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EDITOR

Adrian Sanchez, director of communications
asanchez@nhanet.org

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Created by Publishing Concepts, Inc.
David Brown, President • dbrown@pcipublishing.com
For Advertising info contact
Deborah Merritt • 1-800-561-4686 ext. 109
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Edition 65

Community Hospital: Extra steps for extraordinary care



Every day, Community Hospital in McCook takes extra steps to provide extraordinary patient care.

Those extra steps resulted in the critical access hospital's selection by the Nebraska Hospital Association (NHA) as a spotlight hospital in the CMS' Partnership for Patient's Hospital Engagement Network (HEN).

The HEN is a partnership of the American Hospital Association (AHA), NHA and 30 other state hospital associations across the nation formed to focus on quality improvement efforts in 10 areas, which include, but are not limited to, reducing certain infections, falls, readmissions and early elective deliveries. Community Hospital is one of 35 hospitals in Nebraska participating in the AHA/NHA HEN.

As part of the HEN initiative, Community Hospital is currently working on seven of the eight hospital-acquired conditions applicable to its 25-bed facility. To reduce the incidence of early elective deliveries, Community Hospital

instituted a scheduling policy to eliminate deliveries before 39 weeks gestational age, unless medically necessary. The policy change resulted in a decrease of the hospital's rate of early elective deliveries from 40 percent to 5.3 percent.

"We've been going through a tremendous amount of change and working on a lot of quality initiatives," Joleen Bradley, Community Hospital performance improvement director, said. "The results we have seen indicate the tremendous amount of teamwork demonstrated at Community Hospital," she added. "I congratulate our staff for providing evidence-based care and improving outcomes for our patients."

In 2008, Community Hospital adopted process-based management as its system to develop and improve processes, leading to quality improvements. Management of the processes helps the hospital focus on whether they are meeting and exceeding the

customer's expectations and asking what is the "voice of the customer."

The adoption of the process-based management system helped facilitate implementation of a process improvement for outpatient injection and infusion services. The successful results helped Community Hospital earn the Quest for Excellence quality award in 2011. The award is a joint initiative of the NHA, CIMRO of Nebraska, the Nebraska Department of Health and Human Services and the Nebraska Association for Health care Quality, Risk and Safety.

In addition to improvements to the hospital's early elective delivery rates and outpatient injection and infusion services, the extra steps have also helped prevent hospital-associated infections and readmissions.

Community Hospital's surgery department has achieved 100 percent compliance with the Surgical Care Improvement Project (SCIP) measures for 16 months. The SCIP collects data



Twenty-five new patient rooms in Community Hospital's 25,000 square-foot patient wing offer outstanding comfort and privacy in a homelike atmosphere, with advanced technologies to provide the highest possible quality of care.

about surgery quality measures and reports the data to CMS.

Studies show patients will have fewer post op infections and better recovery time by implementing and achieving success on the following surgery related processes:

- Antibiotic received within one hour prior to surgical incision
- Antibiotic selection
- Antibiotics stop within 24 hours of surgery end time
- Appropriate hair removal
- Urinary catheter out by post op day 1 or 2
- Temperature management in the operating room
- Beta Blocker therapy management
- Patients who receive appropriate VTE prophylaxis

Community Hospital has also taken extra steps to help patients become more engaged in their care plans, which has also led to a reduction in the rate of readmissions. Patients hospitalized for congestive heart failure, pneumonia, COPD and stroke now receive an education binder during their inpatient stays. This tool organizes the information patients and their caregivers need to form a coordinated health care plan.

With their medication list, diagnosis, diet and exercise plan, and other medical information in one convenient binder, patients and their families have a helpful, practical reference tool. Their doctors, therapists and home health team help to keep the binders up to date.

'Teach Back' techniques that encourage patients to repeat care instructions back to

their health care providers, further promote proper following of the care plan. As a result, patients become less likely to be readmitted soon after being discharged.

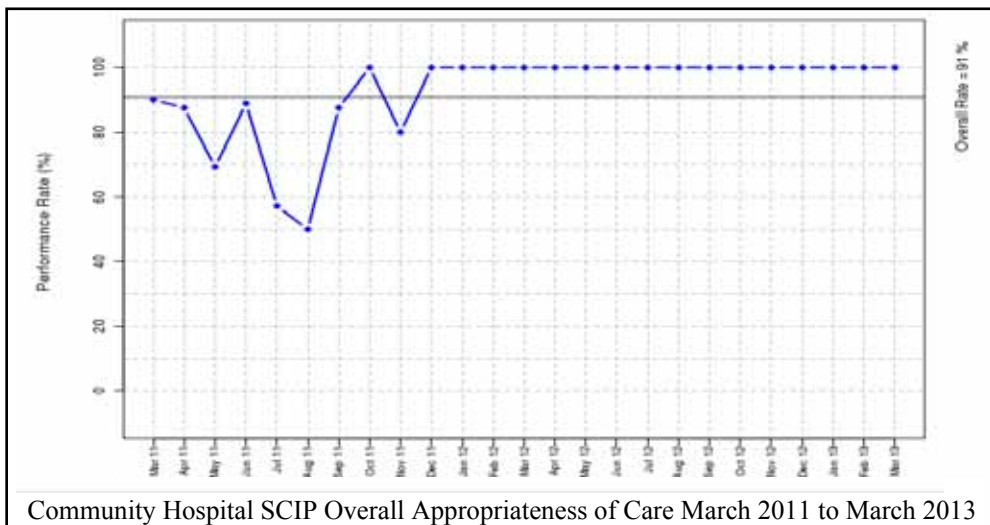
Kay Jesch, a former nurse and a heart bypass patient, feels more secure knowing she can easily find information about her care plan in her personal education binder. It stayed by her bedside as an inpatient and continued to stay by her side throughout her recovery from heart disease.

