the early symptoms of sepsis can be challenging to recognize and interpret. The earlier sepsis is identified the more effective therapies can be to cure it.

The EMR can monitor patients on a "24/7" basis, and when symptoms appear that may indicate sepsis, the EMR sends an alert to the physicians and other clinicians caring for the patient. These caregivers are provided an algorithm of evidence-based clinical actions to follow that have been proven to successfully treat sepsis. Through this system, Banner physicians have lowered sepsis mortality rates in the ICUs to around 14 percent, which is significantly less than the national average. Ogallala Community Hospital is equipped with technology whereby Banner Health Intensivists can monitor patients remotely and collaborate with local physicians on the care and treatment for critically ill patients.

Clinicians in Ogallala work very closely with the Clinical Consensus Groups at Banner to ensure standardized best-practice approach to care is provided to every patient, every time. "These outcomes represent a break-through in the care of patients who have (sepsis)," Banner Health's Executive Vice President and Chief Medical Officer John Hensing, M.D., said. "EMR is mostly talked about as an enabling technology at the-point-of-care that can help to improve the efficiency of the delivery of patient care and decision-making supported by real-time patient history," Hensing said, "But this has shown us that an EMR also can be integrated into specific disease-care processes with the potential to be a game-changer."

Ogallala Community Hospital was recently invited to present its Sepsis Initiative-Best practice Rural Hospital approach in Omaha at the annual Quality Conference for CIMRO, the Medicare Quality Improvement Organization for Nebraska. It was a great testimony of leveraging the benefits of a system in driving quality of care initiatives within the rural hospital setting, which ultimately impacts positive patient outcomes.

iCARE

iCARE is the name of Banner's program that is anchored by eICU technology. This technology connects the ICU patients and the physicians and nurses caring for them to a remote center where intensive care specialists can support their hospital colleagues and ICU patients. The connection is video-based and also connects sophisticated patient monitoring. Ogallala Community Hospital has the technology in one medical-surgical room and three ER bays.

The remote specialists work with hospital counterparts in real-time and watch for early warning signs or trends toward potentially dangerous conditions.

Ogallala Community Hospital uses the technology in the emergency room so nursing staff and ER physicians can remotely access Banner Intensivists at the touch of a button. The Intensivists have access to all patient care monitors and can truly serve as an extra set of eyes for those complex cases or traumas that arrive at the emergency room.

Simulation Education

Banner Simulation Education's vision is to "transform health care delivery through simulation, learning and research."

Ogallala Community Hospital physicians, nurses and other health care providers are able to train in a variety of simulated care scenarios using computerized mannequins. They practice individual techniques, as well as team response to situations.

The program includes:

- Banner Simulation Medical Center, the nation's largest virtual hospital.
- Multiple training centers including the Banner Simulation System training

site at McKee Medical Center in Loveland, Colo.
- Active mobile program that serves western Nebraska
- The ability to host other nonprofit organizations who wish to use facilities for training.

Amy Curtis, RN at Ogallala Community Hospital, said the training is critical for nurses to maintain skills for treating uncommon and complex patient cases. She recently trained with another nurse and physician on managing a post-partum hemorrhage.

"That is a high-risk, low-volume situation we don't see very often," she said. "It can be risky if you don't know what to do."

Lori Schoenholz, CNO at Ogallala Community Hospital, said the challenges facing clinicians in rural settings are multifaceted with the broad spectrum of patients and breadth of services they provide, while at times dealing with low volumes, which presents limited opportunities to experience hands-on care for some populations. Staff in rural hospitals do not have the luxury of relying on experts in specialty areas to call upon in an unusual situation.

"The benefit of having access to a team of specialized clinical educators that brings the training to us is invaluable," Schoenholz said. "Our staff directly benefits from the hands-on training offered through simulation. It is an effective way to increase their skills and competency."

As many rural hospitals do, Ogallala relies upon the nursing staff and clinicians to have the skill to care for obstetrical patients, acute/swing bed patients and cover in the ER, Lind adds.

"I am extremely proud of the nursing staff and physicians who have the knowledge, skill and ability to manage our clinic practices and care for patients within our hospital in a very compassionate and quality manner."

The medical staff care for laboring mothers and babies, perform endoscopy procedures, manage clinic patients and provide emergent care to traumas that present to the emergency room.

"They are often referred to as 'superdocs' within our rural markets given their broad scope of practice and expertise," Lind said.

Outreach Services

The number of outreach medical specialty services provided through Ogallala Community Hospital allows patients in western Nebraska to stay close to home for their care, Lind said.

For example, orthopedic surgeon Van Wahlgren, M.D., does total hip and knee replacements, joint repair and foot, ankle and hand surgeries. Dr. Wahlgren travels to nearby communities including Grant and Oshkosh to see patients. They can have their orthopedic surgery in Ogallala, and Dr. Wahlgren collaborates with their primary care physician and therapists in their own community to have follow-up care and rehabilitation closer to home.

"After a knee replacement, the last thing you want to think about is a long car ride to see the doctor," Lind said.

Other outreach services include bariatrics, oncology, ear, nose and throat, gastroenterology, cardiology, ophthalmology, OB/GYN, urology, podiatry, pulmonology and neurology.

