Summer 2017

CAHOOTS

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

Parkview LaGrange Hospital to Offer "QPR" Suicide Prevention Training to the Public

Members of Parkview LaGrange Hospital's medical staff, EMS, Emergency and Social Services departments have been monitoring recordable suicide deaths in LaGrange County for several years. Recent statistics revealed a doubling of both the number of deaths by suicide and the number of suicide attempts between 2015 and 2016 and Parkview's Community Health Needs Assessment showed mental health in the top three issues of greatest concern in LaGrange County.

PARKVIEW LAGRANGE HOSPITAL

In response to these numbers, the Parkview LaGrange Hospital created a Suicide Prevention Task Force that includes representatives from Parkview Behavioral Health (PBH) as well as local physicians and staff.

Rhonda Sharp, MD, PPG-Family Medicine in LaGrange, serves as the physician champion for the task force. "There are many myths associated with suicide that need to be dispelled," said Dr. Sharp. "We need to bring this topic out of the shadows and shine a bright light on it. We need to let people know that suicide is preventable. Talking about suicide won't cause it. And, most importantly, suicide prevention is everybody's business – anyone can help prevent the tragedy."

Through PBH, and with grant funding from the Lutheran Foundation, members of the task force have become certified trainers of the QPR (Question, Persuade and Refer) Suicide Prevention Program. QPR is a research-based, outcomes-driven program, which satisfies the training for teachers that the State of Indiana now requires.

"QPR is easy to learn and doesn't need a college degree or experience in a health- or mental health-related field," Sharp continued. "QPR teaches you to recognize the signs of suicide risk in someone and trains you in how to open lines of communication with the affected person that can offer them hope and a path toward support.

"In many ways, QPR is to someone at risk of suicide what CPR is to someone who is unconscious and not breathing normally. QPR is that first step that anyone can take to help prevent someone from carrying though with suicide. And it is an intervention anyone can learn."

Over the past several months, members of the Parkview LaGrange Suicide Prevention Task Force and co-workers of Parkview Community Nursing have conducted group QPR training for teachers in all of the LaGrange County school districts, as well as for several fire departments, the Sheriff's Department and LaGrange police. Trainings are scheduled for a couple of local church groups in August and for LaGrange Chamber of Commerce members in October.

Parkview LaGrange Hospital is now offering QPR training for members of the public. These free sessions will be provided in various locations around LaGrange County. Reservations are required and participants must be age 18 or older. For information about a QPR training near you, contact Jen Will, community coordinator, Parkview LaGrange Hospital, at 260-463-9090, or email her at jennifer.will@parkview.com. If you are part of a local church or civic group or have a business in LaGrange County and your organization would like to receive QPR training, Jen Will can help facilitate those arrangements as well.

Rush Memorial Hospital Continues to Grow

Construction has begun on the new addition to the Rush Memorial Hospital Imaging Department. The new addition will be behind the hospital next to the ambulance bay. The building will accommodate a new MRI machine that is a stronger magnet/strength to allow for better quality and state of the art images. The location of the new MRI will be much more accommodating and convenient for patients and their families as the current MRI machine is located in the lower level of the Hospital. The goal is to have this new MRI area completed by the end of September, 2017.

In addition to the new construction is the remodeling and updating of the Imaging Department. This includes replacement of imaging equipment throughout, redoing the hospital's admitting area, and adding a lab draw room off of the main entrance, which will be much more convenient for our patients. The current analog radiographic equipment will be replaced with a new Siemens digital general radiographic unit and then relocated closer to the Emergency Department. The current radiographic/ fluoroscopic analog equipment will be replaced with a new Siemens digital unit. Our Siemens Nuclear Medicine and stress testing equipment will be moved from the lower level to the Imaging Department. The Bone Densitometry machine will be moved closer to the Mammography suite in order to accommodate women who have both exams on the same day. To ensure patients are receiving the lower radiation dose possible, a new x-ray dose-monitoring system has been added to all of the x-ray equipment. And lastly, our analog mobile x-ray machine has been replaced with a Siemens digital mobile.