Her education binder was introduced on her second day of admission. Nurses and other providers brought information to include in the binder such as her diagnosis, special diet and meal choices, activities and therapies, medications, discharge instructions and future doctor appointments. Home health nurses found the binder information helpful to continue to reinforce the same education Kay received during her hospital stay.

"I like it for the information it contains," Kay said. "Sometimes I had to refer back to it because I couldn't remember what was said. It also made me feel safe. I knew I could look up something if I had a question," she added.

Community Hospital has also taken extra steps to improve patient outcomes.

An interdisciplinary team consisting of nurses, emergency department providers and assistants, admissions, lab, radiology and respiratory therapy staff identified a need to improve the process of caring for chest pain patients in the emergency department. Team



Community Hospital SCIP Overall Appropriateness of Care March 2011 to March 2013

continued on next page



Community Hospital's new surgery wing is designed with a central nurses station surrounded by 10 private pre- and post-operative rooms.



Soft earth-toned colors allow visitors to rest comfortably in the new surgery wing's family waiting room. The open and inviting area features a gas fireplace, coffee bar and flat screen HDTV. Full picture windows just down the hallway provide expansive views of the new healing garden.

With the new floor plan, they knew the risk of falls would increase in the new wing, so the "I Stop for Lights" initiative was recently introduced to help prevent and reduce falls in the patient wing. "I Stop for Lights" promotes patient safety and customer service through teamwork.

The purpose is to give all staff the authority and training to ensure that every call light is addressed promptly by any employee who is passing the patient room. Nurses can easily be contacted through their voice communication device and team members are trained

continued from last page

members discovered several barriers to caring for chest pain patients efficiently, but have since worked through them to determine the best way to care for the patient — as a team.

Using evidence-based practices, the team initiated "Code Buster" earlier this year. Since then, the team has seen a marked improvement in Community Hospital's core measures for Acute Myocardial Infarction and outpatient chest pain patients.

Code Buster is initiated when a patient arrives at the emergency department with chest pain. Once initiated, the team seeks to achieve the following standards: the patient receives an electrocardiogram (EKG) within 10 minutes of arrival, aspirin is administered within 24 hours, the lab test, troponin, is returned within 60 minutes and, if the patient is found to have a STEMI (a specific kind of heart attack), the patient receives the clot buster medication within 30 minutes of arrival; hence the name Code Buster.

The team has achieved the EKG standard within 10 minutes of arrival from August 2012 through February 2013 and the team continues to work on process improvement to achieve 100 percent compliance 100 percent of the time. In January 2013, the median time to EKG in the patients presenting with symptoms associated with a heart attack was five minutes.

"It is important to obtain EKGs quickly in order to identify the patients who are having changes that could be helped with the 'clot buster' medication, which in turn can help to save heart muscle," said Julie Wilhelmson, emergency department coordinator for Community Hospital.

The team discovered key items which helped with the success of the measure. The first was that emergency department

staff receives information to help them understand what the core measure standards are and that by meeting them they could serve patients better. The second was the importance of forming an interdisciplinary team, and facing and solving the barriers together.

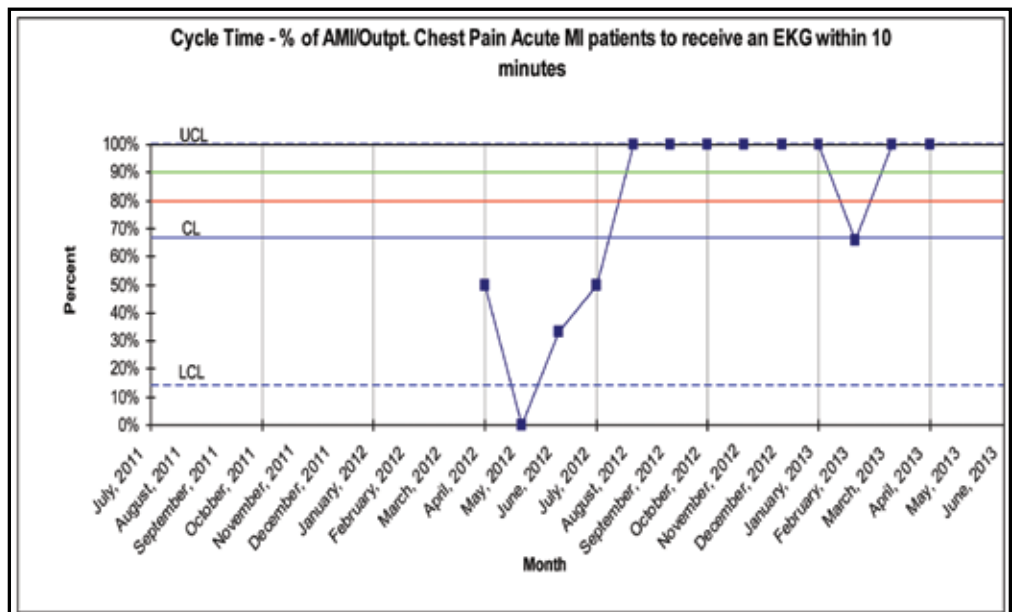
In Dec. 2010, Community Hospital completed a new patient wing, posing an additional challenge for staff, who again came together to develop a process solution. The challenge stemmed from the new floor plan because the new patient wing has long, straight hallways, compared with the former round patient pods. The patient pods enabled nurses to look directly into rooms and see if patients were trying to get out of bed, but the updated layout made monitoring each patient's activity more difficult.

to stay with the patient until the nurse or aide arrives.

