Healthcare Executive Forum of Western New York (HEF)

An Independent Chapter of

AmericanCollege *of* HealthcareExecutives

for leaders who care®

HEF Newsletter -- Pre-Spring 2011 Edition

Message from the Regents:
Rochelle L. Krowinski, RN, FACHE, Regent – New York – Empire Area
James W. Connolly, FACHE, Regent – New York – Hudson Valley/Adirondack Area
February 2011

This is our second joint Regent's message from the Empire Area and Hudson Valley/Adirondack Area.

For many of us in New York State, the more critical recent developments have come out of Albany, not Washington. New York's fiscal crisis, like that of many other states, is driving our governor and state legislature to consider reducing funding or eliminating programs at unprecedented levels. Governor Cuomo's recently proposed budget, his designated Medical Redesign Team, and his projected cuts in state employment are indications of how he plans to tackle this fiscal crisis. This has prompted some observers to suggest that healthcare has to do "less with less," while others call upon our industry to apply new innovation to sustain the healthcare system.

Against this backdrop is an escalating trend of physician employment. HANYS reports critical physician shortages in some regions of the state despite hospitals recruiting and employing significantly more physicians. And recently CMS released its detailed regulations on Value Based Purchasing – a complex system that will reallocate resources among hospitals depending on performance. It will be incumbent upon all of us to be knowledgeable about these trends and regulations and anticipate how they may impact care in our region. Clearly, these changes require us to reexamine how we operate and deliver care. ACHE's educational programs and meetings can help stimulate that thinking.

ACHE is in the final stages of preparing for the March 21-24, 2011 Congress on Healthcare Leadership and we hope to see many of you in Chicago. This is the premier educational event for healthcare executives. This opportunity to hear from leaders in the field and network with colleagues is more important than ever. Whether you are new to Congress or you have attended in the past, this is one of the best values for your educational dollar and a great way to make the most of your membership in ACHE.

ACHE has also recently enacted several changes relative to educational credits and recertifications. In November, 2010, ACHE's Board of Governors revised the requirements associated with earning the FACHE credential and for recertification, to address the need for face-to-face education and to increase the required continuing education credits. ACHE has recently sent out to us several communications on this topic and we recommend you review this information carefully, and call ACHE's Customer Service Center (312-424-9400) if you have any questions.

ACHE has also expanded the number of ACHE Category I credits a chapter can offer from six to a maximum of twelve and a "unique" credits concept has been adopted which allows chapters to offer the same content in more than one location within their territory without it counting more than once towards the 12 credit limit. All of these developments will place greater emphasis on the chapter's growing role in education in the years ahead.

Finally, ACHE has begun a thoughtful review of its governance structure and the role and relationships of the ACHE staff, at-large and regional Regents and chapter officers and officials. There will be more discussions at the Regents' meeting in Chicago on this topic and we're sure we'll have more to share with you in the future.

Save the Dates:

- Please save Friday, June 24, 2011, at the HANYS Annual meeting at the Sagamore. New York's three Regents will be co-sponsoring a luncheon for all the NY ACHE affiliates at which we will be presenting our annual awards. Maureen C. Glass, FACHE, CAE, Vice President, Health Administration Press for ACHE, will be our guest speaker.

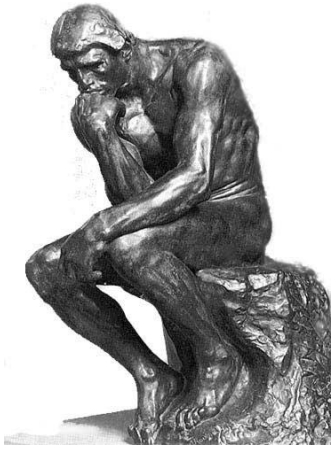
- Please also save October 6-7, 2011 - The Health Care Management Association of Central New York and the Twin Tier Healthcare Executive Association are anticipating another 1 ½ day regional and educational conference at the Turning Stone Resort which will offer Category I credits, as well as opportunities for valuable networking.