President/CEO, Brad Smith, reviews the construction progress.

"We are thrilled about the new addition that will allow our department to be all inclusive," said Jennifer Cupp, Imaging Department Director. "The new MRI, and our new equipment, is very exciting not only for the growth of RMH, but for the benefits this will provide to our community."

According to RMH President/CEO, Brad Smith, "Not only was it time to replace and upgrade a lot of our Imaging equipment, but a lot of planning took place to make sure our patients had easier access to our services. The goal was to make sure if our patients needed both labs and imaging that everything was done in one location versus sending patients to opposite ends of the Hospital." Smith concluded by saying, "I really appreciate the support of the RMH Board of Trustees for their commitment to our hospital, and our community - in making sure we have the most up-to-date equipment and facilities for our patients."

Dosher, OR Clears the Air: Smoke-free Environment for Patients, Staff

by Terry Pope, Associate Editor (July 20, 2017)
Stateportpilot.com
http://stateportpilot.com/news/article_110de138-6d85-11e7-ad43-4f4090617710.html

It may be just a small, critical access hospital, but Dosher Memorial in Southport has put itself on the cutting edge of operating room technology by creating a smoke-free environment for its staff.

Ophthalmologist and ocular plastic surgeon Dr. Alan (Chip) Oester demonstrates the use of the Stryker Neptune E-SEP pencil that has removed caustic smoke from OR procedures.

When surgeons use cautery tools on patients, the released smoke in the operating room can be filled with caustic, carcinogenic particles that they and staff breathe in. According to Dosher operating room director Kim York, it's like smoking 27 cigarettes per day.

York spearheaded a move to eliminate the smoke, and Dosher administrators, trustees and employees all agreed to give it a try, at a reasonable cost. Today, they vow there is no going back to their old ways inside the OR.

"It has been known that smoke in the operating room is a bad thing," said York. "You are exposed to chemicals that are known to cause cancer. And it smells so bad. We decided we just didn't want to breathe this anymore."

Surgeons tried several different models of smoke evacuation pencils before they agreed on a Stryker product: the Neptune E-SEP. It has a small tube that suctions the smoke from incisions into a filter machine inside the OR.

Ophthalmologist and ocular plastic surgeon Dr. Alan ("Chip") Oester says he performs 800 to 1,000 operations per year and welcomed the change at Dosher—for himself and his patients.

"I can't be breathing that in for 30 years," stated Dr. Oester.

For some of his procedures, patients are placed under local anesthesia and are still aware of what they may smell in the OR. Some doctors tell patients that the smell is just a little bit of cotton burning, Dr. Oester said.

"They know exactly what is burning," said Dr. Oester. "It's really disconcerting to the patient."

Surgeons like Dr. Oester all had to buy-in to the changes at Dosher for it to work, said York. That's why the Stryker model and its fit in surgeons' hands was key to making the switch.

"I wasn't hesitant at all because it was pretty simple," said Dr. Oester. "It feels no different. It gives you better visualization."

Some hospitals attempted to evacuate the smoke by using a separate suction hose that tied up an assistant's hands and kept getting in the way of the procedure. Until a better model was built, hospitals have been hesitant to change.

Dosher CEO and president Tom Siemers said creating smoke-free operating rooms for staff and physicians is a subject that has never been discussed at the numerous hospital conferences he has attended. After observing a live knee replacement in Dosher's OR, Siemers realized it is an issue that should be addressed.

"They didn't tell me it was going to smell like that," said Siemers. "We've got to make sure it's a safe environment for our team to work."

There is a price to pay, especially for small rural hospitals like Dosher that must constantly watch the bottom line. The cost for the disposable cautery pencils will go from about $5 to $20 each.

