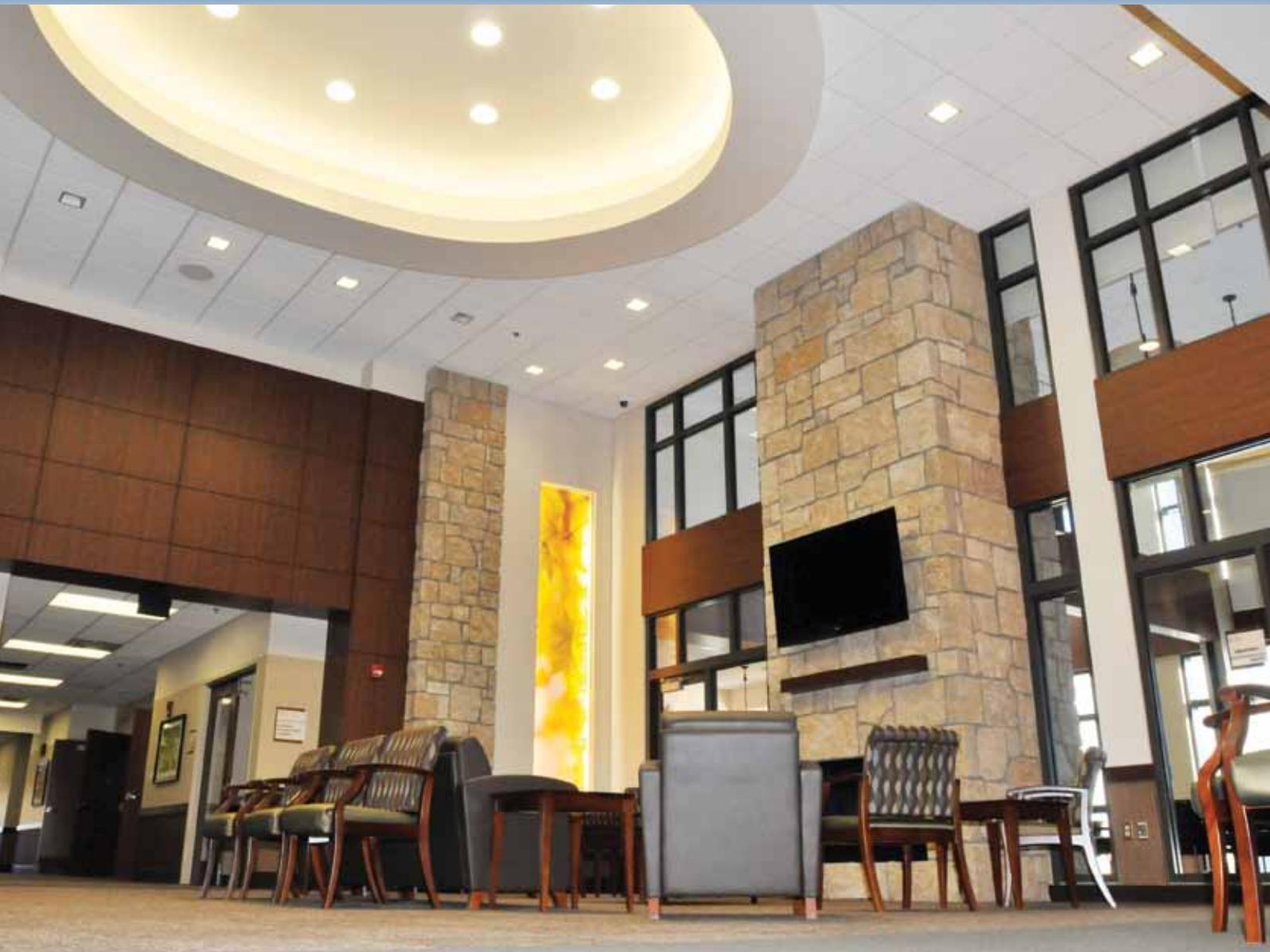


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## in this issue

A diamond on the bluff	4
Nebraska Healthcare Marketers	8
Great Plains Regional Medical Center: advanced patient care close to home	10
NHA Leadership Institute: position yourself for victory	12
Financial impact and performance resources for NHA members	14
New NHA Services Chargemaster partner	15
Nebraska hospitals: your leaders in quality	16
Medicaid expansion .... how much does it really cost?	18
Nebraska's most wired hospitals improve efficiency with health information technology	20
The Nebraska Center for Nursing	23

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Edition 62

# A DIAMOND ON THE BLUFF

Pender Community Hospital  
Pender, NE



Pender, Nebraska is a very special place. Situated in the northeast quadrant of the state where Routes 94 & 16 intersect, in the middle of rolling fields of corn, beans and cattle feeders, sits this unimposing town of 1,000 people. It is much like a thousand other Nebraska towns whose main industry is agriculture. However, one thing sets Pender apart from many of the others. Not every rural community is home to a hospital. Very few that are can boast of a facility like the one that now sits at 100 Hospital Drive on the south side of Pender on the bluff overlooking the highway.

The decision to build a new replacement hospital started in the fall of 2009 and started to take shape at the hospital district board meeting in Feb. 2010. That eventful evening, the board voted in favor of the

proposed building plan. Within one month, selection of an architectural firm and construction contractors was completed and financial funding procurement was initiated. The replacement, Critical Access Hospital started to become a reality.

By June 2010, all the necessary paperwork was submitted to USDA for funding that would comprise 70 percent of the projected costs. The remainder was covered by a revenue bond issue. Funding approval was received in Aug. 2010, from USDA and ground breaking scheduled for Sept. 22, 2010. On Feb. 17, 2012, the first patients moved into the new facility. For anyone that is counting, that's 17 months from start to finish of construction.

