

# Cooperative Connections

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## Looking Ahead

<b>April 1</b>	THC Board Meeting
<b>April 16</b>	Jennifer Presents "Environmental Effects in a Hospital Setting" 12:15 pm—1:00 pm
<b>April 9</b>	Peer Group Meetings CFO / IT 10:00 am to 3:00 pm
<b>April 15</b>	Brown Bag Lunch Series "Conflict Resolution" 12:15 pm—1:00 pm
<b>April 16</b>	Peer Group Meetings Marketing 10:00 am TO 1:00 pm Foundation 1:00 pm—4:00 pm
<b>April 22</b>	Business Series "Writing a Business Plan" 10:00 am—12:00 pm
<b>April 23</b>	Peer Group Meetings HR 10:00 am TO 1:00 pm Education 1:00 pm—4:00 pm
<b>April 30</b>	Peer Group Meetings Quality Mngt 10:00 am TO 1:00 pm Acute Care 1:00 pm—4:00 pm

## Patient Protection and Affordable Care Act: The 2010 Impacts By: The Hospital Cooperative Staff

So much has been said about reforming health care over the last two years, that it is hard to keep track. The Kaiser Family Foundation ([www.kff.org](http://www.kff.org)) has developed a summary of the provisions included in the Patient Protection and Affordable Care Act, thus allowing us to understand them better without having to read the 2,400 page document. Here is a summary of some of the provisions by category that will take effect in 2010:



### Insurance Reforms

- Establish a temporary pool to provide coverage to high-risk individuals with pre-existing medical conditions.
- Provide dependent coverage for adult children up to age 26 for individual/group policies.
- Establish a process for reviewing increases in health plan premiums and require plans to justify increases.

### Medicare

- Reduce annual market basket updates for inpatient hospital, home health, skilled nursing facility, hospice and other Medicare providers, and adjust for productivity.
- Ban new physician-owned hospitals in Medicare, requiring hospitals to have a provider agreement in effect by December 31; limit the growth of certain grandfathered physician-owned hospitals.

### Medicaid

- Creates a state option to cover childless adults through a Medicaid State Plan Amendment.

### Workforce

- Increase workforce supply and support training of health professionals through scholarships and loans.

### Tax Changes

- Impose additional requirements on non-profit hospitals. Impose a tax of \$50,000 per year for failure to meet these requirements.

While there are other changes that will take place in 2010, the listing above provides an overview of the elements that THC feels will have the most impact on membership. Again, we would like to credit the Kaiser Family Foundation for the summary above. Their work to help us all understand the Patient Protection and Affordable Care Act is invaluable.



*The Hospital Cooperative*

## NEWSLETTER UPDATE!!

Starting with this newsletter, The Hospital Cooperative will begin to publish The Cooperative Connections newsletter on a quarterly basis rather than monthly. They will be published in January, April, July and October. Please continue to send us your articles and we will be sure to get them published. If you have something that is time sensitive, please send it in and we will get it sent out in an e-mail to the group.

## Of Note

### Bear Lake Memorial Hospital

Cindy DeMarcus was nominated for this month's Above and Beyond award by Kristie DeClark. Cindy has worked at Bear Lake Memorial for three years. She started as an aide on the Skilled Nursing Facility floor while working on her C.N.A. and has been the Activities Director for the past year. She is currently enrolled in the L.P.N program at ISU and really wants to be a nurse, but also truly loves her current position. Cindy is the proud mom of 5 children ranging in age from 11 to 3. At home they all enjoy playing pranks on each other. Cindy mentioned that her kids are getting better at the pranks than she is, but it makes home life fun and exciting.

**Congratulations, Cindy, for your Above and Beyond efforts!**

**Above and Beyond Nominees: Trish Sparks, Laurie Bingham, Jaci Taylor, Jesse Ward and Carol Sue Follett**

### Bingham Memorial Hospital

Michelle Lewis has achieved an elite designation for her role as the Medical Staff Coordinator at Bingham Memorial Hospital. Dual Certification as a Professional Credentialing Specialist and Professional in Medical Staff Management places Michelle in the elite medical staff services in the nation, and the only one in an Idaho hospital setting. These certifications help Lewis in her responsibilities to ensure that doctors have the proper credentials and licenses, assisting the medical staff in applying new regulations and increasing the standard of care. She is also better able to communicate with the Joint commission, CMS, the State, and individual hospital departments to develop and improve Bingham Memorial. The best part of the conference, where Lewis received her award, was networking. Michelle said, "It was great to talk with other professionals who understand what I go through on a daily basis." She also said the recognition was wonderful.