One-hour training sessions were provided in April for support staff such as pharmacy, laboratory, maintenance and environmental services with the goal of eventually training all staff.

It is too soon to report how this initiative has reduced patient falls, but it has given employees more confidence in entering a patient room to assist them.

And Community Hospital is continuing to focus on taking additional extra steps to provide extraordinary patient care following construction of its state-of-the-art surgery wing in May 2012, the current remodeling of its former surgery space for outpatient services and the recent ground breaking for its Radiation Oncology Center scheduled to be completed early next year. **HN**



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Butler County Health Care Center *Celebrating 40 years in a modernized facility*



Health care delivery has undergone significant changes since Butler County Health Care Center (BCHCC) began caring for patients in 1973. That is why the 20-bed, critical access hospital in David City is proud to celebrate its 40th anniversary in a modernized facility.

Every department at BCHCC has either been remodeled, expanded or both as part of the facility's 10-year master plan. The final phase of the master plan is scheduled to be finalized by Aug. 1 following the completed expansion and renovation of the surgery department. The final phase also includes the addition of a new community wellness center and therapy services department, which opened in January.

The surgery department was practically unchanged since the hospital first opened Nov. 3, 1973, so the surgery space experienced the most significant functional and technological changes as

part of the master plan.

The new 3,500-square-foot space includes two operating rooms, a new recovery room, decontamination, clean/sterile processing and staff locker rooms.

The operating rooms were designed to accommodate a variety of surgical needs and to help reduce the turnaround time between patient surgeries, allowing more cases to be scheduled between visiting specialists and the local physicians.

The operating rooms are also now equipped with surgical equipment booms, several video monitors and a video integration system. The video integration system allows the surgeon to choose which video images he or she wishes to view and on which monitors. For example, video images from the laparoscopic camera image can be viewed on multiple monitors if necessary.

Another feature of the new surgery space is the ability to view previously

captured images from the picture archiving and communications system on a video monitor, which can also be viewed on a split screen next to a live view of the patient. The system can also be upgraded to allow for the use of telemedicine during a case if the need arises.

For many years, the vision of BCHCC has been "Helping People to Achieve and Maintain Good Health" so the community wellness center was another important piece of the board of trustee's strategic initiatives. The emphasis on wellness and prevention will only increase as health care continues to evolve. The need to provide the resources to the community to take control of their personal health and well-being was a driving force for building the new community wellness center.

The original wellness center was opened to the community in 1987, but



limited space prevented the addition of equipment and restricted the number of members that could use the facility at any given time.

Now, the new wellness center provides ample space to expand the selection of exercise equipment and membership. The new space includes an indoor walking track, group exercise room, free weights, weight machines and several treadmills, elliptical trainers, steppers and bikes.

The 10,000-square-foot wellness center and therapy services addition opened in January, and has been well received by the community. Wellness center membership increased from



approximately 280 members in Dec. 2012 to more than 800 members by May 1.

The new therapy services department includes space for physical, occupational and speech therapies. The private treatment rooms and support space is located adjacent to the wellness center, enabling therapists to utilize any of the equipment within the wellness center that might benefit their patients. The

space has allowed the recruitment of additional physical and occupational therapists, which will be used to increase capacity not only at the hospital but also at a local nursing facility and the local school system.

To recognize 40 years of serving local residents and residents from Butler County and surrounding communities, BCHCC staff, providers and its board of Trustees will celebrate the hospital's anniversary in a very modern facility that is ready to meet the needs of the area for many years to come.

BCHCC will be hosting an open house in the fall to celebrate the anniversary. As part of the celebration, tours of the entire facility will be provided to allow the community to see all of the improvements that have been made to their local hospital. **HN**

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



Nebraska's 2013 Legislative session

When the 2013 legislative session convened in January, establishing the state's next two-year budget topped the priority list for the Legislature; eliminating the state's individual and corporate income taxes through the elimination of many sales tax exemptions was a high priority of the governor; and the expansion of Medicaid eligibility was the one of several significant priorities for health care providers.

When the Legislature adjourned on June 5, it had approved the next biennium budget that begins on July 1, 2013. Notable items in the budget that pertain to health care include:

- Medicaid provider rate increase of 2.25 percent per annum;
- Nebraska Health Information Initiative (NeHII) funding of \$500,000 per annum;
- Funding for the replacement of the state's existing Medicaid Management Information System (MMIS) of \$2.8 million cash funds and \$25.6 million federal funds for fiscal year (FY) 2014-15 for the replacement of existing MMIS system;
- Rural health provider incentive program funding of \$500,000 per annum from Medicaid Settlement Funds and \$500,000 per annum Community Fund match;
- Additional one-time \$900,000 appropriation for 18 local public health departments (\$50,000

each) to support preventive health programs;

- \$300,000 per annum for six federally qualified health centers (FQHCs) (\$50,000 each) to expand dental services to uninsured low-income;
- \$150,000 per annum for purpose of funding position of dental health director;
- \$250,000 per annum to continue and

- expand nurse visitation program; and
- \$1.5 million general funds for each year of FY 2013-14 and FY 2014-15 for the University of Nebraska Medical Center College of Nursing—Lincoln Campus that commits future state funding for the remaining \$11.8 million to complete this building project



Sharon Lind, CEO of Ogallala Community Hospital in Ogallala, speaks to nearly 300 participants who gathered on the west steps of the Capitol in May to support LB577 and the expansion of Medicaid in Nebraska. Lind joined Sen. Kathy Campbell of Lincoln, Sen. Steve Lathrop of Omaha and other proponents to tout the net benefit expansion would have on hospitals and the state.

