

Healthier NEBRASKA

FALL 2022 • VOLUME 25 • NUMBER 3

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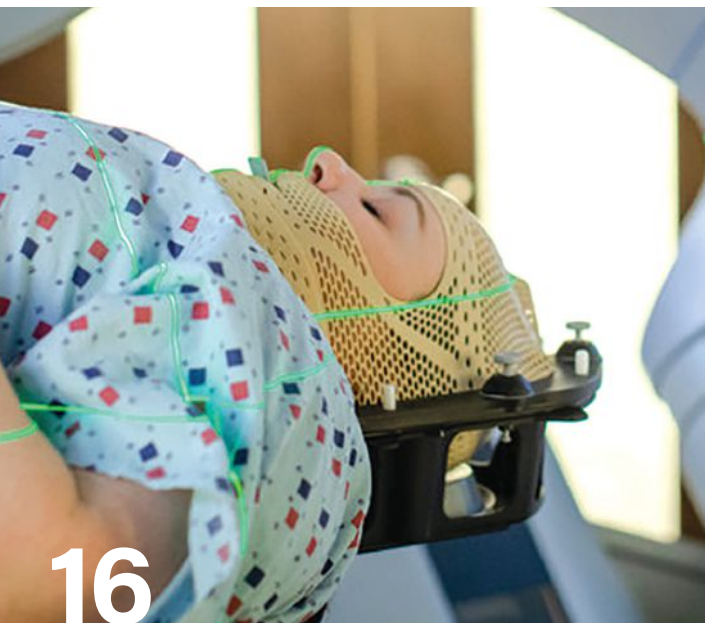
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CONTENTS

- 6** From the President's Office
- 8** Multigenerational Marketing - Who Really Makes the Healthcare Decisions?
- 10** Talent Priorities in a Post-Pandemic Workforce
- 12** The Time to Automate Your Healthcare Accounts Payable is Now
- 14** Creating Strong Partnerships for Hiring Success



- 16** Radiating Comfort and Hope With a New Wave of Technology
- 20** Bryan Telemedicine Receives Teladoc Transformational Leadership Award
- 21** Word spreads about the 'Nebraska way'



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Healthier Nebraska is distributed quarterly throughout hospitals in Nebraska. It reaches all hospital department heads including administrators, hospital physicians, managers, trustees, state legislators, the Congressional delegation and other friends of Nebraska hospitals.

From the President's Office

Since the onset of the COVID-19 pandemic in March 2020, Nebraska hospitals have been faced with intense pressure on both staff and resources. Workforce shortages continue to be the number one challenge faced by our health care leaders. Supply disruptions and rising expenses are also adding to the financial headwinds this past year.

The AHA recently released a report published by Kaufman Hall which provided some key findings:

- Margins remain depressed relative to pre-pandemic levels. After a difficult first half of 2022, optimistic projections for the rest of the year indicate

margins will be down 37% relative to pre-pandemic levels.

- More than half of our nation's hospitals are projected to have negative margins through 2022. Projections for the remainder of the year demonstrate an increase in hospitals with negative margins relative to pre-pandemic levels, to 53%.
- Expenses are significantly elevated from pre-pandemic levels. Expenses are projected to increase throughout the rest of 2022, leading to an increase of nearly \$135 billion over 2021 levels. Labor expenses are projected to increase by

\$86 billion, while non-labor expenses are projected to increase by \$49 billion.

Ultimately, hospitals across the country are likely to face significant losses in 2022, which could result in the most challenging year for hospitals and health systems since the beginning of the pandemic with no real federal support on the horizon.

We at the NHA will continue to advocate for our member hospitals at both the federal and state levels as we face these challenges together. Our mission continues to be your trusted voice and influential advocate.

Now, on a more positive note, we're looking forward to getting back together in person for our 2022 NHA Annual Convention in Omaha/ La Vista. This will be the first time we've held this event in three years. I'm excited about our speaker lineup and educational sessions. I'm also looking forward to networking with our members and affiliates in person. If you haven't already registered your team for this event, I encourage you to visit our website and sign up.

Sincerely,

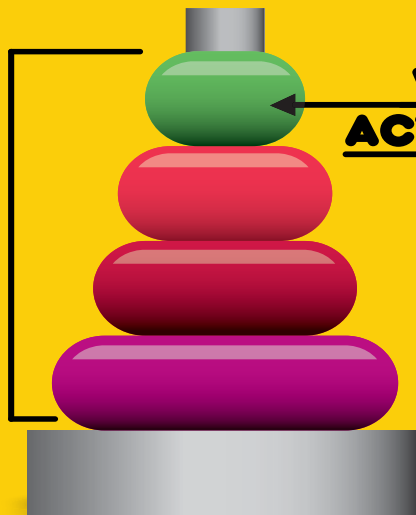


Jeremy Nordquist, President



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OF PEOPLE
WHO
THINK
THEY HAVE
THEIR CHILD
IN THE RIGHT
SEAT.**



**THE ONES
WHO
ACTUALLY
DO.**

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Multigenerational Marketing - Who Really Makes the Healthcare Decisions?