As always, please contact us if we can assist you in any way.

Rochelle Krowinski, FACHE
(716) 845-8366

Jim Connolly, FACHE
(518) 243-4141

My Thoughts as HEF Chapter President – Warren S. Marcus, PhD, MPH



"If your actions inspire others to dream more, learn more, do more and become more... then you are a leader." John Quincy Adams

We are well into the 2011 year and have already had two successful networking events and two educational programs. Thank You to Erie County Medical Center and Roswell Park Cancer Institute for hosting these activities and we look forward to future programs at other host sites as well.

We will be having a spring 2011 Symposium and will disclose more details

on this program which will address a most relevant and timely health care management conundrum in the next HEF Presidential newsletter.

As an affiliate chapter of the ACHE we strongly encourage membership to strive for advancement to fellowship status. One way ACHE helps with this is through financial incentives as noted below.

Apply to Advance to Fellow and Save $200
Earning the distinction of board certification as a Fellow of the American College of Healthcare Executives demonstrates your competence, dedication and commitment to lifelong learning.
Submit your completed Fellow Application along with the $250 application fee **by June 30** and the $200 fee to take the Board of Governors Examination in Healthcare Management will be waived pending approval of your application. All follow-up materials (i.e. references) must be submitted by August 31, 2011 for the waiver to be valid.
Visit **ache.org/FACHE** to learn more about Fellow requirements and apply online.

Another important tool ACHE offers is scholarships toward participating in professional development such as the one noted immediately below.

Scholarships Available for ACHE's Executive Program
ACHE's Executive Program goes beyond traditional professional education, using self-assessments, the expertise of industry leaders, and shared experiences of colleagues to provide a truly customized learning opportunity. ACHE offers a limited number of Toshiba America Medical Systems, Inc. Executive Program Scholarships to affiliates whose organizations lack the resources to fully fund their tuition. **Don't delay! Scholarship requests are due by March 28, 2011**.
At **ache.org/Executive**, you can:

- Apply for scholarships
- Review faculty bios
- Listen to testimonials from past attendees
- Find details on informational teleconferences

Another important strategy in terms of ACHE membership advancement is to keep current with the credentialing standards. I strongly encourage you all to peruse the most recent changes below.

ACHE Professional Development Activities

2012 to 2014 Credentialing Changes

At its November 2010 meeting, the ACHE Board of Governors revised the requirements associated with earning the FACHE® credential, as well as for recertification, to address the need for face-to-face education and to increase the continuing education credits.

Among other changes, beginning Jan. 1, 2012, Category I (ACHE education) credits will only apply to face-to-face programs. ACHE-learning webinars and online seminars will qualify for Category II credits. The changes will be fully implemented Jan. 1, 2014 when the number of hours for Fellow advancement and recertification change.

ACHE-learning programs and self-study courses are still good for Category I credit through 2011. View current webinars, online seminars and self-study offerings.

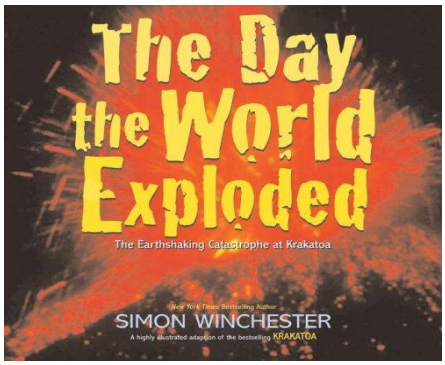
Learn more about the upcoming credentialing changes.

Are You Due to Recertify in 2011?

Visit my.ache.org to learn when you are due to recertify. If you are required to recertify in 2011, you will see a link to your personalized online recertification application.

For more information on recertification, contact the ACHE Customer Service Center at (312) 424-9400 or contact@ache.org, or chat with a customer service representative.

Preparing for Catastrophic Events



Although day to day management is sufficiently demanding, there is also an absolute need to prepare for the unexpected catastrophe as well.