During the intervening months, while the construction pace outside was brisk, the planning pace inside

the old structure was even faster. It is no small feat moving from one hospital into another. The "Moving Committee," comprised of a cross section of the hospital staff met on a monthly basis initially and then a weekly basis as the move got closer. Every department was involved in this monumental project.

A myriad of decisions had to be made so orders could be placed with adequate lead time for delivery. Paint, wall coverings, carpet, tile, lighting fixtures, cabinetry and telephones were a few of the choices that had to occur. Additionally, some new equipment needed to be selected and ordered. PCH has always strived to maintain "cutting edge" diagnostic equipment for our patients.

*continued on next page*





those that prepare the meals, to the doctors and nurses who provide the direct care to patients, are the reason why people make the decision to come to Pender for their care.

**Some of our best and worst times of our lives are spent at hospitals.**

A hospital is more than bricks and mortar. We say “I love you,” to our children for the first time at PCH following their birth. We battle illness and injury or hold the hands of those who do, and we suffer great losses, sometimes saying those three special words for the final time to someone we care deeply for. When these things happen – joy, struggle, and loss – it’s not the walls that hold us, it’s the people. At rural community hospitals all over the world, people find solace and comfort in being treated by members of their own tight-knit community.

Pender Community Hospital



*continued from last page*

A hospital’s purpose is for those in need. The patients are the cornerstone of a hospital because, quite simply, they provide the reason for it to exist in the first place. With no shortage of other options within 50 miles of Pender, patients choose Pender Community Hospital. The hospital staff, everyone from the people who keep the facility clean and



PCH began with a fire and it ended as a gem.

The land that is now home to PCH was a soybean field until late summer 2010. Also on the land was a home previously owned by the Leroy and Marie Breitbarth family. In June 2010, it was burned down by the Pender Fire Department to make room for the new hospital facility.

The new hospital features all private rooms with bathrooms and ample seating for family members and guests. Lots of windows permit light to enter the entryway/lobby, as well as the enlarged cafeteria. The grand lobby features a stone fireplace, ample seating and a large screen television.

Emphasis is placed on patient and visitor comfort and a healing environment. It is now etched in stone, PCH is the best place to get care and the best place to give care.

was always a place without rival when it came to care with a personal touch. Now that the building rivals those found in larger cities, the best of both have collided here in Pender.

The official ribbon cutting ceremony, held on April 21, 2012, featured guest and speaker Governor Dave Heineman. Heinemen stated that the hospital was a reflection of the community and should be a great source of pride. Additionally, the USDA, at the start of the project stated that Pender Community Hospital was a model of rural health care.



**By Richard P. Thomason, MBA, FACHE**  
CEO, Pender Community Hospital  
**Jason Sturek**  
Pender Times Publisher 





## Nebraska Healthcare Marketers

Some of you may not have not heard of the Nebraska Healthcare Marketers before now. Others may remember its former name, Nebraska Society for Health Care Marketing and Public Relations (NSHCMPR). The name changed to Nebraska Healthcare Marketers (NHM) in 2005.

Whether you know NSHCMPR, NHM or neither, NHM is still the premier state society that promotes skill development along with offering education and networking opportunities for health care marketing, public relations and communication professionals in Nebraska.

There are several benefits with a membership in the Nebraska Healthcare Marketers. Members receive a regular newsletter that shortens the miles between Nebraska's health care organizations, keep members in touch and provides ideas and information.

The NHM board of directors works diligently to provide quality conferences, webinars and workshops, and keep members current on leading issues, technologies and topics that face health care marketing, communications and public relations professionals. Conference presenters are national, regional and local experts in their fields and our members are entitled to attend at a discounted rate. NHM offers a spring conference and a fall conference

annually. The spring conference is generally held in the central part of the state and the fall conference is held in conjunction with the Nebraska Hospital Association Annual Convention.

This year's fall conference will host three days of dynamic presentations, including topics such as Copyrights, Trademarks and Trade Secrets: How to Identify Them, Protect Them and Avoid Violating the Rights of Others (Gray Derrick from Baird Holm); Better Reach Through Better Relationships (John Barcanic); What I Really Meant to Say Was... (Karen Watson); Print and Design 101 (April Stevenson and Kendra Duncan from Eagle Group); and Engineering and Executing Your Next Big Campaign (Ryan Donohue from National Research Corporation).

Find us on Facebook at [www.Facebook.com/Nebraska.Healthcare.Marketers](http://www.Facebook.com/Nebraska.Healthcare.Marketers).

Members have unlimited opportunities to network with other members through conferences, newsletters,

personal contacts and board meetings.

Members can contact each other quickly and easily with the help of the NHM membership directory. The directory includes each member's contact information. Members can also advertise employment opportunities in their facilities through the NHM newsletter and other networking venues within NHM.

For more information about the Nebraska Healthcare Marketers, contact Shauna Graham, membership mentor, at [sgraham@hcmc.us.com](mailto:sgraham@hcmc.us.com). 

