







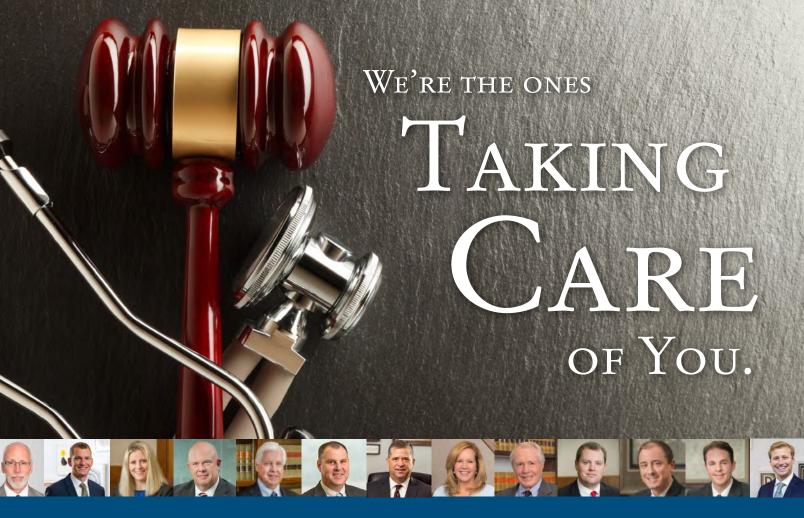




Over 1,100 Nebraska health care professionals attend Nebraska Hospital Association's 2023 Annual Convention







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Over 1,100 Nebraska health care professionals attend **Nebraska Hospital Association's 2023 Annual Convention**

LA VISTA, NEB. — The Nebraska Hospital Association (NHA) hosted its 2023 Annual Convention October 25-27, 2023, at the Embassy Suites Omaha-La Vista Hotel & Conference Center in La Vista.

More than 1,100 participants attended three days of networking, professional education, and sharing with peers and the industry's leading experts. Throughout the three days, national and local speakers took the stage to share their insight and expertise on a variety of topics impacting health care professionals. The NHA Annual Convention was also host to the largest health care trade show in the state with over 100 exhibitors that provide the vital products and services that Nebraska hospitals utilize in their operations.

Highlights of the event included several





nationally known keynote speakers: Lisa Walden, Dr. Marty Makary, Dr. Steve Berkowitz, and Simon Gisby.

On Wednesday, October 25, the Nebraska Hospital Association hosted an awards banquet honoring excellence in personal and/or organizational accomplishments within Nebraska hospitals. Several awards were presented to recognize outgoing board members, American College of Healthcare Executives Nebraska-Western Iowa Chapter awards, and NHA PAC awards.

The NHA's highest honor is the Excellence in Service award. This award is presented to a hospital/health system administrator or senior executive who has demonstrated outstanding administrative skills, professional performance, health care organization involvement, and significant leadership. This year's recipient was Treg Vyzourek, CEO of Brodstone Healthcare in Superior.

The Meritorious Service award recognizes the long-term contributions of members to the association and their individual hospitals. This award recognizes longevity and breadth of service of an individual, not only to their facility, but to health care in the state. The 2023 NHA Meritorious Service Award recipient was Pat Connell, Vice President of Behavioral Health, Compliance, and Government

Relations with Boys Town National Research Hospital in Omaha.

The Trustee of the Year Award was presented to Deb Hoarty, Trustee at Fillmore County Hospital in Geneva.

In addition, the NHA awarded two Nebraska state senators with the Health Care Advocate Award: Senator Eliot Bostar (Lincoln) and Senator Mike Jacobson (North Platte). This award is reserved for recipients that not only portray an acute interest in improving health care but invest countless hours in the pursuit of increased access to quality health care across Nebraska.

The NHA also recognized 43 graduates from the Class of 2023 NHA Leadership Institute program. The NHA Leadership Institute is an intensive year-long leadership development program designed specifically for hospital middle managers and health care leaders who want to update their leadership skills.

On October 27, the Convention concluded with the 44th Annual The Caring Kind Awards Luncheon. Each year, NHA member hospitals from across the state select one employee to receive The Caring Kind award. 80 health care professionals from Nebraska's hospitals were honored at this celebration of caring and outstanding health care service excellence.

25 Years of Hospital Medicine:

CHI Health St. Elizabeth celebrates program that's become standard across Midwest Region

part of providing comprehensive care to inpatients across CHI Health's acute care hospitals – but it hasn't always been that way. The care model was met with resistance in 1998. Chief Medical Officer Dr. Cary Ward, who at the time was practicing clinic-based internal medicine, helped start the program at St. Elizabeth - the first program in Nebraska.

"Key leaders worried patients who had these often long-standing relationships with their doctors would not be able to see them when they were in the hospital," Ward said. "No one could argue, though, about the benefits of having hospital medicine specialists at the hospital all the time."





Dr. Sean Hansen, CHI Health Director of Hospital Medicine

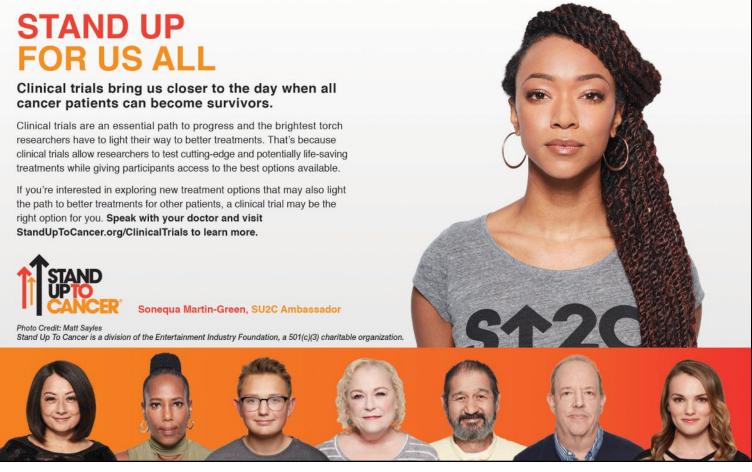


Dr. Cary Ward, Chief Medical Officer, CHI Health

This meant primary care, internal and family medicine physicians could focus more on caring for patients in the clinic setting. Nurses and other members of the care team could also collaborate with the same doctors each day.

Today, the hospital medicine model has become a standard of care in CHI Health hospitals across the Midwest Region. In Nebraska and Iowa alone, hospitalists care for 74 percent of inpatients.

"It fills my cup because we live our mission every day. We care for the most vulnerable and we have a great sense of community," said Dr. Sean Hansen, director of hospital medicine for CHI Health.



Children's Nebraska Wins 2023 ANCC Magnet Prize® for Innovative, Nursing-Led Project Austin Program

MAHA, Neb. - Children's Nebraska has been named the 2023 recipient of the American Nurses Credentialing Center (ANCC) Magnet Prize®. Each year, this prestigious prize is presented to one Magnet®-recognized organization nationwide whose care team initiative best represents exemplary achievements in patient care services that result in positive outcomes. The award, sponsored by Press Ganey, was presented at the 2023 ANCC National Magnet Conference and ANCC Pathway to Excellence Conference in Chicago on Oct. 12.

Children's Nebraska nursing colleagues, along with 13,000 nurses from across the United States and more than 20 other countries, were present as the \$125,000 prize was awarded.

Children's Nebraska will use the award funds to further develop its prize-winning, innovative Project Austin program, which bridges the knowledge and training gap between the hospital and first responders in the home communities of children with complex health care needs.