BUT THERE IS HELP!

The new book, *Anticipate, Respond, Recover: Healthcare Leadership and Catastrophic Events*, by Joanne McGlown, PhD, RN, FACHE, and Phillip D. Robinson, FACHE, focuses on disaster preparedness and response from the healthcare leader's perspective. The book features two chapters devoted to ensuring fiscal strength before, during and after a disaster.
Easy-to-use sample forms and checklists for planning and response illustrate the topics covered in each chapter, including an update on federal regulations and definitions of local, state and federal roles in catastrophe planning.
For more information on this or other Health Administration Press publications, please visit **ache.org/hap**.

2011 Chapter Management Webinar Series

The schedule for the 2011 Chapter Management Webinar Series is now set. Below are the dates and topics:

April 20	Recognize Your Volunteers
May 18	Category I and II Education Overview
June 15	Advancement and Study Groups
July 20	Engage Senior Healthcare Executives
October 19	Presidents-Elect
November 16	End-of-Year Reporting
December 14	Chapters 101—New Board Orientation

Registration is now open for all of these webinars.

Register Now for Congress 2011

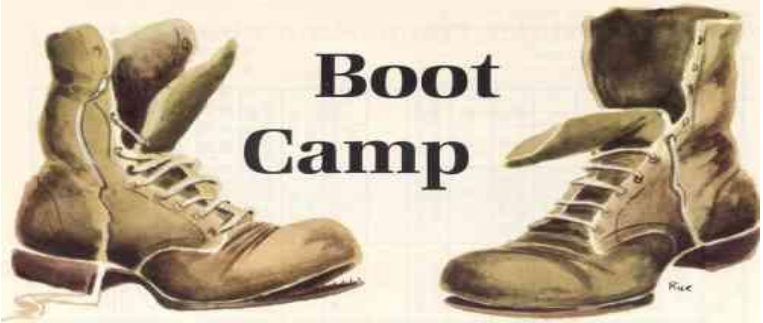
It's not too late to register for ACHE's Congress on Healthcare Leadership, March 21–24, 2011, in Chicago. Congress offers you the opportunity to:

- Connect with more than 4,000 healthcare management leaders
- Choose from more than 140 cutting-edge sessions on topics that directly impact your organization
- Gain invaluable tools and advice from healthcare professionals who are shaping the industry
- Take advantage of Congress Express, Wednesday and Thursday only

Visit **ache.org/congress** for more information and to browse the digital program brochure.

Also, **preview Congress 2011 main speakers**.

ACHE Boot Camp



Gain Crucial Skills at a Pre-Congress Boot Camp

Make the most of your Congress experience by signing up for a pre-Congress Boot Camp tailored to help you succeed. Led by expert faculty, these full-day programs will be held on Sunday, March 20 and qualify for 7 Category I (ACHE education) credits.

Middle Manager Boot Camp: Enhance your role to influence organizational outcomes and goals by gaining practical skills to be more effective in your role as a leader of a team, department or division.

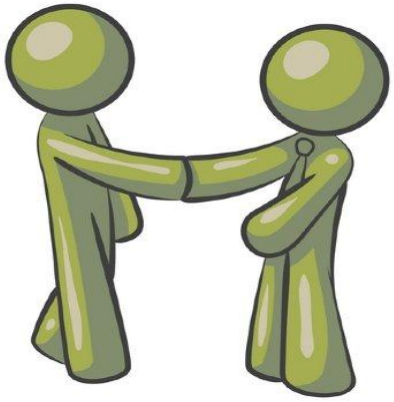
Physician Executive Boot Camp: Effectively serve the needs of your patients and the interests of your organization as you learn the people management skills necessary to be a more effective leader and leverage the trust and respect of key stakeholders.

ACHE also offers the popular **CEO and COO Boot Camps**, as well as Pre-Congress Seminars on topics ranging from patient safety and error reduction to ethical strategies and leadership. Pre-Congress Seminars quality for 12 Category I (ACHE education) credits.

