

Healthier NEBRASKA

WINTER 2020 • VOLUME 23 • NUMBER 4

York: A Community in Action



KEEP YOUR HEART IN YOUR COMMUNITY
SHOW SOME LOCAL LOVE



York General asks community to donate gear to protect health care workers and patients from COVID-19

Right now, health care workers at York General Hospital have the gear they need to protect themselves during the COVID-19 pandemic. The global demand for supplies has exceeded the supply and stretched manufacturing limits to its breaking point, leaving many hospitals without the proper equipment to protect its healthcare workers on the frontline of this crisis.

With the number of COVID-19 patients in Nebraska rising daily, leaders at York General are asking for the community's help in donating supplies now. That way, supplies will be ready if needed in coming days and weeks, to protect staff and patients.

"Every mask collected means a nurse will be less afraid to go home to their families at night," explained Tamara Wiens, RN – Quality and Infection Control at York General. "Re-using masks is potentially dangerous for both nurses and patients. And if we can't keep nurses safe, we won't have nurses to care for patients."

York General, with the help of the York Chamber of Commerce and York Ace Hardware, is actively seeking donations. Starting Monday, March 23, until further notice, supplies can be dropped off at York Chamber of Commerce. At this time, York Chamber of Commerce is the only drop-off point.

We ask that you do not bring items directly to the hospital. The items we are seeking are:

- N95s or any type of respiratory mask
- Face Shields
- Nitrile (Non latex) gloves
- Goggles (chemical or foam lined)
- Wrap around safety eyewear
- Tyvek suits or coveralls
- Tyvek foot covers



As germs are a concern, we are seeking new, in-box or package, unopened items. All items collected will be recorded at time of drop off.

In addition, we are seeking a large enclosed tent (with sides), approximately 20' by 20' – in the event that the hospital would need to expand our triage/prescreening area.

For more information, consult YorkGeneral.org or visit our Facebook page. Our thanks to Blake Burgess at York Ace Hardware and Madonna Mogul at York Chamber of Commerce for their help during this time.



INSIDE:
Courageous Leadership for Anxious Times

NHA Nebraska Hospital Association
The influential voice of Nebraska's hospitals

Laura J. Redoutey, FACHE
President



WE'RE THE ONES

TAKING CARE OF YOU.



Cline Williams serves professionals and entities throughout the health care industry, including medical, dental and behavioral health providers. Our legal professionals know the issues the health care industry faces today.

AND WE ARE HERE TO HELP.

- General health care compliance, risk management and policy development
- HIPAA-HITECH privacy and security compliance
- Health care transactions, including mergers, acquisitions and joint ventures
- Federal and state taxation of health care organizations
- Medical staff bylaws, medical staff credentialing and peer review
- Physician alignment and integration, recruitment and contracts
- Reimbursement
- Clinical ethics
- Patient rights
- Immigration Law
- Anti-Kickback/Stark Law compliance
- AMTALA
- Professional licensing
- Lobbying and drafting of health care legislation
- Antitrust
- Guardianships, health care powers of attorney and living wills
- Health care mediation and dispute resolution
- Public records/open meetings for public hospitals
- Governance of tax-exempt organizations

CLINE WILLIAMS

WWW.CLINELLIAMSWILLIAMS.COM

(402) 474-6900

LINCOLN | OMAHA | AURORA | SCOTTSBLUFF | FORT COLLINS | HOLYOKE



RURAL HEALTHCARE CONSTRUCTION

A large background image showing a person from behind, standing in a pool of water. In the background, a large screen displays a close-up of a person's leg, likely for a medical or physical therapy demonstration. The room has stone walls and a tiled floor.

MODERNIZE
THERAPY
SERVICES

A photograph of a modern dental clinic. It features a white dental chair, a large mirror, and a bright, clean environment with white cabinetry.

ADD
SPECIALTY
SERVICES

A photograph of a doctor in a white coat examining a young girl. The girl is sitting on a medical examination table. The room is a typical clinical setting with a white wall and medical equipment.

IMPROVE
PATIENT
COMFORT

— YOUR PARTNER FOR —
**REMODELS, ADDITIONS
& NEW CONSTRUCTION**

BD Construction partners with administrators and boards to build better facilities and improve patient experiences at clinics and hospitals throughout the Midwest. Our team of experienced professionals make the construction process easy for you every step of the way.

When you begin to dream about a new space, call BD Construction.

DREAM | PLAN | BUILD

TALK TO BD | 308.234.1836 | BDconstruction.com



6



WINTER 2020 • EDITION 95

CONTENTS

- 6** Making Masks for the Masses
- 7** York's Community Response to COVID-19 – a true team effort
- 8** NHA Honors Hospitals and Individuals with Annual Awards
- 9** NHA Congratulates The Caring Kind Award Recipients
- 12** UNMC dedicates Dr. Edwin G. & Dorothy Balbach Davis Global Center in Virtual Ceremony; Clinical Simulation Facility to Transform Health Care Education
- 14** Managing the Impact of Missed or Delayed Diagnoses of Non-COVID Conditions


**THE CARING KIND
 AWARD**

9



18



- 16** RESET. REFRESH. REBRAND.
Is Your Hospital Next?
- 17** Nebraska's Hospitals and Health Systems
Have Rapidly Shifted to Meet the Challenges
of COVID-19
- 18** Optimizing Supply-Chain Costs for
Community Hospitals
- 20** Courageous Leadership for Anxious Times



The influential voice of Nebraska's hospitals



Created by Publishing Concepts, Inc.

David Brown, President
David Brown, President • 1-800-561-4686 ext. 103
dbrown@pcipublishing.com



For advertising info contact
Nancy Montgomery • 1-800-561-4686 ext. 106
nmontgomery@pcipublishing.com

Healthier NEBRASKA

A magazine for and about Nebraska
community hospitals and health systems

CHAIRMAN, 2020 NHA BOARD OF DIRECTORS

Russ Gronewold, CPA
President & CEO
Bryan Health, Lincoln

2020 NHA BOARD OF DIRECTORS

Russ Gronewold, CPA
Bryan Health, Lincoln

Marty Fattig, MHA
Nemaha County Hospital, Auburn

Leslie Marsh, MHA
Lexington Regional Health Center, Lexington

Ivan Mitchell, FACHE
Great Plains Health, North Platte

Kathy Bressler, RN, MN
CHI Health, Omaha

John Mentgen, MHA, FACHE
Regional West Health Services, Scottsbluff

James Linder, MD
Nebraska Medicine, Omaha

Paul Dongilli, Jr., FACHE
Madonna Rehabilitation Hospitals, Lincoln/Omaha

William Calhoun, FACHE, MBA
Kearney Regional Medical Center, Kearney

Daniel DeFreece, MD
CHI Health St. Mary's, Nebraska City

Theresa Klein
Saunders Medical Center, Wahoo

Ryan Larsen, FACHE, MBA, MHA
Community Medical Center, Inc., Falls City

Michael Hansen, FACHE
Columbus Community Hospital, Columbus

Josie Abboud, RN, BSN, MBA, FACHE
Nebraska Methodist Hospital and
Methodist Women's Hospital, Omaha

Todd Consbruck, MHA
Avera St. Anthony's Hospital, O'Neill
Avera Creighton Hospital, Creighton

Jason Petik
Sidney Regional Medical Center, Sidney

Nancy Glaubke, MBA, RHIA
Valley County Health System, Ord

Richard Haraldson, FACHE
Beatrice Community Hospital & Health Center, Beatrice

Laura J. Redoutey, FACHE — Ex-Officio
Nebraska Hospital Association, Lincoln

NHA STAFF

Laura J. Redoutey, FACHE, president
Lorri Acree, accounting clerk

Jon Borton, vice president, NHA Services Inc.

