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Radiologic Technologists Kara Morrison and Dan Masters operate the newly purchased CT scanner and perform computerized tomographic scanning.

HEALTH CARE GAINING GROUND IN SOUTHEAST NEBRASKA

COMMUNITY MEMORIAL HOSPITAL MEETS GROWTH OPPORTUNITIES HEAD-ON

By Kelley Porter, Director of Communications

Critical access hospitals across the nation face similar challenges—limited staff size, limited physical space and

limited financial resources among them. But one southeastern Nebraska facility, Community Memorial Hospital (CMH),

only sees these challenges as stepping stones along its way to a growing future for area health care.



Lisa Voorhees, clinic manager, outside the front doors of the two-year-old Syracuse Medical Center, attached to the hospital.

In Syracuse, a town of approximately 1,700, residents' first choice for health care is shifting from driving the 25 minutes to Lincoln or 45 minutes to Omaha and instead leading them to CMH. CMH also provides health care services for approximately 8,000 residents in surrounding communities and rural areas. Licensed for 18 beds, the hospital has an average of three to four inpatients each day, and the number of patient days has increased around 20 percent for each of the last three years.

Growing Services

CMH CEO Michael Harvey believes the larger the organization gets, the more services they can provide and the more patients they can keep closer to home.

The addition of an in-house 16 slice CT scanner in 2008, for instance, allows them to diagnose more patients rather than having to send them to Lincoln like they previously did. “This has resulted in increased quality and timeliness of care for our patients,” Harvey says.

The number of CT scans performed each month has roughly doubled since the installation of the scanner, leading to the addition of another radiology technician, for a total of one part-time and three full-time technicians. The growth in technology and staff means faster exam times and faster results for their patients.

Next door to the hospital is the Syracuse Medical Center, which opened in its new location two years ago and houses three physicians and one physician assistant. Here, the family practice clinic visits have increased by



The Syracuse Medical Center will soon be one of two family practice clinics for CMH, with the addition of the Weeping Water clinic.

an average of seven percent each of the last three years. The staff and new location are credited for this growth.

“Our biggest accomplishment is our new location, attached to the hospital. It’s large enough to fit all



continued on next page

A view outdoors at the south end of the Fitness Plus Center's indoor track provides members with a connection to nature.



The Auxiliary's thrift shop building was home to Syracuse Medical Center until the new family practice clinic facility was built two years ago.



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of us, and it's very efficient for our physicians," explains clinic manager Lisa Voorhees.

Another area of CMH experiencing record growth is Home Health. Visits by Home Health staff increased by 33 percent in one year, keeping the three nurses and two nurse aides quite busy. An aging population and CMH's overall growth and staff credentials are among the factors in this service's popularity.

"Public knowledge is also a contributor—the public knows what is available," says Amy Frederick, RN, Home Health director.

Growing Staff

Staffing still presents its challenges in a small town, but CMH offers one innovative way to maintain their employees' enthusiasm: free CMH Fitness Plus Center membership to the 86-plus employees, with \$5 per month family memberships available.

"It's a small fitness center, but it provides services that you would need to drive a considerable distance to get," Harvey says, including a swimming pool, weight rooms, cardio-exercise equipment, half-court basketball, aerobics classes, swimming lessons, an Aerobics and Fitness Association of America certified fitness instructor and an indoor track.

The Fitness Plus Center was built in 1997 for community use, and the benefits it provides to area residents have bolstered CMH's reputation and growth.

Growing Revenue

Overall, CMH's revenue has increased an average of 15 percent each of the last three years. Harvey credits the area's population growth, the expansion of facilities and services and more people recognizing the quality of care.

Additional projects have been financed by the CMH Auxiliary's thrift shop, which opened last year. In just eight months, the shop

brought in \$26,000 from the sale of donated items—so many donated items that their large building is at capacity. The store is open all day Friday, Saturday morning and Monday evening, and is staffed by volunteers.

When the thrift shop opened in the former family practice building, “we didn’t know what to expect and didn’t expect they would be making that kind of money in just eight months,” Harvey says. The majority of the income goes to special projects in the hospital.



Growing for the Future

This fast-paced increase in work for CMH means more changes on the horizon.

To serve surrounding population centers, CMH is adding another physician clinic in Weeping Water, Neb., 20 miles north of Syracuse. One physician or mid-level health care provider will work out of this new facility, reducing the workload of the physicians currently at Syracuse Medical Center and improving care to Cass County residents.

Back at home, CMH is adding a respiratory therapy department and pulmonary lab. They’re currently hiring their first on-staff pharmacist and are in the process of forming a foundation to assist the hospital’s efforts.