Visit **ache.org/Congress** for more information and to register.

Of course this is a ***BYB*** event—Bring Your Own Boots

Professional Recruitment



Maximize your recruiting efforts by participating in the annual American College of Healthcare Executives' Employment Referral Service that will be held at ACHE's 2011 Congress on Healthcare Leadership, March 20-23, 2011 in Chicago. The Congress on Healthcare Leadership has always provided an excellent opportunity for job-seekers and employers/consultants to meet. By participating, you can immediately connect in-person with senior-level, management, staff, and entry-level (fellowship) ACHE affiliates registered with the Employment Referral Service.
For more information, go to http://www.ache.org/Congress/ers/ers.cfm. If you have any questions, feel free to contact
Eileen S. Petropulos
Human Resources
American College of Healthcare Executives
1 N. Franklin Street, Suite 1700
Chicago, IL 60606
(312) 424.9341 or esz@ache.org.

Plan Now or this could be you

Adrift in a sea of career misfortune

Interesting Reading

ACHE Publications

Journal Abstracts

ACOs Need Regulatory and Operational Flexibility
Accountable care organizations (ACOs), created by Medicare through the Affordable Care Act of 2010, should have a regulatory structure that focuses on a limited set of specific, high-level goals such as permitting primary care providers to create ACOs if they coordinate the full continuum of care; requiring organization and governance; maintaining or improving care quality; guaranteeing savings for Medicare; and creating an evaluation framework. Some ACOs may propose additional contractual terms with CMS to permit further innovation, including additional quality metrics, new payment platforms and improved responsibility for and communication with beneficiaries. Providers, who as part of the Dartmouth-Brookings pilot initiatives formed ACOs in Arizona, California, Kentucky and Virginia, have identified a handful of important factors in success: defined patient groups; making data available to providers on a routine basis; using effective providers; and developing new care systems in which previously disconnected providers work in tandem with aligned incentives.
From Building Regulatory and Operational Flexibility Into Accountable Care Organizations and 'Shared Savings'
Health Affairs (Quarter 1, 2011) Vol. 30, No. 1, P. 23; Lieberman, Steven M.; Bertko, John M.

HIPAA Violations Remind Hospitals to Reinforce Privacy Rules
Healthcare providers are being reminded about HIPAA rules after two hospitals recently fired employees for inappropriately accessing patients' electronic medical records. In one instance, three clinical support staff at University Medical Center in Tucson were fired after accessing medical records of patients involved in the shooting that wounded U.S. Rep. Gabrielle Giffords (D-Ariz.). Dena Boggan, CPC, CMC, CCP, HIPAA compliance officer at St. Dominic Jackson Memorial Hospital in Jackson, Miss., reminds employees that they cannot run

afoul of the rules if they only access the information they need to do their jobs. Boggan says these recent incidents should be viewed as "great training tools in the form of reminders."
From HIPAA Violations Remind Hospitals to Reinforce Privacy Rules
HealthLeaders Media (02/08/11) Nicastro, Dom

Hospitals and Venture Fund Seek Healthcare Innovation
Two large hospital systems and three of the nation's top hospitals have invested in the Heritage Healthcare Innovation Fund L.P. to invest in businesses focused on improving the delivery of healthcare services. Community Health Systems CEO, President and Chair Wayne Smith says, "Hospitals must be the leaders and incubators of healthcare innovation in this era of fundamental change. This fund allows our industry to champion real and practical innovation that will improve the quality of care, service and efficiency." The fund is expected to seek, fund and mentor innovative business, creating close working relationships that provide real-time feedback that develops practical solutions to address healthcare delivery changes identified by hospitals.
From Hospitals Put Their Money on Healthcare Innovation
Healthcare IT News (01/27/11) Monegain, Bernie

