



State E-News Roundup

A Compendium of Items from State, Regional, and Metropolitan Hospital Association Newsletters

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Certificate of Need

NCHA Friday Mailing 5/9/08

Lawsuit Filed To Overturn CON Law: Hope-A Women's Cancer Center and Raleigh Orthopedic Clinic have filed a declaratory judgment action in superior court against the State of North Carolina challenging the Certificate of Need planning process and CON law. Both plaintiffs are represented by the Nelson, Mullins, Riley and Scarborough law firm. The lawsuit alleges that the CON law, the executive order under which the State Health Coordinating Council operates, and aspects of the administrative process governing CON decisions are unconstitutional as applied to the plaintiffs on various grounds.

The plaintiffs allege, among other things, that legislative authority has been delegated to the SHCC to determine which health services may be developed, without standards or safeguards to ensure that the SHCC's decisions are not arbitrary or affected by the alleged self-interest of SHCC members, and that plaintiffs' due process rights have been violated by not providing them a reasonable opportunity to demonstrate need for services they wish to provide. The lawsuit asks the court to (1) award monetary damages, (2) declare the CON law, APA Act, and the executive order unconstitutional as applied to the plaintiffs, and (3) preliminary and permanently enjoin the Department of Health and Human Services from refusing to review or disapprove a CON application submitted by either of the plaintiffs on grounds that there is no need determination in the State Medical Facilities Plan for the proposed service. NCHA is determining how most appropriately to respond to the litigation.

Wyoming Hospital Association Newsletter 5/16/08

State Rural Health Plan Moves Closer to Completion: Healthcare leaders from Wyoming's critical access hospitals and the state Department of Health moved one step closer on Thursday to the development of a state rural healthcare plan. The plan is required by the Federal Office of Rural Health Policy and is an element of the 2008 Flex Program grant. When complete, the plan is intended to be a living document that is reviewed and updated annually, and that will shape the state's approach to rural healthcare delivery.

Dr. Keith Mueller, Director of the Rural Policy Research Institute Center for Rural Health Policy Analysis, once again facilitated the discussion. Participants at the meeting in Casper worked to refine five broad topic areas that affect all hospitals into measurable one-year goals that will be built into the final plan. The plan will address recruitment and retention, quality and performance improvement, benchmarking, community benefit, and information management. A draft will be available for review by late summer.

Health Information Technology

Oklahoma Hospital Association Hotline 5/14/08

Agreement to Create Electronic Records Exchange Between Oklahoma City Area Emergency Rooms: Ten Oklahoma City metro hospital organizations finalized an electronic data sharing network agreement this week that has the potential to improve patient safety and lower health care costs. Through a collaboration that began last year, Oklahoma City hospitals will put into place a secure process to share electronic records of patients who seek care in the emergency department. The new system will facilitate care coordination, provide better continuity of care and should result in better outcomes for patients. Through the agreement, participating Oklahoma City area hospitals will use an existing and proven utility, SMRTNET, established by the Cherokee County Health Services Council through a grant from the Agency for Healthcare Research and Quality. The system is expected to be up and running by mid-September and will put Oklahoma City's health care system on the leading edge in the nation for health information technology.

Oklahoma City area facilities that will be included in the initial implementation are Edmond Medical Center, INTEGRIS Baptist Medical Center, INTEGRIS Canadian Valley Regional Hospital, INTEGRIS Southwest Medical Center, Mercy Health Center, Midwest Regional Medical Center (Midwest City), Norman Regional Health System (including Moore Medical Center), Oklahoma Heart Hospital, OU MEDICAL CENTER, and St. Anthony Hospital. The hospitals are all members of the Greater Oklahoma City Hospital Council, an affiliate of the Oklahoma Hospital Association. "A lack of easily accessible medical history in the emergency room can limit the ability to provide optimal care," said David Whitaker, chairman, Greater Oklahoma City Hospital Council, and president/CEO of Norman Regional Health System. "This system will provide a more efficient and much quicker way to share medical records than the current paper system. Allowing information to be shared instantaneously will reduce the need for unnecessary tests and procedures, avoid injuries due to known medication allergies and reactions, and improve overall outcomes."

Information to be exchanged through the system will include patient demographics, medications, allergies and reactions, diagnosis history, laboratory results, procedures, immunizations, and health care providers. SMRTNET's secure system has been thoroughly reviewed and tested by more than 14 privacy officers and security experts and is the same system currently used by financial institutions. "Oklahoma county residents will now have benefit of a tested system to allow them to have a timely medical record wherever they go in the Oklahoma City area and still be assured of the same privacy and security they have now with the traditional paper system," said Dr. George Foster, dean, Oklahoma College of Optometry, a member organization of SMRTNET. SMRTNET, which stands for Secure Medical Records Transfer Network, is in successful operation in northeast Oklahoma and operates with more than 400,000 medical records in that network. "This current project in the Cherokee County area provides a model microcosm of the U.S. by bringing together city and county governments, state government, federal government, Native Americans and university involvement," said Dr. Foster. "It provides an excellent example of a proven partnership that can be put into process elsewhere. This is the only Oklahoma county health authority to explore policies and health changing opportunities at a local level that can then be modeled at the national level," he said. The initial implementation of the electronic records exchange in Oklahoma City will be complete in about 120 days and will provide a backbone to construct a more expanded community network in the future. The system will be launched in the emergency departments initially, but will be expanded to include additional ancillary tests and procedures in coming years. The group also hopes to expand the network to community free clinics.

Healthcare Liability Reform

Ohio Hospital Association Health e-News Plus 5/7/08

OHA Files "Friend of Court" Brief with Ohio Supreme Court: OHA and the Ohio Osteopathic Hospital Association filed an *amici curiae* brief yesterday in a case pending before the Ohio Supreme Court. The case involves negligent credentialing lawsuits and is an appeal from the Williams County appellate court, which ruled that a plaintiff may sue a hospital for negligent credentialing even when the allegedly negligent physician is not a party to the lawsuit and has not previously been found responsible for injuries due to substandard care. Oral argument in the case will be held later this year and a decision can be expected early next year. View the [brief](#) on the OHA Web site. ([Rick Sites](#))

Oklahoma Hospital Association Hotline 5/8/09

House Sends Lawsuit Reform Bill To Governor: A lawsuit reform bill has been passed by both the Senate and House and now goes to the governor's desk. HB 2458 (*Schwartz/Laster*) was amended in the Senate to include a broader inclusion for "Certificates of Merit" in professional negligence cases. The language is similar to that passed in 2003 that was included in SB 629. This provision was declared unconstitutional by the Oklahoma Supreme Court in 2006. The 2003 measure applied only to medical malpractice. Proponents of HB 2458 believe the measure fixes the concerns of the Court.

HB 2458 requires a person filing a civil lawsuit for professional negligence to attach to their petition an affidavit that must state the person has consulted a qualified expert who has reviewed available medical records and other facts, and that the expert has provided a written opinion stating the facts support the plaintiff's allegations. The bill also provides for dismissal of the suit if the affidavit is not attached to the petition and also would provide for an extension of time to file the affidavit.

According to news reports, *Governor Henry* promised to veto the measure claiming "the state would make the same mistake twice, increasing costs for both businesses and consumers as the law was appealed and overturned for a second time by the Supreme Court." *Rep. Dan Sullivan*, R-Tulsa, a proponent of the measure stated in House debate, "it has been my personal experience that requiring an expert report prior to filing a lawsuit has the effect of greatly reducing frivolous lawsuits." OHA supports the measure and participates in a Lawsuit Reform Coalition of business and health care groups.

Tennessee Hospital Association Executive Report 5/9/08

Tennessee Supreme Court Adopts New Hospital Standard: On May 6, 2008, in two cases--*Boren v. Weeks* and *Dewald v. HCA Health Services of Tennessee*--the Tennessee Supreme Court filed decisions holding that a hospital may be vicariously liable for the negligent or wrongful acts of an independent contractor physician if: 1) the hospital held itself out to the public as providing medical services; 2) the patient looked to the hospital rather than the individual physician to perform the medical services; and 3) the patient accepted those services in the reasonable belief that the services were being provided by the hospital or a hospital employee (see attachment).

In order to avoid liability, the court held a hospital must provide meaningful written notice to the patient that is acknowledged at the time of admission. Including a disclaimer in the consent to treatment forms, that may or may not be summarized at the time of registration, is not deemed to provide meaningful written notice.

In review of the *Boren* and *Dewald* cases, the court determined meaningful written notice requires more than written provisions in the consent to treatment forms that disclaim the existence of any employment or agency relationship between the emergency department physicians, anesthesiologists, pathologists, physician assistants, radiologists or any on-call physicians who provide specialty services. The court suggests that, in order to provide meaningful written notice,

a hospital could: 1) post conspicuous signs acknowledging that certain medical personnel are independent contractors and not employees of the hospital; 2) expand the registration process to allow the patient or patient's representative the opportunity to make an informed choice by highlighting the section of the consent forms that explains physicians are not employees of the hospital and require the patient to acknowledge it by initialing; and/or 3) have physicians wear nametags, identifying their employer, that are different from the ones worn by hospital employees. In other words, the hospital must affirmatively call the patient's attention to the fact the physicians are independent contractors and not employees of the hospital.

Illinois Hospital Association E-Update 5/8/08

IHA Defends Medical Liability Reform Law: IHA yesterday filed an amicus brief with the Illinois Supreme Court in support of the state's two-and-a-half year old medical liability reform law, which includes caps on non-economic damages. IHA was joined in the brief by AHA, the Illinois Catholic Health Association and the Illinois Rural Health Association. The brief argues that the constitutionality of the law should be upheld, noting that "Nothing in the Illinois Constitution holds that the ability of medical liability plaintiffs to recover non-economic damages is more important than the legislature's ability to address the serious and growing impact of such recoveries on access to health care in Illinois."

Oral arguments in the case, *LeBron v. Gottlieb Memorial Hospital*, are expected to be heard this fall, with the Supreme Court likely issuing its decision sometime next year. The [IHA brief](#) can be seen on our web site.

WSHA Weekly Report 5/9/08

Reporting Unprofessional Conduct — New Rulemaking and Recently Adopted Rules: House Bill 1103, a bill regulating health professions enacted during the 2008 session of the Washington State Legislature, includes a provision requiring health care facilities to report unprofessional conduct. Further information and the date of the next rulemaking workshop can be found at: www.doh.wa.gov/hsqa/hpqa/HPQAManRep/HPQAManRep.htm. WSHA is participating in the rulemaking process implementing House Bill 1103.

On March 31, 2008, the Department of Health adopted mandatory reporting rules that apply to hospitals, license holders, and others. The new rules, which took effect April 30, can be found at: <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-16>.

WSHA participated throughout the rulemaking process and is planning on issuing guidance to hospitals on how to comply with the new reporting rules. WSHA is seeking clarification on how the new rules intersect with other reporting laws and regulations, and with the requirements under House Bill 1103.

Oklahoma Hospital Association Hotline 5/14/08

Governor Vetoes Lawsuit Reform Bill: Last week, Hotline reported that HB 2458, a lawsuit reform bill, had been passed by the Senate and House. Gov. Brad Henry vetoed the bill on Friday, saying it conflicts with an Oklahoma Supreme Court decision on a similar bill that the court found unconstitutional. This week, the House attempted to override the veto, but failed.

The bill would require injured people to obtain certificates of legal merit from experts in order to file professional malpractice lawsuits. In 2006, justices ruled that the cost associated with certificates of merit placed an undue financial burden on citizens seeking access to justice. The governor said he had no choice but to veto the bill because it was in direct conflict with that Supreme Court ruling.

Hospital Billing, Charity Care, and Community Benefits

Illinois Hospital Association e-Update 5/2/08

Agreement Reached on Discounts For Uninsured: Legislation will be filed in the General Assembly that significantly modifies last year's Hospital Discriminatory Pricing Act to incorporate recommendations by the IHA Board, while also addressing concerns of the Attorney General and legislators about discounts for the uninsured. Now named the Hospital Uninsured Patient Discount Act, the legislation reflects extensive discussions between IHA and the Attorney General's Office regarding the discount level, eligibility, and other provisions in the legislation.

The proposed legislation calls for discounts for Illinois residents with incomes up to 600% of federal poverty level (FPL) in urban areas and up to 300% of FPL in rural areas and at Critical Access Hospitals. Charges are to be discounted to 135% of cost and apply only to medically necessary services.

Texas Health Care Advocate 5/2/08

TDI Conducting Survey on Hospital-based Physician Relationships: As required by legislation enacted in 2007, the Texas Department of Insurance is attempting to collect information on "balance billing" of consumers by hospital-based physicians and to develop recommendations on how the Legislature might address consumer concerns.

With input from the Texas Hospital Association and other hospital representatives, a survey was developed and mailed this week. Hospitals are asked to complete and return the survey by May 19. The survey also may be downloaded from the [TDI Web site](#) (look for the link under "Life Health"), and returned to designated TDI staff. Although TDI has no authority to require a response, hospitals are encouraged to participate so that their perspective is represented. Even partially completed surveys should be submitted. Senate Bill 1731 also requires health plans, hospitals and hospital-based physicians to provide written disclosures to patients informing them that certain physicians may not be in the same health plan networks as the hospital, and that they may be balance-billed by these physicians for amounts not paid for by the health plans.