With an eye on the environment, rising supply costs and patient information security, CMH is also in the process of going paperless. Harvey reports they’re three-quarters of the way through a complete information-system conversion to a Dairyland platform.

The first phase, converting all financial information to the new system, was completed in December 2007. They’re working on the second phase now. Nurses will eventually be able to document notes, order lab tests, receive lab results and do even more by computer. This time-saving effort will allow physicians and nursing staff to immediately view a patient’s medical history by simply opening an electronic file. The project is scheduled to be completed by January 2009.

Growing Visibility

With many projects going at once, CMH administration understands the best way to continue this growth is to keep the community’s support. Because people cannot support you if they don’t

know you’re there, CMH strives to remain active in the area.

CMH exhibits at the Otoe and Cass County fairs and sponsors events at the annual Germanfest celebration. Fitness Plus Center Director Terri Janssen is also involved with 55 Plus, a free educational lunchtime seminar that covers topics of concern to older citizens.

The hospital uses advertising and community projects to continually educate residents of its services. CMH is active in the Syracuse Chamber of Commerce and in sponsoring different community events.

“Our community’s perception seems to be positive,” Harvey says.

And that can only mean more growth is on the way. **IN**

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QUESTIONS SURROUND PHARMACEUTICAL WASTE DISPOSAL

By Kelley Porter, Director of Communications

Pharmaceutical waste disposal has become a challenge for health care facilities. The Environmental Protection Agency (EPA) and state environmental regulatory agencies are more actively monitoring hospital waste streams. In fact, the EPA intends to conduct surveys of 3,000 hospitals in 2009, many of which could be located in Nebraska. It is crucial for health care facilities to review current policies and procedures to ensure compliance with both federal and state environmental regulations. Best management practices should be updated as needed and monitored regularly. Most health care organizations have hazardous waste management processes already in place; however, the main concern lies in not directing hazardous pharmaceuticals to the proper waste streams.

Regulation and Practices

The Resource Conservation and Recovery Act (RCRA) was enacted by Congress in 1976 to regulate the disposal of chemicals—including pharmaceuticals. This act is enforced by the EPA, other entities and authorized state agencies.

The act defines hazardous waste as “chemicals or formulations so detrimental to the environment that they must be separated for special disposal and cannot be introduced into sewers or placed in landfills.” Health care sites must identify which pharmaceuticals meet the criteria of a hazardous waste as defined.

RCRA regulates the management of hazardous waste using a “cradle-to-grave” approach. In other words, a hazardous waste is regulated from the moment it is created to the time of its final disposal. In addition to these federal requirements, states may develop more stringent requirements or requirements that are broader in scope than the federal regulations.

Common practices in the past consisted of disposing pharmaceutical residual in sewers, landfills, and hospital or municipal incinerators. Most hospital drug waste is discarded as infectious or biomedical waste in red sharps containers or red bags, which are disposed at medical waste treatment plants with the assistance of a hospital-contracted waste hauler.

Responsible managers, including chief executive officers, are liable for any violation of the laws. The EPA and some states have begun stricter enforcement of RCRA and have imposed significant fines for noncompliance and negligence, with some fines being levied at CEOs and pharmacists.

Protecting the Environment

The disposal of hazardous waste has an environmental impact. The EPA issued a news release on August 6, 2008, declaring their interest in understanding the potential effects of pharmaceuticals in water. According to the news release,

“The agency is also commissioning the National Academy of Sciences to provide scientific advice on the potential risk to human health from low levels of pharmaceutical residues in drinking water.”

“Water is a vital commodity and we must do anything in our power to keep it as pure and pristine as possible,” says Al Klaasmeyer, NHA

IT IS CRUCIAL FOR HEALTH CARE FACILITIES TO REVIEW CURRENT POLICIES AND PROCEDURES TO ENSURE COMPLIANCE WITH BOTH FEDERAL AND STATE ENVIRONMENTAL REGULATIONS.

Vice President of Subsidiaries and task force liaison. “Determining best management practices and finding a statewide solution to comply will be better for health care facilities, the community and the environment in general.”

NHA Involvement

Recognizing the need to address issues pertaining to this challenge, the Nebraska Hospital Association has developed a task force consisting of hospital representatives, government officials and pharmaceutical experts. The first meeting of the task force took place on August 12, 2008, with the goal of establishing a process

toward compliance with the RCRA in identification of medications for pharmaceutical waste streams and the disposal of both non-hazardous and hazardous pharmaceutical waste.

During the meeting, attendees voiced their concerns in regards to pharmaceutical waste definitions, current hazardous waste management practices, recycling programs available and regulatory requirements.