“That is pennies compared to when we buy equipment,” said Siemers. “But we are providing a safer environment for our patients and our staff. We want to do the right thing for the right reason.”

Certified registered nurse anesthetist Barry Amerson is among the Dosher employees exposed to operating room smoke on a daily basis. He said he witnessed other attempts with “garden hose-type devices” at other hospitals that were not well received.

“They captured with this one a design that is much like what the surgeons are used to using,” said Amerson. “There’s a lot of smoke. I think it’s never been a focus for hospitals.”

Siemers said the change at Dosher was driven by the surgical team up, and that getting all surgeons to agree to transition was the key. York said she actually expected more resistance.

“We just knew that the surgeons were going to be a problem,” said York. “We knew they would react: ‘Why do I need to change? I like what I’m doing. I probably already have everything I’m ever going to catch.’”

She slowly sought change by placing in the break room material about the danger of OR smoke. She brought in samples for the staff to actually hold. It seemed to work.

“We decided that we’re doing it, and we’re doing it for one reason really: to protect our hospital workers and patients,” said York.

During that transition, Dr. Oester said he read a book, When Breath Becomes Air, written by neurosurgeon Paul Kalanithi, who at age 36 was diagnosed with stage IV lung cancer. Kalanithi died while in the process of completing the book.

The book and Dosher’s effort to go smoke-free was a revelation for Dr. Oester.

“I told myself, if I get lung cancer I’m going to be so upset,” he said.

Being a nurse is York’s second career. When she found herself inside the OR exposed to smoke on a daily basis, she saw a need for change. Sometimes there are five to 10 hospital workers inside the OR with the ventilation system distributing the smoke all across the room, exposing everyone inside.

“I’m kind of a rock-turner,” said York. “I look for things that need to be better.”

Siemers credits York’s leadership for making the change.

“You have to have someone like Kim to make it happen,” said Siemers. “She quarterbacked this all the way through to make it happen.”

York said she is pleased hospital administrators and trustees gave their blessing to move forward with the project.

Recent legislation introduced in California will try to make all hospital operating rooms in that state smoke-free. It is something Siemers said he’d like to see in North Carolina.

“I absolutely feel that OSHA (Occupational Safety and Health Administration) or the state should make sure they have standards in place for hospitals to operate,” said Siemers. “They do it for everything else. I think it should be a state law.”

Greene County’s Cardiopulmonary Rehabilitation Program

Greene County General Hospital’s new Cardiopulmonary Rehabilitation program is officially open. Located on the hospital’s freshly renovated ground floor, the new rehab facility is furnished with equipment and amenities to help make every session enjoyable and beneficial.

Greene County
General Hospital

Received its first patents on July 12, the program expands the current cardiology and respiratory services long offered at Greene County General. A team of nurses and therapists work together to provide thorough evaluations and ongoing care for patients dealing with chronic heart and lung conditions, helping them progress through a monitored, prescribed rehabilitation process.

The rehab program is complemented by the hospital's chronic care management service, which allows patients to work one-on-one with a health coach to identify personal motivation for rehab success and help set and celebrate achievable goals. Health coaches support better compliance with recommended lifestyle changes, from diet to at-home exercise plans and ongoing education.

Adams Memorial Addition Dr. Jennifer Taylor

Dr. Jennifer Taylor is the newest addition to Adams Memorial Hospital's Medical Staff & Adams General Surgery in Decatur, Indiana. She officially arrived at Adams Memorial Hospital on July 17th, and will begin seeing patients immediately. Dr. Taylor is a Ft. Wayne, Indiana native and completed her undergraduate degree from IPFW in Pre-Medicine. She went on to Kirksville College of Osteopathic Medicine in Kirksville, MO to finish medical school. Dr. Taylor completed her Surgery Residency at Garden City Hospital in Garden City, Michigan this past June. As a General Surgeon, Dr. Taylor will perform laparoscopic procedures such as hernia repairs, gallbladder surgeries, skin cancer surgeries, breast surgeries, and colonoscopies. Dr. Taylor noted that she specializes in colon and rectal procedures.