Don't wait until it's too late.

Reaching the right audience, with the right message, at the right time isn't an exact science, especially in healthcare. However, intentionally targeting a specific audience can help fine-tune your efforts and allow you to make well-orchestrated marketing decisions.

First, it's important to acknowledge that strategic healthcare marketing spans across generations. The person in need of care may not be the person making the decisions. Determining the frequency and the right marketing channels to reach your target audience



UNANIMOUS

best takes planning, thoughtfulness, and a little creativity.

Let us suggest, rather than focusing on *who* needs the service, consider who might make the appointment, keep track of the insurance card, or evaluate continuing care. Those who influence your target audience are just as important to consider as those needing your care.

It is no surprise that women make the majority of family healthcare decisions, according to the US Department of Labor. Women between the ages of 35-55 typically make healthcare choices for their children or their parents—sometimes both at the same time.

“Identifying the demographics and key motivators of those who make the majority of healthcare decisions for your specialty helps guide your marketing initiatives,” explains Tina Joyce, Sr. Marketing Consultant at UNANIMOUS.

Throwing efforts—and dollars—at different marketing opportunities without a plan is like throwing darts without a target. How will you know if you've won? Print, TV, radio, social, and a growing number of other media opportunities can dilute the effectiveness of your initiatives without a well-planned strategy.

“Identifying the demographics and key motivators of those who make the majority of healthcare decisions for your specialty helps guide your marketing initiatives.”

Whether your primary goal is to build brand awareness, establish provider trust and credibility, or illuminate a particular product or service, implementing a multichannel approach *before* a patient's need arises is key.





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Plan to reach the decision makers before they have to make a choice.

1. Determine your goal and strategy success indicators.
2. Prioritize what your organization wants to promote.
3. Establish a budget, both in dollars and staff hours.
4. Create audience personas to include the healthcare decision-makers.
5. Determine the tone/voice and write your key messages.
6. Develop a campaign—tactics, channels, and frequency to deliver the information.
7. Execute your plan and re-evaluate monthly based on success indicators.

Once you determine who influences your patients most, you can evaluate ways to consistently get your brand and messages in front of them. Creating audience personas can help you navigate the quickly changing communication channels. This also helps your entire team to stay focused on who you are trying to reach.

Determining when, where, and how often to deliver your engaging messages and visuals comes after working through a few planning steps, which will ultimately drive the success of your marketing campaign. Consider generational segmentation to help you move through the process. Generally speaking, you'll want to target 30 somethings through different marketing channels than those over 60. You want your messages to resonate and impact choices—even if it is on a subconscious level.

Promoting the same service, modified slightly for different generations, is intentional, well planned, and sets your campaign up for success. Multigenerational marketing is developing an approach that reaches people at various stages of their lives before they need your services.

Don't be afraid to ask for help. Depending on your organization's size and structure, relying solely on your

internal staff to strategize, plan, and effectively execute marketing initiatives may take away from patient attention. Knowing your strengths, and operating in those lanes, helps your team deliver the quality care your patients and their families deserve.

UNANIMOUS is a Lincoln, Nebraska-based agency that assists clients with branding, marketing, web, and video.

With over 350 active clients across 15 states, the agency is known for its collaborative style and prides itself on rhyme, reason, and results. Visit BeUNANIMOUS.com to learn more.



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Talent Priorities in a Post-Pandemic Workforce

It's a difficult truth to hear. At any given time, a percentage of your workforce will decide to leave, contributing to the growing 25.9% rate¹ of national hospital turnover. Contingent and permanent clinicians are making career-defining choices all the time. As we settle in the aftershock of the pandemic, their shifting priorities are redefining what roles could look like in a post-pandemic workforce. As the healthcare workforce continues to evolve, how are you keeping up with your talent?

How can you best position your organization as the best choice for candidates as the workforce adapts to meet the changing needs of their patients and amidst ever-increasing employee expectations? For any health facility trying to successfully navigate talent management in this "Great Reshuffle," how you respond to evolving expectations will have an effect on the quality of care you offer and your ability to attract and retain talent.

So, what is your talent prioritizing? What do they value besides their salaries?

Continued Support for Mental Health and Well-being

The five-generation workforce is well underway, and both Millennial and Gen Z clinicians have been hit hardest by the aftereffects of the pandemic. The actual, long-term impacts of prolonged trauma and grief, burnout, and compassion fatigue are not fully revealed. However, the second installment of an impact assessment survey by the American Nurses Foundation shows that 46% of nurses under 35 feel emotionally unhealthy,



compared to just 19% of their older colleagues. Even more looming is that only 19% of the same young nurses feel that their organization cares about their well-being².