*"NHM has allowed me to get to know my peers, not only as health care professionals, but also as friends. We all have so many challenges as the face of health care changes, and it is nice to know that we can share best practices with each other to help address those challenges. I have seen the quality of our conference speakers get better and better over the past few years, and that is due to the collaboration and dedication of our board to find and secure speakers that will help each of us grow professionally."*

Dianna McElfresh  
Marketing Coordinator  
Columbus Community Hospital – Columbus, NE

*"The NHM is an extraordinary networking and educational opportunity for health care marketers and public relations professionals. As a member, I have had the opportunity to be involved in several influential seminars and webinars that focus on the educational needs of my profession, meet colleagues I consider friends, and share ideas with members of the NHM organization to better enhance my job duties."*

Laura Daro  
Public Relations Coordinator & Administrative Assistant  
Butler County Health Care Center — David City, NE

*"I first discovered NHM six years ago and was thrilled to find a local organization that specialized in health care marketing. It is a great way to connect with my peers. I consider it my number one industry resource and greatly value the investment."*

Lindsay Cosimano, APR, PCM  
Chief Marketing Officer  
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# Great Plains Regional Medical Center: advanced patient care close to home

By Marcia Baumann, vice president of growth and development

The vision of Great Plains Regional Medical Center in North Platte is to become west central Nebraska's health care destination. When we opened in 1975, we had 27 physicians and we now have over 90 physicians representing 25 specialties. In the past two years, we have recruited over 25 physicians. We see that continuing growth and commitment to our community and the area we serve has propelled us to excellence over the last three decades. The growing needs of our region guide our development, as we continually look at ways to expand our services to meet the demands of our patient population.

## Improving cardiac care

While we have developed many

of our service lines such as bariatric surgery, stroke, sports medicine and cancer care, three years ago we asked ourselves a very fundamental question—if one of our loved ones or ourselves were having a heart attack, would we want to get to the cardiac catheterization lab sooner or later? Obviously, the answer was sooner, which prompted us to grow our cardiovascular service line, and more specifically to develop an interventional cardiology service to provide care sooner. Providing cardiovascular care close to home has been our theme and key driver in growing this service.

Great Plains hired two experienced interventional cardiologists along with an invasive cardiologist who provides

pacemaker services. In addition, 10 new employees were hired to support the cardiac catheterization lab and the clinic. The \$5.5 million capital investment in our Heart & Vascular Center has allowed us to broaden our cardiac care services. Our board-certified cardiologists use innovative and advanced technology to quickly and accurately diagnose heart problems. We now offer emergency stents for STEMIs, a type of heart attack where a coronary artery suddenly becomes blocked, which can cause damage to the heart muscle.

## Committed to our community and the region

It has been a huge investment in human capital, real dollars, time and energy to get the program going. We know it will pay dividends by improving the health care of the region. Our service region of approximately 20 counties has had limited access to emergency cardiac care. With this service, patients now have quicker access, resulting in improved outcomes, and as a result, we have already saved lives.

Dr. Arshad Ali, medical director of Great Plains Heart & Vascular Center, came to Great Plains with 15 years of experience and has led the charge to develop a comprehensive program, which includes vascular care, as well as cardiac care. Dr. Ali emphasizes that heart disease is the number one killer of people in the U.S. "As the population ages, the incidents of heart disease goes up," Dr. Ali said. "Up to 60 million people may have some sort of cardiovascular problems. Our program can help take care of people with heart attacks in the community. There is very convincing evidence that the sooner patients can be taken care of, the better the outcome." Dr. Ali indicates that the current door to balloon time at the Heart & Vascular Center averages 60 minutes. "We work





closely with our emergency department and EMT staff to assure quick action can take place,” said Dr. Ali.

No longer do patients need to travel hundreds of miles away from home for this trusted, expert care. They can get that care right here in west central Nebraska. As a leader in cardiac care, we bring expert cardiologists and state of the art technology directly to the people in this region, including those in our border states of Colorado and Kansas.

### Improving the health of our community

While providing emergency cardiac care is critical, Great Plains has also focused on preventative care for cardiovascular disease. In

conjunction with Heart Month in Feb. 2012, departments within the hospital collaborated to offer patients a community cardiac screen, which included the following: CT calcium score, BMI, blood pressure, total calcium, glucose and triglycerides. The screen is offered at a substantially reduced cost, which includes a brief consult by our Heart & Vascular Center staff within one hour of the screen. We have streamlined the process, which has been a great benefit to patients. The community has responded positively, requiring the screenings to continue throughout the summer. Dr. Ali emphasizes, “We have a number of great stories of great patients where we found issues early. Many patients had no idea they had cardiovascular problems,

and some have required stents and immediate treatment.”

The screening has been so successful Great Plains is considering offering it in smaller communities in the region, and a vascular screen is being planned for later in the year in those communities. Improving health through preventative care is key in Great Plain’s mission.

At Great Plains Regional Medical Center, our mission is to provide the kind of health care we would want for ourselves and our families. Over the past several years, we have been putting forth great effort into elevating the level of care we provide. We look forward to providing trusted care for many years to come for patients and families in west central Nebraska. **HN**

By Kim Larson  
director of marketing



## NHA Leadership Institute: position yourself for victory

In the game of chess, each piece has its own style of moving in accordance with other pieces, from its initial position to its destination to capture the king and win the game.

Chess strategy consists of setting and achieving long-term positioning advantages during the game – for example, where to place different pieces – while tactics concentrate on immediate maneuvers.

Much the same as the skilled chess player, leaders must make strategic and tactical decisions daily that affect many players – planning long-term goals and focusing on immediate concerns. Some decisions can mean life or death, especially in health care. Skilled leaders also position key players into their designated roles to ensure that they move effectively and efficiently toward the patient's best

interest and the organization's goals.

In our commitment to strengthen and promote the leadership skills of Nebraska hospital employees, the Nebraska Hospital Association developed the NHA Leadership Institute in 2004.

The NHA Leadership Institute provides up-and-coming leaders within your hospital the necessary skills to become exceptional leaders and puts them on the path to senior management positions. It is important for current CEOs to develop the leadership pipeline to ensure effective succession planning while enhancing employees' contributions to your organizations.