Jo Ellen Eidam, CEO of Adams Health Network stated how pleased we are to have Dr. Taylor on board at Adams Memorial. She is a welcome addition to our medical staff, and she will continue to provide the best in general surgical care to our community along with Dr. Lindsay Hardley.

Dr. Taylor's office will be located in the Adams Medical Complex building, (behind the Strickler Cancer Institute) which will be shared with General Surgeon, Dr. Lindsay Hardley. To schedule an appointment with Dr. Taylor, please call Adams General Surgery at 260-728-3982.

A Robust IT Strategy Helps a Critical Access Hospital Remain Independent

by Rebecca Vesely (July 12, 2017)
Hospitals & Health Networks
http://www.hhnmag.com/articles/8380-a-robust-it-strategy-helps-a-critical-access-hospital-remain-independent

Most Wired Mason General Hospital may be small, but its managers think big when it comes to IT

In picturesque and evergreen Western Washington state, a 25-bed critical access hospital is setting a new standard for being tech savvy and independent, characteristics that form the basis of a multiyear strategy for improved population health.

Mason General Hospital in Shelton, a rural community founded on the logging, fishing and oyster trade about 20 miles west of Olympia, launched its health information technology strategy 17 years ago. Today, the Most Wired-designated hospital has a robust, cloud-based electronic health record system; clinical decision support; telemedicine; virtual visits; and soon will launch disease registries and a data warehouse.

"Our whole purpose is to create relationships rather than affiliations, so we can remain independent and best serve our community," says Tom Hornburg, chief information officer at Mason General. "Our technology initiatives reflect that."

Despite having a small number of beds, Mason General keeps busy. The hospital has about 27,000 active patients; 22,000 emergency department visits per year; 10 outpatient clinics; and 650 employees. About 80 percent of patients are covered by Medicare or Medicaid, typical for rural providers.

While health IT had been a focus for many years, Mason General's efforts in this area gained sharper focus about a year and a half ago when it joined the Rocky Mountain Accountable Care Organization. The collaborative organization is made up of six hospitals in rural central Rockies region of Western Colorado and five hospitals in rural Washington state. The ACO's patients are in traditional Medicare.

"We view it as a learning opportunity," says Dean Gushee, Mason General's chief medical officer, of the ACO. The hospital currently carries no financial risk for participation.

The ACO participation has pushed Mason General further into care coordination and population health management, Gushee says. This requires hiring care coordinators, nurse educators, licensed clinical social workers and nutritionists. It also means building a database to manage and track the ACO population and report results to Medicare.

Mason General soon will have an enterprise data warehouse to access internal and payer data on quality and costs. It is also building patient registries for common chronic conditions such as diabetes, and will be able to cross-reference the registries to identify the highest-risk patients for tailored interventions.

"We are removing burdens and barriers for providers to conduct work on social determinants of health," Gushee says.

A big issue is identifying gaps in care to be able to close them, and that's where improved data access can help, says Hornburg. For instance, the hospital has embedded a pharmacist and a nurse in two clinics to conduct patient medication management and reconciliation to boost adherence to prescribed treatments.

Getting buy-in from nurses and physicians has been important to the IT strategy. Prior to choosing a new EHR vendor in 2013, nurses and physicians had the opportunity to demo products and respond to a survey about their preferred options. The hospital chose the vendor that appealed most to staff.

Similarly, prior to rolling out its virtual visit platform early this year, the hospital first piloted the program with its employees, who pay $10 per visit. My Mason Virtual Care, now available to all patients for a $35 flat fee, is run through a vendor with providers outside the Mason General system but integrated with the hospital's EHR. Patients can access the service online from most devices with an Internet connection.

“It was very important for us to tie the visits back to our own systems,“ Hornburg says. “So far, virtual visits only account for about 10 patient visits per month, although that is growing by about one to two per month.”