Although healthcare workers have demonstrated true and remarkable resilience over the past few years, and organizations have prioritized mental health during the pandemic, employees still want to feel supported with an active and open dialogue about emotional health and well-being. How? Start with providing a continuous stream of resources, support an open, positive culture around these services, and positively reinforce this support available to your workforce so that they feel empowered and unashamed to use them. Even as we veer into post-pandemic roles, your employees and traveling clinicians still want to feel heard, invested in, and supported, so they can thrive in the work they love.

A Compelling Work/Life Balance with Flexible Working Options

Greater work/life balance and flexibility in healthcare have been a topic of conversation long before news of Covid, with a 54% gap³ between the desire for workplace flexibility and companies supplying it. Initiatives have been made to improve that percentage. Still, as the workforce conditions persists, the flexibility strategies you introduce must be mutually beneficial for both organization and staff. A lack of support in this area could be the determining factor for some staff to leave your facility or the profession altogether. What can you do to establish a mutually beneficial balance?

Offer flexible shifts or assignments

This could take several shapes, from flexible shift patterns to reduced, hybrid, or alternative hours, to schedule agility and location variety.

Offering options for how your talent wants to work is key, and it might be surprising to see how receptive they are. The autonomy to decide if the traditional full-time route or if picking up ad hoc shifts to work around other commitments works best will better support work/life balance initiatives.

Offer internal mobility

Break through traditional dividing lines to encourage workforce dexterity. Consider introducing more chances for talent to learn new skills and explore new paths through an expanded float model or encouraging any internal movement that engages your talent and helps open opportunities for diverse career paths. With adequate time and support for cross-training, internal mobility can help develop a well-rounded, well-practiced pool of staff while promoting increased engagement, competency, and professional

satisfaction.

Evolve While Moving Forward

We're still in the discovery phase of the evolving workforce and what that looks like in a post-pandemic state. But we should take advantage of this time to acknowledge our talent's priorities and continually create workforce solutions that have a lasting impact on future talent.

If your facility is considering the use of travel nurses and clinicians to meet evolving workforce trends, reach out to Medical Solutions to start a conversation about how we can support your specific staffing needs.

References

1 2022 NSI National Health Care Retention & RN Staffing Report. (2022, March). *NSI Nursing Solutions, Inc.* https://www.nsinursingsolutions.com/Documents/Library/NSI_

[National_Health_Care_Retention_Report.pdf](#)

2 Pulse on the Nations Survey Series: COVID-19 Two-Year Impact Assessment Survey. (2022, March). *American Nurses Foundation* <https://www.nursingworld.org/~492857/contentassets/872ebb13c63f44f6b11a1bd0c74907c9/covid-19-two-year-impact-assessment-written-report-final.pdf>

3 96% of U.S. Professionals Say They Need Flexibility, but Only 47% Have It. (2018, June). *Harvard Business Review* <https://hbr.org/2018/06/96-of-u-s-professionals-say-they-need-flexibility-but-only-47-have-it>

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The Time to Automate Your Healthcare Accounts Payable is Now

Automating Accounts Payable (AP) in the healthcare industry has quickly gone from a nice-to-have option to a necessity. According to the U.S. Bureau of Labor Statistics, a record-breaking 47.8 million workers quit their job in 2021¹. The Great Resignation and employee burnout, both triggered by the pandemic, created severe staffing shortages in the healthcare field that expanded to back-office operations.

Severe turnover exacerbated AP departments' challenges, but that's not to say manual processing was perfect beforehand. Slow processing times, printing checks, stuffing envelopes, chasing invoice approvals, manual payment reconciliation, and human error are all frustrations AP staff endure daily.

Doctors and nurses use advanced technology to deliver optimal patient care on the frontline, but data shows that business offices are hesitant to do the same. For example, 70% of supplier invoices are sent via mail or email, and 50% of healthcare organizations pay their suppliers with a check². Manual processing often results in payment delays, which strains relationships with vendors.

While Paymerang's best-in-class finance automation improves compliance, simplifies workflows, and vendor payments, AP leaders are slow to switch to an electronic payment system for different reasons. Pushback includes:

Financial Limitations:

Paymerang's cloud-based solution is a cost-effective option for organizations. Manual paper-based processing could hurt accounting departments more than they realize. In the healthcare industry, manual processing and errors causes significant financial losses resulting in \$22 billion in unnecessary expenses³ annually.

A Fear of Eliminated Positions:

AP leaders fear that finance automation will eliminate employees' positions, but the reality is, AP teams are already suffering from staffing shortages and heavy turnover. Instead of eliminating positions, Paymerang's automation solution provides employees with digital tools that make it easier for them to do their jobs and advance their careers by taking on more responsibility. In return, AP departments can recruit, retain and promote top talent.

¹ U.S. Bureau of Labor Statistics

² "Payables automation for Healthcare," PayStream Advisors, 2018

³ The Cost of Paper Records on Both Sides of the Healthcare Supply Chain Is Daunting," Remitra

The Time to Automate Your Healthcare Accounts Payable is Now

Implementing New Technologies:

Many healthcare AP departments don't switch to payment automation simply because they believe implementing new technologies can be a pain. Paymerang makes implementation quick and easy, and new clients can be up and running in 10 hours or less. Additionally, Paymerang seamlessly integrates into Enterprise Resource Planning (ERP) platforms or accounting software.