The growth in the demand for these services prompted the hospital board to collaborate with Banner Health on a $2 million expansion. The new Specialty and Infusion Clinic is under construction with plans to open in early 2014. The 5,000-square-foot clinic will provide more space to visiting specialists, as well as room for infusion services and cancer care.

"Banner has an interest in meeting the needs of Ogallala's residents and patients from surrounding communities by providing this additional space," Lind said. "This building expansion project provides the necessary space for our visiting specialists and is designed to serve us well into the future as we look to expand our breadth of services. It aligns with our mission of making a difference in people's lives through excellent patient care; having access to specialists is essential to our business and receiving quality and compassionate care locally is vital to our rural communities."

Rural Community Health-Navigating the Future

"As we look to the future, we are working on rural health care growth strategies designed to maintain a high level of services to families in western Nebraska in collaboration with other providers and agencies in the area," Lind said.

Banner is implementing accountable care organizations, patient centered medical homes and population health management models within the system, and Ogallala is no exception.

"These concepts will help us transform the way excellent patient care is delivered, and we are already doing just that," she said.

The leadership team has developed Coordinating Care Councils/Leadership Roundtables with the local nursing home, assisted living, home health and hospice agencies for the purpose of identifying opportunities to, collectively, better care for residents and the elderly population. The hospital is currently working with the Sandhills Public Health District in creating a Rural Healthcare Delivery Model focused on a very integrative multi-disciplinary approach to improving the health of the community by promoting wellness, preventive health screenings and aligning patients with primary care physicians to proactively manage their health and well-being.

The Ogallala medical staff embraces the concept of Population Health Management as they understand the benefits of coordinated care for those at-risk patients with chronic diseases and illnesses.

Federal policies and legislation will affect hospital planning and operations, how hospitals are paid and how care is delivered. Lind said, with Banner Health support, Ogallala is ahead of the curve in terms of implementing standardized best-practice approach to the delivery of care in a rural environment. "This care is of the highest quality, is efficient and drives positive patient outcomes."

"We are excited about the future and look forward to our collaborative work with other rural hospitals in western Nebraska that will assure continued high quality service to residents in our rural community."

For more information about Ogallala Community Hospital and Banner Health, visit http://www.Bannerhealth.com/Ogallala. HN

By Kim Larson
director of marketing

Western Regional Trustee Symposium

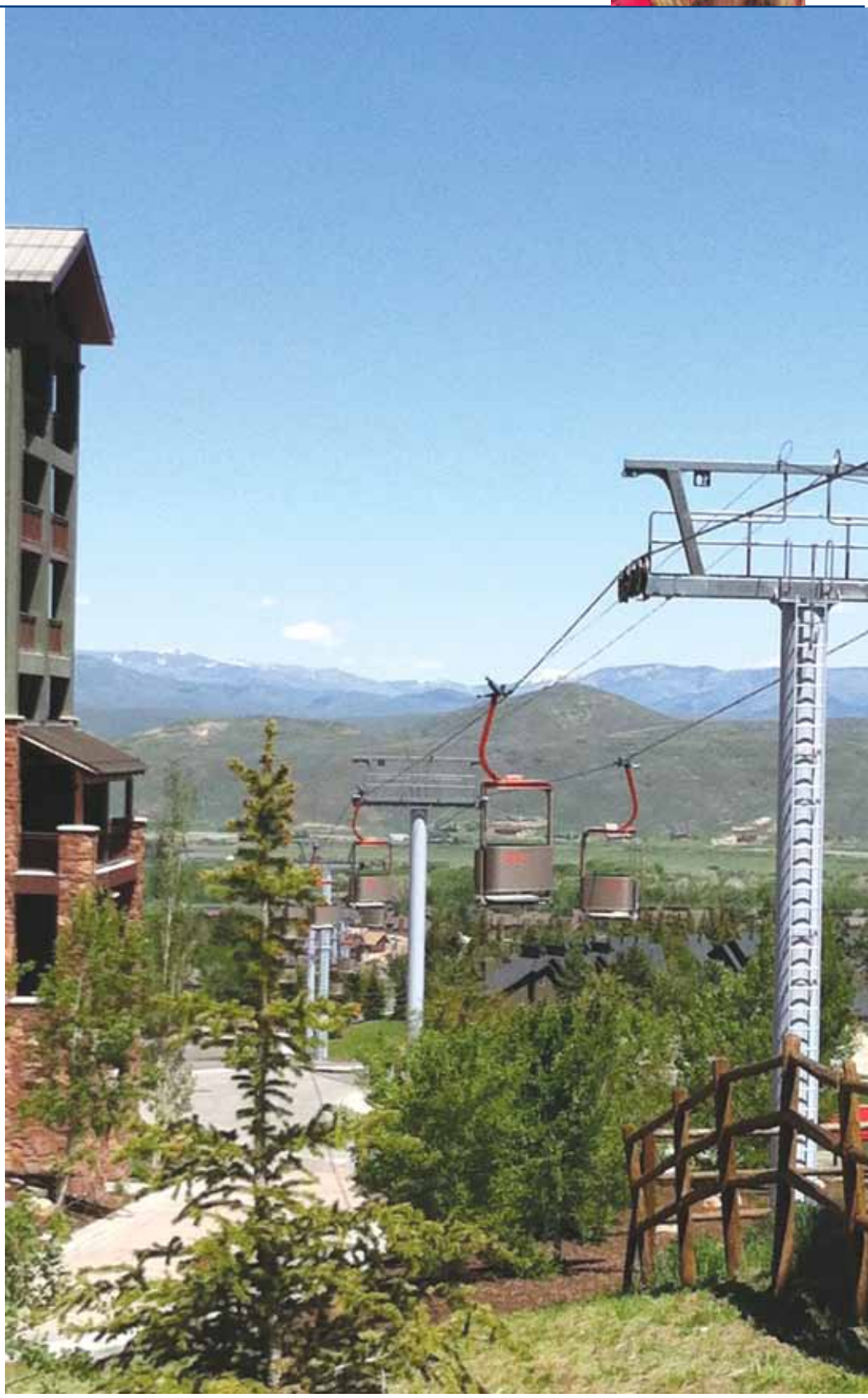
More than 200 trustees, executives and health care product and service providers made the trek to Park City, Utah, for the 17th Annual Western Regional Trustee Symposium (WRTS) on June 5-7, 2013.

