

Healthier NEBRASKA

WINTER 2022 • VOLUME 25 • NUMBER 4



*Providing Lifesaving Care
in Columbus*

NHA

NEBRASKA
HOSPITALS



WE'RE THE ONES

TAKING CARE OF YOU.



Cline Williams serves professionals and entities throughout the health care industry, including medical, dental and behavioral health providers. Our legal professionals know the issues the health care industry faces today.

AND WE ARE HERE TO HELP.

- General health care compliance, risk management and policy development
- HIPAA-HITECH privacy and security compliance
- Health care transactions, including mergers, acquisitions and joint ventures
- Federal and state taxation of health care organizations
- Medical staff bylaws, medical staff credentialing and peer review
- Physician alignment and integration, recruitment and contracts
- Reimbursement
- Clinical ethics
- Patient rights
- Immigration Law
- Anti-Kickback/Stark Law compliance
- AMTALA
- Professional licensing
- Lobbying and drafting of health care legislation
- Antitrust
- Guardianships, health care powers of attorney and living wills
- Health care mediation and dispute resolution
- Public records/open meetings for public hospitals
- Governance of tax-exempt organizations

CLINE WILLIAMS

WWW.CLINELLIAMS.COM

(402) 474-6900

LINCOLN | OMAHA | AURORA | FORT COLLINS | HOLYOKE



RURAL HEALTHCARE CONSTRUCTION



MODERNIZE
THERAPY
SERVICES



ADD
SPECIALTY
SERVICES



IMPROVE
PATIENT
COMFORT

— YOUR PARTNER FOR —
**REMODELS, ADDITIONS
& NEW CONSTRUCTION**

BD Construction partners with administrators and boards to build better facilities and improve patient experiences at clinics and hospitals throughout the Midwest. Our team of experienced professionals make the construction process easy for you every step of the way.

When you begin to dream about a new space, call BD Construction.

DREAM | PLAN | BUILD

TALK TO BD | 308.234.1836 | BDconstruction.com



WINTER 2022 • EDITION 103

CONTENTS

- 6** From the President's Office
- 8** CHI Health Helping Patients Breathe Easier
- 10** Don't Become a Statistic:
Protect Yourself from Check Fraud
- 11** NHA Connectivity Consortium Delivers Federal
Subsidies to Member Hospitals
- 12** Check the Vitals: The Health of Organizational Culture
- 13** Scale Your Clinicians & Staff.
Engage Your Patients.
- 14** Your GPO, A Genuine Partner
- 16** Offload Your Compliance Burden and Avoid Corrective
Action Penalties with Claraprice's Hospital Price
Transparency Solution.



Healthier NEBRASKA

A magazine for and about Nebraska community hospitals and health systems

Jeremy Nordquist, president

Julia Bauer, office coordinator, Bio-Electronics

Jon Borton, senior vice president, NHA subsidiaries

Heather Bullock, executive office & events manager

Taylor Craig, digital marketing specialist

Tiffani Cullin, communications & education coordinator

Mike DeLanie, senior director, business partnerships, NHA Services, Bio-Electronics

David DeVries, data analyst

Michael Feagler, vice president, finance

Patty Fleek, accounting clerk

Jennie Flores, staff accountant

Sierra Gerry, project manager, Bio-Electronics

Andy Hale, vice president, advocacy

Barbara Jablonski, director of accounting

Amber Kavan, manager, quality and performance improvement

Brian Noonan, senior director, communications & education

Anne Skinner, data director

David Slattery, senior director, advocacy

Dana Steiner, director, quality and performance improvement

Christine Widman, senior director, operations, Bio-Electronics

Margaret Woepfel, vice president, workforce, quality, & data

Healthier Nebraska is published quarterly by the Nebraska Hospital Association
3255 Salt Creek Circle, Ste. 100
Lincoln, NE 68504

(402) 742-8140

www.NebraskaHospitals.org

All rights reserved.

DISTRIBUTION

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.

17 Can Healthcare Embrace Innovation and Disruption to Creatively Address Workforce Shortages While Ensuring Productivity and Quality?

20 'Miracles Do Happen': Couple Welcomes Healthy Twins After Life-Threatening Complication

22 Providing Lifesaving Care in Columbus



**Publishing
PCI Concepts, Inc.**

Created by Publishing Concepts, Inc.

David Brown, President
David Brown, President • 1-800-561-4686 ext. 103
dbrown@pcipublishing.com



For advertising info contact
Nancy Montgomery • 1-800-561-4686 ext. 106
nmontgomery@pcipublishing.com

From the President's Office

On December 6, 2021, I proudly began my first day as your NHA President. What a year it has been.

- Record high levels of inflation.
- Workforce challenges, the likes we haven't seen for decades.
- Reimbursement rates that have not kept pace with the inflated costs of patient care.
- Financial pressures on our hospitals, pushing many facilities into the red.
- Post-acute placement challenges due to shortages of nursing home and behavioral health care.
- Attacks on 340B, a program that is vital to many of our hospitals.
- Volatile equity markets and climbing interest rates.
- And a political landscape as divisive and partisan as ever.

2023 will be no less difficult for our hospitals. However, I am confident that, by working together, we can take on the challenges that come our way and find innovative solutions to move health care forward, providing all Nebraskans with the top quality care they've come to expect.

To most anyone who works in health care, 2022 was an extraordinarily challenging year. However, years like this give us an opportunity to focus on our priorities, rethink our way of operating, and innovate for tomorrow. Our Annual Convention in October showed me that we CAN overcome the

challenges before us and we DO have the ability to connect, collaborate, and leverage our collective strengths.

This past August, we met with our Board of Directors and laid out a three-year strategic plan that is aggressive and forward thinking. We constructed four strategic pillars that will serve as our roadmap for the future.

- **Trust & Confidence:** we will continue to strive to be the trusted voice and influential advocate for Nebraska hospitals.
- **Workforce Development:** we will collaborate and partner with our members, policymakers, government leaders and educational institutions to recruit and retain health care workers.
- **Financial Stability:** we will advocate for improved reimbursement rates and will collaborate with payers to reduce administrative burdens.
- **Data-Driven Improvement:** lastly, we will continue to strengthen our data capabilities to provide robust metrics our members can utilize to improve patient outcomes and hospital operations.

2023 will be no less difficult for our hospitals. However, I am confident that, by working together, we can take on the challenges that come our way and find innovative solutions to move health care forward, providing all Nebraskans with the top quality care they've come to expect.

Let's go.



Community is at the heart of what we do...

- Serving natural gas to hospitals in Choice Gas areas
- Investing in Nebraska communities
- Advocating for natural gas customers

ACEenergy.org • 800-454-4759

ACE Public Alliance for
Community Energy
Heating Homes, Powering Communities

elevated service.

