Fall 2018

CAHoots

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Research and Analysis Conducted by the Chartis Center for Rural Health Spotlights Top 20 Critical Access Hospital Performance

via *Business Wire*
September 26, 2018

PORTLAND, Maine – This week, as part of the National Rural Health Association's 2018 Critical Access Hospital Conference, The Chartis Center for Rural Health will share research findings and benchmarks on the performance of the 2018 Top 20 Critical Access Hospitals.

This year's Top 20 Critical Access Hospitals are derived from The Chartis Center for Rural Health's list of Top 100 Critical Access Hospitals and based on the results of iVantage Health Analytics' Hospital Strength INDEX®. The INDEX, which is now in its eighth year, encompasses 50 rural-relevant indicators and is the industry's most comprehensive and objective assessment of rural provider performance.

Based on the analysis conducted by The Chartis Center for Rural Health, the 2018 Top 20 Critical Access Hospitals outperform the U.S. Critical Access Hospital median across all eight of the INDEX's performance pillars. In areas such as Inpatient Market Share and Outpatient Market Share, for example, this year's Top 20 Critical Access Hospitals perform above the 90th percentile in each category. These facilities also outperform other Critical Access Hospitals by more than 20 percentage points in the Outcomes pillar, a key indicator in assessing a hospital's overall ability to deliver quality care and reduce patient readmissions.

Research Resource: View the analysis and benchmarks shared during the National Rural Health Association's 2018 Critical Access Hospital Conference at www.ivantageindex.com/research-education2/.

"The Top 20 Critical Access Hospitals are a true beacon for rural providers seeking to drive performance improvement across hospital operations and finance, and we are pleased to once again participate in honoring their tremendous achievement," said Michael Topchik, National Leader of The Chartis Center for Rural Health. "The level of performance we see from this group of Critical Access Hospitals – across the entire breadth of INDEX – speaks to their status as the provider of choice for their communities."

A list of the 2018 Top 20 Critical Access Hospitals can be found at www.ivantageindex.com/top-performing-hospitals. These facilities will be recognized during a ceremony at the NRHA Critical Access Hospital Conference on Friday, September 28 in Kansas City, MO.

GGH Now Offering 3D Mammography

Women in Gibson County now have local access to the most advanced technology in mammography.

In June, Gibson General Hospital installed the Hologic Genius™ 3D Mammography™ system, which compared to two-dimensional (2D) mammography, has been shown to increase detection of invasive breast

cancers by up to 41 percent; has been FDA approved as superior for women with dense breasts; and reduces callbacks by up to 40 percent.

The difference between traditional 2D mammography and 3D mammography lies in the number of images taken of the breasts and how they are displayed to radiologists interpreting the mammogram results. Two-dimensional mammography only takes images of the breasts from two angles. Because the images are compressed, suspicious areas can be hidden between layers of breast tissue, a problem especially for women with dense breast tissue.

With 3D mammography, multiple images are taken of the breast and displayed layer-by-layer. As a result, suspicious areas are less likely to be hidden by tissue and are easier for the radiologist to identify. According to Hologic, more than 100 clinical studies have shown that this technology improves clarity, reduces the risk of missing an actual cancer, and also reduces the need for return visits to clarify suspicious findings.

“Woman won’t notice much of a difference in how the 3D exam is performed compared to the traditional mammograms, but the benefits of improved clarity and breast cancer detection are significant and provides our patients with a greater peace of mind, which is invaluable,” said Debbie Neufelder, GGH’s radiology director.

Association Between Patient Outcomes and Accreditation in US Hospitals: Observational Study

by Lam, M., Figueroa, F., Feyman, Y., et al.
October 18, 2018 via *The BMJ*

Abstract

Objectives: To determine whether patients admitted to US hospitals that are accredited have better outcomes than those admitted to hospitals reviewed through state surveys, and whether accreditation by The Joint Commission (the largest and most well-known accrediting body with an international presence) confers any additional benefits for patients compared with other independent accrediting organizations.

Design: Observational study.