We were very pleased that several executives and trustees from Nebraska attended the symposium: Box Butte General Hospital in Alliance; Boone County Health Center in Albion; Butler County Health Care Center in David City; Garden County Health Services in Oshkosh; Memorial Health Care Systems in Seward; and Providence Medical Center in Wayne.

The theme for the 2013 symposium was "Governance Excellence: The Power of Performance." Utah was a beautiful location for the 2013 symposium. The beehive symbol, the official Utah state emblem, relates to industry and the pioneer virtues of thrift and perseverance, which was incorporated into the theme of the symposium.

The Western Regional Trustee Symposium is a collaboration of the hospital associations from Arizona, Colorado, Idaho, Montana, Nebraska, Nevada, New Mexico, North Dakota, Utah and Wyoming. The WRTS meetings are hosted annually in June on a rotating schedule among the states involved in the planning. WRTS brings together hospital trustees and executive leadership from health care organizations in the participating states. This unique event offers top-notch educational programming, as well as networking opportunities for attendees.

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. Symposium attendees gain increased knowledge about many issues through educational sessions, networking and information exchange with other trustees. The educational sessions addressed at the 2013 symposium addressed the following issues and topics of importance to health care trustees:

- Accountability
- Practices for tomorrow's high-performing boards
- Effective systems of governance and health care transformation
- The trustee role in quality
- Win-win collaboration between rural hospitals and FQHCs
- Successful board chair/CEO partnerships
- Board recruitment and retention
- Hospital consolidations and affiliations
- Exceptional patient experience
- Trends in hospital finance
- Board oversight of community benefit
- Trustee's role for quality credentialing

It wasn't all business at the 2013 symposium, the pleasure part of the symposium included a trip aboard the Red Pine Gondola, offering panoramic views of the Wasatch Mountains and Park City while being transported to scenic Red Pine Lodge. Located at 8,000 feet, the distinctive setting was immersed within the natural beauty of the Wasatch Mountains. Once at the Lodge, guests sat back and enjoyed the scenery and a delicious western barbecue buffet while listening to a duo of musicians and storytellers reminiscent of the Old West, who even dressed the part!

"I learned a great deal from both this year's and Big Sky's last year; but one session last year allowed for round table 'break-out' discussions that (when approached with the right frame of mind), were quite beneficial. Missed that this year. As with nearly all conventions, as much, or more, information is gleaned from the social time before and after class. Learning how similar problems of other hospitals have been solved is worth the trip in and of itself," Dr. Cork Taylor said. Taylor, board trustee at Box Butte General Hospital in Alliance, added, "Meeting other trustees and sharing ideas is truly valuable. Insight into what to expect in the future (provided by the various 'classes'), gives us a 'leg-up' in preparing our hospital for the changes. In my judgment, audience interaction with the presenter lends so much to the learning process. Keeps people alert and thinking, not just listening and day-dreaming."

The 18th Annual Western Regional Trustee Symposium is scheduled for June 11-13, 2014, in Las Vegas, Nev. For more information about WRTS, contact Jon Borton, vice president, educational services, at jborton@nhanet.org. HN

Tax Modernization Committee

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

During the 2013 legislative session, two bills were introduced that would have dramatically changed Nebraska's tax code.

LB405 was designed to eliminate Nebraska's individual and corporate income taxes. To pay for the shift in the tax structure, the bill proposed to remove $2.4 billion in sales tax exemptions that primarily benefit business, agriculture and nonprofit hospitals. LB406 was a watered down version of LB405, aimed at eliminating the state's corporate income tax. The $255 million needed to pay for that would have been derived, in great part, by taxing nonprofit hospitals. Under tremendous opposition, both bills were withdrawn by their introducer, State Sen. Beau McCoy of Omaha.

Due to the attention LBs 405 and 406 brought to Nebraska's current tax structure, the Legislature formed a Tax Modernization Committee to conduct a comprehensive examination of Nebraska's tax policy and issue a report by mid-December. During the summer, the Committee held three public and two executive working meetings to provide its members with an overview of Nebraska's existing tax system and an analysis of our system by national experts on tax policy, economics and tax reform initiatives. From those discussions, the Committee identified issues and options that could be used to address those areas. The areas of interest were divided into three categories – property tax, individual and corporate income tax, and sales and use taxes. In September and October, the Committee held five hearings across the state in Scottsbluff, North Platte, Norfolk, Omaha and Lincoln to gather public input.