 SEIM JOHNSON
IS NOW


EideBailly®

CPAs & BUSINESS ADVISORS

New Name, Same Faces

Seim Johnson has joined forces with Eide Bailly elevating the existing dedicated team you know and trust. We are able to provide expanded services and resources beyond tax and audit with the same personalized service to support your organization.

eidebailly.com

CHI Health Helping Patients Breathe Easier

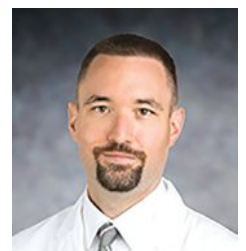


In March 2022, the interventional pulmonology team at CHI Health Creighton University Medical Center - Bergan Mercy became the first in Nebraska to perform a new, innovative procedure for the treatment of emphysema patients with COPD.

The procedure uses a device called a *Zephyr valve*, which is placed into a patient's lung via bronchoscope through their mouth or nose. The valve is designed to let air out, but not back in, to the less functional part of the lungs, which become hyperinflated over time in people with emphysema. This hyperinflation impedes on the functional parts of the lung, making breathing even more difficult.

The procedure is designed to help improve a patient's quality of life, by reducing shortness of breath and improving their ability to be active.

"Based on the clinical trials that allowed for FDA approval of the Zephyr valves for treatment of emphysema, there were objective improvements in patients' pulmonary functions, walking distance, and validated quality of life questionnaires," said Dr. Zachary DePew, CHI Health Division Chief of Pulmonary, Critical Care and Sleep Medicine. "I would argue a more accurate reflection of a patient's



Dr. Zachary DePew

Zephyr® Valve, image courtesy of Pulmonx®

improvement in their quality of life is when they themselves state that they are feeling better and are able to do more of the things in life that matter to them.”

While the procedure is considered minimally invasive, patients do spend a minimum of three nights in the hospital for observation to make sure they don't suffer a collapsed lung, which is the main potential side effect.

Usually, COPD is managed with inhalers, oral medications and oxygen. Physicians can also surgically reduce the volume of the lung, but patients have to be able to tolerate general anesthesia and spend at least a week in the hospital afterward.

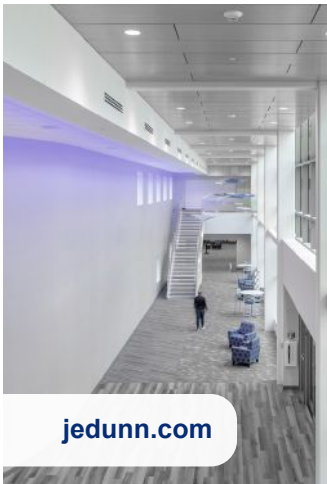
The Zephyr valve procedure isn't a replacement for the surgical treatment, but the selection criteria is slightly less stringent. About seven out of 10 COPD patients are candidates for the procedure and it's for patients with stage three or four COPD. Patients have to go through pulmonary function tests and some qualifying tests to determine if it's a good fit for them.

So far, the team at CHI Health CUMC-Bergan Mercy has placed valves in a dozen patients. The program has the capacity to perform four procedures a month.



Dr. Suchitra Pilli

“This is an innovative new treatment for carefully selected patients with emphysema which has shown clinically meaningful benefits that are comparable to lung volume reduction surgery. Previously, this was the only available option,” said Dr. Suchitra Pilli, CHI Health Interventional Pulmonologist. “We are happy we were able to assess a large number of patients for their emphysema via referrals and have been able to help some patients who received this novel treatment. We look forward to continuing to expand our program over the next two years.”



WE BUILD INSPIRED PLACES TO HEAL

#1

Contractor in NE
Engineering News Record

#3

Healthcare Builder
Engineering News Record


JEDUNN[®]
CONSTRUCTION

Don't Become a Statistic: Protect Yourself from Check Fraud

Payment fraud is insidious. It chips away at corporate profitability, jeopardizes your reputation, consumes staff time with remediation, and puts your business' viability at risk. Businesses have too much at stake to leave themselves vulnerable to soaring payment fraud.

Paper checks represent the lion's share of financial losses from payments fraud.

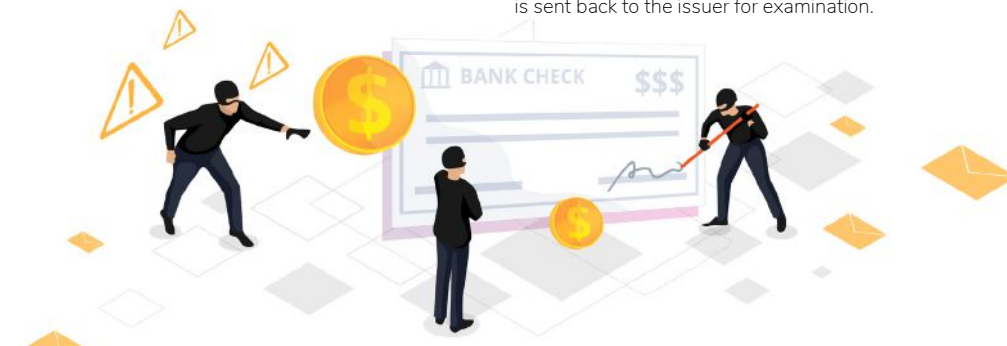
According to the 2022 Association for Financial Professionals Payments Fraud and Control survey¹, 71% of organizations reported having been victims of payment fraud activity in 2021.

Organizations must remain vigilant against fraud. It's more important than ever that business departments assess whether their payment methods protect them from a fraudulent attack. Skilled fraudsters can hijack the funds from all payment types, but checks are more vulnerable to fraud because they contain valuable information that can be easily forged or stolen.

Industry experts say check fraud was up 106% because of the pandemic while check volumes only rose 8%². Experts attribute several factors to the uptick in check fraud during the pandemic, including the end of stimulus checks, social media, new accounts scams, mail theft, and aging technology³.

Nonetheless, check fraud is no new phenomenon. From 2016 to 2018, attempted check fraud nearly doubled to \$15.1 billion and accounted for 60% of attempted fraud against deposit accounts at U.S. banks⁴. Further results from this study showed that successful check fraud made up 47%, or \$1.3 billion, of banks' fraud losses, up from \$789 million in 2016. Despite their risks, checks remain the most popular payment method for business-to-business (B2B) payments, and as of 2020, 42% of companies used checks for B2B payments⁵.

Although there is always a risk of fraud when paying with a check, there are several ways to keep your organization safe:



Contact us to learn more: sales@paymerang.com



Sierre Lindgren

Senior Fraud Analyst | Paymerang



71%

of organizations reported
having been victims of
payment fraud activity¹

Lock your checks away: Keeping checks locked in a secure location makes it harder for them to end up in the hands of the wrong person.

