

Winter 2012



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New IRHA and iVantage Health Analytics Partnership

We are thrilled to announce a new partnership between the Indiana Rural Health Association (IRHA) and iVantage Health Analytics. IRHA immediately saw the benefits iVantage could bring to our rural hospital members when the analytics company announced the top 100 Critical Access Hospitals (CAHs) in September at the 10th Annual National Rural Health Association (NRHA) Annual CAH conference in Kansas City, Missouri.

The purpose of this partnership is to provide Indiana rural and Critical Access Hospitals with a comprehensive, statewide measurement and benchmarking system designed to address the “new healthcare” under the 2010 Affordable Care Act. The analytics, based on the iVantage Health Analytics’ Hospital Strength Index™ (HSI), is the first-ever, all-inclusive rating of all general acute care hospitals, including Critical Access Hospitals.

The HSI has been designed to deliver a hospital-specific HSI score that can be used by hospital executives, trustees and boards to understand their relative performance and evaluate the 56 different performance metrics which address the critical aspects of sustainability. The HSI includes a unique set of measures rating Market Strength, Value-Based Strength, and Financial Strength as key pillars for benchmarking. More information on HSI can be found at www.HospitalStrengthIndex.com.

By signing this exclusive multi-year contract, IRHA has established itself as a dedicated partner that will provide you with periodic HSI reports to help you identify opportunities for improvement—all at no cost to you and without any data entry. One unique benefit is that your data can be benchmarked with all 35 CAHs and 19 rural hospitals in Indiana, as well as all 1300+ CAHs and hundreds of rural hospitals nationwide. We anticipate nationwide benchmarking will increase with the onset of the new HRSA initiative: Medicare Beneficiary Quality Improvement Project (MBQIP).

Through this partnership, IRHA has aligned with iVantage to be your one-stop-shop to provide analytics for all IRHA rural hospital and CAH members. We hope you were able to attend one of the two kick off webinars on January 12 or January 13, 2012. Each rural and Critical Access Hospital representatives who participated on the webinar received a summary Hospital Strength Index™ report for their facility. More information will be forthcoming during the Annual Spring into Quality Symposium on March 2, 2012 at Primos Convention Center in Plainfield, Indiana. The Hospital Strength Index will be discussed in detail during the morning session. All facilities attending (rural and CAH hospitals) **will receive their facilities comprehensive HSI report** during the afternoon session. Consultants will be available to discuss individual reports with all attendees.

General Benefits

- Access to current and meaningful hospital performance data from an objective, independent organization
- National, state, and Indiana rural hospital-specific benchmarks
- Comprehensive measurement system (financial, quality, safety, market/ competition)
- Understanding of relative performance based on comparative information
- Basis for strategic planning and target setting
- Understanding of Indiana rural hospital performance against state and national peers

Benefits to Your Hospital

- No access fees – no enrollment or monthly fees
- No data entry
- New market/competitive information
- Single platform for networking and transparency
- Tool for identifying performance gaps and opportunities (within the hospital and across the network)

To conclude, we urge you to contact Don Kelso dkelso@indianarha.org at IRHA and see first hand how these reports can benefit your organization.

First Arab Spring, Now Rural Healthcare Spring!

By Don Kelso, IRHA Executive Director

For several months many countries in the Middle East have seen their citizens challenge their previous forms of lifestyle being driven by their particular forms of government. Pundits and politicians have referred to this phenomenon as Arab Spring. After just returning from a visit to our Nation's Capitol in Washington, D.C., I am thinking a Rural Healthcare Spring is in our future.

The National Rural Health Association held its annual Rural Health Policy Institute. We had a very strong representation from Indiana. The Indiana Hospital Association was represented by Doug Leonard, Spencer Grover and Brian Tabor; Union Hospital's Richard G. Lugar Center for Rural Health was represented by Dr. Jim Turner, Hicham Rahmouni and Jackie Mathis; Margaret Mary Community Hospital and the IRHA Board were represented by their hospital CEO, Tim Putnam. Tim was also honored at the event for graduating from the NRHA Fellows Program. Congratulations, Tim. IRHA was represented by Cindy Large, Deena Dodd and Don Kelso.