Hospitals Need More Diverse Boards
Hospital boards should reflect the patient base, and despite the fact that 35 percent of Americans belong to ethnic minorities, non-whites account for only 12 percent of board members. Hospitals also should consider diversity based on gender, religion and sexual orientation. Frederick Hobby, president and CEO of the Institute for Diversity in Health Management, says, "The importance of having a diverse board is really to be able to provide the kind of leadership that results in culturally competent care. The better we do that, the greater likelihood of having high patient satisfaction, fewer quality issues and a board that reflects its community's values and needs." Experts say hospitals should look to community leaders in less visible organizations, active community members not in leadership positions, and members of local professional organizations, rather than relying on word-of-mouth recruiting or turning only to major civic organizations.
From Why Board Diversity Matters
Hospitals & Health Networks (01/11) Vol. 85, No. 1, P. 37; Greene, Jan

Lean Design Improves Installation of Hospital Technology
Lean design requires hospital planners to consider technology at the very beginning of the construction process, and despite concerns that the facility will be technologically obsolete when it opens its doors, experts say the process allows for commitment to certain parts of a plan and offers flexibility for technology changes that do not alter the design or budget. Visioning sessions allow the design team to chart how technology will impact healthcare delivery, and designers must focus on data mapping and communications. The preliminary design process involves compiling lists of targeted wire and wireless infrastructure, systems and applications; creating systems integration and

application matrices; and making a list of potential vendors. The second phase involves mapping out devices and infrastructure in a three-dimensional building model, and the final planning phase involves the creation of a fully coordinated, three-dimensional virtual building model with shop-drawing detail. Technology that likely will not be changed can be pre-ordered. Lean design aims to boost efficiency and care quality and lower costs.
From Information Flow
Health Facilities Management (01/11) Vol. 24, No. 1, P. 18; Leonidas, Jr., Tom

Medicaid Hospital Stays Outpace Privately Insured
A report from the Agency for Healthcare Research and Quality finds that hospital stays paid for by Medicaid increased by 30 percent between 1997 and 2008. Hospital stays rose from 5.6 million to 7.4 million, a much higher rate than those covered by private insurance, which increased only 5 percent over the same period from 13.4 million to 14.1 million. Medicaid patients had longer stays, averaging 4.3 days compared to 3.8 days for privately insured and uninsured patients. Hospitalizations of those with no insurance also jumped sharply by 27 percent. The conclusion is based on data from the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample, which covers 95 percent of hospital discharges. While the rate is higher among Medicaid patients than the privately insured, the report does not cite possible reasons for the disparity.
From Medicaid Hospital Stay Rate Grows Faster than Privately Insured
American Medical News (01/31/11) Elliott, Victoria Stagg

Model for ACOs in Academic Medical Centers
Academic medical centers (AMCs) need to consider financial and cultural barriers to the implementation of accountable care organizations (ACOs), and the lessons learned by Johns Hopkins could serve as a model. AMCs must gauge the financial risks associated with ACOs, keeping in mind that Medicare revenue will fall with shared-savings programs and that higher-risk payment models will place an increased importance on coordinated care. Payors may be more willing to work with AMCs on new delivery models if they can lower costs through incentives for appropriate care and reductions in avoidable readmissions. AMCs also must consider the costs of HIT platforms that facilitate information-sharing, decision support and quick data analysis and response. As for cultural barriers, AMCs should alter their promotion and tenure systems to take patient safety, quality of care and innovation in care delivery into consideration. Moreover, they must understand the career and financial motivations of provider and establish innovative promotional pathways that focus on care improvements and rewards for clinical excellence.
From Accountable Care at Academic Medical Centers -- Lessons From Johns Hopkins
Health Policy and Reform (02/02/2011) Berkowtiz, Scott A.; Miller, Edward D.