Because of the complexity of the "balance billing" issue, the Texas Legislature directed TDI to appoint an advisory committee to evaluate the extent of balance billing and the impact on consumers, and to issue a report to the Legislature by Dec. 1. Based on input from the advisory committee, TDI will be issuing rules in the next several weeks to collect information from health plans concerning their relationships and contracting with hospital-based physicians. The survey seeks to obtain information on what actions hospitals are taking to encourage these physicians to contract with the same health plans as the hospital and what information hospitals provide to health plans to inform them of the hospital-based physicians with whom they have contracts or have granted medical staff privileges. The survey also asks hospitals to provide a listing of the physician groups or physicians who are under contract or have been granted privileges to provide anesthesiology, emergency care, neonatology, pathology or radiology services at the hospital.

VHHA FYI Weekly 5/8/08

Request for Community Benefit Data Sent to Members; Information Sessions Planned:

This week VHHA members were e-mailed various materials that VHHA will rely on to collect member-specific data required to produce its first annual statewide community benefit report. This is a Board-directed initiative to improve our financial accountability and transparency on behalf of all of our members, both tax-exempt and proprietary. Our ability to tell the community benefit story of Virginia's hospitals is dependent on member participation, so we encourage you to return the requested materials by the July 15 deadline. The information provided includes a Community Benefit Template and accompanying instructions. Hospitals and health systems are asked to review certain data developed by VHHA, and to submit their own data documenting their investment in various community benefit programs.

VHHA will hold two information sessions to assist members in developing the requested community benefit information and to help its tax-exempt members prepare for compliance with the new IRS reporting requirements. The first one will be a conference call scheduled for May 22 at 10 a.m. Instructions for participating in the call are included in the cover memo sent earlier this week. The second event will be a [community benefit and Form 990 workshop](#) held in Richmond at the Sheraton Richmond West Hotel on June 12. This workshop will explain the importance of improved financial transparency and community benefit reporting, review VHHA's request for member community benefit data and describe the new IRS 990 reporting requirements that tax-exempt members must meet. Detailed information about the workshop and a registration form were sent to members under separate cover. The deadline for registering for the workshop is June 2. Also, a limited number of hotel rooms have been reserved for the night of June 11, and the deadline for reserving a room is May 16. For more information about VHHA's community benefit reporting initiative contact Betty Long at blong@vhha.com or (804) 965-1213 or Chris Bailey at cbailey@vhha.com or (804) 965-1207.

Kansas Hospital Association Current Report 5/9/08

Economic Impact Toolkit for Members: As National Hospital Week approaches, we anticipate Kansas hospitals will be celebrating the healing you do every day. However, this week also provides Kansas hospitals with an opportunity to focus on one of our strategic issues – helping to better educate the public about the role, function and value of community hospitals. An important aspect of this issue is informing the public about the importance of the health care sector to the Kansas economy.

In January 2008, the Office of Local Government, K-State Research and Extension completed a report on the health care sector and its contributions to the Kansas economy. KHA shared, and will continue to share, the findings of this report with legislators and the media. In addition, during the KHA Spring District Meetings, we discussed the highlights of this report with our membership. This week, KHA mailed the following resources, along with an [order form](#), to CEOs. These resources also are available [online](#).

- [The Importance of the Health Care Sector to the Kansas Economy](#) (KSU report)
- [Kansas Hospital Economic Impact 2008 brochure](#)
- [Kansas Hospital Economic Impact PowerPoint](#)
- [Economic Impact Media Advisory](#)
- [Economic Impact Newsletter Article](#)

We hope you find these resources helpful in educating your constituents throughout the year, as well as during National Hospital Week. If you need assistance customizing the PowerPoint presentation with your own hospital or county data, or would like KHA to assist you in presenting this information to a board or community group, contact [Cindy Samuelson](#) at (785) 233-7436.

NJHA Newslink 5/9/08

NJHA to Debut Radio Ads, 'Imagine a Day Without Us': NJHA will launch a six-week radio campaign Monday reminding New Jerseyans of the value of the state's hospitals and the voids that will exist if more of those hospitals are forced to close. The series of 60-second spots will air on WKXW at 101.5 FM. The ads note the daily contributions of New Jersey's hospitals, including the 300 newborns they deliver and the 9,000 ER patients they serve each day. The ads go on to note that many hospitals are jeopardized by the state's chronic underfunding of charity care. Listeners who want more information are encouraged to visit NJHA's Web site, www.savenjhospitals.com.

Illinois Hospital Association e-Update 5/16/08

Hospital Uninsured Patient Discount Act: House Amendment 1 to SB2380 was introduced late yesterday, which reflects the agreement, reached between the Attorney General and IHA on hospital discounts to the uninsured. Amendment 1 can be accessed on the Illinois General Assembly web site ([click here](#)). This vehicle was used in lieu of an amendment to HB684 as a way to simplify and expedite its passage, as SB2380 has already passed out of the Senate.

This amendment would require all hospitals to provide discounts to 135% of cost to eligible uninsured patients. Eligibility is tied to Illinois residency, income less than 600% of the Federal Poverty Level (FPL) at urban hospitals and less than 300% FPL at rural and Critical Access Hospitals (CAH), and medical necessity. In addition, hospitals cannot collect more than 25% of annual income from eligible patients that also do not have significant assets. For background information and a complete summary of the agreement, [click here](#) (password required).

We will keep you informed of the progress of this legislation and if you have any questions, please contact Sandy Kraiss at skraiss@ihastaff.org or 630-276-5522 or Kathleen Pankau at kpankau@ihastaff.org or 630-276-5598.

MHA...An Association of Montana Health Care Providers Weekly News Report 5/30/08

MHA and AG Sign MOU: Attorney General Mike McGrath and MHA President Dick Brown have signed a memorandum of understanding designed to set the ground rules for future Justice Department studies of non-profit hospitals community benefit and other activities. McGrath has said his office will prepare a new report, based on 2007 data, for release by the end of the year. This report also will examine hospitals' foundations.

In the MOU, the AG's office and MHA agreed that the two offices will meet prior to requests for data to determine the scope of the study and ensure that appropriate data is collected. The agreement specifies that the community benefits portion of the 2008 study will be based on data collected on the VHA/CHA reporting tool. Future reports will be based on the Schedule H and supporting community benefit worksheets of the IRS Form 990. The agreement stipulates that "unpaid costs of public health programs means the difference between the actual cost to provide health care services to Medicaid, Medicare, Indian Health Services and other government sponsored health programs, and the amount of actual payment provided to the health care provider."

"Uncompensated care means the paid costs reported as bad debt and charity," the agreement states.

The AG's office agreed to provide MHA and affected members with a preliminary draft report. MHA will have 10 business days to review the information and provide comments and additional information.

Hospital Transparency

HARI CEO Briefing 5/2/08

Rhode Island PricePoint Launched: A new web site unveiled today provides free access to an unprecedented level of detail about charges and services at Hospital Association of Rhode Island (HARI) member hospitals ... www.ripricepoint.org allows users to easily search for charge information about hospitalizations at any member hospital ... Rhode Island PricePoint displays the most recently reported 12 months of data ... Web site visitors will see charges vary at every hospital due to unique combinations of payers, patients and services ... For each inpatient service at a selected hospital, Rhode Island PricePoint users can view the number of patients who received that service, the average length of stay, and the average and median charges for that hospital ... Consumers also can learn how the data for a particular service at one hospital compares to all hospitals in the state ... Rhode Island PricePoint is an important part of hospitals' commitment to providing meaningful information to health care consumers.

AzHHA Weekly 5/2/08

AzHHA Launches Consumer Web Site: The Arizona Hospital and Healthcare Association (AzHHA) is launching a new consumer friendly Web site, AZ Hospital Choice, which will give Arizona healthcare consumers their first opportunity to compare hospitals' charges for specific inpatient services. AzHHA will introduce the site at a Web briefing at 9 am, Tuesday, May 6. At the Web briefing, AzHHA representatives and Price Transparency Work Group members will: familiarize AzHHA's members with AZ Hospital Choice; and prepare public relations and finance representatives for questions from the news media and other key audiences.

AZ Hospital Choice features charge information for inpatient services at all licensed Arizona acute care hospitals and allows consumers to request charge and other information from a single hospital or up to four facilities to allow for comparisons. Web site visitors will be able to review comparative information from a single hospital or several facilities, including:

- childbirth;
- knee replacement surgery;
- common pneumonia;
- heart failure; and
- angioplasty.

"Today's consumers take an active role in managing all aspects of their healthcare," said John Rivers, AzHHA president and chief executive officer. "They need reliable information in order to make educated choices. This Web site demonstrates that Arizona's hospital community is committed to making hospital charges more transparent and accessible." With its support of AZ Hospital Choice, the Association's Board of Directors has demonstrated the hospital community's commitment to pricing transparency. AzHHA's Price Transparency Work Group collaborated with the Arizona Department of Health Services on the Web site. To date, more than 30 states have proposed or passed legislation on price transparency or are making this information available on a voluntary basis. Arizona is among 12 states that have voluntarily launched pricing transparency Web sites. For more information on the May 6 Web briefing, contact AzHHA's Communications Department at communications@azhha.org or 602-445-4300.

NJHA Newslink 5/5/08

Assembly Committee Debates Bills Prompted by Reinhardt Report: The Assembly Health and Senior Services Committee discussed a package of bills today aimed at increased transparency, public awareness and state participation in the financial matters of hospitals. The following bills were on this morning's agenda:

- A-2606, which requires training for all general hospital trustees.
- A-2607, which requires hospitals to conduct annual public meetings for their community members.
- A-2608, which authorizes enhanced monitoring of hospital financial performance by the Department of Health and Senior Services and intervention in management of identified distressed hospitals.
- A-2609, which prohibits hospitals from charging certain uninsured persons more than 15 percent greater than applicable Medicare rates.

NJHA has been working with DHSS to amend the bills to better reflect hospitals' needs. NJHA was able to successfully hold A-2608 until the next Assembly Health Committee hearing in order to work more closely with DHSS on improving the legislation. A-2607 and A-2609 passed through committee with little debate. A-2606 was amended to require new trustees to receive training immediately after they are appointed and before they serve on the board. It also would require those already serving on a board to conduct seven hours of training within six months of the legislation. NJHA President and CEO Gary Carter was on hand to testify on the bills. He expressed NJHA's concern with the measures, but focused largely on the state's inability to take action when hospitals are in trouble.

"I have been working in the healthcare industry for 35 years, 14 in New Jersey," said Carter. "The Department of Health has been collecting data for years. They just don't do anything with it." Carter also drove home the point that these measures will not solve the financial problems facing New Jersey hospitals.

"The cause of the problems has always been the underfunding of hospitals," he said. Commissioner of Health Heather Howard testified in favor of the bills. She noted that DHSS has taken steps to implement some related measures, but the legislation will enhance those programs. She also recognized that hospital trustees are dedicated volunteers and that many hospitals already do a great job at reaching out and creating open communication with their communities. However, there needs to be a state-based universal standard that all hospitals will abide by, she said. Additionally, NJHA offered its support to S-620, which would require newly licensed registered professional nurses to attain baccalaureate degrees in nursing within 10 years of initial licensure, and AR-68, which would urge telephone companies to inform their subscribers that they may participate in the ICE (In Case of Emergency) campaign. Both bills were being discussed at press time today, and are projected to clear the committee.

HANYS News 5/7/08

HANYS Issues "Report Card" on Hospital Report Cards: HANYS has [released a report](#) that assesses and scores eight prominent government, not-for-profit, and for-profit hospital quality reports. As part of the 2007 report, [Understanding Publicly Reported Hospital Quality Measures](#), HANYS enlisted health care practitioners and quality experts from across the state, and found that just three of the eight major hospital quality reports scored better than a "B." Only governmental reports scored an "A."

Hospitals have a keen interest in reliable quality measures, employing them to aid in their performance and ongoing quality improvement efforts. "Patients, policymakers, and practitioners all agree that reliable, accurate, and consistent quality measures are essential elements in improving health care services," HANYS' President Daniel Sisto said. "However, more and more entities are entering the quality measurement field, generating an avalanche of varied scoring that instead of assisting patients and providers, serves more to bewilder them."

These organizations issue grades or rankings as part of their hospital quality reports. Organizations use different approaches, which generates varied scores for the same hospital, leaving it unclear to the public what scores, if any, are accurate indicators of quality. In turn, these reports are often impossible to replicate for internal analysis and difficult to interpret and align with internal hospital quality improvement efforts due to the wide variation of scores and methodologies. As a result, they can waste limited hospital staff time and financial resources.

Wisconsin Hospital Association Valued Voice 5/9/08

WHA Updates Popular Resource in WHA Toolkit: The new *CheckPoint* report illustrates hospitals steady quality improvements. Four years ago, WHA kicked off its hospital quality-reporting program—*CheckPoint* (www.wiCheckPoint.org). *CheckPoint* was the first voluntary hospital quality reporting initiative in the country, and was designed to meet the growing needs of consumers for information on the quality of care they can expect to receive in their community hospitals. Consumers, employers and hospitals are able to view quality and error prevention information on every Wisconsin hospital.