Telemedicine, too, is a staple at Mason General, with access to specialists for telestroke, telepharmacy, telesepsis management and telepsychiatry. And an online patient portal allows for physician emailing, viewing health records and accessing test results.

An active community board and a CEO who support technology innovation have been important factors in Mason General's success, says Hornburg.

“It seems we are nimble on getting things done,“ he adds. “We push for change and we don't accept 'no' for an answer."

Jay County “Progressive” Obstetrics Program

The Jay County Hospital (JCH) Obstetrics (OB) Department has been delivering babies for decades, continuing to provide a service to the community that many residents in Indiana do not have available to them. In fact, 31 counties in Indiana do not have obstetric services available forcing residents to travel longer distances for OB care.

While providing the highest quality care has always been a top priority for the JCH OB Unit, they have also stayed on top of leading edge technology and equipment by recently purchasing a new hearing screener, funded by the JCH Foundation and new infant warmers, funded by a private donation. Finding these top-of-the-line amenities at a rural hospital is unusual, but not at JCH, who continues to receive support from their team members, medical staff, Board and community to keep Obstetrics care available locally.

To continue staying on the forefront of healthcare, a new service was recently introduced and is now available to new parents. The Jay County Hospital Obstetrics Unit now has Pasteurized Donor Human Milk (PDHM) available for newborn babies. After becoming a Certified Lactation Consultant, Ashley Corwin, a JCH OB Nurse, began looking into the use of donor milk. Ashley contacted Sarah Long at The Milk Bank located in Indianapolis in early 2016 to see what needed to done to become a donor hospital, and in April 2017, JCH received their first milk donation.

The JCH OB Unit is classified as having a Level 1 Nursery meaning they are certified to care for healthy babies over 35 weeks, in addition to having the capabilities to stabilize, resuscitate then transfer ill babies if needed. With only 3 other Level 1 Units in the state of Indiana using donor milk, “Jay County is considered progressive for a small unit to have implemented using PDHM!” states Long.

While breastfeeding is encouraged for all new mothers, there may be instances when utilizing a mother’s own milk is not a possibility, so donor milk is another option. This allows more babies to receive the benefits of breast milk including: infection fighting, active growth and development hormones, ideal nutrition and improved digestion.

All mothers who deliver at JCH are informed and offered the use of donor milk, but only after all options to use the mother's own milk are exhausted. To date, a total of 16 bottles of donor milk have been used to assist 6 mothers and babies at Jay County Hospital.

"We encourage all new Moms to breastfeed, to get all of the health benefits of the mother's milk, but in cases when that's not possible, it's great to have another option for those Moms and babies. And to be the only rural, Level 1 Nursery in the area to offer donor milk to well babies is really exciting," notes Julie Teeter, JCH OB Unit Coordinator.

Dave Hyatt, JCH CEO is also excited about the new service available, "It's great to see our team members take initiative to research and bring such a beneficial program to Jay County, to make this available to our patients. It really shows the character of our team and how they truly care for each and every person cared for here at Jay County Hospital."

The OB Department has also recently seen some cosmetic changes, with renovations recently completed in the Nurse's Station and Nursery area, and additional upgrades scheduled to begin soon in the labor rooms. These updates and upgrades are just in time for the increase in new babies, with a 40% expected growth in deliveries for 2017.

Adams Memorial Hospital New Director of Emergency Services

Adams Memorial Hospital chief executive officer Jo-Ellen Eidam recently announced that Kevin Wellman has been promoted to the position of Director of Emergency Services at the hospital. Wellman had been in charge of the emergency and surgery departments at AMH prior to this and when former EMS director Ron Burns resigned to move with his wife to Florida, hospital officials added EMS to his duties.

