

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

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WHA Calendar:

WHA PAC Golf 9/23
Tournament

WHA Annual 9/24-
Meeting & 9/25
Convention
Cheyenne

Other Events:

Western 6/11-
Regional Trustee 6/13
Symposium
Henderson, NV



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President's Corner



When I look back on the experiences I've had in this job, I will point to week like the one I just had to allow me to realize how truly fortunate I've been to work at WHA.

It's been an honor to have had the opportunity to work for those in the business of improving the health of individuals who appear at their doorsteps and also the people who advocate for them through the various state hospital associations.

And it probably goes without saying that this comes in the form of interacting with people much smarter than I.

Last week I got together with my counterparts from the western regions 8 & 9, all of whom run more complex state hospital associations than ours.

We have an unwritten rule that generally states that we don't share the specifics of

what goes on there and I don't plan to violate that agreement here.

What I can tell you is that I will forever be impressed with the willingness of my counterparts to serve as a sounding board to explore solutions to a vast array of intricate issues. We get behind closed doors and hold nothing back as we exchange ideas for our common well-being.

At national meetings, I also have had the privilege of similar encounters with other state hospital association execs. From Hawaii to Maine, I would stack my association colleagues against any other trade association for their collegiality and esprit de corps.

Right after that gathering, I traveled to Salt Lake City to attend the AHA's Small and Rural Governing Council meeting.

As the name implies, the Council is made up of hospital CEO's and other leaders who work in rural settings from all over the country.

The primary purpose of the Council is to advise the AHA on policy matters specifically relating to small facilities.

This group, as well as the nine Regional Policy Boards and the Metropolitan Council, has the ability to discuss

and provide input into the AHA's strategic direction.

Whether I am sitting alongside rural hospital CEO's from Mississippi, Vermont or Wyoming, it's not surprising to know that there are common denominators and themes permeating across the land.

Wyoming and the nation's hospital administrators are already frustrated in dealing with regulatory issues like the IPPS proposed rule, two-midnight policy and the 96-hour rule.

Couple those challenges with the reality of having to shift to a new payment system makes for some fascinating discussions.

A good part of our meeting was focused on reacting to principles for payment reform and how they could serve as a framework for the hospital field in reforming the system.

As you know, I am voluntarily stepping down from my role here at WHA at the end of the year. Quite frankly, there are times that I have second-guessed myself regarding that decision.

Its weeks like these that I will remember fondly and hope that my successor finds the same fulfillment I have.

MEMBER SPOTLIGHT



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

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SBHC Hospital Offers Tobacco Cessation Program

Jim Thomas, director of nurses for South Big Horn County Hospital (SBHC), recently completed training through the Mayo Clinic to become a certified tobacco treatment specialist.

The schooling was sponsored by the Wyoming Health Prevention Program.

The training taught Thomas how to counsel those trying to quit. His job is to find out what triggers a person to use tobacco be-

sides the craving.

One of the ways to help is for Thomas and the patient to list all the reasons they should quit and all the impediments keeping them from do so.

When a patient is admitted into the hospital some of the intake questions mandated by the federal government are about tobacco use and if they have a desire to quit.

The patients are told about services the hospital offers that can help them quit, explained Thomas. "Our doctors also ask during routine checkups."

Thomas said the program from the Mayo Clinic focuses heavily on the nicotine replacement aspect. This is why he works with the doctors. "We work as a team. They provide the medicine. I provide the counseling."

Study on Medicaid Expansion States

Hospitals in states that chose to expand Medicaid under the Affordable Care Act saw more Medicaid patients and fewer self-pay and charity care cases in the first quarter of the year, according to a new study released by the Colorado Hospital Association.

Analysts examined 465 hospitals across 30 states and found the Medicaid proportion of total charges increased 29% between

first-quarter 2013 and first-quarter 2014 in expansion states, while the self-pay proportion of charges fell 25% and the average charity care per hospital fell 30%.

Hospitals in the states that chose not to expand saw only normal variation in the measures.

"These findings not only affirm that more people are finding health care coverage who didn't have

it before, but also that it is having a positive impact by reducing the levels of uncompensated care at hospitals, which could further efforts to reduce health care costs," said CHA President and CEO Steven Summer.

The report is available at <http://www.cha.com/Documents/Press-Releases/CHA-Medicaid-Expansion-Study-June-2014.aspx>

Project RED Toolkit

The Project RED (Re-Engineered Discharge) toolkit has added a tool to help hospitals integrate family caregivers into the discharge plan so they can be partners in improving transitions and reducing readmissions.

The new toolkit chapter structures the process of working with family caregivers into five steps: identifying the family caregiver; assessing the family caregiver's needs;

integrating the family caregiver's needs into the after-hospital care plan; sharing family caregiver information with the next setting of care; and providing telephone reinforcement of the discharge plan.

Developed by researchers at Boston University Medical Center, the toolkit includes a set of 12 actions hospitals can implement to ensure effective transition at dis-

charge.

The new chapter was developed in collaboration with the United Hospital Fund. The project is supported by grants from the Agency for Healthcare Research and Quality and the National Heart, Lung and Blood Institute.

More information can be found at <http://www.bu.edu/fammed/projectred/toolkit.html>