“We all are very willing to do the right thing, but what is the right thing? We need to be informed of the legal expectations in regards to the disposal of unused medications, and where and how to dispose of them,” says Reginald L. Hain, R.P., Director of Pharmacy at Litzenberg Memorial County Hospital. He states that almost all clinical areas in his facility will need procedural training once a best management practice is determined.

Task force members recognize the work ahead, as well as the impact of finding a solution. “The challenge of appropriately managing pharmaceutical waste is not unique to Nebraska, but to the entire country. Lack of education is the biggest challenge. The current pharmacy school curriculums do not provide education on the topic of pharmaceutical waste and there are very few articles written on the topic,” says Fred Massoomi, Pharm.D., FASHP, Pharmacy Operations Coordinator at the Nebraska Methodist Hospital and chair of the NHA task force. “The complexity of the issue is compounded by the number of agencies that regulate pharmaceutical waste and differences between the regulations.”

The task force’s goal is to develop a model compliance outline in the near future that will assure continuity for the disposal of pharmaceutical waste for all hospitals in Nebraska. The development of pharmaceutical systems to identify and categorize pharmaceutical hazardous waste for disposal is the first step in compliance with RCRA. Metro hospitals employing more than one pharmacist already have a system in place and have developed agreements with



hazardous waste vendors or utilize non-hazardous waste vendors as their brokers for hazardous waste. Larger critical access hospitals employing a full-time pharmacist(s) are reviewing information to begin appropriate efforts and anticipate having a system in operation in late 2009.

The proper disposal of pharmaceutical waste is not only a matter of regulatory compliance but a matter of saving the environment for the generations to follow. The Pharmaceutical Waste Disposal Task Force has an opportunity to create a plan to make Nebraska a “greener” state. **HN**



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Ronald J. Cork, President/Chief Executive Officer, Avera St. Anthony's Hospital, O'Neill

NHA Board Director At Large

After completing his master's degree in business education, Ron Cork began a path that would lead to a 30 year career in hospital management. A friend in Wyoming—the same friend who happened to be the doctor that delivered two of his three children—mentioned to

in Marion, Kansas. From St. Luke's, Cork made his trek to Logan County Hospital in Sterling, Colo., then on to Fairbanks Memorial in Fairbanks, Alaska, and Southern Hills General Hospital in Hot Springs, S.D. In 1991, he accepted the position of president/chief executive officer at Avera St. Anthony's in O'Neill, Neb.

25 physicians from Omaha, Kearney, Grand Island and Norfolk, Neb.; Yankton, S.D.; and Sioux City, Iowa, provide specialty clinic coverage.

Six years ago, a kidney dialysis center was created, allowing the hospital to take care of as many as 15 patients over three shifts, three days a week. In the summer of 2007, Avera St. Anthony's Hospital was able to begin providing in-house orthopedic services with the addition of an orthopedic surgeon and a PA.

When asked about the hospital's key programs, Cork said, "I'm proud of our Safe Kids chapter and the promotion of safety among youth. Each year, we encourage the use of seat belts, bike helmets and ATV helmets. It has become a very active program. We give out car seats as well and we provide car seat checks in vehicles. Our personnel truly have a passion for the program."

Avera St. Anthony's takes pride in their service to the community, including health screenings once a year with the profiles being processed by their laboratory. In 2008, they drew 1,552 lab profiles, including 439 prostate-specific antigen blood tests.

In addition to their many other key programs, Avera St. Anthony's Hospital is one of the few hospitals in their area that deliver infants. Cork stated, "We are a central location for OB/GYN delivery. Our six doctors deliver a total of more than 100 babies a year."

Ron Cork has been the President/CEO of Avera St. Anthony's Hospital in O'Neill, Neb., for more than 17 years.

Cork that he would do a good job as hospital administrator, a job that just became vacant in that area.

The wheels began turning as Cork's thought process changed from a career in education to one in hospital administration. Though he was not offered the position in Wyoming, they steered him toward another health care system—Lutheran Hospital and Homes Society of America, known as Banner Health today. Cork started in their corporate office in Fargo, N.D., and soon made the transfer to St. Luke's Hospital

About Avera St. Anthony's Hospital and its key programs:

Founded in 1952, St. Anthony's Hospital began with the Sisters of St. Francis of Penance and Christian Charity, Denver, which opened a school for the O'Neill area in the early 1900s and assisted in fundraising to start the hospital in 1952. In 1998, the sponsorship of St. Anthony's Hospital was transferred to the Benedictine Sisters of Yankton, S.D. The Benedictine Sisters of Yankton and Presentation of Sisters of Aberdeen, S.D, joined in as co-sponsors, establishing Avera Health, and on September 9, 1998, the name changed to Avera St. Anthony's Hospital.