As a large group representing a unified message from rural Indiana, we visited the offices of Congressman Joe Donnelly, Congressman Todd Rokita, Senator Dan Coats, Senator Richard Lugar, Congressman Todd Young, Congressman Mike Pence and Congressman Larry Bucshon. We shared a very strong message about all of the wonderful things going on in our state. We are fortunate to have an active and well-respected hospital association, respected and largest state rural health association, the involvement of Union Hospital's Richard G. Lugar Center, and the Indiana University School of Medicine-Terre Haute rural track, which graduates its first class of 8 students this year. In addition, Indiana is a national leader in the bio-science industry, broadband deployment, telehealth and health information exchange. Plus, we have a State Health Commissioner in Dr. Larkin who practiced medicine in Putnam County and truly understands the many public health challenges rural folks face.

During our visits, it was clear that all of our elected officials understand our needs and concerns but also have a huge national debt that has to be addressed. Our message was that we understand that concern, but please try not to balance the budget on the backs of rural providers who have a disproportionate share of Medicare and Medicaid patients. We asked that they try to find ways to continue funding for Rural Safety Net programs, like Flex and SHIP, along with the State Office of Rural Health. We also expressed our concern about the mandated 2% cut for all Medicare payments starting in January of 2013 through the process called Sequestration.

During the event, NRHA was able to have HHS Secretary Sibelius speak to all in attendance. Also, Dr. Mary Wakefield who heads up HRSA also spoke to the group. In addition, 9 U.S. Senators gave presentations to those present.

Since returning from D.C., it was just announced that the Congress has reached a deal to fund the payroll tax reduction we all have enjoyed the past year, plus the "doctor fix" through 2012. It is also being reported that this deal is being paid for by cutting Medicare payments to providers, i.e. hospitals. I expect more to come out on this when the President actually has the agreement on his desk to sign.

“Becky Goes to Washington!”

Indiana Rural Health Association’s own Becky Sanders was recently on Capitol Hill testifying before the U.S. House Subcommittee on Healthcare and Technology. On Wednesday, February 15, 2012, at 1:00 p.m., the Committee on Small Business Subcommittee on Healthcare and Technology conducted a hearing entitled [Broadband: A Catalyst for Small Business Growth](#) in the Rayburn House Office Building.

The purpose of the hearing was to examine the growth and importance of broadband to small businesses, including the role of the federal government in providing access to rural America. The Subcommittee received testimony from Ms. Mitzie Branon, General Manager, Yadkin Valley Telecom, Yadkin, NC, representing the National Telecommunications Cooperative Association, the Organization for the Promotion and Advancement of Small Telecommunication Companies, and the Western Telecommunications Alliance; Mr. Roger Bundridge, General Manager, NorthwestCell, Maryville, MO, representing the Rural Cellular Association; and Ms. Rebecca Sanders, Indiana Telehealth Network Director, Indiana Rural Health Association, Plainfield, IN, representing the National Rural Health Association.

As part of her testimony, Becky stated the following:

“The Indiana Telehealth Network (ITN) is one of the 50 remaining projects under the Federal Communications Commission’s (FCC’s) Rural Health Care Pilot Program (RHCPP). The FCC’s RHCPP was conceived in 2006 and officially started at the end of 2007. The pilot program is designed to encourage healthcare providers to aggregate their needs and develop regional and/or statewide networks to connect health care providers through a dedicated broadband network. The pilot program funds up to 85% of the cost of constructing a regional and/or statewide network to Internet2, the National Lambda Rail, or the Public Internet. The pilot program also funds up to 85% of the monthly recurring charges for up to 72 months, depending on the length of contracts signed with telecommunications vendors for the network.

As of February 2012, the ITN has almost 60 participating healthcare facilities, including Critical Access Hospitals (25 beds or less), not-for-profit rural hospitals under 100 beds, urban partner hospitals, Rural Health Clinics (RHCs), Community Mental Health Centers (CMHCs) and Federally Qualified Health Centers (FQHCs). While connecting these facilities, our winning telecommunications vendors have laid just over 200 miles of fiber around the state of Indiana.”

