Summer 2018

CAHoots

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New Study Identifies Gaps in Infection Prevention and Control at Critical Access Hospitals

by the Association for Professionals in Infection Control
June 13, 2018 via *EurekAlert*

Critical access hospitals (CAHs) face significant challenges in their infection prevention and control (IPC) practices, according to new research presented at the 45th Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC).

CAH is a designation given by the Centers for Medicare & Medicaid Services to rural hospitals with 25 beds or less that are located at least 35 miles away from other hospitals.

Public health officials reviewed IPC practices at 36 Nebraska hospitals using the Centers for Disease Control and Prevention's Infection Prevention and Control Assessment Tool for assessing best practices. They found the greatest gaps existed in the domains of injection safety, central line-associated bloodstream infection (CLABSI) prevention, and catheter-associated urinary tract infection (CAUTI) prevention, but also found important gaps were present in all domains.

"Lack of competency-based training programs and failure to perform audits and feedback appear to be recurrent themes in several domains," said Margaret Drake, MT(ASCP), DHHS, ICAP, lead study author. "These challenges are not unique to the facilities we visited. CAHs across the country face similar issues."

A team of certified IPs and public health officials visited each of the participating CAHs. The hospitals participated on a voluntary basis, demonstrating their dedication to improving patient safety. During the visits, the team conducted assessments, audits, and observations focused on injection safety, and prevention of CLABSI and CAUTI. After each visit, IPs received a summary of all infection control gaps along with recommendations for improvement. The team also developed a website for frequently needed resources and tools.

The study team also noted that having trained infection preventionists (IPs), allowing IPs to dedicate more time to infection control activities, and being a larger facility, were factors associated with the presence of certain CDC-recommended infection prevention and control practices in CAHs.

"The results of this study align with national trends that point to the importance of adequate infection prevention staffing and training," said 2018 APIC President Janet Haas, PhD, RN, CIC, FSHEA, FAPIC. "Additional resources are needed to help hospitals, especially small, rural and under-funded hospitals, close the gaps in infection prevention and control and improve patient safety."

Four Tips for Hosting a Drive-Thru Flu Shot Clinic

Since 2009, Decatur County Memorial Hospital (DCMH) has made getting the flu shot easy for the residents of Greensburg, Indiana. The hospital offers popular drive-thru flu shot clinics. Atom Alliance Quality Improvement Advisor Jamsey Thomas interviewed DCMH Infection Prevention Nurse David Pavey to learn how the hospital administers hundreds of vaccines in a three-hour period (4pm – 7pm). Pavey shared tips to help other providers quickly and efficiently vaccinate community members.

Adequate Marketing

Promotion is key. DCMH staff members work with media and stakeholders to promote the event. This includes the local newspaper (***Greensburg Daily News),*** radio station, and the Chamber of Commerce. Pavey said the community expects the drive-thru clinics and plans for them.

Managing Traffic Flow

The hospital is in the center of town and located on the major highway. This makes it well suited to host a drive-thru immunization clinic. Early on the day of the event, hospital maintenance staff and volunteer staff place traffic cones to guide vehicles. They devote half of the parking lot to the event while being cautious to not let traffic back up to the main road. This may cause people to leave before getting their shot. Traffic coordination is very important. Slow-moving lines or poor planning may make people not get vaccinated according to Pavey.

Logistics Details

When a vehicle arrives, hospital staff ask the driver and passenger(s) how many occupants will receive the flu shot. Staff then provides a (1) clipboard, (2) ink pen, (3) a sheet to be completed for each person receiving a shot and a (4) Vaccine Information Statement (VIS).

Hospital staff walk up and down the traffic lines to address questions and collect completed forms. Nurses provide flu shots under the drive-up awning at the primary care center behind the hospital. The U-shaped awning is two-lanes-wide and provides some protection from the elements. The location is next to the primary care center, so staff can bring out cases of vaccine as needed instead of moving heavy refrigerators outside.

Two nurses work in each lane. This allows each nurse to safely handle one side of the vehicle so no nurse has to walk in front of the car. Applying the adhesive bandage can slow down the process. So staff recommends spending a little extra to buy the type of bandages that have pull tabs on the ends. Picking the waxy side off of both sides is a “nightmare” explained Pavey. He also recommends using trash cans with lids to prevent adhesive bandage strips from blowing out with a strong gust of autumn wind.