Heather Bullock, member services & events manager

David DeVries, director of health data

Michael Feagler, vice president, finance

Julie Fletcher, executive assistant /office manager

Andy Hale, vice president, advocacy

Barbara Jablonski, director of accounting

Brian Noonan, senior director of communications & education

David Slattery, director of advocacy

Margaret Woepfel, vice president, quality & data

EDITOR

Brian Noonan, senior director of communications and education
bnoonan@nebraskahospitals.org

Healthier Nebraska is published quarterly by the Nebraska Hospital
Association, 3255 Salt Creek Circle, Ste. 100, Lincoln, NE 68504

(402) 742-8140

www.NebraskaHospitals.org. All rights reserved.

DISTRIBUTION

Healthier Nebraska is distributed quarterly throughout hospitals
in Nebraska. It reaches all hospital department heads including
administrators, hospital physicians, managers, trustees, state legislators,
the Congressional delegation and other friends of Nebraska hospitals.

Making Masks for the Masses

Visitors in hospitals, shoppers in stores, inmates in jail. You might see them all wearing free masks handed out by CHI Health.

“As a system, we had adequate supply of masks, but need was growing and we felt we should be proactive about protecting our communities,” said CEO Cliff Robertson, MD.

“We know wearing a mask reduces and prevents COVID-19, so this is the best tool we have and we need to help the public,” said Renuga Vivekanandan, MD, CHI Health Infectious Disease Specialist.

The team working on the reusable mask project had an early breakthrough: finding medical-grade material already in the supply chain. “This was a material we already use for surgical wrap for surgical sets, so it’s a multi-purpose material and it also had very good filtering,” said Greg Schardt, System Director –

pharmacy mail order.

The team worked with industry partner AMI Environmental, an environmental health and safety consultant, to test the effects of washing the fabric on filtration.

Air was drawn through the washed masks at eight liters a minute, an average amount established by a CHI Health pulmonologist. Micron-sized particles were counted with a handheld laser particle counter.

“We did that to see if there’s a change in the filtration efficacy of the material,” said Daniel Taylor, President of AMI Environmental. “Measurements indicated that there wasn’t a remarkable reduction in efficacy.”

The team was ready to move the material into production. To find a local vendor, Schardt partnered with Bergman Incentives and reached out to the Latino Center of the Midlands. That connection led to Little Miss Fashion in South Omaha. Soon 11 local seamstresses were making thousands of

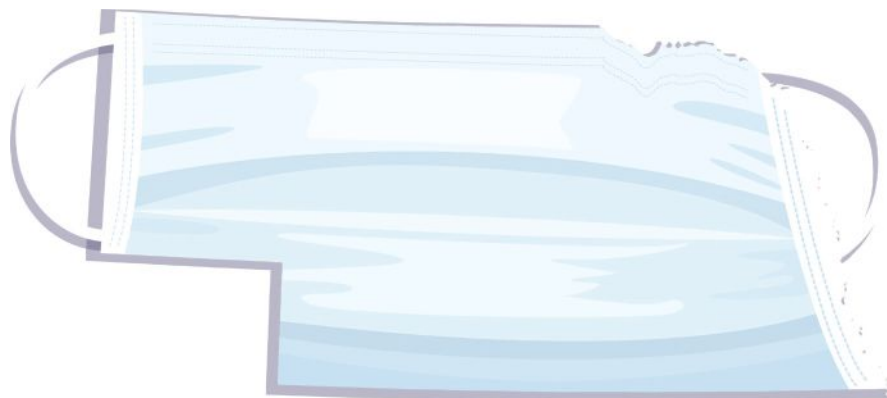
CHI Health masks weekly.

CHI Health hands these masks out to visitors.

“We knew we could use 10,000 a week for all of our facilities across the state,” he said. A ready supply makes it possible to respond to community requests, such as when Hall County Corrections needed masks for inmates and staff.

“Our first 600 masks went there,” Schardt said. “These are quality, two-ply fabric masks. We know they can be washed many times and the quality of air filtration has been established.”

The masks have been handed out at several drive-up community events. Each mask comes with an instruction card explaining how to care for it.



WE'RE IN THIS TOGETHER,
NEBRASKA

York's Community Response to COVID-19 – a true team effort



York General is a 25-bed Critical Access Hospital that distinguishes itself as a leader with a wide array of life care facilities. Specialty care is provided by a wide variety of physicians with primary practices in Eastern Nebraska. York General also operates Willow Brook Assisted Living and Hearthstone Skilled Nursing and Memory Care.

When COVID-19 struck, it soon became evident that York General needed to do more than just figure out a plan of managing this virus, it needed to lead the community on several fronts.

From the very beginning, York General was proactive in training staff in ICS procedures. In fact, 21 staff members have basic ICS training and 1 has completed the ICS Basic, Professional Series and is waiting to complete the Nebraska Emergency Management Capstone. 7 staff members will start ICS training when things begin to return to a more normal flow.

On March 12, Incident Command was fully rolled out across the York General Campus. Breaking down the effort into different segments enabled communications to flow quickly and to get information out that was both clear and informative. It also allowed the Incident Commander the ability to send daily messages to the entire staff and keep them updated regarding both current and future actions. These messages were sent daily by email and were also posted on the hospital's intranet for all employees.

In preparing for COVID-19, York General's Incident Command rolled out more than 25 new pandemic policies, updated current policies at all facilities, reviewed emergency plans with all directors, and held walk-throughs with all impacted departments. York General was also in contact with Bryan Health and CHI facilities in both Lincoln and Grand Island to formalize a transfer process for those patients

needing advanced care and assisting with non-critical overflows as needed.

The hospital's ethics committee convened early in the pandemic to address issues that were being seen in larger cities throughout the country. They adopted the SOFA scoring method of patient evaluation, but were fortunate not to have use this approach.

York General was selected as one of several Critical Access Hospitals to receive Remdesivir for use in treating COVID-19 patients. After discussing this with their physicians and pharmacists, the decision was made to decline the offer and allow other hospitals with a higher chance of critical patients to take their allotment.

Throughout the pandemic, York General's primary goal has been to protect those at high risk and those who cannot protect themselves. To accomplish this goal, it meant reaching out and partnering and/or collaborating with several health care agencies, larger hospitals and health systems as well as local businesses and emergency management. This was truly a community effort.

Ensuring employee safety when treating presumptive positive patients was a huge undertaking. Once all the appropriate PPE had been secured, a task in itself, there was identifying-storing and cleaning as well as training on how to properly don and doff PPE. The respiratory department created videos showing proper mask use and worked to ensure all staff were properly fitted. No small effort by any means and this preparation would prove valuable later on in the pandemic.

The plant operations staff went above and beyond, creating workspaces for social distancing, manufacturing partitions, and learning how to convert patient rooms and entire hallways to negative pressure spaces. They also solved the issue of keeping air handlers balanced.

As York General continued to face the challenges of COVID-19, the York community reached out and offered help and resources in so many ways. From a PPE drive hosted by the local hardware store to local seamstresses sewing over 1,000 masks, York pulled together in the time of greatest need.

Not only did the community provide needed support to York General, local public health departments and emergency management stepped up their game, providing information and resources as well as collaborating at a high level.

Local churches, schools, city and county offices. York General is the heartbeat of this community, but the pandemic has proven that a community thrives when everyone pulls together in the same direction with the same goal.

