

Spring 2015



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Adams Heritage Receives 5-Star Honors from U.S. News & World Report

Adams Heritage received a five star rating from the federal Centers for Medicare & Medicaid Services for their overall State performance in health inspections, nurse staffing and quality of medical care. Adams Heritage is located in Monroeville, Indiana at 12011 Whittern Road and is a member of Adams Health Network. Only 22 percent of the 528 Nursing Home Facilities in Indiana earned an overall five-star rating, which makes Adams Heritage one of the area's best nursing homes.

The Center for Medicare and Medicaid Services (CMS) base their **health inspections rating** on the three most recent comprehensive inspections. CMS places more emphasis on the most recent inspections, and these inspections are conducted annually. CMS bases the **nursing staffing rating** category on two measures: Registered Nurses hours per resident day and total staffing hours per resident day. Total staffing includes Registered Nurses, Licensed Practical Nurses and Certified Nurse Aids. Finally, under the **quality measures rating**, CMS combines the values on nine quality measures to create the quality measure rating. Quality measures are derived from clinical data reported by the Nursing Home.

Bill Watson, Director of long-term and independent care at Adams Health Network reported that Adams Heritage improved significantly based on the five-star rating recorded by the federal government. Watson said the data is updated every quarter and that improvement came from an emphasis to improve State health inspections and quality of care for residents.

Maria Diaz, the Administrator of Adams Heritage stated she is very proud of the hard work and excellence the Adams Heritage staff has achieved. Diaz also stated, "We definitely have a team effort here at Adams Heritage. The residents are our family and we take pride in doing the best for our residents." Diaz said Adams Heritage will continue to serve the residents and their families to continue this level of excellence. For more information about Adams Heritage, go to www.adamsheritage.org.

Adams Heritage Administrator Honored



Adams Heritage Administrator Maria Diaz was recently honored by the American College of Health Care Administrators as the "new administrator of the year" for the state of Indiana. To be eligible for this award, an administrator must have been on the job for three years or less. Diaz has been praised by officials for the work being done at Adams Heritage, which is a Division of Adams Health Network. Adams Heritage offers both short-term rehabilitation (skilled) care as well as long-term care at 12011 Whittern Road in Monroeville, Indiana 46773.

Adams Health Network also includes [Adams Memorial Hospital](#) in Decatur, Adams Evergreen Assisted Living in Decatur, and Adams Woodcrest Retirement Community in Decatur. Bill Watson, Director of Long-Term Care Services at Adams Health Network stated, "Maria has done a tremendous

job for us at Adams Heritage and has had a quick grasp of the issues facing nursing homes in the state. This is a very well deserved honor for her.”

Carbapenem-resistant Enterobacteriaceae (CRE) in Healthcare Settings*

CRE, which stands for carbapenem-resistant Enterobacteriaceae, are a family of germs that are difficult to treat because they have high levels of resistance to antibiotics. Klebsiella species and Escherichia coli (E. coli) are examples of Enterobacteriaceae, a normal part of the human gut bacteria that can become carbapenem-resistant. Types of CRE are sometimes known as KPC (Klebsiella pneumoniae carbapenemase) and NDM (New Delhi Metallo-beta-lactamase). KPC and NDM are enzymes that break down carbapenems and make them ineffective. Both of these enzymes, as well as the enzyme VIM (Verona Integron-Mediated Metallo-β-lactamase) have also been reported in Pseudomonas.

Healthy people usually do not get CRE infections – they usually happen to patients in hospitals, nursing homes, and other healthcare settings. Patients whose care requires devices like ventilators (breathing machines), urinary (bladder) catheters, or intravenous (vein) catheters, and patients who are taking long courses of certain antibiotics are most at risk for CRE infections.

Some CRE bacteria have become resistant to most available antibiotics. Infections with these germs are very difficult to treat, and can be deadly—one report cites they can contribute to death in up to 50% of patients who become infected.