She added, “One of the most unique aspects of the ITN, as compared to other pilot projects, is our ‘anchor tenant’ concept. As part of our objective scoring during the RFP process, vendors are given additional points for overbuilding (and paying their own ‘fair share’) into the surrounding community and providing us with marketing plans for the provisioning of services above and beyond the healthcare anchor tenant. The majority of our winning vendors have taken this concept to heart and meets with local community leaders to discuss potential services to businesses surrounding the healthcare facilities.”

Ms. Sanders also shared some of the local community success stories that resulted because of this project and revealed the benefits of fiber in rural health care. The IRHA is proud of Becky’s hard work and accomplishments in developing this project. She has brought great credit to herself, our organization, and the members and partners of the Indiana Telehealth Network.



Becky Sanders (IRHA ITN Director) shown here with U.S. Senator Richard Lugar (IN) on her visit to Washington, D.C. on February 15, 2012.

Harrington Joins Gibson General Hospital as CFO



(PRINCETON, IN) – [Gibson General Hospital](#) is pleased to announce that Ron Harrington joined its administrative team today as Vice President and Chief Financial Officer (CFO). As CFO, Harrington leads the development of the hospital's annual revenue and expense budget, long-range financial planning and capital budgets, performance improvement and the overall corporate budget planning process. He also oversees the hospital's business office, fiscal services, food services, information services, materials management and medical records departments.

"I'm very excited to join the team at Gibson General Hospital," said Harrington. "Gibson General is an innovative hospital with a rich history of commitment to its employees and this community, and I'm looking forward to helping the hospital

grow and continue to be a valuable asset to Gibson County."

Harrington, a seasoned financial operations professional, brings more than 25 years of healthcare financial management experience to the position. He joins Gibson General from Fleming County Hospital, Flemingsburg, Ky., where he served as CFO. His prior experience includes senior financial management positions in hospitals and healthcare organizations in Kansas and Texas. Harrington earned a bachelor's degree in accounting from Southeastern Oklahoma State University, Durant, Okla.

"Ron brings a great depth of hospital financial experience to Gibson General Hospital," said Emmett Schuster, President and CEO of Gibson General. "We're pleased to welcome him to our administrative team, and we look forward to his guidance in enhancing our financial operations."

MBQIP Updates

The January 2012 MBQIP Monthly is posted on the Flex web site at <http://www.indianaruralhealth.org/flex> under MBQIP. Please take a moment to stay current with phase one of this very important HRSA initiative. We are very excited as we are beginning to provide all of your clinical (value-based), financial, operational strength MBQIP data in one easy to read report for you. We will also be providing free consultation to interpret reports and identify resources and best practices to assist you in your quality improvement efforts.

If you are not already signed up to participate on the Flex Quality Networking (FQNC) Forums, please contact Cindy Large (clarge@indianarha.org). Many interesting discussions are under way. Please visit the Flex web site for events to complete the RSVP for the location nearest to you. This FQNC VC will be a 'Lunch and Learn' session provided by the Upper Midwest Telehealth Resource Center (UMTRC) featuring the Beacon Community Patient Home Monitoring Initiative. Learn how you can provide free home monitoring devices to your patients. For any and all of your MBQIP needs, please feel free to contact Cindy Large at any time.

MMCH Breaks Ground on Physician Center

On November 15, 2011, local physicians and hospital administration, as well as city, state and county officials, gathered as [Margaret Mary Community Hospital](#) broke ground on its new Physician Center.

Located just off State Road 229 near The Hansen Center, this 28,650 square-foot building will include both adult and child primary care, surgical and OB/GYN office space. The new facility, which is estimated to cost \$9 million, will also offer on-site X-ray and laboratory services, as well as a café. The project should be completed by November 2012.



Pictured (from left) are: Rich Engelhardt, Senior Project Architect with BSA Life Structures; Tim Putnam, MMCH President; George Junker, Chairman of MMCH Board of Directors; Andy Poltrack, MD, Chief of MMCH Medical Staff; Tom Bruns, President of Bruns-Gutzwiller, Inc. General Contractors and Scott Callahan, MD, Representative of Cincinnati Children's Hospital Medical Center.

“Margaret Mary is proud to be partnering with Cincinnati Children’s Hospital Medical Center on this important project,” said Tim Putnam, MMCH president. “The combined reputation both organizations have for providing quality medical care will serve our community well for decades to come.”