Continuous Improvement

The hospital team has offered drive-thru flu shot clinics for a number of years. Pavey and the committee of hospital administration and nursing staff meet immediately after the event to debrief and improve the process. The dedicated team learns from each event, which helps improve the process and the experience each year.

Vaping Products That Look Like Juice Boxes and Candy Are Target of Crackdown

By Katie Thomas
May 1, 2018 via *The New York Times*

Federal authorities said on Tuesday they were issuing 13 warning letters to companies that sell vaping products like liquid nicotine in packaging that may appeal to children, including products that resemble juice boxes and candy.

The joint action by the Food and Drug Administration and the Federal Trade Commission is the latest step by the federal government to crack down on the vaping industry, particularly on devices that are popular with teenagers.

Last week, F.D.A. officials said they had started an undercover sting operation targeting retailers that sell the popular Juul products to minors and had asked the maker, Juul Labs, to turn over documents related to marketing practices and health research.

The action on Tuesday, against a group of manufacturers, distributors and retailers, focused on products that the agencies said were aimed at underage users or could be accidentally ingested by children. The products, sold through multiple online retailers, have names like One Mad Hit Juice Box, sold by NEwhere Inc., and Vape Heads Sour Smurf Sauce, sold by Lifted Liquids, which look like Warheads candy.

One product, the Twirly Pop, sold by Omnia E-Liquid, also came with a real lollipop, federal officials said. Some of the companies also sold products to minors. Federal officials said even if the products were not sold to minors, a child could be mistakenly poisoned because the packaging so closely resembled food and candy.

“The images are alarming, and it’s easy to see how a child could confuse these e-liquid products for something they believe they’ve consumed before,” Dr. Scott Gottlieb, the F.D.A. commissioner, said in a telephone call with reporters on Tuesday.

Child poisonings from ingesting liquid nicotine have recently increased. Such poisonings can be deadly and can cause seizures, comas and respiratory arrest. There is no evidence the products under scrutiny this week caused any child deaths, officials said.

Nevertheless, “it takes a very small amount of these e-liquids, in some cases less than half a teaspoon, to be at the low end of what could be a fatal effect for a kid, and even less than that to make them very, very sick,” said Mitch Zeller, the director of the F.D.A.’s Center for Tobacco Products.

Some of the products even smelled like the food they were imitating, said Maureen K. Ohlhausen, the acting chairwoman of the F.T.C. The apple juice product came in a cardboard box, with the corners sealed and folded over just like the shelf-stable boxes sold in supermarkets, according to the warning letter. It also smelled like apple juice, even without opening the package.

“These companies are marketing their e-liquids in a manner that the product particularly appealing to young children,” she said.

Nick Warrender, the owner of Lifted Liquids, said he removed the Vape Heads product from his inventory and redesigned the packaging about six months ago to address officials’ concerns over marketing such products. “It was something we already saw as a problem,” he said.

He said that the products were never marketed to children, but were designed to appeal to adults’ nostalgia. “Our goal is complete compliance with the F.D.A. and the F.T.C.,” he said, but added that he also wanted to create products that will be attractive to consumers.

“Our goal is also to provide products that are going to give adult smokers the ability to get away from cigarettes and also something they are going to enjoy.”

Mr. Warrender said his products are sold in childproof packaging and that any online sales go through a rigorous vetting system.

Jameson Rodgers, vice president of business development at NEwhere, Inc., said the company stopped manufacturing and shipping the apple juice product months ago, after deciding in early 2017 that it was “a way to be proactively responsible.” Mr. Rodgers said that it was possible some retailers were continuing to sell remaining inventory of the product even though his company had stopped making or shipping it.

Other companies could not be reached immediately for comment. F.D.A. officials said all of the companies sent warning letters on Tuesday had recently sold the products.

Last summer, Dr. Gottlieb issued a reprieve to manufacturers of electronic cigarettes by delaying regulations that could have removed many of their products from the market, while at the same time announcing an initiative that will push tobacco cigarette makers to reduce the levels of nicotine in their products.