Designed and led by clinical nurses, Project Austin aims to personalize and better coordinate care for children with medical complexities. Specialized plans are co-created by the family, providers and Project Austin team members, tailored to each child's diagnosis and individual health care needs. The plan is then shared with local Emergency Medical Services (EMS) and Emergency Department (ED) teams within the child's home community, so they are prepared and trained on how to appropriately respond and provide treatment. This shared knowledge builds community awareness, ensures continuity of care between hospital visits and, ultimately, improves patient outcomes.

"This recognition validates the innovative work being done at Children's Nebraska and the transformative impact nursing has on health care," says Pam Johnson-Carlson, DNP, RN, NE-BC, senior vice president for patient care services and chief nursing officer at Children's Nebraska. "Project Austin significantly impacts children and families and supports our first-responder partners across the region. This teamwork connects hospitals, communities and families to improve and save lives. At its core, Project Austin is about enabling the right care at the right time and the right location."

Project Austin started with 15 patients in 2015 and, today, serves more than 1,900 of the area's most medically vulnerable children and their families across an eight-state region. The program maintains partnerships with nearly



500 EMS systems and more than 170 hospitals. Since the program's inception, it has delivered a 27 percent reduction in hospital admissions, a 23 percent reduction in emergency department visits, a 50 percent decrease in overall hospital length of stay and a 55 percent financial cost reduction across organizational services.

"We are honored and humbled to receive this elite award," says Tiffany Simon, MSN, RN, CCRN, Project Austin's manager of internal affairs and co-founder. "We are eager to continue growing and innovating to reach the children and families who need it most - ultimately, improving outcomes and saving lives."

"Project Austin has helped build a better safety net for children with complex medical conditions, and it's also strengthened communities and local EMS systems," says Natalie McCawley, MSN, RN, CCRN, Project Austin's manager of external affairs. "When nurses are empowered to lead and innovate, care is transformed and the impact is significant."

"The brilliant nurses at Children's Nebraska are shining examples of what it means to embody the Magnet nurse values of excellence in practice and quality leadership," says Rebecca Graystone, PhD, MBA, RN, NE-BC, Senior Vice President, Accreditation & Organization Credentialing with ANCC. "The dedication to their work and commitment to helping the littlest and most vulnerable patients and their families are truly inspiring and admirable."

To learn more about Project Austin, visit ChildrensNebraska.org/Project-Austin.

About Children's Nebraska

Children's Nebraska is the only full-service, pediatric health care center in Nebraska, providing expertise in primary care and more than 50 pediatric specialty services to children across a five-state region and beyond. Children's is home to Nebraska's only Level IV regional Newborn Intensive Care Unit and the state's only Level II Pediatric Trauma Center, and has been Magnet-recognized since 2006. Children's is recognized as a 2023-24 Best Children's Hospital by U.S. News & World Report, ranked among the best in the specialty of Pulmonology. Visit us online at ChildrensNebraska.org.

About the American Nurses Credentialing Center

The mission of the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association, is to promote excellence in nursing and health care globally through credentialing programs. ANCC's internationally renowned credentialing programs certify and recognize individual nurses in specialty practice areas. ANCC recognizes health care organizations that promote nursing excellence and quality patient outcomes while providing safe, positive work environments. In addition, ANCC accredits health care organizations that provide and approve continuing nursing education and accredits transition-to-practice programs that prepare nurses for new practice roles. For

more information about ANCC, visit us at nursingworld. org/ANCC and follow us on Twitter. ANCC is the only nurse credentialing organization to successfully achieve ISO 9001: 2015 certification.

About the Magnet Recognition Program®

The Magnet Recognition Program recognizes health care organizations for quality patient care, nursing excellence, and innovations in professional nursing practice. Consumers rely on the Magnet[®] designation as the ultimate credential for high- quality nursing. Developed by ANCC, Magnet is the leading source of successful nursing practices and strategies worldwide.

About the ANCC Magnet Prize®

The ANCC Board of Directors established the Magnet Prize to encourage the pursuit of excellence. The prize recognizes organizations with unique programs in which innovative action transforms nursing practice. The interventions and outcomes benefit the nursing profession as a whole and have direct impact on patients in various settings. This recognition serves as a means for acknowledging peak performance within credentialed Magnet® organizations and is the highest organizational honor ANCC bestows within the Magnet community. Oracle Cerner has sponsored the award since 2007.



Volunteering Together



In the case of Bob and Ann Hamling, you could say, "Couples who volunteer together bring cheer together."

The Hamlings have spent a combined 39 years volunteering at Columbus Community Hospital. You'll usually find them right when you enter the hospital — greeting guests at the main information desk.

"I help people find their way around the hospital," said Ann. "Many people are very interesting, and it makes me happy to help them."

Ann was born in St. Edward, Nebraska, grew up on a farm west of Genoa and graduated from Assumption Academy in Norfolk, Nebraska. After living in Omaha briefly, she returned to Columbus and worked for an insurance company until she married Bob. In January 1999, she started volunteering at the old hospital and has worked at the information desk for 23 years.

Bob was born in Norfolk and grew up on a farm near Humphrey, Nebraska. He graduated from St. Francis High School in Humphrey. Following graduation, he enlisted in the United States Army for three years before beginning at Cornhusker Public Power District. After 40 years, he retired from being a lineman at the power company and joined his wife at the desk. He has guided people at the hospital for 16 years now.

"I thought it would be something I would enjoy as well," said Bob. "I get to meet many people, which is very rewarding."

Until this last year, the couple also volunteered at St. Anthony's Elementary School for 16 years, helping with lunches.

During their years of volunteering, they have become friends with many employees who appreciate their service to the hospital. They encourage anyone thinking about volunteering to join the hospital — there are many different positions and hours to accommodate anyone.

In Ann's free time, she enjoys watching game shows, completing word puzzles, tending her flower garden and staying in touch with family through Snapchat. When not

helping at the information desk, Bob takes care of his six-acre city farm, where he has a few calves. Bob and Ann feed the birds and enjoy watching the visiting cardinals, orioles and hummingbirds. They have four children, 11 grandchildren, and three great-grandchildren whom they greatly enjoy. The couple will celebrate 55 years of marriage this year.

To learn more about volunteer opportunities available at the hospital, visit columbushosp.org.

Volunteers Make Positive Impact On Hospital

(COLUMBUS, Neb.) – A volunteer is a person who compassionately gives their time, skills, and resources to serve their community. Columbus Community Hospital was fortunate to have more than 175 volunteers who served in 35 various capacities in 2022 — equating to more than 13,000 hours of service to the community.

You will find volunteers throughout the hospital at information desks, in The Gift Shop and assisting those who need to find their way through the facility. Not only do the volunteers help with the day-to-day tasks, but also hospital volunteers hosted nine fundraiser activities, from candy sales, sheets and linens sales to jewelry sales. They also hosted the hospital's well-known butterfly Extravaganza. These events raised more than \$32,000 to help fund hospital medical equipment and program purchases.

Thanks to volunteers, the hospital also collected 234 units of whole blood and 55 units of "power reds," with nine on-site blood drives in 2022 — potentially saving 812 lives.

"The greatest gift of our volunteer program is to serve as an extension of the health care team," said Angie Ramaekers, director of volunteer & guest services. "The valuable work volunteers do allow the patient care team to keep their focus on patients."

