

## Summer 2012



*CAHoots Newsletter is funded through the IN FLEX State Office of Rural Health (SORH).*

### American Heart Association awards Gibson General its 4th Gold Award

The American Heart Association (AHA) today awarded Gibson General Hospital the Get With The Guidelines®-Heart Failure (GWTG-HF) Gold Performance Achievement Award for the fourth consecutive year. GWTG-HF is a hospital-based quality improvement initiative designed to help save lives and reduce healthcare costs by ensuring that hospitals administer treatment based on the program's proven evidence-based guidelines and procedures in caring for heart failure patients.

Gibson General received the gold award for completing 60 consecutive months of participation in GWTG-HF at levels exceeding core standards of care in treating patients with heart failure. The GWTG-HF program recognizes hospitals if 85 percent or more of their heart failure patients are treated and discharged according to specific guidelines set forth by the AHA and the American College of Cardiology. The hospital implemented the program in March 2007.

Under GWTG-HF, heart failure patients are started on aggressive risk reduction therapies such as cholesterol-lowering drugs, beta-blockers, ACE inhibitors, aspirin, diuretics and anticoagulants in the hospital. They also receive alcohol/drug use and thyroid management counseling as well as referrals for cardiac rehabilitation before being discharged.

According to the American Heart Association, about 5.2 million people suffer from heart failure. The quick and efficient use of GWTG-HF tools enables Gibson General to validate the quality of care we provide heart failure patients, save lives and ultimately, reduce healthcare costs by lowering the high recurrence of attacks.



"We are very proud to again receive the Gold Award for our commitment and success in caring for heart failure patients with the AHA's lifesaving guidelines," says Emmett Schuster, President & CEO of Gibson General Hospital. "We are committed to offering the highest quality, patient-centered care available for all patients, and recognition such as this reinforces that our hospital, staff and physicians are making a difference every day by improving outcomes and saving lives."

Gibson General Hospital is one of only three Indiana hospitals, and the only critical access hospital, to be awarded the GWTG-HF Gold Performance Achievement Award.

## Bundling of Payments in a 3-Day Payment Window

Recently, CMS posted to their website [43 new Frequently Asked Questions](#) (FAQs) related to the MLN Matters® Article [#MM7502](#), “Bundling of Payments for Services Provided to Outpatients Who Later Are Admitted as Inpatient: 3-Day payment Window and the Impacts on Wholly Owned or Wholly Operated Physician Offices.” In the last few months, there were a number of questions from rural providers in regards to this policy. Hopefully, this FAQ will help to address any remaining questions.

Jim Miller, IRHA Staff Consultant, adds, “Generally, the 3-day window does not apply to CAHs since their acute care services are not reimbursed through PPS. Direct admits to psych or rehab units within the CAH, however, are subject to PPS (IPF and IRF) and the 3-day window. And, In some isolated instances, if the CAH performs outpatient services for patients admitted to a PPS facility, the CAH would be impacted (by this policy) only through direct reimbursement of those outpatient services by the admitting facility.”

## CMS Puts Enforcement of Hospital Governing Body CoP on Hold Pending Further Review

### Summary

On June 15, 2012, the Director of the Survey and Certification Group of the Centers for Medicare and Medicaid Services ("CMS") issued a memorandum ("Memo") to state survey agency directors instructing them to hold off on enforcing a recently revised hospital governing body condition of participation ("CoP") requiring the governing body of each hospital to include at least one medical staff member. The upcoming effective date of that CoP at 42 CFR §482.12 is July 16, 2012, but CMS is reconsidering its position on governance in light of concerns expressed by the American Hospital Association ("AHA") and other stakeholders. Specifically, CMS has directed surveyors to refrain from assessing compliance or citing deficiencies with respect to the new requirement. CMS also has directed the three CMS-approved hospital accreditation agencies, the American Osteopathic Association, Det Norske Veritas Healthcare and The Joint Commission, to defer revising their accreditation standards and survey processes to meet the revised governing body CoP until CMS has completed its review. CMS is in the process of preparing interpretive guidelines addressing the numerous amended CoPs and conditions for coverage subject of two final rules published on May 16, 2012, but it is possible these guidelines will not be ready by the effective date of the rules, July 16, 2012. Finally, the requirement for there to be a medical staff member on the governing body of each hospital was never applicable to critical access hospitals in any event.