Dr. Gottlieb said the action on Tuesday, as well as the crackdown last week on the Juul products, were part of a longer-term campaign aimed at reducing the use of vaping products by minors.

While he said there is value in encouraging the development of alternatives that could lure smokers away from harmful cigarettes, public health officials needed to be vigilant about not addicting a new generation of young people to vaping products.

“These are just the initial steps in what is going to be a sustained campaign,” Dr. Gottlieb said. “There are bad actors out there.”

GAO Finds Most 340B Hospitals Are Rural, Critical Access

by Tony Abraham
July 19, 2018 via *Healthcare Dive*

Dive Brief:

- The Government Accountability Office found the number of hospitals participating in the 340B drug pricing program increased by more than 60% from 2011 to 2016, from 1,465 facilities to 2,399. Of those hospitals, 45% are general acute care hospitals and 45% are critical access hospitals, the latter of which became eligible for the program in 2010.
- Hospitals that participate are generally smaller and often teaching hospitals. Additionally, 62% of all 340B hospitals are rural, while 38% are urban. Of those rural hospitals, a whopping 93% are critical access. As for ownership, only 1% of 340B hospitals are proprietary, while 67% are nonprofit and 32% are government-owned.
- While the amount of charity and uncompensated care was higher among 340B general acute care hospitals, GAO found 340B critical access hospitals provided less uncompensated care than those not in the program.

Dive Insight:

The report comes after the news earlier this week that the U.S. Court of Appeals for the D.C. Circuit denied the American Hospital Association's lawsuit against HHS for $1.6 billion in cuts made to the 340B drug pricing program beginning this year.

Proponents of 340B cuts have questioned whether participating hospitals in states that expanded Medicaid under the Affordable Care Act may be providing less charity care and uncompensated care due to increased coverage.

GAO found that, from 2012 to 2016, hospital participation in the 340B Program among 340B general acute care hospitals increased in Medicaid expansion states, but not in non-expansion states.
However, the report notes, this "may be explained in part by an increase in the number of hospitals in expansion states that met the minimum Medicare DSH (disproportionate share hospitals) adjustment percentage required for 340B participation, as it identifies hospitals that treat a disproportionate number of low-income Medicare and Medicaid inpatients."

The Trump administration's drug pricing blueprint suggests the 340B program has led drug manufacturers to hike the prices of their products. 340B Health responded by saying there is "no evidence" this is the case. The organization of hospitals taking part in the program also emphasized the importance to rural hospitals.

"This is about survival for many of our hospitals," Rep. Peter Welch, D-Vt., said during a recent congressional hearing. "Local hospitals not only provide healthcare, but they're the center of life in many of our communities," he said. "We've got to make them successful."

Welch added that if the 14 Vermont hospitals that participate lost the 340B program, "it'd be the difference between black ink and red ink."

Beacon Expands to Deliver Convenient Access

New Granger Hospital Planned; Bremen Hospital to Join Beacon

Beacon Health System announced on May 8, 2018, plans to break ground on a hospital with an emergency department on Beacon Parkway in Granger, across from Beacon Health & Fitness. At the same time, Beacon will welcome Community Hospital of Bremen to the health system, pending final approvals.

By expanding its geographic footprint, Beacon will make it more convenient for patients in eastern St. Joseph County, southern Michigan and Marshall County to access Beacon's network of primary and specialty care physicians and providers.

"Patients want the very best medical care close to home," said Kreg Gruber, Beacon's chief executive officer of six months. "As we prepare for the future of health care, we want to be easily accessible in our physical locations, as well as virtually, so patients can connect with clinical experts and providers when and where they require medical care."

Beacon Granger Hospital, designed as a one-story building with 32,800 square feet, will be located immediately off the Indiana Toll Road's Mishawaka entrance and exit, across from Beacon Health & Fitness on the north side of Beacon Parkway. The hospital will contain a full emergency department with 11 beds and sophisticated imaging and diagnostic equipment to quickly diagnose patients.