Volunteer involvement lightens the load of paid staff while allowing the community to be part of the hospital. Their service directly impacts the hospital's success with more than \$389,000 in employee labor cost savings.

To make your impact as a volunteer, visit columbushosp.org for more information.



VOLUNTEER & GUEST SERVICES IMPACT REPORT

ON-SITE BLOOD DRIVES



We held nine on-site blood drives in 2022. vielding 234 units of whole blood and 55 units of "power reds" collected.



According to the American Red Cross, each unit of whole blood collected has the power to save three lives, and each unit of "power reds" saves two lives. While the impact of "power reds" may seem less mighty than what comes from whole blood collections, it is "power reds" that are the preferred choice for trauma patients, premature babies, people who are severely anemic and cancer patients.

(Blood Facts & Statistics, 2017)

IMPACT: 812 lives potentially saved



VOLUNTEER ACTIVITIES

The activities of volunteers were very noticeable throughout Columbus Community Hospital, as they were stationed at information desks and in The Gift Shop and assisted with way-finding throughout the facility. Yet so much of what volunteers do is far less public.

During 2022, more than 175 volunteers served in 35 various capacities throughout Columbus Community Hospital. Volunteers contributed **more than 13,000 hours** this year.

While it is true that our volunteers do not receive a paycheck, they are worth so much to our organization. According to an April 2022 Independent Sector article, "The current estimated national value of each volunteer hour is \$29.95."

(Value of Volunteer Time, 2022).

Volunteers perform tasks that allow paid staff to focus on patient care and fully tend to their patients. Volunteer involvement lightens the load for paid staff and invites the community to be a part of our hospital.

IMPACT: More than \$389,000 in employee labor cost savings

REFERENCES:

Blood Facts & Statistics. (2017). Retrieved from American Red Cross: www.redcrossblood.org/learn-about-

Value of Volunteer Time. (2022, April 18). Retrieved from Independent Sector: https://independentsector.org/ resource/value-of-volunteer-time/

DID YOU KNOW?

Columbus Community Hospital volunteers hosted six fundraising events in 2022.

VOLUNTEER FUNDRAISER EVENTS

These events provide convenient shopping opportunities for employees and raise money for Columbus Community Hospital — all at the same time.

We facilitated nine fundraiser activities in 2022. including a See's Candies sale, Boutique 29 eleven sales, a used CCH logo apparel sale, scrubs and uniform sales, a shoe drive, a sheets and linens sale and a jewelry sale.

Total dollars raised:

> \$32.817

(This total does not include Holiday Open House proceeds.)

The Extravaganza event, which featured the wellknown butterfly release, used its funds to buy Philips EPIQ Elite equipment for the hospital's diagnostic imaging department.

Extravaganza total proceeds: \$8,303

We will allocate the remaining \$24,514 once the 2024 capital budget items are approved.

IMPACT: \$32,817

was raised to help fund medical equipment and program purchases at **Columbus Community Hospital.**

Norfolk Woman Continues To Make Strong Progress After Spinal Cord Injury



hile crossing the street after leaving a Fourth of July fireworks show, Cami Story was hit by an SUV. The accident left her with a spinal cord injury, a broken clavicle and lacerations to her feet and head. First-responders life-flighted the Norfolk native to the University of Nebraska Medical Center in Omaha, Nebraska. Two weeks later, Cami came to Madonna Rehabilitation Hospitals unable to feel her fingers or toes.

"I don't believe I had any function as far as my upper body at all," Cami said. "I need all of my upper body strength, and I need all of my core strength just to do everyday things, which when arrived here, I couldn't do any of those things."

She spent more than two months continuing her remarkable recovery in Madonna's specialized spinal cord injury

program, a place she said was perfect for her.

"We just knew that we wanted to go to Madonna," Cami said. "My husband and my family knew where they wanted me."

Dr. Paul Krabbenhoft, the medical director for Madonna's spinal cord injury program, worked closely with Cami to help manage her Medical condition and overall health during her rehabilitation journey. At first, Dr. Krabbenhoft noticed she struggled to manage her blood pressure, which is a common complication for spinal cord injury patients.

"From the get-go, we're aggressive with the medications, with the treatments like abdominal binders, compression stockings, different things we were able to gradually add, and finally, we were able to get that blood pressure under

good control where [it] wasn't an issue anymore," Krabbenhoft said. "She was able to participate fully [in therapy] without getting lightheaded and woozy."

Thanks to the combination of daily doctor visits and hours of intense physical and occupational therapy, Cami quickly saw progress. She credits much of that momentum to Madonna's specialized technology, such as the Functional Electrical Stimulation Bike.

"I am lucky to use so much technology," Cami said. "The bike I really liked because it triggered my nerves; I could feel it working."

Cami worked hard during every therapy session, and her results showed.

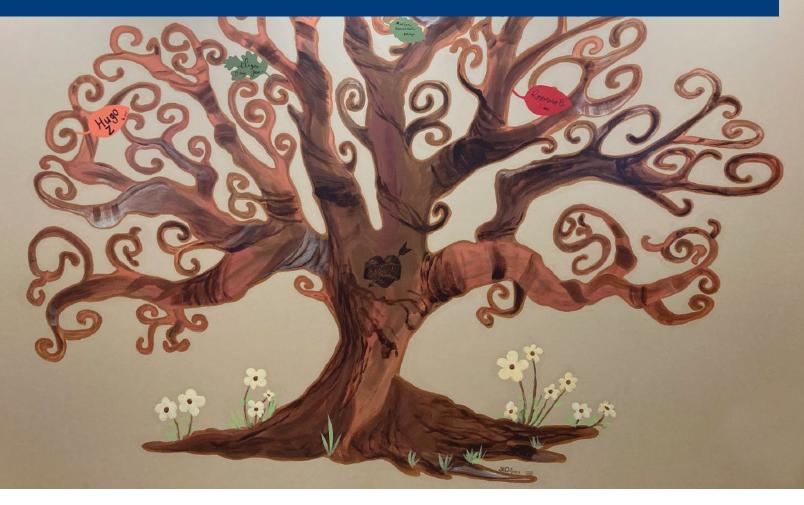
"Anytime that I go back to a physical therapy session or an OT session, I realize I did get stronger the day before," Cami said. "So that's when you think, 'I'm going to be able to do this. I know I can do this."

In the coming months, Cami hopes to get strong enough to hold her grandchild, and she thanks her entire Madonna care team for giving her "what it takes" to live her new normal.





MLH Employee Paints Mural to Honor Babies Graduating from the NICU



ASTINGS — A new mural on the Mary Lanning Healthcare Family Care Center (FCC) celebrates families whose babies are graduating from the Neonatal Intensive Care Unit (NICU).

The mural was the brainchild of several FCC nurses. Brianna Skrdlant, RN, said the nurses were looking for ways to recognize "the struggles that families often face in the NICU." They decided they wanted a mural including a tree because trees are "colorful, strong and ever changing but still beautiful and thriving."

"We see these qualities in our infants," Skrdlant said. "We felt that it would be beneficial to display the tree where families would see it and show their children in the future."

Parents are invited to place leaves on the tree with any information they want to share. The leaves eventually are sent back to families as a keepsake. So far, one leaf has been placed by a family, marking their infant's graduation from the NICU.

The nurses invited Brian Ortgies, MLH Safety & Security Officer, to submit a drawing for consideration for the mural. Ortgies, who has a background in art education, is known at MLH for the temporary cartoons that he has painted on clear panels in the Emergency Department.