Eliminating income taxes and expanding Medicaid were seriously debated in the committees with jurisdiction and on the floor; however, neither issue made it through the legislative process. Both subjects will receive a great deal of attention during the interim as policymakers work to overcome the obstacles for each and both will be closely scrutinized and vigorously debated in 2014.

Early in the session, the Revenue Committee heard testimony on two income tax elimination proposals. One would have eliminated all individual and corporate income taxes by shifting the state's revenue source to increased sales taxes paid primarily by agriculture, manufacturing and health care. The other proposal would have only eliminated corporate income taxes; again shifting the burden to replace those lost revenues to sales taxes on agricultural chemicals and health care. Both bills were opposed by those adversely affected. Based on the magnitude of opposition to those two measures, both legislative bills were withdrawn from consideration for 2013, but not before a Tax Modernization Committee was established to examine Nebraska's income, sales and property taxes. That

committee will be meeting throughout the summer and fall to examine all aspects of Nebraska's tax structure, searching for a way to bring Nebraska's tax code into the 21st century. A committee report is due Dec. 15.

Medicaid expansion was another topic that garnered a great deal of vigorous debate. When the Affordable Care Act was signed into law by the president in 2010, the expansion of Medicaid eligibility to 133 percent of the federal poverty level was mandatory for each state. In 2012, the U.S. Supreme Court ruled that Congress could not impose such a mandate on states. Now each state is trying to decide if it should expand that eligibility and accept the federal matching funds that come with it. The Health and Human Services Committee advanced the Medicaid expansion proposal to the floor for its first round of debate on General File. Although the issue received extensive debate, proponents were unable to overcome a filibuster by the opponents. Until such time as an agreement can be reached between the proponents and opponents or when at least 33 senators are willing to vote to cease debate and call for a vote, Medicaid expansion will stay where it is in the legislative process.

By the time the Legislature had finished its work, it made many more changes that will impact the ability of hospitals and other health care providers to provide affordable, accessible and high quality care. Notable legislative action includes:

- Adoption of the Newborn Critical Congenital Heart Disease Screening Act that requires all newborns to undergo a critical congenital heart disease screening and results shall be reported to the newborn's physician.
- Redefinition of nurse practitioner practice to include "acute" as follows: Nurse practitioner scope of practice includes health promotion, health supervision, illness prevention and diagnosis, treatment, and management of common health problems and acute and chronic conditions.
- Modification of Pharmacy Practice Act and Automated Medication Systems Act to allow for supervision of technicians via real-time auditory and video communication system and allow for automated medication systems to be


registered and operated in a long-term care automated pharmacy.

- Create the Nebraska Exchange Transparency Act to provide state-based oversight regarding the implementation of a health insurance exchange or marketplace.
- Require hospitals to offer tetanus-diphtheria-pertussis vaccinations to all hospital employees of a single dose of tetanus-diphtheria-pertussis vaccine.
- Require each general acute hospital, intermediate care facility, nursing facility and skilled nursing facility to offer onsite vaccinations for diphtheria, tetanus, and pertussis to all residents and inpatients prior to discharge.
- Provide for partner treatment relating to sexually transmitted diseases by allowing expedited partner therapy for treatment of gonorrhea and chlamydia.
- Enhance telehealth services for children to improve access to behavioral health care in rural or undeserved areas.
- Licensure of insurance navigators who are individuals or entities, other than an insurance producer or consultant that

receive any funding, directly or indirectly, from an exchange, the state, or the federal government to perform the duties identified in the Affordable Care Act.

Developing responsible public policy is an endless process. As one session ends, preparation for the next one begins. Work is already underway to develop the NHA's priorities for next year.

One of those priorities will be the transformation of the way care is delivered in Nebraska to enhance quality and make it more affordable and accessible. Other priorities will include expansion of Medicaid eligibility and the development of a state tax policy that is balanced and fair to all constituencies in Nebraska. Other groups will have priorities as well. It will be a very busy summer, fall and early winter as we all prepare for 2014.

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

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By Kevin Conway, vice president,
health information



Health care IT improvements funded in the 2013-14 Nebraska budget

The \$7.8 billion biennial state budget adopted by the Nebraska Legislature includes a number of line items to fund improvements to that state's health information technology system.

Although Gov. Dave Heineman vetoed \$2.8 million in state funds to replace the state's Medicaid Management Information System (MMIS), the veto simply delayed funding for the project from the first year to the second year of the two-year budget.

Nebraska's current MMIS system was put into place in 1978. The system does not give the Department of Health and Human Services (DHHS) the support it needs to manage current Medicaid claims activity.

The sooner the system is replaced, the more effective Nebraska can be in adapting to evolving health care delivery and financing systems.