This initiative includes a comprehensive curriculum, combining core leadership competencies and multiple layers of applied practice

in health care. Participants in the Institute will improve their leadership skills and enhance their effectiveness in the health care field, while preserving the care and compassion critical to quality health care delivery.

The Institute celebrates its 10th year in 2013, with nearly 200 graduates. In recognition of this milestone, the Institute is unveiling an enhanced, dynamic curriculum. Many participants are already in management positions, and the Institute explains the difference between management and leadership, and provides balance to the two. Leadership development is about improving your skills and examining your attitudes about leadership, management relationships, career and yourself. This is accomplished during the Institute's 10 educational sessions, comprised of webinars and sessions on location. Sessions consist of relevant topics such as:

- Building a foundation of leadership/leadership styles
- Working with conflict
- Coaching for improved performance
- Using 360 assessments for improved leadership
- Analyzing performance issues
- Different personality types, communication, problem-solving and working with others
- Methods for meeting with the needs of different generations in the workplace
- Leading teams
- Succession management
- Leadership, followership and interpersonal skills

The Institute's mission is to

*"Bellevue University has enjoyed a long-standing partnership with NHA. Throughout the last several years, Bellevue University and NHA have collaborated on the development and implementation of a high-potential leadership development program, The Leadership Institute. This program is designed specifically to meet the needs of strong leaders within NHA member hospitals and health systems. In working with NHA and their constituents, we ensure that the content and quality of the Leadership Institute meets identified competencies and skill requirements for effective leadership outcomes."*

Mike Freel, PhD  
Center Director, Healthcare Programs  
Bellevue University  
Bellevue, NE

advance the effectiveness of hospitals by providing a quality environment of professional development and support for health care leaders. Coursework focuses on the unique challenges and organizational management techniques facing hospitals. Each year, approximately 30 health care professionals from across Nebraska come together for a 10-month program designed to instruct, inspire and invigorate, and prepare them for leadership roles. Participants establish peer-to-peer connections and lifelong bonds with classmates and faculty.

Check and checkmate. You win.

For more information on the NHA Leadership Institute, contact Jon Borton, vice president, educational services, at 402-742-8147 or email [jborton@nhanet.org](mailto:jborton@nhanet.org). 

*"Since the inception of this wonderful NHA program in 2004, Community Hospital has invested in the training of 23 health care professionals, consisting of multiple participants each year. The Leadership Institute is a very well organized and educationally beneficial program that is offered right here in Nebraska. The Community Hospital alumni have praised the leadership training they have received, along with the excellent opportunities to network with other health care professionals throughout the state. In addition to leadership training and networking, each participant goes through self-discovery that helps to open their eyes to methods of communication and interaction, and techniques to help them lead their department and their organization. This is another example of the NHA's commitment to partnering with Nebraska hospital's to help further develop our talented health care professionals as leaders with the confidence and ability to lead our organizations through the multitude of changes and challenges that are sure to continue in the years ahead."*

James P. Ulrich, Jr.  
President & CEO  
Community Hospital, McCook

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1/11

By David Burd, FHFMA  
vice president, finance



# Financial impact and performance resources for NHA members

The health care industry continues to change at a rapid pace. It seems like there is a bill passed by Congress or a regulation implemented by a federal agency on a daily basis that impacts Nebraska's hospitals. The Nebraska Hospital Association works hard to provide our members with resources that assist them in determining the estimated financial impact of legislation and regulations on their facility and to benchmark their financial performance to their peers based on several ratios. The focus of this article is on two examples of financial resources that are available to NHA member hospitals.

## NHA Impact analysis reports

The NHA partners with DataGen, a subsidiary of HANYS (Hospital Association of New York State) to produce and distribute valuable reports to our member hospitals that estimate the impact of various federal provisions. The NHA impact analysis reports provide members with critical information regarding the impact of federal legislation and regulations on hospitals in the state of Nebraska and on their individual facility specifically. The NHA impact analysis reports assist the membership in understanding and communicating the impact of federal initiatives to Nebraska's congressional delegation, the Centers for Medicare and Medicaid Services (CMS) and other important stakeholders. Some of the reports that are available include:

## Legislative analyses and summaries

- President's budget
- Health care reform
- Federal deficit reduction efforts
- Bills introduced/passed by Congress
- Medicare margins
- Tools for advocacy purposes

## Regulatory analyses and summaries

- CMS Prospective Payment System (PPS) proposed and final rules
  - Inpatient
  - Outpatient
  - Inpatient rehab
  - Inpatient psych
  - Skilled nursing facilities
  - Long-term care hospitals
  - Home health
- Regulations released as mandated by the Affordable Care Act (health care reform)

## Financial ratios report

The financial ratios report is a comparative report containing five years of trended operational and financial data. The reports are prepared from the hospital's audited financial statements collected by the NHA. The NHA utilizes OptumInsight (formerly named Ingenix) to prepare the financial ratios report. There is a fee for this report due to the resources involved in providing comparative data.

The ratios report provides data for each hospital to benchmark their financial performance to that

of hospitals in their peer groups.

In addition, the financial ratios are graphed comparing a hospital's data with Nebraska's upper quartile, median and lower quartile group. Five years of trended data for each hospital is reported in the various peer groups.

Included in the report are 37 measures of hospital financial performance. Definition, measure, analysis and median values are presented for each measure. The comparative ratios are divided into four groups:

- Profitability: relates to the ability of a hospital to remain financially viable over the long-term in order to continue providing health care services.
- Liquidity: relates to the ability of an organization to meet its short-term obligations.
- Asset efficiency: relates to a hospital's ability to manage its assets productively and efficiently.
- Capital structure: relates to a hospital's ability to increase its debt financing.