### Background

On May 16, 2012, CMS issued a final rule revising a number of hospital and critical access hospital CoPs ("Final Rule"). The purpose of this Final Rule was to implement Executive Order 13563 calling for the elimination of unnecessary, obsolete or excessively burdensome regulations affecting the efficient delivery of health care. One of the revisions requires each hospital to ensure that there is medical staff member representation on the governing body for the purpose of improving communication and coordination between the governing body and the medical staff. CMS clarified that multi-hospital system integrated governing bodies need not necessarily secure a medical staff member from each of the individual hospitals in the system.

In a letter to CMS dated June 5, 2012, the AHA strongly objected to the new governing body regulation because CMS did not introduce the regulation in the notice of proposed rulemaking issued on October 24, 2011. As a result, hospitals did not have the opportunity to offer comments. AHA believes CMS's failure to give adequate notice of the proposed change violated the Administrative Procedure Act, and AHA is recommending rescission of the rule. While many hospitals do have physician representatives on their boards, AHA believes notice of CMS's intentions would have elicited considerable opposition from its constituent hospitals. As a practical matter, the new regulation, in many cases, conflicts with other federal, state and local laws, making it impossible for certain hospitals to comply. For example, the governing bodies of certain public hospitals are elected by the public or appointed by elected officials, and in some cases, state law prohibits appointment of medical staff members to the boards of public hospitals. CMS issued its Memo citing the "complexity of the issues raised" by members of the health care community, including the AHA. It is reviewing the comments and intends to "reconsider [the governance] requirement in future rulemaking."

## Practical Considerations

42 CFR §482.12 requiring medical staff representation on the hospital's governing body, effective July 16, 2012, will not be enforced on that date, pending CMS's further review of the new regulation. Therefore, hospitals will not be cited as deficient by survey agencies for failing to comply, until further notice. Should your hospital be cited for noncompliance with this specific CoP, the hospital should immediately challenge such finding and request that the state survey agency or accreditation agency redact it. Of note, the AHA also asserted that CMS, in the Final Rule, improperly reinterpreted a current medical staff CoP at 42 CFR §482.22 to prohibit a health system from having a single integrated medical staff serving all the hospitals in the system. In the above-referenced letter, the AHA requested that CMS retract this reinterpretation from the Final Rule's preamble. CMS did not address this medical staff issue in the Memo subject of this article. Therefore, CMS's current position is that every hospital, regardless of whether it is part of a system, must have its own independent medical staff. We will have to wait and see whether CMS will revisit this regulation as well.

The Survey and Certification Letter can be found at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-36.pdf>

If you have any questions or would like additional information about this topic, please contact:

- Adele Merenstein at (317) 752-4427 or [amerenst@hallrender.com](mailto:amerenst@hallrender.com);
- Timothy C. Lawson at (317) 977-1438 or [tlawson@hallrender.com](mailto:tlawson@hallrender.com);
- Clifford A. Beyler at (317) 977-1441 or [cbeyler@hallrender.com](mailto:cbeyler@hallrender.com); or your regular Hall Render attorney.

## Greene County General Hospital Joins Nation's Largest Health Information Exchange

Greene County General Hospital (Linton) is now connected to the Indiana Health Information Exchange (IHIE), a network of more than 20,000 physicians and 90 hospitals throughout Indiana. Greene County General Hospital connects to IHIE through the Indiana Network for Patient Care™ (INPC) which is comprised of hospitals, long term care facilities and other healthcare providers throughout the state and allows physicians to securely access necessary information to make decisions critical to patient care.