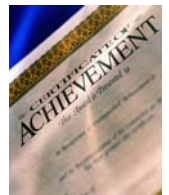


### Harms Memorial Hospital

Harms Memorial Hospital District Foundation presents the *Good Old Summertime Gala*, a community talent show, on June 17, 2010 at 7 pm in the Fine Arts Center at American Falls High School. Tickets are \$8.00 per person. Children six and under are free. The *Gala* raises funds for equipment for Harms Memorial Hospital District. Lead sponsor for the *Gala* is Portneuf Medical Center. Other sponsors include AmeriPride, Healthland, Bobbette Wright (Gate City Real Estate), and Bank of Commerce in American Falls. Because of the generosity of *Gala* sponsors, event expenses are covered this year. Thus, all revenue from tickets sales will go directly to the purchase of medical equipment.

The Foundation used revenues from previous *Galas* and from *Scarecrow Auctions* held each September to purchase a Doppler for Harms Acute Care, CPR equipment for Harms Family Clinic, a Dynamometer for Harms Physical Therapy, and a lift-scale for Power County Nursing Home. There are many more pieces of equipment the Foundation hopes to purchase for the District in the near future.

For more information or to purchase tickets, please call Susan Green Barger, Foundation Director, at 226-3203 ext. 136.



### Portneuf Medical Center

Portneuf Medical Center is the only hospital in Idaho to be recognized three years in a row with a 5-Star rating in Coronary Bypass Surgery Pocatello, ID (March 19, 2010) – For the third year in a row, Portneuf Medical Center (PMC) has been recognized by the HealthGrades corporation for having some of the best heart care in the state of Idaho. The distinction now makes PMC the only hospital in Idaho to ever receive this award for three continuous years in the field of coronary bypass surgery. HealthGrades, the leading independent healthcare rating company in the nation, rates over 5,100 of the country's leading hospitals each year in 26 separate categories, with the ratings being published (free to the public) each year from best to worst in each region. The findings are significant when one considers that across all procedures and diagnoses studied, there was a 51.53% lower chance of dying in a 5-star rated hospital compared to the U.S. hospital average. "Once again we have shown that we have truly world-class heart care right here in Pocatello. This is a great honor to be recognized for a third year in a row, and a real testament to the quality of care one can expect to receive here at Portneuf Medical Center", stated Norman Stephens, Chief Executive Officer and President of PMC. Mark Buckalew, Chairman of the Board for PMC stated, "This award gives independent verification of what we all know to be true. That expert care and world class programs are right here in our own backyard. We are extremely proud of PMC and the physicians who continue to deliver the best care in Idaho." The 12th annual HealthGrades Hospital Quality in America Study examined nearly 40 million Medicare hospitalization records, over multiple years, to look at trends in mortality and complication rates at each individual hospital. The new 5-star rating is the result of the 2010 findings. Additionally, the study found that there was a 79.69% lower chance of experiencing one or more in-hospital complications in a 5-star rated hospital as compared to a 1-star, and 61.22% lower chance compared to the U.S. hospital average.



### Teton Valley Hospital

Recently, the Teton Valley Hospital Foundation approved \$14,300.00 to replace 13 new PCs; this will allow TVHC to have upgraded computer equipment that meet Healthland's minimum requirements. The Teton Valley Hospital Foundation also approved funding for a new 36" range with a full-sized convection oven for the Dietary Department. Portions of the range was funded by an Idaho Community Foundation grant; with the other portion funded by the "GAVE AT THE OFFICE" (GATO) Club.

**Thank you GATO Club members for making a difference!**



## Insights—by Jon Smith

I am on an airplane travelling back to the great Mountain West after spending the better part of the last week in San Antonio, Texas. I was in San Antonio for the annual meeting of the National Cooperative of Health Networks (NCHN) which The Hospital Cooperative (THC) is a long-time member. This is always a great experience to come together with colleagues and learn from one another. The synergy that was created was infectious. As a result, I wanted to share a few of my takeaways from this trip.

1. Wow, am I happy that we do not live in location that has humidity! Whether it is good for your skin or not, I will gladly trade humidity to live in a dry climate.
2. It is exciting to be in a group setting where you do not have to explain what it is you do after telling someone the name of your organization. My wife explains it like this, “Jon travels around and works with hospitals”.
3. You can learn so much from the people around you. Sharing ideas for new programs, educations, and services as well as listening to what others are doing can be stimulating. I am returning with many new ideas that fit what THC is about.
4. Take the chance to get excited about what you are already providing. The opportunity to share accomplishments at THC is very therapeutic. These successes are because of the great staff we work with at our member hospitals.
5. Health care is always changing and we have an opportunity to collaborate with one another in ways to be ahead of the curve. By being involved in peer networks and sharing, we have a built in system for developing best practices for now and the future.

As I said earlier, I am excited to be almost home and back to working directly with the staff and the member hospitals of THC. I learned more during the last week about opportunities that we have together and how things are changing across the health care landscape. In order to be successful, I believe we all must stick together. Until next time....



## Cooperative Questions of the Month

Below are the questions that we received in the past month. If you would like a copy of the answers we received, please e-mail Jamie at [jamiiep@portmed.org](mailto:jamiiep@portmed.org).