How you write the check matters: You should never write a check with a pencil because fraudsters can easily erase information, and it's also important to consider the type of ink you use. Writing a check in pen is critical, but the color and style of ink also matter. You should opt for a black gel pen instead of a ballpoint pen to prevent "check washing" or the removal of information from your check.

Be diligent when writing a check: Always specify a recipient and fill out every section on a check to make sure fraudsters cannot fill out any additional information.

Use security envelopes: When mailing a check, security envelopes add an extra layer of protection by hiding sensitive information.

Never mail a check from your business or home: One problem people face is that checks are being stolen once they are mailed and then cashed by a fraudster. Although it is more convenient to send a check directly from your business or home, dropping a check inside the Post Office is one way to lower the chances of a fraudster intercepting a check and cashing it. Even if they are locked, do not use outside mailboxes because thieves can break into them. If you cannot make it to the Post Office, handing a check directly to a mail carrier is the second-best way to avoid a fraudulent attack.

Monitor your accounts and check for suspicious activity: After you mail a check, it is important to monitor bank accounts and report any suspicious activity.

Utilize Positive Pay: Positive Pay is an automated cash-management service companies use to deter check fraud. Banks use Positive Pay to match the checks a company issues with those presented for payment. Any check considered suspect is sent back to the issuer for examination.

Payments fraud is always a concern for AP practitioners, and labor shortages combined with heavy staff turnover within business and finance offices continue to add to that stress. Securing how you pay your vendors can alleviate some of that worry. In addition to saving your money by eliminating the costs associated with paper checks, Paymerang's world-class automation solution safeguards payments and helps keep bank accounts safe from fraud.

Additionally, by implementing Paymerang, partners are paired with a payment solution provider that offers white-glove services. The internal security teams employed by Paymerang prevent hundreds of fraud attacks against their clients, saving millions of dollars each year.

¹2022 AFP: Payments Fraud and Control Survey

²Jake Emry, Nice Actimize Solutions fraud expert

³Frank on Fraud: Check Fraud is Booming Again in a Post-Pandemic US

⁴American Bankers Association's 2019 Deposit Account Fraud Survey Report

⁵2020 AFP Payments Fraud and Control and Control Survey

NHA Connectivity Consortium Delivers Federal Subsidies to Member Hospitals

The NHA Connectivity Consortium was formed to provide a vehicle for Nebraska hospitals to take advantage of the FCC's Rural Healthcare Program and to receive maximum funding under the program. Further, the consortium enables urban hospitals to participate where they would be ineligible otherwise. Consortia have advantages in higher caps and consortium only eligible expenses. The details of the program which provides for up to 65% subsidies on your vital telecom expenses can be found here www.usac.org.

Already Participating? Think Again!

Our analysis of dozens of Nebraska hospitals revealed that while most hospitals were already participating in the program, almost none were taking full advantage. Almost all hospitals analyzed are applying for a subset of eligible products and services depicted in the shaded boxes below. The lighter boxes represent millions of dollars collectively left on the table annually in Nebraska as the items are also eligible but not being applied for. Working with the Connectivity Consortium will ensure that you capture funding on these expenses every year moving forward beginning in July 2023.

Data Networks, WAN, SD-WAN, VPN, MPLS	Internet Services	ISDN PRI
Edge Routers and Switches	Firewalls and Firewall Services	Equipment Maintenance, License and Warranty
Network Management, Maintenance, Operation Services	Fiber Construction, Engineering, Design and Make Ready Costs	Off Site Data Centers and Administrative Sites

How do you compare to your peers?

Contact usacfunding@nebraskahospitals.org for a no-cost individualized analysis of your hospital.

Fund Year 2023 Updates

The 2023 fund year begins July 1, 2023 and applications are now underway. They will be completed by this year's April 3rd deadline. There are several procedural steps to apply, and each can take 30 days or more to complete. **Takeaway:** The best time to join the consortium for 2023 applications is right now.



Interested hospitals should engage immediately while time is still ample

Take advantage of the funding that your Hospital Association's Connectivity Consortium provides for you!

Contacts: Mike Delanie – mdelanie@nebraskahospitals.org

Consortium Administrators – info@fedfunding.net

NHA
Connectivity Consortium



Check the Vitals

The Health of Organizational Culture

When establishing or evolving your organization's verbal identity—the written or spoken components of your brand—you may be tempted to put it off. After all, perhaps your priority is to fulfill an immediate healthcare need. While this may be your highest priority initially, a solid communications platform is essential for sustaining a respected and positive culture—don't bypass the fundamentals.

The vital signs of your verbal identity are your internal communication components. Similar to body temperature, pulse, respiration, and blood pressure, your mission statement, vision statement, core values, and audience personas are your organization's vitals. Once the immediate need is met, routine assessment of these areas is key.

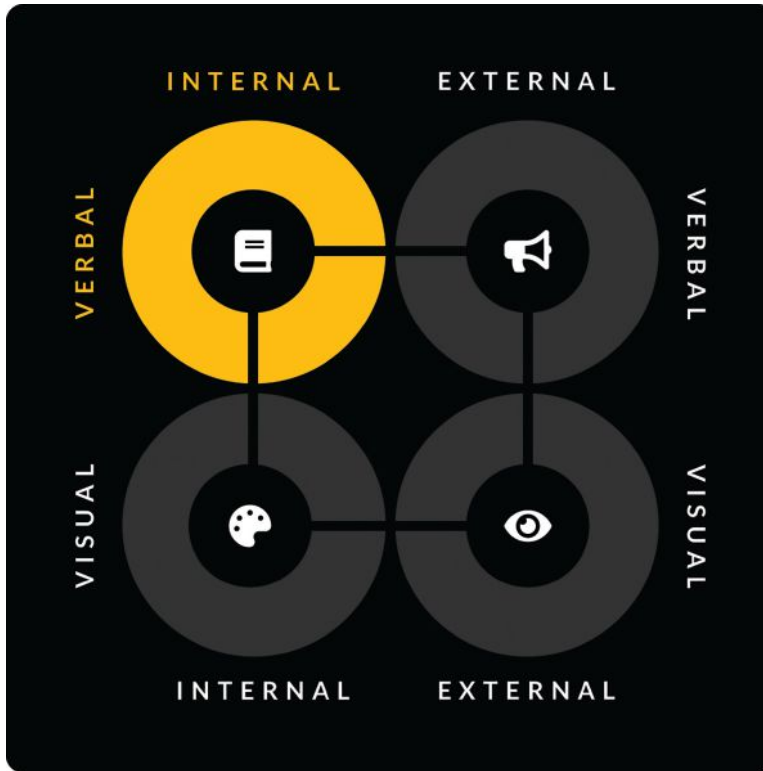
You may find yourself asking one of the following excellent questions:

AREN'T MISSION STATEMENTS OUTDATED?