A recent national report claimed that patients are only receiving 55 percent of the care that research has shown they should be given for their condition. Consumers don't need to look any farther than *CheckPoint* to see that Wisconsin hospitals are performing well above the national average in providing recommended care to patients. WHA's Dana Richardson, vice president, quality initiatives has written a new paper on *CheckPoint* that is now in the WHA toolkit. The paper contains numerous charts that illustrate how Wisconsin hospitals have improved their performance on key quality measures reported in *CheckPoint*. The new *CheckPoint* report is at: www.wha.org/pubArchive/special_reports/CheckPoint.pdf.

HANYS News 5/23/08

DOH Seeks More Transparency in CON Process: The Department of Health (DOH) is looking to improve its communications to make the Certificate of Need (CON) process more accessible to the public. DOH and members of the State Hospital Review and Planning Council (SHRPC), which reviews health facility construction, are concerned that interested stakeholders are not notified in time to offer comments or ask questions about proposed projects. Currently, the public may access a list of applications received and approved by DOH on the [DOH Web site](#), but many applicants and concerned stakeholders find it challenging to navigate the CON process and to know the timelines for submitting comments.

Providers have also expressed frustration with not being able to find out the status of their own applications. Legislation is currently moving through the State Legislature that would lead to the creation of a Web-based tool that would track CONs through the approval process. DOH representatives said Thursday at a meeting of the SHRPC Planning Committee they are considering ways to make the DOH Web site more accessible, including the possibility of setting up e-mail lists for interested stakeholders to automatically notify them of new CONs or policy changes related to the CON process. DOH is also looking at broader CON updates. DOH will solicit testimony from provider associations at upcoming meetings on how best to integrate local input into the state's health planning infrastructure and how to address the issue of the out-migration of services to for-profit health facilities and the impact on the overall health system and availability of safety net services.

HANYS has shared CON reform recommendations with DOH and will seek additional input from members, as DOH is expected to articulate more specifically the questions on which it would like providers to comment.

Wisconsin Hospital Association Valued Voice 5/30/08

Health Plans Pledge to Provide Enrollees with Out-of-Pocket Estimates—Brenton Applauds Significant Advance in Health Care Transparency: The Wisconsin Association of Health Plans (WAHP) announced on May 27 that its 17 member health plans had pledged to begin providing estimates of out-of-pocket costs to their insured enrollees who request them before receiving services, starting September 1.

In the announcement, WAHP Board President Steve Youso stated: "The cost information we can provide will give consumers a better position from which to evaluate health care options and make more fully informed decisions." WAHP Chief Executive Officer Nancy Wenzel added: "Today's initiative is an important step in the progression of health care transparency efforts in Wisconsin."

WHA President Steve Brenton applauded the program. "Wisconsin hospitals have been strong advocates of transparency and have been instrumental in helping consumers better understand health care prices," he said. "Insurance companies are in the best position to provide their policyholders with information related to their out-of-pocket expenses. Those organizations best understand the insured's benefits, they have negotiated the prices with providers, and they know the status of the insured's out-of-pocket responsibilities. The Wisconsin Association of Health Plans has taken an important step in advancing health care transparency."

In 2005, WHA launched PricePoint, now one of the nation's most widely recognized hospital pricing Web sites, which provides charge information and consumer assistance in identifying hospital prices. In 2007, WHA released a set of guidelines to assist hospitals in providing price estimates to consumers.

Medicaid and Hospital Payments

Kansas Hospital Association Capitol Comments 5/2/08

Senate Passes Admission Notification Legislation: Late yesterday evening, the Kansas Senate passed the conference committee report on [House Substitute for Senate Bill 113](#). The legislation is considered the "mega-insurance" bill for the session and contains portions of several bills ([HB 2690](#), [HB 2699](#), [HB 2689](#), [HB 2783](#), [SB 498](#), [SB 561](#) and [SB 563](#)). The two provisions of the conference committee report that impact hospitals in Kansas involve SB 563 and [SB 113](#). Senate Bill 563 is the KHA sponsored legislation that would prevent a utilization review organization from requiring admission notification prior to the next business day. Senate Bill 113 also amends the Kansas Health Care Prompt Payment Act to create a limited time frame (within 18 months after the end of the month the incorrect payment was made) during which an insurer could request reimbursement from an insured individual or a provider for a claim paid in error. In cases of fraud by either the insured or the provider, the request for reimbursement may be initiated within the applicable statute of limitations under K.S.A. 60-513. The conference committee report passed final action on a 40-0 vote. The legislation will now be sent to the Governor's office for signature. KHA would like to thank the membership for their involvement on this issue.

Mississippi Hospital Association News Now 5/7/08

Medicaid Advisory Group Named: Gov. Haley Barbour has named seven hospital administrators to a Medicaid Hospital Advisory Committee and asked them to provide advice and assistance to the Division of Medicaid with regard to matters affecting hospitals participating in the Medicaid program. Barbour said due to changes in reimbursement policies at the federal level, the advisory board would address the changing payment needs of Mississippi hospitals. Barbour added, "This commission is purely advisory in nature, and its members are drawn from a diverse group of hospital administrators. It is my hope they will offer Medicaid and hospitals their best counsel based on their combined years of experience in determining a solution to fund the Medicaid shortfall."

The administrators named to the advisory group are: Chris Anderson, CEO of Singing River Hospital System, Pascagoula; Gerald Wages, CEO of North Mississippi Medical Center, Tupelo; Chip Denton, CEO of Grenada Lake Medical Center, Grenada; Wallace Strickland, CEO of Rush Foundation Hospital, Meridian; Gary Marchand, CEO of Memorial Hospital at Gulfport; Will Ferniany, CEO of the University of Mississippi Medical Center, Jackson; and, Ray Humphreys, CEO of Delta Regional Medical Center, Greenville.

NJHA Newslink 5/6/07

Blue Cross Officials Commit to Addressing Hospital Concerns: NJHA met yesterday with representatives from BlueCard and Horizon Blue Cross Blue Shield as part of a renewed effort to resolve provider concerns related to claims processing and payments. BlueCard is a national program sponsored by the Blue Cross Blue Shield Association that allows patients to receive services from a network provider even when outside the service area. NJHA and a coalition of states have previously tried to resolve concerns with BlueCard, but those efforts have been unsuccessful. This renewed effort is supported by BCBSA's Frank Coyne, vice president of interplan programs, and yesterday's meeting was the first in which state hospital associations and their local Blue plan representatives met together with BCBSA.

BCBSA is committed to establishing a process by which providers can escalate claims for resolution when their local plan cannot get a claim determination from the patient's home plan and the account is nearing 60 days old. Details of this process are not yet available. BCBSA also is considering new business rules for Blue plans that would provide consistencies among plans across states. NJHA will share more details with managed care executives about the proposed fixes and a timeframe for resolution once they become available.

Maine Hospital Association Friday Report 5/9/08

Final Status of Bills: MHA has posted the final status of bills it tracked during the recently ended legislative session at <http://www.themha.org/advocacy/Keybills2008.pdf>. At the very end of the session, lawmakers grappled with how to fund Dirigo Health if they repealed the controversial Savings Offset Payment (SOP). [LD 2247](#), An Act To Continue Maine's Leadership in Covering the Uninsured, levied a 1.8% assessment on paid claims, a doubling of the excise tax on beer and wine, a new excise tax on soda syrup, \$5 million from the Fund for a Healthy Maine and a one-time transfer of \$3.6 million from the general fund to be re-paid by Dirigo in order to pay for the program. However, the beverage industry is up in arms about the new taxes and has promised a people's veto of the bill. The uncertainty means that the Dirigo Board will have to proceed as if it will ultimately set the SOP.

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MHA is very pleased with the outcome of [LD 1939](#), Resolve, To Establish a Method for Reporting the Statistics of Diseases. Originally, the committee wanted to report infection rates using administrative claims. MHA worked with the sponsor and Josh Cutler, head of the Maine Quality Forum (MQF), to educate the committee about why claims data is not a reliable way to establish rates. Now the bill, in the form of [LD 2297](#), requires the Maine Quality Forum to submit an annual report to the Legislature that includes health care-associated infection quality data and to report to the Health and Human Services Committee any recommendations for additional health care-associated infection quality data to be collected. It requires the MQF and the Maine Center for Disease Control and Prevention to report to the Committee on statewide collaborative efforts with health care infection control professionals to control or prevent health care-associated infections and to make the information reported about the health care-associated infection quality data publicly available. This law will take effect July 18.

Another victory was the amending of [LD 1792](#), An Act To Limit the Compensation of Officers and Directors of Nonprofit Corporations. There was bipartisan support on the committee to cap executive pay, but MHA, with others, was successful in persuading lawmakers to instead require that any public benefit corporation that receives more than 25% of its funding from local state or federal sources must post on their web sites any officers or directors who receive more than \$250,000 in pay and/or benefits. The law takes effect July 18.

Texas Hospital Association Health Care Advocate 5/9/08

MCAC Approves Medicaid DSH Reform, MS-DRG Rate Rebasing: On May 8, the Texas Health and Human Services Commission's Medical Care Advisory Committee recommended publication of hospital payment rules that in all likelihood will significantly overhaul the Medicaid disproportionate share and inpatient MS-DRG funding structures currently in place.

The MCAC recommended passage of seven hospital payment rules, and at the center of the debate lie two critical hospital payment rules: the revised Medicaid non-state hospital disproportionate share payment rule, and the new inpatient hospital MS-DRG payment rule. According to estimates prepared by THHSC, the two hospital payment rules approved for publication by the MCAC will:

- Increase Medicaid inpatient MS-DRG payments to approximately 400 hospitals by more than \$350 million; and
- Reduce Medicaid DSH payments to about 160 non-state DSH hospitals by approximately \$240 million.

Kansas Hospital Association Capitol Comment 5/12/08

Governor Signs Admission Notification Legislation: Governor Kathleen Sebelius signed into law [House Substitute for Senate Bill 113](#). The legislation included several insurance-related bills, including the Kansas Hospital Association-sponsored legislation [Senate Bill 563](#). This legislation would prohibit a utilization review organization from requiring admission notification prior to the next business day. The legislation unanimously passed the House and Senate. The legislation will go into effect after its publication in the statute book. KHA would like to thank all KHA members for their assistance on this issue.

Miscellaneous Articles

Connecticut Hospital Association Update 5/1/08

CHA Offers New Employee Benefits Package for Members: CHA, through a partnership with Colonial Life, is offering members a new, innovative employee benefits package with outstanding solutions. Some of the features of the package include: personal insurance product choices through voluntary, employee-paid benefits; communications support for all components of the program, including tailored salary illustrations, benefits statements, and individual needs analyses; streamlined automated enrollment support through the use of laptop computers; ongoing benefits education for employees; and outstanding service with access to simplified, flexible administrative support.

Colonial Life has been meeting the benefits needs of employers and employees for more than 69 years. With an A.M. Best's rating of A-Excellent, Colonial Life has a history of strong financial standing. Supporting more than 50,000 businesses and organizations, over 50% of Colonial Life's major account activity is in the healthcare industry, which includes hospitals, nursing homes, and doctors' offices. For more information, please contact Harry Packman at 203-294-7250 or Stephen Frayne at 203-294-7280.

VHHA FYI Weekly 5/2/08

New Leadership Development Program for Virginia's Health Care Safety Net

The Virginia Hospital Research & Education Foundation (VHREF) is partnering with the Virginia Health Care Foundation (VHCF) to promote VHCF's new leadership development program: ***Leading for the Long-Term***. This program is for senior management of Virginia's hospitals who are responsible for working with their local safety net organizations (including free clinics and community health centers) and health safety net executive directors. A class of 20 participants will have the opportunity to develop practical skills and insights about themselves, their organization and their communities, which will improve their ability to lead in the dynamic world of health care for the uninsured and medically underserved. *Leading for the Long-Term* is a leadership development program, not a management training course. It is designed to transform good managers into great leaders. Hospital leaders who work with the health safety net are invited to apply for the inaugural class, which will convene this fall. **Additional information and applications are available at www.vhcf.org, under "What's New" on the right side of the page, and are due by 5 p.m. on May 31.** For more information, contact Judith Cash, VHCF, at Judith@vhcf.org or (804) 828-5804.

NCHA Friday Mailing 5/2/08

N.C. Hospital Patients Have Right to Designate Non-Related Visitors: North Carolina's hospital bill of rights has been amended with rule 10A NCAC 13B .3302(y), which was recently adopted by the Medical Care Commission. The rule states that *(y) A patient has the right to designate visitors who shall receive the same visitation privileges as the patient's immediate family members, regardless of whether the visitors are legally related to the patient by blood or marriage.* The rule amendment became effective April 1, 2008 and is posted as adopted by the Medical Care Commission on the Division of Health Service Regulation web site at <http://www.ncdhhs.gov/dhsr/ruleactions.html>.