The NHA strives to provide our member hospitals with the necessary resources to make the difficult decisions that will be required as the health care industry continues to evolve. Member hospitals with questions regarding the NHA impact analysis reports or the financial ratios report can contact David Burd at 402-742-8144 or [dburd@nhanet.org](mailto:dburd@nhanet.org). 



## New NHA Services Chargemaster partner

The International Classification of Diseases, 10th Edition, Clinical Modification, Procedure Coding System (ICD-10) was slated to replace the current ICD-9 coding system on Oct. 1, 2013, until this past February, when the Department of Health and Human Services, in a proposed rule, delayed the implementation to Oct. 1, 2014. The comment period for this proposed rule is now closed. Public comments are being reviewed and analyzed, and the Department will issue a final rule as expeditiously as possible.

While the proposed implementation delay is helpful, it is no reason to slow down in planning the eventual transition from ICD-9 to ICD-10. Hospital

departments that will be heavily affected by ICD-10 include: Information systems, finance, revenue systems, medical records and clinic IT systems. Assessments of all information systems and software processes, as well as business and health care processes, will require updates to accurately predict the cost of the transition.

In addition, personnel utilizing ICD-10 codes or using software that has been updated for ICD-10 will require training in order to adjust to the transition. The initial training focus will be with the coders, but billing and information technology staff will also need training to understand how to use the new codes and software. Training

for physicians will be paramount to the success of the ICD-10 coding system.

The CMS website has a number of resources that can assist with the planning of the organization's transition.

The Nebraska Hospital Association Services, Inc. board of directors has discussed the ICD-10 transition with a firm that provides:

- Governance/Roadmap
- Rapid assessment
- Implement work plan
- Training/Execution
- Testing/Transition

More information on this firm will be released in the next few weeks. **HN**



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By Monica Seeland, RHIA  
vice president, quality initiatives



## Nebraska hospitals: your leaders in quality

In the summer of 2011, the Centers for Medicare and Medicaid Services (CMS) issued a challenge to health care providers — to facilitate a 40 percent decrease in inpatient harm to patients and a 20 percent decrease in preventable readmissions over a three-year period beginning Oct. 2011. These ambitious goals will be achieved primarily by focusing on 10 areas where inpatient harms are known to occur and which lead to avoidable readmissions. These areas are: central line associated blood stream infections (CLABSI), catheter associated urinary tract infections (CAUTI), adverse drug events, falls and immobility, obstetrical harms, pressure ulcers, surgical site infections, venous thromboembolism (VTE), ventilator

associated pneumonia (VAP), and preventable readmissions. Improvement across these areas will also require improvements in teamwork, a culture of safety and leadership committed to improving care quality.

In the area of obstetrical harm, CMS has asked us to focus on reducing *elective* inductions prior to 39 weeks gestational age. Many times there are medical reasons why a patient needs to deliver prior to 39 weeks, and you may not have a choice about when to have your baby. If there are problems with your pregnancy or your baby's health, you may need to have your baby earlier. But if you have a choice and you are planning to schedule your baby's birth, wait until at least 39 weeks. According

to the March of Dimes (marchofdimes.com), here's why your baby needs 39 weeks:

- Important organs, like the brain, lungs and liver, get all the time they need to develop.
- Baby is less likely to have vision and hearing problems after birth.
- Baby has time to gain more weight in the womb. Babies born at a healthy weight have an easier time staying warm than babies born too small.
- Baby can suck and swallow and stay awake long enough to eat; babies born early sometimes can't do these things. **IN**

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



# Medicaid expansion .... how much does it really cost?

Nebraska has a choice. If it expands Medicaid as legislated by the Affordable Care Act (ACA), it will cost Nebraska taxpayers money. If the state chooses not to expand the program that provides health care for many of Nebraska's most needy, there also will be costs.

Implementation of the ACA will cost our nation's hospitals \$155 billion over 10 years in reduced Medicare reimbursements for care provided to Medicare patients. Nebraska's share is \$855 million. When the details of the ACA were hammered out on Capitol Hill in 2010, the nation's hospital industry gave up that revenue in exchange for revenue gains expected from the expansion of people with health insurance and the ACA's mandate that Medicaid must be provided to all citizens earning up to 133 percent of the federal poverty level (FPL).

This summer, the United States Supreme Court changed the rules of expansion in the middle of the game. In June, the Court ruled that the mandate in the ACA that requires individuals to have health insurance was constitutional. The Court declared the penalty for failing to have insurance is a tax that Congress and the administration, respectively, have the power to legislate and enforce. In an unanticipated twist, the Court's decision also said the federal government could not force states to expand Medicaid eligibility, making expansion optional for each state. After that ruling, Governor Heineman said the state will forego Medicaid expansion even though the ACA requires the federal government to pay for 100 percent of costs for the first three years, beginning in 2014; 95 percent in 2017; and 90 percent in 2020 and beyond.

Medicaid is a means-tested program that provides health care coverage for low-income individuals. States and the federal government share in the costs. Nebraska's current Medicaid share is 45 percent and the federal share is 55.

The newest ACA controversy is not over

the existing Medicaid program. Instead, it is about the proposed expansion of eligibility. The higher federal match only applies to those who are deemed to be "newly eligibles." According to a Milliman study commissioned by Nebraska's Department of Health and Human Services, Division of Medicaid and Long-Term Care, an additional 145,000 Nebraskans would be eligible if Nebraska expanded Medicaid as legislated in the ACA.