In his May 25, 2013 letter, the governor explained why he vetoed the \$2.8 million in cash funds and \$25.5 million in matching federal funds. According to Heineman, DHHS does not have the resources to implement requirements of the Affordable Care Act, provide support for ACCESSNebraska and replace the MMIS system concurrently, so he opted to push the MMIS project back a year.

An additional \$500,000 annual allocation for each of the two years was also included in the state budget to support

the Nebraska Health Information Initiative (NeHII). Although the budget description reads "NeHII", funds will actually be used to support both NeHII and the Electronic Behavioral Health Information Network (eBHIN). About two-thirds of the funds will be used for NeHII activities and the remaining funds will benefit eBHIN.

Working with NeHII and Manatt Health Solutions, the DHHS updated its Health Information Technology Implementation Planning Document (IAPD) to include these budgeted funds. The IAPD is the part of Nebraska's State Medicaid Health Information Technology Plan (SMHP) and is the state roadmap for administering the Medicaid Electronic Health Record Incentive Program payments. Both are approved by the Centers for Medicare and Medicaid Services (CMS). The IAPD requests prior approval for implementation funds to put in the SMHP. The IPAD outlines the implementation plan and request federal matching funds to acquire and implement the proposed State Medicaid HIT Plan services and equipment. The result is that the \$500,000 is included in the HITeCH 90/10 matching funds and will receive a \$4.5 million annual match from CMS.

That gives both NeHII and eBHIN additional funds to continue their development and deployment. This will include items such as immunization gateway, accelerated connectivity to 35 critical access hospitals, other high priority hospitals and seven federally qualified health centers.

Improvements to Nebraska's health information technology system will help improve patient care, reduce health care costs and reduce fraud, so investing in the state's system now will reap benefits in the future.

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

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9/12

By David Burd, FHFMA
vice president, finance



Recovery Audit Contractors — Audits by the lowest bidder

The Medicare program processes more than one billion claims, submitted by more than one million providers, each year. Due to the large quantity of claims processed, it is no easy task to ensure fraud is prevented and claims are paid appropriately.

To accomplish this monumental task, the Centers for Medicare and Medicaid Services (CMS) uses several contractors to ensure that claims are paid according to Medicare guidelines. One such contractor is the Recovery Audit Contractor (RAC). RACs were authorized by the Tax Relief and Health Care Act of 2006 and mandated to be implemented by Jan. 2010.

CMS divided the country into four regions and each region has entered into a contract with a RAC to identify claim overpayments and underpayments. The RACs are paid a contingency fee by CMS based on a percentage of the claims they deny. Nebraska is included within Region D, which is assigned to the RAC, Health Data Insights (HDI).

The Nebraska Hospital Association (NHA) supports efforts to eliminate fraud within the Medicare program and to ensure that claims are paid accurately. However, at a time when a lot of attention is being given to initiatives that reduce health care costs, it is essential that these efforts are conducted in a way that minimize the administrative burden on providers and prevent any additional costs from being added to the health care system. RAC's should be selected based on their qualifications, Medicare fee-for-service auditing experience and responsiveness to the providers that they audit. RAC's should not be selected based on which contractor submits the lowest bid for the work, without serious consideration being

given to the quality of their work and their responsiveness to the hospitals they audit.

In April 2013, the NHA (along with the hospital associations in Iowa, Kansas, Minnesota, Missouri, North Dakota and South Dakota) sent a letter to CMS expressing concerns regarding contracts being offered to RAC's based on who was the lowest bidder and not necessarily based on who possessed the highest qualifications.

The May 2013 response from CMS indicated that they follow the Federal Acquisition Regulation (FAR) in carrying out their acquisitions. According to CMS, the first step in the RAC procurement process is to determine each bidder's technical acceptability.

"This means that each proposed contractor must meet minimum technical requirements and demonstrate that they can perform the required tasks," according to the CMS response.

In other words, instead of being evaluated and ranked based upon their qualifications, the contractor is deemed to be qualified once minimum technical requirements have been met.

CMS has made improvements to the RAC program since its inception. However, these improvements have not gone far enough. Continuing concerns regarding the RAC program include the following:

- RACs are not impartial judges of payment accuracy because they are paid based on a contingency fee for every claim they deny;
- RAC auditors second guess the medical decisions made by physicians who examined and treated a Medicare beneficiary in a hospital;
- RACs may audit services that are up to three years old, but hospitals

can only rebill RAC decisions on services from the prior 12 months;

- RAC appeals are adding costs to an overloaded system with nearly 75 percent of all appealed claims still sitting in the appeals process;
- Each appeal typically requires two years for a final decision.

The Medicare Audit Improvement Act of 2013 has been introduced (H.R. 1250 in the House and S. 1012 in the Senate) to address many of the problems with the RAC program. The bill would require full payment for care that is reasonable and necessary, would establish manageable limits on medical record requests, would ease the heavy administrative burden for hospitals and would require transparent reporting of RAC audits and appeals. The NHA strongly supports the passage of the Medicare Audit Improvement Act of 2013.

Nebraska hospitals take their obligation seriously to properly bill for the services they provide to all patients. Hospitals have made significant investments in personnel, software and compliance programs to avoid costly and time-consuming inaccuracies. The RAC program serves an important role in helping to ensure that Medicare payments are made accurately. However, the program should be administered by contractors that have qualifications that rise above minimum thresholds and should minimize the burden placed on providers that are working hard to provide high quality care to patients while at the same time reducing the cost of providing the care.