NHA Honors Hospitals and Individuals with Annual Awards



Pictured above: Quest for Excellence Award winners - (L-R) Saunders Medical Center team and Margaret Woeppel.

The following hospitals and individuals were recognized with the following awards for 2020:

For Quality

The Quest for Excellence Award was awarded to two hospitals: Bryan Health in Lincoln for their submission: COVID-19 Testing: One Team, One Purpose and Saunders Medical Center in Wahoo for their entry: Rural Response to the Opioid Crisis

For Safety

NHA Services and its partner, LMC Insurance and Risk Management recognized the following Nebraska hospitals with the 2020 Hospital Safety Awards.

A Gold was awarded to Community Medical Center in Falls City.

A Silver was awarded to Dundy County Hospital in Benkelman.

Bronze award winners included:

- Annie Jeffrey Memorial County Health Center in Osceola
- Boone County Health Center in Albion
- Johnson County Hospital in Tecumseh
- Memorial Health Care Systems in Seward
- Pender Community Hospital in Pender
- Tri Valley Health System in Cambridge

Valley County Health System in Ord was also honored with the Most Improved award in 2020.

In addition, the following individual awards were recognized for 2020:

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 is Marty Fattig, ACHE, CEO of Nemaha County Hospital in Auburn.

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 2020 NHA Meritorious Service Award recipients were Linda Ament, Senior Executive for Compliance Services – Beatrice Community Hospital & Health Center in Beatrice; Mike Hansen, FACHE, President & Chief Executive Officer, Columbus Community Hospital in Columbus and Leland Lamberty, MD, Great Plains Health & Great Plains Health Family Medicine in North Platte.

The Trustee of the Year Award was awarded to: Raymond Huggett, Chairman Board of Trustees – Merrick Medical Center in Central City and Merlin Wehling, MD, Board Member – Kearney Regional Medical Center in Kearney.

Dr. Gary Anthone was awarded NHA's Healthcare Advocate of the Year. Dr. Anthone serves as Chief Medical Officer for the State of Nebraska and has been instrumental in partnering with our member hospitals in navigating the current COVID-19 pandemic.

Two hospitals were also recognized for their tenure as members of the American Hospital Association:

Nebraska Methodist Hospital in Omaha - 100 years and Community Hospital in McCook – 75 years.



Angela Herbert, Bryan Health and Margaret Woeppel, NHA

NHA Congratulates The Caring Kind Award Recipients



The Nebraska Hospital Association (NHA) has recognized 75 Nebraska member hospital employees for their excellence in service by bestowing them with the organization's prestigious The Caring Kind award.

For 41 years, The Caring Kind award has been given to Nebraska's most caring and compassionate hospital employees. The award honors outstanding health care employees who have demonstrated compassion for patients, cooperation with co-workers and dedication to excellence in their job responsibilities.

"2020 has certainly been a challenging year and we were forced to cancel our annual convention. One of the highlights is our annual Caring Kind Awards luncheon," remarked NHA President, Laura J. Redoutey, FACHE. "This year, we had to get creative to make sure we give our recipients the recognition they truly deserve. The Caring Kind award symbolizes kindness, caring, dedication and commitment to patient care

at our hospitals. These individuals are so very deserving of our recognition."

Hospitals across the state each select one The Caring Kind award recipient from within their respective institutions to be recognized. More than 2,600 caring, skilled and dedicated health care professionals have received this award since its inception in 1979. In lieu of the annual awards luncheon, this year's recipients have been recognized with a special video available online.

"Every Nebraska hospital employee plays a critical role in providing high-quality, cost-effective treatment and ensuring the safety of themselves, their co-workers and patients each and every day. These honorees are star performers through their dedication to patients and teamwork, ensuring that care is safe, quality-driven and cost-effective for consumers, as well as for the organizations they represent," said Ms. Redoutey.

NHA honors these Nebraska Hospital employees with "The Caring Kind" Award:

- **Shelly Allen**, Great Plains Health, North Platte
- **Deb Andreassen**, Annie Jeffrey Memorial County Health Center, Osceola
- **Amanda Bach**, Pender Community Hospital, Pender
- **Michelle Baney**, Dundy County Hospital / Quality Healthcare Clinic, Benkelman
- **Etta Beaver**, Saunders Medical Center, Wahoo
- **Melanie Bell**, Nebraska Spine Hospital, Omaha
- **Rhonda Bredthauer**, Valley County Health System, Ord
- **Amber Brunow**, Jefferson Community Health & Life, Fairbury
- **Jan Buchanan**, Crete Area Medical Center, Crete
- **Maria Calderon**, Methodist Fremont Health, Fremont
- **Kitt Callaway**, Tri Valley Health System, Cambridge
- **Doris Deleski**, OrthoNebraska, Omaha
- **Dillon Dexter**, Howard County Medical Center, St. Paul
- **Kelly Dohmen**, Avera Creighton Hospital, Creighton
- **April Einspahr**, Harlan County Health System, Alma
- **Jennifer Elliott**, Sidney Regional Medical Center, Sidney
- **Rex Famitangco**, Morrill County Community Hospital, Bridgeport
- **Melissa Foltz**, Columbus Community Hospital, Columbus
- **Devyn France**, Brown County Hospital, Ainsworth
- **Megan Frizzell**, Rock County Hospital, Bassett
- **Elizabeth Furstenau**, Antelope Memorial Hospital, Neligh
- **Janice Gengenbach**, Cozad Community Health System, Cozad
- **Melissa Gragg**, Merrick Medical Center, Central City
- **Jane Gramke Stevens**, Memorial Community Hospital & Health System, Blair
- **Jere Gravatt**, Nemaha County Hospital, Auburn
- **Amanda Gulbrandson**, Boone County Health Center, Albion
- **Rhonda Harmon**, Community Medical Center, Inc., Falls City
- **Mindi Jasper**, Butler County Health Care Center, David City
- **Gena Kile**, Mary Lanning Healthcare, Hastings
- **Hope Koester**, Pawnee County Memorial Hospital, Pawnee City
- **Courtney Kossov**, Madonna Rehabilitation Hospitals, Lincoln
- **Patience Kramp**, Nebraska Medicine, Omaha
- **Nikki Kraus**, Beatrice Community Hospital & Health Center, Beatrice
- **Amber Kussman**, Brodstone Memorial Hospital, Superior
- **Julie Kvasnicka**, CHI Health Lakeside, Omaha
- **Claudia Lanuza**, CHI Health Schuyler, Schuyler
- **Pam Lawver**, Friend Community Healthcare System, Friend
- **Cindi Layher**, CHI Health St. Francis, Grand Island
- **Val Lind**, Phelps Memorial Health Center, Holdrege
- **Pam Livingston**, CHI Health St. Elizabeth, Lincoln
- **Pamela Matthes**, Providence Medical Center, Wayne
- **Josette McConville**, Kearney Regional Medical Center, Kearney
- **Kevin McNichols**, West Holt Medical Services, Atkinson