A medical staff of nine physicians, four physician assistants, four nurse practitioners, four Certified Registered Nurse Anesthetists and a hospital staff of more than 210 employees enables this Critical Access Hospital to offer a wide range of services to the people living in north central and northeastern Nebraska. Additionally,



What are the new and exciting things happening at Avera St. Anthony's Hospital?

“Our most exciting news is a joint venture with Sacred Heart Rural Health in Yankton to purchase a six-position provider clinic with four medical doctors and two nurse practitioners. The joint venture was created in April, and it will solidify our family practice base.

“July 1, 2008, was a momentous day, as our general and orthopedic surgeons moved into a provider-based clinic. On that day, we also converted our IT system to a MEDITECH client server. This upgrade, through our Avera System has enabled us to provide our facility with standard electronic medical records,” Cork said.

In addition, the hospital has hired an athletic trainer into their orthopedic program who will visit schools in the service area.

Cork is also excited about a new collaboration with Brown County

for a monthly Orthopedic Clinic: “Brown County has a strong physical therapy department, and we will work with this department and the local medical staff to extend more orthopedic services to the patients served by Brown County Hospital. It’s a win/win for everybody.”

What are the toughest challenges your hospital is facing?

Workforce shortage is an issue of concern to most hospitals, especially with an aging population, according to Cork. Hospitals have to become more proactive in working with educational institutions. The industry needs to find ways to inform educational institutions now on health care needs, work with them to provide clinical sites and possibly establish a financial assistance program.

How does the NHA provide assistance to you in advancing your hospital's mission?

To Avera St. Anthony's Hospital, the NHA's continuing education is most important. “The NHA addresses issues that are pertinent, and in a timely manner. Educational issues hit both national and local scope,” Cork said. The Safe Haven Act webinar is a recent example of this support. He adds that the Mid-Year conference topic “Going Green” was not only relevant to most members, it was a very progressive topic for the conference.

What do you see for the future of health care in the next five years?

“I think there’s going to be an increasing pressure for government to intervene.” Albeit a difficulty in administration, Cork believes that tax breaks and government-sponsored universal health care may be the only solutions to solve the increasing cost of private medical care: “The public is more informed about their health and the cost of their care. Pressure is on our government to do more, especially with the cost of health care so high.” **IN**

NHA Develops Safe Haven Model Policy

By Bruce Rieker, Vice President of Advocacy

On July 18, 2008, Nebraska's Safe Haven Act went into effect. Nebraska is one of the last states in the nation to pass such legislation; however, it may also have the distinction of passing one of the broadest—and possibly the shortest—statutes.

This new law is only two sentences, and states: “No person shall be prosecuted for any crime based solely upon the act of leaving a child in the custody of an employee on duty at a hospital licensed by the State of Nebraska. The hospital shall promptly contact appropriate authorities to take custody of the child.”

The intent of this legislation is to protect all “at risk” children, regardless of age. Where other states have limited such protections to parents or guardians that surrender a child of less than 72 hours, one month, or even up to six months of age, Nebraska's new law applies to any person surrendering any child of any age.

Nebraska's hospitals are the only entity designated by the legislature to accept children surrendered under this law. The act gives hospitals some guidance about implementing this new law, but it also created several legal and practical questions.

All of Nebraska's non-profit community hospitals and the NHA take this new responsibility very seriously. In an effort to assist its members as they work to accommodate the law, the Nebraska Hospital Association, with the assistance of legal counsel, developed a model policy for hospitals. That model policy provides definitions for several of the act's key terms and phrases such as: person, child, employee on duty, custody and

NHA's model policy also addresses matters that were not included in the law, such as: whether the identity of the person surrendering the child is required, may a hospital employee request medical information about the child, and what efforts may be utilized to prevent an older child from leaving the hospital before law enforcement arrives.

Hospitals have been encouraged by the NHA to work with their local law enforcement agencies and the Nebraska Department of Health and Human Services to ensure compliance with this policy. Nebraska's hospitals are doing all they can to be ready for the day when a child is surrendered to one of their employees at their facility.

The NHA has provided a copy of the model policy to each of its members. It has conducted forums and a webinar to guide hospital employees as they implement their new policies and procedures, and it is ready to field any questions from its members that may arise.

If you have any questions about Nebraska's new Safe Haven Act or any other legislative matters, please contact Bruce

Rieker, Vice President of Advocacy, at (402) 742-8146 or brieker@nhanet.org. 



appropriate authorities. It includes guidance for hospitals about how to handle such a situation when it occurs.