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



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By Monica Seeland, RHIA
vice president, quality initiatives



Nebraska hospitals — Your leaders in quality

Many Nebraska hospitals are participating in the CMS' Partnership for Patient's Hospital Engagement Network (HEN). The Nebraska Hospital Association and 35 Nebraska hospitals have partnered with the American Hospital Association and 30 other state hospital associations to focus their quality improvement efforts in 10 areas, which include reducing certain infections, falls, pressure ulcers, adverse drug events, readmissions, venous thromboembolism and early elective deliveries.

One of the first areas of focus was to reduce the number of early, elective deliveries (EED). An EED is a delivery between 37-39 weeks gestational age

for which there is no medical indication for the early delivery. Research has shown that an EED without medical or obstetrical indication is linked to neonatal morbidities with no benefit to the mother or infant. The American Congress of Obstetricians and Gynecologists have consistently advised against non-medically indicated elective deliveries prior to 39 weeks gestation.

According to the March of Dimes:

- A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 40 weeks;
- During the last six weeks of pregnancy, your baby's brain adds


connections needed for balance, coordination, learning and social functioning;

- Babies need 39 weeks to gain weight in the womb; babies born at healthy weights can stay warmer than babies that are too small;
- Babies born early are more likely to have feeding problems because they can't coordinate sucking, swallowing and breathing as well as full-term babies.

The March of Dimes offers professional and consumer education materials about the importance of a full-term pregnancy and the critical development of the brain, lungs and other organs that occur during the last weeks of pregnancy.

To reduce the availability of EEDs, hospital leadership — physicians, nurses and administrators — are implementing scheduling policies that address early deliveries when no medical reason is present. In many hospitals across Nebraska, hospital leadership have already implemented a policy that specifically defines acceptable instances of early delivery to eliminate guesswork for clinicians and hospital staff and which sets clear guidelines for care delivery. The policy includes a "hard stop," the point at which the physicians discuss the best course of action for the baby and decide whether it is safe to wait until 39 weeks gestational age before scheduling the delivery.

After Community Hospital in McCook instituted the policy, the HEN partner decreased its EED rate from 40 percent to 5.3 percent — a result that should be applauded and a goal that all hospitals should strive to achieve.

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

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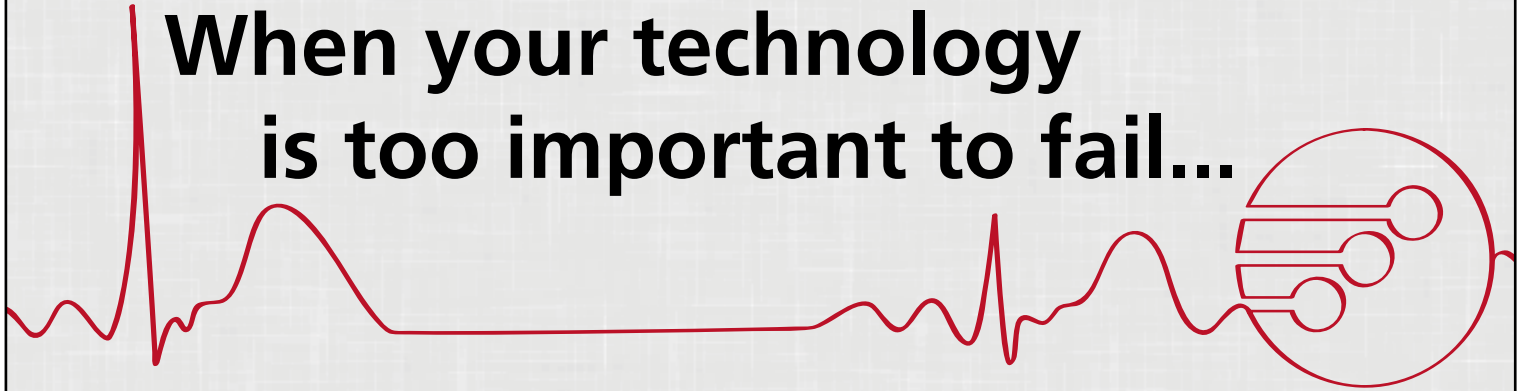
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NHA 2013 Annual Convention

October 23-25, 2013

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The 86th NHA 2013 Annual Convention provides attendees with access to nearly 50 educational and inspirational learning sessions providing the latest trends, innovations and best practices in health care. They can also exchange ideas and have fun with peers and decision makers at keynote and breakout sessions, breaks and special events; earn continuing education credits' participate in outstanding keynote sessions featuring nationally recognized professionals; gain leading edge strategies and ideas from acknowledged experts from across the country; and view and evaluate state-of-the-art health care products and services.

The NHA Annual Convention features 15 breakout sessions, open dialogue sessions, the largest health care trade show in Nebraska, networking socials and the 34th annual The Caring Kind awards luncheon.

Several allied health care organizations also hold their annual meetings during the NHA Annual Convention.

Opening keynote speaker: Wednesday, October 23

DAN BUETTNER



Dan Buettner is an internationally recognized researcher, explorer, and New York Times bestselling author and National Geographic Fellow. He founded Blue Zones®, a company that puts together

the world's best practices in longevity and well-being to work in people's lives. Mr. Buettner's National Geographic cover story on longevity, "The Secrets of Living Longer" was one of their top-selling issues in history and made him a finalist for a National Magazine Award. His books "The Blue Zones: Lessons for Living Longer From the People Who've Lived the Longest" (2008) and "Thrive: Finding Happiness the Blue Zones Way" (2010) appeared on many best-seller lists and were both featured on Oprah.