More Patients, Less Payment: Increasing Hospital Efficiency
Research shows that hospitals can experience greater efficiency through streamlining patient flow and redesigning care processes. Hospitals can increase

patient throughput by reducing length-of-stay; expanding capacity by adding new beds incrementally; hiring more nurses; and increasing bed occupancy. While the average hospital bed occupancy rate is 65 percent, one study found that the presumably controllable flow of patients coming in for elective procedures was in fact more variable from day to day than the unpredictable volume of patients being admitted for emergencies. In an effort to streamline patient flow, hospitals should revise surgical schedules to reduce spikes in admissions, and policyholders should consider making an average bed occupancy rate of no less than 80 percent a condition of accreditation by The Joint Commission. Additionally, policymakers should revise payment systems to ensure hospitals operate within a budget and have access to technical assistance for operations management and data analysis to make efficiency a reality.
From More Patients, Less Payment: Increasing Hospital Efficiency in the Aftermath of Health Reform
Health Affairs (Quarter 1, 2011) Vol. 30, No. 1, P. 76; Litvak, Eugene; Bisognano, Maureen

NQF Endorses Four New Patient Quality Care Measures
Four new potentially avoidable complication (PAC) measures created by the Health Care Incentives Improvement Institute (HCI3) have been endorsed by the National Quality Forum (NQF). The new measures include a proportion of patients with a PAC during a calendar year and a proportion of AMI, stroke or pneumonia patients with a PAC during the index stay or 30-day post-discharge period. The PACs, which already are incorporated in PROMETHEUS Payment that rewards high-quality care, cover acute myocardial infarction, pneumonia, stroke, diabetes, congestive heart failure, hypertension, chronic obstructive pulmonary disease, asthma and coronary artery disease. PACs account for up to 30 cents on every dollar spent on healthcare in the United States for these chronic conditions, according to HCI3 research. HCI3 Executive Director Francois de Brantes says, "This endorsement is a significant step forward to creating a payment system that rewards professionals for the quality and efficiency of services, rather than quantity."
From NQF Endorses Four New Patient Quality Care Measures
Healthcare IT News (02/07/11) Manos, Diana

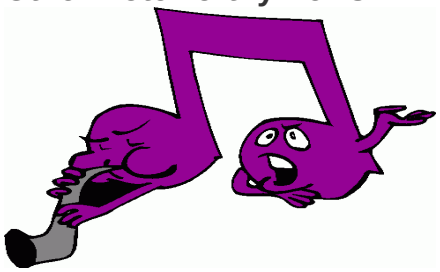
On the Road to Better Value: State Roles in Promoting Accountable Care Organizations
Commonwealth Fund
Purington, Kitty; Anne K. Gauthier; Christina Miller; Shivani Patel
Published: February 2011
Outlines how accountable care organizations can deliver value through incentives to manage utilization, improve quality, and curb cost growth. Profiles states supporting the model with data, new payment methods, accountability measures, and other efforts.

Strike Preparation Can Prevent Declines in Care Quality
Hospitals must be prepared for possible worker strikes and contract negotiations

ahead of time to ensure that care quality is not impaired. Strike operation plans help hospitals have a strategy in place to ensure patients receive necessary care even if worker strikes occur. A study published in the National Bureau of Economic Research indicates nurses' strikes between 1984 and 2004 increased mortality rates by 19.4 percent and readmissions by 6.5 percent during strike periods. Trustees also can ensure additional staff is mobilized to support temporary nurses and staff and to ensure a procedure is in place to monitor readmissions, medication errors and other red flags so that care quality is not impaired. Hospitals must conduct unit-by-unit reviews to determine which resources can be tapped to fill in gaps during strikes and which patients can be discharged to nursing homes, home care and other facilities.
From Be Ready
Trustee (01/11) Huff, Charlotte

Use Patient Feedback to Improve Performance
With patients increasingly setting their own benchmarks for hospital performance, experts say hospitals must take steps to incorporate these benchmarks into their performance measurements. Hospitals should determine how they will track patient feedback, and they should have an online presence to both reach out to patients and address feedback. To ensure that patients of all age populations are covered, hospitals should use both traditional methods, such as surveys and focus groups, and modern methods, such as Facebook and other social media tools. Finally, hospitals should understand that patients have their own expectations for wait times, and they should determine how their wait times compare to their competition.
From 4 Tips on Using Patient Feedback to Improve Performance
Becker's Hospital Review (01/27/11) Gamble, Molly

Other Noteworthy News



Career Management 101 is composed of three modules:

- **Module One** introduces the course and defines key career management concepts such as the Career Management Cycle and the career benchmarking model. You'll learn the career stages of a successful healthcare manager and the five keys to becoming an effective career manager.
- **Module Two** explores the area of self-marketing and focuses specifically on crafting resumes and cover letters that get results.
- **Module Three** will teach you the art and science of skillful and effective networking and interviewing.