The benefits of switching to a holistic financial automation solution outweighs all these concerns. Firstly, Paymerang streamlines the accounting process and eliminates the manual tasks that overburden AP staff, saving them hundreds, if not, thousands of hours each year. Doing so allows staff to focus on strategic initiatives that produce greater P&L benefits along with better patient care. Paymerang also provides enhanced fraud protection, business continuity, compliance, vendor relation management and reduced escheatment.

Paymerang also offers a HIPAA compliant, Invoice Automation technology that uses artificial intelligence to capture, read and route invoices, giving your team a fail-safe electronic paper trail.

Lastly, Paymerang values white-glove customer service, which distinguishes us from banks and other programs. More than 100 U.S.-based customer service representatives can answer inquiries from vendors and AP teams, typically within two hours or less, guaranteeing an organization's AP staff isn't left to deal with menial tasks that slow them down.

Healthcare AP staffs have dealt with unforeseen challenges in the past few years, and many are still dealing with the aftermath. Finance automation, which once was an afterthought for many departments, is now a necessary part of a well-functioning finance department.

To learn more, visit www.paymerang.com



Eric Waldenmaier
VP of Healthcare at Paymerang

Creating Strong Partnerships for Hiring Success



The healthcare industry continually undergoes rapid transformations, and when healthcare facilities have employment gaps they need filled at the c-suite level, it's important to act fast. So, when Aureus Group was engaged by a western Nebraska health system—with whom they have a long, successful partnership—to assist with finding an interim chief nursing officer (CNO) for a trauma level II facility, the team hit the ground running to help identify the ideal candidate for the role.

Aligning People Strategy with Business Strategy

While Aureus Group knew the current CNO was promoted to chief operating officer (COO), and the company needed to fill the leadership role as soon as possible, the team also needed to know exactly what the job entailed and who the client was envisioning to fill the spot. Aureus Group scheduled a virtual intake call with the newly promoted COO and CEO to discuss how

the interim CNO would be on staff for eight months, including the summer for the CIHQ survey, and would be leading and managing the patient care departments and providing guidance, coaching, and mentoring.

This new leader also needed to have a nursing license; have CNO experience and experience with patient risk and safety regulations; and be able to adapt and take action with operations and employee education. Knowing this information, Aureus Group discussed the interview process and plan of action with the client to ensure everyone was on the same page, especially with such a high urgency to fill the job.

An Efficient and Targeted Approach

Once Aureus Group collected the CNO job description, the intake call details, insight of what the client was looking for in this interim leader, and how the interview and vetting process would go, the team immediately

began to search their interim bench to find a talented leader to help move their client's business forward.

Aureus Group submitted six, seasoned candidates who were incredibly talented and had experience with a trauma level II facility, CIHQ survey, clinical care, and mentorship, as well as glowing references. Out of the six candidates, three moved onto the next step of the interview process and met with the CEO and COO. After much discussion, the client made an offer to one of the candidates—a former interim employee of Aureus Group.

However, the scope of the position and timeline was not what the candidate had hoped for. Even after discussing all of the great benefits—such as day one health insurance, 401k, and all travel and housing expenses paid—the candidate declined the offer.



Communication is Key to Finding the Right Leader

While Aureus Group communicated that the candidate was declining the offer, the client knew there was no one else perfect for the position, and the COO immediately reached out to the potential new interim CNO.

After an extensive conversation with the candidate addressing the concerns they had with travel, flexible work-from-home scheduling, and paid time off, the candidate accepted the role during the call.

Through a collaborative partnership with Aureus Group and their team of interim search and healthcare leadership experts, the client was able to fill a crucial role with a talented individual who checked off all the boxes and more. It takes a staffing partner like Aureus Group who listens, digs deeps, and acts as an extension of you in order to find the right person who aligns with your needs.



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He made a mistake.

“A very human error,” said Methodist radiation physicist Spenser Murphy, MS, DABR, referencing his most humbling moment.



Spenser Murphy

“The program mentor sat me down and reiterated my charge of duty. That charge of, ‘You have to treat every patient like it’s your mom – one of your family members.’ Since then, I’ve always maintained that reality. Because that’s what it is – reality. That is someone’s mom. That is someone’s family member.”

*- Spenser Murphy, MS, DABR
Methodist radiation physicist*

It came years ago, when he was a student in training at the University of Kentucky: “I basically missed an error in the most important safety aspect of a radiation plan.”

And it could have resulted in a cancer patient receiving radiation to the wrong part of their body.