When Nebraska's Revenue Act of 1967 was enacted, Nebraska's lawmakers understood the importance agriculture and a healthy workforce played in Nebraska's economy, so the law included a number of related exemptions. The Act balanced the needs of the state, including economic development, with a fair and equitable way to generate tax revenue. It balanced a regressive sales tax with a progressive income tax. Each was necessary to avoid prohibitively high rates if one was adopted without the other.

To conduct such a dynamic shift from a stable, balanced tax system of income and sales to one that heavily relies on sales tax should be approached cautiously. Imposing taxes on agriculture, the state's largest industry, manufacturing and nonprofit hospitals with the hope of cutting taxes elsewhere to promote job growth has yet to be proven effective.

It is better to get it right than get it fast. Once a state's income tax is eliminated it will be almost impossible to reinstate. Should another economic recession affect Nebraska (and it will), balancing the state budget would force either an increase in the state's sales tax rate or cutting essential state programs or both.

Elimination of our state income tax may improve Nebraska's rankings on various subjective standards; however, Nebraska would surely become less competitive in other areas. Eliminating tax exemptions for agriculture inputs, manufacturing and nonprofit hospitals would likely decrease the state's national rankings for its friendly business climate and low cost of living.

Exemption eliminations would also place affected industries at a disadvantage with neighboring states and in the global market.

The idea of paying lower taxes is appealing; but, at what cost? Nebraska's hospitals support economic development, but not at the expense of existing businesses and those seeking access to health care. The Nebraska Hospital Association (NHA) supports efforts to draw outside dollars into the state, which would boost Nebraska's economy more than reshuffling dollars in the state.

As the Tax Modernization Committee and Legislature consider this issue, the NHA urges policymakers to:

- Consider evidence, not anecdotes.
- Value balance. Diversification tends to smooth out fluctuations.
- Consider that the only progressive element of Nebraska's tax structure is income taxes.
- Do no harm and place emphasis on fairness, competitiveness, simplicity, compliance, stability and adequacy.
- Be cognizant of national and global factors that may impact Nebraska.
- Consider the unintended consequences of wholesale changes. Radical transformation will cause great uncertainty.

- Be wary of tax rankings. Rankings are abstract. Nebraska should operate based on what its situation dictates.
- Nebraska should avoid "pyramiding," which occurs when inputs are taxed at each stage of production. Taxing manufacturing and agriculture inputs along with nonprofit health care will result in more expensive end products.

Nonprofit hospitals are given special tax treatment. Like all not-for-profit organizations, hospitals are exempted by state and federal law from most organizational taxes, including sales, income and local property taxes. In exchange, nonprofit hospitals are required to fulfill a unique role to receive this preference. That role has essentially three parts:

1. to reinvest the assets of the organization in a way that expands and improves access to health care for the community;

2. to invest their resources to educate and train health care professionals; and,

3. to provide care to the poor without regard to ability to pay. In the most recent data available, Nebraska's hospitals spent more than $1.1 billion in 2010 to support those efforts.

Taxation of hospital services will drive up the cost of health care. Even the Washington, DC- based Tax Foundation concluded: "Just as imposing sales tax on manufacturing inputs leads to hidden taxes and pyramiding on retail consumers, so too does imposing a state sales tax on hospital purchases lead to hidden taxes and pyramiding on patients."

The loss of the sales tax exemption for nonprofit hospitals and the nonprofit facilities they own and operate would be substantial. Initial calculations estimate the tax obligations imposed on Nebraska hospitals would exceed $411 million annually, increasing their cost of doing business by more than 8 percent.

The imposition of taxes on medical equipment and medicine for a patient's use sold pursuant to doctor's prescription; such as insulin and prescription drugs, durable medical equipment, home medical supplies, mobility enhancing equipment, prosthetic devices, oxygen and any oxygen equipment would increase the cost of health care by $144 million annually according to the United States Department of Health and Human Services (HHS) and the Center for Medicare and Medicaid Services (CMS).

If hospitals were required to charge sales tax on room rentals, the impact imposed on patients would be $59.2 million in state sales taxes and $16 million in local sales taxes.

If nonprofit hospitals were to lose their sales tax exemption, it would rob them, doctors, nursing homes, in-home care providers, medical suppliers and other private sector businesses of a vital source of funding. Such financial burdens could lead to major cuts in services and access to care.

The stakes are high. The consequences are not fully known. If the Legislature is compelled to make changes to Nebraska's tax code, the NHA urges it to do so in a thoughtful and deliberate manner.

Bruce Rieker, vice president, advocacy, may be reached at brieker@nhanet.org. HN

Chadron Community Hospital & Health Services — Expanding health care in rural Nebraska

Since moving to its new facility in 2010, Chadron Community Hospital & Health Services (CCHHS) has continued to grow and expand its health care services and technology to the rural panhandle of Nebraska.

CCHHS is providing more diverse services to Chadron and its surrounding communities with the assistance of recent hires Larry Lauridsen, M.D., Madison Nitsch, occupational therapist, and Ryan Russell, clinical informatics pharmacist. In addition to the new hires, CCHHS has added podiatry to their list of specialty clinics offered through the facility. The clinic is supported by Dr. Kent Renaud, from Black Hills Ortho and Spine Center, who travels to see podiatry patients in Chadron regularly.