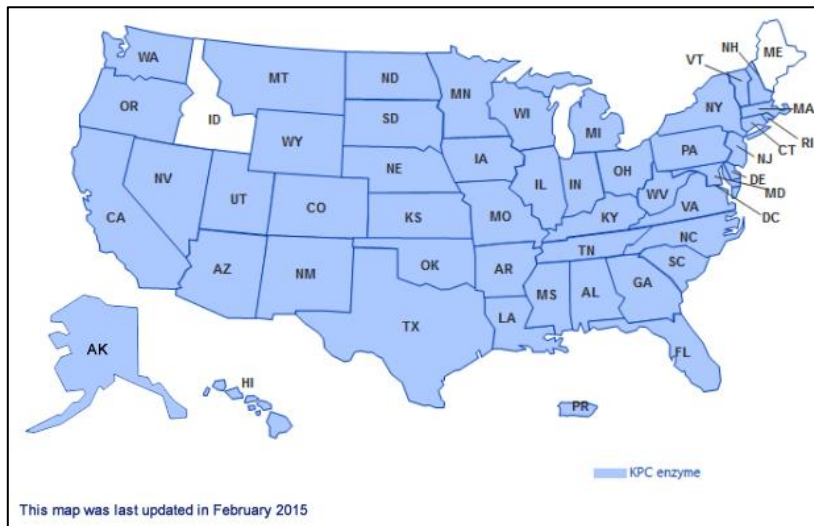
Facilities/Settings

Due to the movement of patients throughout the healthcare system, if CRE are a problem in one facility, then typically they are a problem in other facilities in the region as well. Regional approaches to controlling these organisms are important especially when they first are recognized in a region.

Health Care Facilities Should:

- Require and strictly enforce CDC guidance for CRE detection, prevention, tracking, and reporting
- Make sure their lab can accurately identify CRE
- Promote antimicrobial stewardship
- Recognize these organisms as important to patient safety
- Understand their prevalence in the facility and in the region
- Identify colonized and infected patients in the facility and ensure precautions are implemented
- When transferring a patient, require staff to notify the other facility about infections, including CRE.
- Participate in regional and facility-based prevention efforts designed to stop the transmission of these organisms
- Notify health departments of outbreaks

Below is a map showing states with carbapenemase-producing CRE confirmed by CDC.



*This information was extracted from the CDC website, www.cdc.gov/HAI/organisms/cre/

Greene County General Hospital Partners with Lugar Center to Distribute Emergency Equipment to Local Organizations

Congressman Larry Bucshon Presents Devices

During a heart attack, every second counts. Victims can be given life-saving time through the use of automated external defibrillators (AEDs), devices that are now accessible in 14 new locations throughout Greene County. With high cardiac death rates, Greene County was targeted as a priority for the AEDs, which were funded through a federal grant project.



Union Hospital's Richard G. Lugar Center for Rural Health partnered with [Greene County General Hospital](#) to distribute these AEDs to various Greene County organizations on Monday, April 6, in the hospital's cafeteria. Congressman Larry Bucshon (IN-8), a cardiothoracic surgeon, presented the devices, which were funded through the federal Rural Access to Emergency Devices (RAED) Grant through the US Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA). Now in the second of three years, this grant was one of only 10 presented across the country and could potentially bring more than \$400,000 to the Wabash Valley region.



"As a heart surgeon, I've seen firsthand how access to AEDs can help save lives," said Rep. Bucshon, M.D. "These devices are critical for rural communities and their ability to respond during a heart attack crisis. I was proud to be a part of the distribution ceremony in Vermillion County last year and I'm excited to participate in the ceremonies today in Greene and Sullivan Counties. Big thanks to the Richard G. Lugar Center for Rural Health and everyone involved for their dedication to strengthening our communities."

In addition to placing the AEDs, the grant project allows for free training sessions to be offered by certified American Heart Association (AHA) instructors. All of the training sessions include the instruction of cardiopulmonary resuscitation (CPR) and AED use.

"AEDs are wonderful, life-saving devices," said Brenda Reetz, CEO of Greene County General Hospital, "but they do no one any good if they stay on a shelf during an emergency. The training that goes along with this equipment is equally important. Not only is Greene County receiving the equipment, our people are receiving the education to use them to save lives and buy our first responders precious moments to get patients into our facility where they can be thoroughly treated."

An AED is a small portable device that delivers an electric shock through the chest to the heart. The shock can correct the heart rhythm in a person who is having a heart attack. According to the American Heart

Association, “a victim’s chance of surviving drops by 7-10 percent for every minute that the normal heart beat isn’t restored.”