continued on page 10

continued from page 9

- **Jennifer Meiergerd**, Franciscan Healthcare, West Point
- **Lori Menke**, CHI Health Midlands, Papillion
- **Megan Meyer**, Boys Town National Research Hospital, Omaha
- **Chris Mills**, Chadron Community Hospital & Health Services/Prairie Pines Lodge, Chadron
- **Wendy Mueller**, Syracuse Area Health, Syracuse
- **Theresa Palik**, York General Hearststone, York
- **Colleen Pfeifer**, Methodist Women's Hospital, Omaha
- **Paula Plog**, Regional West Garden County, Oshkosh
- **Sandra Powers**, Nebraska Methodist Hospital, Omaha
- **Stacy Ptacnik**, Johnson County Hospital, Tecumseh
- **Regina Rademacher**, CHI Health Nebraska Heart, Lincoln
- **Katie Ransdell**, Children's Hospital & Medical Center, Omaha
- **Kelly Rasmussen**, CHI Health Immanuel, Omaha
- **Tierney Reilly**, Community Hospital, McCook
- **Lola Remmenga**, Kearney County Health Services, Minden
- **Adam Rensch, MD**, Howard County Medical Center, St. Paul
- **Mary K Rhone**, Lexington Regional Health Center, Lexington
- **Kerri Ristine**, CHI Health Good Samaritan, Kearney
- **Simon Sand**, Memorial Health Care Systems, Seward
- **Michelle Scheil**, Fillmore County Hospital, Geneva
- **Theresa Shelden**, Avera St. Anthony's Hospital, O'Neill
- **Donna Sluka Smith**, CHI Health St. Mary's, Nebraska City
- **Erica Smith**, Box Butte General Hospital, Alliance
- **Amy Stanley**, Banner Health Ogallala Community Hospital, Ogallala
- **Taylor Straube**, Bryan Health, Lincoln
- **Jeff Thompson**, CHI Health CUMC Bergan Mercy, Omaha
- **Wendy VanSkiver**, Thayer County Health Services, Hebron
- **Kaylyn Venteicher**, CHI Health Plainview, Plainview
- **Lynn VonLoh**, Jennie M. Melham Memorial Medical Center, Broken Bow
- **Chelsie Weidaman**, Regional West Health Services, Scottsbluff
- **Tim Widhalm**, Faith Regional Health Services, Norfolk
- **Allyson Wilson**, Memorial Community Health, Inc., Aurora

NHA's mission is to serve its members by being the trusted leader to improve the health, wellbeing and quality of life of all Nebraskans.

“The fact that the staff designed (the) space they’re going to be working in is truly an amazing thing.”



Listening first, designing second. That's the promise TSP made to Columbus Community Hospital when creating their thoughtful and visionary spaces.

That's the promise we make to you.

TEAMTSP.COM/HEALTHCARE

f TSP, INC. **twitter** @TSP_INC
in TSP-ARCHITECTS

TSP

Architecture
Engineering
Planning



Columbus Community Hospital's New Surgical Services Area – NOW OPEN

- Operating Rooms
- Outpatient Surgery Department
- Post Anesthesia Care Unit (PACU)
- Central Sterilization Space
- New Technology
- Much more!

Take a Virtual Tour

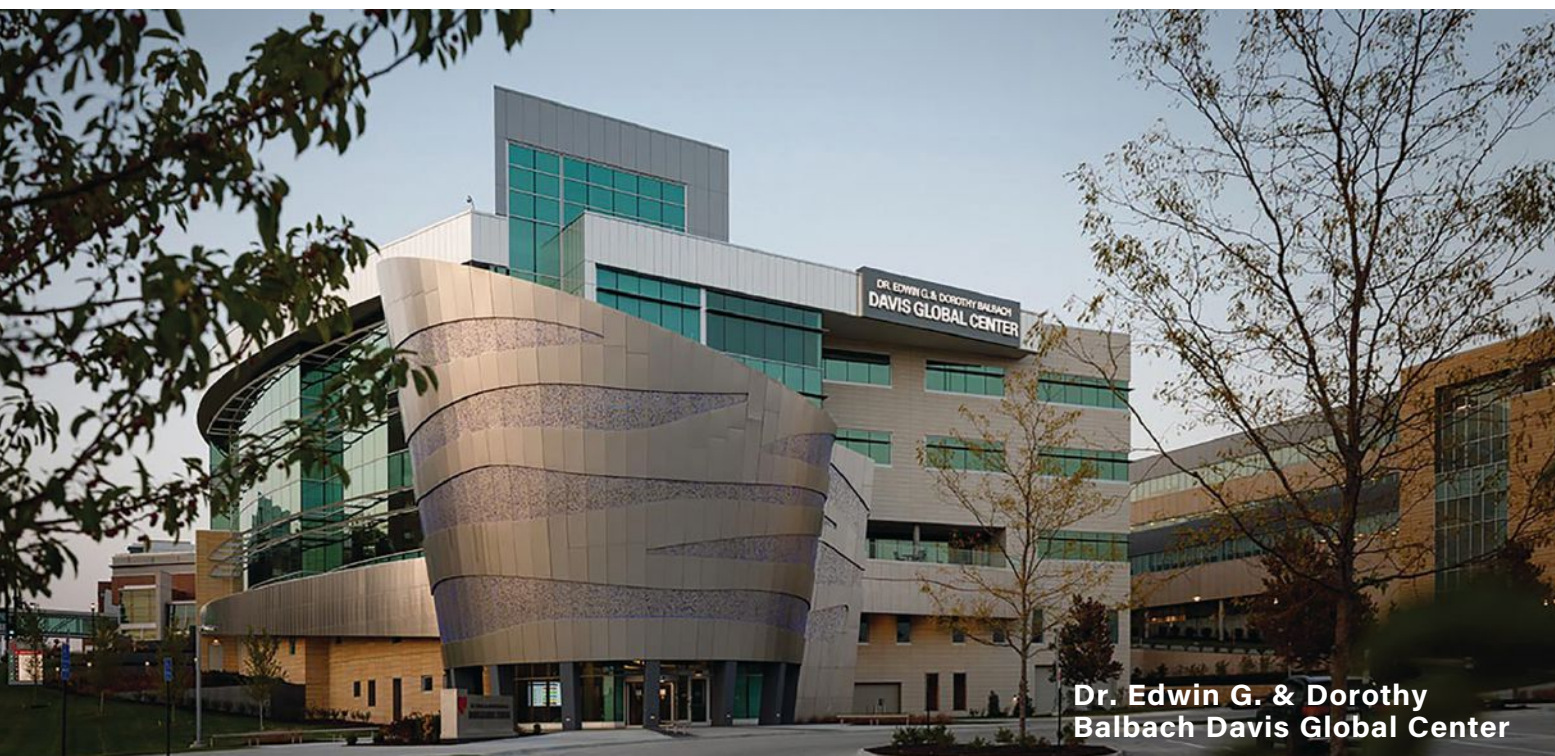
Get a sneak peek of the area and learn more about what it means for Columbus Community Hospital and our community by viewing our video at:

https://www.columbushosp.org/our_services/surgical_services.aspx



    columbushosp.org

UNMC dedicates Dr. Edwin G. & Dorothy Balbach Davis Global Center in Virtual Ceremony; Clinical Simulation Facility to Transform Health Care Education



Dr. Edwin G. & Dorothy Balbach Davis Global Center

Step inside the Dr. Edwin G. & Dorothy Balbach Davis Global Center on the University of Nebraska Medical Center campus and it's clear this is not a typical health science building.

Holographic images line the entryway and visitors are dwarfed by the atrium's three-story high SONY Infinity Wall - the largest display of its kind in the Western Hemisphere - which showcases the caliber of technology innovation offered throughout the facility.

Nearby is the holographic theater - the first in any academic institution in the world - as well as the Laser CAVE-5, a laser-illuminated, five-sided fully immersive room that creates a "full-body" experience for users involving sight, sound, physical movement and interaction.

That's only a fraction of the innovation - and possibilities - found inside this multi-level, interprofessional clinical simulation center, purposefully designed to create safe, innovative and experiential training environments as well as a venue for innovative research and business development.