The hospital is also working through the challenges of health care reform. One notable issue is the hospital's transition to Electronic Health Records (EHR). In response, a team was assembled to tackle EHR and other information service problems experienced regularly at CCHHS.

In recognition of its efforts, the EHR team was recognized in July by "HealthCare's Most Wired" as a Most Wired 2013 award recipient. The award is given to hospitals and health care systems that have made the most progress in implementing health information technology and putting it to work transforming care. This includes adopting technologies to improve patient documentation, advance clinical decision support and evidence-based protocols, reduce the likelihood of medication errors and rapidly restore access to data in the case of a disaster or outage.

CHADRON COMMUNITY HOSPITAL & HEALTH SERVICES

In addition to expanding its services and implementation of the EHR system, Western Community Health Resources, an extension of CCHHS, is preparing to move to their new facility in the spring of 2014. The new building will give Western Community Health Resources much more space to accommodate their growing programs allowing them to provide more assistance to the community.

CCHHS has also had tremendous success and growth with its employee wellness program. The program has had wonderful results with tobacco cessation, mental wellness, physical activity and nutrition to name a few of the more recent activities. Fundraising has also been a benefit that the Wellness Program has been able to give directly back into the community.

Harold Krueger, CEO of CCHHS, has touted their employee wellness program as one of the best benefits they can provide.

"A healthy employee is a happy productive individual who casts the wellness glow onto other employees and the patients that we serve," Krueger said. "It's one of the best benefits that we can give to our employees and to our own future. It just makes sense."

For more information about Chadron Community Hospital & Health Services, visit http://www.chadronhospital.com.

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By David Burd, FHFMA
vice president, finance

Protecting rural health care

Many of the laws passed by Congress and the regulations implemented by various federal agencies, while well- intentioned, do not make sense in rural states such as Nebraska.

As the health care delivery system continues to evolve toward a reimbursement structure based on the quality of care provided instead of the quantity of care provided, it is critical that we educate decision makers on the unique challenges and issues of rural health care. Many laws and regulations are written by individuals that have not spent much time outside of Washington, D.C., or Baltimore. Opportunities to bring these individuals into rural hospitals to learn firsthand about the impact these laws and regulations have on these hospitals and their communities are very important.

One example of a current proposal that would have a negative impact on hospitals and access to health care in Nebraska are the Centers for Medicare and Medicaid Services' (CMS) physician supervision requirements for outpatient therapeutic services.

Current CMS regulation requires direct supervision for hospital outpatient therapeutic services. Outpatient therapeutic services include observation services, outpatient psychiatric services, drug and blood transfusions and cardiac rehabilitation. Direct supervision means that the physician or nonphysician practitioner (NPP) must be immediately available to furnish assistance throughout the performance of a procedure. While CMS has made some helpful modifications to this policy in the last couple of years, it continues to be a policy that imposes a significant burden on rural hospitals without a proven increase in the quality of care provided to the patient. CMS granted a delay in enforcement of this rule for CAHs and small rural hospitals, which is set to expire at the end of this year.

Shortages of physicians and other practitioners, such as radiation oncologists, in rural areas would severely limit the types of services that hospitals could offer to their communities. Inadequate numbers of physicians and NPPs available to provide direct supervision would give hospitals no other choice but to limit the hours of operation for certain critical services. Recruiting physicians to rural areas is difficult enough already. Enforcing the physician supervision requirements will make it only more difficult.

The NHA has urged CMS to use its regulatory authority to adopt the following changes:

- Adopt a default standard of "general supervision" by a physician or NPP for outpatient therapeutic services;
- Create an exemption process using a provider advisory panel to identify those outpatient services risky and complex enough to require direct supervision;
- Ensure that for CAHs, the definition of "direct supervision" is consistent with the CAH conditions of participation that allow a physician or NPP to present within 30 minutes of being called;
- Permit NPPs to supervise cardiac and pulmonary rehabilitation services;
- Hold hospitals and CAHs harmless from civil or criminal action regarding CMS's retroactive reinterpretation of "direct supervision" requirements for the period 2001 through 2014.

Another example of a current proposal that would have a negative impact on hospitals and access to health care in the state is the Office of Inspector General's (OIG) recommendation to remove the permanent exemption from the distance requirement for critical access hospitals (CAHs) that have received necessary provider status.

The OIG recently released a report that includes recommendations that could significantly reduce the number of CAHs in Nebraska. The recommendations in the report include:

- Seeking legislative authority to remove "necessary provider" (NP) CAHs' permanent exemption from the distance requirement of 35 miles from the nearest hospital, thus allowing CMS to reassess NP CAHs;
- Seeking legislative authority to revise the CAH Conditions of Participation to include alternative location-related requirements;
- Ensuring that CMS periodically reassesses CAHs for compliance with all location-related requirements;
- Ensuring that a uniform definition of "mountainous terrain" is applied to all CAHs.

The CAH program is essential in rural states such as Nebraska and helps ensure that Nebraska's residents have access to high quality health care services. Necessary provider status was created to ensure continued access to care and the sustainability of rural hospitals in the state. Proposals, such as the OIGs, threaten access to care in Nebraska.

This article highlights only a couple examples of policies that may appear to make sense to decision makers that reside primarily in urban areas. However, in rural areas they could be devastating to the health care system.