“The program mentor sat me down and reiterated my charge of duty. That charge of, ‘You have to treat every patient like it’s your mom – one of your family members.’ Since then, I’ve always maintained that reality. Because that’s what it is – reality. That *is* someone’s mom. That *is* someone’s family member.”

continued on page 18

Human Trafficking Warning Signs



Warning Signs

- Signs of physical abuse (burn marks, bruises, cuts)
- Pelvic or abdominal pain; appears malnourished
- Tattoos or branding
- Possession of large amounts of cash, multiple cell phones and/or hotel keys ; offers to pay in cash
- Caught lying about age/possession of false ID; lacks official identification documents
- Avoids social interaction and authority figures/law enforcement
- Seems to adhere to scripted or rehearsed responses in social interaction; someone always speaks for them
- Unable or unwilling to give an address or information pertaining to parents/guardian
- Maintains sexually explicit profiles on social networking sites; over-familiar with sexual terms and practices
- Suicide attempt
- Bizarre relational dynamics/unsettling behavior
- Disorientated about date, time, and place
- Appears fearful, anxious, depressed, submissive, hyper-vigilant, paranoid, or excessively hostile
- Seemingly excessive number of sexual “partners”
- Multiple or frequent pregnancies and/or abortions
- Fearful attachment to a cell phone (often used for monitoring or tracking)



How Hospitals Can Help



What is Human Trafficking?

- Modern day slavery
- Exploiting a person through force, fraud or coercion
- Sex trafficking, forced labor or domestic servitude
- Human trafficking is happening everywhere around the globe to people of any age, gender, race, socioeconomic status or nationality
- Any person under the age of 18 involved in a commercial sex act



Identifiers of a Trafficker

- Significantly older than their female companions
- Encourages illegal activities and/or inappropriate sexual behavior
- Vague about his/her profession
- Demanding or pushy about sex
- Someone that exerts an unusual amount of control over the patient



How to Help a Victim of Trafficking

- Separate any companions from the patient and provide a quiet, safe place for the patient
- Attend to any physical needs of the patient; don't rush the patient
- Adopt open, non-threatening body positioning (sit at eye level, avoid touching patient unless given permission, be aware of body language, avoid crossing arms)
- Engage the patient with active listening skills, respectful and empathetic language; avoid judgment
- Educate hospital staff on the red flags and the protocol of actions to be taken
- Document suspected and confirmed trafficking using the new ICD-10 codes
- Invest community benefit dollars towards anti-trafficking initiatives
- Become acquainted with community groups/resources that help victims

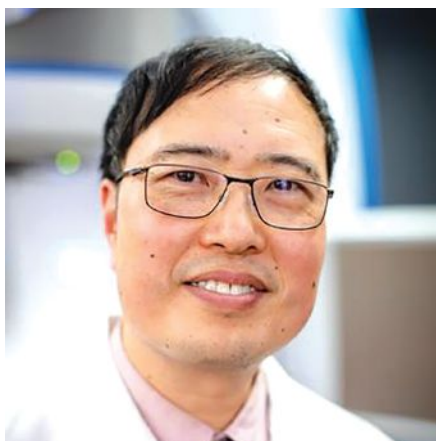
No Room for Error

Murphy and his colleagues at Methodist Estabrook Cancer Center (MECC) agree: There's no room for error in radiation oncology.

Creating treatment plans requires an immeasurable level of precision, skill, expertise and critical thinking – things that come a bit easier when you're accustomed to treating patients like family.

"Having cancer is scary," said Tien-Shew (Bill) Huang, MD, a radiation oncologist at MECC. "Patients are afraid of suffering and death, and there are so many unknowns. Our job is to, yes, give them a very clear understanding of their disease process and the recommended treatment approach, but also provide them comfort and hope."

And thanks to state-of-the-art technology, patients at MECC –



Dr. Tien-Shew "Bill" Huang

which became home to the region's first HyperArc™ radiation delivery system in November – can expect so much more than comfort and hope. According to Dr. Huang, they can expect "almost miraculous" outcomes.

Precise Planning

MECC's HyperArc system is a software upgrade designed specifically for patients with brain metastases – or multiple brain tumors. At Methodist,

it's used in conjunction with the Varian Edge™ stereotactic radiosurgery (SRS) machine, which provides continuous radiotherapy to these patients as it rotates around them and the table they're lying on. Their head is immobilized in a hard-shell mask to ensure that the radiation beams hit the appropriate brain targets – or tumors.

The perks of the automated HyperArc system start at the planning stage. Physicists no longer have to start from scratch when creating a plan for each patient, which eliminates some of the greatest opportunities for errors.

Once cranial images from a computed tomography (CT) scan and magnetic resonance imaging (MRI) scan are uploaded and layered on top of each other to provide a clear view of the patient's brain anatomy, HyperArc essentially does the initial planning for the physicists while still allowing them the freedom to tweak and perfect each plan.

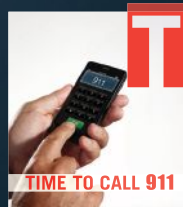
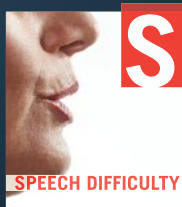
"It gives us a really good starting point," Murphy said. "And for the patient, this means higher-quality treatments every time, as it also allows us to deliver a really precise, lethal dose of radiation to each tumor while delivering almost nothing to the rest of the brain."