Indiana Health Information Exchange

The INPC is the nation's most advanced health information exchange technology platform connecting disparate healthcare information technology systems. The INPC handles approximately three million secure transactions of data daily, including, laboratory test results, medication and treatment histories, and other clinically relevant information in a standardized, electronic format. This benefits patients by enabling their doctors to choose optimal therapies and avoid drug-drug interactions, among other life-saving and efficiency-generating efforts. The Regenstrief Institute, an internationally-recognized medical informatics and research organization, developed and launched the INPC in 1995. In partnership with Regenstrief, the INPC is one of IHIE's core service offerings.

"The INPC is an important component to patient care at Greene County General Hospital," said Chief Nursing Officer Lea Ann Camp. "Our participation in this network allows us to work together with other network participants so we can help get an overall picture of patients' health and make decisions critical to their specific healthcare needs."

Employees who helped make this possible for Greene County General Hospital include: Camp; Mike Crane, Pharmacy; Melissa Toon, Pharmacy; Steve Phillips, Information Technology; Cathy Hadley, Medical Records; Julie Collins, Inservice Education; Amy Miller, Quality Assurance/Performance Improvement; Martina Steele-Swaby, Radiology; Teresa Chambers, Laboratory; Stan Harbaugh, Respiratory Therapy; and Sara Lee Bledsoe, Business Office.

"As a critical access hospital, Greene County General Hospital serves a diverse rural community. By connecting to the INPC, they will have access to patient information when and where it is needed most," said Jane Niederberger, Vice President of Client Services for IHIE. "We are pleased to have Greene County

General as a part of the Indiana Health Information Exchange and congratulate them for their hard work and commitment to improving health outcomes for their patients.”

The mission of Greene County General Hospital is to provide access to quality and cost efficient health care and to promote healthy lifestyles to the people in the hospital's service area. Visit us at [www.greencountyhospital.com](http://www.greencountyhospital.com).

## Hospital Conditions of Participation (CMS-3244-F) and Burden Reduction (CMS-9070-F) Final Rules

On May 10, 2012, the Centers for Medicare & Medicaid Services (CMS) finalized two rules to reduce unnecessary, obsolete, and/or burdensome regulations on American hospitals and health care providers. Two sets of regulatory reforms were placed on display today in the Federal Register that are designed to improve transparency and help providers operate more efficiently and at lower cost by reducing their regulatory burden.

One set finalizes updates to the Medicare Conditions of Participation (CoPs) for hospitals and critical access hospitals (CAHs).

The second set, the Medicare Regulatory Reform rule, addresses regulatory requirements for a broader range of health care providers and suppliers who provide care to Medicare and Medicaid beneficiaries. One of the most relevant changes for CAHs in this regulation would be to eliminate the requirement that CAHs must furnish diagnostic and therapeutic services, laboratory services, radiology services, and emergency procedures directly by CAH staff. This would allow CAHs to provide such services under arrangement. This change will better enable CAHs to address staffing challenges, provide high quality care to their patients, and provide CAH patients better access to care.

Other changes include:

- Allowing hospitals to determine the best ways to oversee and manage outpatients by removing the unnecessary requirement for a single Director of Outpatient Services.
- Increasing flexibility for hospitals by allowing one governing body to oversee multiple hospitals in a single health system.
- Supporting and encouraging patient-centered care, through such changes such as allowing a patient or his or her caregiver/support person to administer certain medications (both those brought from the patient's home and those dispensed by the hospital), and by allowing hospitals to use a single, interdisciplinary care plan that supports coordination of care through nursing services.
- Requiring that all eligible candidates, including APRNs and PAs, must be reviewed by the medical staff for potential appointment to the hospital medical staff and then allowing for the granting of all the privileges, rights, and responsibilities accorded to appointed medical staff members.

For more information and to view the final rules, please visit [www.ofr.gov/inspection.aspx](http://www.ofr.gov/inspection.aspx).

For additional information on hospital and CAH CoPs, visit:

[http://www.cms.gov/CFCsAndCoPs/06\\_Hospitals.asp](http://www.cms.gov/CFCsAndCoPs/06_Hospitals.asp).

## Hospital Employees Help Prepare Kindergarteners

HARTFORD CITY – Children in Blackford County this summer are getting a jump start on kindergarten thanks to a partnership aimed at helping at-risk children transition successfully into school.