Only if your mission is outdated. Part of creating a strong organizational culture is to have a clearly defined goal. Without your entire team—regardless of the size of your organization—on board, you are likely to spend significant resources re-hiring and re-training your staff. Your employees are your best brand ambassadors—especially in healthcare. Multi-faceted teams find collaboration easier when they share a common goal.

CAN I JUST WORK ON OUR VISION STATEMENT LATER?

Sure, but what will guide your messaging and all of your content in the meantime? Also, a strong vision attracts the right employees, from physicians to accountants. Most people want to be part of something bigger than the day-to-day tasks. A distinct and well-communicated vision assists with employee morale, foundation initiatives, and community support. Meant to inspire, your vision statement should be used to guide all communication and long-term strategies.



HOW MANY CORE VALUES SHOULD MY ORGANIZATION DEVELOP?

There is no magic number. However, your values should be broad and encompass what your organization deems important. Your core values are your guiding principles and help you build an intentional culture. They drive your organization's day-to-day operations and direct changes in strategy when needed. You should be able to hire and evaluate your team based on clearly defined values.

SHOULD I DEVELOP A NEW MISSION STATEMENT IF I AM BUYING AN EXISTING PRACTICE?

That depends. Is the existing mission clearly defined and known by key stakeholders? Does the existing mission represent what YOUR goals are for the organization? Perhaps the mission statement doesn't need a complete overhaul, but a refresh can jumpstart and excite your internal audience. Take the time to evaluate and determine if you're comfortable writing your mission statement on the wall.

Similar to assessing patients, routinely measuring your organization's vital signs is foundational to providing a starting place each time significant decisions need to be made moving forward. Assessing internal communication for clarity and alignment comes first. Then, the development and delivery of external messages become easier.

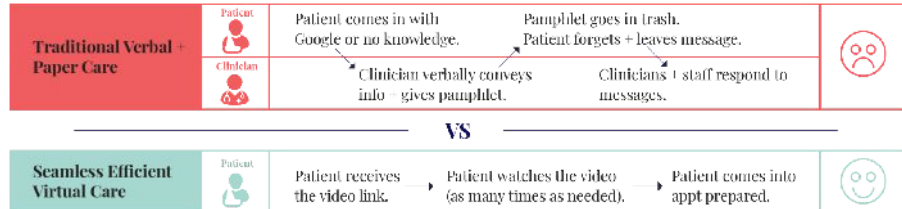
UNANIMOUS is a branding agency based in the heart of the midwest—Lincoln, Nebraska. They partner with clients to develop strong brand alignment through strategic marketing, creative design, engaging website development, and compelling video projects of all sizes and scopes. UNANIMOUS, meaning one mind, is known for its collaborative style and works with clients nationwide. The agency prides itself on rhyme, reason, and results.



**Scale your clinicians & staff.
Engage your patients.**

All healthcare organizations are dealing with the labor force shortage and burn out.

But every day, your clinicians and staff are spending their limited time repeating information verbally to patients and their families.



Reach thousands of patients with just ONE CLICK.

You can free up your staff from being on repeat by standardizing and automating these messages through video.

Think about it... if you could save one hour per day for one thousand nurses **you're saving 365,000 hours annually** and when you multiple that by an hourly rate of \$30/hour **that's \$10.95 million saved annually!**



Join innovative organizations across the country who are already implementing asynchronous video technology:



Organizational Impact:

- Save time
- Increase revenue
- Improve experience
- Increase brand loyalty
- And more!

"Our appointment went more smoothly, briefly, and productively if they [the patient] watched the video." -Physician



"If every patient could watch the video and then inbound schedule, that would be ideal."

-Call center scheduler



Contact us to discuss your goals and how we can help you digitize and automate through digital streaming video.

Your GPO, A Genuine Partner

As hospitals will predictably face financial challenges never before seen, it's wise to take every opportunity across all areas to reduce costs. With that in mind, is your hospital's group purchasing organization (GPO) saving you money on supplies? And, how does your GPO measure up otherwise?

A lot of relationships between hospitals and their GPO turn out to be purely transactional as opposed to true partnerships—once the contract is signed, ongoing support and communications are lacking. During the height of the pandemic and subsequent surges of COVID cases, it became all too clear to many rural and community hospitals that they were just another number to their GPO. Some GPOs went so far as to “ghost” smaller hospitals in dire need of supplies.

That's not how a partnership works.

No one anticipated the pandemic, but it came. No one was ready for the ensuing supply chain disruption, but it happened. It's during times of trouble that cracks in a relationship become more apparent, leaving

many hospitals to question whether their GPO cares about and caters to their supply chain needs, customer satisfaction, and long-term success.

As with human relationships, hospitals should avoid the rebound effect—leaving an inattentive GPO and assuming the “courtship behavior” of a prospective new partner will persist.

If you're reevaluating your existing GPO or vetting a new one, ask these questions to assess the organization's partnership potential.

1. **Can the GPO quantify your savings?** Before you commit to anything, will the organization analyze your current spend and show how much you can save on products you are already buying? As a client, will your hospital receive ongoing data analytics and business intelligence on product and purchased-services savings opportunities?
2. **Does the GPO conduct national supply spend benchmarking?** This comparative analysis uncovers cost-saving opportunities and is a key factor in contract negotiations.
3. **What does the GPO deliver besides cost savings?** Pre-pandemic, pricing tended to be the deciding factor when choosing a GPO, but customer service and crisis preparation have proven to be of utmost importance, as well. A GPO should have a diversified product



Is your **Therapy Department** as profitable as it should be?

Call to learn more about our collaborative approach and no risk rehab management models



308.991.7107
www.InspireRehab.com

contracting strategy and alternate-vendor relationships. In addition, a GPO should offer value-added services, including custom contracts for physician preference items with no additional fee.

4. **Does the GPO have clout and capital?** Can it leverage relationships with manufacturers to fulfill big orders on compressed timelines?
5. **Does the GPO offer guided onboarding and continued support?** A true GPO partnership is two-way and dynamic. Price-setting is not a “set it and forget it” process, and assistance with supply procurement during times of scarcity is a must. Rural and community hospitals in particular need support and collaboration but too often get the short stick from GPOs that prioritize larger hospital systems.

When evaluating a GPO, first impressions matter. From the get-go, CHC Supply Trust goes the extra mile by providing a Complimentary Supply Spend Analysis comparing the cost of items your hospital already purchases to pricing available through HealthTrust (our GPO partner) for those exact same items.