“Having so many medical professionals under one roof will be a great convenience,” said Tim Putnam, MMCH president. “Patients will benefit from the collaboration and partnership that come from physicians and specialists working together in close proximity.”

Perry County ER Nurses Win First Place!

[Perry County Memorial Hospital's](#) Emergency Room competed in an Emergency Nurses Week Challenge hosted by the Emergency Nurses Association Chapter 137 on Oct 13, 2011. Sheila M. Clark MSN,FACHE, Vice President of Nursing Services at Perry County Memorial Hospital states, “We were the only CAH competing and we were up against Owensboro Medical Health Center in Owensboro KY, St. Mary’s Medical Center and Deaconess Hospital in Evansville. We refer patients from our ER to each of these facilities. In addition we competed against Regional Medical Center Madisonville KY and Methodist Hospital in Henderson KY. Our team of bedside ER nurses WON 1st place against these tough competitors and to make it even better, this is the 3rd year for the competition and we have won first place every year. We are very proud of our nurses and the care they give in our ER.”

St. Mary’s Warrick Hospital Welcomes New CNO

[St. Mary's Warrick](#) management team is pleased to welcome Karen Waters, RN, MSN, as she assumes her new role as Chief Nursing Officer. Karen will be responsible for providing leadership at the executive level for St. Mary’s Warrick’s nursing services and assisting with the development of our strategic plan. Ms. Waters previously served St. Mary’s as a Nurse Manager, Director of Children’s Services, and Director of Nursing Administration. Her most recent position has been as Director of Nursing and Clinical Services at the Good Samaritan Home.



ST. MARY'S
Warrick Hospital

Healing BODY, MIND and SPIRIT.

Karen received her Bachelor's Degree in Nursing, as well as her Masters Degree in Nursing Administration, from the University of Evansville. She is certified in Nursing Administration by the American Nursing Association.

Karen is excited about returning to St. Mary's and will be assuming her new role on November 28. She can be reached at 812-897-7113. Please offer your encouragement and support as Karen embraces her new role in supporting St. Mary's Warrick's growth and success.

Riley Hospital for Children brings Simulation Outreach Program to HCH

Corydon, Indiana (January 27, 2012): The birth of a child is usually a joyous milestone. But in the case of a premature or critically ill newborn, that joy can fade quickly if the little one is struggling to breathe. How the surrounding medical team responds in the first minutes and hours of the newborn's life is critical. Hoping to improve the care provided in delivery rooms across the state, [Riley Hospital for Children](#) at Indiana University Health has launched a unique newborn resuscitation simulation outreach program.

Dr. Bobbi Byrne, a neonatologist at Riley at IU Health, developed the program after recognizing many resuscitation teams in outlying hospitals have limited experience with life threatening or high-risk delivery room situations. "Emergencies can't always be prevented and sometimes there isn't enough time for a transport to a larger care center," Byrne said. "Since initial delivery room resuscitations can have dramatic impacts on the long-term development of infants, educating community hospitals on these lifesaving skills is imperative."

Riley at IU Health's simulation team traveled to [Harrison County Hospital](#) on February 2 to offer a simulation program in which they lead high risk delivery scenarios. The program emphasized technical skills, team communication and the stabilization and management of critically ill newborns.

"We use these lifesaving skills at Riley at IU Health on a regular basis," Byrne said. "By taking this expertise on the road, community hospital resuscitation teams can refresh and sharpen their skills in safe, realistic environments that are already familiar to them."

"I am so excited that our hospital staff and physicians have this opportunity to participate with Riley Hospital professionals to enhance our newborn special care skills," said Diane Clark, Assistant Director of Nursing at Harrison County Hospital. "Programs like this assure our staff, patients and community that Harrison County Hospital OB Department practices and maintains the most up to date protocols for neonatal care in the event special care is needed. We truly appreciate Riley Hospital taking their knowledge 'on the road' to share with all of Indiana."

"At Riley, we've always been dedicated to providing the highest quality of care for Hoosier children," said Marilyn Cox, interim chief executive officer, Riley at IU Health. "But now, we're proud to partner with our community hospital colleagues and lead the way on improving the outcomes and survival of at-risk newborns in communities across Indiana."

To interview Dr. Bobbi Byrne or to see a simulation in action, please call Kit Werbe at 317-963-7692.

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