One reason why the Governor will not expand Medicaid is because he does not believe the federal government will live up to its fiscal responsibility to pay this obligation. Another concern he has expressed is that even a 10 percent cost share for Nebraska (\$100-\$110 million between 2014 and 2020) would be a burden on the state budget.

Proponents contend expanding Medicaid would encourage the newly eligibles to see

## Who are the potential "newly eligibles" under Medicaid expansion?

More than 235,000 Nebraskans are eligible for Medicaid. As projected by Milliman, expanding eligibility to 133 percent of the federal poverty level (FPL), will add more than 145,000 "newly eligibles" to Medicaid.

Population	FPL Range	Estimated Newly Eligibles
Uninsured Adults	0% - 133%	36,779
Newly Eligible Parents	50% - 133%	20,510
Woodwork* Parents	< 50%	4,623
Woodwork* Children	< 133%	23,119
Insured Switchers** - Adults	0% - 133%	23,916
Insured Switchers** - Parents	0% - 133%	21,429
Insured Switchers** - Children	0% - 133%	14,538
State Disability	0% - 133%	154
Medically Needy	43% - 133%	229
<b>Total</b>		<b>145,297</b>

*Woodwork\* means currently Medicaid eligible but not enrolled. Insured Switchers\*\* are those privately insured but who will likely switch to Medicaid.*

a doctor and receive more appropriate care at the more appropriate time, care that is much less expensive than treatment in an emergency room. Furthermore, proponents point out that expansion will lead to a stronger economy where more Nebraskans will be able to work and there will be more healthy children ready to learn when they go to school.

Aside from providing coverage and care to more people, reducing the demand for emergency room services and creating a stronger, healthier workforce and children more capable of learning; expansion proponents contend that it is almost unconscionable to leave so many matching federal dollars on the table; tax dollars paid by Nebraskans that would go to other states to provide care for their most needy. Estimates vary about the magnitude of lost federal funds; however, several prominent studies have calculated the range to be \$2.3-\$2.7 billion from 2014 to 2020.

The loss of federal Medicaid revenue will be costly to Nebraska's hospitals, taxpayers and those privately insured. Expanded Medicaid revenues were intended to partially offset the lower hospital Medicare reimbursements now set in stone. During the latest budget and deficit reduction debates on Capitol Hill, nobody has talked about rescinding the hospital Medicare reimbursement reductions of \$155 billion.

Similar to the experience of hospitals across the country, Nebraska hospitals lose millions of dollars each year because of bad debt, charity care and under-compensated care for public programs such as Medicaid and Medicare. Bad debt occurs when services are provided to people who should be able to pay a hospital bill, but do not. Some have no insurance. Others are underinsured, including those with large co-pays and high deductibles that might be as much as \$5,000 or \$10,000. In 2010, Nebraska hospitals absorbed more than \$209 million of bad debt.

On top of that bad debt, Nebraska hospitals provided charity care in excess of \$162.5 million. Charity care goes to uninsured or underinsured patients that cannot afford to pay. As the number of uninsured and underinsured grows, so does the need for charity care and free or

discounted health services. Because of the high costs associated with health insurance, hospitals are bearing a significant portion of the financial burden imposed by this population. Recognizing this need, Nebraska hospitals have established financial aid policies to assist patients who cannot afford hospital care.

Public programs like Medicare and Medicaid reimburse hospitals less than the cost of providing care. On average, Nebraska hospitals experience a negative margin from costs of 13 percent for Medicare and a negative 26 percent margin from costs for Medicaid. For every dollar Medicare pays to a hospital, it costs the hospital \$1.13 to provide that care. For each dollar of Medicaid reimbursement, it costs \$1.26 to provide treatment. In 2010, Nebraska hospitals incurred nearly \$508 million in uncompensated care when providing treatment to Medicare and Medicaid beneficiaries.

Bad debt and charity care, coupled with less than adequate compensation from Medicare and Medicaid, affect the cost of private health insurance. Premiums for

private health care policies subsidize all other forms of health care. Shortfalls are subsidized by higher and higher premiums for private insurance, which causes a vicious spiral, magnified by a continually shrinking private insurance base needed to subsidize charity care, bad debt, Medicare and Medicaid. As the base shrinks, employers drop coverage that becomes unaffordable and employees drop out of existing plans because they cannot afford the rising premiums.

Failure to expand Medicaid will come at a high price for Nebraskans. In addition to the \$855 million reduction of Medicare reimbursements imposed by the ACA, it will rob many of an opportunity to improve their health and prevent them from being able to work and learn. Each year it will cost hundreds of millions of dollars in more bad debt and charity care and send \$2.3-\$2.7 billion of Nebraska taxpayer money to other states for them to use in caring for their most needy.

For more information, contact Bruce Rieker, vice president, advocacy, at [brieker@nhanet.org](mailto:brieker@nhanet.org) or 402-742-8146. 

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## Nebraska's most wired hospitals improve efficiency with health information technology



The road to meaningful use of health information technology is riddled with detours, potholes and yield signs. Yet the 2012 *H&HN* Most Wired Survey proves that hospitals with well-crafted and well-mapped plans can motor their way toward successful adoption. A record number of hospitals—more than 200—earned Most Wired status in this, the 14th annual survey, which gauges how organizations are planning for, utilizing and securing information technology across the entire enterprise. While there is a certain amount of cachet that comes with being associated with Most Wired, as with many other lists throughout health care, the survey is less about the designation and more about serving as a roadmap for how hospitals are using IT to transform their organizations. Perhaps the most significant development over the past couple of years is the greater strategic role IT and IT departments now play in hospitals and health systems. Given the dramatic changes taking place in health care, and the ever-increasing importance

of data, IT systems must be more than just plug-and-play toys; they need to be high-powered analytical tools that can deliver real-time, actionable data to clinicians and executives alike. “It’s probably been in the last 24 months that we’ve seen the conversations become more strategic,” says Rose Higgins, vice president of payer and provider solutions at McKesso, an information technology firm and sponsor of the *H&HN* Most Wired Survey. “Organizations are having conversations around their strategic imperatives for the next three to five years: What kind of organization do they want to be and how can they sustain that in the long run? People are very focused on IT’s laying the groundwork and foundation.”