6 Ways CHC Supply Trust Measures Up In Nebraska

1. *Support for the Nebraska Hospital Association since May 2017*
2. *Work with over a dozen hospitals of all sizes across Nebraska*
3. *Bring value and trustworthiness to Nebraska hospitals*
4. *The smaller the hospital, the greater potential for savings on supplies (often at least 20%) through CHC Supply Trust*
5. *Welcome to our newest Nebraska health system: Faith Regional Health Services*
6. *Our support begins early on, continues through onboarding and builds throughout our relationship*

A cost savings analysis is illuminating, but the time commitment required of the hospital is important to know in advance, as well as what specific data needs to be provided. CHC Supply Trust’s Complimentary Supply Spend Analysis is followed by a “high touch” onboarding process and continued support for hospitals that partner with us. That support includes monthly analytics and quarterly meetings with a dedicated account manager to review the analytics in order to optimize supply chain spend and tier level.

Well beyond supply chain services, CHC Consulting can help Nebraska hospitals improve financial and operational performance – whether a financially distressed hospital needs turnaround services for sustainability or a well-performing hospital needs strategic vision, revenue cycle enhancement, productivity solutions or areas of operational efficiency.

We’re here for you and take pride in relationships. Whether you’re interested in a free Supply Spend Analysis or help in other ways, reach out to: Phil Trent, VP of Business Development, CHC Supply Trust, at (972) 943-1204 or ptrent@communityhospitalcorp.com.



YOU ARE THE CHAMPIONS



To our heroes on the frontlines of healthcare for what you are doing each and every day.



14109 Taylor Loop Rd. | Little Rock, AR | 501-221-9986 | pcipublishing.com



Offload your compliance burden and avoid corrective action penalties with ClaraPrice's Hospital Price Transparency solution.

Struggling to create and maintain your CMS required price transparency resources?

Take time back for your busy team by putting the administrative burden of ensuring full compliance with the OPPI Final Rule in the hands of the experts at ClaraPrice. Turn your chargemaster management and price transparency compliance strategies into competitive advantage with ClaraPrice as your compliance partner.



Interactive & branded consumer-friendly list of shoppable services

Your custom white-labeled website is compliant with all requirements of the CMS 2021 OPPI Price Transparency mandate. Cloud-based platform with consumer-friendly display (searchable, sortable, filterable), mobile-friendly, works with all browsers.

Comprehensive machine-readable file

We'll take your data and transform it into the CMS preferred machine-readable format called JSON, ensuring your file is secure and all required data points are API-ready – this file is built for machines, not patients.

Reduce your need for additional FTEs

Save time and energy by having your price transparency resources fully compliant with the CMS Final Rule for Price Transparency. We'll be your compliance partner, keeping you well informed of legislative requirements as they evolve.

Our team of healthcare IT and Hospital billing experts has over 30 years of collective industry experience producing high-quality results for busy Hospital teams. Our clients choose us for a reason, and we are committed to putting your Hospital team first.

Don't spend valuable time tracking down data and reports. ClaraPrice offers custom pricing analysis and strategy using real-world and defensible experience data to precisely populate the CMS-required data points.

ClaraPrice works with most EHR systems:



Nominee for D CEO Excellence in Healthcare



Becker's Revenue Cycle Companies to Know



Learn how busy Hospital teams are using ClaraPrice to save time, energy, money, and resources:

contact@claraprice.com | 512.334.6993 | claraprice.com

Can Healthcare Embrace Innovation and Disruption to Creatively Address Workforce Shortages While Ensuring Productivity and Quality?

Even prior to 2019, the healthcare industry was facing a slew of pressures forcing providers to pivot in the delivery of certain services within their communities.

Decreased reimbursements, increased regulatory requirements, shifting payment models, aging healthcare staff and patients were taking a toll on already thin clinical and non-clinical administrative resources.

Models such as mandatory overtime and utilization of external staffing resources were seen as an interim fix. Unfortunately, many organizations discovered they were untenable long-term solutions—resulting in burn-out and unreliable staff inventory.

Healthcare, like no other industry has been seismically shifted due to:

- COVID-19 Global Pandemic
- Reduction of scheduled, routine, and preventative procedures
- Increased severity of patientcare
- The Great Resignation
- Cyber-security demands
- Generational workforce demographics/expectations
- Inflation

A recent poll of 1000 healthcare workers from October 2021 by the Morning Consult indicated that “since February 2020 that **30% of U.S. health care workers have either lost their jobs (12 percent) or quit (18 percent), while 31 percent of those who kept them have considered leaving their employers during the pandemic.**”

According to an article from the **American Hospital Association (AHA) in April 2022, there was an overall increase in per-patient labor costs of 19%.** Additionally, in a secondary article by AHA, the “Cost of Caring” it stated that **prior to the pandemic that 50% of hospitals expenses were related to labor costs** associated with recruiting and retaining employed staff, benefits and incentives.

Is it time for an industry like healthcare to break long-held staffing strategies to address its anemic workforce shortages in the midst of all of it?

continued on page 18

STAND UP FOR US ALL

Clinical trials bring us closer to the day when all cancer patients can become survivors.

Clinical trials are an essential path to progress and the brightest torch researchers have to light their way to better treatments. That's because clinical trials allow researchers to test cutting-edge and potentially life-saving treatments while giving participants access to the best options available.

If you're interested in exploring new treatment options that may also light the path to better treatments for other patients, a clinical trial may be the right option for you. **Speak with your doctor and visit StandUpToCancer.org/ClinicalTrials to learn more.**



Sonequa Martin-Green, SU2C Ambassador

Photo Credit: Matt Sayles
Stand Up To Cancer is a division of the Entertainment Industry Foundation, a 501(c)(3) charitable organization.



Optimal patient care combined with the current delivery method for both medical and non-clinical functions has never been more misaligned.

The unsustainability of the current staffing models has caused healthcare providers to think long and hard about its mission and priorities as an organization, causing many to ask fundamental questions like:

- **What's the single most important thing to focus on as a healthcare facility?**
- **Are we able to provide services in all areas of care that our patients need?**
- **How can we continue to deliver the best care to patients and stay fiscally viable?**

Many are re-evaluating the entire workforce stratosphere and seeking inspiration from other industries. Historically, many industries and their associated workers have pivoted and created blueprints for models to deliver services and microeconomies driving meaningful change for both parties.

One of the most intriguing models to address workforce shortages, as well as the demand for alternative service delivery methods is the “gig” template. Think Uber and Instacart. These companies were trailblazers, they completely disrupted the traditional model for matching

consumer services and the associated workforces to fulfill them.

Clinical short-term resources such as travel nurses, respiratory therapy and other specialty areas are not anything new.

However, the non-clinical/administrative side of healthcare has not been as quick to catch-up. The pandemic and worker expectations are now stretching the demand for working outside of the “proverbial 4 walls” of a traditional office setting.