On Tuesday, Oct. 13 at 10 a.m. CT, the UNMC community officially celebrated the dedication of this interprofessional simulation facility made possible by public-private partnerships. Due to COVID-19, the ceremony was livestreamed to a global audience. For those who were unable to view the building dedication live, it is posted at unmc.edu.

"I've visited simulation centers around the world, but none compare to UNMC's Davis Global Center," said

UNMC Chancellor Jeffrey P. Gold, MD. "This facility - and the professionals and technology within it - have been and will continue to be life-changing for the health professionals who train here. This center reshapes the way health care education is delivered for generations to come."

The state-of-the-art facility houses: iEXCEL (Interprofessional Experiential Center for Enduring Learning) - a transformative model for health professions education that incorporates advanced simulation and visualization technologies in realistic, simulated health care settings to improve the outcomes of patient care; and the Global Center for Health Security - encompassing biopreparedness training, infectious diseases and high-consequence infections research, education and clinical care.

Nebraskans have long taken pride in strong public-private partnerships, and the Davis Global Center is yet another success story. Funding for the center was provided by the state of Nebraska, city of Omaha and the U.S. federal government. Private support was given by the Dorothy B. Davis Foundation, Mrs. Willa Davis Seemann of Omaha, the William and Ruth Scott Family Foundation, the Suzanne & Walter Scott Foundation and other benefactors.

About the private support received for the project, Brian Hastings, president and CEO of the University of Nebraska Foundation, said, "It took a wonderful team of philanthropic supporters to enable the Davis Global Center to come to fruition. Their vision — their tenaciousness — brought this project to reality, and we cannot thank them enough for what they have done."

During the dedication, Dr. Gold was joined by Vice Admiral Charles "Chas" Richard, commander of the U.S. Strategic Command in Bellevue, Nebraska; Robert Kadlec, MD, assistant secretary for preparedness and response at the U.S. Department of Health & Human Services; Gen. John E. Hyten, vice chairman of the Joint Chiefs of Staff and most recently, commander at USSTRATCOM; as well as Nebraska Gov. Pete Ricketts and Omaha Mayor Jean Stothert.

Located on UNMC's Omaha campus, the Davis Global Center serves as the hub for a statewide network of interconnected education centers for faculty in Scottsbluff, Kearney, Norfolk and Lincoln to promote experiential and interactive training opportunities.

"Simulated training improves human performance and ultimately patient care because it enables health care professionals at all levels of training to collaborate as teams and master clinical skills and medical technologies in safe simulated environments," said Pam Boyers, PhD, associate vice chancellor for clinical simulation and iEXCEL. "At the same time, the facility's unique design promotes interdisciplinary collaboration, team training and the ability to practice the transfer of care throughout the current health care system."

iEXCEL also promotes and fosters synergistic relationships between industry, academia, government, military and the community, Dr. Boyers said. Such collaborations yield mutual learning and grant opportunities, specialized training activities, AR/VR and holographic content creation, and new and enhanced products and services.

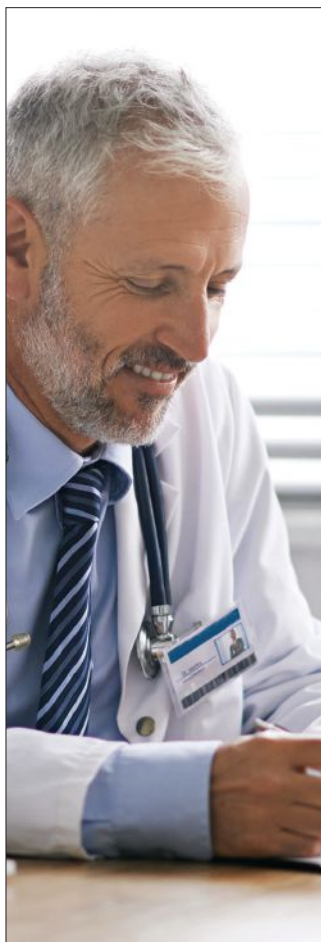
The current pandemic, she said, already has highlighted the tremendous value of the Davis Global Center. This extraordinary facility with its technology, special design and sufficient space has allowed the medical center to continue providing vital simulation training at a time when it has been most needed.

The 192,000-gross-square-foot building became fully operational in early 2020 and was immediately thrust into the spotlight when the National Quarantine Unit housed and monitored guests from the Diamond Princess cruise ship. The 20-bed quarantine unit - the only designated federal quarantine unit in the country - is part

of the U.S. Department of Health and Human Services Training, Simulation & Quarantine Center.

"With this purpose-built facility and the synergies between iEXCEL and the Global Center for Health Security, we're able to systematically help support the federal government and other agencies that need to train health care professionals as well as quarantine individuals with high-risk exposures," said Chris Kratochvil, MD, executive director of the Global Center for Health Security. "We are all grateful to have a facility such as this that focuses upon safety for individuals as well as communities - and especially our health care professionals who take care of our patients each day."

We are Nebraska Medicine and UNMC. Our mission is to lead the world in transforming lives to create a healthy future for all individuals and communities through premier educational programs, innovative research and extraordinary patient care.



ADVANCING HEALTHCARE THROUGH COLLABORATION FOR OVER 40 YEARS

SERVICES

❖ GPO

❖ Pharmacy

❖ Virtual

❖ Administrative



PRAIRIE
HEALTH VENTURES



PHVNE.COM



800.409.4990

Managing the Impact of Missed or Delayed Diagnoses of Non-COVID Conditions

By COPIC's Patient Safety and Risk Management Department

CASE STUDY:



This past month, a 72-year-old woman called her physician's office with concerns regarding several days of intermittent, mild chest pain. The patient has a history of coronary heart disease with a successful coronary artery stent procedure approximately seven years prior. At a cardiology follow-up visit in February, her examination and testing, including an echocardiogram and nuclear stress imaging, were normal. The patient is fully independent, but lives in assisted living with her husband due to his advanced Parkinson's disease.

When she received the message of a patient with chest pain, the physician advised her staff to tell the patient to go immediately to the nearest emergency department. A few minutes later, the medical assistant interrupted the physician in an exam room to notify her that the patient was refusing to go to the hospital and was extremely anxious. The physician called the patient back, and the patient said she was very worried about going to the ER because of the risks of contracting COVID-19, which could be lethal to her and could also be spread to her high-risk husband and others in her assisted living facility. The patient was hopeful that the physician could do a telehealth visit to determine if the chest pain was coming from her

heart because she absolutely refused to go to the hospital.

ANALYSIS

This case illustrates one of the many, unprecedented challenges physicians are facing during the era of COVID-19. Fortunately, in the case study situation, the physician had a strong relationship with her patient and maintained timely and open communication from the outset. When they did a telehealth visit, the physician was able to appreciate the degree of and rationale for the patient's fear of visiting the emergency department. The physician made it clear to her patient that it was impossible to adequately exclude cardiac chest pain by a telehealth appointment and, for all intents and purposes, had an informed refusal discussion with the patient and documented this contemporaneously in the patient's medical record. She provided the best care she could for the patient given the circumstances and restrictions.

In June, the U.S. Centers for Disease Control and Prevention (CDC) reported that ED visits nationally were 42% lower for a four-week period (late March – late April) in 2020 than a similar period in 2019. ED volumes subsequently increased, moderating the decline to 26% compared to 2019 for the last week of May. CDC noted that the steepest drop-off in ED visits occurred in pandemic hotspots.¹

This data and other articles raise the questions:

- How do you adequately treat a patient who refuses to go to the emergency department?
- Where have all of the myocardial infarctions and strokes gone?

- What are risks for delayed diagnosis and treatment protocols for cancers?