Methodist Health System

Making women's health care a priority

Throughout Methodist Health System—Methodist Hospital, Methodist Physicians Clinic and Jennie Edmundson Hospital—attention is being paid to wellness for women in many different ways. One of the most palpable examples of this initiative is the construction of an entire hospital and campus dedicated expressly to women's care.

Building is currently under way at 192nd & West Dodge Road for Methodist Women's Hospital, the first hospital of its kind in the region. The 74 obstetric and gynecologic physicians and three nurse midwives, who currently practice at Methodist Hospital, are already slated to move to the new facility. Heading up the new hospital is the energetic and highly focused chief operating officer, Susan K. Korth, Ph.D.

The new COO's professional and academic credentials make her uniquely qualified for the job, but it is her creative and well-reasoned approach to this undertaking that is most compelling.

"I want to go beyond the confines of 'what's been done' and make 'what can be' something tangible," Korth said.

The goal of the Methodist Women's Hospital is to provide excellence in personalized, family-centered care through education and creative practice. Korth and her team intend to deliver on that goal. They've begun

"I want to go beyond the confines of 'what's been done' and make 'what can be' something tangible."

by looking at every aspect of care in the new facility through the eyes of the patient.

"Hospital visits and stays can be stressful for everyone in the family, so we've put a great deal of thought

into the details and amenities that make a hospital experience more pleasant," Korth said.

Full-size rooms were constructed at Methodist replicating the same floor plans, requisite equipment and décor as the patient rooms in the new hospital. Doctors, nurses, staff and patients were then invited to tour the rooms and provide feedback on feasibility, ergonomics, comfort level—anything and everything that might affect patient care. Their responses are helping to shape the hospital stays of future patients

because a positive experience will often result in a positive outcome.

All patient rooms in the Methodist Women's Hospital will be private, with necessary equipment and apparatus on-hand, but out-of-sight. Some rooms, such as those reserved for high-risk pregnancy patients, will

feature accommodations closely resembling studio apartments.

A Level IIIA Neonatal Intensive Care Unit (NICU) will help alleviate the metropolitan area's shortage of beds for at-risk babies. In addition to maternity services, the new women's hospital will provide a full range of gynecological services for women of all ages.

The new hospital will offer both men and women a host of outpatient diagnostics, while the 84th Street campus will continue to provide the core major services of cardiac and cancer care.

Many green spaces have been planned for the campus, including a rooftop living garden. The garden will feature easy access for hospital beds, providing patients on mandatory bed rest a much-needed change of venue.

Dr. Korth and her staff are working tirelessly to implement innovations that will benefit patients and personnel alike. They join colleagues throughout the system in championing wellness for women and making Methodist Health System the leader in women's health. ■



Rendering of the new Methodist Women's Hospital at 192nd & West Dodge Road



Chief Operating Officer of the new Methodist Women's Hospital

About Susan K. Korth

Susan K. Korth has over 20 years of clinical and medical management experience, including five years at Methodist Hospital as a clinical supervisor in high-risk OB/GYN.

Korth earned a bachelor's degree in Health Administration from the College of St. Francis, a bachelor's in nursing from the College of St. Mary, a master's degree in Public Health Administration from the University of Minnesota and a doctorate in Health Care Administration from Pacific Western University.

She joined Methodist from Accenture, a global management consulting, technology services and outsourcing company, where she worked in quality improvement.

"I've been looking forward to a challenge like this since I began working in women's health care. It's a privilege to work with such an inspiring team."

For more information, visit www.bestcare.org.

By Bruce Rieker, Vice President of Advocacy

NHA's Advocacy Plan for 2008-09



In June, the Nebraska Hospital Association Board of Directors adopted an advocacy plan designed to strengthen the NHA's efforts to be the influential voice for Nebraska's hospitals. This plan focuses on several key components.

Policy Development Committee

Membership of the Policy Development Committee (PDC) includes more than 20 hospital executives from across the state. The PDC will coordinate the NHA's advocacy activities, meet several times throughout the year to proactively develop public policy, review legislative and regulatory proposals, develop formal positions on issues and develop strategies to achieve the NHA's advocacy agenda.

Advocacy Teams

Advocacy teams are hospital staff members that serve as advisors, planners and active participants in the hospital's political and community advocacy efforts. The team helps develop and implement strategies to shape public policy at all levels. Advocacy teams coordinate grassroots political action, such as letter writing, meetings with legislators and hosting policymakers that visit the hospital.