Kevin Wellman, Dir. Emergency Services
Adams Health Network

The move finds a well-trained veteran in all phases of emergency medicine ready to lead the emergency services departments at AMH. Wellman was originally certified as a basic EMT in 1987 and worked for Jay County EMS while he attended the paramedic science program at Methodist Hospital in Indianapolis. After obtaining his paramedic certification in 1990, Wellman moved on to work for the Three Rivers Ambulance Authority in Fort Wayne for eight years and during his tenure there was a field medic for three years and paramedic supervisor for five years.

In early 1998, Wellman started working for the Parkview Samaritan helicopter service and served in that position as a flight medic for five years. While flying with Samaritan, Wellman went back to school and enrolled in the nursing program at IPFW. In early 2003, he moved to Lutheran Hospital as their EMS coordinator and shortly later was assigned by Lutheran officials with the task of developing a helicopter program for them, which would become to be known as Lutheran Air.

He managed the Lutheran Air Flight program, the Mobile Intensive Care Units, staffed the Lutheran emergency department, and flew with Lutheran Air for the next nine years before coming to Adams Memorial Hospital full-time. Wellman is a 2005 graduate of the Medical Transport Leadership Institute and is a Certified Medical Transport Executive. He has also obtained his Master of Science in Nursing degree with a focus in nursing leadership and management and has been a certified emergency nurse since 2010.

"My love for emergency medicine and those who provide this very important care to our community makes me very proud to be in a position to continue to provide care as a servant-leader for the AMH Emergency Department and Adams County EMS," noted Wellman.

Bremen Medical Center Receives Award for Immunization Program

Bremen Medical Center, Bremen, Indiana, was one of seven vaccination sites in the state to receive the Kristine Forbes Teen Immunization Award for their teen vaccination program. The award is presented to practices in Indiana that have achieved vaccination rates above the state average for one Tdap, one MCV, and one HPV vaccinations for 13-18-year-olds. The award presentation was made in April during the Indiana Immunization Coalition's annual award ceremony for the 2016 Outstanding Practice and High Flyers.

Parkview LaGrange Hospital Earns the Nation's Top Honor for Nursing Excellence

Prestigious Magnet® recognition demonstrates commitment to nursing professionalism, teamwork and superiority in patient care

All seven of Parkview Health's hospitals, including Parkview LaGrange Hospital, have joined the ranks of the nation's most elite by achieving Magnet® recognition across the region. Magnet designation is granted by the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program®, which ensures that rigorous standards for nursing excellence are met.

"Achieving Magnet recognition reinforces the culture of excellence that is the hallmark of our mission in northeast Indiana," said Mike Packnett, president and CEO, Parkview Health. "It is objective proof of our commitment to provide the very best patient-centered care. This is a direct reflection of not only Parkview's amazing nurses, but our physicians and the 11,000 other co-workers, from all hospitals and facilities, who put the patient first every day."

To achieve Magnet recognition, organizations must pass a rigorous and lengthy review process that demands widespread participation from care providers and co-workers at each hospital. The process includes an electronic application, written patient care documentation, on-site visits to each hospital and a review by the Commission on Magnet Recognition.

PLH Magnet Champions: *Parkview LaGrange nurses (from left) Alicia Milliman, Naomi Adamski, Carol Lopez, Kassandra Bontrager and Vickie Fry are among over 100 "Magnet Champions," who led the initiative across the health system.*

Of the more than 6,300 hospitals in the United States, only 467 – or 7% – have achieved Magnet recognition. Parkview's seven hospitals are among only 14 others in the state of Indiana.

"Magnet recognition offers our community a distinguished standard for measuring quality of care," said Judy Boerger, chief nursing executive, Parkview Health. "At Parkview, we don't just talk about compassionate and expert care, we define it through every interaction. We empower our nursing teams to do what is best for patients, we inspire one another to grow personally and professionally, and – most importantly – we put patients and their families at the center of everything we do."