Blackford Hospital

Indiana University Health Blackford Hospital along with the United Way of Blackford County have teamed up to offer “Kindergarten Countdown,” a program that equips underserved children with the basic skills they need to succeed in kindergarten. With IU Health's state wide support, the program – which has experienced significant success since its launch in Indianapolis in 2007 – has been expanded to include schools in at least 10 additional counties throughout the state where IU Health has a presence including Blackford County.

At the heart of Kindergarten Countdown are free, four-week summer camps provided for children identified as being at-risk or lacking the skills needed to successfully begin school. The camps, which conclude this week in Hartford City, are designed to build and strengthen a variety of different skills that children will need this fall such as phonetic awareness, letter and number recognition, shapes and colors and other social and behavioral skills. Camps are held in kindergarten classrooms and are taught by certified kindergarten teachers.

“One goal of this program is provide children with experience in a classroom setting, in many cases for the first time,” said Steven West, president and CEO, IU Health Blackford Hospital. “Organizers are able to customize the program to meet the greatest need locally in the classroom and our employees really embraced the opportunity to step into a role that is different from their daily routine and help local students.”

In Hartford City the Kindergarten Countdown efforts, in their second year locally, bolstered programs already in place with the local school system. More than 35 kids have been involved in the program and IU Health Blackford Hospital employees donated more than 250 books to local students.

Research shows children who start behind in school generally stay behind. Just 66 percent of Hoosier students passed their English/Language Arts and Mathematics ISTEP+ exam last year, according to the Indiana Department of Education. Studies show that early setbacks related to education and literacy have the potential to not only affect standardized test scores, but also chances at earning a college education.

IU Health Blackford Hospital serves as a 15-bed critical access hospital for Hartford City and the surrounding communities. IU Health Blackford Hospital is accredited by the Joint Commission and is home to a specialty clinic, outpatient surgical services, a paramedic-level ambulance service as well as an outpatient physician practice and pharmacy. Steven West is President and CEO. Learn more at [iuhealth.org/blackford](http://iuhealth.org/blackford).

## **IU Health Blackford Hospital Employee Volunteers Rediscover Sidewalks**

Indiana University Health Blackford Hospital employees put their muscles to work as they cleaned the sidewalks for their Day of Service as part of the IU Health system-wide initiative.



**Blackford Hospital**

Approximately a dozen IU Health Blackford Hospital employees and several volunteers at Build a Better Blackford (BBB) volunteered to remove the over-growth along the sidewalks on Walnut Street. The group of volunteers wielded shovels and wheelbarrows from 8 am - 12 pm Friday, June 8. They started at city Hall and cleared hundreds of feet of dirt and grass that covered the sidewalks. Hartford City donated a truck to the volunteers to haul away the piles of trimmings that were removed.

“We were very pleased to have the BBB assisting us in our efforts to beautify Blackford County,” John Crosbie, director, Support Services, IU Health Blackford Hospital. “It is important to keep the community we live and work in nice; it’s about respecting our town. Several of the sidewalks that we focused on were so over-grown that you were unable to see any concrete under the weeds.”

This is the first time IU Health Blackford Hospital has done this type of project for their Day of Service. “We look forward to our next Day of Service,” stated Crosbie. “It is my hope that by our efforts, we were able to inspire other residents to give back to the community.”

## Hospital Laboratory Receives Perfect Rating

The Jasper County Hospital Laboratory has been notified by the Indiana State Department of Health of the results of a recent survey. The Laboratory was found to have no deficiencies and therefore recommended for CLIA (Clinical Laboratory Improvement Amendments) certification for the next year.



“With so many areas within the Laboratory surveyed,” states Beckie Courtright, MT/HEW, Jasper County Hospital Laboratory Manager, “the achievement of a deficiency free inspection is a great testament to the technicians who work in the Hospital’s Laboratory. Without their hard work and dedication, the quality evidenced by the Indiana State Department of Health’s survey would not be possible.” Beckie continued, “We were especially pleased with the survey results given the recent move into the new Laboratory space at the Hospital. Achieving no deficiencies right after the move into the new area and making sure all instrument specifications were met was a wonderful accomplishment.”