Fourteen organizations in Greene County will receive a total of 14 AEDs including the Red Bird State Recreation Area; Open Arms Family and Educational Services; Newberry Volunteer Fire Department, Inc.; Goose Pond Fish and Wildlife Area; Cine, LP; Greene County Community Building; Owensburg/Jackson Township Fire Department; Shakamak Medical Center; Shakamak School; Eastern Fire Department; City of Linton Fire Department; Center Township Volunteer Fire Department; Richland Township Fire and Rescue; and the Greene County Courthouse. Several of the devices will be located in the vehicles of first responders, better equipping them to treat heart attack patients.

Greene County organizations that are interested in hosting a community CPR/AED training event or would like additional information regarding the project can contact Jackie Mathis, jmmathis@uhhg.org, at Union Hospital’s Richard G. Lugar for Rural Health. This project is supported by grant number H3DRH26506 from the Office of Rural Health Policy, Health Resources and Services Administration, DHHS.

Balanced Pain Management Treatment Coming to Community



[Putnam County Hospital](#) will soon open a balanced pain management center at the Putnam County Hospital Surgery Center and Outpatient Clinic area inside the hospital. Putnam County Pain Management Center will diagnose acute and chronic pain and create individualized treatment plans for patients based on a number of considerations, including the cause and level of pain.

Diagnoses treated at the center include neck and back pain, headaches, fibromyalgia, chronic pelvic pain, Complex Regional Pain Syndrome (CRPS), nerve damage, as well as pain associated with arthritis, muscle spasms and shingles.

The center will be staffed by Danielle Turnak, MD, a highly trained pain management specialist. Dr. Turnak completed her anesthesiology residency and pain medicine fellowship at Indiana University Medical Center in Indianapolis, Ind. She is also board certified in both anesthesiology and pain medicine. Dr. Turnak has been treating patients for pain in Central Indiana for over 15 years.

Putnam County Pain Management Center is committed to patients for the life of their pain and compliance with their care plan. The center establishes an agreement with the patient that holds him or her accountable to the use of only one pharmacy, one prescribing physician, keeping medications safe from loss or theft, pill counts and urine drug testing.

“People who have acute or chronic pain that is preventing them from living their normal life may be a good candidate for this program,” says Dr. Turnak. “We offer some of the most advanced treatments available today for pain management. These treatments are more tolerable and less invasive than in the past,” he adds.

“There is a significant need for this type of service in our community,” says Dennis Weatherford, CEO of Putnam County Hospital. “We are very pleased to provide local, safe and effective pain treatment to patients and their primary care physicians. The last thing these patients need is to travel long distances for treatment when they’re already in pain.”

After-hours clinic opening April 20th inside Putnam County Hospital

Putnam Prompt Care, an acute after-hours clinic located inside Putnam County Hospital, is excited to begin seeing patients on Monday, April 20, 2015.



**Putnam County
Hospital**

Putnam Prompt Care will be open seven days a week, Monday through Friday, 5 p.m. to 9 p.m., Saturday, 10 a.m. to 5 p.m. and Sunday, noon to 5 p.m. No appointment will be necessary for the after-hours clinic, where board certified family nurse practitioners and physician assistants will provide care. While receiving care at Putnam Prompt

Care will be typically less expensive and quicker than a trip to the Emergency Department, patients will have the same access to the hospital's state-of-the-art technology, such as laboratory and x-ray services, if need be.

Putnam Prompt Care is proud to offer high-quality, low-cost option to the Emergency Department for treating minor illnesses and injuries to adults and children over 2 months of age. Below are general guidelines to help differentiate when to receive care from Putnam Prompt Care, and when a visit to the Emergency Department is in your best interest:

Putnam Prompt Care

Cough/Cold/Flu
Sinus infection
Sore throat
Earache/ear wax impaction
Seasonal allergies/mild asthma
Pink eye/Mild eye complaints
Minor cut closure (durabond, numbing)
Bladder infections
Minor burns/sunburns
Skin infections/rashes/bug bites
Diarrhea/nausea/vomiting
Minor abdominal complaints
Simple foreign body removal
Sprains and strains
Acute gynecological exam

Putnam County Hospital Emergency Department

Life threatening emergencies
Chest pain
Difficulty breathing
Obvious fractures
Severe bleeding
Pregnancy complications
Mental status change/stroke symptoms
Dizziness
Severe abdominal pain
Severe headache
Severe lacerations/amputations
Pain exacerbations

Putnam Prompt Care will accept most insurance plans. Please ask the receptionist to check on your specific plan. Co-pays will apply. Cash, check and credit card payments will all be accepted. For more information on Putnam Prompt Care, please visit www.pchosp.org or call 765.655.2686.