While the majority of patients will be treated and released -- avoiding hospitalization and following up in a more cost-effective office setting -- Beacon Granger will also contain eight inpatient beds. Ground will be broken on the $25.8 million hospital this summer and Beacon Granger is projected to open in the summer of 2019.

Community Hospital of Bremen, a 24-bed Critical Access Hospital serving Bremen and the surrounding communities, is expected to join Beacon this spring. The hospital contains a full emergency department, diagnostic imaging and lab, surgery, medical/surgical unit, obstetrics, sleep lab, physical therapy and occupational health. The teams at Beacon and Community Hospital of Bremen already have a good working relationship, including the transfer of acute patients to Beacon's Memorial Hospital.

"This really was a natural fit for us, and absolutely the best option for patients," said David Bailey, chief executive officer of Community Hospital of Bremen. "As part of Beacon Health System, our community will have even greater access to convenient, high-quality health care."

"When patients require advanced care, the clinical team at the receiving location will prepare for their arrival," said Dr. Gerry Duprat, Memorial's physician chair of the Heart, Vascular and Stroke Care Network and interventional radiology medical director. "Having specialists involved *before* the patient arrives gives us the ability to improve clinical outcomes."

This geographic expansion will allow a larger part of our community to have access to 1,100 Beacon physicians and providers. Beacon has a full complement of clinical expertise in trauma, orthopedics, heart, vascular and cancer care. Beacon is also a member of the Mayo Clinic Care Network, connecting our physicians with world-class Mayo expertise close to home.

AVOID

ANTI-VAPING ONLINE INFORMATION DISSEMINATION

Your organization strives to keep kids healthy. AVOID can help you talk about the risks of vaping.

Sign up now for EARLY access to AVOID, a video-based vaping prevention toolkit at www.avoidvapes.com.

AVOID was funded by the federal government because of rising rates of youth vaping and the potential long-term health risks of vapes. KDH Research & Communication, a firm in Atlanta that specializes in developing highly effective and resonant drug abuse prevention materials, developed AVOID. We collaborated with scientists and youth-serving organizations like yours to ensure the information in AVOID is accurate and engaging for teens.

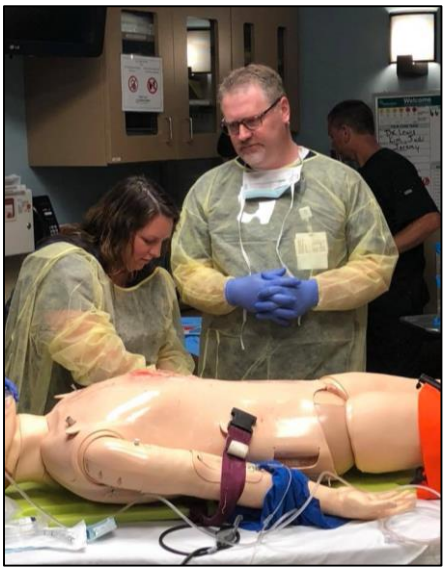
To learn more about AVOID, visit **www.avoidvapes.com** and follow up on Facebook at **www.facebook.com/avoidvapes**. Contact me with any questions or comments.

KDH RESEARCH & COMMUNICATION

Greene County General Hospital Participates in Trauma Simulation Training

Greene County General Hospital participated in a trauma simulation training on June 7, 2018 under the leadership of GCGH's Medical Director of Emergency Services, Dr. Michael Gamble. The simulation, conducted by the Rural Health Innovation Collaborative, trained the Emergency Services staff to handle severe medical trauma events.

Greene County General Hospital's CEO, Brenda Reetz, was thrilled to support and host the simulation training. "We are happy to support the experience and training this simulation provides our employees so that we can ensure that we are ready when our community needs us" says Reetz.



GCGH Emergency Training Photo: Dr. Michael Gamble

The simulation training, organized by GCGH's Director of Clinical Education, Lisa Rupska and Laura Livingston, from the RHIC, was made possible by a grant from the West Central Indiana Area Health Education Center. The AHEC represents individuals from under-represented minority and disadvantaged rural and medically underserved backgrounds in health professions, particularly primary care. The simulation, which included a mock gunshot wound victim, took place throughout the day in GCGH's Emergency and Medical/Surgical Departments.