Increased Comfort and Convenience

Planning isn't the only automated feature included with HyperArc – table movement is another. Treatment once required radiation therapists – the experts in charge of administering radiation – to manually move the table so that the machine could safely rotate around the patient. Now, HyperArc does all the tilting and shifting.

Said Murphy: "This gets rid of having to open this giant door, which takes 30 seconds; reverify the position of the patient and make sure they're in the right spot, which takes another 30 seconds; close the door – another 30 seconds; and reinitiate treatment, which takes about 15 seconds. It sounds like a small thing. But one of our best modes of immobilization is time."

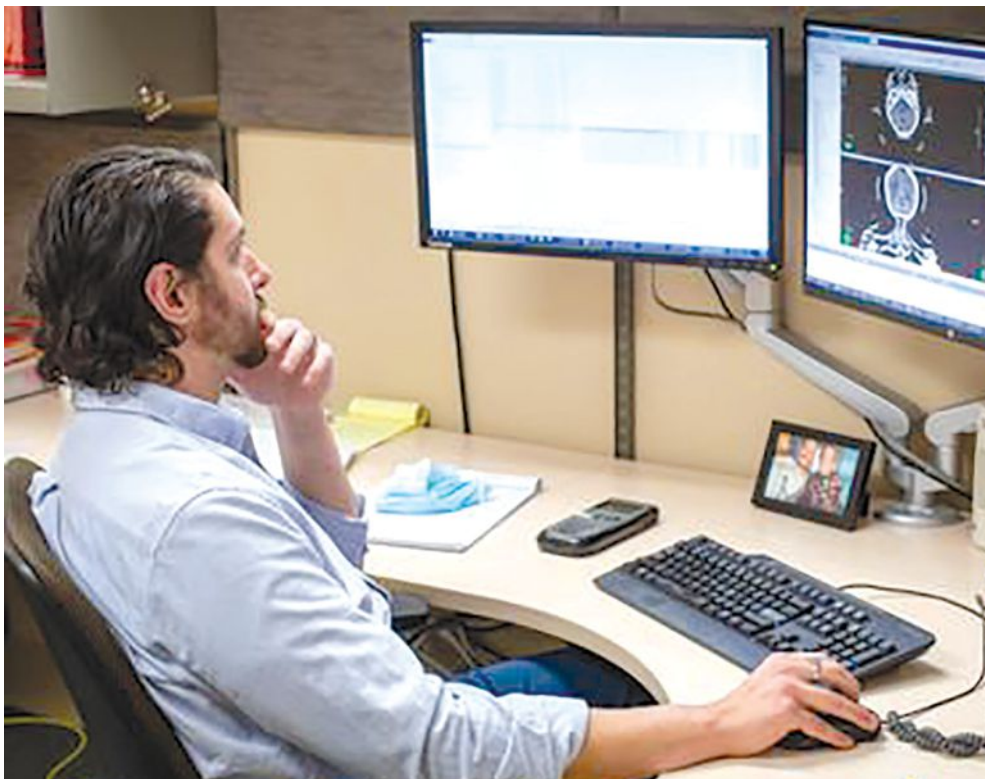
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The HyperArc™ radiation system offers automated, more precise treatment plans.

“The time savings makes treatment more precise,” Dr. Huang said. “Because the longer a patient is on that table, the more time they have to move, squirm and shift. But more than anything, we want to make treatment as comfortable as it can be. Nobody wants to be on that hard, flat table any longer than necessary. It’s all about improving the patient experience, so if they need radiation again, they won’t be anxious about it. They’ll likely return for future treatment.”

“Almost Miraculous”

Although metastatic brain cancer generally comes with a poor prognosis, Dr. Huang remains optimistic. Over the years, he’s witnessed Methodist patient outcomes dramatically improve with best-in-class technology and highly individualized care by a multidisciplinary team of experts.

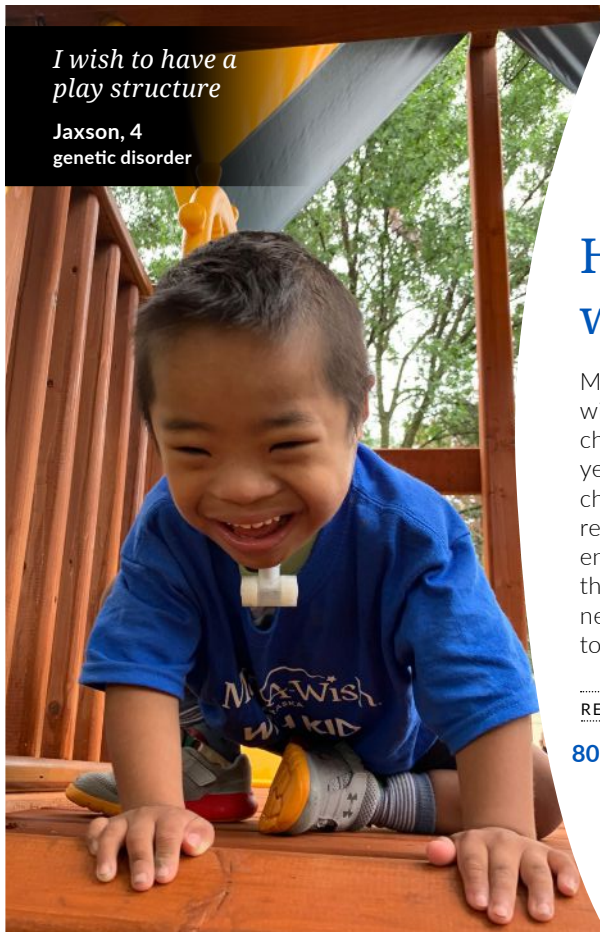
“Patients with brain metastases can absolutely have long-term survival,” he said. “If left untreated, survival is about two months. But with the help of SRS treatment, I’ve seen these types of patients survive more than 10 years. And that’s almost miraculous.”

