CCHA NEWS NOTES

A QUARTERLY PUBLICATION FISCAL YEAR 2010, 2ND QUARTER

Together, we are creating a pattern of excellence by improving the quality and delivery of healthcare and achieving operational efficiencies through collaborative efforts.

Presidential update



Larry Matheny, President of CCHA

Spring and warmer weather are finally here! We are almost half way through this fiscal year and have many things to share with you in our news letter. Our teams and CCHA staff have been working to achieve our goals and objectives for the year. We've revamped our website to include our goals and the minutes of all of our team meetings.

As you read our spring newsletter, you'll see all of the different activities, programs and services that we have to offer. One of our major focuses has been on grant writing. We have applied for grants to fund our Health Information Exchange (HIE), diabetes education program and lean collaborative. New grants for the mobile simulation laboratory, HIE and capital equipment are also being submitted. Alliance hospitals are working together to share best practices and maximize savings on our group purchasing efforts. Please let us know if you have suggestions for any of our initiatives. Thank you for your continued support and participation in CCHA.

CONNECTING THE FUTURE OF HEALTHCARE

Yvonne Hughes

The IS Directors Team of CCHA has worked closely with the NC HIT Collaborative to discover a solution for connecting hospitals, physicians and outpatient service facilities in the most economic manner. The ultimate goal is to improve the delivery of healthcare in Eastern North Carolina by providing clinicians with access to pertinent patient information at the point of care, which will aid them to make the best decisions regarding patient care. The project name for this initiative is Coastal Connect Health Information Exchange (CCHIE). As we move closer to creating this technology, three areas drive the need for the HIE:

Quality

- Provide new tools to facilitate interconnectivity and communication between patients and providers, enabling patients to better self-manage chronic diseases.
- Support providers with decision-based tools using information technology and evidence-based best practices.

Cost Efficiency

 Reduce costly and unnecessary emergency department visits through improved health outcomes

- Reduce duplicate diagnostic testing, such as labs and radiology services, through increased patient data sharing via HIE technology.
- Reduce medication errors and improve the process of medication reconciliation.

Population Health

- Use HIE technology to reduce health disparities created by socioeconomic and access barriers that are specific to rural and underserved areas.
- Enhance public health surveillance by improving the data that is shared among providers, such as reporting of communicable diseases and childhood immunizations.



Providing HIE services to the providers in Eastern North Carolina will impact how healthcare is delivered and will reveal the progressive and futuristic leaders that we have in our collaborative by showcasing their compassion and drive for providing the citizens of our communities with the best possible healthcare.

Coastal Carolinas Health Alliance

SCHOOLING FOR SANES



Peggy Hatter

The Sexual Assault Nurse Examiner, subspecialty of forensic nursing, emerged in the early 1990s as providers and the legal community recognized a need for compassionate care and better evidence collection. Sexual violence among women and men has become a public health issue. Coastal Carolinas Health Alliance solicited the Governor's Crime Commission for \$227,500 over a two year period to encourage nurses to become SANEs, provide scholarships for those nurses to complete the educational training, and provide every sexual assault victim with 24/7 access to the services of a Forensic Nurse. On Monday, February 22, eleven regis-

tered nurses from five of the alliance hospitals attended a week long SANE training in Wilmington. Their days were filled with new and diverse information which will increase their professional knowledge and skills, diversify clinical practice and assist them in achieving specialized competencies. The faculty included representatives from: the State Bureau of Investigation; UNCW School of Nursing; local law enforcement agencies; District Attorney Ben David and a victim witness advocate from his office; and a profiler of serial rapist and murders, who explained the shared characteristics and dynamics of these predators. The nurses also has the opportunity to participate in a mock trial, which prepared them to become qualified as an expert witness and experience the demonstration of testifying in court while presenting and explaining the physical evidence. It was a very interesting week for the nurses! While a SANE is the first provider the victim interfaces with, they are just

one piece of the community response

TRUTH

- 17.6% of surveyed women and 3% of surveyed men were raped at some time in their lives.
- The prevalence of rape is equivalent to 1 of every 6 women and I of every 33 men in the US.
- Unfortunately some victims are raped more than once. NVAWS estimated that 17.7 million women and 2.8 million men were forcibly raped at some time in their lives.

to sexual violence. The Sexual Assault Response Team (SART) is a multidisciplinary, interagency sexual assault intervention system employing a collaborative response to sexual assault. The core members are law enforcement, rape crisis advocates, SANEs and local prosecutors. Our next educational challenge will be providing training for SART representatives from our nine counties. Ultimately this new knowledge will improve health outcomes that result from sexual and physical violence throughout our southeastern counties.