HIP 2.0: 127,000 Hoosiers Approved

The new Healthy Indiana Plan 2.0 fills the gap between Hoosier Healthwise and Marketplace Plans, as of February 2015. By April, 127,000 people were approved for HIP 2.0. The new plan provides coverage for qualified low-income Hoosiers ages 19 to 64, who are interested in participating in a low-cost, consumer-driven health care program. Individuals with incomes of up to \$16,436 annually, \$22,246 for a couple or \$33,865 for a family of four, are generally eligible to participate in the Healthy Indiana Plan. Looking for details? There are several slide presentations on www.HIP.in.gov, and on the left border under HELPFUL TOOLS, you will find great resources for distribution, .e.g. Free HIP brochures, charts, side by side comparison of plans, etc.



The new HIP 2.0 provides choices for members: copayments for *HIP Basic* or monthly contributions to their POWER Account for *HIP Plus*, with no copays, except for inappropriate ED use. Advantages to the *HIP Plus* is coverage for dental, vision and knowing what their out of pocket costs will be, usually 2% of their monthly income. Monthly contributions accumulate and can be rolled over to the next year if they are not used. If no income is reported, the monthly contribution is only \$1 / month, i.e. the minimum contribution.

What if *HIP Plus* Members miss a payment? If they do not make their POWER Account contributions and have incomes less than the federal poverty level (FPL), they will be transitioned to *HIP Basic*. Be aware that *HIP Plus* members with incomes greater than the FPL, will be locked out for 6 months for missed payments. A nonprofit can assist with a monthly payment if a member cannot make it to mitigate their loss of coverage.

What are the Navigators learning this year? Many rural residents benefit from the HIP 2.0, e.g. part time employees without benefits, part time ministers, temp agency workers, self-employed service workers, etc. New applicants express relief and appreciation to be covered. Most indicate they are interested in the [dental](#) and vision coverage.

The new online HIP 2.0 application asks applicants to **select a provider and a plan**, e.g. Anthem, MDwise or MHS. Unfortunately, many cannot name a family provider. To help residents select an MCE, it would be helpful if primary care practices and hospitals would select a means of communicating which MCEs and Marketplace plans are in their networks. Sometimes this includes ensuring that the person who answers the phone can provide this information.

Traditional strategies for providing access to care for the uninsured are charity care and free clinics. Possibly it is time to reevaluate whether to focus more on onsite enrollment assistance and recruitment of new providers from Indiana's fine medical schools for Primary Care Doctors, Doctors of Osteopathy Nurse Practitioners and Physician Assistants.

LEAN Training Sessions

Many of you may be familiar with the term LEAN or LEAN Healthcare. Some of you may have participated in past IRHA Lean or Six Sigma educational opportunities. IRHA is pleased to bring you additional LEAN training opportunities via our Lunch and Learn series.

IRHA is hosting a series of LEAN training sessions. Each session will last approximately 1 hour and will be available via a live interactive WebEx session. The individual sessions and titles are listed below. For additional information on the IRHA Lunch and Learn offerings, check out the events page of our website at: <http://www.indianaruralhealth.org/events/main-events-listen/>

May 19, 2015

[Lunch & Learn LEAN Training - "5S: Establish Workspaces Design for Smoother Patient Care"](#)

Date: May 19, 2015

Time: 12:00 pm - 1:00 pm

[More Info](#)

June 23, 2015

[Lunch & Learn LEAN Training - "DOWNTIME: How to See and Eliminate the 8 Forms of Waste"](#)

Date: June 23, 2015

Time: 12:00 pm - 1:00 pm

[More Info](#)

July 21, 2015

[Lunch & Learn LEAN Training - "Lean Daily Management – Spot, Swarm and Share!"](#)

Date: July 21, 2015

Time: 12:00 pm - 1:00 pm

[More Info](#)

If you have any questions regarding these sessions, please contact Ally Orwig at aorwig@indianarha.org or 812-478-3919, ext. 235.