During the pandemic, many opened up this option-particularly for non-clinical team members who could use technology to perform functions such as non-patient facing functions, like coding or other revenue cycle/business office functions. These team members were dependent upon remote technology to complete tasks and interact with colleagues and potentially communicate with patients.

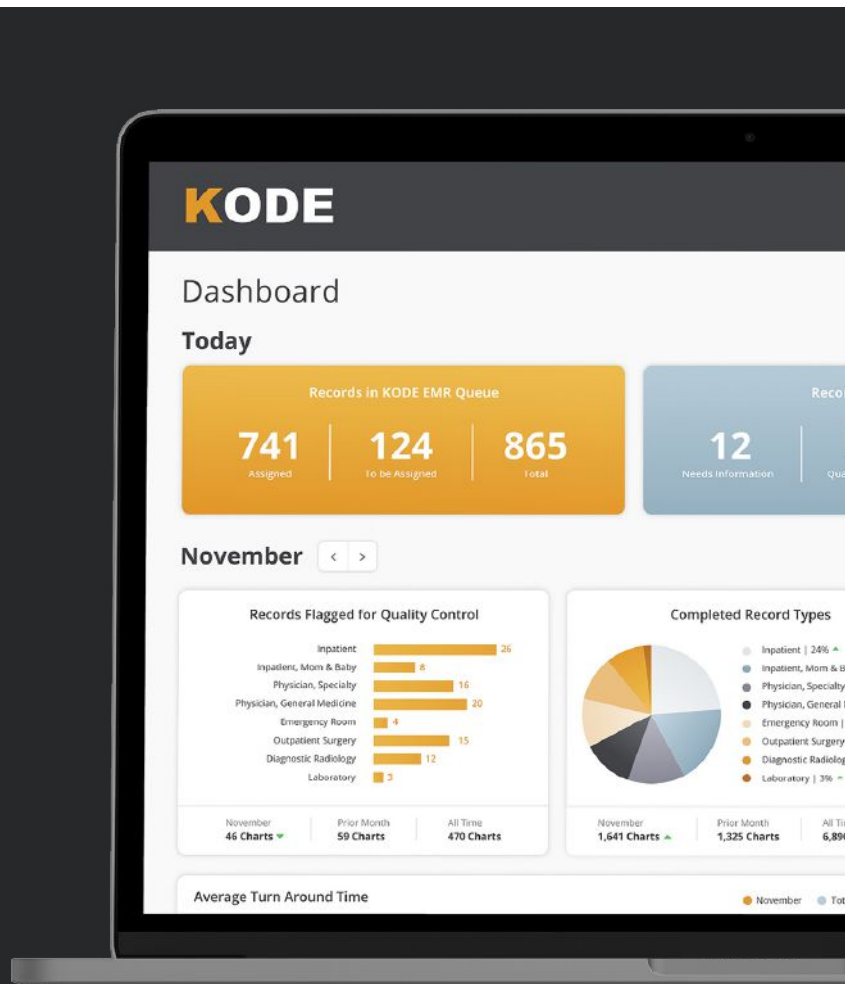
Working remotely was put into place at an unprecedented rate for non-clinical/patient facing roles during the pandemic. This was fraught with certain drawbacks for many providers:

- Increased cyber security issues
- Unsecured PHI access
- Lack of accountability for productivity standards and quality measures
- Reduction of actionable auditing of work product

Coding on Demand.

With KODE, hospitals and physicians are now in complete control of when and how coding gets done. KODE provides a single stop for all your inpatient and other coding needs.

Learn more at www.kodehealth.com



Now two years into the pandemic, healthcare, like other industries is still recovering to reach pre-pandemic levels of services delivered and the staff needed to do so.

With record workforce shortages, rising inflation, consumer prices and workers wanting to have more control and flexibility- the gig environment can create the right balance for both providers and staff.

Gig workers can provide the additional coverage needed so that clinical services can be delivered to patients and ensure the non-clinical administrative/revenue related tasks are completed.

Financial strain resulting from overworked staff members in all areas of healthcare results not only in burn-out and more lost hours but reduction in quality and having to duplicate tasks.

The on-demand model in non-clinical/administration areas can be effective in reducing expenses, overtime, burnout, and on-going unmet workforce needs.

It also provides the flexibility and opportunity to make additional revenue when needed, sharpen skills all while not committing long-term to a particular organization. The lynchpin to successfully executing on this model is the technology to foster an environment where providers and workers can:

- Safeguard PHI
- Protect against cyber-attacks
- Deliver real-time transparency and accountability for all parties for quality and productivity
- Financial viability for all parties to thrive and drive value

The question is can Healthcare providers adopt a new way of disrupting traditional staffing models in various areas of the organization? Can on-demand/gig strategies deliver the solution?

Healthcare is in the business of innovation and disruption by its mission. Why not pivot and create disruptive solutions to drive value, financial stability and ultimately deliver the care our patients and our communities need.

About the Author:



Sandra Pinette

Sandra Pinette is Vice President of Sales for Kode. She has over 15 years in the healthcare revenue cycle space working with various firms servicing providers across the country. A past president of the NHVT HFMA Chapter, she's presented at multiple hfma events on to 501R, ACA/ Medicaid expansion and Personal Branding at Women in Healthcare venues.

Hands-On Help with Healthcare Finance

Experienced with revenue and general obligation bonds in both public offerings and private placements, D.A. Davidson & Co. is well qualified to assist healthcare institutions with infrastructure financing. Types of organizations we have served include hospital systems, independent hospitals, community hospitals, critical access hospitals and senior living facilities.

Contact D.A. Davidson & Co. while you are in the planning stages for a no-cost consultation.

D | A | DAVIDSON
FIXED INCOME CAPITAL MARKETS

Paul Grieger Managing Director, Public Finance Banker	(800) 528-5145 (402) 392-7986
Cody Wickham Senior Vice President, Public Finance Banker	(866) 809-5596 (402) 392-7989
Andy Forney Vice President, Public Finance Banker	(866) 809-5443 (402) 392-7988

450 Regency Parkway, Suite 400 | Omaha, NE 68114
D.A. Davidson & Co. member FINRA and SIPC
dadavidson.com

I wish to have a play structure

Jaxson, 4
genetic disorder

Help restore hope with a wish.

Make-A-Wish Nebraska grants the wishes of more than 110 Nebraska children with critical illnesses each year. But we know there are more children who qualify but are never referred. We need your help to ensure every eligible child receives the power of a wish at a time they need it the most. Refer a child today!

REFER A WISH ★ DONATE ★ VOLUNTEER

800-760-9474 ★ wish.org/nebraska



'Miracles Do Happen': Couple Welcomes Healthy Twins After Life-Threatening Complication



After a challenging journey toward pregnancy, Melissa and Mitchell Johnson were surprised times two in February when they learned – on 2/2/2022 – that they were expecting identical twins.