Following the morning training session, GCGH hosted a Lunch and Learn, The Opiate Crisis and Stigma, at the Linton First Christian Church. The lunch included keynote speaker, Dr. Randy Stevens. Dr. Stevens is a renowned Family Medicine and Occupational Health and Addictions Specialist from Terre Haute, IN.

340B Showdown: Big Pharma, Hospitals Squaring Off in Lobbying Fight

by Susannah Luthi
July 21, 2018 via *Modern Healthcare*

In Washington, congressional aides waiting for the bus to take them to Capitol Hill stand by signs that picture a unicorn and ask: "What's rarer than a unicorn? A lifesaving program that costs taxpayers nothing. Congress please: Let340B.org."

A visit to the Let340B.org website, paid for by the AIDS Health Foundation in California, finds patient stories and the office phone numbers of lawmakers on the Senate Health, Education, Labor and Pensions Committee, where serious talks over whether the program needs an overhaul started a few months ago.

However substantial movement on viable solutions for fixing the beleaguered 340B program, which was designed by Congress in 1992 to help the poor, has largely been thwarted by an escalating lobbying war between entrenched parts of the healthcare industry. Its hospitals vs. Big Pharma, with groups like the AIDS Health Foundation—led by vocal pharma critic Michael Weinstein—adding their voices to the mix.

While hospitals and drugmakers have been at odds over the program's scope and reach for years, the war intensified late last year when the Trump administration proposed an across-the-board cut to Medicare Part B payments. That cut went into effect in January.

Since then, legal and political setbacks have piled up for hospitals in each of the three branches of government. And it remains unclear whether their hard-line stance against any negotiation—which they say would inevitably lead to cuts to the program—will work in the long term on Capitol Hill.

In the Senate, especially, the strategy has helped check lawmakers. Although the Senate health committee held two hearings in the past several months to explore whether Congress should write 340B regulation into law, Chairman Lamar Alexander (R-Tenn.) has declined to speculate when or if the panel will produce any new policies. Senate aides close to talks blamed hospitals for the hesitation, noting that the lobbying pressure on lawmakers is hampering any real chance for new action in the upper chamber.

In the House, though, lawmakers have pushed through the blockade. After months of backroom talks, the Energy and Commerce Committee earlier this month held a hearing on a packet of bills, several of which would drastically reduce 340B income for certain hospitals. These measures included a bill to tie the discount to a hospital's uninsured patients (with a carve-out for certain providers like rural, critical-access and vulnerable disproportionate-share hospitals); a bill to beef up auditing requirements; and even a potential mandate for some 340B providers to pass on all savings from the discounts to their low-income patients.

One hospital lobbyist likened these bills as a way to get hospitals to the table by serving them up on the menu. Rep. Chris Collins (R-N.Y.), a longtime proponent for 340B overhaul, said he is seeing a slight change in how hospitals are approaching talks. “I think they realize something's coming, and you'll either be at the table or not,” he told Modern Healthcare last week.

Meanwhile, both chambers are working against a backdrop of two major complicating factors: the upcoming midterm elections and the stalemate over the hospital lawsuit against HHS to block the Medicare Part B cuts.

Big Pharma lobbyists are hoping that more lawmakers will come on board with program changes once the midterms are over. Hospital lobbyists also say the conversation could change depending on how Congress looks post-election.

Meanwhile, hospitals continue to fight the HHS cuts in the courts. They suffered a setback on July 17 when a federal appellate court dismissed the complaint on technical grounds. Since there was no ruling on the merits of the case, industry groups, led by the American Hospital Association, will refile the lawsuit in hopes of getting a binding decision by the end of this year. But the delay in a substantive ruling adds to the 340B gridlock because a resolution would substantially change the hospitals' stakes and leverage in any legislative negotiations.

Through all these complications, hospitals are defending their strategy—arguing that Congress is essentially calling them to the table to concede benefits that Congress created to begin with.

“What's very frustrating is that this is a program set up for safety-net hospitals,” one industry lobbyist said. “There's not much that's a bright line in the statutory arena, but the one thing that is, is that these hospitals need to serve a certain proportion of low-income patients to become part of the program. That is clear.”