While there is not a simple, "standard" way to address all the myriad disruptions that COVID-19 has caused, there are some measures that will help you maintain quality health care and reduce the potential for allegations of negligence:

- When you are changing the care setting from what would typically be standard for a given situation, such as the use of telehealth in the case study, document your thought process and include the patient in the decision-making process. Are they clear that there are potential risks to the new setting?
- When performing follow-up procedures or screening studies that were delayed because of COVID-19 restrictions or concerns, document that either hospital policies or a triage plan resulted in the delay.
- Be cognizant of risks of allegations of abandonment if dismissing a patient for nonpayment of bills. Many individuals have unexpectedly lost health insurance coverage recently. Sometimes a thoughtful discussion with the patient can help them find appropriate continuity or more affordable care.

Additional Considerations For Physicians Who Perform Procedures

One of the challenges that emerged during COVID-19, as noted in a New England Journal of Medicine (NEJM) article², is the

tradeoff between “...patients’ needs for procedures and the need to protect caregivers from infection and preserve hospital capacity.”

“One of the yet-to-be-told stories of the COVID-19 pandemic is the recognition that the (necessary) proscriptions on the performance of less urgent cases has led to collateral damage to so many patients with medical conditions that truly couldn’t wait,” said Ajay Kirtane, an interventional cardiologist at Columbia, in the NEJM article.

The irony of the pandemic is that while there are a few treatments with limited efficacy for COVID-19, the fear of exposure is causing patients with conditions that have known beneficial treatments to forgo that helpful care. Many times, the fear of exposure is much less risk than the untreated medical condition. For those instances in which the patient is informed, competent to make decisions, understands the risks and benefits, and still chooses to refuse beneficial care,


a physician should consider using an “informed refusal” form.

Communicating openly and honestly with patients as best as you can will keep patients as partners in their health care and reduce confusion about why they have not had a planned procedure within the expected time frame. During these conversations, it may be appropriate to mention how issues such as community viral load, the availability of testing, the testing turnaround

times, and the supply of PPE can drive decisions. What is true today might not be true tomorrow, and patients should be kept informed as the situation evolves.

1 <https://www.improvediagnosis.org/improvedx-newsletter/improvedx-july-2020/>


2 N Engl J Med 382;24



Hands-On Help with Healthcare Finance

Experienced with revenue and general obligation bonds in both public offerings and private placements, D.A. Davidson & Co. is well qualified to assist healthcare institutions with infrastructure financing. Types of organizations we have served include hospital systems, independent hospitals, community hospitals, critical access hospitals and senior living facilities.

Contact D.A. Davidson & Co. while you are in the planning stages for a no-cost consultation.



D | A | DAVIDSON
FIXED INCOME CAPITAL MARKETS

Paul Grieger Managing Director, Public Finance Banker	(800) 528-5145 (402) 392-7986
Cody Wickham Senior Vice President, Public Finance Banker	(866) 809-5596 (402) 392-7989
Andy Forney Vice President, Public Finance Banker	(866) 809-5443 (402) 392-7988

450 Regency Parkway, Suite 400 | Omaha, NE 68114
D.A. Davidson & Co. member FINRA and SIPC
dadavidson.com

Your benefits have no wrong questions people.

According to research from Gallup, one out of five Americans have put off care for a serious condition due to fears about the cost. Don't let that be you or your employees! Kristine and the rest of the Omnify team are here to answer questions and solve problems — so no one needs to sacrifice their health for their finances.

At Omnify, your benefits have people — real people who really show up. Call 844.472.6567 to get started.

omnifybenefits.com



omnify
Employee Benefit Solutions
Powered by Union Bank & Trust



RESET. REFRESH. REBRAND. IS YOUR HOSPITAL NEXT?



UNANIMOUS

As the landscape of healthcare changes, your brand needs to keep up. Think about the following:

- Your customers have evolved.
- Your services may have expanded or contracted.
- The industry has shifted.
- New rules and regulations are emerging.
- Changes in your executive team.
- COVID-19 is still here.
- And strategic communication is increasingly critical.

Does your brand match what your hospital stands for today? Or is it still representing what you were 10, 20, or 30 years ago?

Hitting refresh on your brand communicates that your hospital is willing to grow and change to suit your audience's needs, which enhances trust and builds customer relationships.

We're not ones to advocate change for change's sake, but we are committed to ensuring our client's brands serve their customers, patients, employees, and community in the most intentional way.

And that all starts with your brand; your culture, your values, your messaging, and how the outside world perceives you.

Is Your Hospital Next?

How do you know if your brand is ready for an upgrade? We've collected

a few signs of what to look for when deciding if it's time for a shift:

Inconsistent Messaging

One of the major signs it may be time to consider a rebrand is a lack of consistency in messaging. If you have multiple locations, you may hear that employees have different ways of communicating what it is your business does and stands for. There may be differences in the customer experience, the tone that employees speak with, and the culture that makes up that particular group. The key to a consistent brand experience is developing a comprehensive brand identity that your entire organization can adhere to.

Disconnected Visuals

If your brand visuals are being inconsistently used across the organization, this is another deciding factor for a brand refresh. There may be different versions of your logo floating around, different typography used, and different graphical elements that dilute the overall image of your brand. If this is a pain point you're experiencing, it's time to reign in your brand and create standards for how it should be used, but also how it shouldn't be used.

Lack of Versatility

Does the orientation or layout of your logo make it challenging to use in various applications? Is it hard to read at smaller sizes? Is it difficult to reproduce in one color or look awful

when embroidered or cut in vinyl? These are all common signs of a logo in need of an update. Brands should be scalable and easily applied across all platforms, from web to print to social media and apparel. If you are struggling to make an outdated logo work in a variety of places you want to use it, your brand could use an upgrade.

Color Issues

Are your brand colors consistent across your materials? Does your brochure look purple, but your brand color is blue? Once your brand is updated, UNANIMOUS will provide you with a brand guide documenting the color codes and formulas needed to ensure accurate and consistent colors across all forms of media.

These are just a few of the signs that your hospital's brand might be ready to take that next step. Contact us at info@beunanimous.com for a consultation on how UNANIMOUS can help refresh your brand.

UNANIMOUS is a Lincoln, Nebraska based agency that assists clients with branding, marketing, and web design. With over 350 active clients across 15 states, the agency is known for its collaborative style and prides itself on rhyme, reason, and results.

For more information, contact Trent Wilcox, President at (402) 423-5447 or trent@BeUNANIMOUS.com.

Nebraska's Hospitals and Health Systems have Rapidly Shifted to Meet the Challenges of COVID-19

These changes within the healthcare community require a commitment to staying on top of the most recent knowledge and skills in health and wellness. Education is essential to this goal.

That's why NHA Services partnered with Bellevue University to make university education and training more accessible to Nebraska health care professionals. The generous tuition assistance program, called TA Boost™, in some cases can double an employee's tuition assistance up to \$5,250 per year, making going back to school more affordable for Nebraska's health care professionals.

It's a win/win/win for everybody:

- Healthcare and health administration professionals can afford the education they need to grow and learn.
- Hospitals and other healthcare organizations can attract and keep talented professionals because it gives them a pathway to their education and career goals.
- Patients and clients win because they know they are being seen by professionals and organizations that care about staying current with the latest technologies and treatments.

Over the past year since the launch

of this program, many Nebraska companies have taken advantage of the benefit.