Ortgies, who has worked at MLH for six years, said he worked to design something that was inviting and friendly. After his design was approved, he broke it up into four sections and used a projector to make it larger. The actual painting of the tree took about six hours over two days.

Ortgies said one of his top Gallup strengths is collaboration.

"I love to collaborate with other people and contribute with something I am able to do," Ortgies said. "The outcome reflects the caring heart of the people at MLH. I am proud to be a part of this kind of project. I like working here where I can continue to use my strengths."

Before coming to MLH, Ortgies worked with people who have disabilities and mental illness. He said he has called upon that experience in his security job because it is a matter of keeping people safe in both instances.

"When I came here, I was sold on the fact that I know how to be patient, to calm and help people be safe," Ortgies said. "I just want to be helpful."

Age-Friendly Health Systems

ccording to the US Census Bureau, the US population aged 65+ years is expected to nearly double over the next 30 years, from 43.1 million in 2012 to an estimated 83.7 million in 2050. These demographic advances, however extraordinary, have left our health systems behind as they struggle to reliably provide evidence-based practice to every older adult at every care interaction.

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), designed to meet this challenge head-on.

Age-Friendly Health Systems aim to:

- Follow an essential set of evidence-based practices.
- Cause no harm.
- Align with What Matters to the older adult and their family caregivers.

Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the "4Ms," to all older adults in

your system: What Matters, Medication, Mentation, and Mobility.

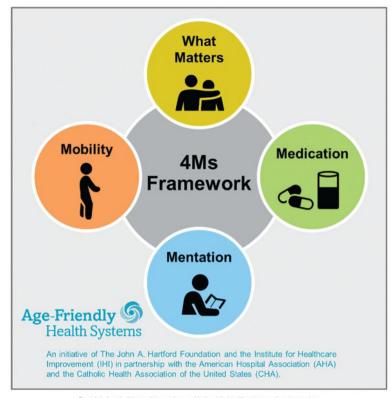
Currently in Nebraska we have 46 facilities which have completed the Age-Friendly implementation, and another 11 that are currently in the process of implementation. The NHA has been able to work with facilities from over 40 different communities across Nebraska.

Because of this work, Age-Friendly Certified facilities in Nebraska have seen positive outcomes related to patient care.

Outcomes include:

- Decreased Adverse Drug Events to less than 0.2%, preventing over 750 extra patient days, saving over \$750,000, and preventing over five hundred ADE's.
- Decrease Readmissions to 4.6% for Age-Friendly Facilities. This has saved hospitals over \$1.2 million and prevented over seventy-five readmissions, saving patients over one hundred hospital days.

To learn more about how your facility or community can get involved, contact Matt Lentz with the NHA at mlentz@nebraskahospitals.org.



For related work, this graphic may be used in its entirety without requesting permission.

Graphic files and guidance at ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

'World-Class Care' From Methodist Fremont Health



Methodist Fremont Health

During the early morning hours of Feb. 23, Dave Nissen woke up with severe abdominal pain.

"It was unremitting pain," the 72-year-old volunteer emergency medical technician and retired nurse said.

Dave's daughter rushed him to the Methodist Fremont Health Emergency Department (ED), just 7 1/2 miles away from his home in Arlington.

He was admitted to the hospital, received four major surgeries over five days to remove part of his intestines and reattach them, and spent 13 days in the hospital — including many days in the Critical Care Unit — before being discharged home with support of home health care services.

Dave received in-home assistance for about a month before making significant progress, which allowed him to resume living independently. He even attended an Arlington Volunteer Fire Department meeting just a couple of months after his hospital stay to offer his assistance.

"He has no business doing as good as he is. I'll be honest," said emergency medicine physician James Tiehen, MD, who saw Dave in the ED. "It's one of those remarkable cases that you remember."

Dave's daughter, Liz Dunklau, APRN, a nurse practitioner at Methodist Fremont Health, believes that her father returned home because of the "impeccable" care he received.

"He survived because of the care that we have at our small hospital and because of the knowledge, teamwork and experience that they all had," she said.

Dave added: "The truth is, I got world-class care in Fremont, Nebraska."

Difficult Decisions

After arriving at the ED, Dave received multiple tests. Despite none of the data suggesting anything was seriously wrong, Dr. Tiehen made the decision to admit Dave to the hospital.

"A common conversation I have with people is that the tests look good now, but that doesn't mean they will in two hours," Dr. Tiehen said.

Adam Pentel, DO, a general surgeon with Methodist Physicians Clinic, engaged in one of many lengthy discussions with Dave and his family to propose a laparoscopic procedure to examine his intestines. After Dr. Pentel examined the area, Dave was diagnosed with intestinal ischemia in his small intestine. Part of his small intestine was dying because of a lack of blood supply, which required Dr. Pentel to surgically remove that part.

Dave seemed to improve for a brief time after the initial procedure, but he and his family knew additional surgery would be necessary.

Todd Eberle, DO, a hospitalist at Methodist Fremont Health, met Dave and his family after he was moved to the Critical Care Unit.

Drs. Eberle and Pentel were in constant communication to monitor his condition. Because Dave continued to get worse, Dr. Pentel headed back to the hospital during the middle of the night.



Dr. Adam Pentel, Methodist Physicians Clinic

"He was one of the sicker people that we've taken care of and, in all honesty, he was pretty close to dying," Dr. Eberle said.

During the few moments that he could speak, Dave communicated to Dr. Eberle that he wanted to keep fighting.

"He had enough to live for and a purpose," Dr. Eberle said. "He wanted to risk everything for a chance at a normal life."

Drs. Pentel and Eberle had a long discussion before conversing with Dave's numerous family members who were present – many of whom work or have worked in the health care field – and gave them the hard truth that surviving a second surgery would be difficult. But after laying out the facts, they decided to act on Dave's wishes.



Dr. Todd Eberle, Methodist Fremont Health Hospitalist

"That's what helped make our decision," Dr. Eberle said. "We knew that's what he would want."

Nurses helped transport the frail patient to the operating room where Dr. Pentel removed another portion of Dave's small intestine before returning him to the Critical Care Unit.

The doctors continued to communicate with Dave's family before making challenging decisions to embark on a third and fourth surgery.

"I tell families that the more information they have, the better off they're going to be to make decisions," Dr. Pentel said.

The fourth and final surgery was followed by hope. Dr. Pentel was able to successfully reattach Dave's intestinal tract.

Over the course of the next week, as Dave progressed toward

discharge, numerous staff members made sure all of his needs were met. including his spiritual desires.

Scott Jensen, a chaplain at Methodist Fremont Health, made frequent stops in Dave's room to pray with him and his family. During one particular moment, Jensen offered a prayer for flatulence - something that would indicate normal intestinal function.

"It was nice to have something to smile about," Liz said.



Dave's daughter and Methodist Fremont Health nurse practitioner Liz Dunklau, APRN

Care From Every Direction

Although Dr. Pentel made the incisions and removed the dying parts of Dave's intestines, the surgeon recognized the team effort that led to Dave's survival.

"It definitely wasn't just me," Dr. Pentel said. "I was just a small part in the process."

He added: "Having all those moving parts working together and doing it in a timely and efficient way made a big difference in his eventual good outcome."