Setting: 4400 hospitals in the United States, of which 3337 were accredited (2847 by The Joint Commission) and 1063 underwent state based review between 2014 and 2017.

Participants: 4 242 684 patients aged 65 years and older admitted for 15 common medical and six common surgical conditions and survey respondents of the Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS).

Main outcome measures: Risk adjusted mortality and readmission rates at 30 days and HCAHPS patient experience scores. Hospital admissions were identified from Medicare inpatient files for 2014, and accreditation information was obtained from the Centers for Medicare and Medicaid Services and The Joint Commission.

Results: Patients treated at accredited hospitals had lower 30-day mortality rates (although not statistically significant lower rates, based on the prespecified P value threshold) than those at hospitals that were reviewed by a state survey agency (10.2% *v* 10.6%, difference 0.4% (95% confidence interval 0.1% to 0.8%), P=0.03), but nearly identical rates of mortality for the six surgical conditions (2.4% *v* 2.4%, 0.0% (−0.3% to 0.3%), P=0.99). Readmissions for the 15 medical conditions at 30 days were significantly lower at accredited hospitals than at state survey hospitals (22.4% *v* 23.2%, 0.8% (0.4% to 1.3%), P<0.001) but did not differ for the surgical conditions (15.9% *v* 15.6%, 0.3% (−1.2% to 1.6%), P=0.75). No statistically significant differences were seen in 30-day mortality or readmission rates (for both the medical or surgical conditions) between hospitals accredited by The Joint Commission and those accredited by other independent organizations. Patient experience scores were modestly better at state survey hospitals than at accredited hospitals (summary star rating 3.4 *v* 3.2, 0.2 (0.1 to 0.3), P<0.001). Among accredited hospitals, The Joint Commission did not have significantly different patient experience scores compared to other independent organizations (3.1 *v* 3.2, 0.1 (−0.003 to 0.2), P=0.06).

Conclusions: US hospital accreditation by independent organizations is not associated with lower mortality, and is only slightly associated with reduced readmission rates for the 15 common medical conditions selected in this study. There was no evidence in this study to indicate that patients choosing a hospital accredited by The Joint Commission confer any healthcare benefits over choosing a hospital accredited by another independent accrediting organization.