WSHA Weekly Report 5/2/08

Governance Web Casts Archived At WSHA Website: The Washington State Hospital Association offers a number of educational opportunities for hospital board members. So far in 2008 there have been two very successful web casts. Close to 70 connections were made for both and an estimated 150 people participated in each of the web casts. The first was on February 27 and was given by Beverly Smith. The topic was How to Chair a Great Meeting: 10 Things the Chair Must Do to Be Successful. The second was on April 3 and was given by attorneys Robert Walerius, Dana Kenny, and Greg Montgomery. The topic was Medical Staff Privileges and Credentialing. You can view these and other web casts at www.wsha.org/page.cfm?id=webcasts. Two more web casts are planned for later this year, the next being on September 18. The topic is Hospital CEO Selection, Evaluation, and Incentives. On November 6 a web cast covering the topic of Governance, Advocacy and Communications will be presented.

Colorado Hospital Association HealthBeat 5/2/08

Letter from the President: As predicted, organized labor has rolled out a slew of anti-business ballot measures to create chaos and instability in the state's business climate. The Denver Metro Chamber of Commerce has re-engaged the business community in an organized effort to fight these measures and established Coloradans for Responsible Reform (CFRR). CFRR, a political issues committee, is composed of representatives from the state business community and has been used in the past to oppose ballot measures detrimental to Colorado's economy. As a bipartisan coalition, CFRR has been successful in stopping anti-business measures and supporting proactive economic development measures, including Amendment 38 and Amendment C. At least 12 measures, in one form or another, are expected to be on the ballot in November. Another separate business committee has been formed to promote the right-to-work measure. Creation of Defend Our Economy was led by the Colorado Association of Commerce and Industry (CACI). The Colorado Hospital Association is a member of CFRR and will be working in collaboration with the state's other business organizations to fight the range of anti-business ballot measures. At its May meeting, the CHA Board of Trustees will be discussing how the Association can get more engaged in these campaigns and will determine what position it should take on the right-to-work initiative being promoted by the Defend the Economy group.

NJHA Newslink 5/7/08

HRET Plans Trustee Seminar on Deciphering Hospital Financial Reports: On June 17, NJHA's Health Research and Educational Trust will offer "Understanding and Interpreting Hospital Financial Reports: Tools for Trustees" at the Conference Center at NJHA in Princeton. This seminar is a special education opportunity customized for hospital board members. This executive-length program provides a concentrated approach to understanding the unique aspects of corporate financial statements of healthcare institutions. Participants will gain a working knowledge of the principal financial statements (balance sheet, income statement, statement of changes in net assets and statement of cash flows), the role of performance dashboards and the financial and management paradigms that must be followed in exercising a board's fiduciary responsibility. [Click here](#) for program details or to register for this program online.

Indiana Hospital Association News Sheet 5/7/08

Mark Your Calendars; Trustee Conference Set for July 17-18: The IHA/KHA Trustee Leadership Conference is set for July 17-18 at the historic French Lick Springs Resort. The institute will provide governing board members with practical knowledge on oversight responsibilities related to mission, planning, quality, corporate compliance, community relations, and fiscal health. Look for more details and registration information to be provided in the near future. For more information, contact Carla J. Brown at cjbrown@ihaconnect.org or 317/423-7793.

Maine Hospital Association Friday Report 5/9/08

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Kansas Hospital Association Current Report 5/9/08

Economic Impact Toolkit for Members: As National Hospital Week approaches, we anticipate Kansas hospitals will be celebrating the healing you do every day. However, this week also provides Kansas hospitals with an opportunity to focus on one of our strategic issues – helping to better educate the public about the role, function and value of community hospitals. An important aspect of this issue is informing the public about the importance of the health care sector to the Kansas economy.

In January 2008, the Office of Local Government, K-State Research and Extension completed a report on the health care sector and its contributions to the Kansas economy. KHA shared, and will continue to share, the findings of this report with legislators and the media. In addition, during the KHA Spring District Meetings, we discussed the highlights of this report with our membership. This week, KHA mailed the following resources, along with an [order form](#), to CEOs. These resources also are available [online](#).

- [The Importance of the Health Care Sector to the Kansas Economy](#) (KSU report)
- [Kansas Hospital Economic Impact 2008 brochure](#)
- [Kansas Hospital Economic Impact PowerPoint](#)
- [Economic Impact Media Advisory](#)
- [Economic Impact Newsletter Article](#)

We hope you find these resources helpful in educating your constituents throughout the year, as well as during National Hospital Week. If you need assistance customizing the PowerPoint presentation with your own hospital or county data, or would like KHA to assist you in presenting this information to a board or community group, contact [Cindy Samuelson](#) at (785) 233-7436.

NJHA Newslink 5/9/08

NJHA to Debut Radio Ads, 'Imagine a Day Without Us': NJHA will launch a six-week radio campaign Monday reminding New Jerseyans of the value of the state's hospitals and the voids that will exist if more of those hospitals are forced to close. The series of 60-second spots will air on WKXW at 101.5 FM. The ads note the daily contributions of New Jersey's hospitals, including the 300 newborns they deliver and the 9,000 ER patients they serve each day. The ads go on to note that many hospitals are jeopardized by the state's chronic underfunding of charity care. Listeners who want more information are encouraged to visit NJHA's Web site, www.savenjhospitals.com.

NJHA Newslink 5/15/08

Trustee Education Regulations Proposed: Regulations to support the state's Trustee Education Act, passed in April 2007, were proposed at today's meeting of the Health Care Administration Board. The Board approved the initial publication of proposed amendments (N.J.A.C. 8:43G-5.1) and new rules (N.J.A.C. 8:43G-5.22 and 5.23) related to trustee education. The regulations require any person appointed after April 30, 2007, to serve as a member of a general hospital board of trustees to complete a training program approved by the Commissioner of Health and Senior Services.

According to the regulations, the educational program should include topics such as types of financial, organizational, legal, regulatory and ethical issues that a hospital trustee may be required to consider in the course of governance responsibilities. Instruction may be offered in person in a seminar setting, online or via an audio program, Webinar or simulcast. A certificate must be issued by the training organization and included in the license renewal of the general hospital. In addition, a current list of all trustees with their appointment terms must be included in the renewal. The proposal is expected to be published in the New Jersey Register next month and will be subject to a 60-day comment period. An [advance copy of the rules](#) can be viewed on DHSS's Web site.

Hospital Council of Northern and Central California Connect 5/23/08

Hospitals Form Alliance with Local Elected Officials: With public advocacy in full swing around the state budget, the opportunity to form new alliances with local elected officials, and specifically county boards of supervisors, holds promise for hospitals as we look to broaden the base of officials who advocate on our behalf. In mid-April, the San Joaquin Valley Regional Association of California Counties met for its annual Spring Conference in Modesto. This group is comprised of all elected supervisors in a nine-county region, spanning south to north from Kern to San Joaquin and east to Mariposa.

The chance to participate on their agenda provided the Hospital Council with a unique opportunity to tell the story of hospitals in every community as employers, developers, philanthropists, educators...and health care providers. To bring that point home, we compared the value of uncompensated care provided by the nine county hospitals with that of local assets closer to home. For example, the nine county hospitals provided \$544,576,901 in uncompensated care in 2007...an amount equivalent to six times the entire Mariposa County budget; or the entire value of the Fresno County grape crop; or one-third the value of San Joaquin's Port of Stockton terminal revenues; and more. Valley hospitals are expected to lose an additional \$36 million dollars if the proposed budget cuts are upheld...a dollar figure that now translates a bit more clearly to county supervisors.

Each supervisor was asked to advocate on behalf of preserving a hospital's ability to care for its residents and of his or her own constituents through the many county-funded and county-operated health care programs. This was the perfect 'case study' in finding a shared interest...preserving Medi-Cal funding...and forging new alliances.

For more information, please contact Lynne Ashbeck, Regional Vice President, (559) 650-5694, lashbeck@hospitalcouncil.net.

Quality and Patient Safety

NCHA Friday Mailing 5/2/08

N.C. Patient Safety Training Program: The N.C. Center for Hospital Quality and Patient Safety and partners have developed the N.C. Patient Safety Training Program, a comprehensive safety training program for North Carolina hospitals. Targeted at all members of the hospital, the program will increase the knowledge of all healthcare staff in the science of patient safety, including human factors science, reliable process design, teamwork, creating a just culture and project management. Organizations will develop a common language, be able to implement patient safety concepts, methods and tools to provide safe reliable care and align strategic goals relating to patient safety from the boardroom to the bedside. The training program has four modules aimed at different levels of the hospital: Module 1 - Board of Trustees and the C-Suite, Module 2 - Middle Managers, Module 3 - Physicians and Module 4 - Staff. The first course for the Board and the C-Suite is scheduled for **July 10** in Raleigh. For more information or to be added to the interest list, contact Barb Edson at bedson@ncha.org or 919/677-4121.

AzHHA Advocate Issue 5/2/08

Governor Signs AzHHA's Infection Prevention Legislation: Gov. Janet Napolitano this week gave two thumbs up to [SB 1356](#)—Infection Prevention; Advisory Committee, signing the bill into law on Monday. Sponsored by Sen. Tom O'Halleran (R- Sedona) at AzHHA's request, the bill establishes an Infection Prevention and Control Advisory Committee to advise the Arizona Department of Health Services (ADHS) on community-associated and healthcare-associated infections. AzHHA developed SB 1356 in collaboration with the Arizona Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC) and ADHS to address growing concerns among lawmakers and the public regarding infections in healthcare institutions and in the community. The committee is charged with providing recommendations to ADHS regarding the reduction, prevention and control of infections in order to improve patient safety and health outcomes in Arizona. SB 1356 requires the committee to take a holistic approach to the issue of infections by examining both healthcare-associated and community-associated infections. AzHHA would like to thank our members, APIC, ADHS, and the broad coalition of healthcare organizations that backed SB 1356 for supporting this important public health measure.

Tennessee Hospital Association Executive Report 5/2/08

Hospitals, Surgeons, Blue Cross Announce New Partnership: The Tennessee Center for Patient Safety (TCPS) of the Tennessee Hospital Association (THA) and Tennessee Chapter of the American College of Surgeons (TnACS) have received a \$2.5 million grant from the Blue Cross-Blue Shield of Tennessee Health Foundation to develop the Tennessee NSQIP Surgical Quality Consortium, which is designed to evaluate and improve surgical care delivered by general and vascular surgeons in the state of Tennessee. THA President Craig Becker joined Blue Cross President Vicky Gregg to announce the three-year grant from Blue Cross at news conferences in Chattanooga and Memphis this week. A fact sheet about the program is attached to this week's *Executive Report*.

The funding will be used to support the use of the American College of Surgeons' (ACS) National Surgical Quality Improvement Program (NSQIP) in eight hospitals in Tennessee. The hospitals are expected to be selected by summer, with the program to begin shortly thereafter.

ACS began an initiative to use NSQIP in private sector hospitals in 2004. Currently, there are three hospitals in Tennessee that participate in the NSQIP program: Erlanger Health System, Chattanooga; Vanderbilt University Hospital, Nashville; and Saint Francis Hospital, Memphis. This collaboration between hospitals and surgeons represents an innovative partnership and will significantly enhance the TCPS' current initiatives on surgical care and reducing infections. It also will involve the collection of additional quality data that has been proven to be effective in driving improvement in surgical outcomes. Michigan has had this program in place in 35 hospitals and has seen a dramatic decrease in surgical complications.

The grant funds will help pay for a surgical clinical nurse reviewer at each hospital, who will be responsible for collecting and reviewing the data, and support surgeons from each institution who will serve as quality improvement champions and mentors. Participating hospitals will contribute the remainder of the surgical nurse reviewer expenses, provide information technology resources required to integrate NSQIP tools with existing systems, and pay the annual \$35,000 NSQIP fee. Leadership for the consortium will be provided by surgeons from the TnACS who participate in the NSQIP and Tennessee Center for Patient Safety staff. Surgeon champions at the three current participating hospitals also will work as mentors for the new participating hospitals and physicians. Hospitals will use aggregate reports to identify improvement opportunities, identify areas that have better than average results, evaluate and identify difference in practice between the hospitals in the state, and ascertain and disseminate best practices in Tennessee.

Michigan Hospital Association Monday Report 5/5/08

MHA Keystone — Surgery Launches with Workshop: Nearly 400 physicians, nurses and administrators attended the initial workshop for the newly launched *Keystone:Surgery*. This collaborative is a partnership between the MHA Keystone Center for Patient Safety & Quality and the Johns Hopkins University Quality and Safety Research Group (QSRG) focusing on perioperative safety. During the twoyear project, participating hospitals will aim for:

- elimination of surgical-site infections by ensuring that at least 90 percent of patients receive evidence-based interventions for preventing such infections
- elimination of mislabeled specimens
- prevention of defects in care, particularly focusing on the National Quality Forum's serious adverse events (wrong-site surgery and retained foreign bodies)
- at least 80 percent of surgery staff reporting a positive safety and teamwork climate using a validated culture assessment survey

The day-and-a-half workshop provided the *Keystone: Surgery* teams with the information to begin implementing briefings and debriefings to assure the surgical team knows the vital information necessary to safely conduct the case. This includes verifying the correct site of the surgery, assuring the correct equipment is in the room and ascertaining the surgical team knows one another. There was also a special session attended by more than 60 physicians and executive leaders that addressed the challenges of leading their teams in the implementation of the evidence-based best practices.