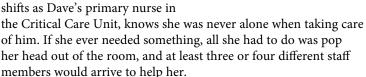
One of those timely decisions was to put Dave on total parenteral nutrition (TPN) - nutrients given through an IV while bypassing the gastrointestinal system - within the first 48 hours of his hospital stay. According to Katie Schreck, MS, RD, LMNT, a therapeutic dietitian at Methodist Fremont Health, TPN is a great way to meet calorie and protein needs, which is very important because Dave's

body was working so hard to heal itself.

Dave and his family received visits from respiratory therapists, cardiologists, an infectious disease specialist, his primary care provider and multiple nurses during his near two-week hospital stay.

"Whatever aspect of care I needed, they were thinking about it," Dave said.

Sybil Steenblock, RN, who spent three consecutive 12-hour day



Sybil Steenblock, RN,

Critical Care Unit

Methodist Fremont Health

"There is a whole culture at Fremont where we don't let anyone drown," Steenblock said.

"Glad to Be Alive"



Dave Nissen visits with his grandchildren at the Arlington city park.

Just a few months removed from his health scare, Dave is slowly adjusting to his new normal.

He tries to spend as much time as he can with his grandchildren at the park and on the family farm. And he desires to continue volunteering with the fire department.

"Every day I wake up, I'm glad to be alive," he said.

And he's thankful for the opportunity to tell others about the care he received in Fremont.

"You don't have to go to the 'big city' hospital. You can get good care right here, close by."

Photos by Dan Johnson

Donor and Doctor Make Wedding Unforgettable



hen it came to picking the best man for his wedding, Ben Clark knew who it should be right away— even if it was someone he had never met.

Clark underwent a bone marrow transplant at Nebraska Medical Center in August 2012. The stem cells came from halfway around the world from a German stranger named Jan Rolfes, who is currently living in Sweden.

"When Ben told me he wanted to ask Jan to be his best man, I thought it was a beautiful idea," says Ben's wife, Jayme. "I knew this was Ben's way of honoring Jan for his life-saving donation."

The two met for the first time the day before the wedding, which took place Sept. 16 in Sioux City, Iowa. Rolfes matched with Clark after signing up as a potential donor through DKMS, an international registry. Clark reached out to Rolfes by e-mail a few years back, but they had never met in person until the wedding brought Rolfes and his girlfriend, Kat Frey, to the United States.

Rolfes wasn't the only connection to Clark's life-saving transplant on the big day. He also invited **Greg Bociek**, **MD**, his medical oncologist, to witness the ceremony.

"I was so excited it all came together," Ben says. "Once I found out Jan was coming, my next goal was to get Dr. B. at the wedding. I wanted him to be able to meet my donor. I think it had to be rewarding for Dr. B. to see all his efforts come full circle."

Dr. Bociek says one of the most fulfilling things about caring for patients is getting to see them grow, change, and live their lives to the fullest.

"I was incredibly touched to hear his donor was going to be his best man and was thoughtfully reminded by Ben's case manager that I had selected Jan as his donor from among a few potential other choices," says Dr. Bociek. "Seeing Ben and Jan together on Ben's

wedding day was one of the most profoundly joyful moments of my professional life."

NBC news anchor Kate Snow shared the story of the international reunion in **this report:** https://www.nbcnews.com/nightly-news/video/man-who-received-life-saving-stem-cells-asks-donor-to-be-his-best-man-at-wedding-193670725974.

When asked for the message behind their connection, Rolfes says, "Sometimes you can do tiny things that are just right to do. They can have a big impact."

The Clarks are enjoying life as newlyweds and hope the story of their wedding makes an impact on others.

"We hope this inspires others to become a donor and join the DKMS registry," says Ben.

"Our hearts were bursting with love the entire day," Jayme recalls. "God has been so good to us."

Key Considerations for Implementing Virtual Nursing

he healthcare landscape is rapidly evolving, and with it, facilities must do this too, to fulfill their staffing needs as well as to protect patient safety. Part of this evolution is the integration of virtual care technology.

Chief Nursing Officer at Medical Solutions, Patti Artley, sheds light on the essential factors healthcare facilities should consider when implementing virtual nursing, including whether virtual nurses should stay in the hospital, what to consider cost-wise, and the benefits of virtual nursing.

Strategic Placement

One of the key insights shared by Artley is the strategic placement of virtual nurses, highlighting the need to be proactive in preventing them from being pulled away from their virtual roles to fill staffing gaps, which can compromise the reliability of the virtual care model.

She says the most successful virtual nursing programs take virtual nurses out of the hospital.

Examining the Costs

The growing market of virtual platforms is exciting, but it's important to note that adopting virtual technology is a significant investment. Integrating technology, training, and making operational adjustments requires a heavy financial commitment. Acknowledging this front-line expense is essential for successful implementation.

Medical Solutions

Aureus Medical Croup FocusOne Solutions Host Healthcare Matchwell WorldWide HealthStaff Solutions

"My advice to facilities considering this is to do your due diligence to look at what it takes to have a successful virtual nursing program and the investment you'll be making." – Patti Artley

Strengthening Support and Alleviating Workload

While there are potential obstacles to success for any change a healthcare facility may make, there will always be benefits. One of the benefits of virtual care technology is that it provides a unique opportunity to enhance the capabilities of support staff and mitigate the demands placed on bedside nurses.

By incorporating virtual nursing solutions, healthcare facilities can effectively distribute tasks, ensuring that patient needs are met and, therefore, patient outcomes are improved. This shift in the workload enables nurses to focus on critical in-person interactions and increase the overall quality of care.

Elevating Patient Safety

Virtual nursing helps to enhance patient safety in more than one way—first, it increases the ratio of healthcare staff to patients. Rather than having just one registered nurse responsible for their care, each patient has two.

Virtual care technology allows the clinicians behind the technology to diligently monitor things like vital signs, detecting even the most subtle changes in a patient's condition. This can lead to early intervention and communication with the bedside nurse

and attending physicians caring for that patient.

Medication reconciliation is another important feature of virtual nursing. The collaborative approach that virtual care technology enables means both the bedside RN and the virtual nurse can collectively assess a patient's medication regimen, identifying possible redundancies or inconsistencies as needed.

Through direct engagement with bedside nurses, virtual nurses can aid in orchestrating comprehensive patient assessments and meticulously examining the various factors of the patient's wellbeing. The virtual nurse can be the second nurse, validating skin assessments and sterility of fields, plus they can be witness to information shared.

The impact of virtual nursing on the healthcare landscape has been transformative thus far and will continue to be so long as the healthcare systems behind it implement it in strategic ways. Virtual nursing empowers nurses to channel their capabilities and excel in their roles, practicing to the top of their license and contributing to staff retention.

Medical Solutions is here to address your strategic staffing needs by providing managed services, travel, local, and per diem contracts, international travel, and more! Contact our team today to learn more about our healthcare talent ecosystem and the services we provide.

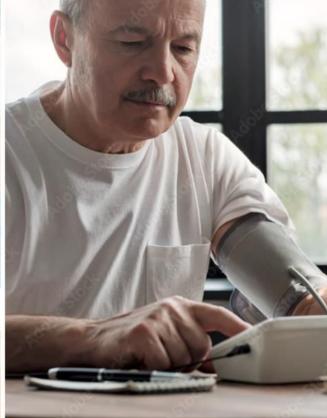
Jennifer Melham is a Content Specialist for Medical Solutions.

