



**Wyoming
Hospital
Association**

WHA Calendar

**WHA Trustee
Education
Session
Lander** 5/17

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

Volume 48, Number 40

November 10, 2017

SAVE THE DATE

**WHA Annual Meeting
& Convention
September 5-6, 2018
Laramie, WY**

**PAC
CONTRIBUTORS**

**Shelby Nelson
Eric Boley
Doug McMillan
William Stangl
Charlie Button
Neil Hilton
Andy Fitzgerald
Barry Burkart
Maureen Cadwell
Vickie Diamond
Yvonne Wigington
David Gardner
Carol Solie
Ryan Smith
Doug Faus
Jeremy Davis
Michele Chulick
Mike McCafferty
Ron Purcell
Margie Molitor
SageWest Health
Care
Eileen Dinneen**

**Annual Goal—\$8400
Achieved - \$7200**

Wyoming CheckPoint

The Wyoming Hospital Association provides Wyoming CheckPoint for Wyoming citizens to learn more about their healthcare. Wyoming hospitals want to be accountable for the care that we provide to our patients

Consumers need access to facts that can help them make informed health care decisions. In addition, the data can be used to improve care within hospitals through benchmarking and sharing of best practices to constantly improve clinical processes related to patient care.

CheckPoint includes both clinical and patient safety measures. The clinical measures are consistent with those endorsed by the American Hospital Association (AHA), the Association of American Medical Colleges (AAMC), the Federation of American Hospitals (FAH), the Department of Health and Human Services (HHS), the Center for Medicare & Medicaid Services (CMS), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Agency for Healthcare Research and Quality (AHRQ), the National Quality Forum (NQF), the American Association of Re-

tired Persons (AARP), and the AFL-CIO.

These measures include:

- Heart Attack measures
- Congestive heart failure
- Pneumonia
- Error prevention
- Surgical infection prevention

We focused on measures that are useful to consumers because they include data on three of the main causes of hospitalization: pneumonia, heart attack, and congestive heart failure. By giving consumers information about these three conditions, we can help improve their overall health status by sharing with them the kind of care that they should expect to receive.

The process and outcome measures that are reported in CheckPoint were selected because they are scientifically proven to produce quality outcomes.

The clinical measures of quality in CheckPoint help consumers understand how effective the care is that they receive in a hospital compared to care that research indicates will lead to the best outcome. In addition, CheckPoint measures progress towards five national goals to prevent the incidence of errors in the hospital setting.

CMS receives all patient data, not just data relevant to Medicare for this particular purpose. The data in CheckPoint includes ALL patients regardless of payer source.

As people bear more of the financial responsibility for their health care, their need for data will increase. At this time, many of the searches for health information on the internet are disease or condition specific.

As hospitals submit the data to the Centers for Medicare and Medicaid Services, the data is audited for accuracy at several points in the data submission process before it is placed in the CheckPoint website database

Wyoming hospitals want to provide information about quality, safety and performance before and as people realize that information of this kind is valuable to them as purchasers of health care

WHA does not charge a fee to our members to participate. This is an initiative deemed with merit by the WHA Board.

CheckPoint can be accessed from the WHA website at www.wyohospitals.com





CCH—Automation Makes IV Medications Safer

A new software product called DoseEdge is making intravenous medications (IV) safer for patients in the Campbell County Health (CCH) Pharmacy.



IV medications are introduced directly into a patient’s vein and work quickly. This makes them a very effective way to give antibiotics, chemotherapy agents and other medications.

The DoseEdge software incorporates bar code scanning into the process of routing, preparing, inspecting, tracking and reporting on IV doses. It supplements the knowledge, judgement and

expertise of the pharmacist and pharmacy technician in their preparation of IV mixtures with automatic calculations and barcode verification of ingredients, ultimately increasing patient safety.

The pharmacist can even verify the mixture from a remote desktop location because the software photographs the completed IV dose, saving the time it would take to gown up and enter the sterile preparation room.

Nurses benefit too, and can see when their IV medications will be completed and schedule treatment or administration accordingly.

“The new software improves on the human-based safeguards we already have in

place”, says Quintana. “Bar coding reduces the variability of IV medication preparation even more. It’s a great improvement for our patients.”

The CCH Pharmacy department is the first in the State of Wyoming to implement this system, which came from a recommendation by the Wyoming State Board of Pharmacy.

Robert Quintana fully expects that bar coding of IV preparations to become the standard of care for hospitals like CCH, which dispenses over 44,000 doses of chemotherapy and IV medications annually.



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

Wyoming Hospital Association

**2005 Warren Ave.
Cheyenne, WY
82001**

www.wyohospitals.com

307.632.9344

National Rural Health Day "WebSight"

Three Hot Topics in only 30 Minutes Each!

Join us on National Rural Health Day, Thursday, November 16, 2017, for three 30 minute “WebSights” web sessions that are designed to give you great insight in to the issues that are important in our real rural world!

2:30-3:00pm ET – How to Help Policy Leaders Understand the Impact of Rural Health

Featuring: Andrew Coats, Hall Render Killian Heath and Lyman and Maggie Elehwany JD, Vice President of Government Affairs, National Rural Health Association

3:30-4:00pm ET – The Five Characteristics Common to Thriving Rural Health Networks

Featuring: Kap Wilkes, Director of Program Development, National Rural Health Resource Center

4:30-5:00pm ET – Project C.L.E.A.N. | (Community Leaders Eliminating the Abuse of Narcotics) A Model for Physician Partnerships and Community Collaboration

Featuring: Emily Dille, Director of Marketing, Columbus Community Hospital

To register use the following URL

<https://www.powerofrural.org/three-hot-topics-30-minutes/>

or visit powerofrural.org

