

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

WHA Calendar:

- WHA Board Meeting
Casper 11/19
- Wyoming Business Alliance Meeting
Casper 11/19
- Telehealth Consortium Meeting
Cheyenne 11/24

Other Events:

- Hospital Advisory Group Meeting
Cheyenne 11/17
- ACHE Meeting 12/1
- Labor Committee Meeting
Cheyenne 12/7

Volume 39, Number 43

November 13, 2009

Recession Continues to Impact Hospitals, Delivery of Care

Hospitals across the country continue to struggle with the impacts of the recession, according to an August survey of community hospitals that was conducted by the American Hospital Association.

With unemployment reaching the 10 percent mark for the first time in 25 years, some 60 percent of hospitals reported increasing demand on their emergency departments from uninsured patients.

Fifty percent of hospitals reported an increased need for health clinics, screenings, and outreach programs, even as charitable contributions are down for many hospitals.

The recession has dealt a similar blow to hospital operations as well. Some 70 percent of hospitals reported a decline in overall financial health which will impact their ability to care for their communities.

More specifically, nearly 50 percent of the hospitals reported declining margins, and one-third reported negative total margins. Most are still finding it difficult to access capital.

As a result, nine of 10

hospitals surveyed have made cutback to address the current economic situation.

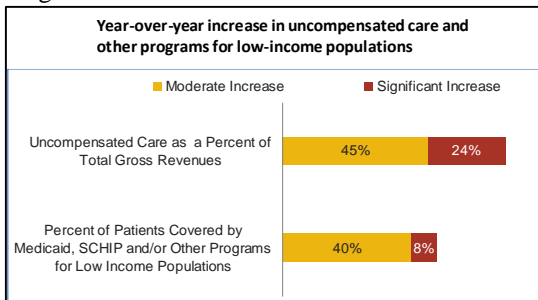
reaches beyond patient care and hospital operations into the health of local economies as well.

Nationally, community hospitals employed more than 5.3 million people, delivered more than 4 million babies, and treated more than 123 million patients in emergency rooms.

In Wyoming, according to a 2009 study, hospitals employed more than 8,900 full-time employees, delivered more than 7,200 babies, and treated more than 229,500 patients in emergency rooms.

The ripple effect of those hospital jobs is dramatic. According to the AHA survey, hospitals spent \$465 million in wages on those 8,900 hospital jobs and those jobs support more than 15,600 additional jobs in Wyoming.

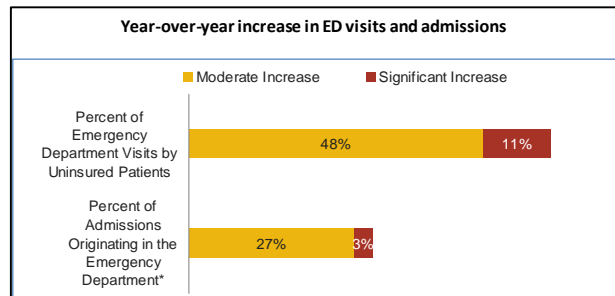
In the end, hospital employment and hospitals' investments in their communities result in a \$1.54 billion impact on the Wyoming economy, according to the AHA survey.



More than half of hospitals surveyed have reduced staff, 80 percent have cut administrative expenses, and 40 percent have trimmed services their communities depend on, such as behavioral health, post acute care, patient education, and other services that require subsidies.

Many Wyoming hospitals have reported taking similar measures to offset declining patient volumes and revenues.

Because of the significant economic role hospitals play in their communities, the effect of the downturn





Don't forget to send us a story about your hospital so we can feature you in our Member Spotlight section!

Wyoming Hospital Association

**2005 Warren Ave.
Cheyenne, WY
82003**

www.wyohospitals.com

307.632.9344

Pressure Ulcer Program Improves Patient Comfort at SMH

An aggressive approach to reducing pressure ulcers at Sheridan Memorial Hospital (SMH) has produced quick results—most notably in improving patient comfort during hospital stays.

Pressure ulcers affect millions of patients around the country. And according to CMS, treating pressure ulcers costs about \$11 billion per year.

During the last six months, SMH has implemented the Pressure Ulcer

Prevention Program to reduce the impact on patients in Sheridan.

Marta Ostler, a certified wound care specialist at SMH, told the Sheridan Press that all admitted patients are assessed, including monitoring of patients' skin, nutrition, mobility, and any history of pressure ulcers.

Nurses, primary care physicians, dietitians, families and surgeons are all involved in preventing pressure ulcers. And so is tech-

nology.

Improved mattresses made of a jelly-like substance help prevent bed sores by reducing the pressure on a patient's body.

According to Lisa Nicholls, a certified wound care specialist at SMH, among patients in the hospital for three days, 20 percent developed a pressure ulcer in September 2008. That figure dropped to 11 percent in March 2009.

Legislative Committee to Set Agenda for 2010 Session

The Wyoming Hospital Association's Legislative Committee begins work later this month on setting the WHA's agenda for the 2010 Budget Session of the Wyoming Legislature.

The committee, comprised of 10 hospital CEOs and WHA staff, is charged with evaluating current and anticipated legislative proposals to determine the WHA's position and strategy on those issues.

Additionally, the committee will evaluate the busi-

ness and regulatory environment to determine whether the WHA should proactively seek legislative action.

Committee members will plan for the upcoming session in the context of current realities and budget session rules: state finances are tight, and non-budget bills require a two-thirds vote of support for introduction.

The 2010 WHA Legislative Committee consists of Eric Boley, CEO of South Lincoln Medical Center, who has been named the

Committee Chairman. Other members are Rod Barton, Powell Valley Healthcare, Steve Perry, Star Valley Medical Center, Tom Nordwick, Memorial Hospital of Converse County, Rick Schroeder, North Big Horn Hospital, Vickie Diamond, Wyoming Medical Center, Bob Morasko, Campbell County Memorial Hospital, Eric McVicker, Platte County Memorial Hospital, Chris Smolik, Riverton Memorial Hospital, and Carol Dozier, Invinson Memorial Hospital.

CMS Selects Vendor for PEP-PEP Reports

The Centers for Medicare and Medicaid Services has chosen TMF Health Quality Institute to prepare the Program for Evaluating Payment Patterns Electronic Reports, known as PEP-PEP.

The reports are used by acute-care and long-term care hospitals to identify

Medicare severity diagnosis-related groups (MS-DRGs) at high risk for payment errors.

Many hospitals use PEP-PEP data to identify areas for quality improvement and prepare for greater Medicare oversight by auditors such as Recovery Audit Contractors.

Hospitals had previously

received these reports from their Quality Improvement Organizations. In January, hospitals will receive them periodically from TMF through My QualityNet, www.qualitynet.org.

For more information, visit www.pepperresources.org.