Mini-Residencies

Mini-residencies are designed for hospitals to provide policymakers a first-hand look at health care delivery. The

program is designed to educate legislators about health care issues and encourage them to view local hospitals as reliable sources of information.

Hospital Executive/Policymaker Meetings

Meetings between hospital executives and Nebraska's elected leaders at the local, state and federal levels are intended to educate policymakers about health care issues and to develop comfortable working relationships.

Advocacy Day

The NHA will host an annual Advocacy Day each March. All members of the NHA are invited and encouraged to attend. The one-half day agenda will include presentations on key legislative and regulatory issues and provide hospital representatives the opportunity to meet with state senators and government officials to advance the NHA's advocacy agenda.

Communication

Through periodic print and electronic NHA publications such as *Rotunda Review*, *Newslink* and *Legislative Wrap-up*, NHA members will be informed of current issues at the state and federal levels.

Health Care Alliance of Legislative Officers

The Health Care Alliance of Legislative Officers (HALO) is a group of lobbyists that represent individual hospitals and other health care providers. The NHA will meet with this group throughout the year to develop public policy initiatives, review and assess health care related legislation and coordinate advocacy efforts.

Senator/Legislative Committee Meetings

The NHA will organize meetings with state senators and legislative committees that

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will be considering bills of interest. These meetings are designed to educate senators and their staff about the impacts of specific legislation on the delivery of health care.

Department of Health and Human Services Meetings

Representatives of the NHA will meet regularly with decision makers at the Department of Health and Human Services to discuss policy and operational matters of importance to Nebraska's hospitals.

Congressional Delegation Meetings

NHA staff will meet with Nebraska's congressional delegation in Washington, D.C., and in Nebraska with the intent to educate Nebraska's policymakers and their staff about health care issues and to develop better lines of communication.

Legislative Testimony

NHA staff and members will actively engage in testifying before legislative committees to educate public policymakers and to advance the NHA's advocacy agenda.

Collaboration

Strategic collaboration with policymakers, NHA members, AHA and other stakeholders is paramount to the advancement of the NHA's advocacy agenda.

People

The most important component of developing responsible public policy that will shape the future for the delivery of health care services in Nebraska is the active involvement of all of the people who provide health care, consumers of health care and those who pay for health care.

For more information about the NHA's advocacy plan and agenda, contact Bruce Rieker, Vice President of Advocacy, at (402) 742-8146 or brieker@nhanet.org. 

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By Monica Seeland, RHIA,
Vice President of Quality
Initiatives



Nebraska Hospitals... Leaders in Quality

Nebraska hospitals conduct a variety of activities to improve the quality of care they provide both within their hospitals and externally to the community. The following are just a few examples of the many initiatives ongoing in Nebraska's hospitals.

Mary Lanning Memorial Hospital, Hastings: iStan – The Latest in Patient Simulation Technology

Stan, a life like mannequin, can simulate 102 different medical conditions. He breathes, bleeds, talks, sweats, cries, coughs and convulses. He responds to whatever

method of treatment is applied by the caregiver. Interchangeable sleeves enable him to be changed from a man to a woman. This technology, commonly found in nursing schools, is unique in the hospital setting. iStan simulates real-life scenarios in the most realistic manner possible. Mary Lanning Memorial Hospital utilizes iStan to improve the quality of care provided at the hospital.

Nemaha County Hospital, Auburn, and Regional West Medical Center, Scottsbluff: Named to Hospitals & Health Networks Most Wired Small and Rural Hospitals list

Each year, *Hospitals & Health Networks* conducts the Most Wired Survey and Benchmarking Study. Hospitals are named to the list based on a detailed survey of how they use information technology to address five key areas: safety and quality, customer service, business processes, workforce, and public health and safety. Health IT is one tool hospitals use to improve the quality and safety of care that is delivered daily in our hospitals. Both Nemaha County Hospital and Regional West Medical Center were named to the top 25 Most Wired Small and Rural Hospitals list.



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Tri County Hospital, Lexington, Nebraska: Community Fitness Initiative (CFI) – Lexington

In 2006, individuals from Tri-County Hospital, the Lexington Public Schools, the Lexington Community Foundation, the city of Lexington, local agencies and local businesses initiated a partnership to improve the health and wellness of their citizens. The catalyst for the organization stemmed from a desire of Cal Hiner, CEO of Tri-County Hospital, to develop a program to address childhood obesity. School data indicated that **85 percent** of Lexington's elementary school children were in the at-risk or obese category. Some of the activities organized by CFI - Lexington include participation in the dedication of a skateboard park; parent-teacher conferences providing educational materials and healthy snacks; orange/black walk for elementary school children at Halloween; Elementary School Field Day; Childhood Obesity Camp; and organization of a Health Kids Day event.