Bridging the Gap:

Patient Care Between Doctor Visits for Chronic Illness











In the realm of healthcare, there's a striking paradox that unfolds in the lives of patients living with chronic illnesses. These individuals spend only a few hours a year in a primary care clinic, which stands in stark contrast to the thousands of waking hours they dedicate to managing their illness at home. This incongruity in the healthcare landscape highlights a critical need to understand and address what transpires in the lives of these patients between doctor visits.

The Patient's Challenge

Patients grappling with chronic illnesses often find themselves in a precarious position. These conditions require ongoing management, but healthcare visits are infrequent, leaving individuals to navigate the complexities of their health largely on their own. This challenge is compounded by the following factors:

1. Limited Face-to-Face Time

Typically, patients with chronic illnesses have brief, annual

encounters with their healthcare providers. In these fleeting moments, they attempt to convey the nuances of their condition, symptoms, and concerns.

2. Self-Management Burden

The vast majority of care falls on the shoulders of the patients themselves. They must adhere to treatment plans, manage medications, monitor symptoms, and adopt lifestyle changes.

3. Risk of Progression

Without regular monitoring and interventions, chronic illnesses can progress, leading to complications that might have been prevented with more timely medical attention.

4. Fragmented Care

The sporadic nature of healthcare visits often results in fragmented care, with little continuity or coordination among healthcare providers.

Remote Patient Monitoring (RPM) as a Solution

In response to this dilemma, healthcare providers are increasingly turning to a transformative solution: Remote Patient Monitoring (RPM). RPM leverages technology and connected devices to bridge the gap between doctor visits, offering continuous care and support for patients managing chronic illnesses.

How RPM Benefits Patients

1. Continuous Monitoring

With RPM, patients can continuously monitor their vital signs, symptoms, and health metrics using wearable sensors and other devices, ensuring that changes in their condition are captured in real-time.

2. Early Intervention

The continuous stream of data generated through RPM allows healthcare providers to detect deteriorating health conditions promptly and intervene before they escalate into critical issues.

3. Personalized Care

RPM data provides healthcare providers with a comprehensive understanding of each patient's condition, allowing them to tailor treatment plans and interventions to meet individual needs.

4. Patient Empowerment

RPM empowers patients to take an active role in their health management. They gain insights into their health status and can make informed decisions, leading to better adherence to treatment plans.

5. Improved Care Coordination

RPM fosters better communication and data sharing among healthcare providers, leading to improved care coordination among primary care physicians, specialists, and other care team members.

In conclusion, the stark contrast between the limited time spent in a primary care clinic and the thousands of hours dedicated to self-management by patients with chronic illnesses *underscores the need for remote monitoring* in healthcare delivery.

RPM has emerged as a transformative solution that offers continuous care, early intervention, personalized support, and patient empowerment. By embracing RPM as part of the healthcare continuum, we can enhance the quality of care for these patients and reduce the burden on primary care clinics, ultimately improving the lives of those living with chronic illnesses.

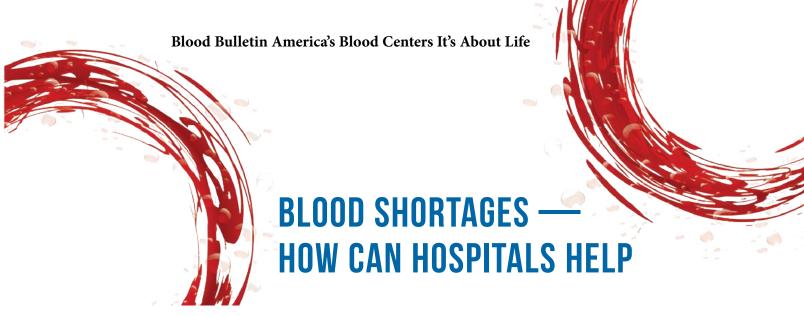
(Justus Decher, November 2023)

(Ruth Stephens, RN, MSN, November 2023) Copyright ©2023 MyVitalz, Inc.



To our heroes on the frontlines of healthcare for what you are doing each and every day.





By: Debra Smith, MD, PhD, Associate Medical Director at Oklahoma Blood Institute; Nanci Fredrich, RN, BSN, MM, Transfusion Safety & Blood Management Officer at Versiti; Kirsten Alcorn, MD, Co-Chief Medical Officer at Bloodworks Northwest; Samantha Ngamsuntikul, MD, Associate Medical Director at South Texas Blood & Tissue Center, a subsidiary of BioBridge Global; Nancy Van Buren, MD, Medical Director at Innovative Blood Resources, a division of New York Blood Center. The authors disclose no conflicts.

Contributors: Louis Katz, MD, Chief Medical Officer at ImpactLife; Richard Gammon, MD, Medical Director at OneBlood; Claudia Cohn, MD, PhD, Professor of Laboratory Medicine and Pathology at the University of Minnesota.

Key Points

- The COVID-19 pandemic has worsened chronic issues with nationwide blood shortages.
- Blood donation should be encouraged and actively supported.
- Transfusion service laboratories should have standard operating procedures (SOPs) for management of blood component shortages

Introduction: Blood centers have been faced with decreased blood donation levels throughout the ongoing COVID-19 pandemic. Chronic blood shortages have resulted from blood drive cancellations, blood center staffing shortages, and dramatic increases in no-show rates of scheduled blood donors due to COVID-19 infection, exposure, and social distancing recommendations. A critically low inventory level has potentially significant consequences for patient care. Blood collection establishments anticipate future challenges with the blood supply as the total number of donors presenting to donate has declined (7.1 percent decrease from 2017 to 2019 preceding the pandemic), particularly among the younger donor age groups.1 Hospital blood banks, transfusion services, and clinicians play a critical role ensuring best management and utilization of the available blood supply. Hospitals can support blood availability by partnering with blood centers to increase blood donation through media support and hospital/community blood drives.

Transfusion Practices for Good Stewardship of Blood Supply:

- Transfuse the minimum number of red blood cell (RBC) units needed to relieve symptoms.
 - o Recommended threshold: Hemoglobin (Hb) <7 g/dL for stable non-cardiac, non-bleeding patients.²
 - Re-evaluate patient symptoms after each single unit transfusion.²
 - o Re-check the patient's Hb if necessary, however frequent blood draws can contribute to anemia.
- Transfuse platelets according to current guidelines.
 - o Prophylactic: if platelet count ≤10,000/μL.3-5
 - o Invasive procedures/surgery: base transfusion on platelet count, bleeding risk, procedure type.3-5
- Emergency release/massive transfusion protocol.
 - o Reserve O-negative RBCs for females of childbearing potential with O-negative/unknown blood type and O-negative males with known anti-D.⁶
- Obtain sample for blood type as soon as possible to allow use of type-specific RBCs.⁷
- Consider use of Group A plasma not Group AB plasma for massively bleeding patients.⁸
- Transfuse any ABO-type cryoprecipitate to adult patients for fibrinogen replacement.⁹

Transfusion Practice Adjustments during Blood Product Shortages:

- For platelets and RBCs:
 - o Reinforce routine transfusion criteria and/or increase stringency of transfusion criteria.
 - o Use prospective review by transfusion service medical or laboratory staff such as for:
 - Orders not meeting or very close to transfusion criteria.
 - Orders for >1 unit.
 - Routine orders (vs stat or massive transfusion protocol (MTP), bleeding vs stable non-bleeding patients).
 - Surgical cases with expected transfusion needs above a pre-determined threshold.
 - o Consider maximum number of units for any single patient per day (consult with the bioethics committee



Why Get Vaccinated?