The course is free for ACHE affiliates. Each module is 45 minutes to an hour and includes audio recordings, PowerPoint presentations, and transcripts of each module. Click on one of the modules above to begin.

12 Ways to Reduce Hospital Readmissions

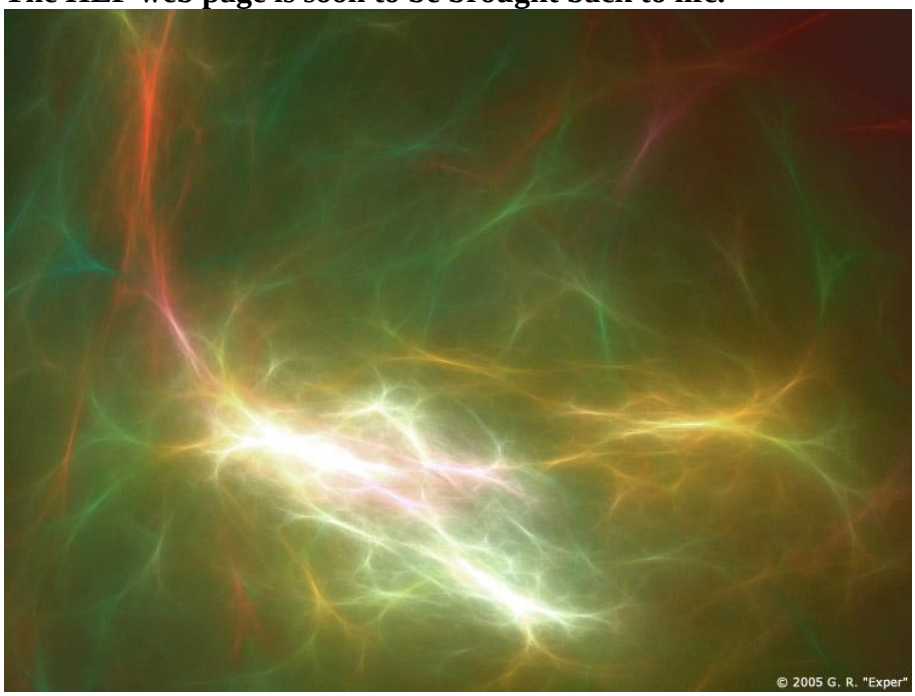
From the Canadian ACHE Chapter

12 Ways to Reduce Hospital Readmissions

There are about 12 preventive strategies healthcare experts believe hospitals can use to help reduce their readmission rates. They can reduce the deadline for dictating discharge summaries from 30 days after discharge, which is standard practice at most hospitals, to 24 hours and lengthen the "transition" process so that teams have the chance to talk to one another about a patient. Other strategies include sending the patient home with a 30-day supply of medication wrapped in packaging that explicitly states timing, dosage and frequency, among other things, and ensuring hospital staff do not release a patient before setting up a follow-up appointment with the patient's physician. Among the remaining strategies outlined in an April 2009 study include identifying patients that frequent emergency rooms and offering programs to reduce their readmission rates; establishing home care programs for those in need of chronic care; focusing on high-risk patients to prevent readmissions; and ensuring patients understand their treatments and follow-up care and are part of the care process.

Adapted from From 12 Ways to Reduce Hospital Readmissions HealthLeaders Media (12/27/10) Clark, Cheryl

The HEF web page is soon to be brought back to life.



Yes the ole dog is on the verge of returning bigger, better and badder than ever.

Stay tuned for more details