### Driving toward value

So much of the focus on information technology over the past year or two has been on clinical applications—computerized provider order entry, clinical decision support, health information exchange and more—and the potential

to improve patient safety and create greater efficiencies. That’s in large part due to the federal government’s push to digitize health care and to regulations governing meaningful use. But officials at Most Wired hospitals note that their emphasis goes beyond what’s prescribed by those mandates. “It’s not just about meeting the letter of the law. It’s about meeting our definition of meaningful use,” says Timothy Sullivan, M.D., a family practice physician at Thayer County Health Services, a rural health system in Hebron, Neb. Sullivan championed IT adoption at the 19-bed critical access hospital and its clinics. While that definition varies from organization to organization, it almost always includes a focus on value and data. The dramatic shift to a value-driven delivery system, where reimbursement is much more aligned to quality measures and outcomes, demands that IT systems are used to promote evidence-based care and, at the same time, provide executives with a holistic view of the organization’s operations.

## Thayer County Health Services - Hebron, Nebraska

Rural Nebraska isn't the first place you'd expect to find a hospital on the cutting edge of the digital revolution. Yet, in the southeast corner of the state sits a pioneer user of health IT. Joyce Beck, CEO of Thayer County Health Services, in March 2010 became one of the first hospitals to have a medical record sent over the Nationwide Health Information Network. Her medical records were transmitted from her home base of Hebron, Neb., to a doctor 1,600 miles away in Healdsburg, Calif., and back again. "It's the coolest," says Beck. "It is the way we need to deliver health care in the United States." Beyond the cool factor, TCHS, which has a service area of roughly 5,000 people, is at the forefront of utilizing IT to reduce errors and deliver better patient care. But it wasn't always that way. "We were using a legacy system and paper charts, and everybody was griping about how nothing worked well," says Timothy Sullivan, M.D., a family practice physician at TCHS. "Joyce said, 'Why don't you go find something better?'"

So he did. After attending a conference of family medicine practitioners, Sullivan came back to Hebron singing the praises of electronic health records. In 2008, TCHS was awarded a \$1.6 million federal grant to implement electronic records within 18 months. That was in addition to \$25,000 TCHS had received from the hospital's foundation and guild. For Beck, going digital always has been about one thing — patient safety. Working with the University of Nebraska, TCHS discovered that in the first quarter of 2004 there were 48 medication errors. "That lit my fire," she says. Armed with the new financial resources, TCHS charged ahead with implementing its EHR and related technologies. Medication errors plummeted to around six per quarter. Previously, the hospital's medication reconciliation rate was around 23 percent; it now stands at 100 percent for physicians who e-prescribe. That's not to say that everything is perfect. As with most rural areas, bandwidth is a major concern. Beck says there are also limitations as to what the

available software can do. "I always dream bigger than what we can get out of the programs," she says. Sullivan wishes the technology was more intuitive and user friendly, but he can't imagine going back. "We do have increased patient safety," he says. "It will work even better once people realize that we need physicians on the ground floor designing these systems." TCHS is on its second technology partner, having started with HMS and recently spending \$1.4 million to transition to CPSI.

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Nemaha County Hospital in Auburn, Neb. and Thayer County Health



Services in Hebron, Neb. have both been recognized as one of the nation's most wired, according to the results of the 2012 Most Wired Survey released today in the July issue of *Hospitals & Health Networks* magazine.

## Nemaha County Hospital - Auburn, Nebraska

Kermit Moore, COO of Nemaha County Hospital, explains what it means to

be a Most Wired hospital. "Most Wired represents the use of information technology to improve patient care and safety. It is the use of an electronic medical record (EMR) to provide all caregivers with the latest patient data such as allergies, medications, treatments, history, test results and plan of care issues. It incorporates electronic

*continued on next page*



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medication administration cabinets with barcode medication scanning labels and barcode scanning patient ID bands to ensure safe medication administration. Information technology is used by the medical provider to manage medical orders and it prevents transcription errors. Using information technology enables us to improve patient care and safety and is also a means to improve efficiency.”

The nation’s Most Wired hospitals are leveraging the adoption and use of health information technology (IT) to improve performance in a number of areas, according to Health Care’s Most Wired 2012 Survey. As a field, hospitals are focused on expanding and adopting IT that protects patient data, and optimizes patient flow and communications.

“The use of information technology represents an increased level of security for patient information,” states Peggy Neiman, director of health information management at Nemaha County Hospital.

Among the key findings this year:

- Ninety-three percent of Most Wired hospitals employ intrusion detection systems to protect patient privacy and security of patient data, in comparison to seventy-seven percent of the total responders.
- Seventy-four percent of Most Wired hospitals and fifty-seven percent of all surveyed hospitals use automated patient flow systems.
- Ninety percent of Most Wired hospitals and seventy-three percent of all surveyed use performance improvement scorecards to help reduce inefficiencies.
- One hundred percent of Most Wired hospitals check drug interactions and drug allergies when medications are ordered as a major step in reducing medication errors

Marty Fattig, CEO of Nemaha County Hospital states, “We are very proud to once again be listed among the nation’s “Most Wired” hospitals. Nemaha County Hospital has been on this list six of the last seven years. Credit for this achievement goes to the hospital staff, physicians and

PAs who recognize the value of using technology as a tool to enhance patient care.”