Employees from these companies are utilizing TA Boost™:

- Avera St. Anthony's Hospital
- Community Hospital
- Faith Regional Health Services
- Howard County Medical Center
- Memorial Community Health
- Memorial Community Hospital and Health System
- NHA/Bio-Electronics
- Perkins County Health Services
- Providence Medical Center

Bellevue University is accredited by the Higher Learning Commission (hlcommission.org). Bellevue University is committed to providing an environment that is free from harassment and discrimination based upon race, color, religion, sex, national origin, age, disability, genetic information, military obligations, or status in any other group protected by local, state, or federal law.

A non-profit university, Bellevue University is accredited by the Higher Learning Commission (hlcommission.org), a regional accreditation agency recognized by the U.S. Department of Education.



BELLEVUE

UNIVERSITY

Join Nebraska's next class of healthcare leaders.



Earn your master's degree in:

- Business Administration (MBA)
- Business Analytics
- Data Science
- Healthcare Administration (MHA)
- Human Resources Strategic Management



BELLEVUE
UNIVERSITY

Learn more at bellevue.edu

Bellevue University is accredited by the Higher Learning Commission (hlcommission.org). Bellevue University is committed to providing an environment that is free from harassment and discrimination based upon race, color, religion, sex, national origin, age, disability, genetic information, military obligations, or status in any other group protected by local, state, or federal law.

Optimizing Supply-Chain Costs for Community Hospitals



The ability for community hospitals to fully optimize supply-chain costs remains crucial to providing the highest-quality care possible and staying financially independent in today's rapidly changing and unpredictable healthcare environment.

To best illustrate this point, the COVID-19 pandemic signaled a wake-up call for those managing hospital supply-chain systems. The outbreak quickly exposed vulnerabilities in the supply chain that threatened the safety of healthcare workers and patients and, in many cases, led to soaring costs for PPE, ventilators and other critical medical supplies.

But even before the pandemic hit the U.S., healthcare supply-chain management expenses were surpassing labor costs for many hospitals, and smaller hospitals were among those hardest hit with these escalating costs.

Optimizing supply-chain expenses has taken on greater importance due to a continuing trend of rising prices. Purchased services and supplies currently represent half of hospitals' operating expenses, but those costs are headed upward. For instance, hospitals are now paying between 20 percent and 30 percent more for PPE compared to pre-COVID-19 prices, and may pay as high as 40 percent more for some supplies in the near future.

For community hospitals to remain independent, they require access to resources that reduce costs as they continue to grow. Achieving cost savings through economies of scale is particularly important with current market dynamics.

Recommended Supply-Chain Strategies for Community Hospitals

Here are some recommendations on how flexible and proactive supply-chain strategies can enable community hospitals to improve their financial health amid declining reimbursements, higher fixed costs, decreasing patient volumes and future uncertainties.

Optimizing Inventory of Critical Supplies

- Hospitals and other healthcare providers learned during the pandemic that they can no longer count on traditional supply channels or methods during a period of prolonged disruption, such as when Chinese healthcare manufacturers temporarily shut down production or when federal government agencies ran out of medical supplies early on in the outbreak. To avoid further shortages, hospitals should adopt a hybrid model that involves stockpiling critical supplies

but keep on-hand an inventory of non-PPE supplies that don't exceed 90 days.

Update Safety Stock and Pandemic Response Procedures

- Hospitals with available space and resources should stockpile PPE in greater volume, in order to prevent running out of supplies that many hospitals had experienced during the pandemic. Hospitals can store PPE inventory in a hospital-owned offsite warehouse, or pool resources with other hospitals. Policies and procedures also should be updated to reflect the possibility that another outbreak might trigger certain regulatory mandates.

Pooling and Coordination of Resources

- Hospitals should strategize with other regional healthcare providers, even if they are competitors, on how to reduce risk by creating and managing their own local stockpiles (whether they are stored separately or in a shared, centralized location).

Leverage Technology

- Vendors usually accept electronic data interchanges (EDI) that allow hospitals to automatically track orders, confirmations and deliveries. Hospitals without an EDI system should explore costs of this technology, as automation and good data are vital to increasing supply chain efficiency.

Expand Supplier Base

- One major problem facing hospitals in the pandemic is that many of them relied on only one or a few suppliers, resulting in shortages of PPE and other supplies. Hospitals should instead determine whether their GPO is diversifying its product contracting strategy and developing relationships with non-contract and non-traditional suppliers. It is also wise to prepare to alternatively source products in case of another disruption in the supply chain.

Collaborate with Clinicians

- Hospitals scrambling for alternatively sourced supplies during the pandemic clearly demonstrated the need for direct communication between hospital supply-chain leaders and clinicians. Clinicians are more likely to accept supply-chain management's goals and strategies, and the change that supports those objectives, if they are involved in decision-making early in the process.

Choose the Right GPO and Supply

- Chain Services Provider—Some smaller community and rural hospitals experienced severe shortages of PPE and other scarce supplies when more of the supplies went to larger hospitals or healthcare systems during the pandemic. The situation led to greater reliance by smaller hospitals on having the right GPO in place to serve their needs at all times.

Questions to Ask in Search for a GPO, Supply-Chain Services Provider

Hospital management should ask the following questions when searching for a GPO and supply-chain services provider, such as:

- Can a GPO quantify savings for your hospital if you join?
- What does the GPO deliver besides cost savings?
- Does the GPO have a diversified product contracting strategy?
- Can a GPO or supply-chain services provider help with alternative sourcing?
- Will a GPO “ghost” your small hospital when supply can't meet demand, especially during public health emergencies?
- Does the GPO have clout and leverage? Holding the line on supply chain costs is, or should be, a top priority for community hospitals, regardless of size. The right GPO negotiates with your best interest in mind, resulting in lower supply costs and a better savings margin which can free up funds for capital improvements and strategic hires.

- Does a supply-chain services provider support ongoing data analysis? CHC Supply Trust's spend analytics and reporting keep supply purchasing, monitoring and compliance on track. For example, our compliance reporting helps to ensure that purchase orders are completed correctly to avoid order delays.
- Will a GPO go the extra mile to ensure medical supplies are made available to hospitals facing shortages? For example, through CHC Supply Trust's innovative sourcing for its members, one CHC hospital client was able to purchase about 10,000 face shields produced by a chocolate maker that shifted its manufacturing operations to make shields for healthcare workers during the early stages of the pandemic.

CHC Supply Trust can answer those questions and provide guidance for community and rural hospitals requiring supply-chain efficiency and resiliency that will better prepare for supply-chain disruptions, offset costs related to COVID-19, and help reduce supply-chain waste. CHC Supply Trust is the supply chain services arm of Community Hospital Corporation and CHC Consulting.

CHC Supply Trust raised the bar in helping member hospitals during the pandemic and provides significant savings in supply costs to community hospitals through its long-standing relationship with HealthTrust, one of the nation's leading group purchasing organizations (GPOs), which has helped to mitigate price increases for CHC Supply Trust members. As a result of this relationship, 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.



Courageous Leadership for Anxious Times

By Joe Tye



The word unprecedented has been so overused to describe all we've gone through over the past year as to be almost a cliché, but there is really no other word to describe the challenges. And as much as we might wish it to be so, the pandemic, economic recession, social disruption and political polarization that characterized 2020 will not disappear into the rearview mirror anytime soon. The acronym VUCA was defined by the military to describe situations that are volatile, uncertain, complex, and ambiguous. VUCA is our new normal, and we need to prepare our people to deal with it. In this article, I describe nine strategies for courageous leadership during these anxious times.

