



**Wyoming  
Hospital  
Association**

# NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

Volume 47, Number 6

February 19, 2016

## WHA Calendar:

<b>WHA CEO/ Trustee Educational Program Cody, WY</b>	5/19

## Other Events:

<b>Legislature Convenes</b>	2/8

## Community Health Needs Assessment

The Wyoming Institute of Population Health (Institute), a division of Cheyenne Regional Medical Center, is currently developing Community Health Needs Assessments to examine conditions of health and well-being in Wyoming counties.

The Affordable Care Act (ACA) has created a three-pronged requirement for tax exempt hospitals related to community health planning. First, the hospital must lead or be meaningfully involved in a comprehensive, multi-stakeholder, community health needs assessment (CHNA).

Second, the hospital must be meaningfully involved in health priority identification and the development of a community health improvement plan to address those priorities.

Finally, the hospital must be able to demonstrate that they are committing their community-benefit resources to the support of their community's action plan. The goals of these requirements are to ensure tax-exempt hospitals are meeting the health needs of their communities and to ensure greater transparency and accountability.

Organizations with fewer resources, such as small rural hospitals, may be unable to assign full-time staff to the

development of a CHNA or other community benefit activities.

The Institute has an award-winning history of assisting in the development of CHNAs for Healthier Laramie County, and three years ago assisted 11 of Wyoming's critical access hospitals to complete community needs assessment. In order to assist all Wyoming hospitals in publishing a CHNA, the Institute has been engaged to gather the data and make it available, at a county level, for communities to use as the basis of their community health improvement work.

The Institute will look at a wide range of health and well-being indicators for each county, and compile the information into an easy to read and understand document that will meet the requirements of the ACA. While the information contained in the standard format is comprehensive, the Institute will customize the format to include additional data that the community has indicated they feel are critical to review.

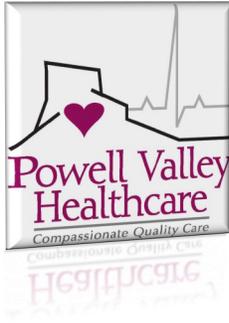
As a second offering, the Institute will work with individual communities to facilitate the action planning process. This will include facilitating the stakeholder review of data, and communities' discussion as to whether the

current status is "OK" from their perspective. From there, a disciplined planning of the intervention will begin. The process is based on the work of Mark Friedman and is known as "Results Based Accountability" or RBA. RBA is an effective and efficient way of moving communities from "talk" to "action" in order to address pressing needs.

Most hospitals in Wyoming will be required to have a CHNA published in either June or December. With that in mind, the Institute plans to have community specific drafts available for review by mid-April. The work to begin action plans can begin immediately after that for communities who would like the Institute to assist in facilitation.

With a matching grant through the Office of Rural Health and the Wyoming Integrated Care Network, we have enough money to pay for all hospitals community needs assessment. To receive the funding you must register.

Josh Hannes with the Institute will be the contact person for the funding requests. For more information, please direct questions to Josh Hannes via email at [joshua.hannes@crmcwy.org](mailto:joshua.hannes@crmcwy.org) or by phone at 307-773-8188.



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



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## PVMC Staffing Streamlined

Powell Valley Hospital, Powell Valley Care Center and Powell Valley Clinic are working together to streamline staffing patterns between the three health care services.

“The daily huddle was an idea Arleen Campeau, vice president of patient care services at the hospital, came up with,” said Nicole Ostermiller, vice president of resident care at the care center. “It stemmed from recognizing that at times, inpatient volumes at the hospital are not there, and

we had to send staff home without full paychecks, while in other areas, we may be having overtime.”

During the huddle, clinic, hospital, and care leaders discuss the daily workload and staffing needs at each facility, and resources from one area can be shifted to another as needed.

For instance, fewer patients may be in the hospital, while there is a greater need for nurses at the care center, so some employees may split their time between the two.

Other departments benefit as well. For instance, a med tech can help out in the medical records office, or an EMT called in for an emergency later can act as a second person in the recovery room until a patient wakes up.

“There’s still a nurse in there, but we don’t need two nurses,” Campeau said. “EMTs are highly trained in emergency care and can step in if they need a helping hand.”

## Semicolon Project

A nationwide movement to bring a voice to those suffering in silence from mental illness, substance abuse and suicide has come to Wyoming.

The idea is called Project Semicolon.

A semicolon is used when an author could have ended a sentence with a period, but didn’t. Simply put, you are the author and your

life is the sentence.

The semicolon is a reminder to pause, breathe and keep going.

Some 5,500 semicolon pins have been distributed across the state in a partnership between the Prevention Management Organization of Wyoming and the Wyoming Department of Health to not only show support for those suffering in silence—

but to begin a healthy conversation to these very tangible issues in Wyoming.

Historically, Wyoming ranks among the top five states with the highest per-capita deaths by suicide.

For mental health resources in all 23 Wyoming counties, visit [pmowyo.org](http://pmowyo.org) and look for the semicolon on the top right of the web page.

## CMS Documentation for CAH Necessary Providers

States may immediately use alternative ways to document that a critical access hospital is a “necessary provider,” the Centers for Medicare & Medicaid Services announced in guidance to state survey agencies.

CMS last year issued interpretive guidance that allowed only a state letter dated prior to Jan. 1, 2006

to document that a CAH is an NP.

In response, AHA urged CMS to allow a wider variety of documentation, consistent with its past policies. “AHA looks forward to working with CMS as it implements this new guidance to ensure that those CAHs that have rightfully obtained NP designation may continue to participate

in the CAH program,” said Priya Bathija, AHA senior associate director of policy.

The evaluation guidance and an associated checklist are available at [www.aha.org](http://www.aha.org), and should be available at [www.cms.gov](http://www.cms.gov) next week.

AHA members affected by the guidance will receive a Special Bulletin next week with more information.