In 2009, Dan Buettner, in partnership with AARP, applied principles of the Blue Zones to

Albert Lea, Minnesota, and successfully raised life expectancy and lowered health care costs by some 40 percent. He's currently working with Healthways to implement the program in the Beach Cities of Los Angeles. Their strategy focuses on optimizing the health environment instead of individual behavior change. Writing in Newsweek, Harvard University's Walter Willet called the results "stunning."

Dan Buettner holds three world records in distance cycling and has won an Emmy Award for television production.

Keynote speaker 2: Thursday, October 24

JOHN BLUFORD



John W. Bluford has served as Truman Medical Centers' (TMC) president/CEO for the past 12 years. Mr. Bluford's tenure at TMC is part of a distinguished career in hospital and health system administration

that has spanned more than three decades. John Bluford is a nationally known health care innovator who has been recognized by Modern Healthcare as one of the "Most Influential People in Healthcare."

In 2011, the American Hospital Association board of trustees elected Mr. Bluford as chairman of the board following several years of service on various committees with the association. He is also a past chair of the National Association of Public Hospitals, past chairman of the Missouri Hospital Association and past chair of the Greater Kansas City Chamber of Commerce.

Among the accomplishments Mr. Bluford is most proud of in his career, is helping to change the culture of the organizations he has led to become more customer service and patient safety-oriented and more innovative. Above all, he has succeeded at transforming the hospitals he has led into hospitals of first choice for patients, employees and community partnerships. In 2005, TMC was honored by University Health System

Consortium as one of the Top Five Academic Medical Centers in the country.

John Bluford's financial accomplishments at TMC include increasing total net revenue by 144 percent from \$197 million over the course of 11 years (1999-2010) and a quadrupling of commercial insurance revenue. TMC has invested over a quarter billion in capital improvements and technology during his tenure. Revenue enhancements have occurred despite TMC's safety net mission of caring for the disproportionate share of the uncompensated care burden of its community. Additionally, he is proud to have developed the TMC Corporate Academy, the Center for the Healing Arts Gallery and an employee culture of health and wellness.

Mr. Bluford began his career in 1972 as the evening administrator at Cook County Hospital in Chicago, Illinois. Prior to coming to TMC, he served for 21 years in various leadership capacities at Hennepin County Medical Center in Minneapolis, Minnesota, including the last six as its CEO.

His awards and achievements are numerous and include Northwestern University's Kellogg School of Management-Laura Jackson Award (2011), Kansas City's Nonprofit Professional of the Year Award (2011), Richland (South Carolina School District) One Hall of Fame (2010), Missouri Hospital Association's Distinguished Service Award (2009), Modern Healthcare 100 Most Influential (2007), NCCJ Harmony Distinguished Citizen Award (2006), Urban League Difference Maker Award (2006), NAACP Special Achievement Award (2004) and Missouri Hospital Association Visionary Leadership Award (2003).

Mr. Bluford has presented nationally and internationally on the subjects of managed care and change management in health care organizations. His international presentations include "The Changing USA Health Care Marketplace," Alyn Orthopedic Hospital, Jerusalem, Israel; "Managed Care and the Future," Siemens Incorporated, Erlangen, Germany and "Responsible

Privatization,” Conference for Independent States, St. Petersburg, Russia. He is a frequent contributor to Modern Healthcare, Healthcare Leaders, and the American Hospital Association News publication.

Women’s Leadership Luncheon speaker/performer: Thursday, October 24 PIPPA WHITE



Pippa White turned to solo performing in 1994. Previously, she had an extensive career in theatre and television on the West Coast, including five years hosting a daily morning television show at ABC in San Francisco.

She calls her One’s Company Productions “part theatre, part storytelling, part history.” Audiences call them unique, captivating, and touching. To date she has crisscrossed the country many times touring to thirty states, including California, New York, Connecticut, Colorado, Texas, Florida, Illinois, Washington and Alaska. She has performed at universities and colleges, performing arts centers, museums, libraries and festivals. Conferences often use her unusual performance pieces and feature her as a keynote speaker. She has been featured at the Civic Center of Greater Des Moines in their Applause Program many times. Other venues and organizations include the Gallagher-Bluedorn Performing Arts Center, the University of Nebraska, Iowa State Center, the Connecticut Hospital Association, SUNY Orange, San Diego State University School of Nursing, Metropolitan State University-St. Paul, Miami Children’s Hospital, the Association for Career and Technical Education, Kansas City Young Audiences, and several theatres and storytelling festivals. The Director of Special Projects at the Iowa Department of Cultural Affairs calls Pippa “the highest quality artist,” and the Kansas Storytelling Festival said her performance was “one of the high points in our festival history.” An audience member recently captured the gist of Pippa’s unique presentations when he said, “her performances are entertainment wrapped in history intertwined with inspiration.”

Pippa White has a BA in English from the University of Nebraska-Lincoln. In addition to performing, she offers workshops and residencies, and has been a teaching artist with the Nebraska Arts Council for 19 years.

She is actively involved in aesthetic education through the Arts Are Basic Program. She has received several awards in recognition of her work, including two Individual Artist Fellowship awards from the Nebraska Arts Council.