To Protect Yourself, Your Coworkers, Your Patients, Your Family, and Your Community

- Building defenses against COVID-19 in this facility and in your community is a team effort. And you are a key part of that defense.
- Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, patients, and family.



Here are ways you can **build people's confidence** in the new
COVID-19 vaccines in your facility,
your community, and at home:

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- ✓ Tell others why you are getting vaccinated and encourage them to get vaccinated.
- ✓ Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.



The Power of Brand Architecture

Building An Intentional Brand in Healthcare

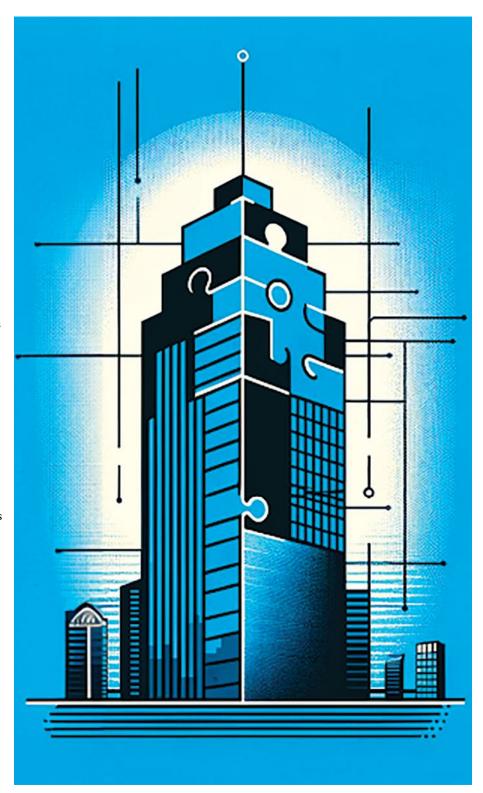
In healthcare, the world of brand architecture is a delicate balance—between creativity and strategy. The art of organizing and presenting your brand should be a priority to facilitate trust. Understanding the power and potential of different brand architectures allows you to choose how to best present your organization to the public and build successful brand alignment.

The Structure of Brand Architecture

House of Brands, Branded House, and Hybrid Approaches

Brand architecture, much like an architect's blueprint, is the framework that defines how your organization's brands, products, and services are arranged and showcased to the public. It encompasses the relationships between different brand elements, such as your corporate brand, sub-brands, product lines, and endorsements. The true art lies in choosing the right structure to create alignment with your values and goals while still resonating with your audience.

- House of Brands: This approach involves creating a family of distinct brands, each with its own identity and market position. It allows for independent personality, reputation, growth and flexibility, catering to various customer segments and preferences. Crafting a house of brands captures the individual essence of each brand while leveraging the parent brand.
- Branded House: In this approach, your main brand serves as the umbrella over all of your different products and services. It creates a seamless and unified brand experience, leveraging the strength of your main brand to establish





UNANIMOUS

trust and credibility for the products and services underneath. Building a branded house provides a simple but lasting impression on the minds of your audiences.

• Hybrid Model: Combining the elements of both the House of Brands and Branded House approaches fuels this model. It allows for a mix of independent brand identities within a unified brand framework. Creating a hybrid brand architecture maximizes the potential of your brands and allows for individuality, while still maintaining a consistent brand voice.

The Role of Brand Architecture

Build it, and they will come.

The role of brand architecture is to strategically organize and structure an organization's brands, products, and services to effectively communicate value, differentiate offerings, and connect with the target audiences.

- Developing Your Brand: A well-crafted brand architecture creates a hierarchy to guide your audience through a brand journey with alignment across all platforms. It helps communicate the relationship between your parent brand and its sub-brands or product lines. The brand architecture ensures consistency across all brand elements, from verbal messaging to visual identity, and enhances the customer experience.
- Aligning Your Brand: Brand architecture ensures consistency across all brand expressions, from verbal messaging to visual identity, and helps to complete the customer experience. Developing a comprehensive guideline helps preserve your brand's integrity to ensure every element presents a unified identity.

- Extending Your Brand: With a strategic brand architecture in place, you can confidently introduce new product lines or explore different markets while leveraging the equity of your existing brand. Capitalizing on a parent brand's recognition and reputation helps ensure a cohesive and engaging brand experience at every touchpoint, including new components.
- Targeting Your Audience: Depending on which approach you choose, the architecture can create subbrands or product lines that cater to specific market segments or customer preferences. This targeted approach allows you to intentionally address diverse needs, and capitalize on the emotions, or key motivators of your customers.

Your brand is the face of your organization, and how you structure it is paramount. Whether you opt for a House of Brands, a Branded House, or a Hybrid Approach, the key is to find harmony between your values, goals, and the expectations of your audience. With the right brand architecture, you can not only facilitate trust but also build a strong, intentional brand that resonates with your community, patients, and partners.

UNANIMOUS is a branding agency based in the heart of the Midwest—Lincoln, Nebraska. They partner with clients to develop strong brand alignment through strategic marketing, creative design, engaging website development, and compelling video projects of all sizes and scopes. UNANIMOUS, meaning one mind, is known for its collaborative style and works with clients nationwide. The agency prides itself on rhyme, reason, and results. For more information, visit BeUNANIMOUS.com.

Purchased Services Present Niche Savings Opportunity

hile the supply chain improvements typically focus on pharmaceuticals and medical supplies, there is opportunity to find savings in a previously overlooked area of spend — purchased services.

Generally speaking, purchased services are the services a hospital outsources to a third party. While these services can include everything from laundry to landscaping, spend for purchased services resides in a number of budget categories including: facility support services; contracted clinical services; information technology and telecommunications; financial services; ancillary support services including marketing; insurance services; human resource support services; and pharmacy services.

Historically purchased services are challenging to manage for a number of reasons. First, purchases are often decentralized with decisions made at the department level. Limited benchmark information and a scarcity of relevant national contracts create additional barriers to cost management.

A Sizable Expense



While purchased services account for about 25 percent of a hospital's operating expenses. purchased services and products together make up 50 percent of the budget, with labor costs comprising the remaining half.

More recently, as personal protective equipment (PPE) and other critical supply costs have escalated, hospitals are seeking ways to offset these expenses in other areas. One area of potential savings is contracted purchased services, which touch every hospital department.

When beginning a purchased services cost-reduction program, it's best to garner support from the C-suite,

especially financial, supply and other leaders who set goals and savings targets. In addition, functional area leaders are key for gathering current and historic spending data.

Savings on purchased services can range from 10% to 30% depending on the contracting service and access to category specific benchmarks (CHC Supply Trust).

Benefits of Coordinated, Managed Purchased Services

- **Information:** Benchmark hospital purchased service spending for each category against that of similar organizations to spot potential savings opportunities.
- **Choice:** Select your preferred service providers based on staff input, price and contract negotiation.
- Ease: Reduce implementation time and maximize savings with a supply partner managing each step of the process.

Resources to Help

In response to these challenges, CHC Supply Trust collaborates with Valify, a technology solutions provider, to provide a comprehensive, yet centralized view of their total purchased services expense. In addition to categorizing the expenses by functional area, Valify also provides benchmarks specific to each specific contract category and an apples-to-apples comparison regardless of the size of the health system.

Currently, more than 80 CHC Supply Trust hospital members have implemented the Valify application with more being set up each month.