WELCOME...

Joseph Hughes has recently joined CCHA as an intern. He is in his final semester of pursuing a Masters of Business Administration from East Carolina University and aspires to develop a career with leadership capacity in the healthcare industry. While at CCHA he has been instrumental in several projects including: grant writing for lean management training, contractual negotiations for diagnostic equipment, and generating cost analysis reports. We are happy to have Joseph join the CCHA family.

MSL UPDATE

Denise Garee

Construction of the Mobile Simulation Laboratory (MSL) is underway, with a projected delivery date by the end of summer. We are very excited! In preparation for the start of exemplary continuing nursing education, CCHA has submitted an application to NCNA to become an approved provider of continuing nursing education. This means, every session provided by the MSL will enable participating nurses to gain continuing education credit that can be applied to license and certification renewals. In addition, policies and procedures as well as a curriculum are being developed, equipment is being purchased and educational offerings are being planned.

Beginning in April presentations will be provided to each member facility's nursing education leaders in preparatheir involvement in the simulation sessions. Additionally, nurses will

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have the opportunity to attend information sessions regarding the simulated education experience, what to expect and benefits of this educational method in the enhancement of patient care delivery and nursing excellence. Scheduling for these sessions will begin in April.



CARES STILL NEEDS You!

Michael Smith

On November 7, 2008 Coastal Carolinas Health Alliance announced that after nearly four years, the Carolina Amateur Radio Emergency Service was on the air. Going live gave the hospitals of CCHA a lifeline to call for help when all else failed in an emergency.

While being a major accomplishment, the work had only just begun. CARES is a ham radio based emergency communication system, therefore a person wishing to use the system must be licensed by the FCC in order to be able to use it. Since going live, the member hospitals of Coastal Carolinas Health Alliance have licensed over sixty (60) hospital employees to use the CARES System. However, some of our hospitals are still without licensed operators, some operators have left member facilities, and others are interested in being able to use CARES but have not had the opportunity to get licensed. To that end CCHA will be holding our next licensing class on:

May 15 & 22nd at New Hanover Regional Medical Center in Wilmington, NC. The classes are from 8 am to 1 pm and attendance during both sessions is required to obtain your license.

We encourage you and your staff members to take advantage of this unique opportunity. Get licensed and gain the ability to lend a helping hand in a time of need.

For more information about the licensing class contact Michael Smith of Coastal Carolinas Health Alliance at (910)332-8014 or msmith@coastalalliance.org.

A FARWELL TO WB4DVN

Charles Brady, known as WB4DVN in waves of HAM radio, bid his farewells on March 1, 2010 as he retired from his 21 yearlong position as the Director of Clinical engineering at Southeastern Regional Medical Center, "It has been a great pleasure to have worked with the Alliance. Since our first meeting in 2002, the CARES concept has developed to a very viable network, which can be used as a model by hospitals everywhere. Everyone in CARES has worked hard to get this to happen, and I want to thank you for letting me be a part of this."

Bill Morine, N2COP, acknowledges Mr. Brady's accomplishments, "[He] has been more than one of the pioneer members of CARES. He was at the forefront of CARES with founders Rev. Jim MacLeod, W4NHV, and Gary Pittman, K4TH, in helping to make CARES a reality. As our first member to be both a hospital administrator and a licensed Amateur Radio operator, Charles was instrumental in ensuring that the design of the CARES network would be responsive to the needs of hospitals in emergencies."

While his guidance will be missed, his "enviable legacy of a public health emergency communications system unrivaled in the coastal Carolinas," concludes Mr. Morine. "I join the legions of others who wish Charles our best in his next phase of life, and extend to him our heartiest thanks for making CARES the success it has become in serving our region, and for its national reputation for excellence."



The national publication, Consumer Reports, has recognized Loris Healthcare System as a top performer in South Carolina for infection rates in its recently released March 2010 issue. Consumer Reports' study focused on the

"Loris Healthcare System is committed to providing the highest quality, safest patient experience, and we are proud of our outstanding staff and physicians who are focused on continuous improvement, to be recognized for our dedication to providing top-quality care is an honor." - Tim Browne, CEO.

approximately 1.7 million infections that occur each year in U.S. hospitals. These infections are introduced to patients through large intravenous catheters that deliver medication, nutrition and fluids to patients in intensive care. These central-line infections account for 15% of all hospital infections, but are responsible for at least 30 percent of the 99,000 annual hospital-infection-related deaths. For the analysis, Consumer Reports collected and compared central-line infection data for intensive care units at 926 hospitals in 43 states.