Congress also created the expansion that some lawmakers now say created too wide of an opening to qualify for the drugmaker discount. The latest expansion to rural, critical access, free-standing cancer hospitals and children's hospitals was approved with the ACA.

Hospitals also decry what they see as a misunderstanding, namely how the program is financed. “We're not talking about taxpayer dollars flowing from government coffers to hospitals,” the lobbyist said. “It is a discount pharmaceutical companies agreed to 25 years ago.”

Legislative aides who are part of the overhaul effort say the hospitals are offering them nothing substantial in negotiations. The providers have said any transparency requirements should be matched with transparency requirements for the drugmakers, but the aides say this is a false equivalency because manufacturers are only required to provide the discount, whereas hospitals are the ones responsible for spending the substantial savings.

On the other side, hospital lobbyists say they don't know the goal of any negotiations beyond reducing program dollars, which they will not agree to. They also don't think they should be required to report how they spend nongovernment money to the government. “What's next?” one hospital lobbyist said. “Do we have to report sales of flowers and balloons in the gift shop?”

Still, Rep. David McKinley (R-W.Va.), who has emerged as a champion for hospitals among the House Energy and Commerce GOP, thinks compromise is possible even if it has to wait until after the election. McKinley introduced a bill to forestall the Medicare Part B cuts in December 2017 and secured more than 200 co-

sponsors from both parties. Stopping the cuts remains his top priority should hospitals lose in the courts. He said the West Virginia University hospital system in his district will lose $10 million this year alone from the cuts. But he also wants all sides to get together and work out a compromise because otherwise the conflict will only worsen.

“Not just hospitals. I want the pharmaceutical companies to come to the table,” McKinley said. “Let's get everybody together that needs to come, and let's come up with a solution. There's a compromise. Right now I think there is too much posturing, watching the outcome of the elections maybe, but we need to come to the table because every day hospitals are losing money.”

McKinley is optimistic: “I don't know on what grounds other than instinct,” he said—but he is facing the problem of the fiercely partisan politics that consumes D.C.

House Democrats are largely united around keeping the status quo, and Rep. Doris Matsui (D-Calif.) has even released hospital-backed legislation that would codify current regulatory guidance.

At least one Democrat has seen the consequences of bucking his party's stance. Rep. Scott Peters (D-Calif.), who joined Rep. Larry Bucshon (R-Ind.) on a transparency measure for hospitals, took a beating in his district with a massive billboard campaign and office protests organized by the AIDS Health Foundation—which is also funding the unicorn metro ad campaign in Washington.

On the other side of the equation, drugmakers face their own strategy quagmire. They are happy with the progress made on the policy front both in the Senate and House committees, particularly since their push began only a year ago.

But the Trump administration's role is adding another factor: HHS Secretary Alex Azar is tying 340B changes to its strategy to reduce rising drug prices.

The administration surprised pharmaceutical companies with favorable proposals they hadn't even lobbied for. Azar this month pitched House Energy and Commerce GOP lawmakers on a plan to slash 340B money to providers by setting a 20% discount for drugmakers in the program. That's substantially lower than the typical 40% to 60% discount.

A drug industry lobbyist told Modern Healthcare the pharmaceutical industry hasn't asked for that change, which “took everyone by surprise.”

According to sources in the meeting, the idea received pushback. Collins told Azar that rural, critical-access and other hospitals would have to be carved out.

Hospitals will also be keeping an eye on the administration, especially if it bolsters their case in the courts.

“Before they have another chance for rulemaking, the (lawsuit) will be pending again,” AHA General Counsel Melinda Hatton said. “It may influence what they will do. To the extent that they are exceeding the authority as they have done (in the Medicare Part B case), it gives more fodder to the court to show 340B overreach.”

And the administration's moves, as they raise hackles on Capitol Hill, could also impact policy talks.

McKinley for instance, who has been in frequent contact with HHS and CMS officials over the 340B cuts but who has not yet met with Azar, was clear in his position: “I'm at odds with the administration right now,” he said. “It is what it is. I'm not blinking.”