Because HyperArc is the newest, most effective radiotherapy approach available for intracranial tumors,

patients can rest assured that they’re receiving treatment that’s on par with the most reputable health systems across the country. And because of the compassion, experience and dedication of their care team, they’ll also feel like family.

“Every new patient I get, I’m keeping that experience in the front of my head and the idea that this is someone’s family member,” Murphy said. “What kind of plan would I give my brother or father? Because when it comes to my brother or father, I’ll tell you: Human error is simply unacceptable.”

HyperArc was funded by Methodist Hospital Foundation donors and Leap-For-A-Cure. Founded by the family of Heather Roberts – who lost her battle with brain cancer in 2016 – Leap-For-A-Cure aims to advance brain cancer awareness, education, and diagnostic/treatment options for patients battling brain cancer or severe brain trauma and their families.



I wish to have a play structure

Jaxson, 4
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Bryan Telemedicine Receives Teladoc Transformational Leadership Award



Lincoln, NE (July 26, 2022) – Bryan Telemedicine was named the recipient of the 2022 Teladoc Transformational Leadership award at the annual Teladoc Forum. Shane Fleming, co-founder and chief development officer of Bryan Telemedicine and Teledigm Health accepted the recognition earlier this month.

The Transformational Leadership award recognizes individuals and teams committed to the transformation of the delivery of health care. Past recipients of the award include Kaiser Permanente, Cigna and Jefferson Health.

Fleming and the Bryan Telemedicine team were recognized for their work with rural hospitals, providing high acuity specialty care, outpatient care and support services that would otherwise be unavailable in these communities.

“Our specialists are available right in the patient’s room when they’re most needed,” said Dr. Brian Bossard, president and CEO, Bryan Telemedicine and Teledigm Health. “Patients in rural facilities can receive the same state-of-the-art care as someone in Lincoln or Omaha, because they have immediate access to some of the top specialists in the country.”

“Bryan Telemedicine has put together a broad suite of offerings that support rural facilities as they care for patients,” Fleming said. “These services had an incredible impact during the COVID-19 pandemic, allowing rural hospitals to care for much higher acuity patients with the support of specialists available via telemedicine. As we emerge from the pandemic, telemedicine will continue to help rural hospitals thrive in the new normal of health care.”

Bryan Telemedicine was founded by clinicians who understand the finesse required to offer clinically relevant solutions via telemedicine. Their experts in virtual solutions assist rural and regional facilities in building and sustaining telemedicine programs. With over 50 innovative solutions, Bryan Telemedicine supports nearly every aspect of telemedicine and fits seamlessly into existing workflows. Bryan Telemedicine is readily available to assist in leveraging and supporting telemedicine programs far beyond implementation.

To learn more about Bryan Telemedicine, visit bryanhealth.org/telemedicine.

Word spreads about the 'Nebraska way'

Our impressive efforts to properly manage the blood sugars of hospitalized patients continues to inspire other health systems.

It's no secret we're one of the leaders when it comes to managing the blood sugars of our hospitalized patients. We've been recognized for that work in various ways over the years.

After a recent presentation for the Diabetes Technology Society, **Andjela Drincic, MD**, medical director, Diabetes Center, was pleased by the positive response.

"The amount of emails and wishes of congratulations this talk generated from the 'who is who in inpatient diabetes care' was truly amazing," says Dr. Drincic.

It's an affirmation of the strides we have made tackling an incredibly complex task: managing the blood glucose in patients in a hospital setting.

"At any given time, 30% of the hospitalized patients are those with diabetes," says Dr. Drincic. "In addition, some 50% of the other hospitalized patients are at risk for stress-induced hyperglycemia."

She explains that when a person is fighting an illness, the stress of the illness can impact the hormones that regulate glucose. In addition to that challenge, many medications can affect a person's glucose, as well as the food they're eating during their stay.

"It is a never-ending cycle for nurses to manage this important task," says Dr. Drincic. "The coordination is immense."