In recent years, Loris has received high levels of satisfaction in patient satisfaction surveys, and surveys conducted by the Centers for Medicare & Medicaid Services (CMS), the Department of Health and Human Services, and other members of the Hospital Quality Alliance (HQA). In 2007, Loris Community Hospital ranked in the 98th percentile, or top 2%, against 998 hospitals of various sizes in patient satisfaction survey conducted by Press Ganey, a nationally recognized leader in healthcare performance. In February 2008, the South Carolina Hospital Association created a web site, MySCHospital.org, which compared quality data on roughly 65 hospitals throughout the state. Loris Community Hospital was the only area hospital with above average rates when implementing measures that prevent surgical infection. In May 2008, Loris Community Hospital ranked first in the state for "the percentage of people who received antibiotics one hour before surgery" and second in the state for "the percentage of people who always received help when they wanted it."







EDUCATIONAL SUCCESS

The CFO Team and HIM Directors continue to help organize and support the *Coastal Carolinas Health Alliance Medicare One Day Intensive Update Session and the Chargemaster Seminar.* This year both were a huge success! Our speakers from HCPro were excellent and received such commendations as:

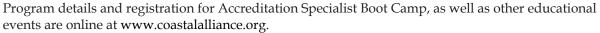
- Very knowledgeable of the subject matter and a wealth of information;
- Wonderful data that correlates directly to Federal Regulations on CMS;
- Excellent speakers and really appreciated the one-on-one session to discuss our hospitals specific concerns/questions;
- Relevant material and information that I can take back to my hospital use to make my process better; and
- I hope they both come back in 2011!

Overall both programs scored very high on the satisfaction survey and the majority of attendees felt that the programs met their stated learning objectives. We recognize the importance of education to our member hospitals and CCHA plans to offer these sessions again in February 2011. We will strive to make them as good or better next year and ensure they continue to meet your educational needs. Any comments or suggestions for improvements are welcomed, yhughes@coastalalliance.org.

ACCREDITATION TRAINING

Angela Clemmons

Coastal Carolinas Health Alliance has negotiated discount pricing for an "Accreditation Specialist Boot Camp" with HCPro. CCHA is also extending this educational event to participants outside of the Alliance. The event will take place on **April 22-23, 2010** in Wilmington. This two-day intensive session will provide survey coordinators with everything they need to know to succeed in their jobs. It will cover Joint Commission and CMS requirements, and teach best practices for survey prep, training, and overall management. CCHA would like to thank NCHA Strategic Partners and BB&T for sponsoring the event.









On March 25, CCHA cosponsored an ACHE Category I educational event. Our own Thomas Johnson, CFO from SERMC and Kenneth Lester, Halley Consulting, discussed physician integration approaches. This is to be the first among several Category I events offered. If you are interested in attending future events, please visit www.coastalalliance.org to fill out the ACHE Survey to vote for your favorite topics and timeframe.



MedQuist was established in 1970 as Transcriptions Ltd., one of the first to develop a computer-based medical transcription package. Since then, the company has acquired the technology and expertise to become the largest medical transcription company in the United States. After the HIM/Coding Team reviewed the proposed agreement in July 2009, three CCHA member hospitals – McLeod Health, New Hanover Regional Medical Center and Southeastern Regional Medical Center - signed an initial contract with MedQuist. These three hospitals saved a combined \$62,462.86 in this contract alone during the 2008-2009 fiscal year. Other members are anticipated to join once their current contracts end.

Members are impressed by both the savings and services provided by MedQuist. "We upgraded from MedQuist's VoiceWriter to DEP and changed from an on-site system to their web-based model on February 18, 2010," report Samuel Tart, Supervisor of Health Information Services at SERMC. "Since the February upgrade we have experienced an improved turnaround time with MedQuist transcription services; from an average of 24hrs down to 12hrs on specified document types. Our facility transcriptionists report a faster work environment and a high level of satisfaction overall with the new system. Overall this has been a very good experience for our facility and I would recommend MedQuist to other facilities looking for transcription and/or dictation solutions."