Read the Entire Article: https://www.bmj.com/content/363/bmj.k4011

AED Donation to Youth Football League

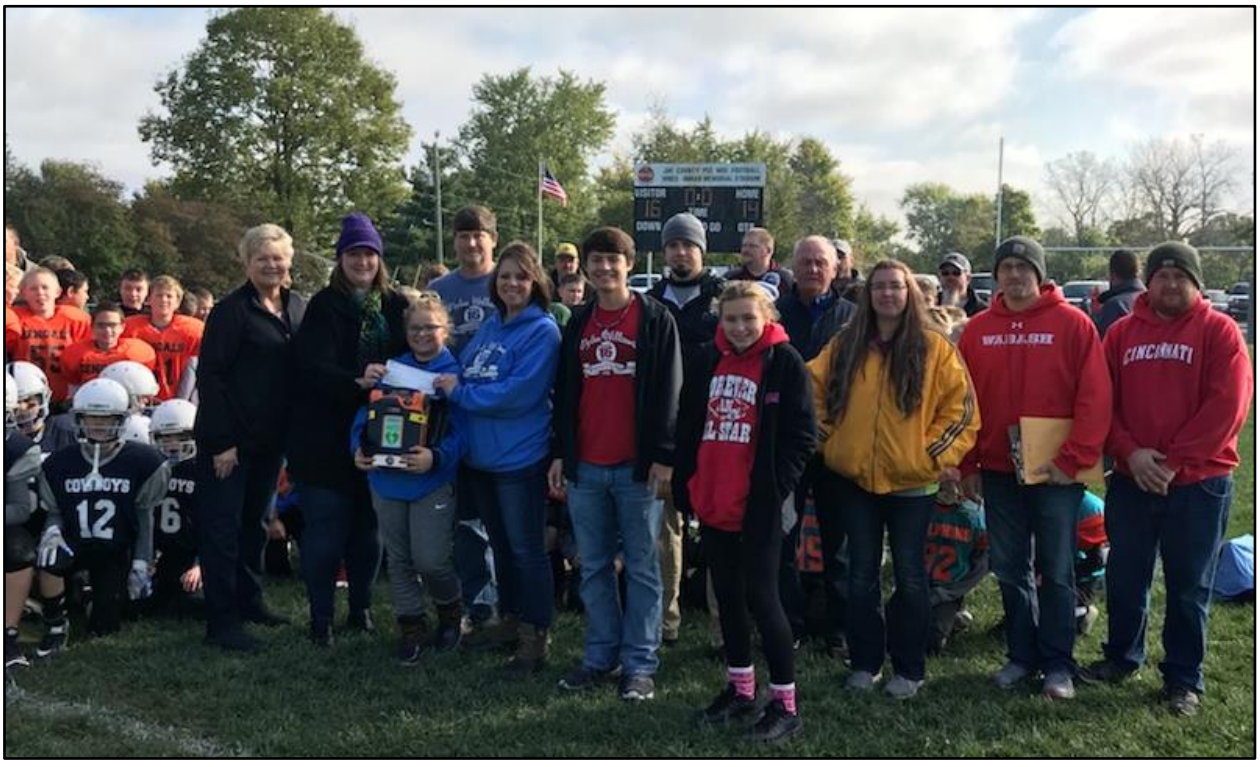
The kids were there to play football; parents, grandparents and family were there to watch; but Erick and Georgiana Williams came to present an AED. They hope it will never have to be used but, if needed, it's there. In 2013 they lost their young son, Dylan, when he was accidently hit by a baseball at his team practice and went into cardiac arrest. If an AED were available, the outcome may have been different. Since then they have been raising funds to purchase and donate AEDs to youth ball parks and athletic fields.

A request was recently made by the Portland Youth Football League to The Portland Foundation who then contacted the IU Health Jay Foundation, wanting an AED for the league. The partnership seemed natural, all organizations wanting to promote the health, wellness and safety of the youth.

On Saturday, October 13 a presentation was made by IU Health Jay Foundation and the Dylan Williams Forever an All Star Foundation donating an AED to the Portland Youth Football League. It was an emotional and touching ceremony with Dylan's parents presenting the AED along with many football players and parents in attendance. Carol Wendel and Beth Auker represented IUH Health Jay. This is the first donation they have made in Portland and to a youth football league.

The Mission of the Dylan Williams Forever an All Star Foundation is "Strive to bring awareness of the importance of CPR training and the placement of life-saving AEDs (defibrillators) at youth sport fields. To date, the foundation has donated over 81 AEDs in Indiana, Ohio, Virginia and North Carolina.

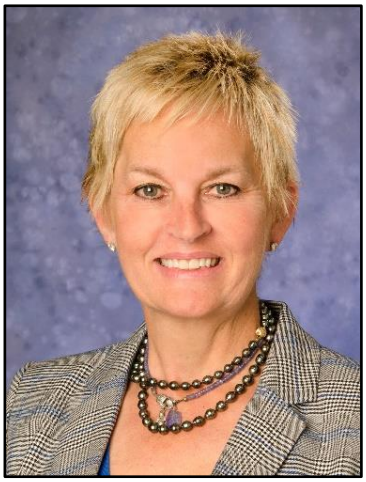
More information can be found at https://dwforeveranallstar.org/



New CEO joins Gibson General Hospital

Gibson General Hospital today announced that Claudia Eisenmann joined the organization on September 24 as its new president and chief executive officer (CEO). She succeeds Mike Carney, who had been serving as interim CEO since May 2018.

Eisenmann comes to Gibson General after serving the past three years as CEO of Wilbarger General Hospital in Vernon, Texas. During her time at Wilbarger General, she directed the quality and financial turnarounds of the hospital, recruited five new healthcare providers, established a hospitalist program, launched an employee wellness program, opened a community wellness trail, and established the hospital's foundation. Eisenmann's efforts to revitalize the hospital earned her a nomination as one of the city's Game Changers for 2016.



