

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

Volume 38, Number 34

August 22, 2008

WHA Calendar:

Wyoming Health-care Commission Meeting Casper	9/8
WHA/PAC Golf Tournament Cheyenne	9/30
WHA Annual Meeting and Convention Cheyenne	10/1

Other Events:

Association Planning Meeting Cheyenne	8/26
WSAE Retreat Saratoga	9/8
AHA Region 8 Meeting Denver, CO	9/25
National Rural Health Association Critical Access Hospital Conference Savannah, GA	10/15

Telehealth Conference Kicks-off Statewide Conversation

More than 20 locations around Wyoming, and an unknown number of others via their computers, participated in the first-ever Wyoming Telehealth/Telemedicine Conference on Wednesday.

Hospitals from all regions of the state hosted attendees, who watched the half-day conference on the hospitals' videoconferencing equipment.

The conference brought together stakeholders from across the state to initiate a broad-based discussion about the history, the current state, and the future of telehealth in Wyoming.

In addition to panel discussions from Cheyenne, the conference also connected Rep. Colin Simpson from Cody, who participated on one panel, as well as speakers from Washington, D.C. and Oregon.

Though telehealth efforts have been underway in Wyoming since the mid-1990s, a combination of private and public funding and collaboration among a number of organizations has resulted in dramatic recent progress.

Dana Barnett, director of business development at

Cheyenne Regional Medical Center, said the six-hospital Southeast Wyoming Telehealth Network alone has hosted some 256 events in 2008.

That's up from about 50 events in 2007. The network served about 290 participants in 2007, Barnett said. That number leapt to about 1,000 participants in 2008.



The network has enabled the delivery of educational programs from the University of Washington and other sources.

Currently, entities around Wyoming are working to implement a statewide, dedicated high-speed network to increase bandwidth and reliability to rural communities.

Additionally, said Wyoming Medical Center Chief Information Officer Don Claunch, WMC has implemented a telestroke program that provides rapid diagnosis by enabling doctors to view live video of patients remotely, review treatment protocols, and view images.

A number of barriers exist to broad use of the network, panelists said. Among those barriers is a fundamental shift in thinking about how

care is delivered in Wyoming, said Dr. Brent Sherard, director of the Wyoming Department of Health.

Other panelists suggested that issues with physician licensure, reimbursement, connectivity, and convenience must be resolved before the network will see widespread use among physicians and others.

But the network offers a number of opportunities as well. Notably, said James Dobbyn, executive director of the Cheyenne Physicians Group, telehealth is a "green solution," allowing specialty services to be delivered to rural communities in an energy-efficient way by reducing travel.

Perhaps the most significant short-term value of the network, Dr. Sherard said, is in its ability to deliver high-value educational programs. That alone can help with the recruitment and retention, he said.

The network can have a strong economic impact as well, said Mr. Dobbyn, by helping to keep in Wyoming's small communities the healthcare dollars that might otherwise have left the state.

Larry Biggio, executive director of the Wyoming Health Information Organization, said the next priority is to get infrastructure in place statewide, a goal which carries with it an estimated \$1.3 million in annual operating costs.



Education and Support Group Engages Diabetics

Sometimes a new teacher and a new angle is all it takes for the message to really sink in.

That, say attendees of a collaborative educational program put on by South Lincoln Medical Center (SLMC), is apparently the case when it comes to diabetes education.

For the last few years, SLMC has worked with Lincoln County Public Health (LCPH) to offer a Diabetes Education and

Support Group. The collaborative has developed and provided information and education to assist in the management of diabetes.

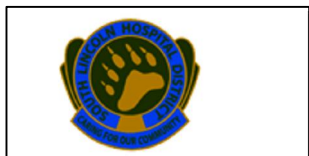
An average of 15 to 20 people attend the sessions at SLMC, which are based on a presentation developed by LCPH and presented by volunteers affiliated with the hospital.

A broad array of physicians, physician assistants, nurse practitioners, pharmacists, nutritionists, physical therapists, and a podiatrist

have volunteers to provide information and generate lively discussions.

The attendees, primarily Type 2 diabetics, have reacted positively to the program, noting that the different approach to the topics and variety among the presenters has kept each session interesting.

SLMC's Diabetes Education and Support Group is one of many valuable resources the hospital provides for its community.



**Don't Forget to Register
for the 2008 WHA Annual
Meeting & Convention!**

**Register Online at
www.wyohospitals.com**

Hospital Leaders Invited to Session on Patient Safety

Hospital leaders and trustees are invited to dinner and a presentation by Dr. Tom Gallagher on Disclosures of Unanticipated Outcomes at the University of Colorado Denver Anschutz Medical Campus.

The dinner reception is scheduled for 6 p.m. on Tuesday, October 7.

Dr. Gallagher, associate professor of medicine at the University of Washington School of Medicine, is one of the leading experts on this topic. He argues that an ethic of honesty is required if healthcare providers are truly to place patient interest above self-interest, and to promote patient safety.

The session is sponsored by the Center for Bioethics & Humanities at the University of Colorado Denver, with support from the Colorado Hospital Association.

To pre-register or for questions, contact Anne Elgerd at 303-724-3995 at the Center for Bioethics & Humanities.

CMS Rule Requires Sprinklers in LTC Facilities

A rule issued by the Centers for Medicare and Medicaid Services (CMS) requires all long-term care facilities to be equipped with sprinkler systems in order to for the facilities to participate in the Medicare and Medicaid programs.

The final rule requires the sprinkler systems to be in place by August 13, 2013.

In addition to requiring installation of the systems, the rule also outlines maintenance requirements once the systems are installed. The federal rule does not preempt more stringent state and local requirements that may already be in place.

CMS acknowledged in the rule the substantial capital investment needed for the

purchase and installation of sprinkler systems, but the rule defers to Congress and the states to provide financial assistance. The five-year phase-in period is meant to mitigate this financial impact.

To download the entire rule, go to <http://edocket.access.gpo.gov/2008/pdf/E8-18670.pdf>.

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