It is essential that we take advantage of opportunities to educate policy makers about the unique challenges to providing health care in rural areas. Meetings with the congressional delegation and regulatory policy makers do make a difference. Taking the time to invite decision makers into your facility and showing them firsthand how specific policies impact the hospital and your patients plays an important role in protecting rural health care for generations to come.

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

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By Monica Seeland, RHIA
vice president, quality initiatives

Two Nebraska hospitals featured at national quality forum

The quality improvement work of two Nebraska hospitals was featured at the national Quality and Safety Roadmap in July, which was held in conjunction with the American Hospital Association's Leadership Summit in San Diego. Hospitals participating in the CMS' Partnership for Patients Hospital Engagement Network (HEN) were invited to showcase the great work they have accomplished. From approximately 140 entries submitted, 31 hospitals were selected, including two from Nebraska. Nebraska was represented at the Roadmap by Shari Michl of Fillmore County Hospital in Geneva and Cindy Walsh from Saunders Medical Center in Wahoo.

Cindy Walsh, quality and risk manager at Saunders Medical Center, presented during a poster session on hospital stories of harm reduction. She targeted front line engagement and using personal stories as methods to improve the quality of care they provide. Being from a critical access hospital, most patients are family members and friends, making it easier to focus on quality and to "always" do things right.

Shari Michl, director of quality at Fillmore County Hospital, presented during the best practice fair. She was able to highlight the importance of top down and bottom up accountability for quality. Fillmore County Hospital implemented a nursing council and has demonstrated great success in disseminating responsibility for quality improvement to the front line staff, making quality everyone's priority. Their plans for the future include using patient stories instead of numbers to show harm and create a more robust staff orientation along with annual training, which focuses on their system-wide efforts to reduce patient harm.

To read more about the Hospital Engagement Network, go to http://innovation.cms.gov/initiatives/partnership-for-patients/.

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

By Timoree Klingler,
advocacy specialist

NHA PAC prepares for 2014 elections

The 2014 election season is gearing up to be one of the most competitive, congested and critical in Nebraska's recent history.

Term limits will end Republican Governor Dave Heineman's 10-year tenure; Republican U.S. Senator Mike Johanns decided not to run for a second term and, of the 24 seats up for election in the Nebraska Legislature, only seven are expected to include an incumbent. In addition to those 26 races; three Congressional races and countless state and local elections will set the stage for the state's political climate moving forward.

Health care and taxes will be two issues that dominate the political debate. Electing champions of responsible health care and tax public policy is more important now than ever. Recent efforts to eliminate tax exemptions for nonprofit hospitals and reject Medicaid expansion are reminders of how important it is to elect champions of Nebraska's hospitals, health systems and continuing care providers.

In pursuit of that goal, it is imperative that the Nebraska Hospital Association Political Action Committee (NHA PAC) achieves or exceeds its 2013 fundraising goal of $51,650. The NHA PAC, the political action committee of the Nebraska Hospital Association, is an independent, nonprofit organization and is not affiliated with any political party. Participation in the NHA PAC must be voluntary and federal election laws are very specific about who the NHA PAC can solicit.

The NHA PAC is governed by the NHA PAC Steering Committee composed of member hospital representatives. The steering committee establishes benchmark fundraising goals for hospitals, evaluates candidates and recommends contribution amounts.

With the guidance of the NHA PAC Steering Committee, the NHA PAC helped shape the 2013 state legislature during the 2012 election by contributing to the re-election of many health care allies and supporting several brand-new champions of health care. The NHA PAC had a significant presence in the election, contributing $47,500 to 14 candidates in contested races. Of those races, 13 were successfully elected.

To ensure that the NHA PAC is again a driving force in Nebraska elections, advocates must arrive at the starting line ready and be prepared to complete what is projected to be a lengthy, marathon election cycle.

For more information about the Nebraska Hospital Association Political Action Committee, please contact Timoree Klingler, advocacy specialist, at tklingler@nhanet.org. HN

Health data is critical component to reform

By Kevin Conway, vice president, health information

While other health care-related issues, most notably Medicaid expansion, may take center stage when the Legislature reconvenes in January, one issue that may not get the attention it deserves is a bill to establish a health care database advisory committee.

The Health Care Transparency Act (LB76), introduced during the past session by State Sen. Jeremy Nordquist of Omaha and advanced to General File by the Legislature's Health and Human Services Committee, would bring Nebraska one step closer to establishing the Nebraska Health Care Data Base. The bill would establish an advisory committee to oversee establishing and implementation of the Nebraska Health Care Data Base with the intent of providing a tool for objective analysis of health care costs and quality, promote transparency for health care consumers and facilitate the reporting of health care and health quality data.

The Nebraska Hospital Association (NHA) and its members understand the value of health data. With foreseen payment reform models and deliver models changes, the need for reliable health data will be critical.

The NHA board of directors understood this in 1992 when they created the Nebraska Hospital Information System (NHIS).

The NHIS collects and analyzes accurate and reliable hospital administrative claims data. The NHIS data is used for analysis and decision- making relative to the health care needs of Nebraska and its residents.

In fulfilling this purpose, major goals of the NHIS are; protect privacy of patient health information and confidentiality of hospital data; non-public processes for collection and aggregating hospital health data; Nebraska Department of Health and Human Services (DHHS) data mandates; and reports and information for hospitals and affiliates. The NHIS data is also the source for the Clinical Outcomes Measurement System and used for reporting on the Hospital Engagement Network for the 35 hospitals participating with NHA.