"Claudia has an outstanding track record as a community leader and hospital administrator with a background in building effective teams, collaborating with physicians, and improving the status quo," says Marion Jochim, chairman of Gibson General Hospital's Board of Trustees. "She's been described as tenacious and upbeat with a never-quit attitude, and this personality and leadership style have proven successful in her ability to improve quality of care as well as patient and employee satisfaction. We're looking forward to a bright future as she leads Gibson General Hospital."

Prior to Wilbarger General Hospital, she served as CEO of Franklin Foundation Hospital in Franklin, La., where she improved the growth of its family medicine clinic and launched new services, including urgent care, occupational health and employee wellness. Overall, Eisenmann brings more than 20 years of healthcare leadership experience also holding positions at hospitals in Pennsylvania, Delaware, North Dakota, Tennessee, Kentucky, Arkansas, and West Virginia.

Eisenmann received her bachelor's degree in psychology from Western Kentucky University, and a master's of business administration with concentration in healthcare management from Baker College in Flint, Mich. She is also a Fellow of the American College of Healthcare Executives.

"It's an exciting time to be part of Gibson General Hospital as it continues to grow in its partnership with Deaconess and looks to find new ways to enhance the hospital's services to the community," says Eisenmann. "I'm honored to join the amazing team at Gibson General, and I look forward to getting to know the hospital and the community better as I strive to meet my personal goal of coming into the community and making a positive impact in every way that I can."

Consolidation is Hurting Hospitals' Supply Costs, Not Helping Them

by Rob Austin
October 19, 2018 via *STAT News*

When health systems merge, one of the goals is to gain economies of scale, lowering costs through the bargaining power that comes from being a bigger player. Yet despite a consolidation wave in hospitals, it appears that they are paying more for supplies than they did a year ago.

In the past three years, two-thirds of the country's leading hospital systems saw declining operating income, resulting in nearly $7 billion in lost earnings. It's a dire situation that looks even worse when you consider the relative strength of the overall economy. Supply chain costs are second only to labor and represent 30 percent of hospitals' expenses. That cost could rise to the top of the list by 2020.

Common wisdom in the health care industry usually offers one solution to this kind of problem: Get bigger. Scale up to bring down costs. The larger you are, the greater your negotiating power when it comes to the supply chain, the companies that provide hospitals with everything from tongue depressors to CT scanners. The supply chain makes up a large chunk of most hospitals' bottom lines.

The only problem with that supposed wisdom is that the data keep proving it wrong.

For example, despite a record 115 hospital merger and acquisition transactions last year, my company's most recent survey of 2,300 hospitals found that they're spending an average of 18 percent *more* in supply chain operations, processes, and product use than necessary. That's a 10 percent rise from last year, representing up to $25 billion in cost savings opportunities, or about $11 million per hospital, a figure roughly equal to the salaries of 160 registered nurses or the cost of 5,900 defibrillators.

A recent working study of 1,200 hospitals by Wharton School researchers put an exact figure on the disappointing cost savings that result from consolidation. They found that the average estimated supply-chain savings for target hospitals in a merger-of-equals to be about $176,000, a fraction of what was likely expected. Not only that, supply-chain costs to acquiring hospitals actually increased in certain areas.

The bad news is that the economies of scale that promised to drive down costs haven't so far materialized. The good news is that there are ways to reduce costs in the supply chain. An added bonus is that those reductions have shown to have no effect on quality of care. What's more, the opportunity to save money exists no matter the size or location of the hospital — urban or rural, for-profit or not, or system-based or standalone. All hospitals can benefit from a few data-driven improvements.

The health systems with the highest-performing supply chains have a few things in common. They pay attention to data analytics, they engage their clinicians in these analyses, and then they use both the soft conversations and hard numbers to find areas to improve. That includes reducing the number of suppliers, contracts, and unnecessary variation in clinical processes.