Strategy #1 – Instill confidence: Take to heart the admonition of Jonathan Swift and “share your courage with others but keep your fears to yourself.” In the days following the 9/11 terrorist attacks, the CEO of United Airlines sent a message to all employees warning that the company could “perish” within the year, which sparked an immediate collective panic attack. The CEO of Southwest Airlines reminded his people that one of their core values is Warrior Spirit and reassured them that they would prevail. Over the next year, United went through bankruptcy while Southwest continued to grow profitably. Whatever your own anxiety, as a leader you must instill a “we got this” spirit of confidence in your team.

Strategy #2 – Show up: In his fantasy classic *The Lord of the Rings*, J.R.R. Tolkien said that Gandalf the wizard would often “show up where most needed and least expected.” Toby Marsh is Chief Nursing Officer at University of California Davis Medical Center. He never misses a DAISY Award celebration or other employee recognition event, averaging 2-3 events per day, every day. It's not enough to say the words “we're all in this together” – you need to demonstrate your commitment to those words by showing up where you are most needed and least expected: night shift in the ICU, Saturday night in the Emergency Department, over the noon hour in food service. Jodi Simmons is Chief Nursing Officer at Hillcrest Medical Center in Tulsa. During the pandemic, senior leadership team has been visiting every unit on every shift, seven days a week. She calls this “senior leader rounding on steroids.”

Strategy #3 – Tell it like it is: In *Leading through a Pandemic* (with Charles Kenny), Northwell Health CEO Michael Dowling

writes that “information is healthy, fear is not.” Use every means available – including rounding, employee newsletters, video messaging, and virtual townhall meetings – to communicate with members of your team. People want to be treated like adults; they want to know the truths that will affect their jobs and their futures. The surest way to earn trust is to tell them those truths, and the surest way to lose trust is to try to convince them everything is just fine when they know it isn't.

Strategy #4 – Assess Don't Assume: There is no such thing as survey fatigue, there is only fatigue at being asked to respond to surveys that are never acted upon. We have added four questions to our VCI-17 Culture Assessment Survey (making it the VCI-21) that are specific to the current crisis. Each of these questions provides an opportunity for open responses, which we always find to be the most insightful and helpful part of the survey. Especially during a time of crisis it is imperative that you keep a finger on the pulse of your people. Tools such as SurveyMonkey (which we use for the VCI-21) make that easier than it has ever been.

Strategy #5 – Share stories: Brené Brown call stories “data with a soul.” The single most frequent comment we hear from our Values Coaches is the impact that shared stories have on participants in each class they teach. Actively seek out and share stories of how people are dealing with the crisis, not just at work but at home and in their communities. Write them up in your newsletter, post them on your website, send them out to the local media in press releases. Most important, don't forget those stories when the crisis is past – use them to help you create a higher level of cultural expectations.

Strategy #6 – Foster a support group environment: Support groups exist to help people cope with shared challenges. When a support group meeting ends, the cancer patient still has cancer and the addict is still addicted, but they leave with a little more hope and inspiration and quite often with new friends. Imagine that sort of spirit in your workplace – a spirit in which people are willing to ask for the help they need and are willing to help coworkers who need their help. Marlene Crouse is Regional Director of Case Management at WellSpan Health. Each week she brings her team together for “Terrific Tuesdays with Marlene and Joe” where they go over one of the lessons

in my course *Everyday Courage for Extraordinary Times*. They don't talk about case management, they help each other refill their own pitchers.

Strategy #7 – Enforce zero tolerance behaviors: It is disconcerting, though probably predictable, that as the crisis has worn on there has been a reported increase in bullying and other forms of toxic emotional negativity. As a leader, you have an obligation to have courageous conversations with individuals who violate your organization's values and cultural expectations. Your people have enough stress being imposed from the outside, they don't need more being imposed upon them by caustic coworkers.

Strategy #8 – Defend your people: Kit Bredimus is Chief Nursing Officer at Midland Memorial Hospital in Midland, Texas. As the coronavirus pandemic wore on, his staff were increasingly being subjected to negative comments and criticisms in the press, in social media, and by email and text. He wrote an editorial in the local newspaper defending his team and asking people in the community to send a message of support to a healthcare worker. Since the editorial was published there has been a significant positive shift in the way his people are treated.

Strategy #9 – Teach specific skills: It's not enough to tell people to be brave and determined, because these things do not come naturally to most of us. You must share specific practical skills to help people practice courage and perseverance. Fear is an emotion but courage is not; people who do brave things don't feel courage, they feel fear but act anyway. Courage is a behavior, and like all behaviors it can be learned. That is why we created the *Everyday Courage for Extraordinary Times* course: to teach skills that are essential to living courageously in today's volatile, uncertain, complex, and ambiguous world.

Joe Tye is the leading authority on values-based and leadership skills and strategies, and on building a culture of ownership on a foundation of values in organizations.

YOUR LEADERSHIP HAS *NEVER* BEEN MORE IMPORTANT.

INTRODUCING

Everyday Courage for Extraordinary Times

21 VIDEOS + 13 eBOOKS + SUPPORT MATERIAL
designed to *inspire* and *motivate*
your healthcare team.



Now, more than ever, investing in your team will help them navigate today's stressful and challenging world. Provide them with the tools of **courage, perseverance, resilience, and hope** and give them the confidence to show up and step up like never before.

READY TO LEARN MORE?



Todd@valuescoach.com



402.641.0732



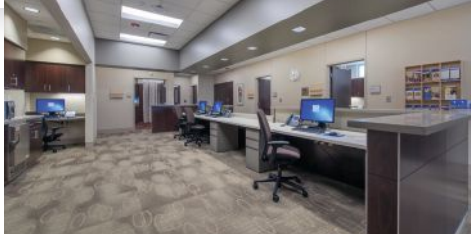
For Advertising Information, Contact

Nancy
Montgomery

1-800-561-4686
ext. 106

nmontgomery@pcipublishing.com

EXPERIENCE MATTERS



TRUST • ACCURACY • **QUALITY**



MCL

construction | the **people** you build with

14558 Portal Circle La Vista, NE 68138

mclconstruction.com



Here for patients
and providers
across Nebraska,
now and always

NebraskaBlue.com

An independent licensee of the Blue Cross and Blue Shield Association.



End poverty.

Start getting kids through high school.

77% of Littles reported doing better in school
because of their Big. One-to-one mentoring works.

Even big change starts with something little.
Support kids in your community at BigBrothersBigSisters.org.



Start Something™

Donate money or time at BigBrothersBigSisters.org





Quality that Stands the Test of Time.

We take care of your construction needs so that you can focus on the needs of your patients.

When you choose Beckenhauer Construction, you are putting your trust in a proven Construction Manager that can turn your vision into reality. Our relationships are built upon trust, honesty and integrity as is shown in our long list of repeat clients.

Since 1878

The Beckenhauer Family built their business with the fortitude to withstand our country's turbulent times: two world wars, the Great Depression, the Vietnam War, multiple recessions, 9-11, and even Covid-19.

Our strong foundation, cemented within the communities and companies we helped build, will be here to support you for generations to come.



BCI BECKENHAUER
CONSTRUCTION, INC.

Serving all of Nebraska

www.beckenhauerconstruction.com
402-371-5363

Nebraska Hospital Association
3255 Salt Creek Circle, Ste. 100
Lincoln, Nebraska 68504

Presorted Standard
U.S. POSTAGE PAID
Little Rock, AR
Permit No. 2437



Better Medicine • Better Lives

CALLCOPIC.COM | 800.421.1834

Why

COPIC

COPIC's innovative 3Rs Program (Recognize, Respond, and Resolve) aims to preserve the physician–patient relationship when an unanticipated outcome occurs.

Unprecedented knowledge of provider and patient needs. That's why.