An early adopter of the Valify application, Hunt Regional Medical Center in Greenville, Texas, has recognized its value in numerous ways. "The Valify platform has been a 'gigantic spotlight' on our service contracts and brings a lot of transparency," said Billy Robinson, Director of Supply Chain Services, Hunt Regional Medical Center. "The visibility to the data has facilitated more productive discussions with both internal staff and physicians to identify potential improvements as well as externally with vendor negotiations. The technology platform is not a quick fix, but it provides our own health system's data coupled with national industry information to create a baseline of information to support a collaborative approach to improvements."

Contracting Services

Services contracts are another area of savings opportunity for community hospitals. It's common for default service contracts to favor the vendor's interests without protecting the hospital. For example, auto-renewal contracts can lock a hospital into long-term agreements even if pricing becomes non-competitive. Some contracts even hold customers accountable for vendor mistakes. CHC Supply Trust clients benefit from a contract review service which assists with the entire process of evaluating, selecting and contracting with vendors to make sure all agreements favor the hospital's interests.

About CHC Supply Trust

CHC Supply Trust raised the bar in helping member hospitals during the pandemic and continues to help hospitals save on supply costs, including purchased services, through its long-standing relationship with HealthTrust, one of the nation's leading group purchasing organizations (GPOs).

Purchased Services Contract Categories

Ancillary Services, such as:

- · Courier services
- Document shredding
- Marketing
- Subscriptions
- Transportation services

Facility Support Services, such as:

- Elevator services
- Housekeeping
- Laundry and linen services
- Pest control
- Security services
- Waste management

Clinical Services, such as:

- Blood bank services
- Mobile imaging
- Perfusion
- Reference lab services
- Hyperbaric services

Pharmacy Services

IT and Telecom

HR Services, such as:

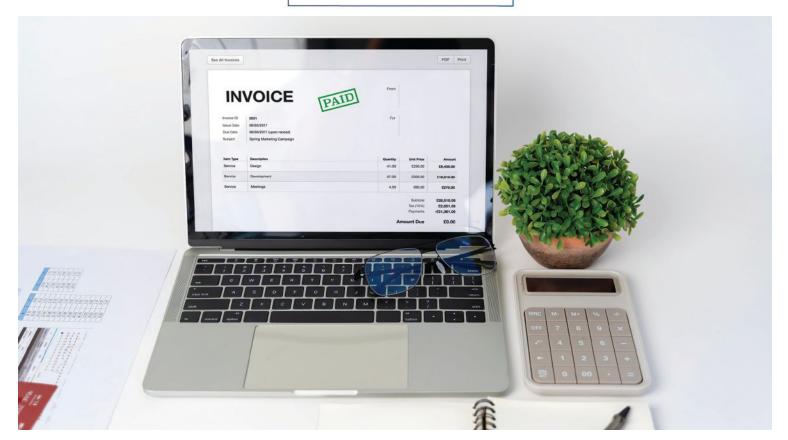
- Background checks and drug screening
- Employee benefits administration

Financial Services, such as:

- Credit card processing
- · Physician advisory services

Energy services (electric, natural gas)

CHC Supply Trust offers top-tier pricing for community hospitals regardless of their supply spend. To find out how much your hospital can save in supply costs, CHC Supply Trust offers a complimentary supply spend analysis that compares the cost of items that your hospital currently spends to member pricing for those same items. For more details, contact Phil Trent, VP of Business Development, CHC Supply Trust, at (972) 943-1204 or ptrent@communityhospitalcorp.com.



Simplify Your Background Screening Process with One Source, an NHA Services Preferred Business Partner

In the realm of healthcare, trust and safety are paramount. Patients rely on hospitals to provide topnotch medical care, ensure their well-being, maintain the highest standards of care, and uphold ethical practices. Among the myriad of challenges faced in achieving these goals, background screening emerges as a powerful tool.

One Source understands the complex nature of screening, balancing the state and federal requirements, conducting proper due diligence, and completing it all in a timely manner. This is why *TotalCheck* screening solutions were created, allowing you to bring your screening process under one roof too.

Let's break down the most important, and required, parts of a hospital's pre-employment screening program:

Criminal Background Checks

When most hospital leaders think of background screening, criminal searches are typically the first thing that comes to mind. Understanding that there are many areas where criminal records can be stored, One Source's *TotalCheck* solutions provide comprehensive coverage. This solution includes direct, real-time searches of county (statewide when available) courthouse records, a powerful nationwide criminal database, all federal courts, sex offender registries across all 50 states, and a robust global search covering wanted watch lists, exclusion lists, and more.

With *TotalCheck*, you can meet and exceed your Nebraska DHHS Title 175 criminal background check requirements.

Here are some questions to consider when reviewing your current criminal background check provider:

- Do they search all counties in Nebraska?

 Often other screening firms only search counties where the applicant may have lived. Nebraska has a statewide justice system that all counties report to equally. Searching all counties helps to uncover records that occurred nearby or those where the applicant may not have lived.
- Are you receiving Federal Court searches?
 Federal crimes are often high-level and include records you wouldn't want to miss. Ensure that you receive all 94 federal courthouses, not just the courts where the applicant lived.

Healthcare Exclusions and Sanctions Lists

Healthcare exclusions are administrative actions taken against an individual or entity. These actions are either through the Office of Inspector General (OIG), the Department of Health and Human Services (HHS), or one of the various state agencies. When an individual or entity finds themselves on one of these exclusion lists, it means that Medicare, Medicaid, or Tricare won't pay for services provided directly or indirectly by the excluded person or entity.

This is a big deal because this Federal healthcare program subsidizes about 60-65% of hospital dollars spent in the

Outside of not receiving these federal funds, there are also fines, suspensions, license suspensions, and other repercussions. Penalties can be upwards of \$22,000 per violation, and assessments can be up to 3x the claimed amount.

Healthcare exclusions and sanctions checks are not merely an optional best practice but a legal requirement. Hospitals are mandated to perform these checks to ensure compliance. In sections 1128 and 1156 of the Social Security Act, HHS OIG requires that healthcare organizations not hire or do business with any "excluded or sanctioned individuals or entities."

One Source provides the ability to search the Office of Inspection General (OIG) and System for Award Management (SAM) exclusion lists easily upon hire, with unique options to enroll your employees in ongoing monitoring so that any administrative actions can be caught before your hospital racks up fines.

Nebraska State Hospital Requirements

Here in Nebraska, hospitals are governed by the Department of Health and Human Services (DHHS). Nebraska DHHS states in Title 175, Chapter 9 that hospitals must complete a:

- Criminal Background Check
- Adult Protective Services Central Registry Search
- Child Protective Services Central Registry Search
- Nebraska Sex Offender Registry Search
- Nurse Aide Registry Search



The *TotalCheck* solution covers both the Criminal Background Check and Sex Offender Registry inherently, but packages can easily be built to also include Nebraska DHHS APS/CPS and the Nurse Aide Registry.

Additional Screening Solutions

Outside of the full criminal background check, searching the federal exclusion lists, and complying with the State of Nebraska requirements, a plethora of other solutions are available to help hospitals mitigate liability and legal risks. These include, but are not limited to:

- Employment and Education Verification
- State Abuse Registries
- Social Media Records
- E-Verify and Electronic I9
- Professional License Verification
- Motor Vehicle Records
- Drug Testing

Time to review your screening process?

One Source knows the importance of having a quick and efficient screening process during onboarding. Labor markets are tight, especially in rural areas, and time is often of the essence. The pains are prominent—One Source brings your State and Federal screening requirements under one roof.

Contact our local office today to find out more!

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