That was the approach Main Line Health took to an analysis of the antibiotic bone cement it was using in knee and hip replacements. The five-hospital health system outside of Philadelphia found it was using far more of the bone cement than needed, which then led to conversations with its physician partners to standardize appropriate use across the system. The result: an 80 percent drop in use, a 45 percent reduction in costs, and more than $100,000 in annual savings from this category alone, all without hurting the quality of patient care.

Amazon's entry into the world of health care may scare some, but it's also potentially adding new efficiencies. At a critical-access hospital in Washington state, for example, bins filled with gloves, syringes, and other high-use items now also feature Amazon Dash Buttons, so the process of making new orders can be completed with a simple tap. The Dash system isn't yet available for larger hospitals or health systems, but like all things Amazon, it may just be a matter of time.

Some people who look at hospitals' supply chain costs see an inevitable, sustained rise. Others who know how and where to look see opportunities.

Rob Austin is a director of health care consulting at Navigant, a global professional services firm. He is based in Chicago.

GGH Now Using Vein-Finding Technology

If you've ever felt like a pincushion while giving blood or getting an IV started, technology now being used at Gibson General Hospital will be a welcome relief.

Thanks to the generosity of many donors at Gibson General Health Foundation's 2018 Mardi Gras Jazz Gala, GGH is now using the AccuVein AV400 vein visualization system. The AccuVein device has been shown to improve first stick success and reduce patient pain.

The AccuVein device helps healthcare professionals locate the best veins for venipuncture by projecting a pattern of infrared light onto the patient's skin to reveal the position of the underlying veins. The device is lightweight and portable and is simply pointed at the skin in the area of the needle stick.

Studies reveal that up to one third of attempts to access a vein fail the first time, creating unnecessary patient pain and discomfort. Improving first-stick attempts is a major goal for healthcare providers around the world.

Even the most experienced healthcare professionals can have difficulty accessing veins safely and quickly the first time. While this will be available for use on patients throughout the hospital, the patient care staff will find

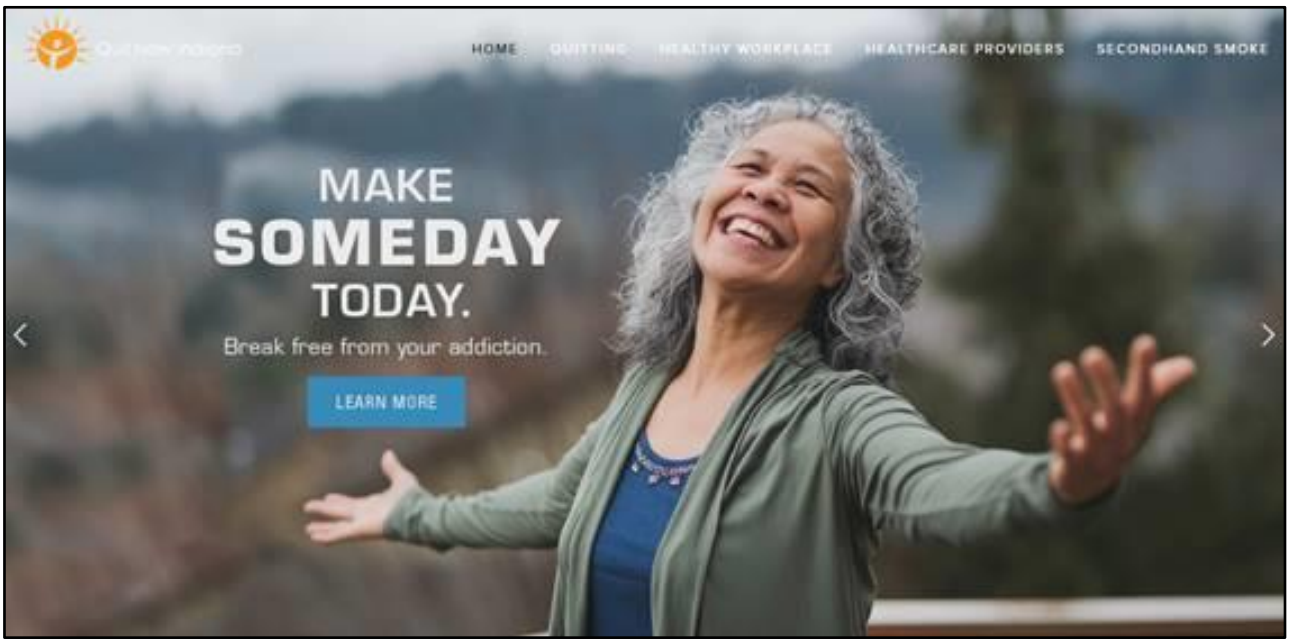
it especially helpful with pediatric patients, patients who are dehydrated, obese, have low body temperature, whose veins roll and those who have had frequent venipuncture during treatments.