The NHIS collects data in a non-proprietary design that allows a hospital choice in how to submit copies of their claims data. Under this process, a hospital may use any software or clearinghouse of their choice. The process allows for the HIPAA 837i compliant transaction or file extract in NHA predefined layout.

To assist the hospitals with claims data submission, the NHA has established relationships with Electronic Data Interchange clearinghouses and vendors serving Nebraska hospitals. The clearinghouses and vendors provide services to help Nebraska hospitals with their data submission, or conduct the data submission on behalf of the hospitals.

Through this data collection process, the NHIS has received more than 20 million claims from providers, to date, since NHIS began collecting data in January 1995 with approximately 12,000 additional claims received every business day.

Although participating in the NHIS voluntary, Nebraska hospitals are making a committed effort to send all claims data for inpatient, ambulatory surgery and outpatients to the NHIS. Hospitals are also sending all payer data including self-pay and workers compensation. The NHIS is a primary source of hospital health care information on which to base future health planning activities.

The NHA is responsible for data usage activities including collection, database administration, analysis, evaluating, maintaining confidentiality and publishing reports. All information generated is considered proprietary information and patient and facility identifiers are secure. The NHA has participating agreements and business associate agreements with Nebraska hospitals to receive their claims data into the NHIS. As a business associate and trading partner with participating hospitals, NHA will address the necessary issues and take actions as required to be HIPAA compliant.

The NHA board of directors established the policy that the NHIS generates adequate revenues to be self-supporting and therefore, not dues based. The NHA prepares a variety of inpatient, ambulatory surgery, and diagnostic outpatient procedure reports. Services for NHIS data was moved to a subscription-based model in 2013. Nebraska hospitals can receive data to support their operations under this subscription model. They can access the NHIS web portal, www.nhisnet.org, for analysis and reporting. Custom NHIS reports are considered upon request.

The continuous support and effort of Nebraska hospitals enable the NHIS not only to be possible, but also effective. The combination of member input and support from Blue Cross and Blue Shield of Nebraska, and the Nebraska DHHS give Nebraska hospitals and the NHA a valuable resource.

Cindy Vossler, director of health data, manages the NHIS and may be contacted at cvossler@nhanet.org.

Kevin Conway, vice president, health information, may be reached at kconway@nhanet.org. HN

By Adrian Sanchez, director of communications

NHA to introduce NebraskaHospitals.org and its new image for 2014

The Nebraska Hospital Association (NHA) will kick-off 2014 with a new website, NebraskaHospitals.org, and a new image.

In an effort to provide the latest hospital and health care-related news, information and resources in a single, convenient, searchable format, the NHA has been working to make its new site more user- friendly. During the past year, the NHA has worked to develop a new website that will feature a more intuitive home page, easier navigation, a new search function and a cleaner, crisper look, providing a one-stop resource for hospital and health care-related information in Nebraska.

The goal of the new web site is to provide a convenient, easy to navigate, go-to resource for NHA hospital members, state and federal lawmakers, the media and the general public.

The new web address, NebraskaHospitals.org, is also intended to be more memorable and easier to roll off the tongue. As a result, staff emails will also be updated to reflect this change.

During the NHA 2013 Annual Convention, the NHA will make available a preliminary version of the website to provide attendees an opportunity to peruse and navigate the new site and provide feedback on how the site could be approved before public release, which is scheduled for December.

In addition to revitalizing the NHA website and conversion to the new NebraskaHospitals.org web and email addresses, the NHA will begin incorporating the flowing ribbon, representing continuous movement and progression, into all of its documents, presentations and communications. The ribbon is intended to provide an additional, recognizable element to NHA materials, in addition to the traditional logo.

An organization's brand resides within the hearts and minds of its members and the public at large. It is the sum total of their experiences and perceptions, some of which you can influence, and some that you cannot.

A brand is not a name, logo, website, advertising campaigns or publicity—those are the tools, not the brand. A brand is a desirable idea manifested in products, services, people, places and experiences. It starts with authenticity and the core purpose, vision, mission, position, values and character, communicated through consistency. Brand resides within the hearts and minds of customers, patients, clients and prospects.

The NHA seeks to enhance branding through a relationship of trust and communication with our members as their trusted and influential resource for information, advocacy, education, data and special services. The NHA lives its mission to be the unified voice for Nebraska's hospital and health systems, providing collaborative leadership that assists our members to continue to provide affordable, accessible and quality health care to their communities.

A strong brand equals a strong relationship with our membership and an improved website will provide an essential tool in maintaining and improving that relationship.