All laboratories that test human specimens for the purpose of providing information for the diagnosis, prevention or treatment of any disease must be inspected each year for adherence to CLIA standards. The Indiana State Department of Health reviews many aspects of a laboratory’s functions and outcomes. Surveyors look at the annual test volume, all policies and procedures pertaining to the lab, patient testing values, turn around times and quality assurance. Also, surveyed are how personnel are trained, their credentials, and continuing education.

To learn more about laboratory tests performed at Jasper County Hospital, contact them at (219) 866-5141, extension 2071, or toll free, 1-888-511-5141, extension 2071.

## Mahnesmith Gives Prevention of Falls Presentation

Chris Mahnesmith, Director of Rehabilitation at Jasper County Hospital, recently presented at the American Occupational Therapy Association’s national conference held in Indianapolis. The topic of the presentation was prevention of falls.

“I am one of the founding members of the Indiana Falls Prevention Coalition. Jasper County Hospital has programs in place to help prevent falls among inpatients and employees,” Mahnesmith said. “When I was approached about giving a presentation about fall prevention at the national conference, I was happy to help,” Mahnesmith added.

The Falls Prevention Coalition is a group of over 70 national organizations. Members are engaged in disseminating proven falls prevention programs, advocating for funding and educating older adults about how they can reduce their risk of falling.



## Jasper County Hospital Announces Telehealth Opportunity

Jasper County Hospital is pleased to announce it has partnered with St. Vincent Health System to provide telehealth monitoring for recently discharged patients or individuals currently being cared for by the Hospital's Home Health Care department.

Telehealth provides daily monitoring of weight, vital signs, blood sugars, peak flow and oxygen saturation. After a physician referral for this service is made, a St. Vincent employee will install the telehealth system and instruct the patient on its use. A member of the St. Vincent's staff will make a video connection with the patient at least once each week. Physicians may set parameters to decide under which circumstances they would like to be notified about their patient.

This program is free to patients, and is provided by a grant through St. Vincent's Hospital, and expires December 31, 2012. The goal of the program is to reduce rehospitalizations.

For more information about the telehealth opportunity, please contact Jasper County Hospital Home Health Care and Hospice at (219) 866-5141, extension 2162.

## Jasper County Hospital Reaches "A" Rating

A quality program used by nationally known insurance company Anthem recently awarded the Radiology Department of Jasper County Hospital an "A" rating. According to Cindy Reed, RT(R)(M), Director of Radiology at Jasper County Hospital, "Various websites and services exist which rank the quality of a facility's clinical services. Much data is needed for those rankings to be accurate." Reed provided updated data to Anthem Optinet to secure the "A" rating.

The Optinet program is administered by American Imaging Management (AIM). This company collects and compiles radiology information on hospitals across Indiana. Jasper County Hospital provided facts to AIM such as: the number of patients seen in the department, what types of procedures were performed, equipment age and average time to schedule an appointment. "Additionally," stated Reed, "AIM was provided with information pertaining to the experience, licensure and certifications of all technologists in the department."



Optinet also collected information on radiologist Steven Hossler, M.D. to include his specialty and sub-specialties, as well as his American Board of Radiology certification.

The Jasper County Hospital Radiology Department is fully equipped to perform x-rays, digital mammography, CT scans, ultrasound, nuclear medicine and MRI. For more information, call (219) 866-5141, extension 2051.

## IRHA Board Education Committee

To all current IRHA Board Education Committee members and prospective Committee members for the upcoming 2012-2013 IRHA membership year, the IRHA would like to extend a huge **THANK YOU** to our current IRHA Board Education Committee members for your service over the past year. These members are:

<b>NAME</b>	<b>ORGANIZATION</b>
Michelle Houchin	Adkisson Search Consultants
Denise Fields	Decatur County Memorial Hospital
Diane McKinney	Decatur County Memorial Hospital
Kathy Church	HealthLINC
Roseanne Fairchild	Indiana State University
Gaylen Kelton	Indiana University
Janet Lee	Interactive Digital Solutions