BryanLGH Health System, Lincoln: Heart Hospital within a Hospital

The “hospital within a hospital” will be a joint effort by physicians in the BryanLGH Heart Institute practice and the BryanLGH Medical Center. Kim Russel, CEO of the Lincoln-based health system, said the plan is to bring together all heart-related care under one roof, from testing to diagnosis and treatment, rehabilitation and ongoing education. Heart Institute physicians will have a greater role in making decisions about staff, work flow and other matters, said the institute's executive medical director. Doctors hope the change will make patients happier and improve outcomes.

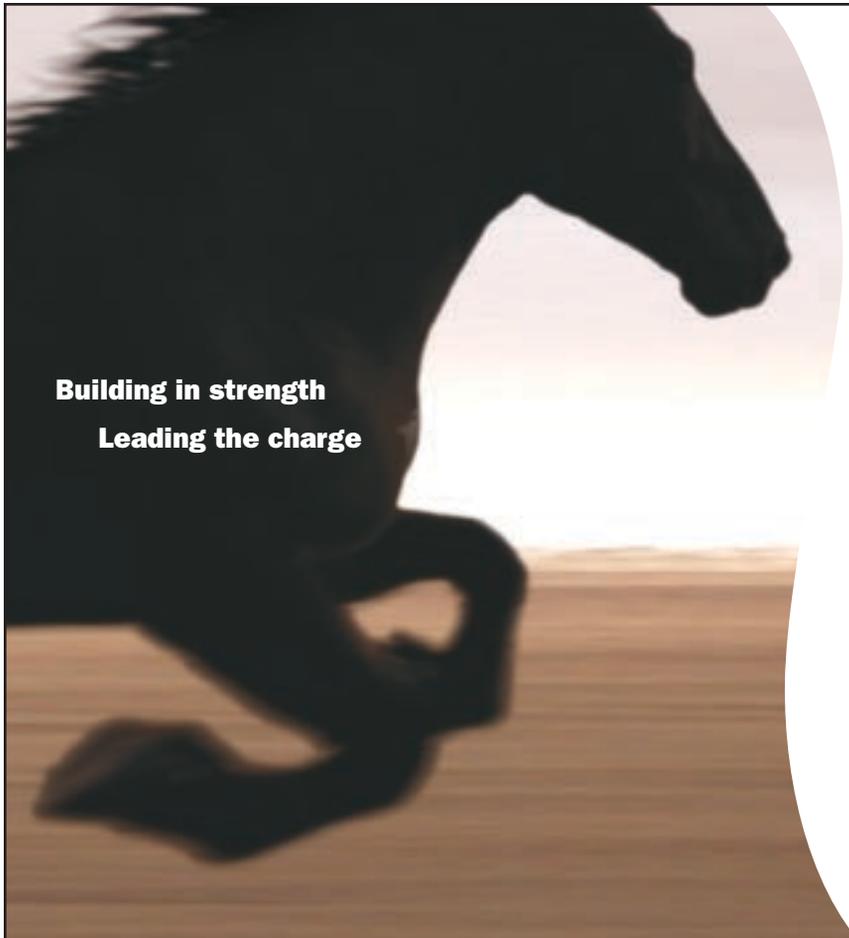
Faith Regional Health Services, Norfolk: Excellence in Treating Patients with Pneumonia

VHA Inc., a national health care alliance, has recognized Faith Regional Health Services for excellence in treating hospitalized patients with pneumonia. Proper prevention and treatment of pneumonia saves lives and health

care dollars. Faith Regional Health Services is one of only 20 VHA members to receive the award for pneumonia care. The hospital is ranked in the top 10 percent of the nation for the Clinical Excellence Award; for the Clinical Improvement Award, the organization sustained the highest level of improvement for third quarter 2006 through fourth quarter 2007. Awards were based on data submitted to The Joint Commission.

Nebraska Medical Center, Omaha: The Diabetes Center

The Nebraska Medical Center opened a full-service diabetes center for patient care, research and education for health care providers and diabetics across the state. The facility brings together medical center physicians who specialize in diabetes and eye care, an exercise scientist, a nurse specializing in wound care, diabetes educators and others. A 2006 state study found that about 100,000 adults in Nebraska have diabetes. The center has video-conferencing equipment to teach health care providers and patients in other parts of Nebraska about diabetes care. 



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NHA 2008 Annual Convention

The Art of Healing

October 29-31, 2008
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Caring Kind Luncheon

Please join us on Friday, October 31, as we honor those receiving the annual **Caring Kind Award**.