Seventy-six Michigan hospitals have elected to voluntarily participate in this collaborative, which is being led by a multidisciplinary advisory panel including surgeons, anesthesiologists, surgical nurses, infection control professionals and administrative personnel from across Michigan. The project includes representation from the U.S. Centers for Disease Control and Prevention, and expert faculty from Johns Hopkins will provide content for calls and tools for measurement and improvement. A virtual learning community, like that created in the Keystone collaborative on intensive care units, is expected to form for *Keystone: Surgery*, allowing for mutual learning on behalf of patients' best interests. For more information, contact [Chris George](#) at the MHA Keystone Center.

Tennessee Hospital Association Legislative Bulletin 5/8/08

MRSA Legislation Passes Senate Nursing Home Amendment Withdrawn: Compromise legislation calling for healthcare facilities to perform local risk assessments as part of their infection control programs passed the Senate on Wednesday and was sent to the governor for his signature. As approved by the General Assembly, the bill also lists interventions that may be utilized by a facility, such as hand hygiene education and monitoring programs, the use of contact precautions for patients colonized or infected with MRSA, the effective cleaning of patient care equipment, and consideration of use of active surveillance testing for high risk groups identified through the local risk assessment. The bill also provides that hospitals, nursing homes and other healthcare facilities should communicate the MRSA status of patients transferred or admitted to other facilities, and should not delay the admission or transfer of these patients. An amendment that had been proposed by the nursing home industry and adopted by the Senate was withdrawn, with the agreement of Tennessee Health Care Association, after concerns were raised by hospitals that the proposed language would make it easier for nursing homes to not accept the transfer of patients colonized with MRSA.

Connecticut Hospital Association Update 5/8/08

CHA's Quality and Patient Safety Training Kicks Off: CHA launched its Quality and Patient Safety Training Institute on May 6, 2008, with its initial course offering designed to provide front-line quality improvement managers, patient safety officers, nursing directors and managers, and infection prevention professionals with innovative tools to drive improvement in quality and patient safety for their organizations. The four-session program, *Achieving Excellence in Quality and Patient Safety*, will enable participants to expand their knowledge of current and emerging trends and innovations in quality and patient safety, and strengthen their statistical and analytical skills. The program was enthusiastically received by 40 member-participants representing a broad range of disciplines, 25 acute care hospitals, and other healthcare providers in Connecticut. The next session will be held on May 22, 2008, followed by two additional sessions in June.

The second course in the Institute's three series curricula, *Quality 101 – The Basics*, is described below and registration is now underway.

Quality 101 – The Basics: *Quality 101 – The Basics* is a two-session education and training curriculum, developed by CHA's Patient Safety Organization (PSO), for healthcare professionals who are not directly involved in quality improvement and patient safety but must have a working knowledge of "the basics" of quality and performance improvement.

Session One: *The Importance of Communication to Quality and Patient Safety* will be held on Thursday, May 22, 2008 from 8:30 a.m. – 1:00 p.m. (registration begins at 8:00 a.m.). Participants will learn about the factors that influence quality and patient safety with an emphasis on the impact of communications and teamwork, standard communication tools, and the different styles of communication and their impact on performance. Presenters for this session are Brian Fillipo, CHA Vice President for Quality and Patient Safety, and Joan Evans, Chief Learning Officer, Moses Cone Health System.

Session Two: *Innovative Tools and Techniques for Quality Improvement* will be held on Monday, June 16, 2008 from 8:30 a.m. – 1:00 p.m. (registration begins at 8:00 a.m.). Brian Fillipo, CHA Vice President for Quality and Patient Safety, and Sherri Barnhill, Collaborative Consultant and former Patient Safety Officer, will provide a review of the basic process improvement tools. Among the tools to be reviewed are flowcharts, cause and effect diagram, root cause analysis, run charts, and the Plan-Do-Study-Act process. For more information, contact Laura Jackman at (203) 294-7257 or jackman@chime.org. For the program brochure, [click here](#). To register, [click here](#).

Massachusetts Hospital Association Monday Report 5/12/08

Nicholas Calls for Central Cost, Quality Data Bank: In a letter to EOHHS Secretary JudyAnn igby, MHA President & CEO Lynn Nicholas, FACHE, suggested that the state, through the Health Care Quality & Cost Council (HCQCC), create a Clinical Quality Data Bank that would allow hospitals to report a data element once for a given time frame. "Parties interested in using the deposited data for research, pay-for-performance and other payment incentives or benchmarking/quality improvement would be required to draw on the data in the 'Bank' for this purpose versus individually soliciting hospitals for the information." Nicholas wrote that hospitals are often overwhelmed by data requests that they often "have inadequate time and resources to focus on meaningful interventions and improvement using that data." Nicholas added that the data bank could be applied to other providers and should include data from insurers and payers.

Massachusetts Hospital Association Monday Report 5/12/08

MHA to HCQCC: Good Data Trumps On-Time Data: In late June, the state is expected to publicly post data about hospital cost and quality, including what certain procedures cost at each hospital in the state. The concept has long been discussed as part of the "transparency" agenda, but it opens a whole set of questions about whether the information is meaningful and beneficial to consumers. The Health Care Quality and Cost Council's (HCQCC's) Communications & Transparency Committee met last Wednesday to discuss the planned "go live" for its new website funded through the Health Care Reform Law.

On the cost side, the website will display the aggregate median payment from all commercial health plans licensed in Massachusetts for about 18 different procedures. For example, a consumer will be able to look at the aggregate median payment that a particular hospital received from Harvard Pilgrim, Tufts, Blue Cross, etc., for, say, a hip replacement. One concern is that the site does not include data from Medicare, Medicaid or individuals enrolled in self-funded plans. In some instances, as much as 50 percent of a hospital's business would not be included in the website's cost data. MHA also expressed concern that unlike other transparency efforts - such as MHA's own Patients First postings, or the well-respected Hospital Compare - hospitals will have little time to analyze and comment on the state data, a crucially important step the first time such a data set is compiled for public reporting. (Hospitals are expected to receive cost data from HCQCC on May 23 and will have to respond by June 6.)

MHA's Senior Director of Clinical Affairs, Karen Nelson, R.N., who is a member of HCQCC's Advisory Committee, said, "Good data is more important than on-time bad data. The Council will put its credibility with the public at risk if it posts bad data, more so than if it posts late, and will jeopardize its heretofore collaborative relationship with providers." Nelson also called for a site on the state's website to allow hospitals to post a narrative explaining their data.

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Final Status of Bills: MHA has posted the final status of bills it tracked during the recently ended legislative session at <http://www.themha.org/advocacy/Keybills2008.pdf>. At the very end of the session, lawmakers grappled with how to fund Dirigo Health if they repealed the controversial Savings Offset Payment (SOP). [LD 2247](#), An Act To Continue Maine's Leadership in Covering the Uninsured, levied a 1.8% assessment on paid claims, a doubling of the excise tax on beer and wine, a new excise tax on soda syrup, \$5 million from the Fund for a Healthy Maine and a one-time transfer of \$3.6 million from the general fund to be re-paid by Dirigo in order to pay for the program. However, the beverage industry is up in arms about the new taxes and has promised a people's veto of the bill. The uncertainty means that the Dirigo Board will have to proceed as if it will ultimately set the SOP.

Working with the sponsor of [LD 2044](#), An Act To Prohibit Hospitals from Charging for Treatment To Correct Medical Mistakes, MHA was able to substitute the policy the MHA Board had approved into the language of the bill. The committee did include a provision requiring that hospitals inform patients of the law. The law takes effect July 18.

MHA is very pleased with the outcome of [LD 1939](#), Resolve, To Establish a Method for Reporting the Statistics of Diseases. Originally, the committee wanted to report infection rates using administrative claims. MHA worked with the sponsor and Josh Cutler, head of the Maine Quality Forum (MQF), to educate the committee about why claims data is not a reliable way to establish rates. Now the bill, in the form of [LD 2297](#), requires the Maine Quality Forum to submit an annual report to the Legislature that includes health care-associated infection quality data and to report to the Health and Human Services Committee any recommendations for additional health care-associated infection quality data to be collected. It requires the MQF and the Maine Center for Disease Control and Prevention to report to the Committee on statewide collaborative efforts with health care infection control professionals to control or prevent health care-associated infections and to make the information reported about the health care-associated infection quality data publicly available. This law will take effect July 18.

Another victory was the amending of [LD 1792](#), An Act To Limit the Compensation of Officers and Directors of Nonprofit Corporations. There was bipartisan support on the committee to cap executive pay, but MHA, with others, was successful in persuading lawmakers to instead require that any public benefit corporation that receives more than 25% of its funding from local state or federal sources must post on their web sites any officers or directors who receive more than \$250,000 in pay and/or benefits. The law takes effect July 18.

WSHA Weekly Report 5/9/08

Reporting Unprofessional Conduct — New Rulemaking and Recently Adopted Rules: House Bill 1103, a bill regulating health professions enacted during the 2008 session of the Washington State Legislature, includes a provision requiring health care facilities to report unprofessional conduct. Further information and the date of the next rulemaking workshop can be found at: www.doh.wa.gov/hsga/hpqa/HPQAManRep/HPQAManRep.htm. WSHA is participating in the rulemaking process implementing House Bill 1103.

On March 31, 2008, the Department of Health adopted mandatory reporting rules that apply to hospitals, license holders, and others. The new rules, which took effect April 30, can be found at: <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-16>.

WSHA participated throughout the rulemaking process and is planning on issuing guidance to hospitals on how to comply with the new reporting rules. WSHA is seeking clarification on how the new rules intersect with other reporting laws and regulations, and with the requirements under House Bill 1103.

AzHHA Weekly Issues 5/9/08

[AzHHA Will Launch Patient Safety Initiative:](#) The Arizona Hospital and Healthcare Association (AzHHA), the Association for Professionals in Infection Control and Epidemiology (APIC) and Blue Cross Blue Shield of Arizona (BCBSAZ) are joining forces to prevent the spread of methicillin-resistant Staphylococcus aureus (MRSA) in Arizona. The initiative—Preventing MRSA: It's In Our Hands—will be introduced to Arizona hospital patient safety and infection control leaders on Thursday, May 15 and rolled out to consumers by individual hospitals throughout the year. “The best way to curb the spread of MRSA is to prevent it,” said Maureen Dicker chair, AzHHA’s Patient Safety Steering Committee and Patient Safety officer, Veterans Integrated Service Network 18. Hospitals will receive MRSA education materials focusing on proven prevention strategies for patients and their families as well as hospital employees next week. Hospitals will have access to communications materials, including pamphlets, a fact sheet and other informational tools to distribute through their facilities and within their communities. Materials are being produced in English and Spanish.

GNYHA Skyline News 5/12/08

GNYHA to Share Funds to Reduce Hospital-Acquired Infections: On May 9, the New York State Department of Health announced that seven non-profit health organizations—including GNYHA via its affiliate the GNYHA Foundation, and several GNYHA members—will share in more than \$1.2 million in funding for demonstration projects that focus on preventing hospital-acquired infections (HAIs). Beth Israel Medical Center, New York City Health and Hospitals Corporation, North Shore University Hospital (Manhasset), University of Rochester School of Medicine and Dentistry, Westchester County Healthcare Corporation, and HANYS also received funding for demonstration projects.

In particular, GNYHA received \$174,860 to coordinate the development, implementation, and evaluation of comprehensive, evidence-based practices to prevent and control *Clostridium difficile* (*C. diff*) infections. *C. diff* is a multi-drug resistant, toxin-producing bacterium responsible for most cases of antibiotic-associated diarrhea. GNYHA's 30-hospital joint collaborative with the United Hospital Fund is one of the first in the nation to specifically target *C. diff*.

Massachusetts Hospital Association Patients First Advance 5/14/08

Partners' Site: Impressive Posting: At *Patients First* we believe in public posting – that's obvious from our first-in-the-nation voluntary posting of staffing data for each unit of every hospital, and for our groundbreaking effort to post data on falls, falls with injury and pressure ulcer prevalence. So we're impressed when Massachusetts hospitals and health systems undertake their own efforts, which is what Partners HealthCare has done with its [website entitled "High Performance Medicine: Our Report Card on Quality, Safety, and Efficiency."](#) The site contains report cards for each of Partners' target areas: Information Technology, Patient Safety, Consistent High Quality, Care Coordination for Special Populations, and Efficiency and Cost Control. Scores are available for each Partners hospital. It's an impressive, well-designed site and deserves a close look.

Ohio Hospital Association Health e-News Plus 5/23/08

ODH Seeks Comments on Draft Infectious Disease Rules: The Ohio Department of Health (ODH) has posted draft rule changes on its Web site and is asking hospitals to comment by June 13. Proposed changes include reorganizing reportable disease classes, adding a new "outbreak" class, providing for use of electronic reporting, modifying isolation requirements and adopting the department's Infectious Disease Control Manual as a standard. The draft rules follow drafts posted last year followed by a survey of hospital infection control practitioners and local health departments. Find the draft rules and ODH explanatory memorandum at http://www.odh.ohio.gov/rules/drafts/copy_3701-3a.aspx.