According to the ANCC, Magnet designation indicates an organization in which nurses can flourish as professionals. These select entities place an emphasis on providing their nursing teams with the professional

autonomy to make clinical decisions at patient bedsides. They also involve nurses in decisions regarding the patient care environment, as well as enable more interdisciplinary collaborations with other team members.

“On a daily basis, our nurses demonstrate their commitment to working together to consistently provide the highest quality care,” Boerger added. “Their world-class teamwork creates not only an excellent place to receive care, but an amazing place to work.”

Research demonstrates that Magnet recognition provides specific benefits to health care organizations and their communities, such as:

- Higher patient satisfaction with nurse communication, availability of help and receipt of discharge information.
- Lower risk of 30-day mortality and lower failure to rescue rates.
- Higher job satisfaction among nurses.
- Lower nurse reports of intentions to leave their positions.

The Magnet Recognition Program was established in 1993. Designation is valid for four years, after which recipients must undergo a renewal process.

About the ANCC’s Magnet Recognition Program
The Magnet Recognition Program — administered by the American Nurses Credentialing Center, the largest and most prominent nurses credentialing organization in the world — identifies health care organizations that provide the very best in nursing care and professionalism in nursing practice. The Magnet Recognition Program is the highest national honor for nursing excellence and provides consumers with the ultimate benchmark for measuring quality of care. For more information about the Magnet Recognition Program and current statistics, visit www.nursecredentialing.org/magnet.

IRHA Receives 2-Year ISDH/Tobacco Prevention and Cessation Commission Grant Funding

IRHA is proud to receive another grant to help promote the extension of our tobacco cessation efforts through the Indiana Tobacco Quitline. As we all know, we can better serve our patients when they are healthy; and we better serve our communities when we bring health assistance programs like this. For personalized Indiana Tobacco Quitline training for your healthcare providers, please contact Tina Elliott at telliott@indianarha.org.

Medicare Proposes Continued Relief for Critical Access and Rural Hospitals Through 2-Year Moratorium on Direct Supervision Requirements

by Nicole Burgmeier and Alissa Smith (July 19, 2017)
Dorsey Health Law
http://www.jdsupra.com/legalnews/medicare-proposes-continued-relief-for-78880/

On July 13, 2017, CMS released a proposed rule as part of its 2018 Outpatient Prospective Payment System proposals [available here: https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-14883.pdf] that is aimed at helping to reduce some of the burdens rural hospitals experience in recruiting physicians. Specifically, CMS proposes a two-year moratorium, for CY 2018 and CY 2019, on the direct supervision requirements for outpatient therapeutic services at critical access hospitals and rural hospitals with 100 or fewer beds. CMS addressed its proposal in a fact sheet it released on the same day [available here: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-07-13.html].

CMS has not enforced the direct supervision rules for these hospitals for several years, but the prior moratorium on enforcement had expired on December 31, 2016. The current proposed rule provides some additional certainty and extended relief for these providers. Rural hospitals and CAHs have consistently expressed to CMS that there is insufficient staff available to furnish direct supervision- especially for specialty services such as radiation oncology, which cannot be directly supervised by the physicians on-site in the emergency

department either because of the volume of emergency patients or the providers' lack of specialty expertise in the area to be supervised. It is difficult to recruit physician and nonphysical practitioners to rural areas. The comments discuss whether CMS should apply the same supervision rules to all hospitals, to ensure that CMS is purchasing the same basic level of quality and safe outpatient care for all beneficiaries, regardless of the hospital type. However, CMS acknowledges the unique recruiting challenges facing CAHs and rural hospitals, and also noted that CMS is not aware of any quality of care complaints from beneficiaries or providers in these hospitals related to general supervision being provided (instead of direct physician supervision) for these services. CMS' Advisory Panel on Hospital Outpatient Payment is continuing to evaluate whether changes should be made to the supervision requirements. In the meantime, CMS proposes this two-year moratorium to allow CAHs and rural hospitals additional time to get into compliance, and to give all parties time to submit recommendations to the Advisory Panel.