Ally Orwig	IRHA
Becky Sanders	IRHA
Laura Carlson	IRHA
Tina Elliott	IRHA
Tim Pohlman	IU Health
Deb Stiffler	IU School of Medicine/IU School of Nursing

**During the past year, the IRHA Board Education Committee has successfully:**

- Contracted with HealthStream to offer IRHA members discounts on online core regulatory learning, as well as access to discounts ACLS, BCLS, and PALS certification courses
- Determined which IRHA Annual Conference breakout sessions should be recorded and archived on the IRHA virtual library.
- Launched our new Lunch and Learn Program which allows IRHA members to participate in 60 minutes learning sessions in person, over video, or via web streaming. To date, most of the topics have been more of a ‘human interest’ focus, and have not included CEs – but we do have the ability to obtain CE’s if necessary. The lunch and learn programs are recorded and archived to our IRHA virtual library at <https://sns.indianaruralhealth.org/vportal/>. Most of the videos are available to the general public with no user ID or password. However, we do have the ability to secure certain videos to set groups of people.
- For the remainder of 2012, we will host 2 Lunch and Learn sessions each month. In 2013, we anticipate offering 4 Lunch and Learns each month. The current list of upcoming Lunch and Learns can be found on the IRHA website at <http://www.indianaruralhealth.org/index.php?src=events&category=Main%20Events%20Lister>
- To host a Lunch and Learn program or to request a speaker or topic for a future Lunch and Learn program, please visit the IRHA website at [http://www.indianaruralhealth.org/index.php?src=gendocs&ref=ITN\\_e-Learning&category=Main](http://www.indianaruralhealth.org/index.php?src=gendocs&ref=ITN_e-Learning&category=Main)

**The IRHA Board Education Committee meets on the 2<sup>nd</sup> Wednesday of each month from 10:00am to 10:30am Eastern.**

- The purpose of the Education Committee shall engage in the following activities: (i) develop programs to promote the benefits of rural health care and service; (ii) determine the conditions for Association sponsorship of other organizations, programs, and events; and (iii) act as a resource for continuing education credits for Association-sponsored events.
- To sign up for an IRHA board committee, go to: <https://asoft729.securesites.net/secure/freedomweb/index.php?src=forms&ref=IRHA+Committee+Enrollment&id=IRHA+Committee+Enrollment>.

## Margaret Mary Receives Top Hospital Award

Margaret Mary Community Hospital has been named one of the top “100 Great Community Hospitals” in the United States by Becker Hospital Review.



This designation, according to the award criteria, recognizes high-performing hospitals, like Margaret Mary, for clinical excellence, community involvement and other efforts to improve community health. Margaret Mary is one of the smallest hospitals to make the 2012 national list and one of only six hospitals in Indiana.

“Being named a top community hospital in the nation by an independent third party validates our commitment to quality care and positive patient outcomes,” said Dr. Tim Putnam, hospital president and CEO. “This recognition demonstrates a collaborative effort of our staff, physicians, volunteers and board members working together to provide exceptional care and services to our community.”

Recipients of the “100 Great Community Hospitals” award are selected based on objective data, recognitions and rankings provided by a variety of industry sources including iVantage Health Analytics, Thomson Reuters, HealthGrades and the American Nurses Credentialing Center. All selected community hospitals have fewer than 550 patient beds and have minimal teaching programs. Hospitals do not apply for the award and cannot pay to be included on the list.



“Community hospitals are an essential component to the healthcare continuum,” added Putnam. “All of us associated with Margaret Mary are proud to have served our area for 80 years and we remain dedicated to positively impacting the health of our communities.”

Margaret Mary Community Hospital is a diversified, acute care hospital founded in 1932 by the Sisters of the Poor of St. Francis. The hospital offers a wide scope of inpatient and outpatient services including oncology, home care and hospice, rehabilitation, maternity, emergency and minor care, and occupational medicine. For more information, visit [www.mmch.org](http://www.mmch.org).