Ohio Hospital Association Health e-News Plus 5/27/08

BWC Offers Lift Equipment Funding to Hospitals: The Ohio Bureau of Workers' Compensation (BWC) offers a Long-Term Care Loan Program to help hospitals and nursing homes reduce the frequency and severity of workplace injuries resulting from employees lifting patients. Through this program, BWC will reimburse Ohio hospitals or nursing homes for their interest payments on loans up to \$100,000 for a loan period not to exceed five years. Qualifying loans may have an interest rate up to the prime rate plus 2.5 percent.

The loans will help purchase, improve, install or erect:

- sit-to-stand floor lifts
- ceiling lifts
- other lifts
- fast electric beds

To obtain a complete listing of eligibility and program requirements, approval policies and processes, deadlines and applications, contact BWC at 1.800.OHIOBWC or www.ohiobwc.com (click "Safety Services" then "Long-Term Care Loan Program").

Tennessee Hospital Association Executive Report 5/30/08

THA Hosting Call on Nonpayment Policy for Adverse Events: THA is hosting a conference call for members on its nonpayment policy recommendations for serious adverse healthcare events at 10 a.m. CT next Thursday, June 5. Call-in information has been sent to CEOs, chief financial officers, chief nursing officers, quality directors and risk managers. CEOs are encouraged to route the information to other appropriate staff.

Last fall, the THA board of directors endorsed the American Hospital Association (AHA) principles and established a special taskforce to make recommendations on a consensus policy for nonpayment of serious adverse events. The taskforce recommendations have been approved by the THA board's executive committee. The recommendations include the AHA guiding principles and identify a specific list of 11 serious adverse events from the National Quality Forum (NQF) list of 28 serious reportable events. The selected events were chosen based on consensus among the task force members that these events are generally preventable, indicative of a hospital system error, and for which there are published guidelines for prevention of these errors.

For more information, contact Chris Clarke at THA, 615-401-7437, cclarke@tha.com.

Kentucky Hospital Association CEO Briefing 5/30/08

KHA Announces MRSA Collaborative and Program: Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of bacteria that is resistant to certain antibiotics including methicillin and other more common antibiotics. MRSA is becoming more prevalent in community and health care settings. The Kentucky Hospital Association (KHA), in partnership with the University of Louisville School of Public Health, the University of Kentucky, the Kentucky Department for Public Health and Health Care Excel of Kentucky are launching a statewide MRSA Collaborative aimed at increasing knowledge regarding identification, treatment and containment of MRSA.

The Collaborative will utilize current best practices, national experts and easily accessibly Web-based tools to educate hospital staff, other health care providers like long-term care and first responders as well as other community stakeholders such as schools, athletic programs and law enforcement. To kick off the collaborative, KHA is hosting a MRSA Summit on July 31 and August 1 with educational programming for all community stakeholders. For more information, go to <http://www.kyha.com/MRSA/default.htm>. A brochure and registration information will be available soon.

WSHA Weekly Report 5/30/08

WSHA to Incorporate New WHO Surgical Checklist: The World Health Organization (WHO) has just released an international surgical safety checklist aimed at reducing the most common types of harm to patients during surgery. The checklist was created by Dr. Atul Gawande, general surgeon and best selling author of the books "Complications" and "Better".

The checklist received positive endorsement when discussed at the WSHA Safe Table-Patient Safety Practices on May 28. A Washington based coalition of associations, quality and physician groups support the effort. A survey was sent to member hospitals from WSHA to solicit input and establish a baseline of where hospitals are on various elements of the checklist. Survey results and other feedback will be used to make modifications, such as adding Hospital Compare measures to the checklist. WSHA will distribute the checklist when it is ready for implementation in Washington State. Hospitals interested in testing this tool out on a small scale, e-mail Carol Wagner at carolw@wsha.org. WSHA gives special thanks to Dr. Gawande and the World Health Organization for releasing the checklist one week early so it could be discussed at the WSHA Safe Table. A draft of the checklist and implementation manual is available on the WSHA web site at: www.wsha.org/page.cfm?ID=124. (CarolW@wsha.org)

Recovery Audit Contractor (RAC) Program

NCHA Friday Mailing 5/9/08

June RAC Workshop Planned For Member Hospitals: Targeted hospital staff have received mailings on the June 13 Recovery Audit Contractor workshop scheduled at the Sheraton Four Seasons in Greensboro. Details are also included in today's CEO e-mail. This event will feature Dr. Robert Corrato, CEO of Executive Health Resources, which is the American Hospital Association-endorsed consultant services on the RAC initiative, and Lynn Leoce of Adventist Health Systems. See the workshop materials for agenda and registration details. If you have questions about the workshop content, call Amelia Bryant at NCHA (919/677-4225); for registration questions, call Pamala Rogers (919/677-4246). (Hummel)

State Public Health Emergency Response Initiatives

Wisconsin Hospital Association Valued Voice 5/2/08

WI-Trac: A Connecting Link Among Hospitals and Emergency Partners: The Wisconsin Hospital Emergency Preparedness Program welcomes all Wisconsin hospitals to the Wisconsin Tracking, Alerts and Communication (WI-Trac) system. WI-Trac is a tool that hospitals use to alert and communicate with each other and with their emergency response partners, not only in an emergency, but also on a day-to-day basis. WI-Trac is a tool, paid for out of federal emergency preparedness funding, to better manage an incident through sending alerts and advisories, knowing the status of hospitals and knowing what resources are available to assist hospitals in need. WI-Trac eventually will be the tool by which hospitals and others can communicate with physicians in their office settings by providing physicians with alerts and advisories as well as "just-in-time" diagnostic and treatment information.

WI-Trac is a requirement of the federal Hospital Preparedness Program. Hospitals are required in a disaster, when asked, to post their available bed capacity on the system. The state, in turn, will report this information to the appropriate organization within the Department of Health and Human Services. In addition to resource reporting and the ability to send alerts and advisories, WI-Trac has an information database for all users, the ability to do enhanced surveillance, a knowledge database and a report writer. WI-Trac will be used also for patient tracking. While WI-Trac is intended primarily for hospitals, it will be available to EMS providers, First Responders, public health, physician offices, law enforcement, fire departments, dispatch centers and emergency management directors. WI-Trac is intended for anyone who partners with hospitals for the better care and treatment of victims who may be involved in an emergency.

Each hospital will be asked to designate a person to serve as the site administrator. The site administrator should contact Deb Van Matre, the WI-Trac System Administrator, at dvanmatr@fmh.edu. A WI-Trac ID and password will be given at that time, along with other important information. If you have any questions about WI-Trac, contact Deb Van Matre.

Idaho Hospital Association Weekly 5/2/08

State Disaster Preparedness Creates Registry for Healthcare Professionals: In order to more quickly and efficiently distribute healthcare volunteers in the event of large scale emergency or mass casualty situations, the Idaho Department of Health and Welfare (IDHW) is implementing a registry for volunteer healthcare professionals. The statewide system will also be used in conjunction with federally coordinated emergency situations.

The system is designed to maintain lists of potential healthcare volunteer:

- Physicians
- Registered Nurses (including Advanced Practice Registered Nurses)
- Pharmacists
- Psychologists

- Clinical Social Workers
- Mental Health Counselors
- Radiologic Technologists
- Respiratory Therapists
- Clinical Laboratory Technologists and Technicians
- Licensed Practical Nurses
- Other professions as identified (including EMS responders).

Additionally, the system provides the means for IDHW to verify credentials to insure that healthcare volunteers are assigned appropriately in the event of an emergency. The Idaho Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) is set to go live by July 1. IDHW has scheduled a meeting on May 16 from 8am-12pm to allow disaster preparedness staff and others an opportunity to learn more about the process and how to register healthcare professionals in their organizations.

SDAHO Unified Voice 5/5/08

President's Perspective -- Issues for Emergency Preparedness: Except for the occasional campaign reference to the bungling of Katrina, emergency preparedness has basically fallen off the list of issues being discussed in the media and in most public policy forums. The fact that this country and the planet as a whole haven't experienced a major calamity in the past many months is a great thing. But it also means that the impetus for those who coordinate emergency preparedness programs – hospitals, public health, police, fire, etc., must remain vigilant to the task even when it seems like nothing can happen.

For hospitals and other health care providers, the tasks are especially challenging. After all, this is part of the community commitment that hospitals maintain while at the same time not receiving a nickel of reimbursement to coordinate the people, purchase the equipment, or perform the drills just to stay ready for the next major emergency. But we know there is a lot going on behind the scenes for hospitals. New programs have been developed by the federal government for implementation at the state and local levels. One is a program that will identify volunteers who could work in or out of state in times of disaster. A second will attempt to implement a current-time "hospital bed availability" program.

All of these projects take significant staff time and resources. But it is part of what hospitals have been tasked with when providing for their communities. The issues that we must be ever aware of are the "new" demands that may be developed at the federal level, which may work in some parts of the country and not so well in other parts. The temptation on the part of the federal government is to implement one-size-fits-all programs for the most urban and the most rural portions of this nation. We know from experience that doesn't work a lot of the time. That said, emergency preparedness is just something we do. Our communities may not recognize that on an ongoing basis. But they sure do when circumstances call for it. It might be weather, it might be disease, or it might be an environmental emergency. Whatever it is, hospitals will always be one of the first institutions our citizens look toward for safety and shelter. It's a reputation we've earned; it's a promise we must maintain.

Oklahoma Hospital Association Hotline 5/14/08

Agreement to Create Electronic Records Exchange Between Oklahoma City Area Emergency Rooms: Ten Oklahoma City metro hospital organizations finalized an electronic data sharing network agreement this week that has the potential to improve patient safety and lower health care costs. Through a collaboration that began last year, Oklahoma City hospitals will put into place a secure process to share electronic records of patients who seek care in the emergency department. The new system will facilitate care coordination, provide better continuity of care and should result in better outcomes for patients. Through the agreement, participating Oklahoma City area hospitals will use an existing and proven utility, SMRTNET, established by the Cherokee County Health Services Council through a grant from the Agency for Healthcare Research and Quality. The system is expected to be up and running by mid-September and will

put Oklahoma City's health care system on the leading edge in the nation for health information technology.

Oklahoma City area facilities that will be included in the initial implementation are Edmond Medical Center, INTEGRIS Baptist Medical Center, INTEGRIS Canadian Valley Regional Hospital, INTEGRIS Southwest Medical Center, Mercy Health Center, Midwest Regional Medical Center (Midwest City), Norman Regional Health System (including Moore Medical Center), Oklahoma Heart Hospital, OU MEDICAL CENTER, and St. Anthony Hospital. The hospitals are all members of the Greater Oklahoma City Hospital Council, an affiliate of the Oklahoma Hospital Association. "A lack of easily accessible medical history in the emergency room can limit the ability to provide optimal care," said David Whitaker, chairman, Greater Oklahoma City Hospital Council, and president/CEO of Norman Regional Health System. "This system will provide a more efficient and much quicker way to share medical records than the current paper system. Allowing information to be shared instantaneously will reduce the need for unnecessary tests and procedures, avoid injuries due to known medication allergies and reactions, and improve overall outcomes."

Information to be exchanged through the system will include patient demographics, medications, allergies and reactions, diagnosis history, laboratory results, procedures, immunizations, and health care providers. SMRTNET's secure system has been thoroughly reviewed and tested by more than 14 privacy officers and security experts and is the same system currently used by financial institutions. "Oklahoma county residents will now have benefit of a tested system to allow them to have a timely medical record wherever they go in the Oklahoma City area and still be assured of the same privacy and security they have now with the traditional paper system," said Dr. George Foster, dean, Oklahoma College of Optometry, a member organization of SMRTNET.

SMRTNET, which stands for Secure Medical Records Transfer Network, is in successful operation in northeast Oklahoma and operates with more than 400,000 medical records in that network. "This current project in the Cherokee County area provides a model microcosm of the U.S. by bringing together city and county governments, state government, federal government, Native Americans and university involvement," said Dr. Foster. "It provides an excellent example of a proven partnership that can be put into process elsewhere. This is the only Oklahoma county health authority to explore policies and health changing opportunities at a local level that can then be modeled at the national level," he said. The initial implementation of the electronic records exchange in Oklahoma City will be complete in about 120 days and will provide a backbone to construct a more expanded community network in the future. The system will be launched in the emergency departments initially, but will be expanded to include additional ancillary tests and procedures in coming years. The group also hopes to expand the network to community free clinics.

"Many people who come to emergency rooms don't have a primary care physician, a 'medical home.' Timely access to medical records could help hospitals reduce unnecessary duplication of medical care to these patients," said Whitaker. During the planning process for the Oklahoma City network which began last summer, task forces identified the benefits of implementing the system to include \$14 million in savings and an anticipated improvement of 30 out of 90 hospital quality measures.

Workforce, Staffing and Employee Relations Issues

Ohio Hospital Association Health e-News Plus 5/1/08

New Report Examines Ohio Health Care Market: The Ohio Department of Job and Family Services released a 2008 report on health care employment in Ohio, including labor market trends and challenges. The report gives hospital leaders and other stakeholders a thorough analysis of the current health care workforce as well as projections to aid in ongoing workforce planning. It shows employment in health care industries continues to rise, with little reaction to

economic recession. In fact, four health care occupations are projected to be among the fastest-growing of all occupations: home health aides, physician assistants, medical assistants and diagnostic medical sonographers.