- *Series of questions regarding food and labor cost in dietary*
- *From time to time, we encounter people in the ER with fraudulent identification. Over the weekend, one individual presented a social security number of an individual from Northern Idaho. We have contacted the local police with this information. They are asking if we want to press charges, but we've incurred no damages. What are other Coop members doing when they encounter individuals with fraudulent ID?*
- *We are struggling a bit with the new physician supervision rules as they relate to observation status. Are other CAHs not billing for observation when a physician is not physically present? Our problem is that we frequently need to observe a sick patient while we are determining what is wrong, or when a higher level of care is required, where to send the patient.*
- *I am seeking information regarding staffing guidelines in small hospitals. How are others determining staffing for their Med Surg units?*
- *Would you please ask the coop hospitals to share their policies and or experiences with having a closed campus for nursing staff with regards to meal breaks. How do they ensure the nursing staff get meal breaks? ☺*

### Cooperative Connections

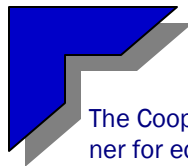
Jamie Pehrson, Editor

### The Hospital Cooperative Executive Board

John Hoopes, Chairman	Dallas Clinger	Rod Jacobson
Steve Perry, Vice Chairman	Kim Dahlman	David Rowe
Victoria Alexander-Lane	Jeff Daniels	Norman Stephens
Mike Andrus	Mitch Felchle	Alan Stevenson
Carl Hanson	Todd Winder	

### Staff

Jon Smith, Executive Director  
 Robert Cuoio, Director of Operations  
 Jamie Pehrson, Administrative Specialist



## Telehealth Corner

The Cooperative Telehealth Network (CTN) has been a partner for educational programming with the Utah Telehealth Network (UTN) since 2008. On Monday, May 10<sup>th</sup>, the UTN will be hosting a site visit from the members of CTN with the goal being sharing their current educational and clinical services. This is a great opportunity for staff from all of our hospitals to see another telehealth network “in action” and to explore new opportunities for CTN. For more information, please call Robert Cuoio at 208-239-2147. c



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### Helpful Links

[www.hospitalcooperative.org](http://www.hospitalcooperative.org)

[www.aha.org](http://www.aha.org)

[www.healthandwelfare.idaho.gov/Health/RuralHealthandPrimaryCare](http://www.healthandwelfare.idaho.gov/Health/RuralHealthandPrimaryCare)

[www.ichnllc.org](http://www.ichnllc.org)

[www.idahohospitalcareers.org](http://www.idahohospitalcareers.org)

[www.isu.edu/irh](http://www.isu.edu/irh)

[www.narhc.org](http://www.narhc.org)

[www.nchn.org](http://www.nchn.org)

[www.nrharural.org](http://www.nrharural.org)

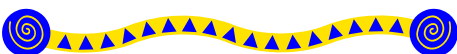
[www.ruralcenter.org](http://www.ruralcenter.org)

[www.ruralhealthweb.org](http://www.ruralhealthweb.org)

[www.teamiha.org](http://www.teamiha.org)

[www.wyhospitals.com](http://www.wyhospitals.com)

[www.yourbrightpath.com](http://www.yourbrightpath.com)



## Spotlight:

### Idaho Health Facilities Authority

The Authority was established by the Idaho Legislature in 1972 to issue bonds and notes for the purpose of improving health care for residents of this state by providing less expensive financing for health care institutions. Our mission is to assist eligible governmental and non profit health care providers to obtain and maintain access to low cost, tax-exempt private or public capital market financing.

The Authority sponsors a Technical Assistance Program (TAP) that provides technical assistance for Idaho governmental and non-profit health care providers. Services may be subsidized up to 50% depending on need. This includes areas such as financial analysis, board development, organizational development, legal issues, community surveys, marketing, and strategic planning.

The Authority staff consists of an Executive Director, Associate Executive Director/Controller and an Administrative Assistant. Additionally a team of consulting professionals have been assembled who have expertise and knowledge of capital markets and financing options, federal tax and securities laws, strategic planning assistance, debt capacity analysis and other financial or legal services. The Authority assists borrowers in identifying and approaching potential lenders. The financing team works to custom-fit each financing to meet the varying needs of borrowers and the changing financial marketplace and to continue our long track record of no defaults. When necessary the Authority serves as an advocate for legislative change to ensure that statutory authority is consistent with contemporary financing needs.

After the closing and throughout the life of the borrowing, the Authority is available to answer questions regarding covenants and provides necessary legal counsel and financial advisor services related to the borrowing at no additional cost. In the event substantial changes to the original documents become necessary, the Authority and its advisors work with the borrower to find the most cost-effective solution available.

**Shelley Shannon**  
**Executive Director**

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Connecting Health Care in the Intermountain West