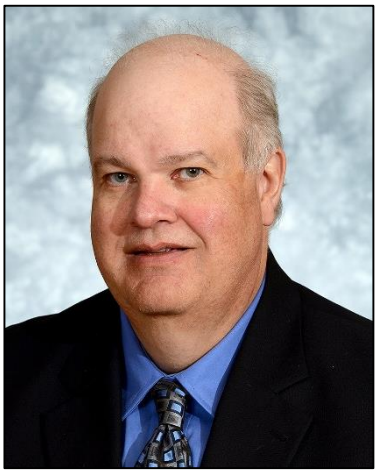
What’s Happening at IU Health Jay

The IU Health Jay Wound Clinic provides treatment of acute and chronic non-healing wounds. The nursing team is Wound Care Certified through the National Alliance of Wound Care, a nationally recognized Wound Care training program.

- Physician-referred outpatient clinic
- Pre-certifications for insurance purposes completed by clinic team
- Patients contacted by clinic team to set-up appointments

- Wound assessed by Certified Nurse
- Orders obtained from provider for dressing procedure to be utilized
- Wound Clinic Medical Director available for consultation

The Wound Clinic will also assist in setting patients up with a durable medical equipment (DME) company to order home supplies. This allows the patient or family member to change the dressings at home and decrease the need to travel to the clinic for dressing changes.



Wound Clinic Medical Director
Dr. David Bohrer

The Wound Clinic is located on the 2nd floor of the IU Health Jay Hospital and will operate Monday - Friday 8am-4:30pm.

Dave Hyatt recently was named Critical Access Hospital President in the East Central Region for Indiana University Health effective May 14.

Critical access hospitals serve an important role, particularly in Indiana to maintain access to high quality healthcare in rural areas. They also present a unique set of challenges and opportunities in the ever-changing healthcare landscape. As such, Dave will serve as a central leader for both IU Health Jay and IU Health Blackford Hospitals.

IU Health Jay is a 25-bed critical access hospital in Portland, Indiana, with an additional 10 behavioral health beds providing inpatient and OB care, surgical services and several medical specialties. IU Health Blackford is a 15-bed hospital located in Hartford City, Indiana, offering surgical services, radiology services and several medical specialties.

Dave joined IU Health in 2007, serving in leadership roles at IU Health LaPorte Hospital and IU Health Starke Hospital before he was named President at IU Health Jay in 2013. He is a graduate of Indiana University – Bloomington with a degree in Public Health and also earned his Masters of Health Administration from Indiana University – Indianapolis. He is active on many boards in the Portland area.

You can also keep up with Dave on Twitter by following him @IUHealthDave.

IRHA's Leadership Seminar and Rural Health Clinic Workshop
August 23, 2018

Registration is open for attendees and exhibitors

WestGate Academy
13598 East WestGate Drive
Odon, Indiana

Registration link for attendees - **click here**

Registration link for exhibitors - click here

View full agenda - click here

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Each attendee is asked to bring 2 "healthy" non-perishable food items (low sodium, fruit "packed in its natural juice," peanut butter, pasta, etc.) to combat food insecurity in rural areas.
Indiana's State Association of Food Banks (Feeding Indiana's Hungry) will assist with placing and picking up barrels at each IRHA event.

Joint Commission Will Require Hospitals to Use Distinct ID Tools For Newborns

by Megan Knowles
June 28, 2018 via *Becker's Hospital Review*

To avoid misidentifying newborns after delivery, the Joint Commission will require hospitals to use distinct naming systems and identification tools for newborn patients, effective January 1.

The Joint Commission developed the newborn identification requirement for all accredited hospitals and critical access hospitals as part of one of the organization's national patient safety goals.

The goal requires hospitals to "use at least two patient identifiers when providing care, treatment and services."

The organization provided several examples of identification methods for newborn patients, including:

- Distinct naming systems using the mother's first and last names and the newborn's gender ("Smith, Judy Girl" or "Smith, Judy Girl A" and "Smith, Judy Girl B" for multiples).
- Standardized practices for identification banding (two body-site identification and barcoding).
- Establishing identification-specific communication tools among staff (visually alerting staff with signage noting newborns with similar names).

The Joint Commission also released a new report to help hospitals comply with the requirement.