The report includes:

- Growth trends in the health care sector compared with total employment growth
- The number of new jobs and new establishments/organizations created by the health care industry
- Comparisons in the supply and demand for key health care occupations
- Regional comparisons of the health care industry, key occupations and vital training programs

View the [report](#).

Kentucky Hospital Association CEO Briefing 5/2/08

Nurse Retention Seminar: A nursing retention seminar, Keeping the Best and the Brightest, will be held June 5 at the Marriott East in Louisville. The program is sponsored by SOARS (Statewide Organizational Approaches to Retention Strategies). This conference is designed for individuals serving as nurse directors, nurse supervisors, nurse managers, team leaders and nurses in other leadership positions.

In this session, Liz Jazwicz, a nationally-renowned speaker and consultant, uses her trademark practical approach to tackle one of the biggest issues facing health care leaders today. Retention issues remain one of the most significant problems every health care organization is confronted with. Jazwicz will describe strategies that every leader can utilize to improve retention and decrease turnover. The session will include effective selection of candidates to ensure a good fit with the department and stress the value of staff development, once hired. Several methods for engaging employees in order to build a lasting bond with the institution and co-workers will be presented. These are steps that all managers can implement independently or in conjunction with their organization's retention program. The presentation will conclude with a resounding call to action for all leaders. See brochure is at www.kyha.com/documents/SOARS060508.pdf.

HARI CEO Briefing 5/2/08

Skills Gap Analysis: The results of *New Graduate Nurses: Rhode Island Healthcare Employer Perceptions of Nursing Skills* are available at www.hari.org/nurse/skillsgap_08.pdf ... Highlights include:

- 91% strongly agree/agree that new graduate nurses provide age appropriate and culturally/ethnically sensitive care
- 72% disagree/strongly disagree that new graduates nurses demonstrate critical thinking skills to utilize research and apply theory in professional practice
- 64% rated new graduate nurse retention at their facility as poor

Massachusetts Hospital Association Monday Report 5/5/08

Nurse Staffing - Employers Denounce Mandated RN Ratio Bill: In a letter to House Speaker Salvatore DiMasi last Monday, the leaders of the four most influential business groups in the state denounced the government mandated RN staffing ratio legislation now pending in the State House. In doing so, the business leaders join every hospital CEO and Chief Nursing Officer in the state, along with every daily newspaper editorial page, and countless others concerned with safe patient care in denouncing the ratio bill from a union representing less than one quarter of the nurses in the state. The leaders of Associated Industries of Massachusetts (Richard Lord), the Greater Boston Chamber of Commerce (Paul Guzzi), the Massachusetts Business Roundtable (Alan Macdonald), and the Massachusetts Taxpayers Foundation (Michael Widmer) wrote: "The employer community believes hospitals should not be micro-managed by mandating staffing levels either through General Law or, by extension, through state agency regulation. ... It is undeniable that the complexity of determining appropriate nurse staffing levels for any health care institution involves myriad factors and expert judgments that cannot be adequately reduced to regulation. ... We believe that the most appropriate par-ties with the knowledge, skill and

experience to make those staffing decisions are not state regulatory agencies but hospital managers who in every instance are responsible for providing competent care for their patients." The employers also cited that adding the annual cost of the ratio bill (between \$250 million and \$500 million), "with no demonstrable positive impact on patient outcomes - seems folly at any time, but particularly now."

Massachusetts Hospital Association Monday Report 5/5/08

MHA, State Ed. Dept. Win Nursing Summit Entry: MHA learned last Thursday that a Massachusetts team it is co-chairing had been selected to participate in the Nursing Education Capacity Summit on June 26-28. Forty-eight applications were received, and the highly competitive selection process chose Massachusetts along with 16 other teams. The summit will be hosted by the Robert Wood Johnson Foundation (RWJF), the U.S. Dept. of Labor; AARP's & RWJF's Center to Champion Nursing in America; and the U.S. HHS' Human Resources and Services Administration. The Massachusetts initiative is co-chaired by the state's Dept. of Higher Education and MHA, and will allow the state to share progress on addressing nursing educational capacity issues, while learning from other teams.

Arkansas Hospital Association Hotline 5/5/08

Audioconference Covers Hospital Union Activity: The Arkansas Hospital Association learned last week that, in addition to distributing pamphlets to Arkansas nurses (see April 28, 2008 issue of *The Notebook*), representatives of the California Nurses Association (CNA) are also telephoning the nurses at their homes from local phone numbers. This could signal the beginning of some very serious union activity targeted towards nurses in our state.

Organized labor has made organizing hospital and healthcare employees a national priority. The Change to Win Federation has pledged three-quarters of its resources to organizing the more than 50 million workers in its affiliated industries. The AFL-CIO has publicly announced that it has changed its primary focus from politics to organizing workers. By forming the National Nurses Organizing Committee, CNA has created a vehicle for the expressed purpose of organizing Registered Nurses, Advance Practice Nurses and RN Organizations across the United States. In response to this activity, the Arkansas Hospital Association will offer to its members a free audioconference at 1:30 p.m., Tuesday, June 10. James M. Gary, a partner with the Kutak Rock law firm in Little Rock, will be the featured speaker. His practice has focused on representing companies nationwide in traditional and labor law and litigating labor and employment cases in federal and state courts and various administrative agencies. Topics to be covered during the onehour audioconference will include:

- Recent developments relating to unionization in the hospital industry;
- How to anticipate, recognize and assess issues ongoing in your hospital that may be relevant to efforts to unionize;
- Practical proactive steps that any healthcare facility should take to make union organizing unwelcome and irrelevant to its healthcare employees without interfering with employee rights or alienating the community; and
- An easy guide to follow to ensure compliance with state and federal laws relating to union organizing activity.

A program announcement and registration information will be e-mailed soon to hospital CEOs, human resource managers and nurse executives.

Indiana Hospital Association News Sheet 5/7/08

Upcoming Educational Opportunities: CEOs, COOs, CNOs, and HR directors won't want to miss IHA's workforce briefing, *Bridging the Gap: Workforce Strategies for Recruitment and Retention*, on June 10 at The Montage, Indianapolis. The program will feature an all-star series of case studies including presentations by the 2005 Malcolm Baldrige National Quality Award winner and the Urban League's 2007 Sam H. Jones award winner. To register, visit www.regonline.com/iha2008workforce.

WSHA Weekly Report 5/9/08

Reporting Unprofessional Conduct — New Rulemaking and Recently Adopted Rules: House Bill 1103, a bill regulating health professions enacted during the 2008 session of the Washington State Legislature, includes a provision requiring health care facilities to report unprofessional conduct. Further information and the date of the next rulemaking workshop can be found at: www.doh.wa.gov/hsqa/hpqa/HPQAManRep/HPQAManRep.htm. WSHA is participating in the rulemaking process implementing House Bill 1103.

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WSHA participated throughout the rulemaking process and is planning on issuing guidance to hospitals on how to comply with the new reporting rules. WSHA is seeking clarification on how the new rules intersect with other reporting laws and regulations, and with the requirements under House Bill 1103.

Massachusetts Hospital Association Patients First Advance 5/14/08

Hospital Day On The Hill — 300 Turn Out To Oppose Ratio Bill: About 300 supporters of hospitals and the men and women who work in them came to the State House this past Monday, May 12, to meet with their legislators and to persuade them to oppose a nursing union's shortsighted mandatory staffing bill – HB4714. The union's bill does not tie nursing care to the individual needs of the patient; rather it sets a static ratio of patients to nurses. It does not factor in contributions of other members of the care-giving team, nor does it take into consideration that the arbitrary mandate would be near impossible to meet in the midst of a national nursing shortage. Also, the ratio bill would add an estimated \$250 million to \$500 million annually in health care costs to the health care system, thereby guaranteeing the collapse of health care reform.

"In every corner of the Commonwealth, residents count on their hospitals for access to a wide range of health and wellness programs," said Lynn Nicholas, FACHE, president & CEO of the Massachusetts Hospital Association. "The connection between health care providers and residents has only grown stronger as a result of our historic reform efforts, resulting in more than 380,000 newly insured residents. Today, we call on our state leaders to continue to work with hospitals to make reform a success – and to take a stand against government-mandated nurse staffing ratios, which threaten to derail reform's successes."

Speaking against the ratio bill from the CEO's perspective was MHA Board Chairman and the head of North Shore Medical Center Bob Norton. Trustee Nancy Palmer, chairwoman of the board at the Northeast Hospital Corp., told attendees, "As a trustee, I see myself as a community liaison, as a strong advocate for sound health care finances, and as a guardian of our hospital's commitment to safe, high-quality patient care. Looking at the issue from each of those perspectives, I feel very strongly that the nursing union's staffing bill is not in the best interest of my community, my hospital, or the men and women who work in it." Palmer added, "I do believe in affording our caregivers the flexibility to do their jobs. I do believe in tailoring care to the patient, not to a static number. I believe ratios are prohibitively expensive. And, most importantly, I don't believe there is any way – neither now nor in the future – to credibly specify a specific ideal ratio of patients to nurses. It can't be done." Marita Prater, president of the Massachusetts Organization of Nurse Executives also delivered forceful comments against the ratio bill. The House is expected to debate the issue sometime next week. It's still not too late to call your representative – and Senator – to urge them to oppose HB4714.

Massachusetts Hospital Association Patients First Advance 5/14/08

Partners' Site: Impressive Posting: At *Patients First* we believe in public posting – that's obvious from our first-in-the-nation voluntary posting of staffing data for each unit of every hospital, and for our groundbreaking effort to post data on falls, falls with injury and pressure ulcer prevalence. So we're impressed when Massachusetts hospitals and health systems undertake their own efforts, which is what Partners HealthCare has done with its [website entitled "High Performance Medicine: Our Report Card on Quality, Safety, and Efficiency."](#) The site contains report cards for each of Partners' target areas: Information Technology, Patient Safety, Consistent High Quality, Care Coordination for Special Populations, and Efficiency and Cost Control. Scores are available for each Partners hospital. It's an impressive, well-designed site and deserves a close look.

Kentucky Hospital Association CEO Briefing 5/16/08

Nurse Retention Seminar: A nursing retention seminar, Keeping the Best and the Brightest, will be held June 5 at the Marriott East in Louisville. The program is sponsored by SOARS (Statewide Organizational Approaches to Retention Strategies). This conference is designed for individuals serving as nurse directors, nurse supervisors, nurse managers, team leaders and nurses in other leadership positions. In this session, Liz Jazwiec, a nationally-renowned speaker and consultant, uses her trademark practical approach to tackle one of the biggest issues facing health care leaders today. Retention issues remain one of the most significant problems every health care organization is confronted with. Jazwiec will describe strategies that every leader can utilize to improve retention and decrease turnover. The session will include effective selection of candidates to ensure a good fit with the department and stress the value of staff development, once hired. Several methods for engaging employees in order to build a lasting bond with the institution and co-workers will be presented. These are steps that all managers can implement independently or in conjunction with their organization's retention program. The presentation will conclude with a resounding call to action for all leaders. A brochure is available online at www.kyha.com/documents/SOARS060508.pdf.

HARI CEO Briefing 5/16/08

Nursing Leaders: The Rhode Island Nurse Affiliate Group has reviewed the Massachusetts Competency Model, which was developed to improve retention rates of new graduate nurses and provide a uniform framework for novice nurses to transition into practice at schools of nursing ...Meanwhile, a subset of the group, represented by academia and practice, met recently to consider opportunities to improve retention in Rhode Island ... The skills gap analysis conducted by the Center for Health Professions reinforced that new graduate skills and retention rates can be improved.

Minnesota Hospital Association Newsline 5/16/08

Grant to Help Train Lab Techs in Minnesota Announced: Partnership that includes Allina, St. Paul College secures \$3.2 million in federal, local matching funds. A Minnesota partnership will receive \$3.2 million in federal grant funds and matching local dollars to expand training of medical laboratory students in Minnesota, officials said recently. Allina Hospitals & Clinics of Minneapolis led the effort to secure about \$2 million from the U.S. Department of Labor, intended to help offset shortages of lab professionals at Minnesota health-care facilities. The initiative also includes about \$1.2 million in matching grants from the local partnership of educational and health-care organizations and Minnesota Workforce Centers.

Community and technical school Saint Paul College, which has a medical laboratory technician program, will be the primary grant recipient. The University of Minnesota also will benefit. St. Paul College will work with other Minnesota State Colleges and Universities partners to develop two-year clinical lab technician and four-year clinical lab science programs, according to a May 5 Minnesota Physician Medfax story. And the college will work with Allina and other providers to increase training opportunities, the story said. In addition, the initiative will use a new Web-based scheduling software program that helps health-care providers and schools match students to appropriate clinical rotation opportunities to help alleviate a scheduling bottleneck. For more information contact [Richard Kreyer](#), MHA vice president, at (651) 659-1443.