Closing keynote speaker: Friday, October 25 DAVE deBRONKART



Dave deBronkart, widely known as “e-Patient Dave,” is a cancer patient and blogger who has become a noted activist for health care information transformation through

participatory medicine and personal health data rights. The term “e-Patient” was coined by “Doc Tom” Ferguson, M.D. and is the subject of his seminal paper, “e-Patients: How They Can Help Us Heal Health Care,” funded by Robert Wood Johnson’s Pioneer Portfolio.

In 2012, the National Library of Medicine’s History of Medicine announced that it is capturing deBronkart’s blog into its archives. A successful speaker in high tech before his illness, he is the leading spokesman

for patient engagement, attending over 180 conferences and policy meetings internationally in the past two years. He is a founder, board member and past co-chair of the Society for Participatory Medicine, formed by Ferguson’s followers after his death, and was one of the patient participants in the OpenNotes project.

In 2009, Mr. deBronkart’s blogging about health IT put him on the front page of the Boston Globe and thrust him into Washington, D.C. policy discussions about patient access to medical records under Meaningful Use. He has appeared in Time, Wired, U.S. News and HealthLeaders cover story “Patient of the Future.” In 2009, HealthLeaders named him and his doctor to their annual list of “20 People Who Make Healthcare Better” for their role as founding co-chairs of the Society of Participatory Medicine, bringing official recognition to the importance of the e-Patient movement.

In 2011, his TEDx talk On.TED.com/Dave went viral globally, rising into the top half of the most-viewed TED talks of all time. Volunteers have added subtitles in 26 languages. Its tagline is his appeal—“Let Patients Help.” **HN**

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By Adrian Sanchez, director of communications



NHA 2013 Mid-Year Meeting: Innovative leadership



Best-selling author and renowned global futurist Jack Uldrich speaks to the audience about his latest book is “Jump the Curve: 50 Essential Strategies to Help Your Company Stay Ahead of Emerging Technologies.” Uldrich’s other books include a best-seller, “The Next Big Thing is Really Small: How Nanotechnology Will Change the Future of Your Business,” and the award-winning “Into the Unknown: Leadership Lessons from Lewis & Clark’s Daring Westward Expedition.”

For nearly 30 years, I thought I knew the most efficient way to tie my shoes, but keynote speaker Jack Uldrich opened my eyes to a better way during the Nebraska Hospital Association’s 2013 Mid-Year conference.

The NHA’s 2013 Mid-Year Meeting held in May at the Younes Meeting Center in Kearney also featured keynote speaker and retired U.S. Army Maj. Gen. David Rubenstein, who conducted an inspirational and moving presentation regarding the qualities of a true leader.

Uldrich, a best-selling author and renowned global futurist, demonstrated to the more than 200 conference participants how current and near-term advances in technology have and will continue to radically transform health care.

While some in the health care industry are reluctant to embrace technology, Uldrich said machines will not replace humans in health care. Instead, technology will be a tremendous asset that will allow providers to focus on patients while technology focuses on ailments.

“Technology will allow us to focus on the human elements of health care,” Uldrich said.

But perhaps the most enlightening aspect

of his entertaining and informative presentation was his focus on “unlearning”.

During his presentation, Uldrich utilized multimedia brain teasers and audience participation to demonstrate how conventional assumptions to complete routine tasks may blind us from discovering a creative, innovative and more efficient method to accomplish the same goal. A universally simple and straight forward example was how to tie a shoe.

Uldrich presented a video on a 2005 TED Talk with

presenter Terry Moore, which demonstrated how the conventional shoe tying method resulted in a weak, inferior knot. Moore demonstrated how, with a minor adjustment, a superior knot could be achieved by simply wrapping the lace around the bow in the opposite direction.

That is just one example of how routine thinking can lead to inferior results and Uldrich challenged those in attendance to set aside 30 minutes a week to focus on a facility issue and try to devise a variety of potentially innovative solutions.

The day after keynote speaker Jack Uldrich eliminated the need to double-knot my shoes, Rubenstein conducted a captivating presentation regarding the qualities of a true leader.

The retired U.S. Army major general reflected on the stories of military members and officers who demonstrated heroic leadership while facing injury or death, a few in their first days of active duty.

Rubenstein shared these case studies to demonstrate how, no matter how bleak circumstances may seem, a true leader

can face tremendous challenges and demonstrate the awareness and courage to tackle them head on, even in health care.

“A successful health care organization requires a coherent and dedicated team aware and supportive of the organization’s mission, vision, values; while following leaders who lead with a developed personal mission, vision, values and philosophy,” Rubenstein said.

In addition to the two keynote speakers, the three day conference included six breakout sessions regarding issues facing Nebraska’s critical access hospitals.

The NHA would also like to congratulate the NHA-HFMA Annual Golf Tournament Winners!

First Place

Tim Olson - The Olson Group, Omaha
Ranee Hoarty – Retired (formerly Fillmore County Hospital)
Jeanne Ackland - Fillmore County Hospital, Geneva
Joe Barbaglia - Columbus Community Hospital, Columbus

Second Place

Don Anderson – Credit Management, Grand Island
Dan Griess – Box Butte General Hospital, Alliance
Matt Sells – Brown County Hospital, Ainsworth
Jennifer Modlin – Credit Management, Grand Island

Third Place

Chris Denney – First National Bank, Omaha
Ben Titus – First National Bank, Omaha
Mark Harrel – Phelps Memorial Health Center, Holdrege
John Johnson – Quorum Health Resources, Boulder, CO

Adrian Sanchez, director of communications, may be reached at asanchez@nhanet.org. **HN**



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