Nebraska hospitals will recognize their finest at this annual celebration of caring.



In addition, the Excellence in Service Award will be presented to one Nebraska hospital executive in recognition of outstanding health care leadership. Class V graduates of the NHA Leadership Institute will also be recognized along with the Quest for Excellence Award, rewarding outstanding work in the area of hospital quality and performance improvement. Finally, NHA will recognize the outstanding contributions of the Trustee of the Year Award and the Meritorious Service Award recipients.

The Largest Health Care Trade Show in Nebraska

The NHA 2008 Annual Convention Trade Show opens at 11:30 a.m. on Thursday, October 30. The NHA Trade Show has over 85 exhibitors for the third year! Enjoy a fresh boxed lunch and visit the many business partners of Nebraska's hospitals.

Drawings will be held throughout the trade show event, so be sure to fill out drawing slips at each of the vendor booths. Please take time to visit our business partners and learn about the products and services that can help your hospital prosper.

Save the Date!

Mark your calendar to attend the **NHA 2008 Annual Convention October 29-31, 2008** at the Cornhusker Marriott Hotel in Lincoln. In September you will receive your Convention Book containing detailed information regarding specific programs and registration instructions.

Keynote Speakers



Pre-Conference Workshop
**Leadership Essentials:
Building Influence and
Credibility**

Dr. Thomas Westbrook
Wednesday, October 29



Keynote Session 4
**It's Who's on the Bus That
Matters**

Greg Paris
Thursday, October 30



Opening Keynote Session
**From the Patient's
Perspective**

Dr. Bertrice Berry
Wednesday, October 29
Co-sponsored with The Nebraska Medical Center
and Nebraska Organization of Nurse Leaders



Keynote Session 5
**Connecting the Dots
of Health Care: Better
Connections Through
Mutuality**

Dr. M. Tray Dunaway
Friday, October 31



Keynote Session 2
Welcome Message

Richard Umbdenstock, President
American Hospital Association
Wednesday, October 29



**Caring Kind Luncheon
and Keynote Message**

"The Richest Man in Town"
V.J. Smith
Friday, October 31



Keynote Session 3
**The Human Factor: Effective
Teamwork and Communication
in Delivering Safe Care**

Dr. Michael Leonard
Thursday, October 30

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Micek, Porter and Vossler join Nebraska Hospital Association



Advocacy Coordinator Cora Micek



Director of Communications Kelley Porter



Director of Health Data Cindy Vossler

The Nebraska Hospital Association, the influential voice of Nebraska's hospitals, has added Director of Health Data Cindy Vossler, Director of Communications Kelley Porter and Advocacy Coordinator Cora Micek to its staff.

Vossler, a graduate of the University of Nebraska-Lincoln, has almost 15 years of charge and claim development and experience maintaining a compliant billing system as compliance specialist/charge description master coordinator at Alegen Health. Named as the director of health data at NHA, Vossler is responsible for the Nebraska hospital information system.

Porter holds a Bachelor of Arts from Doane College and has more

than seven years of marketing and communications experience. She most recently served as the marketing and development manager for the Nebraska Restaurant Association. As the director of communications, her responsibilities include managing the promotion of the mission and serving as the media contact for the organization.

Micek will focus on state legislative issues concerning the health care field, including overseeing the Policy Development Committee. She earned a bachelor's degree from the University of Nebraska-Lincoln in political science with minors in English, history and human rights/human diversity. Micek has held internship positions with both the Nebraska Unicameral and

Senator Hagel's office in Washington, D.C.

The NHA has been representing and supporting the needs of Nebraska's rural and urban hospitals since 1927. Today, NHA supports and encourages its members in developing various health care delivery systems geared toward improving the health and well-being of Nebraska's communities. NHA works closely with its membership to develop legislative and communication programs, prepare policy analysis, sponsor educational programs, prepare data analysis, assist with community health development and provide information and special services to our members. For more information, visit the NHA Web site at www.nhanet.org. 



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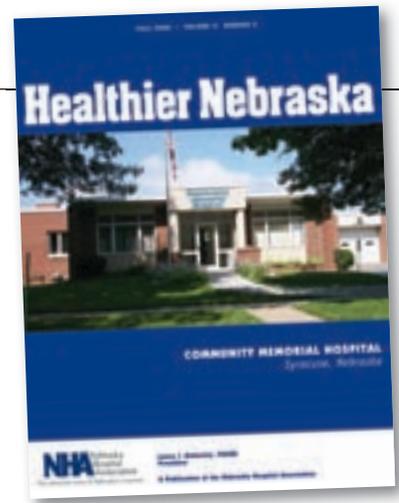
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