“Yeah, so *that* was crazy,” Melissa said.

Even more fortuitous would be the boy names that she and her husband eventually settled on after learning the babies’ sex: Leo, meaning “lion-hearted”, and Luca, meaning “giver of light.”

A Complicated Diagnosis

The beginning of Melissa’s pregnancy was fairly “smooth sailing,” she said. But at about 19 weeks gestation, the twins were diagnosed with type 3 selective intrauterine growth restriction – a complication that can occur with twins that share one placenta.

“One of the things I always joke about with patients is, ‘We all know how well kids share,’” said Todd Lovgren, MD, Melissa’s maternal-fetal medicine specialist. “So, in Melissa’s case, her kids didn’t split up the placenta evenly. One kid got just a small portion of the placenta, and the other baby got a much larger portion. When that happens, we have what we call selective growth restriction, meaning one twin is smaller.”

And in one of the twins’ many shared vessels, blood flow was essentially starting and stopping for Baby A – or Leo – which increased his risk of spontaneous death.

“If you lose one baby, you tend to lose both since they share circulation,” said Dr. Lovgren, who recommended Melissa be hospitalized at 24 weeks gestation and until she eventually delivered.

Close Monitoring and Medicine for the Soul

Following her doctor’s orders, Melissa made Methodist Women’s Hospital her new home in June. She received two ultrasounds each week and close monitoring three hours each day to ensure no concerning changes or drops in the babies’ heartbeats.

“I think I just kind of blocked out the idea of it all, for lack of a better term,” she said. “The thought of being in the hospital for who knows how long – I just knew I had to get through it somehow.”

As the region’s leader in women’s health, Methodist is known for its personalized approach to care. For Dr. Lovgren and his colleagues, treating patients is about so much more than just addressing their medical conditions.

“You’ve got to balance a mom’s anxiety with her physical needs,” Dr. Lovgren said. “Which is why I reminded Melissa that in between her monitoring, she’s a pretty normal patient. She’s not there because her cervix is dilated. She’s not there for some other complication. She’s only there so we can monitor the babies more closely. So I encouraged her to get outside, get some sunlight, stretch her legs – mainly so she could manage the mental aspect of her hospitalization as much as the physical aspect of it.”

Melissa learned to look forward to “the little things” – like an hour of prayer each day; new visitors here and there; her husband staying with her on the weekends; ample reading, television and puzzles; trips to the cafeteria to sample the soup of the day; lots of walks outside; and time spent laughing with her core nurses.

“One of my nurses, Chandra (Combs), actually went to the store and bought me boxes of Ho Hos and Ding Dongs after learning that I had never tried them,” Melissa said with a boisterous laugh. “And she was right – 100%. They were so delicious.”

Being treated with *The Meaning of Care* was medicine for the soul, Melissa said. Though her days in the hospital often felt long and scary, her care team always had a way of putting her at ease.

“They’re Here. They’re Safe.”

At nearly 30 weeks gestation, Dr. Lovgren noticed something peculiar. Melissa’s ultrasounds were no longer showing the starting and stopping of blood flow to Leo.

“You could see the lit-up artery on the ultrasound,” Melissa said. “It appeared as if Luca had stopped using it and just gave it all to his brother.”

“I had never seen anything like that before, so I didn’t even know to have it on my radar as a possibility,” Dr. Lovgren said. “To be honest, when I called one of my buddies who works at the Colorado Fetal Care Center, his first reaction was to laugh. Because out of the hundreds of twins they care for each month,

he had seen this happen only half a dozen times.”

“I’ll never forget Dr. Lovgren looking at me and saying, ‘Your prayer chain must be really strong because this is unbelievable,’” Melissa said.

And after 69 days in the hospital, “unbelievable” is how Melissa, who delivered at 34 weeks, described the moment on Sept. 2 when she heard the cries of her boys – little lion-hearted Leo (3 pounds, 6 ounces) and Luca (4 pounds, 6 ounces), who gave his brother light and life.

“Oh, my gosh, it was the best sound in the world,” Melissa said, becoming emotional. “Like, they’re here. They’re safe.”

In the Best Hands Possible

Despite Melissa’s eternal appreciation for Dr. Lovgren’s compassionate care and expert guidance, the humble physician refuses to take credit for her outcome.

“If you back up and take me out of the picture, and she was never admitted to the hospital, she probably would have had the same outcome,” he said. “I may not have made much of

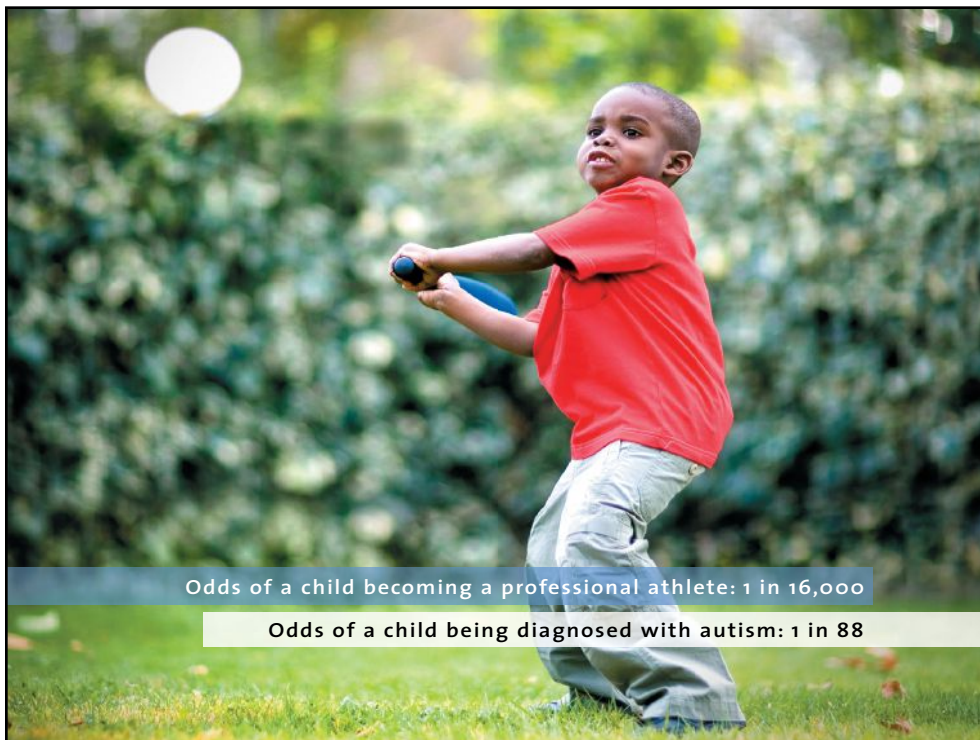


a difference in this pregnancy other than making her very worried.”