California Hospital Association News 5/23/08

Court Invalidates Hospital Ban on Union Buttons: Last week, the Ninth Circuit Court of Appeal concluded that a Washington state hospital's ban on "RNs Demand Safe Staffing" buttons worn by union members violates the National Labor Relations Act (NLRA). In this case, the hospital issued a memorandum banning nurses from wearing "RNs Demand Safe Staffing" buttons "in any areas on our campus where they may encounter patients or family members." The Washington State Nurses Association filed an unfair labor practice charge alleging that the ban violated NLRA.

Under NLRA, union members have a protected right to wear union insignia in the workplace. In the health care context, restrictions on union insignia in "immediate patient care" areas are presumptively valid, while restrictions on union insignia in other areas of a hospital are presumptively invalid. A hospital may rebut this presumption with evidence of "special circumstances" justifying the restriction. Special circumstances exist when the restriction is "necessary to avoid disruption of health-care operations or disturbance of patients."

In *Washington State Nurses Assn v. NLRB*, the court concluded that the ban extended beyond immediate patient-care areas, and that the hospital failed to present evidence of special circumstances. The court noted that there was no evidence that operations were disrupted or patients were disturbed. The court specifically pointed out that the buttons were permitted for several months before the ban, and there were no complaints or questions raised about the buttons or their meaning. In addition, the court noted that similar buttons with other messages were permitted. Finally, the court rejected the proposition that special circumstances may be shown solely by a message that is "inherently disturbing." While the court noted that each case must be evaluated on its own facts, this case provides hospitals with some guidance on the evidence needed to justify a ban on union insignia outside of immediate patient-care areas.

Minnesota Hospital Association Newline 5/23/08

New Electronic Credentialing Application System to be Offered in Test Markets This Fall: The Minnesota Credentialing Collaborative's software program is to be ready for all by January. The long-awaited streamlined electronic process for exchanging medical credentialing information in Minnesota will be up and running in test markets by this fall. The Minnesota Credentialing Collaborative (MCC), now an official corporation in St. Paul, plans to have a finalized software program ready for all Minnesota health-care organizations that credential health-care practitioners by January. Using the program will be voluntary.

Under the Internet-based software, health-care practitioners, hospitals and insurance companies will be able to electronically exchange credentialing and re-credentialing applications and related information. The program is based on the current paper Minnesota Uniform Credentialing Application. The software will not conduct primary source verification.

Prompts in the application form will notify users if they fail to supply necessary details, reducing the need for duplicative work and resulting delays. Also, practitioners will be able to save their data and easily update it when it is time for renewal. For hospitals, the program will mean practitioners' credentials will be obtained up to two weeks faster. The software will also save postage and staff time processing paperwork.

"Thanks to the help of numerous representatives from the hospitals, health plans, medical associations, and clinic managers, this effort is almost ready to be tested and then rolled out statewide," said Rick Kreyer, MHA vice president. Use of the program will be phased in for a representative sample of clinics, hospitals and health plans. Those participants will test the software to ensure it is ready for statewide implementation. MHA members interested in participating in the test phase are asked to contact Kreyer.

Currently, health-care organizations spend significant time verifying and re-verifying medical professionals' credentials. MHA, the Minnesota Council of Health Plans and the Minnesota

Medical Association have been collaborating to create the MCC and the electronic credentialing initiative. The price of the software will be based on estimates of credentialing/recredentialing volumes for small, medium and large hospitals. Integrated health systems will qualify for discounts. MCC will provide price information based on each organization's size and number of credentialed practitioners on its staff.

More information is available through MCC's Web site, www.MNcred.org. For additional information contact Kreyer at (651) 659-1443 or rkreyer@mnhospitals.org.

Hospital Council of Northern and Central California Connect 5/23/08

Healthcare Laboratory Workforce Initiative (HLWI) -- 2008 Grant Recipients Named: Three years ago, the Hospital Council, on behalf of the California Hospital Association (CHA) and the Regional Associations, launched the statewide Healthcare Laboratory Workforce Initiative (HLWI) to find innovative solutions to the critical shortage of hospital laboratory personnel. With a \$300,000 contribution from the Abbott Fund (over three years), we created a grant program to support innovative and creative projects that will increase the number of licensed clinical laboratory scientists (CLS) and medical laboratory technicians (MLT) or sustain training programs in the State of California. Grant proposals are solicited through a request for proposal process that occurs each fall. For more information, please contact Rebecca Rozen, (925) 746-1550, rozen@hospitalcouncil.net.

We are pleased to announce the following grant recipients for 2008:

Grant Recipient	Project Description	Geographic Scope
California Association for Medical Laboratory Technology	To create online outreach and recruitment tools for all CLS/MLT programs	Statewide
California State University, Dominguez Hills	To support the position of clinical internship facilitator for its CLS program	Southern California
DeAnza College	To conduct outreach, secure additional training sites, develop new online courses, and provide materials for students taking the MLT exam	Bay Area
Southwestern College	To support establishing an NAACLS-approved MLT program ready for student enrollment in the fall of 2009	San Diego and Imperial Counties
UC San Diego	To support the CLS program becoming NAACLS-approved and expand the number of clinical affiliates	San Diego

WSHA Weekly Report 5/23/08

Hospital-Union Training Partnership Addresses Nursing Shortage: Five Seattle-area hospitals are partnering with Service Employees International Union (SEIU) Healthcare 1199NW to create a joint training fund to address growing shortages of nurses and health care workers. The agreement between SEIU, Highline Medical Center, Northwest Hospital & Medical Center, Stevens Hospital, Swedish Medical Center, and Valley Medical Center, will tap into the pool of incumbent health care workers and give these employees an opportunity to advance their careers. The fund will be administered by trustees of the participating hospitals and SEIU Healthcare 1199NW. The hospitals will contribute an annual percentage to the fund, which amounts to about \$2.3 million in the first year. (edp@wsa.org)

Wyoming Hospital Association Newsbriefs 5/23/08

WHA Board, Nursing Leaders Seek Solutions to Shortage: If projections of nursing supply and demand from the Health Resources and Services Administration (HRSA) hold, Wyoming will have roughly half the nurses it needs by 2020. Nationally, the projections are not much better – all 50 states are expected to experience a nursing shortage by 2015. Faced with the operational and patient care impacts of the current and projected shortage, the Wyoming Hospital Association Board of Directors continued to seek solutions at its May board meeting in Casper.

The Board met with nursing leaders from the WONE, University of Wyoming and the Nurse Educators of Wyoming to identify short- and long-term approaches the groups can take to help educate, recruit, and retain more nurses in Wyoming. Though the nursing programs at UW and the community colleges are working to increase the number of nursing graduates, Central Wyoming College continues to enroll about 40 nursing students each year because of space limitations. At the same time, UW continues to employ the same number of nursing faculty it has for the last decade due to funding issues.

Outreach programs, online courses, and an accelerated program at UW for students who already have bachelor's degrees are all aimed at increasing the number of nursing graduates. Additionally, however, the Board and nursing leaders considered a number of other possibilities, including:

- Increasing the number of nurse educators in Wyoming by developing employee sharing arrangements between community colleges and hospitals;
- Providing financial assistance from hospitals for senior nursing students who often struggle to pay for housing during their practicum;
- Building two-way outreach between the colleges and hospitals to ensure promotion and advocacy regarding nurse education and recruitment; and,
- Focusing on the culture and environment in hospitals to improve nurse retention.

Ohio Hospital Association Health e-News Plus 5/27/08

BWC Offers Lift Equipment Funding to Hospitals: The Ohio Bureau of Workers' Compensation (BWC) offers a Long-Term Care Loan Program to help hospitals and nursing homes reduce the frequency and severity of workplace injuries resulting from employees lifting patients. Through this program, BWC will reimburse Ohio hospitals or nursing homes for their interest payments on loans up to \$100,000 for a loan period not to exceed five years. Qualifying loans may have an interest rate up to the prime rate plus 2.5 percent.

The loans will help purchase, improve, install or erect:

- sit-to-stand floor lifts
- ceiling lifts
- other lifts
- fast electric beds

To obtain a complete listing of eligibility and program requirements, approval policies and processes, deadlines and applications, contact BWC at 1.800.OHIOBWC or www.ohiobwc.com (click "Safety Services" then "Long-Term Care Loan Program").

SDAHO Unified Voice 5/27/08

Career Brochures Available: SDAHO has health career brochures available for distribution. The brochures were printed last year and are available at no cost. To obtain copies of the general brochure or the 12 career-specific brochures contact Rhonda Christensen at 605/361-2281 or email at rhonda@sdaho.org.

Massachusetts Hospital Association Monday Report 5/26/08

House Passes RN Staffing Bill: Last Thursday, the Massachusetts House once again passed a nursing union's government-mandated minimum RN staffing bill, over the objections of every hospital, numerous newspaper editorials, the business community, and many others who believe that patient care should be driven by the acuity of patients and not a static, legislatively enforced number. "Our advocacy must now move on to the senate," said MHA's Sr. V.P. of Government Advocacy Bob Gibbons. "We can only hope that the facts on this issue will ultimately prevail over

Oregon Association of Hospitals and Health Systems 5/22/08

2008 Health Care Workforce: Maintaining Our Momentum: Our workforce is our greatest asset. They are the hands of health care. We have all focused on ways in which to maintain and grow our staff, both at a community level and through collaborative efforts with our local high schools, community colleges and the Oregon Healthcare Workforce Institute (OHWI). Many of you heard from Jo Isgrigg, executive director of OHWI at our last Board meeting. I would like to thank Jo for her dedication over these past several months since taking the helm of OHWI. I personally believe she has enabled the Institute to break through to an entirely superior level of execution and success in helping shape state policy and strategies to strengthen Oregon's health care workforce. To this end, I wanted to share with you a compelling snapshot of our health care workforce that OHWI has just completed. A couple of quick facts from the document:

- ***Oregon's health care industry makes up 9% of the state's labor market***
- ***RNs have the largest anticipated number of job openings over the next 8 years***
- ***Oregon's fastest growing health care occupations are Psychiatric Technicians and Physician Assistants.***

Please take time to read the document. I would also ask that you forward it to your staff and your community leaders. This is an important tool in our workforce advocacy strategy. We need to continue to recruit and retain the best and the brightest in our field. Work that OHWI is doing on our behalf is critical in helping create awareness and solutions.

- [Complete 2008 Profile: Oregon's Health Care Workforce](#) (PDF)
- [OHWI Website for more information](#)

Ohio Hospital Association Advocacy Network 5/30/08

Legislation Headed to the Governor for Final Approval — Nurse Staffing Plan: [House Bill 346](#) is now on its way to the governor after the Ohio House this week concurred on the Senate's amendments to the "common sense" nurse staffing legislation supported by OHA, the Ohio Nurses Association (ONA) and the Ohio Organization for Nurse Executives (OONE).

The legislation, sponsored by [Rep. Jim Hughes](#) (R-Columbus), would require hospitals to create a nursing care committee to include nurses representing all types of nursing services offered by the hospital. The committee will develop recommendations for a nurse staffing plan that is consistent with current governmental or private accreditation standards. Hospitals would be required to significantly consider the recommendations when establishing staffing plans, and provide the nursing staff with a copy of the staffing plan, free of charge, and offer it to others who request it for a nominal fee. Senate amendments, offered by Sen. Sue Morano, made the following changes:

- The nursing care committees created by hospitals must be comprised of at least 50 percent staff nurses;
- Hospitals must post a notice informing the public of the plan's availability and specifying directions on how to obtain a copy.

Kansas Hospital Association Current Report 5/30/08

Kansas Recruitment Center: The Kansas Recruitment Center, supported by the University of Kansas Medical Center-Rural Health Education and Services, assists Kansas' rural communities in recruiting and retaining physicians and other health care professionals. Rural health care organizations utilizing KRC receive placement assistance and job opportunity postings through the Kansas Recruitment Center. KRC ensures that the hiring process proceeds smoothly and provides ongoing support and information about health care hiring trends to health care organizations.

Health care professionals may utilize the KRC as a career service center and receive placement assistance with openings throughout the state. KRC works with hospitals, private physician practices, community health centers and other organizations recruiting physicians, nurses, physician assistants or other health care professionals. An organization can participate by signing a Contingency Contract Agreement, registering annually with the Kansas Recruitment Center, signing a placement contract or by selecting specific service(s).

More information about participation can be found at <http://ruralhealth.kumc.edu/krc/communities.html>, or by visiting the Kansas Hospital Association's Web site [Health Careers](#) page. Partial funding for the KRC is provided by the [Kansas Rural Health Options Project](#) through a Medicare Rural Hospital Flexibility grant from the Office of Rural Health Policy, Health Resources and Services Administration.

LHA Impact Weekly 5/30/08

New Healthcare Workforce Recruitment Resource for Hospitals: The LHA is expanding its Career Center and is in the process of launching and implementing a new recruitment website, LAHospitalCareers.com, in the fourth quarter of 2008. This website will be used to help LHA member hospitals promote their individual facilities, along with current job openings, directly to ALL job seekers including new graduates from premier colleges, universities and residency programs. The ultimate goal of this site is to provide each healthcare professional with the ability to research and apply to the hospital that best fits her/his experience, specialty and interest. For more details or to participate, please contact Brian Bauer at (866) 870-4885 ext. 801 or bbauer@dsmadvantage.com. (Tevora Tabor, ttabor@lhaonline.org)