“Hospitals receiving Most Wired recognition are truly representative of our nation’s hospitals and systems – rural and urban, small and large, teaching and non-teaching, and critical access hospitals geographically dispersed,” says Rich Umbdenstock, president and CEO of the American Hospital Association.

“Equipping caregivers with the information needed to drive quality, safety and efficiency will continue to be an imperative as the challenges facing health systems grow increasingly complex,” says Pat Blake, president, McKesson Technology Solutions. “The effective use of health IT, including actionable analytics and connectivity, can be a strategic lever as hospitals and health systems work to drive better outcomes while managing capacity, reducing costs, and coordinating care across multiple settings and caregivers.” **IN**



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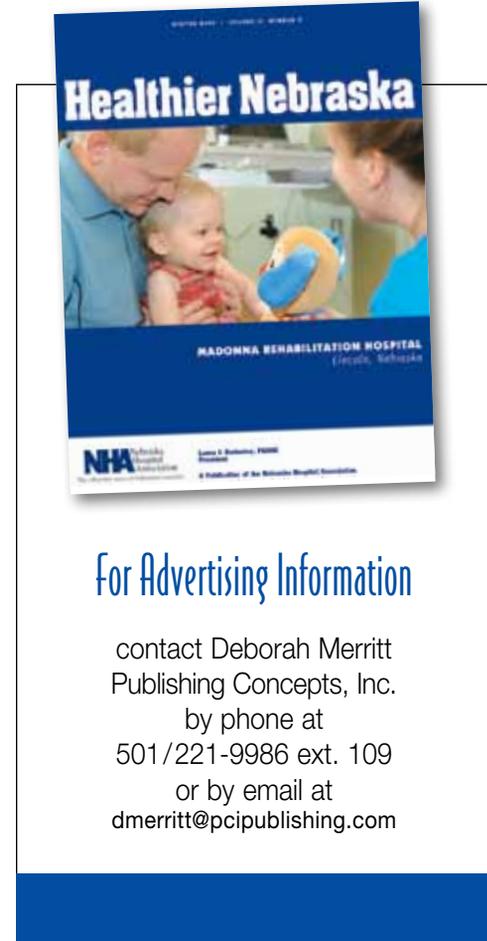
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By Monica Seeland, RHIA  
vice president, quality initiatives



# The Nebraska Center for Nursing

The Nebraska Center for Nursing (CFN) was created by the Unicameral in 2000, prompted by concerned citizens and nurses to address the nursing shortage. The CFN has been collecting and analyzing data to closely monitor the status of the nursing workforce in Nebraska. Their analysis shows that:

- The gap between nursing supply and demand is widening.
- Increasing numbers of nurses are retiring.
- Nebraska's nursing and patient populations are aging.
- Changes in health care delivery will be the norm.
- Rural Nebraska areas will experience even deeper nursing shortages than urban areas.
- A shortage of nursing faculty exists now and will worsen as faculty members retire.

The Nebraska Center for Nursing has focused its efforts on decreasing the nursing shortage through stimulating nursing student enrollment, motivating new generations of faculty nurses to stay in the state by offering scholarships, and by encouraging men and minorities to pursue nursing careers in Nebraska. While these efforts have made a positive impact on decreasing the nursing shortage, the Center continues to develop additional strategies to meet the demand. Specifically, the Center is focusing their efforts in the following areas:

- **Recruitment**
  - Create a "toolbox" to stimulate interest in the nursing profession and increase enrollment in Nebraska nursing schools.



- Develop a speakers' bureau to promote the nursing profession and inform Nebraska citizens of the CFN's work.
- **Retention**
  - Fund scholarships for Nebraska nurses who are committed to completing their Bachelor of Science in Nursing (BSN) degree, Master of Science in Nursing (MSN) or nursing doctoral degrees.
  - Fund a nurse recognition and award program.
- **Sustainability**
  - Enhance the use of the CFN's workforce model to predict the nursing supply and demand throughout Nebraska.
  - Mobilize Nebraska stakeholders to ensure an adequate number of nurses

to provide quality health care in Nebraska.

- **Enrollment**
  - Create loans and scholarships to encourage nurses to become nursing faculty.
  - Finance the *Passport* system so students and clinical sites throughout Nebraska can utilize this standardized up-to-date online method for orienting students to clinical sites thus increasing the time devoted to clinical experiences with patients.

To help accomplish the goals stated above, in 2011 the Nebraska Center for Nursing Foundation, a 501(c)(3) corporation, was formed. Managed by a board of directors whose representation includes the Nebraska Center for Nursing, the Nebraska Organization of Nurse Leaders, Nebraska Assembly of Nursing Deans & Directors, Licensed Practical Nurse Association of Nebraska, Nebraska State Board of Nursing, Nebraska Nurses Association, Nebraska Health Care Association and the Nebraska Hospital Association, the Foundation exists to raise funds so that the Center for Nursing can continue to carry out its important mission of assuring an adequately prepared and accessible nursing workforce in Nebraska.

For more information about the Center for Nursing, please see [www.center4nursing.com](http://www.center4nursing.com). To contribute to this important work, please send your tax deductible donation to the Nebraska Center for Nursing Foundation, 3255 Salt Creek Circle, Suite 100, Lincoln, NE 68504-4778.



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