Adding to complexity, insulin is listed as one of the top five high-risk drugs.

"If you give too much, you can cause hypoglycemia," she says.

Failure to properly manage a patient's glucose level can



worsen their outcomes, which is why so many other hospitals are looking to learn more about the "Nebraska way." That "way" includes standardized systems that makes it easier any member of a patient's care team to do the right thing.

A big part of that is centered around our comprehensive Glucose Management Program that provides the necessary processes for achieving glucose control, including embedding insulin dosing instructions into order sets to make it clearer what to do and robust quality surveillance through glucometrics – both in real time and retrospective. In 2020, we were honored for the work of our diabetes stewardship pharmacy program, where a dedicated pharmacist analyzes those metrics.

In addition to our repeated recognition by the Society of Hospital Medicine, Dr. Drincic was recently invited by the Centers for Disease Control to serve as a subject matter expert in its effort to develop national metrics for hyperglycemia.

"I'm among those invited because we are that well known in the country," she says. "People take this for granted. It takes a village to control blood sugars in a hospital setting. It never ends."

You can review Dr. Drincic's recent presentation 'How to reach glycemic targets in the real world.' at <https://nebraskamed.vmwareidentity.com/authcontrol/auth/request>.



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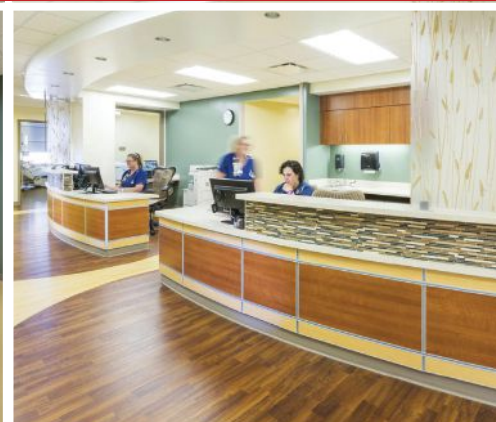
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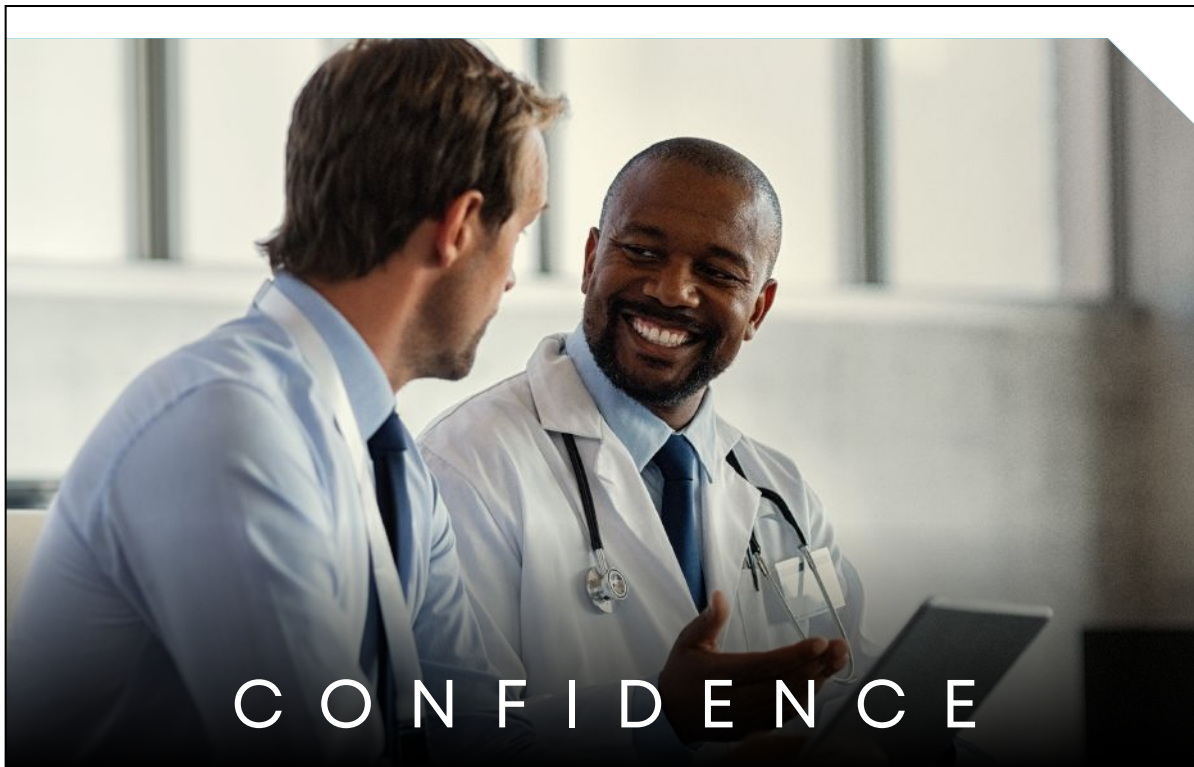


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