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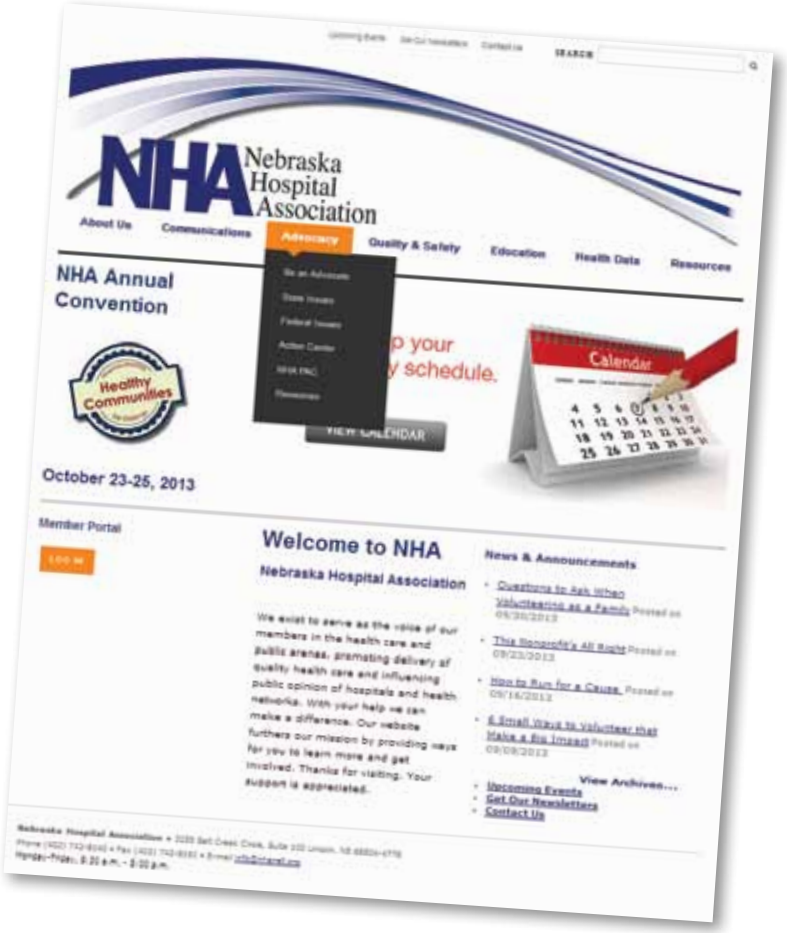

By Adrian Sanchez, director of communications

NHA welcomes the return of Meghan Chaffee as new staff attorney

The Nebraska Hospital Association (NHA) is proud to welcome Meghan (Berryman) Chaffee as its new staff attorney.

Chaffee began working as a full-time staff attorney on Sept. 3, immediately following her swearing in ceremony at the Nebraska State Capitol, but her history at the NHA reaches back to 2011.

While attending the University of Nebraska-Lincoln College of Law, Chaffee joined the NHA in May 2011 as a part-time law clerk. As part of the NHA's advocacy team, she researched and drafted health care related legislation, participated in strategic planning and advocacy activities, submitted written testimony for legislative committee hearings, participated in meetings with state senators to advocate NHA positions, lobbied during legislative debate and contributed to numerous discussions regarding various legislative and regulatory initiatives with state senators and lobbyists.

After she graduated in May with her Juris Doctor, passed the Nebraska bar exam in July and became licensed in September to practice law in the state of Nebraska, Chaffee said she is looking forward to expanding her role at the NHA.

"As a full time employee at the NHA, I look forward to being fully immersed and involved in current legislation, rules and regulations, and policy," she said. "I am excited to begin a professional career as an attorney in the health care field."

As a full-time staff attorney, Chaffee will continue to be involved in each of those duties, but her role will expand to include monitoring all state proposed rules and regulations and advocates positions on behalf of the NHA and its members, preparing and reviewing contracts for the NHA and its subsidiaries and developing and reviewing hospital policies and procedures for new laws and regulations.

As a student at Simpson College in Indianola, Iowa, Chaffee developed a passion for politics and policy, ultimately deciding she wanted to attend law school after earning her Bachelor of Arts in Political Science and Philosophy in 2009. To gain insight into the legal profession, Chaffee worked as an intern for the Iowa Attorney General's Office, Consumer Protection Division. Chaffee managed and organized consumer complaints, corresponded with consumers regarding business transactions in order to best resolve complaints, updated Iowa's Lemon Law brochure and more.

Her interest in health care policy stemmed from the adoption of the Affordable Care Act in 2010 and her time at the NHA has reaffirmed her desire to continue her pursuit of a career in health care policy.

"With the passage of the Affordable Care Act, I knew health care law and policy would be an exciting area to specialize in. The health care field is changing vastly and quickly," she said. "I wanted to be a part of that change."

Bruce Rieker, vice president, advocacy, is glad health care is the avenue Chaffee chose to pursue and is looking forward to the positive impact she will have in her new, expanded role.

"We are excited to have Meghan join the NHA's advocacy team. Her talents add a new dimension to our public policy initiatives," Rieker said. "Nearly every aspect of health care is governed by statutes, rules and regulations. Meghan's legal expertise expands the NHA's ability to positively impact more of the policies that apply to our members' ability to provide the highest quality care at the most affordable price."

Meghan Chaffee, NHA staff attorney.

"She was an exceptional law clerk with the NHA and we are confident that Meghan will exceed our expectations as a staff attorney," he said.

Chaffee said her law clerk experience was invaluable in preparing her to start her legal career. Joining the NHA as a staff attorney was a natural extension of the mutually beneficial relationship she had established with the NHA during the past couple years.

"I have loved being a part of the NHA team. I have the opportunity to work with and learn from tremendous people," she said. "The NHA has been incredibly supportive of my pursuit of a law degree, and I look forward to a long relationship with the NHA." HN

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