But even he can’t deny that she was in the best hands possible through it all.

“We’re unique in how many multiples we take care of,” Dr. Lovgren said of his team at the Methodist Hospital Perinatal Center. “And knowing that there’s only so much of a situation we can control, we’ve learned that it’s usually best to take a more cautious approach. Because if, God forbid, something unfortunate does happen, we can rest easy knowing we did everything we could to give these babies the best chance possible. I’m confident that had a problem happened while Melissa was in the hospital, we likely would have saved those babies’ lives.”

“Miracles do happen,” Melissa said of her boys, who spent 22 days in the Methodist Women’s Hospital Neonatal Intensive Care Unit (NICU). “I think that’s the moral of the story here. But the fact that Dr. Lovgren held himself accountable through all of this and continued to go above and beyond in making sure he was giving us the best care and information possible, that tells me there’s no way we could have gotten through this without him and the rest of our care team.”



Odds of a child becoming a professional athlete: 1 in 16,000

Odds of a child being diagnosed with autism: 1 in 88

Some signs to look for:

No big smiles or other joyful expressions by 6 months.

No babbling by 12 months.

No words by 16 months.

To learn more of the signs of autism, visit autismspeaks.org



AUTISM SPEAKS™
It's time to listen.

© 2012 Autism Speaks Inc. “Autism Speaks” and “It’s Time To Listen” & design are trademarks owned by Autism Speaks Inc. All rights reserved.



Thank you for letting us be part of *your story*



NebraskaBlue.com

BlueCross BlueShield
Nebraska

Providing Lifesaving Care in Columbus

(COLUMBUS, Neb.) – For most of her life, Lee Augustin was the epitome of health. Outside of childbirth, she cannot remember ever needing to go to the hospital, which was why she was reluctant to call for help last summer when she wasn't feeling well.

Lee had run some errands earlier on a hot day in July, and when she came home, she wasn't feeling quite right. Then, she had a tremor in her right arm. After about an hour of rest and no improvement, she decided she better call for help.

"The ambulance came to my house very fast, and they took me to the ER immediately," said Lee. "I was confused because I didn't have any pain. There were no sharp stabs, horrible throbs or weight on my chest. I thought having a heart attack would be more dramatic."

Even though she didn't have obvious symptoms, Lee did experience a heart attack, or blockage in an artery that sends blood and oxygen to the

heart. One of her doctors would later tell her it was massive — so serious, in fact, that she may not have survived without immediate care from Columbus Community Hospital. That care includes the brand new cardiac catheterization lab, which puts time on a patient's side.

Lee's arrival at the emergency room set a chain of events into motion. Her caregivers paged the ST-elevation myocardial infarction (STEMI, another word for the type of heart attack Lee experienced) on-call team, which responded immediately and brought Lee into the cath lab. There, cardiologist Dr. Sabu George inserted an intravenous (IV) needle into an artery in her wrist and used it to thread a catheter, or tiny tube, into her heart. He and his team injected dye through the catheter and used X-ray imaging to determine where the blockage was.

Once they found the blockage, they inserted a wire through the catheter, opened the blockage up with a balloon and then inserted a mesh stent to keep the artery open. "Once the artery

is opened, we basically stop the process of that type of heart attack," said Dr. George.

After Dr. George and his team finished placing the stent, they removed the balloon and catheter and transferred Lee to the intensive care unit, where she recovered under the watchful eyes of specially trained nurses.

"I am truly thankful to be sitting here and amazed that all those medical experts are right here in Columbus, so we don't have to go to Lincoln or Omaha to be saved," said Lee. "I will forever be indebted to the staff and everyone who helped me."

Lee says it's not just the life-saving measures she was thankful for — it was also how genuine and caring every staff member she met was.

"When I got to the ER, all these people were running around so busy," said Lee. "Then I heard a voice. One of my former students recognized me and told me she loved me and was there for me. I didn't need any more. I knew I was in the right place."

Lee said she experienced more acts of kindness and care over the next 48 hours while she was in the hospital, and after she left, she continued to recover with physical therapy and check-ups.

"It is just continuous, genuine Nebraska nice," said Lee. "There is no better way I could describe it."

Now Lee says she wants to be an example for other women. She didn't realize how subtle the signs of a heart attack could be. She wants all women to educate themselves on the warning signs and talk to their doctors.

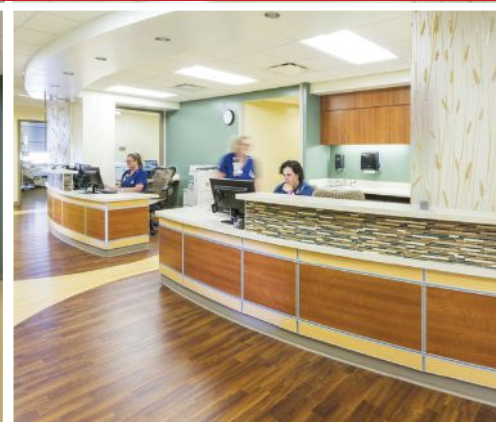
"I'm a living, walking survivor," said Lee. "Women need to be proactive and be aware to take care of themselves. And we have such great help here in Columbus."

To learn more about the cardiac catheterization lab at Columbus Community Hospital or the services available at Columbus Cardiology Clinic, visit columbushosp.org or call 402-562-4835.





We care for your construction needs so you can care for your patients' needs.



When you choose Beckenhauer Construction, you are putting your trust in a proven Construction Manager that can turn your vision into reality. Our relationships are built upon trust, honesty and integrity as is shown in our long list of repeat clients. Scan the QR code below to see testimonials.

Call **Beckenhauer Construction** to discuss how our project approach can help you meet the needs and goals of your healthcare facility: **402-371-5363** or email us at **sales@beckenhauerconstruction.com**



BCI BECKENHAUER
CONSTRUCTION, INC.

402-371-5363
www.beckenhauerconstruction.com

Nebraska Hospital Association
3255 Salt Creek Circle, Ste. 100
Lincoln, Nebraska 68504

Presorted Standard
U.S. Postage PAID
Fayetteville, AR
Permit No. 986



KNOWLEDGE

BEYOND

COVERAGE

COPIC's premier medical liability insurance offers comprehensive support built on unparalleled expertise and decades of experience. We share our knowledge through meaningful CME/CNE education, an extensive library of resources, in-depth site visits, and more. All of which help you avoid risks, improve practice protocols, and solve urgent issues quickly. **That's Value Beyond Coverage.**

 **COPIC**[®]
Better Medicine • Better Lives

CALLCOPIC.COM | 800.421.1834