## MMCH pledges \$150,000 to support Marian University College of Osteopathic Medicine



Margaret Mary Community Hospital is the latest healthcare organization to partner with Marian University to build its new College of Osteopathic Medicine, part of the Michael A. Evans Center for Health Services. MMCH is investing \$150,000 over the next 10 years to support the new medical school, an investment that is expected to benefit the hospital and the community for years to come.

“There is currently a physician shortage in Indiana, especially in rural areas, and it is expected to only get worse without institutions like Marian University stepping up and increasing the number of well trained physicians,” said Dr. Tim Putnam, President and CEO of Margaret Mary Community Hospital. “We are excited that our partnership with Marian’s new medical school will help us address this challenge by providing students unique rural health exposure that will complement their academic instruction. Although it will be nearly a decade before we see the direct fruits of this initiative, the partnership should enable us to train and recruit quality physicians who are well prepared for the challenges of healthcare.”



*In attendance for the check presentation on April 24 in Batesville were: Dr. Tim Putnam, MMCH President and CEO; George Junker, MMCH Chairman of the Board; Dr. Paul Evans, Vice President and Founding Dean of Marian University’s College of Osteopathic Medicine; Dr. Charles Henley, Associate Dean for Clinical Affairs of Marian University’s College of Osteopathic Medicine; and John Finke, Vice President of Institutional Advancement for Marian University.*

Marian University's College of Osteopathic Medicine will be the second medical school in Indiana and the first Catholic osteopathic medical school in the U.S. The school is expected to provide 150 new physicians each year, many of whom will be primary care physicians.

"Directly addressing this need for more doctors will improve healthcare in Indiana," said Dr. Paul Evans, founding dean of the College of Osteopathic Medicine. "We appreciate Margaret Mary Community Hospital's commitment to patient quality of life and its investment in our new medical school."

"Margaret Mary and Marian University have a common legacy," Putnam added. "Their Oldenburg roots and our shared catholic heritage makes this collaboration a natural fit." Marian University was founded in 1937 by the Sisters of the Third Order of St. Francis. MMCH was founded in 1932 by the Sisters of the Poor of St. Francis.

The Michael A. Evans Center for Health Sciences, which will house the new medical school and the School of Nursing, is a \$47 million construction project scheduled to open in the summer of 2013.

## **Newly Launched Blog About Rural Health Topics**

The National Rural Health Resource Center (The Center), a nonprofit organization dedicated to sustaining and improving health care in rural communities, is enthusiastically announcing the launch of a new blog.

The new blog, entitled ON CENTER, is intended to be used as a more intimate conversation between The Center and its customers and partners, including critical access and rural hospitals, rural health clinics and federally qualified health center's (FQHC), State Offices of Rural Health, rural health networks, policy makers, researchers, and other health stakeholders.

"Through our local, regional and national work, staff at The Center has intimate perspectives on rural health care occurring throughout the country," commented Tracy Morton, Program Manager at The Center. "The Center looks to use the ON CENTER blog to reach out to our customers and partners by continuing to shine the spotlight on rural health care."

The ON CENTER blog will feature regular contributions by various staff members at The Center on the topics of performance improvement, health information technology, recruitment and retention, community health assessments and networking.

For more information and to view the blog, visit <http://www.ruralcenter.org/blog>.

## **Wabash County Hospital Closes on Purchase of Land**

Wabash County Hospital officials announced that they have closed on the 33 acres of land that had previously been identified as the site for a potential new facility. The land is situated on the south side of Hwy 24, in an area between Alber and Wabash Streets.

"Although it may seem to be a slow process, our building project continues to move forward," WCH President and CEO Marilyn Custer-Mitchell said. "Closing on the land is another step toward a new facility. With that said, there is still much to be determined."

Among those items to still be determined is financing. The hospital is in the final stages of gathering information to submit a USDA loan application.

"We would expect to hear some kind of response to that within 60 days," Custer-Mitchell explained. "That could be anything from questions about our application, to a request for more information or even approval. Approval, of course, would be the best case scenario."

Custer-Mitchell also said that the building committee, physicians, and hospital leaders have all been looking at architectural plans over the last few months. Those plans have been updated and modified several times in an effort to create optimal efficiency and ease of use for patients and visitors.