

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

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WHA Calendar:

Labor Health and Social Services Interim Committee Cheyenne	12/15-12/16
2015 General Session of the Wyoming Legislature Cheyenne	1/13

Other Events:

HFMA Fall Meeting Laramie	11/19-11/21
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Online Tool Reports Hospital Quality and Safety Numbers From the Wyoming Tribune Eagle

A new online tool gives Wyoming residents information about the quality and safety of their hospitals.

The Wyoming Hospital Association launched a website Monday that provides facts about patient outcomes, clinical intervention rates, ways to prevent medical mistakes and patient satisfaction.

The website address is www.wyocheckpoint.org.

New association President Eric Boley said in a release that Wyoming hospitals want to be accountable for quality care.

The website standardizes how information is collected, reported and published for the first time in Wyoming.

The effort will help health-care facilities in the state provide "open access to sound information," Boley said.

The site provides quality and safety information on 23 of 26 Wyoming hospitals. Cheyenne Regional Medical Center is one of those with information on the website.

The association's board of directors pledged earlier this year to develop quality transparency, said Neil Hilton, vice president of the group.

Information about quality is available on the association's website through the CheckPoint program.

The program looks at care in areas that include heart attack, congestive heart failure, pneumonia and surgical procedures.

Also on the association's website is a Price Point link that provides information on hospital costs in Wyoming. The association created the hospital price website a few years ago.

Information about quality also is useful to employers who provide health insurance to their employees, Hilton said.

The data to show quality comes from the Centers for Medicare and Medicaid and from H-CAPS, which focuses on patient satisfaction.

"Hopefully, it will give a level of confidence in knowing that the performance of their local hospital staff and outcomes are indeed on par with the other hospitals," Hilton said.

It will provide the "straight scoop" without speculating, he said. The information will validate quality care in some areas and also show where improvement is needed.

"I am really pleased (the hospital association) took this on and decided to publish this," said Rick Schroeder, chief executive officer of North Big Horn Hospital in

Lovell.

He is also chairman of the association's board of directors.

Information provided is accurate because it is the same as what hospitals report to federal agencies, Schroeder said.

The site will post the most recent quality data available and will update information every three months, he said.

Schroeder said he hopes the information will give consumers confidence in their hospitals.

Margo Karsten, CEO at Cheyenne Regional Medical Center, supports the website.

"The more data and information we can have accessible, the more helpful we are as health-care providers," she said.

Karsten said she likes the way the data are reported.

The system allows hospitals to indicate areas where they don't treat enough patients to meet a testing threshold. The information will reflect that instead of providing an automatic negative mark to a hospital, she said.

"As consumers, the more we can educate ourselves about the care we receive, the better," Karsten said.



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



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Four Wyoming Hospitals 'Top Performers'

Four Wyoming hospitals made the cut as "Top Performers on Key Quality Measures" by what officials call a "neutral third party" that looks only at hard data to make the determination.

Among the 11 hospitals in Wyoming that had data available for 2013, only the following hospitals earned recognition for their metrics: Cheyenne Regional Medical

Center, Evanston Regional Hospital, St. John's Hospital in Jackson and Wyoming Medical Center in Casper.

CRMC and WMC earned recognition across the same metrics – for heart attack, heart failure, pneumonia and surgical care.

Evanston Regional scored recognition for surgical care, and St. John's was recognized for its treatment

of pneumonia, its surgical care and its care for venous thromboembolism, or VTE.

Margo Karsten, CEO of CRMC, said in a phone interview that only hospitals that cumulatively perform at 95 percent or better on a list of specific objectives per category are given the recognition.

43 Rural Hospitals Closed: 283 More Closures are Likely

"Since the beginning of 2010, 43 rural hospitals—with a total of more than 1,500 beds—have closed, according to data from the North Carolina Rural Research Program.

The pace of closures has quickened: from 3 in 2010 to 13 in 2013, and 12 already this year. Georgia alone has lost five rural hospitals since 2012, and at least six more are teetering on the brink of collapse.

Each of the state's closed hospitals served about 10,000 people—a lot for remaining area hospitals to absorb.

"The Affordable Care Act was designed to improve access to health care for all Americans and will give them another chance at getting health insurance during open enrollment starting this Saturday.

But critics say the ACA is also accelerating the demise of rural outposts that cater to many of society's most vulnerable. These hospitals treat some of the sickest and poorest patients—those least aware of how to stay healthy."

As many as 283 more hospitals are on the verge of closure. Call or email Con-

gress NOW and tell them to stop the cuts to rural hospitals.

Rural hospitals provide quality, affordable care to 62 million rural Americans. Small, rural hospitals, known as Critical Access Hospitals (CAHs), represent over 26% of all community hospitals, yet Medicare expenditures to CAHs are less than 5% of the Medicare hospital budget.

CAHs provide cost-effective primary care. This focus on primary care, as opposed to specialty care, saves Medicare \$2.2 billion a year.

CMS releases list of CAHs that lost rural designation

CMS has released a list of critical access hospitals in counties that lost their rural status and became classified as urban as of Oct. 1, 2014.

To maintain their CAH status, these hospitals must apply for reclassification as rural through one of two channels by Sept. 30, 2016. The first is by determination of a Rural-Urban

Commuting Area Code of 4 or larger. The second is by mandate from either state law or regulation that defines the hospital as rural.

Documentation should be sent in a letter from the CEO to the CMS regional office.

The regional office will review it and send a notice within 60 days that the reclassification is effective as of their application date.

This process is not to be confused with wage index requests, which should be submitted to the Medicare geographic reclassification review board for processing.

The list is at <http://www.cms.gov/Medicare-Fee-for-Service-Payment/Acute-Inpatient-PPS/Downloads/FY2015-CAH-Rural-to-Urban.pdf>