"This is going to be good for the nursing and laboratory staff, but even better for our patients," said Kara Moyer, MSN, RN, CEN, GGH's director of quality and infection prevention. "Improving patient care and outcomes is why we go to work every day and the AccuVein device will make a difference in allowing us to provide the best care."

The Foundation purchased three AccuVein devices, which are being used in the hospital's ER, 4th Floor Medical Surgical unit and Infusion Therapy Services, and in the Lab's blood draw station.

QUIT NOW INDIANA WEBSITE

Have you seen the new www.QuitNowIndiana.com? If you haven't, be sure to look through the different pages and content to familiarize yourself with the new website. The refreshed look and updated layout will be a great resource to share!



Please note, we are working on transitioning material orders solely to the QNI website in order to have a more streamline ordering system for fulfillment. There is an ordering form currently visible on the new site, but it does not have all of the materials available yet to order. You will be notified once this feature is available on the new site; please continue to order materials from https://www.in.gov/quitline/2338.htm until further notice.

E-CIGARETTES and JUUL

On September 12th, the **FDA warned JUUL** and four other e-cigarette manufacturers that the FDA could remove their products from the market if the companies don't "convincingly address use by minors in the next two months." In statements made by FDA Commissioner Scott Gottlieb, the use of e-cigarettes by teens has reached epidemic proportions, sparking increased federal enforcement actions on e-cig sales to minors. Read more from the FDA press release online.

For training and/or assistance with the Indiana Tobacco Quitline, please contact Tina Elliott at telliott@indianarha.org.

USDA Denies Loan for Critical Access Hospital

by Robert Galbreath
October 1, 2018 via *Sublette Examiner* (Wyoming)

PINEDALE – USDA Community Programs Director Lorraine Werner denied a $25,461,000 loan application from the Sublette County Rural Health District to build a critical access hospital at the BloomField site, a letter released by the SCRHCD on Monday stated.

Werner based her decision on the high fees associated with the critical access hospital project and the determination that the proposal was not "modest" enough for USDA rural development funding. The letter also expressed concern about the economic feasibility of the project and lack of community support.

The SCRHCD recently applied for the loan after the board of trustees approved the construction of a new critical access hospital at the BloomField Site in Pinedale at a special meeting on Aug. 29. The board voted 4-1 in favor of the project, with Trustee Wendy Boman offering the lone dissent.

Werner stated in her letter that the "fees associated with the (CAH) project" were "excessive" when compared to similar projects. As an example, Werner cited that the average cost of obtaining counsel for loans and hospital projects in the state usually averaged around $30,000, while the SCRHCD listed counsel fees of $100,000.

The loan application required an itemized estimate of project costs, including development. Werner pointed out that the SCRHCD's loan did not include the costs to build a new road to the site in their cost estimates.

"The Town of Pinedale Attorney stated a road must be built when the site is developed," Werner wrote, "Based on the estimate from the Town Engineer, this could cost upward of $2,000,000 which was not included in the cost estimates (for the loan)."

All loans for USDA rural development must be "modest in size, design and cost," Werner continued. In denying the loan, Werner stated that the BloomField CAH project was not modest in size based on standards set by the USDA's engineer and National Office Architect. While the SCRHCD managed to reduce project costs by $550,000 for the land purchase and $289,000 in construction funding, the reductions did not amount to the 10 percent claimed in the loan application, Werner said.